



# **Personal Choice 65 Group 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 Personal Choice 65 Formulary?**

A formulary is a list of covered drugs selected by Personal Choice 65 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. Personal Choice 65 will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Personal Choice 65 network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## **Can the Formulary change?**

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

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2008. To get updated information about the drugs covered by Personal Choice 65, please visit our Web site at [www.site65.com](http://www.site65.com) or call Member Services at 1-888-718-3333, seven days a week from 8 a.m. to 8 p.m. TTY/TDD users should call 1-888-857-4816.

## How do I use the Formulary?

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

### **Medical Condition**

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page vi. 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 66. 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?

**Personal Choice 65 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:** Personal Choice 65 requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Personal Choice 65 before you fill your prescriptions. If you don't get approval, Personal Choice 65 may not cover the drug.
- **Quantity Limits:** For certain drugs, Personal Choice 65 limits the amount of the drug that Personal Choice 65 will cover. For example, Personal Choice 65 provides 14 tablets per prescription for Ambien. This may be in addition to a standard one month or three month supply.

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

You can ask Personal Choice 65 to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Personal Choice 65’s formulary?” on page iii 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 ask if your drug is covered. If you learn that Personal Choice 65 does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Personal Choice 65. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Personal Choice 65.
- You can ask Personal Choice 65 to make an exception and cover your drug. See below for information about how to request an exception.

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

### **How do I request an exception to the Personal Choice 65’s Formulary?**

You can ask Personal Choice 65 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, Personal Choice 65 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 tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

Generally, Personal Choice 65 will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If a transition occurs due to a member changing setting, such as moving from home residence to a long-term care facility and then back again, Personal Choice 65 has a method in place to ensure that you have access to your medication. If your setting change

cannot be identified by the automated system, the pharmacy can notify Personal Choice 65 of the setting change and provide you with your needed medications. You will receive notice that you must either switch to a therapeutically appropriate drug on the plan's formulary or request an exception to continue taking the requested drug.

### **For more information**

For more detailed information about your Personal Choice 65 prescription drug coverage, please review your Personal Choice 65 Evidence of Coverage and other plan materials.

If you have questions about Personal Choice 65, please call Member Services at 1-888-718-3333, seven days a week from 8 a.m. to 8 p.m. TTY/TDD users should call 1-888-857-4816. Or visit [www.site65.com](http://www.site65.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](http://www.medicare.gov).

### **Personal Choice 65's Formulary**

The formulary that begins on page 1 provides coverage information about some of the drugs covered by Personal Choice 65. If you have trouble finding your drug in the list, turn to the Index that begins on page 66.

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

The information in the Requirements/Limits column tells you if Personal Choice 65 has any special requirements for coverage of your drug.

- **Age/Gender Edit:** Certain medications may not be age or gender appropriate for all members. An age edit or gender edit may be placed on a medication when safety concerns or inappropriate utilization issues exist for a particular age group or particular gender.

### **DRUG TIER**

The second column of the chart lists the drug tier. The drug tier is the level of formulary cost sharing for which the member is responsible (1=generic co-payment, 2=preferred brand co-payment, 3=non-preferred brand co-payment).

Your co-payment or cost sharing will depend on your enrollment option.

## **THERAPEUTIC DRUG CATEGORIES**

The following is a list of categories which are listed alphabetically within the drug table. There are a total of 52 categories representing unique therapeutic categories. You can use these categories to identify where your drug will be found in the guide. If you do not know the therapeutic category for your drug, please use the alphabetical Index that begins on page 66 to look up your drug.

1. ANALGESICS
2. ANESTHETICS
3. ANTIBACTERIALS
4. ANTICONVULSANTS
5. ANTIDEMENTIA AGENTS
6. ANTIDEPRESSANTS
7. ANTIDOTES, DETERRENTS, AND TOXICOLOGIC AGENTS
8. ANTIEMETICS
9. ANTIFUNGALS
10. ANTIGOUT AGENTS
11. ANTI-INFLAMMATORY AGENTS
12. ANTIMIGRAINE AGENTS
13. ANTIMYASTHENIC AGENTS
14. ANTIMYCOBACTERIALS
15. ANTINEOPLASTICS
16. ANTIPARASITICS
17. ANTIPARKINSON AGENTS
18. ANTIPSYCHOTICS
19. ANTISPASTICITY AGENTS
20. ANTIVIRALS
21. ANXIOLYTICS
22. BIPOLAR AGENTS
23. BLOOD GLUCOSE REGULATORS
24. BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS
25. CARDIOVASCULAR AGENTS
26. CENTRAL NERVOUS SYSTEM AGENTS
27. DENTAL AND ORAL AGENTS

28. DERMATOLOGICAL AGENTS
29. ENZYME REPLACEMENTS/ MODIFIERS
30. GASTROINTESTINAL AGENTS
31. GENITOURINARY AGENTS
32. HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)
33. HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)
34. HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)
35. HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)
36. HORMONAL AGENTS, SUPPRESSANT (ADRENAL)
37. HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)
38. HORMONAL AGENTS, SUPPRESSANT (PITUITARY)
39. HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/ MODIFIERS)
40. HORMONAL AGENTS, SUPPRESSANT (THYROID)
41. IMMUNOLOGICAL AGENTS
42. INFLAMMATORY BOWEL DISEASE AGENTS
43. METABOLIC BONE DISEASE AGENTS
44. MISCELLANEOUS THERAPEUTIC AGENTS
45. OPHTHALMIC AGENTS
46. OTIC AGENTS
47. RESPIRATORY TRACT AGENTS
48. SEDATIVES/ HYPNOTICS
49. SKELETAL MUSCLE RELAXANTS
50. THERAPEUTIC NUTRIENTS/ MINERALS/ ELECTROLYTES
51. UNCLASSIFIED
52. EXCLUDED DRUG



Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<b>Analgesics</b>			
<i>acetaminophen/codeine</i>	SOLN	1	
<i>acetaminophen/codeine</i>	TABS	1	
<i>acetaminophen/codeine #2</i>	TABS	1	
<i>acetaminophen/codeine #3</i>	TABS	1	
<i>acetaminophen/codeine #4</i>	TABS	1	
<i>acetaminophen-codeine #4</i>	TABS	1	
ACTIQ	LPOP	3	QL
ANEXSIA	TABS	3	
<i>ascomp/codeine</i>	CAPS	1	
<i>aspirin/codeine</i>	TABS	1	
ASTRAMORPH	SOLN	3	
AVINZA	CP24	2	QL
<i>balacet 325</i>	TABS	1	
<i>buprenorphine hcl</i>	SOLN	1	
<i>butal/asa/caff/cod</i>	CAPS	1	
<i>butalbital /apap /caffeine /codeine</i>	CAPS	1	
<i>butorphanol tartrate</i>	SOLN	1	QL A
CAPITAL/CODEINE	SUSP	3	
<i>co-gesic</i>	TABS	1	
COMBUNOX	TABS	3	QL
DARVOCET A500	TABS	3	
DARVOCET-N 100	TABS	3	
DARVOCET-N 50	TABS	3	
DARVON	CAPS	3	
DARVON-N	TABS	3	
DEMEROL	SYRP	3	
DEMEROL	TABS	3	QL
DILAUDID	TABS	3	QL
DILAUDID-5	LIQD	3	
DILAUDID-HP	SOLN	3	
<i>dolacet</i>	CAPS	1	
<i>dolagesic</i>	CAPS	1	
DOLOPHINE	TABS	3	
DOLOPHINE HCL	TABS	3	
<i>dolorex forte</i>	CAPS	1	
DURAGESIC	PT72	3	QL
<i>duramorph</i>	SOLN	1	
ENDOCET	TABS	3	QL
EQUAGESIC	TABS	3	
<i>eth-oxydose</i>	CONC	1	
<i>fentanyl</i>	PT72	1	QL
<i>fentanyl citrate oral transmucosal</i>	LPOP	1	QL
FENTORA	TABS	3	QL PA
FIORICET/CODEINE	CAPS	3	

Please refer to page ii for explanation of Prior Authorization (PA) and Quantity Level Limit (QL), page v for explanation of Age Edit (A) or Gender Edit (G), and page v for explanation of Drug Tier.

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
FIORINAL/CODEINE #3	CAPS	3	
HYCET	SOLN	3	
<i>hydrocet</i>	CAPS	1	
<i>hydrocodone /acetaminophen</i>	SOLN	1	
<i>hydrocodone /acetaminophen</i>	TABS	1	
<i>hydrocodone /acetaminophen-hs</i>	TABS	1	
<i>hydrocodone bitartrate/acetaminophen</i>	TABS	1	
<i>hydrocodone bitartrate/apap</i>	TABS	1	
<i>hydrocodone/apap</i>	TABS	1	
<i>hydrocodone/ibuprofen</i>	TABS	1	
<i>hydrocodone-acetaminophen</i>	TABS	1	
<i>hydromorphone hcl</i>	TABS	1	QL
INFUMORPH 200	SOLN	3	
KADIAN	CP24	3	QL
LEVO-DROMORAN	TABS	3	QL
<i>levorphanol tartrate</i>	TABS	1	QL
LORCET 10/650	TABS	3	
LORCET PLUS	TABS	3	
LORTAB	ELIX	3	
LORTAB 10	TABS	3	
LORTAB 2.5	TABS	3	
LORTAB 5	TABS	3	
LORTAB 7.5	TABS	3	
LYNOX	TABS	3	QL
<i>margesic-h</i>	CAPS	1	
MAXIDONE	TABS	2	
<i>meperidine hcl</i>	SOLN	1	
<i>meperidine hcl</i>	TABS	1	QL
<i>meperitab</i>	TABS	1	QL
<i>methadone hcl</i>	CONC	1	
<i>methadone hcl</i>	SOLN	1	
<i>methadone hcl</i>	TABS	1	
<i>methadose</i>	TABS	1	
<i>morphine sulfate</i>	SOLN	1	
<i>morphine sulfate</i>	SUPP	1	
<i>morphine sulfate</i>	TABS	1	QL
MORPHINE SULFATE ADD-VANTAGE	SOLN	3	
<i>morphine sulfate er</i>	TB12	1	QL
MS CONTIN	TB12	3	QL
<i>mst 600</i>	TABS	1	
<i>nalbuphine hcl</i>	SOLN	1	
NORCO	TABS	3	
OPANA	TABS	3	QL PA
OPANA ER	TB12	3	QL PA
OPIUM TINCTURE	TINC	3	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
ORAMORPH SR	TB12	3	QL
<i>oxycodone hcl</i>	CAPS	1	QL
<i>oxycodone hcl</i>	CONC	1	
<i>oxycodone hcl</i>	SOLN	1	
<i>oxycodone hcl</i>	TABS	1	QL
<i>oxycodone hcl cr</i>	TB12	1	QL
<i>oxycodone hcl er</i>	TB12	1	QL
<i>oxycodone/acetaminophen</i>	CAPS	1	QL
<i>oxycodone/acetaminophen</i>	TABS	1	QL
<i>oxycodone/apap</i>	TABS	1	QL
<i>oxycodone/aspirin</i>	TABS	1	QL
<i>oxycodone-apap</i>	TABS	1	QL
OXYCONTIN	TB12	3	QL
<i>oxyfast</i>	CONC	1	
OXYIR	CAPS	3	QL
PANLOR DC	CAPS	3	
PANLOR SS	TABS	3	
<i>paregoric</i>	TINC	1	
<i>pentazocine /acetaminophen</i>	TABS	1	
<i>pentazocine/naloxone hcl</i>	TABS	1	
PERCOCET	TABS	3	QL
PERCODAN	TABS	3	QL
PERCOLONE	TABS	3	QL
PERLOXX	TABS	3	QL
<i>phrenilin w/caffeine/codeine</i>	CAPS	1	
<i>propoxyphene /acetaminophen</i>	TABS	1	
<i>propoxyphene hcl</i>	CAPS	1	
<i>propoxyphene-n /acetaminophen</i>	TABS	1	
REPRESXAIN	TABS	3	
RMS	SUPP	3	
<i>roxanol</i>	SOLN	1	
ROXICET	SOLN	3	
ROXICET	TABS	3	QL
ROXICODONE	SOLN	3	
ROXICODONE	TABS	3	QL
ROXICODONE INTENSOL	CONC	3	
<i>stagesic</i>	CAPS	1	
SUBOXONE	SUBL	3	
SUBUTEX	SUBL	3	
SYNALGOS-DC	CAPS	3	
TALACEN	TABS	3	
TALWIN NX	TABS	3	
<i>tramadol hcl</i>	TABS	1	
<i>tramadol hydrochloride/acetaminophen</i>	TABS	1	
TYLENOL/CODEINE #3	TABS	3	

Please refer to page ii for explanation of Prior Authorization (PA) and Quantity Level Limit (QL), page v for explanation of Age Edit (A) or Gender Edit (G), and page v for explanation of Drug Tier.

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
TYLENOL/CODEINE #4	TABS	3	
TYLOX	CAPS	3	QL
ULTRACET	TABS	3	
ULTRAM	TABS	3	
ULTRAM ER	TB24	3	PA
<i>vanacet</i>	TABS	1	
VICODIN	TABS	3	
VICODIN ES	TABS	3	
<i>vicodin hp</i>	TABS	1	
VICOPROFEN	TABS	3	
VOPAC	TABS	3	
XODOL	TABS	3	
ZYDONE	TABS	3	

### Anesthetics

EMLA/TEGADERM	KIT	3	
EMLA	CREA	3	
<i>lidocaine hcl jelly</i>	GEL	1	
<i>lidocaine hcl</i>	GEL	1	
<i>lidocaine hcl</i>	SOLN	1	
<i>lidocaine/prilocaine</i>	CREA	1	
<i>lidocaine</i>	OINT	1	
LIDODERM	PTCH	3	
SYNERA	PTCH	3	
XYLOCAINE JELLY	GEL	3	
XYLOCAINE VISCOUS	SOLN	3	
XYLOCAINE	SOLN	3	

### Antibacterials

ADOXA	TABS	3	
ADOXA PAK 1/100	TABS	3	
ADOXA PAK 1/150	TABS	3	
ADOXA PAK 1/75	TABS	3	
ADOXA PAK 2/100	TABS	3	
AKNE-MYCIN	OINT	3	
<i>amikacin sulfate</i>	SOLN	1	
<i>amoclan</i>	SUSR	1	
<i>amoxicillin</i>	CAPS	1	
<i>amoxicillin</i>	CHEW	1	
<i>amoxicillin</i>	SUSR	1	
<i>amoxicillin</i>	TABS	1	
<i>amoxicillin/clavulanate potassium</i>	CHEW	1	
<i>amoxicillin/clavulanate potassium</i>	SUSR	1	
<i>amoxicillin/clavulanate potassium</i>	TABS	1	
<i>amoxicillin/potassium clavulanate</i>	CHEW	1	
<i>amoxicillin/potassium clavulanate</i>	SUSR	1	
<i>amoxicillin/potassium clavulanate</i>	TABS	1	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
AMOXIL	CAPS	2	
AMOXIL	CHEW	2	
AMOXIL	SUSR	2	
AMOXIL	TABS	2	
<i>ampicillin</i>	CAPS	1	
<i>ampicillin</i>	SUSR	1	
<i>ampicillin sodium</i>	SOLR	1	
<i>ampicillin-sulbactam</i>	SOLR	1	
ARESTIN	MISC	3	
AUGMENTIN	SUSR	2	
AUGMENTIN	CHEW	3	
AUGMENTIN	SUSR	3	
AUGMENTIN	TABS	3	
AUGMENTIN ES-600	SUSR	3	
AUGMENTIN XR	TB12	3	
AVELOX	SOLN	3	A
AVELOX	TABS	3	A
AVELOX ABC PACK	TABS	3	A
AZACTAM	SOLR	2	
AZACTAM IN DEXTROSE	SOLN	3	
<i>azithromycin</i>	PACK	1	
<i>azithromycin</i>	SOLR	1	
<i>azithromycin</i>	SUSR	1	
<i>azithromycin</i>	TABS	1	
<i>baciim</i>	SOLR	1	
<i>bacitracin /neomycin /polymyxin</i>	OINT	1	
BACTRIM	TABS	3	
BACTRIM DS	TABS	3	
BACTROBAN	CREA	2	
BACTROBAN	OINT	3	
BACTROBAN NASAL	OINT	2	
BIAXIN	SUSR	3	
BIAXIN	TABS	3	
BIAXIN XL	TB24	3	
BIAXIN XL PAC	TB24	3	
BICILLIN L-A	SUSP	3	
CEDAX	CAPS	3	
CEDAX	SUSR	3	
<i>cefaclor</i>	CAPS	1	
<i>cefaclor</i>	SUSR	1	
<i>cefaclor er</i>	TB12	1	
<i>cefadroxil</i>	CAPS	1	
<i>cefadroxil</i>	SUSR	1	
<i>cefadroxil</i>	TABS	1	
<i>cefazolin sodium</i>	SOLR	1	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
CEFAZOLIN SODIUM IV	SOLN	3	
<i>cefotaxime sodium</i>	SOLR	1	
<i>cefoxitin sodium</i>	SOLR	1	
<i>cefpodoxime proxetil</i>	TABS	1	
<i>cefprozil</i>	SUSR	1	
<i>cefprozil</i>	TABS	1	
CEFTIN	SUSR	2	
CEFTIN	TABS	3	
CEFTRIAZONE 20MG/ML IN ISO-OSMOTIC DEXTROSE	SOLN	2	
<i>ceftriazone sodium</i>	SOLR	1	
CEFTRIAZONE 1GM/DEXTROSE IV	SOLR	3	
<i>cefuroxime axetil</i>	TABS	1	
<i>cefuroxime sodium</i>	SOLR	1	
CEFZIL	SUSR	3	
CEFZIL	TABS	3	
<i>cephalexin</i>	CAPS	1	
<i>cephalexin</i>	SUSR	1	
<i>cephalexin</i>	TABS	1	
CHLORAMPHENICOL SODIUM SUCCINATE	SOLR	3	
CIPRO	SUSR	2	A
CIPRO	TABS	3	A
CIPRO XR	TB24	3	A
<i>ciprofloxacin hcl</i>	SOLN	1	A
<i>ciprofloxacin hcl</i>	TABS	1	A
<i>clarithromycin</i>	SUSR	1	
<i>clarithromycin</i>	TABS	1	
<i>clarithromycin er</i>	TB24	1	
CLEOCIN	CREA	2	
CLEOCIN	CAPS	3	
CLEOCIN	SUPP	3	
CLEOCIN PEDIATRIC GRANULES	SOLN	3	
<i>clindamycin hcl</i>	CAPS	1	
<i>clindamycin phosphate</i>	CREA	1	
<i>colistimethate sodium</i>	SOLR	1	
CORTISPORIN	CREA	3	
CORTISPORIN	OINT	3	
CUBICIN	SOLR	3	
DECLOMYCIN	TABS	3	
<i>demeclocycline hcl</i>	TABS	1	
<i>dicloxacillin sodium</i>	CAPS	1	
DISPERMOX	TBSO	3	
DORYX	TBEC	3	
<i>doxy-caps</i>	CAPS	1	
<i>doxycycline hyclate</i>	CAPS	1	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>doxycycline hyclate</i>	CPEP	1	
<i>doxycycline hyclate</i>	TABS	1	
<i>doxycycline monohydrate</i>	CAPS	1	
<i>doxycycline monohydrate</i>	TABS	1	
DURICEF	SUSR	3	
DYNABAC D5-PAK	TBEC	3	
<i>dynacin</i>	CAPS	1	
DYNACIN	CAPS	3	
DYNACIN	TABS	3	
E.E.S. 200	SUSP	2	
<i>e.e.s. 400</i>	TABS	1	
E.E.S. 400	SUSP	2	
E.E.S. GRANULES	SUSR	3	
ERYC	CPEP	3	
<i>eryderm</i>	SOLN	1	
ERYGEL	GEL	3	
ERYPED	SUSR	3	
ERYPED 200	SUSR	3	
ERYPED 400	SUSR	3	
ERY-TAB	TBEC	2	
ERYTHROCIN LACTOBIONATE 500MG	SOLR	3	
ERYTHROCIN STEARATE	TABS	3	
<i>erythromycin</i>	GEL	1	
<i>erythromycin</i>	OINT	1	
<i>erythromycin</i>	PADS	1	
<i>erythromycin</i>	SOLN	1	
ERYTHROMYCIN	CPEP	2	
<i>erythromycin /sulfoxazole</i>	SUSR	1	
ERYTHROMYCIN BASE 250MG	TABS	2	
<i>erythromycin ethylsuccinate</i>	SUSP	1	
<i>erythromycin ethylsuccinate</i>	TABS	1	
ERYTHROMYCIN ETHYLSUCCINATE 400MG/5ML	SUSP	2	
ERYTHROMYCIN LACTOBIONATE 500MG	SOLR	3	
FACTIVE	TABS	3	A
FLAGYL	CAPS	3	
FLAGYL	TABS	3	
FLAGYL ER	TB24	3	
FORTAZ	SOLN	3	
FORTAZ	SOLR	3	
FORTAZ INFUSION PACK	SOLR	3	
FURADANTIN	SUSP	3	
GANTRISIN PEDIATRIC	SUSP	3	
<i>gentamicin sulfite</i>	CREA	1	
<i>gentamicin sulfite oph 0.3%</i>	OINT	1	
<i>gentamicin sulfite</i>	SOLN	1	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
GENTAMICIN SULFATE 0.1%	OINT	2	
<i>gentamicin sulfate/0.9% sodium chloride</i>	SOLN	1	
<i>gentamicin sulfate/sodium chloride</i>	SOLN	1	
GEOCILLIN	TABS	2	
HELIDAC	MISC	3	
HIPREX	TABS	3	
HUMATIN	CAPS	3	
INVANZ	SOLR	3	
<i>isotonic gentamicin</i>	SOLN	1	
<i>kanamycin sulfate</i>	SOLN	1	
KEFLEX	CAPS	3	
KEFLEX	SUSR	3	
KETEK	TABS	3	
KETEK PAK	TABS	3	
KLARON	LOTN	3	
LEVAQUIN	SOLN	2	A
LEVAQUIN	TABS	2	A
LEVAQUIN LEVA-PAK	TABS	2	A
LEVAQUIN PREMIX	SOLN	2	A
MACROBID	CAPS	3	
MACRODANTIN	CAPS	3	
MAXIPIME	SOLR	3	
<i>methenamine hippurate</i>	TABS	1	
METROCREAM	CREA	3	
METROGEL	GEL	3	
METROGEL VAGINAL	GEL	3	
METROLOTION	LOTN	3	
<i>metronidazole</i>	CAPS	1	
<i>metronidazole</i>	CREA	1	
<i>metronidazole</i>	GEL	1	
<i>metronidazole</i>	LOTN	1	
<i>metronidazole</i>	TABS	1	
<i>metronidazole in nacl 0.79%</i>	SOLN	1	
<i>metronidazole vaginal</i>	GEL	1	
MINOCIN	CAPS	3	
<i>minocycline hcl</i>	CAPS	1	
<i>minocycline hcl</i>	TABS	1	
MONODOX	CAPS	3	
MONUROL	PACK	3	
<i>mupirocin</i>	OINT	1	
<i>myrac</i>	TABS	1	
NEO-FRADIN	SOLN	3	
<i>neomycin /bacitracin /polymyxin</i>	OINT	1	
<i>neomycin sulfate</i>	TABS	1	
NEUTREXIN	SOLR	3	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>nitrofurantoin macrocrystalline</i>	CAPS	1	
<i>nitrofurantoin monohydrate</i>	CAPS	1	
NORITATE	CREA	2	
NOROXIN	TABS	3	A
<i>ofloxacin</i>	TABS	1	A
OMNICEF	CAPS	2	
OMNICEF	SUSR	2	
OMNI-PAC	CAPS	2	
ORACEA	CPDR	3	PA
OXACILLIN SODIUM	SOLR	3	
PANIXINE DISPERDOSE	TBSO	3	
<i>paromomycin sulfate</i>	CAPS	1	
PCE	TBEC	3	
PEDIAZOLE	SUSR	3	
<i>penicillin g potassium</i>	SOLR	1	
<i>penicillin v potassium</i>	SOLR	1	
<i>penicillin v potassium</i>	TABS	1	
PERIOSTAT	TABS	3	
<i>pfizerpen-g</i>	SOLR	1	
PIPERACILLIN SODIUM	SOLR	3	
PREVPAC	MISC	3	
PRIMAXIN I.M.	SOLR	3	
PRIMAXIN IV ADD-VANTAGE	SOLR	3	
PROQUIN XR	TB24	3	
QUIXIN	SOLN	3	
RANICLOR	CHEW	3	
ROZEX	EMUL	3	
SEPTRA	TABS	3	
SEPTRA DS	TABS	3	
SILVADENE	CREA	3	
<i>silver sulfadiazine</i>	CREA	1	
<i>sodium sulfacetamide</i>	LOTN	1	
SOLODYN	TB24	3	
SPECTRACEF	TABS	3	
<i>ssd</i>	CREA	1	
<i>ssd af</i>	CREA	1	
SULFADIAZINE	TABS	2	
<i>sulfamethoxazole /trimethoprim</i>	SUSP	1	
<i>sulfamethoxazole /trimethoprim</i>	TABS	1	
<i>sulfamethoxazole/trimethoprim ds</i>	TABS	1	
SULFAMYLON	CREA	3	
SULFAMYLON	PACK	3	
<i>sulfatrim</i>	SUSP	1	
SUMYCIN	SYRP	2	
SUMYCIN	TABS	2	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
SUPRAX	SUSR	3	
<i>tetracycline hcl</i>	CAPS	1	
<i>thermazene</i>	CREA	1	
TOBI	NEBU	2	
<i>tobramycin sulfate</i>	SOLN	1	
<i>tobramycin sulfate</i>	SOLR	1	
<i>tobramycin sulfate fliptop</i>	SOLN	1	
<i>trimethoprim</i>	TABS	1	
<i>trimethoprim/sulfamethoxazole ds</i>	TABS	1	
TRIMOX	CAPS	3	
TYGACIL	SOLR	3	
UNASYN	SOLR	3	
UNASYN ADD-VANTAGE	SOLR	3	
UREX	TABS	3	
VANCOCIN HCL	CAPS	3	
VANCOCIN HCL	SOLN	3	
<i>vancomycin hcl</i>	SOLR	1	
<i>vandazole</i>	GEL	1	
VANTIN	SUSR	3	
VANTIN	TABS	3	
<i>veetids</i>	SOLR	1	
<i>veetids</i>	TABS	1	
VIBRAMYCIN	CAPS	3	
VIBRAMYCIN	SUSR	3	
VIBRAMYCIN	SYRP	3	
VIBRATAB	TABS	3	
XIFAXAN	TABS	2	
ZITHROMAX	PACK	3	
ZITHROMAX	SOLR	3	
ZITHROMAX	SUSR	3	
ZITHROMAX	TABS	3	
ZITHROMAX TRI-PAK	TABS	3	
ZITHROMAX Z-PAK	TABS	3	
ZMAX	SUSR	3	PA
ZOSYN	SOLN	3	
ZOSYN	SOLR	3	
ZYMAR	SOLN	3	
ZYVOX	SOLN	2	PA
ZYVOX	SUSR	2	PA
ZYVOX	TABS	2	QL PA
<b>Anticonvulsants</b>			
<i>carbamazepine</i>	CHEW	1	
<i>carbamazepine</i>	SUSP	1	
<i>carbamazepine</i>	TABS	1	
CARBATROL	CP12	3	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
CELONTIN	CAPS	2	
DEPACON	SOLN	3	
DEPAKENE	CAPS	3	
DEPAKENE	SYRP	3	
DEPAKOTE	TBEC	2	
DEPAKOTE ER	TB24	2	
DEPAKOTE SPRINKLES	CPSP	2	
DILANTIN	CAPS	2	
DILANTIN	SUSP	2	
DILANTIN INFATABS	CHEW	2	
<i>epitol</i>	TABS	1	
EQUETRO	CP12	3	
<i>ethosuximide</i>	CAPS	1	
<i>ethosuximide</i>	SOLN	1	
FELBATOL	SUSP	3	
FELBATOL	TABS	3	
<i>gabapentin</i>	CAPS	1	
<i>gabapentin</i>	TABS	1	
GABITRIL	TABS	3	
KEPPRA	SOLN	2	
KEPPRA	TABS	2	
LAMICTAL	TABS	2	
LAMICTAL CHEWABLE DISPERSIBLE	TBDP	2	
LAMICTAL STARTER/TAKING			
CARBAMAZEPINE/NOT TAKING VALPROATE	KIT	2	
LAMICTAL STARTER/TAKING VALPROATE	KIT	2	
<i>lamotrigine chewable dispersible</i>	TBDP	1	
LYRICA	CAPS	3	PA
MYSOLINE	TABS	3	
NEURONTIN	SOLN	2	
NEURONTIN	CAPS	3	
NEURONTIN	TABS	3	
PEGANONE	TABS	3	
PHENYTEK	CAPS	3	
<i>phenytoin</i>	SUSP	1	
<i>phenytoin sodium</i>	SOLN	1	
<i>phenytoin sodium extended</i>	CAPS	1	
<i>primidone</i>	TABS	1	
TEGRETOL	CHEW	3	
TEGRETOL	SUSP	3	
TEGRETOL	TABS	3	
TEGRETOL-XR	TB12	2	
TOPAMAX	TABS	3	
TOPAMAX SPRINKLE	CPSP	3	
TRILEPTAL	SUSP	3	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
TRILEPTAL	TABS	3	
<i>valproic acid</i>	CAPS	1	
<i>valproic acid</i>	SYRP	1	
ZARONTIN	CAPS	3	
ZARONTIN	SOLN	3	
ZONEGRAN	CAPS	3	
<i>zonisamide</i>	CAPS	1	
<b>Antidementia Agents</b>			
ARICEPT	TABS	2	A
ARICEPT ODT	TBDP	2	A
COGNEX	CAPS	3	A
<i>ergoloid mesylates</i>	TABS	1	
EXELON	CAPS	3	A
EXELON	SOLN	3	A
NAMENDA	SOLN	2	A
NAMENDA	TABS	2	A
NAMENDA TITRATION PAK	TABS	2	A
RAZADYNE	SOLN	3	A
RAZADYNE	TABS	3	A
RAZADYNE ER	CP24	3	A
<b>Antidepressants</b>			
<i>amitriptyline /chlordiazepoxide</i>	TABS	1	
<i>amitriptyline hcl</i>	TABS	1	
<i>amoxapine</i>	TABS	1	
ANAFRANIL	CAPS	3	
<i>budeprion sr</i>	TB12	1	
<i>budeprion xl</i>	TB24	1	
<i>bupropion hcl</i>	TABS	1	
<i>bupropion hcl sr</i>	TB12	1	
CELEXA	SOLN	3	
CELEXA	TABS	3	
<i>chlordiazepoxide /amitriptyline</i>	TABS	1	
<i>citalopram hydrobromide</i>	SOLN	1	
<i>citalopram hydrobromide</i>	TABS	1	
<i>clomipramine hcl</i>	CAPS	1	
CYMBALTA	CPEP	3	PA
<i>desipramine hcl</i>	TABS	1	
<i>doxepin hcl</i>	CAPS	1	
<i>doxepin hcl</i>	CONC	1	
EFFEXOR	TABS	3	
EFFEXOR XR	CP24	3	
EMSAM	PT24	3	
<i>fluoxetine hcl</i>	CAPS	1	
<i>fluoxetine hcl</i>	SOLN	1	
<i>fluoxetine hcl</i>	TABS	1	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>fluvoxamine maleate</i>	TABS	1	
<i>imipramine hcl</i>	TABS	1	
<i>imipramine pamoate</i>	CAPS	1	
LEXAPRO	SOLN	2	
LEXAPRO	TABS	2	
LIMBITROL	TABS	3	
LIMBITROL DS	TABS	3	
<i>maprotiline hcl</i>	TABS	1	
MARPLAN	TABS	3	
<i>mirtazapine</i>	TABS	1	
<i>mirtazapine</i>	TBDP	1	
NARDIL	TABS	2	
<i>nefazodone hcl</i>	TABS	1	
NORPRAMIN	TABS	3	
<i>nortriptyline hcl</i>	CAPS	1	
<i>nortriptyline hcl</i>	SOLN	1	
PAMELOR	CAPS	3	
PAMELOR	SOLN	3	
PARNATE	TABS	2	
<i>paroxetine hcl</i>	SUSP	1	
<i>paroxetine hcl</i>	TABS	1	
PAXIL	SUSP	3	
PAXIL	TABS	3	
PAXIL CR	TB24	3	PA
<i>perphenazine /amitriptyline</i>	TABS	1	
PEXEVA	TABS	3	
PROZAC	CAPS	3	
PROZAC	SOLN	3	
PROZAC	TABS	3	
PROZAC WEEKLY	CPDR	3	QL
RAPIFLUX	TABS	3	
REMERON	TABS	3	
REMERON SOLTAB	TBDP	3	
SARAFEM	CAPS	3	
<i>sertraline hcl</i>	CONC	1	
<i>sertraline hcl</i>	TABS	1	
<i>sertraline hydrochloride</i>	CONC	1	
SURMONTIL	CAPS	3	
TOFRANIL	TABS	3	
TOFRANIL-PM	CAPS	3	
<i>tranylcypromine sulfate</i>	TABS	1	
<i>trazodone hcl</i>	TABS	1	
<i>trimipramine maleate</i>	CAPS	1	
<i>venlafaxine hcl</i>	TABS	1	
VIVACTIL	TABS	3	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
WELLBUTRIN	TABS	3	
WELLBUTRIN SR	TB12	3	
WELLBUTRIN XL	TB24	2	
WELLBUTRIN XL 300MG	TB24	3	
ZOLOFT	CONC	3	
ZOLOFT	TABS	3	
<b>Antidotes, Deterrents, and Toxicologic Agents</b>			
ANTABUSE	TABS	2	
ANTIZOL	SOLN	3	
<i>buproban</i>	TB12	1	
CAMPRAL	TBEC	3	
CHANTIX	TABS	3	
CHEMET	CAPS	2	
CUPRIMINE	CAPS	3	
DEPADE	TABS	3	
DEPEN TITRATABS	TABS	3	
EXJADE	TBSO	3	PA
KAYEXALATE	POWD	3	
<i>kionex</i>	POWD	1	
<i>naltrexone hcl</i>	TABS	1	
NICOTINE	PT24	2	
NICOTROL INHALER	INHA	2	
NICOTROL NS	SOLN	2	
REVIA	TABS	3	
<i>sodium polystyrene sulfonate</i>	POWD	1	
<i>sodium polystyrene sulfonate</i>	SUSP	1	
<i>sps</i>	SUSP	1	
SPS	SUSP	3	
SUBOXONE	SUBL	3	
SYPRINE	CAPS	3	
ZYBAN	TB12	2	
<b>Antiemetics</b>			
ANZEMET	TABS	3	QL
CESAMET	CAPS	3	QL PA
<i>compro</i>	SUPP	1	
EMEND	CAPS	2	QL
EMEND	MISC	2	QL
KYTRIL	SOLN	2	QL
KYTRIL	TABS	2	QL
MARINOL	CAPS	3	
<i>metoclopramide hcl</i>	TABS	1	
<i>ondansetron hcl</i>	SOLN	1	QL
<i>ondansetron hcl odt</i>	TABS	1	
<i>ondansetron hcl</i>	TABS	1	QL
<i>ondansetron odt</i>	TBDP	1	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>phenadoz</i>	SUPP	1	
PHENERGAN	SOLN	3	
<i>prochlorperazine</i>	SUPP	1	
<i>prochlorperazine edisylate</i>	SOLN	1	
<i>prochlorperazine maleate</i>	TABS	1	
<i>promethazine hcl</i>	SUPP	1	
<i>promethazine hcl</i>	TABS	1	
PROMETHAZINE HCL	SYRP	2	
PROMETHAZINE HCL PLAIN	SYRP	2	
<i>promethegan</i>	SUPP	1	
TIGAN	CAPS	3	
TRANSDERM-SCOP	PT72	3	
<i>trimethobenzamide hcl</i>	CAPS	1	
ZOFRAN	SOLN	3	QL
ZOFRAN	TABS	3	QL
ZOFRAN ODT	TBDP	3	QL
<b>Antifungals</b>			
AMPHOCIN	SOLR	3	
ANCOBON	CAPS	3	
BIO-STATIN	CAPS	3	
<i>ciclopirox olamine</i>	CREA	1	
<i>ciclopirox</i>	SUSP	1	
<i>clotrimazole/betamethasone dipropionate</i>	CREA	1	
<i>clotrimazole/betamethasone dipropionate</i>	LOTN	1	
<i>clotrimazole</i>	CREA	1	
<i>clotrimazole</i>	LOZG	1	
<i>clotrimazole</i>	SOLN	1	
<i>clotrimazole</i>	TROC	1	
DIFLUCAN	SUSR	3	
DIFLUCAN	TABS	3	
<i>econazole nitrate</i>	CREA	1	
ERTACZO	CREA	3	
EXELDERM	CREA	3	
EXELDERM	SOLN	3	
<i>fluconazole in dextrose</i>	SOLN	1	
<i>fluconazole</i>	SUSR	1	
<i>fluconazole</i>	TABS	1	
GRIFULVIN V	SUSP	2	
GRIFULVIN V	TABS	2	
<i>griseofulvin microsize</i>	SUSP	1	
GRIS-PEG	TABS	2	
GYNAZOLE-1	CREA	3	
<i>itraconazole</i>	CAPS	1	
<i>ketoconazole</i>	CREA	1	
<i>ketoconazole</i>	SHAM	1	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>ketoconazole</i>	TABS	1	
<i>kuric</i>	CREA	1	
LAMISIL	SOLN	3	
LAMISIL	TABS	3	
LOPROX SHAMPOO	SHAM	2	
LOPROX	CREA	2	
LOPROX	GEL	2	
LOPROX	SUSP	2	
LOTRISONE	LOTN	2	
LOTRISONE	CREA	3	
MENTAX	CREA	3	
<i>miconazole 3</i>	SUPP	1	
MYCELEX	TROC	2	
MYCOSTATIN	CREA	3	
MYCOSTATIN	POWD	3	
NAFTIN	CREA	2	
NAFTIN	GEL	2	
NAFTIN-MP	CREA	2	
NIZORAL	SHAM	3	
NIZORAL	TABS	3	
NOXAFIL	SUSP	3	PA
<i>nyamyc</i>	POWD	1	
<i>nystatin/triamcinolone</i>	CREA	1	
<i>nystatin/triamcinolone</i>	OINT	1	
<i>nystatin</i>	CREA	1	
<i>nystatin</i>	OINT	1	
<i>nystatin</i>	POWD	1	
<i>nystatin</i>	SUSP	1	
<i>nystatin</i>	TABS	1	
<i>nystop</i>	POWD	1	
OXISTAT	CREA	3	
OXISTAT	LOTN	3	
<i>pedi-dri</i>	POWD	1	
PENLAC NAIL LACQUER	SOLN	3	
<i>selenium sulfide</i>	LOTN	1	
SELSUN SHAMPOO	LOTN	3	
SPORANOX PULSEPAK	CAPS	3	
SPORANOX	CAPS	3	
SPORANOX	SOLN	3	
TERAZOL 3	CREA	3	
TERAZOL 3	SUPP	3	
TERAZOL 7	CREA	3	
<i>terconazole</i>	CREA	1	
<i>terconazole</i>	SUPP	1	
VFEND	SUSR	2	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
VFEND	TABS	2	
XOLEGEL	GEL	3	
<i>zazole</i>	CREA	1	
<i>zazole</i>	SUPP	1	
<b>Antigout Agents</b>			
<i>allopurinol</i>	TABS	1	
<i>colchicine</i>	TABS	1	
COLCHICINE	SOLN	3	
PROBENECID/COLCHICINE	TABS	3	
<i>probenecid</i>	TABS	1	
ZYLOPRIM	TABS	3	
<b>Anti-inflammatory Agents</b>			
ANAPROX DS	TABS	3	
ANAPROX	TABS	3	
ANSAID	TABS	3	
ARTHROTEC 50	TABS	3	
ARTHROTEC 75	TABS	3	
CATAFLAM	TABS	3	
CELEBREX	CAPS	3	PA
CLINORIL	TABS	3	
DAYPRO	TABS	3	
<i>diclofenac potassium</i>	TABS	1	
<i>diclofenac sodium dr</i>	TBEC	1	
<i>diclofenac sodium ec</i>	TBEC	1	
<i>diclofenac sodium er</i>	TB24	1	
<i>diclofenac sodium xr</i>	TB24	1	
<i>diclofenac sodium</i>	TBEC	1	
<i>diflunisal</i>	TABS	1	
EC-NAPROSYN	TBEC	3	
<i>etodolac er</i>	TB24	1	
<i>etodolac</i>	CAPS	1	
<i>etodolac</i>	TABS	1	
FELDENE	CAPS	3	
<i>fenoprofen calcium</i>	TABS	1	
<i>flurbiprofen</i>	TABS	1	
<i>ibuprofen</i>	SUSP	1	
<i>ibuprofen</i>	TABS	1	
INDOCIN SR	CPCR	3	
INDOCIN	SUSP	3	
<i>indomethacin er</i>	CPCR	1	
<i>indomethacin</i>	CAPS	1	
<i>ketoprofen er</i>	CP24	1	
<i>ketoprofen</i>	CAPS	1	
<i>ketorolac tromethamine</i>	SOLN	1	
<i>ketorolac tromethamine</i>	TABS	1	

Please refer to page ii for explanation of Prior Authorization (PA) and Quantity Level Limit (QL), page v for explanation of Age Edit (A) or Gender Edit (G), and page v for explanation of Drug Tier.

Drug Name	Dosage Form	Drug Tier	Requirements/ Limits	
<i>meclofenamate sodium</i>	CAPS	1		
<i>meloxicam</i>	SUSP	1		
<i>meloxicam</i>	TABS	1		
MOBIC	SUSP	3	PA	
MOBIC	TABS	3	PA	
MOTRIN	TABS	3		
<i>nabumetone</i>	TABS	1		
NALFON	CAPS	3		
NAPRELAN	TB24	3		
NAPROSYN	SUSP	3		
NAPROSYN	TABS	3		
<i>naproxen dr</i>	TBEC	1		
<i>naproxen sodium</i>	TABS	1		
<i>naproxen sodium</i>	TB24	1		
<i>naproxen</i>	SUSP	1		
<i>naproxen</i>	TABS	1		
<i>oxaprozin</i>	TABS	1		
<i>piroxicam</i>	CAPS	1		
PONSTEL	CAPS	3		
PREVACID NAPRAPAC	KIT	2	PA	
<i>sulindac</i>	TABS	1		
<i>tolmetin sodium</i>	CAPS	1		
<i>tolmetin sodium</i>	TABS	1		
VOLTAREN	TBEC	3		
VOLTAREN-XR	TB24	3		
<b>Antimigraine Agents</b>				
AMERGE	TABS	3	QL	A
AXERT	TABS	3	QL	A
CAFERGOT	TABS	2		
D.H.E. 45	SOLN	3		
<i>dihydroergotamine mesylate</i>	SOLN	1		
ERGOMAR	SUBL	3		
<i>ergotamine tartrate/caffeine</i>	TABS	1		
FROVA	TABS	3	QL	A
IMITREX STATDOSE REFILL	KIT	2	QL	A
IMITREX STATDOSE SYSTEM	KIT	2	QL	A
IMITREX	SOLN	2	QL	A
IMITREX	TABS	2	QL	A
MAXALT-MLT	TBDP	2	QL	A
MIGERGOT	SUPP	3		
MIGRANAL	SOLN	3	QL	
RELPAX	TABS	3	QL	A
ZOMIG ZMT	TBDP	2	QL	A
ZOMIG	SOLN	2	QL	A
ZOMIG	TABS	2	QL	A

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<b>Antimyasthenic Agents</b>			
<i>bethanechol chloride</i>	TABS	1	
GUANIDINE HCL	TABS	3	
MESTINON TIMESPAN	TBCR	2	
MESTINON	SYRP	2	
MESTINON	TABS	2	
MYTELASE	TABS	3	
<i>pyridostigmine bromide</i>	TABS	1	
<b>Antimycobacterials</b>			
DAPSONE	TABS	2	
<i>ethambutol hcl</i>	TABS	1	
<i>isonarif</i>	CAPS	1	
<i>isoniazid</i>	SYRP	1	
<i>isoniazid</i>	TABS	1	
MYAMBUTOL	TABS	3	
MYCOBUTIN	CAPS	2	
PRIFTIN	TABS	3	
<i>pyrazinamide</i>	TABS	1	
RIFADIN	CAPS	3	
RIFAMATE	CAPS	3	
<i>rifampin</i>	CAPS	1	
<i>rifampin</i>	SOLR	1	
RIFATER	TABS	3	
SEROMYCIN	CAPS	3	
TRECTOR	TABS	3	
<b>Antineoplastics</b>			
<i>adriamycin</i>	SOLN	1	
ALKERAN	SOLR	2	
ARIMIDEX	TABS	3	G
AROMASIN	TABS	2	G
BICNU W/DILUENT ABSOLUTE ETHANOL	SOLR	3	
<i>bleomycin sulfate</i>	SOLR	1	
CAMPATH	SOLN	3	
<i>carboplatin</i>	SOLN	1	
CEENU	CAPS	2	
<i>cisplatin</i>	SOLN	1	
<i>cladribine</i>	SOLN	1	
<i>cyclophosphamide</i>	SOLR	1	
<i>cyclophosphamide</i>	TABS	1	
<i>cytarabine</i>	SOLR	1	
CYTOXAN	TABS	2	
<i>dacarbazine</i>	SOLR	1	
DAUNORUBICIN HCL	INJ	3	
<i>doxorubicin hcl</i>	SOLR	1	
DROXIA	CAPS	3	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
ELITEK	SOLR	3	
EMCYT	CAPS	2	
ETHYOL	SOLR	3	
<i>etoposide</i>	SOLN	1	
FARESTON	TABS	2	
FASLODEX	SOLN	3	G
FEMARA	TABS	2	G
<i>floxuridine</i>	SOLR	1	
FLUDARA	SOLR	2	
<i>fluorouracil</i>	SOLN	1	
GLEEVEC	TABS	2	PA
HERCEPTIN	SOLR	2	
HEXALEN	CAPS	2	G
HYDREA	CAPS	3	
<i>hydroxyurea</i>	CAPS	1	
<i>ifosfamide</i>	SOLR	1	
IRESSA	TABS	2	PA
LEUKERAN	TABS	2	
MATULANE	CAPS	2	
<i>mercaptopurine</i>	TABS	1	
<i>mesna</i>	SOLN	1	
MESNEX	TABS	3	
<i>mitomycin</i>	SOLR	1	
<i>mitoxantrone hcl</i>	CONC	1	
MUSTARGEN	SOLR	3	
NEXAVAR	TABS	2	PA
ONTAK	SOLN	3	
<i>paclitaxel</i>	CONC	1	
PANRETIN	GEL	3	
PLENAXIS	SUSR	3	
PROLEUKIN	SOLR	3	
PURINETHOL	TABS	3	
REVLIMID	CAPS	3	PA
SOLTAMOX	SOLN	3	
SPRYCEL	TABS	3	PA
SUTENT	CAPS	3	PA
<i>tabloid</i>	TABS	1	
<i>tamoxifen citrate</i>	TABS	1	G
TARCEVA	TABS	3	PA
TARGRETIN	CAPS	2	
TARGRETIN	GEL	2	
TAXOTERE	CONC	3	
THALOMID	CAPS	2	PA
<i>thiotepa</i>	SOLR	1	
<i>toposar</i>	SOLN	1	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
TRISENOX	SOLN	3	
VELCADE	SOLR	3	
VESANOID	CAPS	2	
VIDAZA	SUSR	3	
VINBLASTINE SULFATE	SOLR	2	
<i>vincasar pfs</i>	SOLN	1	
<i>vincristine sulfate</i>	SOLN	1	
<i>vinorelbine tartrate</i>	SOLN	1	
ZANOSAR	SOLR	3	
ZOLINZA	CAPS	3	PA
<b>Antiparasitics</b>			
<i>acticin</i>	CREA	1	
ALBENZA	TABS	3	
ALINIA	SUSR	3	
ALINIA	TABS	3	
ARALEN	TABS	3	
BILTRICIDE	TABS	3	
<i>chloroquine phosphate</i>	TABS	1	
DARAPRIM	TABS	2	
ELIMITE	CREA	3	
EURAX	CREA	3	
EURAX	LOTN	3	
FANSIDAR	TABS	2	
<i>hydroxychloroquine sulfate</i>	TABS	1	
LARIAM	TABS	3	
<i>lindane</i>	LOTN	1	
<i>lindane</i>	SHAM	1	
MALARONE	TABS	3	
<i>mebendazole</i>	CHEW	1	
<i>mefloquine hcl</i>	TABS	1	
MEPRON	SUSP	2	
MINTEZOL	CHEW	2	
MINTEZOL	SUSP	2	
OVIDE	LOTN	3	
<i>pentamidine isethionate</i>	SOLR	1	
<i>permethrin</i>	CREA	1	
PLAQUENIL	TABS	3	
PRIMAQUINE PHOSPHATE	TABS	2	
QUALAQUIN	CAPS	3	
STROMEKTOL	TABS	3	
TINDAMAX	TABS	3	
<b>Antiparkinson Agents</b>			
AKINETON	TABS	3	
<i>amantadine hcl</i>	CAPS	1	
<i>amantadine hcl</i>	SYRP	1	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>amantadine hcl</i>	TABS	1	
APOKYN	SOLN	3	
<i>atamet</i>	TABS	1	
AZILECT	TABS	3	
<i>benztropine mesylate</i>	TABS	1	
<i>bromocriptine mesylate</i>	CAPS	1	
<i>bromocriptine mesylate</i>	TABS	1	
<i>carbidopa/levodopa cr</i>	TBCR	1	
<i>carbidopa/levodopa er</i>	TBCR	1	
<i>carbidopa/levodopa sr</i>	TBCR	1	
<i>carbidopa/levodopa</i>	TABS	1	
COMTAN	TABS	2	
ELDEPRYL	CAPS	3	
KEMADRIN	TABS	3	
LODOSYN	TABS	3	
MIRAPEX	TABS	2	
PARCOPA	TBDP	3	
PARLODEL	CAPS	2	
PARLODEL	TABS	2	
REQUIP	TABS	3	
<i>selegiline hcl</i>	CAPS	1	
<i>selegiline hcl</i>	TABS	1	
SINEMET CR	TBCR	3	
SINEMET	TABS	3	
STALEVO 100	TABS	3	
STALEVO 150	TABS	3	
STALEVO 50	TABS	3	
SYMMETREL	TABS	3	
TASMAR	TABS	3	
<i>trihexyphenidyl hcl</i>	ELIX	1	
<i>trihexyphenidyl hcl</i>	TABS	1	
ZELAPAR	TBDP	3	PA
<b>Antipsychotics</b>			
ABILIFY	SOLN	2	
ABILIFY	TABS	2	
ABILIFY DISCMELT	TBDP	2	
<i>chlorpromazine hcl</i>	SOLN	1	
<i>chlorpromazine hcl</i>	TABS	1	
<i>clozapine</i>	TABS	1	
CLOZARIL	TABS	3	
FAZACLO	TBDP	3	
<i>fluphenazine decanoate</i>	SOLN	1	
<i>fluphenazine hcl</i>	ELIX	1	
<i>fluphenazine hcl</i>	TABS	1	
FLUPHENAZINE HCL 5MG/ML	CONC	2	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
FLUPHENAZINE HCL INJ. 2.5MG/ML	SOLN	2	
GEODON	CAPS	3	
GEODON	SOLR	3	
HALDOL	SOLN	3	
HALDOL DECANOATE-100	SOLN	3	
HALDOL DECANOATE-50	SOLN	3	
<i>haloperidol</i>	CONC	1	
<i>haloperidol</i>	TABS	1	
<i>haloperidol decanoate</i>	SOLN	1	
<i>haloperidol lactate</i>	SOLN	1	
INVEGA	TB24	3	PA
<i>loxapine succinate</i>	CAPS	1	
LOXITANE	CAPS	3	
MOBAN	TABS	3	
NAVANE	CAPS	3	
ORAP	TABS	3	
<i>perphenazine</i>	TABS	1	
RISPERDAL	SOLN	2	
RISPERDAL	TABS	2	
RISPERDAL CONSTA	SUSR	3	
RISPERDAL M-TAB	TBDP	2	
SEROQUEL	TABS	2	
SYMBYAX	CAPS	3	
<i>thioridazine hcl</i>	TABS	1	
<i>thiothixene</i>	CAPS	1	
<i>trifluoperazine hcl</i>	TABS	1	
ZYPREXA	TABS	2	
ZYPREXA 10MG IM	SOLR	3	
ZYPREXA ZYDIS	TBDP	2	
<b>Antispasticity Agents</b>			
<i>baclofen</i>	TABS	1	
DANTRIUM	CAPS	3	
<i>dantrolene sodium</i>	CAPS	1	
<i>tizanidine hcl</i>	TABS	1	
ZANAFLEX	CAPS	3	
ZANAFLEX	TABS	3	
<b>Antivirals</b>			
<i>acyclovir</i>	CAPS	1	
<i>acyclovir</i>	SUSP	1	
<i>acyclovir</i>	TABS	1	
ACYCLOVIR SODIUM	SOLR	2	
AGENERASE	CAPS	2	
AGENERASE	SOLN	2	
APTIVUS	CAPS	3	
ATRIPLA	TABS	2	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
BARACLUDE	SOLN	3	
BARACLUDE	TABS	3	
COMBIVIR	TABS	2	
COPEGUS	TABS	3	
CRIXIVAN	CAPS	2	
DENAVIR	CREA	3	
<i>didanosine</i>	CPDR	1	
EMTRIVA	CAPS	2	
EMTRIVA	SOLN	2	
EPIVIR	SOLN	2	
EPIVIR	TABS	2	
EPIVIR HBV	SOLN	2	
EPIVIR HBV	TABS	2	
EPZICOM	TABS	2	
FAMVIR	TABS	3	
FLUMADINE	SYRP	3	
FLUMADINE	TABS	3	
<i>foscarnet sodium</i>	SOLN	1	
FUZEON	KIT	2	
<i>ganciclovir</i>	CAPS	1	
HEPSERA	TABS	2	
INVIRASE	CAPS	2	
INVIRASE	TABS	2	
KALETRA	CAPS	2	
KALETRA	SOLN	2	
KALETRA	TABS	2	
LEXIVA	TABS	2	
NORVIR	CAPS	2	
NORVIR	SOLN	2	
PREZISTA	TABS	3	
REBETOL	SOLN	2	
REBETOL	CAPS	3	
RELENZA DISKHALER	AEPB	3	QL A
RESCRIPTOR	TABS	2	
RETROVIR	CAPS	3	
RETROVIR	SYRP	3	
RETROVIR	TABS	3	
RETROVIR IV INFUSION	SOLN	3	
REYATAZ	CAPS	2	
<i>ribapak</i>	MISC	1	
<i>ribapak</i>	TABS	1	
<i>ribasphere</i>	CAPS	1	
<i>ribasphere</i>	TABS	1	
RIBATAB	MISC	3	
RIBATAB	TABS	3	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>ribavirin</i>	CAPS	1	
<i>ribavirin</i>	TABS	1	
<i>rimantadine hcl</i>	TABS	1	
SUSTIVA	CAPS	2	
SUSTIVA	TABS	2	
TAMIFLU	CAPS	2	QL
TAMIFLU	SUSR	2	QL
TRIZIVIR	TABS	2	
TRUVADA	TABS	2	
TYZEKA	TABS	3	
VALCYTE	TABS	2	
VALTREX	TABS	2	
VIDEX EC	CPDR	2	
VIDEX PEDIATRIC	SOLR	2	
VIRACEPT	POWD	2	
VIRACEPT	TABS	2	
VIRAMUNE	SUSP	2	
VIRAMUNE	TABS	2	
VIREAD	TABS	2	
ZERIT	CAPS	2	
ZERIT	SOLR	2	
ZIAGEN	SOLN	2	
ZIAGEN	TABS	2	
<i>zidovudine</i>	CAPS	1	
<i>zidovudine</i>	SYRP	1	
<i>zidovudine</i>	TABS	1	
ZOVIRAX	CREAM	2	
ZOVIRAX	OINT	2	
ZOVIRAX	CAPS	3	
ZOVIRAX	SUSP	3	
ZOVIRAX	TABS	3	
<b>Anxiolytics</b>			
BUSPAR	TABS	3	
<i>bupirone hcl</i>	TABS	1	
<i>chlordiazepoxide /amitriptyline</i>	TABS	1	
<i>meprobamate</i>	TABS	1	
VANSPAR	TABS	3	
<b>Bipolar Agents</b>			
LAMICTAL STARTER/NOT TAKING			
CARBAMAZEPINE	KIT	2	
<i>lithium carbonate er</i>	TBCR	1	
<i>lithium carbonate</i>	CAPS	1	
<i>lithium carbonate</i>	TABS	1	
<i>lithium citrate</i>	SYRP	1	
LITHOBID	TBCR	3	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<b>Blood Glucose Regulators</b>			
ACTOPLUS MET	TABS	2	
ACTOS	TABS	2	
AMARYL	TABS	3	
APIDRA	SOLN	3	
AVANDAMET	TABS	2	
AVANDARYL	TABS	2	
AVANDIA	TABS	2	
BYETTA	SOLN	2	PA
<i>chlorpropamide</i>	TABS	1	
<i>diabeta</i>	TABS	1	
DIABINESE	TABS	3	
DUETACT	TABS	3	
EXUBERA COMBINATION PACK 15	POWD	3	PA
EXUBERA KIT	POWD	3	PA
FORTAMET	TB24	3	
<i>glimepiride</i>	TABS	1	
<i>glipizide</i>	TABS	1	
<i>glipizide er</i>	TB24	1	
<i>glipizide xl</i>	TB24	1	
<i>glipizide/metformin hcl</i>	TABS	1	
GLUCAGEN HYPOKIT	SOLR	2	
GLUCAGON EMERGENCY KIT	KIT	2	
GLUCOPHAGE	TABS	3	
GLUCOPHAGE XR	TB24	3	
GLUCOTROL	TABS	3	
GLUCOTROL XL	TB24	3	
GLUCOVANCE	TABS	3	
GLUMETZA	TB24	3	
<i>glyburide</i>	TABS	1	
<i>glyburide micronized</i>	TABS	1	
<i>glyburide/metformin hcl</i>	TABS	1	
<i>glycron</i>	TABS	1	
GLYCRON	TABS	3	
GLYNASE	TABS	3	
GLYSET	TABS	3	
HUMALOG	SOLN	2	
HUMALOG MIX 50/50	SUSP	2	
HUMALOG MIX 50/50 PEN	SUSP	2	
HUMALOG MIX 75/25	SUSP	2	
HUMALOG MIX 75/25 PEN	SUSP	2	
HUMALOG PEN	SOLN	2	
HUMULIN 50/50	SUSP	2	
HUMULIN 70/30	SUSP	2	
HUMULIN 70/30 PEN	SUSP	2	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
HUMULIN N	SUSP	2	
HUMULIN N U-100 PEN	SUSP	2	
HUMULIN R	SOLN	2	
HUMULIN R U-500 (CONCENTRATED)	SOLN	2	
JANUVIA	TABS	3	PA
LANTUS	SOLN	2	
LANTUS OPTICLIK	SOLN	2	
LEVEMIR	SOLN	3	
LEVEMIR FLEXPEN	SOLN	3	
METAGLIP	TABS	3	
<i>metformin hcl</i>	TABS	1	
<i>metformin hcl er</i>	TB24	1	
MICRONASE	TABS	3	
NOVOLIN 70/30	SUSP	2	
NOVOLIN 70/30 INNOLET	SUSP	2	
NOVOLIN 70/30 PENFILL	SUSP	2	
NOVOLIN N	SUSP	2	
NOVOLIN N INNOLET	SUSP	2	
NOVOLIN N U-100 PENFILL	SUSP	2	
NOVOLIN R	SOLN	2	
NOVOLIN R INNOLET	SOLN	2	
NOVOLIN R U-100	SOLN	2	
NOVOLIN R U-100 PENFILL	SOLN	2	
NOVOLOG	SOLN	2	
NOVOLOG FLEXPEN	SOLN	2	
NOVOLOG MIX 70/30	SUSP	2	
NOVOLOG MIX 70/30 PENFILL	SUSP	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	SUSP	2	
NOVOLOG PENFILL	SOLN	2	
PRANDIN	TABS	2	
PRECOSE	TABS	2	
PROGLYCEM	SUSP	3	
RELION 70/30	SUSP	2	
RELION 70/30 INNOLET	SUSP	2	
RELION N	SUSP	2	
RELION N INNOLET	SUSP	2	
RELION R	SOLN	2	
RIOMET	SOLN	3	
STARLIX	TABS	2	
SYMLIN	SOLN	2	PA
<i>tolazamide</i>	TABS	1	
<i>tolbutamide</i>	TABS	1	
<b>Blood Products/ Modifiers/ Volume Expanders</b>			
AGGRENOX	CP12	3	
ARANESP	SOLN	3	QL PA

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
ARANESP ALBUMIN FREE	SOLN	3	QL PA
ARANESP ALBUMIN FREE SURECLICK	SOLN	3	QL PA
ARIXTRA	SOLN	2	
<i>cilostazol</i>	TABS	1	
COUMADIN	TABS	2	
CYKLOKAPRON	SOLN	2	
<i>dipyridamole</i>	TABS	1	
EPOGEN	SOLN	3	QL PA
FRAGMIN	INJ	2	
HEPARIN SODIUM	SOLN	3	
HEPARIN SODIUM/D5W	SOLN	3	
<i>jantoven</i>	TABS	1	
LEUKINE	SOLN	2	
LEUKINE	SOLR	2	
LOVENOX	SOLN	3	
NEULASTA	SOLN	3	QL
NEUMEGA	SOLR	2	QL
NEUPOGEN	SOLN	3	QL
PERSANTINE	TABS	3	
PLAVIX	TABS	2	
PLETAL	TABS	3	
PROCRIT	SOLN	2	QL PA
TICLID	TABS	3	
<i>ticlopidine hcl</i>	TABS	1	
<i>warfarin sodium</i>	TABS	1	
<b>Cardiovascular Agents</b>			
ACCUPRIL	TABS	3	
ACCURETIC	TABS	3	
<i>acebutolol hcl</i>	CAPS	1	
ACEON	TABS	3	
<i>acetazolamide</i>	TABS	1	
ADALAT CC	TB24	3	
ADVICOR	TB24	3	
<i>afeditab cr</i>	TB24	1	
ALDACTAZIDE	TABS	3	
ALDACTONE	TABS	3	
ALTACE	CAPS	2	
ALTOPREV	TB24	3	
<i>amiloride /hydrochlorothiazide</i>	TABS	1	
<i>amiloride hcl</i>	TABS	1	
<i>amiodarone hcl</i>	SOLN	1	
<i>amiodarone hcl</i>	TABS	1	
ANTARA	CAPS	3	
ATACAND	TABS	3	PA
ATACAND HCT	TABS	3	PA

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>atenolol</i>	TABS	1	
<i>atenolol/chlorthalidone</i>	TABS	1	
AVALIDE	TABS	3	PA
AVAPRO	TABS	3	PA
<i>benazepril hcl</i>	TABS	1	
<i>benazepril hcl/hydrochlorothiazide</i>	TABS	1	
BENICAR	TABS	2	PA
BENICAR HCT	TABS	2	PA
BETAPACE	TABS	3	
BETAPACE AF	TABS	3	
<i>betaxolol hcl</i>	TABS	1	
BIDIL	TABS	3	PA
<i>bisoprolol fumarate</i>	TABS	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	TABS	1	
<i>bumetanide</i>	SOLN	1	
<i>bumetanide</i>	TABS	1	
BUMEX	TABS	3	
CADUET	TABS	3	PA
CALAN	TABS	3	
CALAN SR	TBCR	3	
CAPOTEN	TABS	3	
CAPOZIDE	TABS	3	
<i>captopril</i>	TABS	1	
<i>captopril /hydrochlorothiazide</i>	TABS	1	
CARDENE	CAPS	3	
CARDENE SR	CP12	3	
CARDIZEM	TABS	3	
CARDIZEM CD	CP24	3	
CARDIZEM LA	TB24	3	
<i>cartia xt</i>	CP24	1	
CARTROL	TABS	3	
CATAPRES	TABS	3	
CATAPRES-TTS-1	PTWK	3	
CATAPRES-TTS-2	PTWK	3	
CATAPRES-TTS-3	PTWK	3	
<i>chlorothiazide</i>	TABS	1	
<i>chlorthalidone</i>	TABS	1	
<i>cholestyramine</i>	PACK	1	
<i>cholestyramine</i>	POWD	1	
<i>cholestyramine light</i>	PACK	1	
<i>cholestyramine light</i>	POWD	1	
<i>clonidine hcl</i>	TABS	1	
CLOPRES	TABS	3	
COLESTID	TABS	2	
COLESTID	GRAN	3	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
COLESTID	PACK	3	
COLESTID FLAVORED	GRAN	3	
COLESTID FLAVORED	PACK	3	
<i>colestipol hcl</i>	GRAN	1	
<i>colestipol hcl</i>	TABS	1	
CORDARONE	TABS	3	
COREG	TABS	2	
CORGARD	TABS	3	
CORZIDE	TABS	3	
COVERA-HS	TB24	3	
COZAAR	TABS	3	PA
CRESTOR	TABS	3	
DEMADEX	TABS	3	
DEMSER	CAPS	3	
DIAMOX	CP12	3	
DIBENZYLINE	CAPS	3	
<i>digitek</i>	TABS	1	
<i>digoxin</i>	SOLN	1	
<i>digoxin</i>	TABS	1	
DILACOR XR	CP24	3	
DILATRATE SR	CPCR	2	
<i>dilt-cd</i>	CP24	1	
<i>diltia xt</i>	CP24	1	
<i>diltiazem cd</i>	CP24	1	
<i>diltiazem hcl</i>	CP24	1	
<i>diltiazem hcl</i>	SOLN	1	
<i>diltiazem hcl</i>	TABS	1	
<i>diltiazem hcl er</i>	CP12	1	
<i>diltiazem hcl er</i>	CP24	1	
<i>dilt-xr</i>	CP24	1	
DIOVAN	TABS	2	PA
DIOVAN HCT	TABS	2	PA
<i>disopyramide phosphate</i>	CAPS	1	
<i>disopyramide phosphate er</i>	CP12	1	
DIURIL	SUSP	3	
DYAZIDE	CAPS	3	
DYNACIRC CR	TB24	3	
DYNACIRC-CR	TB24	3	
DYRENIUM	CAPS	3	
EDECRIN	TABS	2	
<i>enalapril maleate</i>	TABS	1	
<i>enalapril maleate/hydrochlorothiazide</i>	TABS	1	
ETHMOZINE	TABS	3	
<i>felodipine er</i>	TB24	1	
<i>fenofibrate</i>	CAPS	1	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>fenofibrate</i>	TABS	1	
<i>flecainide acetate</i>	TABS	1	
<i>fosinopril sodium</i>	TABS	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	TABS	1	
<i>furosemide</i>	SOLN	1	
<i>furosemide</i>	TABS	1	
<i>gemfibrozil</i>	TABS	1	
<i>guanabenz acetate</i>	TABS	1	
<i>guanfacine hcl</i>	TABS	1	
<i>hydralazine hcl</i>	SOLN	1	
<i>hydralazine hcl</i>	TABS	1	
<i>hydrochlorothiazide</i>	CAPS	1	
<i>hydrochlorothiazide</i>	TABS	1	
HYZAAR	TABS	3	PA
IMDUR	TB24	3	
<i>indapamide</i>	TABS	1	
INDERAL	TABS	3	
INDERAL LA	CP24	2	
INDERIDE 40/25	TABS	3	
INNOPRAN XL	CP24	3	
INSPIRA	TABS	3	
INVERSINE	TABS	3	
ISMO	TABS	3	
ISOCHRON	TBCR	3	
ISOPTIN SR	TBCR	3	
ISORDIL TITRADOSE	TABS	3	
<i>isosorbide dinitrate</i>	SUBL	1	
<i>isosorbide dinitrate</i>	TABS	1	
<i>isosorbide dinitrate er</i>	TBCR	1	
<i>isosorbide mononitrate</i>	TABS	1	
<i>isosorbide mononitrate er</i>	TB24	1	
ISRADIPINE	CAPS	2	
KERLONE	TABS	3	
<i>labetalol hcl</i>	TABS	1	
LANOXICAPS	CAPS	3	
LANOXIN	SOLN	2	
LANOXIN	TABS	2	
LASIX	TABS	3	
LESCOL	CAPS	3	
LESCOL XL	TB24	3	
LEVATOL	TABS	3	
LEXXEL	TBCR	3	
LIPITOR	TABS	3	PA
<i>lisinopril</i>	TABS	1	
<i>lisinopril /hydrochlorothiazide</i>	TABS	1	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
LOFIBRA	CAPS	3	
LOFIBRA	TABS	3	
LOPID	TABS	3	
LOPRESSOR	TABS	3	
LOPRESSOR HCT	TABS	3	
LOTENSIN	TABS	3	
LOTENSIN HCT	TABS	3	
LOTREL	CAPS	2	
<i>lovastatin</i>	TABS	1	
MAVIK	TABS	3	
MAXZIDE	TABS	3	
MAXZIDE-25	TABS	3	
<i>methyclothiazide</i>	TABS	1	
<i>methyldopa</i>	TABS	1	
<i>methyldopa /hydrochlorothiazide</i>	TABS	1	
<i>metolazone</i>	TABS	1	
<i>metoprolol /hydrochlorothiazide</i>	TABS	1	
<i>metoprolol succinate er</i>	TB24	1	
<i>metoprolol tartrate</i>	TABS	1	
MEVACOR	TABS	3	
<i>mexiletine hcl</i>	CAPS	1	
MICARDIS	TABS	3	PA
MICARDIS HCT	TABS	3	PA
MICROZIDE	CAPS	3	
<i>midodrine hcl</i>	TABS	1	
MINIPRESS	CAPS	3	
<i>minitran</i>	PT24	1	
<i>minoxidil</i>	TABS	1	
<i>moexipril hcl</i>	TABS	1	
MONOKET	TABS	3	
MONOPRIL	TABS	3	
MONOPRIL HCT	TABS	3	
<i>nadolol</i>	TABS	1	
NIACOR	TABS	3	
NIASPAN	TBCR	2	
<i>nicardipine hcl</i>	CAPS	1	
<i>nifediac cc</i>	TB24	1	
<i>nifedical xl</i>	TB24	1	
<i>nifedipine</i>	CAPS	1	
NIFEDIPINE 20MG	CAPS	3	
<i>nifedipine er</i>	TB24	1	
NIMOTOP	CAPS	2	
<i>nitrek</i>	PT24	1	
NITRO-BID	OINT	2	
NITRO-DUR	PT24	2	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>nitroglycerin</i>	PT24	1	
<i>nitroglycerin</i>	SOLN	1	
<i>nitroglycerin cr</i>	CPCR	1	
<i>nitroglycerin td</i>	CPCR	1	
<i>nitroglycerin transdermal</i>	PT24	1	
NITROLINGUAL PUMPSPRAY	SOLN	3	
NITROSTAT	SUBL	3	
<i>nitro-time</i>	CPCR	1	
NORPACE	CAPS	3	
NORPACE CR	CP12	3	
NORVASC	TABS	3	
OMACOR	CAPS	3	
<i>Pacerone 200mg</i>	TABS	1	
PACERONE	TABS	2	
<i>papaverine hcl</i>	SOLN	1	
<i>pindolol</i>	TABS	1	
PLENDIL	TB24	3	
PRAVACHOL	TABS	3	
<i>pravastatin sodium</i>	TABS	1	
<i>prazosin hcl</i>	CAPS	1	
<i>prevalite</i>	PACK	1	
<i>prevalite</i>	POWD	1	
PRINIVIL	TABS	3	
PRINZIDE	TABS	3	
PROAMATINE	TABS	3	
<i>procainamide hcl</i>	CAPS	1	
PROCAINAMIDE HCL 500MG	CAPS	3	
PROCAINAMIDE HCL	SOLN	3	
PROCAINAMIDE HCL ER	TBCR	3	
<i>procainamide hcl sr</i>	TBCR	1	
PROCANBID	TB12	2	
PROCARDIA	CAPS	3	
PROCARDIA XL	TB24	3	
PRONESTYL	CAPS	3	
PRONESTYL	TABS	3	
PRONESTYL SR	TBCR	3	
<i>propafenone hcl</i>	TABS	1	
<i>propranolol /hydrochlorothiazide</i>	TABS	1	
<i>propranolol hcl</i>	TABS	1	
PROPRANOLOL HCL	SOLN	3	
<i>propranolol hcl er</i>	CP24	1	
QUESTRAN	PACK	3	
QUESTRAN	POWD	3	
QUESTRAN LIGHT	PACK	3	
QUESTRAN LIGHT	POWD	3	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>quinapril /hydrochlorothiazide</i>	TABS	1	
<i>quinapril hcl</i>	TABS	1	
<i>quinaretic</i>	TABS	1	
<i>quinidine gluconate cr</i>	TBCR	1	
<i>quinidine gluconate er</i>	TBCR	1	
<i>quinidine gluconate sa</i>	TBCR	1	
<i>quinidine sulfate</i>	TABS	1	
<i>quinidine sulfate er</i>	TBCR	1	
RANEXA	TB12	3	PA
<i>reserpine</i>	TABS	1	
RYTHMOL	TABS	3	
RYTHMOL SR	CP12	3	
SECTRAL	CAPS	3	
<i>simvastatin</i>	TABS	1	
<i>sorine</i>	TABS	1	
<i>sotalol hcl</i>	TABS	1	
<i>sotalol hcl (af)</i>	TABS	1	
<i>spironolactone</i>	TABS	1	
<i>spironolactone /hydrochlorothiazide</i>	TABS	1	
SULAR	TB24	2	
TAMBOCOR	TABS	3	
TARKA	TBCR	3	
<i>taztia xt</i>	CP24	1	
TENEX	TABS	3	
TENORETIC 100	TABS	3	
TENORETIC 50	TABS	3	
TENORMIN	TABS	3	
TEVETEN	TABS	3	PA
TEVETEN HCT	TABS	3	PA
THALITONE	TABS	3	
TIAZAC	CP24	3	
TIKOSYN	CAPS	3	
TIMOLIDE 10/25	TABS	3	
<i>timolol maleate</i>	TABS	1	
TOPROL XL	TB24	2	
TOPROL XL 25MG	TB24	3	
<i>torseamide</i>	TABS	1	
TRANDATE	TABS	3	
<i>trandolapril</i>	TABS	1	
<i>triamterene /hydrochlorothiazide</i>	CAPS	1	
<i>triamterene /hydrochlorothiazide</i>	TABS	1	
TRICOR	TABS	2	
TRIGLIDE	TABS	3	
UNIRETIC	TABS	3	
UNIVASC	TABS	3	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
VASERETIC	TABS	3	
VASOTEC	TABS	3	
<i>verapamil hcl</i>	SOLN	1	
<i>verapamil hcl</i>	TABS	1	
<i>verapamil hcl er</i>	CP24	1	
<i>verapamil hcl er</i>	TBCR	1	
VERELAN	CP24	3	
VERELAN PM	CP24	3	
VYTORIN	TABS	3	
WELCHOL	TABS	3	
ZAROXOLYN	TABS	3	
ZEBETA	TABS	3	
ZESTORETIC	TABS	3	
ZESTRIL	TABS	3	
ZETIA	TABS	2	
ZIAC	TABS	3	
ZOCOR	TABS	3	
<b>Central Nervous System Agents</b>			
ADDERALL	TABS	3	
ADDERALL XR	CP24	2	
<i>amphetamine salt combo</i>	TABS	1	
<i>amphetamine salts combo</i>	TABS	1	
CONCERTA	TBCR	2	
DAYTRANA	PTCH	3	PA
DESOXYN	TABS	3	
DEXEDRINE	CP24	3	
<i>dextroamphetamine sulfate</i>	TABS	1	
<i>dextroamphetamine sulfatecr</i>	CP24	1	
<i>dextrostat</i>	TABS	1	
FOCALIN	TABS	3	
FOCALIN XR	CP24	3	
METADATE CD	CPCR	3	
<i>metadate er</i>	TBCR	1	
METADATE ER	TBCR	3	
<i>methylin</i>	TABS	1	
METHYLIN	CHEW	3	
METHYLIN	SOLN	3	
<i>methylin er</i>	TBCR	1	
<i>methylphenidate hcl</i>	TABS	1	
<i>methylphenidate hcl</i>	TBCR	1	
<i>methylphenidate hcl er</i>	TBCR	1	
PROVIGIL	TABS	2	PA
RILUTEK	TABS	3	
RITALIN	TABS	3	
RITALIN LA	CP24	3	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
RITALIN SR	TBCR	3	
STRATTERA	CAPS	2	
XYREM	SOLN	3	
<b>Dental and Oral Agents</b>			
APHTHASOL	PSTE	3	
<i>chlorhexadine gluconate oral rinse</i>	SOLN	1	
<i>chlorhexidine gluconate</i>	SOLN	1	
EVOXAC	CAPS	3	
PERIDEX ORAL RINSE	SOLN	3	
<i>perio gard</i>	SOLN	1	
<i>pilocarpine hcl</i>	TABS	1	
<i>pilocarpine hydrochloride</i>	TABS	1	
SALAGEN	TABS	3	
TRIAMCINOLONE IN ORABASE	PSTE	2	
<b>Dermatological Agents</b>			
8-MOP	CAPS	3	
ACCUTANE	CAPS	3	
ALDARA	CREA	3	
<i>ammonium lactate</i>	CREA	1	
<i>ammonium lactate</i>	LOTN	1	
<i>amnesteem</i>	CAPS	1	
AVITA	CREA	3	A
AVITA	GEL	3	A
AZELEX	CREA	3	
BENZA CLIN	GEL	3	
BENZAMYCIN	GEL	3	
CARAC	CREA	3	
<i>claravis</i>	CAPS	1	
CLARAVIS 30MG	CAPS	3	
CLEOCIN-T	GEL	3	
CLEOCIN-T	LOTN	3	
CLEOCIN-T	SOLN	3	
CLEOCIN-T	SWAB	3	
CLINDAGEL	GEL	3	
<i>clindamycin phosphate</i>	GEL	1	
<i>clindamycin phosphate</i>	LOTN	1	
<i>clindamycin phosphate</i>	SOLN	1	
<i>clindamycin phosphate</i>	SWAB	1	
<i>clindets</i>	SWAB	1	
CONDYLOX	GEL	3	
CONDYLOX W/APPLICATORS	SOLN	3	
DIFFERIN	CREA	3	A
DIFFERIN	GEL	3	A
DOVONEX	CREA	2	
DOVONEX	OINT	2	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
DOVONEX	SOLN	2	
DUAC	GEL	3	
EFUDEX	CREA	3	
EFUDEX	SOLN	3	
EFUDEX OCCLUSION PACK	KIT	3	
ELIDEL	CREA	3	
<i>erythromycin/benzoyl peroxide</i>	GEL	1	
EVOCLIN	FOAM	3	
FINACEA	GEL	3	
FLUOROPLEX	CREA	2	
<i>fluorouracil</i>	SOLN	1	
<i>lacccream</i>	CREA	1	
LAC-HYDRIN	CREA	3	
LAC-HYDRIN	LOTN	3	
LACLOTION	LOTN	3	
LEVULAN KERASTICK	SOLR	3	
OXSORALEN	LOTN	2	
OXSORALEN ULTRA	CAPS	2	
<i>podocon 25 in benzoin tincture</i>	SOLN	1	
<i>podofilox</i>	SOLN	1	
PROTOPIC	OINT	2	
RAPTIVA	KIT	3	PA
REGRANEX	GEL	2	
RETIN-A	CREA	3	A
RETIN-A	GEL	3	A
RETIN-A MICRO	GEL	3	A
SANTYL	OINT	3	
SOLARAZE	GEL	2	
SORIATANE	CAPS	3	
<i>sotret</i>	CAPS	1	
SOTRET 30MG	CAPS	2	
TACLONEX	OINT	3	
TAZORAC	CREA	3	
TAZORAC	GEL	3	
<i>tretinoin</i>	CREA	1	A
<i>tretinoin</i>	GEL	1	A
Z-CLINZ 10	KIT	3	
Z-CLINZ 5	KIT	3	
ZIANA	GEL	3	A
ZONALON	CREA	3	
<b>Enzyme Replacements/ Modifiers</b>			
ADAGEN	SOLN	3	
ALDURAZYME	SOLN	3	
BUPHENYL	POWD	3	
BUPHENYL	TABS	3	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
CEREDASE	SOLN	3	
CEREZYME	SOLR	3	
CREON 5	CPEP	3	
CREON 10	CPEP	3	
CREON 20	CPEP	3	
CYSTADANE	POWD	3	
CYSTAGON	CAPS	3	
<i>dygase</i>	CAPS	1	
<i>enzycap</i>	CAPS	1	
ENZYMAX	TABS	3	
FABRAZYME	SOLR	3	
KUTRASE	CAPS	3	
KU-ZYME	CAPS	3	
KU-ZYME HP	CAPS	3	
<i>lapase</i>	CAPS	1	
LIPRAM 4500	CPEP	2	
LIPRAM-PN10	CPEP	3	
LIPRAM-PN16	CPEP	3	
LIPRAM-PN20	CPEP	3	
LIPRAM-UL12	CPEP	3	
LIPRAM-UL18	CPEP	3	
LIPRAM-UL20	CPEP	3	
NAGLAZYME	SOLN	3	
ORFADIN	CAPS	3	
PALCAPS 10	CPEP	3	
PALCAPS 20	CPEP	3	
PALIPASE	CPEP	3	
PALIPASE MT 16	CPEP	3	
PALIPASE MT 20	CPEP	3	
<i>palpeon dr 10</i>	CPEP	1	
PALPEON DR 20	CPEP	3	
PALPEON MT 20	CPEP	3	
PALTRASE V8	TABS	3	
PANCREASE MT 10	CPEP	2	
PANCREASE MT 16	CPEP	2	
PANCREASE MT 20	CPEP	2	
PANCREASE MT 4	CPEP	2	
PANCRECARB MS-16	CPEP	3	
PANCRECARB MS-4	CPEP	3	
PANCRECARB MS-8	CPEP	3	
<i>pancrelipase</i>	CAPS	1	
<i>pancrelipase</i>	CPEP	1	
<i>pancrelipase</i>	TABS	1	
<i>pancrelipase mst-16</i>	CPEP	1	
<i>pancron 10</i>	CPEP	1	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>pancron 20</i>	CPEP	1	
<i>pangestyme cn 10</i>	CPEP	1	
PANGESTYME CN 20	CPEP	3	
PANGESTYME EC	CPEP	3	
PANGESTYME MT 16	CPEP	3	
PANGESTYME UL 12	CPEP	3	
PANGESTYME UL 18	CPEP	3	
PANGESTYME UL 20	CPEP	3	
PANOCAPS	CPEP	3	
PANOCAPS MT 16	CPEP	3	
PANOCAPS MT 20	CPEP	3	
<i>panokase</i>	TABS	1	
PANOKASE-16	TABS	3	
<i>plaretase 8000</i>	TABS	1	
PULMOZYME	SOLN	2	
SUCRAID	SOLN	3	
ULTRACAPS MT 20	CPEP	3	
ULTRASE	CPEP	2	
ULTRASE MT 12	CPEP	3	
ULTRASE MT 18	CPEP	3	
ULTRASE MT 20	CPEP	3	
VIOKASE	POWD	3	
VIOKASE 16	TABS	3	
VIOKASE 8	TABS	3	
ZAVESCA	CAPS	2	PA
<b>Gastrointestinal Agents</b>			
ACIPHEX	TBEC	3	PA
ACTIGALL	CAPS	3	
AMITIZA	CAPS	3	
<i>atreza</i>	TABS	1	
<i>atropine sulfate</i>	SOLN	1	
AXID	CAPS	3	
AXID	SOLN	3	
BENTYL	CAPS	3	
BENTYL	SYRP	3	
BENTYL	TABS	3	
CANTIL	TABS	3	
CARAFATE	SUSP	2	
CARAFATE	TABS	3	
<i>cimetidine</i>	TABS	1	
<i>cimetidine hcl</i>	SOLN	1	
COLYTE	SOLR	3	
COLYTE-FLAVOR PACKS	SOLR	3	
<i>constulose</i>	SOLN	1	
CYTOTEC	TABS	3	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>dicyclomine hcl</i>	CAPS	1	
<i>dicyclomine hcl</i>	SOLN	1	
<i>dicyclomine hcl</i>	TABS	1	
DIPENTUM	CAPS	3	
<i>diphenoxylate/atropine</i>	LIQD	1	
<i>diphenoxylate/atropine</i>	TABS	1	
ENULOSE	SOLN	3	
<i>famotidine</i>	SOLN	1	
<i>famotidine</i>	TABS	1	
GASTROCROM	CONC	2	
<i>generlac</i>	SOLN	1	
<i>glycolax</i>	PACK	1	
<i>glycolax</i>	POWD	1	
<i>glycopyrrolate</i>	SOLN	1	
<i>glycopyrrolate</i>	TABS	1	
GOLYTELY	SOLR	3	
HALFLYTELY BOWEL PREP KIT	KIT	3	
KRISTALOSE	PACK	2	
<i>lactulose</i>	SOLN	1	
<i>lofene</i>	TABS	1	
LOMOTIL	TABS	3	
LOMOTIL	LIQD	3	
<i>lonox</i>	TABS	1	
<i>loperamide hcl</i>	CAPS	1	
LOTRONEX	TABS	2	
<i>methscopolamine bromide</i>	TABS	1	
<i>metoclopramide hcl</i>	SOLN	1	
<i>metoclopramide hcl</i>	TABS	1	
<i>misoprostol</i>	TABS	1	
MOTOFEN	TABS	3	
NEXIUM	CPDR	2	PA
NEXIUM	PACK	2	PA
<i>nizatidine</i>	CAPS	1	
NULYTELY	SOLR	3	
<i>omeprazole</i>	CPDR	1	
PAMINE	TABS	3	
PAMINE FORTE	TABS	3	
<i>peg 3350/electrolytes</i>	SOLR	1	
PEPCID	SUSR	3	
PEPCID	TABS	3	
<i>polyethylene glycol 3350</i>	PACK	1	
<i>polyethylene glycol 3350</i>	POWD	1	
PREVACID	CPDR	2	PA
PREVACID	PACK	2	PA
PREVACID I.V.	SOLR	2	PA

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits	
PREVACID SOLUTAB	TBDP	2	PA	
PRILOSEC	CPDR	3		
PRO-BANTHINE	TABS	3		
PROPANTHELINE BROMIDE	TABS	3		
PROTONIX	SOLR	3	PA	
PROTONIX	TBEC	3	PA	
<i>ranitidine hcl</i>	CAPS	1		
<i>ranitidine hcl</i>	TABS	1		
REGLAN	TABS	3		
ROBINUL	TABS	3		
ROBINUL FORTE	TABS	3		
<i>sucralfate</i>	TABS	1		
TAGAMET	TABS	3		
TALADINE	CAPS	3		
<i>trilyte</i>	SOLR	1		
URSO 250	TABS	3		
URSO FORTE	TABS	3		
<i>ursodiol</i>	CAPS	1		
VISICOL	TABS	3		
ZANTAC	SYRP	2		
ZANTAC	PACK	3		
ZANTAC	SOLN	3		
ZANTAC	TABS	3		
ZANTAC	TBEF	3		
ZEGERID	CAPS	3		
<b>Genitourinary Agents</b>				
AVODART	CAPS	3	A	G
CARDURA	TABS	3		
CARDURA XL	TB24	3		
CLINDESSE	CREA	3		
DETROL	TABS	3		
DETROL LA	CP24	3		
DITROPAN	SYRP	3		
DITROPAN	TABS	3		
DITROPAN XL	TB24	3		
<i>doxazosin mesylate</i>	TABS	1		
ELMIRON	CAPS	3		
ENABLEX	TB24	3		
<i>finasteride</i>	TABS	1	A	G
<i>flavoxate hcl</i>	TABS	1		
FLOMAX	CP24	3	G	
FOSRENOL	CHEW	3		
HYTRIN	CAPS	3		
LITHOSTAT	TABS	3		
<i>oxybutynin chloride</i>	SYRP	1		

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>oxybutynin chloride</i>	TABS	1	
<i>oxybutynin chloride er</i>	TB24	1	
OXYTROL	PTTW	3	
<i>phenazopyridine hcl</i>	TABS	1	
PHOSLO	CAPS	2	
PROSCAR	TABS	3	A G
PYRIDIUM	TABS	3	
RENAGEL	TABS	3	
SANCTURA	TABS	3	
<i>terazosin hcl</i>	CAPS	1	
THIOLA	TABS	3	
URECHOLINE	TABS	2	
URISPAS	TABS	3	
UROXATRAL	TB24	3	G
VESICARE	TABS	3	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>			
ACLOVATE	CREA	3	
ACLOVATE	OINT	3	
<i>ala-cort</i>	CREA	1	
<i>ala-cort</i>	LOTN	1	
ALA-SCALP	LOTN	3	
<i>alclometasone dipropionate</i>	CREA	1	
<i>alclometasone dipropionate</i>	OINT	1	
ALPHATREX	GEL	3	
<i>amcinonide</i>	CREA	1	
<i>amcinonide</i>	OINT	1	
AMCINONIDE	LOTN	2	
ANUSOL-HC	CREA	3	
<i>augmented betamethasone dipropionate</i>	CREA	1	
<i>augmented betamethasone dipropionate</i>	GEL	1	
<i>augmented betamethasone dipropionate</i>	OINT	1	
<i>betamethasone dipropionate</i>	CREA	1	
<i>betamethasone dipropionate</i>	GEL	1	
<i>betamethasone dipropionate</i>	LOTN	1	
<i>betamethasone dipropionate</i>	OINT	1	
<i>betamethasone valerate</i>	CREA	1	
<i>betamethasone valerate</i>	LOTN	1	
<i>betamethasone valerate</i>	OINT	1	
<i>beta-val</i>	CREA	1	
<i>beta-val</i>	LOTN	1	
CAPEX	SHAM	3	
CARMOL-HC	CREA	3	
CELESTONE	SOLN	3	
CETACORT	LOTN	3	
<i>clobetasol propionate e</i>	CREA	1	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>clobetasol propionate emollient</i>	CREA	1	
<i>clobetasol propionate</i>	CREA	1	
<i>clobetasol propionate</i>	GEL	1	
<i>clobetasol propionate</i>	OINT	1	
<i>clobetasol propionate</i>	SOLN	1	
<i>clobevate</i>	GEL	1	
CLOBEX	LIQD	3	
CLOBEX	LOTN	3	
CLOBEX	SHAM	3	
CLODERM	CREA	3	
CORDRAN SP	CREA	3	
CORDRAN TAPE	TAPE	3	
CORDRAN	LOTN	3	
CORDRAN	OINT	3	
<i>cormax</i>	CREA	1	
<i>cormax</i>	OINT	1	
<i>cormax</i>	SOLN	1	
CORTEF	TABS	2	
CORTIFOAM	FOAM	3	
<i>cortisone acetate</i>	TABS	1	
CUTIVATE	CREA	3	
CUTIVATE	LOTN	3	
CUTIVATE	OINT	3	
<i>del-beta</i>	LOTN	1	
DEPO-MEDROL	SUSP	3	
DERMA-SMOOTH/FS BODY OIL	OIL	3	
DERMA-SMOOTH/FS SCALP OIL	OIL	3	
DERMATOP	CREA	3	
DERMATOP	OINT	3	
DESONATE	GEL	3	
<i>desonide</i>	CREA	1	
<i>desonide</i>	LOTN	1	
<i>desonide</i>	OINT	1	
DESOWEN	CREA	3	
DESOWEN	LOTN	3	
DESOWEN	OINT	3	
<i>desoximetasone</i>	CREA	1	
<i>desoximetasone</i>	GEL	1	
<i>desoximetasone</i>	OINT	1	
<i>dexamethasone intensol</i>	CONC	1	
<i>dexamethasone sodium phosphate</i>	SOLN	1	
<i>dexamethasone</i>	ELIX	1	
<i>dexamethasone</i>	SOLN	1	
<i>dexamethasone</i>	TABS	1	
DEXPAK 13 DAY	TABS	3	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>diflorasone diacetate</i>	CREA	1	
<i>diflorasone diacetate</i>	OINT	1	
DIPROLENE AF	CREA	3	
DIPROLENE	LOTN	3	
DIPROLENE	OINT	3	
ELOCON	CREA	3	
ELOCON	LOTN	3	
ELOCON	OINT	3	
FLORINEF	TABS	3	
<i>fludrocortisone acetate</i>	TABS	1	
<i>fluocinolone acetonide</i>	CREA	1	
<i>fluocinolone acetonide</i>	OINT	1	
<i>fluocinolone acetonide</i>	SOLN	1	
<i>fluocinonide emollient base</i>	CREA	1	
<i>fluocinonide</i>	CREA	1	
<i>fluocinonide</i>	GEL	1	
<i>fluocinonide</i>	OINT	1	
<i>fluocinonide</i>	SOLN	1	
<i>fluocinonide-e</i>	CREA	1	
<i>fluticasone propionate</i>	CREA	1	
<i>fluticasone propionate</i>	OINT	1	
<i>halobetasol propionate</i>	CREA	1	
<i>halobetasol propionate</i>	OINT	1	
HALOG	CREA	3	
HALOG	OINT	3	
HALOG	SOLN	3	
<i>hydrocortisone butyrate</i>	CREA	1	
<i>hydrocortisone butyrate</i>	OINT	1	
<i>hydrocortisone butyrate</i>	SOLN	1	
HYDROCORTISONE IN ABSORBASE	OINT	3	
<i>hydrocortisone valerate</i>	CREA	1	
<i>hydrocortisone valerate</i>	OINT	1	
<i>hydrocortisone</i>	CREA	1	
<i>hydrocortisone</i>	LOTN	1	
<i>hydrocortisone</i>	OINT	1	
<i>hydrocortisone</i>	TABS	1	
HYTONE	CREA	3	
ISOVATE	CREA	3	
KENALOG	AERS	3	
KENALOG	CREA	3	
KENALOG	LOTN	3	
KENALOG	OINT	3	
KENALOG-40	SUSP	3	
LACTICARE-HC	LOTN	3	
LIDEX	CREA	3	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
LIDEX	GEL	3	
LIDEX	OINT	3	
LIDEX	SOLN	3	
LIDEX-E	CREA	3	
LOCOID LIPOCREAM	CREA	3	
<i>locoid</i>	OINT	1	
LOCOID	CREA	3	
LOCOID	SOLN	3	
<i>lokara</i>	LOTN	1	
LUXIQ	FOAM	3	
MEDROL DOSEPAK	TABS	3	
MEDROL	TABS	3	
<i>methylprednisolone acetate</i>	SUSP	1	
<i>methylprednisolone sodiumsuccinate</i>	SOLR	1	
<i>methylprednisolone</i>	TABS	1	
<i>mometasone furoate</i>	CREA	1	
<i>mometasone furoate</i>	OINT	1	
<i>mometasone furoate</i>	SOLN	1	
OLUX	FOAM	3	
OLUX-E	FOAM	3	
ORAPRED ODT	TBDP	3	
ORAPRED	SOLN	2	
PANDEL	CREA	3	
PEDIAPRED	LIQD	3	
<i>prednicarbate</i>	CREA	1	
<i>prednisolone sodium phosphate</i>	LIQD	1	
<i>prednisolone sodium phosphate</i>	SOLN	1	
<i>prednisolone</i>	SYRP	1	
<i>prednisolone</i>	TABS	1	
PREDNISOLONE 5MG/5ML	SYRP	2	
PREDNISON INTENSOL	CONC	3	
<i>prednisone</i>	SOLN	1	
<i>prednisone</i>	TABS	1	
PREDNISON 1MG, 2.5MG, 50MG	TABS	2	
PRELONE	SYRP	3	
PROCTOCORT	CREA	3	
<i>proctocream-hc</i>	CREA	1	
PROCTO-KIT	CREA	2	
<i>procto-pak</i>	CREA	1	
<i>proctosol hc</i>	CREA	1	
<i>proctozone-hc</i>	CREA	1	
PSORCON E	CREA	3	
STERAPRED 12 DAY	TABS	3	
STERAPRED DS 12 DAY	TABS	3	
STERAPRED DS	TABS	3	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
STERAPRED	TABS	3	
SYNALAR	CREA	3	
SYNALAR	OINT	3	
SYNALAR	SOLN	3	
TEMOVATE E	CREA	3	
TEMOVATE	CREA	3	
TEMOVATE	GEL	3	
TEMOVATE	OINT	3	
TEMOVATE	SOLN	3	
<i>Texacort 1%</i>	SOLN	1	
TEXACORT 2.5%	SOLN	3	
TOPICORT LP	CREA	3	
TOPICORT	CREA	3	
TOPICORT	GEL	3	
TOPICORT	OINT	3	
<i>triamcinolone acetonide in absorbase</i>	OINT	1	
<i>triamcinolone acetonide</i>	CREA	1	
<i>triamcinolone acetonide</i>	LOTN	1	
<i>triamcinolone acetonide</i>	OINT	1	
<i>triderm</i>	CREA	1	
<i>triderm</i>	OINT	1	
<i>u-cort</i>	CREA	1	
ULTRAVATE	CREA	3	
ULTRAVATE	OINT	3	
VANOS	CREA	3	
WESTCORT	CREA	3	
WESTCORT	OINT	3	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>			
DDAVP	SOLN	3	
DDAVP	TABS	3	
<i>desmopressin acetate</i>	SOLN	1	
<i>desmopressin acetate</i>	TABS	1	
GENOTROPIN MINIQUICK	SOLR	3	PA
GENOTROPIN	SOLR	3	PA
HUMATROPE COMBO PACK	SOLR	3	PA
HUMATROPE	SOLR	3	PA
INCRELEX	SOLN	3	
IPLX	SOLN	3	
METHERGINE	TABS	2	
MINIRIN	SOLN	3	
NORDITROPIN CARTRIDGE	SOLN	3	PA
NORDITROPIN NORDIFLEX PEN	SOLN	3	PA
NORDITROPIN NORDIFLEX	SOLN	3	PA
NUTROPIN AQ PEN	SOLN	2	PA
NUTROPIN AQ	SOLN	2	PA

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
NUTROPIN	SOLR	2	PA
<i>oxytocin</i>	SOLN	1	
SAIZEN CLICK.EASY	SOLR	3	PA
SAIZEN	SOLR	3	PA
SEROSTIM	SOLR	3	PA
STIMATE	SOLN	3	
TEV-TROPIN	SOLR	3	PA
ZORBTIVE	SOLR	3	PA
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>			
ACTIVELLA	TABS	3	G
ALESSE-28	TABS	3	G
ALORA	PTTW	3	G
ANADROL-50	TABS	3	G
ANDRODERM	PT24	3	G
ANDROGEL	GEL	2	G
ANDROGEL PUMP	GEL	2	G
ANDROID	CAPS	3	G
ANDROXY	TABS	3	G
<i>apri</i>	TABS	1	G
<i>aranelle</i>	TABS	1	G
<i>aviane</i>	TABS	1	G
AYGESTIN	TABS	3	G
BALZIVA	TABS	3	G
BREVICON-28	TABS	2	G
<i>camila</i>	TABS	1	G
CENESTIN	TABS	2	G
<i>cesia</i>	TABS	1	G
CLIMARA	PTWK	3	G
CLIMARA PRO	PTWK	3	G
COMBIPATCH	PTTW	3	G
<i>cryselle-28</i>	TABS	1	G
CYCLESSA	TABS	3	G
<i>danazol</i>	CAPS	1	G
DANAZOL	CAPS	2	G
DELESTROGEN	OIL	3	G
DEPO-ESTRADIOL	OIL	3	G
DEPO-PROVERA	SUSP	3	G
DEPO-PROVERA CONTRACEPTIVE	SUSP	2	G
DEPO-SUBQ PROVERA 104	SUSP	2	G
DEPO-TESTOSTERONE	OIL	3	G
DESOGEN	TABS	3	G
ENJUVIA	TABS	3	G
<i>enpresse-28</i>	TABS	1	G
<i>errin</i>	TABS	1	G

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
ESCLIM	PTTW	3	G
ESTRACE	CREA	3	G
ESTRACE	TABS	3	G
ESTRADERM	PTTW	2	G
<i>estradiol</i>	PTWK	1	G
<i>estradiol</i>	TABS	1	G
ESTRASORB	EMUL	3	G
ESTRING	RING	2	G
ESTROGEL	GEL	3	G
<i>estropipate</i>	TABS	1	G
ESTROSTEP FE	TABS	3	G
EVISTA	TABS	2	G
FEMCON FE	CHEW	3	G
FEMHRT 1/5	TABS	2	G
FEMHRT LOW DOSE	TABS	2	G
FEMRING	RING	3	G
FEMTRACE	TABS	3	G
GYNODIOL	TABS	3	G
<i>jolessa</i>	TABS	1	G
<i>jolivette</i>	TABS	1	G
<i>junel 1.5/30</i>	TABS	1	G
<i>junel 1/20</i>	TABS	1	G
<i>junel fe 1.5/30</i>	TABS	1	G
<i>junel fe 1/20</i>	TABS	1	G
<i>kariva</i>	TABS	1	G
<i>kelnor 1/35</i>	TABS	1	G
<i>lessina-28</i>	TABS	1	G
LEVLITE-28	TABS	3	G
<i>levora 0.15/30-28</i>	TABS	1	G
LO/OVRAL-28	TABS	3	G
LOESTRIN 1.5/30-21	TABS	3	G
LOESTRIN 1/20-21	TABS	3	G
LOESTRIN 24 FE	TABS	3	G
LOESTRIN FE 1.5/30	TABS	3	G
LOESTRIN FE 1/20	TABS	3	G
<i>low-ogestrel</i>	TABS	1	G
<i>lutea</i>	TABS	1	G
<i>medroxyprogesterone acetate</i>	SUSP	1	G
<i>medroxyprogesterone acetate</i>	TABS	1	G
MEGACE ES	SUSP	3	
MEGACE ORAL	SUSP	3	
<i>megestrol acetate</i>	SUSP	1	
<i>megestrol acetate</i>	TABS	1	
MENEST	TABS	3	G
MENOSTAR	PTWK	3	G

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
METHITEST	TABS	3	G
<i>microgestin 1.5/30</i>	TABS	1	G
<i>microgestin 1/20</i>	TABS	1	G
<i>microgestin fe</i>	TABS	1	G
<i>microgestin fe 1.5/30</i>	TABS	1	G
MODICON-28	TABS	3	G
<i>mononessa</i>	TABS	1	G
<i>necon 0.5/35-28</i>	TABS	1	G
NECON 1/35-28	TABS	2	G
NECON 1/50-28	TABS	2	G
NECON 10/11-28	TABS	2	G
NECON 7/7/7	TABS	2	G
<i>nora-be</i>	TABS	1	G
NORDETTE-28	TABS	3	G
<i>norethindrone acetate</i>	TABS	1	G
NORINYL 1+35	TABS	2	G
NOR-QD	TABS	3	G
<i>nortrel 0.5/35 (28)</i>	TABS	1	G
<i>nortrel 1/35 (21)</i>	TABS	1	G
<i>nortrel 1/35 (28)</i>	TABS	1	G
<i>nortrel 7/7/7</i>	TABS	1	G
NUVARING	RING	2	G
OGEN	TABS	3	G
<i>ogestrel</i>	TABS	1	G
ORTHO EVRA	PTWK	3	G
ORTHO MICRONOR	TABS	3	G
ORTHO TRI-CYCLEN	TABS	3	G
ORTHO TRI-CYCLEN LO	TABS	3	G
ORTHO-CEPT-28	TABS	3	G
ORTHO-CYCLEN-28	TABS	3	G
<i>ortho-est</i>	TABS	1	G
ORTHO-NOVUM 1/35-28	TABS	3	G
ORTHO-NOVUM 1/50-28	TABS	3	G
ORTHO-NOVUM 7/7/7-28	TABS	3	G
OVCON-35	TABS	3	G
OVCON-50 28	TABS	3	G
OXANDRIN	TABS	3	
<i>oxandrolone</i>	TABS	1	
PLAN B	TABS	3	G
<i>portia-28</i>	TABS	1	G
PREFEST	TABS	3	G
PREMARIN	TABS	2	G
PREMARIN W/APPLICATOR	CREA	2	G
PREMPHASE	TABS	2	G
PREMPRO	TABS	2	G

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>previfem</i>	TABS	1	G
PROCHIEVE	GEL	3	G
PROMETRIUM	CAPS	2	G
PROVERA	TABS	3	G
<i>quasense</i>	TABS	1	G
<i>reclipsen</i>	TABS	1	G
SEASONALE	TABS	3	G
SEASONIQUE	TABS	3	G
<i>solia</i>	TABS	1	G
<i>sprintec 28</i>	TABS	1	G
<i>sronyx</i>	TABS	1	G
STRIANT	MISC	3	G
TESLAC	TABS	3	G
TESTIM	GEL	3	G
<i>testosterone cypionate</i>	OIL	1	G
<i>testosterone enanthate</i>	OIL	1	G
TESTRED	CAPS	3	G
TRI-LEVLEN	TABS	3	G
TRI-LEVLEN CONTRACT PACK	TABS	3	G
<i>trinessa</i>	TABS	1	G
TRI-NORINYL 28	TABS	3	G
TRIPHASIL 28	TABS	3	G
<i>tri-previfem</i>	TABS	1	G
<i>tri-sprintec</i>	TABS	1	G
<i>trivora-28</i>	TABS	1	G
VAGIFEM	TABS	3	G
<i>velivet</i>	TABS	1	G
VIVELLE	PTTW	2	G
VIVELLE-DOT	PTTW	2	G
YASMIN 28	TABS	2	G
YAZ	TABS	3	G
<i>zovia 1/35e</i>	TABS	1	G
<i>zovia 1/50e</i>	TABS	1	G
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>			
CYTOMEL	TABS	2	
<i>levothroid</i>	TABS	1	
<i>levothyroxine sodium</i>	SOLR	1	
<i>levothyroxine sodium</i>	TABS	1	
<i>levoxyl</i>	TABS	1	
SYNTHROID	TABS	3	
THYROLAR-1/2	TABS	3	
THYROLAR-1/4	TABS	3	
THYROLAR-1	TABS	3	
THYROLAR-2	TABS	3	
THYROLAR-3	TABS	3	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>unithroid</i>	TABS	1	
<b>Hormonal Agents, Suppressant (Adrenal)</b>			
LYSODREN	TABS	2	
<b>Hormonal Agents, Suppressant (Parathyroid)</b>			
SENSIPAR	TABS	2	
<b>Hormonal Agents, Suppressant (Pituitary)</b>			
<i>cabergoline</i>	TABS	1	
DOSTINEX	TABS	3	
ELIGARD	KIT	3	
<i>leuprolide acetate</i>	KIT	1	G
<i>leuprolide acetate</i>	SOLN	1	G
LUPRON 2 WEEK SUPPLY	KIT	3	G
LUPRON 6-PACK	SOLN	3	G
LUPRON DEPOT	KIT	3	G
LUPRON DEPOT-PED	KIT	3	G
<i>octreotide acetate</i>	SOLN	1	
SANDOSTATIN LAR DEPOT	KIT	3	
SANDOSTATIN	SOLN	3	
SOMAVERT	SOLR	3	
SYNAREL	SOLN	3	
TRELSTAR DEPOT	SUSR	3	PA
TRELSTAR LA	SUSR	3	PA
ZOLADEX	IMPL	3	PA
<b>Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)</b>			
CASODEX	TABS	2	G
<i>flutamide</i>	CAPS	1	G
NILANDRON	TABS	3	G
<b>Hormonal Agents, Suppressant (Thyroid)</b>			
<i>methimazole</i>	TABS	1	
<i>propylthiouracil</i>	TABS	1	
TAPAZOLE	TABS	3	
<b>Immunological Agents</b>			
ACTHIB	SOLR	2	
ACTIMMUNE	SOLN	3	
ADACEL	SUSP	2	
ARAVA	TABS	3	
ATGAM	INJ	3	PA
ATTENUVAX	INJ	2	
AVONEX	KIT	2	QL
AZASAN	TABS	3	PA
<i>azathioprine</i>	TABS	1	PA
AZATHIOPRINE SODIUM	SOLR	3	
BETASERON	SOLR	3	QL
BOOSTRIX	SUSP	2	
CARIMUNE	SOLR	3	PA

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
CARIMUNE NANOFILTERED	SOLR	3	PA
CELLCEPT	CAPS	2	PA
CELLCEPT	SUSR	2	PA
CELLCEPT	TABS	2	PA
CELLCEPT INTRAVENOUS	SOLR	2	PA
COMVAX	SUSP	2	PA
COPAXONE	KIT	2	QL
<i>cyclosporine</i>	CAPS	1	PA
<i>cyclosporine</i>	SOLN	1	PA
<i>cyclosporine modified</i>	CAPS	1	PA
<i>cyclosporine modified</i>	SOLN	1	PA
DAPTACEL	SUSP	2	
DECAVAC	INJ	3	
DIPHTHERIA/TETANUS TOXOID PEDIATRIC	INJ	2	
ENBREL	KIT	2	PA
ENBREL	SOLN	2	PA
ENBREL SURECLICK	SOLN	2	PA
ENGERIX-B	INJ	2	PA
ENGERIX-B	SUSP	2	PA
FLEBOGAMMA	INJ	3	PA
GAMASTAN S/D	INJ	3	PA
GAMMAGARD LIQUID	SOLN	3	PA
GAMMAGARD S/D	SOLR	3	PA
GAMUNEX	INJ	3	PA
GARDASIL	SUSP	2	
<i>gengraf</i>	CAPS	1	PA
<i>gengraf</i>	SOLN	1	PA
HAVRIX	SUSP	2	
HIBTITER	SOLN	2	
HUMIRA	KIT	3	PA
HUMIRA PEN	KIT	3	PA
IMMUNE GLOBULIN	INJ	3	PA
IMOVAX RABIES (H.D.C.V.)	INJ	3	
IMURAN	TABS	3	PA
INFANRIX	SUSP	2	
INFERGEN	INJ	3	
INTRON-A	KIT	3	
INTRON-A	SOLN	3	
INTRON-A W/DILUENT	SOLR	3	
IPOL INACTIVATED IPV	INJ	2	
IVEEGAM EN	SOLR	3	PA
JE-VAX	SOLR	2	
KINERET	SOLN	3	PA
<i>leflunomide</i>	TABS	1	
MENACTRA	INJ	2	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
MENOMUNE-A/C/Y/W-135	INJ	2	
MERUVAX II W/DILUENT 1 DOSE	INJ	2	
MERUVAX II W/DILUENT 10 DOSE	INJ	2	
<i>methotrexate</i>	TABS	1	
<i>methotrexate sodium</i>	SOLN	1	
<i>methotrexate sodium</i>	SOLR	1	
M-M-R II W/DILUENT 1 DOSE	INJ	2	
M-M-R II W/DILUENT 10 DOSE	INJ	2	
M-R-VAX II	INJ	2	
MUMPSVAX W/DILUENT 1 DOSE	INJ	2	
MUMPSVAX W/DILUENT 10 DOSE	INJ	2	
MYFORTIC	TBEC	3	
NEORAL	CAPS	3	PA
NEORAL	SOLN	3	PA
OCTAGAM	SOLN	2	PA
PANGLOBULIN	SOLR	3	PA
PANGLOBULIN NF	SOLR	3	PA
PANGLOBULIN.	SOLR	3	PA
PEDIARIX	SUSP	2	
PEDVAX HIB	SOLN	2	
PEGASYS	KIT	3	
PEG-INTRON	KIT	2	
PEG-INTRON REDIPEN	KIT	2	
PEG-INTRON REDIPEN PAK 4	KIT	2	
POLYGAM S/D	SOLR	3	PA
PROGRAF	CAPS	2	PA
PROGRAF	SOLN	2	PA
PROQUAD	INJ	2	
RABAVERT	SUSR	2	
RAPAMUNE	SOLN	2	PA
RAPAMUNE	TABS	2	PA
REBIF	SOLN	3	QL
REBIF TITRATION PACK	SOLN	3	QL
RECOMBIVAX HB	INJ	2	PA
RECOMBIVAX HB	SUSP	2	PA
REMICADE	SOLR	3	
RHEUMATREX	TABS	3	
RIDAURA	CAPS	3	
ROFERON-A	KIT	3	
ROTATEQ	SUSP	2	
SANDIMMUNE	CAPS	3	PA
SANDIMMUNE	SOLN	3	PA
TETANUS TOXOID	SOLN	2	
TETANUS TOXOID ADSORBED	SOLN	2	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
TETANUS/DIPHtheria TOXoids-ABSORBED			
ADULT	SUSP	2	
THERACYS	SUSR	3	
TICE BCG	SUSR	2	
TREXALL	TABS	3	
TRIHIBIT	KIT	2	
TRIPEDIA	SUSP	2	
TWINRIX	SUSP	2	PA
TYPHIM VI	SOLN	2	
VAQTA	INJ	2	
VARIVAX	INJ	2	
VENOGLOBULIN-S	INJ	3	PA
VIVAGLOBIN	SOLN	3	PA
VIVOTIF BERNA	CPDR	2	
YF-VAX	INJ	2	
ZOSTAVAX	SOLR	2	
<b>Inflammatory Bowel Disease Agents</b>			
ASACOL	TBEC	2	
AZULFIDINE	TABS	3	
AZULFIDINE EN-TABS	TBEC	3	
CANASA	SUPP	2	
COLAZAL	CAPS	3	
<i>colocort</i>	ENEM	1	
ENTOCORT EC	CP24	3	
<i>hydrocortisone</i>	ENEM	1	
LIALDA	TBEC	3	
<i>mesalamine</i>	ENEM	1	
PENTASA	CPCR	2	
ROWASA	ENEM	2	
<i>sulfasalazine</i>	TABS	1	
<i>sulfasalazine</i>	TBEC	1	
<i>sulfazine</i>	TABS	1	
<i>sulfazine ec</i>	TBEC	1	
<b>Metabolic Bone Disease Agents</b>			
ACTONEL WITH CALCIUM	TABS	2	
ACTONEL	TABS	2	
ACTONEL 35MG	TABS	2	QL
BONIVA	KIT	3	
BONIVA	TABS	3	
BONIVA 150MG	TABS	3	QL
<i>calcitriol</i>	CAPS	1	
CALCITRIOL	SOLN	3	
DIDRONEL	TABS	3	
<i>etidronate disodium</i>	TABS	1	
FORTEO	SOLN	3	PA

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>fortical</i>	SOLN	1	
FOSAMAX PLUS D	TABS	2	QL
FOSAMAX	SOLN	2	
FOSAMAX	TABS	2	
FOSAMAX 35MG, 70MG	TABS	2	QL
HECTOROL	CAPS	3	
MIACALCIN	SOLN	2	
<i>pamidronate disodium</i>	SOLR	1	
PAMIDRONATE DISODIUM	SOLN	3	
ROCALTROL	SOLN	2	
ROCALTROL	CAPS	3	
SKELID	TABS	3	
ZEMPLAR	CAPS	3	
ZOMETA	CONC	3	
<b>Miscellaneous Therapeutic Agents</b>			
AGRYLIN	CAPS	3	
ALCOHOL SWABS	PADS	2	
<i>anagrelide hydrochloride</i>	CAPS	1	
BD ECLIPSE SYRINGE/1ML/30GX1/2"	MISC	2	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	MISC	2	
BD NEEDLE/30G X 1/2"	MISC	2	
CARNITOR	SOLN	3	
CARNITOR	TABS	3	
GAUZE PADS 2"X2"	PADS	2	
INTRALIPID	EMUL	3	
KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G	MISC	2	
KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G	MISC	2	
KMART VALU PLUS INSULIN SYRINGE/1ML/29G	MISC	2	
<i>levocarnitine</i>	SOLN	1	
<i>levocarnitine</i>	TABS	1	
<i>liposyn II</i>	EMUL	1	
<i>pentoxifylline cr</i>	TBCR	1	
<i>pentoxifylline er</i>	TBCR	1	
<i>pentoxil</i>	TBCR	1	
TRENTAL	TBCR	3	
UNIFINE PENTIPS/12MM	MISC	2	
<b>Ophthalmic Agents</b>			
ACULAR	SOLN	2	
ACULAR LS	SOLN	2	
ACULAR PF	SOLN	2	
<i>ak-con</i>	SOLN	1	
<i>ak-poly-bac</i>	OINT	1	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>ak-tob</i>	SOLN	1	
ALAMAST	SOLN	3	
ALOCRIL	SOLN	3	
ALOMIDE	SOLN	3	
ALPHAGAN P	SOLN	2	
ALREX	SUSP	2	
<i>atropine sulfate</i>	OINT	1	
<i>atropine sulfate</i>	SOLN	1	
AZOPT	SUSP	2	
<i>bac/poly/neomy/hc</i>	OINT	1	
<i>bacitracin</i>	OINT	1	
<i>bacitracin/polymyxin b</i>	OINT	1	
BETAGAN	SOLN	3	
BETAGAN C CAP QD	SOLN	3	
BETAGAN WITHOUT C CAP	SOLN	3	
<i>betaxolol hcl</i>	SOLN	1	
BETIMOL	SOLN	2	
BETOPTIC-S	SUSP	2	
BLEPH-10	SOLN	3	
BLEPHAMIDE	SUSP	2	
BLEPHAMIDE S.O.P.	OINT	2	
<i>brimonidine tartrate</i>	SOLN	1	
<i>carteolol hcl</i>	SOLN	1	
CILOXAN	OINT	3	
CILOXAN	SOLN	3	
CORTISPORIN	SUSP	3	
COSOPT	SOLN	2	
CROLOM	SOLN	3	
<i>cromolyn sodium</i>	SOLN	1	
<i>dexamethasone sodium phosphate</i>	SOLN	1	
<i>dexasol</i>	SOLN	1	
<i>dexasporin</i>	SUSP	1	
<i>dipivefrin hcl</i>	SOLN	1	
ECONOPRED PLUS	SUSP	3	
ELESTAT	SOLN	3	
EMADINE	SOLN	3	
FLAREX	SUSP	3	
<i>fluorometholone</i>	SUSP	1	
<i>fluor-op</i>	SUSP	1	
<i>flurbiprofen sodium</i>	SOLN	1	
FML FORTE	SUSP	3	
FML LIQUIFILM	SUSP	3	
FML S.O.P.	OINT	3	
<i>genoptic</i>	SOLN	1	
<i>gentak</i>	OINT	1	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>gentak</i>	SOLN	1	
<i>gentasol</i>	SOLN	1	
IOPIDINE	SOLN	3	
ISTALOL	SOLN	2	
<i>ketotifen fumarate</i>	SOLN	1	
LACRISERT	INST	2	
<i>levobunolol hcl</i>	SOLN	1	
LOTEMAX	SUSP	2	
LUMIGAN	SOLN	2	
MAXIDEX	SUSP	3	
MAXITROL	OINT	3	
MAXITROL	SUSP	3	
<i>methazolamide</i>	TABS	1	
<i>metipranolol</i>	SOLN	1	
MYDRAL	SOLN	3	
MYDRIACYL	SOLN	3	
<i>naphazoline hcl</i>	SOLN	1	
NATACYN	SUSP	3	
<i>neo/poly/bac/hc</i>	OINT	1	
<i>neocin-pg</i>	SOLN	1	
<i>neomycin /polymyxin /dexamethasone</i>	OINT	1	
<i>neomycin /polymyxin /dexamethasone</i>	SUSP	1	
<i>neomycin /polymyxin /gramicidin</i>	SOLN	1	
<i>neomycin /polymyxin /hydrocortisone</i>	SUSP	1	
<i>neomycin/bacitracin zn/polymyx</i>	OINT	1	
NEOSPORIN	SOLN	3	
NEVANAC	SUSP	3	
OCUFEN	SOLN	3	
OCUFLOX	SOLN	3	
<i>ocusulf-10</i>	SOLN	1	
<i>ofloxacin</i>	SOLN	1	
OPTIPRANOLOL	SOLN	3	
OPTIVAR	SOLN	2	
PATANOL	SOLN	2	
<i>phospholine iodide</i>	SOLR	1	
PILOPINE HS	GEL	2	
<i>poly-dex</i>	OINT	1	
<i>poly-dex</i>	SUSP	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	SOLN	1	
POLY-PRED	SUSP	3	
POLYTRIM	SOLN	3	
PRED FORTE	SUSP	3	
PRED MILD	SUSP	3	
PRED-G	SUSP	3	
PRED-G S.O.P.	OINT	3	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>prednisol</i>	SOLN	1	
<i>prednisolone acetate</i>	SUSP	1	
<i>prednisolone sodium phosphate</i>	SOLN	1	
<i>proparacaine hcl</i>	SOLN	1	
PROPINE	SOLN	3	
RESTASIS	EMUL	3	
<i>romycin</i>	OINT	1	
SULF-10	SOLN	3	
<i>sulfacetamide sodium</i>	OINT	1	
<i>sulfacetamide sodium</i>	SOLN	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	SOLN	1	
<i>timolol maleate</i>	SOLN	1	
<i>timolol maleate ophthalmic gel forming</i>	SOLG	1	
TIMOPTIC	SOLN	3	
TIMOPTIC OCUDOSE	SOLN	3	
TIMOPTIC-XE	SOLG	3	
TOBRADEX	OINT	2	
TOBRADEX	SUSP	2	
<i>tobrasol</i>	SOLN	1	
TOBREX	OINT	3	
TOBREX	SOLN	3	
TRAVATAN	SOLN	3	
TRAVATAN Z	SOLN	3	
<i>trifluridine</i>	SOLN	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	SOLN	1	
<i>tropicacyl</i>	SOLN	1	
<i>tropicamide</i>	SOLN	1	
TRUSOPT	SOLN	2	
VEXOL	SUSP	2	
VIGAMOX	SOLN	2	
VIROPTIC	SOLN	3	
VOLTAREN	SOLN	2	
XALATAN	SOLN	2	
XIBROM	SOLN	3	
ZYLET	SUSP	3	
<b>Otic Agents</b>			
<i>acetic acid/hydrocortisone</i>	SOLN	1	
<i>acetic acid</i>	SOLN	1	
<i>antibiotic ear</i>	SOLN	1	
<i>antibiotic ear</i>	SUSP	1	
<i>borofair</i>	SOLN	1	
CIPRO HC	SUSP	2	
CIPRODEX	SUSP	3	
COLY-MYCIN-S	SUSP	3	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
CORTISPORIN	SOLN	3	
CORTISPORIN	SUSP	3	
CORTISPORIN-TC	SUSP	3	
<i>cortomycin</i>	SOLN	1	
<i>cortomycin</i>	SUSP	1	
DERMOTIC	OIL	3	
FLOXIN OTIC SINGLES	SOLN	2	
FLOXIN OTIC	SOLN	2	
<i>neomycin /polymyxin /hydrocortisone</i>	SOLN	1	
<i>neomycin /polymyxin /hydrocortisone</i>	SUSP	1	
<i>neomycin/polymyxin/hc</i>	SOLN	1	
<i>oticin hc</i>	SUSP	1	
PEDIOTIC	SUSP	3	
<i>uni-otic</i>	LIQD	1	
<b>Respiratory Tract Agents</b>			
ACCOLATE	TABS	3	A
ACCUNEB	NEBU	3	
<i>acetylcysteine</i>	SOLN	1	
ADVAIR DISKUS	MISC	2	
ADVAIR HFA	AERO	3	
AEROBID	AERS	3	
AEROBID-M	AERS	3	
<i>airet</i>	NEBU	1	
<i>albuterol</i>	AERS	1	
<i>albuterol sulfate</i>	NEBU	1	
<i>albuterol sulfate</i>	SYRP	1	
<i>albuterol sulfate</i>	TABS	1	
ALLEGRA	SUSP	3	
ALLEGRA	TABS	3	A
ALLEGRA-D 12 HOUR	TB12	3	A
ALLEGRA-D 24 HOUR	TB24	3	A
ALUPENT	AERP	2	
AMINOPHYLLINE	TABS	3	
ANTIVERT	TABS	3	
ARALAST	SOLR	3	
ASMANEX 120 METERED DOSES	AEPB	3	
ASMANEX 14 METERED DOSES	AEPB	3	
ASMANEX 30 METERED DOSES	AEPB	3	
ASMANEX 60 METERED DOSES	AEPB	3	
ASTELIN	SOLN	2	
ATROVENT	SOLN	3	
ATROVENT HFA	AERS	2	
AZMACORT	AERS	2	
BECONASE AQ	SUSP	3	
<i>benadryl</i>	CAPS	1	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>benadryl</i>	SOLN	1	
BRETHINE	SOLN	3	
BRETHINE	TABS	3	
CLARINEX	SYRP	3	A
CLARINEX	TABS	3	A
CLARINEX REDITABS	TBDP	3	A
CLARINEX-D 12 HOUR	TB12	3	A
CLARINEX-D 24 HOUR	TB24	3	A
<i>clemastine fumarate</i>	SYRP	1	
<i>clemastine fumarate</i>	TABS	1	
COMBIVENT	AERO	2	
<i>cromolyn sodium</i>	NEBU	1	
<i>cyproheptadine hcl</i>	SYRP	1	
<i>cyproheptadine hcl</i>	TABS	1	
DEXCHLORPHENIRAMINE MALEATE	SYRP	2	
<i>diphenhydramine hcl</i>	CAPS	1	
<i>diphenhydramine hcl</i>	ELIX	1	
<i>diphenhydramine hcl</i>	SOLN	1	
DUONEB	SOLN	3	
ELIXOPHYLLIN	ELIX	2	
<i>epinephrine hcl</i>	SOLN	1	
EPIPEN 2-PAK	DEVI	2	
EPIPEN-JR 2-PAK	DEVI	2	
<i>fexofenadine hcl</i>	TABS	1	A
FLONASE	SUSP	3	
FLOVENT HFA	AERO	2	
<i>flunisolide</i>	SOLN	1	
<i>fluticasone propionate</i>	SUSP	1	
FORADIL AEROLIZER	CAPS	2	
<i>hydroxyzine hcl</i>	SOLN	1	
<i>hydroxyzine hcl</i>	SYRP	1	
<i>hydroxyzine hcl</i>	TABS	1	
<i>hydroxyzine pamoate</i>	CAPS	1	
INTAL	NEBU	2	
INTAL INHALER	AERS	2	
<i>ipratropium bromide</i>	SOLN	1	
<i>ipratropium bromide</i>	SOLN	1	
LUFYLLIN	TABS	3	
MAXAIR AUTOHALER	AERB	2	
<i>meclizine hcl</i>	TABS	1	
<i>metaproterenol sulfate</i>	NEBU	1	
<i>metaproterenol sulfate</i>	SYRP	1	
<i>metaproterenol sulfate</i>	TABS	1	
MUCOMYST-10	SOLN	3	
NASACORT AQ	AERS	2	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits	
NASAREL	SOLN	3		
NASONEX	SUSP	2		
PALGIC	LIQD	3		
PALGIC	TABS	3		
<i>proair hfa</i>	AERS	1		
PROLASTIN	SOLR	3		
PROLASTIN	SUSR	3		
PROMETHAZINE VC	SYRP	2		
PROVENTIL	AERS	3		
PROVENTIL	NEBU	3		
PROVENTIL HFA	AERS	2		
PULMICORT	SUSP	2		PA
PULMICORT TURBUHALER	AEPB	2		
QVAR	AERS	3		
REVATIO	TABS	3		PA
RHINOCORT AQUA	SUSP	3		
SEMPREX-D	CAPS	3		
SEREVENT DISKUS	AEPB	2		
SINGULAIR	CHEW	2	A	PA
SINGULAIR	PACK	2	A	PA
SINGULAIR	TABS	2	A	PA
SPIRIVA HANDIHALER	CAPS	2		
<i>terbutaline sulfate</i>	SOLN	1		
<i>terbutaline sulfate</i>	TABS	1		
THEO-24	CP24	2		
THEOCAP	CP12	3		
THEOCHRON	TB12	3		
<i>theophylline cr</i>	TB12	1		
<i>theophylline er</i>	CP12	1		
<i>theophylline er</i>	TB12	1		
<i>theophylline td</i>	TB12	1		
TILADE	AERS	2		
TRACLEER	TABS	2		
TWINJECT	DEVI	2		
TYZINE	SOLN	3		
TYZINE PEDIATRIC NASAL DROPS	SOLN	3		
UNIPHYL	TB24	3		
VENTOLIN HFA	AERS	3		
VISTARIL	CAPS	3		
VISTARIL	SUSP	3		
VOSPIRE ER	TB12	2		
XOLAIR	SOLR	3		PA
XOPENEX	NEBU	3		
XOPENEX CONCENTRATE	NEBU	3		
XOPENEX HFA	AERO	3		

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
ZYFLO	TABS	2	A
ZYRTEC	CHEW	3	A
ZYRTEC	SYRP	3	
ZYRTEC	TABS	3	A
ZYRTEC-D	TB12	3	A
<b>Sedatives/ Hypnotics</b>			
AMBIEN CR	TBCR	3	PA
AMBIEN	TABS	3	QL
LUNESTA	TABS	3	PA
ROZEREM	TABS	3	PA
SONATA	CAPS	2	QL
<b>Skeletal Muscle Relaxants</b>			
<i>carisoprodol /aspirin /codeine</i>	TABS	1	
<i>carisoprodol/aspirin</i>	TABS	1	
<i>carisoprodol</i>	TABS	1	
<i>chlorzoxazone</i>	TABS	1	
<i>cyclobenzaprine hcl</i>	TABS	1	
FLEXERIL	TABS	3	
<i>methocarbamol</i>	TABS	1	
<i>orphenadrine citrate er</i>	TB12	1	
<i>orphenadrine citrate</i>	SOLN	1	
<i>orphenadrine compound ds</i>	TABS	1	
<i>orphenadrine compound</i>	TABS	1	
ORPHENGESIC FORTE	TABS	3	
<i>orphengesic</i>	TABS	1	
PARAFON FORTE DSC	TABS	3	
ROBAXIN	TABS	3	
ROBAXIN-750	TABS	3	
SKELAXIN	TABS	2	
SOMA COMPOUND/CODEINE	TABS	3	
SOMA COMPOUND	TABS	3	
SOMA	TABS	3	
<b>Therapeutic Nutrients/ Minerals/ Electrolytes</b>			
CLINISOL SF 15%	SOLN	2	
<i>dextrose 10% flex container</i>	SOLN	1	
<i>dextrose 10%/nacl 0.2%</i>	SOLN	1	
<i>dextrose 5%/nacl 0.225%</i>	SOLN	1	
<i>dextrose 5%/nacl 0.33%</i>	SOLN	1	
<i>dextrose 5%/nacl 0.45%</i>	SOLN	1	
<i>dextrose 5%/nacl 0.9%</i>	SOLN	1	
<i>dextrose 5%/sodium chloride 0.2%</i>	SOLN	1	
<i>dextrose 5%/sodium chloride 0.33%</i>	SOLN	1	
<i>dextrose 5%/sodium chloride 0.45%</i>	SOLN	1	
<i>dextrose 5%/sodium chloride 0.9%</i>	SOLN	1	
ED K+10	TBCR	3	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
<i>kaon-cl-10</i>	TBCR	1	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	SOLN	1	
<i>kcl 0.15%/d5w/nacl 0.45%</i>	SOLN	1	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	SOLN	1	
<i>klor-con 10</i>	TBCR	1	
<i>klor-con 8</i>	TBCR	1	
<i>klor-con m10</i>	TBCR	1	
KLOR-CON M15	TBCR	3	
<i>klor-con m20</i>	TBCR	1	
<i>klotrix</i>	TBCR	1	
K-TABS	TBCR	3	
K-VESCENT	PACK	3	
LACTATED RINGER'S DEXTROSE 5% VIAFLEX	SOLN	3	
LACTATED RINGER'S VIAFLEX	SOLN	3	
<i>leucovorin calcium</i>	SOLN	1	
<i>leucovorin calcium</i>	SOLR	1	
<i>leucovorin calcium</i>	TABS	1	
MAGNESIUM SULFATE	SOLN	3	
MICRO-K	CPCR	3	
NORMOSOL -R	SOLN	3	
OSMOPREP	TABS	3	
<i>potassium chloride</i>	PACK	1	
<i>potassium chloride</i>	SOLN	1	
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	SOLN	1	
<i>potassium chloride 0.15% w/nacl 0.9% viaflex</i>	SOLN	1	
<i>potassium chloride 0.15%/d5w</i>	SOLN	1	
<i>potassium chloride 0.15%/nacl 0.9%</i>	SOLN	1	
<i>potassium chloride cr</i>	TBCR	1	
<i>potassium chloride er</i>	CPCR	1	
<i>potassium chloride er</i>	TBCR	1	
<i>potassium chloride mini-vial</i>	SOLN	1	
<i>potassium chloride sa</i>	TBCR	1	
<i>potassium chloride sr</i>	TBCR	1	
<i>potassium citrate extended-release</i>	TBCR	1	
PRENATAL RX	TABS	2	G
RENAMIN	SOLN	3	
<i>ringer's irrigation</i>	SOLN	1	
<i>sodium bicarbonate</i>	SOLN	1	
<i>sodium chloride</i>	SOLN	1	
<i>sodium chloride 0.9%</i>	SOLN	1	
<i>sodium chloride 0.45% viaflex</i>	SOLN	1	
<i>sodium chloride 0.9%</i>	SOLN	1	
<i>sodium chloride bacteriostatic</i>	SOLN	1	
SODIUM CHLORIDE BACTERIOSTATIC/BENZYL ALCOHOL	SOLN	3	

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits
UROCIT-K 10	TBCR	3	
UROCIT-K 5	TBCR	3	
<b>Unclassified</b>			
AMINO ACID CERVICAL	CREA	3	
AMINO-CERV	CREA	3	
<i>codeine phosphate</i>	TBSO	1	QL
<i>homatropaire</i>	SOLN	1	
HYDRALAZINE /HYDROCHLOROTHIAZIDE	CAPS	3	
ISOPTO HOMATROPINE	SOLN	3	
<i>morphine sulfate</i>	TBSO	1	
<i>nitroglycerin cr</i>	CPCR	1	
NOVASAL	TABS	3	
SODIUM CHLORIDE DEY-PAK	NEBU	3	
<b>Excluded Drugs**</b>			
<b>Benzodiazepines</b>			
<i>alprazolam</i>	TABS	1	A
ATIVAN	TABS	3	A
<i>chlordiazepoxide</i>	CAPS	1	A
<i>clonazepam</i>	TABS	1	
<i>clorazepate</i>	TABS	1	A
DALMANE	CAPS	3	QL A
<i>diazepam</i>	TABS	1	
<i>diazepam</i>	SOLN	1	
DORAL	TABS	3	QL A
<i>estazolam</i>	TABS	1	QL A
<i>flurazepam</i>	CAPS	1	QL A
HALCION	TABS	3	QL A
KLONOPIN	TABS	3	A
KLONOPIN WAFERS	TABS	3	A
LIBRIUM	CAPS	3	A
<i>lorazepam</i>	TABS	1	A
NIRAVAM	TABS	3	
<i>oxazepam</i>	TABS	1	A
PROSOM	TABS	3	QL A
RESTORIL 15MG, 30MG	CAPS	3	QL A
RESTORIL 7.5MG, 22.5MG	CAPS	2	QL A
SERAX 15MG	TABS	3	A
<i>temazepam 15mg, 30mg</i>	CAPS	1	QL A
TRANXENE	TABS	3	A
TRANXENE SD	TABS	3	A
TRANXENE SD HALF	TABS	3	A
<i>triazolam</i>	TABS	1	QL A
VALIUM	TABS	3	
XANAX	TABS	3	A

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Drug Name	Dosage Form	Drug Tier	Requirements/ Limits			
XANAX XR	TABS	3	A			
<b>Barbiturates</b>						
<i>butalbital compound/aspirin/caffeine</i>	TABS	1				
<i>butalbital/aspirin/caffeine</i>	TABS	1				
ESGIC	TABS	3				
ESGIC	CAPS	3				
ESGIC PLUS	TABS	3				
ESGIC PLUS	CAPS	3				
FIORICET	TABS	3				
FIORINAL	CAPS	3				
<i>phenobarbital</i>	TABS	1				
PHRENILIN	TABS	3				
PHRENILIN FORTE	CAPS	3				
<b>Erectile Dysfunction</b>						
CAVERJECT	SOLN	3	QL	PA	G	
CIALIS	TABS	3	QL	PA	G	
EDEX	SOLN	3	QL	PA	G	
LEVITRA	TABS	3	QL	PA	G	
MUSE	SUPP	3	QL	PA	G	
VIAGRA	TABS	2	QL	PA	G	

\*\* THIS PRESCRIPTION DRUG IS NOT NORMALLY COVERED IN A MEDICARE PRESCRIPTION DRUG PLAN. THE AMOUNT YOU PAY WHEN YOU FILL A PRESCRIPTION FOR THIS DRUG DOES NOT COUNT TOWARDS YOUR TOTAL DRUG COSTS(THAT IS, THE AMOUNT YOU PAY DOES NOT HELP YOU QUALIFY FOR CATASTROPHIC COVERAGE). IN ADDITION, IF YOU ARE RECEIVING EXTRA HELP TO PAY FOR YOUR PRESCRIPTIONS, YOU WILL NOT GET ANY EXTRA HELP TO PAY FOR THIS DRUG.

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