



Arkansas BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

Medi-Pak Advantage (PFFS)

2011 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. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2011.

A Medicare Advantage organization with a Medicare contract.

To receive material in an alternate format or language, please call (877) 233-7022.

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What is the Medi-Pak Advantage (PFFS) Formulary?

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

Can the Formulary change?

Generally, if you are taking a drug on our 2011 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2011 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 14, 2011. To get updated information about the drugs covered by Medi-Pak Advantage (PFFS), please visit our Web site at arkansasbluecross.com/medicareplans or call Customer Service at (866) 494-6699, 24 hours a day/7 days a week. TTY/TDD users should call (866) 236-1069. This document will include an errata sheet in the event of mid-year non-maintenance formulary changes.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 33. 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?

Medi-Pak Advantage (PFFS) covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Medi-Pak Advantage (PFFS) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Medi-Pak Advantage (PFFS) before you fill your prescriptions. If you don't get approval, Medi-Pak Advantage (PFFS) may not cover the drug.
- **Quantity Limits:** For certain drugs, Medi-Pak Advantage (PFFS) limits the amount of the drug that Medi-Pak Advantage (PFFS) will cover. For example, Medi-Pak Advantage (PFFS) provides 9 tablets per prescription for certain doses of *sumatriptan*. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Medi-Pak Advantage (PFFS) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Medi-Pak Advantage (PFFS) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Medi-Pak Advantage (PFFS) will then cover Drug B.

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

You can ask Medi-Pak Advantage (PFFS) to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Medi-Pak Advantage’s (PFFS) formulary?” on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and confirm that your drug is not covered. If you learn that Medi-Pak Advantage (PFFS) does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Medi-Pak Advantage (PFFS). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Medi-Pak Advantage (PFFS).
- You can ask Medi-Pak Advantage (PFFS) 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 Medi-Pak Advantage (PFFS) Formulary?

You can ask Medi-Pak Advantage (PFFS) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Medi-Pak Advantage (PFFS) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the specialty tier.

Generally, Medi-Pak Advantage (PFFS) 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 prescriber's or 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 prescriber's or prescribing physician's supporting statement.

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

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

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

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

For more information

For more detailed information about your Medi-Pak Advantage (PFFS) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Medi-Pak Advantage (PFFS), please call Customer Service at (866) 494-6699, 24 hours a day/7 days a week. TTY/TDD users should call (866) 236-1069. Or visit arkansasbluecross.com/medicareplans.

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.

Medi-Pak Advantage's (PFFS) Formulary

The formulary that begins on page 7 provides coverage information about some of the drugs covered by Medi-Pak Advantage (PFFS). If you have trouble finding your drug in the list, turn to the Index that begins on page 33.

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

The information in the Notes column tells you if Medi-Pak Advantage (PFFS) has any special requirements for coverage of your drug.

List of Abbreviations

G = Generic

PB = Preferred Brand

NP = Non-Preferred Brand

SP = Specialty

QL: Quantity Limit. For certain drugs, Medi-Pak Advantage (PFFS) limits the amount of the drug that Medi-Pak Advantage (PFFS) will cover. For example, Medi-Pak Advantage (PFFS) provides 9 tablets per prescription for certain doses of *sumatriptan*. This may be in addition to a standard one month or three month supply.

ST: Step Therapy. In some cases, Medi-Pak Advantage (PFFS) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Medi-Pak Advantage (PFFS) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Medi-Pak Advantage (PFFS) will then cover Drug B.

PA: Prior Authorization. Medi-Pak Advantage (PFFS) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Medi-Pak Advantage (PFFS) before you fill your prescriptions. If you don't get approval, Medi-Pak Advantage (PFFS) may not cover the drug.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at (866) 494-6699, 24 hours a day/7 days a week. TTY/TDD users should call (866) 236-1069.

Drug	Tier	Notes
ANALGESICS		
COX-2 INHIBITORS		
CELEBREX	2	PA
GOUT		
allopurinol	1	
allopurinol sodium	1	
colchicine w/ probenecid	1	
COLCRYS	3	QL (60 tabs / 25 days)
probenecid	1	
ULORIC	2	ST
NARCOTIC ANALGESICS		
acetaminophen w/ codeine	1	
butalbital-acetaminophen-caffeine w/ codeine	1	
butalbital-aspirin-caffeine w/cod	1	
butorphanol tartrate	1	
hydrocodone-acetaminophen	1	
NARCOTIC ANALGESICS, CII		
DILAUDID-5	2	
fentanyl	1	QL (10 ea / 25 days), PA; patch
fentanyl citrate	1	B/D; injection
hydromorphone hcl 10mg/ml	1	B/D
hydromorphone hcl 2mg, 4mg, 8mg	1	
KADIAN	2	QL (60 ea / 25 days)
methadone hcl 10mg, 5mg	1	QL (240 tabs / 25 days)
methadone hcl 10mg/ml	1	
METHADONE HCL 10mg/5ml, 5mg/5ml	2	
morphine sulfate .5mg/ml, 1mg/ml, 5mg/ml	1	B/D
morphine sulfate 100mg, 15mg, 30mg, 60mg	1	QL (90 ea / 25 days)
morphine sulfate 15mg, 30mg	1	
morphine sulfate 200mg	1	QL (60 ea / 25 days)
MORPHINE SULFATE 10mg/5ml, 20mg/5ml	2	
oxycodone hcl	1	
oxycodone w/ acetaminophen	1	
oxycodone w/ aspirin	1	
ROXICET	2	solution
NON-NARCOTIC ANALGESICS		
tramadol hcl	1	QL (240 tabs / 25 days)
tramadol-acetaminophen	1	QL (240 tabs / 25 days)
NSAIDS		
diclofenac potassium	1	
diclofenac sodium	1	
diflunisal	1	
etodolac	1	
flurbiprofen	1	

Drug	Tier	Notes
ibuprofen	1	
INDOCIN	2	suspension
indomethacin	1	
ketoprofen	1	
ketorolac tromethamine	1	QL (20 tabs / 25 days)
meloxicam	1	
nabumetone	1	
naproxen	1	
naproxen sodium	1	
oxaprozin	1	
piroxicam	1	
sulindac	1	
tolmetin sodium	1	
VOLTAREN	2	gel

ANESTHETICS

LOCAL ANESTHETICS

lidocaine hcl (local anesth.)	1	
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ANTI-INFECTIVES

ANTIBACTERIALS

amikacin sulfate	1	
amoxicillin	1	
amoxicillin & pot clavulanate	1	
ampicillin	1	
ampicillin & sulbactam sodium	1	
ampicillin sodium	1	
AVELOX	2	
AVELOX ABC PACK	2	
azithromycin 100mg/5ml	1	QL (8 bottles / 25 days)
azithromycin 200mg/5ml	1	QL (120 ml per 25 days)
azithromycin 250mg, 500mg, 600mg	1	
azithromycin 500mg	1	QL (50 vials / 25 days)
BICILLIN C-R	2	
BICILLIN L-A	2	
cefaclor	1	
CEFACLOR ER	2	
cefadroxil	1	
cefazolin sodium 1gm, 20gm, 500mg	1	
CEFAZOLIN SODIUM	2	
cefdinir	1	
cefepime hcl	1	
cefotaxime sodium	1	
cefoxitin sodium	1	
cefpodoxime proxetil	1	
cefprozil	1	
ceftriaxone sodium	1	

Drug	Tier	Notes
cefuroxime axetil	1	
cefuroxime sodium	1	
CEFUROXIME/DEXTROSE	2	
cephalexin	1	
CIPRO	2	suspension
ciprofloxacin	1	
ciprofloxacin hcl	1	
ciprofloxacin-ciprofloxacin hcl	1	
clarithromycin 125mg/5ml	1	QL (8 bottles / 10 days)
clarithromycin 250mg, 250mg/5ml, 500mg	1	
clarithromycin 500mg	1	QL (60 ea / 25 days)
dicloxacillin sodium	1	
doxycycline (monohydrate)	1	
doxycycline hyclate	1	
ERYPED 200	2	
ERYTHROCIN LACTOBIONATE	2	
erythromycin base	1	
erythromycin ethylsuccinate	1	
erythromycin stearate	1	
gentamicin in saline	1	
gentamicin sulfate	1	
minocycline hcl	1	
nafcillin sodium	1	
neomycin sulfate	1	
paromomycin sulfate	1	
penicillin g potassium	1	
PENICILLIN G PROCAINE	2	
penicillin v potassium	1	
piperacillin sodium-tazobactam sodium	1	
streptomycin sulfate	1	
SULFADIAZINE	2	
SUPRAX 100mg/5ml, 200mg/5ml	3	
SUPRAX 400mg	3	QL (2 tabs / 25 days)
tetracycline hcl	1	
tobramycin sulfate	1	
ANTI FUNGALS		
amphotericin b	1	B/D
ANCOBON	2	
CANCIDAS	2	
clotrimazole	1	
fluconazole	1	
fluconazole in dextrose	1	
GRIS-PEG	2	
griseofulvin microsize	1	
itraconazole	1	PA

Drug	Tier	Notes
ketoconazole	1	
NOXAFIL	4	
nystatin	1	
terbinafine hcl	1	PA
VFEND	4	PA
VFEND IV	4	PA
ANTIMALARIALS		
chloroquine phosphate	1	
COARTEM	3	
DARAPRIM	2	
MALARONE	2	
mefloquine hcl	1	
ANTIRETROVIRAL AGENTS		
APTIVUS	2	
ATRIPLA	4	
COMBIVIR	2	
CRIXIVAN	2	
didanosine	1	
EMTRIVA	2	
EPIVIR	2	
EPZICOM	2	
FUZEON	4	
INTELENCE	2	
INVIRASE	2	
ISENTRESS	4	
KALETRA	2	
LEXIVA	2	
NORVIR	2	
PREZISTA 75mg	2	
PREZISTA 400mg, 600mg	4	
RESCRIPTOR	2	
RETROVIR IV INFUSION	2	
REYATAZ	2	
SELZENTRY	4	
stavudine	1	
SUSTIVA	2	
TRIZIVIR	2	
TRUVADA	2	
VIDEX	2	
VIRACEPT	2	
VIRAMUNE	2	
VIREAD	2	
ZIAGEN	2	
zidovudine	1	
ANTI TUBERCULAR AGENTS		

Drug	Tier	Notes
CAPASTAT SULFATE	3	
ethambutol hcl	1	
isoniazid	1	
MYCOBUTIN	2	
PASER	3	
PRIFTIN	3	
pyrazinamide	1	
rifampin	1	
SEROMYCIN	3	
TRECTOR	3	
ANTIVIRALS		
acyclovir	1	
acyclovir sodium	1	
BARACLUDE	2	
EPIVIR HBV	2	
famciclovir	1	
ganciclovir 250mg	1	
GANCICLOVIR 500mg	4	
HEPSERA	4	PA
REBETOL	4	PA
RELENZA DISKHALER	2	QL (3 inhalers / 180 days)
RIBAPAK	4	PA
RIBASPHERE	4	PA
RIBAVIRIN	4	PA
ribavirin (hepatitis c)	1	PA; 200mg tablet
rimantadine hydrochloride	1	
TAMIFLU 12mg/ml	2	QL (10.5 bottles / 180 days)
TAMIFLU 30mg	2	QL (84 caps / 180 days)
TAMIFLU 45mg, 75mg	2	QL (42 caps / 180 days)
TYZEKA	2	PA
valacyclovir hcl	1	
VALCYTE	4	
MISCELLANEOUS		
ALBENZA	2	
ALINIA 100mg/5ml	2	QL (3 bottles / 25 days)
ALINIA 500mg	2	QL (12 tabs / 25 days)
CLEOCIN 75mg	2	
CLEOCIN PEDIATRIC GRANULE	2	
clindamycin hcl	1	
clindamycin phosphate	1	
colistimethate sodium	1	B/D
CUBICIN	4	
dapsone	1	
erythromycin-sulfisoxazole	1	

Drug	Tier	Notes
INVANZ	2	
MACRODANTIN	2	
mebendazole	1	
MEPRON	4	
metronidazole	1	
metronidazole in nacl	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd macro	1	
PRIMAXIN I.M.	2	
PRIMAXIN IV	2	
sulfamethoxazole-trimethoprim	1	
trimethoprim	1	
TYGACIL	4	
VANCOCIN HCL	4	
vancomycin hcl	1	
VANCOMYCIN HCL ISO-OSMOTI	2	
ZYVOX	4	PA

ANTI NEOPLASTIC AGENTS

ALKYLATING AGENTS

BICNU	2	B/D
BUSULFEX	2	B/D
CEENU	2	
cyclophosphamide	1	B/D
dacarbazine	1	B/D
EMCYT	2	
HEXALEN	4	
IFEX	2	B/D
IFOSFAMIDE	4	B/D
LEUKERAN	2	
melphalan hcl	1	B/D
MUSTARGEN	2	B/D
TREANDA	4	B/D

ANTHRACYCLINES

daunorubicin hcl	1	B/D
DOXIL	4	B/D
doxorubicin hcl	1	B/D
EPIRUBICIN HCL	4	B/D
idarubicin hcl	1	B/D

ANTIBIOTICS

bleomycin sulfate	1	B/D
COSMEGEN	2	B/D
mitomycin	1	B/D

ANTIMETABOLITES

ALIMTA	4	B/D
cytarabine	1	B/D

Drug	Tier	Notes
fluorouracil	1	B/D
GEMZAR	2	B/D
mercaptopurine	1	
methotrexate sodium 1gm, 25mg/ml	1	B/D
pentostatin	1	B/D
TABLOID	2	
VIDAZA	4	B/D
ANTIMITOTIC, TAXOIDS		
paclitaxel	1	B/D
TAXOTERE	4	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
VINBLASTINE SULFATE	2	B/D
vincristine sulfate	1	B/D
vinorelbine tartrate	1	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	4	B/D
CAMPATH	2	B/D
HERCEPTIN	4	B/D
ISTODAX	4	B/D
ONTAK	2	B/D
PROLEUKIN	4	B/D
RITUXAN	4	PA
VELCADE	4	B/D
HORMONAL ANTINEOPLASTIC AGENTS		
ARIMIDEX	2	
AROMASIN	2	
bicalutamide	1	
DEPO-PROVERA	2	B/D
FARESTON	2	
FASLODEX	4	B/D
FEMARA	2	
flutamide	1	
leuprolide acetate	1	PA
LUPRON DEPOT 11.25mg, 3.75mg	2	PA
LUPRON DEPOT 22.5mg, 30mg, 7.5mg	4	PA
LUPRON DEPOT-PED	4	PA
MEGACE ES	2	
megestrol acetate	1	
NILANDRON	2	
tamoxifen citrate	1	
TRELSTAR DEPOT MIXJECT	2	B/D
TRELSTAR LA MIXJECT	2	B/D
KINASE INHIBITORS		
AFINITOR	4	PA
GLEEVEC	4	PA

Drug	Tier	Notes
NEXAVAR	4	
SPRYCEL	4	
SUTENT	4	PA
TARCEVA	4	PA
TASIGNA	4	
TYKERB	4	
VOTRIENT	4	PA
MISCELLANEOUS		
DROXIA	2	
ELSPAR	2	B/D
hydroxyurea	1	
IRINOTECAN	4	B/D
LYSODREN	2	
MATULANE	2	
MITOXANTRONE HCL	4	B/D
ONCASPAR	2	B/D
PHOTOFRIN	2	B/D
TARGRETIN 75mg	4	PA
TRETINOIN 10mg	4	capsule
TRISENOX	2	B/D
ZOLINZA	4	
NUCLEOSIDE ANALOGS		
cladribine	1	B/D
FLUDARABINE PHOSPHATE	4	B/D
PLATINUM COORDINATION COMPLEX		
carboplatin	1	B/D
cisplatin	1	B/D
OXALIPLATIN	4	B/D
PROTECTIVE AGENTS		
amifostine crystalline	1	B/D
dexrazoxane	1	B/D
ELITEK	4	B/D
ifosfamide & mesna	1	B/D
leucovorin calcium 100mg, 350mg	1	B/D
leucovorin calcium 25mg, 5mg	1	
LEUCOVORIN CALCIUM 10mg, 15mg	2	
mesna	1	B/D
MESNEX	2	
TOPOISOMERASE INHIBITORS		
etoposide	1	B/D
HYCAMTIN	2	B/D; injection
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl	1	
benazepril & hydrochlorothiazide	1	

Drug	Tier	Notes
captopril & hydrochlorothiazide	1	
enalapril maleate & hydrochlorothiazide	1	
fosinopril sodium & hydrochlorothiazide	1	
lisinopril & hydrochlorothiazide	1	
LOTREL	2	5-40mg, 10-40mg
moexipril-hydrochlorothiazide	1	
quinapril-hydrochlorothiazide	1	
trandolapril-verapamil hcl	1	
ACE INHIBITORS		
benazepril hcl	1	
captopril	1	
enalapril maleate	1	
fosinopril sodium	1	
lisinopril	1	
moexipril hcl	1	
perindopril erbumine	1	
quinapril hcl	1	
ramipril	1	
trandolapril	1	
ADRENOLYTICS, CENTRAL		
clonidine hcl	1	
guanfacine hcl	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone	1	PA
spironolactone	1	
ALPHA BLOCKERS		
doxazosin mesylate	1	
prazosin hcl	1	
terazosin hcl	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
BENICAR HCT	2	
DIOVAN HCT	2	
EXFORGE	2	
EXFORGE HCT	2	
losartan potassium & hydrochlorothiazide	1	
VALTURNA	2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
BENICAR	2	
DIOVAN	2	
losartan potassium	1	
ANTIARRHYTHMICS		
amiodarone hcl 200mg, 400mg	1	
amiodarone hcl 50mg/ml	1	B/D
disopyramide phosphate	1	
flecainide acetate	1	

Drug	Tier	Notes
mexiletine hcl	1	
MULTAQ	2	
NORPACE CR	2	
PACERONE	2	
propafenone hcl	1	
quinidine gluconate	1	
quinidine sulfate	1	
RYTHMOL SR	2	
sotalol hcl	1	
TIKOSYN	2	
ANTI LIPEMICS		
ANTARA	2	
cholestyramine light	1	
colestipol hcl	1	
CRESTOR 10mg, 20mg, 5mg	2	QL (30 tabs / 25 days)
CRESTOR 40mg	2	
fenofibrate	1	
fenofibrate micronized	1	
gemfibrozil	1	
LIPITOR 10mg, 20mg, 40mg	2	QL (30 tabs / 25 days)
LIPITOR 80mg	2	
lovastatin	1	
LOVAZA	3	
NIASPAN	2	
pravastatin sodium 10mg, 20mg, 40mg	1	QL (30 tabs / 25 days)
pravastatin sodium 80mg	1	
simvastatin 10mg, 20mg, 40mg, 5mg	1	QL (30 tabs / 25 days)
simvastatin 80mg	1	
WELCHOL	2	
ZETIA	2	ST
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone	1	
bisoprolol & hydrochlorothiazide	1	
metoprolol & hydrochlorothiazide	1	
BETA-BLOCKERS		
acebutolol hcl	1	
atenolol	1	
bisoprolol fumarate	1	
BYSTOLIC	2	
carvedilol	1	
COREG CR	2	
labetalol hcl	1	
metoprolol succinate	1	
metoprolol tartrate	1	
nadolol	1	

Drug	Tier	Notes
pindolol	1	
propranolol hcl	1	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate	1	
CARDIZEM CD	2	360mg
diltiazem hcl	1	
diltiazem hcl coated beads	1	
diltiazem hcl extended release beads	1	
felodipine	1	
isradipine	1	
nifedipine	1	
NIMODIPINE	4	
nisoldipine	1	
verapamil hcl	1	
DIGITALIS GLYCOSIDES		
digoxin	1	
LANOXIN	2	
DIRECT RENIN INHIBITORS		
TEKURNA	2	
TEKURNA HCT	2	
DIURETICS		
acetazolamide	1	
ALDACTAZIDE	2	50/50
amiloride & hydrochlorothiazide	1	
amiloride hcl	1	
bumetanide	1	
chlorothiazide	1	
chlorthalidone	1	
furosemide	1	
hydrochlorothiazide	1	
indapamide	1	
methazolamide	1	
metolazone	1	
spironolactone & hydrochlorothiazide	1	
THALITONE	2	
torsemide 100mg, 10mg, 20mg, 5mg	1	
TORSEMIDE 20mg/2ml	2	injection
triamterene & hydrochlorothiazide	1	
MISCELLANEOUS		
BIDIL	2	
hydralazine hcl	1	
methyldopa	1	
midodrine hcl	1	
minoxidil	1	
RANEXA	2	PA

Drug	Tier	Notes
NITRATES		
ISORDIL TITRADOSE	2	
isosorbide dinitrate	1	
isosorbide mononitrate	1	
NITRO-DUR	2	.3mg,.8mg
nitroglycerin	1	
NITROLINGUAL PUMPSPRAY	2	
NITROSTAT	2	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	4	PA
LETAIRIS	4	PA
REVATIO	4	PA
TRACLEER	4	LA, PA
CENTRAL NERVOUS SYSTEM		
ANTI ANXIETY		
bupirone hcl	1	
fluvoxamine maleate 100mg	1	
fluvoxamine maleate 25mg, 50mg	1	QL (45 tabs / 25 days)
meprobamate	1	
ANTI CONVULSANTS		
BANZEL	3	PA
carbamazepine	1	
CELONTIN	2	
DILANTIN	2	
DILANTIN INFATABS	2	
divalproex sodium	1	
ethosuximide	1	
FELBATOL	3	
gabapentin 100mg	1	QL (1080 caps / 25 days)
gabapentin 300mg	1	QL (360 caps / 25 days)
gabapentin 400mg	1	QL (270 caps / 25 days)
gabapentin 600mg	1	QL (180 tabs / 25 days)
gabapentin 800mg	1	QL (120 tabs / 25 days)
GABITRIL	3	
KEPPRA	2	injection
lamotrigine	1	
levetiracetam	1	
LYRICA 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg	2	QL (120 caps / 25 days)
LYRICA 300mg	2	QL (60 caps / 25 days)
NEURONTIN	2	QL (5 bottles / 25 days); solution
oxcarbazepine	1	
PEGANONE	2	
phenytoin	1	

Drug	Tier	Notes
phenytoin sodium	1	
phenytoin sodium extended	1	
primidone	1	
SABRIL	4	PA
TEGRETOL-XR	2	
topiramate	1	
valproate sodium	1	
valproic acid	1	
VIMPAT	2	PA
zonisamide	1	
ANTIDEMENTIA		
ARICEPT 10mg	2	
ARICEPT 5mg	2	QL (30 tabs / 25 days)
ARICEPT ODT 10mg	2	
ARICEPT ODT 5mg	2	QL (30 ea / 25 days)
EXELON 1.5mg	2	QL (240 caps / 25 days)
EXELON 2mg/ml	2	QL (2 bottles / 25 days)
EXELON 3mg	2	QL (120 caps / 25 days)
EXELON 4.5mg, 6mg	2	QL (60 caps / 25 days)
EXELON 4.6mg/24hr, 9.5mg/24hr	2	QL (30 ea / 25 days); patch
galantamine hydrobromide 12mg, 4mg	1	QL (30 tabs / 25 days)
galantamine hydrobromide 16mg, 24mg, 4mg/ml, 8mg	1	
galantamine hydrobromide 8mg	1	QL (30 ea / 25 days)
NAMENDA	2	
NAMENDA TITRATION PAK	2	
ANTI DEPRESSANTS		
amitriptyline hcl	1	
AMOXAPINE	2	
bupropion hcl	1	
citalopram hydrobromide 10mg, 20mg	1	QL (45 tabs / 25 days)
citalopram hydrobromide 10mg/5ml, 40mg	1	
clomipramine hcl	1	
CYMBALTA	2	QL (30 ea / 25 days)
desipramine hcl	1	
doxepin hcl	1	
EFFEXOR XR 150mg	2	
EFFEXOR XR 37.5mg, 75mg	2	QL (30 ea / 25 days)
EMSAM	2	QL (30 ea / 25 days), PA
fluoxetine hcl 10mg, 20mg	1	QL (30 caps / 25 days)
fluoxetine hcl 10mg	1	QL (45 tabs / 25 days)
fluoxetine hcl 20mg, 20mg/5ml, 40mg	1	
imipramine hcl	1	
LEXAPRO 10mg, 5mg	2	QL (45 tabs / 25 days)

Drug	Tier	Notes
LEXAPRO 20mg, 5mg/5ml	2	
maprotiline hcl	1	
MARPLAN	2	
mirtazapine 15mg	1	QL (45 ea / 25 days)
mirtazapine 15mg, 7.5mg	1	QL (45 tabs / 25 days)
mirtazapine 30mg, 45mg	1	
NARDIL	2	
nefazodone hcl	1	
nortriptyline hcl	1	
paroxetine hcl 10mg, 20mg	1	QL (45 tabs / 25 days)
paroxetine hcl 10mg/5ml, 25mg, 30mg, 40mg	1	
paroxetine hcl 12.5mg	1	QL (30 ea / 25 days)
PRISTIQ 100mg	2	
PRISTIQ 50mg	2	QL (30 ea / 25 days)
protriptyline hcl	1	
sertraline hcl 100mg, 20mg/ml	1	
sertraline hcl 25mg, 50mg	1	QL (45 tabs / 25 days)
SURMONTIL	2	
tranylcypromine sulfate	1	
trazodone hcl	1	
venlafaxine hcl	1	
ANTI-PARKINSONIAN AGENTS		
amantadine hcl	1	
APOKYN	4	
AZILECT	2	
benztropine mesylate	1	
bromocriptine mesylate	1	
carbidopa-levodopa	1	
COMTAN	2	
pramipexole dihydrochloride	1	
ropinirole hydrochloride	1	
selegiline hcl	1	
STALEVO 100	2	
STALEVO 125	2	
STALEVO 150	2	
STALEVO 200	2	
STALEVO 50	2	
STALEVO 75	2	
trihexyphenidyl hcl	1	
ANTI-PSYCHOTICS		
ABILIFY 10mg, 15mg, 5mg	3	QL (30 tabs / 25 days), ST
ABILIFY 1mg/ml, 20mg, 2mg, 30mg	3	ST
ABILIFY 9.75mg/1.3ml	3	
ABILIFY DISCMELT	3	ST
chlorpromazine hcl 100mg, 10mg, 200mg,	1	

Drug	Tier	Notes
25mg, 50mg		
CHLORPROMAZINE HCL 25mg/ml	2	
clozapine	1	
FANAPT	3	ST
FANAPT TITRATION PACK	3	ST
FAZACLO	3	PA
fluphenazine decanoate	1	
fluphenazine hcl	1	
GEODON 20mg	2	
GEODON 20mg	2	QL (240 caps / 25 days)
GEODON 40mg	2	QL (120 caps / 25 days)
GEODON 60mg, 80mg	2	QL (60 caps / 25 days)
haloperidol	1	
haloperidol decanoate	1	
haloperidol lactate	1	
INVEGA 1.5mg, 3mg	3	QL (30 ea / 25 days), ST
INVEGA 6mg, 9mg	3	ST
INVEGA SUSTENNA 39mg/0.25ml, 78mg/0.5ml	3	PA
INVEGA SUSTENNA 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	4	PA
loxapine succinate	1	
NAVANE	2	
ORAP	2	
perphenazine	1	
RISPERDAL CONSTA 12.5mg, 25mg	2	QL (2 vials / 25 days), PA
RISPERDAL CONSTA 37.5mg, 50mg	4	QL (2 vials / 25 days), PA
risperidone	1	
SAPHRIS	3	ST
SEROQUEL 100mg	2	QL (240 tabs / 25 days)
SEROQUEL 200mg	2	QL (120 tabs / 25 days)
SEROQUEL 25mg	2	QL (960 tabs / 25 days)
SEROQUEL 300mg, 400mg	2	QL (60 tabs / 25 days)
SEROQUEL 50mg	2	QL (480 tabs / 25 days)
SEROQUEL XR 150mg, 200mg	2	QL (30 ea / 25 days)
SEROQUEL XR 300mg, 400mg	2	QL (60 ea / 25 days)
SEROQUEL XR 50mg	2	QL (120 ea / 25 days)
thioridazine hcl	1	
thiothixene	1	
trifluoperazine hcl	1	
ZYPREXA 10mg, 15mg, 20mg	2	
ZYPREXA 2.5mg, 5mg, 7.5mg	2	QL (30 tabs / 25 days)
ZYPREXA ZYDIS 10mg, 15mg, 20mg	2	
ZYPREXA ZYDIS 5mg	2	QL (30 ea / 25 days)

ATTENTION DEFICIT HYPERACTIVITY DISORDER

Drug	Tier	Notes
amphetamine-dextroamphetamine	1	PA
dexmethylphenidate hcl	1	PA
dextroamphetamine sulfate 10mg, 15mg, 5mg	1	ext rel
dextroamphetamine sulfate 10mg, 5mg	1	PA
methylphenidate hcl 10mg, 20mg	1	ext rel
methylphenidate hcl 10mg, 20mg, 5mg	1	PA
STRATTERA	2	PA
HYPNOTICS		
zaleplon	1	QL (180 caps / year)
zolpidem tartrate	1	QL (180 tabs / year)
MIGRAINE		
dihydroergotamine mesylate	1	
ergotamine w/ caffeine	1	
MAXALT	2	QL (12 tabs / 25 days)
MAXALT-MLT	2	QL (12 ea / 25 days)
MIGERGOT	2	
sumatriptan succinate 100mg, 25mg, 50mg	1	QL (9 tabs / 25 days)
sumatriptan succinate 4mg/0.5ml, 6mg/0.5ml	1	QL (20 vials / 25 days)
MISCELLANEOUS		
GUANIDINE HCL	2	
lithium carbonate	1	
LITHIUM CITRATE	2	
MESTINON	2	
MESTINON TIMESPAN	2	
pyridostigmine bromide	1	
REGONOL	2	
RILUTEK	4	
SAVELLA	2	QL (60 tabs / 25 days)
SAVELLA TITRATION PACK	2	QL (1 kit / 25 days)
XENAZINE	4	PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	4	PA
AVONEX	4	PA
BETASERON	4	PA
COPAXONE	4	PA
EXTAVIA	4	PA
REBIF	4	PA
REBIF TITRATION PACK	4	PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen	1	
carisoprodol	1	
chlorzoxazone	1	
cyclobenzaprine hcl	1	
dantrolene sodium	1	
metaxalone	1	

Drug	Tier	Notes
methocarbamol	1	
orphenadrine citrate	1	
ORPHENADRINE COMPOUND DS	2	
orphenadrine w/ aspirin & caff	1	
ROBAXIN	2	injection
tizanidine hcl	1	
NARCOLEPSY/CATAPLEXY		
PROVIGIL 100mg	2	QL (90 tabs / 25 days), PA
PROVIGIL 200mg	2	QL (60 tabs / 25 days), PA
XYREM	4	LA, PA
PSYCHOTHERAPEUTIC-MISCELLANEOUS		
ANTABUSE	2	
buprenorphine hcl	1	PA
bupropion hcl (smoking deterrent)	1	
CAMPRAL	2	PA
CHANTIX	3	PA
naloxone hcl	1	
naltrexone hcl	1	
NICOTROL INHALER	3	PA
NICOTROL NS	3	PA
perphenazine-amitriptyline	1	
SUBOXONE	2	PA
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANDRODERM	2	QL (30 ea / 25 days), PA
oxandrolone 2.5mg	1	PA
OXANDROLONE 10mg	4	PA
testosterone cypionate	1	
testosterone enanthate	1	
ANTI DIABETICS		
acarbose	1	
ACTOPLUS MET	2	QL (90 tabs / 25 days)
ACTOS	2	
ALCOHOL PREPS	2	QL (100 pads / 25 days)
APIDRA	2	
APIDRA SOLOSTAR	2	
AVANDAMET	2	QL (120 tabs / 25 days)
AVANDAMET	2	QL (60 tabs / 25 days)
AVANDARYL	2	QL (30 tabs / 25 days)
AVANDARYL	2	QL (60 tabs / 25 days)
AVANDIA	2	
BYETTA	2	QL (1 pen / 25 days), PA
DUETACT	2	QL (30 tabs / 25 days)
GAUZE PADS AND DRESSINGS - PADS 2 X 2	2	QL (100 / 25 days)
glimepiride	1	

Drug	Tier	Notes
glipizide	1	
glipizide-metformin hcl	1	
glyburide	1	
glyburide micronized	1	
glyburide-metformin	1	
HUMALOG	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 PEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 PEN	2	
HUMALOG PEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 PEN	2	
HUMULIN N	2	
HUMULIN N U-100 PEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTR	2	
INSULIN PEN NEEDLE	2	QL (100 / 25 days)
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	QL (100 / 25 days)
INSULIN SYRINGE (DISP) U-100 1 ML	2	QL (100 / 25 days)
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	QL (100 / 25 days)
JANUMET	2	
JANUVIA	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
metformin hcl	1	
nateglinide	1	
NEEDLES, INSULIN DISP., SAFETY	2	QL (100 / 25 days)
NOVOLIN 70/30	2	
NOVOLIN 70/30 INNOLET	2	
NOVOLIN N	2	
NOVOLIN N INNOLET	2	
NOVOLIN R	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILL	2	
ONGLYZA	2	
PRANDIN	2	
RELION R	2	
SYMLIN	2	PA
SYMLINPEN 120	2	PA
SYMLINPEN 60	2	PA

Drug	Tier	Notes
BISPHOSPHONATES		
alendronate sodium 10mg, 40mg, 5mg	1	
alendronate sodium 35mg, 70mg	1	QL (4 tabs / 25 days)
BONIVA	2	
ZOMETA	4	
CALCITONINS		
calcitonin (salmon)	1	
MIACALCIN	2	injection
CALCIUM RECEPTOR ANTAGONISTS		
SENSIPAR 30mg	2	
SENSIPAR 60mg, 90mg	4	
CHELATING AGENTS		
EXJADE	4	PA
sodium polystyrene sulfonate	1	
SYPRINE	2	
CONTRACEPTIVES		
desogestrel & ethinyl estradiol	1	
desogestrel-ethinyl estradiol (triphasic)	1	
drospirenone-ethinyl estradiol	1	
ethynodiol diacet & eth estrad	1	
levonorgestrel & eth estradiol	1	
levonorgestrel (emergency oc)	1	
levonorgestrel-eth estradiol (triphasic)	1	
levonorgestrel-ethinyl estradiol (91-day)	1	
medroxyprogesterone acetate (contraceptive)	1	QL (1 vial / 90 days)
NECON 10/11-28	2	
norethin acet & estrad-fe	1	
norethindrone & eth estradiol	1	
norethindrone (contraceptive)	1	
norethindrone acet & eth estra	1	
norethindrone acetate-ethinyl estradiol-fe	1	
norethindrone-eth estradiol (triphasic)	1	
norgestimate-ethinyl estradiol	1	
norgestimate-ethinyl estradiol (triphasic)	1	
norgestrel & ethinyl estradiol	1	
NUVARING	2	
ORTHO EVRA	2	
ORTHO TRI-CYCLEN LO	2	
ENDOMETRIOSIS		
danazol	1	
SYNAREL	2	
ENZYME REPLACEMENTS		
ADAGEN	4	PA
ALDURAZYME	4	PA
BUPHENYL	4	

Drug	Tier	Notes
CEREZYME	4	PA
CYSTADANE	2	
CYSTAGON	2	
ELAPRASE	4	PA
FABRAZYME	4	PA
KUVAN	4	
levocarnitine (metabolic modifiers)	1	
MYOZYME	4	PA
NAGLAZYME	4	PA
ORFADIN	4	PA
VPRIV	4	PA
ZAVESCA	4	PA
ESTROGEN/PROGESTINS		
CLIMARA PRO	2	
COMBIPATCH	2	
PREMPHASE	2	
PREMPRO	2	
ESTROGENS		
ALORA	2	
ESTRADERM	2	
estradiol	1	
estropipate	1	
GYNODIOL	2	
PREMARIN	2	
PREMARIN W/APPLICATOR	2	
VAGIFEM	2	
VIVELLE-DOT	2	
GLUCOCORTICOIDS		
cortisone acetate	1	
dexamethasone	1	
DEXAMETHASONE INTENSOL	2	
dexamethasone sodium phosphate	1	
fludrocortisone acetate	1	
hydrocortisone	1	
hydrocortisone sod succinate	1	
methylprednisolone	1	
methylprednisolone acetate	1	
methylprednisolone sod succ	1	
prednisolone	1	
prednisolone sodium phosphate	1	
prednisone	1	
PREDNISONE INTENSOL	2	
SOLU-CORTEF	2	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	2	

Drug	Tier	Notes
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM	2	
HUMAN GROWTH HORMONES		
INCRELEX	4	PA
NORDITROPIN CARTRIDGE	4	PA
NORDITROPIN NORDIFLEX PEN	4	PA
SAIZEN	4	PA
SAIZEN CLICK.EASY	4	PA
TEV-TROPIN	4	PA
MISCELLANEOUS		
cabergoline	1	
chorionic gonadotropin	1	PA
octreotide acetate 50mcg/ml	1	PA
OCTREOTIDE ACETATE 1000mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml	4	PA
SANDOSTATIN LAR DEPOT	4	PA
SOMATULINE DEPOT	4	PA
SOMAVERT	4	PA
PARATHYROID HORMONES		
FORTEO	4	PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder)	1	
FOSRENOL	2	
PHOSLO	2	
RENAGEL	2	
RENVELA	2	
PROGESTINS		
medroxyprogesterone acetate	1	
norethindrone acetate	1	
SELECTIVE ESTROGEN RECEPTOR MODULATORS		
EVISTA	2	
THYROID AGENTS		
levothyroxine sodium	1	
liothyronine sodium	1	
methimazole	1	
propylthiouracil	1	
SYNTHROID	2	
VASOPRESSINS		
desmopressin acetate	1	
desmopressin acetate refrigerated	1	
desmopressin acetate spray refrigerated	1	
GASTROINTESTINAL		
ANTI DIARRHEALS		
diphenoxylate w/ atropine	1	
loperamide hcl	1	

Drug	Tier	Notes
ANTIEMETICS		
DRONABINOL 2.5mg	3	QL (60 caps / 25 days), PA
DRONABINOL 10mg, 5mg	4	QL (60 caps / 25 days), PA
EMEND 80mg	2	QL (4 caps / 25 days), PA
EMEND 125mg	2	QL (2 caps / 25 days), PA
EMEND 40mg	2	
granisetron hcl .1mg/ml, 1mg/ml	1	B/D
granisetron hcl 1mg	1	PA
meclizine hcl	1	
metoclopramide hcl	1	
ondansetron	1	PA
ondansetron hcl 24mg, 4mg, 4mg/5ml, 8mg	1	PA
ondansetron hcl 4mg/2ml	1	B/D
prochlorperazine	1	
prochlorperazine edisylate	1	
prochlorperazine maleate	1	
promethazine hcl	1	
SANCUSO	2	QL (2 patch / 15 days), PA
TRANSDERM-SCOP	2	
trimethobenzamide hcl	1	
ANTI SPASMODICS		
dicyclomine hcl	1	
glycopyrrolate	1	
H2-RECEPTOR ANTAGONISTS		
cimetidine	1	
cimetidine hcl	1	
famotidine	1	
famotidine in nacl	1	
PEPCID	2	suspension
ranitidine hcl	1	
INFLAMMATORY BOWEL DISEASE		
APRISO	2	
CANASA	2	
CIMZIA	4	PA
hydrocortisone (intrarectal)	1	
LIALDA	2	
mesalamine	1	
PENTASA	2	
sulfasalazine	1	
LAXATIVES		
HALFLYTELY BOWEL PREP	2	
lactulose	1	
lactulose (encephalopathy)	1	

Drug	Tier	Notes
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	1	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	1	
polyethylene glycol 3350	1	
RELISTOR	2	PA
MISCELLANEOUS		
AMITIZA	2	QL (60 caps / 25 days), ST
CARAFATE	2	suspension
GASTROCROM	2	
LOTRONEX	2	
misoprostol	1	
sucralfate	1	
ursodiol	1	
PANCREATIC ENZYMES		
CREON	2	
ZENPEP	2	
PROTON PUMP INHIBITOR/ANTI -INFECTIVE COMBINATIONS		
PREVPAC	2	QL (1 box / year)
PROTON PUMP INHIBITORS		
DEXILANT	2	QL (90 days per year)
NEXIUM	2	QL (90 days per year)
NEXIUM I.V.	2	
omeprazole	1	QL (90 days per year)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
AVODART	2	
finasteride	1	
tamsulosin hcl	1	
UROXATRAL	2	ST
MISCELLANEOUS		
bethanechol chloride	1	
ELMIRON	3	
potassium citrate (alkalinizer)	1	
URINARY ANTISPASMODICS		
DETROL LA 2mg	2	QL (30 ea / 25 days)
DETROL LA 4mg	2	
ENABLEX 15mg	2	
ENABLEX 7.5mg	2	QL (30 ea / 25 days)
GELNIQUE	2	
oxybutynin chloride	1	
VESICARE	2	
VAGINAL ANTI -INFECTIVES		
CLEOCIN 100mg	2	

Drug	Tier	Notes
clindamycin phosphate vaginal	1	
metronidazole vaginal	1	
terconazole vaginal	1	

HEMATOLOGIC

ANTICOAGULANTS

ARIXTRA 2.5mg/0.5ml	2	QL (60 syringes / 180 days)
ARIXTRA 10mg/0.8ml	4	QL (38 syringes / 180 days)
ARIXTRA 5mg/0.4ml	4	QL (75 syringes / 180 days)
ARIXTRA 7.5mg/0.6ml	4	QL (50 syringes / 180 days)
COUMADIN	2	
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml	2	QL (150 syringes / 180 days)
FRAGMIN 10000unit/ml	4	QL (30 syringes / 180 days)
FRAGMIN 25000unit/ml	4	QL (30 ml / 180 days)
FRAGMIN 7500unit/0.3ml	4	QL (100 syringes / 180 days)
heparin (porcine) in sodium chloride	1	
heparin sod (porcine) in d5w	1	
HEPARIN SODIUM	2	
heparin sodium (porcine)	1	
HEPARIN SODIUM/NAACL 0.45%	2	
LOVENOX 100mg/ml, 150mg/ml	2	QL (60 syringes / 180 days)
LOVENOX 120mg/0.8ml, 80mg/0.8ml	2	QL (75 syringes / 180 days)
LOVENOX 300mg/3ml	2	QL (20 vials / 180 days)
LOVENOX 30mg/0.3ml	2	QL (200 syringes / 180 days)
LOVENOX 40mg/0.4ml	2	QL (150 syringes / 180 days)
LOVENOX 60mg/0.6ml	2	QL (100 syringes / 180 days)
warfarin sodium	1	

HEMATOPOIETIC GROWTH FACTORS

LEUKINE	4	PA
MOZOBIL	4	PA
NEUPOGEN	4	PA
PROCRIT 10000unit/ml, 2000unit/ml, 3000unit/ml, 4000unit/ml	2	QL (12 vials / 25 days), PA
PROCRIT 20000unit/ml	4	QL (12 vials / 25 days), PA

Drug	Tier	Notes
PROCRIT 40000unit/ml	4	QL (6 vials / 25 days), PA
MISCELLANEOUS		
anagrelide hcl	1	PA
cilostazol	1	
CYKLOKAPRON	2	
pentoxifylline	1	
PROMACTA	4	PA
PLATELET AGGREGATION INHIBITORS		
AGGRENEX	2	
dipyridamole	1	
EFFIENT	2	
PLAVIX 300mg	2	QL (1 tab / 25 days)
PLAVIX 75mg	2	
ticlopidine hcl	1	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI -RHEUMATIC DRUGS (DMARDS)		
ACTEMRA	4	PA
HUMIRA	4	PA
HUMIRA PEN-CROHNS DISEASE	4	PA
hydroxychloroquine sulfate	1	
leflunomide	1	
methotrexate sodium 2.5mg	1	
REMICADE	4	PA
RHEUMATREX	2	
IMMUNOGLOBULINS		
GAMASTAN S/D	2	B/D
GAMMAGARD LIQUID	4	PA
GAMUNEX	4	PA
IMMUNOMODULATORS		
ACTIMMUNE	4	PA
ARCALYST	4	PA
INFERGEN	4	PA
INTRON-A	4	B/D
INTRON-A W/DILUENT	2	B/D
PEG-INTRON	4	PA
PEG-INTRON REDIPEN	4	PA
PEGASYS	4	PA
REVLIMID	4	LA, PA
THALOMID	4	PA
IMMUNOSUPPRESSANTS		
AZASAN	2	B/D
azathioprine	1	B/D
azathioprine sodium	1	B/D
CELLCEPT	2	B/D
cyclosporine	1	B/D

Drug	Tier	Notes
cyclosporine modified (for microemulsion)	1	B/D
mycophenolate mofetil	1	B/D
MYFORTIC	2	B/D
NEORAL	2	B/D
PROGRAF .5mg, 1mg	2	B/D
PROGRAF 5mg	4	B/D
RAPAMUNE	2	B/D
SANDIMMUNE	2	B/D
tacrolimus .5mg, 1mg	1	B/D
TACROLIMUS 5mg	4	B/D

VACCINES

ACTHIB	2	
ADACEL	2	
ATTENUVAX	2	
BOOSTRIX	2	
CERVARIX	2	
COMVAX	2	
DAPTACEL	2	
DECAVAC	2	B/D
DIPHThERIA/TETANUS TOXOID	2	B/D
ENGERIX-B	2	B/D
GARDASIL	2	
HAVRIX	2	
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
JE-VAX	2	
M-M-R II W/DILUENT 10 DOS	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MERUVAX II W/DILUENT 10 D	2	
PEDIARIX	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	B/D
ROTATEQ	2	
TETANUS TOXOID ADSORBED	2	B/D
TETANUS/DIPHThERIA TOXOID	2	B/D
TRIHIBIT	2	
TRIPEDIA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	

Drug	Tier	Notes
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	QL (1 vial in lifetime)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

KLOR-CON M15	2	
parenteral electrolytes	1	B/D
potassium chloride 10meq, 2meq/ml, 8meq	1	
potassium chloride microencapsulated crystals cr	1	
sodium chloride 2.5meq/ml	1	
sodium fluoride	1	

IV NUTRITION

amino acid electrolyte infusion	1	B/D
amino acid infusion	1	B/D
AMINOSYN	2	B/D
AMINOSYN 7%/ELECTROLYTES	2	B/D
AMINOSYN II	2	B/D
AMINOSYN II 3.5%/DEXTROSE	2	B/D
AMINOSYN II 3.5/DEXTROSE	2	B/D
AMINOSYN II 4.25/DEXTROSE	2	B/D
AMINOSYN II 5/DEXTROSE 25	2	B/D
AMINOSYN II M 3.5%/DEXTRO	2	B/D
AMINOSYN M	2	B/D
AMINOSYN-HBC	2	B/D
AMINOSYN-PF	2	B/D
AMINOSYN-PF 7%	2	B/D
CLINIMIX 2.75%/DEXTROSE 5	2	B/D
CLINIMIX 4.25%/DEXTROSE 1	2	B/D
CLINIMIX 4.25%/DEXTROSE 2	2	B/D
CLINIMIX 4.25%/DEXTROSE 5	2	B/D
CLINIMIX 5%/DEXTROSE 15%	2	B/D
CLINIMIX 5%/DEXTROSE 20%	2	B/D
CLINIMIX 5%/DEXTROSE 25%	2	B/D
CLINIMIX E 2.75%/DEXTROSE	2	B/D
CLINIMIX E 4.25%/DEXTROSE	2	B/D
CLINIMIX E 5%/DEXTROSE 15	2	B/D
CLINIMIX E 5%/DEXTROSE 20	2	B/D
CLINIMIX E 5%/DEXTROSE 25	2	B/D
fat emulsion	1	B/D
FREAMINE HBC 6.9%	2	B/D
FREAMINE III 3%	2	B/D
HEPATASOL	2	B/D
LIPOSYN II	2	B/D
LIPOSYN III	2	B/D

Drug	Tier	Notes
NEPHRAMINE	2	B/D
PREMASOL	2	B/D
PROCALAMINE	2	B/D
PROSOL	2	B/D
RENAMIN	2	B/D
TRAVASOL	2	B/D
TROPHAMINE	2	B/D

IV REPLACEMENT SOLUTIONS

alcohol in d5w	1	
dextrose	1	
DEXTROSE 5%	2	
DEXTROSE 5%/POTASSIUM CHL	2	
dextrose w/ sodium chloride	1	
electrolyte-m in dextrose	1	
electrolyte-r	1	
electrolyte-r in dextrose	1	
IONOSOL-B/DEXTROSE 5%	2	
IONOSOL-MB/DEXTROSE 5%	2	
IONOSOL-T/DEXTROSE 5%	2	
ISOLYTE-H/DEXTROSE 5%	2	
ISOLYTE-P/DEXTROSE 5%	2	
ISOLYTE-S	2	
ISOLYTE-S/DEXTROSE 5%	2	
KCL 0.15%/D10W/NACL 0.2%	2	
KCL 0.15%/D5W/LR	2	
KCL 0.15%/D5W/NACL 0.225%	2	
KCL 0.3%/D5W/NACL 0.9%	2	
lactated ringer's	1	
MAGNESIUM SULFATE IN D5W	2	
NORMOSOL-R	2	
PLASMA-LYTE 56	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-148	2	
PLASMA-LYTE-148/D5W	2	
PLASMA-LYTE-56/D5W	2	
potassium chloride .4meq/ml, 10meq/100ml, 10meq/50ml, 30meq/100ml	1	
POTASSIUM CHLORIDE 0.15%	2	
POTASSIUM CHLORIDE 0.3%/	2	
potassium chloride in d5w lactated ringers	1	
potassium chloride in dextrose	1	
potassium chloride in dextrose & sodium chloride	1	
potassium chloride in nacl	1	
ringer's	1	

Drug	Tier	Notes
sodium chloride .45%, .9%, 3%, 5%	1	
VITAMINS		
calcitriol .25mcg, .5mcg	1	capsule
calcitriol 1mcg/ml	1	
CALCITRIOL 2mcg/ml	2	
prenatal without a vit w/ iron carbonyl-folic acid	1	
ZEMPLAR	2	
OPHTHALMIC		
ANTI -INFECTIVE/ANTI -INFLAMMATORY		
bacitracin-poly-neomycin-hc	1	
BLEPHAMIDE S.O.P.	2	
neomycin-polymy-dexameth	1	
neomycin-polymyxin-hc (ophth)	1	
sulfacetamide sod-prednisolone	1	
tobramycin-dexamethasone	1	
ANTI -INFECTIVES		
AZASITE	2	
bacitracin (ophthalmic)	1	
bacitracin-polymyxin b (ophth)	1	
CILOXAN	2	ointment
ciprofloxacin hcl (ophth)	1	
erythromycin (ophth)	1	
gentamicin sulfate (ophth)	1	
NATACYN	2	
neomycin-bacitracin zn-polymyxin	1	
neomycin-polymy-gramicid	1	
ofloxacin (ophth)	1	
polymyxin b-trimethoprim	1	
sulfacetamide sodium (ophth)	1	
tobramycin sulfate (ophth)	1	
TOBEX	2	ointment
trifluridine	1	
VIGAMOX	2	
ZYMAR	2	
ANTI -INFLAMMATORIES		
dexamethasone sodium phosphate (ophth)	1	
diclofenac sodium (ophth)	1	
fluorometholone (ophth)	1	
flurbiprofen sodium	1	
FML	2	
ketorolac tromethamine (ophth)	1	
prednisolone acetate (ophth)	1	
PREDNISOLONE SODIUM PHOSP	2	
ANTIALLERGICS		

Drug	Tier	Notes
ALREX	2	
azelastine hcl (ophth)	1	
cromolyn sodium (ophth)	1	
PATADAY	2	
PATANOL	2	
ANTI GLAUCOMA		
AZOPT	2	
BETOPTIC-S	2	
brimonidine tartrate	1	
carteolol hcl (ophth)	1	
COMBIGAN	2	
dorzolamide hcl	1	
dorzolamide hcl-timolol maleate	1	
levobundolol hcl	1	
LUMIGAN	2	QL (2.5ml / 25 days)
metipranolol	1	
PILOPINE HS	2	
timolol maleate (ophth) .25%, .5%	1	gel
timolol maleate (ophth) .25%, .5%	1	
TRAVATAN Z	2	QL (2.5ml / 25 days)
MISCELLANEOUS		
LACRISERT	2	
naphazoline hcl	1	
proparacaine hcl	1	
RESTASIS	2	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
COMBIVENT	2	QL (2 inhalers / 25 days)
ipratropium-albuterol	1	B/D, QL (180 vials / 25 days)
ANTICHOLINERGICS		
ATROVENT HFA	2	QL (2 inhalers / 25 days)
ipratropium bromide	1	B/D, QL (126 bags / 25 days)
ipratropium bromide (nasal)	1	
SPIRIVA HANDIHALER	2	QL (30 caps / 25 days)
ANTI HISTAMINES, LOW/NONSEDATING		
ASTEPRO	2	QL (2 spray-bottles / 25 days)
azelastine hcl	1	QL (2 inhalers per 25 days)
cetirizine hcl	1	
fexofenadine hcl	1	
XYZAL	2	
ANTI HISTAMINES, SEDATING		

Drug	Tier	Notes
clemastine fumarate	1	
cyproheptadine hcl	1	
diphenhydramine hcl	1	
hydroxyzine hcl	1	
hydroxyzine pamoate	1	
BETA AGONISTS		
albuterol sulfate .083%, .63mg/3ml, 1.25mg/3ml	1	B/D, QL (100 bags / 25 days)
albuterol sulfate .5%	1	B/D, QL (3 bottles / 25 days)
albuterol sulfate 2mg, 2mg/5ml, 4mg, 8mg	1	
levalbuterol hcl	1	B/D, QL (90 bags / 25 days)
PROAIR HFA	2	QL (2 inhalers / 25 days)
SEREVENT DISKUS	2	QL (1 inhaler / 25 days)
terbutaline sulfate	1	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
ACCOLATE	3	
SINGULAIR	2	ST
MAST CELL STABILIZERS		
cromolyn sodium	1	B/D, QL (120 bags / 25 days)
MISCELLANEOUS		
acetylcysteine	1	B/D
ARALAST NP	4	PA
epinephrine hcl	1	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
PULMOZYME	4	PA
TOBI	4	B/D
TYZINE	2	
TYZINE PEDIATRIC NASAL DR	2	
XOLAIR	4	PA
NASAL STEROIDS		
flunisolide (nasal)	1	QL (2 bottles / 25 days)
fluticasone propionate (nasal)	1	QL (1 bottle / 25 days)
NASACORT AQ	2	QL (1 inhaler / 25 days)
STEROID INHALANTS		
ASMANEX 120 METERED DOSES	2	QL (2 inhalers / 25 days)
ASMANEX 14 METERED DOSES	2	QL (2 inhalers / 25 days)
ASMANEX 30 METERED DOSES	2	QL (2 inhalers / 25 days)
ASMANEX 60 METERED DOSES	2	QL (2 inhalers / 25 days)
FLOVENT DISKUS	2	QL (2 inhalers / 25 days)
FLOVENT HFA	2	QL (2 inhalers / 25 days)
STEROID/BETA-AGONIST COMBINATIONS		

Drug	Tier	Notes
ADVAIR DISKUS	2	QL (1 kit / 25 days)
ADVAIR HFA	2	QL (1 inhaler / 25 days)
SYMBICORT	2	QL (1 inhaler / 25 days)
XANTHINES		
aminophylline	1	
ELIXOPHYLLIN	2	
THEO-24	2	
theophylline	1	
TOPICAL		
DERMATOLOGY, ACNE		
benzoyl peroxide-erythromycin	1	
clindamycin phosphate (topical)	1	
clindamycin phosphate-benzoyl peroxide	1	
erythromycin (acne aid)	1	
isotretinoin	1	
sulfacetamide sodium (acne)	1	
tretinoin .01%, .025%, .05%, .1%	1	PA
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC	2	
fluorouracil (topical)	1	
SOLARAZE	2	
DERMATOLOGY, ANTI BIOTICS		
ALTABAX	2	
BACTROBAN	2	cream
gentamicin sulfate (topical)	1	
mupirocin	1	
silver sulfadiazine	1	
DERMATOLOGY, ANTI FUNGALS		
ciclopirox	1	
ciclopirox olamine	1	
clotrimazole (topical)	1	
econazole nitrate	1	
ketoconazole (topical) 2%	1	
nystatin (topical)	1	
DERMATOLOGY, ANTI PRURITIC		
hydrocortisone (rectal) 2.5%	1	
ZONALON	2	
DERMATOLOGY, ANTI PSORIATICS		
calcipotriene	1	
DOVONEX	2	cream
OXSORALEN ULTRA	4	PA
STELARA	4	PA
DERMATOLOGY, ANTI SEBORRHEICS		
ketoconazole (topical) 2%	1	
selenium sulfide	1	

Drug	Tier	Notes
DERMATOLOGY, ANTIVIRALS		
DENAVIR	2	
ZOVIRAX	2	cream, ointment
DERMATOLOGY, CORTICOSTEROIDS		
alclometasone dipropionate	1	
betamethasone dipropionate (topical)	1	
betamethasone dipropionate augmented	1	
betamethasone valerate	1	
clobetasol propionate	1	
clobetasol propionate emollient base	1	
DERMA-SMOOTH/FS BODY OIL	2	
desonide	1	
DESOWEN OINTMENT/CETAPHIL	2	
desoximetasone	1	
diflorasone diacetate	1	
fluocinolone acetonide	1	
fluocinonide	1	
fluocinonide emulsified base	1	
fluticasone propionate	1	
halobetasol propionate	1	
hydrocortisone (rectal) 1%	1	
hydrocortisone (topical)	1	
hydrocortisone butyrate	1	
hydrocortisone valerate	1	
KENALOG	2	
mometasone furoate	1	
triamcinolone acetonide (topical)	1	
DERMATOLOGY, IMMUNOMODULATORS		
ELIDEL	2	PA
PROTOPIC	2	PA
DERMATOLOGY, LOCAL ANESTHETICS		
lidocaine	1	
lidocaine hcl	1	
lidocaine-prilocaine	1	
LIDODERM	2	QL (90 patch / 25 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
imiquimod	1	
lactic acid (ammonium lactate)	1	
PANRETIN	4	
podofilox	1	
TARGRETIN 1%	4	PA
DERMATOLOGY, ROSACEA		
METROGEL	2	
metronidazole (topical)	1	

Drug	Tier	Notes
ORACEA	2	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX	2	
malathion	1	
permethrin	1	
DERMATOLOGY, WOUND CARE AGENTS		
REGANEX	4	PA
SANTYL	2	
sodium chloride (gu irrigant)	1	
MOUTH/THROAT/DENTAL AGENTS		
chlorhexidine gluconate (mouth-throat)	1	
EVOXAC	2	
lidocaine hcl (mouth-throat)	1	
nystatin (mouth-throat)	1	
pilocarpine hcl (oral)	1	
triamcinolone acetonide (mouth)	1	
OTIC		
acetic acid (otic)	1	
acetic acid-aluminum acetate	1	
DERMOTIC	2	
hydrocortisone w/acetic acid	1	
neomycin-polymyxin-hc (otic)	1	
ofloxacin (otic)	1	

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