

WELLCARE CONCERT

2008 Comprehensive 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 WellCare Concert formulary?

A formulary is a list of covered drugs selected by WellCare Concert 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. WellCare Concert will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a WellCare Concert 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 WellCare Concert, please visit our Web site at www.wellcarepffs.com or call Customer Service at 1-866-238-9898, Monday–Sunday, 8am to 2am Eastern. TTY/TDD users should call 1-866-239-6265.

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 number 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 36. 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?

WellCare Concert 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:** WellCare Concert requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from WellCare Concert before you fill your prescriptions. If you don't get approval, WellCare Concert may not cover the drug.
- **Quantity Limits:** For certain drugs, WellCare Concert limits the amount of the drug that WellCare Concert will cover. For example, WellCare Concert provides 12 tablets per prescription for IMITREX 25mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, WellCare Concert 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, WellCare Concert may not cover Drug B unless you try Drug A first. If Drug A does not work for you, WellCare Concert 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 1.

You can ask WellCare Concert to make an exception to these restrictions or limits. See the section, "How do I request an exception to the WellCare Concert formulary?" on page 11 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 WellCare Concert does not cover your drug, you have two options:

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

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

How do I request an exception to the WellCare Concert formulary?

You can ask WellCare Concert 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, WellCare Concert 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 our 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 in our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in Tier 4.

Generally, WellCare Concert 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.

WellCare Concert will extend a one-time override through the provider service center to current enrollees who experience level of care changes, such as a change in treatment settings. This allowance will be made for the 30-day period following the level of care change.

For more information

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

If you have questions about WellCare Concert, please call Customer Service at 1-866-238-9898, Monday–Sunday, 8am to 2am Eastern. TTY/TDD users should call 1-866-239-6265. Or visit www.wellcarepffs.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.

WellCare Concert's formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by WellCare Concert. If you have trouble finding your drug in the list, turn to the Index that begins on page 36.

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

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

The following abbreviations are used to indicate additional requirements or limits on coverage:

- PA stands for Prior Authorization. Please see page II for details.
- QL stands for Quantity Limits. Please see page II for details.
- SP stands for certain injectible, biotech and/or biologic prescription drugs you may fill through our Specialty Pharmacy. For more information, please see our Pharmacy Directory or contact our Specialty Pharmacy Care Team at 1-866-458-9246, Monday–Friday, 8am to 6pm Eastern. Or, send a fax to 1-866-458-9245 or e-mail us at wsp@wellcare.com for details.
- ST stands for Step Therapy. Please see page II for details.
- TR stands for a prescription drug 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.

Drug Tier Co-pay/Coinsurance Amounts

The WellCare Concert formulary is divided into four tiers: Tier 1, Tier 2, Tier 3, and Tier 4. Generally, the co-payment and/or coinsurance percentage amounts listed below are the amounts you pay when you fill a prescription at a network pharmacy.

30-Day Tier 1 Drug Co-pay*	30-Day Tier 2 Drug Co-pay	30-Day Tier 3 Drug Co-pay	30-Day Tier 4 Drug Coinsurance	90-Day Mail Order Co-pay or Coinsurance
\$0–\$3	\$28	\$58	33%	3x 30-Day Co-pay or Coinsurance
*Please refer to your Summary of Benefits for the exact co-pay/coinsurance amounts in your county.				

Drug Name	Drug Tier	Requirements/ Limits
ANALGESICS		
NON-OPIOID ANALGESICS		
<i>diclofenac potassium tablets</i>	Tier 1	
<i>diclofenac sodium enteric coated tablets, extended release tablets</i>	Tier 1	
<i>diflunisal 500mg tablets</i>	Tier 1	
<i>etodolac tablets, capsules</i>	Tier 1	
<i>fenoprofen tablets</i>	Tier 1	
<i>flurbiprofen tablets</i>	Tier 1	
<i>ibuprofen oral suspension, tabs</i>	Tier 1	
<i>indomethacin capsules</i>	Tier 1	
<i>ketoprofen capsules</i>	Tier 1	
<i>ketorolac oral solution, tablets</i>	Tier 1	
<i>meloxicam tablets</i>	Tier 1	
<i>nabumetone tablets</i>	Tier 1	
<i>naproxen oral suspension, tablets, er tablets</i>	Tier 1	
<i>oxaprozin tablets</i>	Tier 1	
<i>piroxicam capsule</i>	Tier 1	
<i>sulindac tablets</i>	Tier 1	
OPIOID ANALGESICS		
<i>acetaminophen/codeine #4, tablets</i>	Tier 1	QL
<i>acetaminophen/codeine #2, #3 tablets, oral solution</i>	Tier 1	
<i>ascomp/codeine capsules</i>	Tier 1	
<i>aspirin/codeine tablets</i>	Tier 1	
<i>buprenorphine solution</i>	Tier 1	
<i>butalbital/apap/caffeine/codeine capsules</i>	Tier 1	
<i>butalbital/apap/caffeine capsules</i>	Tier 1	
<i>carisoprodol/aspirin/codeine tablets</i>	Tier 1	
<i>endocet tablets</i>	Tier 1	QL
<i>fentanyl transdermal patches</i>	Tier 1	QL
<i>hydrocodone/apap tablets</i>	Tier 1	QL
<i>hydrocodone/apap oral solution</i>	Tier 1	
<i>hydrocodone/ibuprofen tablets</i>	Tier 1	QL
<i>hydromorphone oral solution</i>	Tier 1	
<i>hydromorphone tablets</i>	Tier 1	QL
<i>meperidine oral solution, tablets</i>	Tier 1	
<i>methadone hcl oral solution</i>	Tier 1	
<i>methadone tablets</i>	Tier 1	QL
<i>methadose tablets</i>	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate injectable solution, oral solution, suppository</i>	Tier 1	
<i>morphine sulfate tablets, er tablets</i>	Tier 1	QL
<i>morphine sulfate iv solution</i>	Tier 1	
<i>nalbuphine solution</i>	Tier 1	PA
<i>oxycodone oral solution, concentration</i>	Tier 1	
<i>oxycodone immediate release capsules, tablets</i>	Tier 1	QL
<i>oxycodone/apap capsules, tablets</i>	Tier 1	
<i>propoxyphene capsules</i>	Tier 1	QL
<i>propoxyphene/apap tablets</i>	Tier 1	QL
<i>propoxyphene-n/apap</i>	Tier 1	QL
<i>roxicet tablets</i>	Tier 1	
<i>roxicodone oral solution</i>	Tier 1	
<i>roxicodone tablets</i>	Tier 1	QL
SUBOXONE SUBLINGUAL TABLETS	Tier 2	PA
SUBUTEX SUBLINGUAL TABLETS	Tier 2	
<i>tramadol tablets</i>	Tier 1	
<i>tramadol/apap tablets</i>	Tier 1	
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine gel, ointment, solution</i>	Tier 1	
<i>lidocaine/prilocaine cream</i>	Tier 1	
LIDODERM PATCH	Tier 3	QL, PA
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate solution for injection</i>	Tier 1	PA
<i>gentamicin solution for injection</i>	Tier 1	
<i>neomycin tablets</i>	Tier 1	
<i>tobramycin solution for injection</i>	Tier 1	
ANTIBACTERIALS, OTHER		
<i>bacitracin ointment, solution for injection</i>	Tier 1	
<i>bacitracin/neomycin/polymyxin b ointment</i>	Tier 1	
<i>bacitracin/polymyxin b ointment</i>	Tier 1	
<i>clindamycin hcl capsules</i>	Tier 1	
<i>clindamycin solution for injection</i>	Tier 1	
<i>colistimethate solution for injection</i>	Tier 1	
<i>gentamicin sulfate topical cream, ointment</i>	Tier 1	
<i>methenamine hippurate tablets</i>	Tier 1	
<i>metronidazole capsules, cream, tablets</i>	Tier 1	
<i>mupirocin ointment</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin/polymyxin b /bacitracin /hydrocortisone ointment</i>	Tier 1	
<i>neomycin/polymyxin b /dexamethasone ointment, suspnsension</i>	Tier 1	
<i>neomycin/polymyxin b /hydrocortisone solution, suspension</i>	Tier 1	
<i>nitrofurantoin macrocrystal capsules</i>	Tier 1	
<i>nitrofurantoin monohydrate capsules</i>	Tier 1	
<i>polymyxin b /trimethoprim solution</i>	Tier 1	
<i>silver sulfadiazine cream</i>	Tier 1	
<i>trimethoprim tablets</i>	Tier 1	
<i>trimethoprim / polymyxin b solution</i>	Tier 1	
TYGACIL SOLUTION FOR INJECTION	Tier 3	
VANCOGIN CAPSULES, SOLUTION FOR INJECTION	Tier 2	PA
<i>vancomycin solution for injection</i>	Tier 1	
<i>vandazole 0.75% vaginal gel</i>	Tier 1	
ZYVOX INJECTION, ORAL SUSPENSION, TABLETS	Tier 4	QL, PA
BETA-LACTAM, CEPHALOSPORINS		
<i>cefaclor capsules, oral suspension</i>	Tier 1	
<i>cefadroxil capsules, oral suspension, tablets</i>	Tier 1	
<i>cefazolin 500mg, 10gm, 20gm, 100gm, solution for injection</i>	Tier 1	
<i>cefazolin 500mg/5%, 1gm/4%, 1gm/5% i.v. solution</i>	Tier 1	
<i>cefazolin dextrose 1gm i.v. solution</i>	Tier 1	
<i>cefepodoxime tablets</i>	Tier 1	
<i>cefprozil oral suspension, tablets</i>	Tier 1	
<i>ceftriaxone solution for injection</i>	Tier 1	
<i>cefuroxime oral tablets</i>	Tier 1	
<i>cephalexin capsules, oral solution, tablets</i>	Tier 1	
FORTAZ 2GM/ 50ML- 5% SOLUTION FOR INJECTION	Tier 2	
MAXIPIME SOLUTION FOR INJECTION	Tier 2	
MEFOXIN 1GM, 2GM SOLUTION FOR INJECTION	Tier 3	
MEFOXIN ADD-VANTAGE 1GM, 2GM SOLUTION FOR INJECTION	Tier 3	
MEFOXIN IN DEXTROSE 2.2%	Tier 3	
MEFOXIN IN DEXTROSE 3.9%	Tier 3	
ROCEPHIN SOLUTION FOR INJECTION	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
ZINACEF SOLUTION, SUSPENSION FOR INJECTION	Tier 3	
BETA-LACTAM, OTHER		
INVANZ SOLUTION FOR INJECTION	Tier 2	
PRIMAXIN 250MG/250MG IV SOLUTION	Tier 3	
PRIMAXIN 500MG/500MG IV SOLUTION	Tier 4	
BETA-LACTAM, PENICILLINS		
<i>amoxicillin capsules, oral suspension, tablets</i>	Tier 1	
<i>amoxicillin / clavulanate chewable tablets, oral suspension, tablets</i>	Tier 1	
<i>ampicillin capsules, oral suspension, solution for injection</i>	Tier 1	
<i>ampicillin-sulbactam solution for injection</i>	Tier 1	
<i>dicloxacillin capsules</i>	Tier 1	
<i>oxacillin solution for injection</i>	Tier 1	
<i>penicillin g potassium solution for injection</i>	Tier 1	
<i>penicillin g procaine solution, suspension for injection</i>	Tier 1	
<i>penicillin g sodium solution for injection</i>	Tier 1	
<i>penicillin v potassium oral solution, tablets</i>	Tier 1	
<i>piperacillin solution for injection</i>	Tier 1	
TIMENTIN SOLUTION FOR INJECTION	Tier 2	
MACROLIDES		
<i>azithromycin oral suspension, tablets, solution for injection, i.v. solution</i>	Tier 1	
<i>clarithromycin immediate release tablets</i>	Tier 1	
<i>ery-tab ec tablets</i>	Tier 1	
<i>erythrocin solution for injection, tablets</i>	Tier 1	
<i>erythromycin oral suspension, solution for injection, tablets</i>	Tier 1	
KETEK TABLETS	Tier 3	PA
QUINOLONES		
AVELOX TABLETS	Tier 2	
CIPRO I.V. SOLUTION, I.V. SOLUTION IN D5W	Tier 2	
<i>ciprofloxacin solution for injection, tablets</i>	Tier 1	
LEVAQUIN ORAL SOLUTION, SOLUTION FOR INJECTION, TABLETS	Tier 2	
<i>ofloxacin tablets</i>	Tier 1	
SULFONAMIDES		
<i>sulfadiazine tablets</i>	Tier 1	
<i>sulfamethoxazole/trimethoprim oral solution, suspension, tablets</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
TETRACYCLINES		
<i>doxycycline hyclate capsules</i>	Tier 1	
<i>minocycline hcl capsules, tablets</i>	Tier 1	
<i>tetracycline hcl capsules</i>	Tier 1	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
KEPPRA ORAL SOLUTION, TABLETS	Tier 2	
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN CAPSULES	Tier 3	
<i>ethosuximide capsules, oral solution</i>	Tier 1	
LYRICA CAPSULES	Tier 3	PA
<i>zonisamide capsules</i>	Tier 1	
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
DEPACON 100MG/ML ORAL SOLUTION	Tier 2	
<i>depakene capsules</i>	Tier 1	
DEPAKENE SYRUP	Tier 2	
DEPAKOTE TABLETS, SPRINKLES	Tier 2	
DEPAKOTE ER TABLETS	Tier 2	
<i>gabapentin capsules, tablets</i>	Tier 1	
GABITRIL TABLETS	Tier 3	
NEURONTIN ORAL SOLUTION	Tier 3	
<i>primidone tablets</i>	Tier 1	
<i>valproate sodium oral solution</i>	Tier 1	
<i>valproic acid capsules, oral liquid, syrup</i>	Tier 1	
GLUTAMATE REDUCING AGENTS		
FELBATOL ORAL SUSPENSION, TABLETS	Tier 2	
LAMICTAL TABLETS	Tier 2	
<i>lamotrigine chewable tablets</i>	Tier 1	
TOPAMAX SPRINKLES, TABLETS	Tier 2	PA
SODIUM CHANNEL INHIBITORS		
<i>carbamazepine chewable tablets, oral suspension, tablets</i>	Tier 1	
DILANTIN 30MG CAPSULES, ORAL SUSPENSION	Tier 2	
DILANTIN 100MG CAPSULES	Tier 3	
DILANTIN INFATABS	Tier 2	
EPITOL TABLETS	Tier 2	
PEGANONE TABLETS	Tier 3	
PHENYTEK CAPSULES	Tier 2	
<i>phenytoin oral suspension</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>phenytoin sodium oral solution</i>	Tier 1	
<i>phenytoin sodium extended release capsules</i>	Tier 1	
TRILEPTAL ORAL SUSPENSION, TABLETS	Tier 3	PA
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
<i>ergoloid mesylates tablets</i>	Tier 1	
CHOLINESTERASE INHIBITORS		
ARICEPT	Tier 3	
ARICEPT ODT	Tier 3	
EXELON SOLUTION, CAPSULES	Tier 3	
RAZADYNE ORAL SOLUTION, TABLETS,	Tier 2	
RAZADYNE ER CAPSULES	Tier 2	
GLUTAMATE PATHWAY MODIFIERS		
NAMENDA ORAL SOLUTION, TABLETS, TITRATION PAK	Tier 2	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
<i>budeprion sr</i>	Tier 1	
<i>budeprion xl</i>	Tier 1	
<i>bupropion hcl</i>	Tier 1	
<i>bupropion sr</i>	Tier 1	
<i>maprotiline hcl</i>	Tier 1	
<i>mirtazapine tablets, disintegrating tablets</i>	Tier 1	
<i>nefazodone hcl</i>	Tier 1	
<i>trazodone hcl</i>	Tier 1	
MONOAMINE OXIDASE INHIBITORS		
EMSAM	Tier 3	PA
MARPLAN	Tier 2	
NARDIL	Tier 2	
PARNATE	Tier 2	
<i>tranylcypromine sulfate</i>	Tier 1	
SEROTONIN/ NOREPINEPHRINE REUPTAKE INHIBITORS		
<i>citalopram</i>	Tier 1	
CYMBALTA	Tier 3	ST
<i>fluoxetine capsules, oral solution</i>	Tier 1	
<i>fluvoxamine</i>	Tier 1	
LEXAPRO	Tier 3	ST
<i>paroxetine</i>	Tier 1	
<i>sertraline</i>	Tier 1	
<i>venlafaxine immediate release tablets</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
TRICYCLICS		
<i>amitriptyline</i>	Tier 1	
<i>amoxapine</i>	Tier 1	
<i>clomipramine hcl</i>	Tier 1	
<i>desipramine hcl</i>	Tier 1	
<i>doxepin hcl</i>	Tier 1	
<i>imipramine hcl</i>	Tier 1	
<i>imipramine pamoate</i>	Tier 1	
<i>nortriptyline hcl</i>	Tier 1	
<i>perphenazine/amitriptyline</i>	Tier 1	
SURMONTIL	Tier 3	
<i>trimipramine maleate</i>	Tier 1	
VIVACTIL	Tier 3	
ANTIDOTES, DETERRENTS, AND TOXICOLOGIC AGENTS		
ANTIDOTES		
ANTIZOL	Tier 4	SP
EXJADE	Tier 4	PA, SP
<i>leucovorin calcium</i>	Tier 1	
<i>mesna</i>	Tier 1	
MESNEX	Tier 4	PA, SP
<i>sodium polystyrene sulfonate</i>	Tier 1	
SYPRINE	Tier 3	
DETERRENTS		
ANTABUSE	Tier 2	
<i>bupropion sr</i>	Tier 1	
CAMPRAL	Tier 3	
NICOTROL NS	Tier 2	
TOXICOLOGIC AGENTS		
<i>naltrexone hcl</i>	Tier 1	
NARCAN	Tier 2	
ANTIEMETICS		
EMEND	Tier 2	PA
<i>meclizine hcl</i>	Tier 1	
<i>metoclopramide hcl</i>	Tier 1	
<i>ondansetron tablets</i>	Tier 1	QL
<i>ondansetron odt</i>	Tier 1	QL
<i>ondansetron oral solution, solution for infusion, injection</i>	Tier 1	
<i>prochlorperazine</i>	Tier 1	
<i>promethazine hcl</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
ANTIFUNGALS		
<i>amphotericin b</i>	Tier 1	
ANCOBON	Tier 3	PA
<i>ciclopirox 0.77% cream, suspension</i>	Tier 1	
<i>clotrimazole 1% cream</i>	Tier 1	
<i>clotrimazole/betamethasone</i>	Tier 1	
<i>econazole nitrate</i>	Tier 1	
<i>fluconazole oral suspension, 50mg, 100mg, 200mg tablets</i>	Tier 1	
<i>fluconazole 150mg tablets</i>	Tier 1	QL
<i>fluconazole in dextrose, nacl</i>	Tier 1	PA
<i>grifulvin v</i>	Tier 1	
<i>griseofulvin microsize</i>	Tier 1	
<i>itraconazole</i>	Tier 1	PA
<i>ketoconazole cream, shampoo, and tablets</i>	Tier 1	
LAMISIL 1% TOPICAL SPRAY	Tier 3	PA
LOPROX 0.77% TOPICAL GEL	Tier 3	
MYCAMINE	Tier 4	PA
NAFTIN	Tier 2	
NATACYN	Tier 2	
<i>nystatin</i>	Tier 1	
<i>nystatin/triamcinolone</i>	Tier 1	
<i>nystop</i>	Tier 1	
OXISTAT	Tier 2	
PENLAC NAIL LACQUER	Tier 3	PA
<i>terbinafine tablets</i>	Tier 1	PA
ANTIGOUT AGENTS		
<i>allopurinol</i>	Tier 1	
<i>colchicine</i>	Tier 1	
<i>probenecid</i>	Tier 1	
ANTIMIGRAINE AGENTS		
ABORTIVE		
<i>dihydroergotamine mesylate</i>	Tier 1	
<i>ergotamine tartrate/caffeine</i>	Tier 1	
IMITREX STATDOSE INJECTION, REFILL	Tier 2	
IMITREX NASAL SPRAY, TABLETS	Tier 2	QL
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
GUANIDINE HCL	Tier 2	
MESTINON	Tier 2	
MESTINON TIMESPAN	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>pyridostigmine bromide</i>	Tier 1	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
DAPSONE	Tier 2	
ANTITUBERCULARS		
<i>ethambutol hcl</i>	Tier 1	
<i>isoniazid</i>	Tier 1	
MYCOBUTIN	Tier 3	
<i>pyrazinamide</i>	Tier 1	
<i>rifampin</i>	Tier 1	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
CEENU	Tier 2	
<i>cyclophosphamide</i>	Tier 1	PA
CYTOXAN	Tier 3	PA, SP
HEXALEN	Tier 3	PA
<i>ifosfamide</i>	Tier 1	SP
LEUKERAN	Tier 2	
MATULANE	Tier 3	PA
ANTIANGIOGENIC AGENTS		
REVLIMID	Tier 4	PA
THALOMID	Tier 2	PA, SP
ANTIESTROGENS/MODIFIERS		
EMCYT	Tier 4	PA
FARESTON	Tier 3	PA
FASLODEX	Tier 4	PA, SP
SOLTAMOX	Tier 2	
<i>tamoxifen citrate</i>	Tier 1	
ANTIMETABOLITES		
ARRANON	Tier 4	PA, SP
DACOGEN	Tier 4	PA, SP
DROXIA	Tier 2	
GEMZAR	Tier 4	PA, SP
<i>hydroxyurea</i>	Tier 1	
<i>mercaptopurine</i>	Tier 1	
PURINETHOL	Tier 3	
TABLOID	Tier 3	PA
VIDAZA	Tier 4	PA, SP
ANTINEOPLASTICS, OTHER		
<i>bleomycin sulfate</i>	Tier 1	PA
<i>idarubicin</i>	Tier 1	SP

Drug Name	Drug Tier	Requirements/ Limits
<i>mitoxantrone hcl</i>	Tier 1	PA, SP
ONTAK	Tier 4	PA, SP
PROLEUKIN	Tier 4	PA, SP
TESLAC	Tier 3	PA
TICE BCG	Tier 2	SP
TRISENOX	Tier 4	PA, SP
VELCADE	Tier 4	PA, SP
ZOLINZA	Tier 4	PA
AROMATASE INHIBITORS		
ARIMIDEX	Tier 3	
AROMASIN	Tier 2	PA
FEMARA	Tier 2	PA
MOLECULAR TARGET INHIBITORS		
GLEEVEC	Tier 4	PA, SP
IRESSA	Tier 4	
TYKERB	Tier 4	PA
NEXAVAR	Tier 4	PA, SP
SPRYCEL	Tier 4	PA
SUTENT	Tier 4	PA, SP
TARCEVA	Tier 2	PA
MONOCLONAL ANTIBODIES		
AVASTIN	Tier 4	PA, SP
CAMPATH	Tier 4	PA
ERBITUX	Tier 4	PA, SP
HERCEPTIN	Tier 4	SP
MYLOTARG	Tier 4	SP
RITUXAN	Tier 4	PA, SP
VECTIBIX	Tier 2	PA, SP
RETINOIDS		
PANRETIN	Tier 2	
TARGRETIN	Tier 2	PA
<i>tretinoin capsules</i>	Tier 1	SP
ANTIPARASITICS		
ANTHELMINTICS		
<i>mebendazole</i>	Tier 1	
MINTEZOL SUSPENSION, CHEWABLE TABLETS	Tier 2	
ANTIPROTOZOALS		
<i>chloroquine phosphate</i>	Tier 1	
DARAPRIM	Tier 2	
<i>hydroxychloroquine sulfate</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>mefloquine hcl</i>	Tier 1	
NEUTREXIN	Tier 4	PA, SP
<i>paromomycin sulfate</i>	Tier 1	
QUALAQUIN	Tier 3	PA
TINDAMAX	Tier 2	
PEDICULICIDES/ SCABICIDES		
<i>acticin</i>	Tier 1	
EURAX CREAM, LOTION	Tier 3	
<i>permethrin</i>	Tier 1	
ANTIPARKINSON AGENTS		
AKINETON	Tier 2	
<i>amantadine hcl capsules, tablets, oral syrup</i>	Tier 1	
<i>benztropine mesylate</i>	Tier 1	
<i>bromocriptine mesylate tablets, capsules</i>	Tier 1	
<i>carbidopa/levodopa</i>	Tier 1	
<i>carbidopa/levodopa cr, er, sr</i>	Tier 1	
COMTAN	Tier 2	
KEMADRIN	Tier 2	
MIRAPEX	Tier 2	
REQUIP	Tier 2	
<i>selegiline hcl</i>	Tier 1	
TASMAR	Tier 3	
<i>trihexyphenidyl hcl elixir, tablets</i>	Tier 1	
ANTIPSYCHOTICS		
ATYPICALS		
ABILIFY ORAL TABLETS, SOLUTION FOR INJECTION	Tier 3	QL, PA
ABILIFY DISCMELT	Tier 3	QL, PA
<i>clozapine</i>	Tier 1	
CLOZARIL	Tier 3	
FAZACLO	Tier 2	
GEODON	Tier 3	QL, PA
INVEGA	Tier 3	QL, PA
RISPERDAL ORAL SOLUTION, TABLETS	Tier 2	QL
RISPERDAL CONSTA 12.5MG, 25MG	Tier 3	QL, PA
RISPERDAL CONSTA 37.5MG, 50MG	Tier 4	QL, PA
RISPERDAL M-TABS	Tier 2	QL
SEROQUEL	Tier 2	QL
SEROQUEL XR	Tier 2	QL
ZYPREXA	Tier 3	QL, PA
ZYPREXA ZYDIS	Tier 3	QL, PA

Drug Name	Drug Tier	Requirements/ Limits
CONVENTIONAL		
<i>chlorpromazine hcl</i>	Tier 1	
<i>fluphenazine decanoate solution for injection</i>	Tier 1	
<i>fluphenazine hcl oral solution, tablets</i>	Tier 1	
<i>haloperidol oral solution, tablets</i>	Tier 1	
<i>haloperidol decanoate solution for injection</i>	Tier 1	
<i>haloperidol lactate solution for injection</i>	Tier 1	
<i>loxapine succinate</i>	Tier 1	
MOBAN	Tier 3	
NAVANE	Tier 2	
ORAP	Tier 2	
<i>perphenazine</i>	Tier 1	
<i>thioridazine hcl</i>	Tier 1	
<i>thiothixene</i>	Tier 1	
<i>trifluoperazine hcl</i>	Tier 1	
ANTISPASTICITY AGENTS		
<i>baclofen</i>	Tier 1	
<i>tizanidine hcl</i>	Tier 1	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
CYTOVENE	Tier 4	PA, SP
<i>foscarnet sodium i.v. solution</i>	Tier 1	PA
<i>ganciclovir</i>	Tier 1	
VALCYTE	Tier 3	PA
ANTIHEPATITIS AGENTS		
BARACLUDE	Tier 3	
EPIVIR HBV	Tier 2	
HEPSERA	Tier 3	
<i>ribavirin</i>	Tier 1	
TYZEKA	Tier 3	PA, SP
ANTIHERPETIC AGENTS		
<i>acyclovir</i>	Tier 1	
<i>acyclovir sodium</i>	Tier 1	
DENAVIR	Tier 3	
<i>trifluridine</i>	Tier 1	
VALTREX	Tier 2	QL
ZOVIRAX	Tier 3	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS		
RESCRIPTOR	Tier 2	
SUSTIVA	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
VIRAMUNE	Tier 2	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS		
COMBIVIR	Tier 2	
EMTRIVA	Tier 2	
EPIVIR	Tier 2	
EPZICOM	Tier 2	
RETROVIR	Tier 2	
RETROVIR IV INFUSION	Tier 3	
TRIZIVIR	Tier 2	
TRUVADA	Tier 2	
VIDEX	Tier 2	
VIDEX EC	Tier 2	
VIREAD	Tier 2	
ZERIT	Tier 2	
ZIAGEN	Tier 2	
<i>zidovudine</i>	Tier 1	
ANTI-HIV AGENTS, OTHER		
ATRIPLA	Tier 4	
ANTI-HIV AGENTS, PROTEASE INHIBITORS		
AGENERASE	Tier 2	
APTIVUS	Tier 3	
CRIXIVAN	Tier 2	
INVIRASE	Tier 2	
KALETRA	Tier 2	
LEXIVA	Tier 2	
NORVIR	Tier 2	
PREZISTA	Tier 4	SP
REYATAZ	Tier 2	
VIRACEPT	Tier 2	
ANTI-HIV AGENTS, FUSION INHIBITORS		
FUZEON	Tier 2	
ANTI-INFLUENZA AGENTS		
RELENZA DISKHALER	Tier 2	
<i>rimantadine hcl</i>	Tier 1	
TAMIFLU	Tier 2	
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<i>amitriptyline/chlordiazepoxide</i>	Tier 1	
<i>bupirone hcl</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>meprobamate</i>	Tier 1	
BIPOLAR AGENTS		
<i>lithium carbonate</i>	Tier 1	
<i>lithium carbonate er</i>	Tier 1	
<i>lithium citrate</i>	Tier 1	
SYMBYAX	Tier 3	QL, PA
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
ACTOS	Tier 3	
ACTOPULS MET	Tier 3	
AVANDAMET	Tier 2	
AVANDARYL	Tier 2	
AVANDIA	Tier 2	
BYETTA	Tier 2	PA
<i>chlorpropamide</i>	Tier 1	
<i>glimepiride</i>	Tier 1	
<i>glipizide</i>	Tier 1	
<i>glipizide er</i>	Tier 1	
<i>glipizide/metformin hcl</i>	Tier 1	
<i>glyburide</i>	Tier 1	
<i>glyburide micronized</i>	Tier 1	
<i>glyburide/metformin hcl</i>	Tier 1	
JANUVIA	Tier 3	PA
JANUMET	Tier 3	PA
<i>metformin hcl</i>	Tier 1	
<i>metformin hcl er</i>	Tier 1	
PRANDIN	Tier 2	
PRECOSE	Tier 2	
STARLIX	Tier 2	
SYMLIN	Tier 2	PA
<i>tolazamide</i>	Tier 1	
<i>tolbutamide</i>	Tier 1	
DIABETIC SUPPLIES		
<i>alcohol swabs</i>	Tier 1	
INSULIN SYRINGES	Tier 2	
GAUZE PADS	Tier 2	
INSULIN PEN NEEDLES, SYRINGE NEEDLES	Tier 2	
GLYCEMIC AGENTS		
GLUCAGON EMERGENCY KIT	Tier 2	QL
PROGLYCEM	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
INSULINS		
HUMALOG	Tier 2	
HUMALOG MIX 75/25	Tier 2	
HUMALOG MIX 75/25 PEN	Tier 2	
HUMALOG PEN	Tier 2	
HUMULIN 50/50	Tier 2	
HUMULIN 70/30	Tier 2	
HUMULIN 70/30 PEN	Tier 2	
HUMULIN N	Tier 2	
HUMULIN N U-100 PEN	Tier 2	
HUMULIN R 500U, 100U	Tier 2	
LANTUS	Tier 2	
LANTUS OPTICLIK	Tier 2	
BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS		
ANTICOAGULANTS		
ARIXTRA	Tier 2	
COUMADIN	Tier 3	
<i>heparin sodium</i>	Tier 1	
<i>jantoven</i>	Tier 1	
LOVENOX	Tier 4	QL
<i>warfarin sodium</i>	Tier 1	
BLOOD FORMATION PRODUCTS		
NEUPOGEN	Tier 4	PA
PROCRIT 2,000U, 3,000U, 4,000U, 10,000U	Tier 2	PA
PROCRIT 20,000U, 40,000U	Tier 4	PA
BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS		
<i>pentoxifylline cr, er</i>	Tier 1	
COAGULANTS		
CYKLOKAPRON	Tier 2	
PLATELET AGGREGATION INHIBITORS		
AGGRENOX	Tier 2	
<i>cilostazol</i>	Tier 1	
<i>dipyridamole</i>	Tier 1	
PLAVIX	Tier 2	
<i>ticlopidine hcl</i>	Tier 1	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine hcl</i>	Tier 1	
<i>clorpres</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>guanabenz acetate</i>	Tier 1	
<i>guanfacine hcl</i>	Tier 1	
<i>methyldopa</i>	Tier 1	
<i>methyldopa/hydrochlorothiazide</i>	Tier 1	
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate</i>	Tier 1	
<i>prazosin hcl</i>	Tier 1	
<i>terazosin hcl</i>	Tier 1	
ANTIARRHYTHMICS		
<i>acebutolol hcl</i>	Tier 1	
<i>amiodarone hcl</i>	Tier 1	
CORDARONE	Tier 3	
<i>disopyramide phosphate</i>	Tier 1	
<i>disopyramide phosphate er</i>	Tier 1	
<i>flecainide acetate</i>	Tier 1	
<i>lidocaine hcl solution for injection</i>	Tier 1	
<i>mexiletine hcl</i>	Tier 1	
<i>procainamide hcl</i>	Tier 1	
<i>procainamide hcl er, sr</i>	Tier 1	
<i>propafenone hcl</i>	Tier 1	
<i>quinidine gluconate cr, er, sr</i>	Tier 1	
<i>quinidine sulfate</i>	Tier 1	
<i>quinidine sulfate er</i>	Tier 1	
<i>sotalol hcl</i>	Tier 1	
TIKOSYN	Tier 3	SP
BETA-ADRENERGIC BLOCKING AGENTS		
<i>atenolol</i>	Tier 1	
<i>atenolol/chlorthalidone</i>	Tier 1	
<i>betaxolol hcl</i>	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	
<i>bisoprolol / hydrochlorothiazide</i>	Tier 1	
<i>carvedilol</i>	Tier 1	
COREG CR	Tier 2	
<i>labetalol hcl</i>	Tier 1	
<i>metoprolol succinate er</i>	Tier 1	
<i>metoprolol tartrate</i>	Tier 1	
<i>metoprolol / hydrochlorothiazide</i>	Tier 1	
<i>nadolol</i>	Tier 1	
<i>pindolol</i>	Tier 1	
<i>propranolol hcl</i>	Tier 1	
<i>propranolol hcl er</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>propranolol / hydrochlorothiazide</i>	Tier 1	
<i>timolol maleate</i>	Tier 1	
CALCIUM CHANNEL BLOCKING AGENTS		
<i>amlodipine</i>	Tier 1	
<i>amlodipine / benazepril</i>	Tier 1	
<i>diltiazem hcl</i>	Tier 1	
<i>diltiazem hcl er</i>	Tier 1	
<i>felodipine er</i>	Tier 1	
<i>nicardipine hcl</i>	Tier 1	
<i>nifediac cc</i>	Tier 1	
<i>nifedical xl</i>	Tier 1	
<i>nifedipine</i>	Tier 1	
<i>nifedipine er</i>	Tier 1	
<i>taztia xt</i>	Tier 1	
<i>verapamil hcl</i>	Tier 1	
<i>verapamil hcl er, sr</i>	Tier 1	
CARDIOVASCULAR AGENTS, OTHER		
<i>digitek</i>	Tier 1	
<i>digoxin 0.125mg, 0.25mg tablets, 0.25mg, 0.05mg solution</i>	Tier 1	
EPIPEN 2-PAK	Tier 2	
RANEXA	Tier 2	PA
<i>reserpine</i>	Tier 1	
DIURETICS		
<i>amiloride hcl</i>	Tier 1	
<i>amiloride / hydrochlorothiazide</i>	Tier 1	
<i>bumetanide</i>	Tier 1	
<i>chlorothiazide</i>	Tier 1	
<i>chlorthalidone</i>	Tier 1	
EDECRIN	Tier 2	
<i>furosemide</i>	Tier 1	
<i>hydrochlorothiazide</i>	Tier 1	
<i>indapamide</i>	Tier 1	
<i>methyclothiazide</i>	Tier 1	
<i>metolazone</i>	Tier 1	
<i>spironolactone</i>	Tier 1	
<i>spironolactone / hydrochlorothiazide</i>	Tier 1	
<i>toremide</i>	Tier 1	
<i>triamterene/hydrochlorothiazide</i>	Tier 1	
DYSLIPIDEMICS		
<i>cholestyramine, cholestyramine light</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
COLESTID PACKETS	Tier 3	
<i>colestipol hcl granules, tablets</i>	Tier 1	
<i>fenofibrate</i>	Tier 1	
<i>gemfibrozil</i>	Tier 1	
LESCOL XL	Tier 2	
LOFIBRA	Tier 2	
<i>lovastatin</i>	Tier 1	
NIACOR	Tier 3	
OMACOR	Tier 2	PA
<i>pravastatin sodium</i>	Tier 1	
<i>simvastatin</i>	Tier 1	
VYTORIN	Tier 2	
ZETIA	Tier 2	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>benazepril hcl</i>	Tier 1	
<i>benazepril hcl / hydrochlorothiazide</i>	Tier 1	
BENICAR	Tier 2	
BENICAR HCT	Tier 2	
<i>captopril</i>	Tier 1	
<i>captopril/hydrochlorothiazide</i>	Tier 1	
COZAAR	Tier 2	
DIOVAN	Tier 2	
DIOVAN HCT	Tier 2	
<i>enalapril maleate</i>	Tier 1	
<i>enalapril / hydrochlorothiazide</i>	Tier 1	
<i>fosinopril sodium</i>	Tier 1	
<i>fosinopril sodium / hydrochlorothiazide</i>	Tier 1	
HYZAAR	Tier 2	
<i>lisinopril</i>	Tier 1	
<i>lisinopril / hydrochlorothiazide</i>	Tier 1	
<i>moexipril hcl</i>	Tier 1	
<i>moexipril / hydrochlorothiazide</i>	Tier 1	
<i>quinapril hcl</i>	Tier 1	
<i>quinaretic</i>	Tier 1	
VASODILATORS		
<i>hydralazine hcl</i>	Tier 1	
<i>hydralazine / hydrochlorothiazide</i>	Tier 1	
<i>isosorbide dinitrate</i>	Tier 1	
<i>isosorbide mononitrate, er</i>	Tier 1	
<i>minoxidil tablets</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>nitroglycerin</i>	Tier 1	
<i>nitroglycerin transdermal</i>	Tier 1	
NITROLINGUAL PUMPSPRAY	Tier 2	
NITROSTAT	Tier 2	
CENTRAL NERVOUS SYSTEM AGENTS		
AMPHETAMINES		
<i>amphetamine salt combo</i>	Tier 1	
<i>dextroamphetamine sulfate</i>	Tier 1	
NON-AMPHETAMINES		
<i>dexmethylphenidate</i>	Tier 1	
<i>methylphenidate hcl</i>	Tier 1	
<i>methylphenidate hcl er</i>	Tier 1	
PROVIGIL	Tier 2	PA
RILUTEK	Tier 3	PA
XYREM	Tier 4	PA, SP
DENTAL AND ORAL AGENTS		
<i>chlorhexidine gluconate</i>	Tier 1	
<i>doxycycline hyclate</i>	Tier 1	
<i>pilocarpine hydrochloride 5mg tablets</i>	Tier 1	
<i>triamcinolone in orabase</i>	Tier 1	
DERMATOLOGICAL AGENTS		
8-MOP	Tier 2	
ALDARA	Tier 2	PA
<i>ammonium lactate 12% cream, lotion</i>	Tier 1	
AZELEX	Tier 2	
<i>clindamycin phosphate</i>	Tier 1	
CONDYLOX	Tier 3	
DOVONEX	Tier 3	
EFUDEX	Tier 3	
<i>erythromycin topical gel, pads, solution</i>	Tier 1	
<i>erythromycin / benzoyl peroxide gel</i>	Tier 1	
FINACEA	Tier 2	
FLUOROPLEX	Tier 3	
<i>podofilox</i>	Tier 1	
REGRANEX	Tier 3	PA
SANTYL	Tier 3	
<i>selenium sulfide 2.5% lotion</i>	Tier 1	
SOLARAZE	Tier 2	
SORIATANE	Tier 3	
<i>tretinoin topical cream, gel</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
ENZYME REPLACEMENTS/ MODIFIERS		
ADAGEN	Tier 4	PA
ALDURAZYME	Tier 4	PA, SP
BUPHENYL	Tier 4	PA, SP
CEREDASE	Tier 4	PA, SP
CEREZYME	Tier 4	PA, SP
CYSTADANE	Tier 3	
CYSTAGON	Tier 3	PA
ELAPRASE	Tier 4	PA, SP
FABRAZYME	Tier 4	PA, SP
<i>lapase</i>	Tier 1	
<i>lipram-pn10</i>	Tier 1	
<i>lipram-pn16</i>	Tier 1	
<i>lipram-pn20</i>	Tier 1	
MYOZYME	Tier 4	PA, SP
NAGLAZYME	Tier 4	PA, SP
ORFADIN	Tier 4	PA
<i>pangestyme ec</i>	Tier 1	
<i>panokase</i>	Tier 1	
SUCRAID	Tier 4	PA
ZAVESCA	Tier 4	PA, SP
GASTROINTESTINAL AGENTS		
ANTISPASMODICS, GASTROINTESTINAL		
<i>atropine sulfate</i>	Tier 1	
<i>dicyclomine hcl</i>	Tier 1	
<i>glycopyrrolate</i>	Tier 1	
<i>methscopolamine bromide</i>	Tier 1	
<i>propantheline bromide</i>	Tier 1	
GASTROINTESTINAL AGENTS, OTHERS		
<i>diphenoxylate/atropine</i>	Tier 1	
<i>enulose</i>	Tier 1	
<i>glycolax</i>	Tier 1	
<i>lactulose</i>	Tier 1	
<i>lofene</i>	Tier 1	
<i>loperamide hcl</i>	Tier 1	
NULYTELY	Tier 2	
<i>paregoric</i>	Tier 1	
<i>peg 3350/electrolytes</i>	Tier 1	
<i>polyethylene glycol 3350</i>	Tier 1	
<i>ursodiol</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
HISTAMINE-2 (H2) BLOCKING AGENTS		
<i>cimetidine</i>	Tier 1	
<i>famotidine oral tablet, 0.4mg/ml/0.9% solution for injection</i>	Tier 1	
<i>nizatidine</i>	Tier 1	
<i>ranitidine 150mg tablets, oral solution</i>	Tier 1	
IRRITABLE BOWEL SYNDROME AGENTS		
LOTRONEX	Tier 2	ST
PROTECTANTS		
CARAFATE	Tier 2	
<i>misoprostol</i>	Tier 1	
<i>sucralfate</i>	Tier 1	
PROTON PUMP INHIBITORS		
<i>omeprazole</i>	Tier 1	
PROTONIX	Tier 3	PA
ZEGERID	Tier 2	
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
ENABLEX	Tier 2	
<i>oxybutynin oral syrup, tablets, er tablets</i>	Tier 1	
VESICARE	Tier 2	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
AVODART	Tier 2	
<i>finasteride</i>	Tier 1	
FLOMAX	Tier 2	
GENITOURINARY AGENTS, OTHERS		
<i>bethanechol</i>	Tier 1	
<i>cuprimine</i>	Tier 1	
ELITEK	Tier 4	PA, SP
<i>oxytocin</i>	Tier 1	
<i>phenazopyridine hcl</i>	Tier 1	
THIOLA	Tier 3	
PHOSPHATE BINDERS		
FOSRENOL	Tier 2	
PHOSLO	Tier 2	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
GLUCOCORTICOIDS/ MINERALOCORTICOIDS		
<i>alclometasone dipropionate</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>amcinonide</i>	Tier 1	
<i>augmented betamethasone d</i>	Tier 1	
<i>betamethasone dipropionate</i>	Tier 1	
<i>betamethasone valerate</i>	Tier 1	
<i>clobetasol propionate</i>	Tier 1	
CLODERM	Tier 3	
CORDRAN	Tier 3	
CORTIFOAM	Tier 3	
<i>cortisone acetate</i>	Tier 1	
DERMA-SMOOTHIE BODY OIL, SCALP OIL	Tier 2	
<i>desonide</i>	Tier 1	
<i>desoximetasone</i>	Tier 1	
<i>dexamethasone</i>	Tier 1	
<i>diflorasone diacetate</i>	Tier 1	
ENTOCORT EC	Tier 3	
<i>fludrocortisone acetate</i>	Tier 1	
<i>fluocinolone acetonide</i>	Tier 1	
<i>fluocinonide topical cream, gel, ointment, solution</i>	Tier 1	
<i>fluocinonide emollient cream</i>	Tier 1	
<i>fluticasone propionate</i>	Tier 1	
<i>hydrocortisone</i>	Tier 1	
LUXIQ	Tier 3	
MEDROL	Tier 3	
MEDROL DOSEPAK	Tier 2	
<i>methylprednisolone</i>	Tier 1	
<i>methylprednisolone acetate</i>	Tier 1	
<i>methylprednisolone sodium</i>	Tier 1	
<i>mometasone furoate</i>	Tier 1	
<i>prednisolone</i>	Tier 1	
<i>prednisone</i>	Tier 1	
PROCTOCORT	Tier 2	
<i>proctocream-hc</i>	Tier 1	
<i>proctosol hc</i>	Tier 1	
<i>triamcinolone acetonide</i>	Tier 1	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
<i>chorionic gonadotropin</i>	Tier 1	PA
<i>desmopressin acetate oral tablets</i>	Tier 1	PA
<i>desmopressin acetate nasal solution, solution for injection</i>	Tier 1	QL, PA

Drug Name	Drug Tier	Requirements/ Limits
INCRELEX	Tier 3	PA, SP
TEV-TROPIN	Tier 4	PA
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
ANABOLIC STEROIDS		
<i>oxandrolone</i>	Tier 1	
<i>nandrolone decanoate</i>	Tier 1	
ANDROGENS		
ANDROGEL, GEL, PUMP	Tier 2	
ANDROID	Tier 2	
<i>danazol</i>	Tier 1	
<i>depo-testosterone</i>	Tier 1	
<i>testosterone cypionate, ethanate for injection</i>	Tier 1	
ESTROGENS		
CENESTIN	Tier 2	
ESTRACE	Tier 3	
ESTRADERM	Tier 2	
<i>estradiol oral tablets, transdermal patches</i>	Tier 1	
<i>estropipate</i>	Tier 1	
MENEST 0.3MG, 1.25MG, 2.5MG TABLETS	Tier 2	
<i>menest 0.625mg tablets</i>	Tier 1	
NUVARING	Tier 2	
PREMARIN	Tier 2	
VIVELLE-DOT	Tier 2	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
ALESSE-28	Tier 2	
<i>apri</i>	Tier 1	
ARANELLE	Tier 2	
<i>aviane</i>	Tier 1	
<i>balziva</i>	Tier 1	
<i>brevicon-28</i>	Tier 1	
COMBIPATCH	Tier 2	
<i>cryselle-28</i>	Tier 1	
CYCLESSA	Tier 2	
DESOGEN	Tier 2	
<i>enpresse-28</i>	Tier 1	
ESTROSTEP FE	Tier 2	
FEMHRT 1/5	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
FEMHRT LOW DOSE	Tier 2	
<i>junel 1.5/30</i>	Tier 1	
<i>junel 1/20</i>	Tier 1	
<i>junel fe 1.5/30</i>	Tier 1	
<i>junel fe 1/20</i>	Tier 1	
KARIVA	Tier 2	
<i>kelnor 1/35</i>	Tier 1	
<i>lessina-28</i>	Tier 1	
<i>levlite-28</i>	Tier 1	
<i>levora 0.15/30-28</i>	Tier 1	
LO/OVRAL-28	Tier 2	
LOESTRIN 1.5/30-21	Tier 2	
LOESTRIN 1/20-21	Tier 2	
LOESTRIN FE 1.5/30	Tier 2	
LOESTRIN FE 1/20	Tier 2	
<i>low-ogestrel</i>	Tier 1	
<i>lutra</i>	Tier 1	
<i>microgestin 1/20</i>	Tier 1	
<i>microgestin fe</i>	Tier 1	
<i>microgestin fe 1.5/30</i>	Tier 1	
MODICON-28	Tier 2	
<i>necon 0.5/35-28</i>	Tier 1	
<i>necon 1/35-28</i>	Tier 1	
<i>necon 1/50-28</i>	Tier 1	
<i>necon 10/11-28</i>	Tier 1	
<i>necon 7/7/7</i>	Tier 1	
NORDETTE-28	Tier 2	
NORINYL 1+35	Tier 2	
<i>nortrel 0.5/35 (28)</i>	Tier 1	
<i>nortrel 1/35 (21)</i>	Tier 1	
<i>nortrel 1/35 (28)</i>	Tier 1	
<i>nortrel 7/7/7</i>	Tier 1	
<i>ogestrel</i>	Tier 1	
ORTHO EVRA	Tier 2	
ORTHO TRI-CYCLEN	Tier 2	
ORTHO TRI-CYCLEN LO	Tier 2	
ORTHO-CEPT-28	Tier 2	
ORTHO-CYCLEN-28	Tier 2	
ORTHO-NOVUM 1/35-28	Tier 2	
ORTHO-NOVUM 1/50-28	Tier 2	
ORTHO-NOVUM 7/7/7-28	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
OVCON-35	Tier 2	
OVCON-50 28	Tier 2	
<i>portia-28</i>	Tier 1	
PREMPHASE	Tier 2	
PREMPRO	Tier 2	
PREVIFEM	Tier 2	
<i>quasense</i>	Tier 1	
<i>reclipsen</i>	Tier 1	
SEASONALE	Tier 2	
<i>solia</i>	Tier 1	
<i>sprintec 28</i>	Tier 1	
TRI-LEVLEN	Tier 2	
<i>trinessa</i>	Tier 1	
TRI-NORINYL 28	Tier 2	
TRIPHASIL 28	Tier 2	
TRI-PREVIFEM	Tier 2	
<i>tri-sprintec</i>	Tier 1	
<i>trivora-28</i>	Tier 1	
<i>velivet</i>	Tier 1	
YASMIN 28	Tier 2	
<i>zovia 1/35e</i>	Tier 1	
<i>zovia 1/50e</i>	Tier 1	
PROGESTINS		
<i>camila</i>	Tier 1	
DEPO-PROVERA 400MG	Tier 2	
DEPO-PROVERA CONTRACEPTIVE 150MG	Tier 2	QL
<i>errin</i>	Tier 1	
<i>jolivette</i>	Tier 1	
<i>medroxyprogesterone acetate</i>	Tier 1	
<i>megestrol acetate</i>	Tier 1	
<i>nora-be</i>	Tier 1	
<i>norethindrone acetate</i>	Tier 1	
NOR-QD	Tier 2	
ORTHO MICRONOR	Tier 2	
PLAN B	Tier 3	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
EVISTA	Tier 2	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
CYTOMEL	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>levothroid</i>	Tier 1	
<i>levothyroxine sodium</i>	Tier 1	
<i>levoxyl</i>	Tier 1	
SYNTHROID	Tier 2	
THYROLAR-1/4, 1/2, 1, 2, 3	Tier 2	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
LYSODREN	Tier 2	PA
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)		
SENSIPAR	Tier 2	PA
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
ELIGARD	Tier 3	PA
<i>octreotide acetate</i>	Tier 1	PA
SOMAVERT	Tier 4	PA
TRELSTAR LA	Tier 3	PA
HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/ MODIFIERS)		
ANTIANDROGENS		
CASODEX	Tier 3	PA
<i>flutamide</i>	Tier 1	
NILANDRON	Tier 3	PA
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole</i>	Tier 1	
<i>propylthiouracil</i>	Tier 1	
IMMUNOLOGICAL AGENTS		
IMMUNE STIMULANTS		
ACTHIB	Tier 2	
ADACEL	Tier 2	
ATTENUVAX	Tier 2	
BOOSTRIX	Tier 2	
COMVAX	Tier 2	
DAPTACEL	Tier 2	
DECAVAC	Tier 2	
DIPHTHERIA/TETANUS TOXOID	Tier 2	
ENGERIX-B	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
GARDASIL	Tier 3	PA
HAVRIX	Tier 3	
HIBTITER	Tier 2	
IMOVAX RABIES (H.D.C.V.)	Tier 2	
INFANRIX	Tier 2	
IPOL INACTIVATED IPV	Tier 2	
JE-VAX	Tier 2	
MENACTRA	Tier 2	
MENOMUNE-A/C/Y/W-135	Tier 2	
MERUVAX II W/DILUENT	Tier 2	
MERUVAX II W/DILUENT 10 D	Tier 3	
M-M-R II W/DILUENT	Tier 2	
M-R-VAX II	Tier 2	
MUMPSVAX W/DILUENT	Tier 2	
PEDIARIX	Tier 2	
PEDVAX HIB	Tier 2	
PROQUAD	Tier 2	
RABAVERT	Tier 2	
RECOMBIVAX HB	Tier 2	
ROTATEQ	Tier 2	
TETANUS TOXOID	Tier 2	
TETANUS TOXOID ADSORBED	Tier 2	
TETANUS/DIPHTHERIA TOXOID	Tier 2	
TRIHIBIT	Tier 2	
TRIPEDIA	Tier 2	
TWINRIX	Tier 2	
TYPHIM VI	Tier 2	
VAQTA	Tier 2	
VARIVAX	Tier 2	
VIVOTIF BERNA	Tier 2	
YF-VAX	Tier 2	
ZOSTAVAX	Tier 2	
IMMUNE SUPPRESSANTS		
AZASAN	Tier 3	
<i>azathioprine</i>	Tier 1	
CELLCEPT	Tier 2	PA
<i>cyclosporine</i>	Tier 1	PA
ENBREL	Tier 4	PA
HUMIRA	Tier 4	PA
<i>methotrexate</i>	Tier 1	
MYFORTIC	Tier 3	PA

Drug Name	Drug Tier	Requirements/ Limits
PROGRAF	Tier 2	PA
RAPAMUNE	Tier 2	PA
TREXALL	Tier 2	
IMMUNIZING AGENTS, PASSIVE		
<i>immune globulin</i>	Tier 1	SP
IMMUNOMODULATORS		
ACTIMMUNE	Tier 4	PA, SP
AVONEX	Tier 4	PA
BETASERON	Tier 4	PA
COPAXONE	Tier 4	PA
INTRON-A MULTIDOSE PEN 3MU/0.2ML, 5MU/0.2ML, 10MU/0.2ML	Tier 4	PA
INTRON-A SOLUTION FOR INJECTION 6MU/ML	Tier 4	PA
INTRON-A SOLUTION FOR INJECTION 25MU/2.5ML	Tier 3	PA
INTRON-A W/DILUENT AND POWDER FOR RECONSTITUTION 10MU, 18MU, 50MU	Tier 3	PA
KINERET	Tier 4	PA, SP
<i>leflunomide</i>	Tier 1	
PEGASYS	Tier 4	PA
REBIF	Tier 4	PA, SP
RIDAURA	Tier 2	
ROFERON-A 3MU/0.5,L, 6MU/0.5ML KIT	Tier 3	PA
ROFERON-A 9MU/0.5ML KIT	Tier 4	PA
MONOCLONAL ANTIBODIES		
REMICADE	Tier 4	PA, SP
INFLAMMATORY BOWEL DISEASE AGENTS		
INFLAMMATORY BOWEL DISEASE AGENTS, OTHER		
GASTROCROM	Tier 3	
SALICYLATES		
ASACOL	Tier 2	
CANASA	Tier 2	
COLAZAL	Tier 3	PA
SULFONAMIDES		
<i>sulfasalazine, tablets, enteric coated tablets</i>	Tier 1	
METABOLIC BONE DISEASE AGENTS		
ACTONEL	Tier 2	ST
ACTONEL WITH CALCIUM	Tier 2	ST
<i>etidronate disodium</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
FORTEO	Tier 4	PA
FORTICAL	Tier 2	
FOSAMAX	Tier 2	
FOSAMAX PLUS D	Tier 2	
HECTOROL	Tier 2	
MIACALCIN	Tier 3	
<i>pamidronate disodium</i>	Tier 1	
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
<i>atropine sulfate</i>	Tier 1	
<i>homatropaire</i>	Tier 1	
LACRISERT	Tier 2	
<i>naphazoline hcl</i>	Tier 1	
RESTASIS	Tier 3	PA
<i>tropicamide</i>	Tier 1	
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>cromolyn sodium</i>	Tier 1	
<i>ketotifen fumarate</i>	Tier 1	
OPHTHALMIC ANTI-BACTERIAL AGENTS		
<i>bacitracin ophthalmic ointment</i>	Tier 1	
<i>bacitracin/neomycin/polymyxin b ophthalmic ointment</i>	Tier 1	
<i>bacitracin/polymyxin b ophthalmic ointment</i>	Tier 1	
<i>ciprofloxacin ophthalmic solution</i>	Tier 1	
<i>erythromycin ophthalmic ointment</i>	Tier 1	
<i>gentamicin ophthalmic ointment, solution</i>	Tier 1	
<i>neomycin/polymyxin b/bacitracin/hydrocortisone ophthalmic ointment</i>	Tier 1	
<i>neomycin/polymyxin b/hydrocortisone ophthalmic ointment</i>	Tier 1	
<i>neomycin/polymyxin b/dexamethasone ophthalmic ointment, suspension</i>	Tier 1	
<i>ofloxacin ophthalmic solution, tablets</i>	Tier 1	
<i>polyxyin b/trimethopirm ophthalmic solutoin</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic ointment, solution</i>	Tier 1	
<i>sulfacetamide sodium/prednisolone ophthalmic solution</i>	Tier 1	
TOBRADEX OPHTHALMIC OINTMENT, SUSPENSION	Tier 2	
<i>tobramycin ophthalmic solution</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
ZYMAR OPHTHALMIC SOLUTION	Tier 2	
OPHTHALMIC ANTIGLAUCOMA AGENTS		
<i>acetazolamide</i>	Tier 1	
ALPHAGAN P	Tier 2	
AZOPT	Tier 2	
<i>betaxolol hcl</i>	Tier 1	
BETIMOL	Tier 2	
BETOPTIC-S	Tier 2	
<i>brimonidine tartrate</i>	Tier 1	
<i>carteolol hcl</i>	Tier 1	
COSOPT	Tier 2	
DIAMOX	Tier 3	
<i>dipivefrin hcl</i>	Tier 1	
<i>levobunolol hcl</i>	Tier 1	
<i>methazolamide</i>	Tier 1	
<i>metipranolol</i>	Tier 1	
PILOPINE HS	Tier 2	
<i>timolol maleate</i>	Tier 1	
<i>timolol maleate ophthalmic</i>	Tier 1	
TRUSOPT	Tier 2	
OPHTHALMIC ANTI-INFLAMMATORIES		
ACULAR	Tier 2	
ACULAR LS	Tier 2	
ACULAR PF	Tier 2	
<i>dexamethasone sodium phosphate</i>	Tier 1	
<i>fluorometholone</i>	Tier 1	
FML S.O.P.	Tier 2	
LOTEMAX	Tier 2	
<i>prednisolone acetate</i>	Tier 1	
<i>prednisolone sodium phosphate</i>	Tier 1	
VEXOL	Tier 2	
VOLTAREN	Tier 2	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
LUMIGAN	Tier 2	
TRAVATAN	Tier 2	
TRAVATAN Z	Tier 2	
OTIC AGENTS		
<i>acetic acid otic solution</i>	Tier 1	
<i>acetic acid/hydrocortisone otic solution</i>	Tier 1	
<i>antibiotic ear otic solution, suspension</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>borofair</i>	Tier 1	
DERMOTIC	Tier 2	
<i>neomycin/polymyxin b /hydrocortisone otic solution</i>	Tier 1	
<i>uni-otic</i>	Tier 1	
RESPIRATORY TRACT AGENTS		
ANTI-HISTAMINES		
ASTELIN	Tier 3	
<i>cyproheptadine hcl</i>	Tier 1	
<i>diphenhydramine hcl</i>	Tier 1	
<i>fexofenadine hcl</i>	Tier 1	
<i>hydroxyzine hcl, pamoate</i>	Tier 1	
<i>loratadine</i>	Tier 1	TR
<i>promethazine hcl</i>	Tier 1	
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ADVAIR DISKUS	Tier 2	
ADVAIR HFA	Tier 2	
ASMANEX	Tier 2	
FLOVENT HFA	Tier 2	
<i>flunisolide nasal spray</i>	Tier 1	
<i>fluticasone nasal spray</i>	Tier 1	
NASONEX NASAL SPRAY	Tier 2	
SYMBICORT	Tier 2	
QVAR	Tier 2	
ANTILEUKOTRIENES		
SINGULAIR	Tier 2	
ZYFLO	Tier 2	PA
BRONCHODILATORS, ANTICHOLINERGIC		
SPIRIVA HANDIHALER	Tier 2	
ATROVENT HFA	Tier 2	
BRONCHODILATORS, PHOSPHODIESTERASE INHIBITORS (XANTHINES)		
<i>aminophylline</i>	Tier 1	
THEO-24	Tier 2	
<i>theophylline er</i>	Tier 1	
UNIPHYL	Tier 2	
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol metered dose inhaler, oral syrup, tablets</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
COMBIVENT	Tier 2	
MAXAIR AUTOHALER	Tier 2	PA
<i>metaproterenol sulfate</i>	Tier 1	
<i>proair hfa</i>	Tier 1	
SEREVENT DISKUS	Tier 2	
<i>terbutaline sulfate</i>	Tier 1	
<i>ventolin hfa</i>	Tier 1	
MAST CELL STABILIZERS		
<i>cromolyn sodium</i>	Tier 1	
INTAL INHALER	Tier 3	
TILADE	Tier 2	
PULMONARY ANTIHYPERTENSIVES		
REVATIO	Tier 2	PA
TRACLEER	Tier 4	PA, SP
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine</i>	Tier 1	
ATROVENT NASAL SPRAY	Tier 2	
<i>ipratropium bromide nasal spray</i>	Tier 1	
PROLASTIN	Tier 3	PA, SP
<i>promethazine vc</i>	Tier 1	
PULMOZYME	Tier 4	PA, SP
TYZINE NASAL SOLUTION, PEDIATRIC NASAL DROPS	Tier 2	
XOLAIR	Tier 4	PA, SP
SEDATIVES/ HYPNOTICS		
<i>zolpidem</i>	Tier 1	QL
ROZEREM	Tier 3	QL, PA
SKELETAL MUSCLE RELAXANTS		
<i>carisoprodol</i>	Tier 1	
<i>carisoprodol/aspirin</i>	Tier 1	
<i>chlorzoxazone</i>	Tier 1	
<i>cyclobenzaprine hcl</i>	Tier 1	
<i>methocarbamol</i>	Tier 1	
THERAPEUTIC NUTRIENTS/ MINERALS/ ELECTROLYTES		
ELECTROLYTES/ MINERALS		
DEXTROSE / POTASSIUM CHLORIDE SOLUTION 5%/0.075%, 5%/0.15%	Tier 2	
<i>klor-con 8, 10, m10, m15, m20 tablets</i>	Tier 1	
<i>potassium chloride oral solution, powder packets, tablets, cr, er, sa tablets</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium bicarbonate i.v. solution</i>	Tier 1	
<i>sodium chloride i.v. solution</i>	Tier 1	
THERAPEUTIC NUTRIENTS/ MINERALS/ ELECTROLYTES		
AMINESS	Tier 2	SP
AMINOSYN	Tier 2	SP
AMINOSYN 7%/ELECTROLYTES	Tier 2	SP
AMINOSYN II	Tier 2	SP
AMINOSYN II 3.5%/DEXTROSE	Tier 2	SP
AMINOSYN II 4.25%/DEXTROSE	Tier 2	SP
AMINOSYN II 5%/DEXTROSE 25	Tier 2	SP
AMINOSYN II 8.5%/ELECTROL	Tier 2	SP
AMINOSYN II M 3.5%/DEXTRO	Tier 2	SP
AMINOSYN II M 4.25%/DEXTRO	Tier 2	SP
AMINOSYN M	Tier 2	SP
AMINOSYN-HBC	Tier 2	SP
AMINOSYN-HF	Tier 2	SP
AMINOSYN-PF	Tier 2	SP
AMINOSYN-PF 7%	Tier 2	SP
<i>calcitriol</i>	Tier 1	
CLINIMIX 2.75%/DEXTROSE 5	Tier 2	SP
CLINIMIX 4.25%/DEXTROSE 1	Tier 2	SP
CLINIMIX 4.25%/DEXTROSE 2	Tier 2	SP
CLINIMIX 4.25%/DEXTROSE 5	Tier 2	SP
CLINIMIX 5%/DEXTROSE 15%	Tier 2	SP
CLINIMIX 5%/DEXTROSE 20%	Tier 2	SP
CLINIMIX 5%/DEXTROSE 25%	Tier 2	SP
CLINISOL SF 15%	Tier 2	SP
DEXTROSE 10%/NACL 0.45%	Tier 2	
DEXTROSE 2.5%	Tier 2	
DEXTROSE 5%	Tier 2	
DEXTROSE 10%	Tier 2	
DEXTROSE 10%/NACL 0.2%	Tier 2	
DEXTROSE 2.5%/NACL 0.45%	Tier 2	
DEXTROSE 2.5%/SODIUM CHLORIDE	Tier 2	
DEXTROSE 5%	Tier 2	
DEXTROSE 5%/LACTATED RINGER'S	Tier 2	
DEXTROSE 5%/NACL 0.2%	Tier 2	
DEXTROSE 5%/NACL 0.225%	Tier 2	
DEXTROSE 5%/NACL 0.33%	Tier 2	
DEXTROSE 5%/NACL 0.45%	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
DEXTROSE 5%/NAACL 0.9%	Tier 2	
DEXTROSE 5%/SODIUM CHLORIDE	Tier 2	
FREAMINE III	Tier 2	SP
FREAMINE III 8.5%	Tier 2	SP
FREAMINE III 8.5%/DEXTROSE	Tier 2	SP
HEPATAMINE	Tier 2	SP
INTRALIPID	Tier 2	SP
INTRALIPID 20%	Tier 2	SP
ISOLYTE-H/DEXTROSE 5%	Tier 2	SP
ISOLYTE-M/DEXTROSE 5%	Tier 2	SP
ISOLYTE-P/DEXTROSE 5%	Tier 2	SP
ISOLYTE-S	Tier 2	SP
ISOLYTE-S PH 7.4	Tier 2	SP
ISOLYTE-S/DEXTROSE 5%	Tier 2	SP
LIPOSYN II	Tier 2	
LIPOSYN III	Tier 2	
NEPHRAMINE	Tier 2	SP
NORMOSOL -R	Tier 2	SP
NORMOSOL-M IN D5W	Tier 2	SP
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