

Comprehensive **Formulary**

List of Covered Drugs

January 1, 2010 – December 31, 2010

Unison Advantage Plus (HMO)
Unison Advantage Plus Integrated Care (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.

Unison  *Advantage*[®]

Unison Advantage from
AmeriChoice[™]

What is the Unison Advantage Plus/ Unison Advantage Plus Integrated Care Formulary?

A formulary is a list of Medicare Part D covered drugs selected by Unison Advantage Plus/ Unison Advantage Plus Integrated Care, 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.

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 Plus/Unison Advantage Plus Integrated Care 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
Antidotes, Deterrents, and Toxicologic Agents			
Antidotes			
<i>acetylcysteine</i>	G	1	B/D
CUPRIMINE	B	2	
EXJADE	B	2	PA
<i>kionex</i>	G	1	
<i>leucovorin calcium</i>	G	1	
<i>sodium polystyrene sulfonate</i>	G	1	
Deterrents			
ANTABUSE	B	2	
<i>buproban</i>	G	1	
<i>bupropion hcl sr</i>	G	1	QL
CHANTIX	B	2	QL
NICOTROL INHALER	B	2	
NICOTROL NS	B	2	
Toxicologic Agents			
<i>depade</i>	G	1	
<i>naloxone hcl</i>	G	1	
<i>naltrexone hcl</i>	G	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Glucocorticoids/Mineralocorticoids			
<i>a-hydrocort</i>	G	1	
<i>ala-cort</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>alclometasone dipropionate</i>	G	1	
<i>a-methapred</i>	G	1	
<i>augmented betamethasone dipropionate (cream, lotion, ointment)</i>	G	1	
<i>betamethasone dipropionate (cream, ointment)</i>	G	1	
<i>betamethasone valerate</i>	G	1	
<i>beta-val</i>	G	1	
<i>clobetasol propionate (gel, ointment, solution)</i>	G	1	
<i>clobetasol propionate e</i>	G	1	
<i>colocort</i>	G	1	
<i>cortisone acetate</i>	G	1	
<i>desonide</i>	G	1	
<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	2	ST
<i>fludrocortisone acetate</i>	G	1	
<i>fluocinolone acetonide</i>	G	1	
<i>fluocinonide</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>fluocinonide-e</i>	G	1	
<i>fluticasone propionate</i>	G	1	
<i>halobetasol propionate</i>	G	1	
<i>hydrocortisone</i>	G	1	
<i>hydrocortisone butyrate</i>	G	1	
<i>hydrocortisone in absorbase</i>	G	1	
<i>hydrocortisone valerate</i>	G	1	
<i>isovate</i>	G	1	
<i>methylprednisolone</i>	G	1	
<i>methylprednisolone acetate</i>	G	1	
<i>methylprednisolone sodium succinate</i>	G	1	
<i>mometasone furoate</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	2	
<i>triamcinolone acetonide</i>	G	1	
<i>triamcinolone acetonide in absorbase</i>	G	1	

**Hormonal Agents, Stimulant/
Replacement/Modifying (Pituitary)**

<i>chorionic gonadotropin</i>	G	1	PA
<i>desmopressin acetate (injection, nasal solution, tablet)</i>	G	1	
INCRELEX	B	2	PA
<i>novarel</i>	G	1	PA
NUTROPIN (10MG INJECTION)	B	2	PA

	B=Brand G=Generic	Tier	Notes
NUTROPIN AQ	B	2	PA
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	G	1	PA
SAIZEN	B	2	PA
STIMATE	B	2	
TEV-TROPIN	B	2	PA

**Hormonal Agents, Stimulant/
Replacement/Modifying (Sex
Hormones/Modifiers)**

Anabolic Steroids

ANADROL-50	B	2	PA
<i>oxandrolone</i>	G	1	

Androgens

ANDRODERM	B	2	PA
ANDROGEL	B	2	PA
<i>danazol</i>	G	1	
<i>testosterone cypionate</i>	G	1	PA
<i>testosterone enanthate</i>	G	1	

Estrogens

ALORA	B	2	QL
<i>apri</i>	G	1	
<i>aranelle</i>	G	1	
<i>aviane</i>	G	1	
<i>balziva</i>	G	1	
<i>cesia</i>	G	1	
<i>cryselle</i>	G	1	
<i>enpresse</i>	G	1	
ESTRADERM (0.1MG BIWEEKLY PATCH)	B	1	
<i>estradiol</i>	G	1	
<i>estradiol valerate</i>	G	1	
<i>estradiol/norethindrone acetate</i>	G	1	
<i>estropipate</i>	G	1	
<i>gynodiol (0.5mg tablet, 1mg tablet, 2mg tablet)</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<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	
<i>low-ogestrel</i>	G	1	
<i>lutra</i>	G	1	
<i>microgestin</i>	G	1	
<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	
<i>ortho-est</i>	G	1	
<i>portia</i>	G	1	
PREMARIN (CREAM, TABLET)	B	2	
PREMPHASE	B	2	
PREMPRO	B	2	
<i>previfem</i>	G	1	
<i>reclipsen</i>	G	1	
<i>solia</i>	G	1	
<i>sprintec</i>	G	1	
<i>sronyx</i>	G	1	
<i>tri-legest fe</i>	G	1	
<i>trinessa</i>	G	1	
<i>tri-previfem</i>	G	1	
<i>tri-sprintec</i>	G	1	
<i>trivora</i>	G	1	
VAGIFEM	B	2	
<i>velivet</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>zovia</i>	G	1	
Progestins			
<i>camila</i>	G	1	
<i>errin</i>	G	1	
<i>jolivette</i>	G	1	
<i>medroxyprogesterone acetate</i>	G	1	
<i>megestrol acetate (oral suspension)</i>	G	2	
<i>megestrol acetate (tablet)</i>	G	1	
<i>nora-be</i>	G	1	
<i>norethindrone acetate</i>	G	1	
PLAN B	B	2	
PROMETRIUM (100MG CAPSULE)	B	1	
Selective Estrogen Receptor Modifying Agents			
EVISTA	B	2	QL
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid)			
LEVOTHROID	B	2	
<i>levothyroxine sodium</i>	G	1	
<i>levoxyl</i>	G	1	
<i>liothyronine sodium</i>	G	1	
SYNTHROID	B	2	
THYROLAR	B	2	
<i>unithroid</i>	G	1	
Hormonal Agents, Suppressant (Adrenal)			
LYSODREN	B	2	
Hormonal Agents, Suppressant (Parathyroid)			
SENSIPAR	B	2	

	B=Brand G=Generic	Tier	Notes
Hormonal Agents, Suppressant (Pituitary)			
<i>cabergoline</i>	G	1	
<i>leuprolide acetate</i>	G	1	PA
LUPRON DEPOT (11.25MG INJECTION, 22.5MG INJECTION, 3.75MG INJECTION, 30MG INJECTION, 7.5MG INJECTION)	B	2	PA
LUPRON DEPOT-PED	B	2	PA
<i>octreotide acetate</i>	G	2	PA
SANDOSTATIN LAR DEPOT	B	2	PA
SOMATULINE DEPOT	B	2	PA
SOMAVERT	B	2	PA
SYNAREL	B	2	PA

Hormonal Agents, Suppressant (Sex Hormones/Modifiers)			
Antiandrogens			
<i>bicalutamide</i>	G	1	
<i>flutamide</i>	G	1	
NILANDRON	B	2	

Hormonal Agents, Suppressant (Thyroid)			
Antithyroid Agents			
<i>methimazole</i>	G	1	
<i>propylthiouracil</i>	G	1	

Analgesics			
Nonsteroidal Anti-inflammatory Drugs			
CELEBREX	B	2	QL,ST
<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	

	B=Brand G=Generic	Tier	Notes
<i>fenopufen 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</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	

Opioid Analgesics			
<i>acetaminophen/codeine</i>	G	1	QL
<i>ascomp/codeine</i>	G	1	QL
<i>astramorph</i>	G	1	
AVINZA (120MG 24-HOUR CAPSULE)	B	2	
<i>balacet 325</i>	G	1	QL
<i>buprenorphine hcl</i>	G	1	
<i>butorphanol tartrate (injection)</i>	G	1	
<i>butorphanol tartrate (nasal spray)</i>	G	1	QL
<i>co-gesic</i>	G	1	QL
<i>duramorph</i>	G	1	
<i>endocet (5-325mg tablet)</i>	G	2	QL
<i>endocet (7.5-500mg tablet)</i>	G	1	QL
<i>fentanyl (patch)</i>	G	1	QL

	B=Brand G=Generic	Tier	Notes
<i>fentanyl citrate (injection)</i>	G	1	PA
<i>hydrocodone/acetaminophen</i>	G	1	QL
<i>hydrocodone/ibuprofen</i>	G	1	QL
<i>hydromorphone hcl</i>	G	1	
<i>meperidine hcl (100mg/ml injection, oral solution, tablet)</i>	G	1	QL
<i>meperidine hcl (10mg/ml injection, 25mg/ml injection, 50mg/ml injection, 75mg/ml injection)</i>	G	1	
<i>methadone hcl (concentrate, oral solution, tablet)</i>	G	1	QL
<i>methadose</i>	G	1	QL
<i>morphine sulfate (injection)</i>	G	1	
<i>morphine sulfate (oral solution, tablet)</i>	G	1	QL
<i>morphine sulfate er</i>	G	1	QL
OPANA ER	B	2	QL,ST
<i>oxycodone hcl</i>	G	1	
<i>oxycodone/acetaminophen (5-325mg tablet, 7.5-500mg tablet, capsule)</i>	G	1	QL
<i>oxycodone/aspirin</i>	G	1	QL
<i>pentazocine/naloxone hcl</i>	G	1	QL
<i>propoxyphene hcl</i>	G	1	QL
<i>propoxyphene/acetaminophen</i>	G	1	QL
<i>propoxyphene-n/acetaminophen (100-650mg tablet)</i>	G	1	QL
<i>roxicet (tablet)</i>	G	1	QL
SUBOXONE	B	2	PA,QL

	B=Brand G=Generic	Tier	Notes
SUBUTEX	B	2	PA,QL
<i>tramadol hcl</i>	G	1	
Anesthetics			
Local Anesthetics			
<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	PA,QL
Antibacterials			
Antibacterials, Other			
<i>ak-poly-bac</i>	G	1	
<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	
<i>chloramphenicol sodium succinate</i>	G	1	
<i>clindamycin hcl</i>	G	1	
<i>clindamycin phosphate</i>	G	1	
<i>colistimethate sodium</i>	G	1	
CUBICIN	B	2	
<i>methenamine hippurate</i>	G	1	
<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	

	B=Brand G=Generic	Tier	Notes
<i>neomycin/polymyxin/hydrocortisone</i>	G	1	
<i>nitrofurantoin macrocrystalline</i>	G	1	
<i>nitrofurantoin monohydrate</i>	G	1	
<i>polycin b</i>	G	1	
<i>polymyxin b sulfate</i>	G	1	
<i>silver sulfadiazine</i>	G	1	
<i>ssd</i>	G	1	
<i>thermazene</i>	G	1	
<i>trimethoprim</i>	G	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	G	1	
TYGACIL	B	2	
VANCOCIN HCL	B	2	PA
<i>vancomycin hcl</i>	G	1	
<i>vancomycin hcl iso-osmotic dextrose</i>	G	2	
<i>vandazole</i>	G	1	
ZYVOX	B	2	PA
Beta-lactam, Cephalosporins			
<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	1	
<i>cefotaxime sodium</i>	G	1	
CEFOTETAN	B	1	
<i>cefoxitin sodium</i>	G	1	
<i>cefoxitin sodium/dextrose</i>	G	2	
<i>cefpodoxime proxetil</i>	G	1	
<i>cefprozil</i>	G	1	
<i>ceftazidime</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>ceftriaxone sodium</i>	G	1	
<i>ceftriaxone/dextrose</i>	G	1	
<i>cefuroxime axetil</i>	G	1	
<i>cefuroxime sodium</i>	G	1	
<i>cefuroxime/dextrose (1.5gm injection)</i>	G	1	
<i>cephalexin</i>	G	1	
MAXIPIME (2GM INJECTION)	B	2	
RANICLOR	B	1	
SPECTRACEF	B	2	
SUPRAX (TABLET)	B	2	
<i>tazicef</i>	G	1	
Beta-lactam, Other			
AZACTAM	B	2	
INVANZ	B	2	
MERREM	B	2	
PRIMAXIN	B	2	
Beta-lactam, Penicillins			
<i>amoclan</i>	G	1	
<i>amoxicillin</i>	G	1	
<i>amoxicillin/potassium clavulanate</i>	G	1	
<i>amoxil (250mg/5ml oral suspension, capsule)</i>	G	1	
<i>ampicillin</i>	G	1	
<i>ampicillin sodium</i>	G	1	
<i>ampicillin-sulbactam</i>	G	1	
BICILLIN C-R	B	2	
BICILLIN L-A	B	2	
<i>dicloxacillin sodium</i>	G	1	
<i>nafcillin sodium</i>	G	1	
<i>oxacillin sodium (1gm injection, 10gm injection)</i>	G	2	
<i>penicillin g potassium</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>penicillin g potassium in iso-osmotic dextrose</i>	G	1	
<i>penicillin g sodium</i>	G	1	
<i>penicillin v potassium</i>	G	1	
TIMENTIN	B	2	
<i>trimox</i>	G	1	
<i>veetids</i>	G	1	
ZOSYN	B	1	
Aminoglycosides			
<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	
<i>gentamicin sulfate/ nacl (60mg injection, 80mg injection, 100mg injection)</i>	G	1	
<i>gentasol</i>	G	1	
<i>isotonic gentamicin</i>	G	1	
<i>kanamycin sulfate</i>	G	1	
<i>neomycin sulfate</i>	G	1	
<i>paromomycin sulfate</i>	G	1	
TOBI	B	2	B/D
<i>tobramycin sulfate</i>	G	1	
<i>tobrasol</i>	G	1	
Macrolides			
<i>azithromycin</i>	G	1	
<i>clarithromycin</i>	G	1	
<i>clarithromycin er</i>	G	1	
<i>e.e.s. 400</i>	G	1	
<i>ery</i>	G	1	
ERYPED 400	B	2	
ERY-TAB	B	2	
ERYTHROCIN STEARATE	B	1	

	B=Brand G=Generic	Tier	Notes
<i>erythromycin</i>	G	1	
<i>erythromycin base</i>	G	1	
<i>erythromycin/ sulfisoxazole</i>	G	1	
<i>romycin</i>	G	1	
Quinolones			
AVELOX	B	2	
AVELOX ABC PACK	B	2	
<i>ciprofloxacin</i>	G	1	
<i>ciprofloxacin er</i>	G	1	
<i>ciprofloxacin hcl</i>	G	1	
LEVAQUIN	B	2	
<i>ofloxacin</i>	G	1	
QUIXIN	B	1	
ZYMAR	B	2	PA
Sulfonamides			
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	1	
<i>sulfamethoxazole/ trimethoprim</i>	G	1	
<i>sulfatrim</i>	G	1	
Tetracyclines			
<i>demeclocycline hcl</i>	G	1	
<i>doxy-caps</i>	G	1	
<i>doxycycline hyclate</i>	G	1	
<i>doxycycline monohydrate (oral suspension)</i>	G	1	
<i>minocycline hcl (capsule)</i>	G	1	
ORACEA	B	2	
<i>tetracycline hcl</i>	G	1	

	B=Brand G=Generic	Tier	Notes
Anticonvulsants			
Anticonvulsants, Other			
BANZEL	B	2	PA,QL
KEPPRA (INJECTION)	B	2	PA
<i>levetiracetam (oral solution)</i>	G	1	
<i>levetiracetam (tablet)</i>	G	1	QL
VIMPAT (INJECTION)	B	2	PA
VIMPAT (TABLET)	B	2	PA,QL
Calcium Channel Modifying Agents			
CELONTIN	B	2	
<i>ethosuximide</i>	G	1	
LYRICA	B	2	PA,QL
<i>zonisamide</i>	G	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents			
<i>divalproex sodium</i>	G	1	
<i>gabapentin</i>	G	1	
GABITRIL	B	2	
NEURONTIN (ORAL SOLUTION)	B	2	PA
<i>primidone</i>	G	1	
<i>valproate sodium</i>	G	1	
<i>valproic acid</i>	G	1	
Glutamate Reducing Agents			
FELBATOL	B	2	
LAMICTAL STARTER KITS	B	2	
<i>lamotrigine (dispersible tablet)</i>	G	1	
<i>lamotrigine (tablet)</i>	G	1	QL
<i>topiramate</i>	G	1	
Sodium Channel Inhibitors			
<i>carbamazepine</i>	G	1	
<i>carbamazepine er</i>	G	1	
CARBATROL	B	2	

	B=Brand G=Generic	Tier	Notes
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	2	
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	2	
Antidementia Agents			
Cholinesterase Inhibitors			
ARICEPT	B	2	
ARICEPT ODT	B	2	
<i>galantamine hydrobromide</i>	G	1	
Glutamate Pathway Modifiers			
NAMENDA	B	2	
NAMENDA TITRATION PAK	B	2	
Antidepressants			
Antidepressants, Other			
<i>budeprion sr</i>	G	1	QL
<i>budeprion xl</i>	G	1	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			
EMSAM	B	2	QL,ST
MARPLAN	B	2	
NARDIL	B	2	
<i>tranylcypromine sulfate</i>	G	1	
Serotonin/Norepinephrine Reuptake Inhibitors			
<i>citalopram hydrobromide</i>	G	1	
CYMBALTA	B	2	QL,ST
EFFEXOR XR	B	2	QL,ST
<i>fluoxetine hcl</i>	G	1	
<i>fluvoxamine maleate</i>	G	1	
LEXAPRO	B	2	QL,ST
<i>paroxetine hcl</i>	G	1	
PRISTIQ	B	2	QL,ST
RAPIFLUX	B	1	
<i>sertraline hcl</i>	G	1	
<i>venlafaxine hcl</i>	G	1	QL
Tricyclics			
<i>amitriptyline hcl</i>	G	1	
<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>nortriptyline hcl (capsule)</i>	G	1	
<i>nortriptyline hcl (oral solution)</i>	G	2	
<i>perphenazine/ amitriptyline</i>	G	1	
<i>protriptyline hcl</i>	G	1	
SURMONTIL (100MG CAPSULE)	B	2	

	B=Brand G=Generic	Tier	Notes
<i>trimipramine maleate</i>	G	1	
Antiemetics			
<i>dronabinol</i>	G	1	PA,QL
EMEND	B	2	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	1	
<i>ondansetron hcl (oral solution, tablet)</i>	G	1	QL
<i>ondansetron odt</i>	G	1	QL
<i>trimethobenzamide hcl</i>	G	1	
Antifungals			
<i>amphotericin b</i>	G	1	
ANCOBON	B	2	
CANCIDAS	B	2	PA
<i>ciclopirox</i>	G	1	
<i>ciclopirox nail lacquer</i>	G	1	
<i>ciclopirox olamine</i>	G	1	
<i>clotrimazole</i>	G	1	
<i>clotrimazole/ betamethasone dipropionate</i>	G	1	
<i>econazole nitrate</i>	G	1	
<i>fluconazole</i>	G	1	
<i>fluconazole in dextrose</i>	G	1	
GRIFULVIN V	B	2	
<i>griseofulvin microsize</i>	G	1	
<i>itraconazole</i>	G	1	
<i>ketoconazole</i>	G	1	
<i>miconazole 3</i>	G	1	
NATACYN	B	2	
<i>nyamyc</i>	G	1	
<i>nystatin</i>	G	1	
<i>nystatin/triamcinolone</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>nystop</i>	G	1	
<i>pedi-dri</i>	G	1	
SPORANOX (ORAL SOLUTION)	B	2	PA
<i>terbinafine hcl</i>	G	1	
<i>terconazole</i>	G	1	
VFEND	B	2	PA
Antigout Agents			
<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			
Abortive			
<i>dihydroergotamine mesylate</i>	G	1	
<i>ergoloid mesylates</i>	G	1	
<i>ergotamine tartrate/caffeine</i>	G	1	
MAXALT	B	2	QL,ST
MAXALT-MLT	B	2	QL,ST
<i>migergot</i>	G	1	
<i>orphenadrine/aspirin/caffeine</i>	G	1	
<i>sumatriptan succinate</i>	G	1	QL
Antimyasthenic Agents			
Parasympathomimetics			
MESTINON (SYRUP)	B	2	
MESTINON TIMESPAN	B	2	
MYTELASE	B	2	
<i>pyridostigmine bromide</i>	G	2	
<i>regonol</i>	G	1	

	B=Brand G=Generic	Tier	Notes
Antimycobacterials			
Antimycobacterials, Other			
DAPSONE	B	2	
MYCOBUTIN	B	2	
Antituberculars			
CAPASTAT SULFATE	B	2	
<i>ethambutol hcl</i>	G	1	
<i>isonarif</i>	G	1	
<i>isoniazid</i>	G	1	
PASER	B	2	ST
PRIFTIN	B	2	
<i>pyrazinamide</i>	G	1	
<i>rifampin</i>	G	1	
SEROMYCIN	B	2	
TRECTOR	B	2	ST
Antineoplastics			
Antineoplastics, Other			
ABRAXANE	B	2	PA
<i>adriamycin</i>	G	1	
AFINITOR	B	2	PA
ARRANON	B	2	PA
<i>bleomycin sulfate</i>	G	1	
<i>carboplatin</i>	G	1	
<i>cisplatin</i>	G	1	
<i>cladribine</i>	G	1	
CLOLAR	B	2	
COSMEGEN	B	2	PA
DACOGEN	B	2	
DAUNORUBICIN HCL	B	2	
DAUNOXOME	B	2	
DOXIL	B	2	
<i>doxorubicin hcl</i>	G	1	
ELOXATIN	B	2	PA
ELSPAR	B	2	
<i>epirubicin hcl</i>	G	1	PA

	B=Brand G=Generic	Tier	Notes
<i>etoposide</i>	G	1	
<i>fludarabine phosphate (50mg injection)</i>	G	1	
<i>fludarabine phosphate (50mg/2ml injection)</i>	G	1	
HYCAMTIN	B	2	PA
<i>idarubicin hcl</i>	G	1	
<i>irinotecan</i>	G	1	
IXEMPRA KIT	B	2	PA
<i>mitomycin</i>	G	1	
<i>mitoxantrone hcl</i>	G	1	
ONCASPAR	B	2	PA
ONTAK	B	2	PA
<i>onxol</i>	G	2	PA
<i>paclitaxel</i>	G	1	PA
PHOTOFRIN	B	2	PA
PROLEUKIN	B	2	PA
TAXOTERE	B	2	PA
<i>toposar</i>	G	1	
TORISEL	B	2	PA
TRISENOX	B	2	PA
VELCADE	B	2	PA
VIDAZA	B	2	PA
<i>vinblastine sulfate</i>	G	1	
<i>vincasar pfs</i>	G	1	
<i>vincristine sulfate</i>	G	1	
<i>vinorelbine tartrate</i>	G	1	
ZOLINZA	B	2	PA
Aromatase Inhibitors, 3rd Generation			
ARIMIDEX	B	2	
AROMASIN	B	2	
FEMARA	B	2	
Alkylating Agents			
ALKERAN	B	2	
BICNU	B	2	PA

	B=Brand G=Generic	Tier	Notes
BUSULFEX	B	2	
CEENU	B	2	
<i>cyclophosphamide (injection)</i>	G	1	
<i>cyclophosphamide (tablet)</i>	G	1	B/D
<i>dacarbazine</i>	G	1	
HEXALEN	B	2	PA
<i>ifosfamide</i>	G	1	PA
<i>ifosfamide/mesna</i>	G	1	
LEUKERAN	B	2	
MATULANE	B	2	
MUSTARGEN	B	2	
THIOTEPA	B	1	
TREANDA	B	2	PA
ZANOSAR	B	2	
Antiangiogenic Agents			
REVLIMID	B	2	PA,LA
THALOMID	B	2	PA
Antiestrogens/Modifiers			
EMCYT	B	2	
FARESTON	B	2	
FASLODEX	B	2	PA
<i>tamoxifen citrate</i>	G	1	
Antimetabolites			
ALIMTA	B	2	PA
<i>cytarabine</i>	G	1	
<i>cytarabine aqueous</i>	G	1	
DROXIA	B	2	
ELITEK	B	2	PA
GEMZAR	B	2	PA
<i>hydroxyurea</i>	G	1	
<i>mercaptopurine</i>	G	1	
<i>pentostatin</i>	G	1	PA
TABLOID	B	2	

	B=Brand G=Generic	Tier	Notes
Molecular Target Inhibitors			
GLEEVEC	B	2	PA
NEXAVAR	B	2	PA
SPRYCEL	B	2	PA
SUTENT	B	2	PA
TARCEVA	B	2	PA
TASIGNA	B	2	PA
TYKERB	B	2	PA
Monoclonal Antibodies			
AVASTIN	B	2	PA
CAMPATH	B	2	PA
ERBITUX	B	2	PA
HERCEPTIN	B	2	PA
MYLOTARG	B	2	PA
RITUXAN	B	2	PA
VECTIBIX	B	2	PA
Retinoids			
PANRETIN	B	2	PA
TARGRETIN (CAPSULE)	B	2	PA
TARGRETIN (GEL)	B	2	
<i>tretinoin (capsule)</i>	G	2	
Antiparasitics			
Anthelmintics			
ALBENZA	B	2	
BILTRICIDE	B	2	
<i>mebendazole</i>	G	1	
STROMEKTOL	B	2	
Antiprotozoals			
<i>chloroquine phosphate</i>	G	1	
DARAPRIM	B	2	
<i>hydroxychloroquine sulfate</i>	G	1	
MALARONE	B	2	
<i>mefloquine hcl</i>	G	1	

	B=Brand G=Generic	Tier	Notes
NEUTREXIN	B	2	PA
PRIMAQUINE PHOSPHATE	B	2	
QUALAQUIN	B	2	PA
Pediculicides/Scabicides			
<i>acticin</i>	G	1	
EURAX	B	2	ST
<i>permethrin</i>	G	1	
Antiparkinson Agents			
<i>amantadine hcl</i>	G	1	
APOKYN	B	2	PA
<i>atamet</i>	G	1	
<i>benztropine mesylate</i>	G	1	
<i>bromocriptine mesylate</i>	G	1	
<i>carbidopa/levodopa</i>	G	1	
<i>carbidopa/levodopa cr</i>	G	1	
<i>carbidopa/levodopa odt</i>	G	1	
COGENTIN	B	2	
COMTAN	B	2	
MIRAPEX	B	2	ST
<i>ropinirole hcl</i>	G	1	
<i>selegiline hcl</i>	G	1	
STALEVO 100	B	2	
STALEVO 125	B	2	
STALEVO 150	B	2	
STALEVO 200	B	2	
<i>trihexyphenidyl hcl</i>	G	1	
Antipsychotics			
Atypicals			
ABILIFY (INJECTION)	B	2	PA,QL
ABILIFY (ORAL SOLUTION, TABLET)	B	2	QL
ABILIFY DISCMELT	B	2	PA,QL
<i>clozapine</i>	G	1	
FAZACLO	B	2	PA

	B=Brand G=Generic	Tier	Notes
INVEGA	B	2	QL,ST
RISPERDAL CONSTA	B	2	PA
RISPERDAL M-TAB (1MG DISPERSIBLE TABLET)	B	2	PA,QL
<i>risperidone (oral solution)</i>	G	1	QL
<i>risperidone (tablet)</i>	G	1	
<i>risperidone odt</i>	G	1	PA,QL
SEROQUEL	B	2	QL
SEROQUEL XR	B	2	QL
ZYPREXA (INJECTION)	B	2	PA
ZYPREXA (TABLET)	B	2	QL
ZYPREXA ZYDIS	B	2	PA,QL
Conventional			
<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	2	
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			
<i>baclofen</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>dantrolene sodium</i>	G	1	
<i>tizanidine hcl</i>	G	1	

Antivirals

Anti-HIV Agents, Nonnucleoside Reverse Transcriptase Inhibitors

RESCRIPTOR	B	2
SUSTIVA	B	2
VIRAMUNE	B	2

Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors

ATRIPLA	B	2
COMBIVIR	B	2
<i>didanosine</i>	G	1
EMTRIVA	B	2
EPIVIR	B	2
EPIVIR HBV	B	2
EPZICOM	B	2
RETROVIR IV INFUSION	B	2
<i>stavudine</i>	G	1
TRIZIVIR	B	2
TRUVADA	B	2
VIDEX PEDIATRIC	B	2
VIREAD	B	2
ZIAGEN	B	2
<i>zidovudine</i>	G	1

Anti-HIV Agents, Other

FUZEON	B	2
INTELENCE	B	2
ISENTRESS	B	2
SELZENTRY	B	2

Anti-HIV Agents, Protease Inhibitors

APTIVUS	B	2
CRIXIVAN	B	2
INVIRASE	B	2

	B=Brand G=Generic	Tier	Notes
KALETRA	B	2	
LEXIVA	B	2	
NORVIR	B	2	
PREZISTA	B	2	
REYATAZ	B	2	
VIRACEPT	B	2	
Anti-cytomegalovirus (CMV) Agents			
<i>foscarnet sodium</i>	G	1	
<i>ganciclovir (250mg capsule)</i>	G	2	
<i>ganciclovir (500mg capsule)</i>	G	1	
VALCYTE	B	2	
Antihepatitis Agents			
BARACLUDE	B	2	
HEPSERA	B	2	
<i>ribasphere</i>	G	1	PA
<i>ribavirin</i>	G	1	PA
TYZEKA	B	2	ST
Antiherpetic Agents			
<i>acyclovir</i>	G	1	
<i>acyclovir sodium</i>	G	1	
<i>famciclovir</i>	G	1	
<i>trifluridine</i>	G	1	
ZOVIRAX (OINTMENT)	B	2	
Anti-influenza Agents			
RELENZA DISKHALER	B	2	
<i>rimantadine hcl</i>	G	1	
TAMIFLU	B	2	QL
Anxiolytics			
Anxiolytics, Other			
<i>buspirone hcl</i>	G	1	
<i>meprobamate</i>	G	1	
Bipolar Agents			
EQUETRO	B	2	

	B=Brand G=Generic	Tier	Notes
GEODON (CAPSULE)	B	2	QL
GEODON (INJECTION)	B	2	PA
<i>lithium carbonate</i>	G	1	
<i>lithium carbonate er</i>	G	1	
<i>lithium citrate</i>	G	1	
Blood Glucose Regulators			
Antidiabetic Agents			
<i>acarbose</i>	G	1	
ACTOPLUS MET	B	2	QL,ST
ACTOS	B	2	ST
AVANDAMET	B	2	QL,ST
AVANDARYL	B	2	QL,ST
AVANDIA	B	2	ST
BYETTA	B	2	PA
<i>chlorpropamide</i>	G	1	
DUETACT	B	2	QL,ST
<i>glimepiride</i>	G	1	
<i>glipizide</i>	G	1	
<i>glipizide er</i>	G	1	
<i>glyburide</i>	G	1	
<i>glyburide micronized</i>	G	1	
<i>glyburide/metformin hcl</i>	G	1	
GLYSET	B	2	
JANUMET	B	2	QL,ST
JANUVIA	B	2	QL,ST
<i>metformin hcl</i>	G	1	
<i>metformin hcl er</i>	G	1	
PRANDIN (2MG TABLET)	B	2	
STARLIX	B	2	QL
SYMLIN	B	2	PA
<i>tolazamide</i>	G	1	
<i>tolbutamide</i>	G	1	
Glycemic Agents			
GLUCAGEN HYPOKIT	B	2	QL

	B=Brand G=Generic	Tier	Notes
GLUCAGON EMERGENCY KIT	B	2	QL
PROGLYCEM	B	2	
Insulins			
LANTUS (VIAL)	B	2	
LEVEMIR (VIAL)	B	2	
NOVOLIN (VIAL)	B	2	
NOVOLOG (VIAL)	B	2	
NOVOLOG MIX (VIAL)	B	2	
Blood Products/Modifiers/ Volume Expanders			
Anticoagulants			
ARIXTRA	B	2	PA,QL
COUMADIN (TABLET)	B	2	
<i>heparin sodium</i>	G	1	
<i>heparin sodium dcu</i>	G	1	
<i>heparin sodium/d5w (20,000units injection, 25,000units injection)</i>	G	1	
<i>heparin sodium/nacl 0.9%</i>	G	1	
<i>jantoven</i>	G	1	
LOVENOX	B	2	PA,QL
<i>warfarin sodium</i>	G	1	
Blood Formation Products			
ARANESP ALBUMIN FREE	B	2	PA,QL
EPOGEN	B	2	PA,QL
LEUKINE	B	2	PA
NEULASTA	B	2	PA
NEUMEGA	B	2	PA
NEUPOGEN	B	2	PA
PROCRIT	B	2	PA,QL
PROMACTA	B	2	PA
Coagulants			
CYKLOKAPRON	B	2	

	B=Brand G=Generic	Tier	Notes
Platelet Aggregation Inhibitors			
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	
Cardiovascular Agents			
Cardiovascular Agents, Other			
<i>digoxin</i>	G	1	
LANOXIN	B	2	
RANEXA	B	2	ST
<i>reserpine</i>	G	1	
Alpha-adrenergic Agonists			
<i>clonidine hcl</i>	G	1	
<i>guanabenz acetate</i>	G	1	
<i>guanfacine hcl</i>	G	1	
<i>methyldopa</i>	G	1	
<i>methyldopate hcl</i>	G	1	
<i>midodrine hcl</i>	G	1	
Alpha-adrenergic Blocking Agents			
<i>doxazosin mesylate</i>	G	1	
<i>prazosin hcl</i>	G	1	
<i>terazosin hcl</i>	G	1	
Antiarrhythmics			
<i>amiodarone hcl</i>	G	1	
<i>disopyramide phosphate</i>	G	1	
<i>flecainide acetate</i>	G	1	
<i>mexiletine hcl</i>	G	1	
<i>pacerone (200mg tablet)</i>	G	1	
PROCAINAMIDE HCL	B	1	

	B=Brand G=Generic	Tier	Notes
<i>propafenone hcl</i>	G	1	
<i>quinidine gluconate cr</i>	G	1	
<i>quinidine sulfate</i>	G	1	
<i>quinidine sulfate er</i>	G	1	
<i>sotalol hcl</i>	G	1	
TIKOSYN	B	2	
Beta-adrenergic Blocking Agents			
<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	
<i>carvedilol</i>	G	1	
<i>labetalol hcl</i>	G	1	
<i>metoprolol succinate er</i>	G	1	
<i>metoprolol tartrate</i>	G	1	
<i>nadolol</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	
Calcium Channel Blocking Agents			
<i>afeditab cr</i>	G	1	
<i>amlodipine besylate</i>	G	1	
<i>cartia xt</i>	G	1	
<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	

	B=Brand G=Generic	Tier	Notes
<i>felodipine er</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	1	
<i>nisoldipine</i>	G	1	
<i>taztia xt</i>	G	1	
<i>verapamil hcl</i>	G	1	
<i>verapamil hcl er</i>	G	1	
Diuretics			
<i>acetazolamide sodium</i>	G	1	
<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	
<i>eplerenone</i>	G	1	
<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>triamterene/ hydrochlorothiazide</i>	G	1	
Dyslipidemics			
<i>cholestyramine</i>	G	1	
<i>cholestyramine light</i>	G	1	
<i>colestipol hcl</i>	G	1	

	B=Brand G=Generic	Tier	Notes
CRESTOR	B	2	QL
<i>fenofibrate</i>	G	1	
<i>fenofibrate micronized</i>	G	1	
<i>gemfibrozil</i>	G	1	
LIPITOR	B	2	
<i>lovastatin</i>	G	1	
<i>niacor</i>	G	1	
NIASPAN	B	2	
<i>pravastatin sodium</i>	G	1	
<i>prevalite (powder)</i>	G	1	
<i>simvastatin</i>	G	1	
WELCHOL	B	2	
ZETIA	B	2	PA,QL
Renin-angiotensin-aldosterone System Inhibitors			
<i>amlodipine besylate/ benazepril hcl</i>	G	1	
<i>benazepril hcl</i>	G	1	
<i>benazepril hcl/ hydrochlorothiazide</i>	G	1	
BENICAR	B	2	QL,ST
BENICAR HCT	B	2	QL,ST
<i>captopril</i>	G	1	
<i>captopril/ hydrochlorothiazide</i>	G	1	
COZAAR	B	2	QL,ST
DIOVAN	B	2	QL,ST
DIOVAN HCT	B	2	QL,ST
<i>enalapril maleate</i>	G	1	
<i>enalapril maleate/ hydrochlorothiazide</i>	G	1	
<i>fosinopril sodium</i>	G	1	
<i>fosinopril sodium/ hydrochlorothiazide</i>	G	1	
HYZAAR	B	2	QL,ST
<i>lisinopril</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>lisinopril/ hydrochlorothiazide</i>	G	1	
<i>quinapril hcl</i>	G	1	
<i>quinapril/ hydrochlorothiazide</i>	G	1	
<i>quinarectic</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			
<i>hydralazine hcl</i>	G	1	
<i>isochron</i>	G	1	
ISORDIL TITRADOSE (40MG TABLET)	B	2	
<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	
<i>nitroglycerin</i>	G	1	
NITROSTAT	B	2	
VENTAVIS	B	2	PA
Central Nervous System Agents			
Amphetamines, ADHD			
ADDERALL XR	B	2	PA,QL
<i>amphetamine salt combo</i>	G	1	PA,QL
<i>dextroamphetamine sulfate</i>	G	1	PA,QL
<i>dextroamphetamine sulfate er</i>	G	1	PA,QL
Non-amphetamines, ADHD			
CONCERTA	B	2	PA,QL
<i>methylin (tablet)</i>	G	1	PA,QL

	B=Brand G=Generic	Tier	Notes
<i>methylin er</i>	G	1	PA,QL
<i>methylphenidate hcl</i>	G	1	PA,QL
<i>methylphenidate hcl sr</i>	G	1	PA,QL
STRATTERA	B	2	PA,QL
Non-amphetamines, Other			
PROVIGIL	B	2	PA,QL
RILUTEK	B	2	
XENAZINE	B	2	PA
Dental and Oral Agents			
<i>chlorhexidine gluconate oral rinse</i>	G	1	
KEPIVANCE	B	2	PA
<i>periogard</i>	G	1	
<i>pilocarpine hcl</i>	G	1	
<i>triamcinolone in orabase</i>	G	1	
Dermatological Agents			
ALDARA	B	2	PA
<i>ammonium lactate</i>	G	1	
<i>amnestem</i>	G	1	PA
<i>avita</i>	G	1	PA
<i>calcipotriene</i>	G	1	
<i>claravis (10mg capsule, 20mg capsule, 40mg capsule)</i>	G	1	PA
<i>claravis (30mg capsule)</i>	G	1	
DOVONEX (CREAM)	B	2	
ELIDEL	B	2	QL,ST
<i>erythromycin/benzoyl peroxide</i>	G	1	
FINACEA	B	2	
<i>fluorouracil (cream)</i>	G	2	
<i>fluorouracil (injection, solution)</i>	G	1	
<i>laclotion</i>	G	1	
OXSORALEN	B	2	
OXSORALEN ULTRA	B	2	PA

	B=Brand G=Generic	Tier	Notes
<i>podofilox</i>	G	1	
REGRANEX	B	2	PA,QL
SANTYL	B	2	
<i>selenium sulfide</i>	G	1	
SOLARAZE	B	2	
SORIATANE CK	B	2	
<i>sotret (10mg capsule, 20mg capsule, 40mg capsule)</i>	G	1	PA
<i>sotret (30mg capsule)</i>	G	2	PA
TAZORAC	B	2	PA
<i>tretinoin (cream, gel)</i>	G	1	PA
Enzyme Replacements/Modifiers			
ADAGEN	B	2	PA
ALDURAZYME	B	2	PA
BUPHENYL	B	2	PA
CEREZYME	B	2	PA
CREON	B	2	
CYSTADANE	B	2	PA
CYSTAGON	B	2	PA
ELAPRASE	B	2	PA
FABRAZYME	B	2	PA
KUVAN	B	2	PA
LIPRAM 4500	B	2	
LIPRAM-PN	B	2	
LIPRAM-UL	B	2	
MYOZYME	B	2	PA
NAGLAZYME	B	2	PA
ORFADIN	B	2	PA
PANCREASE MT	B	2	
PANCRECARB MS	B	2	
PANCRELIPASE	B	2	
PANCRELIPASE MST-16	B	2	
PANCRON	B	2	

	B=Brand G=Generic	Tier	Notes
SUCRAID	B	2	PA
VIOKASE	B	2	
VIOKASE 16	B	2	
ZAVESCA	B	2	PA
Gastrointestinal Agents			
Antispasmodics, Gastrointestinal			
<i>atropine sulfate</i>	G	1	
<i>dicyclomine hcl</i>	G	1	
<i>glycopyrrolate</i>	G	1	
<i>methscopolamine bromide</i>	G	1	
<i>propantheline bromide</i>	G	1	
Gastrointestinal Agents, Other			
<i>constulose</i>	G	1	
<i>diphenoxylate/atropine</i>	G	1	
<i>enulose</i>	G	1	
<i>generlac</i>	G	1	
GOLYTELY	B	2	QL
<i>lactulose</i>	G	1	
<i>loperamide hcl</i>	G	1	
NULYTELY/FLAVOR PACKS	B	2	QL
<i>peg 3350/electrolytes</i>	G	1	QL
RELISTOR	B	2	PA
<i>ursodiol (capsule)</i>	G	1	
Histamine2 (H2) Blocking Agents			
<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	
Irritable Bowel Syndrome Agents			
LOTRONEX	B	2	PA,QL
Protectants			
<i>misoprostol</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>sucralfate</i>	G	1	
Proton Pump Inhibitors			
NEXIUM (DELAYED RELEASE CAPSULE)	B	2	QL
<i>omeprazole (10mg delayed release capsule, 20mg delayed release capsule)</i>	G	1	
PREVPAC	B	2	QL
PROTONIX (DELAYED RELEASE TABLET)	B	1	QL,ST
PROTONIX (INJECTION)	B	2	
Genitourinary Agents			
Antispasmodics, Urinary			
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
Genitourinary Agents, Other			
<i>bethanechol chloride</i>	G	1	
ELMIRON	B	2	
METHERGINE	B	2	
Benign Prostatic Hypertrophy Agents			
<i>finasteride (5mg tablet)</i>	G	1	
FLOMAX	B	2	QL
Phosphate Binders			
<i>calcium acetate</i>	G	1	
RENVELA	B	2	
Immunological Agents			
Immunizing Agents, Passive			
GAMASTAN S/D	B	2	PA
GAMMAGARD LIQUID	B	2	PA
SYNAGIS	B	2	PA

	B=Brand G=Generic	Tier	Notes
Immune Suppressants			
<i>azathioprine</i>	G	1	B/D
<i>azathioprine sodium</i>	G	2	B/D
CELLCEPT (ORAL SUSPENSION)	B	2	B/D
CELLCEPT INTRAVENOUS	B	2	B/D
<i>cyclosporine</i>	G	1	B/D
<i>cyclosporine modified</i>	G	1	B/D
ENBREL	B	2	PA
<i>gengraf</i>	G	1	B/D
HUMIRA	B	2	PA
KINERET	B	2	PA
<i>methotrexate</i>	G	1	
<i>methotrexate sodium</i>	G	1	
<i>mycophenolate mofetil</i>	G	1	B/D
MYFORTIC	B	2	B/D
PROGRAF	B	2	B/D
RAPAMUNE	B	2	B/D
Immunomodulators			
ACTIMMUNE	B	2	PA
ARCALYST	B	2	PA
AVONEX	B	2	PA
BETASERON	B	2	PA
COPAXONE	B	2	PA
INFERGEN	B	2	PA
INTRON-A	B	2	PA
<i>leflunomide</i>	G	1	
PEGASYS	B	2	PA
PEG-INTRON	B	2	PA
REBIF	B	2	PA
REBIF TITRATION PACK	B	2	PA
REMICADE	B	2	PA
RIDAURA	B	2	

	B=Brand G=Generic	Tier	Notes
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	PA
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	
TETANUS TOXOID ADSORBED	B	2	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	B	2	

	B=Brand G=Generic	Tier	Notes
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

Salicylates

ASACOL	B	2	
<i>balsalazide disodium</i>	G	1	
CANASA	B	2	
DIPENTUM	B	2	
<i>mesalamine</i>	G	1	
PENTASA	B	2	

Sulfonamides

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

Metabolic Bone Disease Agents

ACTONEL	B	2	
<i>alendronate sodium</i>	G	1	
BONIVA (TABLET)	B	2	QL,ST
<i>calcitonin-salmon (nasal spray)</i>	G	1	QL
<i>calcitriol</i>	G	1	
<i>etidronate disodium</i>	G	1	
FORTEO	B	2	PA
FORTICAL	B	2	QL
HECTOROL	B	2	
<i>pamidronate disodium (30mg/10ml injection, 90mg/10ml injection)</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>pamidronate disodium (6mg/ml injection)</i>	G	2	

ZEMPLAR	B	2	
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Miscellaneous Agents

Cytoprotective Agents

<i>amifostine</i>	G	1	
<i>dexrazoxane</i>	G	1	
<i>mesna</i>	G	1	
MESNEX (TABLET)	B	2	

Diabetic Supplies

<i>alcohol preps</i>	G	1	
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Miscellaneous Agents - Drugs to Treat Miscellaneous Conditions

Diabetic Supplies

GAUZE PADS	B	2	
INSULIN SYRINGES, NEEDLES	B	2	

Ophthalmic Agents

Ophthalmic Agents, Other

LACRISERT	B	2	
<i>mydral (1% op solution)</i>	G	1	
<i>naphazoline hcl</i>	G	1	
<i>proparacaine hcl</i>	G	1	
RESTASIS	B	2	PA
<i>tropicacyl</i>	G	1	
<i>tropicamide</i>	G	1	

Ophthalmic Anti-allergy Agents

<i>cromolyn sodium (solution)</i>	G	1	
PATANOL	B	2	ST

Ophthalmic Antiglaucoma Agents

<i>acetazolamide</i>	G	1	
ALPHAGAN P	B	2	
AZOPT	B	2	
<i>betaxolol hcl</i>	G	1	
<i>brimonidine tartrate</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>carteolol hcl</i>	G	1	
COMBIGAN	B	2	
<i>dipivefrin hcl</i>	G	1	
<i>dorzolamide hcl</i>	G	1	QL
<i>dorzolamide hcl/timolol maleate</i>	G	1	
<i>levobunolol hcl</i>	G	1	
<i>methazolamide</i>	G	1	
<i>metipranolol</i>	G	1	
PHOSPHOLINE IODIDE	B	2	
PILOPINE HS	B	2	
<i>timolol maleate</i>	G	1	
Ophthalmic Anti-inflammatories			
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	
<i>fluorometholone</i>	G	1	
<i>fluor-op</i>	G	1	
<i>flurbiprofen sodium</i>	G	1	
LOTEMAX	B	2	
<i>neomycin/polymyxin/dexamethasone</i>	G	1	
<i>poly-dex</i>	G	1	
PRED MILD	B	2	
<i>prednisolone acetate</i>	G	1	
<i>prednisolone sodium phosphate</i>	G	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	G	1	

	B=Brand G=Generic	Tier	Notes
TOBRADEX	B	2	
<i>tobramycin/dexamethasone</i>	G	1	
Ophthalmic Prostaglandin and Prostanoid Analogs			
LUMIGAN	B	2	QL
TRAVATAN Z	B	2	QL
XALATAN	B	2	QL,ST
Otic Agents			
<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	
<i>cortomycin</i>	G	1	
DERMOTIC	B	2	
<i>neomycin/polymyxin/hydrocortisone</i>	G	1	
Respiratory Tract Agents			
Anti-inflammatories, Inhaled Corticosteroids			
ADVAIR DISKUS	B	2	ST
ADVAIR HFA	B	2	ST
FLOVENT DISKUS	B	2	
FLOVENT HFA	B	2	
<i>flunisolide</i>	G	1	
<i>fluticasone propionate</i>	G	1	
NASONEX	B	2	QL,ST
PULMICORT (NEBULIZER SUSPENSION)	B	2	B/D
QVAR	B	2	
Bronchodilators, Anticholinergic			
ATROVENT HFA	B	2	
<i>ipratropium bromide (nasal spray)</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>ipratropium bromide (nebulizer solution)</i>	G	1	B/D
SPIRIVA HANDIHALER	B	2	
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)			
<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			
<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	
EIPEN	B	2	QL
FORADIL AEROLIZER	B	2	
<i>metaproterenol sulfate</i>	G	1	
PROAIR HFA	B	2	
SEREVENT DISKUS	B	2	
SYMBICORT	B	2	ST
<i>terbutaline sulfate</i>	G	1	
VENTOLIN HFA	B	2	
XOPENEX (NEBULIZER SOLUTION)	B	2	ST
Respiratory Tract Agents, Other			
ARALAST	B	2	PA
PROLASTIN	B	2	PA
PULMOZYME	B	2	B/D

	B=Brand G=Generic	Tier	Notes
TYZINE	B	2	
XOLAIR	B	2	PA
ZEMAIRA	B	2	PA
Antihistamines			
ASTELIN	B	2	
<i>alavert</i>	G	**	
<i>alavert alrg tab /sinus</i>	G	**	
<i>cetirizine</i>	G	**	
<i>clemastine fumarate</i>	G	1	
<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	
<i>ketotifen fumarate</i>	G	**	
<i>loratadine</i>	G	**	
<i>loratadine-d</i>	G	**	
PATANASE	B	2	QL,ST
<i>phenadoz</i>	G	1	
<i>promethazine hcl (25mg suppository, injection, syrup, tablet)</i>	G	1	
<i>promethazine vc</i>	G	1	
<i>promethegan</i>	G	1	
Antileukotrienes			
ACCOLATE	B	2	QL,ST
SINGULAIR	B	2	QL,ST
ZYFLO CR	B	2	QL,ST
Mast Cell Stabilizers			
<i>cromolyn sodium (nebulizer solution)</i>	G	1	B/D
INTAL INHALER	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
Pulmonary Antihypertensives			
LETAIRIS	B	2	PA
REMODULIN	B	2	PA
REVATIO	B	2	PA
TRACLEER	B	2	PA,LA

Sedatives/Hypnotics			
<i>zaleplon</i>	G	1	QL,ST
<i>zolpidem tartrate</i>	G	1	QL

Skeletal Muscle Relaxants			
<i>carisoprodol</i>	G	1	
<i>carisoprodol/aspirin</i>	G	1	
<i>carisoprodol/aspirin/ codeine</i>	G	1	
<i>chlorzoxazone</i>	G	1	
<i>cyclobenzaprine hcl</i>	G	1	
<i>methocarbamol</i>	G	1	
<i>orphenadrine citrate er</i>	G	1	

**Therapeutic Nutrients/
Minerals/Electrolytes**

Therapeutic Nutrients/Minerals/ Electrolytes, Other			
<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	

Electrolytes/Minerals			
AMINOSYN	B	2	B/D
AMINOSYN 7%/ ELECTROLYTES	B	2	B/D
<i>aminosyn 8.5%/ electrolytes</i>	G	1	B/D
AMINOSYN II	B	2	B/D
AMINOSYN II 3.5%/ DEXTROSE 25%	B	2	B/D
AMINOSYN II 4.25%/ DEXTROSE 10%	B	2	B/D

	B=Brand G=Generic	Tier	Notes
AMINOSYN II 4.25%/ DEXTROSE 20%	B	2	B/D
AMINOSYN II 4.25%/ DEXTROSE 25%	B	2	B/D
AMINOSYN II 5%/ DEXTROSE 25%	B	2	B/D
<i>aminosyn ii 8.5%/ electrolytes</i>	G	1	B/D
AMINOSYN II M 3.5%/DEXTROSE 5%	B	2	B/D
AMINOSYN M	B	2	B/D
AMINOSYN-HBC	B	2	B/D
AMINOSYN-HF	B	1	B/D
AMINOSYN-PF	B	2	B/D
CLINIMIX 2.75%/ DEXTROSE 5%	B	2	B/D
<i>clinimix 4.25%/dextrose 10%</i>	G	1	B/D
<i>clinimix 4.25%/dextrose 20%</i>	G	1	B/D
<i>clinimix 4.25%/dextrose 25%</i>	G	1	B/D
CLINIMIX 4.25%/ DEXTROSE 5%	B	2	B/D
CLINIMIX 5%/ DEXTROSE 15%	B	2	B/D
CLINIMIX 5%/ DEXTROSE 20%	B	2	B/D
CLINIMIX 5%/ DEXTROSE 25%	B	2	B/D
CLINIMIX E 2.75%/ DEXTROSE 10%	B	2	B/D
CLINIMIX E 2.75%/ DEXTROSE 5%	B	2	B/D
CLINIMIX E 4.25%/ DEXTROSE 25%	B	2	B/D
CLINIMIX E 4.25%/ DEXTROSE 5%	B	2	B/D
CLINIMIX E 5%/ DEXTROSE 15%	B	2	B/D

	B=Brand G=Generic	Tier	Notes
CLINIMIX E 5%/ DEXTROSE 20%	B	2	B/D
CLINIMIX E 5%/ DEXTROSE 25%	B	2	B/D
CLINIMIX E 5%/ DEXTROSE 35%	B	2	B/D
<i>clinisol sf 15%</i>	G	1	B/D
<i>dextrose 10%/nacl 0.2%</i>	G	1	
<i>dextrose 10%/nacl 0.45%</i>	G	1	
<i>dextrose 2.5%/nacl 0.45%</i>	G	1	
<i>dextrose 5%/electrolyte #48 viaflex</i>	G	1	
<i>dextrose 5%/kcl 0.075%</i>	G	1	
<i>dextrose 5%/nacl 0.2%</i>	G	1	
<i>dextrose 5%/nacl 0.225%</i>	G	1	
<i>dextrose 5%/nacl 0.33%</i>	G	1	
<i>dextrose 5%/nacl 0.45%</i>	G	1	
<i>dextrose 5%/nacl 0.9%</i>	G	1	
<i>ed k+10</i>	G	1	
FREAMINE HBC	B	2	B/D
FREAMINE III	B	2	B/D
<i>hepatamine</i>	G	1	B/D
HEPATASOL	B	2	B/D
<i>intralipid (20% injection)</i>	G	1	B/D
IONOSOL-B/ DEXTROSE 5%	B	2	
IONOSOL-MB/ DEXTROSE 5%	B	2	
IONOSOL-T/ DEXTROSE 5%	B	2	
ISOLYTE-H/ DEXTROSE 5%	B	2	
ISOLYTE-M/ DEXTROSE 5%	B	2	

	B=Brand G=Generic	Tier	Notes
ISOLYTE-P/ DEXTROSE 5%	B	2	
ISOLYTE-S	B	2	
ISOLYTE-S/ DEXTROSE 5%	B	2	
<i>kaon-cl-10</i>	G	1	
<i>kcl</i>	G	1	
<i>kcl 0.075%/d5w/nacl 0.225%</i>	G	1	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	G	1	
<i>kcl 0.15% /nacl 0.45% viaflex</i>	G	1	
<i>kcl 0.15% d5w/nacl 0.33%</i>	G	1	
<i>kcl 0.15% d5w/nacl 0.45% viaflex</i>	G	1	
<i>kcl 0.15% nacl 0.9%</i>	G	1	
<i>kcl 0.15%/d10w/nacl 0.2%</i>	G	1	
<i>kcl 0.15%/d5w</i>	G	1	
<i>kcl 0.15%/d5w/lr</i>	G	1	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	G	1	
<i>kcl 0.15%/d5w/nacl 0.225%</i>	G	1	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	G	1	
<i>kcl 0.22% d5w/nacl 0.45%</i>	G	1	
<i>kcl 0.224%/d5w</i>	G	1	
<i>kcl 0.224%/d5w/nacl 0.2%</i>	G	1	
<i>kcl 0.224%d5w/nacl 0.33%</i>	G	1	
<i>kcl 0.3%/ nacl 0.9%</i>	G	1	
<i>kcl 0.3%/d5w</i>	G	1	
<i>kcl 0.3%/d5w/lr iv lac ring</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>kcl 0.3%/d5w/nacl 0.2%</i>	G	1	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	G	1	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	G	1	
<i>kcl er</i>	G	1	
<i>klor-con 10</i>	G	1	
<i>klor-con 8</i>	G	1	
<i>klor-con m20</i>	G	1	
<i>lactated ringer's irrigation</i>	G	1	
<i>lactated ringer's viaflex</i>	G	1	
<i>levocarnitine</i>	G	1	
<i>magnesium sulfate</i>	G	1	
<i>magnesium sulfate in d5w</i>	G	1	
<i>nacl</i>	G	1	
<i>nacl 0.45% viaflex</i>	G	1	
<i>nacl 0.9%</i>	G	1	
NEPHRAMINE	B	2	B/D
<i>normosol-m in d5w</i>	G	1	
NORMOSOL-R	B	2	
<i>normosol-r in d5w</i>	G	1	
<i>novamine</i>	G	1	B/D
PHYSIOSOL IRRIGATION	B	2	
PLASMA-LYTE 56	B	2	
PLASMA-LYTE A	B	2	
PLASMA-LYTE-148	B	2	
PLASMA-LYTE-148/ D5W	B	2	
PLASMA-LYTE-56/ D5W	B	2	
PLASMA-LYTE-R	B	2	
<i>potassium citrate extended-release</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>premasol</i>	G	2	B/D
PROCALAMINE	B	2	B/D
PROSOL	B	2	B/D
RENAMIN	B	2	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	1	
TRAVASOL	B	2	B/D
TRAVASOL 2.75%/ DEXTROSE 10%	B	2	B/D
TRAVASOL 2.75%/ DEXTROSE 5%	B	2	B/D
<i>travasol 3.5%/ electrolytes</i>	G	1	B/D
TRAVASOL 8.5%/ DEXTROSE 10%	B	2	B/D
TRAVASOL 8.5%/ DEXTROSE 20%	B	2	B/D
TRAVASOL 8.5%/ DEXTROSE 50%	B	2	B/D
<i>travasol 8.5%/ electrolytes</i>	G	1	B/D
TROPHAMINE (10% INJECTION)	B	2	B/D
Vitamins			
<i>prenatal vitamins</i>	G	1	

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leucovorin calcium, (G) Tier 1, PG 6

LEUKERAN, (B) Tier 2, PG 16

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LEVAQUIN, (B) Tier 2, PG 12

LEVEMIR (VIAL), (B) Tier 2, PG 20

levetiracetam (oral solution), (G) Tier 1, PG 13

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levobunolol hcl, (G) Tier 1, PG 27

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levora, (G) Tier 1, PG 8

LEVOTHROID, (B) Tier 2, PG 8

levothyroxine sodium, (G) Tier 1, PG 8

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lidocaine, (G) Tier 1, PG 10

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lidocaine hcl jelly, (G) Tier 1, PG 10

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liothyronine sodium, (G) Tier 1, PG 8

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MENACTRA, (B) Tier 2, PG 25

MENOMUNE-A/C/Y/W-135, (B) Tier 2, PG 25

mepiridine hcl (10mg/ml injection, 25mg/ml injection, 50mg/ml injection, 75mg/ml injection), (G) Tier 1, PG 10

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metformin hcl, (G) Tier 1, PG 19
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methyldopate hcl, (G) Tier 1, PG 20
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NASONEX, (B) Tier 2, PG 27
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dexamethasone, (G) Tier 1, PG 27
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hydrocortisone, (G) Tier 1, PG 11,
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PG 8
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PG 31
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PG 14
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capsule, 20mg delayed release
capsule), (G) Tier 1, PG 24
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PG 24
oxybutynin chloride, (G) Tier 1,
PG 24
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PG 20
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probenecid, (G) Tier 1, PG 15
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PG 15
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PG 25
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PG 18
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sulfacetamide sodium, (G) Tier 1, PG 12

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		verapamil hcl, (G) Tier 1, PG 21
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Notes:



Enrollment Information:

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