

2011 Formulary

(List of Covered Drugs)



BlueAdvantage Goldsm (PFFS)
BlueAdvantage Rubysm (PPO)



A health plan with a Medicare contract.

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.

BlueAdvantage

2011 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.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2012.

A health plan with a Medicare Contract.

Call Members Services at 1-800-841-7434. TTY/TDD users call: 1-888-423-9490. You may call Member Services from 8:00 a.m. to 9:00 p.m. Eastern Time, 7 days a week.

What is the BlueAdvantage Formulary?

A formulary is a list of covered drugs selected by BlueAdvantage 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. BlueAdvantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a BlueAdvantage 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 2011 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2011 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, 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 August 27, 2010. To get updated information about the drugs covered by BlueAdvantage please visit our Web site at www.bcbst-medicare.com or call Member Services at 1-800-841-7434, from 8:00 a.m. to 9:00 p.m. Eastern Time, 7 days a week. TTY/TDD users should call 1-888-423-9490. If significant changes to our list of drugs occur, we may reprint our formulary and distribute copies to our members. Updates to the formulary are posted to our Web site at www.bcbst-medicare.com as required.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 9. 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 9. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 49. 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?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** BlueAdvantage requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from BlueAdvantage before you fill your prescriptions. If you don't get approval, BlueAdvantage may not cover the drug.
- **Quantity Limits:** For certain drugs, BlueAdvantage limits the amount of the drug that BlueAdvantage will cover. For example, BlueAdvantage provides 1 per prescription for Emsam. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, BlueAdvantage 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, BlueAdvantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, BlueAdvantage 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 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.bcbst-medicare.com.

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

What if my drug is not on the Formulary?

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

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

How do I request an exception to the BlueAdvantage Formulary?

You can ask BlueAdvantage 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, BlueAdvantage limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred brand tier (Tier 3), you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred brand tier (Tier 2) 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 Drug tier (Tier 4).

Generally, BlueAdvantage will only approve your request for an exception if the alternative drugs included on the plan's formulary, Generic drug tier (Tier 1) 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 prescriber's or 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 prescriber's or 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.

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, beginning on the effective date of coverage. 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 or prior authorization. Our plan will provide transition supplies to current enrollees with level of care changes from one treatment setting to another.

For more information

For more detailed information about your BlueAdvantage prescription drug coverage, please review your Evidence of Coverage and other plan materials. If you have questions about BlueAdvantage, please call Member Services at 1-800-841-7434, 7 days a week from 8:00 a.m. to 9:00 p.m. Eastern Time. TTY/TDD users should call 1-888-423-9490. Or visit www.bcbst-medicare.com.

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

BlueAdvantage Formulary

The formulary that begins on page 9 provides coverage information about some of the drugs covered by BlueAdvantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 49.

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

The information in the Notes column tells you if BlueAdvantage has any special requirements for coverage of your drug. The Tier Level column indicates what tier or copay amount you will pay for each drug. If this column is blank, it means the drug is not covered. If there is a double asterisk, it means the brand is not covered but a generic is available. The information in the Notes column tells you if BlueAdvantage has any special requirements for coverage of your drug.

PA means that this drug requires prior authorization.

QL means that there are quantity limits on this drug.

SP means that this drug is only available at a specialty pharmacy.

ST means that step therapy applies to this drug.

Formulary Listing by Medical Condition

Drug Name	Tier	Notes
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ANALGESICS

COX-2 INHIBITORS

CELEBREX	2	PA
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GOUT

<i>allopurinol</i>	1	
<i>allopurinol sodium</i>	1	
<i>colchicine w/ probenecid</i>	1	
COLCRYS	3	QL (60 tabs / 25 days)
<i>probenecid</i>	1	
ULORIC	2	ST

NARCOTIC ANALGESICS

<i>acetaminophen w/ codeine</i>	1	
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	1	
<i>butalbital-aspirin-caffeine w/cod</i>	1	
<i>butorphanol tartrate</i>	1	
<i>hydrocodone-acetaminophen</i>	1	

NARCOTIC ANALGESICS, CII

DILAUDID-5	2	
<i>fentanyl</i>	1	QL (10 ea / 25 days), PA; patch
<i>fentanyl citrate</i>	1	B/D; injection
<i>hydromorphone hcl 10mg/ml</i>	1	B/D
<i>hydromorphone hcl 2mg, 4mg, 8mg</i>	1	
KADIAN	2	QL (60 ea / 25 days)
<i>methadone hcl 10mg, 5mg</i>	1	QL (240 tabs / 25 days)
<i>methadone hcl 10mg/ml</i>	1	
METHADONE HCL 10mg/5ml, 5mg/5ml	2	
<i>morphine sulfate .5mg/ml, 1mg/ml, 5mg/ml</i>	1	B/D
<i>morphine sulfate 100mg, 15mg, 30mg, 60mg</i>	1	QL (90 ea / 25 days)
<i>morphine sulfate 15mg, 30mg</i>	1	
<i>morphine sulfate 200mg</i>	1	QL (60 ea / 25 days)
MORPHINE SULFATE 10mg/5ml, 20mg/5ml	2	
<i>oxycodone hcl</i>	1	
<i>oxycodone w/ acetaminophen</i>	1	
<i>oxycodone w/ aspirin</i>	1	
ROXICET	2	solution

1 = Generic Drugs 2 = Preferred Brand 3 = Brand
4 = Specialty PA = Prior Authorization QL = Quantity Limits
ST = Step Therapy LA = Limited Access ext rel = Extended Release
B/D = Drugs may be covered by Medicare Part B or Medicare Part D

Drug Name	Tier	Notes
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NON-NARCOTIC ANALGESICS

<i>tramadol hcl</i>	1	QL (240 tabs / 25 days)
<i>tramadol-acetaminophen</i>	1	QL (240 tabs / 25 days)

NSAIDS

<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
<i>flurbiprofen</i>	1	
<i>ibuprofen</i>	1	
INDOCIN	2	suspension
<i>indomethacin</i>	1	
<i>ketoprofen</i>	1	
<i>ketorolac tromethamine</i>	1	QL (20 tabs / 25 days)
<i>meloxicam</i>	1	
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>naproxen sodium</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	
VOLTAREN	2	gel

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.)</i>	1	
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ANTI-INFECTIVES

ANTIBACTERIALS

<i>amikacin sulfate</i>	1	
<i>amoxicillin</i>	1	
<i>amoxicillin & pot clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin & sulbactam sodium</i>	1	
<i>ampicillin sodium</i>	1	
AVELOX	2	
AVELOX ABC PACK	2	
<i>azithromycin 100mg/5ml</i>	1	QL (8 bottles / 25 days)
<i>azithromycin 200mg/5ml</i>	1	QL (120 ml per 25 days)
<i>azithromycin 250mg, 500mg, 600mg</i>	1	

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Drug Name	Tier	Notes
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<i>azithromycin</i> 500mg	1	QL (50 vials / 25 days)
BICILLIN C-R	2	
BICILLIN L-A	2	
<i>cefaclor</i>	1	
CEFACLOR ER	2	
<i>cefadroxil</i>	1	
<i>cefazolin sodium</i> 1gm, 20gm, 500mg	1	
CEFAZOLIN SODIUM	2	
<i>cefdinir</i>	1	
<i>cefepime hcl</i>	1	
<i>cefotaxime sodium</i>	1	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftriaxone sodium</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
CEFUROXIME/DEXTROSE	2	
<i>cephalexin</i>	1	
CIPRO	2	suspension
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl</i>	1	
<i>clarithromycin</i> 125mg/5ml	1	QL (8 bottles / 10 days)
<i>clarithromycin</i> 250mg, 250mg/5ml, 500mg	1	
<i>clarithromycin</i> 500mg	1	QL (60 ea / 25 days)
<i>dicloxacillin sodium</i>	1	
<i>doxycycline (monohydrate)</i>	1	
<i>doxycycline hyclate</i>	1	
ERYPED 200	2	
ERYTHROCIN LACTOBIONATE	2	
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
<i>erythromycin stearate</i>	1	
<i>gentamicin in saline</i>	1	
<i>gentamicin sulfate</i>	1	
<i>minocycline hcl</i>	1	
<i>nafcillin sodium</i>	1	
<i>neomycin sulfate</i>	1	

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Drug Name	Tier	Notes
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<i>paromomycin sulfate</i>	1	
<i>penicillin g potassium</i>	1	
PENICILLIN G PROCAINE	2	
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium-tazobactam sodium</i>	1	
<i>streptomycin sulfate</i>	1	
SULFADIAZINE	2	
SUPRAX 100mg/5ml, 200mg/5ml	3	
SUPRAX 400mg	3	QL (2 tabs / 25 days)
<i>tetracycline hcl</i>	1	
<i>tobramycin sulfate</i>	1	

ANTIFUNGALS

<i>amphotericin b</i>	1	B/D
ANCOBON	2	
CANCIDAS	2	
<i>clotrimazole</i>	1	
<i>fluconazole</i>	1	
<i>fluconazole in dextrose</i>	1	
GRIS-PEG	2	
<i>griseofulvin microsize</i>	1	
<i>itraconazole</i>	1	PA
<i>ketoconazole</i>	1	
NOXAFIL	4	
<i>nystatin</i>	1	
<i>terbinafine hcl</i>	1	PA
VFEND	4	PA
VFEND IV	4	PA

ANTIMALARIALS

<i>chloroquine phosphate</i>	1	
COARTEM	3	
DARAPRIM	2	
MALARONE	2	
<i>mefloquine hcl</i>	1	

ANTIRETROVIRAL AGENTS

APTIVUS	2	
ATRIPLA	4	
COMBIVIR	2	
CRIXIVAN	2	
<i>didanosine</i>	1	

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Drug Name	Tier	Notes
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EMTRIVA	2	
EPIVIR	2	
EPZICOM	2	
FUZEON	4	
INTELENCE	2	
INVIRASE	2	
ISENTRESS	4	
KALETRA	2	
LEXIVA	2	
NORVIR	2	
PREZISTA 75mg	2	
PREZISTA 400mg, 600mg	4	
RESCRIPTOR	2	
RETROVIR IV INFUSION	2	
REYATAZ	2	
SELZENTRY	4	
<i>stavudine</i>	1	
SUSTIVA	2	
TRIZIVIR	2	
TRUVADA	2	
VIDEX	2	
VIRACEPT	2	
VIRAMUNE	2	
VIREAD	2	
ZIAGEN	2	
<i>zidovudine</i>	1	

ANTI TUBERCULAR AGENTS

CAPASTAT SULFATE	3	
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1	
MYCOBUTIN	2	
PASER	3	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
SEROMYCIN	3	
TRECTOR	3	

ANTIVIRALS

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Drug Name	Tier	Notes
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<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	
BARACLUDE	2	
EPIVIR HBV	2	
<i>famciclovir</i>	1	
<i>ganciclovir</i> 250mg	1	
GANCICLOVIR 500mg	4	
HEPSERA	4	PA
REBETOL	4	PA
RELENZA DISKHALER	2	QL (3 inhalers / 180 days)
RIBAPAK	4	PA
RIBASPHERE	4	PA
RIBAVIRIN	4	PA
<i>ribavirin (hepatitis c)</i>	1	200mg tablet
<i>rimantadine hydrochloride</i>	1	
TAMIFLU 12mg/ml	2	QL (10.5 bottles / 180 days)
TAMIFLU 30mg	2	QL (84 caps / 180 days)
TAMIFLU 45mg, 75mg	2	QL (42 caps / 180 days)
TYZEKA	2	PA
<i>valacyclovir hcl</i>	1	
VALCYTE	4	

MISCELLANEOUS

ALBENZA	2	
ALINIA 100mg/5ml	2	QL (3 bottles / 25 days)
ALINIA 500mg	2	QL (12 tabs / 25 days)
CLEOCIN 75mg	2	
CLEOCIN PEDIATRIC GRANULE	2	
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate</i>	1	
<i>colistimethate sodium</i>	1	B/D
CUBICIN	4	
<i>dapsone</i>	1	
<i>erythromycin-sulfisoxazole</i>	1	
INVANZ	2	
MACRODANTIN	2	
<i>mebendazole</i>	1	
MEPRON	4	
<i>metronidazole</i>	1	

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Drug Name	Tier	Notes
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<i>metronidazole in nacl</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
PRIMAXIN I.M.	2	
PRIMAXIN IV	2	
<i>sulfamethoxazole-trimethoprim</i>	1	
TINDAMAX	2	
<i>trimethoprim</i>	1	
TYGACIL	4	
VANCOCIN HCL	4	
<i>vancomycin hcl</i>	1	
VANCOMYCIN HCL ISO-OSMOTI	2	
ZYVOX	4	PA

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BICNU	2	B/D
BUSULFEX	2	B/D
CEENU	2	
<i>cyclophosphamide</i>	1	B/D
<i>dacarbazine</i>	1	B/D
EMCYT	2	
HEXALEN	4	
IFEX	2	B/D
IFOSFAMIDE	4	B/D
LEUKERAN	2	
<i>melphalan hcl</i>	1	B/D
MUSTARGEN	2	B/D
TREANDA	4	B/D

ANTHRACYCLINES

<i>daunorubicin hcl</i>	1	
DOXIL	4	B/D
<i>doxorubicin hcl</i>	1	B/D
EPIRUBICIN HCL	4	B/D
<i>idarubicin hcl</i>	1	B/D

ANTIBIOTICS

<i>bleomycin sulfat</i>	1	B/D
COSMEGEN	2	B/D
<i>mitomycin</i>	1	B/D

ANTIMETABOLITES

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Drug Name	Tier	Notes
ALIMTA	4	B/D
<i>cytarabine</i>	1	B/D
<i>fluorouracil</i>	1	B/D
GEMZAR	2	B/D
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i> 1gm, 25mg/ml	1	B/D
<i>pentostatin</i>	1	B/D
TABLOID	2	
VIDAZA	4	B/D
ANTIMITOTIC, TAXOIDS		
<i>paclitaxel</i>	1	B/D
TAXOTERE	4	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
VINBLASTINE SULFATE	2	B/D
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate</i>	1	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	4	B/D
CAMPATH	2	B/D
HERCEPTIN	4	B/D
ISTODAX	4	B/D
ONTAK	2	B/D
PROLEUKIN	4	B/D
RITUXAN	4	PA
VELCADE	4	B/D
HORMONAL ANTINEOPLASTIC AGENTS		
ARIMIDEX	2	
AROMASIN	2	
<i>bicalutamide</i>	1	
DEPO-PROVERA	2	B/D
FARESTON	2	
FASLODEX	4	B/D
FEMARA	2	
<i>flutamide</i>	1	
<i>leuprolide acetate</i>	1	PA
LUPRON DEPOT 11.25mg, 3.75mg	2	PA
LUPRON DEPOT 22.5mg, 30mg, 7.5mg	4	PA
LUPRON DEPOT-PED	4	PA
MEGACE ES	2	

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Drug Name	Tier	Notes
<i>megestrol acetate</i>	1	
NILANDRON	2	
<i>tamoxifen citrate</i>	1	
TRELSTAR DEPOT MIXJECT	2	B/D
TRELSTAR LA MIXJECT	2	B/D
KINASE INHIBITORS		
AFINITOR	4	PA
GLEEVEC	4	PA
NEXAVAR	4	
SPRYCEL	4	
SUTENT	4	PA
TARCEVA	4	PA
TASIGNA	4	
TYKERB	4	
VOTRIENT	4	PA
MISCELLANEOUS		
DROXIA	2	
ELSPAR	2	B/D
<i>hydroxyurea</i>	1	
IRINOTECAN	4	B/D
LYSODREN	2	
MATULANE	2	
MITOXANTRONE HCL	4	B/D
ONCASPAR	2	B/D
PHOTOFRIN	2	B/D
TARGRETIN 75mg	4	PA
TRETINOIN 10mg	4	capsule
TRISENOX	2	B/D
ZOLINZA	4	
NUCLEOSIDE ANALOGS		
<i>cladribine</i>	1	B/D
FLUDARABINE PHOSPHATE	4	B/D
PLATINUM COORDINATION COMPLEX		
<i>carboplatin</i>	1	B/D
<i>cisplatin</i>	1	B/D
OXALIPLATIN	4	B/D
PROTECTIVE AGENTS		
<i>amifostine crystalline</i>	1	B/D
<i>dexrazoxane</i>	1	B/D

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Drug Name	Tier	Notes
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ELITEK	4	B/D
<i>ifosfamide & mesna</i>	1	B/D
<i>leucovorin calcium 100mg, 350mg</i>	1	B/D
<i>leucovorin calcium 25mg, 5mg</i>	1	
LEUCOVORIN CALCIUM 10mg, 15mg	2	
<i>mesna</i>	1	B/D
MESNEX	2	

TOPOISOMERASE INHIBITORS

<i>etoposide</i>	1	B/D
HYCAMTIN	2	B/D; injection

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl</i>	1	
<i>benazepril & hydrochlorothiazide</i>	1	
<i>captopril & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
LOTREL	2	5-40mg, 10-40mg
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>trandolapril-verapamil hcl</i>	1	

ACE INHIBITORS

<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	

ADRENOLYTICS, CENTRAL

<i>clonidine hcl</i>	1	
<i>guanfacine hcl</i>	1	

ALDOSTERONE RECEPTOR ANTAGONISTS

<i>eplerenone</i>	1	PA
<i>spironolactone</i>	1	

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Drug Name	Tier	Notes
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ALPHA BLOCKERS

<i>doxazosin mesylate</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

BENICAR HCT	2	
DIOVAN HCT	2	
EXFORGE	2	
EXFORGE HCT	2	
<i>losartan potassium & hydrochlorothiazide</i>	1	
VALTURNA	2	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

BENICAR	2	
DIOVAN	2	
<i>losartan potassium</i>	1	

ANTIARRHYTHMICS

<i>amiodarone hcl 200mg, 400mg</i>	1	
<i>amiodarone hcl 50mg/ml</i>	1	B/D
<i>disopyramide phosphate</i>	1	
<i>flecainide acetate</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	2	
NORPACE CR	2	
PACERONE	2	
<i>propafenone hcl</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
RYTHMOL SR	2	
<i>sotalol hcl</i>	1	
TIKOSYN	2	

ANTILIPEMICS

ANTARA	2	
<i>cholestyramine light</i>	1	
<i>colestipol hcl</i>	1	
CRESTOR 10mg, 20mg, 5mg	2	QL (30 tabs / 25 days)
CRESTOR 40mg	2	
<i>fenofibrate</i>	1	
<i>fenofibrate micronized</i>	1	
<i>gemfibrozil</i>	1	

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Drug Name	Tier	Notes
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LIPITOR 10mg, 20mg, 40mg	2	QL (30 tabs / 25 days)
LIPITOR 80mg	2	
<i>lovastatin</i>	1	
NIASPAN	2	
<i>pravastatin sodium</i> 10mg, 20mg, 40mg	1	QL (30 tabs / 25 days)
<i>pravastatin sodium</i> 80mg	1	
<i>simvastatin</i> 10mg, 20mg, 40mg, 5mg	1	QL (30 tabs / 25 days)
<i>simvastatin</i> 80mg	1	
WELCHOL	2	
ZETIA	2	ST

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>metoprolol & hydrochlorothiazide</i>	1	

BETA-BLOCKERS

<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>bisoprolol fumarate</i>	1	
BYSTOLIC	2	
<i>carvedilol</i>	1	
COREG CR	2	
<i>labetalol hcl</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate</i>	1	
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl</i>	1	

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate</i>	1	
CARDIZEM CD	2	360mg
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl coated beads</i>	1	
<i>diltiazem hcl extended release beads</i>	1	
<i>felodipine</i>	1	
<i>isradipine</i>	1	
<i>nifedipine</i>	1	
NIMODIPINE	4	
<i>nisoldipine</i>	1	
<i>verapamil hcl</i>	1	

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DIGITALIS GLYCOSIDES

<i>digoxin</i>	1	
LANOXIN	2	

DIRECT RENIN INHIBITORS

TEKTURNA	2	
TEKTURNA HCT	2	

DIURETICS

<i>acetazolamide</i>	1	
ALDACTAZIDE	2	50/50
<i>amiloride & hydrochlorothiazide</i>	1	
<i>amiloride hcl</i>	1	
<i>bumetanide</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
<i>furosemide</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>methazolamide</i>	1	
<i>metolazone</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1	
THALITONE	2	
<i>torseamide 100mg, 10mg, 20mg, 5mg</i>	1	
TORSEMIDE 20mg/2ml	2	injection
<i>triamterene & hydrochlorothiazide</i>	1	

MISCELLANEOUS

BIDIL	2	
<i>hydralazine hcl</i>	1	
<i>methyldopa</i>	1	
<i>midodrine hcl</i>	1	
<i>minoxidil</i>	1	
RANEXA	2	PA

NITRATES

ISORDIL TITRADOSE	2	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
NITRO-DUR	2	.3mg, .8mg
<i>nitroglycerin</i>	1	
NITROLINGUAL PUMPSPRAY	2	
NITROSTAT	2	

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Drug Name	Tier	Notes
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PULMONARY ARTERIAL HYPERTENSION

ADCIRCA	4	PA
LETAIRIS	4	PA
REVATIO	4	PA
TRACLEER	4	LA, PA

CENTRAL NERVOUS SYSTEM

ANTI ANXIETY

<i>bupirone hcl</i>	1	
<i>flvoxamine maleate</i> 100mg	1	
<i>flvoxamine maleate</i> 25mg, 50mg	1	QL (45 tabs / 25 days)
<i>meprobamate</i>	1	

ANTI CONVULSANTS

BANZEL	3	PA
<i>carbamazepine</i>	1	
CELONTIN	2	
DILANTIN	2	
DILANTIN INFATABS	2	
<i>divalproex sodium</i>	1	
<i>ethosuximide</i>	1	
FELBATOL	3	
<i>gabapentin</i> 100mg	1	QL (1080 caps / 25 days)
<i>gabapentin</i> 300mg	1	QL (360 caps / 25 days)
<i>gabapentin</i> 400mg	1	QL (270 caps / 25 days)
<i>gabapentin</i> 600mg	1	QL (180 tabs / 25 days)
<i>gabapentin</i> 800mg	1	QL (120 tabs / 25 days)
GABITRIL	3	
KEPPRA	2	injection
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	
LYRICA 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg	2	QL (120 caps / 25 days)
LYRICA 300mg	2	QL (60 caps / 25 days)
NEURONTIN	2	QL (5 bottles / 25 days); solution
<i>oxcarbazepine</i>	1	
PEGANONE	2	
<i>phenytoin</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	

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Drug Name	Tier	Notes
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<i>primidone</i>	1	
SABRIL	4	PA
TEGRETOL-XR	2	
<i>topiramate</i>	1	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
VIMPAT	2	PA
<i>zonisamide</i>	1	

ANTIDEMENTIA

ARICEPT 10mg	2	
ARICEPT 5mg	2	QL (30 tabs / 25 days)
ARICEPT ODT 10mg	2	
ARICEPT ODT 5mg	2	QL (30 ea / 25 days)
EXELON 1.5mg	2	QL (240 caps / 25 days)
EXELON 2mg/ml	2	QL (2 bottles / 25 days)
EXELON 3mg	2	QL (120 caps / 25 days)
EXELON 4.5mg, 6mg	2	QL (60 caps / 25 days)
EXELON 4.6mg/24hr, 9.5mg/24hr	2	QL (30 ea / 25 days); patch
<i>galantamine hydrobromide</i> 12mg, 4mg	1	QL (30 tabs / 25 days)
<i>galantamine hydrobromide</i> 16mg, 24mg, 4mg/ml, 8mg	1	
<i>galantamine hydrobromide</i> 8mg	1	QL (30 ea / 25 days)
NAMENDA	2	
NAMENDA TITRATION PAK	2	

ANTIDEPRESSANTS

<i>amitriptyline hcl</i>	1	
AMOXAPINE	2	
<i>bupropion hcl</i>	1	
<i>citalopram hydrobromide</i> 10mg, 20mg	1	QL (45 tabs / 25 days)
<i>citalopram hydrobromide</i> 10mg/5ml, 40mg	1	
<i>clomipramine hcl</i>	1	
CYMBALTA	2	QL (30 ea / 25 days)
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
EFFEXOR XR 150mg	2	
EFFEXOR XR 37.5mg, 75mg	2	QL (30 ea / 25 days)
EMSAM	2	QL (30 ea / 25 days), PA
<i>fluoxetine hcl</i> 10mg, 20mg	1	QL (30 caps / 25 days)

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Drug Name	Tier	Notes
<i>fluoxetine hcl</i> 10mg	1	QL (45 tabs / 25 days)
<i>fluoxetine hcl</i> 20mg, 20mg/5ml, 40mg	1	
<i>imipramine hcl</i>	1	
LEXAPRO 10mg, 5mg	2	QL (45 tabs / 25 days)
LEXAPRO 20mg, 5mg/5ml	2	
<i>maprotiline hcl</i>	1	
MARPLAN	2	
<i>mirtazapine</i> 15mg	1	QL (45 ea / 25 days)
<i>mirtazapine</i> 15mg, 7.5mg	1	QL (45 tabs / 25 days)
<i>mirtazapine</i> 30mg, 45mg	1	
NARDIL	2	
<i>nefazodone hcl</i>	1	
<i>nortriptyline hcl</i>	1	
<i>paroxetine hcl</i> 10mg, 20mg	1	QL (45 tabs / 25 days)
<i>paroxetine hcl</i> 10mg/5ml, 25mg, 30mg, 40mg	1	
<i>paroxetine hcl</i> 12.5mg	1	QL (30 ea / 25 days)
PRISTIQ 100mg	2	
PRISTIQ 50mg	2	QL (30 ea / 25 days)
<i>protriptyline hcl</i>	1	
<i>sertraline hcl</i> 100mg, 20mg/ml	1	
<i>sertraline hcl</i> 25mg, 50mg	1	QL (45 tabs / 25 days)
SURMONTIL	2	
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl</i>	1	
<i>venlafaxine hcl</i>	1	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i>	1	
APOKYN	4	
AZILECT	2	
<i>benztropine mesylate</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>carbidopa-levodopa</i>	1	
COMTAN	2	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole hydrochloride</i>	1	
<i>selegiline hcl</i>	1	
STALEVO 100	2	
STALEVO 125	2	

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Drug Name	Tier	Notes
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STALEVO 150	2	
STALEVO 200	2	
STALEVO 50	2	
STALEVO 75	2	
<i>trihexyphenidyl hcl</i>	1	
ANTIPSYCHOTICS		
ABILIFY 10mg, 15mg, 5mg	3	QL (30 tabs / 25 days), ST
ABILIFY 1mg/ml, 20mg, 2mg, 30mg	3	ST
ABILIFY 9.75mg/1.3ml	3	
ABILIFY DISCMELT	3	ST
<i>chlorpromazine hcl</i> 100mg, 10mg, 200mg, 25mg, 50mg	1	
CHLORPROMAZINE HCL 25mg/ml	2	
<i>clozapine</i>	1	
FANAPT	3	ST
FANAPT TITRATION PACK	3	ST
FAZACLO	3	PA
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
GEODON 20mg	2	
GEODON 20mg	2	QL (240 caps / 25 days)
GEODON 40mg	2	QL (120 caps / 25 days)
GEODON 60mg, 80mg	2	QL (60 caps / 25 days)
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
INVEGA 1.5mg, 3mg	3	QL (30 ea / 25 days), ST
INVEGA 6mg, 9mg	3	ST
INVEGA SUSTENNA 39mg/0.25ml, 78mg/0.5ml	3	PA
INVEGA SUSTENNA 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	4	PA
<i>loxapine succinate</i>	1	
NAVANE	2	
ORAP	2	
<i>perphenazine</i>	1	
RISPERDAL CONSTA 12.5mg, 25mg	2	QL (2 vials / 25 days), PA
RISPERDAL CONSTA 37.5mg, 50mg	4	QL (2 vials / 25 days), PA
<i>risperidone</i>	1	

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Drug Name	Tier	Notes
SAPHRIS	3	ST
SEROQUEL 100mg	2	QL (240 tabs / 25 days)
SEROQUEL 200mg	2	QL (120 tabs / 25 days)
SEROQUEL 25mg	2	QL (960 tabs / 25 days)
SEROQUEL 300mg, 400mg	2	QL (60 tabs / 25 days)
SEROQUEL 50mg	2	QL (480 tabs / 25 days)
SEROQUEL XR 150mg, 200mg	2	QL (30 ea / 25 days)
SEROQUEL XR 300mg, 400mg	2	QL (60 ea / 25 days)
SEROQUEL XR 50mg	2	QL (120 ea / 25 days)
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
ZYPREXA 10mg, 15mg, 20mg	2	
ZYPREXA 2.5mg, 5mg, 7.5mg	2	QL (30 tabs / 25 days)
ZYPREXA ZYDIS 10mg, 15mg, 20mg	2	
ZYPREXA ZYDIS 5mg	2	QL (30 ea / 25 days)
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine</i>	1	PA
<i>dexmethylphenidate hcl</i>	1	PA
<i>dextroamphetamine sulfate</i> 10mg, 15mg, 5mg	1	ext rel
<i>dextroamphetamine sulfate</i> 10mg, 5mg	1	PA
<i>methylphenidate hcl</i> 10mg, 20mg	1	ext rel
<i>methylphenidate hcl</i> 10mg, 20mg, 5mg	1	PA
STRATTERA	2	PA
HYPNOTICS		
<i>zaleplon</i>	1	QL (180 caps / year)
<i>zolpidem tartrate</i>	1	QL (180 tabs / year)
MIGRAINE		
<i>dihydroergotamine mesylate</i>	1	
<i>ergotamine w/ caffeine</i>	1	
MAXALT	2	QL (12 tabs / 25 days)
MAXALT-MLT	2	QL (12 ea / 25 days)
MIGERGOT	2	
<i>sumatriptan succinate</i> 100mg, 25mg, 50mg	1	QL (9 tabs / 25 days)
<i>sumatriptan succinate</i> 4mg/0.5ml, 6mg/0.5ml	1	QL (20 vials / 25 days)
MISCELLANEOUS		

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Drug Name	Tier	Notes
GUANIDINE HCL	2	
<i>lithium carbonate</i>	1	
LITHIUM CITRATE	2	
MESTINON	2	
MESTINON TIMESPAN	2	
<i>pyridostigmine bromide</i>	1	
REGONOL	2	
RILUTEK	4	
SAVELLA	2	QL (60 tabs / 25 days)
SAVELLA TITRATION PACK	2	QL (1 kit / 25 days)
XENAZINE	4	PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	4	PA
AVONEX	4	PA
BETASERON	4	PA
COPAXONE	4	PA
EXTAVIA	4	PA
REBIF	4	PA
REBIF TITRATION PACK	4	PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i>	1	
<i>carisoprodol</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>dantrolene sodium</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol</i>	1	
<i>orphenadrine citrate</i>	1	
ORPHENADRINE COMPOUND DS	2	
<i>orphenadrine w/ aspirin & caff</i>	1	
ROBAXIN	2	injection
<i>tizanidine hcl</i>	1	
NARCOLEPSY/CATAPLEXY		
PROVIGIL 100mg	2	QL (90 tabs / 25 days), PA
PROVIGIL 200mg	2	QL (60 tabs / 25 days), PA
XYREM	4	LA, PA
PSYCHOTHERAPEUTIC-MISCELLANEOUS		
ANTABUSE	2	
<i>buprenorphine hcl</i>	1	PA

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Drug Name	Tier	Notes
<i>bupropion hcl (smoking deterrent)</i>	1	
CAMPRAL	2	PA
CHANTIX	3	PA
<i>naloxone hcl</i>	1	
<i>naltrexone hcl</i>	1	
NICOTROL INHALER	3	PA
NICOTROL NS	3	PA
<i>perphenazine-amitriptyline</i>	1	
SUBOXONE	2	PA

ENDOCRINE AND METABOLIC

ANDROGENS

ANDRODERM	2	QL (30 ea / 25 days), PA
<i>oxandrolone 2.5mg</i>	1	
OXANDROLONE 10mg	4	PA
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	

ANTIDIABETICS

<i>acarbose</i>	1	
ACTOPLUS MET	2	QL (90 tabs / 25 days)
ACTOS	2	
ALCOHOL PREPS	2	QL (100 pads / 25 days)
APIDRA	2	
APIDRA SOLOSTAR	2	
AVANDAMET	2	QL (60 tabs / 25 days)
AVANDAMET	2	QL (120 tabs / 25 days)
AVANDARYL	2	QL (60 tabs / 25 days)
AVANDARYL	2	QL (30 tabs / 25 days)
AVANDIA	2	
BYETTA	2	QL (1 pen / 25 days), PA
DUETACT	2	QL (30 tabs / 25 days)
GAUZE PADS AND DRESSINGS - PADS 2 X 2	2	QL (100 / 25 days)
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide-metformin hcl</i>	1	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	
HUMALOG	2	

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Drug Name	Tier	Notes
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 PEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 PEN	2	
HUMALOG PEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 PEN	2	
HUMULIN N	2	
HUMULIN N U-100 PEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTR	2	
INSULIN PEN NEEDLE	2	QL (100 / 25 days)
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	QL (100 / 25 days)
INSULIN SYRINGE (DISP) U-100 1 ML	2	QL (100 / 25 days)
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	QL (100 / 25 days)
JANUMET	2	
JANUVIA	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
<i>metformin hcl</i>	1	
<i>nateglinide</i>	1	
NEEDLES, INSULIN DISP., SAFETY	2	QL (100 / 25 days)
NOVOLIN 70/30	2	
NOVOLIN 70/30 INNOLET	2	
NOVOLIN N	2	
NOVOLIN N INNOLET	2	
NOVOLIN R	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILL	2	
ONGLYZA	2	
PRANDIN	2	
RELION R	2	
SYMLIN	2	PA
SYMLINPEN 120	2	PA
SYMLINPEN 60	2	PA

BISPHOSPHONATES

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Drug Name	Tier	Notes
<i>alendronate sodium</i> 10mg, 40mg, 5mg	1	
<i>alendronate sodium</i> 35mg, 70mg	1	QL (4 tabs / 25 days)
BONIVA	2	
ZOMETA	4	
CALCITONINS		
<i>calcitonin (salmon)</i>	1	
MIACALCIN	2	injection
CALCIUM RECEPTOR ANTAGONISTS		
SENSIPAR 30mg	2	
SENSIPAR 60mg, 90mg	4	
CHELATING AGENTS		
EXJADE	4	PA
<i>sodium polystyrene sulfonate</i>	1	
SYPRINE	2	
CONTRACEPTIVES		
<i>desogestrel & ethinyl estradiol</i>	1	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
<i>ethynodiol diacet & eth estrad</i>	1	
<i>levonorgestrel & eth estradiol</i>	1	
<i>levonorgestrel (emergency oc)</i>	1	
<i>levonorgestrel-eth estradiol (triphasic)</i>	1	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	1	
<i>medroxyprogesterone acetate (contraceptive)</i>	1	QL (1 vial / 90 days)
NECON 10/11-28	2	
<i>norethin acet & estrad-fe</i>	1	
<i>norethindrone & eth estradiol</i>	1	
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone acet & eth estra</i>	1	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	1	
<i>norethindrone-eth estradiol (triphasic)</i>	1	
<i>norgestimate-ethinyl estradiol</i>	1	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	
<i>norgestrel & ethinyl estradiol</i>	1	
NUVARING	2	
ORTHO EVRA	2	
ORTHO TRI-CYCLEN LO	2	
ENDOMETRIOSIS		

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Drug Name	Tier	Notes
<i>danazol</i>	1	
SYNAREL	2	
ENZYME REPLACEMENTS		
ADAGEN	4	PA
ALDURAZYME	4	PA
BUPHENYL	4	
CEREZYME	4	PA
CYSTADANE	2	
CYSTAGON	2	
ELAPRASE	4	PA
FABRAZYME	4	PA
KUVAN	4	
<i>levocarnitine (metabolic modifiers)</i>	1	
MYOZYME	4	PA
NAGLAZYME	4	PA
ORFADIN	4	PA
SUCRAID	4	PA
VPRIV	4	PA
ZAVESCA	4	PA
ESTROGEN/PROGESTINS		
CLIMARA PRO	2	
COMBIPATCH	2	
PREMPHASE	2	
PREMPRO	2	
ESTROGENS		
ALORA	2	
ESTRADERM	2	
<i>estradiol</i>	1	
<i>estropipate</i>	1	
GYNODIOL	2	
PREMARIN	2	
PREMARIN W/APPLICATOR	2	
VAGIFEM	2	
VIVELLE-DOT	2	
GLUCOCORTICOIDS		
<i>cortisone acetate</i>	1	
<i>dexamethasone</i>	1	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone sodium phosphate</i>	1	

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<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone sod succinate</i>	1	
<i>methylprednisolone</i>	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sod succ</i>	1	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
PREDNISONO INTENSOL	2	
SOLU-CORTEF	2	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM	2	
HUMAN GROWTH HORMONES		
INCRELEX	4	PA
NORDITROPIN CARTRIDGE	4	PA
NORDITROPIN NORDIFLEX PEN	4	PA
SAIZEN	4	PA
SAIZEN CLICK.EASY	4	PA
TEV-TROPIN	4	PA
MISCELLANEOUS		
<i>cabergoline</i>	1	
<i>chorionic gonadotropin</i>	1	PA
<i>octreotide acetate 50mcg/ml</i>	1	PA
OCTREOTIDE ACETATE 1000mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml	4	PA
SANDOSTATIN LAR DEPOT	4	PA
SOMATULINE DEPOT	4	PA
SOMAVERT	4	PA
PARATHYROID HORMONES		
FORTEO	4	PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i>	1	
FOSRENOL	2	
PHOSLO	2	
RENAGEL	2	
REVELA	2	

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Drug Name	Tier	Notes
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PROGESTINS

<i>medroxyprogesterone acetate</i>	1	
<i>norethindrone acetate</i>	1	

SELECTIVE ESTROGEN RECEPTOR MODULATORS

EVISTA	2	
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THYROID AGENTS

<i>levothyroxine sodium</i>	1	
<i>liothyronine sodium</i>	1	
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
SYNTHROID	2	

VASOPRESSINS

<i>desmopressin acetate</i>	1	
<i>desmopressin acetate refrigerated</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	

GASTROINTESTINAL

ANTIDIARRHEALS

<i>diphenoxylate w/ atropine</i>	1	
<i>loperamide hcl</i>	1	

ANTIEMETICS

DRONABINOL 2.5mg	3	QL (60 caps / 25 days), PA
DRONABINOL 10mg, 5mg	4	QL (60 caps / 25 days), PA
EMEND 80mg	2	QL (4 caps / 25 days), PA
EMEND 125mg	2	QL (2 caps / 25 days), PA
EMEND 40mg	2	
<i>granisetron hcl</i>	1	B/D
<i>meclizine hcl</i>	1	
<i>metoclopramide hcl</i>	1	
<i>ondansetron</i>	1	PA
<i>ondansetron hcl</i>	1	PA
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl</i>	1	
SANCUSO	2	QL (2 patch / 15 days)
TRANSDERM-SCOP	2	
<i>trimethobenzamide hcl</i>	1	

ANTI SPASMODICS

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Drug Name	Tier	Notes
<i>dicyclomine hcl</i>	1	
<i>glycopyrrolate</i>	1	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
<i>famotidine</i>	1	
<i>famotidine in nacl</i>	1	
PEPCID	2	suspension
<i>ranitidine hcl</i>	1	
INFLAMMATORY BOWEL DISEASE		
APRISO	2	
CANASA	2	
CIMZIA	4	PA
<i>hydrocortisone (intrarectal)</i>	1	
LIALDA	2	
<i>mesalamine</i>	1	
PENTASA	2	
<i>sulfasalazine</i>	1	
LAXATIVES		
HALFLYTELY BOWEL PREP	2	
<i>lactulose</i>	1	
<i>lactulose (encephalopathy)</i>	1	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	
<i>polyethylene glycol 3350</i>	1	
RELISTOR	2	PA
MISCELLANEOUS		
AMITIZA	2	QL (60 caps / 25 days), ST
CARAFATE	2	suspension
GASTROCROM	2	
LOTRONEX	2	
<i>misoprostol</i>	1	
<i>sucrafate</i>	1	
<i>ursodiol</i>	1	
PANCREATIC ENZYMES		
CREON	2	
ZENPEP	2	

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Drug Name	Tier	Notes
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PROTON PUMP INHIBITOR/ANTI-INFECTIVE COMBINATIONS

PREVPAC	2	QL (1 box / year)
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PROTON PUMP INHIBITORS

DEXILANT	2	QL (90 days per year)
NEXIUM	2	QL (90 days per year)
NEXIUM I.V.	2	
<i>omeprazole</i>	1	QL (90 days per year)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

AVODART	2	
<i>finasteride</i>	1	
<i>tamsulosin hcl</i>	1	
UROXATRAL	2	ST

MISCELLANEOUS

<i>bethanechol chloride</i>	1	
ELMIRON	3	
<i>potassium citrate (alkalinizer)</i>	1	
THIOLA	2	

URINARY ANTISPASMODICS

DETROL LA 2mg	2	QL (30 ea / 25 days)
DETROL LA 4mg	2	
ENABLEX 15mg	2	
ENABLEX 7.5mg	2	QL (30 ea / 25 days)
GELNIQUE	2	
<i>oxybutynin chloride</i>	1	
VESICARE	2	

VAGINAL ANTI-INFECTIVES

CLEOCIN 100mg	2	
<i>clindamycin phosphate vaginal</i>	1	
<i>metronidazole vaginal</i>	1	
<i>terconazole vaginal</i>	1	

HEMATOLOGIC

ANTICOAGULANTS

ARIXTRA 2.5mg/0.5ml	2	QL (60 syringes / 180 days)
ARIXTRA 10mg/0.8ml	4	QL (38 syringes / 180 days)
ARIXTRA 5mg/0.4ml	4	QL (75 syringes / 180 days)

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Drug Name	Tier	Notes
ARIXTRA 7.5mg/0.6ml	4	QL (50 syringes / 180 days)
COUMADIN	2	
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml	2	QL (150 syringes / 180 days)
FRAGMIN 10000unit/ml	4	QL (30 syringes / 180 days)
FRAGMIN 25000unit/ml	4	QL (30 ml / 180 days)
FRAGMIN 7500unit/0.3ml	4	QL (100 syringes / 180 days)
<i>heparin (porcine) in sodium chloride</i>	1	
<i>heparin sod (porcine) in d5w</i>	1	
HEPARIN SODIUM	2	
<i>heparin sodium (porcine)</i>	1	
HEPARIN SODIUM/NACL 0.45%	2	
LOVENOX 100mg/ml, 150mg/ml	2	QL (60 syringes / 180 days)
LOVENOX 120mg/0.8ml, 80mg/0.8ml	2	QL (75 syringes / 180 days)
LOVENOX 300mg/3ml	2	QL (20 vials / 180 days)
LOVENOX 30mg/0.3ml	2	QL (200 syringes / 180 days)
LOVENOX 40mg/0.4ml	2	QL (150 syringes / 180 days)
LOVENOX 60mg/0.6ml	2	QL (100 syringes / 180 days)
<i>warfarin sodium</i>	1	
HEMATOPOIETIC GROWTH FACTORS		
LEUKINE	4	PA
MOZOBIL	4	PA
NEUPOGEN	4	PA
PROCRIT 10000unit/ml, 2000unit/ml, 3000unit/ml, 4000unit/ml	2	QL (12 vials / 25 days), PA
PROCRIT 20000unit/ml	4	QL (12 vials / 25 days), PA
PROCRIT 40000unit/ml	4	QL (6 vials / 25 days), PA
MISCELLANEOUS		
<i>anagrelide hcl</i>	1	PA
<i>cilostazol</i>	1	
CYKLOKAPRON	2	
<i>pentoxifylline</i>	1	

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Drug Name	Tier	Notes
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PROMACTA	4	PA
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PLATELET AGGREGATION INHIBITORS

AGGRENOX	2	
<i>dipyridamole</i>	1	
EFFIENT	2	
PLAVIX 300mg	2	QL (1 tab / 25 days)
PLAVIX 75mg	2	
<i>ticlopidine hcl</i>	1	

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

ACTEMRA	4	PA
HUMIRA	4	PA
HUMIRA PEN-CROHNS DISEASE	4	PA
<i>hydroxychloroquine sulfate</i>	1	
<i>leflunomide</i>	1	
<i>methotrexate sodium 2.5mg</i>	1	
REMICADE	4	PA
RHEUMATREX	2	

IMMUNOGLOBULINS

GAMASTAN S/D	2	B/D
GAMMAGARD LIQUID	4	PA
GAMUNEX	4	PA

IMMUNOMODULATORS

ACTIMMUNE	4	PA
ARCALYST	4	PA
INFERGEN	4	PA
INTRON-A	4	B/D
INTRON-A W/DILUENT	2	B/D
PEG-INTRON	4	PA
PEG-INTRON REDIPEN	4	PA
PEGASYS	4	PA
REVLIMID	4	LA, PA
THALOMID	4	PA

IMMUNOSUPPRESSANTS

AZASAN	2	B/D
<i>azathioprine</i>	1	B/D
<i>azathioprine sodium</i>	1	B/D
CELLCEPT	2	B/D
<i>cyclosporine</i>	1	B/D

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Drug Name	Tier	Notes
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<i>cyclosporine modified (for microemulsion)</i>	1	B/D
<i>mycophenolate mofetil</i>	1	B/D
MYFORTIC	2	B/D
NEORAL	2	B/D
PROGRAF .5mg, 1mg	2	B/D
PROGRAF 5mg	4	B/D
RAPAMUNE	2	B/D
SANDIMMUNE	2	B/D
<i>tacrolimus</i> .5mg, 1mg	1	B/D
TACROLIMUS 5mg	4	B/D

VACCINES

ACTHIB	2	
ADACEL	2	
ATTENUVAX	2	
BOOSTRIX	2	
CERVARIX	2	
COMVAX	2	
DAPTACEL	2	
DECAVAC	2	B/D
DIPHTHERIA/TETANUS TOXOID	2	B/D
ENGERIX-B	2	B/D
GARDASIL	2	
HAVRIX	2	
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
JE-VAX	2	
M-M-R II W/DILUENT 10 DOS	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MERUVAX II W/DILUENT 10 D	2	
PEDIARIX	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	B/D
ROTATEQ	2	
TETANUS TOXOID ADSORBED	2	B/D

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Drug Name	Tier	Notes
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TETANUS/DIPHTHERIA TOXOID	2	B/D
TRIHIBIT	2	
TRIPEDIA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VIVOTIF BERNA	2	
YF-VAX	2	
ZOSTAVAX	2	QL (1 vial in lifetime)

NUTRITIONAL/SUPPLEMENTS		
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ELECTROLYTES

KLOR-CON M15	2	
<i>parenteral electrolytes</i>	1	B/D
<i>potassium chloride 10meq, 2meq/ml, 8meq</i>	1	
<i>potassium chloride microencapsulated crystals cr</i>	1	
<i>sodium chloride 2.5meq/ml</i>	1	
<i>sodium fluoride</i>	1	

IV NUTRITION

<i>amino acid electrolyte infusion</i>	1	B/D
<i>amino acid infusion</i>	1	B/D
AMINOSYN	2	B/D
AMINOSYN 7%/ELECTROLYTES	2	B/D
AMINOSYN II	2	B/D
AMINOSYN II 3.5%/DEXTROSE	2	B/D
AMINOSYN II 3.5/DEXTROSE	2	B/D
AMINOSYN II 4.25/DEXTROSE	2	B/D
AMINOSYN II 5/DEXTROSE 25	2	B/D
AMINOSYN II M 3.5%/DEXTRO	2	B/D
AMINOSYN M	2	B/D
AMINOSYN-HBC	2	B/D
AMINOSYN-PF	2	B/D
AMINOSYN-PF 7%	2	B/D
CLINIMIX 2.75%/DEXTROSE 5	2	B/D
CLINIMIX 4.25%/DEXTROSE 1	2	B/D
CLINIMIX 4.25%/DEXTROSE 2	2	B/D
CLINIMIX 4.25%/DEXTROSE 5	2	B/D

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Drug Name	Tier	Notes
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CLINIMIX 5%/DEXTROSE 15%	2	B/D
CLINIMIX 5%/DEXTROSE 20%	2	B/D
CLINIMIX 5%/DEXTROSE 25%	2	B/D
CLINIMIX E 2.75%/DEXTROSE	2	B/D
CLINIMIX E 4.25%/DEXTROSE	2	B/D
CLINIMIX E 5%/DEXTROSE 15	2	B/D
CLINIMIX E 5%/DEXTROSE 20	2	B/D
CLINIMIX E 5%/DEXTROSE 25	2	B/D
<i>fat emulsion</i>	1	B/D
FREAMINE HBC 6.9%	2	B/D
FREAMINE III 3%	2	B/D
HEPATASOL	2	B/D
LIPOSYN II	2	B/D
LIPOSYN III	2	B/D
NEPHRAMINE	2	B/D
PREMASOL	2	B/D
PROCALAMINE	2	B/D
PROSOL	2	B/D
RENAMIN	2	B/D
TRAVASOL	2	B/D
TROPHAMINE	2	B/D

IV REPLACEMENT SOLUTIONS

<i>alcohol in d5w</i>	1	
<i>dextrose</i>	1	
DEXTROSE 5%	2	
DEXTROSE 5%/POTASSIUM CHL	2	
<i>dextrose w/ sodium chloride</i>	1	
<i>electrolyte-m in dextrose</i>	1	
<i>electrolyte-r</i>	1	
<i>electrolyte-r in dextrose</i>	1	
IONOSOL-B/DEXTROSE 5%	2	
IONOSOL-MB/DEXTROSE 5%	2	
IONOSOL-T/DEXTROSE 5%	2	
ISOLYTE-H/DEXTROSE 5%	2	
ISOLYTE-P/DEXTROSE 5%	2	
ISOLYTE-S	2	
ISOLYTE-S/DEXTROSE 5%	2	
KCL 0.15%/D10W/NACL 0.2%	2	
KCL 0.15%/D5W/LR	2	

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Drug Name	Tier	Notes
KCL 0.15%/D5W/NACL 0.225%	2	
KCL 0.3%/D5W/NACL 0.9%	2	
<i>lactated ringer's</i>	1	
MAGNESIUM SULFATE IN D5W	2	
NORMOSOL-R	2	
PLASMA-LYTE 56	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-148	2	
PLASMA-LYTE-148/D5W	2	
PLASMA-LYTE-56/D5W	2	
<i>potassium chloride .4meq/ml, 10meq/100ml, 10meq/50ml, 30meq/100ml</i>	1	
POTASSIUM CHLORIDE 0.15%	2	
POTASSIUM CHLORIDE 0.3%/	2	
<i>potassium chloride in d5w lactated ringers</i>	1	
<i>potassium chloride in dextrose</i>	1	
<i>potassium chloride in dextrose & sodium chloride</i>	1	
<i>potassium chloride in nacl</i>	1	
<i>ringer's</i>	1	
<i>sodium chloride .45%, .9%, 3%, 5%</i>	1	
VITAMINS		
<i>calcitriol .25mcg, .5mcg</i>	1	capsule
<i>calcitriol 1mcg/ml</i>	1	
CALCITRIOL 2mcg/ml	2	
<i>prenatal without a vit w/ iron carbonyl-folic acid</i>	1	
ZEMPLAR	2	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-poly-neomycin-hc</i>	1	
BLEPHAMIDE S.O.P.	2	
<i>neomycin-polymy-dexameth</i>	1	
<i>neomycin-polymyxin-hc (ophth)</i>	1	
<i>sulfacetamide sod-prednisolone</i>	1	
<i>tobramycin-dexamethasone</i>	1	
ANTI-INFECTIVES		
AZASITE	2	
<i>bacitracin (ophthalmic)</i>	1	

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Drug Name	Tier	Notes
<i>bacitracin-polymyxin b (ophth)</i>	1	
CILOXAN	2	ointment
<i>ciprofloxacin hcl (ophth)</i>	1	
<i>erythromycin (ophth)</i>	1	
<i>gentamicin sulfate (ophth)</i>	1	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>neomycin-polymy-gramicid</i>	1	
<i>ofloxacin (ophth)</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacetamide sodium (ophth)</i>	1	
<i>tobramycin sulfate (ophth)</i>	1	
TOBREX	2	ointment
<i>trifluridine</i>	1	
VIGAMOX	2	
ZYMAR	2	
ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate (ophth)</i>	1	
<i>diclofenac sodium (ophth)</i>	1	
<i>fluorometholone (ophth)</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
<i>ketorolac tromethamine (ophth)</i>	1	
<i>prednisolone acetate (ophth)</i>	1	
PREDNISOLONE SODIUM PHOSP	2	
ANTIALLERGICS		
ALREX	2	
<i>azelastine hcl (ophth)</i>	1	
<i>cromolyn sodium (ophth)</i>	1	
PATADAY	2	
PATANOL	2	
ANTI GLAUCOMA		
AZOPT	2	
BETOPTIC-S	2	
<i>brimonidine tartrate</i>	1	
<i>carteolol hcl (ophth)</i>	1	
COMBIGAN	2	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide-timolol</i>	1	

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Drug Name	Tier	Notes
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<i>levobunolol hcl</i>	1	
LUMIGAN	2	QL (2.5ml / 25 days)
<i>metipranolol</i>	1	
PILOPINE HS	2	
<i>timolol maleate (ophth) .25%, .5%</i>	1	
<i>timolol maleate (ophth) .25%, .5%</i>	1	gel
TRAVATAN Z	2	QL (2.5ml / 25 days)

MISCELLANEOUS

LACRISERT	2	
<i>naphazoline hcl</i>	1	
<i>proparacaine hcl</i>	1	
RESTASIS	2	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

COMBIVENT	2	QL (2 inhalers / 25 days)
<i>ipratropium-albuterol</i>	1	B/D, QL (180 vials / 25 days)

ANTICHOLINERGICS

ATROVENT HFA	2	QL (2 inhalers / 25 days)
<i>ipratropium bromide</i>	1	B/D, QL (126 bags / 25 days)
<i>ipratropium bromide (nasal)</i>	1	
SPIRIVA HANDIHALER	2	QL (30 caps / 25 days)

ANTI-HISTAMINES, LOW/NONSEDATING

ASTEPRO	2	QL (2 spray-bottles / 25 days)
<i>azelastine hcl</i>	1	QL (2 inhalers per 25 days)
<i>cetirizine hcl</i>	1	
<i>fexofenadine hcl</i>	1	
XYZAL	2	

ANTI-HISTAMINES, SEDATING

<i>clemastine fumarate</i>	1	
<i>cyproheptadine hcl</i>	1	
<i>diphenhydramine hcl</i>	1	
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	

BETA AGONISTS

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Drug Name	Tier	Notes
<i>albuterol sulfate</i> .083%, .63mg/3ml, 1.25mg/3ml	1	B/D, QL (100 bags / 25 days)
<i>albuterol sulfate</i> .5%	1	B/D, QL (3 bottles / 25 days)
<i>albuterol sulfate</i> 2mg, 2mg/5ml, 4mg, 8mg	1	
<i>levalbuterol hcl</i>	1	B/D, QL (90 bags / 25 days)
PROAIR HFA	2	QL (2 inhalers / 25 days)
SEREVENT DISKUS	2	QL (1 inhaler / 25 days)
<i>terbutaline sulfate</i>	1	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
ACCOLATE	3	
SINGULAIR	2	ST
MAST CELL STABILIZERS		
<i>cromolyn sodium</i>	1	B/D, QL (120 bags / 25 days)
MISCELLANEOUS		
<i>acetylcysteine</i>	1	B/D
ARALAST NP	4	PA
<i>epinephrine hcl</i>	1	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
PULMOZYME	4	PA
TOBI	4	B/D
TYZINE	2	
TYZINE PEDIATRIC NASAL DR	2	
XOLAIR	4	PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i>	1	QL (2 bottles / 25 days)
<i>fluticasone propionate (nasal)</i>	1	QL (1 bottle / 25 days)
NASACORT AQ	2	QL (1 inhaler / 25 days)
STEROID INHALANTS		
ASMANEX 120 METERED DOSES	2	QL (2 inhalers / 25 days)
ASMANEX 14 METERED DOSES	2	QL (2 inhalers / 25 days)
ASMANEX 30 METERED DOSES	2	QL (2 inhalers / 25 days)
ASMANEX 60 METERED DOSES	2	QL (2 inhalers / 25 days)
FLOVENT DISKUS	2	QL (2 inhalers / 25 days)
FLOVENT HFA	2	QL (2 inhalers / 25 days)

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Drug Name	Tier	Notes
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STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKUS	2	QL (1 kit / 25 days)
ADVAIR HFA	2	QL (1 inhaler / 25 days)
SYMBICORT	2	QL (1 inhaler / 25 days)

XANTHINES

<i>aminophylline</i>	1	
ELIXOPHYLLIN	2	
THEO-24	2	
<i>theophylline</i>	1	

TOPICAL

DERMATOLOGY, ACNE

<i>benzoyl peroxide-erythromycin</i>	1	
<i>clindamycin phosphate (topical)</i>	1	
<i>clindamycin phosphate-benzoyl peroxide</i>	1	
<i>erythromycin (acne aid)</i>	1	
<i>isotretinoin</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
<i>tretinoin .01%, .025%, .05%, .1%</i>	1	PA

DERMATOLOGY, ACTINIC KERATOSIS

CARAC	2	
<i>fluorouracil (topical)</i>	1	
SOLARAZE	2	

DERMATOLOGY, ANTIBIOTICS

ALTABAX	2	
BACTROBAN	2	cream
<i>gentamicin sulfate (topical)</i>	1	
<i>mupirocin</i>	1	
<i>silver sulfadiazine</i>	1	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox</i>	1	
<i>ciclopirox olamine</i>	1	
<i>clotrimazole (topical)</i>	1	
<i>econazole nitrate</i>	1	
<i>ketconazole (topical) 2%</i>	1	
<i>nystatin (topical)</i>	1	

DERMATOLOGY, ANTIPRURITIC

<i>hydrocortisone (rectal)</i>	1	
ZONALON	2	

DERMATOLOGY, ANTIPSORIATICS

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<i>calcipotriene</i>	1	
DOVONEX	2	cream
OXSORALEN ULTRA	4	PA
STELARA	4	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical) 2%</i>	1	
<i>selenium sulfide</i>	1	
DERMATOLOGY, ANTIVIRALS		
DENAVIR	2	
ZOVIRAX	2	cream, ointment
DERMATOLOGY, CORTICOSTEROIDS		
<i>alclometasone dipropionate</i>	1	
<i>betamethasone dipropionate (topical)</i>	1	
<i>betamethasone dipropionate augmented</i>	1	
<i>betamethasone valerate</i>	1	
<i>clobetasol propionate</i>	1	
<i>clobetasol propionate emollient base</i>	1	
DERMA-SMOOTH/FS BODY OIL	2	
<i>desonide</i>	1	
DESOWEN OINTMENT/CETAPHIL	2	
<i>desoximetasone</i>	1	
<i>diflorasone diacetate</i>	1	
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluticasone propionate</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone (topical)</i>	1	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone valerate</i>	1	
KENALOG	2	
<i>mometasone furoate</i>	1	
<i>triamcinolone acetonide (topical)</i>	1	
DERMATOLOGY, IMMUNOMODULATORS		
ELIDEL	2	PA
PROTOPIC	2	PA
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine</i>	1	
<i>lidocaine hcl</i>	1	

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<i>lidocaine-prilocaine</i>	1	
LIDODERM	2	QL (90 patch / 25 days), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>imiquimod</i>	1	
<i>lactic acid (ammonium lactate)</i>	1	
PANRETIN	4	
<i>podofilox</i>	1	
TARGRETIN 1%	4	PA

DERMATOLOGY, ROSACEA

METROGEL	2	
<i>metronidazole (topical)</i>	1	
ORACEA	2	

DERMATOLOGY, SCABICIDES AND PEDICULIDES

EURAX	2	
<i>malathion</i>	1	
<i>permethrin</i>	1	

DERMATOLOGY, WOUND CARE AGENTS

REGRANEX	4	PA
SANTYL	2	
<i>sodium chloride (gu irrigant)</i>	1	

MOUTH/THROAT/DENTAL AGENTS

<i>chlorhexidine gluconate (mouth-throat)</i>	1	
EVOXAC	2	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>nystatin (mouth-throat)</i>	1	
<i>pilocarpine hcl (oral)</i>	1	
<i>triamcinolone acetonide (mouth)</i>	1	

OTIC

<i>acetic acid (otic)</i>	1	
<i>acetic acid-aluminum acetate</i>	1	
DERMOTIC	2	
<i>hydrocortisone w/acetic acid</i>	1	
<i>neomycin-polymyxin-hc (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	

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One Cameron Hill Circle
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