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Medicare Health Plan Offered Through  
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# **Rocky Mountain Health Plans and WINhealth Partners Standard and Gold/Plus 2008 Formulary (List of Covered Drugs)**

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

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

Last Updated 07/01/08

## WHAT IS THE FORMULARY?

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

## CAN THE FORMULARY CHANGE?

Generally, if you are taking a drug on our 2008 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2008 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect Members who are currently taking the drug. It will remain available at the same cost-sharing for those Members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or improve the safety of your drugs.

If we remove drugs from our formulary or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected Members of the change at least 60 days before the change becomes effective, or at the time the Member requests a refill of the drug, at which time the Member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to Members who take the drug. The enclosed formulary is current as of July 1, 2008. To get updated information about the drugs covered by the Health Plan, please contact us at:

<b>Colorado Members – Please Contact Rocky Mountain Health Plans</b>	<b>Wyoming Members – Please Contact WINhealth Partners Medicare Plan</b>
Please visit our Website at <a href="http://www.rmhp.org/pdf/rx/medicarerx.pdf">www.rmhp.org/pdf/rx/medicarerx.pdf</a> or call Customer Service at 970-243-7050 within Mesa County or 800-346-4643 toll free, 8:00 a.m. – 8:00 p.m., Mountain time, 7 days a week (except on Thanksgiving and Christmas). TTY/TDD users should call 970-248-5019 within Mesa County or 800-704-6370 toll free for additional information.	Please visit our Website at <a href="http://www.winhealthpartners.org">www.winhealthpartners.org</a> or call Customer Service at 800-840-2211 toll free, 8:00 a.m. – 8:00 p.m., Mountain time, 7 days a week (except on Thanksgiving and Christmas). TTY/TDD users should call 800-704-6370 toll free for additional information.

## HOW DO I USE THE FORMULARY?

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

### **Medical Condition**

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page 7. 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 77. 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?

**The Health Plan covers both brand-name drugs and generic drugs. A generic drug has the same active-ingredient as the brand name drug. Generic drugs usually cost less than brand name drugs and are approved by the Food and Drug Administration (FDA).**

## ARE THERE ANY RESTRICTIONS ON MY COVERAGE?

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

- **Prior Authorization:** The Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from the Health Plan before you fill your prescriptions. If you don't get approval, the Health Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, the Health Plan limits the amount of the drug that the Health Plan will cover. For example, the Health Plan provides 12 doses per prescription for Imitrex tablets. This may be in addition to a standard one month or three month supply.

- **Step Therapy:** In some cases, the Health Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, the Health Plan may not cover drug B unless you try Drug A first. If Drug A does not work for you, the Health Plan will then cover Drug B.

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

You can ask the Health Plan to make an exception to these restrictions or limits. See the section, “How do I request an exception to the formulary?” below for information about how to request an exception.

## **WHAT IF MY DRUG IS NOT ON THE FORMULARY?**

If your drug is not included in this formulary, you should first contact Customer Service and ask if your drug is covered. If you learn that the Health Plan does not cover your drug, you have two options:

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

NOTE: Due to a change in Medicare, most Medicare Drug Plans no longer cover erectile dysfunction (ED) drugs like Viagra, Cialis, Levitra, and Caverject. For more information, you can contact Customer Service.

## **HOW DO I REQUEST AN EXCEPTION TO THE FORMULARY?**

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

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, the Health Plan limits 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.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our Non-preferred tier, you can ask us to cover it at the cost-sharing amount

that applies to drugs in the Preferred tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty tier.

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

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

## **WHAT DO I DO BEFORE I CAN TALK TO MY DOCTOR ABOUT CHANGING MY DRUGS OR REQUESTING AN EXCEPTION?**

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

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

If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 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.

After your 31-day supply fill, you can ask Customer Service if we cover another drug to treat your medical condition. If we cover another drug, you can ask your doctor if this drug is an

option for your treatment. You can also file a request for an exception to our formulary. The prescription for the transition supply of your drug is renewable through the conclusion of the exceptions request process.

**FOR MORE INFORMATION**

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

If you have questions about the Health Plan:

<b>Colorado Members – Please Contact Rocky Mountain Health Plans</b>	<b>Wyoming Members – Please Contact WINhealth Partners Medicare Plan</b>
<p>Please visit our Website at <a href="http://www.rmhp.org/pdf/rx/medicarerx.pdf">www.rmhp.org/pdf/rx/medicarerx.pdf</a> or call Customer Service at 970-243-7050 within Mesa County or 800-346-4643 toll free, 8:00 a.m. – 8:00 p.m., Mountain time, 7 days a week (except on Thanksgiving and Christmas). TTY/TDD users should call 970-248-5019 within Mesa County or 800-704-6370 toll free for additional information.</p>	<p>Please visit our Website at <a href="http://www.winhealthpartners.org">www.winhealthpartners.org</a> or call Customer Service at 800-840-2211 toll free, 8:00 a.m. – 8:00 p.m., Mountain time, 7 days a week (except on Thanksgiving and Christmas). TTY/TDD users should call 800-704-6370 toll free for additional information.</p>

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](http://www.medicare.gov).

**THE HEALTH PLAN’S FORMULARY**

The formulary that begins on page 7 provides coverage information about some of the drugs covered by the Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 77.

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

The information in the Requirements/Limits column tells you if the Health Plan has any special requirements for coverage of your drug. See the key below for formulary abbreviations. See the section “Are there restrictions on my coverage?” on page 2 for information on obtaining a preauthorization.

The formulary key is as follows:

- Drug Tier = 1 Generic copayment (lowest)\*
- Drug Tier = 2 Preferred Brand copayment (midrange)
- Drug Tier = 3 Non-preferred Brand copayment (highest)
- Drug Tier = 4 Specialty coinsurance
- Drug Tier = 5 Injectable coinsurance

See your Summary of Benefit or Evidence of Coverage to determine how much you will pay for prescription drugs in each tier.

Drugs that appear with:

- Italics* = Generic drugs\*
- CAPITALIZATION = Brand name drugs
- PA = Prior Authorization required
- QL = Quantity Limit applies
- ST = Step Therapy

\*Some plans provide coverage of this prescription drug in the coverage gap. Please refer to your Summary of Benefits for more information about this coverage.

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<b>Analgesics</b>			
<b>Non-opioid Analgesics</b>			
EQUAGESIC	TABS	2	
<i>mst 600</i>	TABS	1	
<b>Opioid Analgesics</b>			
<i>acetaminophen/codeine #2</i>	TABS	1	
<i>acetaminophen/codeine #3</i>	TABS	1	
<i>acetaminophen/codeine #4</i>	TABS	1	
<i>acetaminophen/codeine</i>	SOLUTION	1	
<i>acetaminophen/codeine</i>	TABS	1	
<i>acetaminophen-codeine #4</i>	TABS	1	
ACTIQ	LPOP	2	
<i>anexsia</i>	TABS	1	
<i>ascomp/codeine</i>	CAPS	1	
<i>aspirin/codeine</i>	TABS	1	
ASTRAMORPH	SOLUTION	5	
AVINZA	CONT.REL.TABS	2	
<i>balacet 325</i>	TABS	1	
BUPRENEX	SOLUTION	5	
BUPRENORPHINE HCL	SOLUTION	5	
<i>butal/asa/caff/cod</i>	CAPS	1	
<i>butalbital /apap /caffeine /codeine</i>	CAPS	1	
<i>butorphanol tartrate</i>	SOLUTION	1	
BUTORPHANOL TARTRATE	SOLUTION	5	
CAPITAL/CODEINE	SUSPENSION	2	
<i>co-gesic</i>	TABS	1	
COMBUNOX	TABS	2	
DARVOCET A500	TABS	2	
DARVOCET-N 100	TABS	3	
DARVOCET-N 50	TABS	3	
DARVON	CAPS	3	
DARVON-N	TABS	2	
DEMEROL	SYRUP	3	
DEMEROL	TABS	3	
DEMEROL	SOLUTION	5	PA
DEPODUR	SUSPENSION	5	
DILAUDID	TABS	3	
DILAUDID-5	LIQUID	2	
DILAUDID-HP	SOLUTION	5	PA
DILAUDID-HP	SOLUTION	5	PA
<i>dolacet</i>	CAPS	1	
<i>dolagesic</i>	CAPS	1	
DOLOPHINE HCL	TABS	2	
DOLOPHINE	TABS	2	
<i>dolorex forte</i>	CAPS	1	
DURAGESIC	PATCH	3	QL
DURAMORPH	SOLUTION	5	
<i>endocet</i>	TABS	1	
<i>eth-oxydose</i>	SOLUTION	1	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	2	
FENTANYL CITRATE	SOLUTION	5	PA
<i>fentanyl</i>	PATCH	1	QL
FENTORA	TABS	2	
FIORICET/CODEINE	CAPS	3	
FIORINAL/CODEINE #3	CAPS	3	
HYCET	SOLUTION	2	
<i>hydrocet</i>	CAPS	1	
<i>hydrocodone /acetaminophen</i>	SOLUTION	1	
<i>hydrocodone /acetaminophen</i>	TABS	1	
<i>hydrocodone /acetaminophen-hs</i>	TABS	1	
<i>hydrocodone bitartrate/acetaminophen</i>	TABS	1	
<i>hydrocodone bitartrate/apap</i>	TABS	1	
<i>hydrocodone/apap</i>	TABS	1	
<i>hydrocodone/ibuprofen</i>	TABS	1	
<i>hydromorphone hcl</i>	TABS	1	
HYDROMORPHONE HCL	SOLUTION	5	PA
INFUMORPH 200	SOLUTION	5	
INFUMORPH 500	SOLUTION	5	
KADIAN	CONT.REL.TABS	2	
LEVO DROMORAN	SOLUTION	5	
LEVO-DROMORAN	TABS	2	
<i>levorphanol tartrate</i>	TABS	1	
LORCET 10/650	TABS	3	
LORCET PLUS	TABS	3	
LORTAB 10	TABS	3	
LORTAB 2.5	TABS	3	
LORTAB 5	TABS	3	
LORTAB 7.5	TABS	3	
LORTAB	ELIX	3	
<i>margesic-h</i>	CAPS	1	
MAXIDONE	TABS	2	
<i>meperidine hcl</i>	SOLUTION	1	PA
<i>meperidine hcl</i>	TABS	1	
MEPERIDINE HCL	SOLUTION	5	PA
<i>meperitab</i>	TABS	1	
<i>methadone hcl</i>	SOLUTION	1	
<i>methadone hcl</i>	TABS	1	
METHADONE HCL	SOLUTION	2	
METHADONE HCL	SOLUTION	5	
<i>methadose</i>	TABS	1	
MORPHINE SULFATE ADD-VANTAGE	SOLUTION	5	
MORPHINE SULFATE DILUTE-A-JET	SOLUTION	5	
<i>morphine sulfate er</i>	CONT.REL.TABS	1	
MORPHINE SULFATE IN DEXTROSE 5%	SOLUTION	5	
MORPHINE SULFATE STICK-GARD	SOLUTION	5	
MORPHINE SULFATE/D5W	SOLUTION	2	
MORPHINE SULFATE/D5W	SOLUTION	5	
MORPHINE SULFATE/NS	SOLUTION	2	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
MORPHINE SULFATE/NS	SOLUTION	5	
<i>morphine sulfate</i>	SOLUTION	1	
<i>morphine sulfate</i>	SUPP	1	
<i>morphine sulfate</i>	TABS	1	
MORPHINE SULFATE	SOLUTION	2	
MORPHINE SULFATE	SOLUTION	5	
MORPHINE/D5W	SOLUTION	5	
MS CONTIN	CONT.REL.TABS	3	
NALBUPHINE HCL	SOLUTION	5	
<i>narvox</i>	TABS	1	
NORCO	TABS	3	
NUBAIN	SOLUTION	5	
NUMORPHAN	SOLUTION	5	
OPANA ER	CONT.REL.TABS	2	
OPANA	TABS	2	
OPIUM TINCTURE	TINCTURE	2	
ORAMORPH SR	CONT.REL.TABS	3	
<i>oxycodone /acetaminophen</i>	TABS	1	
<i>oxycodone /ibuprofen</i>	TABS	1	
<i>oxycodone hcl</i>	CAPS	1	
<i>oxycodone hcl</i>	SOLUTION	1	
<i>oxycodone hcl</i>	SOLUTION	1	
<i>oxycodone hcl</i>	TABS	1	
<i>oxycodone/acetaminophen</i>	CAPS	1	
<i>oxycodone/acetaminophen</i>	TABS	1	
<i>oxycodone/apap</i>	TABS	1	
<i>oxycodone/aspirin</i>	TABS	1	
<i>oxycodone-apap</i>	TABS	1	
OXYCONTIN	CONT.REL.TABS	2	
<i>oxyfast</i>	SOLUTION	1	
OXYIR	CAPS	3	
PANLOR DC	CAPS	2	
PANLOR SS	TABS	2	
<i>pentazocine /acetaminophen</i>	TABS	1	
<i>pentazocine/naloxone hcl</i>	TABS	1	
PERCOCET	TABS	3	
PERCODAN	TABS	3	
<i>percolone</i>	TABS	1	
<i>phrenilin w/caffeine/codeine</i>	CAPS	1	
<i>propoxyphene /acetaminophen</i>	TABS	1	
<i>propoxyphene hcl</i>	CAPS	1	
<i>propoxyphene-n /acetaminophen</i>	TABS	1	
RMS	SUPP	3	
ROXANOL	SOLUTION	3	
<i>roxicet</i>	TABS	1	
ROXICET	SOLUTION	2	
ROXICET	TABS	2	
ROXICODONE INTENSOL	SOLUTION	3	
ROXICODONE	SOLUTION	3	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
ROXICODONE	TABS	3	
<i>stagesic</i>	CAPS	1	
SUBOXONE	SUBLINGUAL	2	
SUBUTEX	SUBLINGUAL	2	
SYNALGOS-DC	CAPS	2	
TALACEN	TABS	3	
TALWIN NX	TABS	2	
TALWIN	SOLUTION	5	
<i>tramadol hcl</i>	TABS	1	
<i>tramadol hydrochloride/acetaminophen</i>	TABS	1	
<i>trezix</i>	CAPS	1	
TYLENOL/CODEINE #3	TABS	3	
TYLENOL/CODEINE #4	TABS	3	
TYLOX	CAPS	3	
ULTRACET	TABS	3	
ULTRAM	TABS	3	
<i>vanacet</i>	TABS	1	
VICODIN ES	TABS	3	
<i>vicodin hp</i>	TABS	1	
VICODIN	TABS	3	
VICOPROFEN	TABS	3	
VOPAC	TABS	2	
XODOL	TABS	2	
ZYDONE	TABS	2	

## Anesthetics

### Local Anesthetics

EMLA /TEGADERM	KIT	3	
EMLA	CREAM	3	
<i>lidocaine hcl jelly</i>	GEL	1	
<i>lidocaine hcl</i>	GEL	1	
<i>lidocaine hcl</i>	SOLUTION	1	
LIDOCAINE HCL	SOLUTION	5	
<i>lidocaine/prilocaine</i>	CREAM	1	
<i>lidocaine</i>	OINTMENT	1	
LIDODERM	PATCH	2	
XYLOCAINE JELLY	GEL	3	
XYLOCAINE VISCOUS	SOLUTION	3	
XYLOCAINE	SOLUTION	3	
XYLOCAINE	SOLUTION	5	

## Antibacterials

### Aminoglycosides

AMIKACIN SULFATE	SOLUTION	5	
AMIKIN	SOLUTION	5	
CORTISPORIN	CREAM	3	
CORTISPORIN	OINTMENT	3	QL
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	SOLUTION	5	
GENTAMICIN SULFATE/SODIUM CHLORIDE	SOLUTION	5	
<i>gentamicin sulfate</i>	CREAM	1	
<i>gentamicin sulfate</i>	OINTMENT	1	QL

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>gentamicin sulfate</i>	SOLUTION	1	QL
GENTAMICIN SULFATE	SOLUTION	5	
HUMATIN	CAPS	2	
ISOTONIC GENTAMICIN	SOLUTION	5	
KANAMYCIN SULFATE	SOLUTION	5	
NEO-FRADIN	SOLUTION	2	
<i>neomycin sulfate</i>	TABS	1	
<i>paromomycin sulfate</i>	CAPS	1	
STREPTOMYCIN SULFATE	SOLUTION	5	
TOBRAMYCIN SULFATE ADD-VANTAGE	SOLUTION	5	
TOBRAMYCIN SULFATE FLIPTOP	SOLUTION	5	
TOBRAMYCIN SULFATE/SODIUM CHLORIDE	SOLUTION	5	
<i>tobramycin sulfate</i>	SOLUTION	1	QL
TOBRAMYCIN SULFATE	SOLUTION	5	
TOBRAMYCIN SULFATE	SOLUTION	5	
<b>Antibacterials, Other</b>			
BACIIM	SOLUTION	5	
<i>bacitracin /neomycin /polymyxin</i>	OINTMENT	1	QL
BACITRACIN	SOLUTION	5	
BACTROBAN NASAL	OINTMENT	3	
BACTROBAN	CREAM	3	
BACTROBAN	OINTMENT	3	
CHLORAMPHENICOL SODIUM SUCCINATE	SOLUTION	5	
CLEOCIN GALAXY	SOLUTION	5	
CLEOCIN PEDIATRIC GRANULES	SOLUTION	3	
CLEOCIN PHOSPHATE	SOLUTION	5	
CLEOCIN	CAPS	3	
CLEOCIN	CREAM	3	
CLEOCIN	SUPP	3	
<i>clindamycin hcl</i>	CAPS	1	
CLINDAMYCIN PHOSPHATE ADD-VANTAGE	SOLUTION	5	
<i>clindamycin phosphate</i>	CREAM	1	
CLINDAMYCIN PHOSPHATE	SOLUTION	5	
COLISTIMETHATE SODIUM	SOLUTION	5	
COLY-MYCIN-M	SOLUTION	5	
CUBICIN	SOLUTION	5	
FLAGYL ER	CONT.REL.TABS	2	
FLAGYL	CAPS	3	
FLAGYL	TABS	3	
FURADANTIN	SUSPENSION	2	
HELIDAC	MISC	2	
HIPREX	TABS	3	
LINCOCIN	SOLUTION	5	
MACROBID	CAPS	3	
MACRODANTIN	CAPS	3	
<i>methenamine hippurate</i>	TABS	1	
METRO IV	SOLUTION	5	
METROCREAM	CREAM	3	
METROGEL	GEL	2	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
METROGEL-VAGINAL	GEL	3	
METROLOTION	LOTN	2	
METRONIDAZOLE IN NAACL 0.79%	SOLUTION	5	
<i>metronidazole vaginal</i>	GEL	1	
<i>metronidazole</i>	CAPS	1	
<i>metronidazole</i>	CREAM	1	
<i>metronidazole</i>	GEL	1	
<i>metronidazole</i>	LOTN	1	
<i>metronidazole</i>	TABS	1	
MONUROL	PACK	2	
<i>mupirocin</i>	OINTMENT	1	
<i>neocin</i>	OINTMENT	1	QL
<i>neomycin /bacitracin /polymyxin</i>	OINTMENT	1	QL
<i>neomycin/polymyxin b sulfates</i>	SOLUTION	1	
NEUTREXIN	SOLUTION	5	
<i>nitrofurantoin macrocrystalline</i>	CAPS	1	
<i>nitrofurantoin monohydrate</i>	CAPS	1	
NORITATE	CREAM	2	
PHISOHEX	LIQUID	2	
POLYMYXIN B SULFATE	SOLUTION	5	
PRIMSOL	SOLUTION	2	
ROZEX	EMUL	2	
SILVADENE	CREAM	3	
<i>silver sulfadiazine</i>	CREAM	1	
<i>ssd af</i>	CREAM	1	
<i>ssd</i>	CREAM	1	
SULFAMYLON	CREAM	2	
SULFAMYLON	PACK	2	
SYNERCID	SOLUTION	5	
<i>thermazene</i>	CREAM	1	
<i>trimethoprim</i>	TABS	1	
TYGACIL	SOLUTION	5	
UREX	TABS	2	
VANCOCIN HCL ISO-OSMOTIC DEXTROSE	SOLUTION	5	
VANCOCIN HCL	CAPS	2	
VANCOCIN HCL	SOLUTION	5	
VANCOMYCIN HCL	SOLUTION	5	
<i>vandazole</i>	GEL	1	
XIFAXAN	TABS	2	
ZYVOX	SUSPENSION	4	
ZYVOX	TABS	4	
ZYVOX	SOLUTION	5	
<b>Beta-lactam, Cephalosporins</b>			
CEDAX	CAPS	2	
CEDAX	SUSPENSION	2	
<i>cefaclor er</i>	CONT.REL.TABS	1	
<i>cefaclor</i>	CAPS	1	
<i>cefaclor</i>	SUSPENSION	1	
CEFACLOR	SUSPENSION	2	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>cefadroxil</i>	CAPS	1	
<i>cefadroxil</i>	SUSPENSION	1	
<i>cefadroxil</i>	TABS	1	
CEFAZOLIN SODIUM/DEXTROSE	SOLUTION	5	
CEFAZOLIN SODIUM	SOLUTION	5	
CEFAZOLIN SODIUM	SOLUTION	5	
<i>cefdinir</i>	CAPS	1	
<i>cefdinir</i>	SUSPENSION	1	
CEFEPIME	SOLUTION	5	
CEFIZOX IN DEXTROSE 5%	SOLUTION	5	
CEFOTAXIME SODIUM	SOLUTION	5	
CEFOTETAN	SOLUTION	5	
CEFOXITIN SODIUM	SOLUTION	5	
<i>cefpodoxime proxetil</i>	SUSPENSION	1	
<i>cefpodoxime proxetil</i>	TABS	1	
<i>cefprozil</i>	SUSPENSION	1	
<i>cefprozil</i>	TABS	1	
CEFTIN	SUSPENSION	3	
CEFTIN	TABS	3	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE	SOLUTION	5	
CEFTRIAXONE SODIUM	SOLUTION	5	
CEFTRIAXONE/DEXTROSE	SOLUTION	5	
<i>cefuroxime axetil</i>	SUSPENSION	1	
<i>cefuroxime axetil</i>	TABS	1	
CEFUROXIME SODIUM	SOLUTION	5	
CEFUROXIME/DEXTROSE	SOLUTION	5	
CEFZIL	SUSPENSION	3	
CEFZIL	TABS	3	
<i>cephalexin</i>	CAPS	1	
<i>cephalexin</i>	SUSPENSION	1	
<i>cephalexin</i>	TABS	1	
CLAFORAN/D5W	SOLUTION	5	
CLAFORAN	SOLUTION	5	
DURICEF	SUSPENSION	3	
FORTAZ INFUSION PACK	SOLUTION	5	
FORTAZ	SOLUTION	5	
FORTAZ	SOLUTION	5	
KEFLEX	CAPS	3	
KEFLEX	SUSPENSION	3	
MAXIPIME	SOLUTION	5	
MEFOXIN ADD-VANTAGE	SOLUTION	5	
MEFOXIN IN DEXTROSE 2.2%	SOLUTION	5	
MEFOXIN IN DEXTROSE 3.9%	SOLUTION	5	
MEFOXIN	SOLUTION	5	
OMNICEF	CAPS	3	
OMNICEF	SUSPENSION	3	
OMNI-PAC	CAPS	3	
RANICLOR	CHEW	2	
ROCEPHIN IN ISO-OSMOTIC DEXTROSE	SOLUTION	5	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
ROCEPHIN	SOLUTION	5	
SUPRAX	SUSPENSION	2	
TAZICEF	SOLUTION	5	
TAZICEF	SOLUTION	5	
VANTIN	SUSPENSION	3	
VANTIN	TABS	3	
ZINACEF IN ISO-OSMOTIC DEXTROSE	SOLUTION	5	
ZINACEF IN ISO-OSMOTIC DILUENT	SOLUTION	5	
ZINACEF/D5W	SOLUTION	5	
ZINACEF	SOLUTION	5	
<b>Beta-lactam, Other</b>			
AZACTAM IN DEXTROSE	SOLUTION	5	
AZACTAM	SOLUTION	5	
DORIBAX	SOLUTION	5	
INVANZ	SOLUTION	5	
MERREM	SOLUTION	5	
PRIMAXIN I.M.	SOLUTION	5	
PRIMAXIN IV ADD-VANTAGE	SOLUTION	5	
PRIMAXIN IV	SOLUTION	5	
<b>Beta-lactam, Penicillins</b>			
<i>amoclan</i>	SUSPENSION	1	
<i>amoxicillin/clavulanate potassium</i>	CHEW	1	
<i>amoxicillin/clavulanate potassium</i>	SUSPENSION	1	
<i>amoxicillin/clavulanate potassium</i>	TABS	1	
<i>amoxicillin/potassium clavulanate</i>	CHEW	1	
<i>amoxicillin/potassium clavulanate</i>	SUSPENSION	1	
<i>amoxicillin/potassium clavulanate</i>	TABS	1	
<i>amoxicillin</i>	CAPS	1	
<i>amoxicillin</i>	CHEW	1	
<i>amoxicillin</i>	SUSPENSION	1	
<i>amoxicillin</i>	TABS	1	
<i>amoxil</i>	CAPS	1	
<i>amoxil</i>	SUSPENSION	1	
AMOXIL	SUSPENSION	2	
AMOXIL	CHEW	3	
AMOXIL	SUSPENSION	3	
AMOXIL	TABS	3	
AMPICILLIN SODIUM	SOLUTION	5	
<i>ampicillin</i>	CAPS	1	
<i>ampicillin</i>	SUSPENSION	1	
AMPICILLIN-SULBACTAM	SOLUTION	5	
AUGMENTIN ES-600	SUSPENSION	3	
AUGMENTIN XR	CONT.REL.TABS	3	
AUGMENTIN	CHEW	3	
AUGMENTIN	SUSPENSION	3	
AUGMENTIN	TABS	3	
BACTOCILL IN DEXTROSE	SOLUTION	5	
BICILLIN C-R	SUSPENSION	5	
BICILLIN L-A	SUSPENSION	5	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>dicloxacillin sodium</i>	CAPS	1	
GEOCILLIN	TABS	2	
NAFCILLIN SODIUM	SOLUTION	5	
NALLPEN ISO-OSMOTIC IN DEXTROSE	SOLUTION	5	
NALLPEN/DEXTROSE	SOLUTION	5	
OXACILLIN SODIUM	SOLUTION	5	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	SOLUTION	5	
PENICILLIN G POTASSIUM	SOLUTION	5	
PENICILLIN G PROCAINE	SUSPENSION	5	
PENICILLIN G SODIUM	SOLUTION	5	
<i>penicillin v potassium</i>	SOLUTION	1	
<i>penicillin v potassium</i>	TABS	1	
PFIZERPEN-G	SOLUTION	5	
PIPERACILLIN SODIUM	SOLUTION	5	
PREVPAC	MISC	3	
TIMENTIN	SOLUTION	5	
TIMENTIN	SOLUTION	5	
<i>trimox</i>	CAPS	1	
UNASYN ADD-VANTAGE	SOLUTION	5	
UNASYN BULK PACK	SOLUTION	5	
UNASYN PIGGYBACK UNIT	SOLUTION	5	
UNASYN	SOLUTION	5	
<i>veetids</i>	SOLUTION	1	
<i>veetids</i>	TABS	1	
ZOSYN	SOLUTION	5	
ZOSYN	SOLUTION	5	
<b>Macrolides</b>			
AKNE-MYCIN	OINTMENT	2	
<i>azithromycin</i>	PACK	1	
<i>azithromycin</i>	SOLUTION	1	
<i>azithromycin</i>	SUSPENSION	1	
<i>azithromycin</i>	TABS	1	
BIAXIN XL PAC	CONT.REL.TABS	3	
BIAXIN XL	CONT.REL.TABS	3	
BIAXIN	SUSPENSION	3	
BIAXIN	TABS	3	
<i>clarithromycin er</i>	CONT.REL.TABS	1	
<i>clarithromycin</i>	SUSPENSION	1	
<i>clarithromycin</i>	TABS	1	
DYNABAC D5-PAK	ENTERIC COATED	3	
<i>e.e.s. 200</i>	SUSPENSION	1	
<i>e.e.s. 400</i>	SUSPENSION	1	
<i>e.e.s. 400</i>	TABS	1	
E.E.S. GRANULES	SUSPENSION	2	
ERYC	CAPS	3	
<i>eryderm</i>	SOLUTION	1	
ERYGEL	GEL	2	
ERYPED 200	SUSPENSION	3	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
ERYPED 400	SUSPENSION	2	
ERYPED	SUSPENSION	2	
ERY-TAB	ENTERIC COATED	2	
ERYTHROCIN LACTOBIONATE	SOLUTION	5	
<i>erythrocin stearate</i>	TABS	1	
ERYTHROCIN	SOLUTION	5	
<i>erythromycin /sulfoxazole</i>	SUSPENSION	1	
ERYTHROMYCIN BASE	TABS	2	
<i>erythromycin ethylsuccinate</i>	SUSPENSION	1	
<i>erythromycin ethylsuccinate</i>	TABS	1	
ERYTHROMYCIN LACTOBIONATE	SOLUTION	2	
<i>erythromycin</i>	CAPS	1	
<i>erythromycin</i>	GEL	1	
<i>erythromycin</i>	OINTMENT	1	QL
<i>erythromycin</i>	PADS	1	
<i>erythromycin</i>	SOLUTION	1	
KETEK PAK	TABS	3	
KETEK	TABS	3	
PCE	ENTERIC COATED	2	
PEDIAZOLE	SUSPENSION	2	
ZITHROMAX TRI-PAK	TABS	3	
ZITHROMAX Z-PAK	TABS	3	
ZITHROMAX	PACK	3	
ZITHROMAX	SUSPENSION	3	
ZITHROMAX	TABS	3	
ZITHROMAX	SOLUTION	5	
ZMAX	SUSPENSION	2	
<b>Quinolones</b>			
AVELOX ABC PACK	TABS	2	
AVELOX	TABS	2	
AVELOX	SOLUTION	5	
CIPRO I.V.	SOLUTION	5	
CIPRO I.V.-IN D5W	SOLUTION	5	
CIPRO	SUSPENSION	3	
CIPRO	TABS	3	
<i>ciprofloxacin er</i>	CONT.REL.TABS	1	
<i>ciprofloxacin extended-release</i>	CONT.REL.TABS	1	
<i>ciprofloxacin hcl</i>	SOLUTION	1	
<i>ciprofloxacin hcl</i>	TABS	1	
CIPROFLOXACIN HCL	TABS	2	
<i>ciprofloxacin i.v.-in d5w</i>	SOLUTION	5	
<i>ciprofloxacin</i>	SOLUTION	1	
FACTIVE	TABS	2	
IQUIX	SOLUTION	2	QL
LEVAQUIN LEVA-PAK	TABS	2	
LEVAQUIN PREMIX	SOLUTION	5	
LEVAQUIN	SOLUTION	2	
LEVAQUIN	TABS	2	
LEVAQUIN	SOLUTION	5	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
NOROXIN	TABS	3	
<i>ofloxacin</i>	SOLUTION	1	
<i>ofloxacin</i>	TABS	1	
QUIXIN	SOLUTION	2	QL
ZYMAR	SOLUTION	2	QL
<b>Sulfonamides</b>			
BACTRIM DS	TABS	3	
BACTRIM	TABS	3	
GANTRISIN PEDIATRIC	SUSPENSION	2	
KLARON	LOTN	3	
SEPTRA DS	TABS	3	
SEPTRA	TABS	3	
<i>sodium sulfacetamide</i>	LOTN	1	
SULFADIAZINE	TABS	2	
<i>sulfamethoxazole /trimethoprim</i>	SUSPENSION	1	
<i>sulfamethoxazole /trimethoprim</i>	TABS	1	
SULFAMETHOXAZOLE /TRIMETHOPRIM	SOLUTION	5	
<i>sulfamethoxazole/trimethoprim ds</i>	TABS	1	
<i>sulfatrim</i>	SUSPENSION	1	
<i>trimethoprim/sulfamethoxazole ds</i>	TABS	1	
<b>Tetracyclines</b>			
ADOXA PAK 1/100	TABS	3	
ADOXA PAK 1/150	TABS	2	
ADOXA PAK 1/75	TABS	3	
ADOXA PAK 2/100	TABS	3	
ADOXA	TABS	3	
ARESTIN	MISC	2	
ATRIDOX	KIT	5	
DECLOMYCIN	TABS	3	
<i>demeclocycline hcl</i>	TABS	1	
DORYX	ENTERIC COATED	2	
<i>doxy-caps</i>	CAPS	1	
<i>doxycycline hyclate</i>	CAPS	1	
<i>doxycycline hyclate</i>	TABS	1	
DOXYCYCLINE HYCLATE	CAPS	2	
DOXYCYCLINE HYCLATE	SOLUTION	5	
<i>doxycycline monohydrate</i>	CAPS	1	
<i>doxycycline monohydrate</i>	TABS	1	
<i>dynacin</i>	CAPS	1	
DYNACIN	CAPS	2	
DYNACIN	TABS	2	
MINOCIN	CAPS	3	
<i>minocycline hcl</i>	CAPS	1	
<i>minocycline hcl</i>	TABS	1	
MONODOX	CAPS	2	
<i>myrac</i>	TABS	1	
ORACEA	CONT.REL.CAPS	2	
SUMYCIN	SYRUP	2	
SUMYCIN	TABS	2	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>tetracycline hcl</i>	CAPS	1	
VIBRAMYCIN	CAPS	2	
VIBRAMYCIN	SUSPENSION	2	
VIBRAMYCIN	SYRUP	2	
VIBRATAB	TABS	2	
<b>Anticonvulsants</b>			
<b><i>Anticonvulsants, Other</i></b>			
KEPPRA	SOLUTION	2	
KEPPRA	TABS	2	
<b><i>Calcium Channel Modifying Agents</i></b>			
CELONTIN	CAPS	2	
<i>ethosuximide</i>	CAPS	1	
<i>ethosuximide</i>	SOLUTION	1	
LYRICA	CAPS	2	ST
ZARONTIN	CAPS	3	
ZARONTIN	SOLUTION	3	
<b><i>Gamma-aminobutyric Acid (GABA) Augmenting Agents</i></b>			
DEPACON	SOLUTION	5	
DEPAKENE	CAPS	2	
DEPAKENE	SYRUP	2	
DEPAKOTE ER	CONT.REL.TABS	2	
DEPAKOTE SPRINKLES	CPSP	2	
DEPAKOTE	ENTERIC COATED	2	
<i>gabapentin</i>	CAPS	1	
<i>gabapentin</i>	TABS	1	
GABITRIL	TABS	2	
MYSOLINE	TABS	3	
NEURONTIN	CAPS	3	
NEURONTIN	SOLUTION	3	
NEURONTIN	TABS	3	
<i>primidone</i>	TABS	1	
VALPROATE SODIUM	SOLUTION	5	
<i>valproic acid</i>	CAPS	1	
<i>valproic acid</i>	SYRUP	1	
ZONEGRAN	CAPS	3	
<i>zonisamide</i>	CAPS	1	
<b><i>Glutamate Reducing Agents</i></b>			
FELBATOL	SUSPENSION	2	
FELBATOL	TABS	2	
LAMICTAL CHEWABLE DISPERSIBLE	TABS	3	
LAMICTAL STARTER/TAKING VALPROATE	KIT	2	
LAMICTAL	TABS	2	
<i>lamotrigine chewable dispersible</i>	TABS	1	
TOPAMAX SPRINKLE	CPSP	2	
TOPAMAX	TABS	2	
<b><i>Sodium Channel Inhibitors</i></b>			
<i>carbamazepine</i>	CHEW	1	
<i>carbamazepine</i>	SUSPENSION	1	
<i>carbamazepine</i>	TABS	1	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
CARBATROL	CONT.REL.TABS	2	
DILANTIN INFATABS	CHEW	2	
DILANTIN	CAPS	2	
DILANTIN	CAPS	3	
DILANTIN	SUSPENSION	3	
<i>epitol</i>	TABS	1	
EQUETRO	CONT.REL.TABS	2	
FOSPHENYTOIN SODIUM	SOLUTION	5	
<i>oxcarbazepine</i>	TABS	1	
PEGANONE	TABS	2	
PHENYTEK	CAPS	2	
<i>phenytoin sodium extended</i>	CAPS	1	
PHENYTOIN SODIUM	SOLUTION	5	
<i>phenytoin</i>	SUSPENSION	1	
TEGRETOL	CHEW	3	
TEGRETOL	SUSPENSION	3	
TEGRETOL	TABS	3	
TEGRETOL-XR	CONT.REL.TABS	3	
TRILEPTAL	SUSPENSION	2	
TRILEPTAL	TABS	2	
<b>Antidementia Agents</b>			
<b>Antidementia Agents, Other</b>			
<i>ergoloid mesylates</i>	TABS	1	
<b>Cholinesterase Inhibitors</b>			
ARICEPT ODT	TABS	2	
ARICEPT	TABS	2	
COGNEX	CAPS	2	
EXELON	CAPS	2	
EXELON	PATCH	2	QL
EXELON	SOLUTION	2	
RAZADYNE ER	CONT.REL.TABS	2	
RAZADYNE	SOLUTION	2	
RAZADYNE	TABS	2	
<b>Glutamate Pathway Modifiers</b>			
NAMENDA TITRATION PAK	TABS	2	
NAMENDA	SOLUTION	2	
NAMENDA	TABS	2	
<b>Antidepressants</b>			
<b>Antidepressants, Other</b>			
<i>budeprion sr</i>	CONT.REL.TABS	1	
<i>budeprion xl</i>	CONT.REL.TABS	1	
<i>bupropion hcl sr</i>	CONT.REL.TABS	1	
<i>bupropion hcl</i>	TABS	1	
EFFEXOR XR	CONT.REL.TABS	2	
EFFEXOR	TABS	3	
<i>mirtazapine odt</i>	TABS	1	
<i>mirtazapine</i>	TABS	1	
<i>mirtazapine</i>	TABS	1	
<i>nefazodone hcl</i>	TABS	1	PA

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
REMERON SOLTAB	TABS	3	
REMERON	TABS	3	
<i>trazodone hcl</i>	TABS	1	
<i>venlafaxine hcl</i>	TABS	1	
WELLBUTRIN SR	CONT.REL.TABS	3	
WELLBUTRIN XL	CONT.REL.TABS	3	
WELLBUTRIN	TABS	3	
<b>Monoamine Oxidase Inhibitors</b>			
EMSAM	PATCH	2	
MARPLAN	TABS	2	
NARDIL	TABS	2	
PARNATE	TABS	2	
<i>tranylcypromine sulfate</i>	TABS	1	
<b>Serotonin/ Norepinephrine Reuptake Inhibitors</b>			
CELEXA	SOLUTION	3	
CELEXA	TABS	3	
<i>citalopram hydrobromide</i>	SOLUTION	1	
<i>citalopram hydrobromide</i>	TABS	1	
CYMBALTA	CAPS	3	
<i>fluoxetine hcl</i>	CAPS	1	
<i>fluoxetine hcl</i>	SOLUTION	1	
<i>fluoxetine hcl</i>	TABS	1	
<i>fluvoxamine maleate</i>	TABS	1	
LEXAPRO	SOLUTION	2	
LEXAPRO	TABS	2	
<i>paroxetine hcl</i>	SUSPENSION	1	
<i>paroxetine hcl</i>	TABS	1	
PAXIL	SUSPENSION	3	
PAXIL	TABS	3	
PROZAC	CAPS	3	
PROZAC	SOLUTION	3	
PROZAC	TABS	3	
RAPIFLUX	TABS	2	
SARAFEM	CAPS	2	
<i>sertraline hcl</i>	SOLUTION	1	
<i>sertraline hcl</i>	TABS	1	
<i>sertraline hydrochloride</i>	SOLUTION	1	
ZOLOFT	SOLUTION	3	
ZOLOFT	TABS	3	
<b>Tricyclics</b>			
<i>amitriptyline /chlordiazepoxide</i>	TABS	1	
<i>amitriptyline hcl</i>	TABS	1	
AMOXAPINE	TABS	2	
ANAFRANIL	CAPS	3	
<i>chlordiazepoxide /amitriptyline</i>	TABS	1	
<i>clomipramine hcl</i>	CAPS	1	
<i>desipramine hcl</i>	TABS	1	
<i>doxepin hcl</i>	CAPS	1	
<i>doxepin hcl</i>	SOLUTION	1	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>imipramine hcl</i>	TABS	1	
LIMBITROL DS	TABS	3	
LIMBITROL	TABS	3	
<i>maprotiline hcl</i>	TABS	1	
MAPROTILINE HCL	TABS	2	
NORPRAMIN	TABS	2	
<i>nortriptyline hcl</i>	CAPS	1	
<i>nortriptyline hcl</i>	SOLUTION	1	
PAMELOR	CAPS	3	
PAMELOR	SOLUTION	3	
PERPHENAZINE /AMITRIPTYLINE	TABS	2	
SURMONTIL	CAPS	2	
SURMONTIL	CAPS	3	
TOFRANIL	TABS	3	
TOFRANIL-PM	CAPS	2	
<i>trimipramine maleate</i>	CAPS	1	
VIVACTIL	TABS	2	
<b>Antidotes, Deterrents, and Toxicologic Agents</b>			
<b>Antidotes</b>			
ANTIZOL	SOLUTION	5	
CHEMET	CAPS	2	
CUPRIMINE	CAPS	2	
DEPEN TITRATABS	TABS	2	
EXJADE	TABS	3	PA
FOMEPIZOLE	SOLUTION	5	
KAYEXALATE	POWDER	3	
<i>kionex</i>	POWDER	1	
<i>sodium polystyrene sulfonate</i>	SUSPENSION	1	
<i>sps</i>	SUSPENSION	1	
SYPRINE	CAPS	2	
<b>Deterrents</b>			
ANTABUSE	TABS	2	
<i>buproban</i>	CONT.REL.TABS	1	
CAMPRAL	ENTERIC COATED	2	
CHANTIX	MISC	2	QL
CHANTIX	TABS	2	QL
<i>depade</i>	TABS	1	
NICOTROL INHALER	INHA	2	
NICOTROL NS	SOLUTION	2	
RE VIA	TABS	3	
ZYBAN	CONT.REL.TABS	3	
<b>Toxicologic Agents</b>			
NALOXONE HCL	SOLUTION	5	
<i>naltrexone hcl</i>	TABS	1	
NARCAN	SOLUTION	5	
RE VEX	SOLUTION	5	
SUBOXONE	SUBLINGUAL	2	
<b>Antiemetics</b>			
ALOXI	SOLUTION	5	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
ANZEMET	TABS	2	PA
ANZEMET	SOLUTION	5	PA
<i>compro</i>	SUPP	1	
EMEND	CAPS	2	PA
EMEND	MISC	2	PA
<i>granisetron hcl</i>	TABS	1	PA
GRANISETRON HCL	SOLUTION	5	
<i>granisol</i>	SOLUTION	1	PA
KYTRIL	SOLUTION	2	PA
KYTRIL	TABS	2	PA
KYTRIL	SOLUTION	5	
MARINOL	CAPS	2	
<i>metoclopramide hcl</i>	TABS	1	
<i>ondansetron hcl</i>	SOLUTION	1	PA
<i>ondansetron hcl</i>	TABS	1	PA
ONDANSETRON HCL	TABS	2	PA
ONDANSETRON HCL	SOLUTION	5	
<i>ondansetron odt</i>	TABS	1	PA
<i>phenadoz</i>	SUPP	1	
PHENERGAN	SOLUTION	5	
PROCHLORPERAZINE EDISYLATE	SOLUTION	5	
<i>prochlorperazine maleate</i>	TABS	1	
<i>prochlorperazine</i>	SUPP	1	
<i>promethazine hcl plain</i>	SYRUP	1	
<i>promethazine hcl</i>	SUPP	1	
<i>promethazine hcl</i>	SYRUP	1	
<i>promethazine hcl</i>	TABS	1	
PROMETHAZINE HCL	SOLUTION	5	
<i>promethegan</i>	SUPP	1	
TIGAN	CAPS	3	PA
TIGAN	SOLUTION	5	
TRANSDERM-SCOP	PATCH	2	
<i>trimethobenzamide hcl</i>	CAPS	1	PA
TRIMETHOBENZAMIDE HCL	SOLUTION	5	
ZOFRAN ODT	TABS	3	PA
ZOFRAN	SOLUTION	3	PA
ZOFRAN	TABS	3	PA
ZOFRAN	SOLUTION	5	
<b>Antifungals</b>			
ABELCET	SUSPENSION	5	PA
AMBISOME	SUSPENSION	5	PA
AMPHOCIN	SOLUTION	5	PA
AMPHOTEC	SUSPENSION	5	PA
AMPHOTERICIN B	SOLUTION	5	PA
ANCOBON	CAPS	2	
BIO-STATIN	CAPS	2	
CANCIDAS	SOLUTION	5	
<i>ciclopirox olamine</i>	CREAM	1	
<i>ciclopirox</i>	SUSPENSION	1	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>clotrimazole/betamethasone dipropionate</i>	CREAM	1	
<i>clotrimazole/betamethasone dipropionate</i>	LOTN	1	
<i>clotrimazole</i>	CREAM	1	
<i>clotrimazole</i>	LOZG	1	
<i>clotrimazole</i>	SOLUTION	1	
<i>clotrimazole</i>	TROC	1	
DIFLUCAN IN ISO-OSMOTIC DEXTROSE	SOLUTION	5	
DIFLUCAN IN NACL	SOLUTION	5	
DIFLUCAN	SUSPENSION	3	
DIFLUCAN	TABS	3	
<i>econazole nitrate</i>	CREAM	1	
ERAXIS	SOLUTION	5	
ERTACZO	CREAM	2	
EXELDERM	CREAM	2	
EXELDERM	SOLUTION	2	
FLUCONAZOLE IN DEXTROSE	SOLUTION	5	
FLUCONAZOLE IN NACL	SOLUTION	5	
<i>fluconazole</i>	SUSPENSION	1	
<i>fluconazole</i>	TABS	1	
GRIFULVIN V	SUSPENSION	3	
GRIFULVIN V	TABS	3	
<i>griseofulvin microsize</i>	SUSPENSION	1	
GRIS-PEG	TABS	2	
<i>itraconazole</i>	CAPS	1	
<i>ketoconazole</i>	CREAM	1	
<i>ketoconazole</i>	SHAM	1	
<i>ketoconazole</i>	TABS	1	
<i>kuric</i>	CREAM	1	
LAMISIL	SOLUTION	2	
LAMISIL	PACK	3	
LAMISIL	TABS	3	
LOPROX SHAMPOO	SHAM	3	
LOPROX	CREAM	3	
LOPROX	GEL	3	
LOPROX	SUSPENSION	3	
LOTRISONE	CREAM	3	
LOTRISONE	LOTN	3	
MENTAX	CREAM	2	
<i>miconazole 3</i>	SUPP	1	
MYCAMINE	SOLUTION	4	
MYCELEX	TROC	3	
MYCOSTATIN	CREAM	3	
MYCOSTATIN	POWDER	3	
NAFTIN	CREAM	2	
NAFTIN	GEL	2	
NAFTIN-MP	CREAM	2	
NIZORAL	SHAM	3	
NIZORAL	TABS	3	
NOXAFIL	SUSPENSION	2	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>nyamyc</i>	POWDER	1	
NYSTATIN VAGINAL	TABS	2	
<i>nystatin/triamcinolone</i>	CREAM	1	
<i>nystatin/triamcinolone</i>	OINTMENT	1	
<i>nystatin</i>	CREAM	1	
<i>nystatin</i>	OINTMENT	1	
<i>nystatin</i>	POWDER	1	
<i>nystatin</i>	SUSPENSION	1	
<i>nystatin</i>	TABS	1	
<i>nystop</i>	POWDER	1	
OXISTAT	CREAM	2	
OXISTAT	LOTN	2	
<i>pedi-dri</i>	POWDER	1	
PENLAC NAIL LACQUER	SOLUTION	2	
SELSUN SHAMPOO	LOTN	2	
SPORANOX PULSEPAK	CAPS	3	
SPORANOX	SOLUTION	2	
SPORANOX	CAPS	3	
TERAZOL 3	CREAM	3	
TERAZOL 3	SUPP	3	
TERAZOL 7	CREAM	3	
<i>terbinafine hcl</i>	TABS	1	
<i>terconazole</i>	CREAM	1	
VFEND IV	SOLUTION	5	
VFEND	SUSPENSION	4	
VFEND	TABS	4	
<i>zazole</i>	CREAM	1	
<i>zazole</i>	SUPP	1	
<b>Antigout Agents</b>			
ALLOPURINOL SODIUM	SOLUTION	5	
<i>allopurinol</i>	TABS	1	
ALOPRIM	SOLUTION	5	
<i>colchicine</i>	TABS	1	
<i>probenecid/colchicine</i>	TABS	1	
<i>probenecid</i>	TABS	1	
ZYLOPRIM	TABS	3	
<b>Anti-inflammatory Agents</b>			
<b>Nonsteroidal Anti-inflammatory Drugs</b>			
ANAPROX DS	TABS	3	
ANAPROX	TABS	3	
ANSAID	TABS	3	
ARTHROTEC 50	TABS	3	
ARTHROTEC 75	TABS	3	
CATAFLAM	TABS	3	
CELEBREX	CAPS	3	
CLINORIL	TABS	2	
DAYPRO	TABS	2	
<i>diclofenac potassium</i>	TABS	1	
<i>diclofenac sodium dr</i>	ENTERIC COATED	1	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>diclofenac sodium ec</i>	ENTERIC COATED	1	
<i>diclofenac sodium er</i>	CONT.REL.TABS	1	
<i>diclofenac sodium xr</i>	CONT.REL.TABS	1	
<i>diclofenac sodium</i>	ENTERIC COATED	1	
DIFLUNISAL	TABS	2	
EC-NAPROSYN	ENTERIC COATED	2	
<i>etodolac er</i>	CONT.REL.TABS	1	
<i>etodolac</i>	CAPS	1	
<i>etodolac</i>	TABS	1	
FELDENE	CAPS	3	
<i>fenoprofen calcium</i>	TABS	1	
<i>flurbiprofen</i>	TABS	1	
<i>ibuprofen</i>	SUSPENSION	1	
<i>ibuprofen</i>	TABS	1	
INDOCIN SR	CONT.REL.CAPS	3	
INDOCIN	SUSPENSION	2	
<i>indomethacin er</i>	CONT.REL.CAPS	1	
<i>indomethacin</i>	CAPS	1	
<i>ketoprofen er</i>	CONT.REL.TABS	1	
<i>ketoprofen</i>	CAPS	1	
<i>ketorolac tromethamine</i>	TABS	1	
KETOROLAC TROMETHAMINE	SOLUTION	5	
MECLOFENAMATE SODIUM	CAPS	2	
<i>meloxicam</i>	TABS	1	
MELOXICAM	SUSPENSION	2	
MOBIC	SUSPENSION	3	
MOBIC	TABS	3	
MOTRIN	TABS	3	
<i>nabumetone</i>	TABS	1	
NALFON	CAPS	2	
NAPRELAN	CONT.REL.TABS	3	
NAPROSYN	SUSPENSION	3	
NAPROSYN	TABS	3	
<i>naproxen dr</i>	ENTERIC COATED	1	
<i>naproxen sodium</i>	TABS	1	
<i>naproxen sodium</i>	CONT.REL.TABS	1	
<i>naproxen</i>	SUSPENSION	1	
<i>naproxen</i>	TABS	1	
<i>oxaprozin</i>	TABS	1	
<i>piroxicam</i>	CAPS	1	
PONSTEL	CAPS	3	
PREVACID NAPRAPAC	KIT	3	
<i>sulindac</i>	TABS	1	
<i>tolmetin sodium</i>	CAPS	1	
TOLMETIN SODIUM	TABS	2	
VOLTAREN	ENTERIC COATED	3	
VOLTAREN-XR	CONT.REL.TABS	3	

## Antimigraine Agents

### Abortive

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
AMERGE	TABS	3	QL
AXERT	TABS	3	QL
CAFERGOT	TABS	3	
D.H.E. 45	SOLUTION	5	
DIHYDROERGOTAMINE MESYLATE	SOLUTION	5	
ERGOMAR	SUBLINGUAL	2	
<i>ergotamine tartrate/caffeine</i>	TABS	1	
FROVA	TABS	3	QL
IMITREX STATDOSE REFILL	KIT	5	
IMITREX STATDOSE SYSTEM	KIT	5	
IMITREX	SOLUTION	2	
IMITREX	TABS	2	QL
IMITREX	SOLUTION	5	
MAXALT	TABS	2	QL
MAXALT-MLT	TABS	2	QL
MIGERGOT	SUPP	2	
MIGRANAL	SOLUTION	2	
RELPAK	TABS	3	QL
ZOMIG ZMT	TABS	3	QL
ZOMIG	SOLUTION	3	
ZOMIG	TABS	3	QL

### Antimyasthenic Agents

#### *Parasympathomimetics*

<i>bethanechol chloride</i>	TABS	1	
ENLON-PLUS	SOLUTION	5	
GUANIDINE HCL	TABS	2	
MESTINON TIMESPAN	CONT.REL.TABS	2	
MESTINON	SYRUP	2	
MESTINON	TABS	3	
MYTELASE	TABS	2	
<i>pyridostigmine bromide</i>	TABS	1	
REGONOL	SOLUTION	5	

### Antimycobacterials

#### *Antimycobacterials, Other*

DAPSONE	TABS	2	
MYCOBUTIN	CAPS	2	

#### *Antituberculars*

CAPASTAT SULFATE	SOLUTION	5	
<i>ethambutol hcl</i>	TABS	1	
ISONARIF	CAPS	2	
<i>isoniazid</i>	TABS	1	
ISONIAZID	SYRUP	2	
MYAMBUTOL	TABS	2	
NYDRAZID	SOLUTION	5	
PRIFTIN	TABS	2	
<i>pyrazinamide</i>	TABS	1	
RIFADIN	CAPS	3	
RIFADIN	SOLUTION	5	
RIFAMATE	CAPS	2	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>rifampin</i>	CAPS	1	
RIFAMPIN	SOLUTION	5	
RIFATER	TABS	2	
SEROMYCIN	CAPS	2	
TRECTOR	TABS	2	
<b>Antineoplastics</b>			
<b><i>Alkylating Agents</i></b>			
ALKERAN	SOLUTION	5	PA
BICNU	SOLUTION	5	
BUSULFEX	SOLUTION	5	
CEENU	CAPS	2	
HEXALEN	CAPS	2	
LEUKERAN	TABS	2	
MATULANE	CAPS	2	
MUSTARGEN	SOLUTION	5	
THIOTEPA	SOLUTION	5	
ZANOSAR	SOLUTION	5	
<b><i>Antiangiogenic Agents</i></b>			
REVLIMID	CAPS	4	PA
THALOMID	CAPS	4	
<b><i>Antiestrogens/Modifiers</i></b>			
FASLODEX	SOLUTION	5	PA
<b><i>Antiestrogens/Modifiers</i></b>			
EMCYT	CAPS	2	
FARESTON	TABS	2	
SOLTAMOX	SOLUTION	2	
<i>tamoxifen citrate</i>	TABS	1	
<b><i>Antimetabolites</i></b>			
ALIMTA	SOLUTION	5	
CLADRIBINE	SOLUTION	5	PA
DROXIA	CAPS	2	
ELITEK	SOLUTION	5	
FLOXURIDINE	SOLUTION	5	PA
FLUDARA	SOLUTION	5	
FLUDARABINE PHOSPHATE	SOLUTION	5	
FLUDARABINE PHOSPHATE	SOLUTION	5	
FLUOROURACIL	SOLUTION	5	PA
FUDR	SOLUTION	5	PA
GEMZAR	SOLUTION	5	
HYDREA	CAPS	2	
<i>hydroxyurea</i>	CAPS	1	
LEUSTATIN	SOLUTION	5	PA
<i>mercaptopurine</i>	TABS	1	
NIPENT	SOLUTION	5	
PURINETHOL	TABS	3	
TABLOID	TABS	2	
<b><i>Antineoplastics, Other</i></b>			
ABRAXANE	SUSPENSION	5	
<i>amifostine</i>	SOLUTION	5	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
ARRANON	SOLUTION	5	
AVASTIN	SOLUTION	4	PA
BLENOXANE	SOLUTION	5	
BLEOMYCIN SULFATE	SOLUTION	5	
CAMPTOSAR	SOLUTION	5	
CARBOPLATIN	SOLUTION	5	
CARBOPLATIN	SOLUTION	5	
CERUBIDINE	SOLUTION	5	
CISPLATIN	SOLUTION	5	
CLOLAR	SOLUTION	5	
COSMEGEN	SOLUTION	5	
CYCLOPHOSPHAMIDE	SOLUTION	5	PA
CYCLOPHOSPHAMIDE	TABS	5	PA
CYTOXAN	SOLUTION	5	PA
CYTOXAN	TABS	5	PA
DACARBAZINE	SOLUTION	5	
DACOGEN	SOLUTION	5	
DAUNORUBICIN HCL	INJ	5	
DAUNORUBICIN HCL	SOLUTION	5	
DAUNOXOME	INJ	5	
DTIC-DOME	SOLUTION	5	
ELLENC	SOLUTION	5	
ELOXATIN	SOLUTION	5	
ELSPAR	SOLUTION	5	
EPIRUBICIN HCL	SOLUTION	5	
EPIRUBICIN HCL	SOLUTION	5	
ETHYOL	SOLUTION	5	
ETOPOPHOS	SOLUTION	5	
ETOPOSIDE	SOLUTION	5	
HYCAMTIN	SOLUTION	5	
IDAMYCIN PFS	SOLUTION	5	
IDARUBICIN HCL	SOLUTION	5	
IFEX/MESNEX COMBO PACK	KIT	5	
IFEX	SOLUTION	5	
IFOSFAMIDE/MESNA	KIT	5	
IFOSFAMIDE	SOLUTION	5	
IFOSFAMIDE	SOLUTION	5	
IRINOTECAN	SOLUTION	5	
MESNA	SOLUTION	5	
MESNEX	TABS	2	
MESNEX	SOLUTION	5	
MITOMYCIN	SOLUTION	5	
MUTAMYCIN	SOLUTION	5	
NAVELBINE	SOLUTION	5	
NOVANTRONE	SOLUTION	5	
ONCASPAR	SOLUTION	5	
ONTAK	SOLUTION	5	
ONXOL	SOLUTION	5	
PACLITAXEL	SOLUTION	5	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
PARAPLATIN	SOLUTION	5	
PARAPLATIN	SOLUTION	5	
PENTOSTATIN	SOLUTION	5	
PHOTOFRIN	SOLUTION	5	
PLATINOL AQ	SOLUTION	5	
PLENAXIS	SUSPENSION	4	
PROLEUKIN	SOLUTION	5	
TAXOL	SOLUTION	5	
TAXOTERE	SOLUTION	5	
TOPOSAR	SOLUTION	5	
TORISEL	SOLUTION	5	PA
TRISENOX	SOLUTION	5	
TYKERB	TABS	4	PA
VELCADE	SOLUTION	5	
VIDAZA	SUSPENSION	5	
VINORELBINE TARTRATE	SOLUTION	5	
ZOLINZA	CAPS	4	PA
<b>Aromatase Inhibitors, 3rd Generation</b>			
ARIMIDEX	TABS	2	
AROMASIN	TABS	2	
FEMARA	TABS	2	
<b>Molecular Target Inhibitors</b>			
TASIGNA	CAPS	4	PA
<b>Molecular Target Inhibitors</b>			
GLEEVEC	TABS	4	PA
IRESSA	TABS	4	PA
NEXAVAR	TABS	4	PA
SPRYCEL	TABS	4	PA
SUTENT	CAPS	4	PA
TARCEVA	TABS	4	PA
<b>Monoclonal Antibodies</b>			
CAMPATH	SOLUTION	5	
ERBITUX	SOLUTION	5	PA
HERCEPTIN	SOLUTION	5	
MYLOTARG	SOLUTION	5	
VECTIBIX	SOLUTION	5	PA
<b>Monoclonal Antibodies</b>			
RITUXAN	SOLUTION	5	
<b>Retinoids</b>			
PANRETIN	GEL	2	
TARGRETIN	CAPS	4	
TARGRETIN	GEL	4	
<i>tretinoin</i>	CAPS	1	
VESANOID	CAPS	4	
<b>Antiparasitics</b>			
<b>Anthelmintics</b>			
ALBENZA	TABS	2	
BILTRICIDE	TABS	2	
<i>mebendazole</i>	CHEW	1	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
MINTEZOL	CHEW	2	
MINTEZOL	SUSPENSION	2	
STROMECTOL	TABS	2	
<b>Antiprotozoals</b>			
ALINIA	SUSPENSION	2	
ALINIA	TABS	2	
ARALEN	TABS	3	
<i>chloroquine phosphate</i>	TABS	1	
DARAPRIM	TABS	2	
FANSIDAR	TABS	2	
<i>hydroxychloroquine sulfate</i>	TABS	1	
LARIAM	TABS	2	
MALARONE	TABS	2	
<i>mefloquine hcl</i>	TABS	1	
MEPRON	SUSPENSION	4	
NEBUPENT	SOLUTION	2	
PENTAM 300	SOLUTION	5	
PENTAMIDINE ISETHIONATE	SOLUTION	5	
PLAQUENIL	TABS	3	
PRIMAQUINE PHOSPHATE	TABS	2	
QUALAQUIN	CAPS	2	
TINDAMAX	TABS	2	
<b>Pediculicides/ Scabicides</b>			
<i>acticin</i>	CREAM	1	
ELIMITE	CREAM	2	
EURAX	CREAM	2	
EURAX	LOTN	2	
<i>lindane</i>	LOTN	1	
<i>lindane</i>	SHAM	1	
OVIDE	LOTN	2	
<i>permethrin</i>	CREAM	1	
<b>Antiparkinson Agents</b>			
AKINETON	TABS	2	
<i>amantadine hcl</i>	CAPS	1	
<i>amantadine hcl</i>	SYRUP	1	
<i>amantadine hcl</i>	TABS	1	
APOKYN	SOLUTION	5	PA
<i>atamet</i>	TABS	1	
AZILECT	TABS	2	
<i>benztropine mesylate</i>	TABS	1	
<i>bromocriptine mesylate</i>	CAPS	1	
<i>bromocriptine mesylate</i>	TABS	1	
<i>carbidopa/levodopa cr</i>	CONT.REL.TABS	1	
<i>carbidopa/levodopa er</i>	CONT.REL.TABS	1	
<i>carbidopa/levodopa sr</i>	CONT.REL.TABS	1	
<i>carbidopa/levodopa</i>	TABS	1	
COGENTIN	SOLUTION	5	
COMTAN	TABS	2	
ELDEPRYL	CAPS	3	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
KEMADRIN	TABS	2	
LODOSYN	TABS	2	
MIRAPEX	TABS	2	
PARCOPA	TABS	2	
PARLODEL	CAPS	3	
PARLODEL	TABS	3	
REQUIP	TABS	2	
<i>ropinirole hcl</i>	TABS	1	
<i>selegiline hcl</i>	CAPS	1	
<i>selegiline hcl</i>	TABS	1	
SINEMET CR	CONT.REL.TABS	3	
SINEMET	TABS	3	
STALEVO 100	TABS	2	
STALEVO 150	TABS	2	
STALEVO 200	TABS	2	
STALEVO 50	TABS	2	
SYMMETREL	TABS	3	
TASMAR	TABS	2	
<i>trihexyphenidyl hcl</i>	ELIX	1	
<i>trihexyphenidyl hcl</i>	TABS	1	

## Antipsychotics

### Atypicals

ABILIFY DISCMELT	TABS	2	
ABILIFY	SOLUTION	2	
ABILIFY	TABS	2	
ABILIFY	SOLUTION	5	
<i>clozapine</i>	TABS	1	
CLOZAPINE	TABS	2	
CLOZARIL	TABS	2	
FAZACLO	TABS	2	
GEODON	CAPS	2	
GEODON	SOLUTION	5	
INVEGA	CONT.REL.TABS	2	
RISPERDAL CONSTA	SUSPENSION	5	
RISPERDAL M-TAB	TABS	2	
RISPERDAL	SOLUTION	2	
RISPERDAL	TABS	2	
SEROQUEL XR	CONT.REL.TABS	2	
SEROQUEL	TABS	2	
SYMBYAX	CAPS	2	
ZYPREXA ZYDIS	TABS	2	
ZYPREXA	TABS	2	
ZYPREXA	SOLUTION	5	

### Conventional

<i>chlorpromazine hcl</i>	TABS	1	
CHLORPROMAZINE HCL	SOLUTION	5	
FLUPHENAZINE DECANOATE	SOLUTION	5	
<i>fluphenazine hcl</i>	TABS	1	
FLUPHENAZINE HCL	SOLUTION	2	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
FLUPHENAZINE HCL	ELIX	2	
FLUPHENAZINE HCL	SOLUTION	5	
HALDOL DECANOATE-100	SOLUTION	5	
HALDOL DECANOATE-50	SOLUTION	5	
HALDOL	SOLUTION	5	
HALOPERIDOL DECANOATE	SOLUTION	5	
HALOPERIDOL LACTATE	SOLUTION	5	
<i>haloperidol</i>	SOLUTION	1	
<i>haloperidol</i>	TABS	1	
HALOPERIDOL	TABS	2	
<i>loxapine succinate</i>	CAPS	1	
LOXITANE	CAPS	2	
MOBAN	TABS	2	
NAVANE	CAPS	2	
ORAP	TABS	2	
<i>perphenazine</i>	TABS	1	
<i>thioridazine hcl</i>	TABS	1	
<i>thiothixene</i>	CAPS	1	
<i>trifluoperazine hcl</i>	TABS	1	
<b>Antispasticity Agents</b>			
<i>baclofen</i>	TABS	1	
DANTRIUM	CAPS	3	
<i>dantrolene sodium</i>	CAPS	1	
<i>tizanidine hcl</i>	TABS	1	
ZANAFLEX	CAPS	2	
ZANAFLEX	TABS	2	
<b>Antivirals</b>			
ISENTRESS	TABS	2	
SELZENTRY	TABS	2	
<b>Anti-cytomegalovirus (CMV) Agents</b>			
CYTOVENE	SOLUTION	5	PA
GANCICLOVIR	CAPS	4	PA
VALCYTE	TABS	4	
VISTIDE	SOLUTION	5	
<b>Antihepatitis Agents</b>			
BARACLUDE	TABS	2	
BARACLUDE	SOLUTION	5	
COPEGUS	TABS	4	
HEPSERA	TABS	2	
REBETOL	CAPS	4	
REBETOL	SOLUTION	4	
RIBAPAK	MISC	4	
RIBAPAK	TABS	4	
RIBASPHERE	CAPS	4	
RIBASPHERE	TABS	4	
RIBATAB	MISC	4	
RIBATAB	TABS	4	
RIBAVIRIN	CAPS	4	
RIBAVIRIN	TABS	4	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
TYZEKA	TABS	2	
VIRAZOLE	SOLUTION	2	
<b>Antiherpetic Agents</b>			
ACYCLOVIR SODIUM	SOLUTION	5	PA
ACYCLOVIR SODIUM	SOLUTION	5	PA
<i>acyclovir</i>	CAPS	1	
<i>acyclovir</i>	SUSPENSION	1	
<i>acyclovir</i>	TABS	1	
DENAVIR	CREAM	2	
<i>famciclovir</i>	TABS	1	
FAMVIR	TABS	2	
VALTREX	TABS	2	
ZOVIRAX	CREAM	2	
ZOVIRAX	OINTMENT	2	
ZOVIRAX	CAPS	3	
ZOVIRAX	SUSPENSION	3	
ZOVIRAX	TABS	3	
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors</b>			
RESCRIPTOR	TABS	2	
SUSTIVA	CAPS	2	
SUSTIVA	TABS	2	
VIRAMUNE	SUSPENSION	2	
VIRAMUNE	TABS	2	
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors</b>			
ATRIPLA	TABS	2	
COMBIVIR	TABS	2	
<i>didanosine</i>	CONT.REL.CAPS	1	
EMTRIVA	CAPS	2	
EMTRIVA	SOLUTION	5	
EPIVIR HBV	SOLUTION	2	
EPIVIR HBV	TABS	2	
EPIVIR	SOLUTION	2	
EPIVIR	TABS	2	
EPZICOM	TABS	2	
RETROVIR IV INFUSION	SOLUTION	5	
RETROVIR	CAPS	3	
RETROVIR	SYRUP	3	
RETROVIR	TABS	3	
TRIZIVIR	TABS	4	
TRUVADA	TABS	2	
VIDEX EC	CONT.REL.CAPS	3	
VIDEX PEDIATRIC	SOLUTION	2	
VIREAD	TABS	2	
ZERIT	CAPS	2	
ZERIT	SOLUTION	2	
ZIAGEN	SOLUTION	2	
ZIAGEN	TABS	2	
<i>zidovudine</i>	CAPS	1	
<i>zidovudine</i>	SYRUP	1	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>zidovudine</i>	TABS	1	
<b>Anti-HIV Agents, Protease Inhibitors</b>			
AGENERASE	CAPS	2	
AGENERASE	SOLUTION	2	
APTIVUS	CAPS	2	
CRIXIVAN	CAPS	2	
INVIRASE	CAPS	2	
INVIRASE	TABS	2	
KALETRA	CAPS	2	
KALETRA	SOLUTION	2	
KALETRA	TABS	2	
LEXIVA	SUSPENSION	4	
LEXIVA	TABS	4	
NORVIR	CAPS	2	
NORVIR	SOLUTION	2	
PREZISTA	TABS	2	
REYATAZ	CAPS	2	
VIRACEPT	POWDER	2	
VIRACEPT	TABS	2	
<b>Anti-human Immunodeficiency Virus (HIV) Agents, Fusion Inhibitors</b>			
FUZEON	KIT	5	
<b>Anti-influenza Agents</b>			
FLUMADINE	SYRUP	2	
FLUMADINE	TABS	3	
RELENZA DISKHALER	AEROSOL	2	
<i>rimantadine hcl</i>	TABS	1	
TAMIFLU	CAPS	2	
TAMIFLU	SUSPENSION	2	
<b>Anxiolytics</b>			
BUSPAR	TABS	3	
<i>buspirone hcl</i>	TABS	1	
<i>chlordiazepoxide /amitriptyline</i>	TABS	1	
MEPROBAMATE	TABS	2	
VANSPAR	TABS	2	
<b>Bipolar Agents</b>			
<i>lithium carbonate er</i>	CONT.REL.TABS	1	
<i>lithium carbonate</i>	CAPS	1	
LITHIUM CARBONATE	CAPS	2	
LITHIUM CARBONATE	TABS	2	
<i>lithium citrate</i>	SYRUP	1	
LITHOBID	CONT.REL.TABS	3	
SYMBYAX	CAPS	2	
<b>Blood Glucose Regulators</b>			
<b>Antidiabetic Agents</b>			
<i>acarbose</i>	TABS	1	
ACTOPLUS MET	TABS	2	
ACTOS	TABS	2	
AMARYL	TABS	3	
AVANDAMET	TABS	3	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
AVANDARYL	TABS	3	
AVANDIA	TABS	3	
BYETTA	SOLUTION	2	
<i>chlorpropamide</i>	TABS	1	
DIABETA	TABS	2	
DIABINESE	TABS	2	
DUETACT	TABS	2	
<i>glimepiride</i>	TABS	1	
<i>glipizide er</i>	CONT.REL.TABS	1	
<i>glipizide xl</i>	CONT.REL.TABS	1	
<i>glipizide/metformin hcl</i>	TABS	1	
<i>glipizide</i>	TABS	1	
GLUCOPHAGE XR	CONT.REL.TABS	3	
GLUCOPHAGE	TABS	3	
GLUCOTROL XL	CONT.REL.TABS	3	
GLUCOTROL	TABS	3	
GLUCOVANCE	TABS	3	
<i>glyburide micronized</i>	TABS	1	
<i>glyburide/metformin hcl</i>	TABS	1	
<i>glyburide</i>	TABS	1	
<i>glycron</i>	TABS	1	
GLYCRON	TABS	2	
GLYNASE	TABS	3	
GLYSET	TABS	3	
JANUMET	TABS	3	
JANUVIA	TABS	3	
METAGLIP	TABS	3	
<i>metformin hcl er</i>	CONT.REL.TABS	1	
<i>metformin hcl</i>	TABS	1	
MICRONASE	TABS	3	
PRANDIN	TABS	3	
PRECOSE	TABS	3	
RIOMET	SOLUTION	2	
STARLIX	TABS	3	
SYMLIN	SOLUTION	2	
SYMLINPEN 120	SOLUTION	2	
SYMLINPEN 60	SOLUTION	2	
<i>tolazamide</i>	TABS	1	
TOLBUTAMIDE	TABS	2	
<b>Glycemic Agents</b>			
GLUCAGEN HYPOKIT	SOLUTION	5	
GLUCAGON EMERGENCY KIT	KIT	5	
PROGLYCEM	SUSPENSION	2	
<b>Insulins</b>			
HUMALOG MIX 50/50 PEN	SUSPENSION	2	
HUMALOG MIX 50/50	SUSPENSION	2	
HUMALOG MIX 75/25 PEN	SUSPENSION	2	
HUMALOG MIX 75/25	SUSPENSION	2	
HUMALOG PEN	SOLUTION	2	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
HUMALOG	SOLUTION	2	
HUMULIN 50/50	SUSPENSION	2	
HUMULIN 70/30 PEN	SUSPENSION	2	
HUMULIN 70/30	SUSPENSION	2	
HUMULIN N U-100 PEN	SUSPENSION	2	
HUMULIN N	SUSPENSION	2	
HUMULIN R U-500 (CONCENTRATED)	SOLUTION	2	
HUMULIN R	SOLUTION	2	
LANTUS SOLOSTAR	SOLUTION	2	
LANTUS	SOLUTION	2	
LEVEMIR	SOLUTION	2	
NOVOLIN 70/30 INNOLET	SUSPENSION	3	
NOVOLIN 70/30 PENFILL	SUSPENSION	3	
NOVOLIN 70/30	SUSPENSION	3	
NOVOLIN N INNOLET	SUSPENSION	3	
NOVOLIN N U-100 PENFILL	SUSPENSION	3	
NOVOLIN N	SUSPENSION	3	
NOVOLIN R INNOLET	SOLUTION	3	
NOVOLIN R U-100 PENFILL	SOLUTION	3	
NOVOLIN R U-100	SOLUTION	3	
NOVOLIN R	SOLUTION	3	
NOVOLOG MIX 70/30 PENFILL	SUSPENSION	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	SUSPENSION	3	
NOVOLOG MIX 70/30	SUSPENSION	3	
NOVOLOG PENFILL	SOLUTION	3	
NOVOLOG	SOLUTION	3	
RELION 70/30 INNOLET	SUSPENSION	3	
RELION 70/30	SUSPENSION	3	
RELION N INNOLET	SUSPENSION	3	
RELION N	SUSPENSION	3	
RELION R	SOLUTION	3	

### Blood Products/ Modifiers/ Volume Expanders

#### **Anticoagulants**

HEPARIN SODIUM DCU	SOLUTION	5	
HEPARIN SODIUM/D5W	SOLUTION	5	
HEPARIN SODIUM/NACL 0.45%	SOLUTION	5	
HEPARIN SODIUM/NACL 0.9%	SOLUTION	5	
HEPARIN SODIUM/SODIUM CHLORIDE 0.9%	SOLUTION	5	
HEPARIN SODIUM	SOLUTION	5	

#### **Anticoagulants**

ARIXTRA	SOLUTION	5	
COUMADIN	TABS	3	
COUMADIN	SOLUTION	5	
FRAGMIN	INJ	5	
INNOHEP	SOLUTION	5	
<i>jantoven</i>	TABS	1	
LOVENOX	SOLUTION	5	
<i>warfarin sodium</i>	TABS	1	

#### **Blood Formation Products**

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
NEUMEGA	SOLUTION	5	
<b>Blood Formation Products</b>			
ARANESP ALBUMIN FREE SURECLICK	SOLUTION	5	PA
ARANESP ALBUMIN FREE	SOLUTION	5	PA
ARANESP	SOLUTION	5	PA
EPOGEN	SOLUTION	5	PA
LEUKINE	SOLUTION	5	
LEUKINE	SOLUTION	5	
NEULASTA	SOLUTION	5	
NEUPOGEN	SOLUTION	5	
PROCRIT	SOLUTION	5	PA
<b>Coagulants</b>			
CYKLOKAPRON	SOLUTION	5	
<b>Platelet Aggregation Inhibitors</b>			
AGGRENOX	CONT.REL.TABS	2	
<i>cilostazol</i>	TABS	1	
<i>dipyridamole</i>	TABS	1	
PERSANTINE	TABS	3	
PLAVIX	TABS	2	
PLETAL	TABS	3	
TICLID	TABS	3	
<i>ticlopidine hcl</i>	TABS	1	
<b>Cardiovascular Agents</b>			
<b>Alpha-adrenergic Agonists</b>			
CATAPRES	TABS	3	
CATAPRES-TTS-1	PTWK	2	QL
CATAPRES-TTS-2	PTWK	2	QL
CATAPRES-TTS-3	PTWK	2	QL
<i>clonidine hcl</i>	TABS	1	
CLORPRES	TABS	2	
DURACLON	SOLUTION	5	
GUANABENZ ACETATE	TABS	2	
<i>guanfacine hcl</i>	TABS	1	
<i>methyldopa /hydrochlorothiazide</i>	TABS	1	
<i>methyldopa</i>	TABS	1	
METHYLDOPATE HCL	SOLUTION	5	
<i>midodrine hcl</i>	TABS	1	
PROAMATINE	TABS	3	
TENEX	TABS	2	
<b>Alpha-adrenergic Blocking Agents</b>			
MINIPRESS	CAPS	3	
<i>prazosin hcl</i>	CAPS	1	
RESERPINE	TABS	2	
<b>Antiarrhythmics</b>			
<i>amiodarone hcl</i>	TABS	1	
AMIODARONE HCL	SOLUTION	5	
BETAPACE AF	TABS	3	
BETAPACE	TABS	3	
CORDARONE	TABS	2	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>disopyramide phosphate er</i>	CONT.REL.TABS	1	
<i>disopyramide phosphate</i>	CAPS	1	
<i>flecainide acetate</i>	TABS	1	
<i>mexiletine hcl</i>	CAPS	1	
NORPACE CR	CONT.REL.TABS	3	
NORPACE	CAPS	3	
<i>pacerone</i>	TABS	1	
PACERONE	TABS	2	
PACERONE	TABS	3	
PROCAINAMIDE HCL ER	CONT.REL.TABS	2	
<i>procainamide hcl sr</i>	CONT.REL.TABS	1	
<i>procainamide hcl</i>	CAPS	1	
PROCAINAMIDE HCL	CAPS	2	
PROCAINAMIDE HCL	SOLUTION	5	
PROCANBID	CONT.REL.TABS	2	
PRONESTYL SR	CONT.REL.TABS	2	
PRONESTYL	CAPS	2	
PRONESTYL	TABS	2	
<i>propafenone hcl</i>	TABS	1	
<i>quinidine gluconate cr</i>	CONT.REL.TABS	1	
<i>quinidine gluconate er</i>	CONT.REL.TABS	1	
<i>quinidine gluconate sa</i>	CONT.REL.TABS	1	
QUINIDINE SULFATE ER	CONT.REL.TABS	2	
<i>quinidine sulfate</i>	TABS	1	
RYTHMOL SR	CONT.REL.TABS	2	
RYTHMOL	TABS	2	
<i>sorine</i>	TABS	1	
<i>sotalol hcl (af)</i>	TABS	1	
<i>sotalol hcl</i>	TABS	1	
TAMBOCOR	TABS	3	
TIKOSYN	CAPS	2	
<b>Beta-adrenergic Blocking Agents</b>			
<i>acebutolol hcl</i>	CAPS	1	
<i>atenolol/chlorthalidone</i>	TABS	1	
<i>atenolol</i>	TABS	1	
<i>betaxolol hcl</i>	TABS	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	TABS	1	
<i>bisoprolol fumarate</i>	TABS	1	
BYSTOLIC	TABS	2	
CARTROL	TABS	2	
<i>carvedilol</i>	TABS	1	
COREG	TABS	2	
CORGARD	TABS	3	
CORZIDE	TABS	2	
INDERAL LA	CONT.REL.TABS	3	
INDERAL	TABS	3	
INDERIDE 40/25	TABS	2	
INNOPRAN XL	CONT.REL.TABS	2	
KERLONE	TABS	3	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>labetalol hcl</i>	TABS	1	
LABETALOL HCL	SOLUTION	5	
LEVATOL	TABS	2	
LOPRESSOR HCT	TABS	3	
LOPRESSOR	TABS	3	
LOPRESSOR	SOLUTION	5	
<i>metoprolol /hydrochlorothiazide</i>	TABS	1	
<i>metoprolol succinate er</i>	CONT.REL.TABS	1	
<i>metoprolol tartrate</i>	TABS	1	
METOPROLOL TARTRATE	SOLUTION	5	
<i>nadolol /bendroflumethiazide</i>	TABS	1	
<i>nadolol</i>	TABS	1	
<i>pindolol</i>	TABS	1	
<i>propranolol /hydrochlorothiazide</i>	TABS	1	
<i>propranolol hcl er</i>	CONT.REL.TABS	1	
<i>propranolol hcl</i>	TABS	1	
PROPRANOLOL HCL	SOLUTION	2	
PROPRANOLOL HCL	SOLUTION	5	
SECTRAL	CAPS	2	
TENORETIC 100	TABS	3	
TENORETIC 50	TABS	3	
TENORMIN	TABS	3	
TENORMIN	SOLUTION	5	
TIMOLIDE 10/25	TABS	2	
<i>timolol maleate</i>	TABS	1	
TOPROL XL	CONT.REL.TABS	2	
TOPROL XL	CONT.REL.TABS	3	
TRANDATE IV	SOLUTION	5	
TRANDATE	TABS	3	
ZEBETA	TABS	3	
ZIAC	TABS	3	
<b>Calcium Channel Blocking Agents</b>			
ADALAT CC	CONT.REL.TABS	3	
<i>afeditab cr</i>	CONT.REL.TABS	1	
<i>amlodipine besylate</i>	TABS	1	
CALAN SR	CONT.REL.TABS	3	
CALAN	TABS	3	
CARDENE I.V.	SOLUTION	5	
CARDENE SR	CONT.REL.TABS	3	
CARDENE	CAPS	3	
CARDIZEM CD	CONT.REL.TABS	3	
CARDIZEM LA	CONT.REL.TABS	3	
CARDIZEM	TABS	2	
<i>cartia xt</i>	CONT.REL.TABS	1	
COVERA-HS	CONT.REL.TABS	3	
DILACOR XR	CONT.REL.TABS	3	
<i>dilt-cd</i>	CONT.REL.TABS	1	
<i>diltia xt</i>	CONT.REL.TABS	1	
<i>diltiazem cd</i>	CONT.REL.TABS	1	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>diltiazem hcl er</i>	CONT.REL.TABS	1	
<i>diltiazem hcl er</i>	CONT.REL.TABS	1	
<i>diltiazem hcl</i>	CONT.REL.TABS	1	
<i>diltiazem hcl</i>	TABS	1	
DILTIAZEM HCL	SOLUTION	5	
DILTIAZEM HCL	SOLUTION	5	
<i>dilt-xr</i>	CONT.REL.TABS	1	
DYNACIRC CR	CONT.REL.TABS	3	
DYNACIRC-CR	CONT.REL.TABS	3	
<i>felodipine er</i>	CONT.REL.TABS	1	
ISOPTIN SR	CONT.REL.TABS	3	
<i>isradipine</i>	CAPS	1	
<i>nicardipine hcl</i>	CAPS	1	
<i>nifediac cc</i>	CONT.REL.TABS	1	
<i>nifedical xl</i>	CONT.REL.TABS	1	
<i>nifedipine er</i>	CONT.REL.TABS	1	
<i>nifedipine</i>	CAPS	1	
<i>nimodipine</i>	CAPS	1	
NIMOTOP	CAPS	2	
NORVASC	TABS	3	
PLENDIL	CONT.REL.TABS	3	
PROCARDIA XL	CONT.REL.TABS	3	
PROCARDIA	CAPS	3	
SULAR	CONT.REL.TABS	3	
<i>taztia xt</i>	CONT.REL.TABS	1	
TIAZAC	CONT.REL.TABS	3	
<i>verapamil hcl er</i>	CONT.REL.TABS	1	
<i>verapamil hcl er</i>	CONT.REL.TABS	1	
<i>verapamil hcl</i>	TABS	1	
VERAPAMIL HCL	SOLUTION	5	
VERELAN PM	CONT.REL.TABS	3	
VERELAN	CONT.REL.TABS	3	
<b>Cardiovascular Agents, Others</b>			
DEMSEER	CAPS	2	
<i>digitek</i>	TABS	1	
<i>digoxin</i>	TABS	1	
DIGOXIN	SOLUTION	2	
DIGOXIN	SOLUTION	5	
INVERSINE	TABS	2	
LANOXICAPS	CAPS	2	
LANOXIN	TABS	3	
LANOXIN	SOLUTION	5	
<b>Diuretics</b>			
ISMOTIC	SOLUTION	5	
ACETAZOLAMIDE SODIUM	SOLUTION	5	
<i>acetazolamide</i>	TABS	1	
<i>amiloride /hydrochlorothiazide</i>	TABS	1	
<i>amiloride hcl</i>	TABS	1	
<i>bumetanide</i>	TABS	1	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
BUMETANIDE	SOLUTION	5	
BUMEX	TABS	3	
<i>chlorothiazide</i>	TABS	1	
<i>chlorthalidone</i>	TABS	1	
CHLORTHALIDONE	TABS	2	
DEMADEX	TABS	3	
DEMADEX	SOLUTION	5	
DIAMOX	CONT.REL.TABS	2	
DIURIL IV	SOLUTION	5	
DIURIL	SUSPENSION	2	
DYAZIDE	CAPS	2	
DYRENIUM	CAPS	2	
EDECIN	TABS	2	
<i>furosemide</i>	SOLUTION	1	
<i>furosemide</i>	TABS	1	
FUROSEMIDE	SOLUTION	5	
<i>hydrochlorothiazide</i>	CAPS	1	
<i>hydrochlorothiazide</i>	TABS	1	
<i>indapamide</i>	TABS	1	
LASIX	TABS	3	
MAXZIDE-25	TABS	3	
MAXZIDE	TABS	3	
METHYCLOTHIAZIDE	TABS	2	
<i>metolazone</i>	TABS	1	
MICROZIDE	CAPS	3	
SODIUM EDECIN	SOLUTION	5	
THALITONE	TABS	2	
<i>toremide</i>	TABS	1	
<i>triamterene /hydrochlorothiazide</i>	CAPS	1	
<i>triamterene /hydrochlorothiazide</i>	TABS	1	
ZAROXOLYN	TABS	3	
<b>Dyslipidemics</b>			
ADVICOR	CONT.REL.TABS	3	
ANTARA	CAPS	3	
CADUET	TABS	3	
<i>cholestyramine light</i>	PACK	1	
<i>cholestyramine light</i>	POWDER	1	
<i>cholestyramine</i>	PACK	1	
<i>cholestyramine</i>	POWDER	1	
COLESTID FLAVORED	GRAN	3	
COLESTID FLAVORED	PACK	3	
COLESTID	GRAN	3	
COLESTID	PACK	3	
COLESTID	TABS	3	
<i>colestipol hcl</i>	GRAN	1	
<i>colestipol hcl</i>	TABS	1	
CRESTOR	TABS	3	
<i>fenofibrate</i>	CAPS	1	
<i>fenofibrate</i>	TABS	1	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
FENOGLIDE	TABS	3	
<i>gemfibrozil</i>	TABS	1	
LESCOL XL	CONT.REL.TABS	3	
LESCOL	CAPS	3	
LIPITOR	TABS	2	
LIPITOR	TABS	3	
LIPOFEN	CAPS	3	
LOFIBRA	CAPS	3	
LOFIBRA	TABS	3	
LOPID	TABS	3	
<i>lovastatin</i>	TABS	1	
LOVAZA	CAPS	2	
MEVACOR	TABS	3	
<i>niacor</i>	TABS	1	
NIASPAN	CONT.REL.TABS	2	
OMACOR	CAPS	2	
PRAVACHOL	TABS	3	
<i>pravastatin sodium</i>	TABS	1	
<i>prevalite</i>	PACK	1	
QUESTRAN LIGHT	PACK	3	
QUESTRAN LIGHT	POWDER	3	
QUESTRAN	PACK	3	
QUESTRAN	POWDER	3	
<i>simvastatin</i>	TABS	1	
TRICOR	TABS	3	
TRIGLIDE	TABS	3	
VYTORIN	TABS	2	
WELCHOL	TABS	2	
ZETIA	TABS	3	
ZOCOR	TABS	3	
<b>Renin-angiotensin-aldosterone System Inhibitors</b>			
ACCUPRIL	TABS	3	
ACCURETIC	TABS	3	
ACEON	TABS	3	
ALDACTAZIDE	TABS	2	
ALDACTONE	TABS	3	
ALTACE	CAPS	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	CAPS	1	
ATACAND HCT	TABS	3	
ATACAND	TABS	3	
AVALIDE	TABS	3	
AVAPRO	TABS	3	
<i>benazepril hcl/hydrochlorothiazide</i>	TABS	1	
<i>benazepril hcl</i>	TABS	1	
BENICAR HCT	TABS	2	
BENICAR	TABS	2	
CAPOTEN	TABS	2	
CAPOZIDE	TABS	2	
<i>captopril /hydrochlorothiazide</i>	TABS	1	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>captopril</i>	TABS	1	
COZAAR	TABS	2	
DIOVAN HCT	TABS	3	
DIOVAN	TABS	3	
<i>enalapril maleate/hydrochlorothiazide</i>	TABS	1	
<i>enalapril maleate</i>	TABS	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	TABS	1	
<i>fosinopril sodium</i>	TABS	1	
HYZAAR	TABS	2	
INSPRA	TABS	2	ST
LEXXEL	CONT.REL.TABS	2	
<i>lisinopril /hydrochlorothiazide</i>	TABS	1	
<i>lisinopril</i>	TABS	1	
LOTENSIN HCT	TABS	3	
LOTENSIN	TABS	3	
LOTREL	CAPS	2	
LOTREL	CAPS	3	
MAVIK	TABS	3	
MICARDIS HCT	TABS	3	
MICARDIS	TABS	3	
<i>moexipril /hydrochlorothiazide</i>	TABS	1	
<i>moexipril hcl</i>	TABS	1	
MONOPRIL HCT	TABS	3	
MONOPRIL	TABS	3	
PRINIVIL	TABS	3	
PRINZIDE	TABS	3	
<i>quinapril /hydrochlorothiazide</i>	TABS	1	
<i>quinapril hcl</i>	TABS	1	
<i>quinaretic</i>	TABS	1	
<i>ramipril</i>	CAPS	1	
<i>spironolactone /hydrochlorothiazide</i>	TABS	1	
<i>spironolactone</i>	TABS	1	
TARKA	CONT.REL.TABS	2	
TEVETEN HCT	TABS	3	
TEVETEN	TABS	3	
<i>trandolapril</i>	TABS	1	
UNIRETIC	TABS	3	
UNIVASC	TABS	3	
VASERETIC	TABS	3	
VASOTEC	TABS	3	
ZESTORETIC	TABS	3	
ZESTRIL	TABS	3	
<b>Vasodilators</b>			
BIDIL	TABS	2	
DILATRATE SR	CONT.REL.CAPS	2	
<i>hydralazine hcl</i>	TABS	1	
HYDRALAZINE HCL	SOLUTION	5	
IMDUR	CONT.REL.TABS	3	
ISMO	TABS	2	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>isochron</i>	CONT.REL.TABS	1	
ISORDIL TITRADOSE	TABS	2	
<i>isosorbide dinitrate er</i>	CONT.REL.TABS	1	
<i>isosorbide dinitrate</i>	SUBLINGUAL	1	
<i>isosorbide dinitrate</i>	TABS	1	
<i>isosorbide mononitrate er</i>	CONT.REL.TABS	1	
<i>isosorbide mononitrate</i>	TABS	1	
<i>minitran</i>	PATCH	1	QL
<i>minoxidil</i>	TABS	1	
MONOKET	TABS	2	
<i>nitrek</i>	PATCH	1	QL
NITRO-BID	OINTMENT	2	
NITRO-DUR	PATCH	3	QL
<i>nitroglycerin transdermal</i>	PATCH	1	QL
<i>nitroglycerin</i>	PATCH	1	QL
NITROGLYCERIN	SOLUTION	5	
NITROLINGUAL PUMPSPRAY	SOLUTION	2	
NITROSTAT	SUBLINGUAL	3	
<i>papaverine hcl</i>	SOLUTION	1	
RAUWOLFIA /BENDROFLUMETHIAZIDE	TABS	2	

### Central Nervous System Agents

#### Amphetamines, ADHD

ADDERALL XR	CONT.REL.TABS	3	
ADDERALL	TABS	3	
<i>amphetamine salt combo</i>	TABS	1	
DESOXYN	TABS	2	PA
DEXEDRINE	CONT.REL.TABS	3	
<i>dextroamphetamine sulfate</i>	TABS	1	
<i>dextroamphetamine sulfatecr</i>	CONT.REL.TABS	1	
<i>dextrostat</i>	TABS	1	
DEXTROSTAT	TABS	3	

#### Non-amphetamines, ADHD

CONCERTA	CONT.REL.TABS	2	
<i>dexmethylphenidate hcl</i>	TABS	1	
METADATE CD	CONT.REL.CAPS	2	
<i>metadate er</i>	CONT.REL.TABS	1	
METADATE ER	CONT.REL.TABS	3	
<i>methylin er</i>	CONT.REL.TABS	1	
<i>methylin</i>	TABS	1	
METHYLIN	CHEW	2	
METHYLIN	SOLUTION	2	
<i>methylphenidate hcl er</i>	CONT.REL.TABS	1	
<i>methylphenidate hcl</i>	TABS	1	
<i>methylphenidate hcl</i>	CONT.REL.TABS	1	
RITALIN LA	CONT.REL.TABS	2	
RITALIN SR	CONT.REL.TABS	3	
RITALIN	TABS	3	
STRATTERA	CAPS	3	

#### Non-amphetamines, Other

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
PROVIGIL	TABS	2	PA
RILUTEK	TABS	2	
XYREM	SOLUTION	2	
<b>Dental and Oral Agents</b>			
APHTHASOL	PSTE	2	
<i>chlorhexidine gluconate</i>	SOLUTION	1	
EVOXAC	CAPS	2	
<i>pilocarpine hcl</i>	TABS	1	
<i>pilocarpine hydrochloride</i>	TABS	1	
SALAGEN	TABS	3	
<b>Dermatological Agents</b>			
8-MOP	CAPS	2	
AC CUTANE	CAPS	3	
ALDARA	CREAM	2	
AMEVIVE	SOLUTION	5	PA
<i>ammonium lactate</i>	CREAM	1	
<i>ammonium lactate</i>	LOTN	1	
<i>amnesteam</i>	CAPS	1	
<i>avita</i>	CREAM	1	
<i>avita</i>	GEL	1	
AZELEX	CREAM	2	
BENZA CLIN	GEL	2	
BENZAMYCIN	GEL	3	
<i>calcipotriene</i>	SOLUTION	1	
CARAC	CREAM	2	
<i>claravis</i>	CAPS	1	
CLEOCIN-T	GEL	3	
CLEOCIN-T	LOTN	3	
CLEOCIN-T	SOLUTION	3	
CLEOCIN-T	SWAB	3	
CLINDAGEL	GEL	2	
<i>clindamycin phosphate</i>	GEL	1	
<i>clindamycin phosphate</i>	LOTN	1	
<i>clindamycin phosphate</i>	SOLUTION	1	
<i>clindamycin phosphate</i>	SWAB	1	
<i>clindets</i>	SWAB	1	
CONDYLOX W/APPLICATORS	SOLUTION	3	
CONDYLOX	GEL	3	
DIFFERIN	CREAM	2	
DIFFERIN	GEL	2	
DOVONEX	CREAM	2	
DOVONEX	OINTMENT	2	
DOVONEX	SOLUTION	2	
DUAC	GEL	2	
EFUDEX OCCLUSION PACK	KIT	3	
EFUDEX	CREAM	3	
EFUDEX	SOLUTION	3	
ELIDEL	CREAM	3	
<i>erythromycin/benzoyl peroxide</i>	GEL	1	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
EVOCLIN	FOAM	2	
FINACEA	GEL	2	
FLUOROPLEX	CREAM	2	
<i>fluorouracil</i>	CREAM	1	
<i>fluorouracil</i>	SOLUTION	1	
LAC-HYDRIN	CREAM	2	
LAC-HYDRIN	LOTN	2	
<i>laclotion</i>	LOTN	1	
LEVULAN KERASTICK	SOLUTION	2	
OXSORALEN ULTRA	CAPS	2	
OXSORALEN	LOTN	2	
<i>podocon 25 in benzoin tincture</i>	SOLUTION	1	
<i>podofilox</i>	SOLUTION	1	
PROTOPIC	OINTMENT	3	
RAPTIVA	KIT	5	PA
REGRANEX	GEL	2	
RETIN-A MICRO	GEL	2	
RETIN-A	CREAM	3	
RETIN-A	GEL	3	
SANTYL	OINTMENT	2	
SOLARAZE	GEL	2	
SORIATANE CK	KIT	2	
SORIATANE	CAPS	2	
<i>sotret</i>	CAPS	1	
TAZORAC	CREAM	2	
TAZORAC	GEL	2	
<i>tretinoin</i>	CREAM	1	
<i>tretinoin</i>	GEL	1	
UVADEX	SOLUTION	5	
VEREGEN	OINTMENT	2	
Z-CLINZ 10	KIT	2	
Z-CLINZ 5	KIT	2	
ZIANA	GEL	2	
ZONALON	CREAM	3	
BENOQUIN	CREAM	2	
<b>Enzyme Replacements/ Modifiers</b>			
ADAGEN	SOLUTION	5	
ALDURAZYME	SOLUTION	5	
BUPHENYL	POWDER	4	
BUPHENYL	TABS	4	
CEREDASE	SOLUTION	5	
CEREZYME	SOLUTION	5	
CREON 5	CAPS	2	
CREON 10	CAPS	2	
CREON 20	CAPS	2	
CYSTADANE	POWDER	2	
CYSTAGON	CAPS	2	
<i>dygase</i>	CAPS	1	
ELAPRASE	SOLUTION	4	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
ENZYCAP	CAPS	2	
ENZYMAX	TABS	2	
FABRAZYME	SOLUTION	5	
KUTRASE	CAPS	2	
KU-ZYME HP	CAPS	2	
KU-ZYME	CAPS	2	
<i>lapase</i>	CAPS	1	
LIPRAM 4500	CAPS	2	
LIPRAM-PN10	CAPS	2	
LIPRAM-PN16	CAPS	2	
LIPRAM-PN20	CAPS	2	
LIPRAM-UL12	CAPS	2	
LIPRAM-UL18	CAPS	2	
LIPRAM-UL20	CAPS	2	
NAGLAZYME	SOLUTION	5	
ORFADIN	CAPS	2	
PALCAPS 10	CAPS	2	
<i>palcaps 20</i>	CAPS	1	
PALIPASE MT 16	CAPS	2	
PALIPASE MT 20	CAPS	2	
PALIPASE	CAPS	2	
PALPEON DR 10	CAPS	2	
PALPEON DR 20	CAPS	2	
PALPEON MT 20	CAPS	2	
PALTRASE V8	TABS	2	
PANCREASE MT 10	CAPS	2	
PANCREASE MT 16	CAPS	2	
PANCREASE MT 20	CAPS	2	
PANCREASE MT 4	CAPS	2	
PANCRECARB MS-16	CAPS	2	
PANCRECARB MS-4	CAPS	2	
PANCRECARB MS-8	CAPS	2	
PANCRELIPASE MST-16	CAPS	2	
PANCRELIPASE	CAPS	2	
PANCRELIPASE	CAPS	2	
PANCRELIPASE	TABS	2	
PANCRON 10	CAPS	2	
PANCRON 20	CAPS	2	
PANGESTYME CN 10	CAPS	2	
PANGESTYME CN 20	CAPS	2	
PANGESTYME EC	CAPS	2	
PANGESTYME MT 16	CAPS	2	
PANGESTYME UL 12	CAPS	2	
PANGESTYME UL 18	CAPS	2	
PANGESTYME UL 20	CAPS	2	
PANOCAPS MT 16	CAPS	2	
PANOCAPS MT 20	CAPS	2	
PANOCAPS	CAPS	2	
<i>panokase-16</i>	TABS	1	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
PANOKASE	TABS	2	
PLARETASE 8000	TABS	2	
SUCRAID	SOLUTION	2	
<i>ultracaps mt 20</i>	CAPS	1	
ULTRASE MT 12	CAPS	2	
ULTRASE MT 18	CAPS	2	
ULTRASE MT 20	CAPS	2	
ULTRASE	CAPS	2	
VIOKASE 16	TABS	2	
VIOKASE 8	TABS	2	
VIOKASE	POWDER	2	
ZAVESCA	CAPS	4	PA
<b>Gastrointestinal Agents</b>			
<b><i>Antispasmodics, Gastrointestinal</i></b>			
<i>atreza</i>	TABS	1	
ATROPINE SULFATE	SOLUTION	5	PA
BENTYL	CAPS	3	
BENTYL	SYRUP	3	
BENTYL	TABS	3	
BENTYL	SOLUTION	5	
CANTIL	TABS	2	
<i>dicyclomine hcl</i>	CAPS	1	
<i>dicyclomine hcl</i>	SOLUTION	1	
<i>dicyclomine hcl</i>	TABS	1	
DICYCLOMINE HCL	SOLUTION	5	
<i>glycopyrrolate</i>	TABS	1	
GLYCOPYRROLATE	SOLUTION	5	
LOMOTIL	TABS	3	
<i>methscopolamine bromide</i>	TABS	1	
MOTOFEN	TABS	2	
PAMINE FORTE	TABS	3	
PAMINE	TABS	3	
PRO-BANTHINE	TABS	2	
PROPANTHELINE BROMIDE	TABS	2	
ROBINUL FORTE	TABS	3	
ROBINUL	TABS	3	
ROBINUL	SOLUTION	5	
<b><i>Gastrointestinal Agents, Others</i></b>			
ACTIGALL	CAPS	2	
AMITIZA	CAPS	3	
COLYTE	SOLUTION	3	
COLYTE-FLAVOR PACKS	SOLUTION	3	
<i>constulose</i>	SOLUTION	1	
DIPENTUM	CAPS	2	
<i>diphenoxylate/atropine</i>	LIQUID	1	
<i>diphenoxylate/atropine</i>	TABS	1	
<i>enulose</i>	SOLUTION	1	
GASTROCROM	SOLUTION	2	
<i>generlac</i>	SOLUTION	1	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>glycolax</i>	PACK	1	
GOLYTELY	SOLUTION	2	
HALFLYTELY BOWEL PREP/FLAVOR PACKS	KIT	2	
KRISTALOSE	PACK	2	
<i>lactulose</i>	SOLUTION	1	
<i>lofene</i>	TABS	1	
LOMOTIL	LIQUID	3	
<i>lonox</i>	TABS	1	
<i>loperamide hcl</i>	CAPS	1	
<i>metoclopramide hcl</i>	SOLUTION	1	
<i>metoclopramide hcl</i>	TABS	1	
METOCLOPRAMIDE HCL	SOLUTION	5	
MOVIPREP	SOLUTION	2	
NULYTELY	SOLUTION	3	
<i>peg 3350/electrolytes</i>	SOLUTION	1	
<i>polyethylene glycol 3350</i>	PACK	1	
<i>polyethylene glycol 3350</i>	POWDER	1	
REGLAN	TABS	2	
REGLAN	SOLUTION	5	
<i>trilyte</i>	SOLUTION	1	
URSO 250	TABS	5	
URSO FORTE	TABS	2	
<i>ursodiol</i>	CAPS	1	
VISICOL	TABS	2	
<b>Histamine2 (H2) Blocking Agents</b>			
AXID	CAPS	3	
AXID	SOLUTION	3	
<i>cimetidine hcl</i>	SOLUTION	1	
CIMETIDINE HCL	SOLUTION	5	
<i>cimetidine</i>	TABS	1	
FAMOTIDINE PREMIXED	SOLUTION	5	
<i>famotidine</i>	TABS	1	
FAMOTIDINE	SOLUTION	5	
<i>nizatidine</i>	CAPS	1	
PEPCID PREMIXED	SOLUTION	3	
PEPCID	SUSPENSION	3	
PEPCID	TABS	3	
<i>ranitidine hcl</i>	CAPS	1	
<i>ranitidine hcl</i>	SYRUP	1	
<i>ranitidine hcl</i>	TABS	1	
RANITIDINE HCL	SOLUTION	5	
TAGAMET	TABS	3	
TALADINE	CAPS	2	
ZANTAC	PACK	3	
ZANTAC	SYRUP	3	
ZANTAC	TABS	3	
ZANTAC	EFFERVESCENT	3	
ZANTAC	SOLUTION	5	
<b>Irritable Bowel Syndrome Agents</b>			

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
LOTRONEX	TABS	2	
<b>Protectants</b>			
CARAFATE	SUSPENSION	2	
CARAFATE	TABS	2	
CYTOTEC	TABS	3	
<i>misoprostol</i>	TABS	1	
<i>sucralfate</i>	TABS	1	
<b>Proton Pump Inhibitors</b>			
ACIPHEX	ENTERIC COATED	3	
NEXIUM I.V.	SOLUTION	5	
NEXIUM	CONT.REL.CAPS	3	
NEXIUM	PACK	3	
<i>omeprazole</i>	CONT.REL.CAPS	1	
<i>pantoprazole sodium</i>	ENTERIC COATED	1	
PREVACID I.V.	SOLUTION	5	
PREVACID SOLUTAB	TABS	2	
PREVACID	CONT.REL.CAPS	3	
PREVACID	PACK	3	
PRILOSEC	CONT.REL.CAPS	3	
PROTONIX	PACK	3	
PROTONIX	ENTERIC COATED	3	
PROTONIX	SOLUTION	5	
<b>Genitourinary Agents</b>			
<b>Antispasmodics, Urinary</b>			
DETROL LA	CONT.REL.TABS	2	
DETROL	TABS	2	
DITROPAN XL	CONT.REL.TABS	3	
DITROPAN	SYRUP	3	
DITROPAN	TABS	3	
<i>oxybutynin chloride er</i>	CONT.REL.TABS	1	
<i>oxybutynin chloride</i>	SYRUP	1	
<i>oxybutynin chloride</i>	TABS	1	
OXYTROL	PTTW	2	QL
SANCTURA XR	CONT.REL.TABS	3	
SANCTURA	TABS	3	
URISPAS	TABS	3	
VESICARE	TABS	3	
<b>Benign Prostatic Hypertrophy Agents</b>			
AVODART	CAPS	2	
CARDURA	TABS	3	
<i>doxazosin mesylate</i>	TABS	1	
<i>finasteride</i>	TABS	1	
FLOMAX	CONT.REL.TABS	2	
HYTRIN	CAPS	3	
PROSCAR	TABS	3	
<i>terazosin hcl</i>	CAPS	1	
UROXATRAL	CONT.REL.TABS	2	
<b>Genitourinary Agents, Others</b>			
CLINDESSE	CREAM	2	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
ELMIRON	CAPS	2	
LITHOSTAT	TABS	2	
<i>phenazopyridine hcl</i>	TABS	1	
PYRIDIUM	TABS	2	
THIOLA	TABS	2	
URECHOLINE	TABS	3	
<b>Phosphate Binders</b>			
FOSRENOL	CHEW	2	
PHOSLO	CAPS	2	
RENAGEL	TABS	2	
REVELA	TABS	2	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>			
<b>Glucocorticoids/ Mineralocorticoids</b>			
ACLOVATE	CREAM	3	
ACLOVATE	OINTMENT	3	
A-HYDROCORT	SOLUTION	5	
<i>ala-cort</i>	CREAM	1	
<i>ala-cort</i>	LOTN	1	
ALA-SCALP	LOTN	2	
<i>alclometasone dipropionate</i>	CREAM	1	
<i>alclometasone dipropionate</i>	OINTMENT	1	
<i>alphatrex</i>	GEL	1	
<i>amcinonide</i>	CREAM	1	
<i>amcinonide</i>	LOTN	1	
<i>amcinonide</i>	OINTMENT	1	
A-METHAPRED	SOLUTION	5	
ANUSOL-HC	CREAM	3	
ARISTOSPAN INTRA-ARTICULAR	SUSPENSION	5	
ARISTOSPAN INTRALESIONAL	SUSPENSION	5	
<i>augmented betamethasone dipropionate</i>	CREAM	1	
<i>augmented betamethasone dipropionate</i>	GEL	1	
<i>augmented betamethasone dipropionate</i>	LOTN	1	
<i>augmented betamethasone dipropionate</i>	OINTMENT	1	
<i>betamethasone dipropionate</i>	CREAM	1	
<i>betamethasone dipropionate</i>	GEL	1	
<i>betamethasone dipropionate</i>	LOTN	1	
<i>betamethasone dipropionate</i>	OINTMENT	1	
<i>betamethasone valerate</i>	CREAM	1	
<i>betamethasone valerate</i>	LOTN	1	
<i>betamethasone valerate</i>	OINTMENT	1	
<i>beta-val</i>	CREAM	1	
<i>beta-val</i>	LOTN	1	
CAPEX	SHAM	2	
CARMOL-HC	CREAM	3	
CELESTONE	SOLUTION	5	
<i>cetacort</i>	LOTN	1	
<i>clobetasol propionate e</i>	CREAM	1	
<i>clobetasol propionate emollient</i>	CREAM	1	
<i>clobetasol propionate</i>	CREAM	1	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>clobetasol propionate</i>	FOAM	1	
<i>clobetasol propionate</i>	GEL	1	
<i>clobetasol propionate</i>	OINTMENT	1	
<i>clobetasol propionate</i>	SOLUTION	1	
<i>clobevate</i>	GEL	1	
CLOBEX	LIQUID	2	
CLOBEX	LOTN	2	
CLOBEX	SHAM	2	
CLODERM	CREAM	2	
CORDRAN SP	CREAM	2	
CORDRAN TAPE	TAPE	2	
CORDRAN	LOTN	2	
CORDRAN	OINTMENT	2	
<i>cormax</i>	CREAM	1	
<i>cormax</i>	OINTMENT	1	
<i>cormax</i>	SOLUTION	1	
CORTEF	TABS	3	
CORTIFOAM	FOAM	2	
<i>cortisone acetate</i>	TABS	1	
CUTIVATE	CREAM	3	
CUTIVATE	LOTN	3	
CUTIVATE	OINTMENT	3	
<i>del-beta</i>	LOTN	1	
DEPO-MEDROL	SUSPENSION	5	
DERMA-SMOOTH/FS BODY OIL	OIL	2	
DERMA-SMOOTH/FS SCALP OIL	OIL	2	
DERMATOP	CREAM	3	
DERMATOP	OINTMENT	3	
DESONATE	GEL	2	
<i>desonide</i>	CREAM	1	
<i>desonide</i>	LOTN	1	
<i>desonide</i>	OINTMENT	1	
DESOWEN	CREAM	3	
DESOWEN	LOTN	3	
DESOWEN	OINTMENT	3	
<i>desoximetasone</i>	CREAM	1	
<i>desoximetasone</i>	GEL	1	
<i>desoximetasone</i>	OINTMENT	1	
DESOXIMETASONE	CREAM	2	
DEXAMETHASONE INTENSOL	SOLUTION	2	
DEXAMETHASONE SODIUM PHOSPHATE	SOLUTION	5	
<i>dexamethasone</i>	ELIX	1	
<i>dexamethasone</i>	TABS	1	
DEXAMETHASONE	SOLUTION	2	
DEXAMETHASONE	TABS	2	
DEXPAK 13 DAY	TABS	2	
<i>diflorasone diacetate</i>	CREAM	1	
<i>diflorasone diacetate</i>	OINTMENT	1	
DIPROLENE AF	CREAM	3	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
DIPROLENE	LOTN	3	
DIPROLENE	OINTMENT	3	
ELOCON	CREAM	3	
ELOCON	LOTN	3	
ELOCON	OINTMENT	3	
FLORINEF	TABS	3	
<i>fludrocortisone acetate</i>	TABS	1	
<i>fluocinolone acetonide</i>	CREAM	1	
<i>fluocinolone acetonide</i>	OINTMENT	1	
<i>fluocinolone acetonide</i>	SOLUTION	1	
<i>fluocinonide emollient base</i>	CREAM	1	
<i>fluocinonide</i>	CREAM	1	
<i>fluocinonide</i>	GEL	1	
<i>fluocinonide</i>	OINTMENT	1	
<i>fluocinonide</i>	SOLUTION	1	
<i>fluocinonide-e</i>	CREAM	1	
<i>fluticasone propionate</i>	CREAM	1	
<i>fluticasone propionate</i>	OINTMENT	1	
<i>halobetasol propionate</i>	CREAM	1	
<i>halobetasol propionate</i>	OINTMENT	1	
HALOG	CREAM	2	
HALOG	OINTMENT	2	
HALOG	SOLUTION	2	
<i>hydrocortisone butyrate</i>	CREAM	1	
<i>hydrocortisone butyrate</i>	OINTMENT	1	
<i>hydrocortisone butyrate</i>	SOLUTION	1	
<i>hydrocortisone in absorbbase</i>	OINTMENT	1	
<i>hydrocortisone valerate</i>	CREAM	1	
<i>hydrocortisone valerate</i>	OINTMENT	1	
<i>hydrocortisone</i>	CREAM	1	
<i>hydrocortisone</i>	LOTN	1	
<i>hydrocortisone</i>	OINTMENT	1	
<i>hydrocortisone</i>	TABS	1	
HYTONE	CREAM	3	
<i>isovate</i>	CREAM	1	
KENALOG-10	SUSPENSION	5	
KENALOG	AEROSOL	2	
KENALOG	CREAM	2	
KENALOG	LOTN	2	
KENALOG	OINTMENT	2	
KENALOG-40	SUSPENSION	5	
<i>lacticare-hc</i>	LOTN	1	
LIDEX	CREAM	3	
LIDEX	GEL	3	
LIDEX	OINTMENT	3	
LIDEX	SOLUTION	3	
LIDEX-E	CREAM	3	
LOCOID LIPOCREAM	CREAM	2	
<i>locoid</i>	CREAM	1	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>locoïd</i>	OINTMENT	1	
<i>locoïd</i>	SOLUTION	1	
LOCOID	LOTN	2	
<i>lokara</i>	LOTN	1	
LUXIQ	FOAM	2	
MEDROL DOSEPAK	TABS	3	
MEDROL	TABS	3	
METHYLPREDNISOLONE ACETATE	SUSPENSION	5	
METHYLPREDNISOLONE SODIUMSUCCINATE	SOLUTION	5	
<i>methylprednisolone</i>	TABS	1	
<i>mometasone furoate</i>	CREAM	1	
<i>mometasone furoate</i>	OINTMENT	1	
<i>mometasone furoate</i>	SOLUTION	1	
OLUX	FOAM	2	
OLUX-E	FOAM	2	
ORAPRED ODT	TABS	2	
ORAPRED	SOLUTION	3	
PANDEL	CREAM	2	
PEDIAPRED	LIQUID	3	
<i>prednicarbate</i>	CREAM	1	
<i>prednicarbate</i>	OINTMENT	1	
<i>prednisolone sodium phosphate</i>	LIQUID	1	
<i>prednisolone sodium phosphate</i>	SOLUTION	1	
<i>prednisolone</i>	SYRUP	1	
<i>prednisolone</i>	TABS	1	
PREDNISONE INTENSOL	SOLUTION	2	
<i>prednisone</i>	TABS	1	
PREDNISONE	SOLUTION	2	
PREDNISONE	TABS	2	
PRELONE	SYRUP	2	
PROCTOCORT	CREAM	3	
<i>proctocream-hc</i>	CREAM	1	
<i>procto-kit</i>	CREAM	1	
<i>procto-pak</i>	CREAM	1	
<i>proctosol hc</i>	CREAM	1	
<i>proctozone-hc</i>	CREAM	1	
PSORCON E	CREAM	3	
SOLU-CORTEF	SOLUTION	5	
SOLU-MEDROL ACT-O-VIAL	SOLUTION	5	
SOLU-MEDROL	SOLUTION	5	
STERAPRED 12 DAY	TABS	2	
STERAPRED DS 12 DAY	TABS	2	
STERAPRED DS	TABS	2	
STERAPRED	TABS	2	
SYNALAR	CREAM	2	
SYNALAR	OINTMENT	2	
SYNALAR	SOLUTION	2	
TEMOVATE E	CREAM	3	
TEMOVATE	CREAM	3	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
TEMOVATE	GEL	3	
TEMOVATE	OINTMENT	3	
TEMOVATE	SOLUTION	3	
<i>texacort</i>	SOLUTION	1	
TEXACORT	SOLUTION	2	
TOPICORT LP	CREAM	2	
TOPICORT	CREAM	2	
TOPICORT	GEL	2	
TOPICORT	OINTMENT	2	
TRIAMCINOLONE ACETONIDE IN ABSORBABLE	OINTMENT	2	
<i>triamcinolone acetonide</i>	CREAM	1	
<i>triamcinolone acetonide</i>	LOTN	1	
<i>triamcinolone acetonide</i>	OINTMENT	1	
<i>triderm</i>	CREAM	1	
<i>triderm</i>	OINTMENT	1	
<i>u-cort</i>	CREAM	1	
ULTRAVATE	CREAM	3	
ULTRAVATE	OINTMENT	3	
VANOS	CREAM	2	
VERDESO	FOAM	2	
WESTCORT	CREAM	3	
WESTCORT	OINTMENT	3	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>			
CHORIONIC GONADOTROPIN	SOLUTION	5	
DDAVP	SOLUTION	3	
DDAVP	TABS	3	
DDAVP	SOLUTION	5	
<i>desmopressin acetate</i>	SOLUTION	1	
<i>desmopressin acetate</i>	TABS	1	
DESMOPRESSIN ACETATE	SOLUTION	5	
INCRELEX	SOLUTION	5	
IPLEX	SOLUTION	4	
<i>minirin</i>	SOLUTION	1	
NOVAREL	SOLUTION	5	
NUTROPIN AQ PEN	SOLUTION	5	PA
OMNITROPE	SOLUTION	5	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	SOLUTION	5	
SEROSTIM	SOLUTION	5	PA
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>			
GENOTROPIN MINIQUICK	SOLUTION	5	PA
GENOTROPIN	SOLUTION	5	PA
HUMATROPE COMBO PACK	SOLUTION	5	PA
HUMATROPE	SOLUTION	5	PA
NORDITROPIN CARTRIDGE	SOLUTION	5	PA
NORDITROPIN NORDIFLEX PEN	SOLUTION	5	PA
NUTROPIN AQ PEN	SOLUTION	5	PA
NUTROPIN AQ	SOLUTION	5	PA
NUTROPIN	SOLUTION	5	PA
OXYTOCIN	SOLUTION	5	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
PITOCIN	SOLUTION	5	
SAIZEN CLICK.EASY	SOLUTION	5	PA
SAIZEN	SOLUTION	5	PA
STIMATE	SOLUTION	5	
TEV-TROPIN	SOLUTION	5	PA
ZORBTIVE	SOLUTION	5	PA
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>			
<b>Anabolic Steroids</b>			
ANADROL-50	TABS	2	
NANDROLONE DECANOATE	OIL	5	
OXANDRIN	TABS	3	
<i>oxandrolone</i>	TABS	1	
<b>Androgens</b>			
ANDRODERM	PATCH	2	QL
ANDROGEL PUMP	GEL	2	
ANDROGEL	GEL	2	QL
ANDROID	CAPS	2	
ANDROXY	TABS	2	
<i>danazol</i>	CAPS	1	
DEPO-TESTOSTERONE	OIL	5	
METHITEST	TABS	2	
STRIANT	MISC	2	
TESLAC	TABS	2	
TESTIM	GEL	2	QL
TESTOSTERONE CYPIONATE	OIL	5	
TESTOSTERONE ENANTHATE	OIL	5	
TESTRED	CAPS	2	
<b>Estrogens</b>			
ACTIVELLA	TABS	3	
ALORA	PTTW	2	QL
CENESTIN	TABS	2	
CLIMARA	PTWK	2	QL
DELESTROGEN	OIL	5	
DEPO-ESTRADIOL	OIL	5	
ELESTRIN	GEL	2	QL
ESTRACE	CREAM	2	
ESTRACE	TABS	3	
ESTRADERM	PTTW	3	QL
ESTRADIOL VALERATE	OIL	5	
<i>estradiol/norethindrone acetate</i>	TABS	1	
<i>estradiol</i>	PTWK	1	QL
<i>estradiol</i>	TABS	1	
ESTRASORB	EMUL	2	
ESTRING	RING	2	
<i>estropipate</i>	TABS	1	
EVAMIST	SOLUTION	2	QL
FEMRING	RING	2	
FEMTRACE	TABS	2	
<i>gynodiol</i>	TABS	1	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
GYNODIOL	TABS	2	
LYBREL	TABS	3	
MENEST	TABS	2	
MENOSTAR	PTWK	2	QL
OGEN	TABS	3	
ORTHO TRI-CYCLEN	TABS	3	
<i>ortho-est</i>	TABS	1	
ORTHO-NOVUM 1/35-28	TABS	3	
PREMARIN W/APPLICATOR	CREAM	2	
PREMARIN	TABS	2	
PREMARIN	SOLUTION	5	
<i>tri-legest fe</i>	TABS	1	
VAGIFEM	TABS	2	
VIVELLE	PTTW	3	QL
VIVELLE-DOT	PTTW	3	QL
<b>Progestins</b>			
ALESSE-28	TABS	3	
ANGELIQ	TABS	2	
<i>apri</i>	TABS	1	
<i>aranelle</i>	TABS	1	
<i>aviane</i>	TABS	1	
AYGESTIN	TABS	3	
<i>balziva</i>	TABS	1	
BREVICON-28	TABS	3	
<i>camila</i>	TABS	1	
<i>cesia</i>	TABS	1	
CLIMARA PRO	PTWK	2	QL
COMBIPATCH	PTTW	2	QL
CRINONE	GEL	2	
<i>cryselle-28</i>	TABS	1	
CYCLESSA	TABS	3	
DEPO-PROVERA CONTRACEPTIVE	SUSPENSION	5	
DEPO-PROVERA	SUSPENSION	5	
DEPO-SUBQ PROVERA 104	SUSPENSION	5	
DESOGEN	TABS	3	
ENDOMETRIN	INST	2	
<i>enpresse-28</i>	TABS	1	
<i>errin</i>	TABS	1	
ESTROSTEP FE	TABS	2	
FEMCON FE	CHEW	2	
FEMHRT 1/5	TABS	3	
FEMHRT LOW DOSE	TABS	3	
<i>jolessa</i>	TABS	1	
<i>jolivette</i>	TABS	1	
<i>junel 1.5/30</i>	TABS	1	
<i>junel 1/20</i>	TABS	1	
<i>junel fe 1.5/30</i>	TABS	1	
<i>junel fe 1/20</i>	TABS	1	
<i>kariva</i>	TABS	1	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>kelnor 1/35</i>	TABS	1	
<i>leena</i>	TABS	1	
<i>lessina-28</i>	TABS	1	
LEVLITE-28	TABS	3	
<i>levora 0.15/30-28</i>	TABS	1	
LO/OVRAL-28	TABS	3	
LOESTRIN 1.5/30-21	TABS	3	
LOESTRIN 1/20-21	TABS	3	
LOESTRIN 24 FE	TABS	2	
LOESTRIN FE 1.5/30	TABS	3	
LOESTRIN FE 1/20	TABS	3	
<i>low-ogestrel</i>	TABS	1	
<i>lutra</i>	TABS	1	
<i>medroxyprogesterone acetate</i>	TABS	1	
MEDROXYPROGESTERONE ACETATE	SUSPENSION	5	
MEGACE ES	SUSPENSION	2	
MEGACE ORAL	SUSPENSION	2	
<i>megestrol acetate</i>	SUSPENSION	1	
<i>megestrol acetate</i>	TABS	1	
<i>microgestin 1.5/30</i>	TABS	1	
<i>microgestin 1/20</i>	TABS	1	
<i>microgestin fe 1.5/30</i>	TABS	1	
<i>microgestin fe</i>	TABS	1	
MODICON-28	TABS	3	
<i>mononessa</i>	TABS	1	
<i>necon 0.5/35-28</i>	TABS	1	
<i>necon 1/35-28</i>	TABS	1	
<i>necon 1/50-28</i>	TABS	1	
NECON 10/11-28	TABS	2	
<i>necon 7/7/7</i>	TABS	1	
<i>nora-be</i>	TABS	1	
NORDETTE-28	TABS	3	
<i>norethindrone acetate</i>	TABS	1	
NORINYL 1+35	TABS	3	
NOR-QD	TABS	3	
<i>nortrel 0.5/35 (28)</i>	TABS	1	
<i>nortrel 1/35 (21)</i>	TABS	1	
<i>nortrel 1/35 (28)</i>	TABS	1	
<i>nortrel 7/7/7</i>	TABS	1	
NUVARING	RING	2	
<i>ogestrel</i>	TABS	1	
ORTHO EVRA	PTWK	2	QL
ORTHO MICRONOR	TABS	3	
ORTHO TRI-CYCLEN LO	TABS	2	
ORTHO-CEPT-28	TABS	3	
ORTHO-CYCLEN-28	TABS	3	
ORTHO-NOVUM 1/50-28	TABS	3	
ORTHO-NOVUM 7/7/7-28	TABS	3	
OVCON-35	TABS	3	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
OVCON-50 28	TABS	2	
PLAN B	TABS	2	
<i>portia-28</i>	TABS	1	
PREFEST	TABS	3	
PREMPHASE	TABS	2	
PREMPRO	TABS	2	
<i>previfem</i>	TABS	1	
PROCHIEVE	GEL	2	
PROMETRIUM	CAPS	2	
PROVERA	TABS	3	
<i>quasense</i>	TABS	1	
<i>reclipsen</i>	TABS	1	
SEASONALE	TABS	3	
<i>solia</i>	TABS	1	
<i>sprintec 28</i>	TABS	1	
TRI-LEVLEN CONTRACT PACK	TABS	3	
TRI-LEVLEN	TABS	3	
<i>trinessa</i>	TABS	1	
TRI-NORINYL 28	TABS	3	
TRIPHASIL 28	TABS	3	
<i>tri-previfem</i>	TABS	1	
<i>tri-sprintec</i>	TABS	1	
<i>trivora-28</i>	TABS	1	
<i>velivet</i>	TABS	1	
YASMIN 28	TABS	2	
<i>zovia 1/35e</i>	TABS	1	
<i>zovia 1/50e</i>	TABS	1	
<b>Selective Estrogen Receptor Modifying Agents</b>			
EVISTA	TABS	2	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>			
CYTOMEL	TABS	2	
<i>levothroid</i>	TABS	1	
<i>levothyroxine sodium</i>	TABS	1	
LEVOTHYROXINE SODIUM	SOLUTION	5	
<i>levoxl</i>	TABS	1	
LIOthyRONINE SODIUM	SOLUTION	5	
SYNTHROID	TABS	3	
THYROLAR-1/2	TABS	2	
THYROLAR-1/4	TABS	2	
THYROLAR-1	TABS	2	
THYROLAR-2	TABS	2	
THYROLAR-3	TABS	2	
<i>unithroid</i>	TABS	1	
<b>Hormonal Agents, Suppressant (Adrenal)</b>			
LYSODREN	TABS	2	
<b>Hormonal Agents, Suppressant (Parathyroid)</b>			
SENSIPAR	TABS	2	
<b>Hormonal Agents, Suppressant (Pituitary)</b>			
<i>cabergoline</i>	TABS	1	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
DOSTINEX	TABS	3	
ELIGARD	KIT	5	
LEUPROLIDE ACETATE	KIT	5	
LEUPROLIDE ACETATE	SOLUTION	5	
LUPRON 2 WEEK SUPPLY	KIT	5	
LUPRON 6-PACK	SOLUTION	5	
LUPRON DEPOT	KIT	5	QL
LUPRON DEPOT-PED	KIT	5	
OCTREOTIDE ACETATE	SOLUTION	5	
SANDOSTATIN LAR DEPOT	KIT	5	
SANDOSTATIN	SOLUTION	5	
SOMAVERT	SOLUTION	5	PA
SYNAREL	SOLUTION	2	
TRELSTAR DEPOT	SUSPENSION	5	
TRELSTAR LA	SUSPENSION	5	
VANTAS	KIT	5	
VIADUR	KIT	5	
ZOLADEX	IMPL	5	
<b>Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)</b>			
<b><i>Antiandrogens</i></b>			
CASODEX	TABS	2	
<i>flutamide</i>	CAPS	1	
NILANDRON	TABS	2	
<b>Hormonal Agents, Suppressant (Thyroid)</b>			
<b><i>Antithyroid Agents</i></b>			
<i>methimazole</i>	TABS	1	
<i>propylthiouracil</i>	TABS	1	
TAPAZOLE	TABS	3	
<b>Immunological Agents</b>			
<b><i>Immune Stimulants</i></b>			
THERACYS	SUSPENSION	5	
TICE BCG	SUSPENSION	5	
ACTHIB	SOLUTION	5	
ADACEL	SUSPENSION	5	
ATTENUVAX	INJ	5	
BOOSTRIX	SUSPENSION	5	
COMVAX	SUSPENSION	5	
DAPTACEL	SUSPENSION	5	
DECAVAC	INJ	5	
DIPHTHERIA/TETANUS TOXOID PEDIATRIC	INJ	5	
ENGERIX-B	INJ	5	PA
ENGERIX-B	SUSPENSION	5	PA
GARDASIL	SUSPENSION	5	
HAVRIX	SUSPENSION	5	
HIBTITER	SOLUTION	5	
IMOVAX RABIES (H.D.C.V.)	INJ	5	
INFANRIX	SUSPENSION	5	
IPOL INACTIVATED IPV	INJ	5	
JE-VAX	SOLUTION	5	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
MENACTRA	INJ	5	
MENOMUNE-A/C/Y/W-135	INJ	5	
MERUVAX II W/DILUENT 1 DOSE	INJ	5	
MERUVAX II W/DILUENT 10 DOSE	INJ	5	
M-M-R II W/DILUENT 1 DOSE	INJ	5	
M-M-R II W/DILUENT 10 DOSE	INJ	5	
M-R-VAX II	INJ	5	
MUMPSVAX W/DILUENT 1 DOSE	INJ	5	
MUMPSVAX W/DILUENT 10 DOSE	INJ	5	
PEDIARIX	SUSPENSION	5	PA
PEDVAX HIB	SOLUTION	5	
PROQUAD	INJ	5	
RABAVERT	SUSPENSION	5	
RECOMBIVAX HB	INJ	5	PA
RECOMBIVAX HB	SUSPENSION	5	PA
ROTATEQ	SUSPENSION	5	
TETANUS TOXOID ADSORBED	SOLUTION	5	
TETANUS TOXOID	SOLUTION	5	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	SUSPENSION	5	
TRIHIBIT	KIT	5	
TRIPEDIA	SUSPENSION	5	
TWINRIX	SUSPENSION	5	
TYPHIM VI	SOLUTION	5	
VAQTA	SUSPENSION	5	
VARIVAX	INJ	5	
VIVOTIF BERNA	CONT.REL.CAPS	2	QL
YF-VAX	INJ	5	
ZOSTAVAX	SOLUTION	5	
<b>Immune Suppressants</b>			
AZASAN	TABS	2	PA
AZATHIOPRINE SODIUM	SOLUTION	5	PA
<i>azathioprine</i>	TABS	1	PA
CELLCEPT INTRAVENOUS	SOLUTION	5	PA
CELLCEPT	CAPS	2	PA
CELLCEPT	SUSPENSION	2	PA
CELLCEPT	TABS	2	PA
<i>cyclosporine modified</i>	CAPS	1	PA
<i>cyclosporine modified</i>	SOLUTION	1	PA
CYCLOSPORINE MODIFIED	CAPS	2	PA
<i>cyclosporine</i>	CAPS	1	PA
<i>cyclosporine</i>	SOLUTION	1	PA
CYCLOSPORINE	SOLUTION	5	PA
ENBREL SURECLICK	SOLUTION	4	PA
ENBREL	KIT	4	PA
ENBREL	SOLUTION	4	PA
<i>gengraf</i>	CAPS	1	PA
<i>gengraf</i>	SOLUTION	1	PA
HUMIRA PEN	KIT	5	PA

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
HUMIRA	KIT	5	PA
IMURAN	TABS	3	PA
METHOTREXATE SODIUM	SOLUTION	5	PA
METHOTREXATE SODIUM <i>methotrexate</i>	SOLUTION	5	PA
	TABS	1	PA
MYFORTIC	ENTERIC COATED	2	PA
NEORAL	CAPS	3	PA
NEORAL	SOLUTION	3	PA
ORENCIA	SOLUTION	4	PA
ORTHOCLONE OKT3	INJ	5	PA
PROGRAF	CAPS	2	PA
PROGRAF	SOLUTION	5	PA
RAPAMUNE	SOLUTION	2	PA
RAPAMUNE	TABS	2	PA
REMICADE	SOLUTION	5	PA
RHEUMATREX	TABS	2	PA
SANDIMMUNE	CAPS	3	PA
SANDIMMUNE	SOLUTION	3	PA
SANDIMMUNE	SOLUTION	5	PA
SIMULECT	SOLUTION	5	PA
TREXALL	TABS	2	PA
ZENAPAX	SOLUTION	5	PA
<b><i>Immunizing Agents, Passive</i></b>			
ATGAM	INJ	5	
CARIMUNE NANOFILTERED	SOLUTION	5	PA
CARIMUNE	SOLUTION	5	PA
FLEBOGAMMA	SOLUTION	5	PA
GAMASTAN S/D	INJ	5	PA
GAMMAGARD LIQUID	SOLUTION	5	PA
GAMMAGARD S/D	SOLUTION	5	PA
GAMUNEX	SOLUTION	5	PA
IMMUNE GLOBULIN	INJ	5	PA
IVEEGAM EN	SOLUTION	5	PA
OCTAGAM	SOLUTION	5	PA
PANGLOBULIN NF	SOLUTION	5	PA
PANGLOBULIN	SOLUTION	5	PA
POLYGAM S/D	SOLUTION	5	PA
THYMOGLOBULIN	SOLUTION	5	
VENOGLOBULIN-S	SOLUTION	5	PA
VIVAGLOBIN	SOLUTION	5	PA
<b><i>Immunomodulators</i></b>			
ACTIMMUNE	SOLUTION	5	
ALFERON N	SOLUTION	5	
ARAVA	TABS	3	
AVONEX	KIT	5	
BETASERON	SOLUTION	5	
COPAXONE	KIT	4	
INFERGEN	INJ	5	
INTRON-A W/DILUENT	SOLUTION	5	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
INTRON-A	KIT	5	
INTRON-A	SOLUTION	5	
KINERET	SOLUTION	5	PA
<i>leflunomide</i>	TABS	1	
PEGASYS	KIT	5	
PEG-INTRON REDIPEN PAK 4	KIT	5	
PEG-INTRON REDIPEN	KIT	5	
PEG-INTRON	KIT	5	
REBIF TITRATION PACK	SOLUTION	5	
REBIF	SOLUTION	5	
RIDAURA	CAPS	2	
ROFERON-A	KIT	5	
TYSABRI	SOLUTION	5	PA
<b>Inflammatory Bowel Disease Agents</b>			
<b>Glucocorticoids</b>			
<i>colocort</i>	ENEMA	1	
CORTENEMA	ENEMA	3	
ENTOCORT EC	CONT.REL.TABS	3	
<i>hydrocortisone</i>	ENEMA	1	
<b>Salicylates</b>			
ASACOL	ENTERIC COATED	2	
<i>balsalazide disodium</i>	CAPS	1	
CANASA	SUPP	2	
COLAZAL	CAPS	2	
LIALDA	ENTERIC COATED	2	
<i>mesalamine</i>	ENEMA	1	
PENTASA	CONT.REL.CAPS	2	
ROWASA	ENEMA	3	
<b>Sulfonamides</b>			
AZULFIDINE EN-TABS	ENTERIC COATED	3	
AZULFIDINE	TABS	3	
<i>sulfasalazine</i>	TABS	1	
<i>sulfasalazine</i>	ENTERIC COATED	1	
<i>sulfazine ec</i>	ENTERIC COATED	1	
<i>sulfazine</i>	TABS	1	
<b>Metabolic Bone Disease Agents</b>			
ACTONEL WITH CALCIUM	TABS	2	QL
ACTONEL	TABS	2	QL
<i>alendronate sodium</i>	TABS	1	QL
AREZIA	SOLUTION	5	
BONIVA	TABS	3	
BONIVA	KIT	5	
CALCIJEX	SOLUTION	5	
<i>calcitriol</i>	CAPS	1	
<i>calcitriol</i>	SOLUTION	1	
CALCITRIOL	SOLUTION	5	
DIDRONEL	TABS	3	
<i>etidronate disodium</i>	TABS	1	
FORTEO	SOLUTION	4	PA

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>fortical</i>	SOLUTION	1	
FOSAMAX PLUS D	TABS	2	QL
FOSAMAX	SOLUTION	2	
FOSAMAX	TABS	2	QL
HECTOROL	CAPS	2	
HECTOROL	SOLUTION	5	
MIACALCIN	SOLUTION	3	
MIACALCIN	SOLUTION	5	
PAMIDRONATE DISODIUM	SOLUTION	5	
PAMIDRONATE DISODIUM	SOLUTION	5	
ROCALTROL	CAPS	2	
ROCALTROL	SOLUTION	2	
SKELID	TABS	2	
ZEMPLAR	CAPS	2	
ZEMPLAR	SOLUTION	5	
ZOMETA	SOLUTION	5	
<b>Miscellaneous Therapeutic Agents</b>			
AGRYLIN	CAPS	3	
ALCOHOL 5%/DEXTROSE 5%	SOLUTION	5	
ALCOHOL SWABS	PADS	5	
<i>anagrelide hydrochloride</i>	CAPS	1	
BD ECLIPSE SYRINGE/1ML/30GX1/2"	MISC	5	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	MISC	5	
BD NEEDLE/30G X 1/2"	MISC	5	
BOTOX	SOLUTION	5	PA
CARNITOR	TABS	3	
DEXRAZOXANE	SOLUTION	5	
GAUZE PADS 2"X2"	PADS	2	
INTRALIPID 20%	EMUL	5	
INTRALIPID	EMUL	5	
KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G	MISC	5	
KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G	MISC	5	
KMART VALU PLUS INSULIN SYRINGE/1ML/29G	MISC	5	
<i>levocarnitine</i>	TABS	1	
LIPOSYN II	EMUL	5	
LIPOSYN III	EMUL	5	
MYOBLOC	SOLUTION	5	PA
<i>pentopak</i>	CONT.REL.TABS	1	
<i>pentoxifylline cr</i>	CONT.REL.TABS	1	
<i>pentoxifylline er</i>	CONT.REL.TABS	1	
<i>pentoxil</i>	CONT.REL.TABS	1	
TRAVERT 10%-1/2NS-KCL	SOLUTION	5	
TRAVERT 10%	SOLUTION	5	
TRAVERT 10%-NORMAL SALINE	SOLUTION	5	
TRAVERT 5%/ELECTROLYTE #2	SOLUTION	5	
TRAVERT	SOLUTION	5	
TRENTAL	CONT.REL.TABS	3	
UNIFINE PENTIPS/12MM	MISC	5	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
ZINECARD	SOLUTION	5	
<b>Ophthalmic Agents</b>			
<b>Ophthalmic Agents, Other</b>			
<i>ak-con</i>	SOLUTION	1	QL
<i>ak-poly-bac</i>	OINTMENT	1	QL
<i>ak-tob</i>	SOLUTION	1	QL
ALBALON	SOLUTION	2	QL
ALCAINE	SOLUTION	2	QL
<i>atropine sulfate</i>	OINTMENT	1	QL
<i>atropine sulfate</i>	SOLUTION	1	QL
AZASITE	SOLUTION	2	QL
<i>bac /poly /neomy /hc</i>	OINTMENT	1	QL
<i>bacitracin/polymyxin b</i>	OINTMENT	1	QL
<i>bacitracin</i>	OINTMENT	1	QL
BLEPH-10	SOLUTION	3	QL
CILOXAN	OINTMENT	3	QL
CILOXAN	SOLUTION	3	QL
<i>genoptic</i>	SOLUTION	1	QL
<i>gentak</i>	OINTMENT	1	QL
<i>gentak</i>	SOLUTION	1	QL
<i>gentasol</i>	SOLUTION	1	QL
LACRISERT	INST	2	QL
<i>mydral</i>	SOLUTION	1	QL
MYDRIACYL	SOLUTION	3	QL
<i>naphazoline hcl</i>	SOLUTION	1	QL
NATACYN	SUSPENSION	2	QL
<i>neocin-pg</i>	SOLUTION	1	QL
<i>neomycin /polymyxin /gramicidin</i>	SOLUTION	1	QL
<i>neomycin/bacitracin zn/polymyx</i>	OINTMENT	1	QL
NEOSPORIN	SOLUTION	3	QL
OCUFLOX	SOLUTION	3	QL
<i>ocusulf-10</i>	SOLUTION	1	QL
<i>ofloxacin</i>	SOLUTION	1	QL
<i>parcaine</i>	SOLUTION	1	QL
<i>polycin b</i>	OINTMENT	1	QL
<i>polymyxin b sulfate/trimethoprim sulfate</i>	SOLUTION	1	
POLYTRIM	SOLUTION	2	QL
<i>proparacaine hcl</i>	SOLUTION	1	QL
RESTASIS	EMUL	2	QL
<i>romycin</i>	OINTMENT	1	QL
<i>sulf-10</i>	SOLUTION	1	QL
<i>sulfacetamide sodium</i>	SOLUTION	1	QL
SULFACETAMIDE SODIUM	OINTMENT	2	QL
<i>tobrasol</i>	SOLUTION	1	QL
TOBREX	OINTMENT	2	QL
TOBREX	SOLUTION	2	QL
<i>trifluridine</i>	SOLUTION	1	QL
<i>trimethoprim sulfate/polymyxin b sulfate</i>	SOLUTION	1	
<i>tropicacyl</i>	SOLUTION	1	QL

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>tropicamide</i>	SOLUTION	1	QL
VIGAMOX	SOLUTION	2	QL
VIROPTIC	SOLUTION	3	QL
<b>Ophthalmic Anti-allergy Agents</b>			
ALAMAST	SOLUTION	2	QL
ALOCRIAL	SOLUTION	2	QL
ALOMIDE	SOLUTION	2	QL
CROLOM	SOLUTION	3	QL
<i>cromolyn sodium</i>	SOLUTION	1	QL
ELESTAT	SOLUTION	2	QL
EMADINE	SOLUTION	2	QL
<i>ketotifen fumarate</i>	SOLUTION	1	
OPTIVAR	SOLUTION	2	QL
PATADAY	SOLUTION	2	QL
PATANOL	SOLUTION	2	QL
<b>Ophthalmic Antiglaucoma Agents</b>			
ALPHAGAN P	SOLUTION	2	QL
AZOPT	SUSPENSION	2	QL
BETAGAN C CAP QD	SOLUTION	3	QL
BETAGAN WITHOUT C CAP	SOLUTION	3	QL
BETAGAN	SOLUTION	3	QL
<i>betaxolol hcl</i>	SOLUTION	1	
BETIMOL	SOLUTION	2	QL
BETOPTIC-S	SUSPENSION	2	QL
<i>brimonidine tartrate</i>	SOLUTION	1	QL
<i>carbastat</i>	SOLUTION	1	
<i>carteolol hcl</i>	SOLUTION	1	QL
COMBIGAN	SOLUTION	2	QL
COSOPT	SOLUTION	2	QL
<i>dipivefrin hcl</i>	SOLUTION	1	QL
IOPIDINE	SOLUTION	2	QL
ISTALOL	SOLUTION	2	QL
<i>levobunolol hcl</i>	SOLUTION	1	
<i>methazolamide</i>	TABS	1	
<i>metipranolol</i>	SOLUTION	1	QL
MIOSAT	SOLUTION	2	
OPTIPRANOLOL	SOLUTION	3	QL
PHOSPHOLINE IODIDE	SOLUTION	2	QL
PILOPINE HS	GEL	2	QL
PROPINE	SOLUTION	2	QL
<i>timolol maleate ophthalmic gel forming</i>	SOLG	1	QL
<i>timolol maleate</i>	SOLUTION	1	QL
TIMOPTIC OCUDOSE	SOLUTION	3	QL
TIMOPTIC	SOLUTION	3	QL
TIMOPTIC-XE	SOLG	3	QL
TRUSOPT	SOLUTION	2	QL
<b>Ophthalmic Anti-inflammatories</b>			
ACULAR LS	SOLUTION	2	QL
ACULAR PF	SOLUTION	2	QL

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
ACULAR	SOLUTION	2	QL
ALREX	SUSPENSION	2	QL
BLEPHAMIDE S.O.P.	OINTMENT	2	
BLEPHAMIDE	SUSPENSION	2	QL
CORTISPORIN	SUSPENSION	3	QL
<i>dexamethasone sodium phosphate</i>	SOLUTION	1	QL
<i>dexasol</i>	SOLUTION	1	QL
<i>dexasporin</i>	SUSPENSION	1	QL
<i>diclofenac sodium</i>	SOLUTION	1	QL
ECONOPRED PLUS	SUSPENSION	2	
FLAREX	SUSPENSION	2	QL
<i>fluorometholone</i>	SUSPENSION	1	QL
<i>fluor-op</i>	SUSPENSION	1	QL
<i>flurbiprofen sodium</i>	SOLUTION	1	QL
FML FORTE	SUSPENSION	2	QL
FML LIQUIFILM	SUSPENSION	3	QL
FML S.O.P.	OINTMENT	2	QL
LOTEMAX	SUSPENSION	2	QL
MAXIDEX	SUSPENSION	2	
MAXITROL	OINTMENT	2	QL
MAXITROL	SUSPENSION	2	QL
<i>neo /poly /bac /hc</i>	OINTMENT	1	QL
<i>neomycin /polymyxin /dexamethasone</i>	OINTMENT	1	QL
<i>neomycin /polymyxin /dexamethasone</i>	SUSPENSION	1	QL
<i>neomycin /polymyxin /hydrocortisone</i>	SUSPENSION	1	
NEVANAC	SUSPENSION	2	QL
OCUFEN	SOLUTION	2	QL
<i>poly-dex</i>	OINTMENT	1	QL
<i>poly-dex</i>	SUSPENSION	1	QL
POLY-PRED	SUSPENSION	2	QL
PRED FORTE	SUSPENSION	3	QL
PRED MILD	SUSPENSION	2	QL
PRED-G S.O.P.	OINTMENT	2	QL
PRED-G	SUSPENSION	2	QL
<i>prednisol</i>	SOLUTION	1	QL
<i>prednisolone acetate</i>	SUSPENSION	1	
<i>prednisolone sodium phosphate</i>	SOLUTION	1	QL
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	SOLUTION	1	QL
TOBRADEX	OINTMENT	2	QL
TOBRADEX	SUSPENSION	2	QL
VEXOL	SUSPENSION	2	QL
VOLTAREN	SOLUTION	3	QL
XIBROM	SOLUTION	2	
ZYLET	SUSPENSION	2	QL
<b>Ophthalmic Prostaglandin and Prostamide Analogs</b>			
LUMIGAN	SOLUTION	2	QL
TRAVATAN Z	SOLUTION	2	QL
TRAVATAN	SOLUTION	2	

Drug Name	Dosage Form	Drug Tier	Requirements/Limits
XALATAN	SOLUTION	2	QL
<b>Otic Agents</b>			
<i>acetic acid/hydrocortisone</i>	SOLUTION	1	
<i>antibiotic ear</i>	SOLUTION	1	
<i>antibiotic ear</i>	SUSPENSION	1	
CIPRO HC	SUSPENSION	2	
CIPRODEX	SUSPENSION	2	
COLY-MYCIN-S	SUSPENSION	2	
CORTISPORIN	SOLUTION	3	
CORTISPORIN	SUSPENSION	3	
CORTISPORIN-TC	SUSPENSION	3	
<i>cortomycin</i>	SOLUTION	1	
<i>cortomycin</i>	SUSPENSION	1	
DERMOTIC	OIL	2	
<i>neomycin /polymyxin /hc</i>	SOLUTION	1	
<i>neomycin /polymyxin /hydrocortisone</i>	SOLUTION	1	
<i>neomycin /polymyxin /hydrocortisone</i>	SUSPENSION	1	
<i>oticin hc</i>	SUSPENSION	1	
PEDIOTIC	SUSPENSION	3	
<b>Otic Agents</b>			
<i>acetic acid</i>	SOLUTION	1	
<i>borofair</i>	SOLUTION	1	
FLOXIN OTIC SINGLES	SOLUTION	3	
FLOXIN OTIC	SOLUTION	3	
<i>uni-otic</i>	LIQUID	1	
<b>Respiratory Tract Agents</b>			
<b>Antihistamines</b>			
ALLEGRA	SUSPENSION	3	
ALLEGRA	TABS	3	
ALLEGRA-D 12 HOUR	CONT.REL.TABS	3	
ALLEGRA-D 24 HOUR	CONT.REL.TABS	3	
ANTIVERT	TABS	3	
ASTELIN	SOLUTION	2	QL
BENADRYL	SOLUTION	5	
<i>clemastine fumarate</i>	SYRUP	1	
<i>clemastine fumarate</i>	TABS	1	
<i>cyproheptadine hcl</i>	SYRUP	1	
<i>cyproheptadine hcl</i>	TABS	1	
DEXCHLORPHENIRAMINE MALEATE	SYRUP	2	
<i>diphenhydramine hcl</i>	CAPS	1	
<i>diphenhydramine hcl</i>	ELIX	1	
DIPHENHYDRAMINE HCL	SOLUTION	5	
<i>fexofenadine hcl</i>	TABS	1	
<i>hydroxyzine hcl</i>	SYRUP	1	
<i>hydroxyzine hcl</i>	TABS	1	
HYDROXYZINE HCL	SOLUTION	5	
<i>hydroxyzine pamoate</i>	CAPS	1	
<i>meclizine hcl</i>	TABS	1	
<i>palgic</i>	LIQUID	1	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
PALGIC	TABS	2	
<i>promethazine vc</i>	SYRUP	1	
SEMPREX-D	CAPS	2	
VISTARIL	SUSPENSION	2	
VISTARIL	CAPS	3	
ZYRTEC	SYRUP	3	
<b>Anti-inflammatories, Inhaled Corticosteroids</b>			
ADVAIR DISKUS	MISC	2	
ADVAIR HFA	AERO	2	
AEROBID	AEROSOL	3	QL
AEROBID-M	AEROSOL	3	QL
ASMANEX 120 METERED DOSES	AEROSOL	2	
ASMANEX 14 METERED DOSES	AEROSOL	2	
ASMANEX 30 METERED DOSES	AEROSOL	2	
ASMANEX 60 METERED DOSES	AEROSOL	2	
AZMACORT	AEROSOL	3	QL
BECONASE AQ	SUSPENSION	3	QL
FLONASE	SUSPENSION	3	QL
FLOVENT HFA	AERO	2	QL
<i>flunisolide</i>	SOLUTION	1	QL
<i>fluticasone propionate</i>	SUSPENSION	1	
NASACORT AQ	AEROSOL	3	QL
NASAREL	SOLUTION	2	QL
PULMICORT FLEXHALER	INHA	2	QL
PULMICORT TURBUHALER	AEROSOL	2	QL
PULMICORT	SUSPENSION	2	
QVAR	AEROSOL	2	QL
RHINOCORT AQUA	SUSPENSION	3	QL
SYMBICORT	AERO	2	QL
VERAMYST	SUSPENSION	3	QL
<b>Antileukotrienes</b>			
ACCOLATE	TABS	2	
SINGULAIR	CHEW	2	
SINGULAIR	PACK	2	
SINGULAIR	TABS	2	
ZYFLO CR	CONT.REL.TABS	3	
<b>Bronchodilators, Anticholinergic</b>			
<i>albuterol sulfate/ipratropium bromide</i>	SOLUTION	1	
ATROVENT HFA	AEROSOL	2	
ATROVENT	SOLUTION	3	
DUONEB	SOLUTION	2	
<i>ipratropium bromide</i>	SOLUTION	1	
SPIRIVA HANDIHALER	CAPS	2	QL
<b>Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)</b>			
<i>aminophylline</i>	TABS	1	
AMINOPHYLLINE	SOLUTION	5	
DILOR	SOLUTION	5	
ELIXOPHYLLIN	ELIX	2	
LUFYLLIN	TABS	2	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
THEO-24	CONT.REL.TABS	2	
<i>theocap</i>	CONT.REL.TABS	1	
<i>theochron</i>	CONT.REL.TABS	1	
<i>theophylline cr</i>	CONT.REL.TABS	1	
<i>theophylline er</i>	CONT.REL.TABS	1	
<i>theophylline er</i>	CONT.REL.TABS	1	
<i>theophylline er</i>	CONT.REL.TABS	1	
<i>theophylline td</i>	CONT.REL.TABS	1	
UNIPHYL	CONT.REL.TABS	3	
<b>Bronchodilators, Sympathomimetic</b>			
ACCUNEB	NEB SOLUTION	2	
ADRENALIN	SOLUTION	2	
ADRENALIN	SOLUTION	5	
<i>airet</i>	NEB SOLUTION	1	
<i>albuterol sulfate er</i>	CONT.REL.TABS	1	
<i>albuterol sulfate</i>	NEB SOLUTION	1	
<i>albuterol sulfate</i>	SYRUP	1	
<i>albuterol sulfate</i>	TABS	1	
<i>albuterol</i>	AEROSOL	1	QL
ALUPENT	AERP	3	
BRETHINE	TABS	2	
BRETHINE	SOLUTION	5	
COMBIVENT	AERO	2	QL
EPINEPHRINE HCL	SOLUTION	5	
EPIPEN 2-PAK	DEVICE	5	
EPIPEN-JR 2-PAK	DEVICE	5	
FORADIL AEROLIZER	CAPS	2	QL
ISUPREL	SOLUTION	5	
MAXAIR AUTOHALER	AERB	3	QL
<i>metaproterenol sulfate</i>	SYRUP	1	
METAPROTERENOL SULFATE	TABS	2	
PERFOROMIST	NEB SOLUTION	2	
PROAIR HFA	AEROSOL	2	QL
PROVENTIL HFA	AEROSOL	2	QL
PROVENTIL	AEROSOL	3	QL
<i>proventil</i>	NEB SOLUTION	3	
SEREVENT DISKUS	AEROSOL	2	QL
<i>terbutaline sulfate</i>	TABS	1	
TERBUTALINE SULFATE	SOLUTION	5	
TWINJECT	DEVICE	5	
VENTOLIN HFA	AEROSOL	2	QL
VOSPIRE ER	CONT.REL.TABS	3	
XOPENEX CONCENTRATE	NEB SOLUTION	3	
XOPENEX	NEB SOLUTION	3	
<b>Mast Cell Stabilizers</b>			
<i>cromolyn sodium</i>	NEB SOLUTION	1	
INTAL INHALER	AEROSOL	2	
INTAL	NEB SOLUTION	3	
TILADE	AEROSOL	2	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<b>Pulmonary Antihypertensives</b>			
LETAIRIS	TABS	4	PA
REVATIO	TABS	2	PA
TRACLEER	TABS	4	PA
<b>Respiratory Tract Agents, Other</b>			
ACETADOTE	SOLUTION	5	
ARALAST	SOLUTION	5	
<i>flunisolide</i>	SOLUTION	1	QL
<i>ipratropium bromide</i>	SOLUTION	1	
NASONEX	SUSPENSION	2	QL
PROLASTIN	SOLUTION	5	PA
PROLASTIN	SUSPENSION	5	PA
TYZINE PEDIATRIC NASAL DROPS	SOLUTION	2	
TYZINE	SOLUTION	2	
XOLAIR	SOLUTION	5	PA
ZEMAIRA	SOLUTION	5	
<b>Sedatives/ Hypnotics</b>			
AMBIEN	TABS	3	
LUNESTA	TABS	3	
ROZEREM	TABS	3	
SONATA	CAPS	3	
<i>zolpidem tartrate</i>	TABS	1	
<b>Skeletal Muscle Relaxants</b>			
<i>carisoprodol /aspirin /codeine</i>	TABS	1	
<i>carisoprodol/aspirin</i>	TABS	1	
<i>carisoprodol</i>	TABS	1	
<i>chlorzoxazone</i>	TABS	1	
<i>cyclobenzaprine hcl</i>	TABS	1	
FLEXERIL	TABS	3	
<i>methocarbamol</i>	TABS	1	
NORFLEX	SOLUTION	5	
<i>orphenadrine citrate er</i>	CONT.REL.TABS	1	
ORPHENADRINE CITRATE	SOLUTION	5	
<i>orphenadrine compound ds</i>	TABS	1	
<i>orphenadrine compound</i>	TABS	1	
<i>orphenadrine/asa/caff</i>	TABS	1	
<i>orphengesic forte</i>	TABS	1	
<i>orphengesic</i>	TABS	1	
PARAFON FORTE DSC	TABS	2	
ROBAXIN	TABS	2	
ROBAXIN	SOLUTION	5	
ROBAXIN-750	TABS	2	
SKELAXIN	TABS	2	
SOMA COMPOUND/CODEINE	TABS	3	
SOMA COMPOUND	TABS	2	
SOMA	TABS	3	
<b>Therapeutic Nutrients/ Minerals/ Electrolytes</b>			
PROSOL	SOLUTION	5	
<b>Electrolytes/ Minerals</b>			

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
AMINESS	SOLUTION	5	
AMINOSYN 7%/ELECTROLYTES	SOLUTION	5	
AMINOSYN 8.5%/ELECTROLYTES	SOLUTION	5	
AMINOSYN II 3.5%/DEXTROSE25%	SOLUTION	5	
AMINOSYN II 3.5%/DEXTROSE5%	SOLUTION	5	
AMINOSYN II 3.5/DEXTROSE 25%	SOLUTION	5	
AMINOSYN II 4.25/DEXTROSE10%	SOLUTION	5	
AMINOSYN II 4.25/DEXTROSE20%	SOLUTION	5	
AMINOSYN II 4.25/DEXTROSE25%	SOLUTION	5	
AMINOSYN II 5/DEXTROSE 25	SOLUTION	5	
AMINOSYN II 8.5%/ELECTROLYTES	SOLUTION	5	
AMINOSYN II M 3.5%/DEXTROSE 5%	SOLUTION	5	
AMINOSYN II M 4.25/DEXTROSE 10%	SOLUTION	5	
AMINOSYN II	SOLUTION	5	
AMINOSYN M	SOLUTION	5	
AMINOSYN	SOLUTION	5	
AMINOSYN-HBC	SOLUTION	5	
AMINOSYN-HF	SOLUTION	5	
AMINOSYN-PF 7%	SOLUTION	5	
AMINOSYN-PF	SOLUTION	5	
CLIMIMIX E 4.25%/DEXTROSE 5%	SOLUTION	5	
CLINIMIX 2.75%/DEXTROSE 5%	SOLUTION	5	
CLINIMIX 4.25%/DEXTROSE 10%	SOLUTION	5	
CLINIMIX 4.25%/DEXTROSE 20%	SOLUTION	5	
CLINIMIX 4.25%/DEXTROSE 25%	SOLUTION	5	
CLINIMIX 4.25%/DEXTROSE 5%	SOLUTION	5	
CLINIMIX 5%/DEXTROSE 15%	SOLUTION	5	
CLINIMIX 5%/DEXTROSE 20%	SOLUTION	5	
CLINIMIX 5%/DEXTROSE 25%	SOLUTION	5	
CLINIMIX E 2.75%/DEXTROSE 10%	SOLUTION	5	
CLINIMIX E 2.75%/DEXTROSE 5%	SOLUTION	5	
CLINIMIX E 4.25%/DEXTROSE 25%	SOLUTION	5	
CLINIMIX E 5%/DEXTROSE 15%	SOLUTION	5	
CLINIMIX E 5%/DEXTROSE 20%	SOLUTION	5	
CLINIMIX E 5%/DEXTROSE 25%	SOLUTION	5	
CLINIMIX E 5%/DEXTROSE 35%	SOLUTION	5	
CLINISOL SF 15%	SOLUTION	5	
DELFLEX-LC/1.5% DEXTROSE	SOLUTION	5	
DELFLEX-LC/2.5% DEXTROSE	SOLUTION	5	
DELFLEX-LC/4.25% DEXTROSE	SOLUTION	5	
DELFLEX-LM/1.5% DEXTROSE	SOLUTION	5	
DELFLEX-LM/2.5% DEXTROSE	SOLUTION	5	
DELFLEX-LM/4.25% DEXTROSE	SOLUTION	5	
DELFLEX-SM/1.5% DEXTROSE	SOLUTION	5	
DELFLEX-SM/2.5% DEXTROSE	SOLUTION	5	
DELFLEX-SM/4.25% DEXTROSE	SOLUTION	5	
DEXTROSE 10%/NACL 0.45%	SOLUTION	5	
DEXTROSE 2.5% LACTATED RINGERS 1/2ST	SOLUTION	5	
DEXTROSE 2.5%	SOLUTION	5	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	SOLUTION	5	
DEXTROSE 5% /ELECTROLYTE #75 VIAFLEX	SOLUTION	5	
DEXTROSE 10% FLEX CONTAINER	SOLUTION	5	
DEXTROSE 10%/NACL 0.2%	SOLUTION	5	
DEXTROSE 2.5%/NACL 0.45%	SOLUTION	5	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	SOLUTION	5	
DEXTROSE 5%/LACTATED RINGER'S	SOLUTION	5	
DEXTROSE 5%/NACL 0.2%	SOLUTION	5	
DEXTROSE 5%/NACL 0.225%	SOLUTION	5	
DEXTROSE 5%/NACL 0.33%	SOLUTION	5	
DEXTROSE 5%/NACL 0.45%	SOLUTION	5	
DEXTROSE 5%/NACL 0.9%	SOLUTION	5	
DEXTROSE 5%/POTASSIUM CHLORIDE 0.075%	SOLUTION	5	
DEXTROSE 5%/POTASSIUM CHLORIDE 0.15%	SOLUTION	5	
DEXTROSE 5%/SODIUM CHLORIDE 0.2%	SOLUTION	5	
DEXTROSE 5%/SODIUM CHLORIDE 0.33%	SOLUTION	5	
DEXTROSE 5%/SODIUM CHLORIDE 0.45%	SOLUTION	5	
DEXTROSE 5%/SODIUM CHLORIDE 0.9%	SOLUTION	5	
DEXTROSE 5%	SOLUTION	5	
DIALYTE/2.5% DEXTROSE PATTERN LM	SOLUTION	5	
DIANEAL LOW CALCIUM/1.5% DEXTROSE	SOLUTION	5	
DIANEAL LOW CALCIUM/2.5% DEXTROSE	SOLUTION	5	
DIANEAL LOW CALCIUM/4.25%DEXTROSE	SOLUTION	5	
DIANEAL PD-2/1.5% DEXTROSE	SOLUTION	5	
DIANEAL PD-2/2.5% DEXTROSE	SOLUTION	5	
DIANEAL PD-2/3.5% DEXTROSE	SOLUTION	5	
DIANEAL PD-2/4.25% DEXTROSE	SOLUTION	5	
<i>ed k+10</i>	CONT.REL.TABS	1	
FREAMINE HBC 6.9%	SOLUTION	5	
FREAMINE III 3%	SOLUTION	5	
FREAMINE III 8.5%/DEXTROSE 50%	KIT	5	
FREAMINE III	SOLUTION	5	
HEPATAMINE	SOLUTION	5	
HEPATASOL	SOLUTION	5	
INPERSOL/DEXTROSE	SOLUTION	5	
INPERSOL-LM/1.5% DEXTROSE	SOLUTION	5	
INPERSOL-LM/2.5% DEXTROSE	SOLUTION	5	
INPERSOL-LM/4.25% DEXTROSE	SOLUTION	5	
IONOSOL-B/DEXTROSE 5%	SOLUTION	5	
IONOSOL-MB/DEXTROSE 5%	SOLUTION	5	
IONOSOL-T/DEXTROSE 5%	SOLUTION	5	
ISOLYTE-H/DEXTROSE 5%	SOLUTION	5	
ISOLYTE-M/DEXTROSE 5%	SOLUTION	5	
ISOLYTE-P/DEXTROSE 5%	SOLUTION	5	
ISOLYTE-S PH 7.4	SOLUTION	5	
ISOLYTE-S/DEXTROSE 5%	SOLUTION	5	
ISOLYTE-S	SOLUTION	5	
<i>kaon-cl-10</i>	CONT.REL.TABS	1	
KCL 0.075%/D5W/NACL 0.2%	SOLUTION	5	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
KCL 0.075%/D5W/NACL 0.225	SOLUTION	5	
KCL 0.075%/D5W/NACL 0.45%	SOLUTION	5	
KCL 0.15%/D10W/NACL 0.2%	SOLUTION	5	
KCL 0.15%/D5W/ NACL 0.3%	SOLUTION	5	
KCL 0.15%/D5W/LR	SOLUTION	5	
KCL 0.15%/D5W/NACL 0.2%	SOLUTION	5	
KCL 0.15%/D5W/NACL 0.225%	SOLUTION	5	
KCL 0.15%/D5W/NACL 0.45%	SOLUTION	5	
KCL 0.15%/D5W/NACL 0.9%	SOLUTION	5	
KCL 0.224%/D5W/NACL 0.2%	SOLUTION	5	
KCL 0.224%/D5W/NACL 0.225	SOLUTION	5	
KCL 0.224%/D5W/NACL 0.45%	SOLUTION	5	
KCL 0.3%/D5W/LR IV LAC RING	SOLUTION	5	
KCL 0.3%/D5W/LR	SOLUTION	5	
KCL 0.3%/D5W/NACL 0.2%	SOLUTION	5	
KCL 0.3%/D5W/NACL 0.225%	SOLUTION	5	
KCL 0.3%/D5W/NACL 0.45%	SOLUTION	5	
KCL 0.3%/D5W/NACL 0.9%	SOLUTION	5	
<i>klor-con 10</i>	CONT.REL.TABS	1	
<i>klor-con 8</i>	CONT.REL.TABS	1	
<i>klor-con m10</i>	CONT.REL.TABS	1	
KLOR-CON M15	CONT.REL.TABS	2	
<i>klor-con m20</i>	CONT.REL.TABS	1	
<i>klotrix</i>	CONT.REL.TABS	1	
K-TABS	CONT.REL.TABS	3	
<i>k-vescent</i>	PACK	1	
LACTATED RINGER'S DEXTROSE 5% VIAFLEX	SOLUTION	5	
LACTATED RINGER'S IRRIGATION	SOLUTION	5	
LACTATED RINGER'S VIAFLEX	SOLUTION	5	
<i>leucovorin calcium</i>	TABS	1	
LEUCOVORIN CALCIUM	TABS	2	
LEUCOVORIN CALCIUM	SOLUTION	5	
LEUCOVORIN CALCIUM	SOLUTION	5	
MAGNESIUM SULFATE	SOLUTION	5	
MICRO-K	CONT.REL.CAPS	3	
NEPHRAMINE	SOLUTION	5	
NORMOSOL -R	SOLUTION	5	
NORMOSOL-M IN D5W	SOLUTION	5	
NORMOSOL-R IN D5W	SOLUTION	5	
NORMOSOL-R	SOLUTION	5	
NOVAMINE	SOLUTION	5	
OSMOPREP	TABS	2	
PHYSIOLYTE	SOLUTION	5	
PHYSIOSOL IRRIGATION PH 7.4	SOLUTION	2	
PHYSIOSOL IRRIGATION	SOLUTION	5	
PLASMA-LYTE 56	SOLUTION	5	
PLASMA-LYTE A	SOLUTION	5	
PLASMA-LYTE-148/D5W	SOLUTION	5	
PLASMA-LYTE-148	SOLUTION	5	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
PLASMA-LYTE-56/D5W	SOLUTION	5	
PLASMA-LYTE-R	SOLUTION	5	
POTASSIUM CHLORIDE 0.075%/D5W/NACL 0.225%	SOLUTION	5	
POTASSIUM CHLORIDE 0.15% /NACL 0.45% VIAFLEX	SOLUTION	5	
POTASSIUM CHLORIDE 0.15% D5W/NACL 0.33%	SOLUTION	5	
POTASSIUM CHLORIDE 0.15% D5W/NACL 0.45% VIAFLEX	SOLUTION	5	
POTASSIUM CHLORIDE 0.15% W/NACL 0.9% VIAFLEX	SOLUTION	5	
POTASSIUM CHLORIDE 0.15%/D5W	SOLUTION	5	
POTASSIUM CHLORIDE 0.15%/NACL 0.9%	SOLUTION	5	
POTASSIUM CHLORIDE 0.22% D5W/NACL 0.45%	SOLUTION	5	
POTASSIUM CHLORIDE 0.224%/D5W/NACL 0.45%	SOLUTION	5	
POTASSIUM CHLORIDE 0.224%/D5W	SOLUTION	5	
POTASSIUM CHLORIDE 0.224%D5W/NACL 0.33%	SOLUTION	5	
POTASSIUM CHLORIDE 0.3%/ NACL 0.9%	SOLUTION	5	
POTASSIUM CHLORIDE 0.3%/D5W	SOLUTION	5	
POTASSIUM CHLORIDE 0.3%/NACL 0.9%/VIAFLEX	SOLUTION	5	
<i>potassium chloride cr</i>	CONT.REL.TABS	1	
<i>potassium chloride er</i>	CONT.REL.CAPS	1	
<i>potassium chloride er</i>	CONT.REL.TABS	1	
POTASSIUM CHLORIDE MINI-VIAL	SOLUTION	5	
<i>potassium chloride sa</i>	CONT.REL.TABS	1	
<i>potassium chloride sr</i>	CONT.REL.TABS	1	
<i>potassium chloride</i>	PACK	1	
POTASSIUM CHLORIDE	PACK	2	
POTASSIUM CHLORIDE	SOLUTION	5	
PREMASOL	SOLUTION	5	
PROCALAMINE	SOLUTION	5	
RENAMIN	SOLUTION	5	
RINGER'S INJECTION	SOLUTION	5	
RINGER'S IRRIGATION	SOLUTION	5	
SODIUM BICARBONATE	SOLUTION	5	
SODIUM CHLORIDE 0.9%	SOLUTION	5	
SODIUM CHLORIDE 0.45% VIAFLEX	SOLUTION	5	
SODIUM CHLORIDE 0.9%	SOLUTION	5	
SODIUM CHLORIDE	SOLUTION	5	
<i>sodium fluoride</i>	TABS	1	
TIS-U-SOL VIAFLEX	SOLUTION	5	
TIS-U-SOL	SOLUTION	5	
TPN ELECTROLYTES FTV	SOLUTION	5	
TRAVASOL 2.75%/DEXTROSE 10%	SOLUTION	5	
TRAVASOL 2.75%/DEXTROSE 5%	SOLUTION	5	
TRAVASOL 3.5%/ELECTROLYTES	SOLUTION	5	
TRAVASOL 4.25%/DEXTROSE 10%	SOLUTION	5	
TRAVASOL 4.25%/DEXTROSE 25%	SOLUTION	5	

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
TRAVASOL 4.25%/DEXTROSE 5%	SOLUTION	5	
TRAVASOL 5.5%/DEXTROSE 10%	SOLUTION	5	
TRAVASOL 5.5%/DEXTROSE 20%	SOLUTION	5	
TRAVASOL 5.5%/ELECTROLYTES	SOLUTION	5	
TRAVASOL 8.5%/DEXTROSE 10%	SOLUTION	5	
TRAVASOL 8.5%/DEXTROSE 20%	SOLUTION	5	
TRAVASOL 8.5%/DEXTROSE 50%	SOLUTION	5	
TRAVASOL 8.5%/ELECTROLYTES	SOLUTION	5	
TRAVASOL	SOLUTION	5	
TRAVERT 10%/ELECTROLYTE 2	SOLUTION	5	
TROPHAMINE	SOLUTION	5	
ULTRABAG/DIANEAL LOW CALCIUM/1.5% DEXTROSE	SOLUTION	5	
ULTRABAG/DIANEAL LOW CALCIUM/2.5% DEXTROSE	SOLUTION	5	
ULTRABAG/DIANEAL LOW CALCIUM/4.25% DEXTROSE	SOLUTION	5	
ULTRABAG/DIANEAL PD-2/1.5% DEXTROSE	SOLUTION	5	
ULTRABAG/DIANEAL PD-2/2.5% DEXTROSE	SOLUTION	5	
ULTRABAG/DIANEAL PD-2/4.25% DEXTROSE	SOLUTION	5	
UROCIT-K 10	CONT.REL.TABS	2	
UROCIT-K 5	CONT.REL.TABS	2	
<b>Vitamins</b>			
<i>prenatal rx</i>	TABS	1	

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