

UA Medicare
Part D Silver

Prescription Drug Coverage

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.

What is the UA Medicare Part D Silver Formulary?

A formulary is a list of covered drugs selected by UA Medicare Part D Silver 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. UA Medicare Part D Silver will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a UA Medicare Part D Silver 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, 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 January 1, 2008. To get updated information about the drugs covered by UA Medicare Part D Silver, please visit our Web site at www.uamedicarepartd.com or call 1-866-299-3406, weekdays from 8:00am to 8:00pm in your local time zone. TTY/TDD users should call 1-866-524-4170.

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 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 43. 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?

UA Medicare Part D Silver 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:** UA Medicare Part D Silver requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from UA Medicare Part D Silver before you fill your prescriptions. If you don't get approval, UA Medicare Part D Silver may not cover the drug.
- **Quantity Limits:** For certain drugs, UA Medicare Part D Silver limits the amount of the drug that UA Medicare Part D Silver will cover. For example, UA Medicare Part D Silver provides 34 tablets per prescription for LIPITOR. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, UA Medicare Part D Silver 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, UA Medicare Part D Silver may not cover drug B unless you try Drug A first. If Drug A does not work for you, UA Medicare Part D Silver 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 UA Medicare Part D Silver to make an exception to these restrictions or limits. See the section, "How do I request an exception to the UA Medicare Part D Silver's 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 UA Medicare Part D Silver does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by UA Medicare Part D Silver. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by UA Medicare Part D Silver.
- You can ask UA Medicare Part D Silver 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, Cilais, Levitra, and Caverject. For more information, you can contact Customer Service at 1-866-299-3406, weekdays from 8:00am to 8:00pm in your local time zone. TTY/TDD users should call 1-866-524-4170.

How do I request an exception to the UA Medicare Part D Silver Formulary?

You can ask UA Medicare Part D Silver 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, UA Medicare Part D Silver 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 Tier 3, you can ask us to cover it at the cost-sharing amount that applies to drugs in 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 specialty drugs that are in Tier 4.

Generally, UA Medicare Part D Silver 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 34-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 34-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 34-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 34-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Other times when we will cover a temporary 34-day transition supply (or less, if you have a prescription):

- When you enter a long-term care facility
- When you leave a long-term care facility
- When you are discharged from a hospital
- When you leave a skilled nursing facility
- When you cancel hospice care

UA Medicare Part D Silver will send you a letter within 3 days of your filling a temporary transition supply notifying you that this was a temporary supply and explaining your options.

For more information

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

If you have questions about UA Medicare Part D Silver, please call Customer Service at 1-866-299-3406, weekdays from 8:00am to 8:00pm in your local time zone. TTY/TDD users should call 1-866-524-4170. Or visit www.uamedicarepartd.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.

UA Medicare Part D Silver's Formulary

The formulary provides coverage information about some of the drugs covered by UA Medicare Part D Silver. If you have trouble finding your drug in the list, turn to the Index that begins on page 43.

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

The information in the Requirements/Limits column tells you if UA Medicare Part D Silver has any special requirements for coverage of your drug.

The tier level refers to the level of coverage for each medication. The amount you pay at each tier level during your initial coverage period is explained below. **There is a yearly deductible on all drugs except generic drugs. The deductible varies according to where you live. Please refer to your Summary of Benefits for the deductible amount in your region. After you reach your yearly deductible on all drugs except generic drugs, you are responsible for paying these amounts for your medications until the total medication costs* reach \$2,510.**

Drug Tier	Retail In-Network Pharmacy Co-payment/ Co-insurance (34-day supply)	Retail In-Network Pharmacy Co-payment/ Co-insurance (90-day supply)	Retail Out-of-Network Pharmacy Co-payment/ Co-insurance (34-day supply)	Mail Order Co-payment/ Co-insurance (90-day supply)
Tier 1 - Formulary Generic Brand	\$4	\$12	\$4	\$10
Tier 2 - Formulary Preferred Brand	\$40	\$120	\$40	\$100
Tier 3 - Formulary Non-Preferred Brand	\$80	\$240	\$80	\$200
Tier 4 - Specialty Brand	25%	25%	25%	25%

*Total medication costs means the out-of-pocket costs you pay plus what the Plan pays.

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COMMONLY PRESCRIBED THERAPEUTIC DRUG CATEGORIES

ANTI - INFECTIVES

Antifungal Agents

Drug Name	Drug Tier	Req./ Limits
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Generics

<i>clotrimazole</i>	1	
<i>fluconazole</i>	1	QL
<i>fluconazole in dextrose</i>	1	
<i>fluconazole in saline</i>	1	
<i>fluconazole suspension</i>	1	
<i>griseofulvin</i>	1	
<i>itraconazole</i>	1	QL
<i>ketoconazole</i>	1	
<i>nystatin</i>	1	
<i>terbinafine</i>	1	QL

Brands

ANCOBON	2	
ERAXIS	4	
GRIS-PEG	3	
NOXAFIL	2	QL
SPORANOX SOLUTION	2	
VFEND	2	QL,PA
VFEND IV	2	PA

Antivirals

Drug Name	Drug Tier	Req./ Limits
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Generics

<i>acyclovir</i>	1	QL
<i>acyclovir sodium injection</i>	1	
<i>acyclovir suspension</i>	1	

Key:

QL = Quantity Limitations may apply

PA = Prior Approval may be required

ST = Step Therapy rules may apply

Drug Name	Drug Tier	Req./ Limits
<i>amantadine HCl</i>	1	
<i>foscarnet sodium</i>	1	PA
<i>ribapak</i>	1	QL,PA
<i>ribasphere</i>	1	QL,PA
<i>ribavirin</i>	1	QL,PA
<i>rimantadine HCl</i>	1	

Brands

BARACLUDE	2	QL
CYTOVENE	2	PA
EPIVIR HBV	2	
FAMVIR	2	QL
HEPSERA	2	QL,PA
REBETOL	2	QL,PA
RELENZA	2	QL
TAMIFLU	2	QL
VALCYTE	2	
VALTREX	2	QL

HIV/AIDS THERAPY

Generics

<i>didanosine</i>	1	
<i>zidovudine</i>	1	

Brands

AGENERASE	3	
APTIVUS	4	
ATRIPLA	4	
COMBIVIR	2	
CRIXIVAN	2	
EMTRIVA	2	
EPIVIR	2	
EPZICOM	2	
FUZEON	4	
INVIRASE	2	
KALETRA	4	
LEXIVA	2	

Drug Name	Drug Tier	Req./ Limits
NORVIR	2	
PREZISTA	4	
RESCRIPTOR	3	
RETROVIR IV	2	
REYATAZ	2	
SUSTIVA	2	
TRIZIVIR	2	
TRUVADA	4	
VIDEX	2	
VIDEX EC	2	
VIRACEPT	4	
VIRAMUNE	2	
VIREAD	2	
ZERIT	2	
ZIAGEN	2	
Cephalosporins		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium</i>	1	
<i>cefdinir</i>	1	
<i>cefotaxime sodium</i>	1	
<i>cefoxitin 10gm vial</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>ceftriaxone</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
Brands		
CEFAZOLIN SODIUM 20GM VIAL	2	
CEFAZOLIN SODIUM 500MG/50ML	2	

Drug Name	Drug Tier	Req./ Limits
CEFOTAXIME SODIUM 20GM VIAL	2	
CEFTIN SUSPENSION	2	
CEFTRIAZONE IV PIGGYBACK	2	
CEFUROXIME 1.5GM/50ML	2	
CEFUROXIME SODIUM 750MG/50ML	2	
FORTAZ	2	
MAXIPIME	3	
MEFOXIN	2	
TAZICEF	2	
ZINACEF	2	
Erythromycins & Other Macrolides		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>azithromycin</i>	1	
<i>azithromycin suspension</i>	1	
<i>clarithromycin</i>	1	
<i>clarithromycin ER</i>	1	
<i>erythrocin stearate</i>	1	
<i>erythromycin/sulfisoxazole</i>	1	
Brands		
DYNABAC D5-PAK	3	
ERYTHROCIN LACTOBIONATE	2	
ZITHROMAX PACKET	2	
ZMAX	2	

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Drug Name	Drug Tier	Req./ Limits
Miscellaneous Anti-Infectives		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>amikacin sulfate</i>	1	
<i>amikin</i>	1	
<i>clindamycin HCl</i>	1	
<i>clindamycin phosphate</i>	1	
<i>colistimethate sodium</i>	1	
<i>gentamicin sulfate</i>	1	
<i>gentamicin sulfate in saline</i>	1	
<i>isotonic gentamicin sulfate</i>	1	
<i>mebendazole</i>	1	
<i>metronidazole</i>	1	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
<i>pentamidine isethionate</i>	1	PA
<i>tobramycin sulfate</i>	1	
Brands		
ALBENZA	2	
ALINIA	2	
AZACTAM	2	
BILTRICIDE	2	
CLEOCIN PALMITATE	2	
CLEOCIN PHOSPHATE IN DEXTROSE	2	
CUBICIN	2	
DAPSONE	2	
GENTAMICIN SULFATE 70MG/50ML	2	
GENTAMICIN SULFATE 80MG VIAL	2	
GENTAMICIN SULFATE 90MG/50ML	2	
KETEK	2	QL

Drug Name	Drug Tier	Req./ Limits
MEPRON	2	
MINTEZOL	2	
NEBUPENT	2	QL,PA
NEUTREXIN	2	
PRIMAXIN	2	
PRIMAXIN I.M.	2	
PRIMAXIN I.V.	2	
STROMECTOL	2	
TOBI	4	PA
TOBRAMYCIN SULFATE 80MG/8ML VIAL	2	
TOBRAMYCIN SULFATE IN SALINE	2	
TYGACIL	2	
XIFAXAN	3	QL,PA
ZYVOX	2	QL,PA
ZYVOX INJECTION	2	PA
ANTIMALARIALS		
Generics		
<i>chloroquine phosphate</i>	1	
<i>hydroxychloroquine sulfate</i>	1	
<i>mefloquine HCl</i>	1	
Brands		
DARAPRIM	2	
FANSIDAR	2	
MALARONE	2	
PRIMAQUINE	2	
QUALAQUIN	2	
ANTIMYCOBACTERIALS		
Generics		
<i>ethambutol HCl</i>	1	
<i>isonarif</i>	1	

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Drug Name	Drug Tier	Req./ Limits
<i>isoniazid</i>	1	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
Brands		
ISONIAZID SYRUP	2	
MYCOBUTIN	2	
PASER	2	
SEROMYCIN	2	
STREPTOMYCIN SULFATE	2	
TRECTOR	2	
Penicillins		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>amoxicillin</i>	1	
<i>amoxicillin/clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin-sulbactam</i>	1	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium 10gm vial</i>	1	
<i>nafcillin sodium 2gm vial</i>	1	
<i>penicillin G potassium 5mmu vial</i>	1	
<i>penicillin V potassium</i>	1	
Brands		
AMPICILLIN SODIUM VIAL	2	
AUGMENTIN XR	2	
BICILLIN C-R	2	
BICILLIN L-A	2	
NAFCILL IN DEXTROSE	2	
NAFCILLIN SODIUM 1GM VIAL	2	
NALLPEN/ISO-OSMOTIC DEXTROSE	2	
PENICILLIN G POTASSIUM	2	

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Drug Name	Drug Tier	Req./ Limits
PENICILLIN G PROCAINE	2	
PENICILLIN G SODIUM	2	
PFIZERPEN	2	
ZOSYN	2	
Quinolones		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>ciprofloxacin HCl</i>	1	
<i>ciprofloxacin i.v.</i>	1	
<i>ofloxacin</i>	1	
Brands		
AVELOX	2	
LEVAQUIN	3	
NOROXIN	3	
Sulfas & Related Agents		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole/trimethoprim</i>	1	
<i>sulfatrim</i>	1	
Brands		
GANTRISIN	2	
Tetracyclines		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>demeclocycline HCl</i>	1	
<i>doxycycline hyclate</i>	1	

Drug Name	Drug Tier	Req./ Limits
<i>doxycycline monohydrate</i>	1	
<i>minocycline HCl</i>	1	
<i>myrac</i>	1	
<i>tetracycline HCl</i>	1	
Brands		
VIBRAMYCIN SUSPENSION	2	
VIBRAMYCIN SYRUP	2	
Urinary Tract Agents		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>trimethoprim</i>	1	
Brands		
FURADANTIN	2	
MACRODANTIN	2	
PRIMSOL	3	
Vancomycin		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>vancomycin HCl</i>	1	
Brands		
VANCOGIN HCl	2	
VANCOMYCIN HCl 10GM VIAL	2	

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Drug Name	Drug Tier	Req./ Limits
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
Adjunctive Agents		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>leucovorin calcium 100mg vial</i>	1	
<i>leucovorin calcium 200mg vial</i>	1	
<i>leucovorin calcium 25mg tablet</i>	1	
<i>leucovorin calcium 350mg vial</i>	1	
<i>leucovorin calcium 50mg vial</i>	1	
<i>leucovorin calcium 5mg tablet</i>	1	
<i>mesna</i>	1	
Brands		
LEUCOVORIN CALCIUM 10MG TABLET	2	
LEUCOVORIN CALCIUM 10MG/ML	2	
LEUCOVORIN CALCIUM 15MG TABLET	2	
LEUCOVORIN CALCIUM 500MG VIAL	2	
MESNEX	2	
Antineoplastic & Immunosuppressant Drugs		
Drug Name	Drug Tier	Req./ Limits
ANTINEOPLASTIC DRUGS		
Generics		
<i>adriamycin</i>	1	
<i>bleomycin sulfate</i>	1	

Drug Name	Drug Tier	Req./ Limits
<i>carboplatin</i>	1	
<i>cisplatin</i>	1	
<i>cisplatin AQ</i>	1	
<i>cyclophosphamide injection</i>	1	
<i>cyclophosphamide tablet</i>	1	PA
<i>cytarabine</i>	1	
<i>dacarbazine</i>	1	
<i>daunorubicin HCl</i>	1	
<i>doxorubicin HCl</i>	1	
<i>etoposide injection</i>	1	
<i>fluorouracil</i>	1	
<i>flutamide</i>	1	
<i>hydroxyurea</i>	1	
<i>idarubicin</i>	1	
<i>ifosfamide/mesna</i>	1	
<i>leuprolide acetate</i>	1	
<i>megestrol acetate</i>	1	
<i>mercaptopurine</i>	1	
<i>methotrexate injection</i>	1	
<i>methotrexate tablet</i>	1	PA
<i>mitomycin</i>	1	
<i>mitoxantrone</i>	1	
<i>octreotide acetate 1000mcg/ml</i>	1	
<i>octreotide acetate 200mcg/ml</i>	1	
<i>onxol</i>	1	
<i>paclitaxel</i>	1	
<i>pentostatin</i>	1	
<i>tamoxifen citrate</i>	1	
<i>tretinoin</i>	1	
<i>vinblastine sulfate</i>	1	
<i>vincristine sulfate</i>	1	
<i>vinorelbine tartrate</i>	1	
Brands		
ABRAXANE	3	
ADRIAMYCIN 20MG VIAL	3	

Drug Name	Drug Tier	Req./ Limits
ALIMTA	3	
ALKERAN INJECTION	4	
ARIMIDEX	2	
AROMASIN	2	
ARRANON	3	
AVASTIN	3	PA
BICNU	3	
CAMPATH	3	
CAMPTOSAR	2	
CASODEX	2	
CEENU	2	
CLADRIBINE	2	
CLOLAR	3	
COSMEGEN	3	
CYTARABINE 100MG/ML INJECTION	3	
CYTOXAN 500MG VIAL	3	
DAUNOXOME	3	
DOXIL	3	
DROXIA	2	
ELIGARD	3	
ELLECE	3	
ELOXATIN	3	
ELSPAR	3	
EMCYT	2	
EPIRUBICIN HCl	3	
ERBITUX	3	PA
ETOPHOS INJECTION	3	
FARESTON	3	
FASLODEX	4	PA
FEMARA	2	
FLOXURIDINE	3	
FLUDARA	2	
FLUDARABINE PHOSPHATE	2	
FUDR	3	
GEMZAR	3	

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Drug Name	Drug Tier	Req./ Limits
GLEEVEC	4	PA
HERCEPTIN	3	
HEXALEN	2	
HYCAMTIN	3	
IFEX	3	
IFEX/MESNEX	3	
IFOSFAMIDE	3	
IFOSFAMIDE/MESNA 3-1G	3	
LEUKERAN	2	
LEUSTATIN	2	
LUPRON DEPOT	2	
LUPRON DEPOT-PED	3	
LYSODREN	2	
MATULANE	2	
MEGACE ES	3	
MUSTARGEN	3	
MUTAMYCIN	3	
MYLOTARG	3	
NEXAVAR	4	QL,PA
NILANDRON	3	
NIPENT	3	
OCTREOTIDE ACETATE 100MCG/ML	2	
OCTREOTIDE ACETATE 500MCG/ML	2	
OCTREOTIDE ACETATE 50MCG/ML	2	
ONCASPAR	3	
ONTAK	3	
PHOTOFRIN	3	
PLENAXIS	3	
REVLIMID	4	PA
RHEUMATREX TABLET	3	PA
RITUXAN	3	PA
SANDOSTATIN	4	
SOLTAMOX	2	

Drug Name	Drug Tier	Req./ Limits
SPRYCEL	4	QL,PA
SUTENT	4	QL,PA
TARCEVA	4	QL,PA
TARGRETIN	2	PA
TAXOTERE	3	
TESLAC	3	
THIOGUANINE	2	
THIOTEPA	3	
TRELSTAR DEPOT	3	
TRELSTAR LA	3	
TRISENOX	2	
TYKERB	4	QL
VANTAS	3	
VELCADE	3	
VIADUR	3	
VIDAZA	4	QL,PA
VUMON	3	
ZANOSAR	3	
ZOLADEX	3	
ZOLINZA	4	
IMMUNOSUPPRESSANT DRUGS		
Generics		
<i>azathioprine</i>	1	PA
<i>cyclosporine</i>	1	PA
<i>gengraf</i>	1	PA
Brands		
CELLCEPT	2	PA
CYCLOSPORINE AMPULE	2	PA
MYFORTIC	2	PA
NEORAL	2	PA
PROGRAF	2	PA
RAPAMUNE	2	PA
SANDIMMUNE	2	PA

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Drug Name	Drug Tier	Req./Limits
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
Anticonvulsants		
Drug Name	Drug Tier	Req./Limits
Generics		
<i>carbamazepine</i>	1	
<i>epitol</i>	1	
<i>ethosuximide</i>	1	
<i>gabapentin</i>	1	
<i>lamotrigine</i>	1	
<i>phenytoin</i>	1	
<i>primidone</i>	1	
<i>valproate sodium</i>	1	
<i>valproic acid capsule</i>	1	
<i>valproic acid syrup</i>	1	
<i>zonisamide</i>	1	
Brands		
CARBATROL	2	
CELONTIN	2	
DEPAKOTE	2	
DEPAKOTE ER	2	
DEPAKOTE SPRINKLE	2	
DILANTIN 30MG CAPSULE	2	
DILANTIN 50MG CHEWABLE	2	
FELBATOL	2	
GABITRIL	2	
KEPPRA	2	
LAMICTAL	2	
LYRICA	2	QL
NEURONTIN SOLUTION	2	
PEGANONE	2	
PHENYTEK	3	

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Drug Name	Drug Tier	Req./Limits
TEGRETOL XR	2	
TOPAMAX	2	
TRILEPTAL	3	
VALPROIC ACID LIQUID	2	
Antiparkinsonism Agents		
Drug Name	Drug Tier	Req./Limits
Generics		
<i>benztropine mesylate</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>carbidopa/levodopa</i>	1	
<i>selegiline HCl</i>	1	
<i>trihexyphenidyl HCl</i>	1	
Brands		
APOKYN	2	PA
COGENTIN INJECTION	2	
COMTAN	2	
KEMADRIN	2	
LODOSYN	2	
MIRAPEX	2	
PARCOPA	2	
REQUIP	2	
STALEVO	2	
TASMAR	3	
ZELAPAR	2	
Migraine & Cluster Headache Therapy		
Drug Name	Drug Tier	Req./Limits
Generics		
<i>dihydroergotamine mesylate</i>	1	
<i>ergotamine-caffeine</i>	1	

Drug Name	Drug Tier	Req./ Limits
Brands		
AMERGE	2	QL
IMITREX INJECTION	2	QL
IMITREX NASAL SPRAY	2	QL
IMITREX TABLET	2	QL
MAXALT	2	QL
MAXALT MLT	2	QL
MIGRANAL	3	QL
RELPAK	2	QL
ZOMIG	2	QL
ZOMIG NASAL SPRAY	2	QL
ZOMIG ZMT	2	QL
Miscellaneous Agents		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>naloxone HCl</i>	1	
<i>naltrexone HCl</i>	1	
<i>narcan</i>	1	
Brands		
REVEX	3	
SUBOXONE	2	
Miscellaneous Analgesics		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>tramadol HCl</i>	1	

Drug Name	Drug Tier	Req./ Limits
Miscellaneous Neurological Therapy		
Drug Name	Drug Tier	Req./ Limits
Brands		
ARICEPT	2	QL,PA
ARICEPT ODT	2	QL,PA
COPAXONE	4	QL,PA
EXELON	2	QL,PA
EXELON SOLUTION	2	PA
MYTELASE	2	
NAMENDA	3	QL,PA
NAMENDA DOSE PACK	3	PA
NAMENDA SOLUTION	3	PA
RAZADYNE	2	QL,PA
RAZADYNE ER	2	QL,PA
RAZADYNE SOLUTION	2	PA
Muscle Relaxants & Antispasmodic Therapy		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>baclofen tablet</i>	1	
<i>carisoprodol</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine HCl</i>	1	
<i>dantrolene sodium</i>	1	
<i>methocarbamol</i>	1	
<i>orphenadrine citrate</i>	1	
<i>orphenadrine compound</i>	1	
<i>orphenadrine compound forte</i>	1	
<i>orphenadrine/aspirin/caffeine</i>	1	
<i>orphengesic</i>	1	
<i>orphengesic forte</i>	1	

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Drug Name	Drug Tier	Req./ Limits
<i>pyridostigmine bromide</i>	1	
<i>regonol</i>	1	
<i>tizanidine HCl</i>	1	
Brands		
ENLON-PLUS	2	
MESTINON	2	
Narcotic Analgesics		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>acetaminophen/codeine</i>	1	
<i>aspirin/codeine</i>	1	
<i>fentanyl lollipop</i>	1	QL,PA
<i>fentanyl patch</i>	1	
<i>hydrocodone bitartrate/ibuprofen</i>	1	
<i>hydromorphone HCl</i>	1	
<i>levorphanol tartrate</i>	1	
<i>meperidine HCl</i>	1	
<i>meperitab</i>	1	
<i>methadone HCl</i>	1	
<i>morphine sulfate</i>	1	
<i>morphine sulfate solution</i>	1	
<i>morphine sulfate syringe</i>	1	
<i>narvox</i>	1	
<i>oramorph SR</i>	1	
<i>oxycodone HCl</i>	1	
<i>oxycodone/aspirin</i>	1	
<i>rms-suppository</i>	1	
<i>zerlor</i>	1	
Brands		
BUPRENEX	2	
BUPRENORPHINE HCl	2	
DILAUDID-HP	2	
FENTANYL INJECTION	2	

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Drug Name	Drug Tier	Req./ Limits
INFUMORPH	2	
KADIAN	2	
LEVO-DROMORAN	2	
METHADONE HCl SOLUTION	2	
MORPHINE SULFATE 10MG/ML AMPULE	2	
MORPHINE SULFATE 250MG/10ML VIAL	2	
MORPHINE SULFATE 8MG INJECTION	2	
OXYCONTIN	2	
OXYFAST	2	
ROXICET SOLUTION	2	
SUBUTEX	2	
Non-Narcotic Analgesics		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>butorphanol tartrate</i>	1	QL,PA
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>etodolac</i>	1	
<i>fenoprofen calcium</i>	1	
<i>flurbiprofen</i>	1	
<i>ibuprofen suspension</i>	1	
<i>indomethacin</i>	1	
<i>ketoprofen</i>	1	
<i>meclofenamate sodium</i>	1	
<i>meloxicam</i>	1	
<i>mst 600</i>	1	
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	

Drug Name	Drug Tier	Req./ Limits
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	
Brands		
ARTHROTEC	3	
CELEBREX	2	QL
Propoxyphene		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>balacet 325</i>	1	
<i>propoxyphene HCl</i>	1	
<i>propoxyphene hcl/acetaminophen</i>	1	
<i>propoxyphene napsylate/acetaminophen</i>	1	
Psychotherapeutic Drugs		
Drug Name	Drug Tier	Req./ Limits
ANTIDEPRESSANT AGENTS		
Generics		
<i>amitriptyline HCl</i>	1	
<i>amoxapine</i>	1	
<i>budeprion SR</i>	1	QL
<i>budeprion XL 300mg</i>	1	QL
<i>bupropion HCl</i>	1	
<i>citalopram hydrobromide</i>	1	QL
<i>citalopram hydrobromide solution</i>	1	
<i>clomipramine HCl</i>	1	
<i>desipramine HCl</i>	1	
<i>doxepin HCl</i>	1	
<i>fluoxetine HCl</i>	1	QL
<i>fluoxetine HCl solution</i>	1	
<i>fluvoxamine maleate</i>	1	QL

Drug Name	Drug Tier	Req./ Limits
<i>imipramine HCl</i>	1	
<i>maprotiline HCl</i>	1	
<i>mirtazapine</i>	1	QL
<i>nefazodone HCl</i>	1	QL
<i>nortriptyline HCl</i>	1	
<i>paroxetine HCl</i>	1	QL
<i>paroxetine HCl suspension</i>	1	
<i>sertraline concentrate</i>	1	
<i>sertraline HCl</i>	1	QL
<i>sertraline HCl concentrate</i>	1	
<i>tranylcypromine sulfate</i>	1	
<i>trazodone HCl</i>	1	
<i>trimipramine maleate</i>	1	
<i>venlafaxine HCl</i>	1	QL
Brands		
AMOXAPINE 25MG TABLET	2	
CYMBALTA	2	QL
EFFEXOR XR	2	QL
EMSAM	3	QL
MARPLAN	2	
MIRTAZAPINE 7.5MG TABLET	2	QL
NARDIL	2	
PAXIL CR	2	QL
SURMONTIL	3	
VIVACTIL	3	
WELLBUTRIN XL 150MG	2	QL
ANTIPSYCHOTICS		
Generics		
<i>chlorpromazine HCl</i>	1	PA
<i>clozapine</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine HCl</i>	1	

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Drug Name	Drug Tier	Req./ Limits
<i>haloperidol</i>	1	
<i>haloperidol decanoate vial</i>	1	
<i>haloperidol lactate</i>	1	
<i>loxapine succinate</i>	1	
<i>perphenazine</i>	1	PA
<i>thioridazine HCl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine HCl</i>	1	
Brands		
ABILIFY	3	QL
ABILIFY INJECTION	3	
ABILIFY SOLUTION	3	
CLOZAPINE 200MG	2	
FAZACLO	3	
GEODON	2	QL
HALDOL DECANOATE AMPULE	2	
INVEGA	2	
MOBAN	2	
ORAP	2	
RISPERDAL	2	QL
RISPERDAL CONSTA	2	
RISPERDAL SOLUTION	2	QL
SEROQUEL	2	QL
SEROQUEL 400MG	2	
SEROQUEL 50MG	2	
SEROQUEL XR	2	QL
ZYPREXA	2	QL
ZYPREXA ZYDIS	2	QL
ANXIOLYTICS		
Generics		
<i>buspirone HCl</i>	1	

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Drug Name	Drug Tier	Req./ Limits
HYPNOTIC AGENTS		
Generics		
<i>zolpidem tartrate</i>	1	QL
Brands		
AMBIEN CR	2	QL
LUNESTA	2	QL
ROZEREM	3	QL
SONATA	3	QL
MISCELLANEOUS PSYCHOTHERAPEUTIC AGENTS		
Generics		
<i>amphetamine salt combo</i>	1	PA
<i>dexmethylphenidate HCl</i>	1	PA
<i>dextroamphetamine sulfate</i>	1	PA
<i>dextrostat</i>	1	PA
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	1	
<i>metadate ER</i>	1	PA
<i>methylin ER</i>	1	PA
<i>methylin tablet</i>	1	PA
<i>methylphenidate ER</i>	1	PA
<i>methylphenidate HCl</i>	1	PA
Brands		
ADDERALL XR	2	PA
FOCALIN XR	2	PA
LITHIUM CARBONATE 150MG CAPSULE	2	
LITHIUM CARBONATE 600MG CAPSULE	2	
METADATE CD	3	PA
METHYLIN CHEWABLE	3	PA
METHYLIN SOLUTION	3	PA
PROVIGIL	2	QL,PA
RITALIN LA	3	PA

Drug Name	Drug Tier	Req./ Limits
STRATTERA	2	
SYMBYAX	3	QL
XYREM	2	
TRICYCLIC ANTIDEPRESSANTS/BENZODIAZEPINE COMBINATIONS		
Generics		
<i>amitriptyline/chlordiazepoxide</i>	1	
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
Antiarrhythmic Agents		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>amiodarone HCl</i>	1	
<i>disopyramide phosphate</i>	1	
<i>flecainide acetate</i>	1	
<i>mexiletine HCl</i>	1	
<i>procainamide HCl</i>	1	
<i>propafenone HCl</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine gluconate ER</i>	1	
<i>quinidine sulfate</i>	1	
<i>sotalol</i>	1	
<i>sotalol HCl (af)</i>	1	
Brands		
ETHMOZINE	2	
NORPACE CR	2	
PACERONE	2	
PROCAINAMIDE HCl SUSTAINED RELEASE	2	
PROCANBID	3	
PRONESTYL	2	

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Drug Name	Drug Tier	Req./ Limits
RYTHMOL SR	2	
TIKOSYN	3	
Antihypertensive Therapy		
Drug Name	Drug Tier	Req./ Limits
ACE INHIBITORS		
Generics		
<i>benazepril HCl</i>	1	QL
<i>captopril</i>	1	QL
<i>enalapril maleate</i>	1	QL
<i>fosinopril sodium</i>	1	QL
<i>lisinopril</i>	1	QL
<i>moexipril HCl</i>	1	QL
<i>quinapril</i>	1	QL
<i>trandolapril</i>	1	QL
Brands		
ACEON	2	QL
ALTACE	2	QL
ZESTRIL	3	QL
ADRENERGIC AGONISTS AND RELATED DRUGS		
Generics		
<i>clonidine HCl</i>	1	
<i>doxazosin mesylate</i>	1	QL
<i>guanfacine HCl</i>	1	
<i>prazosin HCl</i>	1	QL
<i>reserpine</i>	1	
<i>terazosin HCl</i>	1	QL
Brands		
CATAPRES-TTS 1	2	

Drug Name	Drug Tier	Req./ Limits
ANGIOTENSIN II RECEPTOR BLOCKERS, ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS AND RENIN INHIBITORS		
Brands		
ATACAND	2	QL
ATACAND HCT	2	QL
AVALIDE	2	QL
AVAPRO	2	QL
COZAAR	2	QL
DIOVAN	2	QL
DIOVAN HCT	2	QL
HYZAAR	2	QL
MICARDIS	2	QL
MICARDIS HCT	2	QL
TEKTURNA	2	QL
ANTIHYPERTENSIVE COMBINATIONS		
Generics		
<i>amlodipine besylate/benazepril 10mg-20mg</i>	1	QL
<i>amlodipine besylate/benazepril 2.5mg-10mg</i>	1	QL
<i>amlodipine besylate/benazepril 5mg-10mg</i>	1	QL
<i>amlodipine besylate/benazepril 5mg-20mg</i>	1	QL
<i>benazepril hcl/hydrochlorothiazide</i>	1	QL
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	QL
<i>enalapril maleate/hydrochlorothiazide</i>	1	QL
<i>fosinopril/hydrochlorothiazide</i>	1	QL
<i>lisinopril/hydrochlorothiazide</i>	1	QL

Drug Name	Drug Tier	Req./ Limits
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>moexipril/hydrochlorothiazide</i>	1	QL
<i>propranolol hcl/hydrochlorothiazide</i>	1	
<i>quinaretic</i>	1	QL
Brands		
EXFORGE	2	QL
ZESTORETIC	3	QL
BETA BLOCKERS		
Generics		
<i>acebutolol HCl</i>	1	
<i>atenolol</i>	1	
<i>betaxolol HCl</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>labetalol HCl</i>	1	
<i>metoprolol ER</i>	1	
<i>metoprolol tartrate</i>	1	
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol HCl</i>	1	
<i>propranolol HCl ER</i>	1	
<i>timolol maleate</i>	1	
Brands		
CARTROL	2	
COREG	2	
COREG CR	2	
CALCIUM CHANNEL BLOCKERS		
Generics		
<i>afeditab CR</i>	1	
<i>amlodipine besylate</i>	1	
<i>diltiazem HCl</i>	1	

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Drug Name	Drug Tier	Req./ Limits
<i>diltiazem HCl ER</i>	1	
<i>felodipine ER</i>	1	
<i>isradipine</i>	1	
<i>nicardipine HCl</i>	1	
<i>nifediac CC</i>	1	
<i>nifedical XL</i>	1	
<i>nifedipine</i>	1	
<i>nifedipine ER</i>	1	
<i>nimodipine</i>	1	
<i>verapamil ER</i>	1	
<i>verapamil HCl</i>	1	
Brands		
DILTIAZEM HCl VIAL	2	
NIMOTOP	2	
SULAR	2	
DIURETICS		
Generics		
<i>amiloride HCl</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
<i>furosemide</i>	1	
<i>furosemide solution 10mg/ml</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone/hctz</i>	1	
<i>toremide</i>	1	
<i>triamterene/hydrochlorothiazide</i>	1	

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Drug Name	Drug Tier	Req./ Limits
Brands		
EDECIN	2	
FUROSEMIDE SOLUTION	2	
MISCELLANEOUS ANTIHYPERTENSIVES		
Brands		
DEMSEER	2	
DIBENZYLINE	2	
VASODILATORS		
Generics		
<i>hydralazine HCl</i>	1	
<i>minoxidil</i>	1	
Brands		
BIDIL	2	QL
Cardiac Glycosides		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>digitek</i>	1	
<i>digoxin</i>	1	
Brands		
LANOXICAPS	2	
LANOXIN	2	
LANOXIN INJECTION	2	
Coagulation Therapy		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>cilostazol</i>	1	QL
<i>dipyridamole</i>	1	

Drug Name	Drug Tier	Req./ Limits
<i>heparin sodium</i>	1	
<i>heparin sodium in 0.9% nacl</i>	1	
<i>heparin sodium in 5% dextrose</i>	1	
<i>jantoven</i>	1	
<i>pentoxifylline</i>	1	
<i>ticlopidine HCl</i>	1	QL
<i>warfarin sodium</i>	1	
Brands		
AGGRENOX	2	QL
ARIXTRA	2	
FRAGMIN	2	
HEPARIN SODIUM 10000 U/5ML	2	
HEPARIN SODIUM 25000U/10ML	2	
HEPARIN SODIUM IN 0.45% NACL	2	
LOVENOX	2	
PLAVIX	2	QL
Hemostatics		
Drug Name	Drug Tier	Req./ Limits
Brands		
CYKLOKAPRON	2	
Lipid/Cholesterol Lowering Agents		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colestipol HCl</i>	1	
<i>fenofibrate</i>	1	

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Drug Name	Drug Tier	Req./ Limits
<i>gemfibrozil</i>	1	
<i>lovastatin</i>	1	QL
<i>pravastatin</i>	1	QL
<i>prevalite</i>	1	
<i>simvastatin</i>	1	QL
Brands		
ADVICOR	3	
ANTARA	2	
CADUET	2	QL
COLESTID	2	
CRESTOR	2	QL
LIPITOR	2	QL
LOVAZA	2	QL
NIASPAN	2	
TRICOR	2	
TRIGLIDE	2	
VYTORIN	2	QL
ZETIA	2	QL
Miscellaneous Cardiovascular Agents		
Drug Name	Drug Tier	Req./ Limits
Brands		
RANEXA	2	QL,ST
Nitrates		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	1	
<i>nitroglycerin CR</i>	1	
<i>nitroglycerin injection</i>	1	PA

Drug Name	Drug Tier	Req./ Limits
<i>nitroglycerin patch</i>	1	
Brands		
NITROLINGUAL	2	
NITROSTAT	2	
DERMATOLOGICALS/TOPICAL THERAPY		
Antipsoriatic / Antiseborrheic		
Drug Name	Drug Tier	Req./ Limits
Brands		
DOVONEX	2	
RAPTIVA	4	QL,PA
SORIATANE	2	
Burn Therapy		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>silver sulfadiazine</i>	1	
Miscellaneous Dermatologicals		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>ammonium lactate</i>	1	
<i>fluorouracil</i>	1	
<i>podofilox</i>	1	
Brands		
8-MOP	2	
ALDARA	3	
CARAC	2	
CARMOL HC	2	

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Drug Name	Drug Tier	Req./ Limits
CONDYLOX	2	
EFUDEX	2	
ELIDEL	3	PA
FLUOROPLEX	2	
LEVULAN	2	
OXSORALEN ULTRA	2	
PANRETIN	2	PA
PROTOPIC	3	PA
REGRANEX	2	PA
SOLARAZE	2	
ZONALON	2	
Therapy For Acne		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>amneesteem</i>	1	
<i>avita</i>	1	PA
<i>claravis</i>	1	
<i>clindamycin phosphate</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin/benzoyl peroxide gel</i>	1	
<i>metronidazole</i>	1	
<i>sotret</i>	1	
<i>tretinoin</i>	1	
<i>tretinoin cream</i>	1	PA
Brands		
AZELEX	2	
EVOCLIN	2	
FINACEA	2	
METROGEL	2	
TAZORAC	2	PA

Drug Name	Drug Tier	Req./ Limits
Topical Anesthetics		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>lidocaine HCl</i>	1	
<i>lidocaine-prilocaine</i>	1	
<i>lidomar viscous</i>	1	
Brands		
EMLA	3	
Topical Antibacterials		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>gentamicin sulfate</i>	1	
<i>mupirocin</i>	1	
<i>sodium sulfacetamide</i>	1	
Brands		
ALTABAX	2	
KLARON	2	
SULFAMYLON	2	
Topical Antifungals		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>ciclopirox</i>	1	
<i>clotrimazole</i>	1	
<i>clotrimazole/betamethasone</i>	1	
<i>econazole nitrate</i>	1	
<i>ketoconazole</i>	1	
<i>nystatin</i>	1	
<i>nystatin/triamcinolone</i>	1	

Drug Name	Drug Tier	Req./ Limits
Brands		
ERTACZO	2	
LOPROX	2	
Topical Antivirals		
Drug Name	Drug Tier	Req./ Limits
Brands		
DENAVIR	2	
ZOVIRAX CREAM	3	
ZOVIRAX OINTMENT	3	
Topical Corticosteroids		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>alclometasone dipropionate cream</i>	1	
<i>alclometasone dipropionate ointment</i>	1	
<i>amcinonide cream</i>	1	
<i>amcinonide lotion</i>	1	
<i>amcinonide ointment</i>	1	
<i>augmented betamethasone dipropionate</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone dipropionate lotion</i>	1	
<i>betamethasone valerate</i>	1	
<i>clobetasol E</i>	1	
<i>clobetasol propionate</i>	1	
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
<i>diflorasone diacetate</i>	1	

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Drug Name	Drug Tier	Req./ Limits
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	
<i>fluticasone propionate cream</i>	1	
<i>fluticasone propionate ointment</i>	1	
<i>halobetasol propionate cream</i>	1	
<i>halobetasol propionate ointment</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone butyrate cream</i>	1	
<i>hydrocortisone butyrate ointment</i>	1	
<i>hydrocortisone butyrate solution</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>mometasone furoate</i>	1	
<i>prednicarbate cream</i>	1	
<i>prednicarbate ointment</i>	1	
<i>triamcinolone acetonide</i>	1	
Brands		
CAPEX SHAMPOO	2	
CLOBEX	2	
CORDRAN	2	
DIPROLENE	3	
LUXIQ	2	
OLUX	2	
PANDEL	2	
PSORCON E	2	
Topical Enzymes		
Drug Name	Drug Tier	Req./ Limits
Brands		
SANTYL	2	

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Drug Name	Drug Tier	Req./ Limits
Topical Scabicides / Pediculicides		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>acticin</i>	1	
<i>permethrin</i>	1	
Brands		
EURAX	2	
LINDANE	2	
OVIDE	2	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
Miscellaneous Agents		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>anagrelide hydrochloride</i>	1	QL
<i>etidronate disodium</i>	1	QL
<i>kionex</i>	1	
<i>levocarnitine</i>	1	
<i>midodrine HCl</i>	1	
<i>pilocarpine HCl</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>sodium chloride</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
Brands		
ACTONEL 30MG	2	QL,PA
ADAGEN	4	
ANTABUSE	2	
BUPHENYL	2	
CAMPRAL	2	QL
CARNITOR	2	

Drug Name	Drug Tier	Req./ Limits
CHEMET	2	
EVOXAC	2	
EXJADE	4	
FOSAMAX 40MG	2	QL,PA
FOSRENOL	2	
INCRELEX	4	PA
LACTATED RINGERS	2	
ORFADIN	4	
PHOSLO	2	
PROLASTIN	4	PA
RENAGEL	2	
RILUTEK	2	
SKELID	3	QL,PA
SYPRINE	2	
THALOMID	4	PA
THIOLA	2	
MISCELLANEOUS INTRAVENOUS SOLUTIONS		
Generics		
<i>alcohol in dextrose 5%-5%</i>	1	
<i>dextrose in lactated ringers</i>	1	
<i>dextrose in lactated ringers 2.5%-1/2</i>	1	
<i>dextrose in water 10%</i>	1	
<i>dextrose with sodium chloride 2.5%-0.45%</i>	1	
<i>dextrose with sodium chloride 5%-0.45%</i>	1	
<i>dextrose with sodium chloride 5%-0.9%</i>	1	
Brands		
CLINIMIX	2	
DEXTROSE 10%-1/4NS	2	
DEXTROSE IN WATER 2.5%	2	
DEXTROSE WITH SODIUM CHLORIDE	2	

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Drug Name	Drug Tier	Req./ Limits
Smoking Deterrents		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>buproban 150mg</i>	1	QL,PA
<i>bupropion HCl ER</i>	1	QL,PA
<i>bupropion HCl SR</i>	1	QL,PA
<i>nicotine patch</i>	1	PA
Brands		
CHANTIX	2	PA
NICOTROL	3	QL,PA
NICOTROL NS	3	QL,PA
EAR, NOSE & THROAT MEDICATIONS		
Miscellaneous Agents		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>chlorhexadine gluconate</i>	1	
<i>ipratropium bromide nasal spray</i>	1	
<i>triamcinolone acetoneide</i>	1	
Brands		
ADRENALIN CHLORIDE NASAL	2	
BACTROBAN NASAL	2	
TYZINE	2	

Drug Name	Drug Tier	Req./ Limits
Miscellaneous Otic Preparations		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>acetic acid</i>	1	
<i>acetic acid-hydrocortisone</i>	1	
Brands		
DERMOTIC	2	
FLOXIN	2	
Otic Steroid / Antibiotic		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>antibiotic ear solution</i>	1	
<i>neomycin/polymyxin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/hydrocortisone</i>	1	
Brands		
CIPRO HC	3	
CIPRODEX	2	
CORTISPORIN-TC	2	
PEDIOTIC	2	
ENDOCRINE/DIABETES		
Adrenal Hormones		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>a-methapred</i>	1	PA
<i>cortisone acetate</i>	1	

Drug Name	Drug Tier	Req./ Limits
<i>dexamethasone</i>	1	
<i>dexamethasone elixir</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone</i>	1	
<i>methylprednisolone</i>	1	PA
<i>prednisolone</i>	1	PA
<i>prednisone</i>	1	PA
<i>solu-medrol 500mg/4ml</i>	1	PA
Brands		
CORTEF	2	
DEPO-MEDROL	2	PA
DEXAMETHASONE 1MG TABLET	2	
DEXAMETHASONE 2MG TABLET	2	
DEXAMETHASONE DROPS	2	
DEXAMETHASONE SOLUTION	2	
METHYLPREDNISOLONE 100MG VIAL	2	PA
PREDNISONE CONCENTRATE	2	PA
SOLU-CORTEF	2	
SOLU-MEDROL	2	PA
Antithyroid Agents		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	

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Drug Name	Drug Tier	Req./ Limits
Diabetes Therapy		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>glimepiride</i>	1	QL
<i>glipizide</i>	1	QL
<i>glipizide ER</i>	1	QL
<i>glipizide XL</i>	1	QL
<i>glipizide/metformin</i>	1	QL
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	QL
<i>glyburide/metformin HCl</i>	1	QL
<i>glycron</i>	1	QL
<i>metformin HCl</i>	1	QL
<i>metformin HCl ER</i>	1	QL
<i>tolazamide</i>	1	
<i>tolbutamide</i>	1	
Brands		
ACTOPLUS MET	2	QL
ACTOS	2	QL
APIDRA	2	
AVANDAMET	2	QL
AVANDARYL	2	QL
AVANDIA	2	QL
BYETTA	3	QL
DUETACT	2	QL
EXUBERA COMBINATION PACK 15	2	
EXUBERA KIT	2	QL
FORTAMET	2	QL
GLYCRON 4.5MG	2	QL
GLYSET	3	
HUMALOG	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 75/25	2	

Drug Name	Drug Tier	Req./ Limits
HUMULIN 50/50	2	
HUMULIN 70/30	2	
HUMULIN N	2	
HUMULIN R	2	
JANUMET	2	QL
JANUVIA	2	QL
LANTUS	2	
LEVEMIR	2	
NOVOLIN 70/30	2	
NOVOLIN N	2	
NOVOLIN N INNOLET	2	
NOVOLIN R	2	
NOVOLOG	2	
NOVOLOG MIX 70/30	2	
PRANDIN	2	QL
STARLIX	2	QL
SYMLIN	3	QL,PA
Diabetic Supplies, Misc.		
Drug Name	Drug Tier	Req./ Limits
Brands		
ALCOHOL SWABS	2	
BD ALCOHOL SWABS	2	
BD INSULIN PEN NEEDLES	2	
BD INSULIN SYRINGE	2	
BD SAFETYGLIDE	2	
GAUZE 2"X 2"	2	
GLUCAGEN	2	
GLUCAGON EMERGENCY KIT	2	
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	
INSULIN SYRINGE (DISP) U-100 1 ML	2	

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Drug Name	Drug Tier	Req./ Limits
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	
PROGLYCEM	2	
UNIFINE PENTIPS	2	
Miscellaneous Hormones		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>androxy</i>	1	PA
<i>cabergoline</i>	1	QL
<i>calcitriol</i>	1	
<i>danazol</i>	1	
<i>desmopressin acetate tablet</i>	1	
<i>desmopressin acetate vial</i>	1	
<i>oxandrolone</i>	1	PA
<i>testosterone cypionate</i>	1	PA
<i>testosterone enanthate</i>	1	PA
Brands		
ALDURAZYME	4	PA
ANADROL-50	3	PA
ANDRODERM	2	QL,PA
ANDROGEL	2	QL,PA
CEREZYME	4	PA
DEPO-TESTOSTERONE	2	PA
FABRAZYME	4	PA
HECTOROL	2	
MIACALCIN	2	
MIACALCIN NASAL SPRAY	2	QL
NAGLAZYME	4	
ROCALTROL	2	
SENSIPAR	2	QL,PA
SOMAVERT	2	QL,PA
STIMATE	2	
SYNAREL	3	

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Drug Name	Drug Tier	Req./ Limits
TESTIM	3	QL,PA
ZAVESCA	2	
ZEMPLAR	2	
Thyroid Hormones		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>levothyroxine sodium</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium</i>	1	
<i>unithroid</i>	1	
Brands		
CYTOMEL	2	
SYNTHROID	2	
GASTROENTEROLOGY		
Antidiarrheals & Antispasmodics		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>atropine sulfate</i>	1	
<i>dicyclomine HCl</i>	1	
<i>diphenoxylate/atropine</i>	1	
<i>glycopyrrolate</i>	1	
<i>lofene</i>	1	
<i>lonox</i>	1	
<i>loperamide HCl</i>	1	
<i>paregoric</i>	1	
Brands		
ATROPINE SULFATE 0.05MG/ML SYRINGE	2	
OPIUM	3	

Drug Name	Drug Tier	Req./ Limits
Miscellaneous Gastrointestinal Agents		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>dygase</i>	1	
<i>enzycap</i>	1	
<i>glycolax</i>	1	
<i>hydrocortisone</i>	1	
<i>lactulose</i>	1	
<i>lapase</i>	1	
<i>meclizine HCl</i>	1	
<i>mesalamine</i>	1	
<i>metoclopramide HCl</i>	1	
<i>ondansetron HCl in dextrose</i>	1	
<i>ondansetron HCl solution</i>	1	PA
<i>ondansetron HCl tablet</i>	1	QL,PA
<i>palcaps</i>	1	
<i>palipase</i>	1	
<i>palipase MT</i>	1	
<i>paltrase v8</i>	1	
<i>pancrelipase</i>	1	
<i>pancrelipase MT</i>	1	
<i>pancron</i>	1	
<i>pangestyme CN</i>	1	
<i>pangestyme EC</i>	1	
<i>pangestyme MT 16</i>	1	
<i>panocaps</i>	1	
<i>panokase</i>	1	
<i>plaretase 8000</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate suppository</i>	1	PA
<i>prochlorperazine maleate tablet</i>	1	PA
<i>procto-pak</i>	1	

Drug Name	Drug Tier	Req./ Limits
<i>proctosol-HC</i>	1	
<i>sulfasalazine</i>	1	
<i>sulfazine</i>	1	
<i>ultracaps MT 20</i>	1	
<i>ursodiol</i>	1	
Brands		
AMITIZA	2	QL,PA
ANZEMET	3	QL,PA
ANZEMET INJECTION	3	
ASACOL	2	
CANASA	2	
COLAZAL	2	
CORTIFOAM	2	
CREON	2	
CYSTADANE	2	
DIPENTUM	3	
EMEND	2	QL,PA
ENTOCORT EC	2	
GASTROCROM	2	
KUTRASE	3	
KU-ZYME	3	
LIALDA	2	
LOTRONEX	2	QL,PA
MARINOL	3	PA
PANCREASE MT	3	
PANCRECARB MS	3	
PENTASA	2	
PROCTO-KIT	3	
REMICADE	4	PA
SUCRAID	4	
TRANSDERM-SCOP	3	
ULTRASE	2	
URSO	2	
URSO FORTE	2	
VIOKASE	2	

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Drug Name	Drug Tier	Req./ Limits
BOWEL EVACUANTS		
Generics		
<i>peg 3350/electrolyte</i>	1	
<i>polyethylene glycol</i>	1	
Brands		
HALFLYTELY	3	
MOVIPREP	2	
NULYTELY	3	
Ulcer Therapy		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>misoprostol</i>	1	
<i>sucralfate</i>	1	
Brands		
CARAFATE SUSPENSION	2	
PREVPAC	3	
H2 ANTAGONISTS		
Generics		
<i>famotidine</i>	1	QL
<i>famotidine injection</i>	1	
<i>famotidine premixed</i>	1	
<i>nizatidine</i>	1	QL
<i>ranitidine HCl</i>	1	QL
<i>ranitidine HCl syrup</i>	1	
Brands		
PEPCID SUSPENSION	2	
ZANTAC INJECTION	2	
ZANTAC RX	2	

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Drug Name	Drug Tier	Req./ Limits
PROTON PUMP INHIBITORS		
Generics		
<i>omeprazole</i>	1	QL
Brands		
NEXIUM	2	QL
NEXIUM I.V.	2	
PREVACID	2	QL
PREVACID IV	2	
PREVACID SUSPENSION	2	
PRILOSEC 40MG	3	QL
PROTONIX	3	QL
PROTONIX IV	3	
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
Biotechnology Drugs		
Drug Name	Drug Tier	Req./ Limits
Brands		
ACTIMMUNE	4	PA
ARANESP	2	QL,PA
AVONEX ADMINISTRATION PACK	4	QL,PA
BETASERON	4	QL,PA
EPOGEN	3	QL,PA
INTRON A	2	PA
LEUKINE	4	PA
NEULASTA	3	QL,PA
NEUMEGA	4	QL,PA
NEUPOGEN	4	QL,PA
NORDITROPIN	4	PA
NORDITROPIN NORDIFLEX	4	PA
PEGASYS	2	QL,PA

Drug Name	Drug Tier	Req./ Limits
PEG-INTRON	2	QL,PA
PEG-INTRON REDIPEN	2	QL,PA
PROCRIT	2	QL,PA
PROLEUKIN	4	
REBIF	4	QL,PA
ROFERON-A	2	PA
TEV-TROPIN	4	PA
Vaccines & Miscellaneous Immunologicals		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>tetanus toxoid</i>	1	
Brands		
ACTHIB	2	
ATTENUVAX	2	
COMVAX	2	PA
DAPTACEL	2	
DIPHThERIA/TETANUS TOXOIDS	2	
ENGERIX-B	2	PA
GARDASIL	2	PA
HAVRIX	2	
HIBTITER	2	
IMMUNE GLOBULIN	2	PA
IMOVAX RABIES VACCINE	2	
INFANRIX	2	
IPOL	2	
JE-VAX	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MERUVAX II VACCINE W/DILUENT	2	

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Drug Name	Drug Tier	Req./ Limits
M-M-R II VACCINE W/DILUENT	2	
M-R-VAX II	2	
MUMPSVAX VACCINE W/DILUENT	2	
PEDIARIX	2	PA
PEDVAXHIB	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	PA
ROTATEQ	2	
TETANUS DIPHThERIA TOXOIDS	2	
THYMOGLOBULIN	2	PA
TICE BCG	2	PA
TRIHIBIT	2	
TRIPEDIA	2	
TWINRIX	2	PA
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VIVOTIF BERNA	2	
YF-VAX	2	
ZOSTAVAX	2	PA
MISCELLANEOUS VITAMINS, HEMATINICS & ELECTROLYTES		
Miscellaneous Nutrition Products		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>aminess</i>	1	
<i>aminosyn II 15%</i>	1	
<i>aminosyn II 4.25%/dextrose 25%</i>	1	

Drug Name	Drug Tier	Req./ Limits
<i>intralipid</i>	1	
<i>novamine</i>	1	
<i>premasol 10%</i>	1	
Brands		
AMINOSYN	2	
AMINOSYN II	2	
AMINOSYN II 3.5%/DEXTROSE 25%	2	
AMINOSYN II 3.5%/DEXTROSE 5%	2	
AMINOSYN II IN DEXTROSE	2	
AMINOSYN-HF	2	
CLINIMIX	2	
CLINISOL	2	
DEXTROSE-ELECTROLYTE	2	
FREAMINE HBC	2	
FREAMINE III	2	
HEPATAMINE	2	
HEPATASOL	2	
INTRALIPID 30%	2	
IONOSOL B W/DEXTROSE 5%	2	
IONOSOL MB W/DEXTROSE	2	
IONOSOL T W/DEXTROSE	2	
ISOLYTE H W/DEXTROSE	2	
ISOLYTE S	2	
ISOLYTE S W/DEXTROSE	2	
NEPHRAMINE	2	
NORMOSOL-R PH 7.4	2	
PLASMA-LYTE 148	2	
PLASMA-LYTE 56	2	
PLASMA-LYTE A PH 7.4	2	
POTASSIUM CHLORIDE/DEXTROSE/NS	2	
PREMASOL 6%	2	
RENAMIN	2	

Drug Name	Drug Tier	Req./ Limits
TRAVASOL	2	
TRAVASOL W/DEXTROSE	2	
TRAVERT	2	
TRAVERT IN NORMAL SALINE	2	
TRAVERT-1/2NORMAL SALINE W/KCL	2	
TRAVERT-ELECTROLYTE	2	
TROPHAMINE	2	
MUSCULOSKELETAL & RHEUMATOLOGY		
Gout Therapy		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>allopurinol</i>	1	
<i>colchicine</i>	1	
<i>col-probenecid</i>	1	
<i>probenecid</i>	1	
Brands		
COLCHICINE VIAL	2	
Osteoporosis Therapy		
Drug Name	Drug Tier	Req./ Limits
Brands		
ACTONEL	2	QL
ACTONEL WITH CALCIUM	2	QL
BONIVA	2	QL
EVISTA	2	QL
FORTEO	2	QL
FOSAMAX	2	QL

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Drug Name	Drug Tier	Req./ Limits
Other Rheumatologicals		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>leflunomide</i>	1	QL,PA
Brands		
CUPRIMINE	2	
DEPEN	2	
ENBREL	4	QL,PA
HUMIRA	4	QL,PA
RIDAURA	3	
OBSTETRICS & GYNECOLOGY		
Estrogens & Progestins		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>estradiol</i>	1	QL
<i>estradiol transdermal patch</i>	1	QL
<i>estropipate</i>	1	QL
<i>gynodiol</i>	1	QL
<i>medroxyprogesterone acetate</i>	1	
<i>norethindrone acetate</i>	1	
<i>ortho-est</i>	1	QL
Brands		
ACTIVELLA	2	QL
ALORA	2	QL
CENESTIN	2	QL
CLIMARA PRO	2	QL
COMBIPATCH	2	QL
CRINONE 8% GEL	2	
DEPO-PROVERA	2	
DEPO-SUBQ PROVERA 104	3	

Drug Name	Drug Tier	Req./ Limits
ENJUVIA	2	QL
ESTRASORB	3	QL
ESTRING	3	QL
ESTROGEL	3	QL
FEMHRT	3	QL
GYNODIOL 1.5MG TABLET	3	QL
MENEST	3	QL
MENOSTAR	3	QL
PREFEST	3	QL
PREMARIN	3	QL
PREMARIN CREAM	2	
PREMPHASE	2	QL
PREMPRO	2	QL
PROMETRIUM	2	
VAGIFEM	2	
VIVELLE	2	QL
Miscellaneous Ob/Gyn		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>clindamycin phosphate cream</i>	1	
<i>metronidazole vaginal</i>	1	
<i>miconazole 3</i>	1	
<i>nystatin</i>	1	
<i>terconazole</i>	1	
<i>vandazole</i>	1	
<i>zazole</i>	1	
Brands		
CLEOCIN SUPPOSITORY	2	
GYNAZOLE-1	2	
NUVARING	3	

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Drug Name	Drug Tier	Req./ Limits
Oral Contraceptives & Related Agents		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aviane</i>	1	
<i>balziva</i>	1	
<i>cesia</i>	1	
<i>jolessa</i>	1	
<i>junel</i>	1	
<i>junel FE</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levora-28</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>microgestin</i>	1	
<i>microgestin FE</i>	1	
<i>mononessa</i>	1	
<i>necon</i>	1	
<i>nortrel</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>ogestrel</i>	1	
<i>portia</i>	1	
<i>previfem</i>	1	
<i>quasense</i>	1	
<i>reclipsen</i>	1	
<i>solia</i>	1	
<i>sprintec</i>	1	
<i>sronyx</i>	1	
<i>trinessa</i>	1	

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Drug Name	Drug Tier	Req./ Limits
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>trivora-28</i>	1	
<i>velivet</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
Brands		
ORTHO EVRA	3	
PLAN B	2	
Oxytocics		
Drug Name	Drug Tier	Req./ Limits
Brands		
METHERGINE	2	
OPHTHALMOLOGY		
Antibiotics		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>bacitracin</i>	1	
<i>bacitracin/polymyxin B</i>	1	
<i>ciprofloxacin HCl</i>	1	
<i>erythromycin</i>	1	
<i>gentamicin sulfate</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
<i>ofloxacin</i>	1	
<i>polycin-b</i>	1	
<i>polymyxin B sulfate/trimethoprim</i>	1	
<i>tobramycin sulfate</i>	1	

Drug Name	Drug Tier	Req./ Limits
Brands		
CILOXAN	2	
NATACYN	2	
TOBREX	2	
VIGAMOX	2	
ZYMAR	2	
Antivirals		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>trifluridine</i>	1	
Beta-Blockers		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>betaxolol HCl</i>	1	
<i>carteolol HCl</i>	1	
<i>levobunolol HCl</i>	1	
<i>metipranolol</i>	1	
<i>timolol maleate</i>	1	
Brands		
BETOPTIC S	3	
ISTALOL	2	
TIMOPTIC SINGLE USE DROPPERETTE	2	

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Drug Name	Drug Tier	Req./ Limits
Cholinesterase Inhibitor Miotics		
Drug Name	Drug Tier	Req./ Limits
Brands		
PHOSPHOLINE IODIDE	2	
Cycloplegic Mydriatics		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>atropine sulfate</i>	1	
<i>mydral</i>	1	
<i>tropicacyl</i>	1	
<i>tropicamide</i>	1	
Direct Acting Miotics		
Drug Name	Drug Tier	Req./ Limits
Brands		
PILOPINE HS	2	
Miscellaneous Ophthalmologics		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>cromolyn sodium</i>	1	
<i>ketotifen fumarate</i>	1	
<i>parcaine</i>	1	
<i>proparacaine HCl</i>	1	
Brands		
ALAMAST	2	
ALOCRIAL	3	
ELESTAT	2	
LACRISERT	2	

Drug Name	Drug Tier	Req./ Limits
OPTIVAR	2	
PATANOL	2	
RESTASIS	2	QL
Non-Steroidal Anti-Inflammatory Agents		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>flurbiprofen sodium</i>	1	
Brands		
ACULAR	2	
ACULAR LS	2	
ACULAR PF	2	
NEVANAC	2	
VOLTAREN	2	
XIBROM	2	
Oral Drugs For Glaucoma		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>acetazolamide sodium</i>	1	
<i>methazolamide</i>	1	
Brands		
DIAMOX SEQUELS	3	
Other Glaucoma Drugs		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>miostat</i>	1	
Brands		
AZOPT	2	
COSOPT	2	

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Drug Name	Drug Tier	Req./ Limits
LUMIGAN	2	
TRAVATAN	2	
TRAVATAN Z	2	
TRUSOPT	2	
XALATAN	2	
Steroid-Antibiotic Combinations		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>dexasporin</i>	1	
<i>neomycin/polymyxin/ dexamethasone</i>	1	
<i>neomycin/polymyxin/bacitracin/ hydrocortisone</i>	1	
<i>neomycin/polymyxin/hydrocortiso ne</i>	1	
Brands		
TOBRADEX	2	
ZYLET	2	
Steroids		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>dexamethasone sodium phosphate</i>	1	
<i>dexasol</i>	1	
<i>fluorometholone</i>	1	
<i>fluor-op</i>	1	
<i>prednisol</i>	1	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
Brands		
ALREX	3	
FML FORTE	2	

Drug Name	Drug Tier	Req./ Limits
FML S.O.P.	2	
LOTEMAX	2	
VEXOL	3	
Steroid-Sulfonamide Combinations		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>sulfacetamide/prednisolone</i>	1	
Sulfonamides		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>ocusulf-10</i>	1	
<i>sulf-10</i>	1	
<i>sulfacetamide sodium</i>	1	
Sympathomimetics		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>brimonidine tartrate</i>	1	
<i>dipivefrin HCl</i>	1	
Brands		
ALPHAGAN P	2	
IOPIDINE	3	

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Drug Name	Drug Tier	Req./ Limits
RESPIRATORY AND ALLERGY		
Antihistamine & Antiallergenic Agents		
Drug Name	Drug Tier	Req./ Limits
ADRENERGICS		
Generics		
<i>adrenalin chloride</i>	1	
<i>epinephrine HCl 1mg/ml vial</i>	1	
Brands		
EPINEPHRINE HCl	2	
EPIPEN	2	
EPIPEN JR.	2	
ANTIHISTAMINES		
Generics		
<i>clemastine fumarate</i>	1	
<i>diphenhydramine HCl</i>	1	
<i>diphenhydramine HCl elixir</i>	1	
<i>fexofenadine HCl</i>	1	QL
<i>hydroxyzine HCl</i>	1	PA
<i>palgic liquid</i>	1	
<i>phenadoz</i>	1	
<i>promethazine HCl</i>	1	PA
Brands		
ASTELIN	3	
CLARINEX	2	QL
CLARINEX SYRUP	2	
PALGIC	3	
ANTIHISTAMINES PLUS DECONGESTANTS		
Brands		
ALLEGRA-D	3	QL
CLARINEX-D 12 HOUR	2	QL

Drug Name	Drug Tier	Req./ Limits
CLARINEX-D 24 HOUR	2	QL
Pulmonary Agents		
Drug Name	Drug Tier	Req./ Limits
INHALED BETA AGONISTS		
Generics		
<i>albuterol inhaler</i>	1	QL
<i>albuterol sulfate for nebulization</i>	1	PA
<i>albuterol sulfate solution</i>	1	PA
<i>metaproterenol sulfate inhalation</i>	1	PA
Brands		
ACCUNEB	2	PA
ALBUTEROL SULFATE FOR NEBULIZATION 0.42MG/ML	2	PA
BROVANA	3	QL,PA
FORADIL	2	QL
PROAIR HFA	2	QL
PROVENTIL HFA	2	QL
SEREVENT DISKUS	2	QL
VENTOLIN HFA	2	QL
INHALED CORTICOSTEROIDS		
Brands		
ASMANEX	2	QL
AZMACORT	3	QL
FLOVENT HFA	2	QL
PULMICORT FOR NEBULIZATION	2	PA
PULMICORT INHALER	2	QL
QVAR	2	QL

Drug Name	Drug Tier	Req./ Limits
INTRANASAL STEROIDS		
Generics		
<i>flunisolide</i>	1	QL
<i>fluticasone propionate</i>	1	QL
Brands		
NASACORT AQ	2	QL
NASAREL	3	QL
NASONEX	2	QL
RHINOCORT AQUA	3	QL
VERAMYST	2	
MISCELLANEOUS PULMONARY AGENTS		
Generics		
<i>acetylcysteine</i>	1	PA
<i>cromolyn sodium</i>	1	PA
<i>ipratropium bromide</i>	1	PA
<i>ipratropium-albuterol</i>	1	PA
<i>terbutaline sulfate</i>	1	
Brands		
ACCOLATE	3	QL
ADVAIR DISKUS	2	QL
ADVAIR HFA	2	QL
ATROVENT HFA	2	QL
BRETHINE AMPULE	2	
COMBIVENT	2	QL
DUONEB	2	PA
INTAL INHALER	2	QL
PULMOZYME	4	PA
REVATIO	4	QL
SINGULAIR	2	QL
SPIRIVA	2	QL
SYMBICORT	2	QL
TILADE	2	QL
TRACLEER	4	PA

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Drug Name	Drug Tier	Req./ Limits
ZYFLO	3	QL
ORAL BETA AGONISTS		
Generics		
<i>albuterol sulfate</i>	1	
<i>albuterol sulfate ER</i>	1	
<i>metaproterenol sulfate</i>	1	
XANTHINES		
Generics		
<i>aminophylline</i>	1	
<i>theophylline</i>	1	
<i>theophylline anhydrous</i>	1	
Brands		
ELIXOPHYLLIN	3	
THEO-24	3	
UNIPHYL	3	
UROLOGICALS		
Anticholinergics & Antispasmodics		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>flavoxate HCl</i>	1	
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride ER</i>	1	QL
Brands		
DETROL	2	QL
DETROL LA	2	QL
ENABLEX	2	QL
OXYTROL	2	QL
SANCTURA	2	QL
VESICARE	2	QL

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Drug Name	Drug Tier	Req./ Limits
Benign Prostatic Hyperplasia (BPH) Therapy		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>finasteride</i>	1	QL
Brands		
AVODART	2	QL
FLOMAX	2	QL
UROXATRAL	2	QL
Cholinergic Stimulants		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>bethanechol chloride</i>	1	
Miscellaneous Urologicals		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>potassium citrate</i>	1	
Brands		
CYSTAGON	2	
ELMIRON	2	
Urinary Anesthetics		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>phenazopyridine HCl</i>	1	

Drug Name	Drug Tier	Req./ Limits
VITAMINS, HEMATINICS & ELECTROLYTES		
Electrolytes		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>ringers</i>	1	
<i>sodium chloride</i>	1	
Brands		
MAGNESIUM SULFATE IN DEXTROSE	2	
NORMOSOL-R AND DEXTROSE	2	
SODIUM BICARBONATE	2	
POTASSIUM		
Generics		
<i>dextrose/lactated</i>	1	
<i>ringers/potassium chloride</i>		
<i>potassium chloride</i>	1	
<i>potassium chloride mini-v</i>	1	
<i>potassium chloride/dextrose 30meq/l</i>	1	
<i>potassium chloride/dextrose/normal saline</i>	1	
Brands		
KAON-CL 10	3	
KLOR-CON M15	3	
KLOTRIX	3	
K-TAB	3	
POTASSIUM CHLORIDE IV PIGGYBACK	3	

Drug Name	Drug Tier	Req./ Limits
POTASSIUM CHLORIDE/DEXTROSE	2	
POTASSIUM CHLORIDE/DEXTROSE/NS	2	
POTASSIUM CHLORIDE/NORMAL SALINE	2	
POTASSIUM CHLORIDE/NORMAL SALINE 40MEQ/L	2	
Vitamins & Hematinics		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>prenatal RX</i>	1	

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<i>pangestyme MT 16</i> -----	30	<i>piroxicam</i> -----	16
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<i>sulfazine</i> -----	30
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<i>vincristine sulfate</i> -----	12
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ZOMIG ZMT -----	15
ZOMIG -----	15
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<i>zovia 1/50e</i> -----	35
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