



Your Medicare Part D Prescription Drug Plan

2012 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.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Your formulary and pharmacy network may change on January 1, 2012. Depending on your former employer or union's renewal date, your benefits, premium or copayments/coinsurance may also change on January 1, 2012. Please refer to your Evidence of Coverage for information specific to your plan.

A stand alone prescription drug plan with a Medicare contract.

Call Customer Service at 1-866-470-6265, Monday through Friday, from 8 a.m. to 9 p.m. EST. TTY/TDD users should call 1-877-247-1657 for an alternate format or language.

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Part D Formulary

What is the Plan's Formulary?

A formulary is a list of covered drugs selected by us 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. Your plan will generally cover the drugs listed in the formulary as long as the drug is medically necessary, the prescription is filled at a network pharmacy, and other plan rules are followed.

- If your Plan has a Closed Formulary (Closed Drug List), you have coverage for most, but not all, Medicare Part D eligible drugs. The drugs on this list are all approved by the FDA and are selected by the Plan with the help of a team of doctors and pharmacists. Not all drugs are on the Closed Formulary. The drugs covered under your plan are listed in this formulary booklet.
- If your Plan has an Open Formulary (Open Drug List), you have coverage for all Medicare Part D eligible drugs as well as coverage for certain additional drugs not typically covered by Medicare Part D plans. The additional drugs covered by your plan are all approved by the FDA and are selected by the Plan with the help of a team of doctors and pharmacists. The drugs covered under your plan are listed in this formulary booklet.

For both types of formularies, some drugs may sometimes be covered under the medical benefits of your plan rather than under the drug benefit of your plan. The drugs that are sometimes covered under your medical benefits are marked with a B/D in drug list.

To find out whether you have a closed or open formulary benefit, please check the benefit chart in the front of your Evidence of Coverage. 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 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 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.

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.

We also evaluate new drugs as they come onto the market. As new drugs come on the market, we'll make a preliminary cost tier assignment. Once we have completed a full evaluation based upon effectiveness and safety, the drug may remain in the same tier or be placed in a lower cost tier.

The enclosed formulary is current as of **January 1, 2012**. To get updated information about the drugs covered by your plan, call Customer Service at 1-866-470-6265, Monday through Friday, from 8 a.m. to 9 p.m. EST. TTY/TDD users should call 1-877-247-1657. If any other type of approved formulary change is made during the year, we will notify you by sending you a list of these changes, or by sending you an updated formulary. The enclosed formulary is current as of 8/2011. To get updated information about the drugs covered by your plan, please call Customer Services at 1-866-470-6265, Monday through Friday, from 8 a.m. to 9 p.m. EST. TTY/TDD users should call 1-877-247-1657.

How do I use the Formulary?

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

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

Alphabetical Listing: If you are not sure what category to look under, you should look for your drug in the Index that begins on page 64. 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?

Your plan 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.

Many plans also cover a small group of \$0 copay Select Generic drugs. These are drugs which have proven over time to be especially cost effective options for treating some conditions. Your plan offers these drugs at no cost to you when you purchase them at a network pharmacy. You can find the list of \$0 copay Select Generic drugs on page VI. To find out whether your plan includes this benefit, please check the benefit chart in the front of your Evidence of Coverage.

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:** Your plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, your plan may not cover the drug.
- **Quantity Limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we provide 30 tablets per prescription for LEXAPRO. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, we require 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, we may not cover drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can ask us to make an exception to these restrictions or limits. See the section, "*How do I request an exception to the Plan's formulary?*" for information about how to request an exception.

What if my drug is not on the Formulary?

If you learn that access to your drug is limited, for any reason, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by your plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by your plan.
- You can ask your plan 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 Plan's Formulary?

You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- If your drug plan uses a closed formulary, 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, we 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 drug tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred brand drug 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 normally covered under your plan, you may not ask us to provide a preferred brand drug level of coverage for the drug.

Generally, your plan 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 91-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For more information

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

If you have questions about your plan, please call Customer Services at 1-866-470-6265, Monday through Friday, from 8 a.m. to 9 p.m. EST. TTY/TDD users should call 1-877-247-1657.

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.

Your Plan's Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 64.

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

The **second column** of the chart identifies the tier placement of each medication covered in your formulary. Many drug plans group drugs based upon cost with the lowest cost drugs in Tier 1. These are typically generic drugs. To find out what your copayment is for each drug tier, please check the benefit chart in the front of your Evidence of Coverage.

The benefit chart in your Evidence of Coverage will also tell you if the amount that you pay for covered drugs changes after the total drug cost paid by you and the plan reaches the initial coverage amount of \$2,930. Please check your benefit chart and Evidence of Coverage for complete details on the cost you must pay for drugs covered by your drug plan.

The **third column** tells you if your plan has any special requirements for coverage of your drug. The formulary chart legend, located on the next page, contains the list of special requirements which can be applied to drugs in your plan. The legend also gives you a description of the restriction and the code used in the drug chart to tell you that the restriction applies to a specific drug.

Select Generics

(Please check the Benefit Chart in the front of your Evidence of Coverage to find out if your plan offers \$0 copay for Select Generic drugs.)

Drug Name	Drug Name
Autonomic and CNS Medications <i>bupropion hcl tablet sa citalopram hydrobromide tablet mirtazapine tab rapdis mirtazapine tablet bupropion hcl tb12 paroxetine hcl tablet bupropion hcl tablet fluoxetine hcl tablet fluoxetine hcl capsule</i>	Gastrointestinal Medications <i>cimetidine tablet omeprazole capsule dr ranitidine hcl capsule ranitidine hcl tablet</i>
Cardiovascular Medications <i>metoprolol tartrate tablet captopril/hydrochlorothiazide tablet hydrochlorothiazide tablet enalapril/hydrochlorothiazide tablet atenolol tablet enalapril maleate tablet chlorthalidone tablet hydrochlorothiazide capsule lisinopril tablet lovastatin tablet captopril tablet pravastatin sodium tabs simvastatin tabs lisinopril/hydrochlorothiazide tablet</i>	Musculoskeletal Medications <i>diclofenac sodium tab.sr 24h indomethacin capsule diclofenac sodium tablet dr diclofenac sodium tb24 ibuprofen tabs sulindac tablet indomethacin capsule sa indomethacin cpcr naproxen tablet naproxen tablet dr naproxen tbec piroxicam capsule ibuprofentablet</i>

Covered Medications by Therapeutic Category

Legend

Generic drugs are shown in lowercase italics (e.g. *enalapril*)

Brand name drugs are shown in capital letters (e.g. LEXAPRO)

QLL – Quantity Limits: Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled (most often set on a monthly basis).

PAR – Prior Authorization: The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.

ST – Step Therapy: The process of first trying a certain drug or drugs to determine if that drug or drugs will treat your medical condition before your plan will cover another drug for that condition.

B/D – Part B vs Part D: This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.

LA – Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at the phone number listed on the front cover of this booklet.

E – Enhanced: 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.

INJ – Injectable: The drug is available in injectable form.

MO – Mail Order: Prescription drugs available through Mail Order.

[+] Preferred: The symbol [+] in the Drug Name column denotes preferred products.

OTC Drug Table

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes			
Cardiovascular Medications								
NIACIN 1,000 MG TABLET SA	2	MO, E	<i>zinc lozenge</i>	1	MO, E			
<i>niacin capsule sustained action, -250 mg tablet, -250 mg tablet sa</i>	1	MO, E	Ear-Nose-Throat Medications					
SLO-NIACIN	2	MO, E	Endocrine Medications					
Dermatological Medications								
<i>beta carotene</i>	1	MO, E	IODINE	2	MO, E			
<i>lumitene</i>	1	MO, E	Medical (Miscellaneous) Supplies					
<i>vitamin a</i>	1	MO, E	FAST TAKE	2	MO, QLL (204/30)			
VITAMIN E OIL DROPS	2	MO, E	ZINC SULFATE POWDER	2	MO, E			
Nutrition, Blood Modifiers, Electrolytes								
ADEKS	2	MO, E						

Drug Name	Drug Tier	Notes
APATATE	2	MO, E
APETIGEN PLUS	2	MO, E
AQUADEKS	2	MO, E
ASCORBIC ACID	2	MO, E
<i>b-12 dots</i>	1	MO, E
<i>balanced b-50</i>	1	MO, E
BIFERA	2	MO, E
<i>biotect plus</i>	1	MO, E
<i>biotin 1,000 mcg tablet, -1,000 mcg tablet</i>	2	MO, E
BIOTIN 10 MG TABLET	2	MO, E
<i>biotin 300 mcg tablet</i>	1	MO, E
CALCIFEROL	2	MO, E
<i>calcium citrate</i>	1	MO, E
CENTRUM KIDS	2	MO, E
<i>century mature</i>	1	MO, E
<i>chromium gtf</i>	1	MO, E
<i>chromium picolinate</i>	1	MO, E
CLUSIMAR	2	MO, E
<i>cod liver oil</i>	1	MO, E
COLD-EEZE	2	MO, E
<i>cranberry concentrate</i>	1	MO, E
<i>dialyvite 800 tablet</i>	1	MO, E
DIALYVITE 800 WITH ZINC	2	MO, E
<i>dino-life</i>	1	MO, E
ELDERTONIC	2	MO, E
<i>ezfe 200</i>	1	MO, E
<i>fe c</i>	1	MO, E
<i>feosol</i>	1	MO, E
FEOSTAT	2	MO, E
FERRETTS IPS	2	MO, E
<i>ferrex 150 plus</i>	1	MO, E
<i>ferro-time</i>	1	MO, E
<i>ferrous fumarate 324 mg tab</i>	1	MO, E
FERROUS FUMARATE 90 MG TAB	2	MO, E
<i>ferrous gluconate</i>	1	MO, E
FERROUS SULFATE SOLUTION	2	MO, E
<i>ferrous sulfate solution oral, -tablet, -tablet enteric coated</i>	1	MO, E
FOLGARD	2	MO, E
<i>folic acid 400 mcg tablet, -400 mcg tablet, -800 mcg tablet, -800 mcg tablet</i>	1	MO, E
<i>fruity chews with iron</i>	1	MO, E
GERITOL	2	MO, E
HEXAVITAMIN	2	MO, E

Drug Name	Drug Tier	Notes
<i>honey bears</i>	1	MO, E
I.L.X. B-12	2	MO, E
ICAPS	2	MO, E
ICAR	2	MO, E
INTEGRA	2	MO, E
IRCON	2	MO, E
IRCON-FA	2	MO, E
<i>iron chews</i>	1	MO, E
<i>liver with iron</i>	1	MO, E
<i>mag64</i>	1	MO, E
MERIBIN	2	MO, E
<i>multi-delyn liquid</i>	1	MO, E
MULTI-DELYN WITH IRON LIQUID	2	MO, E
<i>multivitamins</i>	1	MO, E
MYKIDZ IRON	2	MO, E
MYKIDZ IRON 10	2	MO, E
<i>nephronex</i>	1	MO, E
<i>niacin 50 mg tablet, -100 mg tablet, -100 mg tablet</i>	1	MO, E
<i>niacinamide</i>	1	MO, E
NICOTINAMIDE POWDER	2	MO, E
NO FLUSH NIACIN	2	MO, E
NUTRIVIT	2	MO, E
ONE-A-DAY WOMEN'S	2	MO, E
ORAZINC	2	MO, E
PANTOTHENIC ACID 200 MG TAB	2	MO, E
<i>pantothenic acid 500 mg tabs</i>	1	MO, E
PHLEXY-VITS	2	MO, E
<i>poly-vitamin</i>	1	MO, E
PRO FE	2	MO, E
PROFERRIN	2	MO, E
<i>pyridoxine hcl tablet</i>	1	MO, E
SCOODY-DOO	2	MO, E
<i>selenium 100 mcg tablet</i>	1	MO, E
SELENIUM 25 MCG TABLET	2	MO, E
SHERI-B-12	2	MO, E
SLOW FE	2	MO, E
<i>slow release iron</i>	1	MO, E
<i>stress formula with iron</i>	1	MO, E
TANDEM DUAL ACTION	2	MO, E
TRI-VI-SOL WITH IRON	2	MO, E
<i>tri-vitamin</i>	1	MO, E
VASOFLEX FORTE	2	MO, E
<i>vi-stress</i>	1	MO, E
<i>vita with iron</i>	1	MO, E

Drug Name	Drug Tier	Notes
vitamin a and d	1	MO, E
vitamin b complex	1	MO, E
vitamin b-1	1	MO, E
vitamin b-12	1	MO, E
vitamin b-2 25 mg tablet, -100 mg tablet	1	MO, E
VITAMIN B-2 50 MG TABLET	2	MO, E
vitamin b-6	1	MO, E
vitamin b-complex with vit c	1	MO, E
vitamin c	1	MO, E
vitamin d	1	MO, E
vitamin e capsule, -50 unit/ml drops	1	MO, E

Drug Name	Drug Tier	Notes
VITAMIN K TABLET	2	MO, E
ZINC 10 MG TABLET	2	MO, E
zinc 50 mg caplet, -50 mg caplet	1	MO, E
ZINC GLUCONATE 10 MG TABLET	2	MO, E
zinc gluconate 100 mg tablet	1	MO, E
zinc sulfate tablet	1	MO, E
ZINC-15	2	MO, E
Obstetrical and Gynecological Medications		
TRIMO-SAN	2	MO, E
Respiratory Medications		
BRONCOTRON-D	2	MO, E

General Drug Table

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Anesthetics					
CETACAIN	2	MO, E	amikacin sulfate 100 mg/2 ml, -500 mg/2 ml INJ	1	
EMLA	3		amox tr-potassium clavulanate	1	
lidocaine hcl 0.5% vial, -1% vial INJ	1		amoxicillin	1	
lidocaine hcl 1% ampul, -1% syringe, -1.5% ampul, -2% abboject, -2% ampul, -2% luer-jet, -2% syringe, -4% ampul, -1% abboject, -2% vial INJ	1	MO	amoxicillin-clavulanate er	1	
lidocaine hcl jel, -ointment, -solution non-oral	1		AMPHOTEC 100 MG VIAL INJ	2	MO
lidocaine hcl viscous	1		AMPHOTEC 50 MG VIAL INJ	2	
lidocaine-prilocaine	1		amphotericin b injection INJ	1	
LIDODERM [+]	2		ampicillin 125 mg vial, -1 gm vial, -10 gm vial INJ	1	
midazolam hcl injection INJ	1	MO, E	ampicillin 250 mg vial, -500 mg vial, -1 gm a-v vial, -2 gm a-v vial, -2 gm vial INJ	1	MO
SYNERA	3		ampicillin trihydrate	1	
VERSED INJ	2	MO, E	ampicillin-sulbactam 1.5 gm vl, -sulb 3 gm add vial INJ	1	MO
XYLOCAINE 0.5% VIAL, -1% VIAL INJ	2		ampicillin-sulbactam 3 gm vial, -15 gm vl INJ	1	
XYLOCAINE 2% VIAL INJ	2	MO	ANCOBON	2	
XYLOCAINE IV INJ	2	MO	APTIVUS	2	MO
XYLOCAINE JEL, -SOLUTION NON-ORAL	3		ARALEN PHOSPHATE	3	MO
XYLOCAINE-MPF INJ	2	MO	ATRIPLA	2	MO
Antiinfectives					
ABELCET INJ	2		AVELOX	3	QLL (21/1)
acyclovir 800 mg tablet	1		AVELOX ABC PACK	3	QLL (5/1)
acyclovir capsule, -suspension oral, -400 mg tablet	1	MO	AVELOX IV INJ	2	
acyclovir sod 50 mg/ml vial, -1 gm vial INJ	1	MO	AZACTAM 1 GM VIAL INJ	2	MO
acyclovir sodium 500 mg vial INJ	1		AZACTAM 2 GM VIAL INJ	2	
ADOXA	3		AZACTAM-ISO-OSMOTIC	2	
ADOXA PAK	3		DEXTROSE INJ		
ALBENZA	2		azithromycin 100 mg/5 ml susp	1	QLL (15 ml/1)
ALINIA	3		azithromycin 200 mg/5 ml susp	1	QLL (46 ml/1)
ALTABAX	3	QLL (30/30)	azithromycin 250 mg tablet	1	QLL (6/1)
amantadine	1	MO	azithromycin 500 mg tablet	1	QLL (3/1)
AMBISOME INJ	2		azithromycin 600 mg tablet	1	QLL (8/1)
amikacin 250 mg/ml disp syr, -(pf) 100 mg/2 ml, -(pf) 1,000 mg/4 ml, -(pf) 500 mg/2 ml, -1,000 mg/4 ml vial, -1,000 mg/4 ml INJ	1	MO	azithromycin injection INJ	1	
			azithromycin packet	1	MO
			aztreonam 1 gm vial INJ	1	
			aztreonam 2 gm vial INJ	1	MO

Drug Name	Drug Tier	Notes
baciim INJ	1	
bacitracin injection INJ	1	
BACTRIM	3	
BACTRIM DS	3	
BACTROBAN	3	
BACTROBAN NASAL	3	
BARACLIDE SOLUTION	2	MO
BARACLIDE TABLET	2	MO
BIAXIN 250 MG TABLET	3	QLL (42/1)
BIAXIN 500 MG TABLET	3	QLL (28/1)
BIAXIN SUSPENSION	3	
BIAXIN XL	3	QLL (28/1)
BICILLIN C-R INJ	2	
BICILLIN L-A INJ	2	
BILTRICIDE	3	
CANCIDAS INJ	2	
CAPASTAT SULFATE INJ	2	
CAYSTON	2	LA
CEDAX	3	
cefaclor	1	
cefaclor er	1	
cefadroxil	1	
cefazolin 1 gm add-van vial, -10 gm vial INJ	1	MO
cefazolin 20 gm bulk vial, -500 mg vial, -1 gm vial, -1 gm-d5w bag INJ	1	
cefdinir	1	
cefepime INJ	1	MO
cefepime hcl INJ	1	
cefotaxime sodium 20 gm vial INJ	1	MO
cefotaxime sodium 500 mg vial, -10 gm vial, -1 gm vial, -2 gm vial INJ	1	
cefotetan INJ	1	
cefoxitin INJ	1	
cefoxitin sodium INJ	1	
cefpodoxime proxetil	1	
cefprozil	1	
ceftazidime 1 gm vial, -2 gm vial, -6 gm vial INJ	1	
ceftazidime 500 mg vial INJ	1	MO
CEFTIN	3	
ceftriaxone 1 gm piggyback, -1 gm vial, -2 gm add vial, -2 gm piggyback, -2 gm vial INJ	1	MO

Drug Name	Drug Tier	Notes
ceftriaxone 250 mg vial, -500 mg vial, -1 gm-d5w bag, -2 gm-d5w bag, -10 gm vial INJ	1	
cefuroxime axetil	1	
cefuroxime injection INJ	1	
cefuroxime sod 750 mg vial, -sod 1.5 gm vial, -sod 7.5 gm vial INJ	1	
cefuroxime tablet	1	
cephalexin	1	
chloramphenicol sod succinate INJ	1	
chloroquine phosphate tablet	1	MO
ciclopirox cream, -gel, -shampoo, -suspension topical	1	
ciclopirox solution non-oral	1	PAR
CIPRO	3	
CIPRO I.V. 10 MG/ML VIAL, -400 MG/200 ML D5W INJ	2	MO
CIPRO I.V. 200 MG/100 ML D5W INJ	2	
ciprofloxacin 10 mg/ml vial, -200 mg/20 ml vl INJ	1	MO
ciprofloxacin 400 mg/40 ml vl INJ	1	
ciprofloxacin er 1,000 mg tab	1	QLL (14/1)
ciprofloxacin er 500 mg tablet	1	QLL (3/1)
ciprofloxacin hcl tablet	1	
ciprofloxacin-d5w INJ	1	MO
CLAFORAN 1 GM INFUSION BTL, -1 GM VIAL, -2 GM ADD-VANTAGE VL, -2 GM INFUSION BTL INJ	2	MO
CLAFORAN 500 MG VIAL, -1 GM ADD-VANTAGE VL, -2 GM VIAL, -10 GM VIAL INJ	2	
clarithromycin 125 mg/5 ml sus	1	QLL (200/1)
clarithromycin 250 mg tablet	1	QLL (42/1)
clarithromycin 250 mg/5 ml sus	1	
clarithromycin 500 mg tablet	1	QLL (28/1)
clarithromycin er	1	QLL (28/1)
CLEOCIN 150 MG/ML ADDVN VIAL INJ	2	MO
CLEOCIN HCL	3	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
CLEOCIN PALMITATE	3		<i>doxycycline mono 50 mg tablet, -mono 75 mg tablet</i>	1	
CLEOCIN PHOS 150 MG/ML VIAL INJ	2		DYNACIN	3	
CLEOCIN PHOSPHATE IN D5W INJ	2		E.E.S. 200	3	
<i>clindamycin 150 mg/ml addvan</i> INJ	1		E.E.S. 400	3	
<i>clindamycin hcl capsule</i>	1		<i>econazole nitrate cream</i>	1	
<i>clindamycin ph 300 mg/2 ml vl, -ph 600 mg/4 ml vl, -ph 9 g/60 ml vial, -ph 900 mg/6 ml vl</i> INJ	1	MO	EDURANT	2	MO
<i>clotrimazole cream, -solution non-oral, -troche</i>	1		EMTRIVA	2	MO
<i>clotrimazole-betamethasone</i>	1		EPIVIR	2	MO
COARTEM	2		EPIVIR HBV [+]	2	MO
<i>colistimethate 150 mg vial</i> INJ	1		EPZICOM	2	MO
COLY-MYCIN M PARENTERAL INJ	2		ERAXIS (WATER DILUENT) INJ	3	
COMBIVIR	2	MO	ERTACZO	3	
COPEGUS	2	PAR	ERYPED 200	3	
CORTISPORIN CREAM, -OINTMENT	3		ERYPED 400	3	
CRIXIVAN [+]	2	MO	ERY-TAB	3	
CUBICIN INJ	2	B/D	ERYTHROCIN 500 MG ADDVNT VL INJ	2	
CYTOVENE INJ	2		ERYTHROCIN 500 MG VIAL, -1 GM ADDVANT VIAL INJ	2	MO
DAPSONE	2	MO	<i>erythrocin stearate</i>	1	
DARAPRIM [+]	2		<i>erythromycin capsule enteric coated</i>	1	MO
<i>demeclocycline hcl</i>	1		<i>erythromycin ethylsuccinate tablet</i>	1	
DENAVIR [+]	2	QLL (2/1)	<i>erythromycin tablet</i>	1	
<i>dicloxacillin sodium</i>	1		<i>erythromycin-sulfisoxazole</i>	1	
<i>didanosine</i>	1	MO	<i>ethambutol hcl</i>	1	MO
DIFLUCAN	3		EXELDERM	3	
DIFLUCAN-SALINE 200 MG/100 ML INJ	2		EXTINA	3	
DIFLUCAN-SALINE 400 MG/200 ML INJ	2	MO	FACTIVE	3	QLL (7/1)
DORIBAX 250 MG VIAL INJ	2	MO	<i>famciclovir</i>	1	
DORIBAX 500 MG VIAL INJ	2		FAMVIR	3	
DORYX	3		FLAGYL	3	
<i>doxycycline</i>	1		FLAGYL ER	3	
<i>doxycycline hyclate capsule, -capsule enteric coated, -100 mg tab</i>	1		<i>fluconazole in saline</i> INJ	1	MO
<i>doxycycline hyclate injection</i> INJ	1		<i>fluconazole suspension, -tablet</i>	1	
<i>doxycycline hyclate tablet enteric coated</i>	1		<i>fluconazole-dext 200 mg/100 ml</i> INJ	1	MO
<i>doxycycline mono 50 mg cap, -mono 100 mg cap, -mono 100 mg tablet</i>	1	MO	<i>fluconazole-dext 400 mg/200 ml</i> INJ	1	

Drug Name	Drug Tier	Notes
FURADANTIN	3	
FUZEON INJ	2	MO, QLL (1/1)
<i>ganciclovir</i>	1	
<i>ganciclovir sodium</i> INJ	1	
<i>gentamicin 10 mg/ml vial, -40 mg/ml vial</i> INJ	1	
GENTAMICIN 80 MG/NS 100 ML	2	
PB INJ		
<i>gentamicin 90 mg/ns 100 ml pb, -100 mg/ns 100 ml, -60 mg/ns 50 ml pb, -70 mg/ns 50 ml pb, -80 mg/ns 50 ml pb</i> INJ	1	
<i>gentamicin ped 10 mg/ml vial</i> INJ	1	MO
<i>gentamicin sulfate cream, -0.1% ointment</i>	1	
GRIFULVIN V	3	
<i>griseofulvin suspension oral</i>	1	
GRIS-PEG [+]	2	
GYNAZOLE-1	3	
HEPSERA	2	
HIPREX	3	
<i>hydroxychloroquine sulfate tablet</i>	1	MO
INTELENCE	2	MO
INVANZ 1 GM ADD-VANTAGE	2	MO
VIAL INJ		
INVANZ 1 GM VIAL INJ	2	
INVIRASE	2	MO
ISENTRESS	2	MO
ISO GENTAMICIN 100 MG/100 ML, -ISOTON GENTAMICIN 60 MG/50 ML, -ISOTON GENTAMICIN 80 MG/50 ML INJ	1	
<i>isonarif</i>	1	
<i>isoniazid injection</i> INJ	1	
<i>isoniazid syrup, -tablet</i>	1	MO
ISOTON GENTAMICIN 40 MG/50 ML, -ISO GENTAMICIN 120 MG/100 ML, -ISOTON GENTAMICIN 100 MG/50 ML INJ	2	MO
ISOTON GENTAMICIN 60 MG/100 ML, -ISOTON GENTAMICIN 80 MG/100 ML INJ	2	
<i>itraconazole capsule</i>	1	PAR
KALETRA 100-25 MG TABLET	2	MO

Drug Name	Drug Tier	Notes
KALETRA SOLUTION, -200-50 MG TABLET	2	MO
<i>kanamycin sulfate injection</i> INJ	1	
KEFLEX	3	
KETEK [+]	2	QLL (20/1)
<i>ketoconazole cream, -shampoo, -tablet</i>	1	
LAMISIL	3	
LEVAQUIN I.V. 25 MG/ML VIAL, -250 MG/50 ML D5W, --D5W 750 MG/150 ML BAG INJ	2	
LEVAQUIN SOLUTION	2	
LEVAQUIN TABLET	2	QLL (14/1)
LEVAQUIN-D5W 250 MG/50 ML BAG, --D5W 500 MG/100 ML BAG INJ	2	MO
<i>levofloxacin tablet</i>	1	QLL (14/1)
LEXIVA SUSPENSION ORAL	2	MO
LEXIVA TABLET	2	MO
LINCOCIN INJ	2	
LOPROX	3	
LOTRISONE	3	
MACROBID	3	
MACRODANTIN	3	
MALARONE	3	
<i>mebendazole tablet chewable</i>	1	
<i>mefloquine hcl</i>	1	MO
MEFOXIN INJ	2	MO
MENTAX	3	
MEPRON	2	
<i>meropenem iv 1 gm vial</i> INJ	1	MO
<i>meropenem iv 500 mg vial</i> INJ	1	
MERREM IV 1 GM VIAL INJ	2	MO
MERREM IV 500 MG VIAL INJ	2	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate tablet</i>	1	MO
<i>metro iv</i> INJ	1	MO
<i>metronidazole capsule, -tablet</i>	1	
<i>metronidazole injection</i> INJ	1	
<i>miconazole 3 suppository vaginal</i>	1	QLL (6/30)
MINOCIN	3	
<i>minocycline hcl capsule, -tablet, -tablet sustained release 24hr</i>	1	

Drug Name	Drug Tier	Notes
MONODOX	3	QLL (60/1)
MONUROL	3	
MOXATAG	3	
<i>mupirocin ointment</i>	1	
MYAMBUTOL	3	MO
MYCAMINE INJ	2	
MYCOBUTIN [+]	2	
<i>myconel</i>	1	MO, E
<i>nafcillin 1 gm add-van vial, -2 gm add-vant vial, -2 gm vial INJ</i>	1	MO
<i>nafcillin 1 gm vial, -10 gm bulk vial, -10 gm vial INJ</i>	1	
<i>nafcillin 1 gm/ 50 ml inj INJ</i>	1	
<i>nafcillin 2 gm/ 100 ml inj INJ</i>	1	MO
NAFTIN	3	
NALLPEN INJ	2	MO
NALLPEN-ISO-OSMOTIC	2	
DEXTROSE INJ		
NEBUPENT [+]	2	B/D
<i>neomycin sulfate tablet</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin mcr 100 mg cp</i>	1	MO
<i>nitrofurantoin mcr 50 mg cap</i>	1	
<i>nitrofurantoin mono-macro</i>	1	
NIZORAL	3	
NOROXIN	3	
NORVIR CAPSULE, -TABLET	2	MO
NORVIR SOLUTION	2	MO
NOXAFILE	3	
<i>nyamyc</i>	1	
<i>nystatin 50,000,000 units pwd, -150,000,000 units pwd, -500,000,000 units pwd, -vaginal tablet</i>	1	MO
<i>nystatin cream, -ointment, -100,000 unit/gm powd, -suspension oral, -500,000 unit oral tab</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
<i>ofloxacin tablet</i>	1	
ORACEA	3	
ORAVIG	3	
<i>oxacillin INJ</i>	1	
<i>oxacillin 1 gm add-vantage vl, -2 gm add-vantage vl, -2 gm vial INJ</i>	1	MO
<i>oxacillin 1 gm vial, -10 gm vial INJ</i>	1	
OXISTAT	3	

Drug Name	Drug Tier	Notes
<i>paromomycin sulfate</i>	1	
PASER	2	MO
PCE	3	
<i>pedi-dri</i>	1	
<i>pen g 1.2 million unit/2 ml INJ</i>	1	
PEN G K 1 MILLION UNIT/50 ML INJ	2	MO
PEN G K 2 MILLION UNIT/50 ML, -PEN G K 3 MILLION UNIT/50 ML INJ	2	
<i>penicillin g 600,000 unit/I ml INJ</i>	1	MO
<i>penicillin g potassium INJ</i>	1	
<i>penicillin g sodium INJ</i>	1	
<i>penicillin v potassium</i>	1	
PENLAC	3	PAR
PENTAM 300 INJ	2	
<i>pentamidine isethionate INJ</i>	1	MO
PFIZERPEN 20 MILLION UNIT VIAL INJ	2	
PFIZERPEN 5 MILLION UNITS VIAL INJ	2	MO
PHISOHEX	3	
<i>piperacillin 2 gm vial, -4 gm vial INJ</i>	1	MO
<i>piperacillin 3 gm vial, -40 gm bulk vial INJ</i>	1	
<i>piperacil-tazobact 2.25 gm vl, -piperacil-tazobact 4.5 gm vial, -piperacil-tazobact 40.5 gram INJ</i>	1	MO
<i>piperacil-tazobact 3.375 gm vl INJ</i>	1	
PLAQUENIL	3	MO
<i>polymyxin b sulfate injection INJ</i>	1	
PREZISTA 150 MG TABLET, -400 MG TABLET, -600 MG TABLET	2	MO
PREZISTA 75 MG TABLET	2	MO
PRIFTIN [+]	2	
PRIMAQUINE [+]	2	MO
PRIMAXIN INJ	2	
PRIMAXIN I.M. INJ	2	
PRIMSOL	3	
PROQUIN XR	3	QLL (3/1)
<i>pyrazinamide</i>	1	MO
QUALAQUIN	3	PAR
REBETOL	2	PAR

Drug Name	Drug Tier	Notes
RELENZA [+]	2	QLL (60 inhala- tions/180)
RESCRIPTOR	2	MO
RETROVIR CAPSULE, -SYRUP, -TABLET	3	MO
RETROVIR INJECTION INJ	2	
REYATAZ	2	MO
<i>ribapak</i>	1	PAR
RIBASPHERE 200 MG TABLET	2	PAR
<i>ribaspHERE 400 mg tablet, -600 mg tablet</i>	1	PAR
RIBASPHERE CAPSULE	2	PAR
RIBAVIRIN CAPSULE [+]	2	PAR
RIBAVIRIN TABLET [+]	2	PAR
RIFADIN CAPSULE	3	
RIFADIN INJECTION INJ	2	
RIFAMATE	3	
<i>rifampin capsule</i>	1	
<i>rifampin injection INJ</i>	1	
RIFATER [+]	2	
<i>rimantadine hcl</i>	1	
ROCEPHIN 1 GM VIAL INJ	2	
ROCEPHIN 500 MG VIAL, -2 GM	2	MO
PIGGYBACK INJ		
SELZENTRY	2	MO
SEPTRA	3	
SEPTRA DS	3	
SEROMYCIN	2	
SILVADENE	3	
<i>silver sulfadiazine cream</i>	1	
SOLODYN	3	
SPECTRACEF	3	
SPORANOX CAPSULE	3	PAR
SPORANOX SOLUTION	2	
<i>ssd</i>	1	
<i>ssd af</i>	1	MO
<i>stavudine</i>	1	MO
STREPTOMYCIN SULFATE INJECTION INJ	2	
STROMECTOL [+]	2	
<i>sulfadiazine tablet</i>	1	
<i>sulfamethoxazole-trimethoprim injection INJ</i>	1	
<i>sulfamethoxazole-trimethoprim suspension oral, -tablet</i>	1	
SULFAMYLYON	3	

Drug Name	Drug Tier	Notes
SUPRAX	2	
SUSTIVA [+]	2	MO
SYNERCID INJ	3	
TAMIFLU 30 MG GELCAP [+]	2	QLL (84/1)
TAMIFLU 45 MG GELCAP [+]	2	QLL (42/1)
TAMIFLU 75 MG GELCAP [+]	2	QLL (56/365)
TAMIFLU SUSPENSION [+]	2	QLL (175 ml/180)
TAZICEF 1 GM ADD-VANTAGE VIAL, -2 GRAM VIAL INJ	2	MO
TAZICEF 1 GM VIAL, -2 GM ADD- VANTAGE, -6 GRAM VIAL INJ	2	
TEFLARO INJ	3	
TERAZOL 3 CREAM WITH APPLICATOR	3	QLL (40 gm/30)
TERAZOL 3 SUPPOSITORY VAGINAL	3	
TERAZOL 7	3	QLL (90 gm/30)
<i>terbinafine hcl</i>	1	
<i>terconazole 0.4% cream</i>	1	QLL (90 gm/30)
<i>terconazole 0.8% cream</i>	1	QLL (40 gm/30)
<i>terconazole suppository vaginal</i>	1	
<i>tetracycline hcl capsule</i>	1	
<i>thermazene</i>	1	
TIMENTIN 3.1 GM ADD-VANT VL, -3.1 GM/100 ML ISO, -31 GM BULK VIAL INJ	2	MO
TIMENTIN 3.1 GM VIAL INJ	2	
TOBI	2	B/D
<i>tobramycin 10 mg/ml vial, -40 mg/ml vial INJ</i>	1	
<i>tobramycin 40 mg/ml syringe, -1.2 gm vial INJ</i>	1	MO
<i>tobramycin sulfate in ns INJ</i>	1	
TRECATOR	2	
<i>trimethoprim tablet</i>	1	
TRIZIVIR	2	MO
TRUVADA	2	MO
TYGACIL INJ	2	

Drug Name	Drug Tier	Notes
TYZEKA	2	MO, PAR
UNASYN 1.5 GM ADD-VANTAGE VL, -1.5 GM PIGGYBACK BOTTLE, -1.5 GM VIAL, -3 GM ADD-VANTAGE VIAL, -3 GM PIGGYBACK BOTTLE INJ	2	MO
UNASYN 3 GM VIAL, -15 GM VIAL INJ	2	
valacyclovir	1	MO, QLL (30/1)
VALCYTE	2	MO
VALTREX	3	MO, QLL (30/1)
VANCOCIN HCL 125 MG PULVULE	2	PAR, QLL (40/1)
VANCOCIN HCL 250 MG PULVULE	2	PAR, QLL (80/1)
vancomycin 1 gm vial, -10 gm vial INJ	1	B/D
vancomycin 500 mg a/v vial, -500 mg vial, -750 mg vial, -1 gm add-van vial, -5 gm vial INJ	1	MO, B/D
VANCOMYCIN HCL 1G/200 ML BAG INJ	2	B/D
VANCOMYCIN-D5W INJ	1	MO, B/D
VFEND IV INJ	2	
VFEND SUSPENSION	2	
VFEND TABLET	2	PAR
VIBATIV 250 MG VIAL INJ	2	PAR
VIBATIV 750 MG VIAL INJ	2	MO, PAR
VIBRAMYCIN	3	
VICTRELIS	3	
VIDEX [+]	2	MO
VIDEX EC	3	MO
VIRACEPT	2	MO
VIRAMUNE	2	MO
VIRAMUNE XR	2	MO
VIRAZOLE INJ	2	PAR
VIREAD	2	MO
VISTIDE INJ	2	
voriconazole	1	PAR

Drug Name	Drug Tier	Notes
XIFAXAN 200 MG TABLET	3	
XIFAXAN 550 MG TABLET	3	MO
ZAZOLE 0.8% VAGINAL CREAM	3	QLL (40 gm/30)
ZAZOLE VAGINAL 0.4% CREAM	3	QLL (90 gm/30)
ZERIT	3	MO
ZIAGEN	2	MO
zidovudine	1	MO
ZINACEF 750 MG ADD-VANT VIAL, -1.5 GM ADD-VANT VIAL, -7.5 GM VIAL INJ	2	
ZINACEF 750 MG VIAL, -1.5 GM VIAL INJ	2	MO
ZINACEF IN ISO-OSMOTIC WATER INJ	2	
ZINACEF ISO-OSMOTIC DEXTROSE INJ	2	
ZITHROMAX 100 MG/5 ML SUSP	3	QLL (15 ml/1)
ZITHROMAX 200 MG/5 ML SUSP	3	QLL (46 ml/1)
ZITHROMAX 250 MG TABLET, -250 MG Z-PAK TABLET	3	QLL (6/1)
ZITHROMAX 500 MG TABLET	3	QLL (3/1)
ZITHROMAX 600 MG TABLET	3	QLL (8/1)
ZITHROMAX INJECTION INJ	2	
ZITHROMAX TRI-PAK	3	QLL (3/1)
ZMAX ADULT-PEDIATRIC [+]	2	MO
ZOSYN 2.25 GM GALAXY BAG, -2.25 GM PRE-MIX BAG, -3.375 GM GALAXY BAG, -3.375 GM PRE MIX-BAG, -3.375 GRAM VIAL INJ	2	
ZOSYN 2.25 GRAM VIAL, -4.5 GM GALAXY BAG, -4.5 GM PRE-MIX BAG, -4.5 GRAM VIAL, -40.5 GRAM BULK VIAL INJ	2	MO
ZOVIRAX 800 MG TABLET	3	
ZOVIRAX CAPSULE, -SUSPENSION ORAL, -400 MG TABLET	3	MO
ZOVIRAX CREAM	2	QLL (5/1)

Drug Name	Drug Tier	Notes
ZOVIRAX OINTMENT	2	QLL (15/1)
ZYVOX 200 MG/100 ML IV SOLN INJ	2	MO
ZYVOX 600 MG/300 ML IV SOLN INJ	2	
ZYVOX SUSPENSION RECONSTITUTED ORAL	2	PAR, QLL (1800/1)
ZYVOX TABLET	2	PAR, QLL (28/1)
Antineoplastic/Immunosuppressant Drugs		
ABRAXANE INJ	2	B/D
<i>adriamycin 10 mg vial, -20 mg vial, -50 mg vial</i> INJ	1	MO, B/D
<i>adriamycin 2 mg/ml vial</i> INJ	1	B/D
<i>adrucil</i> INJ	1	MO, B/D
AFINITOR	2	MO, PAR
AGRYLIN	3	MO
ALIMTA 100 MG VIAL INJ	2	MO
ALIMTA 500 MG VIAL INJ	2	
ALKERAN INJECTION INJ	2	B/D
AMEVIVE INJ	2	LA, PAR
<i>amifostine</i> INJ	1	
<i>anagrelide hcl</i>	1	MO
<i>anastrozole tablet</i>	1	
ARAVA	3	MO
ARIMIDEX	3	MO
AROMASIN	3	MO
ARRANON INJ	2	B/D
ARZERRA 1,000 MG/50 ML VIAL INJ	2	B/D
ARZERRA 100 MG/5 ML VIAL INJ	2	B/D
AVASTIN 100 MG/4 ML VIAL INJ	2	PAR
AVASTIN 400 MG/16 ML VIAL INJ	2	MO, PAR
AZASAN	3	MO, B/D
<i>azathioprine sodium</i> INJ	1	B/D
<i>azathioprine tablet</i>	1	MO, B/D
<i>bicalutamide</i>	1	MO
BICNU INJ	2	B/D
<i>bleomycin sulfate 15 unit vial</i> INJ	1	MO, B/D
<i>bleomycin sulfate 30 unit vial</i> INJ	1	B/D
BUSULFEX INJ	2	B/D
CAMPATH INJ	2	

Drug Name	Drug Tier	Notes
CAMPTOSAR 100 MG/5 ML VIAL INJ	2	B/D
CAMPTOSAR 300 MG/15 ML VIAL, -40 MG/2 ML VIAL INJ	2	MO, B/D
<i>carboplatin 150 mg/15 ml vial</i> INJ	1	B/D
<i>carboplatin 450 mg/45 ml vial, -600 mg/60 ml vial, -50 mg vial, -150 mg vial, -450 mg vial</i> INJ	1	MO, B/D
<i>carboplatin 50 mg/5 ml vial</i> INJ	1	B/D
CASODEX	3	MO
CEENU [+]	2	
CELLCEPT CAPSULE	3	MO, B/D
CELLCEPT INJECTION INJ	2	B/D
CELLCEPT SUSPENSION RECONSTITUTED ORAL, -TABLET	2	MO, B/D
<i>cerubidine</i> INJ	1	B/D
CIMZIA INJ	2	MO, PAR, QLL
<i>cisplatin</i> INJ	1	B/D
<i>cladribine</i> INJ	1	B/D
CLOLAR INJ	2	B/D
COSMEGEN INJ	2	B/D
<i>cyclophosphamide injection</i> INJ	1	MO, B/D
<i>cyclophosphamide tablet</i>	1	B/D
<i>cyclosporine 50 mg/ml amp</i> INJ	1	B/D
<i>cyclosporine 50 mg/ml vial</i> INJ	1	MO, B/D
<i>cyclosporine capsule, -solution, -unit</i>	1	MO, B/D
<i>cyclosporine modified</i>	1	MO, B/D
<i>cytarabine 100 mg vial, -1 gm vial, -2 gm vial</i> INJ	1	MO, B/D
<i>cytarabine 20 mg/ml vial, -100 mg/ml vial, -500 mg vial</i> INJ	1	B/D
<i>dacarbazine 100 mg vial</i> INJ	1	MO, B/D
<i>dacarbazine 200 mg vial</i> INJ	1	B/D
DACOGEN INJ	2	
<i>daunorubicin 20 mg vial</i> INJ	1	B/D
<i>daunorubicin 20 mg/4 ml vial</i> INJ	1	B/D
<i>daunorubicin 50 mg/10 ml vial</i> INJ	1	MO, B/D
DAUNOXOME INJ	2	B/D
DEPO-PROVERA 400 MG/ML VIAL INJ	2	MO
<i>dexrazoxane 250 mg vial</i> INJ	1	MO, B/D
<i>dexrazoxane 500 mg vial</i> INJ	1	B/D
<i>docetaxel 80 mg/4 ml vial</i> INJ	1	MO, B/D
<i>docetaxel 80 mg/8 ml vial</i> INJ	1	B/D

Drug Name	Drug Tier	Notes
DOXIL INJ	2	B/D
<i>doxorubicin 10 mg/5 ml vial, -20 mg/10 ml vial, -50 mg/25 ml vial, -10 mg vial, -50 mg vial</i> INJ	1	MO, B/D
<i>doxorubicin 200 mg/100 ml vial</i> INJ	1	B/D
DROXIA	3	MO
DTIC-DOME IV INJ	2	MO, B/D
ELIGARD INJ	2	PAR
ELITEK 1.5 MG VIAL INJ	2	
ELITEK 7.5 MG VIAL INJ	2	MO
ELLENCE INJ	2	B/D
ELOXATIN 100 MG/20 ML VIAL INJ	2	B/D
ELOXATIN 50 MG/10 ML VIAL, -200 MG/40 ML VIAL INJ	2	MO, B/D
ELSPAR INJ	2	B/D
EMCYT	2	
ENBREL 25 MG KIT, -50 MG/ML SURECLICK SYR, -50 MG/ML SYRINGE INJ	2	MO, PAR, QLL (8/28)
ENBREL 25 MG/0.5 ML SYRINGE INJ	2	MO, PAR, QLL (4/28)
<i>epirubicin 200 mg/100 ml vial, -50 mg vial, -150 mg/75 ml vial, -200 mg vial</i> INJ	1	MO, B/D
<i>epirubicin 50 mg/25 ml vial</i> INJ	1	B/D
ERBITUX 100 MG/50 ML VIAL INJ	2	PAR
ERBITUX 200 MG/100 ML VIAL INJ	2	MO, PAR
ETHYOL INJ	2	PAR
ETOPOPHOS INJ	2	B/D
<i>etoposide injection</i> INJ	1	B/D
<i>exemestane [+]</i>	1	MO
FARESTON [+]	2	MO
FASLODEX INJ	2	MO
FEMARA	3	MO
FIRMAGON 2 X 120 MG VIALS INJ	2	B/D
FIRMAGON 80 MG VIAL INJ	2	MO, B/D
<i>flouxuridine</i> INJ	1	MO
FLUDARA INJ	2	B/D
FLUDARABINE 50 MG VIAL INJ	1	B/D
<i>fludarabine 50 mg/2 ml vial</i> INJ	1	MO, B/D

Drug Name	Drug Tier	Notes
<i>fluorouracil 1,000 mg/20 ml vl, -2,500 mg/50 ml vl, -5,000 mg/100 ml</i> INJ	1	MO, B/D
<i>fluorouracil 500 mg/10 ml vial</i> INJ	1	B/D
<i>flutamide</i>	1	MO
<i>fudr</i> INJ	1	MO
FUSILEV INJ	2	MO, B/D
<i>gemcitabine hcl 1 gram vial</i> INJ	1	B/D
<i>gemcitabine hcl 200 mg vial, -2 gram</i> vial INJ	1	MO, B/D
GEMZAR 1 GRAM VIAL INJ	2	B/D
GEMZAR 200 MG VIAL INJ	2	MO, B/D
<i>genraf</i>	1	MO, B/D
GLEEVEC	2	MO, PAR
HALAVEN INJ	2	
HERCEPTIN INJ	2	PAR
HEXALEN	2	
HUMIRA 20 MG/0.4 ML SYRINGE INJ	2	MO, PAR, QLL (2 syringes/ 28)
HUMIRA 40 MG/0.8 ML PEN, -CROHN'S STARTER PACK, -PSORIASIS STARTER PACK INJ	2	MO, PAR, QLL (6 syringes/ 365)
HUMIRA 40 MG/0.8 ML SYRINGE INJ	2	MO, PAR, QLL (6 syringes/ 28)
HYCAMTIN INJECTION INJ	2	B/D
HYDREA	3	MO
<i>hydroxyurea capsule</i>	1	MO
IDAMYCIN PFS INJ	2	B/D
<i>idarubicin hcl 10 mg/10 ml vl</i> INJ	1	B/D
<i>idarubicin hcl 20 mg/20 ml vl, -5 mg/5 ml vial</i> INJ	1	MO, B/D
IFEX 1 GM VIAL INJ	2	MO, B/D
IFEX 3 GM VIAL INJ	2	B/D
<i>ifosfamide 1 gm vial</i> INJ	1	B/D
<i>ifosfamide 1 gm/ 20 ml vial, -3 gm</i> <i>vial, -3 gm/ 60 ml vial</i> INJ	1	MO, B/D
<i>ifosfamide-mesna</i> INJ	1	B/D
IMURAN	3	MO, B/D

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
IRESSA	2	LA	<i>octreotide acet 50 mcg/ml amp, -acet</i>	1	
<i>irinotecan hcl 100 mg/5 ml vl INJ</i>	1	B/D	<i>100 mcg/ml amp, -acet 200 mcg/ml vl,</i>		
<i>irinotecan hcl 40 mg/2 ml vial INJ</i>	1	MO, B/D	<i>-acet 500 mcg/ml amp, -1,000 mcg/ml</i>		
ISTODAX INJ	2	PAR	<i>vial INJ</i>		
IXEMPRA 15 MG KIT INJ	2	MO, B/D	<i>octreotide acet 50 mcg/ml syr, -acet</i>	1	MO
IXEMPRA 45 MG KIT INJ	2	B/D	<i>50 mcg/ml vial, -acet 100 mcg/ml syr,</i>		
<i>leflunomide</i>	1	MO	<i>-acet 100 mcg/ml vl, -acet 500 mcg/ml</i>		
<i>letrozole [+]</i>	1	MO	<i>vl INJ</i>		
<i>leucovorin calcium 100 mg vl,</i>	1		ONCASPAR INJ	2	B/D
<i>-350 mg vl INJ</i>			ONTAK INJ	2	B/D
<i>leucovorin calcium 50 mg vl, -200 mg</i>	1	MO	<i>onxol</i> INJ	1	MO, B/D
<i>vl, -cal 500 mg/50 ml vl, -500 mg vl INJ</i>			ORENCIA INJ	2	MO, PAR
<i>leucovorin calcium tablet</i>	1		ORTHOCLONE OKT-3 INJ	2	B/D
LEUKERAN [+]	2		<i>oxaliplatin 100 mg/20 ml vial INJ</i>	1	B/D
LEUSTATIN INJ	2	B/D	<i>oxaliplatin 50 mg/10 ml vial, -100 mg</i>	1	MO, B/D
LYSODREN [+]	2		<i>vial INJ</i>		
MATULANE	2		<i>paclitaxel 100 mg/16.7 ml vial,</i>	1	MO, B/D
MEGACE	3	MO	<i>-30 mg/5 ml vial INJ</i>		
MEGACE ES	3	MO	<i>paclitaxel 300 mg/50 ml vial INJ</i>	1	B/D
<i>megestrol acetate suspension oral</i>	1	MO	<i>pentostatin</i> INJ	1	B/D
<i>megestrol acetate tablet</i>	1		PHOTOFRIN INJ	2	B/D
<i>melphalan hcl INJ</i>	1	B/D	PROGRAF CAPSULE	3	MO, B/D
<i>mercaptopurine tablet</i>	1		PROGRAF INJECTION INJ	2	B/D
<i>mesna</i> INJ	1	B/D	PURINETHOL	3	
MESNEX INJECTION INJ, [+]	2	B/D	RAPAMUNE [+]	2	MO, B/D
MESNEX TABLET [+]	2		REMICADE INJ	2	MO, PAR
<i>methotrexate 1 gm/40 ml vial,</i>	1	MO	REVLIMID	2	LA, PAR, QLL (30/30)
<i>-250 mg/10 ml vial, -50 mg/2 ml vial</i>			RHEUMATREX	3	MO
INJ			RITUXAN INJ	2	PAR
<i>methotrexate 25 mg/ml vial, -1 gm</i>	1		SANDIMMUNE CAPSULE, -SOLUTION	3	MO, B/D
<i>vial INJ</i>			SANDIMMUNE INJECTION INJ	2	B/D
<i>methotrexate tablet</i>	1	MO	SANDOSTATIN INJ	2	ST
<i>mitomycin 20 mg vial INJ</i>	1	B/D	SANDOSTATIN LAR INJ	2	MO
<i>mitomycin 5 mg vial INJ</i>	1	MO, B/D	SIMPONI INJ	2	MO, PAR, QLL (1/28)
<i>mitoxantrone hcl INJ</i>	1	MO, B/D	SIMULECT 10 MG VIAL INJ	2	MO, B/D
MUSTARGEN INJ	2	B/D	SIMULECT 20 MG VIAL INJ	2	B/D
<i>mycophenolate mofetil</i>	1	MO, B/D	SOMATULINE DEPOT INJ	3	MO
MYFORTIC	3	MO, B/D			
NAVELBINE INJ	2	MO, B/D			
NEORAL 100 MG GELATIN CAPSULE	3	MO, B/D			
NEORAL 25 MG GELATIN CAPSULE, -SOLUTION	3	MO, B/D			
NEXAVAR	2	LA, PAR			
NILANDRON [+]	2	MO			
NIPENT INJ	2	B/D			
NOVANTRONE INJ	2	MO, B/D			

Drug Name	Drug Tier	Notes
SPRYCEL	2	MO, PAR
STELARA INJ	2	MO, PAR, QLL (1/28)
SUTENT	2	PAR
TABLOID	2	
<i>tacrolimus capsule</i>	1	MO, B/D
<i>tamoxifen citrate tablet</i>	1	MO
TARCEVA	2	MO, PAR
TARGRETIN CAPSULE	2	MO, PAR
TARGRETIN GEL	2	
TASIGNA	2	MO, PAR
TAXOTERE 20 MG/ML VIAL, -20 MG/0.5 ML VIAL INJ	2	MO, B/D
TAXOTERE 80 MG/4 ML VIAL, -80 MG/2 ML VIAL INJ	2	B/D
<i>thiotepa injection</i> INJ	1	B/D
<i>toposar</i> INJ	1	B/D
<i>topotecan hcl</i> INJ	1	B/D
TORISEL INJ	2	B/D
TOTECT INJ	2	MO, B/D
TREANDA 100 MG VIAL INJ	2	B/D
TREANDA 25 MG VIAL INJ	2	MO, B/D
TRELSTAR INJ	3	
<i>tretinoin capsule</i>	1	
TREXALL	3	MO
TRISENOX INJ	2	B/D
TYKERB	2	MO, PAR
TYSABRI INJ	3	LA
UVADEX INJ	2	B/D
VANDETANIB	2	PAR
VECTIBIX 100 MG/5 ML VIAL INJ	2	PAR
VECTIBIX 400 MG/20 ML VIAL INJ	2	MO, PAR
VELCADE INJ	2	
VIDAZA INJ	2	
<i>vinblastine 1 mg/ml vial</i> INJ	1	MO, B/D
<i>vinblastine sulf 10 mg vial</i> INJ	1	B/D
<i>vincristine 1 mg/ml vial</i> INJ	1	B/D
<i>vincristine 2 mg/2 ml vial</i> INJ	1	MO, B/D
<i>vinorelbine 10 mg/ml vial</i> INJ	1	MO, B/D

Drug Name	Drug Tier	Notes
<i>vinorelbine 50 mg/5 ml vial</i> INJ	1	B/D
VOTRIENT	2	PAR
ZANOSAR INJ	2	B/D
ZINECARD 250 MG VIAL INJ	2	B/D
ZINECARD 500 MG VIAL INJ	2	MO, B/D
ZOLINZA	2	PAR
ZORTRESS 0.25 MG TABLET	2	MO, B/D
ZORTRESS 0.5 MG TABLET, -0.75 MG TABLET	2	MO, B/D
ZYTIGA	3	MO
Autonomic and CNS Medications		
ABILIFY 2 MG TABLET, -5 MG TABLET, -10 MG TABLET, -15 MG TABLET, -30 MG TABLET	2	MO, QLL (30/30)
ABILIFY 20 MG TABLET	2	MO, QLL (60/30)
ABILIFY DISCMELT	2	MO, QLL (60/30)
ABILIFY INJECTION INJ	2	
ABILIFY SOLUTION	2	MO, QLL (900/30)
ABSTRAL	2	PAR, QLL (120/30)
<i>acetaminoph-caff-dihydrocodein</i>	1	QLL (180/30)
<i>acetaminophen-codeine elixir</i>	1	QLL (4500/30)
<i>acetaminophen-codeine tablet</i>	1	QLL (390/30)
<i>acetaminophen-tramadol</i>	1	MO, QLL (240/30)
ACTIQ	2	PAR, QLL (120/30)
ADDERALL XR	3	MO, QLL (30/30)
ALOXI INJ	2	
<i>alprazolam</i>	1	MO, E
<i>alprazolam er</i>	1	MO, E
<i>alprazolam intensol</i>	1	MO, E

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
AMBIEN	3	PAR, QLL (30/30)	ASTRAMORPH-PF 0.5 MG/ML VIAL, -5 MG/10 ML VIAL, -1 MG/ML AMPUL INJ	2	
AMBIEN CR	3	PAR, QLL (30/30)	ATIVAN INJECTION INJ	2	MO, E
AMERGE	3	QLL (9/30), ST	ATIVAN TABLET	2	MO, E
<i>amitriptyline hcl tablet</i>	1	MO	<i>atropine 0.1 mg/ml abboject, -0.1 mg/ml syringe, -0.05 mg/ml syringe</i> INJ	1	
<i>amoxapine</i>	1	MO	<i>atropine 0.4 mg/0.5 ml ampul, -0.4 mg/ml vial, -1 mg/ml ampul, -1 mg/ml vial</i> INJ	1	MO
<i>amphetamine salts 12.5 mg tb</i>	1	MO, QLL (120/30)	AVINZA	3	QLL (60/30)
<i>amphetamine salts 20 mg tab</i>	1	MO, QLL (90/30)	AXERT	3	QLL (9/30), ST
<i>amphetamine salts 5 mg tab, -salts 10 mg tab, -salts 15 mg tab</i>	1	MO, QLL (30/30)	AZILECT	3	MO
<i>amphetamine salts 7.5 mg tab, -salts 30 mg tab</i>	1	MO, QLL (60/30)	BANZEL	2	MO
ANAFRANIL	3	MO	<i>benztropine 2 mg/2 ml ampule</i> INJ	1	MO
ANTABUSE [+]	2	MO	<i>benztropine 2 mg/2 ml vial</i> INJ	1	
ANTIVERT	3		<i>benztropine mesylate tablet</i>	1	MO
ANZEMET INJECTION INJ	2		BREVITAL SODIUM INJ	2	MO, E
ANZEMET TABLET	3	B/D, QLL (5/30)	<i>bromocriptine mesylate capsule, -tablet</i>	1	MO
APLENZIN	3	MO, QLL (30/30)	<i>budeprion sr</i>	1	MO, QLL (60/30)
APOKYN INJ	2	LA	<i>budeprion xl 150 mg tablet</i>	1	MO, QLL (90/30)
ARICEPT 23 MG TABLET [+]	2	MO, QLL (30/30), ST	<i>budeprion xl 300 mg tablet</i>	1	MO, QLL (30/30)
ARICEPT 5 MG TABLET, -10 MG TABLET [+]	3	MO, QLL (30/30)	BUPRENEX INJ	2	
ARICEPT ODT	3	MO, QLL (30/30)	<i>buprenorphine 0.3 mg/ml syrn</i> INJ	1	
<i>ascomp with codeine</i>	1		<i>buprenorphine 0.3 mg/ml vial</i> INJ	1	MO
ASTRAMORPH-PF 0.5 MG/ML AMP, -10 MG/10 ML VIAL INJ	2	MO	<i>buprenorphine 2 mg tablet sl</i>	1	PAR, QLL (240/30)
			<i>buprenorphine 8 mg tablet sl</i>	1	PAR, QLL (60/30)
			<i>buproban</i>	1	QLL (60/30)
			<i>bupropion hcl sr 100 mg tablet, -200 mg tab</i>	1	MO, QLL (60/30)

Drug Name	Drug Tier	Notes
bupropion hcl tablet	1	MO, QLL (120/30)
bupropion hcl xl 150 mg tablet	1	MO, QLL (90/30)
bupropion hcl xl 300 mg tablet	1	MO, QLL (30/30)
bupropion sr 150 mg tablet	1	QLL (60/30)
buspirone hcl tablet	1	MO
butalb-caff-acetaminoph-codein	1	QLL (180/30)
butalbital compound-codeine	1	MO
BUTISOL SODIUM	2	MO, E
butorphanol 1 mg/ml syringe, -2 mg/ml syringe INJ	1	MO
butorphanol 1 mg/ml vial, -2 mg/ml vial INJ	1	
butorphanol tartrate aerosol spray	1	
BUTRANS	3	QLL (4/28)
CAFERGOT	3	
CAMPRAL	3	
CAPITAL W-CODEINE	3	QLL (2700/30)
carbamazepine suspension oral, -tablet, -tablet chewable	1	MO
carbamazepine xr	1	MO
CARBATROL ER 100 MG CAPSULE	3	MO, QLL (60/30)
CARBATROL ER 200 MG CAPSULE	3	MO, QLL (240/30)
CARBATROL ER 300 MG CAPSULE	3	MO, QLL (150/30)
carbidopa-levodopa	1	MO
CELEXA 10 MG TABLET, -20 MG TABLET	3	MO, QLL (45/30)
CELEXA 40 MG TABLET	3	MO, QLL (30/30)
CELONTIN [+]	2	MO

Drug Name	Drug Tier	Notes
CESAMET	3	B/D
CHANTIX	2	
chlordiazepoxide-amitriptyline	1	MO
chlorpromazine hcl injection INJ	1	
chlorpromazine hcl tablet	1	MO
citalopram	1	MO, QLL (600/30)
citalopram hbr 10 mg tablet, -20 mg tablet	1	MO, QLL (45/30)
citalopram hbr 40 mg tablet	1	MO, QLL (30/30)
clomipramine hcl capsule	1	MO
clonazepam	1	MO, E
clorazepate dipotassium	1	MO, E
clozapine 100 mg tablet	1	MO, QLL (270/30)
clozapine 200 mg tablet	1	MO, QLL (120/30)
clozapine 25 mg tablet, -50 mg tablet	1	MO, QLL (90/30)
CLOZARIL 100 MG TABLET	3	MO, QLL (270/30)
CLOZARIL 25 MG TABLET	3	MO, QLL (90/30)
codeine phosphate injection INJ	1	MO
codeine sulfate	1	
COGENTIN INJ	2	
co-gesic	1	QLL (240/30)
compro	1	
COMTAN	2	MO
CONCERTA ER 18 MG TABLET, -ER 27 MG TABLET	3	MO, QLL (30/30)
CONCERTA ER 36 MG TABLET, -ER 54 MG TABLET	3	MO, QLL (60/30)

Drug Name	Drug Tier	Notes
CYMBALTA [+]	2	MO, QLL (60/30)
D.H.E.45 INJ	2	
DAYTRANA	3	MO, QLL (30/30)
DEMEROL 25 MG/ML SYRINGE, -50 MG/ML VIAL, -75 MG/ML SYRINGE INJ	2	
DEMEROL 50 MG/ML AMPUL, -50 MG/ML SYRINGE, -75 MG/1.5 ML AMPUL, -100 MG/ML AMPUL, -100 MG/ML SYRINGE, -100 MG/ML VIAL INJ	2	MO
DEMEROL TABLET	3	
DEPACON INJ	2	
<i>depade</i>	1	
DEPAKENE	3	MO
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLE	3	MO
<i>desipramine hcl tablet</i>	1	MO
DESOXYN	3	
DEXEDRINE	3	MO
<i>dexamethylphenidate 10 mg tab</i>	1	MO, QLL (120/30)
<i>dexamethylphenidate 2.5 mg tab, -5 mg tab</i>	1	MO, QLL (60/30)
<i>dextroamphetamine sulfate</i>	1	MO
DIASTAT	2	MO, E
DIASTAT ACUDIAL	2	MO, E
<i>diazepam injection INJ</i>	1	MO, E
<i>diazepam solution, -tablet</i>	1	MO, E
<i>dihydroergotamine 1 mg/ml am INJ</i>	1	
<i>dihydroergotamine 1 mg/ml vl INJ</i>	1	MO
DILANTIN 100 MG CAPSULE [+]	3	MO
DILANTIN 30 MG CAPSULE, -50 MG INFATAB [+]	2	MO
DILANTIN-125	3	MO
DILAUDID INJECTION INJ	2	
DILAUDID TABLET	3	
DILAUDID-5	3	
DILAUDID-HP 10 MG/ML AMPUL, -250 MG VIAL INJ	2	MO

Drug Name	Drug Tier	Notes
DILAUDID-HP 10 MG/ML VIAL INJ	2	
<i>diskets</i>	1	MO
<i>disulfiram tablet</i>	1	MO
<i>divalproex sodium</i>	1	MO
<i>divalproex sodium er</i>	1	MO
DOLOPHINE HCL	3	
<i>donepezil hcl [+]</i>	1	MO, QLL (30/30)
DORAL	2	MO, E
<i>doxepin hcl capsule, -solution</i>	1	MO
<i>dronabinol</i>	1	B/D
DURAGESIC	3	QLL (15/30)
DURAMORPH INJ	2	
EDLUAR	3	QLL (30/30)
EFFEXOR XR 37.5 MG CAPSULE	3	MO, QLL (30/30)
EFFEXOR XR 75 MG CAPSULE, -150 MG CAPSULE	3	MO, QLL (60/30)
ELDEPRYL	3	MO
EMBEDA	3	QLL (60/30)
EMEND 125 MG CAPSULE [+]	2	B/D, QLL (4/30)
EMEND 40 MG CAPSULE [+]	2	B/D, QLL (1/1)
EMEND 80 MG CAPSULE [+]	2	B/D, QLL (8/30)
EMEND TRIFOLD PACK [+]	2	B/D, QLL (12/30)
EMSAM	2	QLL (30/30)
<i>endocet 10-650 mg tablet</i>	1	QLL (180/30)
<i>endocet 5-325 tablet, -7.5-325 mg tablet, -10-325 mg tablet</i>	1	QLL (360/30)
<i>endocet 7.5-500 mg tablet</i>	1	QLL (240/30)

Drug Name	Drug Tier	Notes
<i>endodan</i>	1	
<i>epitol</i>	1	MO
EQUETRO 100 MG CAPSULE, -200 MG CAPSULE [+]	2	MO, QLL (240/30)
EQUETRO 300 MG CAPSULE [+]	2	MO, QLL (180/30)
ERGOMAR	3	
<i>ergotamine-caffeine</i>	1	
<i>estazolam</i>	1	MO, E
<i>ethosuximide capsule, -syrup</i>	1	MO
EXALGO	3	
EXELON CAPSULE [+]	3	MO, QLL (60/30)
EXELON PATCH TRANSDERMAL 24 HOURS [+]	2	MO, QLL (30/30)
EXELON SOLUTION [+]	2	MO, QLL (180/30)
FANAPT TABLET	2	MO, QLL (60/30)
FANAPT TABLET DOSE PACK	2	QLL (8/30)
FAZACLO 100 MG ODT	2	MO, QLL (270/30)
FAZACLO 12.5 MG ODT	2	MO, QLL (60/30)
FAZACLO 150 MG ODT	2	MO, QLL (180/30)
FAZACLO 200 MG ODT	2	MO, QLL (120/30)
FAZACLO 25 MG ODT	2	MO, QLL (90/30)
FELBATOL [+]	2	MO
<i>fentanyl</i> [+]	1	QLL (15/30)

Drug Name	Drug Tier	Notes
<i>fentanyl</i> 0.05 mg/ml ampul, -0.05 mg/ml vial, -1 mg/20 ml vial, -100 mcg/2 ml vial, -250 mcg/5 ml vial INJ	1	MO
<i>fentanyl</i> 0.05 mg/ml syringe INJ	1	
<i>fentanyl citrate lozenge</i>	1	PAR, QLL (120/30)
FENTORA 100 MCG BUCCAL TABLET, -200 MCG BUCCAL TABLET, -400 MCG BUCCAL TABLET, -600 MCG BUCCAL TABLET	2	PAR, QLL (120/30)
FENTORA 800 MCG BUCCAL TABLET	2	PAR, QLL (28/28)
FIORICET WITH CODEINE	3	QLL (180/30)
FIORINAL WITH CODEINE #3	3	
<i>fluoxetine dr</i>	1	MO, QLL (4/28)
<i>fluoxetine hcl</i> 10 mg capsule	1	MO, QLL (45/30)
<i>fluoxetine hcl</i> 10 mg tablet	1	MO, QLL (240/30)
<i>fluoxetine hcl</i> 20 mg capsule, -20 mg tablet	1	MO, QLL (120/30)
<i>fluoxetine hcl</i> 40 mg capsule	1	MO, QLL (60/30)
<i>fluoxetine hcl</i> solution	1	MO, QLL (600/30)
<i>fluphenazine decanoate</i> INJ	1	
<i>fluphenazine hcl elixir, -tablet</i>	1	MO
<i>fluphenazine hcl injection</i> INJ	1	
<i>fluphenazine hcl solution</i>	1	
<i>flurazepam hcl</i>	1	MO, E
<i>fluvoxamine maleate</i> 100 mg tab	1	MO, QLL (90/30)

Drug Name	Drug Tier	Notes
<i>fluvoxamine maleate 25 mg tab, -50 mg tab</i>	1	MO, QLL (30/30)
FOCALIN 10 MG TABLET	3	MO, QLL (120/30)
FOCALIN 2.5 MG TABLET, -5 MG TABLET	3	MO, QLL (60/30)
FOCALIN XR 15 MG CAPSULE, -20 MG CAPSULE	3	MO, QLL (60/30)
FOCALIN XR 5 MG CAPSULE, -10 MG CAPSULE, -30 MG CAPSULE, -40 MG CAPSULE	3	MO, QLL (30/30)
<i>fosphenytoin 100 mg pe/2 ml vl INJ</i>	1	
<i>fosphenytoin 500 mg pe/10 ml INJ</i>	1	MO
FROVA	3	QLL (12/30)
<i>gabapentin 100 mg capsule, -300 mg capsule, -tablet [+]</i>	1	MO, QLL (180/30)
<i>gabapentin 400 mg capsule [+]</i>	1	MO, QLL (270/30)
<i>gabapentin solution [+]</i>	1	MO, QLL (2160/30)
GABITRIL [+]	2	MO
<i>galantamine hbr capsule 24hr sustained release pellets</i>	1	MO, QLL (30/30)
<i>galantamine hbr tablet</i>	1	MO, QLL (60/30)
<i>galantamine hydrobromide</i>	1	MO, QLL (180/30)
GEODON 20 MG CAPSULE, -40 MG CAPSULE	2	MO, QLL (60/30)
GEODON 60 MG CAPSULE, -80 MG CAPSULE	2	MO, QLL (90/30)
GEODON INJECTION INJ	2	
<i>granisetron hcl 0.1 mg/ml vial INJ</i>	1	

Drug Name	Drug Tier	Notes
<i>granisetron hcl 1 mg/ml vial, -4 mg/4 ml vial INJ</i>	1	MO
<i>granisetron hcl tablet</i>	1	B/D, QLL (30/30)
<i>granolisol</i>	3	B/D, QLL (150 ml/30)
<i>guanidine hcl</i>	1	
HALCION	2	MO, E
HALDOL INJ	2	
HALDOL DECANOATE 100 INJ	2	MO
HALDOL DECANOATE 50 INJ	2	MO
<i>haloperidol decanoate INJ</i>	1	MO
<i>haloperidol lactate injection INJ</i>	1	
<i>haloperidol lactate solution</i>	1	MO
<i>haloperidol tablet</i>	1	MO
HORIZANT	3	MO, QLL (60/30)
HYCET	3	QLL (5540/30)
<i>hydrocodon-acetaminoph 7.5-750, -hydrocodon-acetaminophn 10-750</i>	1	QLL (150/30)
<i>hydrocodon-acetaminophen 5-300, -hydrocodon-acetaminoph 7.5-300, -hydrocodon-acetaminophn 10-300</i>	1	QLL (390/30)
<i>hydrocodon-acetaminophen 5-325, -hydrocodon-acetaminoph 7.5-325, -hydrocodon-acetaminophn 10-325</i>	1	QLL (360/30)
<i>hydrocodon-acetaminophn 10-650, -hydrocodon-acetaminoph 7.5-650, -hydrocodon-acetaminophn 10-660</i>	1	QLL (180/30)
<i>hydrocodone bit-ibuprofen</i>	1	QLL (480/30)
<i>hydrocodone-acetaminophen capsule, -hydrocodon-acetaminoph 2.5-500, -hydrocodon-acetaminoph 7.5-500, -hydrocodon-acetaminophn 10-500</i>	1	QLL (240/30)
<i>hydrocodone-acetaminophen solution</i>	1	QLL (3600/30)
<i>hydrogesic</i>	1	MO, QLL (240/30)

Drug Name	Drug Tier	Notes
hydromorphone hcl 1 mg/ml amp, -1 mg/ml syringe, -2 mg/ml syringe, -2 mg/ml vial, -2 mg/ml amp, -2 mg/ml vl, -4 mg/ml syrin, -4 mg/ml amp, -10 mg/ml vial, -50 mg/5 ml vial, -500 mg/50 ml via INJ	1	MO
hydromorphone hcl 10 mg/ml amp INJ	1	
hydromorphone hcl suppository rectal	1	MO
hydromorphone hcl tablet	1	
imipramine hcl tablet	1	MO
imipramine pamoate	1	MO
IMITREX 20 MG NASAL SPRAY	3	QLL (8 nasal sprayers/30)
IMITREX 4 MG/0.5 ML CARTRIDGES, -6 MG/0.5 ML CARTRIDGES, -6 MG/0.5 ML VIAL INJ	2	QLL (4 vials/30)
IMITREX 4 MG/0.5 ML PEN INJECT, -6 MG/0.5 ML PEN INJECT INJ	2	QLL (4/30)
IMITREX 5 MG NASAL SPRAY	3	QLL (16 nasal sprayers/30)
IMITREX TABLET	3	QLL (9/30), ST
INFUMORPH INJ	2	
INTUNIV	3	MO, QLL (30/30)
INVEGA ER 1.5 MG TABLET, -ER 3 MG TABLET, -ER 9 MG TABLET	2	MO, QLL (30/30)
INVEGA ER 6 MG TABLET	2	MO, QLL (60/30)
INVEGA SUSTENNA INJ	2	MO, QLL (2/28)
KADIAN	3	QLL (60/30)
KEPPRA INJECTION INJ	2	
KEPPRA SOLUTION, -TABLET	3	MO

Drug Name	Drug Tier	Notes
KEPPRA XR	3	MO
KLONOPIN	2	MO, E
LAMICTAL (BLUE)	3	
LAMICTAL (GREEN)	3	
LAMICTAL (ORANGE)	3	
LAMICTAL 150 MG TABLET, -200 MG TABLET	3	MO, QLL (60/30)
LAMICTAL 25 MG TABLET, -100 MG TABLET, -TABLET DISPERSIBLE	3	MO
LAMICTAL ODT 100 MG TABLET	2	MO
LAMICTAL ODT 200 MG TABLET	2	MO, QLL (60/30)
LAMICTAL ODT 25 MG TABLET, -50 MG TABLET	2	MO, QLL (90/30)
LAMICTAL XR (BLUE)	2	PAR, QLL (28/28)
LAMICTAL XR (GREEN)	2	PAR, QLL (35/35)
LAMICTAL XR (ORANGE)	2	PAR, QLL (35/35)
LAMICTAL XR 100 MG TABLET	2	MO, PAR
LAMICTAL XR 200 MG TABLET	2	MO, PAR, QLL (60/30)
LAMICTAL XR 25 MG TABLET, -50 MG TABLET	2	MO, PAR, QLL (90/30)
lamotrigine 150 mg tablet, -200 mg tablet	1	MO, QLL (60/30)
lamotrigine 25 mg tablet, -100 mg tablet, -tablet dispersible	1	MO
LATUDA	2	QLL (30/30)
levetiracetam injection INJ	1	
levetiracetam solution, -tablet	1	MO
levorphanol tartrate tablet	1	

Drug Name	Drug Tier	Notes
LEXAPRO 20 MG TABLET [+]	2	MO, QLL (30/30)
LEXAPRO 5 MG TABLET, -10 MG TABLET [+]	2	MO, QLL (45/30)
LEXAPRO SOLUTION [+]	2	MO, QLL (600/30)
<i>lithium</i>	1	MO
<i>lithium carbonate capsule, -tablet, -tablet sustained action</i>	1	MO
LITHOBID	3	MO
LODOSYN	3	MO, ST
<i>lorazepam injection INJ</i>	1	MO, E
<i>lorazepam solution, -tablet</i>	1	MO, E
LORCET 10-650	3	QLL (180/30)
LORCET PLUS	3	QLL (180/30)
LORTAB SOLUTION ORAL	3	QLL (3600/30)
LORTAB TABLET	3	QLL (240/30)
<i>loxapine</i>	1	MO
LOXITANE	3	MO
LUNESTA	2	PAR, QLL (30/30)
LUVOX CR	3	MO, QLL (60/30)
LYRICA 225 MG CAPSULE, -300 MG CAPSULE	2	MO, PAR, QLL (60/30)
LYRICA 25 MG CAPSULE, -50 MG CAPSULE, -75 MG CAPSULE, -100 MG CAPSULE, -150 MG CAPSULE, -200 MG CAPSULE	2	MO, PAR, QLL (90/30)
MAGNACET	3	QLL (300/30)
<i>maprotiline 25 mg tablet, -50 mg tablet</i>	1	MO, QLL (90/30)
<i>maprotiline 75 mg tablet</i>	1	MO

Drug Name	Drug Tier	Notes
<i>margesic h</i>	1	QLL (240/30)
MARINOL	3	B/D
MARPLAN [+]	2	MO
MAXALT [+]	2	QLL (12/30), ST
MAXALT MLT [+]	2	QLL (12/30), ST
MAXIDONE	3	QLL (150/30)
<i>meclizine hcl tablet</i>	1	
<i>meperidine 10 mg/ml cartrdge INJ</i>	1	MO
<i>meperidine 10 mg/ml syringe, -25 mg/ml vial, -50 mg/ml vial, -100 mg/ml vial INJ</i>	1	
<i>meperidine hcl solution, -tablet</i>	1	
<i>meperitab</i>	1	MO
<i>meprobamate 200 mg tablet</i>	1	QLL (120/30)
<i>meprobamate 400 mg tablet</i>	1	QLL (180/30)
MESTINON SYRUP, -TABLET SUSTAINED ACTION [+]	2	MO
MESTINON TABLET [+]	3	MO
METADATE CD	3	MO, QLL (30/30)
<i>metadate er</i>	3	MO, QLL (90/30)
<i>methadone hcl injection INJ</i>	1	
<i>methadone hcl solution, -tablet</i>	1	
<i>methadone hcl tablet soluble</i>	1	MO
<i>methadone intensol</i>	1	MO
<i>methadose solution, -tablet soluble</i>	1	MO
<i>methadose tablet</i>	1	
<i>methamphetamine hcl</i>	1	
METHYLIN 10 MG/5 ML SOLUTION	3	MO, QLL (900/30)
METHYLIN 5 MG/5 ML SOLUTION	3	MO, QLL (1800/30)

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
methylin er	1	MO, QLL (90/30)	-25 mg/ml vl, -50 mg/ml vial INJ		
methylin tablet	1	MO, QLL (90/30)	morphine 0.5 mg/ml vial, -1 mg/ml vial p-f, -5 mg/ml vial INJ	1	
METHYLIN TABLET CHEWABLE	3	MO, QLL (90/30)	morphine sulf er 100 mg tab, -sulf er 200 mg tab	1	QLL (180/30)
methylphenidate 10 mg/5 ml sol	1	MO, QLL (900/30)	morphine sulf er 15 mg tablet, -sulf er 30 mg tablet, -sulf er 60 mg tablet	1	QLL (120/30)
methylphenidate 5 mg/5 ml soln	1	MO, QLL (1880/30)	morphine sulfate in dextrose INJ	1	MO
methylphenidate er	1	MO, QLL (90/30)	morphine sulfate solution, -tablet	1	
methylphenidate hcl tablet	1	MO, QLL (90/30)	morphine sulfate suppository rectal	1	MO
methylphenidate sr	1	MO, QLL (90/30)	MS CONTIN 100 MG TABLET, -200 MG TABLET	3	QLL (180/30)
midazolam hcl syrup	1	MO, E	MS CONTIN 15 MG TABLET, -CR 30 MG TABLET, -60 MG TABLET	3	QLL (120/30)
migergot	1		MY SOLINE	3	MO
MIGRAL	3		MYTELASE	3	
MIRAPEX 0.125 MG TABLET, -0.25 MG TABLET, -0.5 MG TABLET, -1 MG TABLET, -1.5 MG TABLET	3	MO, ST	nalbuphine 10 mg/ml ampul, -20 mg/ml ampul INJ	1	MO
MIRAPEX 0.75 MG TABLET	3	MO, ST	nalbuphine 100 mg/10 ml vial, -200 mg/10 ml vial INJ	1	
MIRAPEX ER	3	MO	naloxone 0.02 mg/ml vial, -0.4 mg/ml ampul, -0.4 mg/ml vial INJ	1	MO
mirtazapine	1	MO, QLL (30/30)	naloxone 0.4 mg/ml syringe, -1 mg/ml syringe INJ	1	
MOBAN 10 MG TABLET, -25 MG TABLET	2	MO, QLL (120/30)	naltrexone hcl tablet	1	
MOBAN 50 MG TABLET	2	MO	NAMENDA SOLUTION [+]	2	MO, QLL (300/30)
morphine 0.5 mg/ml ampul p-f, -1 mg/ml ampul p-f, -1 mg/ml syringe, -1 mg/ml vial, -2 mg/ml syringe, -4 mg/ml syringe, -8 mg/ml ampule, -8 mg/ml syringe, -8 mg/ml vial, -10 mg/ml ampul, -10 mg/ml syringe, -10 mg/ml vial, -15 mg/ml syringe, -15 mg/ml vial, -25 mg/ml vial,	1	MO	NAMENDA TABLET [+]	2	MO, QLL (60/30)
			NAMENDA TABLET DOSE PACK [+]	2	QLL (60/30)
			naratriptan hcl	1	QLL (9/30)
			NARDIL	3	MO
			NAVANE	3	MO
			nefazodone hcl	1	MO, QLL (60/30)
			NEURONTIN 100 MG CAPSULE, -300 MG CAPSULE, -TABLET	3	MO, QLL (180/30)
			NEURONTIN 400 MG CAPSULE	3	MO, QLL (270/30)

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
NEURONTIN SOLUTION	3	MO, QLL (2160/30)	ONSOLIS	2	LA, PAR, QLL (120/30)
NICOTROL	3		OPANA	3	QLL (120/30)
NICOTROL NS [+]	2		OPANA ER	3	QLL (60/30)
NORCO	3	QLL (360/30)	ORAMORPH SR 100 MG TABLET	3	QLL (180/30)
NORPRAMIN	3	MO	ORAMORPH SR 15 MG TABLET, -30 MG TABLET, -60 MG TABLET	3	QLL (120/30)
<i>nortriptyline hcl capsule, -solution</i>	1	MO	ORAP [+]	2	MO
NUCYNTA	3	QLL (181/30)	<i>oxazepam</i>	1	MO, E
NUEDEXTA	3		<i>oxcarbazepine 150 mg tablet, -300 mg tablet [+]</i>	1	MO, QLL (60/30)
NUVIGIL 150 MG TABLET, -250 MG TABLET [+]	2	MO, PAR, QLL (30/30)	<i>oxcarbazepine suspension, -600 mg tablet [+]</i>	1	MO
NUVIGIL 50 MG TABLET [+]	2	MO, PAR, QLL (60/30)	<i>oxycodon-acetaminophen 7.5-500</i>	1	QLL (240/30)
OLEPTRO ER 150 MG TABLET	3	MO, QLL (45/30)	<i>oxycodone concentrate</i>	1	
OLEPTRO ER 300 MG TABLET	3	MO, QLL (30/30)	<i>oxycodone hcl 5 mg tablet, -15 mg tablet, -30 mg tablet</i>	1	
<i>ondansetron 40 mg/20 ml vial, -4 mg/2 ml syr, -4 mg/2 ml ampule INJ</i>	1	MO	<i>oxycodone hcl capsule, -solution, -10 mg tablet, -20 mg tablet</i>	1	MO
<i>ondansetron hcl 24 mg tablet</i>	1	B/D, QLL (30/30)	<i>oxycodone hcl-aspirin</i>	1	MO
<i>ondansetron hcl 4 mg tablet, -8 mg tablet</i>	1	B/D, QLL (90/30)	<i>oxycodone hcl-ibuprofen</i>	1	
<i>ondansetron hcl 4 mg/2 ml vial INJ</i>	1		<i>oxycodone-acetaminophen 10-325</i>	1	QLL (360/30)
<i>ondansetron hcl in dextrose INJ</i>	1	MO	<i>oxycodone-acetaminophen 10-650</i>	1	QLL (180/30)
<i>ondansetron hcl solution</i>	1	B/D, QLL (450 ml/30)	<i>oxycodone-acetaminophen capsule</i>	1	QLL (240/30)
<i>ondansetron in sodium chloride INJ</i>	1		<i>oxycodone-acetaminophen tablet</i>	1	QLL (360/30)
<i>ondansetron odt</i>	1	B/D, QLL (90/30)	<i>oxycodone-aspirin</i>	1	
			OXYCONTIN 10 MG TABLET, -15 MG TABLET, -20 MG TABLET, -30 MG TABLET, -40 MG TABLET, -60 MG TABLET	2	QLL (90/30), ST
			OXYCONTIN 80 MG TABLET	2	QLL (120/30), ST
			<i>oxymorphone hcl</i>	1	QLL (120/30)
			PAMELOR	3	MO

Drug Name	Drug Tier	Notes
PANLOR SS	3	QLL (180/30)
PARCOPA	3	MO, ST
PARLODEL	3	MO
PARNATE	3	MO
<i>paroxetine cr 25 mg tablet</i>	1	MO, QLL (90/30)
<i>paroxetine hcl 10 mg tablet</i>	1	MO, QLL (45/30)
<i>paroxetine hcl 20 mg tablet, -cr 12.5 mg tablet</i>	1	MO, QLL (30/30)
<i>paroxetine hcl 30 mg tablet, -40 mg tablet, -cr 37.5 mg tablet, -er 37.5 mg tablet</i>	1	MO, QLL (60/30)
<i>paroxetine hcl suspension oral</i>	1	MO, QLL (1200/30)
PAXIL 10 MG TABLET	3	MO, QLL (45/30)
PAXIL 20 MG TABLET	3	MO, QLL (30/30)
PAXIL 30 MG TABLET, -40 MG TABLET	3	MO, QLL (60/30)
PAXIL CR 12.5 MG TABLET	3	MO, QLL (30/30)
PAXIL CR 25 MG TABLET, -37.5 MG TABLET	3	MO, QLL (60/30)
PAXIL SUSPENSION ORAL	3	MO, QLL (1200/30)
PEGANONE [+]	2	
<i>pentazocine-acetaminophen</i>	1	QLL (180/30)
<i>pentazocine-naloxone hcl</i>	3	
PENTOTHAL INJ	2	MO, E
PERCOCET 10-650 MG TABLET	3	QLL (180/30)

Drug Name	Drug Tier	Notes
PERCOCET 2.5/325 MG TABLET, -5-325 MG TABLET, -7.5-325 MG TABLET, -10-325 MG TABLET	3	QLL (360/30)
PERCOCET 7.5-500 MG TABLET	3	QLL (240/30)
PERCODAN	3	
<i>perphenazine</i>	1	MO
<i>perphenazine-amitriptyline</i>	1	MO
PEXEVA 10 MG TABLET	3	MO, QLL (45/30)
PEXEVA 20 MG TABLET	3	MO, QLL (30/30)
PEXEVA 30 MG TABLET, -40 MG TABLET	3	MO, QLL (60/30)
<i>phenadoz</i>	1	
<i>phenelzine sulfate tablet [+]</i>	1	MO
<i>phenobarbital elixir, -tablet</i>	1	MO, E
PHENOBARBITAL POWDER	2	MO, E
<i>phenobarbital sodium injection INJ</i>	1	MO, E
PHENOBARBITAL SODIUM POWDER	2	MO, E
PHENYTEK	3	MO
<i>phenytoin 250 mg/5 ml vial, -50 mg/ml syringe, -50 mg/ml vial INJ</i>	1	MO
<i>phenytoin 50 mg/ml ampul INJ</i>	1	
<i>phenytoin sodium extended [+]</i>	1	MO
<i>phenytoin suspension oral</i>	1	MO
<i>pramipexole dihydrochloride</i>	1	MO
<i>primidone tablet</i>	1	MO
PRISTIQ	2	MO, PAR, QLL (30/30)
<i>prochlorperazine edisylate INJ</i>	1	
<i>prochlorperazine maleate suppository rectal, -tablet</i>	1	
<i>promethazine hcl suppository rectal</i>	1	
<i>promethegan 12.5 mg suppos</i>	1	MO
<i>promethegan 25 mg supp, -50 mg suppository</i>	1	
<i>protriptyline hcl</i>	1	MO

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PROVIGIL 100 MG TABLET [+]	2	MO, PAR, QLL (30/30)	RISPERDAL CONSTA 12.5 MG SYR, -25 MG SYR, -37.5 MG SYR INJ	2	MO, QLL (2/28)
PROVIGIL 200 MG TABLET [+]	2	MO, PAR, QLL (60/30)	RISPERDAL CONSTA 50 MG SYR INJ	2	MO
PROZAC 10 MG PULVULE	3	MO, QLL (45/30)	RISPERDAL M-TAB 0.5 MG ODT, -1 MG ODT, -2 MG ODT, -3 MG ODT	3	MO, QLL (60/30)
PROZAC 20 MG PULVULE	3	MO, QLL (120/30)	RISPERDAL M-TAB 4 MG ODT	3	MO, QLL (120/30)
PROZAC 40 MG PULVULE	3	MO, QLL (60/30)	RISPERDAL SOLUTION	3	MO, QLL (480 ml/30)
PROZAC WEEKLY	3	MO, QLL (4/28)	RISPERDAL TABLET	3	MO, QLL (60/30)
<i>pyridostigmine bromide</i>	1	MO	<i>risperidone 0.25 mg odt, -0.5 mg odt, -1 mg odt, -2 mg odt, -3 mg odt [+]</i>	1	MO, QLL (60/30)
RAPIFLUX	3	MO, QLL (120/30)	<i>risperidone 4 mg odt [+]</i>	1	MO, QLL (120/30)
RAZADYNE ER	3	MO, QLL (30/30)	<i>risperidone m-tab 0.5 mg odt, -1 mg odt, -2 mg odt, -3 mg odt</i>	1	MO, QLL (60/30)
RAZADYNE SOLUTION	3	MO, QLL (180/30)	<i>risperidone m-tab 4 mg odt</i>	1	MO, QLL (120/30)
RAZADYNE TABLET	3	MO, QLL (60/30)	<i>risperidone solution</i>	1	MO, QLL (480 ml/30)
REGONOL INJ	2		<i>risperidone tablet</i>	1	MO, QLL (60/30)
RELPAX	3	QLL (9/30), ST	RITALIN	3	MO, QLL (90/30)
REMERON	3	MO, QLL (30/30)	RITALIN LA 10 MG CAPSULE, -20 MG CAPSULE, -40 MG CAPSULE	3	MO, QLL (30/30)
<i>reprexain</i>	3	QLL (480/30)	RITALIN LA 30 MG CAPSULE	3	MO, QLL (60/30)
REQUIP	3	MO, ST			
REQUIP XL	3	MO			
RESTORIL	2	MO, E			
REVIA	3				

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
RITALIN-SR	3	MO, QLL (90/30)	SEROQUEL 300 MG TABLET, -400 MG TABLET	2	MO, QLL (120/30)
<i>rivastigmine</i>	1	MO, QLL (60/30)	SEROQUEL XR 300 MG TABLET [+]	2	MO, QLL (90/30)
<i>ropinirole hcl</i>	1	MO	SEROQUEL XR 400 MG TABLET [+]	2	MO, QLL (120/30)
<i>roxicet 5/500 caplet</i>	1	QLL (240/30)	SEROQUEL XR 50 MG TABLET, -150 MG TABLET, -200 MG TABLET [+]	2	MO, QLL (30/30)
<i>roxicet 5-325 tablet</i>	1	QLL (360/30)	<i>sertraline hcl 100 mg tablet</i>	1	MO, QLL (90/30)
ROXICET SOLUTION	3	QLL (600/30)	<i>sertraline hcl 25 mg tablet, -50 mg tablet</i>	1	MO, QLL (60/30)
ROXICODONE	3		<i>sertraline hcl solution</i>	1	MO, QLL (300/30)
ROZEREM	3	QLL (30/30)	SILENOR	3	QLL (30/30)
RYZOLT	3	QLL (30/30)	SINEMET 10-100	3	MO, ST
SABRIL	2	LA	SINEMET 25-100	3	MO, ST
SANCUSO	2	PAR, QLL (4/28)	SINEMET 25-250	3	MO, ST
SAPHRIS	2	MO, QLL (60/30)	SINEMET CR	3	MO, ST
SARAFEM 10 MG TABLET	3	MO, QLL (30/30)	SONATA 10 MG CAPSULE	3	PAR, QLL (60/30)
SARAFEM 20 MG TABLET	3	MO, QLL (120/30)	SONATA 5 MG CAPSULE	3	PAR, QLL (30/30)
SAVELLA TABLET [+]	2	MO, QLL (60/30)	STADOL INJ	2	
SAVELLA TABLET DOSE PACK [+]	2	QLL (1/365)	<i>stagesic</i>	1	QLL (240/30)
<i>seconal sodium</i>	1	MO, E	STALEVO 100	2	MO
<i>selegiline hcl capsule, -tablet</i>	1	MO	STALEVO 125	2	MO
<i>selfemra 10 mg capsule</i>	1	MO, QLL (30/30)	STALEVO 150	2	MO
<i>selfemra 20 mg capsule</i>	1	MO, QLL (120/30)	STALEVO 200	2	MO
SEROQUEL 25 MG TABLET, -50 MG TABLET, -100 MG TABLET, -200 MG TABLET	2	MO, QLL (90/30)	STALEVO 50	2	MO
			STALEVO 75	2	MO
			STAVZOR DR 125 MG CAPSULE, -DR 250 MG CAPSULE	2	MO, QLL (60/30)
			STAVZOR DR 500 MG CAPSULE	2	MO

Drug Name	Drug Tier	Notes
STRATTERA 10 MG CAPSULE, -18 MG CAPSULE, -25 MG CAPSULE, -40 MG CAPSULE	2	MO, PAR, QLL (60/30)
STRATTERA 60 MG CAPSULE, -80 MG CAPSULE, -100 MG CAPSULE	2	MO, PAR, QLL (30/30)
SUBOXONE 2 MG-0.5 MG SL FILM, -2 MG-0.5 MG TABLET SL [+]	2	PAR, QLL (360/30)
SUBOXONE 8 MG-2 MG SL FILM, -8 MG-2 MG TABLET SL [+]	2	PAR, QLL (90/30)
SUBUTEX 2 MG TABLET SL	3	PAR, QLL (240/30)
SUBUTEX 8 MG TABLET SL	3	PAR, QLL (60/30)
SUMATRIPTAN 20 MG NASAL SPRAY	1	MO, QLL (8/30)
<i>sumatriptan 4 mg/0.5 ml kit, -4 mg/0.5 ml refill, -6 mg/0.5 ml kit, -6 mg/0.5 ml refill, -6 mg/0.5 ml syrng INJ</i>	1	MO, QLL (4/30)
<i>sumatriptan 4 mg/0.5 ml vial, -6 mg/0.5 ml vial INJ</i>	1	QLL (4 ml/30)
SUMATRIPTAN 5 MG NASAL SPRAY	1	MO, QLL (16/30)
<i>sumatriptan succinate tablet</i>	1	QLL (9/30)
SURMONTIL	2	MO
SYMBYAX	3	MO, QLL (30/30)
SYNALGOS-DC	3	
TALWIN 30 MG/ML AMPUL INJ	2	MO
TALWIN 30 MG/ML VIAL INJ	2	
TASMAR	2	MO
TEGRETOL	3	MO
TEGRETOL XR 100 MG TABLET	3	MO
TEGRETOL XR 200 MG TABLET, -400 MG TABLET	3	MO
<i>temazepam</i>	1	MO, E

Drug Name	Drug Tier	Notes
<i>thioridazine hcl</i>	1	MO
<i>thiothixene</i>	1	MO
TIGAN CAPSULE	3	
TIGAN INJECTION INJ	2	
TOFRANIL	3	MO
TOFRANIL-PM	3	MO
TOPAMAX CAPSULE SPRINKLE	3	MO, PAR
TOPAMAX TABLET	3	MO, PAR, QLL (60/30)
<i>topiragen</i>	1	MO, PAR, QLL (60/30)
<i>topiramate capsule sprinkle</i>	1	MO, PAR
<i>topiramate tablet</i>	1	MO, PAR, QLL (60/30)
<i>tramadol hcl tablet</i>	1	QLL (240/30)
<i>tramadol hcl tablet sustained release 24hr</i>	1	QLL (30/30)
<i>tramadol hcl-acetaminophen</i>	1	QLL (240/30)
TRANSDERM-SCOP	3	QLL (4/12)
TRANXENE T-TAB	2	MO, E
<i>tranylcypromine sulfate</i>	1	MO
<i>trazodone hcl tablet</i>	1	MO
TREXIMET	3	QLL (9/30)
<i>triazolam</i>	1	MO, E
<i>trifluoperazine hcl</i>	1	MO
<i>trihexyphenidyl hcl</i>	1	MO
TRILEPTAL 150 MG TABLET, -300 MG TABLET	3	MO, QLL (60/30)
TRILEPTAL SUSPENSION, -600 MG TABLET	3	MO
<i>trimethobenzamide hcl capsule</i>	1	
<i>trimethobenzamide hcl injection INJ</i>	1	
TYLENOL-CODEINE NO.3	3	QLL (390/30)

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
TYLENOL-CODEINE NO.4	3	QLL (390/30)	VYVANSE	3	MO, QLL (30/30)
TYLOX	3	QLL (240/30)	WELLBUTRIN	3	MO, QLL (120/30)
ULTRACET	3	QLL (240/30)	WELLBUTRIN SR	3	MO, QLL (60/30)
ULTRAM	3	QLL (240/30)	WELLBUTRIN XL 150 MG TABLET	3	MO, QLL (90/30)
ULTRAM ER	3	QLL (30/30)	WELLBUTRIN XL 300 MG TABLET	3	MO, QLL (30/30)
VALIUM INJECTION INJ	2	MO, E	XANAX	2	MO, E
VALIUM TABLET	2	MO, E	XANAX XR	2	MO, E
<i>valproate sodium injection INJ</i>	1		XENAZINE	2	LA, PAR
<i>valproic acid capsule, -syrup</i>	1	MO	XODOL 10-300	3	QLL (390/30)
<i>venlafaxine hcl 25 mg tablet, -37.5 mg tablet, -75 mg tablet, -100 mg tablet</i>	1	MO, QLL (90/30)	XODOL 5-300	3	QLL (390/30)
<i>venlafaxine hcl 50 mg tablet</i>	1	MO	XODOL 7.5-300	3	QLL (390/30)
<i>venlafaxine hcl er 37.5 mg cap</i>	1	MO, QLL (30/30)	XYREM	2	LA, PAR, QLL (540/30)
<i>venlafaxine hcl er 37.5 mg tab, -225 mg tab</i>	3	MO, QLL (30/30)	<i>zaleplon 10 mg capsule</i>	1	QLL (60/30)
<i>venlafaxine hcl er 75 mg cap, -150 mg cap</i>	1	MO, QLL (60/30)	<i>zaleplon 5 mg capsule</i>	1	QLL (30/30)
<i>venlafaxine hcl er 75 mg tab, -150 mg tab</i>	3	MO, QLL (60/30)	<i>zamicet</i>	1	QLL (2700/30)
VICODIN	3	QLL (240/30)	ZARONTIN	3	MO
VICODIN ES	3	QLL (150/30)	ZELAPAR	3	MO
VICODIN HP	3	QLL (180/30)	ZERLOR	3	QLL (150/30)
VICOPROFEN	3	QLL (480/30)	ZOFRAN INJECTION INJ	2	
VIIBRYD	3	MO, QLL (30/30)	ZOFRAN ODT	3	B/D, QLL (90/30)
VIMPAT INJECTION INJ	2		ZOFRAN SOLUTION	3	B/D, QLL (450 ml/30)
VIMPAT SOLUTION, -TABLET	2	MO			
VIVACTIL	3	MO			
VIVITROL INJ	3				

Drug Name	Drug Tier	Notes
ZOFRAN TABLET	3	B/D, QLL (90/30)
ZOLOFT 100 MG TABLET	3	MO, QLL (90/30)
ZOLOFT 25 MG TABLET, -50 MG TABLET	3	MO, QLL (60/30)
ZOLOFT SOLUTION	3	MO, QLL (300/30)
<i>zolpidem tartrate tablet</i>	1	QLL (30/30)
<i>zolpidem tartrate tablet multiphasic release</i>	1	QLL (30/30)
ZOLPIMIST	3	QLL (8 ml/30)
ZOMIG SPRAY NON-AEROSOL	3	QLL (6 nasal sprayers/ 30)
ZOMIG TABLET	3	QLL (9/30), ST
ZOMIG ZMT	3	QLL (9/30), ST
ZONEGRAN	3	MO
<i>zonisamide</i>	1	MO
ZUPLENZ	3	B/D, QLL (90/30)
ZYBAN	3	QLL (60/30)
ZYDONE	3	QLL (300/30)
ZYPREXA 10 MG TABLET, -15 MG TABLET	2	MO, QLL (60/30)
ZYPREXA 2.5 MG TABLET, -5 MG TABLET, -7.5 MG TABLET	2	MO, QLL (30/30)
ZYPREXA 20 MG TABLET	2	MO, QLL (90/30)
ZYPREXA INJECTION INJ	2	

Drug Name	Drug Tier	Notes
ZYPREXA RELPREVV 210 MG VIAL, -300 MG VIAL INJ	2	MO, QLL (2/28)
ZYPREXA RELPREVV 405 MG VIAL INJ	2	MO, QLL (1/28)
ZYPREXA ZYDIS 10 MG TABLET, -15 MG TABLET	2	MO, QLL (60/30)
ZYPREXA ZYDIS 20 MG TABLET	2	MO, QLL (90/30)
ZYPREXA ZYDIS 5 MG TABLET	2	MO, QLL (30/30)
Cardiovascular Medications		
ACCUPRIL	3	MO
ACCURETIC	3	MO
<i>acebutolol hcl capsule</i>	1	MO
ACEON	3	MO
ADALAT CC	3	MO
ADCIRCA	2	MO, PAR, QLL (60/30)
ADVICOR	3	MO
<i>afeditab cr</i>	1	MO
ALDACTAZIDE	3	MO
ALDACTONE	3	MO
ALTACE	3	MO
ALTOPREV	3	MO, QLL (30/30)
<i>amiloride hcl tablet</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amiodarone 150 mg/3 ml amp INJ</i>	1	
<i>amiodarone 150 mg/3 ml vial, -450 mg/9 ml vial, -900 mg/18 ml vial</i>	1	MO
INJ		
<i>amiodarone hcl tablet</i>	1	MO
<i>amlodipine besylate 2.5 mg tab, -10 mg tab</i>	1	MO, QLL (30/30)
<i>amlodipine besylate 5 mg tab</i>	1	MO, QLL (45/30)
<i>amlodipine besylate-benazepril</i>	1	MO

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
AMTURNIDE	3	MO, QLL (30/30)	CADUET	3	MO, QLL (30/30)
ANTARA	3	MO, ST	CALAN	3	MO
ATACAND 32 MG TABLET	3	MO, QLL (30/30)	CALAN SR	3	MO
ATACAND 4 MG TABLET, -8 MG TABLET, -16 MG TABLET	3	MO, QLL (60/30)	captopril tablet	1	MO
ATACAND HCT 16-12.5 MG TAB	3	MO, QLL (60/30)	captopril-hydrochlorothiazide	1	MO
ATACAND HCT 32-12.5 MG TAB, -32-25 MG TABLET	3	MO, QLL (30/30)	CARDIZEM	3	MO
<i>atenolol tablet</i>	1	MO	CARDIZEM CD	3	MO
<i>atenolol-chlorthalidone</i>	1	MO	CARDIZEM LA	3	MO
AVALIDE	3	MO, QLL (30/30)	CARDURA	3	MO
AVAPRO	3	MO, QLL (30/30)	CARDURA XL	3	MO
AZOR	3	MO, QLL (30/30)	<i>cartia xt</i>	1	MO
<i>benazepril hcl</i>	1	MO	<i>carvedilol</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO	CATAPRES	3	MO
BENICAR 20 MG TABLET, -40 MG TABLET	3	MO, QLL (30/30)	CATAPRES-TTS 1	3	MO, QLL (4/28)
BENICAR 5 MG TABLET	3	MO, QLL (60/30)	CATAPRES-TTS 2	3	MO, QLL (4/28)
BENICAR HCT	3	MO, QLL (30/30)	CATAPRES-TTS 3	3	MO, QLL (4/28)
BETAPACE	3	MO	<i>chlorothiazide</i>	1	MO
BETAPACE AF	3	MO	<i>chlorothiazide sodium INJ</i>	1	
<i>betaxolol hcl tablet</i>	1	MO	<i>chlorthalidone</i>	1	MO
BIDIL [+]	2	MO	<i>cholestyramine</i>	1	MO
<i>bisoprolol fumarate</i>	1	MO	<i>cholestyramine light</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO	<i>clonidine</i>	1	MO, QLL (4/28)
<i>bumetanide injection INJ</i>	1		<i>clonidine hcl tablet</i>	1	MO
<i>bumetanide tablet</i>	1	MO	CLORPRES	3	MO
BYSTOLIC [+]	2	MO	COLESTID	3	MO
			<i>colestipol hcl</i>	1	MO
			CORDARONE	3	MO
			COREG	3	MO
			COREG CR	3	MO
			CORGARD	3	MO, PAR
			CORZIDE	3	MO
			COVERA-HS	3	MO
			COZAAR 100 MG TABLET	3	MO, QLL (30/30)

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
COZAAR 25 MG TABLET, -50 MG TABLET	3	MO, QLL (60/30)	<i>dobutamine 250 mg-d5w 500 ml, -250 mg/d5w 250 ml, -500 mg-d5w 500 ml, -500 mg-d5w 250 ml INJ</i>	1	MO
CRESTOR [+]	2	MO, QLL (30/30), ST	<i>dobutamine hcl INJ</i>	1	MO
DEMADEX	3	MO	<i>dopamine hcl INJ</i>	1	MO
DEM SER	3		<i>dopamine hcl in 5% dextrose INJ</i>	1	MO
DIBENZYLINE	3		<i>doxazosin mesylate</i>	1	MO
<i>digoxin 0.25 mg/ml ampul INJ</i>	1		DYAZIDE	3	MO
<i>digoxin 0.25 mg/ml syringe INJ</i>	1	MO	DYNACIRC CR	3	MO
<i>digoxin solution, -tablet</i>	1	MO	DYRENium	3	MO
DILACOR XR	3	MO	EDARBI	3	MO, QLL (30/30)
DILATRATE-SR	3	MO	EDECrin	3	MO
<i>dilt-cd</i>	1	MO	<i>enalapril maleate tablet</i>	1	MO
<i>diltia xt</i>	1	MO	<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>diltiazem 125 mg/25 ml vial, -25 mg/5 ml carpuject, -5 mg/ml vial, -50 mg/10 ml vial INJ</i>	1	MO	<i>eplerenone</i>	1	MO
<i>diltiazem 24hr er capsule sustained release 24 hr</i>	1	MO	EXFORGE [+]	2	MO, QLL (30/30)
<i>diltiazem 24hr er tablet sustained release 24hr</i>	1	MO	EXFORGE HCT [+]	2	MO, QLL (30/30)
<i>diltiazem 25 mg/5 ml vial, -100 mg vial INJ</i>	1		<i>felodipine er</i>	1	MO
<i>diltiazem er</i>	1	MO	<i>fenofibrate</i>	1	MO
<i>diltiazem hcl tablet</i>	1	MO	FENOGLIDE	3	MO
<i>dilt-xr</i>	1	MO	<i>flecainide acetate</i>	1	MO
<i>diltzac er</i>	1	MO	<i>fosinopril sodium</i>	1	MO
DIOVAN 160 MG TABLET [+]	2	MO, QLL (60/30)	<i>fosinopril-hydrochlorothiazide</i>	1	MO
DIOVAN 320 MG TABLET [+]	2	MO, QLL (30/30)	<i>furosemide 10 mg/ml syringe INJ</i>	1	MO
DIOVAN 40 MG TABLET, -80 MG TABLET [+]	2	MO, QLL (90/30)	<i>furosemide 10 mg/ml vial INJ</i>	1	
DIOVAN HCT [+]	2	MO, QLL (30/30)	<i>furosemide solution, -tablet</i>	1	MO
<i>disopyramide phosphate</i>	1	MO	<i>gemfibrozil tablet</i>	1	MO
DIURIL	3	MO	<i>guanabenz acetate tablet</i>	1	MO
DIURIL SODIUM INJ	2		<i>guanfacine hcl</i>	1	MO
			<i>hydralazine hcl injection INJ</i>	1	
			<i>hydralazine hcl tablet</i>	1	MO
			<i>hydrochlorothiazide capsule, -tablet</i>	1	MO
			HYZAAR	3	MO, QLL (30/30)
			<i>indapamide</i>	1	MO
			INDERAL LA	3	MO, PAR
			INNOPRAN XL	3	MO
			INSPRA	3	MO
			ISOCHRON	3	MO

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ISOPTIN SR	3	MO	losartan-hydrochlorothiazide	1	MO, QLL (30/30)
ISORDIL	3	MO	LOTENSIN	3	MO
ISORDIL TITRADOSE	3	MO	LOTENSIN HCT	3	MO
<i>isosorbide dinitrate</i>	1	MO	LOTREL 2.5-10 MG CAPSULE, -10-20 MG CAPSULE, -5-10 MG CAPSULE, -5-20 MG CAPSULE	3	MO
<i>isosorbide mononitrate</i>	1	MO	LOTREL 5-40 MG CAPSULE, -10- 40 MG CAPSULE	3	MO
<i>isradipine</i>	1	MO	lovastatin 10 mg tablet, -20 mg tablet	1	MO, QLL (30/30)
KERLONE	3	MO, PAR	lovastatin 40 mg tablet	1	MO, QLL (60/30)
<i>labetalol hcl 5 mg/ml crpj INJ</i>	1	MO	LOVAZA [+]	2	MO
<i>labetalol hcl 5 mg/ml vial INJ</i>	1		MAVIK	3	MO
<i>labetalol hcl tablet</i>	1	MO	MAXZIDE	3	MO
LANOXIN INJECTION INJ, [+]	2		MAXZIDE-25 MG	3	MO
LANOXIN PEDIATRIC INJ	2		<i>methyclothiazide</i>	1	MO
LANOXIN TABLET [+]	2	MO	<i>methyldopa</i>	1	MO
LASIX	3	MO	<i>methyldopa-hydrochlorothiazide</i>	1	MO
LESCOL	3	MO, QLL (60/30)	<i>methyldopate hcl INJ</i>	1	
LESCOL XL	3	MO, QLL (30/30)	<i>metolazone</i>	1	MO
LETAIRIS	2	LA, PAR	<i>metoprolol 1 mg/ml carpuject, -tart</i> <i>5 mg/5 ml amp INJ</i>	1	MO
LEVATOL	3	MO	<i>metoprolol succinate</i>	1	MO
LIPITOR	3	MO, QLL (30/30)	<i>metoprolol tart 5 mg/5 ml vial, -tart</i> <i>1 mg/ml vial INJ</i>	1	
LIPOFEN [+]	2	MO	<i>metoprolol tartrate tablet</i>	1	MO
<i>lisinopril 2.5 mg tablet, -10 mg tablet,</i> <i>-20 mg tablet, -30 mg tablet, -40 mg</i> <i>tablet</i>	1	MO	<i>metoprolol-hydrochlorothiazide</i>	1	MO
<i>lisinopril 5 mg tablet</i>	1		MEVACOR 20 MG TABLET	3	MO, QLL (30/30)
<i>lisinopril-hydrochlorothiazide</i>	1	MO	MEVACOR 40 MG TABLET	3	MO, QLL (60/30)
LIVALO	3	MO, QLL (30/30)	<i>mexiletine hcl capsule</i>	1	MO
LOFIBRA	3	MO, ST	MICARDIS 20 MG TABLET, -40 MG TABLET [+]	2	MO, QLL (30/30)
LOPID	3	MO, ST	MICARDIS 80 MG TABLET [+]	2	MO, QLL (60/30)
LOPRESSOR HCT	3	MO			
LOPRESSOR INJECTION INJ	2	PAR			
LOPRESSOR TABLET	3	MO, PAR			
<i>losartan potassium 100 mg tab</i>	1	MO, QLL (30/30)			
<i>losartan potassium 25 mg tab, -50 mg</i> <i>tab</i>	1	MO, QLL (60/30)			

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
MICARDIS HCT 40-12.5 MG TABLET, -80-25 MG TABLET [+]	2	MO, QLL (30/30)	NORVASC 5 MG TABLET	3	MO, QLL (45/30)
MICARDIS HCT 80-12.5 MG TABLET [+]	2	MO, QLL (60/30)	PACERONE 100 MG TABLET [+]	2	MO
MICROZIDE	3	MO	pacerone 200 mg tablet [+]	1	MO
<i>midodrine hcl</i>	1		PACERONE 400 MG TABLET [+]	3	MO
MINIPRESS	3	MO	<i>pentopak</i>	1	MO
MINITRAN	3	MO	<i>pentoxifylline tablet sustained action</i>	1	MO
<i>minoxidil tablet</i>	1	MO	<i>perindopril erbumine</i>	1	MO
<i>moexipril hcl</i>	1	MO	<i>pindolol</i>	1	MO
<i>moexipril-hydrochlorothiazide</i>	1	MO	PRAVACHOL	3	MO, QLL (30/30)
MONOKET	3	MO	<i>pravastatin sodium</i>	1	MO, QLL (30/30)
MULTAQ	3	MO	<i>prazosin hcl</i>	1	MO
<i>nadolol tablet</i>	1	MO	<i>prevalite</i>	1	MO
<i>nadolol-bendroflumethiazide</i>	1	MO	PRINIVIL	3	MO
NIACOR [+]	2	MO	PRINZIDE	3	MO
NIASPAN [+]	2	MO	<i>procainamide hcl injection INJ</i>	1	
nicardipine 25 mg/10 ml ampule INJ	1	MO	PROCARDIA	3	MO
nicardipine 25 mg/10 ml vial INJ	1		PROCARDIA XL	3	MO
nicardipine hcl capsule	1	MO	<i>propafenone hcl capsule sustained release 12 hr</i>	1	MO
<i>nifediac cc</i>	1	MO	<i>propafenone hcl tablet</i>	1	MO
<i>nifedical xl</i>	1	MO	<i>propranolol hcl capsule sustained action, -solution, -tablet</i>	1	MO
<i>nifedipine capsule</i>	1	MO	<i>propranolol hcl injection INJ</i>	1	
<i>nifedipine er</i>	1	MO	<i>propranolol-hydrochlorothiazid</i>	1	MO
<i>nimodipine</i>	1		QUESTRAN	3	MO
NIMOTOP	2	MO	<i>quinapril hcl</i>	1	MO
nisoldipine er 20 mg tablet, -er 30 mg tablet, -er 40 mg tablet	1	MO	<i>quinapril-hydrochlorothiazide</i>	1	MO
nisoldipine er 8.5 mg tablet, -er 17 mg tablet, -er 25.5 mg tablet, -er 34 mg tablet	1	MO	<i>quinidine gluconate injection INJ</i>	1	
<i>nitro-bid</i>	1	MO	<i>quinidine gluconate tablet sustained action</i>	1	MO
NITRO-DUR	3	MO	<i>quinidine sulfate tablet, -tablet sustained action</i>	1	MO
<i>nitroglycerin capsule sustained action</i>	1	MO, E	<i>ramipril</i>	1	MO
<i>nitroglycerin injection INJ</i>	1		RANEXA	2	MO
<i>nitroglycerin patch</i>	1	MO	REMODULIN INJ	2	LA, PAR
NITROLINGUAL	3	MO	<i>reserpine tablet</i>	1	MO
NITROMIST	3	MO	REVATIO INJECTION INJ	2	PAR, QLL (1125/30)
NITROSTAT [+]	2	MO			
NORPACE	3	MO			
NORPACE CR	3	MO			
NORVASC 2.5 MG TABLET, -10 MG TABLET	3	MO, QLL (30/30)			

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
REVATIO TABLET	2	PAR, QLL (90/30)	TEVETEN 600 MG TABLET	3	MO, QLL (30/30)
RYTHMOL	3	MO	TEVETEN HCT	3	MO, QLL (30/30)
RYTHMOL SR	3	MO	THALITONE [+]	2	MO
SECTRAL	3	MO, PAR	TIAZAC	3	MO
SIMCOR 500-20 MG TABLET, -750-20 MG TABLET, -1,000-20 MG TABLET [+]	2	MO, QLL (60/30)	TIKOSYN	2	MO
SIMCOR 500-40 MG TABLET, -1,000-40 MG TABLET [+]	2	MO, QLL (30/30)	<i>timolol maleate tablet</i>	1	MO
<i>simvastatin</i>	1	MO, QLL (30/30)	TOPROL XL	3	MO, PAR
SODIUM EDECIN INJ	2		<i>torsemide injection INJ</i>	1	
<i>sorine</i>	1	MO	<i>torsemide tablet</i>	1	MO
<i>sotalol</i>	1	MO	TRACLEER	2	LA
<i>sotalol af</i>	1	MO	TRANDATE	3	MO, PAR
SOTALOL HCL INJ	2		<i>trandolapril</i>	1	MO
<i>spironolactone tablet</i>	1	MO	TRENTAL	3	MO
<i>spironolactone-hctz</i>	1	MO	<i>triamterene-hctz</i>	1	MO
SULAR	3	MO	<i>triamterene-hydrochlorothiazid</i>	1	MO
TAMBOCOR	3	MO	TRIBENZOR	3	MO, QLL (30/30)
TARKA	3	MO	TRICOR	3	MO, ST
<i>taztia xt</i>	1	MO	TRIGLIDE	3	MO, ST
TEKAMLO	3	MO, QLL (30/30)	TRILIPIX	3	MO, ST
TEKTURNA [+]	2	MO, QLL (30/30)	TWYNSTA	3	MO, QLL (30/30)
TEKTURNA HCT [+]	2	MO, QLL (30/30)	UNIRETIC	3	MO
TENEX	3	MO	UNIVASC	3	MO
TENORETIC 100	3	MO	VALTURNNA [+]	2	MO, QLL (30/30)
TENORETIC 50	3	MO	VASERETIC	3	MO
TENORMIN	3	MO, PAR	VASOTEC	3	MO
<i>terazosin hcl</i>	1	MO	VENTAVIS	2	MO, PAR
TEVETEN 400 MG TABLET	3	MO, QLL (60/30)	<i>verapamil 2.5 mg/ml ampul INJ</i>	1	
			<i>verapamil 2.5 mg/ml syringe,</i>	1	MO
			<i>-2.5 mg/ml vial INJ</i>		
			<i>verapamil er</i>	1	MO
			<i>verapamil er pm</i>	1	MO
			<i>verapamil hcl capsule 24hr sustained</i>	1	MO
			<i>release pellets, -tablet, -tablet</i>		
			<i>sustained action</i>		

Drug Name	Drug Tier	Notes
VERELAN	3	MO
VERELAN PM	3	MO
VYTORIN	3	MO, PAR, QLL (30/30)
WELCHOL	3	MO
ZAROXOLYN	3	MO
ZEBETA	3	MO, PAR
ZESTORETIC	3	MO
ZESTRIL	3	MO
ZETIA [+]	2	MO, PAR, QLL (30/30)
ZIAC	3	MO, PAR
ZOCOR	3	MO, QLL (30/30)

Dermatological Medications

8-MOP	3	
ACANYA	3	QLL (50/30)
ACLARO	2	MO, E
ACLOVATE	3	
<i>acticin</i>	1	
ACZONE	3	
<i>adapalene</i>	1	
AKNE-MYCIN	3	
ALA-CORT	3	
ALA-QUIN	2	MO, E
ALA-SCALP HP	3	
<i>alclometasone dipropionate</i>	1	
ALDARA	3	
ALPHAQUIN HP	2	MO, E
<i>amcinonide</i>	1	
<i>ammonium lactate cream, -lotion</i>	1	
<i>amnesteem</i>	1	
AQUASOL A INJ	2	MO, E
ATRALIN	3	QLL (90/30)
AVAGE	2	MO, E
AVITA	3	QLL (90/30)
AZELEX	3	

Drug Name	Drug Tier	Notes
BENZACLIN	3	
BENZAMYCIN	3	
<i>betamethasone dipropionate cream, -gel, -dp aug 0.05% lot, -ointment</i>	1	
<i>betamethasone dp 0.05% lot</i>	1	MO
<i>betamethasone valerate cream, -lotion, -ointment</i>	1	
<i>betanate</i>	1	MO
<i>calcipotriene ointment</i>	1	QLL (200/30)
<i>calcipotriene solution</i>	1	QLL (60/30)
CAPEX SHAMPOO	3	
CARAC	2	
CARMOL HC	3	
<i>claravis</i>	1	
CLEOCIN T	3	
CLINDACIN PAC	3	
<i>clinda-derm</i>	1	MO
CLINDAGEL	3	
<i>clindamycin phosphate foam</i>	1	
<i>clindamycin phosphate gel, -lotion, -solution non-oral, -swab medicated</i>	1	
<i>clindamycin-benzoyl peroxide</i>	1	QLL (60/30)
<i>clobetasol emollient</i>	1	
<i>clobetasol propionate cream</i>	1	MO
<i>clobetasol propionate foam, -gel, -ointment, -solution non-oral</i>	1	
CLOBEX	3	
CLODERM	3	
CONDYLOX	3	
CORDRAN	3	
CORDRAN SP	3	
<i>cormax</i>	1	MO
CUTIVATE	3	
<i>del-beta</i>	1	MO
DERMA-SMOOTH-E-FS	3	
DERMATOP	3	
DESONATE	3	
<i>desonide cream, -lotion, -ointment</i>	1	
DESOWEN	3	
<i>desoximetasone cream, -gel, -ointment</i>	1	
DIFFERIN	3	
<i>diflorasone diacetate</i>	1	
DIPROLENE	3	

Drug Name	Drug Tier	Notes
DIPROLENE AF	3	
DOVONEX CREAM [+]	2	QLL (200/30)
DOVONEX SOLUTION [+]	3	QLL (60/30)
EFUDEX	3	
ELIDEL	2	PAR
ELOCON	3	
EPIDUO	3	
EPIFOAM	2	MO, E
EPIQUIN MICRO	2	MO, E
<i>ery</i>	1	
<i>erythromycin gel, -solution non-oral</i>	1	
<i>erythromycin swab medicated</i>	1	MO
<i>erythromycin-benzoyl peroxide</i>	1	
EURAX	3	
EVOCLIN	3	
FINACEA	3	
FLECTOR	3	QLL (60/30)
<i>fluocinolone acetonide cream, -ointment, -solution non-oral</i>	1	
<i>fluocinonide cream</i>	1	MO
<i>fluocinonide emollient</i>	1	
<i>fluocinonide gel, -ointment, -solution non-oral</i>	1	
<i>fluocinonide-e</i>	1	MO
FLUOROPLEX	3	
<i>fluorouracil cream, -solution non-oral</i>	1	
<i>fluticasone propionate cream, -ointment</i>	1	
GRANULEX	2	MO, E
<i>halobetasol propionate</i>	1	
HALOG	3	
<i>hydrocortisone 1% cream</i>	1	MO
<i>hydrocortisone 1% cream, -plus 1% cream, --aloe 1% cream, -2.5% cream, -lotion, -1% absorbase, -1% oint, -1% ointment, -2.5% ointment</i>	1	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>hydrocortisone-iodoquinol</i>	1	MO, E
<i>hydroxyzine hcl injection INJ</i>	1	
<i>hydroxyzine hcl syrup, -tablet</i>	1	
<i>hydroxyzine pamoate capsule</i>	1	
<i>imiquimod cream</i>	1	

Drug Name	Drug Tier	Notes
KENALOG	3	
KLARON	3	
LAC-HYDRIN	3	
LACLOTION	3	
LATISSE	2	MO, E
LEVULAN	2	MO
LINDANE LOTION	3	
LINDANE SHAMPOO	2	
LOCOID	3	
LOCOID LIPOCREAM	3	
LOKARA	3	
LUXIQ	3	
<i>malathion</i>	1	
METROCREAM	3	
METROGEL	3	
METROLOTION	3	
<i>metronidazole cream, -gel, -lotion</i>	1	
<i>mometasone furoate cream, -ointment, -solution non-oral</i>	1	
NORITATE	3	
NOVACORT	2	MO, E
NU-DERM SUNFADER	2	MO, E
OLUX-E	3	
OPTASE	2	MO, E
OVIDE	3	
OXSORALEN	3	
OXSORALEN-ULTRA	2	
PANDEL	3	
PANRETIN	2	
PENNSAID	3	MO, QLL (300/30)
<i>permethrin cream</i>	1	
<i>podofilox</i>	1	
PRAMOSONE	2	MO, E
<i>prednicarbate</i>	1	
PROPECIA	2	MO, E
PROTOPIC	3	PAR
REGRANEX	2	PAR
RENOVA	2	MO, E
RETIN-A	3	QLL (90/30)
RETIN-A MICRO	3	QLL (90/30)
SANTYL [+]	2	
<i>selenium sulfide 2.5% lotion</i>	1	
<i>selenium sulfide shampoo</i>	1	MO

Drug Name	Drug Tier	Notes
SOLARAZE [+]	2	PAR, QLL (100/30)
SORIATANE 17.5 MG CAPSULE	2	
SORIATANE 25 MG CAPSULE	2	MO
SORIATANE CK 10 MG KIT	2	MO
SORIATANE CK 25 MG KIT	2	MO
sotret	1	
<i>sulfacetamide sodium lotion</i>	1	MO
<i>sulfacetamide sodium suspension topical</i>	1	
TACLONEX	3	
TACLONEX SCALP	3	
TAZORAC	2	
TEMOVATE	3	
TOPICORT	3	
TOPICORT LP	3	
<i>tretinoin 0.025% cream, -0.05% cream, -0.1% cream, -gel</i>	1	QLL (90/30)
<i>tretinoin 0.05% emollient crm</i>	1	MO, E
TRETIN-X	3	
<i>triamcinolone acetonide cream, -lotion, -ointment</i>	1	
trianex	1	
triderm	1	
TRI-LUMA	2	MO, E
U-CORT	3	
ULESFIA	3	
ULTRAVATE	3	
VANIQA	2	MO, E
VANOS	3	
VASOLEX	2	MO, E
VECTICAL	3	QLL (800/28)
VERDESO	3	
VEREGEN	3	
VISTARIL	3	
<i>vitazol</i>	1	MO
VOLTAREN GEL [+]	2	MO, QLL (800/30)
WESTCORT	3	
ZIANA	3	
ZONALON	3	
ZYCLARA	3	

Drug Name	Drug Tier	Notes
Diagnostic and Miscellaneous Medications		
ADAGEN INJ	2	LA
AMICAR 1,000 MG TABLET	2	MO
<i>aminocaproic acid solution oral, -tablet</i>	1	MO
AMPYRA	2	LA, PAR, QLL (60/30)
ANTIZOL INJ	2	
BUPHENYL	2	PAR
CHEMET	3	
COPAXONE INJ	2	MO, PAR
CYKLOKAPRON INJ	2	
<i>ergoloid mesylates tablet</i>	1	MO
EXJADE	2	LA, PAR
<i>fomepizole INJ</i>	1	
GILENYA	2	MO, PAR
LYSTEDA	3	MO
ORFADIN	2	LA
THALOMID	2	MO, PAR
Ear-Nose-Throat Medications		
<i>acetasol hc</i>	1	
<i>acetic acid solution non-oral</i>	1	
<i>acetic acid-aluminum</i>	1	MO
<i>acetic acid-hydrocortisone</i>	1	
ASTELIN	3	MO, QLL (30 ml/25)
ASTEPRO [+]	2	MO, QLL (30 ml/25)
ATROVENT 0.03% SPRAY	3	MO, QLL (30 ml/30)
ATROVENT 0.06% SPRAY	3	MO, QLL (15 ml/30)
AURALGAN	2	MO, E
<i>azelastine hcl aerosol spray w/pump</i>	1	MO, QLL (30 ml/25)

Drug Name	Drug Tier	Notes
BECONASE AQ	2	MO, QLL (50 gm/30), ST
<i>borofair</i>	1	
<i>chlorhexidine gluconate mouthwash</i>	1	
CIPRO HC	3	
CIPRODEX [+]	2	
COLY-MYCIN S	3	
CORTISPORIN SOLUTION NON-ORAL	3	
CORTISPORIN-TC	3	
<i>cortomycin</i>	1	
DERMOTIC [+]	2	
<i>doxycycline hyclate 20 mg tab</i>	1	
EVOXAC	3	MO
FLONASE	2	MO, QLL (16 gm/30), ST
<i>flunisolide 0.025% spray</i>	1	MO, QLL (50 ml/30)
<i>flunisolide 29 mcg-0.025% spr</i>	1	MO, QLL (50/30)
<i>fluticasone propionate nasal inhaled steroids</i>	1	MO, QLL (16 gm/30)
<i>ipratropium 0.03% spray</i>	1	MO, QLL (30 ml/30)
<i>ipratropium 0.06% spray</i>	1	MO, QLL (15 ml/30)
NASACORT AQ	2	MO, QLL (34 gm/30), ST
NASONEX	2	MO, QLL (34 gm/30), ST
<i>neomycin-polymixin-hc ear susp, -ear susp</i>	1	
<i>neomycin-polymyxin-hydrocort</i>	1	
<i>ofloxacin 0.3% ear drops</i>	1	

Drug Name	Drug Tier	Notes
OMNARIS	2	MO, QLL (13 gm/30), ST
<i>otycin hc</i>	1	MO
<i>otomycet-hc</i>	1	MO
PATANASE	2	QLL (31 gm/30)
<i>periogard</i>	1	
PERIOSTAT	3	
<i>pilocarpine hcl tablet</i>	1	
RHINOCORT AQUA	2	MO, QLL (18 gm/30), ST
SALAGEN	3	
<i>triamcinolone acetonide paste</i>	1	
TRIOXIN	2	MO, E
TYZINE AEROSOL SPRAY, -0.1% NOSE DROPS [+]	2	
TYZINE PEDIATRIC 0.05% DROP [+]	2	
VERAMYST	2	MO, QLL (10 gm/30), ST
Endocrine Medications		
<i>acarbose</i>	1	MO
ACTHAR H.P. INJ	2	MO, PAR
ACTONEL 150 MG TABLET	2	MO, QLL (1/30), ST
ACTONEL 30 MG TABLET	2	QLL (30/30), ST
ACTONEL 35 MG TABLET	2	MO, QLL (4/28), ST
ACTONEL 5 MG TABLET	2	MO, QLL (30/30), ST

Drug Name	Drug Tier	Notes
ACTOPLUS MET	2	MO, QLL (90/30)
ACTOPLUS MET XR 15-1,000 MG TB	2	MO, QLL (60/30)
ACTOPLUS MET XR 30-1,000 MG TB	2	MO, QLL (30/30)
ACTOS	2	MO, QLL (30/30)
A-HYDROCORT INJ	2	
ALDURAZYME INJ	2	LA, PAR
<i>alendronate sodium 35 mg tab, -70 mg tab</i>	1	MO, QLL (4/28)
<i>alendronate sodium 5 mg tablet, -10 mg tab, -40 mg tab</i>	1	MO, QLL (30/30)
AMARYL	3	MO
<i>a-methapred 40 mg univial, -125 mg vial INJ</i>	1	
<i>a-methapred 40 mg vial INJ</i>	1	MO
APIDRA INJ	3	MO, ST
APIDRA SOLOSTAR INJ	3	MO, ST
AREDIA INJ	2	B/D
ARISTOSPAN INJ	2	MO
ARMOUR THYROID	2	MO
ATELVIA	3	QLL (4/28)
AVANDAMET 2 MG-500 MG TABLET	2	MO, PAR, QLL (120/30)
AVANDAMET 4 MG-1,000 MG TABLET, -4 MG-500 MG TABLET, -2 MG-1,000 MG TAB	2	MO, PAR, QLL (60/30)
AVANDARYL 4 MG-1 MG TABLET, -4 MG-2 MG TABLET	2	MO, PAR, QLL (60/30)
AVANDARYL 4 MG-4 MG TABLET, -8 MG-2 MG TABLET, -8 MG-4 MG TABLET	2	MO, PAR, QLL (30/30)

Drug Name	Drug Tier	Notes
AVANDIA 2 MG TABLET, -4 MG TABLET	2	MO, PAR, QLL (60/30)
AVANDIA 8 MG TABLET	2	MO, PAR, QLL (30/30)
<i>baycadron</i>	1	MO
BONIVA INJECTION INJ	2	MO, B/D
BONIVA TABLET	2	MO, QLL (1/28), ST
BYETTA 10 MCG DOSE PEN INJ	2	MO, QLL (3 ml/30), ST
BYETTA 5 MCG DOSE PEN INJ	2	MO, QLL (2 ml/30), ST
<i>cabergoline</i>	1	MO
<i>calcitonin-salmon</i>	1	MO, QLL (4/30)
CELESTONE	3	
CEREDASE INJ	2	LA, PAR
CEREZYME INJ	2	LA, PAR
<i>chlorpropamide</i>	1	MO
CORTEF	3	MO
<i>cortisone acetate tablet</i>	1	
CYCLOSET	3	MO, QLL (180/30)
CYTOMEL	3	MO
DDAVP 4 MCG/ML AMPUL INJ	2	
DDAVP 4 MCG/ML VIAL INJ	2	MO
DDAVP AEROSOL SPRAY W/PUMP, -SOLUTION, -TABLET	3	MO
DEPO-MEDROL INJ	2	
<i>desmopressin ac 4 mcg/ml amp INJ</i>	1	MO
<i>desmopressin ac 4 mcg/ml vl INJ</i>	1	
<i>desmopressin acetate aerosol spray w/pump, -solution, -tablet</i>	1	MO
<i>dexamethasone 10 mg/ml vial INJ</i>	1	MO

Drug Name	Drug Tier	Notes
dexamethasone 120 mg/30 ml vl, -20 mg/5 ml vial, -4 mg/ml vial, -100 mg/10 ml vl INJ	1	
dexamethasone elixir, -tablet	1	
dexamethasone intensol	1	
dexamethasone solution oral	1	MO
DEXPAK	3	
DIABETA	3	MO
DIDRONEl	3	MO
DUETACT	2	MO, QLL (30/30)
ELAPRASE INJ	2	LA, PAR
etidronate disodium	1	MO
FABRAZYME INJ	2	LA, PAR
fludrocortisone acetate tablet	1	MO
FORTAMET	3	MO
FORTEO INJ	2	MO, PAR, QLL (3 pens/28)
fortical	1	MO, QLL (4/30)
FOSAMAX 35 MG TABLET, -70 MG TABLET	2	MO, QLL (4/28), ST
FOSAMAX 5 MG TABLET, -10 MG TABLET, -40 MG TABLET	2	MO, QLL (30/30), ST
FOSAMAX PLUS D	2	MO, QLL (4/28), ST
FOSAMAX SOLUTION	2	MO, QLL (300 ml/28), ST
glimepiride	1	MO
glipizide er	1	MO
glipizide tablet	1	MO
glipizide xl	1	MO
glipizide-metformin	1	MO
GLUCAGEN 1 MG HYPOKIT INJ	2	

Drug Name	Drug Tier	Notes
GLUCAGEN 1 MG VIAL INJ	2	MO
GLUCAGON EMERGENCY KIT INJ	2	
GLUCOPHAGE	3	MO
GLUCOPHAGE XR	3	MO
GLUCOTROL	3	MO
GLUCOTROL XL	3	MO
GLUCOVANCE	3	MO
GLUMETZA	3	MO
glyburide	1	MO
glyburide micronized	1	MO
glyburide-metformin hcl	1	MO
glycron	1	MO
GLYNASE	3	MO
GLYSET	3	MO
HUMALOG INJ, [+]	2	MO
HUMALOG MIX 50-50 INJ, [+]	2	MO
HUMALOG MIX 75-25 INJ, [+]	2	MO
HUMULIN 70-30 INJ, [+]	2	MO
HUMULIN N INJ, [+]	2	MO
HUMULIN R INJ, [+]	2	MO
hydrocortisone tablet	1	MO
JANUMET [+]	2	MO, QLL (60/30)
JANUVIA [+]	2	MO, QLL (30/30)
KENALOG-10 INJ	2	MO
KENALOG-40 INJ	2	MO
KOMBIGLYZE XR 2.5-1,000 MG TAB [+]	2	MO, QLL (60/30)
KOMBIGLYZE XR 5-1,000 MG TAB, -5-500 MG TABLET [+]	2	MO, QLL (30/30)
KUVAN	2	LA
LANTUS INJ, [+]	2	MO
LANTUS SOLOSTAR INJ, [+]	2	MO
LEVEMIR INJ, [+]	2	MO
levothroid	1	MO
levothyroxine sodium injection INJ	1	MO
levothyroxine sodium tablet	1	MO
levoxyl	1	MO
liothyronine sodium injection INJ	1	
liothyronine sodium tablet	1	MO
MEDROL	3	

Drug Name	Drug Tier	Notes
METAGLIP	3	MO
<i>metformin hcl</i>	1	MO
<i>metformin hcl er</i>	1	MO
<i>methimazole tablet</i>	1	MO
<i>methylprednisolone 40 mg vial, -125 mg vial, -ss 1 gm vl INJ</i>	1	
<i>methylprednisolone 500 mg vial INJ</i>	1	MO
<i>methylprednisolone acetate injection INJ</i>	1	
<i>methylprednisolone tablet, -tablet dose pack</i>	1	
MIACALCIN AEROSOL SPRAY W/PUMP	3	MO, QLL (4/30)
MIACALCIN INJECTION INJ	2	B/D
MILLIPRED	3	
MYOZYME INJ	3	LA
NAGLAZYME INJ	2	LA, PAR
<i>nateglinide</i>	1	MO
NOVOLIN 70-30 INJ, [+]	2	MO
NOVOLIN N INJ, [+]	2	MO
NOVOLIN R INJ, [+]	2	MO
NOVOLOG INJ, [+]	2	MO
NOVOLOG MIX 70-30 INJ, [+]	2	MO
ONGLYZA [+]	2	MO, QLL (30/30)
ORAPRED	3	
ORAPRED ODT	3	
<i>pamidronate 30 mg/10 ml vial, -60 mg/10 ml vial, -90 mg/10 ml vial INJ</i>	1	B/D
<i>pamidronate disod 30 mg vial, -disod 90 mg vial INJ</i>	1	MO, B/D
PEDIAPRED	3	
PRANDIMET	3	MO
PRANDIN	3	MO
PRECOSE	3	MO
<i>prednisolone sodium phosphate solution</i>	1	
<i>prednisolone solution oral</i>	1	MO
<i>prednisone intensol</i>	1	
<i>prednisone solution, -tablet</i>	1	
PROGLYCEM	2	MO

Drug Name	Drug Tier	Notes
PROLIA INJ	2	MO, PAR, QLL (2/365)
<i>propylthiouracil</i>	1	MO
RECLAST INJ	3	MO
RIOMET	3	MO
SAMSCA 15 MG TABLET	2	PAR, QLL (30/30)
SAMSCA 30 MG TABLET	2	PAR, QLL (60/30)
SENSIPAR [+]	2	MO
SKELID	3	MO
SOLU-CORTEF (PF) 100 MG VIAL, -250 MG VIAL, -1,000 MG VIAL INJ	2	MO
SOLU-CORTEF (PF) 500 MG VIAL INJ	2	
SOLU-CORTEF 100 MG ACT-O-VL, -250 MG ACT-O-VL INJ	2	
SOLU-CORTEF 100 MG VIAL INJ	2	MO
SOLU-MEDROL (PF) INJ	2	MO
SOLU-MEDROL 1 GM VIAL INJ	2	MO
SOLU-MEDROL 40 MG VIAL, -125 MG VIAL, -500 MG VIAL, -2,000 MG VIAL INJ	2	
SOMAVERT INJ	2	LA, PAR
STARLIX	3	MO
STIMATE	2	MO
SYMLIN INJ	2	MO, PAR
SYMLINPEN 120 INJ	2	MO, PAR
SYMLINPEN 60 INJ	2	MO, PAR
SYNTHROID [+]	2	MO
TAPAZOLE	3	MO
THYROLAR-1 [+]	2	MO
THYROLAR-1/2	2	MO
THYROLAR-1/4 [+]	2	MO
THYROLAR-2 [+]	2	MO
THYROLAR-3 [+]	2	MO
TIROSINT	3	MO
<i>tolazamide</i>	1	MO
<i>tolbutamide</i>	1	MO

Drug Name	Drug Tier	Notes
TRADJENTA	3	MO, QLL (30/30)
<i>triamcinolone acetonide injection INJ</i>	1	MO
TRIOSTAT INJ	2	MO
<i>unithroid</i>	1	MO
<i>veripred 20</i>	1	
VICTOZA 2-PAK INJ	2	MO, QLL (9/30), ST
VICTOZA 3-PAK INJ, [+]	2	MO, QLL (9 pens/30), ST
VPRIIV INJ	2	MO, PAR
XGEVA INJ	2	PAR, QLL (2/30)
ZAVESCA	2	LA, PAR
<i>zema-pak</i>	1	MO
ZOMETA INJ	2	

Gastrointestinal Medications

ACIPHEX	3	MO, QLL (30/30)
ACTIGALL	3	MO
AMITIZA	3	MO
ANUSOL-HC	3	
APRISO [+]	2	MO
ASACOL [+]	2	MO
ASACOL HD [+]	2	MO
AXID	3	MO
AZULFIDINE	3	MO
<i>balsalazide disodium</i>	1	
<i>belladonna-phenobarbital</i>	1	MO, E
BENTYL CAPSULE, -SYRUP, -TABLET	3	
BENTYL INJECTION INJ	2	
<i>budesonide ec</i>	1	
CANASA [+]	2	MO
CANTIL	3	
CARAFATE	3	MO
<i>cimetidine injection INJ</i>	1	
<i>cimetidine solution, -tablet</i>	1	MO
COLAZAL	3	

Drug Name	Drug Tier	Notes
COLOCORT	3	
COLYTE WITH FLAVOR PACKETS	3	
CORTENEMA	3	
CORTIFOAM	3	
CREON [+]	2	MO
CYTOTEC	3	MO
DEXILANT	3	MO, QLL (30/30)
<i>dicyclomine hcl capsule, -syrup, -tablet</i>	1	
<i>dicyclomine hcl injection INJ</i>	1	
DIPENTUM	3	MO
<i>diphenoxylate-atropine</i>	1	
DONNATAL	2	MO, E
ENTOCORT EC	2	
<i>famotidine 10 mg/ml vial, -200 mg/20 ml vial, -40 mg/4 ml vial, -500 mg/50 ml vial INJ</i>	1	MO
<i>famotidine 20 mg/2 ml vial, -20 mg piggyback INJ</i>	1	
<i>famotidine suspension oral, -20 mg tablet, -40 mg tablet</i>	1	MO
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n</i>	1	
<i>generlac</i>	1	MO
<i>glycopyrrolate injection INJ</i>	1	
<i>glycopyrrolate tablet</i>	1	
GOLYTELY	3	
HALFLYTELY-BISACODYL	2	
<i>hc pram</i>	1	MO, E
HELIDAC	3	
<i>hydrocortisone acetate suppository rectal</i>	1	MO, E
<i>hydrocortisone enema</i>	1	
<i>hydrocortisone-pramoxine</i>	1	MO, E
<i>lactulose</i>	1	MO
<i>lansoprazole capsule enteric coated, -tablet [+]</i>	1	MO, QLL (30/30)
LIALDA [+]	2	MO
LIBRAX	2	MO, E
LOMOTIL	3	
<i>loperamide capsule</i>	1	MO

Drug Name	Drug Tier	Notes
LOTRONEX [+]	2	MO, PAR, QLL (60/30)
<i>mesalamine enema</i>	1	MO
<i>methscopolamine bromide tablet</i>	1	
<i>metoclopramide 5 mg/ml ampul, -5 mg/ml syr INJ</i>	1	MO
<i>metoclopramide 5 mg/ml vial INJ</i>	1	
<i>metoclopramide hcl solution oral, -tablet</i>	1	
METOZOLV ODT	3	
<i>misoprostol</i>	1	MO
MOTOFEN	3	
MOVIPREP	3	
NEXIUM [+]	2	MO, QLL (30/30)
NEXIUM I.V. INJ	2	
<i>nizatidine</i>	1	MO
NULYTELY WITH FLAVOR PACKS	3	
<i>omeprazole capsule enteric coated</i>	1	MO, QLL (30/30)
<i>omeprazole-sodium bicarbonate</i>	1	MO, QLL (30/30)
OSMOPREP	2	
PAMINE	3	
PAMINE FORTE	3	
PANCREAZE	3	MO
<i>pantoprazole sodium</i>	1	MO, QLL (30/30)
<i>paregoric</i>	1	MO
<i>peg 3350-electrolyte</i>	1	MO
<i>peg-3350 and electrolytes</i>	1	MO
<i>peg-3350 with flavor packs</i>	1	MO
PENTASA [+]	2	MO
PEPCID INJECTION INJ	3	
PEPCID SUSPENSION ORAL, -TABLET	3	MO
<i>polyethylene glycol 3350</i>	1	
PREVACID	3	MO, QLL (30/30)

Drug Name	Drug Tier	Notes
PREVPAC	3	
PRILOSEC	3	MO, QLL (30/30)
PROCTOCORT	3	
PROCTOCREAM-HC	3	
<i>procto-pak</i>	1	
<i>proctosol-hc</i>	1	
<i>protozone-hc</i>	1	
<i>propantheline bromide tablet</i>	1	MO
PROTONIX	3	MO, QLL (30/30)
PROTONIX IV INJ	2	
PYLERA	3	
<i>ranitidine 1,000 mg/40 ml vial INJ</i>	1	MO
<i>ranitidine hcl 25 mg/ml vial INJ</i>	1	
<i>ranitidine hcl capsule, -syrup, -150 mg tablet, -300 mg tablet</i>	1	MO
REGLAN INJECTION INJ	2	
REGLAN TABLET	3	
RELISTOR 12 MG/0.6 ML KIT INJ	2	MO, PAR
RELISTOR 12 MG/0.6 ML VIAL INJ	2	PAR
<i>re-pb hyos</i>	1	MO, E
ROBINUL FORTE	3	
ROBINUL INJECTION INJ	2	
ROBINUL TABLET	3	
ROWASA	3	MO
<i>sucralfate suspension oral, -tablet</i>	1	MO
<i>sulfasalazine dr</i>	1	MO
<i>sulfasalazine tablet</i>	1	MO
<i>sulfazine</i>	1	MO
<i>sulfazine ec</i>	1	MO
SUPREP	3	
<i>trilyte with flavor packets</i>	1	
URSO	3	MO
URSO FORTE	3	MO
<i>ursodiol capsule, -tablet</i>	1	MO
VISICOL	3	
ZANTAC 25	3	MO
ZANTAC INJECTION INJ	2	
ZANTAC SYRUP, -TABLET	3	MO
ZEGERID CAPSULE	3	MO, QLL (30/30)

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ZEGERID PACKET	3	QLL (30/30)	GAMASTAN S-D VIAL INJ	2	PAR
ZENPEP	3	MO	GAMMAGARD LIQUID INJ	2	PAR
Immunologicals and Vaccines					
ACTEMRA INJ	2	MO, PAR	GAMMAGARD S-D INJ	2	MO, PAR
ACTHIB INJ	2		GAMMAPLEX INJ	2	PAR
ACTIMMUNE INJ	2	LA, PAR	GAMUNEX INJ	2	PAR
ADACEL SYRINGE INJ	2	MO	GAMUNEX-C INJ	2	MO, PAR
ADACEL VIAL INJ	2		GARDASIL SYRINGE INJ	2	MO
ARANESP INJ	2	MO, PAR	GARDASIL VIAL INJ	2	
ARCALYST INJ	2	LA, PAR	GENOTROPIN INJ	2	MO, PAR
ATGAM INJ	3	B/D	HAVRIX 720 UNIT/0.5 ML SYRINGE, -1,440 UNITS/ML VIAL INJ	2	
AVONEX INJ	2	MO, PAR	HAVRIX 720 UNITS/0.5 ML VIAL, -1,440 UNITS/ML SYRINGE INJ	2	MO
AVONEX ADMINISTRATION PACK INJ	2	MO, PAR	HIBERIX INJ	2	MO
BETASERON INJ	2	MO, PAR	HIZENTRA INJ	2	MO, PAR
BOOSTRIX VACCINE SYRINGE INJ	2		HUMATROPE 5 MG VIAL, -12 MG CARTRIDGE, -24 MG CARTRIDGE INJ	2	MO, PAR
BOOSTRIX VACCINE VIAL INJ	2	MO	HUMATROPE 6 MG CARTRIDGE INJ	3	MO, PAR
CARIMUNE NF 3 GM VIAL INJ	2	PAR	ILARIS INJ	2	MO, PAR
CARIMUNE NF 6 GM VIAL, -NF 12 GM VIAL INJ	2	MO, PAR	IMOVAX RABIES VACCINE INJ	2	
CERVARIX INJ	2		INCRELEX INJ	2	LA, PAR
COMVAX INJ	2		INFANRIX INJ	2	
DAPTACEL INJ	2		INFANRIX PF INJ	2	MO
DECAVAC INJ	2	MO	INFERGEN 15 MCG/0.5 ML VIAL INJ	2	MO, PAR
DIPHTHERIA-TETANUS TOXOID INJ	2		INFERGEN 9 MCG/0.3 ML VIAL INJ	2	PAR
EGRIFTA INJ	3	MO, QLL (60/30)	INTRON A 3 MILLION UNIT/ML PEN, -5 MILLION UNIT/ML PEN, -10 MILLION UNIT PEN, -10 MILLION UNIT/ML, -18 MILLION UNITS VIAL, -50 MILLION UNITS VIAL INJ	2	MO, PAR
ENGERIX-B 10 MCG/0.5 ML PED VL, -10 MCG/0.5 ML SYRN, -20 MCG/ML SYRINGE INJ	2		INTRON A 6 MILLION UNIT/ML VL, -10 MILLION UNITS VIAL INJ	2	PAR
ENGERIX-B 10 MCG/0.5 ML PEDI INJ	2	MO	IPOL SINGLE DOSE SYRINGE INJ	2	MO
ENGERIX-B 20 MCG/ML VIAL INJ	2	MO	IPOL VIAL INJ	2	
EPOGEN INJ	2	MO, PAR	IXIARO INJ	2	
EXTAVIA INJ	2	MO, PAR	JE-VAX INJ	2	
GAMASTAN S/D SYRINGE INJ	2	MO, PAR			

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
KEPIVANCE INJ	2	LA	PEGINTRON 80 MCG KIT, -120 MCG KIT, -150 MCG KIT INJ	2	MO, PAR
KINERET INJ	2	MO, PAR, QLL (28/28)	PEGINTRON REDIPEN INJ	2	PAR
KINRIX INJ	2	MO	PRIVIGEN INJ	2	PAR
LEUKINE INJ	2	PAR	PROCRIT INJ	2	MO, PAR
MENACTRA 4 MCG/0.5 ML SYRINGE INJ	2		PROLEUKIN INJ	2	
MENACTRA VIAL INJ	2	MO	PROMACTA	2	LA, PAR
MENOMUNE-A-C-Y-W-135 INJ	2		PROQUAD INJ	2	
MENVEO A-C-Y-W-135-DIP	2		RABAVERT INJ	2	
M-M-R II VACCINE INJ	2		REBIF INJ	2	MO, PAR
MOZOBIL INJ	3		RECOMBIVAX HB 10 MCG/ML SYR, -5 MCG/0.5 ML VL INJ	2	MO
NEULASTA INJ	2	PAR, QLL (2 syringes/28)	RECOMBIVAX HB 10 MCG/ML VIAL, -40 MCG/ML VIAL INJ	2	
NEUMEGA INJ	2	PAR, QLL (21 vials/21)	ROTATEQ [+]	2	
NEUPOGEN 300 MCG/0.5 ML SYR, -480 MCG/1.6 ML VIAL, -480 MCG/0.8 ML SYR INJ	2	PAR	SAIZEN INJ	2	MO, PAR
NEUPOGEN 300 MCG/ML VIAL INJ	2	MO, PAR	SEROSTIM INJ	2	LA, PAR
NORDITROPIN INJ	2	MO, PAR	SYNAGIS INJ	3	LA
NORDITROPIN FLEXPRO INJ	2	MO, PAR	TETANUS Diphtheria TOXOIDS INJ	2	
NORDITROPIN NORDIFLEX INJ	2	MO, PAR	<i>tetanus toxoid adsorbed</i> INJ	1	
NUTROPIN INJ	2	MO, PAR	TETANUS-DIPHTHERIA-DECAVAC INJ	2	
NUTROPIN AQ INJ	2	MO, PAR	THYMOGLOBULIN INJ	2	B/D
NUTROPIN AQ NUSPIN INJ	2	MO, PAR	TRIHBIT INJ	2	
OMNITROPE 5 MG/1.5 ML CRTG, -10 MG/1.5 ML CRTG INJ	3	MO, PAR	TRIPEDIA INJ	2	
OMNITROPE 5.8 MG VIAL INJ	2	MO, PAR	TWINRIX VACCINE SYRINGE INJ	2	MO
PEDIARIX INJ	2	MO	TWINRIX VACCINE VIAL INJ	2	
PEDVAXHIB INJ	2		TYPHIM VI 25 MCG/0.5 ML SYRNG INJ	2	MO
PEGASYS INJ	2	PAR	TYPHIM VI 25 MCG/0.5 ML VIAL INJ	2	
PEGINTRON 50 MCG KIT INJ	2	PAR	VAQTA 25 UNITS/0.5 ML VIAL INJ	2	
			VAQTA 50 UNITS/ML SYRINGE, -50 UNITS/ML VIAL INJ	2	MO
			VARIVAX VACCINE INJ	2	
			VIVAGLOBIN INJ	2	MO, PAR
			YF-VAX INJ	2	
			ZORBTIVE INJ	2	LA, PAR
			ZOSTAVAX INJ	2	
			Medical (Miscellaneous) Supplies		
			ALCOHOL 70% PREP SWABS	1	MO
			ALCOHOL 70% SWABS	1	

Drug Name	Drug Tier	Notes
AMINOBENZOIC ACID	2	MO, E
CURAD GAUZE PADS	1	QLL (200/30)
FERROUS SULFATE GRANULES;POWDER-LIKENON-EFERVESCENT	2	MO, E
INSULIN SYRINGE [+]	2	MO, QLL (200/30)
PEN NEEDLE [+]	2	MO, QLL (200/30)
SODIUM IODIDE	2	MO, E
ZINC SULFATE GRANULES;POWDER-LIKENON-EFERVESCENT	2	MO, E
Musculoskeletal Medications		
allopurinol sodium INJ	1	
allopurinol tablet	1	MO
ALOPRIM INJ	2	
AMRIX	3	
ANAPROX	3	MO
ANAPROX DS	3	MO
ARTHROTEC 50	3	MO
ARTHROTEC 75	3	MO
baclofen tablet	1	MO
CAMBIA	3	MO, QLL (4 packets/30)
carisoprodol 350 mg tablet	1	
carisoprodol compound	1	
carisoprodol compound-codeine	1	
carisoprodol-aspirin	1	MO
CATAFLAM	3	
CELEBREX	3	MO, PAR, QLL (60/30)
chlorzoxazone	1	
CLINORIL	3	MO
COLCRYS	2	MO, PAR
CUPRIMINE [+]	2	MO
cyclobenzaprine hcl capsule sustained release 24 hr	1	
cyclobenzaprine hcl tablet	1	
DANTRIUM	3	MO

Drug Name	Drug Tier	Notes
dantrolene sodium capsule	1	MO
DAYPRO	3	MO
DEPEN [+]	2	MO
diclofenac potassium	1	
diclofenac sodium tablet enteric coated, -tablet sustained release 24hr	1	MO
diflunisal	1	MO
DYSPORT INJ	2	MO, PAR
EC-NAPROSYN	3	MO
etodolac	1	MO
FELDENE	3	MO
fenoprofen calcium	1	MO
FEXMID	3	
FLEXERIL	3	
flurbiprofen tablet	1	MO
ibuprofen suspension oral, -400 mg tablet, -600 mg tablet, -800 mg tablet	1	MO
INDOCIN	3	
indomethacin capsule, -capsule sustained action	1	
ketoprofen capsule, -capsule 24hr sustained release pellets	1	MO
ketorolac 15 mg/ml carpuject, -15 mg/ml isecure, -15 mg/ml syringe, -30 mg/ml carpuject, -30 mg/ml isecure, -30 mg/ml syringe, -300 mg/10 ml vial, -60 mg/2 ml vial INJ	1	MO
ketorolac 15 mg/ml vial, -30 mg/ml vial INJ	1	
ketorolac tromethamine tablet	1	QLL (20/30)
meclofenamate sodium capsule	1	MO
mefenamic acid	1	
meloxicam 15 mg tablet	1	MO, QLL (30/30)
meloxicam 7.5 mg tablet	1	MO, QLL (60/30)
meloxicam suspension oral	1	MO
metaxalone	1	
methocarbamol tablet	1	
MOBIC SUSPENSION ORAL	3	MO

Drug Name	Drug Tier	Notes
MOBIC TABLET	3	MO, QLL (30/30)
<i>nabumetone</i>	1	MO
NALFON	3	MO
NAPRELAN	3	MO
NAPROSYN	3	MO
<i>naproxen sodium 275 mg tab, -550 mg tab</i>	1	MO
<i>naproxen suspension oral, -tablet, -tablet enteric coated</i>	1	MO
NORFLEX INJ	2	
<i>orphenadrine 30 mg/ml ampule INJ</i>	1	MO
<i>orphenadrine 30 mg/ml vial, -60 mg/2 ml vial INJ</i>	1	
<i>orphenadrine citrate tablet sustained action</i>	1	
<i>orphenadrine compound</i>	1	
<i>orphenadrine compound forte</i>	1	
<i>oxaprozin</i>	1	MO
PARAFON FORTE DSC	3	
<i>piroxicam capsule</i>	1	MO
PONSTEL	3	
<i>probenecid</i>	1	MO
<i>probenecid-colchicine</i>	1	
RIDAURA	3	MO
RILUTEK	2	MO
ROBAXIN INJECTION INJ	2	
ROBAXIN TABLET	3	
SKELAXIN	3	
SOMA	3	
<i>sulindac tablet</i>	1	MO
SYPRINE [+]	2	
<i>tizanidine hcl tablet</i>	1	MO
<i>tolmetin sodium</i>	1	MO
ULORIC	2	MO, PAR, ST
VIMOVO	3	MO, QLL (60/30)
VOLTAREN-XR	3	MO
XEOMIN 100 UNITS VIAL INJ	2	MO, PAR
XEOMIN 50 UNITS VIAL INJ	2	PAR
ZANAFLEX	3	MO
ZIPSOR	3	QLL (120/30)

Drug Name	Drug Tier	Notes
ZYLOPRIM	3	MO
Nutrition, Blood Modifiers, Electrolytes		
ADVANCED AM/PM	2	MO, E
AGGRENOX [+]	2	MO, QLL (60/30)
<i>airavite</i>	1	MO, E
<i>alcohol in dextrose INJ</i>	1	
AMINOSYN INJ	2	
AMINOSYN II INJ	2	
AMINOSYN II 3.5% M-DEXTROSE 5% INJ	2	
AMINOSYN II 3.5%-DEXTROSE 25% INJ	2	
AMINOSYN II 3.5%-DEXTROSE 5% INJ	2	
AMINOSYN II 4.25% M-DEXT 10% INJ	2	MO
AMINOSYN II 4.25%-DEXTROSE 25% INJ	2	
AMINOSYN II 5% IN 25% DEXTROSE INJ	2	
AMINOSYN II IN DEXTROSE INJ	2	
AMINOSYN II WITH LYTES-CA- DW INJ	2	
AMINOSYN M INJ	2	
AMINOSYN WITH ELECTROLYTES INJ	2	
AMINOSYN-HBC INJ	2	
AMINOSYN-HF INJ	2	
AMINOSYN-PF INJ	2	
AMINOSYN-RF INJ	2	MO
AMMONIUM CHLORIDE INJECTION INJ	2	
ARIIXTRA INJ	2	ST
<i>b-complex INJ</i>	1	MO, E
BIFERA RX	2	MO, E
BIOTIN POWDER	2	MO, E
CALCIJEX INJ	3	B/D
<i>calcitriol 1 mcg/ml ampul INJ</i>	1	B/D
<i>calcitriol 1 mcg/ml vial INJ</i>	1	MO, B/D
<i>calcitriol capsule, -solution</i>	1	MO, B/D
<i>calcium acetate</i>	1	MO
CARNITOR INJECTION INJ	2	B/D
CARNITOR SOLUTION, -TABLET	3	MO, B/D
CENOLATE INJ	2	MO, E
<i>centratex</i>	1	MO, E

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
CEREFOLIN NAC	2	MO, E	dextrose 5%-1/4ns iv soln., -5%-1/4ns iv solution, -5%-1/3ns iv soln., -5% 1/3ns iv solution, -d10%-1/2ns soln/excel cont, -5%-1/2ns iv soln., -5%-1/2ns iv solution, -2.5%-1/2ns iv soln, -5%-ns iv solution INJ	1	
chromium INJ	1	MO, E	dextrose 5%-electrolyte #48 INJ	1	
cilostazol	1	MO	dextrose 5%-electrolyte #75 INJ	1	MO
CLINIMIX INJ	2		dextrose 5%-lr iv solution INJ	1	
CLINIMIX E 2.75%-10% SOLUTION, -2.75%-5%	2		dextrose 5%-ns-kcl INJ	1	
SOLUTION, -4.25%-25%			dextrose 5%-potassium chloride INJ	1	
SOLUTION, -4.25%-5%			dextrose 5%-water iv soln, -10% water iv solution INJ	1	
SOLUTION, -5%-15% SOLUTION, -5%-20% SOLUTION, -5%-25%			dextrose in ringers injection INJ	1	MO
SOLUTION INJ			DIALYVITE	2	MO, E
CLINIMIX E 5%-35% SOLUTION INJ	2	MO	DIALYVITE 3000	2	MO, E
CLINISOL INJ	2		DIALYVITE 5000	2	MO, E
constulose	1	MO	DIALYVITE 800 WITH IRON	2	MO, E
CORVITA	2	MO, E	dalyvite zinc	1	MO, E
corvita 150	1	MO, E	DIATX ZN	2	MO, E
COUMADIN INJECTION INJ	2		dipyridamole tablet	1	MO
COUMADIN TABLET	3	MO	DIVISTA	2	MO, E
CUPRIC SULFATE INJ	2	MO, E	ED CYTE F	2	MO, E
CYANOCOBALAMIN	2	MO, E	ed k+10	1	MO
cyanocobalamin injection INJ	1	MO, E	EFFER-K 10 MEQ TABLET EFF, -20 MEQ TABLET EFF	2	MO, E
CYSTAGON [+]	2	LA	effer-k 25 meq tablet eff	1	MO
cytra-2	1	MO	EFFIENT [+]	2	MO, QLL (30/30)
d5%-1/4ns-kcl 10 meq/l iv sol, -kcl 10 meq in d5w-1/4 ns, -d5%-1/4ns-kcl 40 meq/l iv sol, -d5%-1/4ns-kcl 20 meq/l iv sol, -kcl 20 meq in d5w-1/4 ns, -kcl 5 meq in d5w-1/4 ns INJ	1		eliphos	3	MO
d5%-1/4ns-kcl 30 meq/l iv sol INJ	1	MO	enoxaparin sodium INJ	1	
denta 5000 plus	1	MO	enulose	1	MO
dentagel	1	MO	epiflur	1	MO
dextrose 10%-1/4ns INJ	1		epiklor	1	MO
dextrose 10%-1/4ns-kcl INJ	1		ERGOCALCIFEROL	2	MO, E
dextrose 10%-ns iv solution INJ	1	MO	FERAHEME INJ	2	MO, E
dextrose 2.5%-lr 1/2 str sol INJ	1	MO	ferotrinisic	1	MO, E
dextrose 2.5%-water iv soln, -10% water iv soln, -25%-water syringe, -30%-water iv soln, -40%-water iv soln, -50%-water abboject, -50%- water iv soln, -50%-water syringe, -50%-water vial, -60%-water iv soln, -70%-water iv soln INJ	1	MO	FERRALET 90 DUAL-IRON	2	MO, E
dextrose 5%-1/2ns-kcl INJ	1		ferrex 150 forte plus	1	MO, E
dextrose 5%-1/3ns-kcl INJ	1		FERRLECIT INJ	2	MO, E

Drug Name	Drug Tier	Notes
FOLIC ACID POWDER	2	MO, E
<i>folic acid-vit b6-vit b12</i>	1	MO, E
<i>folitab 500</i>	1	MO, E
<i>folivane-f</i>	1	MO, E
<i>folivane-plus</i>	1	MO, E
FOLPACE RX	2	MO, E
FOLTRATE	2	MO, E
FOSRENOL	3	MO, ST
FRAGMIN INJ	2	ST
FREAMINE HBC INJ	2	
FREAMINE III 10% IV SOLN. INJ	2	MO
FREAMINE III 8.5% IV SOLN. INJ	2	
FREAMINE III WITH ELECTROLYTES INJ	2	
GALZIN	2	MO, E
GLUTOFAC-MX	2	MO, E
GLUTOFAC-ZX	2	MO, E
HECTOROL CAPSULE	3	MO, B/D
HECTOROL INJECTION INJ	2	MO, B/D
<i>hematinic with folic acid</i>	1	MO, E
<i>hematogen</i>	1	MO, E
<i>hematogen fa</i>	1	MO, E
HEMATRON	2	MO, E
HEMATRON-AF	2	MO, E
HEMAX	2	MO, E
<i>heparin sod 1,000 unit/ml vial, -sod 2,000 unit/ml vial, -sod 2,500 unit/ml vial, -sod 5,000 unit/ml vial, -sod 10,000 unit/ml vl, -sod 20,000 unit/ml vl INJ</i>	1	B/D
<i>heparin sod 5,000 unit/ml syr, -sod 5,000 unit/ 0.5 ml, -sod 5,000 unit/0.5 ml INJ</i>	1	MO, B/D
<i>heparin sodium in 0.45% nacl INJ</i>	1	B/D
<i>heparin-d5w 20,000 unit/500 ml INJ</i>	1	B/D
<i>heparin-d5w 25,000 unit/500 ml, --d5w 10,000 unit/100 ml, --d5w 25,000 unit/250 ml INJ</i>	1	MO, B/D
<i>heparin-ns 1,000 unit/500 ml INJ</i>	1	MO, B/D
<i>heparin-ns 2,000 unit/1,000 ml INJ</i>	1	B/D
HEPATAMINE INJ	2	
HEPATASOL INJ	2	
<i>hydroxocobalamin INJ</i>	1	MO, E
HYPERTHYTE CR INJ	2	MO
ICAR-C PLUS SR	2	MO, E
<i>infed INJ</i>	1	MO, E
INFUVITE ADULT INJ	2	MO, E

Drug Name	Drug Tier	Notes
INNOHEP INJ	2	ST
INTRALIPID 10% IV FAT EMUL INJ	2	MO
INTRALIPID 20% IV FAT EMUL, -30% IV FAT EMUL INJ	2	
IODOPEN INJ	2	MO, E
IONOSOL B WITH DEXTROSE 5% INJ	2	
IONOSOL MB-DEXTROSE 5% INJ	2	
IONOSOL T-DEXTROSE 5% INJ	2	
ISOLYTE H WITH DEXTROSE INJ	2	
ISOLYTE M WITH DEXTROSE INJ	2	
ISOLYTE P WITH DEXTROSE INJ	2	
ISOLYTE S IV SOLN PH7.4 INJ	2	MO
ISOLYTE S IV SOLUTION-EXCEL INJ	2	
ISOLYTE S WITH DEXTROSE INJ	2	
<i>jantoven</i>	1	MO
<i>k effervescent</i>	1	MO
<i>kalexate</i>	1	MO
KAYEXALATE	3	
<i>kcl 20 meq in d5w-lact ringer INJ</i>	1	
<i>kcl 40 meq in d5w-lact ringer INJ</i>	1	MO
KIONEX POWDER	3	
<i>kionex suspension oral</i>	1	MO
<i>klor-con 10</i>	1	MO
<i>klor-con 20 meq packet</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con-ef</i>	1	MO
KRISTALOSE	3	MO
K-TAB	3	MO
<i>lactated ringers injection INJ</i>	1	
<i>lactated ringers solution</i>	1	B/D
<i>levocarnitine injection INJ</i>	1	B/D
<i>levocarnitine solution, -tablet</i>	1	MO, B/D
LIPOSYN II INJ	2	
<i>liposyn iii INJ</i>	1	
LOVENOX INJ	2	ST
<i>lozi-flur</i>	1	MO
<i>ludent fluoride</i>	1	MO
LYSIPLEX	2	MO, E
MAG SULFATE 1%/D5W IV SOLN INJ	2	MO

Drug Name	Drug Tier	Notes
MAGNESIUM CHLORIDE CRYSTALS, -FLAKES	2	MO, E
<i>magnesium chloride injection</i> INJ	1	MO
<i>magnesium sulf 4% iv soln, -sulf 8% iv soln, -50% syringe</i> INJ	1	
<i>magnesium sulfate 50% vial</i> INJ	1	MO
MAGNESIUM-D5W 1 GM/100 ML SOLN INJ	2	
<i>manganese</i> INJ	1	MO, E
<i>manganese sulfate</i> INJ	1	MO, E
MAXARON FORTE	2	MO, E
MEPHYTON	2	MO, E
METANX	2	MO, E
MULTICHEW	2	MO, E
<i>multigen folic</i>	1	MO, E
MULTITRACE-4 INJ	2	MO, E
MULTITRACE-5 INJ	2	MO, E
NASCOBAL	2	MO, E
NEOTRON-S INJ	2	MO, E
NEPHRAMINE INJ	2	
NEPHRON FA	2	MO, E
NEURIN-SL	2	MO, E
<i>nicotinamide tablet multiphasic release</i>	1	MO, E
NORMOSOL-M AND DEXTROSE INJ	2	
NORMOSOL-R INJ	2	MO
NORMOSOL-R AND DEXTROSE INJ	2	
NORMOSOL-R PH 7.4 INJ	2	
NOVAMINE INJ	2	MO
<i>nutrilyte</i> INJ	1	MO
<i>nutrilyte ii</i> INJ	1	MO
PERSANTINE	3	MO
PHOSLO	3	MO, ST
<i>phospha 250 neutral</i>	1	MO
PHYSIOLYTE	2	B/D
PHYSIOSOL	2	B/D
PHYTONADIONE INJ	2	MO, E
PLASMA-LYTE 148 INJ	2	
PLASMA-LYTE 148 IN DEXTROSE INJ	2	
PLASMA-LYTE 56 INJ	2	
PLASMA-LYTE 56 IN DEXTROSE INJ	2	
PLASMA-LYTE A PH 7.4 INJ	2	
PLASMA-LYTE R INJ	2	

Drug Name	Drug Tier	Notes
PLAVIX 300 MG TABLET [+]	2	
PLAVIX 75 MG TABLET [+]	2	MO, QLL (30/30)
PLETAL	3	MO
POLYSACCHARIDE IRON FORTE	2	MO, E
POTABA	2	MO, E
<i>potassium bicarbonate tablet effervescent</i>	1	MO
<i>potassium chl-normal saline</i> INJ	1	
<i>potassium chloride capsule sustained action, -cl 10% (20 meq/15 ml, -cl 10% (40 meq/30 ml, -tablet effervescent, -tablet sust.releaseparticles/crystals, -tablet sustained action</i>	1	MO
<i>potassium chloride-nacl</i> INJ	1	
<i>potassium cl 10 meq/50 ml sol, -cl 20 meq/50 ml sol</i>	1	
<i>potassium cl 2 meq/ml vial, -cl 10 meq/100 ml sol, -cl 30 meq/100 ml sol INJ</i>	1	
<i>potassium cl 20 meq/100 ml sol, -cl 2 meq/ml ampul, -cl 2 meq/ml iv sol, -cl 2 meq/ml syrng, -cl 40 meq/100 ml sol</i>	1	MO
PRADAXA	3	MO, QLL (60/30)
PREMASOL INJ	2	
PROCALAMINE INJ	2	
PROFERRIN-FORTE	2	MO, E
PROMAR	2	MO, E
PROSOL INJ	2	
PYRIDOXINE HCL CRYSTALS	2	MO, E
<i>pyridoxine hcl injection</i> INJ	1	MO, E
RENAGEL	3	MO, ST
RENATABS	2	MO, E
RENAX	2	MO, E
RENELA [-]	2	MO, ST
<i>ringers injection</i> INJ	1	
<i>ringers irrigation</i>	1	B/D
ROCALTROL	3	MO, B/D
<i>saline 0.45% soln-excel con, -0.45% soln, -saline 0.9% soln-excel cont, -0.9% solution, -cl 2.5 meq/ml vial, -3% iv soln, -5% iv soln</i> INJ	1	

Drug Name	Drug Tier	Notes
selenium injection INJ	1	MO, E
se-tan plus	1	MO, E
sf	1	MO
sf 5000 plus	1	MO
sod fluorid 0.25mg(.55mg)tb, -sod fluoride 0.5mg(1.1mg)tb	1	MO
sodiphluor	1	MO
SODIUM ASCORBATE	2	MO, E
sodium bicarb 4.2% abbjct, -bicarb 4.2% vial, -5% inj, -bicarb 7.5% vial, -bicarb 8.4% vial INJ	1	MO
sodium bicarb 7.5% abboject, -7.5% syring, -bicarb 8.4% abboject, -bicarb 8.4% syringe, -8.4% syring INJ	1	
sodium chloride 0.45% irrig	1	MO
sodium chloride 0.9% irrig.	1	
sodium chloride 0.9% soln, -0.9% soln, -0.9% soln., -4 meq/ml vl INJ	1	MO
sodium chloride 0.9% syringe, -0.9% vial INJ	1	MO
sodium chloride 0.9% vial	1	MO
sodium citrate & citric acid	1	MO
sodium fluoride drops, -solution non-oral, -tablet, -0.25 (0.55) mg, -0.5 mg(1.1 mg), -sod fluoride 1 mg (2.2mg)tab	1	MO
sodium lactate injection INJ	1	
sodium polystyrene sulfonate	1	
sps	1	MO
sterile water for irrigation	1	B/D
sterile water,irrigation	1	MO, B/D
SUPERVITE	2	MO, E
SUPERVITE EC	2	MO, E
thiamine hcl injection INJ	1	MO, E
THIAMINE HCL POWDER	2	MO, E
ticlopidine hcl	1	MO
tis-u-sol	1	B/D
tl gard rx	1	MO, E
tl g-fol os	1	MO, E
TPN ELECTROLYTES INJ	2	
TPN ELECTROLYTES II INJ	2	MO
TRACE ELEMENTS INJ	2	MO, E
TRACE ELEMENTS-4 INJ	2	MO, E
TRAVASOL 10% SOLN VIAFLEX INJ	2	

Drug Name	Drug Tier	Notes
TRAVASOL WITH ELECTROLYTES INJ	2	MO
trigels-f forte	1	MO, E
triphrocaps	1	MO, E
TROPHAMINE INJ	2	
vit 3	1	MO, E
VITAFOL	2	MO, E
VITAJECT INJ	2	MO, E
VITAL-D RX	2	MO, E
vitamin d2	1	MO, E
VITAMIN K INJECTION INJ	2	MO, E
VITA-NUMONYL INJ	2	MO, E
warfarin sodium tablet	1	MO
ZEMPLAR CAPSULE [+]	2	MO, B/D
ZEMPLAR INJECTION INJ, [+]	3	B/D
ZINC CHLORIDE GRANULES;POWDER-LIKENON-EFERVESCENT	2	MO, E
zinc chloride injection INJ	1	MO, E
zinc sulfate capsule	1	MO, E
zinc sulfate injection INJ	1	MO, E
Obstetrical and Gynecological Medications		
ACTIVELLA	3	MO
ALORA	2	MO, QLL (8/28), ST
ANADROL-50	2	PAR
ANDRODERM 2.5 MG/24HR PATCH	3	MO, PAR, QLL (60/30)
ANDRODERM 5 MG/24HR PATCH	3	MO, PAR, QLL (30/30)
ANDROGEL 1% GEL PUMP, -GEL IN PACKET [+]	2	MO, PAR, QLL (300/30)
ANDROGEL 1.62% GEL PUMP [+]	2	MO, PAR, QLL (150/30)
ANDROID	3	MO, PAR

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ANDROXY [+]	2	MO, PAR	<i>clindamycin phosphate cream with applicator</i>	1	
ANGELIQ	3	MO	CLINDESSE	3	
<i>apri</i>	1	MO, QLL (28/28)	COMBIPATCH	3	MO, QLL (8/28)
<i>aranelle</i>	1	MO, QLL (28/28)	CRINONE	3	
<i>aviane</i>	1	MO, QLL (28/28)	<i>cryselle</i>	1	MO, QLL (28/28)
AXIRON	3	MO, QLL (90/1)	<i>cyclafem</i>	1	QLL (28/28)
AYGESTIN	3	MO	CYCLESSA	3	MO, QLL (28/28)
<i>azurette</i>	1	MO, QLL (28/28)	<i>danazol capsule</i>	1	
<i>balziva</i>	1	MO, QLL (28/28)	DELATESTRYL INJ	3	
BEYAZ	3	MO, QLL (28/28)	DELESTROGEN INJ	2	
BREVICON	3	MO, QLL (28/28)	DEPO-ESTRADIOL INJ	2	
<i>camila</i>	1	MO, QLL (28/28)	DEPO-PROVERA 150 MG/ML SYRN, -150 MG/ML VIAL INJ	2	MO
<i>caziant</i>	1	MO, QLL (28/28)	DEPO-SUBQ PROVERA 104 INJ	2	MO
CENESTIN	3	MO	DEPO-TESTOSTERONE INJ	2	
<i>cesia</i>	1	MO, QLL (28/28)	DESOGEN	3	MO, QLL (28/28)
<i>chorionic gonadotropin INJ</i>	3	B/D	DIVIGEL	3	MO, QLL (30/30)
CLEOCIN	3		<i>docosavit</i>	1	MO
CLIMARA	3	MO, QLL (4/28)	<i>dualvit ob</i>	1	MO
CLIMARA PRO	3	MO, QLL (4/28)	ELESTRIN	3	MO, QLL (144 gm/30)
			ELLA	3	QLL (1/28)
			ENJUVIA	3	MO
			<i>enpresse</i>	1	MO, QLL (28/28)
			<i>errin</i>	1	MO, QLL (28/28)
			ESTRACE	3	MO

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ESTRADERM	3	MO, QLL (8/28), ST	<i>isoxsuprine hcl</i>	1	MO, E
<i>estradiol patch transdermal weekly</i>	1	MO, QLL (4/28)	JINTELI	2	MO
<i>estradiol tablet</i>	1	MO	<i>jolessa</i>	1	MO, QLL (91/91)
<i>estradiol valerate injection INJ</i>	1		<i>jolivette</i>	1	MO, QLL (28/28)
<i>estradiol-noreth 1-0.5 mg tab</i>	1	MO	<i>junel</i>	1	MO, QLL (21/21)
ESTRING	3	MO, QLL (1/90)	<i>junel fe</i>	1	MO, QLL (28/28)
<i>estrogen & methyltestosterone</i>	1	MO, E	<i>kariva</i>	1	MO, QLL (28/28)
<i>estrogen-methyltestosterone</i>	1	MO, E	<i>kelnor 1-35</i>	1	MO, QLL (28/28)
<i>estropipate</i>	1	MO	<i>leena</i>	1	MO, QLL (28/28)
ESTROSTEP FE	3	MO, QLL (28/28)	<i>lessina</i>	1	MO, QLL (28/28)
EVAMIST	3	QLL (17 ml/30)	<i>leuprolide acetate injection INJ</i>	1	PAR
EVISTA [+]	2	MO, QLL (30/30)	<i>levora-28</i>	1	MO, QLL (28/28)
FEMCON FE	3	MO, QLL (28/28)	LOESTRIN	3	MO, QLL (21/21)
FEMHRT	3	MO	LOESTRIN 24 FE	3	MO, QLL (28/28)
FEMRING	3	MO, QLL (1/90)	LOESTRIN FE	3	MO, QLL (28/28)
FEMTRACE	2	MO, ST	LO-OVRAL-28	3	MO, QLL (28/28)
FORTESTA	3	MO, QLL (120/30)	LOSEASONIQUE	3	MO, QLL (91/91)
<i>gianvi</i>	1	MO, QLL (28/28)	<i>low-ogestrel</i>	1	MO, QLL (28/28)
<i>gildess fe</i>	1	MO, QLL (28/28)			
<i>heather</i>	1	MO, QLL (28/28)			
<i>introvale</i>	1	MO, QLL (91/91)			

Drug Name	Drug Tier	Notes
LUPRON DEPOT INJ	2	PAR
LUPRON DEPOT-PED 11.25 MG KIT, -15 MG KIT INJ	2	PAR
LUPRON DEPOT-PED 7.5 MG KIT INJ	2	MO, PAR
<i>lutera</i>	1	MO, QLL (28/28)
LYBREL	3	MO, QLL (28/28)
<i>maternity</i>	1	MO
<i>medroxyprogesterone acetate injection</i> INJ	1	MO
<i>medroxyprogesterone acetate tablet</i>	1	MO
MENEST	3	MO
MENOSTAR	3	MO, QLL (4/28), ST
METHERGINE	3	
METHITEST	3	MO
<i>methylergonovine maleate injection</i> INJ	1	MO
METROGEL-VAGINAL	3	
<i>metronidazole gel with applicator</i>	1	
<i>microgestin</i>	1	MO, QLL (21/21)
<i>microgestin fe</i>	1	MO, QLL (28/28)
MICRONOR 0.35 MG TABLET	3	MO
MICRONOR TABLET	3	MO, QLL (28/28)
<i>mimvey</i>	1	MO
MODICON	3	MO, QLL (28/28)
<i>mononessa</i>	1	MO, QLL (28/28)
<i>necon</i>	1	MO, QLL (28/28)

Drug Name	Drug Tier	Notes
<i>next choice</i>	3	QLL (2/30)
<i>nora-be</i>	1	MO, QLL (28/28)
NORDETTE-28	3	MO, QLL (28/28)
<i>norethindrone</i>	1	MO, QLL (28/28)
<i>norethindrone acetate tablet</i>	1	MO
<i>norgestrel-ethiny estra</i>	1	MO, QLL (28/28)
NORINYL 1+35	3	MO, QLL (28/28)
NOR-Q-D	3	MO, QLL (28/28)
<i>nortrel</i>	1	MO, QLL (28/28)
<i>novarel</i> INJ	3	B/D
NUVARING	3	MO, QLL (1/28)
<i>ocella</i>	1	MO, QLL (28/28)
<i>ogestrel</i>	1	MO, QLL (28/28)
ORTHO EVRA	3	MO, QLL (3/28)
ORTHO TRI-CYCLEN LO	3	MO, QLL (28/28)
ORTHO-CEPT	3	MO, QLL (28/28)
ORTHO-CYCLEN	3	MO, QLL (28/28)
ORTHO-EST	3	MO

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ORTHO-NOVUM	3	MO, QLL (28/28)	sprintec	1	MO, QLL (28/28)
OVCON-35	3	MO, QLL (28/28)	sronyx	1	MO, QLL (28/28)
OVCON-50	3	MO, QLL (28/28)	STRIANT	3	MO
OXANDRIN 10 MG TABLET	2	MO	SYNAREL	2	PAR
OXANDRIN 2.5 MG TABLET	3	MO	TESTIM [+]	2	MO, PAR, QLL (300/30)
<i>oxandrolone tablet</i>	1	MO	<i>testosterone cyp 100 mg/ml INJ</i>	1	
<i>portia</i>	1	MO, QLL (28/28)	<i>testosterone cyp 200 mg/ml INJ</i>	1	MO
PREFEST	3	MO	<i>testosterone enanthate INJ</i>	1	
PREGNYL INJ	3	B/D	TESTRED	3	MO
PREMARIN CREAM WITH APPLICATOR	2	MO, QLL (86/30)	<i>tilia fe</i>	1	MO, QLL (28/28)
PREMARIN INJECTION INJ	2		<i>tri-legest fe</i>	1	MO, QLL (21/21)
PREMARIN TABLET	2	MO, ST	<i>trinessa</i>	1	MO, QLL (28/28)
PREMPHASE	2	MO	TRI-NORINYL	3	MO, QLL (28/28)
PREMPRO	2	MO	<i>tri-previfem</i>	1	MO, QLL (28/28)
<i>prenatal multivitamin w-iron</i>	1		<i>tri-sprintec</i>	1	MO, QLL (28/28)
<i>previfem</i>	1	MO, QLL (28/28)	<i>trivora-28</i>	1	MO, QLL (28/28)
PROMETRIUM	3	MO, ST	<i>ultimatecare one</i>	1	MO
PROVERA	3	MO	<i>ultimatecare one nf</i>	1	MO
<i>quasense</i>	1	MO, QLL (91/91)	VAGIFEM	2	MO
<i>reclipsen</i>	1	MO, QLL (28/28)	<i>vandazole</i>	1	
<i>re-nata 29 ob</i>	1	MO	<i>velivet</i>	1	MO, QLL (28/28)
SEASONALE	3	MO, QLL (91/91)			
SEASONIQUE	3	MO, QLL (91/91)			
<i>solia</i>	1	MO, QLL (28/28)			

Drug Name	Drug Tier	Notes
VIVELLE-DOT	2	MO, QLL (8/28), ST
YASMIN 28	3	MO, QLL (28/28)
YAZ	3	MO, QLL (28/28)
<i>zarah</i>	1	MO, QLL (28/28)
<i>zenchent</i>	1	MO, QLL (28/28)
<i>zeosa</i>	1	MO, QLL (28/28)
<i>zovia 1-35e</i>	1	MO, QLL (28/28)
<i>zovia 1-50e</i>	1	MO, QLL (28/28)

Drug Name	Drug Tier	Notes
<i>apraclonidine hcl</i>	1	QLL (20/30)
<i>atropine care</i>	1	MO
<i>atropine sulfate drops, -ointment</i>	1	MO
AZASITE	3	QLL (5/30)
<i>azelastine hcl drops</i>	1	QLL (6/30)
AZOPT	3	MO
<i>bacitracin 500 unit/gm ointmnt</i>	1	
<i>bacitracin-polymyxin eye oint</i>	1	
BEPREVE	3	QLL (10/30)
BESIVANCE	3	
BETAGAN	3	MO, QLL (30/30)
<i>betaxolol hcl drops</i>	1	MO, QLL (30/30)
BETIMOL	3	MO
BETOPTIC S	3	MO, QLL (30/30)
BLEPH-10	3	
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
BOTOX 100 UNITS VIAL INJ	2	PAR
BOTOX 200 UNITS VIAL INJ	2	MO, PAR
<i>brimonidine tartrate</i>	1	MO
BROMDAY	3	
<i>bromfenac sodium</i>	1	
<i>carteolol hcl</i>	1	MO
CILOXAN DROPS	3	
CILOXAN OINTMENT	3	QLL (8/30)
<i>ciprofloxacin hcl drops</i>	1	
COMBIGAN	2	MO
COSOPT	3	MO, QLL (20/30)
<i>cromolyn sodium drops</i>	1	
<i>dexamethasone sodium phosphate drops</i>	1	
DIAMOX SEQUELS	3	MO
<i>diclofenac sodium drops</i>	1	

Ophthalmic Medications

<i>acetazolamide capsule sustained action, -tablet</i>	1	MO
<i>acetazolamide sodium INJ</i>	1	
ACULAR	3	
ACULAR LS	3	
ACUVAIL	3	
<i>ak-con</i>	1	
<i>ak-dilate</i>	1	MO
<i>ak-poly-bac</i>	1	MO
<i>aktob</i>	1	
ALAMAST	3	QLL (20/30)
ALCAINE	3	
ALOCRIL	3	QLL (10/30)
ALOMIDE	3	
ALPHAGAN P 0.1% DROPS [+]	2	MO
ALPHAGAN P 0.15% EYE DROPS [+]	3	MO
ALREX	3	
<i>altafrin</i>	1	MO

Drug Name	Drug Tier	Notes
dorzolamide hcl	1	MO, QLL (20/30)
dorzolamide-timolol	1	MO, QLL (20/30)
DUREZOL	3	QLL (10/30)
ELESTAT	3	QLL (5/25)
EMADINE	3	QLL (10/30)
epinastine hcl	1	
erythromycin ointment	1	
FLAREX	3	QLL (30/30)
fluorometholone suspension drops	1	
flurbiprofen sodium	1	
FML	3	
FML FORTE	3	
FML S.O.P.	3	
garamycin drops	1	
gentak	1	
gentamicin 3 mg/gm eye oint	1	MO
gentamicin sulfate drops	1	
gentasol	1	
homatropaire	1	MO
IOPIDINE DROPPERETTE	3	
SINGLE-USE DROP DISPENSER		
IOPIDINE DROPS	3	QLL (20/30)
IQUIX	3	
ISTALOL	3	MO, QLL (30/30)
ketorolac tromethamine drops	1	
LACRISERT [+]	2	QLL (120/30)
LASTACAFT	3	QLL (3/30)
latanoprost [+]	1	MO
levobunolol hcl	1	MO, QLL (30/30)
levofloxacin drops	1	
LOTEMAX	3	
LUMIGAN [+]	2	MO

Drug Name	Drug Tier	Notes
MAXIDEX	3	
MAXITROL	3	
methazolamide tablet	1	MO
metipranolol	1	MO
MOXEZA	3	
mydral	1	MO
MYDRIACYL	3	MO
NATACYN [+]	2	
neofrin	1	MO
neomycin-bacitracin-poly-hc	1	
neomycin-bacitracin-polymyxin	1	
neomycin-poly-hc eye drops	1	
neomycin-polymyxin-dexameth	1	
neomycin-polymyxin-gramicidin	1	
NEOSPORIN	3	
NEVANAC [+]	2	
OCUFEN	3	
OCUFLOX	3	QLL (30/30)
ofloxacin 0.3% eye drops	1	QLL (30/30)
OMNIPRED	3	
OPTIPRANOLOL	3	MO
OPTIVAR	3	QLL (6/30)
parcaine	1	
PATADAY [+]	2	QLL (5/30)
PATANOL [+]	2	QLL (5/30)
phenylephrine hcl drops	1	MO
PHOSPHOLINE IODIDE	3	MO
pilocarpine hcl drops	1	MO
PILOPINE HS	2	MO
polycin-b	1	
poly-dex	1	
polymyxin b sul-trimethoprim	1	
POLY-PRED	3	
POLYTRIM	3	
PRED FORTE	3	
PRED MILD	3	
PRED-G	3	
prednisol	1	MO
prednisolone acetate suspension drops	1	
prednisolone sodium phosphate drops	1	
proparacaine hcl drops	1	

Drug Name	Drug Tier	Notes
PROPINE	3	MO
QUIXIN	3	
RESTASIS [+]	2	MO, QLL (60 vials/30)
<i>romycin</i>	1	
<i>sulfacetamide sodium drops</i>	1	
<i>sulfacetamide-prednisolone</i>	1	
<i>sulfamide</i>	1	MO
<i>timolol 0.25% gel-solution, -0.5% gel-solution</i>	1	MO, QLL (10/30)
<i>timolol 0.25% gfs gel-solution, -0.5% gfs gel-solution</i>	1	MO
<i>timolol maleate drops</i>	1	MO, QLL (30/30)
TIMOPTIC OCUDOSE	3	MO, QLL (120/30)
TIMOPTIC-XE	3	MO, QLL (10/30)
TOBRADEX OINTMENT [+]	2	QLL (8/30)
TOBRADEX ST	3	QLL (20/30)
TOBRADEX SUSPENSION DROPS [+]	3	QLL (20/30)
<i>tobramycin sulfate drops</i>	1	
<i>tobramycin-dexamethasone</i>	1	QLL (20/30)
<i>tobrasol</i>	1	
TOBREX	3	
TRAVATAN Z [+]	2	MO
<i>trifluridine</i>	1	
<i>tropicacyl</i>	1	MO
<i>tropicamide drops</i>	1	MO
TRUSOPT	3	MO, QLL (20/30)
VEXOL	3	
VIGAMOX	2	
VIROPTIC	3	
VOLTAREN DROPS [+]	3	
XALATAN	3	MO
ZIRGAN	2	

Drug Name	Drug Tier	Notes
ZYLET	3	
ZYMAR	3	
ZYMAXID	3	
Respiratory Medications		
ACCOLATE	3	MO, QLL (60/30)
ACCUHIST PDX	2	MO, E
ACCUNEB	3	MO, B/D, QLL (360/30)
<i>acetylcysteine vial</i>	1	B/D
ADRENACCLICK INJ	2	MO, QLL (2/1)
ADRENALIN CHLORIDE INJECTION INJ	2	MO
ADVAIR DISKUS [+]	2	MO, QLL (60 doses/30)
ADVAIR HFA [+]	2	MO, QLL (12 gm/30)
<i>airacof</i>	1	MO, E
ALA-HIST AC	2	MO, E
ALAHOST DHC	2	MO, E
<i>albuterol sulfate nebs, -solution non- oral</i>	1	MO, B/D, QLL (60/30)
<i>albuterol sulfate syrup, -tablet, -tablet sustained release 12hr</i>	1	MO
<i>albuterol sulfate vial nebulizer</i>	1	MO, B/D, QLL (360/30)
ALLEGRA	3	MO, QLL (900/30)
ALLFEN CD	2	MO, E
ALLFEN CDX	2	MO, E
ALVESCO	3	MO, QLL (7 gm/30)
<i>aminophylline 250 mg/10 ml vl INJ</i>	1	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<i>aminophylline 250 mg/10 ml, -500 mg/20 ml v1 INJ</i>	1	MO	CLARINEX-D 12 HOUR	3	QLL (60/30)
<i>aminophylline tablet</i>	1	MO	CLARINEX-D 24 HOUR	3	QLL (30/30)
ARALAST NP 1,000 MG VIAL INJ	2	MO, LA	<i>clemastine fumarate syrup, -fum 2.68 mg tab</i>	1	
ARALAST NP 500 MG VIAL INJ	2	LA	COMBIVENT	2	MO, QLL (45 gm/30)
ASMANEX TWISTHALER 110 MCG #30, -TWISTHALER 110 MCG #7	3	MO, QLL (0.135 doses/30)	CORZALL	2	MO, E
ASMANEX TWISTHALER 220 MCG #14, -TWISTHALER 220 MCG #30, -TWISTHALER 220 MCG #60, -TWISTHALR 220 MCG #120	3	MO, QLL (0.24 doses/30)	CORZALL PLUS	2	MO, E
ATROVENT HFA	2	MO, QLL (39 gm/30)	COTAB AX	2	MO, E
<i>balacall dm</i>	1	MO, E	<i>cpm-pse dm</i>	1	MO, E
<i>benzonatate</i>	1	MO, E	<i>cromolyn sodium ampul for nebulization</i>	1	MO, B/D, QLL (240/30)
<i>bromhist-dm</i>	1	MO, E	<i>ciproheptadine hcl syrup, -tablet</i>	1	MO
<i>bromhist-pdx</i>	1	MO, E	DALIRESP	3	MO
BROVANA	2	MO, B/D, QLL (120/30)	DALLERGY DM	2	MO, E
BROVEX PB DM	2	MO, E	DELTUSS DMX	2	MO, E
BROVEX PSB DM	2	MO, E	<i>dexchlorpheniramine maleate syrup</i>	1	
BROVEX PSE DM	2	MO, E	<i>dexchlorpheniramine maleate tablet sustained action</i>	1	MO
<i>budesonide</i>	1	MO, B/D, QLL (120/30)	<i>diphenhydramine 50 mg capsule, -elixir</i>	1	
CARBAPHEN 12 PED	2	MO, E	<i>diphenhydramine 50 mg/ml syrng INJ</i>	1	MO
CARBATUS-12	2	MO, E	<i>diphenhydramine 50 mg/ml vial INJ</i>	1	
CARBATUSS-CL	2	MO, E	DONATUSS DC	2	MO, E
<i>carbinoxamine maleate</i>	1		DONATUSS XP	2	MO, E
<i>cetirizine hcl solution oral</i>	1	MO, QLL (300/30)	DONATUSSIN	2	MO, E
CHLORDEX GP	2	MO, E	DULERA	2	MO, QLL (13 gm/30)
<i>chlorphen-pse-dm tannate</i>	1	MO, E	DUONEB	3	MO, B/D, QLL (540/30)
CLARINEX SYRUP	3	MO, QLL (300/30)	DURAFLU	2	MO, E
CLARINEX TABLET, -TABLET DISPERSIBLE LINGUAL	3	MO, QLL (30/30)	ELIXOPHYLLIN [+]	2	MO
			<i>endacof ac</i>	1	MO, E
			ENDAL CD	2	MO, E
			<i>epinephrine 0.1 mg/ml syringe INJ</i>	1	
			EPINEPHRINE 0.15 MG AUTO-INJECT, -0.3 MG AUTO-INJECT INJ	2	MO, QLL (2/1)

Drug Name	Drug Tier	Notes
epinephrine 1 mg/ml ampul, -1 mg/ml vial INJ	1	MO
EPIPEN INJ	2	QLL (2 pens/1)
EPIPEN JR INJ	2	QLL (2 pens/1)
EXALL	2	MO, E
EXALL-D	2	MO, E
FLOVENT 100 MCG DISKUS [+]	2	MO, QLL (60 doses/30)
FLOVENT 50 MCG DISKUS, -250 MCG DISKUS [+]	2	MO, QLL (240 doses/30)
FLOVENT HFA 110 MCG INHALER [+]	2	MO, QLL (12 gm/30)
FLOVENT HFA 220 MCG INHALER [+]	2	MO, QLL (24 gm/30)
FLOVENT HFA 44 MCG INHALER [+]	2	MO, QLL (11 gm/30)
FORADIL [+]	2	MO, QLL (60/30)
GASTROCROM [+]	2	
GENTEX 30	2	MO, E
GILTUSS	2	MO, E
GILTUSS HC	2	MO, E
GILTUSS PED-C	2	MO, E
GILTUSS TR	2	MO, E
GLASSIA INJ	2	LA
ipratropium bromide solution non-oral	1	MO, B/D
ipratropium-albuterol	1	MO, B/D, QLL (540/30)
J-COF DHC	2	MO, E
J-MAX DHC	2	MO, E
levalbuterol concentrate [+]	1	MO, B/D, QLL (45/30)

Drug Name	Drug Tier	Notes
levocetirizine dihydrochloride [+]	1	MO, QLL (30/30)
LUFYLLIN	3	MO
MAR-COF BP	2	MO, E
MAR-COF CG	2	MO, E
MAXAIR AUTOHALER	3	MO, QLL (28 gm/30)
MAXICHLOR PEH DM	2	MO, E
MAXICHLOR PSE DM	2	MO, E
MAXIFED CD	2	MO, E
MAXIFED CDX	2	MO, E
MAXIFED DM	2	MO, E
MAXIFED DMX	2	MO, E
MAXIFED-G CD	2	MO, E
MAXIFED-G CDX	2	MO, E
MAXIFLU CD	2	MO, E
MAXIFLU DM	2	MO, E
MAXIPHEN CD	2	MO, E
MAXIPHEN DM	2	MO, E
<i>m-clear wc</i>	1	MO, E
<i>m-end dm</i>	1	MO, E
M-END PE	2	MO, E
<i>metaproterenol sulfate syrup, -tablet</i>	1	MO
NEOTUSS-D	2	MO, E
NUMONYL DX	2	MO, E
<i>palgic</i>	1	
PANATUSS DXP	2	MO, E
PERFOROMIST	2	MO, B/D, QLL (120/30)
PHENERGAN 25 MG/ML AMPUL, -50 MG/ML AMPUL INJ	2	MO
PHENERGAN 25 MG/ML VIAL, -50 MG/ML VIAL INJ	2	
PHENFLU DM	2	MO, E
POLY-TUSSIN DHC	2	MO, E
POLY-TUSSIN DM	2	MO, E
PROAIR HFA [+]	2	MO, QLL (27 gm/30)
PROLASTIN 1,000 MG VIAL INJ	2	MO
PROLASTIN 500 MG VIAL INJ	2	LA
PROLASTIN C INJ	2	LA

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<i>promethazine 25 mg/ml ampul, -25 mg/ml vial, -50 mg/ml ampul INJ</i>	1	MO	SYMBICORT [+]	2	MO, QLL (11 gm/30)
<i>promethazine 25 mg/ml syringe, -50 mg/ml vial INJ</i>	1		<i>terbutaline sulfate injection INJ</i>	1	
<i>promethazine hcl syrup, -tablet</i>	1		<i>terbutaline sulfate tablet</i>	1	MO
<i>promethazine vc</i>	3		THEO-24	3	MO
<i>promethazine vc-codeine</i>	1	MO, E	<i>theochron</i>	1	MO
<i>promethazine-codeine</i>	1	MO, E	<i>theophylline</i>	1	MO
<i>promethazine-dm</i>	1	MO, E	<i>theophylline anhydrous tablet</i>	1	MO
PROVENTIL HFA	2	MO, QLL (21 gm/30)	<i>sustained release 12hr</i>		
<i>pulmari-gp</i>	1	MO, E	<i>tl-hist cd</i>	1	MO, E
PULMICORT	3	MO, B/D, QLL (120/30)	<i>tl-hist dm</i>	1	MO, E
PULMICORT FLEXHALER	3	MO, QLL (2 inhalers/ 30)	<i>trexbrom</i>	1	MO, E
PULMOZYME	2	MO, B/D	TRISPEC DMX	2	MO, E
QVAR [+]	2	MO, QLL (24 gm/30)	TRISPEC PSE	2	MO, E
<i>reme hist dm</i>	1	MO, E	TUSNEL	2	MO, E
RESPA C&C IR	2	MO, E	TUSNEL PED-C	2	MO, E
RICOTUSS	2	MO, E	TUSNEL PEDIATRIC	2	MO, E
RU-TUSS DM	2	MO, E	TUSNEL-DM	2	MO, E
RYNATUSS	2	MO, E	TUSSAFED EX	2	MO, E
SEMPREX-D	3		TUSSI-12D	2	MO, E
SEREVENT DISKUS [+]	2	MO, QLL (60 doses/30)	TUSSI-12D S	2	MO, E
SINGULAIR [+]	2	MO, QLL (30/30)	TUSSICAPS	2	MO, E
SOLIRIS INJ	2	MO, B/D	TUSSIONEX	2	MO, E
<i>sonahist dm</i>	1	MO, E	TUSSI-PRES	2	MO, E
SPIRIVA [+]	2	MO, QLL (30 capsules/ 30)	TUSSI-PRES PEDIATRIC	2	MO, E
SSKI	2	MO, E	TWINJECT INJ	2	QLL (2 pens/1)
STAHISt	2	MO, E	VANACOF CD	2	MO, E
<i>sudatex-dm</i>	1	MO, E	V-COF	2	MO, E
SUTTAR-2	2	MO, E	VENTOLIN HFA	2	MO, QLL (54 gm/30), ST
			VIRAVAN-PDM	2	MO, E
			VO SPIRE ER	3	MO
			XOLAIR INJ	2	LA, PAR, QLL (6 vials/8)
			XOPENEX	2	MO, B/D, QLL (270/30)

Drug Name	Drug Tier	Notes
XOPENEX HFA	2	MO, QLL (45 gm/30), ST
XYZAL SOLUTION	3	MO, QLL (300/30)
XYZAL TABLET	3	MO, QLL (30/30)
<i>zafirlukast</i>	1	MO, QLL (60/30)
Z-COF 8 DM	2	MO, E
ZEMAIRA INJ	2	LA
ZONATUSS	2	MO, E
ZOTEX-C	2	MO, E
ZOTEX-EX	2	MO, E
<i>z-tuss dm</i>	1	MO, E
ZYFLO CR	2	MO, QLL (120/30)
Urological Medications		
<i>acetic acid 0.25% irrig soln</i>	1	MO
AVODART [+]	2	MO
<i>bethanechol chloride tablet</i>	1	
CYSTADANE [+]	2	
<i>cytra-3</i>	1	MO
<i>cytra-k</i>	1	MO
DETROL 1 MG TABLET [+]	2	MO, QLL (30/30), ST
DETROL 2 MG TABLET [+]	2	MO, QLL (60/30), ST
DETROL LA [+]	2	MO, QLL (30/30), ST
DITROPOAN XL 10 MG TABLET, -15 MG TABLET	3	MO, QLL (60/30), ST

Drug Name	Drug Tier	Notes
DITROPOAN XL 5 MG TABLET	3	MO, QLL (30/30), ST
ELMIRON	3	
ENABLEX	2	MO, QLL (30/30), ST
<i>finasteride</i>	1	MO
<i>flavoxate hcl</i>	1	MO
FLOMAX	3	MO
GELNIQUE	3	MO, QLL (30/30), ST
JALYN [+]	2	MO
<i>neomy-polymyxin b 40 mg/ml amp</i>	1	
INJ		
<i>neomy-polymyxin b 40 mg/ml vl INJ</i>	1	MO
NEOSPORIN GU IRR 40 MG/ML	2	MO
AMP		
NEOSPORIN GU IRR 40 MG/ML	2	MO
AMP, -GU IRR 40 MG/ML VIAL		
INJ		
<i>oxybutynin chloride syrup</i>	1	MO
<i>oxybutynin chloride tablet</i>	1	MO, QLL (120/30)
<i>oxybutynin cl er 10 mg tablet, -cl er</i>	1	MO, QLL (60/30)
<i>oxybutynin cl er 5 mg tablet</i>	1	MO, QLL (30/30)
OXYTROL	3	MO, QLL (8/30), ST
<i>phenazopyridine plus</i>	1	MO, E
<i>potassium citrate tablet sustained</i>	1	MO
<i>action</i>		
<i>potassium citrate-citric acid</i>	1	MO
PROSCAR	3	MO, ST
RAPAFLO	3	MO

Drug Name	Drug Tier	Notes
SANCTURA	3	MO, QLL (60/30), ST
SANCTURA XR	3	MO, QLL (30/30), ST
<i>tamsulosin hcl</i>	1	MO
TOVIAZ [+]	2	MO, QLL (30/30), ST
<i>tricitrates</i>	1	MO

Drug Name	Drug Tier	Notes
<i>trospium chloride</i>	1	MO, QLL (60/30)
URECHOLINE	3	
UROXATRAL	3	MO
VESICARE [+]	2	MO, QLL (30/30), ST

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VISICOL	43	XENAZINE	28
VISTARIL	37	XEOMIN 100 UNITS VIAL	47
VISTIDE	10	XEOMIN 50 UNITS VIAL	47
vi-stress	2	XGEVA	42
vit 3	51	XIFAXAN 200 MG TABLET	10
vita with iron	2	XIFAXAN 550 MG TABLET	10
VITAFOL	51	XODOL 10-300	28
VITAJECT	51	XODOL 5-300	28
VITAL-D RX	51	XODOL 7.5-300	28
vitamin a	1	XOLAIR	61
vitamin a and d	3	XOPENEX	61
vitamin b complex	3	XOPENEX HFA	62
vitamin b-1	3	XYLOCAINE 0.5% VIAL, -1% VIAL	4
vitamin b-12	3	XYLOCAINE 2% VIAL	4
vitamin b-2 25 mg tablet, -100 mg tablet	3	XYLOCAINE IV	4
VITAMIN B-2 50 MG TABLET	3	XYLOCAINE JEL, -SOLUTION NON-ORAL	4
vitamin b-6	3	XYLOCAINE-MPF	4
vitamin b-complex with vit c	3	XYREM	28

XYZAL SOLUTION	62
XYZAL TABLET	62
YASMIN 28	56
YAZ	56
YF-VAX	45
zafirlukast	62
zaleplon 10 mg capsule	28
zaleplon 5 mg capsule	28
zamicet	28
ZANAFLEX	47
ZANOSAR	14
ZANTAC 25	43
ZANTAC INJECTION	43
ZANTAC SYRUP, -TABLET	43
zarah	56
ZARONTIN	28
ZAROXOLYN	35
ZAVESCA	42
ZAZOLE 0.8% VAGINAL CREAM	10
ZAZOLE VAGINAL 0.4% CREAM	10
Z-COF 8 DM	62
ZEBETA	35
ZEGERID CAPSULE	43
ZEGERID PACKET	44
ZELAPAR	28
ZEMAIRA	62
zema-pak	42
ZEMPLAR CAPSULE	51
ZEMPLAR INJECTION	51
zenchent	56
ZENPEP	44
zeosa	56
ZERIT	10
ZERLOR	28
ZESTORETIC	35
ZESTRIL	35
ZETIA	35
ZIAC	35
ZIAGEN	10
ZIANA	37
zidovudine	10
ZINACEF 750 MG ADD-VANT VIAL, -1.5 GM ADD-VANT VIAL, -7.5 GM VIAL	10
ZINACEF 750 MG VIAL, -1.5 GM VIAL	10
ZINACEF IN ISO-OSMOTIC WATER	10
ZINACEF ISO-OSMOTIC DEXTROSE	10
ZINC 10 MG TABLET	3
zinc 50 mg caplet, -50 mg caplet	3
zinc chloride injection	51
ZINC GLUCONATE 10 MG TABLET	3
zinc gluconate 100 mg tablet	3
zinc lozenge	1
zinc sulfate capsule	51
zinc sulfate injection	51
ZINC SULFATE POWDER	1
zinc sulfate tablet	3
ZINC-15	3
ZINECARD 250 MG VIAL	14
ZINECARD 500 MG VIAL	14
ZIPSOR	47
ZIRGAN	58
ZITHROMAX 100 MG/5 ML SUSP	10
ZITHROMAX 200 MG/5 ML SUSP	10
ZITHROMAX 250 MG TABLET, -250 MG Z-PAK TABLET	10
ZITHROMAX 500 MG TABLET	10
ZITHROMAX 600 MG TABLET	10
ZITHROMAX INJECTION	10
ZITHROMAX TRI-PAK	10
ZMAX ADULT-PEDIATRIC	10
ZOCOR	35
ZOFRAN INJECTION	28
ZOFRAN ODT	28
ZOFRAN SOLUTION	28
ZOFRAN TABLET	29
ZOLINZA	14
ZOLOFT 100 MG TABLET	29
ZOLOFT 25 MG TABLET, -50 MG TABLET	29
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ZOSYN 2.25 GM GALAXY BAG, -2.25 GM PRE-MIX BAG, -3.375 GM GALAXY BAG, -3.375 GM PRE MIX-BAG, -3.375 GRAM VIAL	10

ZOSYN 2.25 GRAM VIAL, -4.5 GM GALAXY BAG, -4.5 GM PRE-MIX BAG, -4.5 GRAM VIAL, -40.5 GRAM BULK VIAL.....	10	ZYMAR	58
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ZOVIRAX CAPSULE, -SUSPENSION ORAL, -400 MG TABLET	10	ZYPREXA RELPREVV 210 MG VIAL, -300 MG VIAL	29
ZOVIRAX CREAM	10	ZYPREXA RELPREVV 405 MG VIAL	29
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ZYBAN.....	29	ZYTIGA.....	14
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