

CommuniCare Advantage

2009 Formulary (List of Covered Drugs)



Please Read: This Document Contains Information About The Drugs We Cover In This Plan

Note to existing members: Please review this document to make sure that it contains the drugs you take.

Medicare



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H7086_Comp Formulary 2009

What is the CommuniCare Advantage Formulary?

A formulary is a list of covered drugs selected by CommuniCare Advantage in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. CommuniCare Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CommuniCare Advantage network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary change?

Generally, if you are taking a drug on our 2009 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2009 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or improve the safety of your drugs.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 2009. To get updated information about the drugs covered by CommuniCare Advantage, please visit our Web site at www.chgsd.com or call Member Service at 1-888-244-4430, 7 days a week, 24 hours a day. TTY/TDD users should call 1-800-735-2929.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page T-1. 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, "Cardiac Drugs". If you know what your drug is used for, look for the category name in the list that begins on T-1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page I-1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

CommuniCare Advantage covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** CommuniCare Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CommuniCare Advantage before you fill your prescriptions. If you don't get approval, CommuniCare Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, CommuniCare Advantage limits the amount of the drug that CommuniCare Advantage will cover. For example, CommuniCare Advantage provides 30 units per 30-day period per prescription for Zyprexa®. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, CommuniCare Advantage requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, CommuniCare Advantage may not cover drug B unless you try Drug A first. If Drug A does not work for you, CommuniCare Advantage will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page T-1.

You can ask CommuniCare Advantage to make an exception to these restrictions or limits. See the section, "How do I request an exception to the CommuniCare Advantage's formulary?" on page 3 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

How do I request an exception to the CommuniCare Advantage's Formulary?

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

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, CommuniCare Advantage limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.

Generally, CommuniCare Advantage will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is

limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 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.

For level of care transitions, for example, when a member is discharged from the hospital to a long-term care facility or home, CommuniCare Advantage will make coverage determinations and re-determinations as soon as the member's health condition requires. Members involved in unplanned transitions will be provided with an emergency supply of non-formulary drugs, including Part D formulary drugs that are subject to certain restrictions, such as prior authorization or step therapy.

For more information

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

If you have questions about CommuniCare Advantage, please call Member Services at 1-888-244-4430, 7 days a week, 24 hours a day. TTY/TDD users should call 1-800-735-2929. Or visit www.chgsd.com.

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

CommuniCare Advantage's Formulary

The formulary that begins on page T-1 provides coverage information about some of the drugs covered by CommuniCare Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

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

The information in the Notes column tells you if CommuniCare Advantage has any special requirements for coverage of your drug.

¿Qué es el Formulario de CommuniCare Advantage?

Un formulario es una lista de medicamentos cubiertos que han sido seleccionados por CommuniCare Advantage en consulta con un equipo de proveedores de servicios médicos, esta selección representa las terapias de medicamentos de prescripción que se consideran como parte necesaria de un programa de tratamiento de calidad. Por lo general CommuniCare Advantage cubrirá los medicamentos que se encuentran en la lista de medicamentos de nuestro Formulario siempre y cuando el medicamento sea médicamente necesario, se surta en una farmacia de la red de farmacias de CommuniCare Advantage, y se cumpla con otras reglas del plan. Para obtener mayor información consulte su Evidencia de Cobertura.

¿Puede cambiar el Formulario?

Por lo general si usted está tomando un medicamento que se encuentra en nuestro Formulario del año 2009 y que ha estado cubierto por el plan desde principio del año, no lo descontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura de 2009, excepto si saliera a la venta un nuevo medicamento genérico de menor costo, o si se publicara información adversa sobre la seguridad o eficacia del medicamento. Otro tipo de cambios del formulario, como quitar un medicamento del formulario, no afectará a los participantes que estén tomando dicho medicamento en ese momento. Ese medicamento seguirá estando disponible, al mismo precio compartido, por el tiempo que falte para el término de la cobertura de ese año para los participantes que estén tomándolo. Sentimos que es importante que por el resto del año de cobertura, usted siga teniendo acceso a los medicamentos que estaban disponibles en nuestro formulario al momento en que eligió nuestro plan, excepto en los casos en que exista un nuevo medicamento menos costoso o más seguro para usted.

Si quitamos algún medicamento de nuestro formulario, o añadimos restricciones de autorización previa, límites de cantidad y/o restricciones de tratamiento escalonado en algún medicamento, debemos notificar a los participantes afectados por lo menos con 60 días de anticipación a la fecha en que el cambio será efectivo, o al momento en que el participante acuda a surtir el medicamento de nuevo, momento en que el participante recibirá un suministro de 60 días del medicamento. Si la Administración de Alimentos y Fármacos considera que un medicamento en nuestro formulario no es seguro o si el fabricante retira el medicamento del mercado, eliminaremos dicho medicamento de nuestro formulario y enviaremos un aviso a los participantes que estén tomándolo. El formulario adjunto está actualizado al 2009. Para obtener información al día acerca de los medicamentos cubiertos por CommuniCare Advantage, por favor visite nuestro sitio en la red: www.chgsd.com o llame a Servicio a Participantes al 1-888-244-4430, las 24 horas del día, los siete días de la semana. Los usuarios del sistema TTY/TDD deben llamar al 1-800-735-2929.

¿Cómo uso el Formulario?

Existen dos formas de buscar un medicamento en el formulario.

Condición médica

El formulario comienza en la página T-1. Los medicamentos en esa parte del formulario están agrupados por categorías dependiendo del tipo de condición médica para el que se utilizan. Por ejemplo, los medicamentos utilizados para dar tratamiento a una condición cardíaca (del corazón) están enumerados en “Medicamentos Cardíacos” Si sabe para que problema de salud se usa el medicamento que usted necesita, consulte la categoría en la lista que comienza en T-1. Después busque su medicamento bajo dicha categoría.

Enumeración alfabética

Si no está seguro bajo que categoría buscar su medicamento, debe consultar en el Índice que da principio en la página I-1, este índice proporciona una lista por orden alfabético de todos los medicamentos que se encuentran en el formulario. En el Índice están enumerados los medicamentos de marca y los genéricos. Busque el medicamento en el Índice, enseguida del medicamento verá el número de página en donde puede encontrar información sobre cobertura. Vaya a la página señalada en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué es un medicamento genérico?

CommuniCare Advantage cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico contiene los mismos ingredientes activos que el medicamento de marca. Los medicamentos genéricos generalmente cuestan menos que los de marca y están aprobados por la Administración de Alimentos y Fármacos (FDA).

¿Existen restricciones en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites de cobertura adicionales. Estos requisitos y limitaciones pueden incluir:

- **Previa autorización:** Para ciertos medicamentos CommuniCare Advantage requiere que usted o su médico obtenga previa autorización. Esto significa que necesitara obtener la aprobación de CommuniCare Advantage antes de surtir su receta de medicamentos de prescripción. Es posible que CommuniCare Advantage no cubra el medicamento si no obtiene la aprobación.
- **Límites de cantidad:** En ciertos medicamentos, CommuniCare Advantage limita la cantidad de medicamento que cubrirá. Por ejemplo, CommuniCare Advantage proporciona 31 unidades para un período de 30 días del medicamento de

prescripción Zyprexa®. Puede ser que esto sea aparte de un suministro normal de un mes o de tres meses.

- **Tratamiento escalonado:** En algunos casos CommuniCare Advantage requiere que usted haga la prueba con determinados medicamentos para dar tratamiento a su condición médica, antes de cubrir otro medicamento para la misma condición. Por ejemplo, si tanto el medicamento A como el medicamento B se usan para tratar su condición médica, es posible que CommuniCare Advantage no cubra el medicamento B, hasta que usted haya hecho primero la prueba con el medicamento A. Si el medicamento A no surte efecto, entonces CommuniCare Advantage cubrirá el medicamento B.

Usted puede saber si el medicamento que necesita tiene requisitos o límites adicionales consultando el formulario que comienza en la página T-1.

Usted puede pedir a CommuniCare Advantage que haga una excepción a esas restricciones o límites. Consulte la sección “¿Cómo solicitar una excepción al formulario de CommuniCare Advantage?”

¿Qué sucede si mi medicamento no se encuentra en el Formulario?

Si su medicamento no está incluido en el formulario, lo primero que debe hacer es llamar a Servicio a Participantes y preguntar si su medicamento está cubierto. Si le informan que CommuniCare Advantage no cubre su medicamento, tiene usted dos opciones:

- Puede pedirle al representante de Servicio a Participantes una lista de medicamentos similares que estén cubiertos por CommuniCare Advantage. Cuando reciba esta lista, muéstrela a su médico y pídale una receta de prescripción para un medicamento similar que sí esté cubierto por CommuniCare Advantage.
- Puede pedirle a CommuniCare Advantage que haga una excepción y cubra su medicamento. Vea más adelante la información sobre cómo solicitar una excepción.

NOTA: Debido a cambios en Medicare, la mayoría de los Planes de Medicamentos de Medicare (*Medicare Drug Plans*) ya no cubren los medicamentos para disfunción eréctil (ED, por sus siglas en inglés) como Viagra, Cilais, Levitra, y Caverject. Para obtener mayor información puede contactar a Servicio a Participantes.

¿Cómo solicito una excepción al Formulario de CommuniCare Advantage?

Puede pedir a CommuniCare Advantage que haga una excepción a nuestras reglas de cobertura. Existe una variedad de excepciones que usted puede solicitar que hagamos.

- Puede pedir que cubramos su medicamento aun si no está en nuestro formulario.

- Puede pedir que no apliquemos las restricciones de cobertura o de límites a su medicamento, por ejemplo en ciertos medicamentos CommuniCare Advantage limita la cantidad de medicamento que cubrimos. Si su medicamento tiene un límite de cantidad, usted puede pedir que no apliquemos el límite y que cubramos más cantidad.

Por lo general CommuniCare Advantage sólo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, o las restricciones adicionales de utilización no fueran tan efectivas en el tratamiento de su condición y/o pudieran ocasionarle efectos médicos perjudiciales.

Debe contactarnos para pedir una decisión inicial de cobertura, o para una excepción al formulario, o de restricción de utilización. Cuando solicite una excepción al formulario o de restricción de utilización debe presentar una declaración de su médico apoyando dicha solicitud. Por lo general tomaremos una decisión en un plazo de 72 horas después de haber recibido la declaración de apoyo a su solicitud del médico que prescribe el medicamento. Puede solicitar una excepción acelerada (rápida) si usted o su médico piensan que su salud puede sufrir graves daños si espera 72 horas por la decisión. Si su solicitud de aceleración es otorgada, debemos darle nuestra decisión en un plazo no mayor de 24 horas después de recibir la declaración de apoyo a su solicitud del médico que prescribe el medicamento.

¿Qué hago mientras puedo hablar con mi médico sobre cambiar mis medicamentos o solicitar una excepción?

Como participante nuevo o continuo de nuestro plan, es posible que usted esté tomando medicamentos que no están en nuestro formulario, también puede ser que esté tomando un medicamento que está en nuestro formulario pero que tiene límites de obtención. Por ejemplo, puede ser que necesite de nuestra autorización previa antes de surtir su receta de prescripción. Debe hablar con su médico para decidir si debe cambiar a otro medicamento que sea adecuado y que esté cubierto por nosotros, o solicitar una excepción al formulario para que cubramos el medicamento que usted toma. Mientras habla con su médico para determinar el curso de acción a seguir que sea adecuado para usted, es posible que, en ciertos casos, cubramos su medicamento durante los primeros 90 días de su membresía al plan.

Por cada uno de sus medicamentos que no esté en nuestro formulario o si la habilidad de obtención de sus medicamentos es limitada, cubriremos un suministro temporal de 31 días (a menos que su receta de prescripción sea por menos días) cuando lo surta en una farmacia de nuestra red de farmacias. Después de su primer suministro de 31 días, no pagaremos por esos medicamentos, aun cuando usted haya sido participante del plan por menos de 90 días.

Si reside en una instalación de cuidados a largo plazo, cubriremos un suministro temporal de transición de 31 días (a menos que su receta de prescripción sea por menos días). Surtiremos estos medicamentos mas de una vez durante los primeros 90 días de ser participante del plan. Si necesita un medicamento que no esté en nuestro formulario, o si su

habilidad para obtener sus medicamentos es limitada, pero ya pasaron más de los primeros 90 días de ser participante del plan, cubriremos un suministro de emergencia de 31 días de ese medicamento (a menos que su receta de prescripción sea por menos días) mientras esté tramitando la excepción al formulario

Para transiciones de nivel de cuidado, por ejemplo cuando un participante es dado de alta del hospital a un centro de atención a largo plazo, CommuniCare Advantage tomará determinaciones y re-determinaciones de cobertura tan pronto como la salud del participante lo requiera. A los participantes que se encuentren en una situación de transición no planeada se les proporcionará un suministro de emergencia de medicamentos que no están en el formulario, incluyendo medicamentos del formulario Parte D que están sujetos a ciertas restricciones, como autorización previa o tratamiento escalonado.

Para obtener mayor información

Para obtener información detallada sobre los medicamentos de prescripción de CommuniCare Advantage, por favor revise su Evidencia de Cobertura CommuniCare Advantage 2009, H7086_EOC y otros materiales del plan.

Si tiene preguntas acerca de CommuniCare Advantage, por favor llame a Servicio a Participantes al 1-888-244-4430, las 24 horas del día, los 7 días de la semana. Los usuarios del sistema TTY/TDD deben llamar al 1-800-735-2929, o visitar www.chgsd.com.

Si tiene preguntas generales acerca de la cobertura de medicamentos de prescripción de Medicare, por favor llame al 1-800-MEDICARE (1-800-633-4227), las 24 horas del día, los 7 días de la semana. Los usuarios del sistema TTY/TDD deben llamar al 1-877-486-2048, o visitar www.medicare.gov.

Formulario de CommuniCare Advantage

El formulario T-1 proporciona información de cobertura sobre algunos medicamentos cubiertos por CommuniCare Advantage. Si tiene problemas para encontrar su medicamento en la lista, vaya al Índice que comienza en la página I-1

En la primera columna de la tabla se encuentra el nombre de los medicamentos. Los medicamentos de marca están escritos en mayúsculas (por ejemplo: PULMICORT) y los medicamentos genéricos están escritos en minúsculas (por ejemplo: *hydrocortisone*).

La información bajo la columna Requisitos/Límites le informa si CommuniCare Advantage estipula un requisito especial para la cobertura de su medicamento.

**Abbreviations, Descriptions,
Drug Tier Indicator and Copayments**

**Abreviaturas, Descripciones,
Indicador de medicamento escaloneado y Copagos**

ZYFLO CR	T-18	ZYPREXA ZYDIS	T-48
ZYLET	T-16	Zyrtec Allergy	T-51
Zyloprim	T-42	Zyrtec-D	T-51
ZYMAR	T-16	Zyrtec-d Allergy/congesti	T-51
ZYPREXA	T-48	ZYVOX.....	T-6

Drug Name		Drug Tier	Notes
Acidifying Agents			
Acidifying Agents			
<i>ammonium chloride</i>	(Ammonium Chloride)	1	soln
Adrenals			
Adrenals			
<i>cortisone acetate</i>	(Cortisone Acetate)	1	tabs
	DEPO-MEDROL	2	susp; 20mg/ml
<i>dexamethasone</i>	(Decadron)	1	elix, soln, tabs
<i>dexamethasone sodium phosphate</i>	(Dexamethasone Sodium Phosphate)	1	soln
	ENTOCORT EC	2	cp24
	FLOVENT DISKUS	2	aepb
	FLOVENT HFA	2	aero
<i>fludrocortisone acetate</i>	(Florinef)	1	tabs
<i>hydrocortisone</i>	(Cortef)	1	tabs
<i>hydrocortisone sodium succinate</i>	(A-hydrocort)	1	solr
<i>methylprednisolone</i>	(Medrol)	1	tabs
<i>methylprednisolone acetate</i>	(Depo-medrol)	1	susp; 40mg/ml, 80mg/ml
<i>methylprednisolone sodium succinate</i>	(Solu-medrol)	1	solr; 40mg, 125mg, 500mg, 1000mg
<i>prednisolone anhydrous</i>	(Millipred)	1	syrp, tabs
<i>prednisolone sodium phosphate</i>	(Pediapred)	1	liqd, soln
<i>prednisone</i>	(Prednisone)	1	soln, tabs
	PREDNISONE INTENSOL	2	conc
	PULMICORT FLEXHALER	2	QL, ST inha
	QVAR	2	aers
	SOLU-MEDROL	2	solr; 2gm
	SOLU-MEDROL ACT-O-VIAL	2	solr; 500mg
	SYMBICORT	2	QL aero
Alkalinizing Agents			
Alkalinizing Agents			
<i>potassium citrate</i>	(Urocit-K)	1	tbcr
<i>sodium bicarbonate</i>	(Sodium Bicarbonate)	1	soln
<i>sodium lactate</i>	(Sodium Lactate)	1	soln
Alpha-Adrenergic Blocking Agents			
Alpha-Adrenergic Blocking Agents			
<i>doxazosin mesylate</i>	(Cardura)	1	tabs
<i>prazosin hydrochloride</i>	(Minipress)	1	caps
<i>terazosin hcl</i>	(Hytrin)	1	caps

Drug Name	Drug Tier	Notes
Ammonia Detoxicants		
Ammonia Detoxicants		
BUPHENYL	2	powd, tabs
<i>lactulose</i> (Enulose)	1	soln
LITHOSTAT	2	tabs
Analgesics and Antipyretics		
Non-Steroidal Anti-inflammatory Agents		
CELEBREX	2	QL, ST caps
<i>diclofenac potassium</i> (Cataflam)	1	tabs
<i>diclofenac sodium</i> (Voltaren)	1	tb24, tbec
<i>diflunisal</i> (Dolobid)	1	tabs
<i>etodolac</i> (Lodine)	1	caps, tabs, tb24
<i>fenoprofen calcium</i> (Nalfon)	1	tabs
<i>flurbiprofen</i> (Ansaid)	1	tabs
<i>ibuprofen</i> (Motrin)	1	susp, tabs
<i>indomethacin</i> (Indocin)	1	caps, cpcr
<i>ketoprofen</i> (Orudis)	1	caps, cp24
<i>ketorolac tromethamine</i> (Toradol)	1	QL soln, tabs
<i>meclofenamate sodium</i> (Meclomen)	1	caps
<i>meloxicam</i> (Mobic)	1	susp, tabs
<i>nabumetone</i> (Relafen)	1	tabs
<i>naproxen</i> (Naprosyn)	1	susp, tabs, tbec
<i>naproxen sodium</i> (Anaprox)	1	tabs, tb24
<i>oxaprozin</i> (Daypro)	1	tabs
<i>piroxicam</i> (Feldene)	1	caps
PREVACID NAPRAPAC	2	QL, ST kit
<i>sulindac</i> (Clinoril)	1	tabs
<i>tolmetin sodium</i> (Tolectin)	1	caps, tabs
VOLTAREN	2	ST gel
Opiate Agonists		
<i>acetaminophen and butalbital and caffeine and codeine phosphate</i> (Fioricet/codeine)	1	caps
<i>acetaminophen and caffeine and dihydrocodeine bitartrate</i> (Panlor SS)	1	caps, tabs
<i>acetaminophen and codeine phosphate</i> (Tylenol/codeine #3)	1	soln, tabs
<i>acetaminophen and hydrocodone bitartrate</i> (Vicodin ES)	1	caps, soln, tabs
<i>acetaminophen and oxycodone hydrochloride</i> (Percocet)	1	caps, soln, tabs

Drug Name		Drug Tier	Notes
<i>acetaminophen and propoxyphene hydrochloride</i>	(Acetaminophen and Propoxyphene Hydrochloride)	1	tabs
<i>acetaminophen and propoxyphene napsylate</i>	(Darvocet-n 100)	1	tabs
<i>acetaminophen and tramadol hcl</i>	(Ultracet)	1	tabs
<i>aspirin and butalbital and caffeine and codeine phosphate</i>	(Fiorinal/codeine #3)	1	caps
<i>aspirin and oxycodone hydrochloride and oxycodone terephthalate</i>	(Percodan)	1	tabs
<i>codeine sulfate</i>	(Codeine Sulfate)	1	tabs
	DOLOPHINE HCL	1	tabs
<i>fentanyl</i>	(Duragesic)	1	PA, QL pt72
<i>fentanyl citrate</i>	(Actiq)	1	soln
<i>fentanyl citrate</i>	(Actiq)	1	PA, QL lpop
	FENTORA	2	PA, QL tabs
<i>hydrocodone bitartrate and ibuprofen</i>	(Vicoprofen)	1	tabs
<i>hydromorphone hydrochloride</i>	(Dilaudid)	1	soln, tabs
<i>ibuprofen and oxycodone hydrochloride</i>	(Combunox)	1	tabs
	KADIAN	2	ST cp24
	LEVO-DROMORAN	1	tabs
<i>levorphanol tartrate</i>	(Levo-dromoran)	1	tabs
	LORTAB 2.5	1	tabs; 500mg, 2.5mg
<i>meperidine hydrochloride</i>	(Demerol)	1	soln, tabs
<i>methadone hydrochloride</i>	(Dolophine)	1	conc, soln, tabs
<i>morphine sulfate</i>	(MS Contin)	1	soln, tabs, tb12
	NARVOX	1	tabs; 500mg, 10mg
	ORAMORPH SR	1	tb12
<i>oxycodone hydrochloride</i>	(Oxycodone Hydrochloride)	1	QL tb12; 10mg, 20mg, 40mg, 80mg
<i>oxycodone hydrochloride</i>	(Roxicodone)	1	tabs
	OXYCONTIN	2	QL tb12; 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg

Drug Name		Drug Tier	Notes
	PERLOXX	1	tabs; 300mg, 2.5mg
<i>propoxyphene hydrochloride</i>	(Darvon)	1	caps
<i>tramadol hcl</i>	(Ultram)	1	tabs
	VANACET	1	tabs; 500mg, 5mg
Opiate Partial Agonists			
	BUPRENEX	2	soln
<i>buprenorphine hydrochloride</i>	(Buprenorphine Hydrochloride)	1	soln
<i>butorphanol tartrate</i>	(Stadol)	1	soln
<i>nalbuphine hydrochloride</i>	(Nubain)	1	soln
	SUBOXONE	2	subl
	SUBUTEX	2	subl
Androgens			
Androgens			
	ANDRODERM	2	PA, QL pt24
	ANDROGEL	2	PA, QL gel; 25mg/2.5gm, 50mg/5gm
	ANDROGEL PUMP	2	PA, QL gel; 1%
	ANDROID	1	caps
<i>danazol</i>	(Danocrine)	1	caps
<i>fluoxymesterone</i>	(Halotestin)	1	tabs
	METHITEST	2	tabs
<i>oxandrolone</i>	(Oxandrin)	1	tabs
<i>testosterone cypionate</i>	(Depo-testosterone)	1	PA oil
<i>testosterone enanthate</i>	(Delatestryl)	1	PA oil
	TESTRED	1	caps
Anorexigenics, Respiratory, Cerebral Stimulants			
Amphetamines			
	ADDERALL XR	2	QL, ST cp24
<i>amphetamine aspartate and amphetamine sulfate and dextroamphetamine saccharate and dextroamphetamine</i>	(Adderall)	1	tabs
<i>dextroamphetamine sulfate</i>	(Dexedrine)	1	cp24, tabs
Anorexigenics, Respiratory, Cerebral Stimulants, Miscellaneous			
	CONCERTA	2	QL, ST tbc; 18mg, 27mg, 36mg, 54mg
<i>dexmethylphenidate hydrochloride</i>	(Dexmethylphenidate Hydrochloride)	1	tabs

Drug Name		Drug Tier	Notes
	METADATE ER	1	tbc; 20mg
<i>methylphenidate hydrochloride</i>	(Ritalin)	1	tabs, tbc
	PROVIGIL	2	PA, QL tabs
Anthelmintics			
Anthelmintics			
	ALBENZA	2	tabs
	BILTRICIDE	2	tabs
<i>mebendazole</i>	(Vermox)	1	chew
	STROMEKTOL	2	tabs
Antiallergic Agents			
Antiallergic Agents			
	ALAMAST	2	ST soln
	ASTELIN	2	soln
	ASTEPRO	2	soln
<i>ketotifen fumarate</i>	(Zaditor)		drops, soln, OTC
	PATADAY	2	ST soln; 0.2%
	PATANOL	2	ST soln; 0.1%
Antibacterials			
Aminoglycosides			
<i>amikacin sulfate</i>	(Amikin)	1	soln
<i>gentamicin sulfate</i>	(Garamycin)	1	soln
<i>gentamicin sulfate and sodium chloride</i>	(Gentamicin Sulfate and Sodium Chloride)	1	soln
<i>kanamycin sulfate</i>	(Kanamycin Sulfate)	1	soln
<i>neomycin sulfate</i>	(Neomycin Sulfate)	1	soln, tabs
<i>sodium chloride and tobramycin sulfate</i>	(Sodium Chloride and Tobramycin Sulfate)	1	soln
<i>streptomycin sulfate</i>	(Streptomycin Sulfate)	1	solr
<i>tobramycin sulfate</i>	(Nebcin)	1	soln, solr
Antibacterials, Miscellaneous			
<i>bacitracin</i>	(Bacitracin)	1	solr
<i>clindamycin hydrochloride</i>	(Cleocin)	1	caps
<i>clindamycin phosphate</i>	(Cleocin Phosphate)	1	soln
<i>colistimethate sodium</i>	(Coly-mycin-m)	2	solr
	CUBICIN	2	solr
<i>dextrose (anhydrous) and vancomycin hydrochloride</i>	(Dextrose (anhydrous) and Vancomycin Hydrochloride)	1	soln
<i>polymyxin b sulfate</i>	(Polymyxin B Sulfate)	1	solr
	PYLERA	2	caps
	SYNERCID	2	solr
	VANCOCIN HCL	2	caps

Drug Name		Drug Tier	Notes
<i>vancomycin hydrochloride</i>	(Vancomycin Hydrochloride)	1	solr
	ZYVOX	2	soln, susr, tabs
Cephalosporins			
<i>cefaclor</i>	(Ceclor)	1	caps, susr
<i>cefaclor monohydrate</i>	(Ceclor)	1	tb12
<i>cefadroxil hemihydrate</i>	(Cefadroxil Hemihydrate)	1	caps
<i>cefadroxil monohydrate</i>	(Duricef)	1	susr, tabs
<i>cefazolin sodium</i>	(Ancef)	1	solr
<i>cefazolin sodium and dextrose (anhydrous)</i>	(Cefazolin Sodium and Dextrose (anhydrous))	1	soln
<i>cefdinir</i>	(Omnicef)	1	caps, susr
<i>cefepime hydrochloride</i>	(Maxipime)	1	solr; 1gm, 2gm
	CEFIZOX IN DEXTROSE 5%	2	soln
<i>cefotaxime sodium</i>	(Claforan)	1	solr
<i>cefopodoxime proxetil</i>	(Vantin)	1	susr, tabs
<i>cefprozil</i>	(Cefzil)	1	susr, tabs
<i>ceftazidime</i>	(Fortaz)	1	solr; 1gm, 2gm, 6gm
<i>ceftriaxone sodium</i>	(Rocephin)	1	solr
<i>ceftriaxone sodium and dextrose (anhydrous)</i>	(Ceftriaxone Sodium and Dextrose (anhydrous))	1	soln
	CEFTRIAXONE/DEXTROSE	2	solr
<i>cefuroxime axetil</i>	(Ceftin)	1	susr, tabs
<i>cefuroxime sodium</i>	(Zinacef)	1	solr
<i>cefuroxime sodium and dextrose monohydrate</i>	(Cefuroxime Sodium and Dextrose Monohydrate)	1	solr
<i>cephalexin</i>	(Keflex)	1	caps
<i>cephalexin monohydrate</i>	(Keflex)	1	susr, tabs
	FORTAZ	2	solr; 500mg
	FORTAZ	2	soln
	MAXIPIME	2	solr; 1gm, 2gm, 500mg
	ROCEPHIN IN ISO-OSMOTIC DEXTROSE	2	soln
	SUPRAX	2	tabs
Chloramphenicol			
<i>chloramphenicol sodium succinate</i>	(Chloromycetin)	1	solr
Macrolides			
<i>azithromycin</i>	(Zithromax Z-pak)	1	pack, solr, susr, tabs
<i>clarithromycin</i>	(Biaxin)	1	susr, tabs, tb24
	ERYTHROCIN	2	solr; 1000mg

Drug Name		Drug Tier	Notes
	ERYTHROCIN LACTOBIONATE	2	solr; 500mg
<i>erythromycin</i>	(Eryc)	1	cpep, tabs
<i>erythromycin and sulfisoxazole</i>	(Pediazole)	1	susr
<i>erythromycin ethylsuccinate</i>	(Erythromycin Ethylsuccinate)	1	susp, tabs
	ERYTHROMYCIN LACTOBIONATE	2	solr; 500mg
<i>erythromycin stearate</i>	(Erythromycin Stearate)	1	tabs
	KETEK	2	ST tabs
	ZMAX	2	susr
Miscellaneous B-Lactam Antibiotics			
<i>cefotetan disodium</i>	(Cefotetan)	1	solr
<i>cefoxitin sodium</i>	(Mefoxin)	1	solr; 1gm, 2gm, 10gm
	DORIBAX	2	solr
	INVANZ	2	solr
	MEFOXIN	1	solr; 10gm
	MEFOXIN ADD-VANTAGE	1	solr; 1gm, 2gm
	MERREM	2	solr
	PRIMAXIN I.M.	2	solr; 500mg, 500mg
	PRIMAXIN IV	2	solr; 250mg, 250mg, 500mg, 500mg
	PRIMAXIN IV ADD-VANTAGE	2	solr; 250mg, 250mg, 500mg, 500mg
Penicillins			
<i>amoxicillin</i>	(Amoxil)	1	caps, chew, susr, tabs
<i>amoxicillin and clavulanic acid</i>	(Augmentin)	1	chew, susr, tabs
<i>amoxicillin and potassium clavulanate</i>	(Augmentin ES-600)	1	susr, tabs
<i>ampicillin</i>	(Ampicillin)	1	caps, susr
<i>ampicillin sodium</i>	(Ampicillin Sodium)	1	solr
<i>ampicillin sodium and sulbactam sodium</i>	(Unasyn)	1	solr
	BICILLIN C-R	2	susp
	BICILLIN L-A	2	susp
<i>dextrose (anhydrous) and nafcillin sodium</i>	(Dextrose (anhydrous) and Nafcillin Sodium)	1	soln

Drug Name		Drug Tier	Notes
<i>dextrose (anhydrous) and oxacillin sodium</i>	(Dextrose (anhydrous) and Oxacillin Sodium)	1	soln
<i>dextrose (anhydrous) and penicillin g potassium</i>	(Dextrose (anhydrous) and Penicillin G Potassium)	1	soln
<i>dicloxacillin sodium</i>	(Dynapen)	1	caps
<i>nafcillin sodium</i>	(Unipen)	1	solr
<i>oxacillin sodium</i>	(Oxacillin Sodium)	1	solr
<i>penicillin g potassium</i>	(Penicillin G Potassium)	1	solr
<i>penicillin g procaine</i>	(Penicillin G Procaine)	1	susp
<i>penicillin g sodium</i>	(Penicillin G Sodium)	1	solr
<i>penicillin v potassium</i>	(Veetids)	1	solr, tabs
<i>piperacillin sodium</i>	(Piperacillin Sodium)	1	solr
	TRIMOX	1	caps
	VEETIDS	1	tabs
	ZOSYN	2	solr
	ZOSYN	2	soln
Quinolones			
	AVELOX	2	soln
	AVELOX	2	tabs
	AVELOX ABC PACK	2	tabs
<i>ciprofloxacin</i>	(Cipro I.V.)	1	soln
<i>ciprofloxacin and ciprofloxacin hcl</i>	(Cipro XR)	1	tb24
<i>ciprofloxacin and dextrose (anhydrous)</i>	(Cipro I.V. in D5W)	1	soln
<i>ciprofloxacin hcl</i>	(Cipro)	1	tabs
	LEVAQUIN	2	soln, tabs
	LEVAQUIN	2	soln; 5%, 750mg/150ml
	LEVAQUIN LEVA-PAK	2	tabs
	LEVAQUIN PREMIX	2	soln; 5%, 250mg/50ml
<i>ofloxacin</i>	(Floxin)	1	tabs
Sulfonamides (Systemic)			
	GANTRISIN PEDIATRIC	2	susp
<i>sulfadiazine</i>	(Sulfadiazine)	1	tabs
<i>sulfamethoxazole and trimethoprim</i>	(Bactrim)	1	soln, susp, tabs
<i>sulfasalazine</i>	(Azulfidine)	1	tabs, tbec
Tetracyclines			
<i>demeclocycline hydrochloride</i>	(Declomycin)	1	tabs

Drug Name		Drug Tier	Notes
<i>doxycycline hyclate</i>	(Vibramycin)	1	caps, cpep, solr, tabs
<i>doxycycline monohydrate</i>	(Adoxa)	1	caps, susr, tabs
<i>minocycline hydrochloride</i>	(Minocin)	1	caps, tabs
<i>tetracycline hydrochloride</i>	(Tetracycline Hydrochloride)	1	caps
	TYGACIL	2	solr
	VIBRAMYCIN	2	susr
	VIBRAMYCIN	2	syrp
Anticholinergic Agents			
Antimuscarinics/Antispasmodics			
<i>atropine sulfate</i>	(Atropine Sulfate)	1	soln
	ATROVENT HFA	2	aers
	CANTIL	2	tabs
<i>glycopyrrolate</i>	(Robinul)	1	soln, tabs
<i>methscopolamine bromide</i>	(Pamine)	1	tabs
	SPIRIVA HANDIHALER	2	ST caps
Anticonvulsants			
Anticonvulsants, Miscellaneous			
	BANZEL	2	ST tabs
<i>carbamazepine</i>	(Tegretol)	1	chew, susp, tabs, tb12
	CARBATROL	2	cp12
	DEPAKOTE	2	ST tbec
<i>dextrose (anhydrous) and magnesium sulfate, heptahydrate</i>	(Dextrose (anhydrous) and Magnesium Sulfate, Heptahydrate)	1	soln
<i>divalproex sodium</i>	(Depakote)	1	cpsp, tb24, tbec
	FELBATOL	2	susp, tabs
<i>gabapentin</i>	(Neurontin)	1	caps, tabs
	GABITRIL	2	tabs
	KEPPRA	2	soln
	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	2	kit; 25mg-100mg
	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	2	kit; 25mg-100mg
	LAMICTAL STARTER/TAKING VALPROATE	2	kit; 25mg
<i>lamotrigine</i>	(Lamictal)	1	tabs, tbdp

Drug Name		Drug Tier	Notes
<i>levetiracetam</i>	(Keppra)	1	soln, tabs
	LYRICA	2	caps
<i>magnesium sulfate, heptahydrate</i>	(Magnesium Sulfate, Heptahydrate)	1	soln
	NEURONTIN	2	soln
<i>oxcarbazepine</i>	(Trileptal)	1	tabs
	TEGRETOL-XR	2	tb12
<i>topiramate</i>	(Topamax)	1	cpsp, tabs
	TRILEPTAL	2	susp, tabs
<i>valproate sodium</i>	(Depacon)	1	soln, syrp
<i>valproic acid</i>	(Depakene)	1	caps
	VIMPAT	2	QL, ST soln, tabs
<i>zonisamide</i>	(Zonegran)	1	caps
Barbiturates (Anticonvulsants)			
<i>primidone</i>	(Mysoline)	1	tabs
Hydantoins			
	DILANTIN	2	caps; 30mg
	DILANTIN INFATABS	2	chew
<i>fosphenytoin sodium</i>	(Cerebyx)	1	soln
	PEGANONE	2	tabs
	PHENYTEK	2	caps; 200mg, 300mg
<i>phenytoin</i>	(Dilantin)	1	susp
<i>phenytoin sodium</i>	(Dilantin)	1	caps, soln
Succinimides			
	CELONTIN	2	caps
<i>ethosuximide</i>	(Zarontin)	1	caps, soln
Antidiabetic Agents			
Alpha-Glucosidase Inhibitors			
<i>acarbose</i>	(Precose)	1	tabs
	GLYSET	2	tabs
Amylinomimetics			
	SYMLIN	2	PA soln; 600mcg/ml
	SYMLINPEN 120	2	PA soln; 1000mcg/ml
	SYMLINPEN 60	2	PA soln; 1000mcg/ml
Biguanides			
<i>metformin hydrochloride</i>	(Glucophage)	1	tabs, tb24
Dipeptidyl Peptidase-4 (dpp-4) Inhibitors			
	JANUMET	2	ST tabs
	JANUVIA	2	ST tabs
Incretin Mimetics			
	BYETTA	2	PA soln
Insulins			
	HUMALOG	2	soln

Drug Name	Drug Tier	Notes
HUMALOG KWIKPEN	2	soln
HUMALOG MIX 50/50	2	susp; 50%, 50%
HUMALOG MIX 50/50 KWIKPEN	2	susp; 50%, 50%
HUMALOG MIX 50/50 PEN	2	susp; 50%, 50%
HUMALOG MIX 75/25	2	susp; 25%, 75%
HUMALOG MIX 75/25 KWIKPEN	2	susp; 25%, 75%
HUMALOG MIX 75/25 PEN	2	susp; 25%, 75%
HUMALOG PEN	2	soln
HUMULIN 50/50	2	susp; 50%, 50%
HUMULIN 70/30	2	susp; 30%, 70%
HUMULIN 70/30 PEN	2	susp; 30%, 70%
HUMULIN N	2	susp
HUMULIN N U-100 PEN	2	susp
HUMULIN R	2	soln; 100 unit/ml
HUMULIN R U-500 (CONCENTRATED)	2	soln; 500 unit/ml
LANTUS	2	soln
LANTUS FOR OPTICLIK	2	soln
LANTUS SOLOSTAR	2	soln
LEVEMIR	2	soln
LEVEMIR FLEXPEN	2	soln
NOVOLIN 70/30	2	susp; 30%, 70%
NOVOLIN 70/30 INNOLET	2	susp; 30%, 70%
NOVOLIN 70/30 PENFILL	2	susp; 30%, 70%
NOVOLIN N	2	susp
NOVOLIN N INNOLET	2	susp
NOVOLIN N U-100 PENFILL	2	susp
NOVOLIN R	2	soln; 100 unit/ml
NOVOLIN R INNOLET	2	soln; 100 unit/ml
NOVOLIN R U-100 PENFILL	2	soln; 100 unit/ml
NOVOLOG	2	soln
NOVOLOG FLEXPEN	2	soln
NOVOLOG MIX 70/30	2	susp
NOVOLOG MIX 70/30 PENFILL	2	susp
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	susp
NOVOLOG PENFILL	2	soln
RELION 70/30	2	susp; 30%, 70%
RELION 70/30 INNOLET	2	susp; 30%, 70%
RELION N	2	susp
RELION N INNOLET	2	susp

Drug Name		Drug Tier	Notes
RELION R		2	soln; 100 unit/ml
Meglitinides			
PRANDIMET		2	ST tabs
PRANDIN		2	ST tabs
STARLIX		2	ST tabs
Sulfonylureas			
<i>glimepiride</i>	(Amaryl)	1	tabs
<i>glipizide</i>	(Glucotrol)	1	tabs, tb24
<i>glipizide and metformin hydrochloride</i>	(Metaglip)	1	tabs
<i>glyburide</i>	(Micronase)	1	tabs
<i>glyburide and metformin hydrochloride</i>	(Glucovance)	1	tabs
<i>tolazamide</i>	(Tolinase)	1	tabs
<i>tolbutamide</i>	(Orinase)	1	tabs
Thiazolidinediones			
ACTOPLUS MET		2	ST tabs
ACTOS		2	ST tabs
AVANDAMET		2	ST tabs
AVANDARYL		2	ST tabs
AVANDIA		2	ST tabs
DUETACT		2	ST tabs
Antidiarrhea Agents			
Antidiarrhea Agents			
<i>atropine sulfate and diphenoxylate hydrochloride</i>	(Lomotil)	1	liqd, tabs
<i>loperamide hydrochloride</i>	(Imodium)	1	caps
MOTOFEN		2	tabs
Antiemetics			
5-HT3 Receptor Antagonists			
<i>granisetron hcl</i>	(Kytril)	1	PA tabs
<i>granisetron hcl</i>	(Kytril)	1	soln, vial
<i>ondansetron</i>	(Zofran)	1	PA tbdp
<i>ondansetron hcl</i>	(Zofran)	1	soln, vial
<i>ondansetron hcl</i>	(Zofran)	1	PA soln, tabs
SANCUSO		2	PA ptch
Antiemetics, Miscellaneous			
CESAMET		2	caps
<i>dronabinol</i>	(Marinol)	1	caps
EMEND		2	PA, QL caps, misc
TRANSDERM-SCOP		2	pt72

Drug Name		Drug Tier	Notes
Antihistamines (GI Drugs)			
	ANTIVERT	2	tabs; 50mg
<i>meclizine hydrochloride</i>	(Antivert)	1	tabs; 12.5mg, 25mg
<i>prochlorperazine</i>	(Compazine)	1	supp
<i>prochlorperazine edisylate</i>	(Compazine)	1	soln
<i>prochlorperazine maleate</i>	(Compazine)	1	tabs
<i>trimethobenzamide hydrochloride</i>	(Tigan)	1	caps, soln
Antifungals (Systemic)			
Allylamines			
<i>terbinafine hydrochloride</i>	(Lamisil)	1	tabs
Antifungals, Miscellaneous			
<i>griseofulvin</i>	(Grifulvin V)	1	susp
	GRIS-PEG	2	tabs
Azoles			
<i>dextrose (anhydrous) and fluconazole</i>	(Diflucan in Iso-osmotic Dextrose)	1	soln
<i>fluconazole</i>	(Diflucan)	1	susr, tabs
<i>fluconazole and sodium chloride</i>	(Diflucan in NaCl)	1	soln
<i>itraconazole</i>	(Sporanox)	1	caps
<i>ketoconazole</i>	(Nizoral)	1	tabs
	NOXAFIL	2	susp
	SPORANOX	2	soln
	VFEND	2	susr, tabs
	VFEND IV	2	solr
Echinocandins			
	CANCIDAS	2	solr
	ERAXIS	2	solr
Polyenes			
	ABELCET	2	PA susp
	AMBISOME	2	PA susr; 50mg
	AMPHOTEC	2	PA susr; 50mg, 100mg
<i>amphotericin b</i>	(Amphocin)	1	PA solr
<i>nystatin</i>	(Mycostatin)	1	susp, tabs
Pyrimidines			
	ANCOBON	2	caps
Antiglaucoma Agents			
Alpha-Adrenergic Agonists (EENT)			
	ALPHAGAN P	2	soln; 0.1%, 0.15%

Drug Name		Drug Tier	Notes
<i>brimonidine tartrate</i>	(Brimonidine Tartrate)	1	soln; 0.2%
	COMBIGAN	2	soln
Beta-Adrenergic Blocking Agents (EENT)			
<i>betaxolol hydrochloride</i>	(Betaxolol Hydrochloride)	1	soln
	BETIMOL	2	ST soln
	ISTALOL	2	soln; 0.5%
<i>levobunolol hydrochloride</i>	(Betagan)	1	soln
<i>metipranolol</i>	(Optipranolol)	1	soln
<i>timolol maleate</i>	(Timoptic)	1	solg, soln
	TIMOPTIC OCUDOSE	2	ST soln; 0.25%, 0.5%
Carbonic Anhydrase Inhibitors (EENT)			
<i>acetazolamide</i>	(Diamox)	1	cp12, tabs
<i>acetazolamide sodium</i>	(Acetazolamide Sodium)	1	solr
	AZOPT	2	susp
<i>dorzolamide hydrochloride</i>	(Trusopt)	1	soln
<i>dorzolamide hydrochloride and timolol maleate</i>	(Cosopt)	1	soln
<i>methazolamide</i>	(Neptazane)	1	tabs
Miotics			
	PHOSPHOLINE IODIDE	2	solr
	PILOPINE HS	2	gel
Prostaglandin Analogs			
	TRAVATAN	2	ST soln
	TRAVATAN Z	2	ST soln
	XALATAN	2	soln
Antihemorrhagic Agents			
Hemostatics			
	CYKLOKAPRON	2	soln
Antihypoglycemic Agents			
Glycogenolytic Agents			
	GLUCAGEN HYPOKIT	2	solr
	GLUCAGON EMERGENCY KIT	2	kit
Anti-infectives (EENT)			
Antibacterials (EENT)			
<i>bacitracin</i>	(Bacitracin)	1	oint
<i>bacitracin zinc and hydrocortisone acetate and neomycin sulfate and polymyxin b sulfate</i>	(Bacitracin Zinc and Hydrocortisone Acetate and Neomycin Sulfate and Polymyxin B Sulfate)	1	oint

Drug Name		Drug Tier	Notes
<i>bacitracin zinc and neomycin sulfate and polymyxin b sulfate</i>	(Neosporin)	1	oint
<i>bacitracin zinc and polymyxin b sulfate</i>	(Polycin B)	1	oint
	BACTROBAN NASAL	2	oint
	BLEPHAMIDE	2	susp
	BLEPHAMIDE S.O.P.	2	oint
	CIPRO HC	2	susp
	CIPRODEX	2	susp
<i>ciprofloxacin hcl</i>	(Ciloxan)	1	soln
	COLY-MYCIN-S	2	susp; 3mg/ml, 1%, 5mg/ml, 0.05%
	CORTISPORIN-TC	2	susp; 3mg/ml, 10mg/ml, 3.3mg/ml, 0.5mg/ml
<i>dexamethasone and neomycin sulfate and polymyxin b sulfate</i>	(Maxitrol)	1	oint, susp
<i>dexamethasone and tobramycin sulfate</i>	(Tobradex)	1	susp
	DEXASPORIN	1	susp
<i>doxycycline hyclate</i>	(Periostat)	1	tabs
<i>erythromycin</i>	(Erythromycin)	1	oint
<i>gentamicin sulfate</i>	(Garamycin)	1	oint, soln
<i>gramicidin and neomycin sulfate and polymyxin b sulfate</i>	(Neosporin)	1	soln
<i>hydrocortisone and neomycin sulfate and polymyxin b sulfate</i>	(Cortisporin)	1	soln, susp
	OCUSULF-10	1	soln
<i>ofloxacin</i>	(Ocuflox)	1	soln
	OTICIN HC	1	susp
	PEDIOTIC	2	susp
	POLYCIN B	1	oint
<i>polymyxin b sulfate and trimethoprim sulfate</i>	(Polytrim)	1	soln
	POLY-PRED	2	susp
<i>prednisolone sodium phosphate and sulfacetamide sodium</i>	(Prednisolone Sodium Phosphate and Sulfacetamide Sodium)	1	soln
<i>sulfacetamide sodium</i>	(Sulfac)	1	oint, soln
<i>tobramycin sulfate</i>	(Tobrex)	1	soln
	VIGAMOX	2	soln

Drug Name		Drug Tier	Notes
	ZYLET	2	susp
	ZYMAR	2	soln
Antifungals (EENT)			
	NATACYN	2	susp
Antivirals (EENT)			
<i>trifluridine</i>	(Viroptic)	1	soln
EENT Anti-infectives, Miscellaneous			
	ACETASOL HC	1	soln
<i>acetic acid</i>	(Vosol)	1	soln
<i>acetic acid and aluminum acetate</i>	(Domeboro)	1	soln
<i>acetic acid and hydrocortisone</i>	(Vosol HC)	1	soln
<i>chlorhexidine gluconate</i>	(Peridex)	1	soln
Anti-infectives (Skin and Mucous Membrane)			
Antibacterials (Skin and Mucous Membrane)			
	ACANYA	2	gel; 2.5%, 1.2%
	BENZAACLIN	2	gel; 5%, 1%
<i>benzoyl peroxide and erythromycin</i>	(Benzamycin)	1	gel
<i>clindamycin phosphate</i>	(Cleocin)	1	crea, gel, lotn, soln, swab
	ERYDERM	1	soln
<i>erythromycin</i>	(Erygel)	1	gel, pads, soln
<i>gentamicin sulfate</i>	(Gentamicin Sulfate)	1	crea, oint
<i>metronidazole</i>	(Vandazole)	1	gel
<i>mupirocin</i>	(Centany)	1	oint
<i>neomycin sulfate and polymyxin b sulfate</i>	(Neosporin Gu Irrigant)	1	soln
	VANDAZOLE	1	gel
Antifungals (Skin and Mucous Membrane)			
<i>betamethasone dipropionate and clotrimazole</i>	(Lotrisone)	1	crea, lotn
<i>ciclopirox</i>	(Ciclopirox)	1	gel, soln
<i>ciclopirox olamine</i>	(Loprox)	1	crea, susp
<i>clotrimazole</i>	(Mycelex)	1	crea, lozg, soln, troc
<i>econazole nitrate</i>	(Spectazole)	1	crea
	EXELDERM	2	crea, soln
	GNAZOLE-1	2	crea
<i>ketoconazole</i>	(Kuric)	1	crea, sham
	KURIC	1	crea
	LAMISIL	2	soln

Drug Name		Drug Tier	Notes
	LOPROX SHAMPOO	2	sham
<i>miconazole nitrate</i>	(Monistat 3)	1	supp
	NAFTIN	2	crea, gel
	NAFTIN-MP	2	crea
<i>nystatin</i>	(Mycostatin)	1	crea, oint, powd
<i>nystatin and triamcinolone acetonide</i>	(Mycolog-II)	1	crea, oint
<i>terconazole</i>	(Terazol 3)	1	crea, supp
Antivirals (Skin and Mucous Membrane)			
	DENAVIR	2	crea
	ZOVIRAX	2	QL crea, oint
Local Anti-infectives, Miscellaneous			
	ALCOHOL SWABS	2	pads
<i>metronidazole</i>	(Metrogel)	1	crea, gel, lotn
<i>selenium sulfide</i>	(Selsun Shampoo)	1	lotn
<i>silver sulfadiazine</i>	(Silvadene)	1	crea
<i>sulfacetamide sodium</i>	(Klaron)	1	lotn
	THERMAZENE	1	crea
Scabicides and Pediculicides			
	EURAX	2	crea, lotn
<i>lindane</i>	(Lindane)	1	lotn, sham
	OVIDE	2	lotn
<i>permethrin</i>	(Elimite)	1	crea
Anti-inflammatory Agents (EENT)			
Corticosteroids (EENT)			
	ALREX	2	susp; 0.2%
	DERMOTIC	2	oil
<i>dexamethasone sodium phosphate</i>	(Dexasol)	1	soln
	ECONOPRED PLUS	1	susp
<i>flunisolide</i>	(Nasarel)	1	soln
<i>fluorometholone</i>	(FML Liquifilm)	1	susp
<i>fluticasone propionate</i>	(Flonase)	1	susp
	LOTEMAX	2	susp; 0.5%
	NASONEX	2	QL, ST susp
<i>prednisolone acetate</i>	(Pred Forte)	1	susp
<i>prednisolone sodium phosphate</i>	(Prednisol)	1	soln
EENT Anti-inflammatory Agents, Miscellaneous			
	RESTASIS	2	PA, QL emul
EENT Non-Steroidal Anti-inflammatory Agents			
	ACULAR	2	soln; 0.5%
	ACULAR LS	2	soln; 0.4%
	ACULAR PF	2	soln; 0.5%

Drug Name		Drug Tier	Notes
<i>diclofenac sodium</i>	(Voltaren)	1	soln
<i>flurbiprofen sodium</i>	(Ocufer)	1	soln
	NEVANAC	2	susp
Anti-inflammatory Agents (GI Drugs)			
Anti-inflammatory Agents (GI Drugs)			
	APRISO	2	cp24
	ASACOL	2	tbec; 400mg
	ASACOL HD	2	tbec; 800mg
<i>balsalazide disodium</i>	(Colazal)	1	caps
	CANASA	2	supp
	DIPENTUM	2	caps
<i>mesalamine (5-asa)</i>	(Rowasa)	1	enem
	PENTASA	2	cpr
Anti-inflammatory Agents (Respiratory)			
Leukotriene Modifiers			
	ACCOLATE	2	ST tabs
	SINGULAIR	2	ST chew, pack, tabs
	ZYFLO CR	2	tb12
Mast Cell Stabilizers			
<i>cromolyn sodium</i>	(Cromolyn Sodium)	1	soln
	GASTROCROM	2	conc
	INTAL INHALER	2	aers
Anti-inflammatory Agents (Skin and Mucous)			
Anti-inflammatory Agents (Skin and Mucous)			
<i>alclometasone dipropionate</i>	(Aclovate)	1	crea, oint
<i>amcinonide</i>	(Cyclocort)	1	crea, lotn, oint
<i>augmented betamethasone dipropionate</i>	(Alphatrex)	1	crea, gel, lotn, oint
<i>betamethasone dipropionate</i>	(Del-beta)	1	crea, lotn, oint
<i>betamethasone valerate</i>	(Betamethasone Valerate)	1	crea, lotn, oint
<i>clobetasol propionate</i>	(Olux)	1	crea, foam, gel, oint, soln
	CLODERM	2	crea
	CORDRAN	2	lotn
	CORDRAN SP	2	crea
	CORDRAN TAPE	2	tape
	CUTIVATE	2	lotn
	DEL-BETA	1	lotn
<i>desonide</i>	(Desowen)	1	crea, lotn, oint
<i>desoximetasone</i>	(Topicort)	1	crea, gel, oint
<i>diflorasone diacetate</i>	(Apexicon)	1	crea, oint

Drug Name	Drug Tier	Notes
<i>fluocinolone acetonide</i> (Synalar)	1	crea, oint, soln
<i>fluocinonide</i> (Lidex)	1	crea, gel, oint, soln
<i>fluticasone propionate</i> (Cutivate)	1	crea, oint
<i>halobetasol propionate</i> (Ultravate)	1	crea, oint
<i>hydrocortisone</i> (Hytone)	1	crea, enem, lotn, oint
<i>hydrocortisone acetate and urea (carbamide)</i> (Carmol-HC)	1	crea
<i>hydrocortisone butyrate</i> (Locoid)	1	crea, oint, soln
<i>hydrocortisone valerate</i> (Westcort)	1	crea, oint
<i>mometasone furoate</i> (Elocon)	1	crea, oint, soln
<i>prednicarbate</i> (Dermatop)	1	crea, oint
<i>triamcinolone acetonide</i> (Kenalog)	1	crea, lotn, oint, pste
TRIDERM	1	ointment
Antilipemic Agents		
Antilipemic Agents, Miscellaneous		
LOVAZA	2	caps
<i>niacin</i> (Niacin)	1	tabs
NIASPAN	2	tbc
Bile Acid Sequestrants		
<i>cholestyramine</i> (Questran)	1	pack, powd
<i>colestipol hydrochloride</i> (Colestid)	1	gran, pack, tabs
WELCHOL	2	tabs
Cholesterol Absorption Inhibitors		
ZETIA	2	tabs
Fibric Acid Derivatives		
<i>fenofibrate</i> (Lofibra)	1	caps, tabs
<i>gemfibrozil</i> (Lopid)	1	tabs
TRICOR	2	tabs
HMG-CoA Reductase Inhibitors		
CRESTOR	2	tabs
LIPITOR	2	tabs
<i>lovastatin</i> (Mevacor)	1	tabs
<i>pravastatin sodium</i> (Pravachol)	1	tabs
<i>simvastatin</i> (Zocor)	1	tabs
Antimanic Agents		
Antimanic Agents		
<i>lithium carbonate</i> (Lithobid)	1	caps, tabs, tbc
<i>lithium citrate</i> (Lithium Citrate)	1	syrp
Antimigraine Agents		
Selective Serotonin Agonists		
IMITREX	2	QL soln

Drug Name		Drug Tier	Notes
	IMITREX STATDOSE REFILL	2	QL kit
	IMITREX STATDOSE SYSTEM	2	QL kit
	MAXALT	2	QL tabs
	MAXALT-MLT	2	QL tbdp
<i>sumatriptan succinate</i>	(Imitrex)	1	QL soln, tabs
	TREXIMET	2	QL tabs
Antimycobacterials			
Antimycobacterials, Miscellaneous			
<i>dapsone</i>	(Dapsone)	1	tabs
Antituberculosis Agents			
	CAPASTAT SULFATE	2	solr
<i>ethambutol hydrochloride</i>	(Myambutol)	1	tabs
<i>isoniazid</i>	(Nydrazid)	1	soln, syrp, tabs
<i>isoniazid and rifampin</i>	(Rifamate)	1	caps
	MYCOBUTIN	2	caps
	PASER	2	pack
	PRIFTIN	2	tabs
<i>pyrazinamide</i>	(Pyrazinamide)	1	tabs
<i>rifampin</i>	(Rifadin)	1	caps, solr
	RIFATER	2	tabs
	SEROMYCIN	2	caps
	TRECTOR	2	tabs
Antineoplastic Agents			
Antineoplastic Agents			
	ABRAXANE	2	susr
	AFINITOR	2	tabs
	ALIMTA	2	solr
	ALKERAN	2	solr
	ARIMIDEX	2	tabs
	AROMASIN	2	tabs
	ARRANON	2	soln
	AVASTIN	2	soln
<i>bicalutamide</i>	(Casodex)	1	tabs
	BICNU W/DILUENT ABSOLUTEETHANOL	2	solr
<i>bleomycin sulfate</i>	(Blenoxane)	1	PA solr
	BUSULFEX	2	soln
	CAMPATH	2	soln
<i>carboplatin</i>	(Paraplatin)	1	soln
	CASODEX	2	tabs
	CEENU	2	caps

Drug Name		Drug Tier	Notes
<i>cisplatin</i>	(Platinol AQ)	1	soln
<i>cladribine</i>	(Leustatin)	1	PA soln
	CLOLAR	2	soln
	COSMEGEN	2	solr
<i>cyclophosphamide</i>	(Cytosan)	1	solr
<i>cyclophosphamide</i>	(Cytosan)	1	ST tabs
<i>cytarabine</i>	(Cytosar-U)	1	solr
<i>cytarabine</i>	(Cytosar-U)	1	PA soln, solr
<i>dacarbazine</i>	(DTIC-Dome)	1	solr
	DACOGEN	2	solr
<i>daunorubicin hydrochloride</i>	(Cerubidine)	1	inj, solr
	DAUNOXOME	2	inj
	DEGARELIX	2	solr
	DOXIL	2	PA inj
<i>doxorubicin hydrochloride</i>	(Adriamycin)	1	PA soln, solr
	DROXIA	2	caps; 200mg, 300mg, 400mg
	ELIGARD	2	kit; 7.5mg, 22.5mg, 30mg, 45mg
	ELOXATIN	2	soln
	ELSPAR	2	solr
	EMCYT	2	caps
<i>epirubicin hcl</i>	(Ellence)	1	soln
	ERBITUX	2	soln
	ETOPOPHOS	2	solr
<i>etoposide</i>	(Vepesid)	1	soln
	FARESTON	2	tabs
	FASLODEX	2	soln
	FEMARA	2	tabs
<i>fludarabine phosphate</i>	(Fludara)	1	soln, solr
<i>fluorouracil</i>	(Adrucil)	1	PA soln
<i>flutamide</i>	(Eulexin)	1	caps
	GEMZAR	2	solr
	GLEEVEC	2	tabs
	HERCEPTIN	2	solr
	HEXALEN	2	caps
	HYCAMTIN	2	solr
<i>hydroxyurea</i>	(Hydrea)	1	caps; 500mg
<i>idarubicin hcl</i>	(Idamycin)	1	soln
<i>ifosfamide</i>	(Ifex)	1	soln, solr
<i>ifosfamide and mesna</i>	(Ifex/mesnex Combo Pack)	1	kit

Drug Name		Drug Tier	Notes
	IRESSA	2	tabs
<i>irinotecan hydrochloride</i>	(Camptosar)	1	soln
	IXEMPRA KIT	2	solr
	LEUKERAN	2	tabs
<i>leuprolide acetate</i>	(Lupron)	1	kit, soln
	LUPRON DEPOT	2	kit; 3.75mg, 7.5mg, 11.25mg, 22.5mg, 30mg
	LUPRON DEPOT-PED	2	kit; 7.5mg, 11.25mg, 15mg
	LYSODREN	2	tabs
	MATULANE	2	caps
	MEGACE ES	2	susp
<i>megestrol acetate</i>	(Megace)	1	susp, tabs
<i>mercaptopurine</i>	(Purinethol)	1	tabs
<i>methotrexate</i>	(Rheumatrex)	1	ST tabs
<i>methotrexate sodium</i>	(Methotrexate)	1	soln, solr
<i>mitomycin c</i>	(Mutamycin)	1	solr
<i>mitoxantrone hydrochloride</i>	(Novantrone)	1	conc
	MUSTARGEN	2	solr
	MYLOTARG	2	solr
	NEXAVAR	2	tabs
	NILANDRON	2	tabs
	ONCASPAR	2	soln
	ONTAK	2	soln
<i>oxaliplatin</i>	(Eloxatin)	1	soln
<i>paclitaxel</i>	(Taxol)	1	conc
<i>pentostatin</i>	(Nipent)	1	solr
	PHOTOFRIN	2	solr
	PROLEUKIN	2	solr
	RHEUMATREX	2	ST tabs
	RITUXAN	2	conc
	SOLTAMOX	2	soln
	SPRYCEL	2	tabs
	SUTENT	2	caps
	TABLOID	2	tabs
<i>tamoxifen citrate</i>	(Nolvadex)	1	tabs
	TARCEVA	2	tabs
	TARGRETIN	2	caps
	TASIGNA	2	caps
	TAXOTERE	2	conc
<i>thiotepa</i>	(Thioplex)	1	solr
	TORISEL	2	soln

Drug Name		Drug Tier	Notes
	TREANDA	2	solr
	TRELSTAR DEPOT	2	susr; 3.75mg
	TRELSTAR LA	2	susr; 11.25mg
<i>tretinoin</i>	(Vesanoid)	1	caps
	TREXALL	2	ST tabs
	TRISENOX	2	soln
	TYKERB	2	tabs
	VANTAS	2	kit
	VECTIBIX	2	soln
	VELCADE	2	solr
	VIDAZA	2	susr
<i>vinblastine sulfate</i>	(Vinblastine Sulfate)	1	PA soln
<i>vinblastine sulfate</i>	(Vinblastine Sulfate)	1	solr
<i>vincristine sulfate</i>	(Oncovin)	1	PA soln
<i>vinorelbine tartrate</i>	(Navelbine)	1	soln
	ZANOSAR	2	solr
	ZOLINZA	2	caps
Antiparkinsonian Agents			
Adamantanes (CNS)			
<i>amantadine hydrochloride</i>	(Symmetrel)	1	caps, tabs
Anticholinergic Agents (CNS)			
<i>benztropine mesylate</i>	(Cogentin)	1	soln, tabs
	COGENTIN	2	soln
	KEMADRIN	2	tabs
<i>trihexyphenidyl hydrochloride</i>	(Artane)	1	elix, tabs
Catechol-O-Methyltransferase (COMT) Inhibitors			
	COMTAN	2	tabs
	TASMAR	2	tabs
Dopamine Precursors			
<i>carbidopa anhydrous and levodopa</i>	(Sinemet)	1	tabs, tbcr, tbdp
<i>carbidopa monohydrate and levodopa</i>	(Parcopa)	1	tbdp
	LODOSYN	2	tabs
	STALEVO 100	2	tabs; 25mg, 200mg, 100mg
	STALEVO 125	2	tabs; 31.25mg, 200mg, 125mg
	STALEVO 150	2	tabs; 37.5mg, 200mg, 150mg
	STALEVO 200	2	tabs; 50mg, 200mg, 200mg

Drug Name	Drug Tier	Notes
STALEVO 50	2	tabs; 12.5mg, 200mg, 50mg
STALEVO 75	2	tabs; 18.75mg, 200mg, 75mg
Dopamine Receptor Agonists		
APOKYN	2	soln
<i>bromocriptine mesylate</i> (Parlodel)	1	caps, tabs
<i>cabergoline</i> (Dostinex)	1	tabs
MIRAPEX	2	tabs
<i>ropinirole hydrochloride</i> (Requip)	1	tabs
Monoamine Oxidase B Inhibitors		
AZILECT	2	tabs
EMSAM	2	pt24
<i>selegiline hcl</i> (Eldepryl)	1	caps, tabs
ZELAPAR	2	tbdp
Antiprotozoals		
Amebicides		
<i>paromomycin sulfate</i> (Humatin)	1	caps
Antimalarials		
<i>chloroquine phosphate</i> (Aralen)	1	tabs
DARAPRIM	2	tabs
FANSIDAR	2	tabs
<i>hydroxychloroquine sulfate</i> (Plaquenil)	1	tabs
MALARONE	2	tabs
<i>mefloquine hcl</i> (Lariam)	1	tabs
PRIMAQUINE PHOSPHATE	2	tabs
QUALAQUIN	2	PA caps
Antiprotozoals, Miscellaneous		
MEPRON	2	susp
METRO IV	1	soln; 500mg/100ml, 0.74%
<i>metronidazole</i> (Flagyl)	1	caps, tabs
<i>metronidazole and sodium chloride</i> (Flagyl IV)	1	soln; 5mg/ml, 0.79%
NEUTREXIN	2	solr
Antipruritics and Local Anesthetics		
Antipruritics and Local Anesthetics		
<i>lidocaine and prilocaine</i> (EMLA)	1	crea
<i>lidocaine hydrochloride</i> (Xylocaine)	1	oint
LIDODERM	2	ptch
Antithrombotic Agents		
Anticoagulants		
ARIXTRA	2	PA, QL soln

Drug Name		Drug Tier	Notes
	COUMADIN	2	solr
<i>dextrose (anhydrous) and heparin sodium (porcine)</i>	(Dextrose (anhydrous) and Heparin Sodium (porcine))	1	soln
	FRAGMIN	2	PA, QL inj
<i>heparin sodium (porcine)</i>	(Heparin Sodium (porcine))	1	soln
<i>heparin sodium (porcine) and sodium chloride</i>	(Heparin Sodium (porcine) and Sodium Chloride)	1	soln
	INNOHEP	2	PA, QL soln
	LOVENOX	2	PA, QL soln
<i>warfarin sodium</i>	(Coumadin)	1	tabs
Platelet Aggregation Inhibitors			
<i>cilostazol</i>	(Pletal)	1	tabs
	PLAVIX	2	tabs
<i>ticlopidine hydrochloride</i>	(Ticlid)	1	tabs
Antiulcer Agents and Acid Suppressants			
Histamine H2-Antagonists			
<i>cimetidine</i>	(Tagamet)	1	tabs
<i>cimetidine hydrochloride</i>	(Tagamet)	1	soln
<i>famotidine</i>	(Pepcid)	1	soln, tabs
<i>famotidine and sodium chloride</i>	(Pepcid IV)	1	soln
<i>nizatidine</i>	(Axid)	1	caps
<i>ranitidine hydrochloride</i>	(Zantac)	1	caps, soln, syrp, tabs
Prostaglandins			
<i>misoprostol</i>	(Cytotec)	1	tabs
Protectants			
	CARAFATE	2	susp
<i>sucralfate</i>	(Carafate)	1	tabs
Proton Pump Inhibitors			
<i>omeprazole</i>	(Prilosec)		tbec, OTC
<i>omeprazole</i>	(Prilosec)	1	cpdr
<i>pantoprazole sodium sesquihydrate</i>	(Protonix)	1	tbec
	PREVACID	2	QL, ST cpdr
	PREVACID SOLUTAB	2	QL, ST tbdp
	PREVPAC	2	misc
	PROTONIX	2	solr
Antivirals (Systemic)			
Adamantanes			
	FLUMADINE	2	tabs
<i>rimantadine hydrochloride</i>	(Flumadine)	1	tabs

Drug Name		Drug Tier	Notes
Antiretrovirals			
	APTIVUS	2	caps, soln
	ATRIPLA	2	tabs
	COMBIVIR	2	tabs
	CRIXIVAN	2	caps
<i>didanosine</i>	(Videx EC)	1	cpdr
	EMTRIVA	2	caps, soln
	EPIVIR	2	soln, tabs; 10mg/ml, 150mg, 300mg
	EPIVIR HBV	2	soln, tabs; 5mg/ml, 100mg
	EPZICOM	2	tabs
	FUZEON	2	kit
	INTELENCE	2	tabs
	INVIRASE	2	caps, tabs
	ISENTRESS	2	tabs
	KALETRA	2	caps, soln, tabs
	LEXIVA	2	susp, tabs
	NORVIR	2	caps, soln
	PREZISTA	2	tabs
	RESCRIPTOR	2	tabs
	RETROVIR IV INFUSION	2	soln
	REYATAZ	2	caps
	SELZENTRY	2	tabs
<i>stavudine</i>	(Zerit)	1	caps, solr
	SUSTIVA	2	caps, tabs
	TRIZIVIR	2	tabs
	TRUVADA	2	tabs
	VIDEX	2	solr
	VIRACEPT	2	powd, tabs
	VIRAMUNE	2	susp, tabs
	VIREAD	2	tabs
	ZIAGEN	2	soln, tabs
<i>zidovudine</i>	(Retrovir)	1	caps, syrps, tabs
Antivirals, Miscellaneous			
<i>foscarnet sodium</i>	(Foscavir)	1	PA soln
Interferons			
	ALFERON N	2	soln
	INFERGEN	2	PA inj
	INTRON-A	2	PA kit, soln
	INTRON-A W/DILUENT	2	PA solr
	PEGASYS	2	PA kit
	PEG-INTRON	2	PA kit
	PEG-INTRON REDIPEN	2	PA kit

Drug Name		Drug Tier	Notes
PEG-INTRON REDIPEN PAK 4		2	PA kit
Monoclonal Antibodies			
SYNAGIS		2	soln
Neuraminidase Inhibitors			
RELENZA DISKHALER		2	aepb
TAMIFLU		2	QL caps, susr
Nucleosides and Nucleotides			
<i>acyclovir</i>	(Zovirax)	1	caps, susp, tabs
<i>acyclovir sodium</i>	(Zovirax)	1	PA soln, solr
BARACLUDE		2	soln, tabs
CYTOVENE		2	PA solr
<i>famciclovir</i>	(Famvir)	1	tabs
<i>ganciclovir</i>	(Cytovene)	1	caps
HEPSERA		2	tabs
REBETOL		2	soln
RIBATAB		1	misc, tabs
<i>ribavirin</i>	(Copegus)	1	caps, misc, tabs
TYZEKA		2	tabs
VALCYTE		2	tabs
VALTREX		2	tabs
VISTIDE		2	soln
Anxiolytics, Sedatives and Hypnotics			
Anxiolytics, Sedatives and Hypnotics, Miscellaneous			
<i>bupirone hydrochloride</i>	(Buspar)	1	tabs
<i>hydroxyzine hydrochloride</i>	(Atarax)	1	soln, syrp, tabs
<i>hydroxyzine pamoate</i>	(Vistaril)	1	caps
LUNESTA		2	ST tabs
<i>meprobamate</i>	(Miltown)	1	tabs
<i>zaleplon</i>	(Sonata)	1	caps
<i>zolpidem tartrate</i>	(Ambien)	1	tabs
Autonomic Drugs, Miscellaneous			
Autonomic Drugs, Miscellaneous			
CHANTIX		2	PA misc, tabs
NICOTROL INHALER		2	inha
NICOTROL NS		2	soln
Beta-Adrenergic Blocking Agents			
Beta-Adrenergic Blocking Agents			
<i>acebutolol hydrochloride</i>	(Sectral)	1	caps
<i>atenolol</i>	(Tenormin)	1	tabs
<i>atenolol and chlorthalidone</i>	(Tenoretic)	1	tabs

Drug Name	Drug Tier	Notes
<i>bendroflumethiazide and nadolol</i> (Corzide)	1	tabs
<i>betaxolol hydrochloride</i> (Kerlone)	1	tabs
<i>bisoprolol fumarate</i> (Zebeta)	1	tabs
<i>bisoprolol fumarate and hydrochlorothiazide</i> (Ziac)	1	tabs
<i>carvedilol</i> (Coreg)	1	tabs
COREG CR	2	cp24
<i>hydrochlorothiazide and metoprolol tartrate</i> (Lopressor HCT)	1	tabs
<i>hydrochlorothiazide and propranolol hydrochloride</i> (Inderide)	1	tabs
<i>labetalol hydrochloride</i> (Trandate)	1	soln, tabs
<i>metoprolol succinate</i> (Toprol XL)	1	tb24
<i>metoprolol tartrate</i> (Lopressor)	1	soln, tabs
<i>nadolol</i> (Corgard)	1	tabs
<i>pindolol</i> (Visken)	1	tabs
<i>propranolol hydrochloride</i> (Inderal LA)	1	cp24, soln, tabs
<i>sotalol hydrochloride</i> (Betapace)	1	tabs
<i>timolol maleate</i> (Blocadren)	1	tabs
TOPROL XL	2	tb24
Calcium Channel Blocking Agents		
Calcium Channel Blocking Agents, Miscellaneous		
CARDIZEM CD	2	cp24
<i>diltiazem hydrochloride</i> (Cardizem CD)	1	cp12, cp24, soln, solr, tabs
<i>verapamil hydrochloride</i> (Calan SR)	1	cp24, soln, tabs, tber
Dihydropyridines		
<i>amlodipine besylate</i> (Norvasc)	1	tabs
<i>amlodipine besylate and benazepril hcl</i> (Lotrel)	1	caps; various strengths are available
CARDENE I.V.	2	soln
EXFORGE	2	ST tabs
<i>felodipine</i> (Plendil)	1	tb24
<i>isradipine</i> (Dynacirc)	1	caps
LOTREL	2	caps; 5mg, 40mg, 10mg, 40mg
<i>nicardipine hcl</i> (Cardene)	1	caps
<i>nifedipine</i> (Procardia XL)	1	caps, tb24
<i>nimodipine</i> (Nimotop)	1	caps

Drug Name		Drug Tier	Notes
<i>nisoldipine</i>	(Sular)	1	tb24
Caloric Agents			
Caloric Agents			
<i>alcohol, usp and dextrose (anhydrous)</i>	(Alcohol, USP and Dextrose (anhydrous))	1	soln
	AMINOSYN 7%/ ELECTROLYTES	2	PA soln; various strengths are available
	AMINOSYN 8.5%/ ELECTROLYTES	2	PA soln; various strengths are available
	AMINOSYN	2	PA soln; various strengths are available
	AMINOSYN	2	PA soln
	AMINOSYN II 3.5%/ DEXTROSE 25%	2	PA soln; various strengths are available
	AMINOSYN II 3.5%/ DEXTROSE 25%	2	PA soln
	AMINOSYN II 3.5%/ DEXTROSE 5%	2	PA soln; various strengths are available
	AMINOSYN II 4.25%/ DEXTROSE 20%	1	PA soln; various strengths are available
	AMINOSYN II 5%/ DEXTROSE 25%	2	PA soln; various strengths are available
	AMINOSYN II 8.5%/ ELECTROLYTES	2	PA soln; various strengths are available
	AMINOSYN II	2	PA soln; various strengths are available
	AMINOSYN II	1	PA soln; various strengths are available
	AMINOSYN II M 3.5%/ DEXTROSE 5%	2	PA soln; various strengths are available
	AMINOSYN M	2	PA soln; various strengths are available

Drug Name	Drug Tier	Notes
AMINOSYN-HBC	2	PA soln; various strengths are available
AMINOSYN-HF	1	PA soln
AMINOSYN-PF 7%	2	PA soln
CLIMIMIX E 4.25%/ DEXTROSE 5%	2	PA soln; various strengths are available
CLINIMIX 2.75%/ DEXTROSE 5%	2	PA soln; various strengths are available
CLINIMIX 4.25%/ DEXTROSE 5%	2	PA soln; various strengths are available
CLINIMIX 5%/DEXTROSE 15%	2	PA soln; various strengths are available
CLINIMIX 5%/DEXTROSE 20%	2	PA soln; various strengths are available
CLINIMIX 5%/DEXTROSE 25%	2	PA soln; various strengths are available
CLINIMIX E 2.75%/ DEXTROSE 10%	2	PA soln; various strengths are available
CLINIMIX E 2.75%/ DEXTROSE 5%	2	PA soln; various strengths are available
CLINIMIX E 5%/DEXTROSE 15%	2	PA soln; various strengths are available
CLINIMIX E 5%/DEXTROSE 20%	2	PA soln; various strengths are available
CLINIMIX E 5%/DEXTROSE 25%	2	PA soln; various strengths are available
CLINIMIX E 5%/DEXTROSE 35%	2	PA soln; various strengths are available
<i>dextrose (anhydrous)</i> (Dextrose (anhydrous) 10%) 10%	1	PA soln
<i>dextrose (anhydrous) 5%</i> (Dextrose (anhydrous) 5%)	1	soln

Drug Name		Drug Tier	Notes
<i>dextrose (anhydrous) and sodium chloride</i>	(Dextrose 5%/Sodium Chloride)	1	PA soln; 10%, 0.45%
<i>dextrose (anhydrous) and sodium chloride</i>	(Dextrose 5%/Sodium Chloride)	1	soln; various strengths are available
	FREAMINE HBC 6.9%	2	PA soln; various strengths are available
	FREAMINE III 3%	2	PA soln; various strengths are available
<i>glycerin and phospholipids and soybean oil</i>	(Intralipid)	1	PA emul; 2.25%, 1.2%, 20%
	HEPATASOL	1	PA soln
	INTRALIPID	1	PA emul; various strengths are available
	NEPHRAMINE	2	PA soln
	PREMASOL	1	PA soln; various strengths are available
	PROCALAMINE	2	PA soln
	PROSOL	2	PA soln
	RENAMIN	2	PA soln
	TRAVASOL 2.75%/ DEXTROSE 10%	2	PA soln; various strengths are available
	TRAVASOL 2.75%/ DEXTROSE 5%	2	PA soln; various strengths are available
	TRAVASOL 3.5%/ ELECTROLYTES	2	PA soln
	TRAVASOL 4.25%/ DEXTROSE 10%	1	PA soln; various strengths are available
	TRAVASOL 4.25%/ DEXTROSE 25%	2	PA soln; various strengths are available
	TRAVASOL 5.5%/ DEXTROSE 10%	2	PA soln; 44 meq/l, 0 -, 10%, 250mg/100ml, 560mg/100ml

Drug Name	Drug Tier	Notes
TRAVASOL 5.5%/ DEXTROSE 20%	2	PA soln; 44 meq/l, 0 -, 20%, 250mg/100ml, 560mg/100ml
TRAVASOL 5.5%/ ELECTROLYTES	2	PA soln; various strengths are available
TRAVASOL 8.5%/ DEXTROSE 10%	2	PA soln; various strengths are available
TRAVASOL 8.5%/ DEXTROSE 20%	2	PA soln; various strengths are available
TRAVASOL 8.5%/ DEXTROSE 50%	2	PA soln; various strengths are available
TRAVASOL 8.5%/ ELECTROLYTES	2	PA soln; various strengths are available
TRAVASOL	2	PA soln; various strengths are available
TRAVASOL	1	PA soln; various strengths are available
TROPHAMINE	1	PA soln; various strengths are available
Cardiac Drugs		
Antiarrhythmic Agents		
<i>amiodarone hcl</i> (Cordarone)	1	soln, tabs
<i>disopyramide phosphate</i> (Norpace)	1	caps, cp12
<i>flecainide acetate</i> (Tambocor)	1	tabs
<i>lidocaine hydrochloride</i> (Lidocaine Hydrochloride)	1	soln
<i>mexiletine hydrochloride</i> (Mexitil)	1	caps
<i>procainamide hydrochloride</i> (Procainamide Hydrochloride)	1	soln
PROCANBID	2	tb12
PRONESTYL	2	caps; 375mg
PRONESTYL	1	caps; 250mg
PRONESTYL SR	1	tbc
<i>propafenone hcl</i> (Rythmol)	1	tabs
<i>quinidine gluconate</i> (Quinidine Gluconate)	1	soln, tbc
<i>quinidine sulfate</i> (Quinidine Sulfate)	1	tabs, tbc
RYTHMOL SR	2	cp12

Drug Name	Drug Tier	Notes
TIKOSYN	2	caps
Cardiac Drugs, Miscellaneous		
RANEXA	2	PA tb12
Cardiotonic Agents		
DIGOXIN	2	soln; 0.05mg/ml
<i>digoxin</i> (Lanoxin)	1	soln, tabs
LANOXIN	2	soln; 0.1mg/ml
Cathartics and Laxatives		
Cathartics and Laxatives		
AMITIZA	2	caps
<i>polyethylene glycol</i> (Miralax)	1	powd
<i>polyethylene glycol and potassium chloride and sodium bicarbonate and sodium chloride</i> (Nulytely)	1	solr
<i>polyethylene glycol and potassium chloride and sodium bicarbonate and sodium chloride and sodium sul</i> (Colyte)	1	solr
Cell Stimulants and Proliferants		
Cell Stimulants and Proliferants		
AVITA	1	crea
KEPIVANCE	2	solr
<i>tretinoin</i> (Retin-A)	1	crea, gel
Central Nervous System Agents, Miscellaneous		
Central Nervous System Agents, Miscellaneous		
CAMPRAL	2	tbec
NAMENDA	2	PA, QL soln, tabs
NAMENDA TITRATION PAK	2	PA, QL tabs
RILUTEK	2	tabs
STRATTERA	2	PA caps
XYREM	2	LA soln
Cholelitholytic Agents		
Cholelitholytic Agents		
<i>ursodiol</i> (Actigall)	1	caps, tabs
Contraceptives		
Contraceptives		
BREVICON-28	1	tabs; 35mcg, 0.5mg
<i>desogestrel and ethinyl estradiol</i> (Ortho-cept-28)	1	tabs

Drug Name	Drug Tier	Notes
<i>drospirenone and ethinyl estradiol</i> (Yasmin 28)	1	tabs; 3mg, 0.03mg
<i>ethinyl estradiol and ethynodiol diacetate</i> (Demulen 1/35-28)	1	tabs
<i>ethinyl estradiol and ferrous fumarate and norethindrone acetate</i> (Loestrin Fe 1/20)	1	tabs
<i>ethinyl estradiol and levonorgestrel</i> (Seasonale)	1	tabs
<i>ethinyl estradiol and norethindrone</i> (Ovcon-35/28)	1	tabs; various strengths are available
<i>ethinyl estradiol and norethindrone acetate</i> (Loestrin 1/20-21)	1	tabs
<i>ethinyl estradiol and norgestimate</i> (Ortho Tri-cyclen)	1	tabs
<i>ethinyl estradiol and norgestrel</i> (Ovral)	1	tabs
<i>levonorgestrel</i> (Plan B)	1	tabs
<i>mestranol and norethindrone</i> (Norinyl 1+50)	1	tabs
<i>norethindrone</i> (Nor-qd)	1	tabs
NOR-QD	1	tabs
NUVARING	2	ST ring
ORTHO EVRA	2	ST ptwk
PLAN B	2	tabs
YAZ	2	tabs; 3mg, 0.02mg
Depigmenting and Pigmenting Agents		
Depigmenting Agents		
BENOQUIN	2	crea
Pigmenting Agents		
8-MOP	2	caps
OXSORALEN ULTRA	2	caps
UVADEX	2	soln
Devices		
Devices		
DIABETIC SUPPLIES, MISC	2	misc, insulin syringe (disp) u-100 0.3 ml
DIABETIC SUPPLIES, MISC	2	misc, insulin syringe (disp) u-100 1 ml
DIABETIC SUPPLIES, MISC	2	misc, insulin pen needle

Drug Name	Drug Tier	Notes
DIABETIC SUPPLIES, MISC	2	, insulin safety syringe
DIABETIC SUPPLIES, MISC	2	misc, insulin syringe (disp) u-100 1/2 ml
Digestants		
Digestants		
CREON 5	2	cpep; 16600 unit, 5000 unit, 18750 unit
CREON 10	2	cpep; 33200 unit, 10000 unit, 37500 unit
CREON 20	2	cpep; 66400 unit, 20000 unit, 75000 unit
CREON	2	cpep; various strengths are available
DYGASE	1	caps; 30000 unit, 2400 unit, 30000 unit
ENZYMAX	2	tabs; 12500 unit, 1000 unit, 12500 unit
KU-ZYME HP	2	caps; 30000 unit, 8000 unit, 30000 unit
LAPASE	1	caps; 15000 unit, 1200 unit, 15000 unit
LIPRAM 4500	1	cpep; 20000 unit, 4500 unit, 25000 unit
LIPRAM-PN10	1	cpep; 30000 unit, 10000 unit, 30000 unit
LIPRAM-PN16	1	cpep; 48000 unit, 16000 unit, 48000 unit
LIPRAM-PN20	1	cpep; 56000 unit, 20000 unit, 44000 unit

Drug Name	Drug Tier	Notes
LIPRAM-UL12	1	cpep; 39000 unit, 12000 unit, 39000 unit
LIPRAM-UL18	1	cpep; 58500 unit, 18000 unit, 58500 unit
LIPRAM-UL20	1	cpep; 65000 unit, 20000 unit, 65000 unit
PALCAPS 10	1	cpep; 33200 unit, 10000 unit, 37500 unit
PALCAPS 20	1	cpep; 66400 unit, 20000 unit, 75000 unit
PANCREASE MT 4	2	cpep; 12000 unit, 4000 unit, 12000 unit
PANCRECARB MS-16	2	cpep; 52000 unit, 16000 unit, 52000 unit
PANCRECARB MS-4	2	cpep; 25000 unit, 4000 unit, 25000 unit
PANCRECARB MS-8	2	cpep; 40000 unit, 8000 unit, 45000 unit
PANCRELIPASE	1	cpep, tabs
PANCRELIPASE MST-16	1	cpep; 48000 unit, 16000 unit, 48000 unit
PANCRON 10	1	cpep; 33200 unit, 10000 unit, 37500 unit
PANCRON 20	1	cpep; 66400 unit, 20000 unit, 75000 unit
PANGESTYME CN 10	1	cpep; 33200 unit, 10000 unit, 37500 unit
PANGESTYME CN 20	1	cpep; 66400 unit, 20000 unit, 75000 unit

Drug Name		Drug Tier	Notes
PANGESTYME EC		1	cpep; 20000 unit, 4500 unit, 25000 unit
PANGESTYME MT 16		1	cpep; 48000 unit, 16000 unit, 48000 unit
PANGESTYME UL 12		1	cpep; 39000 unit, 12000 unit, 39000 unit
PANGESTYME UL 18		1	cpep; 58500 unit, 18000 unit, 58500 unit
PANGESTYME UL 20		1	cpep; 65000 unit, 20000 unit, 65000 unit
PANOCAPS		1	cpep; 20000 unit, 4500 unit, 25000 unit
PANOCAPS MT 16		1	cpep; 48000 unit, 16000 unit, 48000 unit
PANOCAPS MT 20		1	cpep; 56000 unit, 20000 unit, 44000 unit
PANOKASE		1	tabs; 30000 unit, 8000 unit, 30000 unit
PANOKASE-16		1	tabs; 60000 unit, 16000 unit, 60000 unit
PLARETASE 8000		1	tabs; 30000 unit, 8000 unit, 30000 unit
ULTRACAPS MT 20		1	cpep; 65000 unit, 20000 unit, 65000 unit
ULTRASE		2	cpep; 20000 unit, 4500 unit, 25000 unit
VIOKASE		2	powd
Diuretics			
Loop Diuretics			
<i>bumetanide</i>	(Bumex)	1	soln, tabs
<i>furosemide</i>	(Lasix)	1	soln, tabs
<i>torseamide</i>	(Demadex)	1	tabs

Drug Name	Drug Tier	Notes
Potassium-Sparing Diuretics		
<i>amiloride hydrochloride</i> (Midamor) (anhydrous)	1	tabs
<i>amiloride hydrochloride</i> (Moduretic 5-50) (anhydrous) and <i>hydrochlorothiazide</i>	1	tabs
DYRENIUM	2	caps
<i>hydrochlorothiazide and</i> (Dyazide) <i>triamterene</i>	1	caps, tabs
Thiazide Diuretics		
<i>chlorothiazide</i> (Diuril)	1	tabs
<i>hydrochlorothiazide</i> (Microzide)	1	caps, tabs
<i>methyclothiazide</i> (Enduron)	1	tabs
Thiazide-Like Diuretics		
<i>chlorthalidone</i> (Hygroton)	1	tabs
<i>indapamide</i> (Lozol)	1	tabs
<i>metolazone</i> (Zaroxolyn)	1	tabs
EENT Drugs, Miscellaneous		
EENT Drugs, Miscellaneous		
<i>apraclonidine</i> (Iopidine) <i>hydrochloride</i>	1	soln
<i>carteolol hcl</i> (Ocupress)	1	soln
<i>ipratropium bromide</i> (Atrovent)	1	soln
LACRISERT	2	inst
Emollients, Demulcents, and Protectants		
Basic Lotions and Liniments		
<i>ammonium lactate</i> (Ammonium Lactate)	1	lotn
<i>lactic acid</i> (Lac-hydrin)	1	lotn
Enzymes		
Enzymes		
ADAGEN	2	soln
ALDURAZYME	2	soln
ARALAST	2	solr; 400mg, 800mg
CEREDASE	2	soln
CEREZYME	2	solr
ELAPRASE	2	soln
ELITEK	2	solr
FABRAZYME	2	solr
MYOZYME	2	solr
NAGLAZYME	2	soln
PROLASTIN	2	solr, susr
SUCRAID	2	soln
ZEMAIRA	2	solr; 1000mg

Drug Name	Drug Tier	Notes
Estrogens and Antiestrogens		
Estrogen Agonist-Antagonists		
EVISTA	2	tabs
Estrogens		
ALORA	2	pttw; various strengths are available
CLIMARA	2	ptwk
COMBIPATCH	2	pttw
ESTRACE	2	crea
ESTRADERM	2	pttw; 0.05mg/24hr, 0.1mg/24hr
<i>estradiol</i> (Climara)	1	ptwk, tabs
<i>estradiol and norethindrone acetate</i> (Activella)	1	tabs
<i>estradiol valerate</i> (Delestrogen)	1	oil
<i>estropipate</i> (Ogen)	1	tabs; 0.75mg, 1.5mg, 3mg
GYNODIOL	1	tabs
ORTHO-EST	1	tabs; 0.75mg, 1.5mg
PREMARIN	2	solr, tabs
PREMARIN W/ APPLICATOR	2	crea
PREMPHASE	2	tabs; 0.625mg, 5mg
PREMPRO	2	tabs; various strengths are available
VIVELLE-DOT	2	pttw; various strengths are available
First Generation Antihistamines		
Ethanolamine Derivatives		
<i>carbinoxamine maleate</i> (Pediox)	1	liqd
<i>clemastine fumarate</i> (Tavist Allergy)	1	syrp, tabs
<i>diphenhydramine hydrochloride</i> (Benadryl)	1	caps, elix, soln
First Generation Antihistamine Derivatives, Miscellaneous		
<i>ciproheptadine hydrochloride</i> (Periactin)	1	syrp, tabs

Drug Name		Drug Tier	Notes
Phenothiazine Derivatives			
<i>phenylephrine hydrochloride and promethazine hydrochloride</i>	(Phenylephrine Hydrochloride and Promethazine Hydrochloride)	1	syrp
<i>promethazine hydrochloride</i>	(Phenergan)	1	soln, supp, syrp, tabs
Propylamine Derivatives			
<i>dexchlorpheniramine maleate</i>	(Dexchlorpheniramine Maleate)	1	syrp
Genitourinary Smooth Muscle Relaxants			
Genitourinary Smooth Muscle Relaxants			
	DETROL	2	tabs
	DETROL LA	2	cp24
<i>flavoxate hydrochloride</i>	(Urispas)	1	tabs
<i>oxybutynin chloride</i>	(Ditropan)	1	syrp, tabs, tb24
	TOVIAZ	2	tb24
	VESICARE	2	tabs
GI Drugs, Miscellaneous			
GI Drugs, Miscellaneous			
	LOTRONEX	2	tabs
	RELISTOR	2	PA, QL kit, soln
Gold Compounds			
Gold Compounds			
	RIDAURA	2	caps
Gonadotropins			
Gonadotropins			
<i>gonadotropin, chorionic</i>	(Novarel)	1	solr
	SYNAREL	2	soln
Heavy Metal Antagonists			
Heavy Metal Antagonists			
	CHEMET	2	caps
	CUPRIMINE	2	caps
	DEPEN TITRATABS	2	tabs
	EXJADE	2	tbso
	SYPRINE	2	caps

Drug Name	Drug Tier	Notes
Hematopoietic Agents		
Hematopoietic Agents		
ARANESP ALBUMIN FREE	2	PA, QL soln; 25mcg/0.42ml, 25mcg/ml, 40mcg/0.4ml, 40mcg/ml, 60mcg/ml, 100mcg/ml, 150mcg/0.3ml, 150mcg/0.75ml, 200mcg/0.4ml, 200mcg/ml, 300mcg/ml, 500mcg/ml
ARANESP ALBUMIN FREE SURE	2	PA, QL soln; 60mcg/0.3ml, 100mcg/0.5ml, 300mcg/0.6ml
EPOGEN	2	PA, QL soln
LEUKINE	2	soln, solr
NEULASTA	2	soln
NEUPOGEN	2	soln
PROCRIT	2	PA, QL soln
Hemorrhologic Agents		
Hemorrhologic Agents		
<i>pentoxifylline</i> (Trental)	1	tbc
Hypotensive Agents		
Central Alpha-Agonists		
<i>clonidine hydrochloride</i> (Catapres)	1	tabs
<i>guanabenz acetate</i> (Wytensin)	1	tabs
<i>guanfacine hcl</i> (Tenex)	1	tabs
Direct Vasodilators		
<i>hydralazine hydrochloride</i> (Apresoline)	1	soln, tabs
<i>minoxidil</i> (Loniten)	1	tabs
PROGLYCEM	2	susp
Hypotensive Agents, Miscellaneous		
INVERSINE	2	tabs
Peripheral Adrenergic Inhibitors		
<i>reserpine</i> (Serpasil)	1	tabs
Ion-Removing Agents		
Phosphate-Removing Agents		
<i>calcium acetate</i> (Phoslo)	1	caps, tabs
RENAGEL	2	ST tabs
REVELA	2	ST tabs

Drug Name	Drug Tier	Notes
Potassium-Removing Agents		
<i>sodium polystyrene sulfonate</i> (Kayexalate)	1	powd, susp
Irrigating Solutions		
Irrigating Solutions		
<i>calcium (+2) and chloride ion and potassium (+1) and sodium (+1)</i> (Tis-u-sol)	1	soln
LACTATED RINGER'S IRRIGATION	2	soln
PHYSIOLYTE	1	soln
<i>sodium chloride</i> (Sodium Chloride 0.9%)	1	soln
TIS-U-SOL	1	soln
TIS-U-SOL VIAFLEX	1	soln
<i>water, sterile</i> (Water, Sterile)	1	soln
Keratoplastic Agents		
Keratoplastic Agents		
VECTICAL	2	ST oint
Local Anesthetics (EENT)		
Local Anesthetics (EENT)		
<i>lidocaine hydrochloride</i> (Xylocaine Jelly)	1	gel, soln
<i>proparacaine hydrochloride</i> (Ophthetic)	1	soln
Local Anesthetics (Parenteral)		
Local Anesthetics (Parenteral)		
<i>lidocaine hydrochloride</i> (Xylocaine)	1	soln
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE	2	soln
ACTONEL	2	QL, ST tabs
ACTONEL WITH CALCIUM	2	QL, ST tabs
<i>alendronate sodium</i> (Fosamax)	1	tabs
<i>allopurinol</i> (Zyloprim)	1	tabs
<i>allopurinol sodium</i> (Aloprim)	1	solr
<i>amifostine</i> (Ethyol)	1	solr
<i>anagrelide hydrochloride</i> (Agrylin)	1	caps
ANTABUSE	2	tabs
ARCALYST	2	solr
ATGAM	2	inj
AVODART	2	caps
AVONEX	2	kit

Drug Name		Drug Tier	Notes	
<i>azathioprine</i>	(Imuran)	1	PA	tabs
<i>azathioprine sodium</i>	(Imuran)	1	PA	solr
	BETASERON	2		solr
	BONIVA	2	ST	kit, tabs
	BOTOX	2		solr
	CELLCEPT	2	PA	susr
	CELLCEPT INTRAVENOUS	2	PA	solr
	CIMZIA	2	PA, QL	kit
	COPAXONE	2		kit
<i>cyclosporine</i>	(Neoral)	1	PA	caps, soln
	CYSTADANE	2		powd
	CYSTAGON	2		caps
<i>dexrazoxane</i>	(Totect)	1		solr
	ELMIRON	2		caps
	ENBREL	2	PA	kit, soln
	ENBREL SURECLICK	2	PA	soln
	ETHYOL	2		solr
<i>etidronate disodium</i>	(Didronel)	1		tabs
<i>finasteride</i>	(Proscar)	1		tabs
	FLOMAX	2	ST	cp24
<i>fluoride prepartion</i>	(Fluoride Prepartion)	2		
<i>fomepizole (4-methylpyrazole)</i>	(Antizol)	2		soln
	FOSAMAX	2	QL	soln
	FOSAMAX PLUS D	2	QL	tabs
	HUMIRA	2	PA	kit
	HUMIRA PEN	2	PA	kit
	HUMIRA PEN-CROHNS DISEASE	2	PA	kit
	KINERET	2		soln
	KUVAN	2	PA	tbso
<i>leflunomide</i>	(Arava)	1		tabs
<i>leucovorin calcium</i>	(Leucovorin Calcium)	1		soln, solr, tabs
<i>levocarnitine</i>	(Carnitor)	1		soln, tabs
<i>mesna</i>	(Mesnex)	1		soln
	MESNEX	2		tabs
<i>mycophenolate mofetil</i>	(Cellcept)	1	PA	caps, tabs
	MYFORTIC	2	PA	tbec
	MYOBLOC	2		soln
	NEUMEGA	2		solr
<i>octreotide acetate</i>	(Sandostatin)	2		soln
	ORENCIA	2		solr
	ORFADIN	2		caps
	ORTHOCLONE OKT3	2	PA	inj

Drug Name		Drug Tier	Notes
<i>pamidronate disodium</i>	(Aredia)	1	soln, solr
	PROGRAF	2	PA caps, soln
	PROMACTA	2	PA tabs
	RAPAFLO	2	ST caps
	RAPAMUNE	2	PA soln, tabs
	REBIF	2	soln; 22mcg/0.5ml, 44mcg/0.5ml
	REBIF TITRATION PACK	2	soln; 8.8mcg/0.2ml-22mcg/0.5ml
	REMICADE	2	PA solr
	REVLIMID	2	LA caps
	SANDOSTATIN LAR DEPOT	2	kit
	SENSIPAR	2	tabs
	SIMPONI	2	PA soln
	SIMULECT	2	PA solr
	SOMATULINE DEPOT	2	soln
<i>tacrolimus</i>	(Prograf)	1	PA caps
	THALOMID	2	caps
	THIOLA	2	tabs
	THYMOGLOBULIN	2	solr
	TYSABRI	2	LA conc
	ULORIC	2	ST tabs
	ZAVESCA	2	caps
	ZENAPAX	2	PA conc
	ZOMETA	2	conc
Mucolytic Agents			
Mucolytic Agents			
<i>acetylcysteine</i>	(Mucomyst)	1	soln
Multivitamin Preparations			
Multivitamin Preparations			
<i>prenatal with folic acid (greater than .8mg)</i>	(Prenatal With Folic Acid (Greater than .8mg))	2	
Mydriatics			
Mydriatics			
<i>dipivefrin hydrochloride</i>	(Propine)	1	soln
	MYDRAL	1	soln
<i>tropicamide</i>	(Mydracyl)	1	soln
Opiate Antagonists			
Opiate Antagonists			
<i>naloxone hydrochloride</i>	(Narcan)	1	soln
<i>naltrexone hydrochloride</i>	(Revia)	1	tabs

Drug Name		Drug Tier	Notes
Oxytocics			
Oxytocics			
	METHERGINE	2	tabs
Parasympathomimetics (Cholinergic Agents)			
Parasympathomimetics (Cholinergic Agents)			
	ARICEPT	2	PA, QL tabs
	ARICEPT ODT	2	PA, QL tbdp
<i>bethanechol chloride</i>	(Urecholine)	1	tabs
	EVOXAC	2	caps
	EXELON	2	PA, QL pt24
	EXELON	2	PA, QL caps, soln
<i>galantamine hydrobromide</i>	(Razadyne)	1	cp24, tabs
<i>guanidine hydrochloride</i>	(Guanidine Hydrochloride)	1	tabs
	MESTINON	2	syrp
	MESTINON TIMESPAN	2	tbcr
	MYTELASE	2	tabs
<i>pilocarpine hydrochloride</i>	(Salagen)	1	tabs
<i>pyridostigmine bromide</i>	(Mestinon)	1	tabs
	REGONOL	2	soln
Parathyroid			
Parathyroid			
<i>calcitonin, salmon</i>	(Miacalcin)	1	soln; 200 unit/act
	FORTEO	2	PA, QL soln
	FORTICAL	2	soln
	MIACALCIN	2	soln; 200 unit/ml
Pharmaceutical Aids			
Pharmaceutical Aids			
	DIABETIC SUPPLIES, MISC	2	pads
Pituitary			
Pituitary			
<i>desmopressin acetate</i>	(DDAVP)	1	soln, tabs
	GENOTROPIN	2	PA solr; 5.8mg, 13.8mg
	GENOTROPIN MINIQUICK	2	PA solr; various strengths are available
	HUMATROPE	2	PA solr; 6mg
	HUMATROPE	2	PA solr; 12mg, 24mg
	HUMATROPE COMBO PACK	2	PA solr; 5mg

Drug Name		Drug Tier	Notes
	NORDITROPIN CARTRIDGE	2	PA soln; 5mg/1.5ml, 15mg/1.5ml
	NORDITROPIN NORDIFLEX PEN	2	PA soln; 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml
	NUTROPIN	2	PA solr; 5mg, 10mg
	NUTROPIN AQ	2	PA soln; 10mg/2ml
	NUTROPIN AQ PEN	2	PA soln; 10mg/2ml, 20mg/2ml
	OMNITROPE	2	PA soln, solr
	SAIZEN	2	PA solr; 5mg, 8.8mg
	SAIZEN CLICK.EASY	2	PA solr; 8.8mg
	SEROSTIM	2	PA solr; 4mg, 5mg, 6mg
	STIMATE	2	soln
	TEV-TROPIN	2	PA solr; 5mg
	ZORBTIVE	2	PA solr; 8.8mg
Progestins			
Progestins			
	DEPO-PROVERA	2	susp; 400mg/ml
	DEPO-SUBQ PROVERA 104	2	susp; 104mg/0.65ml
<i>medroxyprogesterone acetate</i>	(Provera)	1	susp, tabs
<i>norethindrone acetate</i>	(Aygestin)	1	tabs
	PROCHIEVE	2	gel
	PROMETRIUM	2	caps
Prokinetic Agents			
Prokinetic Agents			
<i>metoclopramide hydrochloride</i>	(Reglan)	1	soln, tabs
Psychotherapeutic Agents			
Antidepressants			
<i>amitriptyline hydrochloride</i>	(Elavil)	1	tabs
<i>amitriptyline hydrochloride and chlordiazepoxide</i>	(Limbitrol)	1	tabs
<i>amitriptyline hydrochloride and perphenazine</i>	(Triavil)	1	tabs
<i>amoxapine</i>	(Asendin)	1	tabs
<i>bupropion hcl</i>	(Wellbutrin)	1	tabs, tb12, tb24

Drug Name		Drug Tier	Notes
<i>citalopram hydrobromide</i>	(Celexa)	1	soln, tabs
<i>clomipramine hcl</i>	(Anafranil)	1	caps
	CYMBALTA	2	ST cpep
<i>desipramine hydrochloride</i>	(Norpramin)	1	tabs
<i>doxepin hydrochloride</i>	(Sinequan)	1	caps, conc
	EFFEXOR XR	2	cp24
<i>fluoxetine hcl</i>	(Prozac)	1	caps, soln, tabs
<i>fluvoxamine maleate</i>	(Luvox)	1	tabs
<i>imipramine hydrochloride</i>	(Tofranil)	1	tabs
<i>imipramine pamoate</i>	(Tofranil-PM)	1	caps
	LEXAPRO	2	QL, ST soln, tabs
	LUVOX CR	2	QL, ST cp24
<i>maprotiline hydrochloride</i>	(Ludiomil)	1	tabs
	MARPLAN	2	tabs
<i>mirtazapine</i>	(Remeron)	1	tabs, tbdp
	NARDIL	2	tabs
<i>nefazodone hydrochloride</i>	(Serzone)	1	tabs
<i>nortriptyline hydrochloride</i>	(Pamelor)	1	caps, soln
<i>paroxetine hydrochloride</i>	(Paxil)	1	susp, tabs, tb24
	PRISTIQ	2	QL, ST tb24
<i>protriptyline hydrochloride</i>	(Vivactil)	1	tabs
	RAPIFLUX	1	tabs
	SAVELLA	2	tabs
	SAVELLA TITRATION PACK	2	misc
<i>sertraline hydrochloride</i>	(Zoloft)	1	conc, tabs
	SURMONTIL	2	caps; 100mg
<i>tranylcypromine sulfate</i>	(Parnate)	1	tabs
<i>trazodone hydrochloride</i>	(Desyrel)	1	tabs
<i>trimipramine maleate</i>	(Surmontil)	1	caps; 25mg, 50mg
<i>venlafaxine hcl</i>	(Effexor)	1	tabs
Antipsychotic Agents			
	ABILIFY	2	QL soln, tabs
	ABILIFY DISCMELT	2	QL tbdp
<i>chlorpromazine hydrochloride</i>	(Thorazine)	1	soln, tabs
<i>clozapine</i>	(Clozaril)	1	QL tabs

Drug Name		Drug Tier	Notes
	FAZACLO	2	QL tbdp
<i>fluphenazine decanoate</i>	(Prolixin Decanoate)	1	soln
<i>fluphenazine hydrochloride</i>	(Prolixin)	1	conc, elix, soln, tabs
	GEODON	2	QL caps
	GEODON	2	QL solr
	HALDOL	2	soln
	HALDOL DECANOATE-100	2	soln; 100mg/ml
	HALDOL DECANOATE-50	2	soln; 50mg/ml
<i>haloperidol</i>	(Haldol)	1	tabs
<i>haloperidol decanoate</i>	(Haldol Decanoate)	1	soln; 50mg/ml, 100mg/ml
<i>haloperidol lactate</i>	(Haloperidol Lactate)	1	conc, soln
	INVEGA	2	QL, ST tb24
<i>loxapine succinate</i>	(Loxitane)	1	caps
	MOBAN	2	tabs
	NAVANE	2	caps; 20mg
	ORAP	2	tabs
<i>perphenazine</i>	(Trilafon)	1	tabs
	RISPERDAL CONSTA	2	susr
	RISPERDAL M-TAB	2	QL tbdp
<i>risperidone</i>	(Risperdal)	1	QL soln, tabs, tbdp
	SEROQUEL	2	QL tabs
	SEROQUEL XR	2	QL tb24
<i>thioridazine hydrochloride</i>	(Mellaril)	1	tabs
<i>thiothixene</i>	(Navane)	1	caps; 1mg, 2mg, 5mg, 10mg
<i>trifluoperazine hydrochloride</i>	(Stelazine)	1	tabs
	ZYPREXA	2	QL solr, tabs
	ZYPREXA ZYDIS	2	QL tbdp
Renin-Angiotensin-Aldosterone System Inhibitors			
Angiotensin II Receptor Antagonists			
	COZAAR	2	ST tabs
	DIOVAN	2	ST tabs
	DIOVAN HCT	2	ST tabs
	EXFORGE HCT	2	ST tabs
	HYZAAR	2	ST tabs
Angiotensin-Converting Enzyme Inhibitors			
<i>benazepril hcl</i>	(Lotensin)	1	tabs
<i>benazepril hcl and hydrochlorothiazide</i>	(Lotensin HCT)	1	tabs
<i>captopril</i>	(Capoten)	1	tabs

Drug Name	Drug Tier	Notes
<i>captopril and hydrochlorothiazide</i> (Capozide)	1	tabs
<i>enalapril maleate</i> (Vasotec)	1	tabs
<i>enalapril maleate and hydrochlorothiazide</i> (Vaseretic)	1	tabs
<i>fosinopril sodium</i> (Monopril)	1	tabs
<i>fosinopril sodium and hydrochlorothiazide</i> (Monopril HCT)	1	tabs
<i>hydrochlorothiazide and lisinopril</i> (Zestoretic)	1	tabs
<i>hydrochlorothiazide and moexipril hydrochloride</i> (Uniretic)	1	tabs
<i>hydrochlorothiazide and quinapril hcl</i> (Accuretic)	1	tabs
<i>lisinopril</i> (Zestril)	1	tabs
<i>moexipril hydrochloride</i> (Univasc)	1	tabs
<i>quinapril hcl</i> (Accupril)	1	tabs
<i>ramipril</i> (Altace)	1	caps
<i>trandolapril</i> (Mavik)	1	tabs
Mineralocorticoid (Aldosterone) Antagonists		
<i>eplerenone</i> (Inspra)	1	tabs
<i>hydrochlorothiazide and spironolactone</i> (Aldactazide)	1	tabs
<i>spironolactone</i> (Aldactone)	1	tabs
Renin Inhibitors		
TEKTURNA	2	ST tabs
TEKTURNA HCT	2	ST tabs
Replacement Preparations		
Replacement Preparations		
<i>calcium (+2) and chloride ion and dextrose (anhydrous) and lactate anion and potassium (+1)</i> (Calcium (+2) and Chloride Ion and Dextrose (anhydrous) and Lactate Anion and Potassium (+1))	1	soln
<i>calcium (+2) and chloride ion and potassium (+1) and sodium (+1)</i> (Calcium (+2) and Chloride Ion and Potassium (+1) and Sodium (+1))	1	soln
<i>chloride ion and dextrose (anhydrous) and lactate anion and magnesium (+2) and phosphate</i> (Chloride Ion and Dextrose (anhydrous) and Lactate Anion and Magnesium (+2) and Phosphate)	1	soln; 24 meq/l, 5%, 23 meq/l, 3 meq/l, 3 meq/l

Drug Name	Drug Tier	Notes
<i>chloride ion and dextrose (anhydrous) and lactate anion and phosphate and potassium (+1)</i> (Chloride Ion and Dextrose (anhydrous) and Lactate Anion and Phosphate and Potassium (+1))	1	soln; 48 meq/l, 5%, 20 meq/l, 15 meq/l, 35 meq/l
<i>dextrose (anhydrous) and potassium chloride</i> (Dextrose (anhydrous) and Potassium Chloride)	1	soln
<i>dextrose (anhydrous) and potassium chloride and sodium chloride</i> (KCl 0.075%/D5W/NaCl 0.45%)	1	soln
IONOSOL-B/DEXTROSE 5%	2	soln; 49 meq/l, 5%, 25 meq/l, 5 meq/l, 13 meq/l
IONOSOL-MB/DEXTROSE 5%	2	soln; 22 meq/l, 5%, 23 meq/l, 3 meq/l, 3 meq/l
IONOSOL-T/DEXTROSE 5%	2	soln; 40 meq/l, 5%, 20 meq/l, 15 meq/l, 35 meq/l
ISOLYTE-H/DEXTROSE 5%	2	soln; 17 meq/l, 39 meq/l, 5%, 3 meq/l, 13 meq/l
ISOLYTE-P/DEXTROSE 5%	2	soln
ISOLYTE-S	2	soln
ISOLYTE-S PH 7.4	2	soln
ISOLYTE-S/DEXTROSE 5%	2	soln; 30 meq/l, 98 meq/l, 5%, 23 meq/l, 3 meq/l
KLOTRIX	1	tbc
K-TABS	1	tbc
NORMOSOL -R	1	soln
NORMOSOL-M IN D5W	1	soln; 16 meq/l, 40 meq/l, 5%, 3 meq/l, 13 meq/l
NORMOSOL-R	2	soln
PLASMA-LYTE 56	2	soln
PLASMA-LYTE A	2	soln
PLASMA-LYTE-148	2	soln
PLASMA-LYTE-148/D5W	2	soln; 27 meq/l, 98 meq/l, 5%, 23 meq/l, 3 meq/l
PLASMA-LYTE-56/D5W	2	soln; 16 meq/l, 40 meq/l, 5%, 3 meq/l, 13 meq/l
<i>potassium chloride</i> (K-Dur)	1	cpcr, soln, tbc

Drug Name		Drug Tier	Notes
<i>potassium chloride and sodium chloride</i>	(Potassium Chloride and Sodium Chloride)	1	soln
<i>sodium chloride</i>	(Sodium Chloride)	1	soln
Respiratory Smooth Muscle Relaxants			
Respiratory Smooth Muscle Relaxants			
<i>aminophylline</i>	(Aminophylline)	1	soln, tabs
	THEOCHRON	1	tb12
<i>theophylline</i>	(Uniphyll)	1	elix, tb12, tb24
Respiratory Tract Agents, Miscellaneous			
Respiratory Tract Agents, Miscellaneous			
	XOLAIR	2	PA, QL solr
Second Generation Antihistamines			
Second Generation Antihistamines			
	ALLEGRA-D 12 HOUR	2	tb12
	ALLEGRA-D 24 HOUR	2	tb24
<i>cetirizine hcl</i>	(Zyrtec Allergy)		chew, soln, solution, syrup, tab chew, tablet, tabs, OTC
<i>cetirizine hcl and pseudoephedrine hydrochloride</i>	(Zyrtec-d Allergy/congesti)		tb12, OTC
<i>fexofenadine hydrochloride</i>	(Allegra)	1	tabs
<i>loratadine</i>	(Claritin)		soln, solution, syrup, tablet, tabs, tbdp, OTC
<i>loratadine and pseudoephedrine hydrochloride</i>	(Claritin-D)		tb24, OTC
<i>loratadine and pseudoephedrine sulfate</i>	(Claritin-D)		tb12, tb24, OTC
<i>p-ephed hcl/cetirizine hcl</i>	(Zyrtec-D)		tab.sr 12h, OTC
<i>p-ephed sul/loratadine</i>	(Claritin-D)		tab.sr 24h, OTC
	XYZAL	2	soln, tabs
Serums			
Serums			
	CARIMUNE NANOFILTERED	2	PA solr
	CARIMUNE NANOFILTERED	2	PA solr; 1gm, 3gm, 6gm
	FLEBOGAMMA	2	PA soln
	GAMASTAN S/D	2	PA inj
	GAMMAGARD LIQUID	2	PA soln

Drug Name	Drug Tier	Notes
GAMUNEX	2	PA soln
IVEEGAM EN	2	PA solr; 5gm
OCTAGAM	2	PA soln
PANGLOBULIN NF	2	PA solr
PANGLOBULIN NF	2	PA solr; 6gm
POLYGAM S/D	2	PA solr
VIVAGLOBIN	2	PA soln
Skeletal Muscle Relaxants		
Centrally-Acting Skeletal Muscle Relaxants		
<i>aspirin and carisoprodol</i> (Soma Compound)	1	tabs
<i>aspirin and carisoprodol and codeine phosphate</i> (Soma Compound/codeine)	1	tabs
<i>carisoprodol</i> (Soma)	1	tabs
<i>chlorzoxazone</i> (Parafon Forte DSC)	1	tabs
<i>cyclobenzaprine hydrochloride</i> (Flexeril)	1	tabs
<i>methocarbamol</i> (Robaxin)	1	tabs
SKELAXIN	2	tabs
<i>tizanidine hydrochloride</i> (Zanaflex)	1	tabs
Direct-Acting Skeletal Muscle Relaxants		
<i>dantrolene sodium</i> (Dantrium)	1	caps
Gaba-Derivative Skeletal Muscle Relaxants		
<i>baclofen</i> (Lioresal)	1	tabs
Skin and Mucous Membrane Agents, Miscellaneous		
Skin and Mucous Membrane Agents, Miscellaneous		
ALDARA	2	PA, QL crea
AMEVIVE	2	solr
<i>calcipotriene</i> (Dovonex)	1	soln
CARAC	2	crea; 0.5%
CONDYLOX	2	gel
DOVONEX	2	crea
EFUDEX OCCLUSION PACK	2	kit
ELIDEL	2	crea
FLUOROPLEX	2	crea; 1%
<i>fluorouracil</i> (Efudex)	1	crea, soln
<i>isotretinoin</i> (Accutane)	1	caps
PANRETIN	2	gel
<i>podofilox</i> (Condylox)	1	soln
PROTOPIC	2	PA oint
REGRANEX	2	PA gel
SANTYL	2	oint
SOLARAZE	2	gel
TARGRETIN	2	gel

Drug Name	Drug Tier	Notes
TAZORAC	2	crea, gel
Somatotropin Agonists and Antagonists		
Somatotropin Agonists		
INCRELEX	2	soln
IPLX	2	soln
Somatotropin Antagonists		
SOMAVERT	2	solr
Sympatholytic Adrenergic Blocking Agents		
Sympatholytic Adrenergic Blocking Agents		
<i>caffeine and ergotamine tartrate</i> (Cafergot)	1	supp, tabs
DIBENZYLINE	2	caps
<i>dihydroergotamine mesylate</i> (D.H.E. 45)	1	soln; 1mg/ml
ERGOMAR	2	subl
<i>ergot alkaloids, hydrogenated (mesylate)</i> (Ergot Alkaloids, Hydrogenated (mesylate))	1	tabs
MIGRANAL	2	soln; 4mg/ml
Sympathomimetic (Adrenergic) Agents		
Alpha- and Beta-Adrenergic Agonists		
<i>epinephrine hydrochloride</i> (Adrenalin)	1	soln
EPIPEN 2-PAK	2	devi; 1 :1000
EPIPEN-JR 2-PAK	2	devi; 1 :2000
TWINJECT	2	devi
Alpha-Adrenergic Agonists		
<i>midodrine hcl</i> (Proamatine)	1	tabs
Beta-Adrenergic Agonists		
ADVAIR DISKUS	2	QL misc
ADVAIR HFA	2	QL aero
<i>albuterol sulfate</i> (Proventil)	1	nebu, syr, tabs, tb12
BRETHINE	2	soln
COMBIVENT	2	aero
FORADIL AEROLIZER	2	QL caps
<i>metaproterenol sulfate</i> (Alupent)	1	nebu, syr, tabs
PROAIR HFA	2	aers
PROVENTIL HFA	2	aers
SEREVENT DISKUS	2	QL aepb
<i>terbutaline sulfate</i> (Brethine)	1	soln, tabs
VENTOLIN HFA	2	aers
Thyroid and Antithyroid Agents		
Antithyroid Agents		
<i>methimazole</i> (Tapazole)	1	tabs

Drug Name		Drug Tier	Notes
<i>propylthiouracil</i>	(Propylthiouracil)	1	tabs
Thyroid Agents			
<i>levothyroxine sodium</i>	(Synthroid)	1	tabs; various strengths are available
<i>liothyronine sodium</i>	(Cytomel)	1	soln, tabs
	UNITHROID	1	tabs; 137mcg
Toxoids			
Toxoids			
	ADACEL	2	susp; 15.5mcg/0.5ml, 2 lf/0.5ml, 5 lf/0.5ml
	BOOSTRIX	2	susp; 18.5mcg/0.5ml, 2.5 lf/0.5ml, 5 lf/0.5ml
	DAPTACEL	2	susp; 10mcg/0.5ml, 15 lf/0.5ml, 5 lf/0.5ml
	DECAVAC	2	inj; 2 lfu, 5 lfu
	DIPHTHERIA/TETANUS TOXOIDPEDIATRIC	2	inj; 6.7 lfu/0.5ml, 5 lfu/0.5ml
	INFANRIX	2	susp; 58mcg/0.5ml, 25 lfu/0.5ml, 10 lfu/0.5ml
	TETANUS TOXOID ADSORBED	1	PA soln
	TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	2	susp
	TRIHIBIT	2	kit
	TRIPEDIA	2	susp; 46.8mcg/0.5ml, 6.7 lfu/0.5ml, 5 lf/0.5ml
Uricosuric Agents			
Uricosuric Agents			
<i>colchicine and probenecid</i>	(Col-Benemid)	1	tabs
<i>probenecid</i>	(Benemid)	1	tabs
Urinary Anti-infectives			
Urinary Anti-infectives			
	FURADANTIN	2	susp
<i>methenamine hippurate</i>	(Hiprex)	1	tabs
	MONUROL	2	pack

Drug Name		Drug Tier	Notes
<i>nitrofurantoin macrocrystalline</i>	(Macrochantin)	1	caps
<i>nitrofurantoin monohydrate macrocrystals</i>	(Macrobid)	1	caps
	PRIMSOL	2	soln
<i>trimethoprim</i>	(Proloprim)	1	tabs
	UREX	1	tabs
Vaccines			
Vaccines			
	ACTHIB	2	solr
	ATTENUVAX	2	PA inj
	COMVAX	2	susp
	ENGERIX-B	2	PA inj, susp; 10mcg/0.5ml, 20mcg/ml
	GARDASIL	2	susp
	HAVRIX	2	PA susp
	HIBTITER	2	soln
	IMOVAX RABIES (H.D.C.V.)	2	PA inj
	IPOL INACTIVATED IPV	2	inj
	JE-VAX	2	solr
	MENACTRA	2	inj; 4mcg/0.5ml
	MENOMUNE-A/C/Y/W-135	2	inj; 50mcg/0.5ml
	MERUVAX II W/DILUENT 10 DOSE	2	inj
	M-M-R II W/DILUENT 10 DOS	2	inj
	PEDIARIX	2	susp
	PEDVAX HIB	2	soln
	PROQUAD	2	inj
	RABAVERT	2	PA susr
	RECOMBIVAX HB	2	PA inj, susp; 5mcg/0.5ml, 10mcg/ml, 40mcg/ml
	ROTATEQ	2	susp
	TWINRIX	2	susp
	TYPHIM VI	2	soln
	VAQTA	2	PA inj
	VARIVAX	2	inj
	VIVOTIF BERNA	2	cpdr
	YF-VAX	1	inj
	ZOSTAVAX	2	solr

Drug Name	Drug Tier	Notes
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Vasoconstrictors		
Vasoconstrictors		
<i>naphazoline hydrochloride</i> (Albalon)	1	soln
TYZINE	2	soln; 0.1%
TYZINE PEDIATRIC NASAL DROPS	2	soln; 0.05%
Vasodilating Agents		
Nitrates and Nitrites		
ISMO	1	tabs
ISOCHRON	1	tbc
<i>isosorbide dinitrate</i> (Isordil)	1	subl, tabs, tbc
<i>isosorbide mononitrate</i> (Imdur)	1	tabs, tb24
<i>nitroglycerin</i> (Nitro-dur)	1	pt24, soln
NITROLINGUAL PUMPSPRAY	2	soln
NITROSTAT	2	subl
Phosphodiesterase Inhibitors		
ADCIRCA	2	PA tabs
REVATIO	2	PA tabs
Vasodilating Agents, Miscellaneous		
AGGRENOX	2	cp12
<i>dipyridamole</i> (Persantine)	1	tabs
LETAIRIS	2	tabs
REMODULIN	2	PA soln
TRACLEER	2	LA tabs
Vitamin D		
Vitamin D		
<i>calcitriol</i> (Rocaltrol)	1	caps, soln
HECTOROL	2	caps, soln

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