



# Blue MedicareRx<sup>SM</sup> Premier (PDP) 2010 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 Blue MedicareRx Premier (PDP) Formulary?**

A formulary is a list of covered drugs selected by Blue MedicareRx Premier (PDP) 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. Blue MedicareRx Premier (PDP) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue MedicareRx Premier (PDP) 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 2010 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2010 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, 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 November 1, 2009. To get updated information about the drugs covered by Blue MedicareRx Premier (PDP), please visit our Web site at [www.RxMedicarePlans.com](http://www.RxMedicarePlans.com) or call Customer Care at 1-888-620-1747, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-236-1069.

If we have a mid-year non-maintenance formulary change, we will provide a notice in the monthly Explanation of Benefits and on our Web site, [www.RxMedicarePlans.com](http://www.RxMedicarePlans.com). You may ask for a copy of the most recent formulary by calling Customer Care at 1-888-620-1747, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-236-1069.

## **How do I use the Formulary?**

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

### **Medical Condition**

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

## **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 30. 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?**

Blue MedicareRx Premier (PDP) covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## **Are there any restrictions on my coverage?**

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

- **Prior Authorization:** Blue MedicareRx Premier (PDP) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Blue MedicareRx Premier (PDP) before you fill your prescriptions. If you don't get approval, Blue MedicareRx Premier (PDP) may not cover the drug.
- **Quantity Limits:** For certain drugs, Blue MedicareRx Premier (PDP) limits the amount of the drug that Blue MedicareRx Premier (PDP) will cover. For example, Blue MedicareRx Premier (PDP) provides 12 units per prescription for MAXALT. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Blue MedicareRx Premier (PDP) 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, Blue MedicareRx Premier (PDP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Blue MedicareRx Premier (PDP) will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at [www.RxMedicarePlans.com](http://www.RxMedicarePlans.com).

You can ask Blue MedicareRx Premier (PDP) to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Blue MedicareRx Premier (PDP)'s formulary?" on page 3 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 Care and confirm that your drug is not covered. If you learn that Blue MedicareRx Premier (PDP) does not cover your drug, you have two options:

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

## How do I request an exception to the Blue MedicareRx Premier (PDP) Formulary?

You can ask Blue MedicareRx Premier (PDP) 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, Blue MedicareRx Premier (PDP) 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 Non-Preferred Brand tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the Tier 2 Preferred Brand tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Tier 4 Specialty tier.

Generally, Blue MedicareRx Premier (PDP) 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 you change your level of care, such as a move from a hospital to a home setting, and 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 up to a temporary 30-day supply (or 31-day supply if you are a long-term care resident) when you go to a network pharmacy. After your first 30-day supply, you are required to use the plan's exception process.

Our transition supply will not cover drugs that Medicare does not allow Part D plans to cover, such as benzodiazepines or drugs that might be covered under Medicare Part B.

## **For more information**

For more detailed information about your Blue MedicareRx Premier (PDP) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Blue MedicareRx Premier (PDP), please call Customer Care at 1-888-620-1747, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-236-1069. Or visit [www.RxMedicarePlans.com](http://www.RxMedicarePlans.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).

## Blue MedicareRx Premier's Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Blue MedicareRx Premier (PDP). If you have trouble finding your drug in the list, turn to the Index that begins on page 30.

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

The information in the Notes column tells you if Blue MedicareRx Premier (PDP) has any special requirements for coverage of your drug. The abbreviations you may see in the drug listing include:

- B/D stands for drugs covered under Medicare Part B or D.
- ED stands for Excluded Drug. 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.
- QL stands for Quantity Limits.
- PA stands for Prior Authorization.
- ST stands for Step Therapy.
- LA stands for Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-888-620-1747, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-236-1069.

We provide coverage of Tier 1 generic drugs in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

In the drug listing, the Tier column identifies which tier each drug is in. The amount you will pay at the pharmacy, also known as co-payment or coinsurance, is determined by the drug tier.

The table below outlines your co-payments/coinsurance by tier.

Blue MedicareRx Premier (PDP)

	<b>Retail</b> up to 30-day supply	<b>Retail</b> up to 90-day supply	<b>Mail order</b> up to 90-day supply
Tier 1 - Generic	\$8	\$24	\$20
Tier 2 - Preferred Brand	\$30	\$90	\$75
Tier 3 - Non-Preferred Brand	\$70	\$210	\$175
Tier 4 - Specialty	33%	33%	33%

## Blue MedicareRx Premier 2010 Comprehensive Drug List

Drug	Tier	Notes
<b>ANALGESICS</b>		
<b>COX-2 INHIBITORS</b>		
CELEBREX	2	PA
<b>GOUT</b>		
<i>allopurinol</i> (generic of ZYLOPRIM)	1	
<i>allopurinol sodium</i> (generic of ALOPRIM)	1	
<i>probenecid</i>	1	
<b>NARCOTIC ANALGESICS, CII</b>		
AVINZA QL (60 per 25 days)	2	QL
DILAUDID-5	2	
<i>endocet</i>	1	
<i>fentanyl</i> (generic of DURAGESIC) PATCH QL (10 per 25 days)	1	QL
<i>hydromorphone hcl</i> (generic of DILAUDID)	1	
KADIAN QL (60 per 25 days)	2	QL
<i>morphine sulfate er</i> tb12 200mg (generic of MS CONTIN) QL (60 per 25 days)	1	QL
<i>morphine sulfate er</i> tb12 100mg, 15mg, 30mg, 60mg (generic of MS CONTIN) QL (90 per 25 days)	1	QL
<i>morphine sulfate</i> tabs	1	
<i>morphine sulfate</i> inj (generic of ROXANOL)	1	
OPANA ER QL (120 per 25 days)	2	QL
<i>oxycodone /acetaminophen</i> tabs (generic of PERCOCET)	1	
<i>oxycodone /acetaminophen</i> caps (generic of TYLOX)	1	
<i>oxycodone /apap</i> (generic of PERCOCET)	1	
<i>oxycodone hcl</i> (generic of ROXICODONE)	1	
<i>oxycodone/acetaminophen</i> (generic of PERCOCET)	1	
OXYCONTIN QL (120 per 25 days)	2	QL
ROXICET soln	2	
<i>roxicet</i> tabs	1	
<b>NARCOTIC ANALGESICS</b>		

Drug	Tier	Notes
<i>acetaminophen/codeine</i> soln	1	
<i>acetaminophen/codeine</i> tabs (generic of VOPAC)	1	
<i>co-gesic</i>	1	
<i>hydrocodone /acetaminophen</i> tabs (generic of ANEXSIA)	1	
<i>hydrocodone /acetaminophen</i> soln (generic of LORTAB)	1	
<b>NON-NARCOTIC ANALGESICS</b>		
<i>tramadol hcl</i> (generic of ULTRAM)	1	
<i>tramadol</i>	1	
<i>hydrochloride/acetaminophen</i> (generic of ULTRACET)	1	
<b>NSAIDS</b>		
<i>diclofenac sodium</i> (generic of VOLTAREN)	1	
<i>diclofenac sodium ec</i> (generic of VOLTAREN)	1	
<i>diclofenac sodium xr</i> (generic of VOLTAREN-XR)	1	
<i>diflunisal</i> (generic of DOLOBID)	1	
<i>etodolac er</i>	1	
<i>etodolac</i> tabs	1	
<i>etodolac</i> caps (generic of LODINE)	1	
<i>ibu</i>	1	
<i>ibuprofen</i> tabs (generic of ADVIL)	1	
<i>ibuprofen</i> susp (generic of CHILDRENS MOTRIN)	1	
INDOCIN SUSP	2	
<i>indomethacin</i>	1	
<i>indomethacin er</i> (generic of INDOCIN SR)	1	
<i>meloxicam</i> (generic of MOBIC)	1	
<i>nabumetone</i> (generic of RELAFEN)	1	
<i>naproxen</i> (generic of NAPROSYN)	1	
<i>naproxen dr</i> (generic of EC-NAPROSYN)	1	
<i>naproxen sodium</i> (generic of ALEVE)	1	
<i>oxaprozin</i> (generic of DAYPRO)	1	
<i>sulindac</i> (generic of CLINORIL)	1	
VOLTAREN GEL	2	
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
<i>lidocaine hcl</i> (generic of XYLOCAINE)	1	

## ANTI-INFECTIVES

Drug	Tier	Notes
<b>ANTIBACTERIALS</b>		
<i>amikacin sulfate</i> (generic of AMIKIN)	1	
<i>amoxicillin/potassium clavulanate</i> (generic of AUGMENTIN)	1	
<i>amoxicillin caps</i>	1	
<i>amoxicillin chew, susr, tabs</i> (generic of AMOXIL)	1	
<i>amoxil</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium</i>	1	
AUGMENTIN	3	
AUGMENTIN XR	3	
AVELOX	2	
AVELOX ABC PACK	2	
<i>azithromycin inj, susr</i> (generic of ZITHROMAX)	1	
<i>azithromycin tabs</i> (generic of ZITHROMAX TRI-PAK)	1	
BICILLIN C-R	2	
BICILLIN L-A	2	
CEDAX	3	
<i>cefaclor</i>	1	
<i>cefadroxil</i> (generic of DURICEF)	1	
CEFAZOLIN SODIUM inj 1gm; 5%, 500mg; 5%	2	
<i>cefazolin sodium inj</i> 1gm, 20gm, 500mg	1	
<i>cefdinir</i> (generic of OMNICEF)	1	
<i>cefepime</i> (generic of MAXIPIME)	1	
<i>cefoxitin sodium</i> (generic of MEFOXIN ADD-VANTAGE)	1	
<i>cefepodoxime proxetil</i> (generic of VANTIN)	1	
<i>cefprozil</i> (generic of CEFZIL)	1	
<i>ceftriaxone sodium</i> (generic of ROCEPHIN)	1	
<i>cefuroxime axetil</i> (generic of CEFTIN)	1	
<i>cefuroxime sodium</i> (generic of ZINACEF)	1	
CEFUROXIME/DEXTROSE	2	
<i>cephalexin</i> (generic of KEFLEX)	1	
CIPRO SUSP	2	
<i>ciprofloxacin</i> (generic of CIPRO I.V.)	1	
<i>ciprofloxacin er</i> (generic of CIPRO XR)	1	
<i>ciprofloxacin hcl</i> (generic of CIPRO)	1	
<i>clarithromycin</i> (generic of BIAXIN)	1	
<i>clarithromycin er</i> (generic of BIAXIN XL)	1	

Drug	Tier	Notes
<i>dicloxacillin sodium</i>	1	
<i>doxy-caps</i> (generic of VIBRAMYCIN)	1	
<i>doxycycline hyclate inj</i>	1	
<i>doxycycline hyclate tabs</i> (generic of PERIOSTAT)	1	
<i>doxycycline hyclate caps</i> (generic of VIBRAMYCIN)	1	
<i>doxycycline monohydrate</i> (generic of VIBRAMYCIN)	1	
e.e.s. 400	1	
ERYPED 200	2	
ERYTHROCIN LACTOBIONATE	2	
<i>erythrocin stearate</i>	1	
GANTRISIN PEDIATRIC	3	
<i>gentamicin sulfate</i>	1	
LEVAQUIN	2	
LEVAQUIN PREMIX	2	
<i>minocycline hcl tabs</i> (generic of DYNACIN)	1	
<i>minocycline hcl caps</i> (generic of MINOCIN)	1	
<i>nafcillin sodium</i>	1	
<i>penicillin g potassium</i> (generic of PFIZERPEN-G)	1	
PENICILLIN G PROCAINE	2	
<i>penicillin v potassium sulfadiazine</i>	1	
SUPRAX	3	
<i>tetracycline hcl</i>	1	
<i>tobramycin sulfate</i>	1	
<i>veetids</i>	1	
ZOSYN	2	
<b>ANTIFUNGALS</b>		
<i>amphotericin b</i>	1	
ANCOBON	2	
CANCIDAS	2	
<i>clotrimazole</i> (generic of MYCELEX)	1	
<i>fluconazole</i> (generic of DIFLUCAN)	1	
<i>fluconazole in dextrose</i> (generic of DIFLUCAN IN ISO-OSMOTIC DEXTROSE)	1	
GRIS-PEG	2	
<i>griseofulvin microsize</i> (generic of GRIFULVIN V)	1	
<i>itraconazole</i> (generic of SPORANOX)	1	PA
<i>ketokonazole</i> (generic of NIZORAL)	1	
<i>nystatin</i>	1	
SPORANOX SOLN	3	
<i>terbinafine hcl</i> (generic of LAMISIL)	1	PA

Drug	Tier	Notes
VFEND	4	
VFEND IV	4	
<b>ANTIMALARIALS</b>		
<i>chloroquine phosphate</i> (generic of ARALEN)	1	
DARAPRIM	2	
MALARONE	2	
<i>mefloquine hcl</i> (generic of LARIAM)	1	
QUALAQUIN	2	
<b>ANTI-RETROVIRAL AGENTS</b>		
APTIVUS	2	
ATRIPLA	4	
COMBIVIR	2	
CRIVAN	2	
<i>didanosine</i> (generic of VIDEX EC)	1	
EMTRIVA	2	
EPIVIR	2	
EPZICOM	2	
FUZEON	4	
INTELENCE	2	
INVIRASE	2	
ISENTRESS	4	
KALETRA	2	
LEXIVA	2	
NORVIR	2	
PREZISTA tabs 75mg	2	
PREZISTA tabs 400mg, 600mg	4	
RESCRIPTOR	2	
RETROVIR IV INFUSION	2	
REYATAZ	2	
SELZENTRY	4	
<i>stavudine</i> (generic of ZERIT)	1	
SUSTIVA	2	
TRIZIVIR	2	
TRUVADA	2	
VIDEX PEDIATRIC	2	
VIRACEPT	2	
VIRAMUNE	2	
VIREAD	2	
ZIAGEN	2	
<i>zidovudine</i> (generic of RETROVIR)	1	
<b>ANTITUBERCULAR AGENTS</b>		
CAPASTAT SULFATE	3	
<i>ethambutol hcl</i>	1	
<i>isoniazid</i> syrp, tabs	1	
<i>isoniazid</i> inj (generic of NYDRAZID)	1	
MYCOBUTIN	2	
PASER	3	
PRIFTIN	3	
<i>pyrazinamide</i>	1	

Drug	Tier	Notes
<i>rifampin</i> (generic of RIFADIN)	1	
SEROMYCIN	3	
TRECTOR	3	
<b>ANTIVIRALS</b>		
<i>acyclovir</i> (generic of ZOVIRAX)	1	
<i>acyclovir sodium</i>	1	
BARACLUDE	2	
CYTOVENE	2	
EPIVIR HBV	2	
<i>famciclovir</i> (generic of FAMVIR)	1	
<i>ganciclovir</i> caps 250mg	1	
<i>ganciclovir</i> caps 500mg	4	
HEPSERA	4	
REBETOL	4	PA
RELENZA DISKHALER	2	
<i>ribapak</i>	4	PA
<i>ribasphere</i> caps	4	PA
<i>ribasphere</i> tabs 200mg	1	PA
<i>ribasphere</i> tabs 400mg, 600mg	4	PA
<i>ribavirin</i> caps (generic of REBETOL)	4	PA
RIBAVIRIN tabs 400mg, 600mg	4	PA
<i>ribavirin</i> tabs 200mg (generic of COPEGUS)	1	PA
<i>rimantadine hcl</i> (generic of FLUMADINE)	1	
TAMIFLU	2	
TYZEKA	2	
VALCYTE	4	
VALTRESX	2	
<b>MISCELLANEOUS</b>		
ALBENZA	2	
ALINIA tabs QL (12 per 25 days)	2	QL
ALINIA susr QL (180 per 25 days)	2	QL
CLEOCIN 75 MG	2	
CLEOCIN PEDIATRIC GRANULES	2	
<i>clindamycin hcl</i> (generic of CLEOCIN)	1	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE)	1	
<i>colistimethate sodium</i> (generic of COLY-MYCIN-M)	1	B/D
CUBICIN	4	
dapsone	1	
<i>erythromycin /sulfisoxazole</i> (generic of PEDIAZOLE)	1	
FURADANTIN	3	
INVANZ	2	

Drug	Tier	Notes
MACRODANTIN	2	
<i>mebendazole</i>	1	
<i>metronidazole</i> (generic of FLAGYL)	1	
<i>metronidazole in nacl 0.79%</i> (generic of METRO IV)	1	
<i>nitrofurantoin macrocrystalline</i> (generic of MACRODANTIN)	1	
<i>nitrofurantoin monohydrate</i> (generic of MACROBID)	1	
PRIMAXIN I.M.	2	
PRIMAXIN IV	2	
<i>sulfamethoxazole /trimethoprim inj, susp</i>	1	
<i>sulfamethoxazole /trimethoprim tabs</i> (generic of BACTRIM)	1	
<i>sulfatrim</i>	1	
TINDAMAX	2	
<i>trimethoprim</i> (generic of PROLOPRIM)	1	
TYGACIL	4	
VANCOCIN HCL	4	
<i>vancomycin hcl</i>	1	
VANCOMYCIN HCL ISO-OSMOTIC DEXTROSE	2	
ZYVOX	4	

### ANTINEOPLASTIC AGENTS ALKYLATING AGENTS

ALKERAN	2	
BICNU	2	
BUSULFEX	2	
CEENU	2	
CYCLOPHOSPHAMIDE inj	2	
<i>cyclophosphamide tabs</i> (generic of CYTOXAN)	1	B/D
<i>dacarbazine</i> (generic of DTIC-DOME)	1	
EMCYT	2	
HEXALEN	4	
IFEX	2	
<i>ifosfamide</i> (generic of IFEX)	1	
LEUKERAN	2	
MUSTARGEN	2	
<i>thiotepa</i>	1	
TREANDA	4	
<b>ANTHRACYCLINES</b>		
<i>adriamycin</i>	1	
DAUNORUBICIN HCL	2	
DAUNOXOME	2	
DOXIL	4	

Drug	Tier	Notes
<i>doxorubicin hcl</i> (generic of ADRIAMYCIN)	1	
ELLECE	2	
<i>epirubicin hcl</i> (generic of ELLENCE)	1	
<i>idarubicin hcl</i> (generic of IDAMYCIN PFS)	1	
<b>ANTIBIOTICS</b>		
<i>bleomycin sulfate</i> (generic of BLENOXANE)	1	
COSMEGEN	2	
<i>mitomycin</i> (generic of MUTAMYCIN)	1	
<b>ANTIMETABOLITES</b>		
ALIMTA	4	
<i>cytarabine</i>	1	
FLUOROURACIL	2	
GEMZAR	2	
<i>mercaptopurine</i> (generic of PURINETHOL)	1	
<i>methotrexate sodium</i>	1	
<i>pentostatin</i> (generic of NIPENT)	1	
TABLOID	2	
VIDAZA	4	
<b>ANTIMITOTIC, TAXOIDS</b>		
<i>paclitaxel</i> (generic of TAXOL)	1	
TAXOTERE	4	
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>		
VINBLASTINE SULFATE	2	
<i>vincasar pfs</i>	1	
<i>vincristine sulfate</i>	1	
<i>vinorelbine tartrate</i> (generic of NAVELBINE)	1	
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
AVASTIN	4	
CAMPATH	2	
HERCEPTIN	4	
ONTAK	2	
PROLEUKIN	4	
RITUXAN	4	PA
VELCADE	4	
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
ARIMIDEX	2	
AROMASIN	2	
<i>bicalutamide</i> (generic of CASODEX)	1	
DEPO-PROVERA	2	
FARESTON	2	
FASLODEX	2	
FEMARA	2	
<i>flutamide</i>	1	
<i>leuprolide acetate</i> (generic of LUPRON DEPOT)	1	

Drug	Tier	Notes
LUPRON DEPOT-PED	4	
LUPRON DEPOT inj 11.25mg, 3.75mg	2	
LUPRON DEPOT inj 22.5mg, 30mg, 7.5mg	4	
MEGACE ES	2	
<i>megestrol acetate</i> tabs	1	
<i>megestrol acetate</i> susp (generic of MEGACE ORAL)	1	
NILANDRON	2	
<i>tamoxifen citrate</i>	1	
TRELSTAR DEPOT	2	
TRELSTAR LA	2	
<b>KINASE INHIBITORS</b>		
AFINITOR	4	PA
GLEEVEC	4	
NEXAVAR	4	
SPRYCEL	4	
SUTENT	4	
TARCEVA	4	
TASIGNA	4	
TYKERB	4	
<b>MISCELLANEOUS</b>		
DROXIA	2	
ELSPAR	2	
<i>hydroxyurea</i> (generic of HYDREA)	1	
<i>irinotecan</i> (generic of CAMPTOSAR)	1	
LYSODREN	2	
MATULANE	2	
<i>mitoxantrone hcl</i> (generic of NOVANTRONE)	1	
ONCASPAR	2	
PHOTOFRIN	2	
TARGRETIN	4	
<i>tretinoin</i> (generic of VESANOID) CAPS	4	
TRISENOX	2	
VESANOID	4	
ZOLINZA	4	
<b>NUCLEOSIDE ANALOGS</b>		
<i>cladribine</i> (generic of LEUSTATIN)	1	
<i>fludarabine phosphate</i>	1	
<b>PLATINUM COORDINATION COMPLEX</b>		
<i>carboplatin</i> (generic of PARAPLATIN)	1	
<i>cisplatin</i> (generic of PLATINOL AQ)	1	
ELOXATIN	4	
<b>PROTECTIVE AGENTS</b>		
<i>amifostine</i> (generic of ETHYOL)	1	
<i>dexrazoxane</i> (generic of ZINECARD)	1	

Drug	Tier	Notes
ELITEK	4	
<i>ifosfamide/mesna</i> (generic of IFEX/MESNEX COMBO PACK)	1	
<i>leucovorin calcium</i>	1	
<i>mesna</i> (generic of MESNEX)	1	
MESNEX	2	
<b>TOPOISOMERASE INHIBITORS</b>		
CAMPTOSAR	4	
<i>etoposide</i>	1	
HYCAMTIN INJ	2	
<i>toposar</i>	1	
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
<i>amlodipine besylate/benazepril hydrochloride</i> (generic of LOTREL)	1	
<i>benazepril hcl/hydrochlorothiazide</i> (generic of LOTENSIN HCT)	1	
<i>captopril /hydrochlorothiazide</i> (generic of CAPOZIDE)	1	
<i>enalapril maleate/hydrochlorothiazide</i> (generic of VASERETIC)	1	
<i>fosinopril sodium/hydrochlorothiazide</i> 1 (generic of MONOPRIL HCT)	1	
<i>lisinopril /hydrochlorothiazide</i> (generic of ZESTORETIC)	1	
LOTREL 5mg/40mg, 10mg/40mg	2	
<i>quinaretic</i> (generic of ACCURETIC)	1	
TARKA	3	
<b>ACE INHIBITORS</b>		
ACEON	3	
<i>benazepril hcl</i> (generic of LOTENSIN)	1	
<i>captopril</i> (generic of CAPOTEN)	1	
<i>enalapril maleate</i> (generic of VASOTEC)	1	
<i>fosinopril sodium</i> (generic of MONOPRIL)	1	
<i>lisinopril</i> (generic of PRINIVIL)	1	
<i>quinapril hcl</i> (generic of ACCUPRIL)	1	
<i>ramipril</i> (generic of ALTACE)	1	
<i>trandolapril</i> (generic of MAVIK)	1	
<b>ADRENOLYTICS, CENTRAL</b>		
CATAPRES-TTS-1	2	
CATAPRES-TTS-2	2	
CATAPRES-TTS-3	2	

Drug	Tier	Notes
<i>clonidine hcl</i> (generic of CATAPRES)	1	
<i>guanfacine hcl</i> (generic of TENEX)	1	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i> (generic of INSPRA)	1	
<i>spironolactone</i> (generic of ALDACTONE)	1	
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate</i> (generic of CARDURA)	1	
<i>terazosin hcl</i> (generic of HYTRIN)	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
ATACAND HCT	3	
AVALIDE	2	
DIOVAN HCT	2	
EXFORGE	2	
EXFORGE HCT	2	
HYZAAR	3	
MICARDIS HCT	3	
TEVETEN HCT	3	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
ATACAND	3	
AVAPRO	2	
COZAAR	3	
DIOVAN	2	
MICARDIS	3	
TEVETEN	3	
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl inj</i>	1	
<i>amiodarone hcl tabs</i> (generic of PACERONE)	1	
<i>disopyramide phosphate</i> (generic of NORPACE)	1	
<i>flecainide acetate</i> (generic of TAMBOCOR)	1	
<i>mexiletine hcl</i>	1	
NORPACE CR	2	
PACERONE tabs 100mg, 300mg	2	
<i>pacerone tabs 200mg</i>	1	
<i>propafenone hcl</i> (generic of RYTHMOL)	1	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
<i>quinidine sulfate er</i>	1	
RYTHMOL SR	2	
<i>sorine</i>	1	
<i>sotalol hcl</i> (generic of BETAPACE)	1	

Drug	Tier	Notes
TIKOSYN	2	
<b>ANTILIPEMICS</b>		
ADVICOR	3	
ALTOPREV	3	
<i>cholestyramine</i> (generic of QUESTRAN)	1	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT)	1	
<i>colestipol hcl tabs</i> (generic of COLESTID)	1	
<i>colestipol hcl gran</i> (generic of COLESTID FLAVORED)	1	
CRESTOR	2	
<i>fenofibrate</i> (generic of LOFIBRA)	1	
<i>fenofibrate micronized</i> (generic of LOFIBRA)	1	
<i>gemfibrozil</i> (generic of LOPID)	1	
LESCOL	3	
LESCOL XL	3	
LIPITOR	2	
<i>lovastatin</i> (generic of MEVACOR)	1	
NIASPAN	2	
<i>pravastatin sodium</i> (generic of PRAVACHOL)	1	
<i>prevalite</i>	1	
SIMCOR	2	
<i>simvastatin</i> (generic of ZOCOR)	1	
TRICOR	2	
VYTORIN	3	
WELCHOL	2	
ZETIA	2	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol/chlorthalidone</i> (generic of TENORETIC)	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i> (generic of ZIAC)	1	
<i>metoprolol /hydrochlorothiazide</i> (generic of LOPRESSOR HCT)	1	
<b>BETA-BLOCKERS</b>		
<i>atenolol</i> (generic of TENORMIN)	1	
<i>bisoprolol fumarate</i> (generic of ZEBETA)	1	
BYSTOLIC	2	
<i>carvedilol</i> (generic of COREG)	1	
COREG CR	2	
<i>labetalol hcl</i> (generic of TRANDATE)	1	
<i>metoprolol succinate er</i> (generic of TOPROL XL)	1	

Drug	Tier	Notes
<i>metoprolol tartrate</i> (generic of LOPRESSOR)	1	
<i>nadolol</i> (generic of CORGARD)	1	
<i>pindolol</i>	1	
<i>propranolol hcl er</i> (generic of INDERAL LA)	1	
<i>propranolol hcl inj</i> , oral soln	1	
<i>propranolol hcl tabs</i> (generic of INDERAL)	1	
<b>CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS</b>		
CADUET	3	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>afeditab cr</i>	1	
<i>amlodipine besylate</i> (generic of NORVASC)	1	
CARDIZEM CD 360 MG	2	
CARDIZEM LA	3	
<i>cartia xt</i>	1	
<i>dilt-cd</i> (generic of CARDIZEM)	1	
<i>dilt-xr</i> (generic of DILACOR XR)	1	
<i>diltiazem cd</i> (generic of CARDIZEM)	1	
<i>diltiazem hcl er cp12</i>	1	
<i>diltiazem hcl er cp24</i> (generic of TIAZAC)	1	
<i>diltiazem hcl inj</i> , tabs (generic of CARDIZEM)	1	
<i>diltiazem hcl cp24</i> (generic of TIAZAC)	1	
<i>felodipine er</i> (generic of PLENDIL)	1	
<i>nifediac cc</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine er</i> (generic of ADALAT CC)	1	
<i>taztia xt</i>	1	
<i>verapamil hcl er tbc</i> r (generic of ISOPTIN SR)	1	
<i>verapamil hcl er cp24</i> (generic of VERELAN PM)	1	
<i>verapamil hcl inj</i>	1	
<i>verapamil hcl tabs</i> (generic of CALAN)	1	
<b>DIGITALIS GLYCOSIDES</b>		
<i>digoxin</i> (generic of LANOXIN)	1	
LANOXIN	2	
<b>DIRECT RENIN INHIBITORS</b>		
TEKTURNA	2	
TEKTURNA HCT	2	
<b>DIURETICS</b>		

Drug	Tier	Notes
<i>acetazolamide tabs</i>	1	
<i>acetazolamide cp12</i> (generic of DIAMOX)	1	
ALDACTAZIDE 50/50	2	
<i>amiloride /hydrochlorothiazide</i> (generic of MODURETIC 5-50)	1	
<i>amiloride hcl</i> (generic of MIDAMOR)	1	
<i>bumetanide inj</i>	1	
<i>bumetanide tabs</i> (generic of BUMEX)	1	
<i>chlorthalidone</i> (generic of THALITONE)	1	
DEMADEX INJ	2	
<i>furosemide inj</i> , oral soln	1	
<i>furosemide tabs</i> (generic of LASIX)	1	
<i>hydrochlorothiazide tabs</i>	1	
<i>hydrochlorothiazide caps</i> (generic of MICROZIDE)	1	
<i>indapamide</i> (generic of LOZOL)	1	
<i>methazolamide</i>	1	
<i>metolazone</i> (generic of ZAROXOLYN)	1	
<i>spironolactone /hydrochlorothiazide</i> (generic of ALDACTAZIDE)	1	
THALITONE	2	
<i>torseamide</i> (generic of DEMADDEX)	1	
<i>triamterene /hydrochlorothiazide caps</i> (generic of DYZAZIDE)	1	
<i>triamterene /hydrochlorothiazide tabs</i> 1 (generic of MAXZIDE)	1	
<b>MISCELLANEOUS</b>		
BIDIL	2	
<i>hydralazine hcl</i>	1	
<i>methyl dopa</i> (generic of ALDOMET)	1	
<i>midodrine hcl</i> (generic of PROAMATINE)	1	
<i>minoxidil</i>	1	
RANEXA	2	
<b>NITRATES</b>		
ISORDIL TITRADOSE	2	
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE)	1	
<i>isosorbide dinitrate er</i>	1	
<i>isosorbide mononitrate</i> (generic of MONOKET)	1	
<i>isosorbide mononitrate er</i> (generic of IMDUR)	1	
<i>minitran</i>	1	

Drug	Tier	Notes
NITRO-DUR 0.3 MG, 0.8 MG	2	
<i>nitroglycerin</i> (generic of NITRO-DUR)	1	
<i>nitroglycerin transdermal</i> (generic of NITRO-DUR)	1	
NITROLINGUAL PUMPSPRAY	2	
NITROSTAT	2	

### **PULMONARY ARTERIAL HYPERTENSION**

LETAIRIS	4	
REVATIO	4	PA
TRACLEER	4	LA
VENTAVIS	4	B/D

### **CENTRAL NERVOUS SYSTEM**

#### **ANTIANSXIETY-BENZODIAZEPINES**

<i>alprazolam</i> (generic of XANAX)	1	ED
<i>alprazolam er</i> (generic of XANAX XR)	1	ED
<i>alprazolam odt</i> (generic of NIRAVAM)	1	ED
<i>alprazolam xr</i> (generic of XANAX XR)	1	ED
<i>chlordiazepoxide hcl</i> (generic of LIBRIUM)	1	ED
<i>clonazepam</i> (generic of KLONOPIN)	1	ED
<i>clonazepam orally disintegrating</i> (generic of KLONOPIN WAFERS)	1	ED
<i>clorazepate dipotassium</i> (generic of TRANXENE T)	1	ED
<i>diazepam soln</i>	1	ED
<i>diazepam tabs</i> (generic of VALIUM)	1	ED
<i>lorazepam</i> (generic of ATIVAN)	1	ED
<i>midazolam hcl</i>	1	ED
<i>oxazepam</i> (generic of SERAX)	1	ED

#### **ANTIANSXIETY**

<i>bupirone hcl</i> (generic of VANSPAR)	1	
<i>fluvoxamine maleate</i>	1	

#### **ANTICONVULSANTS**

BANZEL	3	
<i>carbamazepine</i> (generic of TEGRETOL)	1	
<i>carbamazepine er</i> (generic of TEGRETOL-XR)	1	
CARBATROL	2	
CELONTIN	2	
DILANTIN	2	
DILANTIN INFATABS	2	
<i>divalproex sodium tbec</i> (generic of DEPAKOTE)	1	

Drug	Tier	Notes
<i>divalproex sodium tb24</i> (generic of DEPAKOTE ER)	1	
<i>divalproex sodium cpsp</i> (generic of DEPAKOTE SPRINKLES)	1	
<i>epitol</i>	1	
<i>ethosuximide</i> (generic of ZARONTIN)	1	
FELBATOL	3	
<i>gabapentin caps 100mg</i> (generic of NEURONTIN) QL (1080 per 25 days)	1	QL
<i>gabapentin caps 400mg</i> (generic of NEURONTIN) QL (270 per 25 days)	1	QL
<i>gabapentin caps 300mg</i> (generic of NEURONTIN) QL (360 per 25 days)	1	QL
<i>gabapentin tabs 800mg</i> (generic of GABARONE) QL (120 per 25 days)	1	QL
<i>gabapentin tabs 600mg</i> (generic of GABARONE) QL (180 per 25 days)	1	QL
GABITRIL	2	
KEPPRA	2	
<i>lamotrigine</i> (generic of LAMICTAL)	1	
<i>levetiracetam</i> (generic of KEPPRA)	1	
LYRICA caps 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg QL (120 per 25 days)	2	QL
LYRICA caps 300mg QL (60 per 25 days)	2	QL
<i>mephobarbital</i> (generic of MEBARAL)	1	ED
NEURONTIN SOLN QL (2350 per 25 days)	2	QL
<i>oxcarbazepine</i> (generic of TRILEPTAL)	1	
PEGANONE	2	
<i>phenobarbital</i>	1	ED
<i>phenytoin</i> (generic of DILANTIN)	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i> (generic of PHENYTEK)	1	
<i>primidone</i> (generic of MYSOLINE)	1	
TEGRETOL-XR 100mg	2	
<i>topiramate tabs</i> (generic of TOPAMAX)	1	

Drug	Tier	Notes
<i>topiramate</i> csp (generic of TOPAMAX SPRINKLE)	1	
TRILEPTAL SUSP	2	
<i>valproate sodium</i> inj (generic of DEPAICON)	1	
<i>valproate sodium</i> caps, syrp (generic of DEPAKENE)	1	
VIMPAT	2	
<i>zonisamide</i> (generic of ZONEGRAN)	1	
<b>ANTIDEMENTIA</b>		
ARICEPT	2	
ARICEPT ODT	2	
EXELON	2	
<i>galantamine hydrobromide</i> tabs (generic of RAZADYNE)	1	
<i>galantamine hydrobromide</i> cp24 (generic of RAZADYNE ER)	1	
NAMENDA	2	
NAMENDA TITRATION PAK	2	
RAZADYNE SOLN	2	
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
<i>budeprion sr</i>	1	
<i>budeprion xl</i>	1	
<i>bupropion hcl</i> tabs (generic of WELLBUTRIN)	1	
<i>bupropion hcl</i> tb12 100mg, 200mg (generic of WELLBUTRIN SR)	1	
<i>bupropion hcl</i> tb12 150mg (generic of ZYBAN)	1	
<i>citalopram hydrobromide</i> (generic of CELEXA)	1	
<i>clomipramine hcl</i> (generic of ANAFRANIL)	1	
CYMBALTA	2	
<i>desipramine hcl</i> (generic of NORPRAMIN)	1	
<i>doxepin hcl</i>	1	
EFFEXOR XR	2	
EMSAM	2	
<i>fluoxetine hcl</i> caps, soln (generic of PROZAC)	1	
<i>fluoxetine hcl</i> tabs (generic of RAPIFLUX)	1	
<i>imipramine hcl</i> (generic of TOFRANIL)	1	
LEXAPRO	2	
<i>maprotiline hcl</i>	1	

Drug	Tier	Notes
MARPLAN	2	
<i>mirtazapine odt</i> (generic of REMERON SOLTAB)	1	
<i>mirtazapine</i> tabs (generic of REMERON)	1	
<i>mirtazapine</i> tbdp (generic of REMERON SOLTAB)	1	
NARDIL	2	
<i>nefazodone hcl</i>	1	
<i>nortriptyline hcl</i> (generic of PAMELOR)	1	
<i>paroxetine hcl</i> (generic of PAXIL)	1	
<i>paroxetine hcl er</i> (generic of PAXIL CR)	1	
PRISTIQ	2	
<i>protriptyline hcl</i> (generic of VIVACTIL)	1	
<i>sertraline hcl</i> (generic of ZOLOFT)	1	
SURMONTIL 100mg	2	
<i>tranylcypromine sulfate</i> (generic of PARNATE)	1	
<i>trazodone hcl</i>	1	
<i>trimipramine maleate</i> (generic of SURMONTIL)	1	
<i>venlafaxine hcl</i> (generic of EFFEXOR)	1	
VENLAFAXINE HCL ER	3	
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i> (generic of SYMMETREL)	1	
APOKYN	4	
<i>atamet</i> (generic of SINEMET)	1	
AZILECT	2	
<i>benztropine mesylate</i>	1	
<i>bromocriptine mesylate</i> (generic of PARLODEL)	1	
<i>carbidopa/levodopa odt</i> (generic of PARCOPA)	1	
<i>carbidopa/levodopa</i> tabs (generic of SINEMET)	1	
<i>carbidopa/levodopa</i> tbc (generic of SINEMET CR)	1	
COGENTIN INJ	2	
COMTAN	2	
MIRAPEX	2	
REQUIP XL	3	
<i>ropinirole hcl</i> (generic of REQUIP)	1	
<i>selegiline hcl</i> tabs	1	

Drug	Tier	Notes
<i>selegiline hcl caps</i> (generic of ELDEPRYL)	1	
STALEVO 100	2	
STALEVO 125	2	
STALEVO 150	2	
STALEVO 200	2	
STALEVO 50	2	
STALEVO 75	2	
<i>trihexyphenidyl hcl</i>	1	
<b>ANTIPSYCHOTICS</b>		
ABILIFY	3	
ABILIFY DISCMELT	3	
<i>chlorpromazine hcl inj</i>	1	
<i>chlorpromazine hcl tabs</i> (generic of THORAZINE)	1	
<i>clozapine</i> (generic of CLOZARIL)	1	
FAZACLO	2	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl conc, elix, inj</i>	1	
<i>fluphenazine hcl tabs</i> (generic of PROLIXIN)	1	
GEODON	2	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE)	1	
<i>haloperidol lactate</i> (generic of HALDOL)	1	
INVEGA	3	
<i>loxapine succinate</i> (generic of LOXITANE)	1	
MOBAN	2	
NAVANE	2	
ORAP	2	
<i>perphenazine</i>	1	
RISPERDAL CONSTA	2	
RISPERDAL M-TAB 1mg	3	
<i>risperidone</i> (generic of RISPERDAL)	1	
<i>risperidone odt</i> (generic of RISPERDAL M-TAB)	1	
SEROQUEL	2	
SEROQUEL XR	2	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i> (generic of NAVANE)	1	
<i>trifluoperazine hcl</i>	1	
ZYPREXA	2	
ZYPREXA ZYDIS	2	
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
CONCERTA	3	PA

Drug	Tier	Notes
<i>dextroamphetamine sulfate</i> (generic of DEXTROSTAT)	1	PA
<i>dextroamphetamine sulfate er</i> (generic of DEXEDRINE)	1	
METADATE CD	3	PA
<i>methylin er</i>	1	
METHYLIN chew, soln	3	PA
<i>methylin tabs</i>	1	PA
<i>methylphenidate hcl</i> (generic of RITALIN)	1	PA
RITALIN LA	3	PA
STRATTERA	2	PA
<b>HYPNOTICS</b>		
<i>estazolam</i> (generic of PROSOM)	1	ED
<i>flurazepam hcl</i> (generic of DALMANE)	1	ED
LUNESTA	3	QL
QL (180 per 365 days)		
<i>temazepam</i> (generic of RESTORIL)	1	ED
<i>triazolam</i> (generic of HALCION)	1	ED
<i>zaleplon</i> (generic of SONATA)	1	QL
QL (180 per 365 days)		
<i>zolpidem tartrate</i> (generic of AMBIEN)	1	QL
QL (180 per 365 days)		
<b>MIGRAINE</b>		
<i>dihydroergotamine mesylate</i> (generic of D.H.E. 45)	1	
<i>ergotamine tartrate/caffeine</i> (generic of CAFERGOT)	1	
FROVA	3	QL
QL (18 per 25 days)		
MAXALT	2	QL
QL (12 per 25 days)		
MAXALT-MLT	2	QL
QL (12 per 25 days)		
<i>migergot</i>	1	
MIGRANAL	2	QL
QL (8 per 25 days)		
RELPAK	3	QL
QL (12 per 25 days)		
<i>sumatriptan succinate inj</i> (generic of IMITREX)	1	QL
QL (10 per 25 days)		
<i>sumatriptan succinate tabs</i> (generic of IMITREX)	1	QL
QL (9 per 25 days)		
ZOMIG	3	QL
QL (12 per 25 days)		
ZOMIG ZMT	3	QL
QL (12 per 25 days)		

Drug	Tier	Notes
<b>MISCELLANEOUS</b>		
GUANIDINE HCL	2	
<i>lithium carbonate</i>	1	
<i>lithium carbonate er</i> (generic of LITHOBID)	1	
<i>lithium citrate</i>	1	
MESTINON	2	
MESTINON TIMESPAN	2	
<i>pyridostigmine bromide</i> (generic of MESTINON)	1	
REGONOL	2	
RILUTEK	4	
SAVELLA	2	
SAVELLA TITRATION PACK	2	
XENAZINE	4	PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
BETASERON	4	
COPAXONE	4	
REBIF	4	
REBIF TITRATION PACK	4	
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen</i>	1	
<i>carisoprodol</i> (generic of SOMA)	1	
<i>chlorzoxazone</i> (generic of PARAFON FORTE DSC)	1	
<i>cyclobenzaprine hcl</i> (generic of FLEXERIL)	1	
<i>dantrolene sodium</i> (generic of DANTRIUM)	1	
<i>methocarbamol</i> (generic of ROBAXIN)	1	
<i>orphenadrine /asa /caffeine</i> (generic of NORGESIC)	1	
ROBAXIN SOLN	2	
SKELAXIN	2	
<i>tizanidine hcl</i> (generic of ZANAFLEX)	1	
<b>NARCOLEPSY/CATAPLEXY</b>		
PROVIGIL	2	PA
XYREM	4	LA
<b>PSYCHOTHERAPEUTIC-MISCELLANEOUS</b>		
ANTABUSE	2	
<i>buproban</i>	1	
CAMPRAL	2	
CHANTIX	2	PA
<i>depade</i>	1	
<i>naloxone hcl</i> (generic of NARCAN)	1	
<i>naltrexone hcl</i> (generic of REVIA)	1	

Drug	Tier	Notes
NICOTROL INHALER	2	
SUBOXONE	2	
SUBUTEX	2	
<b>ENDOCRINE AND METABOLIC ANDROGENS</b>		
ANDRODERM	2	PA
ANDROGEL	2	PA
<i>oxandrolone tabs 2.5mg</i> (generic of OXANDRIN)	1	PA
<i>oxandrolone tabs 10mg</i> (generic of OXANDRIN)	4	PA
TESTIM	2	PA
<i>testosterone cypionate</i> (generic of DEPO-TESTOSTERONE)	1	
<i>testosterone enanthate</i> (generic of DELATESTRYL)	1	
<b>ANTIDIABETICS</b>		
<i>acarbose</i> (generic of PRECOSE)	1	
ACTOPLUS MET	2	
ACTOS	2	
ALCOHOL PREPS	2	
APIDRA	2	
APIDRA SOLOSTAR	2	
AVANDAMET	2	
AVANDARYL	2	
AVANDIA	2	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	2	
BD ULTRA-FINE ORIGINAL PEN NEEDLES/29G X 12.7MM	2	
BYETTA	2	
CURITY GAUZE PADS 2"X2"	2	
DUETACT	2	
<i>glimepiride</i> (generic of AMARYL)	1	
<i>glipizide</i> (generic of GLUCOTROL)	1	
<i>glipizide er</i> (generic of GLUCOTROL 1 XL)	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hcl</i> (generic of METAGLIP)	1	
<i>glyburide</i> (generic of DIABETA)	1	
<i>glyburide micronized</i> (generic of GLYNASE)	1	

Drug	Tier	Notes
<i>glyburide/metformin hcl</i> (generic of GLUCOVANCE)	1	
<i>glycron</i> (generic of GLYNASE)	1	
HUMALOG	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 PEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 PEN	2	
HUMALOG PEN	2	
HUMULIN 50/50	2	
HUMULIN 70/30	2	
HUMULIN 70/30 PEN	2	
HUMULIN N	2	
HUMULIN N U-100 PEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
JANUMET	2	
JANUVIA	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
<i>metformin hcl</i> (generic of GLUCOPHAGE)	1	
<i>metformin hcl er</i> (generic of GLUMETZA)	1	
NOVOLIN 70/30	2	
NOVOLIN 70/30 INNOLET	2	
NOVOLIN N	2	
NOVOLIN N INNOLET	2	
NOVOLIN R	2	
NOVOLIN R INNOLET	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	
ONGLYZA	2	
PRANDIN	2	
RELION 70/30	2	
RELION N	2	
RELION R	2	
SYMLIN	2	
SYMLINPEN 60	2	
<b>BISPHOSPHONATES</b>		
ACTONEL	3	
<i>alendronate sodium</i> (generic of FOSAMAX)	1	
BONIVA	2	

Drug	Tier	Notes
ZOMETA	4	
<b>CALCITONINS</b>		
<i>calcitonin-salmon</i> (generic of MIACALCIN)	1	
<i>fortical</i>	1	
MIACALCIN INJ	2	
<b>CALCIUM RECEPTOR ANTAGONISTS</b>		
SENSIPAR tabs 30mg	2	
SENSIPAR tabs 60mg, 90mg	4	
<b>CHELATING AGENTS</b>		
EXJADE	4	
SYPRINE	2	
<b>CONTRACEPTIVES</b>		
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aviane</i>	1	
<i>camila</i>	1	
<i>cesia</i>	1	
<i>cryselle-28</i>	1	
DEPO-PROVERA CONTRACEPTIVE	3	
<i>enpresse-28</i>	1	
<i>errin</i>	1	
<i>jolivette</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>kariva</i>	1	
<i>lessina-28</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>medroxyprogesterone acetate</i> (generic of DEPO-PROVERA CONTRACEPTIVE)	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>mononessa</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>necon 1/35-28</i>	1	
<i>necon 1/50-28</i>	1	
NECON 10/11-28	2	
<i>necon 7/7/7</i>	1	
<i>nora-be</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	

Drug	Tier	Notes
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
NUVARING	2	
<i>ocella</i>	1	
ORTHO EVRA	2	
ORTHO TRI-CYCLEN LO	2	
PLAN B	2	
<i>portia-28</i>	1	
<i>previfem</i>	1	
<i>quasense</i>	1	
<i>solia</i>	1	
<i>sprintec 28</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>trinessa</i>	1	
<i>trivora-28</i>	1	
<i>velivet</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
<b>ENDOMETRIOSIS</b>		
<i>danazol</i>	1	
SYNAREL	2	
<b>ENZYME REPLACEMENTS</b>		
ADAGEN	4	
ALDURAZYME	4	
BUPHENYL	4	
CEREZYME	4	
CYSTADANE	2	
CYSTAGON	2	
ELAPRASE	4	
FABRAZYME	4	
KUVAN	4	
MYOZYME	4	
NAGLAZYME	4	
ORFADIN	4	
SUCRAID	4	
ZAVESCA	4	
<b>ESTROGEN/PROGESTINS</b>		
CLIMARA PRO	2	
COMBIPATCH	2	
FEMHRT 1/5	3	
FEMHRT LOW DOSE	3	
PREFEST	3	
PREMPHASE	2	
PREMPRO	2	
<b>ESTROGENS</b>		
ALORA	2	
CENESTIN	3	
ESTRACE	3	

Drug	Tier	Notes
ESTRADERM	2	
<i>estradiol ptwk (generic of CLIMARA)</i>	1	
<i>estradiol tabs (generic of GYNODIOL)</i>	1	
ESTRING	3	
<i>estropipate (generic of OGEN)</i>	1	
FEMRING	3	
GYNODIOL tabs 1.5mg 1.5mg	2	
<i>gynodiol tabs 0.5mg, 1mg, 2mg</i>	1	
<i>ortho-est</i>	1	
PREMARIN	2	
PREMARIN W/APPLICATOR	2	
VAGIFEM	2	
VIVELLE-DOT	2	
<b>GLUCOCORTICOIDS</b>		
<i>a-hydrocort</i>	1	
<i>a-methapred</i>	1	
<i>dexamethasone</i>	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
DEXPAK 13 DAY	2	
<i>fludrocortisone acetate (generic of FLORINEF)</i>	1	
<i>hydrocortisone (generic of CORTEF)</i>	1	
MEDROL 2mg TAB	2	
<i>methylprednisolone (generic of MEDROL)</i>	1	
<i>methylprednisolone acetate (generic of DEPO-MEDROL)</i>	1	
<i>methylprednisolone sodiumsuccinate (generic of SOLU-MEDROL)</i>	1	
<i>prednisolone sodium phosphate (generic of PEDIAPRED)</i>	1	
<i>prednisone</i>	1	
PREDNISON INTENSOL	2	
SOLU-CORTEF	2	
<b>GLUCOSE ELEVATING AGENTS</b>		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM	2	
<b>HUMAN GROWTH HORMONES</b>		
INCRELEX	4	PA
NORDITROPIN CARTRIDGE	4	PA
NORDITROPIN NORDIFLEX PEN	4	PA
SAIZEN	4	PA
SAIZEN CLICK.EASY	4	PA
TEV-TROPIN	4	PA
<b>MISCELLANEOUS</b>		

Drug	Tier	Notes
<i>cabergoline</i> (generic of DOSTINEX)	1	
<i>chorionic gonadotropin</i> (generic of PROFASI HP)	1	B/D
<i>octreotide acetate</i> (generic of SANDOSTATIN)	4	PA
SANDOSTATIN LAR DEPOT	4	PA
SOMATULINE DEPOT	4	PA
SOMAVERT	4	PA
<b>PARATHYROID HORMONES</b>		
FORTEO	4	PA
<b>PHOPHATE BINDER AGENTS</b>		
FOSRENOL	3	
PHOSLO	2	
REVELA	2	
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate</i> (generic of PROVERA)	1	
<i>norethindrone acetate</i> (generic of AYGESTIN)	1	
PROMETRIUM	3	
<b>SELECTIVE ESTROGEN RECEPTOR MODULATORS</b>		
EVISTA	2	
<b>THYROID AGENTS</b>		
<i>levothroid</i>	1	
<i>levothyroxine sodium</i> (generic of SYNTHROID)	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium</i> (generic of CYTOMEL)	1	
<i>methimazole</i> (generic of TAPAZOLE)	1	
<i>propylthiouracil</i>	1	
SYNTHROID	2	
<i>unithroid</i>	1	
<b>VASOPRESSINS</b>		
<i>ddavp</i>	1	
<i>desmopressin acetate</i> (generic of DDAVP)	1	
<b>GASTROINTESTINAL ANTIDIARRHEALS</b>		
<i>diphenoxylate/atropine</i> (generic of LOMOTIL)	1	
<i>lonox</i>	1	
<i>loperamide hcl</i>	1	
<b>ANTIEMETICS</b>		
ANTIVERT 50 MG TAB	2	
<i>compro</i>	1	

Drug	Tier	Notes
<i>dronabinol</i> caps 2.5mg, 5mg (generic of MARINOL) QL (60 per 25 days)	1	QL
<i>dronabinol</i> caps 10mg (generic of MARINOL) QL (60 per 25 days)	4	QL
EMEND misc QL (2 per 25 days), B/D	2	B/D QL
EMEND caps 40mg	2	
EMEND caps 125mg QL (2 per 25 days), B/D	2	B/D QL
EMEND caps 80mg QL (4 per 25 days), B/D	2	B/D QL
<i>granisetron hcl</i> inj (generic of KYTRIL)	1	
<i>granisetron hcl</i> tabs (generic of KYTRIL)	1	B/D
<i>granisol</i>	1	B/D
<i>meclizine hcl</i> (generic of ANTIVERT)	1	
<i>metoclopramide hcl</i> (generic of REGLAN)	1	
<i>ondansetron hcl</i> inj (generic of ZOFRAN)	1	
<i>ondansetron hcl</i> oral soln, tabs (generic of ZOFRAN)	1	B/D
<i>ondansetron odt</i> (generic of ZOFRAN ODT)	1	B/D
<i>phenadoz</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl</i> supp, syrp, tabs	1	
<i>promethazine hcl</i> inj (generic of PHENERGAN)	1	
<i>promethegan</i>	1	
TRANSDERM-SCOP	2	
<i>trimethobenzamide hcl</i> (generic of TIGAN)	1	
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl</i> (generic of BENTYL)	1	
<i>glycopyrrolate</i> (generic of ROBINUL)	1	
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>cimetidine</i> (generic of TAGAMET HB)	1	
<i>cimetidine hcl</i>	1	
<i>famotidine premixed</i>	1	
<i>famotidine</i> tabs (generic of PEPCID AC)	1	
<i>famotidine</i> inj (generic of PEPCID I.V.)	1	

Drug	Tier	Notes
PEPCID SUSP	2	
<i>ranitidine hcl</i> caps (generic of TALADINE)	1	
<i>ranitidine hcl</i> inj, syrp (generic of ZANTAC)	1	
<i>ranitidine hcl</i> tabs (generic of ZANTAC 150 MAXIMUM STRENGTH)	1	
<b>INFLAMMATORY BOWEL DISEASE</b>		
APRISO	2	
ASACOL	3	
CANASA	2	
CIMZIA	4	PA
<i>colocort</i>	1	
CORTIFOAM	3	
DIPENTUM	2	
ENTOCORT EC	2	
<i>hydrocortisone</i> (generic of CORTENEMA)	1	
LIALDA	2	
<i>mesalamine</i> (generic of ROWASA)	1	
PENTASA	2	
<i>sulfasalazine</i> (generic of AZULFIDINE)	1	
<i>sulfazine</i>	1	
<i>sulfazine ec</i>	1	
<b>IRRITABLE BOWEL SYNDROME</b>		
LOTRONEX	2	
<b>LAXATIVES</b>		
<i>constulose</i>	1	
<i>enulose</i>	1	
HALFLYTELY BOWEL PREP	2	
KRISTALOSE	3	
<i>lactulose</i>	1	
NULYTELY/FLAVOR PACKS	3	
<i>peg 3350/electrolytes</i> (generic of GOLYTELY)	1	
RELISTOR	2	
<i>trilyte</i>	1	
VISICOL	3	
<b>MISCELLANEOUS</b>		
AMITIZA	2	
CARAFATE SUSP	2	
GASTROCROM	2	
<i>misoprostol</i> (generic of CYTOTEC)	1	
<i>sucrafate</i> (generic of CARAFATE)	1	
<i>ursodiol</i> caps (generic of ACTIGALL)	1	
<i>ursodiol</i> tabs (generic of URSO 250)	1	

Drug	Tier	Notes
<b>PANCREATIC ENZYMES</b>		
CREON	2	
LIPRAM 4500	2	
LIPRAM-PN10	2	
LIPRAM-PN16	2	
LIPRAM-PN20	2	
LIPRAM-UL12	2	
LIPRAM-UL18	2	
LIPRAM-UL20	2	
PANCRELIPASE	2	
ULTRASE	2	
ULTRASE MT 12	2	
ULTRASE MT 18	2	
ULTRASE MT 20	2	
VIKASE	2	
VIKASE 16	2	
<b>PROTON PUMP INHIBITOR/ANTI- INFECTIVE COMBINATIONS</b>		
PREVPAC	2	
<b>PROTON PUMP INHIBITORS</b>		
KAPIDEX	2	QL
QL (90 per 365 days)		
NEXIUM	2	QL
QL (90 per 365 days)		
NEXIUM I.V.	2	
<i>omeprazole</i> (generic of PRILOSEC)	1	QL
QL (90 per 365 days)		
<i>pantoprazole sodium</i> (generic of PROTONIX)	1	QL
QL (90 per 365 days)		
ZEGERID	3	QL
QL (90 per 365 days)		
<b>SALIVA STIMULANTS</b>		
EVOXAC	2	
<i>pilocarpine hcl</i> (generic of SALAGEN)	1	
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
AVODART	2	
<i>finasteride</i> (generic of PROSCAR)	1	
FLOMAX	2	
UROXATRAL	2	
<b>MISCELLANEOUS</b>		
<i>bethanechol chloride</i> (generic of URECHOLINE)	1	
ELMIRON	2	
<i>potassium citrate extended-release</i> (generic of UROCIT-K)	1	
THIOLA	2	

Drug	Tier	Notes
<b>URINARY ANTISPASMODICS</b>		
DETROL	3	
DETROL LA	2	
ENABLEX	2	
<i>oxybutynin chloride</i> (generic of DITROPAN)	1	
<i>oxybutynin chloride er</i> (generic of DITROPAN XL)	1	
OXYTROL	2	
SANCTURA	2	
SANCTURA XR	2	
VESICARE	2	
<b>VAGINAL ANTI-INFECTIVES</b>		
CLEOCIN	2	
<i>clindamycin phosphate</i> (generic of CLEOCIN)	1	
<i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL)	1	
<i>terconazole</i> (generic of TERAZOL)	1	
<i>vandazole</i>	1	
<i>zazole</i>	1	
<b>HEMATOLOGIC ANTICOAGULANTS</b>		
ARIXTRA	2	
COUMADIN	2	
HEPARIN SODIUM/D5W inj 5%; 50unit/ml	2	
<i>heparin sodium/d5w</i> inj 5%; 100unit/ml, 5%; 40unit/ml	1	
<i>heparin sodium/nacl 0.9%</i>	1	
HEPARIN SODIUM inj 2000unit/ml, 2500unit/ml	2	
<i>heparin sodium</i> inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml	1	
<i>jantoven</i>	1	
LOVENOX	2	
<i>warfarin sodium</i> (generic of COUMADIN)	1	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
NEULASTA	4	PA
NEUPOGEN	4	PA
PROCRIT inj 2000unit/ml, 3000unit/ml, 4000unit/ml	2	PA
PROCRIT inj 10000unit/ml, 20000unit/ml, 40000unit/ml	4	PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hydrochloride</i> (generic of AGRYLIN)	1	

Drug	Tier	Notes
<i>cilostazol</i> (generic of PLETAL)	1	
CYKLOKAPRON	2	
<i>pentoxifylline er</i> (generic of TRENTAL)	1	
PROMACTA	4	
<b>PLATELET AGGREGATION INHIBITORS</b>		
AGGRENOX	2	
<i>dipyridamole</i> (generic of PERSANTINE)	1	
PLAVIX	2	
<b>IMMUNOLOGIC AGENTS DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
CUPRIMINE	2	
ENBREL	4	PA
ENBREL SURECLICK	4	PA
HUMIRA	4	PA
HUMIRA PEN-CROHNS DISEASESTARTER	4	PA
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL)	1	
<i>leflunomide</i> (generic of ARAVA)	1	
<i>methotrexate</i> (generic of TREXALL)	1	
REMICADE	4	PA
RHEUMATREX	2	
RIDAURA	2	
<b>IMMUNOGLOBULINS</b>		
GAMASTAN S/D	2	
GAMMAGARD LIQUID	4	PA
GAMUNEX	4	PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE	4	
INFERGEN	4	PA
INTRON-A	4	
INTRON-A W/DILUENT	2	
PEG-INTRON	4	PA
PEG-INTRON REDIPEN	4	PA
PEG-INTRON REDIPEN PAK 4	4	PA
PEGASYS	4	PA
REVLIMID	4	PA LA
THALOMID	4	PA
<b>IMMUNOSUPPRESSANTS</b>		
AZASAN	2	B/D
<i>azathioprine</i> (generic of IMURAN)	1	B/D
CELLCEPT	2	B/D
<i>cyclosporine</i> (generic of SANDIMMUNE)	1	B/D
<i>cyclosporine modified</i> (generic of NEORAL)	1	B/D

Drug	Tier	Notes
<i>gengraf</i>	1	B/D
<i>mycophenolate mofetil</i> (generic of CELLCEPT)	1	B/D
NEORAL	2	B/D
PROGRAF	2	B/D
RAPAMUNE	2	B/D
SANDIMMUNE	2	B/D
<b>VACCINES</b>		
ACTHIB	2	
ADACEL	2	
ATTENUVAX	2	
BOOSTRIX	2	
COMVAX	2	
DAPTACEL	2	
DECAVAC	2	B/D
DIPHThERIA/TETANUS TOXOID PEDIATRIC	2	B/D
ENGERIX-B	2	B/D
GARDASIL	2	
HAVRIX	2	
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
IPOL INACTIVATED IPV	2	
JE-VAX	2	
M-M-R II W/DILUENT 10 DOSE	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MERUVAX II W/DILUENT 10 DOSE	2	
PEDIARIX	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	B/D
ROTATEQ	2	
TETANUS TOXOID ADSORBED	2	B/D
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	2	B/D
TRIHIBIT	2	
TRIPEDIA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VIVOTIF BERNA	2	
YF-VAX	2	
ZOSTAVAX	2	
<b>NUTRITIONAL/SUPPLEMENTS</b>		
<b>ELECTROLYTES</b>		
<i>ed k+10</i> (generic of K-TABS)	1	

Drug	Tier	Notes
<i>kaon-cl-10</i>	1	
<i>kionex</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>potassium chloride</i> (generic of K-TABS)	1	
<i>potassium chloride er cpcr</i> (generic of MICRO-K)	1	
<i>potassium chloride er tbcR 8meq</i> (generic of K-TABS)	1	
<i>potassium chloride er tbcR 20meq</i> (generic of KLOR-CON M15)	1	
<i>sodium fluoride</i>	1	
<i>sodium polystyrene sulfonate</i> (generic of KAYEXALATE)	1	
<b>IV NUTRITION</b>		
AMINESS	2	B/D
AMINOSYN	2	B/D
AMINOSYN 7%/ELECTROLYTES	2	B/D
<i>aminosyn 8.5%/electrolytes</i>	1	B/D
AMINOSYN II	2	B/D
AMINOSYN II 3.5%/DEXTROSE25%	2	B/D
AMINOSYN II 3.5%/DEXTROSE 25%	2	B/D
AMINOSYN II 4.25%/DEXTROSE10%	2	B/D
AMINOSYN II 4.25%/DEXTROSE20%	2	B/D
AMINOSYN II 4.25%/DEXTROSE25%	2	B/D
AMINOSYN II 5%/DEXTROSE 25	2	B/D
<i>aminosyn ii 8.5%/electrolytes</i>	1	B/D
AMINOSYN II M 3.5%/DEXTROSE 5%	2	B/D
AMINOSYN M	2	B/D
AMINOSYN-HBC	2	B/D
<i>aminosyn-hf</i>	1	B/D
AMINOSYN-PF	2	B/D
AMINOSYN-PF 7%	2	B/D
CLINIMIX 2.75%/DEXTROSE 5%	2	B/D
<i>clinimix 4.25%/dextrose 10%</i>	1	B/D
<i>clinimix 4.25%/dextrose 20%</i>	1	B/D
<i>clinimix 4.25%/dextrose 25%</i>	1	B/D
CLINIMIX 4.25%/DEXTROSE 5%	2	B/D
CLINIMIX 5%/DEXTROSE 15%	2	B/D
CLINIMIX 5%/DEXTROSE 20%	2	B/D
CLINIMIX 5%/DEXTROSE 25%	2	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	2	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	2	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	2	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	2	B/D

Drug	Tier	Notes
CLINIMIX E 5%/DEXTROSE 15%	2	B/D
CLINIMIX E 5%/DEXTROSE 20%	2	B/D
CLINIMIX E 5%/DEXTROSE 25%	2	B/D
CLINIMIX E 5%/DEXTROSE 35%	2	B/D
<i>clinisol sf 15%</i>	1	B/D
FREAMINE HBC 6.9%	2	B/D
<i>freamine iii</i>	1	B/D
FREAMINE III 3%	2	B/D
<i>hepatamine</i>	1	B/D
HEPATASOL	2	B/D
INTRALIPID inj 1.7%; 30%	2	B/D
<i>intraipid inj 2.25%; 20%</i>	1	B/D
NEPHRAMINE	2	B/D
<i>novamine</i>	1	B/D
PREMASOL inj 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/100ml; 356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml	2	B/D
<i>premasol inj 56meq/l; 320mg/100ml; 1 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml</i>	1	B/D
PROCALAMINE	2	B/D
PROSOL	2	B/D
RENAMIN	2	B/D
TRAVASOL	2	B/D
TRAVASOL 2.75%/DEXTROSE 10%	2	B/D
TRAVASOL 2.75%/DEXTROSE 5%	2	B/D
<i>travasol 3.5%/electrolytes</i>	1	B/D
TRAVASOL 8.5%/DEXTROSE 10%	2	B/D
TRAVASOL 8.5%/DEXTROSE 20%	2	B/D
TRAVASOL 8.5%/DEXTROSE 50%	2	B/D
<i>travasol 8.5%/electrolytes</i>	1	B/D
TROPHAMINE	2	B/D
<b>IV REPLACEMENT SOLUTIONS</b>		
<i>alcohol 5%/dextrose 5%</i>	1	
<i>dextrose 10%/nacl 0.45%</i>	1	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2	

Drug	Tier	Notes
<i>dextrose 10% flex container</i>	1	
<i>dextrose 10%/nacl 0.2%</i>	1	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%</i>	1	
<i>dextrose 5%/nacl 0.2%</i>	1	
<i>dextrose 5%/nacl 0.225%</i>	1	
<i>dextrose 5%/nacl 0.33%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.9%</i>	1	
DEXTROSE 5%/POTASSIUM CHLORIDE 0.075%	2	
IONOSOL-B/DEXTROSE 5%	2	
IONOSOL-MB/DEXTROSE 5%	2	
IONOSOL-T/DEXTROSE 5%	2	
ISOLYTE-H/DEXTROSE 5%	2	
<i>isolyte-m/dextrose 5%</i>	1	
ISOLYTE-P/DEXTROSE 5%	2	
ISOLYTE-S	2	
ISOLYTE-S/DEXTROSE 5%	2	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	
KCL 0.15%/D10W/NACL 0.2%	2	
KCL 0.15%/D5W/LR	2	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	
KCL 0.15%/D5W/NACL 0.225%	2	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	
<i>kcl 0.224%/d5w/nacl 0.2%</i>	1	
KCL 0.3%/D5W/LR IV LAC RING	2	
<i>kcl 0.3%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	
KCL 0.3%/D5W/NACL 0.9%	2	
<i>lactated ringers viaflex</i>	1	
MAGNESIUM SULFATE IN D5W	2	
<i>normosol-m in d5w</i>	1	
NORMOSOL-R	2	
<i>normosol-r in d5w</i>	1	
PLASMA-LYTE 56	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-148	2	
PLASMA-LYTE-148/D5W	2	
PLASMA-LYTE-56/D5W	2	
<i>plasma-lyte-r</i>	1	
<i>potassium chloride</i>	1	
<i>potassium chloride 0.075%/d5w/nacl 0.225%</i>	1	
POTASSIUM CHLORIDE 0.15% /NACL 0.45% VIAFLEX	2	
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	1	

Drug	Tier	Notes
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	1	
<i>potassium chloride 0.15% nacl 0.9%</i>	1	
<i>potassium chloride 0.15%/d5w</i>	1	
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	1	
<i>potassium chloride 0.224%/d5w</i>	1	
<i>potassium chloride 0.224%d5w/nacl 0.33%</i>	1	
POTASSIUM CHLORIDE 0.3%/ NACL 0.9%	2	
<i>potassium chloride 0.3%/d5w</i>	1	
<i>ringers injection</i>	1	
<i>sodium chloride</i>	1	
<i>sodium chloride 0.45% viaflex</i>	1	
<b>VITAMINS</b>		
<i>calcitriol oral soln (generic of CALCIJEX)</i>	1	
<i>calcitriol caps (generic of ROCALTROL)</i>	1	
CALCITRIOL inj 2mcg/ml	2	
<i>calcitriol inj 1mcg/ml (generic of CALCIJEX)</i>	1	
HECTOROL	2	
<i>prenatabs obn (generic of NOVANATAL)</i>	1	

## RESPIRATORY

### ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

COMBIVENT QL (2 inhalers per 25 days)	2	QL
<i>ipratropium bromide/albuterol sulfate (generic of DUONEB)</i> QL (540 per 25 days), B/D	1	B/D QL

### ANTICHOLINERGICS

ATROVENT HFA QL (2 inhalers per 25 days)	2	QL
<i>ipratropium bromide nasal soln (generic of ATROVENT)</i>	1	
<i>ipratropium bromide inhalation soln</i> QL (315 per 25 days), B/D	1	B/D QL
SPIRIVA HANDIHALER QL (30 per 25 days)	2	QL

### ANTIHISTAMINE/DECONGESTANT COMBINATIONS

ALLEGRA-D 12 HOUR	3	
ALLEGRA-D 24 HOUR	3	
<i>promethazine vc</i>	1	

### ANTIHISTAMINES, LOW/NONSEDATING

Drug	Tier	Notes
ASTELIN QL (2 inhalers per 25 days)	2	QL
ASTEPRO QL (2 inhalers per 25 days)	2	QL
<i>fexofenadine hcl (generic of ALLEGRA)</i>	1	
XYZAL	3	

### ANTIHISTAMINES, SEDATING

<i>clemastine fumarate syrp</i>	1	
<i>clemastine fumarate tabs (generic of TAVIST ALLERGY)</i>	1	
<i>cyproheptadine hcl</i>	1	
<i>diphenhydramine hcl inj (generic of BENADRYL)</i>	1	
<i>diphenhydramine hcl caps (generic of BENADRYL DYE-FREE ALLERGYLIQUID-GELS)</i>	1	
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate (generic of VISTARIL)</i>	1	

### BETA AGONISTS

<i>albuterol sulfate er (generic of VOSPIRE ER)</i>	1	
<i>albuterol sulfate syrp, tabs</i>	1	
<i>albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml (generic of ACCUNEB)</i> QL (300 per 25 days), B/D	1	B/D QL
<i>albuterol sulfate nebu 0.5% (generic of ACCUNEB)</i> QL (60 per 25 days), B/D	1	B/D QL
FORADIL AEROLIZER QL (60 per 25 days)	3	QL
PROAIR HFA QL (2 inhalers per 25 days)	2	QL
PROVENTIL HFA QL (14 per 25 days)	3	QL
SEREVENT DISKUS QL (1 inhaler per 25 days)	2	QL
<i>terbutaline sulfate (generic of BRETHINE)</i>	1	
XOPENEX QL (288 per 25 days)	3	B/D QL
XOPENEX HFA QL (2 inhalers per 25 days)	3	QL

### LEUKOTRIENE RECEPTOR ANTAGONISTS

ACCOLATE	3	
SINGULAIR	2	

### MAST CELL STABILIZERS

Drug	Tier	Notes
<i>cromolyn sodium</i> (generic of INTAL) QL (240 per 25 days)	1	B/D QL
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> (generic of MUCOMYST-10)	1	B/D
ARALAST	4	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
PULMOZYME	4	B/D
TOBI	4	B/D
TYZINE	2	
TYZINE PEDIATRIC NASAL DROPS	2	
XOLAIR	4	PA
<b>NASAL STEROIDS</b>		
<i>flunisolide</i> (generic of NASAREL) QL (2 inhalers per 25 days)	1	QL
<i>fluticasone propionate</i> (generic of FLONASE) QL (1 inhaler per 25 days)	1	QL
NASACORT AQ QL (17 per 25 days)	2	QL
NASONEX QL (2 inhalers per 25 days)	3	QL
RHINOCORT AQUA QL (2 inhalers per 25 days)	3	QL
<b>STEROID INHALANTS</b>		
ASMANEX 120 METERED DOSES QL (2 inhalers per 25 days)	2	QL
ASMANEX 14 METERED DOSES QL (2 inhalers per 25 days)	2	QL
ASMANEX 30 METERED DOSES QL (2 inhalers per 25 days)	2	QL
ASMANEX 60 METERED DOSES QL (2 inhalers per 25 days)	2	QL
AZMACORT QL (40 per 25 days)	3	QL
FLOVENT DISKUS QL (120 per 25 days)	2	QL
FLOVENT HFA QL (2 inhalers per 25 days)	2	QL
PULMICORT susp 0.25mg/2ml, 0.5mg/2ml QL (120 per 25 days)	3	B/D QL
PULMICORT susp 1mg/2ml QL (60 per 25 days)	3	B/D QL
QVAR QL (3 inhalers per 25 days)	2	QL
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		

Drug	Tier	Notes
ADVAIR DISKUS QL (60 per 25 days)	2	QL
ADVAIR HFA QL (1 inhaler per 25 days)	2	QL
PULMICORT FLEXHALER aepb 180mcg/act QL (2 inhalers per 25 days)	3	QL
PULMICORT FLEXHALER aepb 90mcg/act QL (4 inhalers per 25 days)	3	QL
SYMBICORT QL (1 inhaler per 25 days)	2	QL
<b>XANTHINES</b>		
<i>aminophylline</i>	1	
ELIXOPHYLLIN	2	
THEO-24	2	
<i>theochron</i>	1	
<i>theophylline</i>	1	
<i>theophylline er tb12</i>	1	
<i>theophylline er tb24</i> (generic of UNIPHYL)	1	
<b>TOPICAL DERMATOLOGY, ACNE</b>		
<i>amnestem</i>	1	
<i>avita</i>	1	PA
AZELEX	2	
BENZAFLIN CARE KIT	3	
<i>claravis</i>	1	
<i>clindamycin phosphate</i> lotn, external soln, swab (generic of CLEOCIN)	1	
<i>clindamycin phosphate</i> gel (generic of CLINDAGEL)	1	
DIFFERIN	2	PA
<i>ery</i>	1	
<i>erythromycin/benzoyl peroxide</i> (generic of BENZAMYCIN)	1	
<i>erythromycin</i> soln	1	
<i>erythromycin</i> gel (generic of ERYGEL)	1	
RETIN-A MICRO	3	PA
<i>sodium sulfacetamide</i> (generic of KLARON)	1	
<i>sotret</i>	1	
<i>tretinoin</i> (generic of RETIN-A)	1	PA
<b>DERMATOLOGY, ACTINIC KERATOSIS</b>		
CARAC	2	
FLUOROPLEX	2	
<i>fluorouracil</i> (generic of EFUDEX)	1	
SOLARAZE	2	

Drug	Tier	Notes
<b>DERMATOLOGY, ANTIBIOTICS</b>		
ALTABAX	2	
BACTROBAN	2	
<i>gentamicin sulfate</i>	1	
<i>mupirocin</i> (generic of BACTROBAN)	1	
<i>silver sulfadiazine</i> (generic of SILVADENE)	1	
<i>ssd</i>	1	
<i>thermazene</i>	1	
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox gel, susp</i> (generic of LOPROX)	1	
<i>ciclopirox crea</i> (generic of LOPROX) CREAM	1	
<i>clotrimazole</i> (generic of MYCELEX OTC)	1	
<i>econazole nitrate</i> (generic of SPECTAZOLE)	1	
<i>ketoconazole</i>	1	
LOPROX SHAMPOO	2	
MENTAX	3	
<i>nystatin oint</i>	1	
<i>nystatin crea, powd</i> (generic of MYCOSTATIN)	1	
<i>nystop</i>	1	
OXISTAT	3	
<i>pedi-dri</i> (generic of MYCOSTATIN)	1	
<b>DERMATOLOGY, ANTIPRURITIC</b>		
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
ZONALON	2	
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>calcipotriene</i> (generic of DOVONEX)	1	
DOVONEX CREAM	2	
OXSORALEN ULTRA	4	
SORIATANE CK	3	
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole</i> (generic of NIZORAL)	1	
<i>selenium sulfide</i> (generic of SELSUN1 SHAMPOO)	1	
<b>DERMATOLOGY, ANTIVIRALS</b>		
DENAVIR	2	
ZOVIRAX	2	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort</i> (generic of DERMTEX HC)	1	
<i>alclometasone dipropionate</i> (generic of ACLOVATE)	1	

Drug	Tier	Notes
<i>augmented betamethasone dipropionate</i> (generic of DIPROLENE)	1	
<i>beta-val</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
<i>clobetasol propionate e</i> (generic of TEMOVATE E)	1	
<i>clobetasol propionate foam</i> (generic of OLUX)	1	
<i>clobetasol propionate oint, soln</i> (generic of TEMOVATE)	1	
CORDRAN	3	
CORDRAN TAPE	3	
<i>del-beta</i>	1	
DERMA-SMOOTH/FS BODY OIL	2	
<i>desonide</i> (generic of DESOWEN)	1	
DESOWEN OINTMENT/CETAPHIL LOTION	2	
<i>desoximetasone</i> (generic of TOPICORT)	1	
<i>diflorasone diacetate</i>	1	
<i>fluocinolone acetonide</i> (generic of SYNALAR)	1	
<i>fluocinonide</i> (generic of LIDEX)	1	
<i>fluocinonide-e</i> (generic of LIDEX-E)	1	
<i>fluticasone propionate</i> (generic of CUTIVATE)	1	
<i>halobetasol propionate</i> (generic of ULTRAVATE)	1	
<i>hydrocortisone butyrate</i> (generic of LOCID)	1	
<i>hydrocortisone valerate</i> (generic of WESTCORT)	1	
<i>hydrocortisone oint</i>	1	
<i>hydrocortisone lotn</i> (generic of DERMTEX HC)	1	
<i>hydrocortisone crea</i> (generic of PROCTOCORT)	1	
KENALOG	2	
LOCOID LIPOCREAM	3	
LUXIQ	3	
<i>mometasone furoate</i> (generic of ELOCON)	1	
TEXACORT	2	
<i>triamcinolone acetonide</i> (generic of KENALOG)	1	
<i>triderm crea</i>	1	
<i>triderm oint</i> (generic of KENALOG)	1	
<b>DERMATOLOGY, IMMUNOMODULATORS</b>		
ELIDEL	2	ST

Drug	Tier	Notes
PROTOPIC	2	ST
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>lidocaine hcl</i> (generic of BACTINE)	1	
<i>lidocaine/prilocaine</i> (generic of EMLA)	1	
LIDODERM	2	PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
ALDARA	3	
<i>ammonium lactate crea</i> (generic of LAC-HYDRIN)	1	
<i>ammonium lactate lotn</i> (generic of LACTINOL)	1	
CONDYLOX GEL	3	
<i>laclotion</i>	1	
PANRETIN	4	
<i>podofilox</i> (generic of CONDYLOX W/APPLICATORS)	1	
TARGRETIN	4	
<b>DERMATOLOGY, ROSACEA</b>		
FINACEA	3	
METROGEL	2	
<i>metronidazole crea</i> (generic of METROCREAM)	1	
<i>metronidazole gel</i> (generic of METROGEL)	1	
<i>metronidazole lotn</i> (generic of METROLOTION)	1	
ORACEA	2	
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>acticin</i>	1	
EURAX	2	
OVIDE	2	
<i>permethrin</i> (generic of ELIMITE)	1	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGRANEX	4	PA
SANTYL	2	
<i>sodium chloride 0.9%</i>	1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>lidocaine viscous</i> (generic of LTA 360 KIT)	1	
<i>nystatin</i>	1	
<i>triamcinolone in orabase</i>	1	
<b>OPHTHALMIC</b>		
ACULAR	3	
ACULAR LS	3	
<i>ak-poly-bac</i>	1	
<i>ak-tob</i> (generic of TOBREX)	1	

Drug	Tier	Notes
ALOCRIL	3	
ALOMIDE	3	
ALPHAGAN P	2	
ALREX	2	
AZASITE	2	
AZOPT	2	
<i>bacitracin</i>	1	
<i>bacitracin /neomycin /polymyxin</i>	1	
<i>bacitracin/polymyxin b</i>	1	
BETIMOL	3	
BETOPTIC-S	2	
BLEPHAMIDE S.O.P.	2	
<i>brimonidine tartrate</i> (generic of ALPHAGAN P)	1	
CILOXAN OINT	2	
<i>ciprofloxacin hcl</i> (generic of CILOXAN)	1	
COMBIGAN	2	
<i>cromolyn sodium</i> (generic of CROLOM)	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>dexasporin</i> (generic of MAXITROL)	1	
<i>diclofenac sodium</i> (generic of VOLTAREN)	1	
<i>dorzolamide hcl</i> (generic of TRUSOPT)	1	
<i>dorzolamide hcl/timolol maleate</i> (generic of COSOPT)	1	
<i>erythromycin</i>	1	
<i>fluor-op</i>	1	
<i>fluorometholone</i> (generic of FML LIQUIFILM)	1	
FML	2	
<i>gentak</i>	1	
<i>gentamicin sulfate</i>	1	
LACRISERT	2	
<i>levobunolol hcl</i> (generic of BETAGAN)	1	
LOTEMAX	3	
LUMIGAN	2	
<i>metipranolol</i> (generic of OPTIPRANOLOL)	1	
NATACYN	2	
<i>neo /poly /bac /hc</i>	1	
<i>neomycin /polymyxin /dexamethasone</i> (generic of MAXITROL)	1	
<i>neomycin /polymyxin /gramicidin</i> (generic of NEOSPORIN)	1	

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<i>neomycin /polymyxin /hydrocortisone</i> (generic of CORTISPORIN)	1	
<i>ocusulf-10</i> (generic of BLEPH-10)	1	
<i>ofloxacin</i> (generic of OCUFLOX)	1	
OPTIVAR	3	
PATADAY	2	
PATANOL	2	
PILOPINE HS	2	
<i>poly-dex</i> (generic of MAXITROL)	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i> (generic of POLYTRIM)	1	
PRED MILD	3	
<i>prednisolone acetate</i> (generic of ECONOPRED PLUS)	1	
<i>prednisolone sodium phosphate</i>	1	
QUIXIN	3	
RESTASIS	2	
<i>romycin</i>	1	
<i>sodium sulfacetamide</i> (generic of BLEPH-10)	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
<i>timolol maleate</i> (generic of ISTALOL)	1	
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<i>tobramycin /dexamethasone</i> (generic of TOBRADEX)	1	
<i>tobramycin sulfate</i> (generic of TOBEX)	1	
TOBEX OINT	2	
TRAVATAN Z	3	
<i>trifluridine</i> (generic of VIROPTIC)	1	
VIGAMOX	2	
XALATAN	2	
XIBROM	2	
ZYMAR	2	
<b>OTIC</b>		
<i>acetasol hc</i>	1	
<i>acetic acid</i>	1	
<i>acetic acid/hydrocortisone</i> (generic of VOSOL HC)	1	
<i>borofair</i>	1	
CIPRO HC	3	
CIPRODEX	3	
<i>cortomycin</i> (generic of CORTISPORIN)	1	
DERMOTIC	2	
<i>neomycin /polymyxin /hydrocortisone</i> (generic of CORTISPORIN)	1	
<i>ofloxacin</i> (generic of FLOXIN OTIC)	1	

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