



A plan for life.

CDPHP Value Rx

CDPHP Choice Rx

CDPHP Premier Rx

CDPHP Core PPO Rx

CDPHP Classic PPO Rx

CDPHP Prime PPO Rx

CDPHP Group Choice Rx

CDPHP Group PPO Rx

CDPHP Group RxCare

(collectively referred to as “CDPHP Medicare Choices Drug Plans”)

2009 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 CDPHP Medicare Choices Drug Plans Formulary?

A formulary is a list of covered drugs selected by CDPHP Medicare Choices Drug Plans 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. CDPHP Medicare Choices Drug Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CDPHP Medicare Choices Drug Plans 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 2009 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2009 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 April 2009. To get updated information about the drugs covered by CDPHP Medicare Choices Drug Plans, please visit our Web site at www.cdphp.com or call Member Services at (518) 641-3950 or 1-888-248-6522, from 8 a.m. to 8 p.m., Monday through Friday. TTY/TDD users should call (518) 641-4000 or 1-877-261-1164.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 6. 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 on page 6. 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 48. 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?

CDPHP Medicare Choices Drug Plans cover 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:** CDPHP Medicare Choices Drug Plans require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CDPHP Medicare Choices Drug Plans before you fill your prescriptions. If you don't get approval, CDPHP Medicare Choices Drug Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, CDPHP Medicare Choices Drug Plans limit the amount of the drug that CDPHP Medicare Choices Drug Plans will cover. For example, CDPHP Medicare Choices Drug Plans provides 30 capsules (a 30-day supply) per prescription for Nexium 40mg. This may be in addition to a standard one-month or three-month supply.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 6. Specific quantity limits are listed on the last page of this booklet, following the index.

You can ask CDPHP Medicare Choices Drug Plans to make an exception to these restrictions or limits. See the section below, "How do I request an exception to the CDPHP Medicare Choices Drug Plans' formulary?" for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Member Services and confirm that your drug is not covered. If you learn that CDPHP Medicare Choices Drug Plans do not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by CDPHP Medicare Choices Drug Plans. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CDPHP Medicare Choices Drug Plans.
- You can ask CDPHP Medicare Choices Drug Plans 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 CDPHP Medicare Choices Drug Plans' Formulary?

You can ask CDPHP Medicare Choices Drug Plans 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, CDPHP Medicare Choices Drug Plans limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred brand tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the 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 specialty tier.

Generally, CDPHP Medicare Choices Drug Plans 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

harmful 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.

For more information

For more detailed information about your CDPHP Medicare Choices Drug Plans prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about CDPHP Medicare Choices Drug Plans, please call Member Services at (518) 641-3950 or 1-888-248-6522, from 8 a.m. to 8 p.m., Monday through Friday. TTY/TDD users should call (518) 641-4000 or 1-877-261-1164. Or, visit www.cdphp.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.

CDPHP Medicare Choices Drug Plans' Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by CDPHP Medicare Choices Drug Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 48.

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

The information in the Notes column tells you if CDPHP Medicare Choices Drug Plans have any special requirements for coverage of your drug. Specific quantity limits are listed on the last page of this booklet, following the index.

PA = Prior Authorization

QL = Quantity Limits

* = We provide coverage of this prescription drug in the coverage gap for **CDPHP Choice Rx**, **CDPHP Premier Rx**, **CDPHP Classic PPO Rx**, and **CDPHP Prime PPO Rx**, as well as **CDPHP Group Choice Rx** and **CDPHP Group PPO Rx** depending upon the drug rider purchased by each employer group or union. Please refer to your *Evidence of Coverage* for more information about this coverage.

= This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call Member Services at (518) 641-3950 or 1-888-248-6522, from 8 a.m. to 8 p.m., Monday through Friday. TTY/TDD users should call (518) 641-4000 or 1-877-261-1164.

Drug Name	Drug Tier	Notes
ANALGESICS		
COX-2 Inhibitors		
CELEBREX	4	PA
GOUT		
<i>allopurinol</i>	1	*
<i>allopurinol sodium</i>	2	*
<i>colchicine</i>	2	*
<i>probenecid</i>	2	*
Narcotic Analgesics, CII		
AVINZA	4	QL
DILAUDID-5	4	
<i>endocet</i>	2	*
<i>fentanyl patch</i>	2	QL *
<i>hydromorphone hcl</i>	2	*
KADIAN	4	QL
<i>morphine sulfate</i>	2	*
<i>morphine sulfate er</i>	2	QL *
OPANA ER	4	QL
<i>oxycodone hcl</i>	2	*
<i>oxycodone-apap</i>	2	*
<i>oxycodone/acetaminophen</i>	2	*
<i>oxycodone/apap</i>	2	*
OXYCONTIN	4	QL
ROXICET SOLN	4	
<i>roxicet tabs</i>	2	*
Narcotic Analgesics		
<i>acetaminophen/codeine</i>	2	*
<i>acetaminophen/codeine #2</i>	2	*
<i>acetaminophen/codeine #3</i>	2	*
<i>acetaminophen/codeine #4</i>	2	*
<i>co-gesic</i>	2	*
<i>hydrocodone/acetaminophen</i>	2	*
<i>hydrocodone/acetaminophen-hs</i>	2	*
<i>hydrocodone bitartrate/acetaminophen</i>	2	*
<i>hydrocodone bitartrate/apap</i>	2	*
<i>hydrocodone/apap</i>	2	*
Non-Narcotic Analgesics		
<i>tramadol hcl</i>	2	*
<i>tramadol hydrochloride/acetaminophen</i>	2	*
NSAIDS		
<i>diclofenac sodium</i>	2	*
<i>diclofenac sodium dr</i>	2	*
<i>diclofenac sodium ec</i>	2	*

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Drug Name	Drug Tier	Notes
<i>diclofenac sodium er</i>	2	*
<i>diclofenac sodium xr</i>	2	*
<i>diflunisal</i>	2	*
<i>etodolac</i>	2	*
<i>etodolac er</i>	2	*
<i>ibuprofen</i>	1	*
INDOCIN SUSP	4	
<i>indomethacin</i>	2	*
<i>indomethacin er</i>	2	*
<i>meloxicam</i>	2	*
<i>nabumetone</i>	2	*
<i>naproxen dr</i>	2	*
<i>naproxen sodium</i>	2	*
<i>naproxen tabs</i>	1	*
<i>naproxen susp</i>	2	*
<i>oxaprozin</i>	2	*
<i>sulindac</i>	2	*
VOLTAREN GEL	4	

ANESTHETICS

Local Anesthetics

<i>lidocaine hcl</i>	2	*
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ANTI-INFECTIVES

Antibacterials

<i>amoxicillin/clavulanate potassium</i>	2	*
<i>amoxicillin/potassium clavulanate</i>	2	*
<i>amoxicillin chew 250 mg, 400 mg</i>	1	*
<i>amoxicillin chew 125 mg, 200 mg</i>	2	*
<i>amoxicillin caps, susp, tabs</i>	1	*
<i>amoxil caps</i>	2	*
AMOXIL SUSP 50MG/ML	4	
<i>amoxil susp 250 mg/5 ml</i>	2	*
<i>ampicillin</i>	2	*
<i>ampicillin sodium</i>	2	*
AUGMENTIN	5	
AUGMENTIN XR	5	
AVELOX	4	
AVELOX ABC PACK	4	
<i>azithromycin</i>	2	*
BICILLIN C-R	4	
BICILLIN L-A	4	
CEDAX	5	
<i>cefaclor</i>	2	*
<i>cefadroxil</i>	2	*

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Drug Name	Drug Tier	Notes
CEFAZOLIN SODIUM INJ 1 GM; 5%, 500 MG; 5%	4	
<i>cefazolin sodium inj 500 mg, 1 gm, 10 gm, 20 gm</i>	2	*
<i>cefdinir</i>	2	*
<i>cefepime</i>	2	*
<i>cefoxitin sodium</i>	2	*
<i>cefpodoxime proxetil</i>	2	*
<i>cefprozil</i>	2	*
<i>ceftriaxone sodium</i>	2	*
<i>cefuroxime axetil</i>	2	*
<i>cefuroxime sodium</i>	2	*
<i>cefuroxime/dextrose</i>	2	*
<i>cephalexin</i>	2	*
CIPRO SUSP	4	
<i>ciprofloxacin</i>	2	*
<i>ciprofloxacin er</i>	2	*
<i>ciprofloxacin extended-release</i>	2	*
<i>ciprofloxacin hcl</i>	1	*
<i>ciprofloxacin i.v. in d5w</i>	2	*
<i>clarithromycin</i>	2	*
<i>clarithromycin er</i>	2	*
<i>dicloxacillin sodium</i>	2	*
<i>doxy-caps</i>	2	*
<i>doxycycline hyclate caps, tabs</i>	1	*
<i>doxycycline hyclate inj</i>	2	*
<i>doxycycline monohydrate susp</i>	2	*
<i>e.e.s. 200</i>	2	*
<i>e.e.s. 400</i>	2	*
ERYPED	4	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocin stearate</i>	1	*
<i>erythromycin</i>	2	*
<i>erythromycin ethylsuccinate</i>	2	*
GANTRISIN PEDIATRIC	5	
LEVAQUIN	4	
LEVAQUIN LEVA-PAK	4	
LEVAQUIN PREMIX	4	
<i>minocycline hcl</i>	2	*
<i>nafcillin sodium</i>	2	*
<i>penicillin g potassium</i>	2	*
PENICILLIN G PROCAINE	4	
<i>penicillin v potassium tabs</i>	1	*
<i>penicillin v potassium soln 250 mg/5 ml</i>	1	*

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Drug Name	Drug Tier	Notes
<i>penicillin v potassium soln 125 mg/5 ml</i>	2	*
<i>sulfadiazine</i>	2	*
<i>tetracycline hcl</i>	1	*
<i>veetids</i>	2	*
VIBRAMYCIN SUSP, SYRP	4	
ZOSYN	4	
Antifungals		
<i>amphotericin b</i>	2	*
ANCOBON	4	
CANCIDAS	4	
<i>clotrimazole</i>	2	*
<i>fluconazole</i>	2	*
<i>fluconazole in dextrose</i>	2	*
<i>fluconazole in nacl</i>	2	*
GRIS-PEG	4	
<i>griseofulvin microsize</i>	2	*
<i>itraconazole</i>	2	*
<i>ketoconazole</i>	2	*
<i>nystatin</i>	2	*
SPORANOX SOLN	5	
<i>terbinafine hcl</i>	2	*
VFEND	6	
VFEND IV	6	
Antimalarials		
<i>chloroquine phosphate</i>	2	*
DARAPRIM	4	
MALARONE	4	
<i>mefloquine hcl</i>	2	*
QUALAQUIN	4	
Antiretroviral Agents		
APTIVUS	4	
ATRIPLA	6	
COMBIVIR	4	
CRIXIVAN	4	
<i>didanosine</i>	2	*
EMTRIVA	4	
EPIVIR	4	
EPZICOM	4	
FUZEON	6	
INTELENCE	4	
INVIRASE	4	
ISENTRESS	6	
KALETRA	4	

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Drug Name	Drug Tier	Notes
LEXIVA	4	
NORVIR	4	
PREZISTA	6	
RESCRIPTOR	4	
RETROVIR IV INFUSION	4	
REYATAZ	4	
SELZENTRY	6	
SUSTIVA	4	
TRIZIVIR	4	
TRUVADA	4	
VIDEX EC 125 MG	4	
VIDEX PEDIATRIC	4	
VIRACEPT	4	
VIRAMUNE	4	
VIREAD	4	
ZERIT	4	
ZIAGEN	4	
<i>zidovudine</i>	2	*
Antitubercular Agents		
<i>ethambutol hcl</i>	2	*
<i>isoniazid tabs</i>	1	*
<i>isoniazid inj, syrp</i>	2	*
MYCOBUTIN	4	
<i>pyrazinamide</i>	2	*
<i>rifampin</i>	2	*
Antivirals		
<i>acyclovir</i>	2	*
<i>acyclovir sodium</i>	2	*
BARACLUDE	4	
CYTOVENE	4	
EPIVIR HBV	4	
<i>famciclovir</i>	2	*
<i>ganciclovir</i>	2	*
HEPSERA	4	
REBETOL	6	PA
<i>ribapak</i>	6	PA
<i>ribasphere</i>	6	PA
<i>ribatab</i>	6	PA
<i>ribavirin</i>	6	PA
TAMIFLU	4	
TYZEKA	4	
VALCYTE	6	
VALTREX	4	

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Drug Name	Drug Tier	Notes
Miscellaneous		
ALBENZA	4	
ALINIA	4	
CLEOCIN 75 MG	4	
CLEOCIN PEDIATRIC GRANULES	4	
<i>clindamycin hcl</i>	2	*
<i>clindamycin phosphate</i>	2	*
<i>clindamycin phosphate add-vantage</i>	2	*
<i>colistimethate sodium</i>	2	*
CUBICIN	6	
<i>dapsone</i>	2	*
<i>erythromycin/sulfisoxazole</i>	2	*
FURADANTIN	5	
INVANZ	4	
MACRODANTIN	4	
<i>mebendazole</i>	2	*
<i>metronidazole in nacl 0.79%</i>	2	*
<i>metronidazole tabs</i>	1	*
<i>metronidazole caps</i>	2	*
<i>nitrofurantoin macrocrystalline</i>	2	*
<i>nitrofurantoin monohydrate</i>	2	*
PRIMAXIN I.M.	4	
PRIMAXIN IV	4	
PRIMAXIN IV ADD-VANTAGE	4	
<i>sulfamethoxazole/trimethoprim</i>	2	*
<i>sulfamethoxazole/trimethoprim ds</i>	2	*
<i>sulfatrim</i>	2	*
TINDAMAX	4	
<i>trimethoprim</i>	2	*
<i>trimethoprim/sulfamethoxazole ds</i>	2	*
TYGACIL	6	
VANCOCIN HCL	4	
<i>vancomycin hcl</i>	2	*
ZYVOX	6	

ANTINEOPLASTIC AGENTS

Alkylating Agents		
ALKERAN	4	
BICNU	4	
BUSULFEX	4	
CEENU	4	
<i>cyclophosphamide inj</i>	2	*
<i>cyclophosphamide tabs</i>	2	PA *
<i>dacarbazine</i>	2	*

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Drug Name	Drug Tier	Notes
EMCYT	4	
HEXALEN	6	
IFEX	4	
IFOSFAMIDE INJ 1 GM/20 ML, 3 GM/60 ML	4	
<i>ifosfamide inj 1 gm</i>	2	*
LEUKERAN	4	
MUSTARGEN	4	
<i>thiotepa</i>	2	*
TREANDA	6	
Anthracyclines		
<i>adriamycin</i>	2	*
DAUNORUBICIN HCL INJ 5 MG/ML	4	
<i>daunorubicin hcl inj 20 mg</i>	2	*
DAUNOXOME	4	
DOXIL	6	
<i>doxorubicin hcl</i>	2	*
ELLENC	4	
<i>epirubicin hcl</i>	2	*
<i>idarubicin hcl</i>	2	*
Antibiotics		
<i>bleomycin sulfate</i>	2	*
COSMEGEN	4	
<i>mitomycin</i>	2	*
Antimetabolites		
ALIMTA	6	
<i>cytarabine</i>	2	*
<i>cytarabine aqueous</i>	2	*
FLUOROURACIL	4	
GEMZAR	4	
<i>mercaptopurine</i>	2	*
<i>methotrexate sodium</i>	2	*
<i>pentostatin</i>	2	*
TABLOID	4	
VIDAZA	6	
Antimitotic, Taxoids		
<i>paclitaxel</i>	2	*
TAXOTERE	6	
Antimitotic, Vinca Alkaloids		
VINBLASTINE SULFATE INJ 10 MG	4	
<i>vinblastine sulfate inj 1 mg/ml</i>	2	*
<i>vincasar pfs</i>	2	*
<i>vincristine sulfate</i>	2	*
<i>vinorelbine tartrate</i>	2	*

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Drug Name	Drug Tier	Notes
<i>Biologic Response Modifiers</i>		
AVASTIN	6	
CAMPATH	4	
HERCEPTIN	6	
ONTAK	4	
PROLEUKIN	6	
RITUXAN	6	
VELCADE	6	
<i>Hormonal Antineoplastic Agents</i>		
ARIMIDEX	4	
AROMASIN	4	
CASODEX	4	
DEPO-PROVERA	4	
FARESTON	4	
FASLODEX	4	
FEMARA	4	
<i>flutamide</i>	2	*
<i>leuprolide acetate</i>	2	*
LUPRON DEPOT-PED	6	PA
LUPRON DEPOT INJ 11.25 MG, 3.75 MG	4	PA
LUPRON DEPOT INJ 22.5 MG, 30 MG, 7.5 MG	6	PA
MEGACE ES	4	
<i>megestrol acetate</i>	2	*
NILANDRON	4	
SOLTAMOX	4	
<i>tamoxifen citrate</i>	2	*
TRELSTAR DEPOT	4	PA
TRELSTAR LA	4	PA
<i>Kinase Inhibitors</i>		
GLEEVEC	6	
NEXAVAR	4	PA
SPRYCEL	6	PA
SUTENT	4	PA
TARCEVA	6	
TASIGNA	4	PA
TYKERB	6	
<i>Miscellaneous</i>		
DROXIA	4	
ELSPAR	4	
<i>hydroxyurea</i>	2	*
<i>irinotecan</i>	2	*
LYSODREN	4	
MATULANE	4	

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Drug Name	Drug Tier	Notes
<i>mitoxantrone hcl</i>	2	*
ONCASPAR	4	
PHOTOFRIN	4	
TARGRETIN	6	
<i>tretinoin caps</i>	6	
TRISENOX	4	
VESANOID	6	
ZOLINZA	4	PA
Nucleoside Analogs		
<i>cladribine</i>	2	*
<i>fludarabine phosphate</i>	2	*
Platinum Coordination Complex		
<i>carboplatin</i>	2	*
<i>cisplatin</i>	2	*
ELOXATIN	6	
Protective Agents		
<i>amifostine</i>	2	*
<i>dexrazoxane</i>	2	*
ELITEK	6	PA
<i>ifosfamide/mesna</i>	2	*
<i>leucovorin calcium</i>	2	*
<i>mesna</i>	2	*
MESNEX TABS	4	
Topoisomerase Inhibitors		
CAMPTOSAR	6	
<i>etoposide</i>	2	*
HYCAMTIN INJ	4	
<i>toposar</i>	2	*
CARDIOVASCULAR		
ACE Inhibitor/Calcium Channel Blocker Combinations		
<i>amlodipine besylate/benazepril hydrochloride</i>	2	*
LOTREL 5/40, 10/40	3	
TARKA	3	
ACE Inhibitor/Diuretic Combinations		
<i>benazepril hcl/hydrochlorothiazide</i>	2	*
<i>captopril/hydrochlorothiazide</i>	2	*
<i>enalapril maleate/hydrochlorothiazide</i>	2	*
<i>fosinopril sodium/hydrochlorothiazide</i>	2	*
<i>lisinopril/hydrochlorothiazide</i>	2	*
<i>quinaretic</i>	2	*
ACE Inhibitors		
ACEON	5	
<i>benazepril hcl</i>	2	*

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Drug Name	Drug Tier	Notes
<i>captopril</i>	1	*
<i>enalapril maleate</i>	2	*
<i>fosinopril sodium</i>	2	*
<i>lisinopril</i>	2	*
<i>quinapril hcl</i>	2	*
<i>ramipril</i>	2	*
<i>trandolapril</i>	2	*
Adrenolytics, Central		
CATAPRES-TTS-1	3	
CATAPRES-TTS-2	3	
CATAPRES-TTS-3	3	
<i>clonidine hcl</i>	2	*
<i>guanfacine hcl</i>	2	*
Aldosterone Receptor Antagonists		
<i>eplerenone</i>	2	*
INSPRA	5	
<i>spironolactone</i>	2	*
Alpha Blockers		
<i>doxazosin mesylate</i>	2	*
<i>terazosin hcl</i>	2	*
Angiotensin II Receptor Antagonist Combinations		
ATACAND HCT	5	
AVALIDE	3	
BENICAR HCT	5	
DIOVAN HCT	3	
EXFORGE	3	
HYZAAR	3	
MICARDIS HCT	5	
Angiotensin II Receptor Antagonists		
ATACAND	5	
AVAPRO	3	
BENICAR	5	
COZAAR	3	
DIOVAN	3	
MICARDIS	5	
Antiarrhythmics		
<i>amiodarone hcl</i>	2	*
<i>disopyramide phosphate</i>	2	*
<i>disopyramide phosphate er</i>	2	*
<i>flecainide acetate</i>	2	*
<i>mexiletine hcl</i>	2	*
NORPACE CR	4	
PACERONE TABS 100 MG, 300 MG	4	

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Drug Name	Drug Tier	Notes
<i>pacerone tabs 200 mg</i>	2	*
PROCANBID	4	
<i>propafenone hcl</i>	2	*
<i>quinidine gluconate cr</i>	2	*
<i>quinidine gluconate sa</i>	2	*
<i>quinidine sulfate</i>	2	*
<i>quinidine sulfate er</i>	2	*
RYTHMOL SR	4	
<i>sorine</i>	2	*
<i>sotalol hcl</i>	2	*
<i>sotalol hcl (af)</i>	2	*
TIKOSYN	4	
Antilipemics		
ADVICOR	5	
ALTOPREV	5	
<i>cholestyramine</i>	2	*
<i>cholestyramine light</i>	2	*
<i>colestipol hcl</i>	2	*
CRESTOR	4	
<i>fenofibrate</i>	2	*
<i>fenofibrate micronized</i>	2	*
<i>gemfibrozil</i>	2	*
LESCOL	5	
LESCOL XL	5	
LIPITOR	4	
<i>lovastatin</i>	2	*
NIASPAN	4	
<i>pravastatin sodium</i>	2	*
<i>prevalite</i>	2	*
SIMCOR	4	
<i>simvastatin</i>	2	*
TRICOR	4	
VYTORIN	4	
WELCHOL	4	
ZETIA	4	
BETA-Blocker/Diuretic Combinations		
<i>atenolol/chlorthalidone</i>	1	*
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	*
<i>metoprolol/hydrochlorothiazide</i>	2	*
BETA-Blockers		
<i>atenolol</i>	1	*
<i>bisoprolol fumarate</i>	2	*
BYSTOLIC	4	

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Drug Name	Drug Tier	Notes
<i>carvedilol</i>	2	*
COREG CR	4	
<i>labetalol hcl</i>	2	*
<i>metoprolol succinate er</i>	2	*
<i>metoprolol tartrate tabs</i>	1	*
<i>metoprolol tartrate inj</i>	2	*
<i>nadolol</i>	2	*
<i>pindolol</i>	2	*
<i>propranolol hcl er</i>	2	*
<i>propranolol hcl oral soln, tabs</i>	1	*
<i>propranolol hcl inj</i>	2	*
Calcium Channel Blocker/Antilipemic Combinations		
CADUET	5	
Calcium Channel Blockers		
<i>afeditab cr</i>	2	*
<i>amlodipine besylate</i>	2	*
CARDIZEM CD 360 MG	4	
CARDIZEM LA	5	
<i>cartia xt</i>	2	*
<i>dilt-cd</i>	2	*
<i>dilt-xr</i>	2	*
<i>diltiazem cd</i>	2	*
<i>diltiazem hcl</i>	2	*
<i>diltiazem hcl er</i>	2	*
<i>felodipine er</i>	2	*
<i>nifediac cc</i>	2	*
<i>nifedical xl</i>	2	*
<i>nifedipine er</i>	2	*
<i>taztia xt</i>	2	*
<i>verapamil hcl er</i>	2	*
<i>verapamil hcl tabs</i>	1	*
<i>verapamil hcl inj</i>	2	*
Digitalis Glycosides		
<i>digitek</i>	2	*
<i>digoxin oral soln, tabs</i>	1	*
<i>digoxin inj</i>	2	*
LANOXIN	4	
Direct Renin Inhibitors		
TEKTURNA	3	
TEKTURNA HCT	3	
Diuretics		
ALDACTAZIDE 50/50	4	
<i>amiloride /hydrochlorothiazide</i>	2	*

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Drug Name	Drug Tier	Notes
<i>amiloride hcl</i>	2	*
<i>bumetanide</i>	2	*
<i>chlorthalidone</i>	1	*
DEMADEX INJ	4	
<i>furosemide tabs</i>	1	*
<i>furosemide inj</i>	2	*
<i>furosemide oral soln 10 mg/ml</i>	1	*
<i>furosemide oral soln 8 mg/ml</i>	2	*
<i>hydrochlorothiazide</i>	1	*
<i>indapamide</i>	1	*
<i>metolazone</i>	2	*
<i>spironolactone/hydrochlorothiazide</i>	2	*
THALITONE	4	
<i>torseamide</i>	2	*
<i>triamterene/hydrochlorothiazide</i>	1	*
Miscellaneous		
BIDIL	4	
<i>hydralazine hcl</i>	2	*
<i>methyldopa</i>	2	*
<i>midodrine hcl</i>	2	*
<i>minoxidil</i>	2	*
RANEXA	4	
Nitrates		
ISORDIL TITRADOSE	4	
<i>isosorbide dinitrate</i>	1	*
<i>isosorbide dinitrate er</i>	2	*
<i>isosorbide mononitrate</i>	2	*
<i>isosorbide mononitrate er</i>	2	*
<i>minitran</i>	2	*
NITRO-DUR 0.3 MG, 0.8 MG	4	
<i>nitroglycerin</i>	2	*
<i>nitroglycerin transdermal</i>	2	*
NITROLINGUAL PUMPSPRAY	4	
NITROSTAT	4	
Pulmonary Arterial Hypertension		
LETAIRIS	6	
REVATIO	6	PA
TRACLEER	6	#
VENTAVIS	6	PA
CENTRAL NERVOUS SYSTEM		
Antianxiety		
<i>buspirone hcl</i>	2	*
<i>fluvoxamine maleate</i>	2	*

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Drug Name	Drug Tier	Notes
Anticonvulsants		
BANZEL	4	
<i>carbamazepine</i>	2	*
CARBATROL	4	
CELONTIN	4	
DEPAKOTE	4	
DEPAKOTE ER	4	
DEPAKOTE SPRINKLES	4	
DILANTIN	4	
DILANTIN INFATABS	4	
<i>divalproex sodium</i>	2	*
<i>epitol</i>	2	*
<i>ethosuximide</i>	2	*
FELBATOL	5	
<i>gabapentin</i>	2	*
GABITRIL	4	
KEPPRA	4	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	4	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/ NOT TAKING VALPROATE	4	
LAMICTAL STARTER/TAKING VALPROATE	4	
<i>lamotrigine</i>	2	*
<i>lamotrigine chewable dispersible</i>	2	*
LYRICA	4	
NEURONTIN SOLN	4	
<i>oxcarbazepine</i>	2	*
PEGANONE	4	
<i>phenytoin</i>	2	*
<i>phenytoin sodium</i>	2	*
<i>phenytoin sodium extended</i>	2	*
<i>primidone</i>	2	*
TEGRETOL-XR	4	
TOPAMAX	4	
TOPAMAX SPRINKLE	4	
TRILEPTAL SUSP	4	
<i>valproate sodium</i>	2	*
<i>valproic acid</i>	2	*
<i>zonisamide</i>	2	*
Antidementia		
ARICEPT	4	
ARICEPT ODT	4	
EXELON	4	
<i>galantamine hydrobromide</i>	2	*

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Drug Name	Drug Tier	Notes
NAMENDA	4	
NAMENDA TITRATION PAK	4	
RAZADYNE	4	
RAZADYNE ER	4	
Antidepressants		
<i>amitriptyline hcl</i>	1	*
<i>amoxapine</i>	2	*
<i>budeprion sr</i>	2	*
<i>budeprion xl 150 mg</i>	2	*
<i>bupropion hcl</i>	2	*
<i>bupropion hcl sr</i>	2	*
<i>citalopram hydrobromide</i>	2	*
<i>clomipramine hcl</i>	2	*
CYMBALTA	3	
<i>desipramine hcl</i>	2	*
<i>doxepin hcl</i>	2	*
EFFEXOR XR	3	
EMSAM	3	
<i>fluoxetine hcl</i>	2	*
<i>imipramine hcl</i>	2	*
LEXAPRO	3	
<i>maprotiline hcl</i>	2	*
MARPLAN	3	
<i>mirtazapine</i>	2	*
<i>mirtazapine odt</i>	2	*
NARDIL	3	
<i>nefazodone hcl</i>	2	*
<i>nortriptyline hcl</i>	1	*
<i>paroxetine hcl</i>	2	*
<i>paroxetine hcl er</i>	2	*
PAXIL CR 37.5 MG	5	
PRISTIQ	3	
<i>sertraline hcl</i>	2	*
SURMONTIL 100 MG	3	
<i>tranylcypromine sulfate</i>	2	*
<i>trazodone hcl</i>	1	*
<i>trimipramine maleate</i>	2	*
<i>venlafaxine hcl</i>	2	*
VIVACTIL	3	
WELLBUTRIN XL 150 MG	3	
Antiparkinsonian Agents		
<i>amantadine hcl</i>	2	*
APOKYN	6	

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Drug Name	Drug Tier	Notes
<i>atamet</i>	2	*
AZILECT	4	
<i>benztropine mesylate</i>	2	*
<i>bromocriptine mesylate</i>	2	*
<i>carbidopa/levodopa</i>	2	*
<i>carbidopa/levodopa cr</i>	2	*
<i>carbidopa/levodopa er</i>	2	*
<i>carbidopa/levodopa sr</i>	2	*
COGENTIN	4	
COMTAN	4	
MIRAPEX	4	
PARCOPA	4	
REQUIP XL	5	
<i>ropinirole hcl</i>	2	*
<i>selegiline hcl</i>	2	*
STALEVO 50	4	
STALEVO 75	4	
STALEVO 100	4	
STALEVO 125	4	
STALEVO 150	4	
STALEVO 200	4	
<i>trihexyphenidyl hcl</i>	2	*
Antipsychotics		
ABILIFY	4	
ABILIFY DISCMELT	4	
<i>chlorpromazine hcl</i>	2	*
<i>clozapine</i>	2	*
FAZACLO	4	
<i>fluphenazine decanoate</i>	2	*
<i>fluphenazine hcl</i>	2	*
GEODON	4	
<i>haloperidol</i>	2	*
<i>haloperidol decanoate</i>	2	*
<i>haloperidol lactate</i>	2	*
INVEGA	4	
<i>loxapine succinate</i>	2	*
MOBAN	4	
NAVANE	4	
ORAP	4	
<i>perphenazine</i>	2	*
RISPERDAL SOLN	4	
RISPERDAL CONSTA	4	
RISPERDAL M-TAB	4	

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Drug Name	Drug Tier	Notes
<i>risperidone</i>	2	*
SEROQUEL	4	
SEROQUEL XR	4	
<i>thioridazine hcl</i>	2	*
<i>thiothixene</i>	2	*
<i>trifluoperazine hcl</i>	2	*
ZYPREXA	4	
ZYPREXA ZYDIS	4	
Attention Deficit Hyperactivity Disorder		
ADDERALL XR	4	PA
CONCERTA	5	PA
<i>dextroamphetamine sulfate</i>	2	PA *
<i>dextroamphetamine sulfatecr</i>	2	PA *
<i>dextrostat</i>	2	PA *
METADATE CD	5	PA
<i>methylin er</i>	2	PA *
METHYLIN CHEW, SOLN	5	PA
<i>methylin tabs</i>	2	PA *
<i>methyphenidate hcl</i>	2	PA *
RITALIN LA	5	PA
STRATTERA	4	
Hypnotics		
LUNESTA	4	QL
<i>zaleplon</i>	2	QL *
<i>zolpidem tartrate</i>	2	QL *
Migraine		
<i>dihydroergotamine mesylate</i>	2	*
<i>ergotamine tartrate/caffeine</i>	2	*
FROVA	5	QL
IMITREX	4	QL
IMITREX STATDOSE REFILL	4	QL
MAXALT	4	QL
MAXALT-MLT	4	QL
<i>migergot</i>	2	*
MIGRANAL	4	QL
RELPAK	4	QL
ZOMIG	5	QL
ZOMIG ZMT	5	QL
Miscellaneous		
<i>guanidine hcl</i>	2	*
<i>lithium carbonate</i>	2	*
<i>lithium carbonate er</i>	2	*
<i>lithium citrate</i>	2	*

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Drug Name	Drug Tier	Notes
MESTINON	4	
MESTINON TIMESPAN	4	
<i>pyridostigmine bromide</i>	2	
REGONOL	4	
RILUTEK	6	
XENAZINE	6	PA
Multiple Sclerosis Agents		
AVONEX	6	
BETASERON	6	
COPAXONE	6	
REBIF	6	
REBIF TITRATION PACK	6	
TYSABRI	6	#
Musculoskeletal Therapy Agents		
<i>baclofen</i>	2	*
<i>carisoprodol</i>	2	*
<i>chlorzoxazone</i>	1	*
<i>cyclobenzaprine hcl</i>	2	*
<i>dantrolene sodium</i>	2	*
<i>methocarbamol</i>	2	*
<i>orphenadrine compound</i>	2	*
ROBAXIN	4	
SKELAXIN	4	
<i>tizanidine hcl</i>	2	*
Narcolepsy/Cataplexy		
PROVIGIL	4	PA
XYREM	4	#
Psychotherapeutic-Miscellaneous		
ANTABUSE	4	
<i>buproban</i>	2	*
CAMPRAL	4	
CHANTIX	4	
<i>depade</i>	2	*
<i>naloxone hcl</i>	2	*
<i>naltrexone hcl</i>	2	*
NICOTROL INHALER	4	
SUBOXONE	4	
SUBUTEX SUBL 8 MG	2	QL *
SUBUTEX SUBL 2 MG	4	QL
ENDOCRINE AND METABOLIC		
Androgens		
ANDRODERM	4	
ANDROGEL	4	

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Drug Name	Drug Tier	Notes
ANDROGEL PUMP	4	
<i>oxandrolone</i>	2	*
TESTIM	4	
<i>testosterone cypionate</i>	2	*
Antidiabetics		
<i>acarbose</i>	2	*
ACTOPLUS MET	3	
ACTOS	3	
ALCOHOL PREPS	4	
AVANDAMET	3	
AVANDARYL	3	
AVANDIA	3	
BD INSULIN SYRINGE SAFETYGLIDE/1 ML/ 29 G X 1/2"	4	
BD INSULIN SYRINGE ULTRAFINE/0.3 ML/ 31 G X 5/16"	4	
BD INSULIN SYRINGE ULTRAFINE/0.5 ML/ 30 G X 1/2"	4	
BD INSULIN SYRINGE ULTRAFINE/1 ML/31 G X 5/16"	4	
BD ULTRA-FINE ORIGINAL PEN NEEDLES/ 29 G X 12.7 MM	4	
BYETTA	3	
CURITY GAUZE PADS 2"X2"	4	
DUETACT	3	
<i>glimepiride</i>	2	*
<i>glipizide</i>	1	*
<i>glipizide er</i>	2	*
<i>glipizide xl</i>	2	*
<i>glipizide/metformin hcl</i>	2	*
<i>glyburide</i>	2	*
<i>glyburide micronized</i>	2	*
<i>glyburide/metformin hcl</i>	2	*
<i>glycron</i>	2	*
HUMALOG	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 50/50 PEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMALOG MIX 75/25 PEN	3	
HUMALOG PEN	3	
HUMULIN 50/50	3	

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Drug Name	Drug Tier	Notes
HUMULIN 70/30	3	
HUMULIN 70/30 PEN	3	
HUMULIN N	3	
HUMULIN N U-100 PEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
JANUMET	3	
JANUVIA	3	
LANTUS	3	
LANTUS FOR OPTICLIK	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
<i>metformin hcl</i>	2	*
<i>metformin hcl er</i>	2	*
NOVOLIN 70/30	3	
NOVOLIN 70/30 INNOLET	3	
NOVOLIN 70/30 PENFILL	3	
NOVOLIN N	3	
NOVOLIN N INNOLET	3	
NOVOLIN N U-100 PENFILL	3	
NOVOLIN R	3	
NOVOLIN R INNOLET	3	
NOVOLIN R U-100 PENFILL	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PENFILL	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG PENFILL	3	
PRANDIN	3	
RELION 70/30	3	
RELION 70/30 INNOLET	3	
RELION N	3	
RELION N INNOLET	3	
RELION R	3	
SYMLIN	3	
SYMLINPEN 120	3	
SYMLINPEN 60	3	
<i>Bisphosphonates</i>		
ACTONEL	4	
<i>alendronate sodium</i>	2	*
BONIVA	5	

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Drug Name	Drug Tier	Notes
FOSAMAX ORAL SOLN	4	
FOSAMAX PLUS D	4	
ZOMETA	6	
Calcitonins		
<i>fortical</i>	2	*
MIACALCIN	4	
Calcium Receptor Antagonists		
SENSIPAR	4	
Chelating Agents		
EXJADE	6	
SYPRINE	4	
Contraceptives		
<i>apri</i>	2	*
<i>aranelle</i>	2	*
<i>aviane</i>	2	*
<i>camila</i>	2	*
<i>cesia</i>	2	*
<i>cryselle-28</i>	2	*
DEPO-PROVERA CONTRACEPTIVE	5	
<i>enpresse-28</i>	2	*
<i>errin</i>	2	*
<i>jolivette</i>	2	*
<i>junel 1.5/30</i>	2	*
<i>junel 1/20</i>	2	*
<i>junel fe 1.5/30</i>	2	*
<i>junel fe 1/20</i>	2	*
<i>kariva</i>	2	*
<i>lessina-28</i>	2	*
<i>levora 0.15/30-28</i>	2	*
<i>low-ogestrel</i>	2	*
<i>lutra</i>	2	*
<i>medroxyprogesterone acetate</i>	2	*
<i>microgestin 1.5/30</i>	2	*
<i>microgestin 1/20</i>	2	*
<i>microgestin fe</i>	2	*
<i>microgestin fe 1.5/30</i>	2	*
<i>mononessa</i>	2	*
<i>necon 0.5/35-28</i>	2	*
<i>necon 1/35-28</i>	2	*
<i>necon 1/50-28</i>	2	*
NECON 10/11-28	4	
<i>necon 7/7/7</i>	2	*
<i>nora-be</i>	2	*

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Drug Name	Drug Tier	Notes
<i>nortrel 0.5/35 (28)</i>	2	*
<i>nortrel 1/35 (21)</i>	2	*
<i>nortrel 1/35 (28)</i>	2	*
<i>nortrel 7/7/7</i>	2	*
NUVARING	4	
<i>ocella</i>	2	*
ORTHO EVRA	4	
ORTHO TRI-CYCLEN LO	4	
PLAN B	4	
<i>portia-28</i>	2	*
<i>previfem</i>	2	*
<i>quasense</i>	2	*
<i>solia</i>	2	*
<i>sprintec 28</i>	2	*
<i>tri-legest fe</i>	2	*
<i>tri-previfem</i>	2	*
<i>tri-sprintec</i>	2	*
<i>trinessa</i>	2	*
<i>trivora-28</i>	2	*
<i>velivet</i>	2	*
<i>zovia 1/35e</i>	2	*
<i>zovia 1/50e</i>	2	*
Endometriosis		
<i>danazol</i>	2	*
SYNAREL	4	
Enzyme Replacements		
ADAGEN	6	
ALDURAZYME	6	
BUPHENYL	6	
CEREZYME	6	
CYSTADANE	4	
CYSTAGON	4	
ELAPRASE	6	
FABRAZYME	6	
KUVAN	6	
MYOZYME	6	
NAGLAZYME	6	
ORFADIN	6	
SUCRAID	6	
ZAVESCA	6	
Estrogen/Progestins		
CLIMARA PRO	3	
COMBIPATCH	3	

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Drug Name	Drug Tier	Notes
FEMHRT 1/5	5	
FEMHRT LOW DOSE	5	
PREFEST	5	
PREMPHASE	3	
PREMPRO	3	
Estrogens		
ALORA	3	
CENESTIN	5	
ESTRACE	5	
ESTRADERM	3	
<i>estradiol tabs</i>	1	*
<i>estradiol ptwk</i>	2	*
ESTRING	5	
<i>estropipate</i>	2	*
FEMRING	5	
GYNODIOL TABS 1.5 MG	3	
<i>gynodiol tabs 0.5 mg, 1 mg, 2 mg</i>	2	*
<i>ortho-est</i>	2	*
PREMARIN W/APPLICATOR	4	
PREMARIN TABS	3	
PREMARIN INJ	4	
VAGIFEM	3	
VIVELLE-DOT	3	
Glucocorticoids		
<i>a-hydrocort</i>	2	*
<i>a-methapred</i>	2	*
<i>dexamethasone</i>	1	*
<i>dexamethasone intensol</i>	2	*
<i>dexamethasone sodium phosphate</i>	2	*
DEXPAK 13 DAY	4	
<i>fludrocortisone acetate</i>	2	*
<i>hydrocortisone</i>	2	*
MEDROL	4	
<i>methylprednisolone</i>	1	*
<i>methylprednisolone acetate</i>	2	*
<i>methylprednisolone sodium succinate</i>	2	*
<i>prednisolone</i>	2	*
<i>prednisolone sodium phosphate</i>	2	*
<i>prednisone</i>	1	*
PREDNISONONE INTENSOL	4	
SOLU-CORTEF	4	
Glucose Elevating Agents		
GLUCAGEN HYPOKIT	3	

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Drug Name	Drug Tier	Notes
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM	3	
Human Growth Hormones		
GENOTROPIN	6	PA
GENOTROPIN MINIQUICK INJ 0.2 MG	4	PA
GENOTROPIN MINIQUICK INJ 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	6	PA
HUMATROPE	6	PA
HUMATROPE COMBO PACK	6	PA
INCRELEX	6	PA
NORDITROPIN CARTRIDGE	6	PA
NORDITROPIN NORDIFLEX PEN	6	PA
NUTROPIN	6	PA
NUTROPIN AQ	6	PA
NUTROPIN AQ PEN	6	PA
SAIZEN	6	PA
SAIZEN CLICK.EASY	6	PA
Miscellaneous		
<i>cabergoline</i>	2	*
<i>chorionic gonadotropin</i>	2	PA *
<i>octreotide acetate</i>	6	
SANDOSTATIN LAR DEPOT	6	
SOMATULINE DEPOT	6	
SOMAVERT	6	
Parathyroid Hormones		
FORTEO	6	QL
Phosphate Binder Agents		
FOSRENOL	5	
PHOSLO	4	
RENAGEL	4	
REVELA	4	
Progestins		
<i>medroxyprogesterone acetate</i>	2	*
<i>norethindrone acetate</i>	2	*
PROMETRIUM	5	
Selective Estrogen Receptor Modulators		
EVISTA	4	
Thyroid Agents		
CYTOMEL	3	
<i>levothyroid</i>	2	*
<i>levothyroxine sodium</i>	2	*
<i>levoxyl</i>	2	*
<i>methimazole</i>	2	*

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Drug Name	Drug Tier	Notes
<i>propylthiouracil</i>	2	*
SYNTHROID	3	
<i>unithroid</i>	2	*
Vasopressins		
<i>desmopressin acetate</i>	2	*
<i>minirin</i>	2	*
GASTROINTESTINAL		
Antidiarrheals		
<i>diphenoxylate/atropine</i>	2	*
<i>lofene</i>	2	*
<i>lonox</i>	2	*
<i>loperamide hcl</i>	2	*
Antiemetics		
ANTIVERT 50 MG TAB	4	
<i>compro</i>	2	*
<i>dronabinol</i>	2	QL *
EMEND MISC	4	QL PA
EMEND CAPS 40 MG	4	QL
EMEND CAPS 125 MG, 80 MG	4	QL PA
<i>granisetron hcl inj</i>	2	*
<i>granisetron hcl tabs</i>	2	PA *
<i>granisol</i>	2	PA *
<i>meclizine hcl</i>	1	*
<i>metoclopramide hcl</i>	2	*
<i>ondansetron hcl inj</i>	2	*
<i>ondansetron hcl oral soln</i>	2	PA *
<i>ondansetron hcl tabs 4 mg, 8 mg</i>	2	PA *
<i>ondansetron hcl tabs 24 mg</i>	2	QL PA *
<i>ondansetron odt</i>	2	PA *
<i>phenadoz</i>	2	*
<i>prochlorperazine</i>	2	*
<i>prochlorperazine edisylate</i>	2	*
<i>prochlorperazine maleate</i>	2	*
<i>promethazine hcl plain</i>	2	*
<i>promethazine hcl syrup</i>	1	*
<i>promethazine hcl inj, supp, tabs</i>	2	*
<i>promethegan</i>	2	*
TRANSDERM-SCOP	4	
<i>trimethobenzamide hcl</i>	2	*
Antispasmodics		
<i>dicyclomine hcl</i>	2	*
<i>glycopyrrolate</i>	2	*

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Drug Name	Drug Tier	Notes
H2-Receptor Antagonists		
<i>cimetidine</i>	2	*
<i>cimetidine hcl</i>	2	*
<i>famotidine</i>	2	*
<i>famotidine premixed</i>	2	*
PEPCID SUSP	4	
<i>ranitidine hcl</i>	2	*
Inflammatory Bowel Disease		
ASACOL	4	
CANASA	4	
CIMZIA	6	PA
<i>colocort</i>	2	*
CORTIFOAM	5	
DIPENTUM	4	
ENTOCORT EC	4	
<i>hydrocortisone</i>	2	*
LIALDA	4	
<i>mesalamine</i>	2	*
PENTASA	5	
<i>sulfasalazine</i>	2	*
<i>sulfazine</i>	2	*
<i>sulfazine ec</i>	2	*
Irritable Bowel Syndrome		
LOTRONEX	4	
Laxatives		
<i>constulose</i>	2	*
<i>enulose</i>	2	*
HALFLYTELY BOWEL PREP	4	
HALFLYTELY BOWEL PREP/FLAVOR PACKS	4	
KRISTALOSE	5	
<i>lactulose</i>	2	*
NULYTELY	5	
NULYTELY/FLAVOR PACKS	5	
<i>peg 3350/electrolytes</i>	2	*
RELISTOR	4	
<i>trilyte</i>	2	*
VISICOL	5	
Miscellaneous		
AMITIZA	4	
CARAFATE SUSP	4	
GASTROCROM	4	
<i>misoprostol</i>	2	*
<i>sucralfate</i>	2	*

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Drug Name	Drug Tier	Notes
URSO 250	4	
URSO FORTE	4	
<i>ursodiol</i>	2	*
<i>Pancreatic Enzymes</i>		
CREON 5	4	
CREON 10	4	
CREON 20	4	
LIPRAM 4500	4	
LIPRAM-PN10	4	
LIPRAM-PN16	4	
LIPRAM-PN20	4	
LIPRAM-UL12	4	
LIPRAM-UL18	4	
LIPRAM-UL20	4	
PANCRELIPASE	4	
PANGESTYME CN 10	4	
PANGESTYME CN 20	4	
PANGESTYME EC	4	
PANGESTYME UL 12	4	
PANGESTYME UL 18	4	
PANGESTYME UL 20	4	
PANOKASE	4	
PANOKASE-16	4	
PLARETASE 8000	4	
ULTRASE	4	
ULTRASE MT 12	4	
ULTRASE MT 18	4	
ULTRASE MT 20	4	
VIOKASE	4	
VIOKASE 16	4	
VIOKASE 8	4	
<i>Proton Pump Inhibitor/Anti-Infective Combinations</i>		
PREVPAC	4	
<i>Proton Pump Inhibitors</i>		
NEXIUM	4	QL
NEXIUM I.V.	4	
<i>omeprazole</i>	2	QL *
<i>pantoprazole sodium</i>	2	QL *
PREVACID	4	QL
PREVACID SOLUTAB	4	QL
PRILOSEC 40 MG	4	QL
ZEGERID	5	QL

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Drug Name	Drug Tier	Notes
Saliva Stimulants		
EVOXAC	4	
<i>pilocarpine hcl</i>	2	*
<i>pilocarpine hydrochloride</i>	2	*
GENITOURINARY		
Benign Prostatic Hyperplasia		
AVODART	4	
<i>finasteride</i>	2	*
FLOMAX	4	
UROXATRAL	4	
Miscellaneous		
<i>bethanechol chloride</i>	2	*
ELMIRON	4	
<i>potassium citrate extended-release</i>	2	*
THIOLA	4	
Urinary Antispasmodics		
DETROL	5	
DETROL LA	4	
ENABLEX	4	
<i>oxybutynin chloride</i>	2	*
<i>oxybutynin chloride er</i>	2	*
OXYTROL	4	
SANCTURA	4	
SANCTURA XR	4	
VESICARE	4	
Vaginal Anti-Infectives		
CLEOCIN	4	
<i>clindamycin phosphate</i>	2	*
<i>metronidazole vaginal</i>	2	*
<i>terconazole</i>	2	*
<i>vandazole</i>	2	*
<i>zazole</i>	2	*
HEMATOLOGIC		
Anticoagulants		
ARIXTRA	4	
COUMADIN	3	
<i>heparin sodium dcu</i>	2	*
HEPARIN SODIUM INJ 2,000 UNIT/ML	4	
<i>heparin sodium inj 5,000 unit/ml, 10,000 unit/ml</i>	2	*
<i>jantoven</i>	2	*
LOVENOX	4	
<i>warfarin sodium</i>	2	*

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Drug Name	Drug Tier	Notes
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SURECLICK	6	PA
ARANESP ALBUMIN FREE INJ 25 MCG/0.42 ML, 25 MCG/ML	4	PA
ARANESP ALBUMIN FREE INJ 150 MCG/0.3 ML, 40 MCG/0.4 ML, 200 MCG/0.4 ML, 150 MCG/0.75 ML, 40 MCG/ML, 60 MCG/ML 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 500 MCG/ML	6	PA
EPOGEN INJ 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA
EPOGEN INJ 10,000 UNIT/ML, 20,000 UNIT/ML, 40,000 UNIT/ML	6	PA
NEULASTA	6	PA
NEUPOGEN	6	PA
PROCRIT INJ 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA
PROCRIT INJ 10,000 UNIT/ML, 20,000 UNIT/ML, 40,000 UNIT/ML	6	PA
Miscellaneous		
<i>anagrelide hydrochloride</i>	2	*
<i>cilostazol</i>	2	*
CYKLOKAPRON	4	
<i>pentoxifylline er</i>	2	*
PROMACTA	6	
Platelet Aggregation Inhibitors		
AGGRENOX	4	
<i>dipyridamole</i>	2	*
PLAVIX	4	
IMMUNOLOGIC AGENTS		
Disease-Modifying Anti-Rheumatic Drugs (DMARDs)		
CUPRIMINE	4	
ENBREL	6	PA
ENBREL SURECLICK	6	PA
HUMIRA	6	PA
HUMIRA PEN	6	PA
<i>hydroxychloroquine sulfate</i>	2	*
<i>leflunomide</i>	2	*
<i>methotrexate</i>	2	*
REMICADE	6	PA
RHEUMATREX	4	
RIDAURA	4	
Immunoglobulins		
GAMASTAN S/D	4	

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Drug Name	Drug Tier	Notes
GAMMAGARD LIQUID INJ 10%	6	PA
GAMUNEX	6	PA
<i>Immunomodulators</i>		
ACTIMMUNE	6	
INFERGEN	6	PA
INTRON-A	6	
INTRON-A W/DILUENT	6	
PEG-INTRON	6	PA
PEG-INTRON REDIPEN	6	PA
PEG-INTRON REDIPEN PAK 4	6	PA
PEGASYS	6	PA
REVLIMID	6	PA #
THALOMID	6	PA
<i>Immunosuppressants</i>		
AZASAN	4	PA
<i>azathioprine</i>	2	PA *
CELLCEPT	4	PA
<i>cyclosporine</i>	2	PA *
<i>cyclosporine modified</i>	2	PA *
<i>gengraf</i>	2	PA *
NEORAL	4	PA
PROGRAF	4	PA
RAPAMUNE	4	PA
SANDIMMUNE	4	PA
<i>Vaccines</i>		
ACTHIB	4	
ADACEL	4	
ATTENUVAX	4	
BOOSTRIX	4	
COMVAX	4	
DAPTACEL	4	
DECAVAC	4	
<i>diphtheria/tetanus toxoid pediatric</i>	2	*
ENGERIX-B	4	PA
GARDASIL	4	
HAVRIX	4	
HIBTITER	4	
IMOVAX RABIES (H.D.C.V.)	4	
INFANRIX	4	
IPOL INACTIVATED IPV	4	
JE-VAX	4	
M-M-R II W/DILUENT 10 DOSE	4	
MENACTRA	4	

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Drug Name	Drug Tier	Notes
MENOMUNE-A/C/Y/W-135	4	
MERUVAX II W/DILUENT 10 DOSE	4	
PEDIARIX	4	
PEDVAX HIB	4	
PROQUAD	4	
RABAVERT	4	
RECOMBIVAX HB	4	PA
ROTATEQ	4	
TETANUS TOXOID ADSORBED	4	
<i>tetanus/diphtheria toxoids-adsorbed adult</i>	2	*
TRIHIBIT	4	
TRIPEDIA	4	
TWINRIX	4	
TYPHIM VI	4	
VAQTA	4	
VARIVAX	4	
VIVOTIF BERNA	4	
YF-VAX	4	
ZOSTAVAX	1	*

NUTRITIONAL/SUPPLEMENTS

Electrolytes

<i>ed k+10</i>	2	*
<i>kaon-cl-10</i>	2	*
<i>kionex</i>	2	*
<i>klor-con 10</i>	2	*
<i>klor-con 8</i>	1	*
<i>klor-con m10</i>	2	*
<i>klor-con m15</i>	2	*
<i>klor-con m20</i>	2	*
<i>klotrix</i>	2	*
MICRO-K 8 MEQ	5	
<i>potassium chloride cr</i>	2	*
<i>potassium chloride er</i>	2	*
<i>potassium chloride sr</i>	2	*
<i>sodium fluoride</i>	2	*
<i>sodium polystyrene sulfonate</i>	2	*
<i>sps</i>	2	*

IV Nutrition

AMINESS	4	
AMINOSYN	4	
AMINOSYN 7%/ELECTROLYTES	4	
<i>aminosyn 8.5%/electrolytes</i>	2	*
AMINOSYN II	4	

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Drug Name	Drug Tier	Notes
AMINOSYN II 3.5%/DEXTROSE 5%	4	
AMINOSYN II 3.5%/DEXTROSE 25%	4	
AMINOSYN II 4.25%/DEXTROSE 10%	4	
AMINOSYN II 4.25%/DEXTROSE 20%	4	
AMINOSYN II 4.25%/DEXTROSE 25%	4	
AMINOSYN II 5%/DEXTROSE 25%	4	
<i>aminosyn ii 8.5%/electrolytes</i>	2	*
AMINOSYN II M 3.5%/DEXTROSE 5%	4	
AMINOSYN II M 4.25/DEXTROSE 10%	4	
AMINOSYN M	4	
AMINOSYN-HBC	4	
<i>aminosyn-hf</i>	2	*
AMINOSYN-PF	4	
AMINOSYN-PF 7%	4	
CLINIMIX 2.75%/DEXTROSE 5%	4	
<i>climix 4.25%/dextrose 10%</i>	2	*
<i>climix 4.25%/dextrose 20%</i>	2	*
<i>climix 4.25%/dextrose 25%</i>	2	*
CLINIMIX 4.25%/DEXTROSE 5%	4	
CLINIMIX 5%/DEXTROSE 15%	4	
CLINIMIX 5%/DEXTROSE 20%	4	
CLINIMIX 5%/DEXTROSE 25%	4	
CLINIMIX E 2.75%/DEXTROSE 5%	4	
CLINIMIX E 2.75%/DEXTROSE 10%	4	
CLINIMIX E 4.25%/DEXTROSE 5%	4	
CLINIMIX E 4.25%/DEXTROSE 25%	4	
CLINIMIX E 5%/DEXTROSE 15%	4	
CLINIMIX E 5%/DEXTROSE 20%	4	
CLINIMIX E 5%/DEXTROSE 25%	4	
CLINIMIX E 5%/DEXTROSE 35%	4	
<i>clinisol sf 15%</i>	2	*
FREAMINE HBC 6.9%	4	
<i>freamine iii</i>	2	*
FREAMINE III 3%	4	
<i>hepatamine</i>	2	*
HEPATASOL	4	
<i>intralipid 20%</i>	2	*
INTRALIPID INJ 1.7%; 30%	4	
<i>intralipid inj 2.25%; 10%, 2.25%</i>	2	*
NEPHRAMINE	4	
<i>novamine</i>	2	*

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Drug Name	Drug Tier	Notes
PREMASOL INJ 34 MG/100 ML; 152 MG/100 ML; 356 MG/100 ML; 372 MG/100 ML; 390 MG/100 ML; 406 MG/100 ML; 492 MG/100 ML; 526 MG/100 ML; 880 MG/100 ML; 1,760 MG/100 ML; 34 MEQ/L; 52 MEQ/L;	4	
<i>premasol inj 15 mg/100 ml; 20 mg/100 ml; 120 mg/100 ml; 140 mg/100 ml; 190 mg/100 ml; 200 mg/100 ml; 220 mg/100 ml; 230 mg/100 ml; 250 mg/100 ml; 290 mg/100 ml; 300 mg/100 ml; 320 mg/100 ml; 410 mg/100 ml; 470 mg/100 ml; 490 mg/100 ml; 730 mg/100 ml; 840 mg/100 ml; 3 meq/l; 5 meq/l; 56 meq/l</i>	2	*
PROCALAMINE	4	
PROSOL	4	
RENAMIN	4	
TRAVASOL	4	
TRAVASOL 2.75%/DEXTROSE 5%	4	
TRAVASOL 2.75%/DEXTROSE 10%	4	
<i>travasol 3.5%/electrolytes</i>	2	*
TRAVASOL 4.25%/DEXTROSE 10%	4	
TRAVASOL 4.25%/DEXTROSE 25%	4	
TRAVASOL 5.5%/DEXTROSE 10%	4	
TRAVASOL 5.5%/DEXTROSE 20%	4	
TRAVASOL 5.5%/ELECTROLYTES	4	
TRAVASOL 8.5%/DEXTROSE 10%	4	
TRAVASOL 8.5%/DEXTROSE 20%	4	
TRAVASOL 8.5%/DEXTROSE 50%	4	
<i>travasol 8.5%/electrolytes</i>	2	*
TROPHAMINE	4	
IV Replacement Solutions		
<i>alcohol 5%/dextrose 5%</i>	2	*
<i>dextrose 10%/nacl 0.45%</i>	2	*
DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX	4	
<i>dextrose 5%/electrolyte #75 viaflex</i>	2	*
<i>dextrose 10% flex container</i>	2	*
<i>dextrose 10%/nacl 0.2%</i>	2	*
<i>dextrose 2.5%/sodium chloride 0.45%</i>	2	*
<i>dextrose 5%</i>	2	*
<i>dextrose 5%/lactated ringer's</i>	2	*
<i>dextrose 5%/nacl 0.225%</i>	2	*
DEXTROSE 5%/POTASSIUM CHLORIDE 0.075%	4	
<i>dextrose 5%/potassium chloride 0.15%</i>	2	*
<i>dextrose 5%/sodium chloride 0.2%</i>	2	*

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Drug Name	Drug Tier	Notes
<i>dextrose 5%/sodium chloride 0.33%</i>	2	*
<i>dextrose 5%/sodium chloride 0.45%</i>	2	*
<i>dextrose 5%/sodium chloride 0.9%</i>	2	*
IONOSOL-B/DEXTROSE 5%	4	
IONOSOL-MB/DEXTROSE 5%	4	
IONOSOL-T/DEXTROSE 5%	4	
ISOLYTE-H/DEXTROSE 5%	4	
<i>isolyte-m/dextrose 5%</i>	2	*
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S	4	
ISOLYTE-S PH 7.4	4	
ISOLYTE-S/DEXTROSE 5%	4	
<i>kcl 0.075%/d5w/nacl 0.2%</i>	2	*
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	*
KCL 0.15%/D10W/NACL 0.2%	4	
<i>kcl 0.15%/d5w/ nacl 0.3%</i>	2	*
KCL 0.15%/D5W/LR	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	2	*
KCL 0.15%/D5W/NACL 0.225%	4	
<i>kcl 0.15%/d5w/nacl 0.45%</i>	2	*
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	*
<i>kcl 0.224%/d5w/nacl 0.2%</i>	2	*
KCL 0.3%/D5W/LR	4	
KCL 0.3%/D5W/LR IV LAC RING	4	
<i>kcl 0.3%/d5w/nacl 0.2%</i>	2	*
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	*
KCL 0.3%/D5W/NACL 0.9%	4	
<i>lactated ringer's dextrose 5% viaflex</i>	2	*
<i>lactated ringer's viaflex</i>	2	*
MAGNESIUM SULFATE IN D5W	4	
<i>normosol-r</i>	2	*
<i>normosol-m in d5w</i>	2	*
NORMOSOL-R	4	
<i>normosol-r in d5w</i>	2	*
PLASMA-LYTE 56	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
PLASMA-LYTE-148/D5W	4	
PLASMA-LYTE-56/D5W	4	
<i>plasma-lyte-r</i>	2	*
<i>potassium chloride 0.075%/d5w/nacl 0.225%</i>	2	*
POTASSIUM CHLORIDE 0.15%/NACL 0.45% VIAFLEX	4	
<i>potassium chloride 0.15%/d5w/nacl 0.33%</i>	2	*

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Drug Name	Drug Tier	Notes
<i>potassium chloride 0.15%/d5w/nacl 0.45% viaflex</i>	2	*
<i>potassium chloride 0.15%/nacl 0.9%</i>	2	*
<i>potassium chloride 0.15%/d5w</i>	2	*
POTASSIUM CHLORIDE 0.15%/NACL 0.9%	4	
<i>potassium chloride 0.22%/d5w/nacl 0.45%</i>	2	*
<i>potassium chloride 0.224%/d5w</i>	2	*
<i>potassium chloride 0.224%/d5w/nacl 0.33%</i>	2	*
<i>potassium chloride 0.224%/d5w/nacl 0.45%</i>	2	*
POTASSIUM CHLORIDE 0.3%/NACL 0.9%	4	
<i>potassium chloride 0.3%/d5w</i>	2	*
<i>potassium chloride 0.3%/nacl 0.9%/viaflex</i>	2	*
POTASSIUM CHLORIDE INJ 20 MEQ/50 ML	4	
<i>potassium chloride inj 0.4 meq/ml, 10 meq/50 ml, 10 meq/100 ml, 20 meq/100 ml, 30 meq/100 ml, 40 meq/100 ml</i>	2	*
<i>ringer's injection</i>	2	*
<i>sodium chloride</i>	2	*
<i>sodium chloride 0.45% viaflex</i>	2	*
Vitamins		
<i>calcitriol caps, oral soln</i>	2	*
CALCITRIOL INJ 2 MCG/ML	4	
<i>calcitriol inj 1 mcg/ml</i>	2	*
HECTOROL	4	
<i>prenatal rx 1</i>	2	*
RESPIRATORY		
Anticholinergic/BETA Agonist Combinations		
COMBIVENT	4	QL
<i>ipratropium bromide/albuterol sulfate</i>	2	QL *
Anticholinergics		
ATROVENT HFA	4	QL
<i>ipratropium bromide nasal soln</i>	2	*
<i>ipratropium bromide inhalation soln</i>	2	QL *
SPIRIVA HANDIHALER	4	QL
Antihistamine/Decongestant Combinations		
ALLEGRA-D 12 HOUR	5	
ALLEGRA-D 24 HOUR	5	
<i>promethazine vc</i>	2	*
Antihistamines, Low/Nonsedating		
ASTELIN	4	QL
ASTEPRO	4	QL
CLARINEX	5	
CLARINEX REDITABS	5	
<i>fexofenadine hcl</i>	2	*

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Drug Name	Drug Tier	Notes
Antihistamines, Sedating		
<i>clemastine fumarate</i>	2	*
<i>cyproheptadine hcl</i>	2	*
<i>diphenhydramine hcl caps</i>	1	*
<i>diphenhydramine hcl inj</i>	2	*
<i>hydroxyzine hcl</i>	2	*
<i>hydroxyzine pamoate</i>	1	*
BETA Agonists		
<i>albuterol sulfate er</i>	2	*
<i>albuterol sulfate syrp, tabs</i>	2	*
<i>albuterol sulfate nebu</i>	2	QL *
FORADIL AEROLIZER	4	QL
MAXAIR AUTOHALER	5	QL
PROAIR HFA	4	QL
PROVENTIL HFA	4	QL
SEREVENT DISKUS	4	QL
<i>terbutaline sulfate</i>	2	*
XOPENEX	4	QL
XOPENEX CONCENTRATE	4	QL
XOPENEX HFA	4	QL
Leukotriene Receptor Antagonists		
ACCOLATE	5	
SINGULAIR	3	
Mast Cell Stabilizers		
<i>cromolyn sodium</i>	2	QL *
INTAL INHALER	4	QL
Miscellaneous		
<i>acetylcysteine</i>	2	*
ARALAST	6	
EPIPEN 2-PAK	4	
EPIPEN-JR 2-PAK	4	
PULMOZYME	6	
TOBI	6	
TYZINE	4	
TYZINE PEDIATRIC NASAL DROPS	4	
XOLAIR	6	PA
Nasal Steroids		
<i>flunisolide</i>	2	QL *
<i>fluticasone propionate</i>	2	QL *
NASACORT AQ	4	QL
NASONEX	4	QL
RHINOCORT AQUA	5	QL

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Drug Name	Drug Tier	Notes
Steroid Inhalants		
ASMANEX 14 METERED DOSES	3	QL
ASMANEX 30 METERED DOSES	3	QL
ASMANEX 60 METERED DOSES	3	QL
ASMANEX 120 METERED DOSES	3	QL
AZMACORT	3	QL
FLOVENT DISKUS 50 MCG, 100 MCG, 250 MCG	3	QL
FLOVENT HFA	3	QL
PULMICORT	5	QL
QVAR	3	QL
Steroid/BETA-Agonist Combinations		
ADVAIR DISKUS	3	QL
ADVAIR HFA	3	QL
PULMICORT FLEXHALER	5	QL
SYMBICORT	3	QL
Xanthines		
<i>aminophylline tabs</i>	1	*
<i>aminophylline inj</i>	2	*
ELIXOPHYLLIN	3	
THEO-24	3	
<i>theochron</i>	2	*
<i>theophylline cr</i>	2	*
<i>theophylline er</i>	2	*
<i>theophylline td</i>	2	*
TOPICAL		
Dermatology, Acne		
<i>amnesteem</i>	2	*
<i>avita</i>	2	PA *
AZELEX	4	
BENZACLIN	5	
<i>claravis</i>	2	*
<i>clindamycin phosphate</i>	2	*
DIFFERIN	4	PA
<i>ery</i>	2	*
<i>eryderm</i>	2	*
<i>erythromycin</i>	2	*
<i>erythromycin/benzoyl peroxide</i>	2	*
RETIN-A MICRO	5	PA
<i>sodium sulfacetamide</i>	2	*
<i>sotret</i>	2	*
<i>tretinoin</i>	2	PA *
Dermatology, Actinic Keratosis		
CARAC	4	

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Drug Name	Drug Tier	Notes
FLUOROPLEX	4	
<i>fluorouracil</i>	2	*
SOLARAZE	4	
Dermatology, Antibiotics		
ALTABAX	4	
BACTROBAN	4	
<i>gentamicin sulfate</i>	1	*
<i>mupirocin</i>	2	*
<i>silver sulfadiazine</i>	2	*
<i>ssd</i>	2	*
<i>ssd af</i>	2	*
<i>thermazene</i>	2	*
Dermatology, Antifungals		
<i>ciclopirox susp</i>	2	*
<i>ciclopirox olamine cream</i>	2	*
<i>clotrimazole</i>	2	*
<i>econazole nitrate</i>	2	*
<i>ketoconazole</i>	2	*
LOPROX	5	
LOPROX SHAMPOO	4	
MENTAX	5	
<i>nystatin cream</i>	1	*
<i>nystatin oint, powd</i>	2	*
<i>nystop</i>	2	*
OXISTAT	5	
<i>pedi-dri</i>	2	*
Dermatology, Antipruritic		
<i>proctosol hc</i>	2	*
<i>proctozone-hc</i>	2	*
ZONALON	4	
Dermatology, Antipsoriatics		
<i>calcipotriene</i>	2	*
DOVONEX CREAM	4	
OXSORALEN ULTRA	4	
RAPTIVA	6	PA
SORIATANE CK	5	
Dermatology, Antiseborrheics		
<i>ketoconazole</i>	2	*
<i>selenium sulfide</i>	2	*
Dermatology, Antivirals		
DENAVIR	4	
ZOVIRAX	4	

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Drug Name	Drug Tier	Notes
Dermatology, Corticosteroids		
<i>ala-cort</i>	2	*
<i>alclometasone dipropionate</i>	2	*
<i>augmented betamethasone dipropionate</i>	2	*
<i>beta-val</i>	1	*
<i>betamethasone dipropionate</i>	2	*
<i>betamethasone valerate</i>	1	*
<i>clobetasol propionate</i>	2	*
<i>clobetasol propionate e</i>	2	*
<i>clobetasol propionate emollient</i>	2	*
CORDRAN	5	
CORDRAN TAPE	5	
<i>del-beta</i>	2	*
DERMA-SMOOTH/FS SCALP OIL	4	
<i>desonide</i>	2	*
DESOWEN	4	
<i>desoximetasone</i>	2	*
<i>diflorasone diacetate</i>	2	*
<i>fluocinolone acetonide cream, oint</i>	1	*
<i>fluocinolone acetonide soln</i>	2	*
<i>fluocinonide emollient base</i>	2	*
<i>fluocinonide-e</i>	2	*
<i>fluocinonide cream</i>	1	*
<i>fluocinonide gel, oint, soln</i>	2	*
<i>fluticasone propionate</i>	2	*
<i>halobetasol propionate</i>	2	*
<i>hydrocortisone</i>	2	*
<i>hydrocortisone butyrate</i>	2	*
<i>hydrocortisone valerate</i>	2	*
KENALOG	4	
LOCOID LIPOCREAM	5	
LUXIQ	5	
<i>mometasone furoate</i>	2	*
TEXACORT SOLN 2.5%	4	
<i>texacort soln 1%</i>	2	*
<i>triamcinolone acetonide</i>	1	*
<i>triderm</i>	1	*
Dermatology, Immunomodulators		
ELIDEL	4	
PROTOPIC	4	
Dermatology, Local Anesthetics		
<i>lidocaine hcl</i>	2	*
<i>lidocaine/prilocaine</i>	2	*

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Drug Name	Drug Tier	Notes
LIDODERM	4	
<i>Dermatology, Miscellaneous Skin and Mucous Membrane</i>		
ALDARA	5	
<i>ammonium lactate</i>	2	*
CONDYLOX GEL	5	
<i>laclotion</i>	2	*
PANRETIN	6	
<i>podofilox</i>	2	*
TARGRETIN	6	
<i>Dermatology, Rosacea</i>		
FINACEA	5	
METROGEL	4	
<i>metronidazole</i>	2	*
ORACEA	4	
<i>Dermatology, Scabicides And Pediculides</i>		
<i>acticin</i>	2	*
EURAX	4	
OVIDE	4	
<i>permethrin</i>	2	*
<i>Dermatology, Wound Care Agents</i>		
REGRANEX	6	PA
SANTYL	4	
<i>sodium chloride 0.9%</i>	2	*
<i>Mouth/Throat/Dental Agents</i>		
<i>lidomar viscous</i>	2	*
<i>nystatin</i>	2	*
<i>triamcinolone in orabase</i>	2	*
<i>Ophthalmic</i>		
<i>acetazolamide</i>	2	*
ACULAR	5	
ACULAR LS	5	
ACULAR PF	5	
<i>ak-poly-bac</i>	2	*
<i>ak-tob</i>	2	*
ALOCRIL	5	
ALOMIDE	5	
ALPHAGAN P	3	
ALREX	3	
AZOPT	3	
<i>bac/poly/neomy/hc</i>	2	*
<i>bacitracin</i>	1	*
<i>bacitracin/neomycin/polymyxin</i>	1	*
<i>bacitracin/polymyxin b</i>	2	*

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Drug Name	Drug Tier	Notes
BETIMOL	5	
BETOPTIC-S	3	
BLEPHAMIDE S.O.P.	3	
<i>brimonidine tartrate</i>	2	*
CILOXAN OINT	3	
<i>ciprofloxacin hcl</i>	2	*
COMBIGAN	3	
COSOPT	3	
<i>cromolyn sodium</i>	2	*
<i>dexamethasone sodium phosphate</i>	2	*
<i>dexasporin</i>	1	*
DIAMOX	4	
<i>diclofenac sodium</i>	2	*
<i>erythromycin</i>	1	*
<i>fluor-op</i>	2	*
<i>fluorometholone</i>	2	*
FML S.O.P.	3	
<i>gentak</i>	2	*
<i>gentamicin sulfate</i>	1	*
LACRISERT	3	
<i>levobunolol hcl</i>	2	*
LOTEMAX	5	
LUMIGAN	3	
<i>methazolamide</i>	2	*
<i>metipranolol</i>	2	*
NATACYN	3	
<i>neo/poly/bac/hc</i>	2	*
<i>neomycin/bacitracin/polymyxin</i>	1	*
<i>neomycin/polymyxin/dexamethasone</i>	1	*
<i>neomycin/polymyxin/gramicidin</i>	2	*
<i>neomycin/polymyxin/hydrocortisone</i>	2	*
<i>neomycin/bacitracin zn/polymyx</i>	1	*
<i>ocusulf-10</i>	2	*
<i>ofloxacin</i>	2	*
OPTIVAR	5	
PATADAY	3	
PATANOL	3	
PILOPINE HS	3	
<i>poly-dex</i>	1	*
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	*
PRED MILD	5	
<i>prednisolone acetate</i>	2	*
<i>prednisolone sodium phosphate</i>	2	*

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Drug Name	Drug Tier	Notes
QUIXIN	5	
RESTASIS	3	
<i>romycin</i>	2	*
<i>sulfacetamide sodium oint</i>	1	*
<i>sulfacetamide sodium soln</i>	2	*
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	*
<i>timolol maleate</i>	2	*
<i>timolol maleate ophthalmic gel forming</i>	2	*
TOBRADEX	5	
<i>tobramycin sulfate</i>	1	*
TOBEX OINT	3	
TRAVATAN	3	
TRAVATAN Z	3	
<i>trifluridine</i>	2	*
<i>trimethoprim sulfate/polymyxin b sulfate</i>	2	*
TRUSOPT	3	
VIGAMOX	3	
XALATAN	5	
XIBROM	4	
ZYMAR	5	
Otic		
<i>acetazol hc</i>	2	*
<i>acetic acid</i>	2	*
<i>acetic acid/hydrocortisone</i>	2	*
<i>borofair</i>	2	*
CIPRO HC	5	
CIPRODEX	5	
<i>cortomycin</i>	2	*
DERMOTIC	4	
<i>neomycin/polymyxin/hc</i>	2	*
<i>neomycin/polymyxin/hydrocortisone</i>	2	*
<i>ofloxacin</i>	2	*
<i>oticin hc</i>	2	*

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CDPHP Medicare Choices

2009 Quantity Limits

Drug Name	Limit In 25 Days (Unless Otherwise Noted)
ADVAIR DISKUS/HFA	1 Inhaler
<i>albuterol ampoules 0.083%/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i>	100 Ampoules
<i>albuterol 0.5% solution</i>	60 ml
ASMANEX INHALER	2 Inhalers
ASTELIN NASAL SPRAY	2 Inhalers
ASTEPRO	60 ml
ATROVENT INHALER	2 Inhalers
AVINZA	60 Caps
AZMACORT INHALER	2 Inhalers
COMBIVENT INHALER	2 Inhalers
<i>cromolyn sod nebulizer soln 20 mg/2 ml</i>	120 Ampoules
<i>dronabinol caps</i>	60 Caps
EMEND 40MG	2 Caps in 180 Days
EMEND 80 MG	4 Caps
EMEND 125 MG	2 Caps
EMEND TRI-FOLD PAK	2 Paks
<i>fentanyl patch</i>	10 Patches
FLOVENT DISKUS	2 Inhalers (120 Caps)
FLOVENT HFA INHALER	2 Inhalers
<i>flunisolide spray 0.025%</i>	2 Nasal Inhalers
<i>flunisolide spray 29 mcg</i>	2 Nasal Inhalers
<i>fluticasone spray 50 mcg</i>	1 Nasal Inhaler
FORADIL	1 Inhaler (60 Caps)
FORTEO 750 MCG/3 ML PEN INJ	24 Pens in 720 Days
FROVA TABS	18 Tabs
IMITREX INJECTION 6 MG/0.5 ML	5 Vials
IMITREX INJECTION KITS	4 Kits (8 Injections)
IMITREX NASAL SPRAY	12 Nasal Inhalers
IMITREX TABS	9 Tabs
INTAL INHALER 800 MCG	2 Inhalers
<i>ipratropium ampoules</i>	105 Ampoules
<i>ipratropium/albuterol ampoules</i>	180 Ampoules
KADIAN	60 Tabs
LUNESTA TABS	30 Tabs
MAXAIR INHALER	1 Inhaler
MAXALT, MAXALT MLT TABS	12 Tabs
MIGRANAL SPRAY	1 Pak (8 Nasal Inhalers)
<i>morphine sulfate er tabs, (15 mg, 30 mg, 60 mg, 100 mg)</i>	90 Tabs
<i>morphine sulfate er tabs (200 mg)</i>	60 Tabs
NASACORT AQ NASAL SPRAY	1 Nasal Inhaler

CDPHP Medicare Choices

2009 Quantity Limits

Drug Name	Limit In 25 Days (Unless Otherwise Noted)
NEXIUM	30 Caps
<i>omeprazole 10 mg</i>	30 Caps
<i>omeprazole 20 mg</i>	60 Caps
OPANA ER TABS	120 Tabs
OXYCONTIN TABS	120 Tabs
<i>pantoprazole tabs</i>	30 Tabs
PREVACID TABS/CAPS	30 Tabs/Caps
PRILOSEC 40 MG	30 Caps
PROAIR HFA	2 Inhalers
PROVENTIL HFA INHALER	2 Inhalers
PULMICORT INHALER 90 MCG	4 Inhalers
PULMICORT INHALER 180 MCG	2 Inhalers
PULMICORT RESPULES 0.25 MG/2 ML, 0.5 MG/2 ML	60 Respules
PULMICORT RESPULES 1 MG/2 ML	30 Respules
QVAR INHALER	4 Inhalers
RELPAK TABS	6 Tabs
RHINOCORT SPRAY	2 Nasal Inhalers
SEREVENT DISKUS	1 Inhaler (60 Caps)
SPIRIVA INHALER	1 Inhaler (30 Caps)
SUBUTEX SUBL 2 MG	48 Tabs
SUBUTEX SUBL 8 MG	12 Tabs
SYMBICORT INHALER	1 Inhaler
XOPENEX NEB SOLN 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML	96 Ampoules
XOPENEX CONCENTRATED NEB SOLN 1.25 MG/0.5 ML	216 Ampoules
XOPENEX HFA INHALER	2 Inhalers
<i>zaleplon cap</i>	30 Caps
ZEGERID	30 Caps/Paks
<i>zolpidem tab</i>	30 Tabs
ZOMIG SPRAY, TABS, ZMT TAB	6 Sprays, Tabs, ZMT Tabs