



GroupHealth

**Group Health  
Clear Care Part D Formulary**

**2010 Comprehensive Formulary  
(List of Covered Drugs)**

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS  
WE COVER IN THIS PLAN**

**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

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<CMS Approval Date>

Last Updated September 2009

## **What is the Group Health Clear Care Part D Formulary?**

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

## **Can the Formulary change?**

Generally, if you are taking a drug on our 2010 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2010 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1<sup>st</sup>, 2010. To get updated information about the drugs covered by Group Health please visit our Web site at [www.ghc.org](http://www.ghc.org) or call Customer Services at 1-888-901-4600, Monday – Friday, 8 a.m. to 8 p.m. From Nov. 15, 2009, through Feb. 28, 2010, we will be available every day of the week from 8 a.m. to 8 p.m. TTY/TDD users should call TTY WA Relay: 711 or 1-800-833-6388. Group Health will update print formularies 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, “Cardiac Drugs”. If you know what your drug is used for, look for the category name in the list that begins on page number 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 66. 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?**

Group Health 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:** Group Health requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Group Health before you fill your prescriptions. If you don't get approval, Group Health may not cover the drug.
- **Quantity Limits:** For certain drugs, Group Health limits the amount of the drug that Group Health will cover. For example, Group Health provides 12 doses per prescription for MAXALT. This may be in addition to a standard one month or three month supply.

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

You can ask Group Health to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Group Health formulary?" on page 3 for information about how to request an exception.

## **What if my drug is not on the Formulary?**

If your drug is not included in this formulary, you should first contact Customer Services and confirm that your drug is not covered. If you learn that Group Health does not cover your drug, you have two options:

- You can ask Customer Services for a list of similar drugs that are covered by Group Health. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Group Health.
- You can ask Group Health 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 Group Health Clear Care Formulary?**

You can ask Group Health 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, Group Health 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 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

Generally, Group Health will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects. You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

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

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

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

If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first *<must be at least 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.

Group Health assures that members in transition have access to covered medication without an interruption in therapy

### **For more information**

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

If you have questions about Group Health please call Customer Services at 1-888-901-4600, Monday – Friday, 8 a.m. to 8 p.m. From Nov. 15<sup>th</sup>, 2009, through Feb. 28, 1, 2010, we will be available every day of the week from 8 a.m. to 8 p.m. TTY/TDD users should call TTY WA Relay: 711 or 1-800-833-6388. Or visit [www.ghc.org](http://www.ghc.org).

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit [www.medicare.gov](http://www.medicare.gov).

## Group Health Clear Care Part D Formulary

The formulary below provides coverage information about some of the drugs covered by Group Health. If you have trouble finding your drug in the list, turn to the Index that begins on page 66.

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

The second column of the chart lists the drug tier or coverage level. Group Health covers all Medicare Part D allowable prescription drugs at three levels of coverage: Preferred Generic (Tier 1), Preferred Brand (Tier 2), and Non-Preferred Generic and Non-Preferred Brand-name drugs (Tier 3). To determine the coverage level you will need to determine the tier level (1, 2, or 3) of your drug. Once you have found your drug, look in the “Tier” column to determine whether your drug is Tier 1 (Preferred Generic), Tier 2 (Preferred Brand-name), or Tier 3 (Non-Preferred Generic or Non-Preferred Brand-name). Once you have determined the type of drug, you can refer to your 2010 Summary of Benefits or Evidence of Coverage for information on the level of coverage.

### Initial Coverage Level for 30 day supply\*

Plans	Tier 1 (Preferred Generic)	Tier 2 (Preferred Brand)	Tier 3 (Non Preferred Generic or Brand)
Clear Care Essential (HMO)	\$4 copayment	\$14 copayment	50% coinsurance
Clear Care Optimal (HMO)	\$ 9 copayment	\$15 copayment	50% coinsurance
Clear Care Sound (HMO)	\$10 copayment	\$10 copayment	50% coinsurance
Clear Care Vital (HMO)	\$6 copayment	\$17 copayment	50% coinsurance
Clear Care Prestige (PPO)	\$6 copayment	\$17 copayment	50% coinsurance
Clear Care Elite (PPO)	\$9 copayment	\$15 copayment	50% coinsurance

\*Coverage level shown does not reflect deductibles, gap coverage, or catastrophic benefit coverage. Please refer to your 2010 Summary of Benefits or Evidence of Coverage for details.

The information in the Notes column tells you if Group Health has any special requirements for coverage of your drug.

- **PA = Prior Authorization:** Group Health requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Group Health before you fill your prescriptions. If you don’t get approval, Group Health may not cover the drug.
- **QL = Quantity Limits:** For certain drugs, Group Health limits the amount of the drug that Group Health will cover. For example, Group Health provides 12 doses per prescription for MAXALT. This may be in addition to a standard one month or three month supply.

- **ML = Maintenance List:** For certain drugs you take on a regular basis, for a chronic or long term medical condition, you may order up to a 90 day supply of the drugs through mail-order prescription drug services or retail pharmacies who have agreed to accept the mail-order cost-sharing amount for an extended supply of maintenance medications.
- **LA = Limited Availability:** This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or please call Customer Service at 1-888-901-4600, Monday – Friday, 8 a.m. to 8 p.m. From Nov. 15, 2009, through Feb. 28, 2010, we will be available every day of the week from 8 a.m. to 8 p.m. TTY/TDD users should call TTY WA Relay: 711 or 1-800-833-6388.
- **HI = Home Infusion:** For certain drugs, Group Health may be covered under your medical benefit. For more information, call Customer Service at 1-888-901-4600, Monday – Friday, 8 a.m. to 8 p.m. From Nov. 15, 2009, through Feb. 28, 2010, we will be available every day of the week from 8 a.m. to 8 p.m. TTY/TDD users should call TTY WA Relay: 711 or 1-800-833-6388

Drug Name	Drug Tier	Notes
<b>ACIDIFYING AGENTS</b>		
<b>ACIDIFYING AGENTS</b>		
<i>ammonium chloride</i>	1	
<b>ADRENALS</b>		
<b>ADRENALS</b>		
<i>a-hydrocort</i>	1	
<i>a-methapred</i>	1	HI
AEROBID-M	3	ML
ALVESCO	3	
ASMANEX 120 METERED DOSES	2	ML
ASMANEX 14 METERED DOSES	3	ML
ASMANEX 30 METERED DOSES	3	ML
ASMANEX 60 METERED DOSES	2	ML
AZMACORT	3	
CELESTONE	3	
CORTEF	3	ML
<i>cortisone acetate</i>	1	ML
DEPO-MEDROL INJ 20MG/ML	2	
DEPO-MEDROL INJ 40MG/ML, 80MG/ML	3	
<i>dexamethasone</i>	1	ML
DEXAMETHASONE INTENSOL	3	ML
<i>dexamethasone sodium phosphate</i>	1	HI
DEXPAK 13 DAY	3	ML
ENTOCORT EC	3	
FLOVENT DISKUS AEPB 100MCG/BLIST, 250MCG/BLIST	3	
FLOVENT DISKUS AEPB 50MCG/BLIST	3	ML
FLOVENT HFA	2	ML
<i>fludrocortisone acetate</i>	1	ML
<i>hydrocortisone</i>	1	ML
MEDROL DOSEPAK	3	ML
MEDROL TABS 2MG	2	ML
MEDROL TABS 16MG, 32MG, 4MG, 8MG	3	ML
<i>methylprednisolone</i>	1	ML
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sodiumsuccinate</i>	1	HI
MILLIPRED TABS	3	
MILLIPRED SOLN	3	ML
ORAPRED	3	ML
ORAPRED ODT	3	
PEDIAPRED	3	ML
<i>prednisolone sodium phosphate</i>	1	ML
<i>prednisone</i>	1	ML
PREDNISONONE INTENSOL	3	ML
<i>prelone</i>	3	ML
PULMICORT FLEXHALER	3	ML
QVAR	2	ML
SOLU-CORTEF	2	HI
SOLU-MEDROL	3	HI

Drug Name	Drug Tier	Notes
<i>sterapred</i>	3	ML
<i>sterapred 12 day</i>	3	ML
<i>sterapred ds 12 day</i>	3	
SYMBICORT	3	ML
<i>veripred 20</i>	3	
<b>ALKALINIZING AGENTS</b>		
<b>ALKALINIZING AGENTS</b>		
<i>potassium citrate extended-release</i>	1	ML
<i>sodium bicarbonate</i>	1	
<i>sodium lactate</i>	1	
UROCIT-K 10	3	ML
UROCIT-K 5	3	ML
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
CARDURA	3	ML
CARDURA XL	3	ML
<i>doxazosin mesylate</i>	1	ML
MINIPRESS	3	ML
<i>prazosin hcl</i>	1	ML
<i>terazosin hcl</i>	1	ML
<b>AMMONIA DETOXICANTS</b>		
<b>AMMONIA DETOXICANTS</b>		
BUPHENYL	3	
<i>constulose</i>	1	ML
<i>enulose</i>	1	ML
<i>generlac</i>	1	ML
KRISTALOSE	3	ML
<i>lactulose</i>	1	ML
LITHOSTAT	3	ML
<b>ANALGESICS AND ANTIPYRETICS</b>		
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
ANAPROX	3	ML
ANAPROX DS	3	ML
ARTHROTEC 50	3	ML
ARTHROTEC 75	3	ML
CATAFLAM	3	
CELEBREX	3	ML
CLINORIL	3	ML
DAYPRO	3	ML
<i>diclofenac potassium</i>	3	
<i>diclofenac sodium</i>	1	ML
<i>diclofenac sodium ec</i>	1	ML
<i>diclofenac sodium xr</i>	1	ML
<i>diflunisal</i>	1	ML
EC-NAPROSYN	3	ML
EQUAGESIC	3	
<i>etodolac er</i>	3	ML
<i>etodolac caps</i>	1	ML
<i>etodolac tabs 500mg</i>	1	
<i>etodolac tabs 400mg</i>	1	ML

Drug Name	Drug Tier	Notes
FELDENE	3	ML
<i>fenoprofen calcium</i>	3	ML
FLECTOR	3	ML
<i>flurbiprofen</i>	1	ML
<i>ibu</i>	1	
<i>ibuprofen</i>	1	ML
INDOCIN	3	ML
INDOCIN SR	3	ML
<i>indomethacin</i>	1	ML
<i>indomethacin er</i>	1	ML
<i>ketoprofen</i>	3	ML
<i>ketoprofen er</i>	3	ML
<i>ketorolac tromethamine inj</i>	1	
<i>ketorolac tromethamine tabs</i>	3	ML
<i>meclofenamate sodium</i>	1	ML
<i>meloxicam tabs</i>	1	ML
<i>meloxicam susp</i>	3	ML
MOBIC	3	ML
<i>nabumetone</i>	1	ML
NALFON	3	ML
NAPRELAN TB24 750MG	3	
NAPRELAN TB24 375MG, 500MG	3	ML
NAPROSYN	3	ML
<i>naproxen</i>	1	ML
<i>naproxen dr</i>	1	ML
<i>naproxen sodium</i>	1	ML
<i>oxaprozin</i>	3	ML
<i>piroxicam</i>	1	ML
PONSTEL	3	ML
PREVACID NAPRAPAC	3	
<i>sulindac</i>	1	ML
<i>tolmetin sodium</i>	1	ML
VOLTAREN	3	ML
VOLTAREN-XR	3	ML
<b>OPIATE AGONISTS</b>		
<i>acetaminophen/caffeine/dihydrocodeine bitartrate</i>	3	
<i>acetaminophen/codeine #3</i>	1	ML
<i>acetaminophen/codeine #4</i>	1	ML
<i>acetaminophen/codeine soln</i>	1	
<i>acetaminophen/codeine tabs</i>	1	ML
ACTIQ	3	
<i>ascomp/codeine</i>	3	ML
<i>astramorph</i>	1	
AVINZA CP24 45MG, 75MG	3	
AVINZA CP24 120MG, 30MG, 60MG, 90MG	3	ML
BALACET 325	3	ML
<i>butalbital /apap /caffeine /codeine</i>	3	ML
CAPITAL/CODEINE	3	ML
<i>co-gesic</i>	1	ML
COMBUNOX	3	

Drug Name	Drug Tier	Notes
DARVOCET A500	3	ML
DARVOCET-N 100	3	ML
DARVOCET-N 50	3	ML
DARVON	3	ML
DARVON-N	3	ML
DEMEROL TABS	3	ML
DEMEROL INJ 100MG/ML, 25MG/ML, 75MG/ML	2	
DEMEROL INJ 50MG/ML	3	
DILAUDID	3	
DILAUDID-5	3	
DILAUDID-HP	3	HI
DOLOPHINE	3	ML
DOLOPHINE HCL	3	ML
DURAGESIC	3	
DURAMORPH INJ 1MG/ML	2	
DURAMORPH INJ 0.5MG/ML	3	
<i>endocet</i>	1	ML
<i>endodan</i>	1	ML
<i>fentanyl</i>	1	
<i>fentanyl citrate</i>	1	
<i>fentanyl citrate oral transmucosal</i>	3	
FENTORA	3	
FIORICET /CODEINE	3	ML
FIORINAL/CODEINE #3	3	ML
HYCET	3	ML
<i>hydrocodone /acetaminophen-hs</i>	1	ML
<i>hydrocodone /acetaminophen soln</i>	1	
<i>hydrocodone /acetaminophen tabs</i>	1	ML
<i>hydrocodone /ibuprofen</i>	3	ML
<i>hydrocodone bitartrate/acetaminophen</i>	1	ML
<i>hydromorphone hcl inj</i>	1	HI
<i>hydromorphone hcl tabs</i>	1	ML
INFUMORPH 200	2	
INFUMORPH 500	2	
KADIAN	3	ML
LEVO DROMORAN	3	
<i>levorphanol tartrate</i>	1	ML
LORCET 10/650	3	ML
LORCET PLUS	3	ML
LORTAB	3	ML
LORTAB 10	3	ML
LORTAB 5	3	ML
LORTAB 7.5	3	ML
MAGNACET	3	ML
<i>margesic-h</i>	1	ML
MAXIDONE	3	ML
<i>meperidine hcl oral soln, tabs</i>	1	ML
<i>meperidine hcl inj 50mg/ml</i>	1	HI
<i>meperidine hcl inj 10mg/ml, 25mg/ml, 75mg/ml</i>	1	HI; ML
<i>meperidine hcl inj 100mg/ml</i>	1	ML

Drug Name	Drug Tier	Notes
<i>methadone hcl</i>	1	ML
<i>methadose</i>	1	ML
<i>morphine sulfate er</i>	1	ML
<i>morphine sulfate oral soln, tabs</i>	1	ML
<i>morphine sulfate inj 0.5mg/ml, 1mg/ml</i>	1	
<i>morphine sulfate inj 5mg/ml</i>	3	
MS CONTIN	3	ML
NORCO	3	ML
OPANA	3	
OPANA ER	3	
ORAMORPH SR	3	ML
<i>oxycodone /acetaminophen caps</i>	1	ML
<i>oxycodone /acetaminophen tabs 325mg; 2.5mg</i>	1	
<i>oxycodone /acetaminophen tabs 325mg; 5mg, 650mg; 10mg</i>	1	ML
<i>oxycodone /apap</i>	1	ML
<i>oxycodone /aspirin</i>	1	ML
<i>oxycodone /ibuprofen</i>	3	
<i>oxycodone hcl</i>	1	ML
<i>oxycodone hcl er</i>	1	
<i>oxycodone-apap</i>	1	ML
OXYCONTIN TB12 40MG	2	ML
<i>oxycontin tb12 40mg</i>	1	
OXYCONTIN TB12 10MG, 15MG, 20MG, 30MG, 60MG, 80MG	2	ML
<i>panlor dc</i>	3	
PANLOR SS	3	
PERCOCET	3	ML
PERCODAN	3	ML
<i>propoxyphene /acetaminophen</i>	1	
<i>propoxyphene hcl</i>	1	ML
<i>propoxyphene-n /acetaminophen</i>	1	ML
<i>reprexain</i>	3	
<i>roxicet</i>	1	ML
ROXICODONE	3	ML
RYZOLT	3	
<i>stagesic</i>	1	
SYNALGOS-DC	3	
<i>tramadol hcl</i>	1	ML
<i>tramadol hydrochloride/acetaminophen</i>	3	ML
<i>trezix</i>	3	
TYLENOL/CODEINE #3	3	ML
TYLENOL/CODEINE #4	3	ML
TYLOX	3	ML
ULTRACET	3	ML
ULTRAM	3	ML
ULTRAM ER	3	ML
VANACET	3	
VICODIN	3	ML
VICODIN ES	3	ML

Drug Name	Drug Tier	Notes
VICODIN HP	3	ML
VICOPROFEN	3	ML
XODOL	3	ML
ZAMICET	3	ML
zerlor	3	
ZYDONE	3	ML
<b>OPIATE PARTIAL AGONISTS</b>		
BUPRENEX	3	
<i>buprenorphine hcl</i>	3	
<i>butorphanol tartrate inj</i>	1	
<i>butorphanol tartrate nasal soln</i>	1	ML
<i>nalbuphine hcl</i>	1	
<i>pentazocine /acetaminophen</i>	3	
<i>pentazocine/naloxone hcl</i>	3	
SUBOXONE	2	
SUBUTEX	3	
TALACEN	3	
TALWIN	3	
TALWIN NX	3	
<b>ANDROGENS</b>		
<b>ANDROGENS</b>		
ANADROL-50	3	
ANDRODERM	2	ML
ANDROGEL	3	ML
ANDROID	2	ML
<i>androxy</i>	3	
<i>danazol</i>	1	ML
DELATESTRYL	3	ML
DEPO-TESTOSTERONE INJ 100MG/ML	2	ML
DEPO-TESTOSTERONE INJ 200MG/ML	3	ML
METHITEST	2	ML
OXANDRIN	3	
<i>oxandrolone</i>	1	
STRIANT	3	ML
TESTIM	3	ML
<i>testosterone cypionate</i>	1	ML
<i>testosterone enanthate</i>	1	
TESTRED	2	ML
<b>ANOREXIGENICS,RESPIR.,CEREBRAL STIMULANT</b>		
<b>AMPHETAMINES</b>		
ADDERALL	3	ML
ADDERALL XR	3	ML
<i>amphetamine salt combo</i>	1	ML
DESOXYN	3	
DEXEDRINE	3	ML
<i>dextroamphetamine sulfate</i>	1	ML
<i>dextroamphetamine sulfate er</i>	1	ML
LIQUADD	3	ML
VYVANSE	3	ML
<b>ANOREX.,RESPIR.,CEREBRAL STIMULANTS,MISC</b>		

Drug Name	Drug Tier	Notes
CONCERTA	2	
DAYTRANA	3	ML
<i>dexmethylphenidate hcl</i>	3	ML
FOCALIN	3	ML
FOCALIN XR	3	ML
METADATE CD	3	ML
METADATE ER	3	ML
<i>methylin er</i>	1	ML
METHYLIN CHEW	3	ML
<i>methylin tabs</i>	1	ML
METHYLIN SOLN 5MG/5ML	3	
METHYLIN SOLN 10MG/5ML	3	ML
<i>methylphenidate hcl</i>	1	ML
<i>methylphenidate hcl sr</i>	1	ML
PROVIGIL	2	ML
RITALIN	3	ML
RITALIN LA	3	ML
RITALIN SR	3	ML
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
ALBENZA	3	ML
BILTRICIDE	2	ML
<i>mebendazole</i>	1	ML
STROMEKTOL	3	ML
<b>ANTI-INFECTIVES (EENT)</b>		
<b>ANTIBACTERIALS (EENT)</b>		
<i>ak-poly-bac</i>	1	ML
<i>ak-tob</i>	1	ML
AZASITE	3	
<i>bac /poly /neomy /hc</i>	1	ML
<i>bacitracin</i>	1	ML
<i>bacitracin/polymyxin b</i>	1	ML
BACTROBAN NASAL	3	ML
BESIVANCE	3	
<i>bleph-10</i>	1	ML
BLEPHAMIDE	2	ML
BLEPHAMIDE S.O.P.	2	ML
CETRAXAL	3	
CILOXAN OINT	2	ML
CILOXAN SOLN	3	ML
CIPRO HC	2	ML
CIPRODEX	2	ML
<i>ciprofloxacin hcl</i>	1	
COLY-MYCIN S	3	ML
CORTISPORIN	3	ML
CORTISPORIN-TC	3	ML
<i>cortomycin</i>	1	ML
DEXASPORIN	3	ML
<i>doxycycline hyclate</i>	1	ML
<i>erythromycin</i>	1	ML

Drug Name	Drug Tier	Notes
FLOXIN OTIC	2	ML
<i>genoptic</i>	1	
<i>gentak</i>	1	
<i>gentamicin sulfate</i>	1	
<i>gentasol</i>	1	
IQUIX	3	
MAXITROL	3	ML
<i>neomycin /bacitracin /polymyxin</i>	3	ML
<i>neomycin /polymyxin /dexamethasone</i>	1	ML
<i>neomycin /polymyxin /gramicidin</i>	1	
<i>neomycin /polymyxin /hc</i>	1	ML
<i>neomycin /polymyxin /hydrocortisone</i>	1	ML
NEOSPORIN	3	
OCUFLOX	3	
OCUSULF-10	3	ML
<i>ofloxacin</i>	1	
PEDIOTIC	3	ML
PERIOSTAT	3	
<i>poly-dex</i>	1	ML
POLY-PRED	3	
POLYCIN B	3	ML
POLYTRIM	3	ML
PRED-G	2	ML
PRED-G S.O.P.	2	
QUIXIN	2	
<i>romycin</i>	1	ML
<i>sodium sulfacetamide</i>	1	ML
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	ML
TOBRADEX	2	ML
<i>tobramycin /dexamethasone</i>	1	
<i>tobramycin sulfate</i>	1	ML
<i>tobrasol</i>	1	ML
TOBEX OINT	2	ML
TOBEX SOLN	3	ML
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	ML
VIGAMOX	2	ML
ZYLET	3	
ZYMAR	2	ML
<b>ANTIFUNGALS (EENT)</b>		
NATACYN	2	
<b>ANTIVIRALS (EENT)</b>		
<i>trifluridine</i>	1	ML
VIROPTIC	3	ML
<b>EENT ANTI-INFECTIVES, MISCELLANEOUS</b>		
<i>acetasol hc soln 2%; 1%</i>	3	ML
<i>acetasol hc soln 2%; 1%</i>	3	
<i>acetic acid</i>	1	ML
<i>acetic acid/aluminum acetate</i>	3	ML
<i>borofair</i>	3	ML
<i>chlorhexidine gluconate oral rinse</i>	3	ML

Drug Name	Drug Tier	Notes
PERIDEX ORAL RINSE	3	
<i>periogard</i>	3	ML
<b>ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)</b>		
<b>ANTIBACTERIALS (SKIN AND MUCOUS MEMBRANE)</b>		
AKNE-MYCIN	2	ML
ALTABAX	3	
BACTROBAN CREA	2	ML
BACTROBAN OINT	3	ML
BENZACLIN CARE KIT	2	
BENZAMYCIN	3	ML
CLEOCIN-T	3	ML
CLEOCIN SUPP	2	ML
CLEOCIN CREA	3	ML
CLINDAGEL	2	ML
<i>clindamycin phosphate</i>	1	ML
CLINDESSE	3	ML
CORTISPORIN OINT	2	ML
CORTISPORIN CREA	3	ML
<i>ery</i>	1	ML
<i>erythromycin</i>	1	ML
<i>erythromycin/benzoyl peroxide</i>	1	ML
EVOCLIN	3	ML
<i>gentamicin sulfate</i>	1	
METROGEL-VAGINAL	3	ML
<i>metronidazole vaginal</i>	1	ML
<i>mupirocin</i>	1	ML
<i>neomycin/polymyxin b sulfates</i>	1	
VANDAZOLE	3	ML
ZIANA	3	ML
<b>ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE)</b>		
<i>ciclopirox</i>	3	ML
<i>ciclopirox nail lacquer</i>	3	ML
<i>ciclopirox olamine</i>	3	ML
<i>clotrimazole</i>	1	ML
<i>clotrimazole/betamethasone dipropionate</i>	1	ML
<i>econazole nitrate</i>	1	ML
ERTACZO	3	
EXELDERM	3	
EXTINA	3	ML
GNAZOLE-1	3	
<i>ketconazole</i>	1	ML
KURIC	3	ML
LAMISIL	3	
LOPROX	3	ML
LOPROX SHAMPOO	3	ML
LOTRISONE	3	ML
MENTAX	3	
<i>miconazole 3</i>	1	
MYCOSTATIN	3	ML
NAFTIN	3	ML

Drug Name	Drug Tier	Notes
NIZORAL	3	ML
<i>nyamyc</i>	1	ML
<i>nystatin</i>	1	ML
<i>nystatin/triamcinolone</i>	1	ML
<i>nystop</i>	1	ML
OXISTAT	3	ML
<i>pedi-dri</i>	1	ML
PENLAC NAIL LACQUER	3	ML
TERAZOL 3	3	ML
TERAZOL 7	3	ML
<i>terconazole</i>	3	ML
XOLEGEL	3	ML
<i>zazole</i>	3	ML
<b>ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)</b>		
DENAVIR	3	ML
VEREGEN	3	
ZOVIRAX	3	ML
<b>LOCAL ANTI-INFECTIVES, MISCELLANEOUS</b>		
<i>alcohol preps</i>	1	HI
KLARON	3	ML
METROCREAM	3	ML
METROGEL	3	ML
METROLOTION	3	ML
<i>metronidazole</i>	1	ML
NORITATE	3	ML
PHISOHEX	2	
<i>selenium sulfide</i>	1	ML
SILVADENE	3	ML
<i>silver sulfadiazine</i>	1	ML
<i>sodium sulfacetamide</i>	1	ML
<i>ssd</i>	1	ML
SULFAMYLON	3	
THERMAZENE	3	ML
<b>SCABICIDES AND PEDICULICIDES</b>		
<i>acticin</i>	1	ML
ELIMITE	3	ML
EURAX	2	
<i>lindane</i>	3	
OVIDE	3	
<i>permethrin</i>	1	ML
<b>ANTI-INFLAMMATORY AGENTS (EENT)</b>		
<b>CORTICOSTEROIDS (EENT)</b>		
ALREX	3	ML
BECONASE AQ	3	ML
DERMOTIC	2	ML
<i>dexamethasone sodium phosphate</i>	1	ML
DUREZOL	3	
FLAREX	2	ML
FLONASE	3	ML
<i>flunisolide</i>	1	ML

Drug Name	Drug Tier	Notes
FLUOROMETHOLONE	2	ML
<i>fluticasone propionate</i>	1	ML
FML	2	ML
FML FORTE	2	ML
FML LIQUIFILM	3	ML
LOTEMAX	3	ML
MAXIDEX	2	ML
NASACORT AQ	3	ML
NASAREL	3	ML
NASONEX	3	ML
OMNARIS	3	
OMNIPRED	2	ML
PRED FORTE	3	ML
PRED MILD	2	ML
<i>prednisolone acetate</i>	1	ML
<i>prednisolone sodium phosphate</i>	1	ML
RHINOCORT AQUA	3	ML
VERAMYST	3	ML
VEXOL	3	ML
<b>EENT ANTI-INFLAMMATORY AGENTS, MISC.</b>		
RESTASIS	2	ML
<b>EENT NONSTEROIDAL ANTI-INFLAM. AGENTS</b>		
ACULAR	2	ML
ACULAR LS	2	ML
<i>diclofenac sodium</i>	1	ML
<i>flurbiprofen sodium</i>	1	ML
NEVANAC	3	ML
OCUFEN	3	
VOLTAREN	3	ML
XIBROM	3	
<b>ANTI-INFLAMMATORY AGENTS (GI DRUGS)</b>		
<b>ANTI-INFLAMMATORY AGENTS (GI DRUGS)</b>		
APRISO	3	
ASACOL	2	ML
ASACOL HD	3	
<i>balsalazide disodium</i>	3	
CANASA	3	
COLAZAL	3	
DIPENTUM	3	ML
LIALDA	3	ML
<i>mesalamine</i>	1	ML
PENTASA CPCR 250MG	2	ML
PENTASA CPCR 500MG	3	ML
ROWASA	3	
<b>ANTI-INFLAMMATORY AGENTS (RESPIRATORY)</b>		
<b>LEUKOTRIENE MODIFIERS</b>		
ACCOLATE	3	ML
SINGULAIR	2	ML
ZYFLO CR	3	ML
<b>MAST-CELL STABILIZERS</b>		

Drug Name	Drug Tier	Notes
ALOCRIIL	3	ML
<i>crolom</i>	1	ML
<i>cromolyn sodium</i>	1	ML
GASTROCROM	2	ML
INTAL INHALER	2	ML

**ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS)**

**ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS)**

ACLOVATE	3	ML
<i>ala-cort</i>	1	ML
<i>ala-scalp</i>	1	ML
<i>alclometasone dipropionate</i>	3	ML
<i>amcinonide</i>	3	ML
<i>anusol-hc</i>	1	ML
<i>augmented betamethasone dipropionate</i>	1	ML
<i>beta-val</i>	1	ML
<i>betamethasone dipropionate</i>	1	ML
<i>betamethasone valerate</i>	1	ML
CAPEX	2	ML
CARMOL-HC	3	
<i>clobetasol propionate e</i>	1	ML
<i>clobetasol propionate gel, oint, soln</i>	1	ML
<i>clobetasol propionate foam</i>	3	ML
CLOBEX	3	ML
CLODERM	3	ML
<i>colocort</i>	1	ML
CORDRAN	3	ML
CORDRAN SP	3	ML
CORDRAN TAPE	2	
<i>cormax</i>	1	ML
CORTENEMA	2	ML
CORTIFOAM	2	ML
CUTIVATE	3	ML
DEL-BETA	3	ML
DERMA-SMOOTHIE/FS BODY OIL	2	ML
DERMATOP	3	
DESONATE	3	
<i>desonide</i>	1	ML
DESOWEN CREAM/CETAPHIL LOTION	3	
DESOWEN LOTION/CETAPHIL CREAM	3	
DESOWEN OINTMENT/CETAPHIL LOTION	3	
<i>desoximetasone</i>	1	ML
<i>diflorasone diacetate</i>	3	ML
DIPROLENE	3	ML
DIPROLENE AF	3	ML
ELOCON	3	ML
<i>fluocinolone acetonide</i>	1	ML
<i>fluocinonide</i>	1	ML
<i>fluocinonide emollient base</i>	1	ML
<i>fluticasone propionate</i>	3	ML
<i>halobetasol propionate</i>	3	ML

Drug Name	Drug Tier	Notes
HALOG CREA	3	
HALOG OINT	3	ML
<i>hydrocortisone</i>	1	ML
<i>hydrocortisone butyrate</i>	3	ML
<i>hydrocortisone in absorbbase</i>	3	ML
<i>hydrocortisone valerate</i>	1	ML
KENALOG	3	
LOCOID	3	ML
LOCOID LIPOCREAM	3	
<i>lokara</i>	1	ML
LUXIQ	3	ML
<i>mometasone furoate</i>	3	ML
OLUX-E	3	ML
PANDEL	3	ML
<i>prednicarbate</i>	3	
<i>procto-pak</i>	1	ML
PROCTOCORT	3	ML
PROCTOCREAM-HC	3	ML
<i>proctosol hc</i>	1	ML
<i>proctozone-hc</i>	1	ML
TEMOVATE	3	ML
TEXACORT SOLN 2.5%	2	ML
TEXACORT SOLN 1%	3	ML
TOPICORT	3	ML
TOPICORT LP	3	ML
<i>triamcinolone acetonide</i>	1	ML
<i>triamcinolone acetonide in absorbbase</i>	1	ML
<i>triamcinolone in orabase</i>	1	ML
<i>triderm</i>	1	ML
<i>u-cort</i>	1	
ULTRAVATE CREA	3	
ULTRAVATE OINT	3	ML
VANOS	3	ML
VERDESO	3	
WESTCORT	3	

**ANTIALLERGIC AGENTS**

**ANTIALLERGIC AGENTS**

ALAMAST	3	ML
ALOMIDE	2	ML
ASTELIN	2	ML
ASTEPRO	3	
ELESTAT	3	
EMADINE	3	
OPTIVAR	2	ML
PATADAY	3	ML
PATANASE	3	ML
PATANOL	2	ML

**ANTIBACTERIALS**

**AMINOGLYCOSIDES**

<i>amikacin sulfate inj 50mg/ml</i>	1	HI
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Drug Name	Drug Tier	Notes
<i>amikacin sulfate inj 250mg/ml</i>	1	HI; ML
AMIKIN	3	HI
<i>gentamicin sulfate</i>	1	HI
<i>gentamicin sulfate/0.9% sodium chloride</i>	1	HI
<i>gentamicin sulfate/sodium chloride</i>	1	HI
<i>isotonic gentamicin</i>	1	HI
<i>kanamycin sulfate</i>	3	
<i>neo-fradin</i>	1	
<i>neomycin sulfate</i>	1	ML
<i>streptomycin sulfate</i>	1	
<i>tobramycin sulfate</i>	1	HI
<i>tobramycin sulfate/sodium chloride</i>	1	HI
<b>ANTIBACTERIALS, MISCELLANEOUS</b>		
<i>baciim</i>	1	
<i>bacitracin</i>	1	
CLEOCIN GALAXY	2	HI
CLEOCIN PEDIATRIC GRANULES	2	ML
CLEOCIN PHOSPHATE	3	HI
CLEOCIN CAPS 75MG	2	ML
CLEOCIN CAPS 150MG, 300MG	3	ML
<i>clindamycin hcl</i>	1	ML
<i>clindamycin phosphate add-vantage</i>	1	HI
<i>colistimethate sodium</i>	3	HI
COLY-MYCIN M	3	HI
CUBICIN	2	HI
HELIDAC	2	ML
LINCOCIN	3	HI
<i>polymyxin b sulfate</i>	3	HI
PYLERA	3	
SYNERCID	3	HI
VANCOCIN HCL	2	
<i>vancomycin hcl</i>	1	HI
<i>vancomycin hcl iso-osmotic dextrose</i>	1	HI
XIFAXAN	3	
ZYVOX SUSR, TABS	2	
ZYVOX INJ	2	HI
<b>CEPHALOSPORINS</b>		
CEDAX	3	
<i>cefaclor</i>	3	
<i>cefaclor er</i>	3	
<i>cefadroxil</i>	3	
<i>cefazolin sodium</i>	1	HI
<i>cefdinir susr</i>	1	
<i>cefdinir caps</i>	3	
<i>cefepime</i>	1	HI
CEFIZOX IN DEXTROSE 5%	3	HI
<i>cefotaxime sodium</i>	1	HI
<i>cefpodoxime proxetil</i>	3	
<i>cefprozil</i>	3	
<i>ceftazidime</i>	1	HI

Drug Name	Drug Tier	Notes
CEFTIN	3	ML
<i>ceftriaxone sodium</i>	1	HI
<i>ceftriaxone/dextrose</i>	1	HI
<i>cefuroxime axetil</i>	1	ML
<i>cefuroxime sodium</i>	1	HI
<i>cefuroxime/dextrose</i>	1	HI
<i>cephalexin</i>	1	ML
CLAFORAN	3	HI
CLAFORAN/D5W	2	HI
FORTAZ	2	HI
KEFLEX	3	ML
MAXIPIPE	3	HI
OMNICEF	3	
RANICLOR	3	
ROCEPHIN	3	HI
ROCEPHIN IN ISO-OSMOTIC DEXTROSE	3	HI
SPECTRACEF	3	
SUPRAX TABS	2	
SUPRAX SUSR 100MG/5ML	2	
SUPRAX SUSR 200MG/5ML	3	
<i>tazicef</i>	1	HI
VANTIN	3	
ZINACEF	3	HI
ZINACEF IN ISO-OSMOTIC DEXTROSE	2	HI
ZINACEF IN ISO-OSMOTIC DILUENT	2	HI
<b>CHLORAMPHENICOL</b>		
<i>chloramphenicol sodium succinate</i>	3	HI
<b>MACROLIDES</b>		
<i>azithromycin susr, tabs</i>	1	
<i>azithromycin inj</i>	1	HI
BIAXIN	3	ML
BIAXIN XL	3	ML
BIAXIN XL PAC	3	ML
<i>clarithromycin</i>	1	ML
<i>clarithromycin er</i>	3	ML
<i>e.e.s. 400</i>	1	ML
<i>e.e.s. granules</i>	1	ML
ERY-TAB	2	ML
ERYPED 200	3	ML
ERYPED 400	3	ML
ERYTHROCIN LACTOBIONATE	2	HI
<i>erythrocin stearate</i>	1	
<i>erythromycin /sulfisoxazole</i>	1	ML
<i>erythromycin base</i>	1	ML
KETEK	3	
PCE	2	ML
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZITHROMAX SUSR, TABS	3	
ZITHROMAX INJ	3	HI

Drug Name	Drug Tier	Notes
ZMAX	2	
<b>MISCELLANEOUS B-LACTAM ANTIBIOTICS</b>		
AZACTAM	3	HI
AZACTAM IN DEXTROSE	3	HI
<i>cefotetan</i>	1	HI
<i>cefoxitin sodium</i>	1	HI
DORIBAX	3	HI
INVANZ	2	HI
MEFOXIN	3	HI
MEFOXIN ADD-VANTAGE	3	HI
MEFOXIN IN DEXTROSE 2.2%	3	HI
MEFOXIN IN DEXTROSE 3.9%	3	HI
MERREM	2	HI
PRIMAXIN I.M.	2	
PRIMAXIN IV	2	HI
<b>PENICILLINS</b>		
<i>amoclan</i>	1	ML
<i>amoxicillin</i>	1	ML
<i>amoxicillin/clavulanate potassium</i>	1	ML
<i>amoxicillin/potassium clavulanate</i>	1	ML
AMOXIL CAPS	3	
AMOXIL SUSR	3	ML
<i>ampicillin</i>	1	ML
<i>ampicillin sodium</i>	1	HI
<i>ampicillin-sulbactam</i>	3	HI
AUGMENTIN ES-600	3	ML
AUGMENTIN XR	3	ML
AUGMENTIN SUSR	3	ML
AUGMENTIN TABS 250MG; 125MG	3	ML
AUGMENTIN TABS 250MG; 125MG	3	
AUGMENTIN TABS 500MG; 125MG, 875MG; 125MG	3	ML
<i>bactocill in dextrose</i>	1	HI
BICILLIN C-R	2	
BICILLIN L-A	2	
<i>dicloxacillin sodium</i>	1	ML
MOXATAG	3	
<i>nafcillin sodium</i>	3	HI
NALLPEN/DEXTROSE INJ 0; 2GM/50ML	3	HI
<i>nallpen/dextrose inj 0; 1gm/50ml</i>	3	HI
<i>oxacillin sodium</i>	1	HI
<i>penicillin g potassium</i>	1	HI
<i>penicillin g potassium in iso-osmotic dextrose</i>	1	HI
<i>penicillin g procaine</i>	1	
<i>penicillin g sodium</i>	1	HI
<i>penicillin v potassium</i>	1	ML
<i>pfizerpen-g</i>	1	HI
<i>piperacillin sodium</i>	1	HI
TIMENTIN	3	HI
<i>trimox</i>	1	ML
UNASYN	2	HI

Drug Name	Drug Tier	Notes
UNASYN BULK PACK	2	HI
<i>veetids solr</i>	1	
<i>veetids tabs</i>	1	ML
ZOSYN	2	HI
<b>QUINOLONES</b>		
AVELOX ABC PACK	3	ML
AVELOX INJ	2	HI; ML
AVELOX TABS	3	ML
CIPRO I.V.-IN D5W	2	HI
CIPRO SUSR	2	ML
CIPRO TABS	3	ML
<i>ciprofloxacin</i>	1	HI
<i>ciprofloxacin er</i>	3	ML
<i>ciprofloxacin extended-release</i>	3	ML
<i>ciprofloxacin hcl</i>	1	ML
FACTIVE	3	
LEVAQUIN PREMIX	2	HI
LEVAQUIN TABS	2	
LEVAQUIN INJ	2	HI
LEVAQUIN ORAL SOLN	3	
NOROXIN	3	ML
<i>ofloxacin</i>	3	
PROQUIN XR	3	ML
<b>SULFONAMIDES (SYSTEMIC)</b>		
AZULFIDINE	3	ML
AZULFIDINE EN-TABS	3	ML
BACTRIM	3	ML
BACTRIM DS	3	ML
GANTRISIN PEDIATRIC	3	ML
SEPTRA	3	ML
SEPTRA DS	3	ML
<i>sulfadiazine</i>	1	ML
<i>sulfamethoxazole /trimethoprim inj</i>	1	HI
<i>sulfamethoxazole /trimethoprim susp, tabs</i>	1	ML
<i>sulfamethoxazole/trimethoprim ds</i>	1	ML
<i>sulfasalazine</i>	1	ML
<i>sulfatrim</i>	1	ML
<i>sulfazine</i>	1	ML
<i>sulfazine ec</i>	1	ML
<b>TETRACYCLINES</b>		
ADOXA	3	ML
ADOXA PAK 1/150	3	ML
ADOXA PAK 1/75	3	ML
ADOXA PAK 2/100	3	ML
DECLOMYCIN	3	
<i>demeclocycline hcl</i>	3	
DORYX	3	ML
<i>doxy-caps</i>	1	ML
<i>doxycycline hyclate caps, cpep, tabs</i>	1	ML
<i>doxycycline hyclate inj 100mg</i>	1	HI; ML

Drug Name	Drug Tier	Notes
<i>doxycycline monohydrate susr</i>	1	
<i>doxycycline monohydrate tabs 50mg, 75mg</i>	1	ML
<i>doxycycline monohydrate tabs 150mg</i>	3	ML
DYNACIN	3	ML
MINOCIN	3	ML
<i>minocycline hcl</i>	1	ML
MONODOX	3	ML
ORACEA	3	
SOLODYN	3	ML
<i>tetracycline hcl</i>	1	ML
TYGACIL	3	HI
VIBRAMYCIN SUSR, SYRP	2	ML
VIBRAMYCIN CAPS	3	ML
VIBRATAB	3	ML

## ANTICHOLINERGIC AGENTS

### ANTIMUSCARINICS/ANTISPASMODICS

<i>atropine sulfate</i>	1	
ATROVENT HFA	2	ML
BENTYL INJ	2	
BENTYL CAPS, SYRP, TABS	3	ML
CANTIL	3	
<i>dicyclomine hcl inj</i>	1	
<i>dicyclomine hcl caps, oral soln, tabs</i>	1	ML
<i>glycopyrrolate inj</i>	1	
<i>glycopyrrolate tabs</i>	1	ML
<i>methscopolamine bromide</i>	3	
PAMINE	3	
PAMINE FORTE	3	
<i>propantheline bromide</i>	1	ML
ROBINUL FORTE	3	ML
ROBINUL INJ	3	
ROBINUL TABS	3	ML
SPIRIVA HANDIHALER	2	ML

## ANTICONVULSANTS

### ANTICONVULSANTS, MISCELLANEOUS

BANZEL	3	
<i>carbamazepine</i>	1	ML
<i>carbamazepine er</i>	1	
CARBATROL	2	ML
DEPACON	3	HI
DEPAKENE	3	ML
DEPAKOTE	3	ML
DEPAKOTE ER	3	ML
DEPAKOTE SPRINKLES	2	ML
<i>divalproex sodium csp</i>	1	
<i>divalproex sodium tbec</i>	1	ML
<i>divalproex sodium tb24</i>	3	
<i>epitol</i>	1	ML
EQUETRO CP12 100MG, 300MG	3	
EQUETRO CP12 200MG	3	ML

Drug Name	Drug Tier	Notes
FELBATOL	3	
<i>gabapentin</i>	1	ML
GABITRIL	3	ML
KEPPRA XR	3	
KEPPRA INJ	3	
KEPPRA ORAL SOLN, TABS	3	ML
LAMICTAL	3	ML
LAMICTAL CHEWABLE DISPERSIBLE	3	ML
LAMICTAL ODT	3	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	3	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	3	
LAMICTAL STARTER/TAKING VALPROATE	3	
<i>lamotrigine</i>	1	ML
<i>levetiracetam</i>	1	ML
LYRICA	3	ML
<i>magnesium sulfate</i>	1	HI
<i>magnesium sulfate in d5w</i>	1	HI
NEURONTIN SOLN	2	ML
NEURONTIN CAPS, TABS	3	ML
<i>oxcarbazepine</i>	3	ML
STAVZOR	3	
TEGRETOL-XR	2	ML
TEGRETOL CHEW, SUSP	3	
TEGRETOL TABS	3	ML
TOPAMAX	3	
TOPAMAX SPRINKLE	3	ML
<i>topiramate</i>	1	
TRILEPTAL	3	ML
<i>valproate sodium</i>	1	HI
<i>valproic acid syrp</i>	1	
<i>valproic acid caps</i>	1	ML
VIMPAT	3	
ZONEGRAN	3	ML
<i>zonisamide</i>	3	ML
<b>BARBITURATES (ANTICONVULSANTS)</b>		
MYSOLINE	3	ML
<i>primidone</i>	1	ML
<b>HYDANTOINS</b>		
CEREBYX	2	HI; ML
DILANTIN	2	ML
DILANTIN INFATABS	2	ML
<i>fosphenytoin sodium</i>	1	HI
PEGANONE	3	ML
PHENYTEK	2	ML
<i>phenytoin</i>	1	ML
<i>phenytoin sodium</i>	1	HI
<i>phenytoin sodium extended</i>	1	ML
<b>SUCCINIMIDES</b>		
CELONTIN	2	ML

Drug Name	Drug Tier	Notes
<i>ethosuximide</i>	1	ML
ZARONTIN	3	ML
<b>ANTIDIABETIC AGENTS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose</i>	1	
GLYSET	3	ML
PRECOSE	3	
<b>AMYLINOMIMETICS</b>		
SYMLIN	3	
SYMLINPEN 60	3	
<b>BIGUANIDES</b>		
FORTAMET	3	ML
GLUCOPHAGE	3	ML
GLUCOPHAGE XR	3	ML
GLUMETZA	3	ML
<i>metformin hcl</i>	1	ML
<i>metformin hcl er</i>	1	ML
RIOMET	3	ML
<b>DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS</b>		
JANUMET	3	ML
JANUVIA	3	ML
<b>INCRETIN MIMETICS</b>		
BYETTA	3	
<b>INSULINS</b>		
APIDRA	3	ML
HUMALOG	3	ML
HUMALOG MIX 50/50	3	ML
HUMALOG MIX 50/50 PEN	3	ML
HUMALOG MIX 75/25	3	ML
HUMALOG MIX 75/25 PEN	3	ML
HUMALOG PEN	3	ML
HUMULIN 50/50	3	ML
HUMULIN 70/30	3	ML
HUMULIN 70/30 PEN	3	ML
HUMULIN N	3	ML
HUMULIN N U-100 PEN	3	ML
HUMULIN R	3	ML
HUMULIN R U-500 (CONCENTRATED)	2	ML
LANTUS	2	ML
LANTUS SOLOSTAR	2	ML
LEVEMIR	3	ML
LEVEMIR FLEXPEN	3	ML
NOVOLIN 70/30	2	ML
NOVOLIN 70/30 INNOLET	2	ML
<i>novolin n</i>	1	ML
<i>novolin n innolet</i>	1	ML
NOVOLIN R	2	ML
NOVOLIN R INNOLET	2	ML
NOVOLOG	2	ML
NOVOLOG FLEXPEN	2	ML

Drug Name	Drug Tier	Notes
NOVOLOG MIX 70/30	3	ML
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	ML
RELION 70/30	2	
<i>relion n</i>	1	
RELION R	2	
<b>MEGLITINIDES</b>		
PRANDIMET	3	
PRANDIN	3	ML
STARLIX	3	ML
<b>SULFONYLUREAS</b>		
AMARYL	3	ML
<i>chlorpropamide</i>	3	ML
DIABETA	3	ML
<i>glimepiride</i>	1	ML
<i>glipizide</i>	1	ML
<i>glipizide er</i>	1	ML
<i>glipizide xl</i>	1	ML
<i>glipizide/metformin hcl</i>	3	ML
GLUCOTROL	3	ML
GLUCOTROL XL	3	ML
GLUCOVANCE	3	ML
<i>glyburide</i>	1	ML
<i>glyburide micronized</i>	3	ML
<i>glyburide/metformin hcl</i>	3	ML
<i>glycron</i>	3	ML
GLYNASE	3	ML
METAGLIP	3	ML
<i>tolazamide</i>	1	ML
<i>tolbutamide</i>	1	ML
<b>THIAZOLIDINEDIONES</b>		
ACTOPLUS MET	3	ML
ACTOS	3	ML
AVANDAMET	3	ML
AVANDARYL	3	ML
AVANDIA	3	ML
DUETACT	3	ML
<b>ANTIDIARRHEA AGENTS</b>		
<b>ANTIDIARRHEA AGENTS</b>		
<i>diphenoxylate/atropine</i>	1	ML
LOMOTIL	3	ML
<i>lonox</i>	1	ML
<i>loperamide hcl</i>	1	ML
MOTOFEN	3	
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
ALOXI	3	HI
ANZEMET	3	PA
<i>granisetron hcl inj</i>	3	
<i>granisetron hcl tabs</i>	3	PA
<i>granisol</i>	3	PA

Drug Name	Drug Tier	Notes
KYTRIL INJ	3	
KYTRIL TABS	3	PA
<i>ondansetron hcl</i>	1	PA
<i>ondansetron odt</i>	1	PA
SANCUSO	3	
ZOFRAN	3	PA
ZOFRAN ODT	3	PA
<b>ANTIEMETICS, MISCELLANEOUS</b>		
CESAMET	3	
<i>dronabinol</i>	1	
EMEND	2	PA
MARINOL	3	
TRANSDERM-SCOP	2	ML
<b>ANTIHISTAMINES (GI DRUGS)</b>		
ANTIVERT TABS 50MG	2	
ANTIVERT TABS 12.5MG, 25MG	3	
<i>compro</i>	1	ML
<i>meclizine hcl</i>	1	
<i>prochlorperazine</i>	1	ML
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	ML
TIGAN INJ	3	
TIGAN CAPS	3	ML
<i>trimethobenzamide hcl inj</i>	3	
<i>trimethobenzamide hcl caps</i>	3	ML
<b>ANTIFUNGAL (SYSTEMIC)</b>		
<b>ALLYLAMINES</b>		
LAMISIL	3	
<i>terbinafine hcl</i>	1	
<b>ANTIFUNGALS, MISCELLANEOUS</b>		
GRIFULVIN V	2	ML
GRIS-PEG	2	ML
<i>griseofulvin microsize</i>	1	ML
<b>AZOLES</b>		
DIFLUCAN	3	ML
DIFLUCAN IN NAACL	3	HI
<i>fluconazole</i>	1	ML
<i>fluconazole in dextrose</i>	1	HI
<i>itraconazole</i>	1	
<i>ketoconazole</i>	1	ML
NOXAFIL	3	
SPORANOX PULSEPAK	3	
SPORANOX SOLN	2	
SPORANOX CAPS	3	
VFEND	2	
VFEND IV	2	HI
<b>ECHINOCANDINS</b>		
CANCIDAS	2	HI
ERAXIS	3	HI
MYCAMINE	3	HI

Drug Name	Drug Tier	Notes
<b>POLYENES</b>		
ABELCET	2	HI
AMBISOME	2	HI
AMPHOTEC	2	HI
AMPHOTERICIN B	2	HI
<i>nystatin</i>	1	ML
<b>PYRIMIDINES</b>		
ANCOBON	2	
<b>ANTI GLAUCOMA AGENTS</b>		
<b>ALPHA-ADRENERGIC AGONISTS (EENT)</b>		
ALPHAGAN P	3	ML
<i>brimonidine tartrate</i>	1	ML
COMBIGAN	3	ML
<b>BETA-ADRENERGIC BLOCKING AGENTS (EENT)</b>		
BETAGAN	3	ML
BETAGAN WITHOUT C CAP	3	ML
<i>betaxolol hcl</i>	1	ML
BETIMOL	3	ML
BETOPTIC-S	2	ML
ISTALOL	3	ML
<i>levobunolol hcl</i>	1	ML
<i>metipranolol</i>	1	ML
OPTIPRANOLOL	3	ML
<i>timolol maleate</i>	1	ML
TIMOPTIC OCUDOSE	3	ML
TIMOPTIC-XE	3	ML
<b>CARBONIC ANHYDRASE INHIBITORS (EENT)</b>		
<i>acetazolamide sodium</i>	1	
<i>acetazolamide cp12</i>	1	
<i>acetazolamide tabs</i>	1	ML
AZOPT	3	ML
COSOPT	3	ML
DIAMOX	2	ML
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl/timolol maleate</i>	1	
<i>methazolamide</i>	1	ML
TRUSOPT	3	ML
<b>MIOTICS</b>		
PHOSPHOLINE IODIDE	3	ML
PILOPINE HS	3	ML
<b>PROSTAGLANDIN ANALOGS</b>		
LUMIGAN	2	ML
TRAVATAN Z	2	ML
XALATAN	2	ML
<b>ANTIHEMORRHAGIC AGENTS</b>		
<b>HEMOSTATICS</b>		
CYKLOKAPRON	3	
<b>ANTIHYPOGLYCEMIC AGENTS</b>		
<b>GLYCOGENOLYTIC AGENTS</b>		
GLUCAGEN HYPOKIT	2	

Drug Name	Drug Tier	Notes
GLUCAGON EMERGENCY KIT	2	ML
<b>ANTILIPEMIC AGENTS</b>		
<b>ANTILIPEMIC AGENTS, MISCELLANEOUS</b>		
LOVAZA	3	
<i>niacor</i>	3	ML
NIASPAN	2	ML
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine</i>	1	ML
<i>cholestyramine light</i>	1	ML
COLESTID	3	ML
<i>colestipol hcl</i>	1	ML
<i>prevalite</i>	1	ML
QUESTRAN	3	ML
QUESTRAN LIGHT	3	ML
WELCHOL	3	ML
<b>CHOLESTEROL ABSORPTION INHIBITORS</b>		
VYTORIN	2	ML
ZETIA	2	ML
<b>FIBRIC ACID DERIVATIVES</b>		
ANTARA	3	ML
<i>fenofibrate</i>	1	ML
<i>fenofibrate micronized</i>	3	ML
FENOGLIDE	3	ML
<i>gemfibrozil</i>	1	ML
LIPOFEN	3	ML
LOFIBRA	3	ML
LOPID	3	ML
TRICOR	3	ML
TRIGLIDE	3	ML
TRILIPIX	3	
<b>HMG-COA REDUCTASE INHIBITORS</b>		
ADVICOR TB24 20MG; 500MG	3	
ADVICOR TB24 20MG; 1000MG, 20MG; 750MG, 40MG; 1000MG	3	ML
ALTOPREV	3	ML
CADUET	3	ML
CRESTOR	3	ML
LESCOL	3	ML
LESCOL XL	3	ML
LIPITOR TABS 80MG	2	ML
LIPITOR TABS 10MG, 20MG, 40MG	3	ML
<i>lovastatin</i>	1	ML
MEVACOR	3	ML
PRAVACHOL	3	ML
<i>pravastatin sodium</i>	1	ML
SIMCOR	3	ML
<i>simvastatin</i>	1	ML
ZOCOR	3	ML

**ANTIMANIC AGENTS**

**ANTIMANIC AGENTS**

Drug Name	Drug Tier	Notes
<i>lithium carbonate</i>	1	ML
<i>lithium carbonate er</i>	1	ML
<i>lithium citrate</i>	1	ML
LITHOBID	3	ML

**ANTIMIGRAINE AGENTS**

**SELECTIVE SEROTONIN AGONISTS**

AMERGE	2	QL; ML
AXERT	3	QL; ML
FROVA	3	QL; ML
IMITREX	3	QL; ML
IMITREX STATDOSE REFILL	3	QL; ML
MAXALT	3	QL; ML
MAXALT-MLT	2	QL; ML
RELPAX	3	QL; ML
<i>sumatriptan succinate</i>	1	QL
TREXIMET	3	QL
ZOMIG	3	QL; ML
ZOMIG ZMT	3	QL; ML

**ANTIMYCOBACTERIALS**

**ANTIMYCOBACTERIALS, MISCELLANEOUS**

<i>dapsone</i>	1	
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**ANTITUBERCULOSIS AGENTS**

CAPASTAT SULFATE	3	
<i>ethambutol hcl</i>	1	ML
<i>isonarif</i>	3	ML
<i>isoniazid inj</i>	1	
<i>isoniazid syrp, tabs</i>	1	ML
MYAMBUTOL	3	
MYCOBUTIN	3	ML
PASER	3	
PRIFTIN	3	
<i>pyrazinamide</i>	1	ML
RIFADIN INJ	3	HI
RIFADIN CAPS	3	ML
RIFAMATE	3	ML
<i>rifampin inj</i>	1	HI
<i>rifampin caps</i>	1	ML
RIFATER	3	
SEROMYCIN	3	
TRECTOR	3	

**ANTINEOPLASTIC AGENTS**

**ANTINEOPLASTIC AGENTS**

ABRAXANE	3	
<i>adriamycin</i>	1	HI
AFINITOR	2	
ALIMTA	2	
ALKERAN	2	
ARIMIDEX	2	ML
AROMASIN	3	
ARRANON	3	

Drug Name	Drug Tier	Notes
AVASTIN	2	PA
<i>bicalutamide</i>	1	
BICNU	2	
<i>bleomycin sulfate</i>	1	HI
BUSULFEX	3	HI
CAMPATH	3	
CAMPTOSAR	3	
<i>carboplatin</i>	1	
CASODEX	3	
CEENU	2	
CERUBIDINE	3	
<i>cisplatin</i>	1	HI
<i>cladribine</i>	1	HI
CLOLAR	3	
COSMEGEN	2	
<i>cyclophosphamide inj</i>	1	
<i>cyclophosphamide tabs</i>	1	ML
<i>cytarabine</i>	1	HI
<i>cytarabine aqueous</i>	1	HI
CYTOXAN	3	
<i>dacarbazine</i>	1	
DACOGEN	3	
<i>daunorubicin hcl</i>	1	
DAUNOXOME	3	
<i>doxil</i>	1	HI
<i>doxorubicin hcl</i>	1	HI
DROXIA	2	ML
ELIGARD	3	ML
ELLECE	3	HI
ELOXATIN	2	
ELSPAR	2	
EMCYT	2	
<i>epirubicin hcl</i>	3	HI
ERBITUX	2	
ETOPOPHOS	3	
<i>etoposide</i>	1	
FARESTON	3	
FASLODEX	3	HI
FEMARA	2	ML
FIRMAGON	3	
FLUDARA	3	
<i>fludarabine phosphate</i>	1	
<i>fluorouracil</i>	1	HI
<i>flutamide</i>	1	ML
GEMZAR	2	
GLEEVEC	2	
HERCEPTIN	2	
HEXALEN	3	
HYCAMTIN	2	
HYDREA	3	ML

Drug Name	Drug Tier	Notes
<i>hydroxyurea</i>	1	ML
IDAMYCIN PFS	2	
<i>idarubicin hcl</i>	1	
IFEX	2	HI
<i>ifosfamide</i>	1	HI
<i>ifosfamide/mesna</i>	1	HI
IRESSA	3	LA
<i>irinotecan</i>	1	
IXEMPRA KIT	3	
LEUKERAN	2	ML
<i>leuprolide acetate</i>	1	ML
LEUSTATIN	3	HI
LUPRON 2 WEEK SUPPLY	3	ML
LUPRON DEPOT	2	PA; ML
LUPRON DEPOT-PED	2	PA; ML
LYSODREN	2	
MATULANE	2	ML
MEGACE ES	2	ML
MEGACE ORAL	3	ML
<i>megestrol acetate</i>	1	ML
<i>mercaptopurine</i>	1	ML
<i>methotrexate</i>	1	ML
<i>methotrexate sodium</i>	1	
<i>mitomycin</i>	1	
<i>mitoxantrone hcl</i>	1	
MUSTARGEN	2	PA
MYLOTARG	2	
NAVELBINE	3	
NEXAVAR	2	
NILANDRON	3	
NIPENT	3	
NOVANTRONE	3	
ONCASPAR	3	
ONTAK	3	
<i>onxol</i>	1	HI
<i>paclitaxel</i>	1	HI
<i>pentostatin</i>	3	
PHOTOFRIN	3	
PLATINOL AQ	3	HI
PROLEUKIN	2	
PURINETHOL	3	ML
RHEUMATREX	3	ML
RITUXAN	2	
SPRYCEL	2	
SUTENT	2	
TABLOID	2	
<i>tamoxifen citrate</i>	1	ML
TARCEVA	2	
TARGRETIN	3	
TASIGNA	3	

Drug Name	Drug Tier	Notes
TAXOTERE	2	
<i>thiotepa</i>	1	
<i>toposar</i>	1	
TORISEL	2	
TREANDA	3	
TRELSTAR DEPOT	3	PA
TRELSTAR LA	3	PA
<i>tretinoin</i>	1	
TREXALL	3	ML
TRISENOX	3	
TYKERB	2	
VECTIBIX	3	
VELCADE	2	
VESANOID	3	
VIDAZA	2	
<i>vinblastine sulfate</i>	1	ML
<i>vincasar pfs</i>	1	
<i>vincristine sulfate</i>	1	
<i>vinorelbine tartrate</i>	1	
ZANOSAR	2	ML
ZOLINZA	3	
<b>ANTIPARKINSONIAN AGENTS</b>		
<b>ADAMANTANES (CNS)</b>		
<i>amantadine hcl</i>	1	ML
<b>ANTICHOLINERGIC AGENTS (CNS)</b>		
<i>benztropine mesylate</i>	1	ML
COGENTIN	2	
<i>trihexyphenidyl hcl</i>	1	ML
<b>CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.</b>		
COMTAN	2	ML
TASMAR	3	
<b>DOPAMINE PRECURSORS</b>		
<i>carbidopa/levodopa</i>	1	ML
<i>carbidopa/levodopa cr</i>	1	ML
<i>carbidopa/levodopa odt</i>	3	
<i>carbidopa/levodopa sr</i>	1	ML
PARCOPA	3	ML
SINEMET	3	ML
SINEMET CR	3	ML
STALEVO 100	2	ML
STALEVO 125	2	
STALEVO 150	2	ML
STALEVO 200	2	ML
STALEVO 50	2	ML
STALEVO 75	2	
<b>DOPAMINE RECEPTOR AGONISTS</b>		
APOKYN	3	
<i>bromocriptine mesylate</i>	1	ML
<i>cabergoline</i>	1	
MIRAPEX	2	ML

Drug Name	Drug Tier	Notes
PARLODEL	3	ML
REQUIP	3	ML
REQUIP XL TB24 12MG, 6MG	3	
REQUIP XL TB24 2MG, 4MG, 8MG	3	ML
<i>ropinirole hcl</i>	1	ML
<b>MONOAMINE OXIDASE B INHIBITORS</b>		
AZILECT	2	ML
ELDEPRYL	3	ML
<i>selegiline hcl</i>	1	ML
ZELAPAR	3	ML
<b>ANTIPROTOZOALS</b>		
<b>AMEBICIDES</b>		
<i>paromomycin sulfate</i>	1	
<b>ANTIMALARIALS</b>		
ARALEN	3	ML
<i>chloroquine phosphate</i>	3	ML
DARAPRIM	2	
FANSIDAR	3	
<i>hydroxychloroquine sulfate</i>	1	ML
LARIAM	3	ML
MALARONE	2	ML
<i>mefloquine hcl</i>	1	ML
PLAQUENIL	3	ML
PRIMAQUINE PHOSPHATE	2	ML
QUALAQUIN	3	ML
<b>ANTIPROTOZOALS, MISCELLANEOUS</b>		
ALINIA	2	ML
FLAGYL	3	ML
FLAGYL ER	3	ML
MEPRON	2	ML
<i>metronidazole</i>	1	ML
<i>metronidazole in nacl 0.79%</i>	1	HI
NEUTREXIN	3	
PENTAM 300	3	ML
TINDAMAX	3	ML
<b>ANTIPRURITICS AND LOCAL ANESTHETICS</b>		
<b>ANTIPRURITICS AND LOCAL ANESTHETICS</b>		
EMLA	3	ML
<i>lidocaine</i>	1	ML
<i>lidocaine/prilocaine</i>	1	ML
LIDODERM	2	ML
SYNERA	3	ML
ZONALON	3	ML
<b>ANTITHROMBOTIC AGENTS</b>		
<b>ANTICOAGULANTS</b>		
ARIXTRA	2	
COUMADIN INJ	2	
COUMADIN TABS	3	ML
FRAGMIN	3	
<i>heparin sodium</i>	1	HI

Drug Name	Drug Tier	Notes
<i>heparin sodium dcu</i>	1	HI
<i>heparin sodium/d5w</i>	1	HI
<i>heparin sodium/nacl 0.45%</i>	1	
<i>heparin sodium/nacl 0.9%</i>	1	HI
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	
INNOHEP	3	
<i>jantoven</i>	1	ML
LOVENOX	2	
<i>warfarin sodium</i>	1	ML
<b>PLATELET-AGGREGATION INHIBITORS</b>		
<i>cilostazol</i>	3	ML
PLAVIX TABS 75MG	2	ML
PLAVIX TABS 300MG	3	
PLETAL	3	ML
TICLID	3	
<i>ticlopidine hcl</i>	1	
<b>PLATELET-REDUCING AGENTS</b>		
AGRYLIN	3	
<i>anagrelide hydrochloride</i>	1	
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS</b>		
<b>HISTAMINE H2-ANTAGONISTS</b>		
AXID	3	ML
<i>cimetidine</i>	1	ML
<i>cimetidine hcl inj</i>	1	HI
<i>cimetidine hcl oral soln</i>	1	ML
<i>famotidine premixed</i>	1	HI
<i>famotidine inj</i>	1	HI
<i>famotidine tabs</i>	1	ML
<i>nizatidine</i>	3	ML
PEPCID I.V.	3	HI
PEPCID PREMIXED	3	HI
PEPCID SUSR	2	ML
PEPCID TABS	3	ML
<i>ranitidine hcl inj</i>	1	HI
<i>ranitidine hcl caps, syrp, tabs</i>	1	ML
ZANTAC INJ	3	HI
ZANTAC PACK, SYRP, TABS, TBEF	3	ML
<b>PROSTAGLANDINS</b>		
CYTOTEC	3	ML
<i>misoprostol</i>	1	ML
<b>PROTECTANTS</b>		
CARAFATE	3	ML
<i>sucralfate</i>	1	ML
<b>PROTON-PUMP INHIBITORS</b>		
ACIPHEX	3	ML
KAPIDEX	3	
NEXIUM	3	ML
NEXIUM I.V.	3	HI
<i>omeprazole cpdr 10mg, 20mg</i>	1	ML
<i>omeprazole cpdr 40mg</i>	3	ML

Drug Name	Drug Tier	Notes
<i>pantoprazole sodium</i>	1	ML
PREVACID	3	
PREVACID SOLUTAB	3	
PREVPAC	3	
PRILOSEC	3	ML
PROTONIX INJ	3	HI
PROTONIX PACK	3	ML
PROTONIX TBEC 40MG	2	ML
PROTONIX TBEC 20MG	3	ML
ZEGERID	3	ML

**ANTIVIRALS (SYSTEMIC)**

**ADAMANTANES**

FLUMADINE	3	ML
<i>rimantadine hcl</i>	1	ML

**ANTIRETROVIRALS**

APTIVUS	2	
ATRIPLA	2	
COMBIVIR	2	
CRIXIVAN	2	
<i>didanosine</i>	1	
EMTRIVA	2	
EPIVIR	2	
EPIVIR HBV	2	
EPZICOM	2	
FUZEON	2	
INTELENCE	2	
INVIRASE	2	
ISENTRESS	2	
KALETRA	2	
LEXIVA	2	
NORVIR	2	
PREZISTA	2	
RESCRIPTOR	2	ML
RETROVIR	3	
RETROVIR IV INFUSION	3	HI
REYATAZ	2	
SELZENTRY	2	
<i>stavudine</i>	1	
SUSTIVA	2	
TRIZIVIR	2	
TRUVADA	2	
VIDEX EC	3	
VIDEX PEDIATRIC	2	
VIRACEPT	2	
VIRAMUNE	2	
VIREAD	2	
ZERIT	3	
ZIAGEN	2	
<i>zidovudine</i>	1	

**ANTIVIRALS, MISCELLANEOUS**

Drug Name	Drug Tier	Notes
<i>foscarnet sodium</i>	1	HI
FOSCAVIR	3	HI
<b>INTERFERONS</b>		
ALFERON N	3	
INFERGEN	3	
INTRON-A	2	
INTRON-A W/DILUENT	2	
PEG-INTRON	3	
PEG-INTRON REDIPEN	3	
PEG-INTRON REDIPEN PAK 4	3	
PEGASYS	2	
<b>MONOCLONAL ANTIBODIES</b>		
SYNAGIS	2	
<b>NEURAMINIDASE INHIBITORS</b>		
RELENZA DISKHALER	3	
TAMIFLU	2	
<b>NUCLEOSIDES AND NUCLEOTIDES</b>		
<i>acyclovir</i>	1	ML
<i>acyclovir sodium</i>	1	HI
BARACLUDE	2	
COPEGUS	3	
CYTOVENE	2	HI
<i>famciclovir</i>	3	
FAMVIR	3	
<i>ganciclovir</i>	1	
HEPSERA	2	
REBETOL	3	
<i>ribapak</i>	1	
<i>ribasphere</i>	1	
<i>ribavirin</i>	1	
TYZEKA	3	
VALCYTE	2	
VALTREX	3	
VISTIDE	2	HI
ZOVIRAX	3	ML
<b>ANXIOLYTICS, SEDATIVES AND HYPNOTICS</b>		
<b>ANXIOLYTICS, SEDATIVES AND HYPNOTICS, MISC.</b>		
AMBIEN	3	ML
AMBIEN CR	3	ML
BUSPAR	3	ML
<i>bupirone hcl</i>	1	ML
EDLUAR	3	
<i>hydroxyzine hcl inj</i>	1	
<i>hydroxyzine hcl syrp, tabs</i>	1	ML
<i>hydroxyzine pamoate</i>	1	ML
LUNESTA	3	ML
<i>meprobamate</i>	3	ML
ROZEREM	3	ML
SONATA	3	ML
VANSPAR	3	ML

Drug Name	Drug Tier	Notes
VISTARIL	3	ML
<i>zaleplon</i>	3	ML
<i>zolpidem tartrate</i>	1	ML
<b>AUTONOMIC DRUGS, MISCELLANEOUS</b>		
<b>AUTONOMIC DRUGS, MISCELLANEOUS</b>		
CHANTIX	2	ML
NICOTROL INHALER	3	ML
NICOTROL NS	3	ML
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>acebutolol hcl</i>	1	ML
<i>atenolol</i>	1	ML
<i>atenolol/chlorthalidone</i>	3	ML
BETAPACE	2	ML
BETAPACE AF	2	ML
<i>betaxolol hcl</i>	3	ML
<i>bisoprolol fumarate</i>	3	ML
<i>bisoprolol fumarate/hydrochlorothiazide</i>	3	ML
BYSTOLIC TABS 20MG	3	
BYSTOLIC TABS 10MG, 2.5MG, 5MG	3	ML
<i>carvedilol</i>	1	ML
COREG	3	ML
COREG CR	3	ML
CORGARD	3	ML
CORZIDE	3	
INDERAL LA CP24 120MG, 160MG, 80MG	3	
INDERAL LA CP24 60MG	3	ML
INNOPRAN XL	3	ML
KERLONE	3	ML
LABETALOL HCL INJ	3	HI
<i>labetalol hcl tabs</i>	1	ML
LEVATOL	3	
LOPRESSOR HCT	3	ML
LOPRESSOR INJ	3	
LOPRESSOR TABS	3	ML
<i>metoprolol /hydrochlorothiazide</i>	3	ML
<i>metoprolol succinate er</i>	1	ML
<i>metoprolol tartrate inj</i>	1	
<i>metoprolol tartrate tabs</i>	1	ML
<i>nadolol</i>	1	ML
<i>nadolol /bendroflumethiazide</i>	3	
<i>pindolol</i>	1	ML
<i>propranolol /hydrochlorothiazide</i>	3	ML
<i>propranolol hcl er</i>	3	ML
<i>propranolol hcl inj</i>	1	
<i>propranolol hcl oral soln, tabs</i>	1	ML
SECTRAL	3	ML
<i>sorine</i>	1	ML
<i>sotalol hcl</i>	1	ML
TENORETIC 100	3	ML

Drug Name	Drug Tier	Notes
TENORETIC 50	3	ML
TENORMIN	3	ML
<i>timolol maleate</i>	1	ML
TOPROL XL	3	ML
TRANDATE	3	ML
ZEBETA	3	ML
ZIAC	3	ML

**CALCIUM-CHANNEL BLOCKING AGENTS**

**CALCIUM-CHANNEL BLOCKING AGENTS, MISC.**

CALAN	3	ML
CALAN SR	3	ML
CARDIZEM	3	ML
CARDIZEM CD	3	ML
CARDIZEM LA TB24 180MG, 300MG, 360MG	3	
CARDIZEM LA TB24 120MG, 240MG, 420MG	3	ML
<i>cartia xt</i>	1	ML
COVERA-HS	3	ML
DILACOR XR	3	ML
<i>dilt-cd</i>	1	ML
<i>dilt-xr</i>	1	ML
<i>diltiazem cd</i>	1	ML
<i>diltiazem hcl er</i>	1	ML
<i>diltiazem hcl inj</i>	1	HI
<i>diltiazem hcl cp24, tabs</i>	1	ML
<i>diltzac</i>	1	
ISOPTIN SR	3	ML
<i>taztia xt</i>	1	ML
TIAZAC	3	ML
<i>verapamil hcl er</i>	1	ML
<i>verapamil hcl inj</i>	1	
<i>verapamil hcl tabs</i>	1	ML
VERELAN	3	ML
VERELAN PM	3	ML

**DIHYDROPYRIDINES**

ADALAT CC	3	ML
<i>afeditab cr</i>	1	ML
<i>amlodipine besylate</i>	1	ML
<i>amlodipine besylate/benazepril hydrochloride</i>	3	ML
AZOR	3	
CARDENE I.V.	3	
CARDENE SR	3	ML
DYNACIRC CR	3	ML
DYNACIRC-CR	3	ML
EXFORGE	3	ML
EXFORGE HCT	3	
<i>felodipine er</i>	1	ML
<i>isradipine</i>	3	ML
LOTREL	3	ML
<i>nicardipine hcl inj</i>	3	
<i>nicardipine hcl caps</i>	3	ML

Drug Name	Drug Tier	Notes
<i>nifediac cc</i>	1	ML
<i>nifedical xl</i>	1	ML
<i>nifedipine</i>	1	ML
<i>nifedipine er</i>	1	ML
<i>nimodipine</i>	1	
<i>nisoldipine</i>	3	ML
NORVASC	3	ML
PROCARDIA	3	ML
PROCARDIA XL	3	ML
SULAR	3	ML

**CALORIC AGENTS**

**CALORIC AGENTS**

<i>alcohol 5%/dextrose 5%</i>	1	HI
AMINOSYN	2	HI
AMINOSYN 7%/ELECTROLYTES	2	HI
AMINOSYN 8.5%/ELECTROLYTES	2	HI
AMINOSYN II	2	HI
AMINOSYN II 3.5%/DEXTROSE25%	2	HI
AMINOSYN II 3.5/DEXTROSE 25%	2	HI
AMINOSYN II 4.25/DEXTROSE10%	2	HI
AMINOSYN II 4.25/DEXTROSE20%	2	HI
AMINOSYN II 4.25/DEXTROSE25%	2	HI
AMINOSYN II 5/DEXTROSE 25	2	HI
AMINOSYN II 8.5%/ELECTROLYTES	2	HI
AMINOSYN II M 3.5%/DEXTROSE 5%	2	HI
AMINOSYN M	2	HI
AMINOSYN-HBC	2	HI
AMINOSYN-HF	2	HI
AMINOSYN-PF	2	HI
AMINOSYN-PF 7%	2	HI
CLINIMIX 2.75%/DEXTROSE 5%	2	HI
CLINIMIX 4.25%/DEXTROSE 10%	2	HI
CLINIMIX 4.25%/DEXTROSE 20%	2	HI
CLINIMIX 4.25%/DEXTROSE 25%	2	HI
CLINIMIX 4.25%/DEXTROSE 5%	2	HI
CLINIMIX 5%/DEXTROSE 15%	2	HI
CLINIMIX 5%/DEXTROSE 20%	2	HI
CLINIMIX 5%/DEXTROSE 25%	2	HI
CLINIMIX E 2.75%/DEXTROSE 10%	2	HI
CLINIMIX E 2.75%/DEXTROSE 5%	2	HI
CLINIMIX E 4.25%/DEXTROSE 25%	2	HI
CLINIMIX E 4.25%/DEXTROSE 5%	2	HI
CLINIMIX E 5%/DEXTROSE 15%	2	HI
CLINIMIX E 5%/DEXTROSE 20%	2	HI
CLINIMIX E 5%/DEXTROSE 25%	2	HI
CLINIMIX E 5%/DEXTROSE 35%	2	HI
CLINISOL SF 15%	2	HI
<i>dextrose 10%/nacl 0.45%</i>	1	HI
<i>dextrose 10% flex container</i>	1	HI
<i>dextrose 10%/nacl 0.2%</i>	1	HI

Drug Name	Drug Tier	Notes
dextrose 2.5%/sodium chloride 0.45%	1	HI
dextrose 5%	1	HI
dextrose 5%/nacl 0.2%	1	HI
dextrose 5%/nacl 0.225%	1	HI
dextrose 5%/nacl 0.33%	1	HI
dextrose 5%/nacl 0.45%	1	HI
dextrose 5%/nacl 0.9%	1	HI
FREAMINE HBC 6.9%	2	HI
FREAMINE III	2	HI
FREAMINE III 3%	2	HI
HEPATAMINE	2	HI
HEPATASOL	2	HI
INTRALIPID	2	HI
NEPHRAMINE	2	HI
NOVAMINE	2	HI
PREMASOL	2	HI
PROCALAMINE	2	HI
PROSOL	2	HI
RENAMIN	2	HI
TRAVASOL	2	HI
TRAVASOL 2.75%/DEXTROSE 5%	2	HI
TRAVASOL 3.5%/ELECTROLYTES	2	HI
TRAVASOL 8.5%/DEXTROSE 10%	2	HI
TRAVASOL 8.5%/DEXTROSE 20%	2	HI
TRAVASOL 8.5%/DEXTROSE 50%	2	HI
TRAVASOL 8.5%/ELECTROLYTES	2	HI
TROPHAMINE	2	HI

**CARDIAC DRUGS**

**ANTIARRHYTHMIC AGENTS**

<i>amiodarone hcl inj</i>	1	
<i>amiodarone hcl tabs</i>	1	ML
CORDARONE	3	ML
<i>disopyramide phosphate</i>	1	ML
<i>flecainide acetate</i>	1	ML
<i>mexiletine hcl</i>	1	ML
NORPACE	3	ML
NORPACE CR	3	ML
<i>pacerone</i>	3	ML
<i>procainamide hcl</i>	1	
<i>propafenone hcl</i>	1	ML
<i>quinidine gluconate</i>	1	
<i>quinidine gluconate cr</i>	1	ML
<i>quinidine sulfate</i>	1	ML
<i>quinidine sulfate er</i>	1	ML
RYTHMOL	3	ML
RYTHMOL SR CP12 325MG	3	
RYTHMOL SR CP12 225MG, 425MG	3	ML
TAMBOCOR TABS 150MG, 50MG	3	
TAMBOCOR TABS 100MG	3	ML
TIKOSYN	3	ML

Drug Name	Drug Tier	Notes
<b>CARDIAC DRUGS, MISCELLANEOUS</b>		
RANEXA	3	ML
<b>CARDIOTONIC AGENTS</b>		
DIGOXIN ORAL SOLN	2	ML
<i>digoxin inj</i>	1	
<i>digoxin tabs</i>	1	ML
LANOXIN	2	ML
<b>CATHARTICS AND LAXATIVES</b>		
<b>CATHARTICS AND LAXATIVES</b>		
AMITIZA	3	ML
COLYTE	2	
<i>gavilyte-g</i>	1	
GOLYTELY	3	
HALFLYTELY BOWEL PREP	3	
MOVIPREP	3	
NULYTELY/FLAVOR PACKS	3	
OSMOPREP	2	
<i>peg 3350/electrolytes</i>	1	ML
<i>trilyte</i>	1	
VISICOL	3	
<b>CELL STIMULANTS AND PROLIFERANTS</b>		
<b>CELL STIMULANTS AND PROLIFERANTS</b>		
ATRALIN	3	ML
AVITA	3	ML
KEPIVANCE	3	
<i>retin-a</i>	1	ML
RETIN-A MICRO	2	ML
TRETIN-X	3	
<i>tretinoin</i>	1	ML
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISC.</b>		
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISC.</b>		
CAMPRAL	3	ML
LODOSYN	2	ML
NAMENDA	2	ML
NAMENDA TITRATION PAK	2	ML
RILUTEK	2	
STRATTERA	2	ML
XENAZINE	3	LA
XYREM	3	LA
<b>CHOLELITHOLYTIC AGENTS</b>		
<b>CHOLELITHOLYTIC AGENTS</b>		
ACTIGALL	3	ML
URSO 250	2	ML
URSO FORTE	3	ML
<i>ursodiol tabs</i>	1	
<i>ursodiol caps</i>	1	ML
<b>CONTRACEPTIVES</b>		
<b>CONTRACEPTIVES</b>		
<i>apri</i>	1	ML
<i>aranelle</i>	1	ML

Drug Name	Drug Tier	Notes
<i>aviane</i>	1	ML
<i>balziva</i>	1	ML
BREVICON-28	2	ML
<i>camila</i>	1	ML
<i>cesia</i>	1	ML
<i>cryselle-28</i>	1	ML
CYCLESSA	3	ML
DESOGEN	3	ML
<i>enpresse-28</i>	1	ML
<i>errin</i>	1	ML
ESTROSTEP FE	3	
<i>jolivette</i>	1	ML
<i>junel 1.5/30</i>	1	ML
<i>junel 1/20</i>	1	ML
<i>junel fe 1.5/30</i>	1	ML
<i>junel fe 1/20</i>	1	ML
<i>kariva</i>	1	ML
<i>kelnor 1/35</i>	1	ML
<i>leena</i>	1	ML
<i>lessina-28</i>	1	ML
<i>levora 0.15/30-28</i>	1	ML
LO/OVRAL-28	3	ML
LOESTRIN 1.5/30-21	3	ML
LOESTRIN 1/20-21	3	ML
LOESTRIN 24 FE	3	ML
LOESTRIN FE 1.5/30	3	ML
LOESTRIN FE 1/20	3	ML
<i>low-ogestrel</i>	1	ML
<i>lutera</i>	1	ML
LYBREL	3	ML
<i>microgestin 1.5/30</i>	1	ML
<i>microgestin 1/20</i>	1	ML
<i>microgestin fe</i>	1	ML
<i>microgestin fe 1.5/30</i>	1	ML
MODICON-28	3	ML
<i>mononessa</i>	1	
<i>necon 0.5/35-28</i>	1	ML
<i>necon 1/35-28</i>	1	ML
<i>necon 1/50-28</i>	1	ML
<i>necon 10/11-28</i>	1	ML
<i>necon 7/7/7</i>	1	ML
NOR-QD	3	ML
<i>nora-be</i>	1	ML
NORDETTE-28	3	ML
NORINYL 1+35	2	ML
<i>nortrel 0.5/35 (28)</i>	1	ML
<i>nortrel 1/35 (21)</i>	1	ML
<i>nortrel 1/35 (28)</i>	1	ML
<i>nortrel 7/7/7</i>	1	ML
NUVARING	2	ML

Drug Name	Drug Tier	Notes
<i>ocella</i>	3	ML
<i>ogestrel</i>	1	ML
ORTHO EVRA	2	ML
ORTHO MICRONOR	3	ML
ORTHO TRI-CYCLEN LO	3	ML
ORTHO-CEPT-28	3	ML
ORTHO-CYCLEN	3	
ORTHO-NOVUM 7/7/7-28	3	ML
OVCON-35	3	ML
OVCON-50 28	3	ML
PLAN B	2	
<i>portia-28</i>	1	ML
<i>previfem</i>	1	
<i>quasense</i>	3	ML
<i>reclipsen</i>	1	ML
SEASONALE	3	ML
SEASONIQUE	3	ML
<i>solia</i>	1	ML
<i>sprintec 28</i>	1	ML
<i>sronyx</i>	1	ML
<i>tri-legest fe</i>	3	ML
<i>tri-lo-sprintec</i>	3	
TRI-NORINYL 28	3	ML
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	ML
<i>trinessa</i>	1	
<i>trivora-28</i>	1	ML
<i>velivet</i>	1	ML
YASMIN 28	2	ML
YAZ	3	ML
<i>zovia 1/35e</i>	1	ML
<i>zovia 1/50e</i>	1	ML

**DEPIGMENTING AND PIGMENTING AGENTS**

**PIGMENTING AGENTS**

8-MOP	2	
OXSORALEN	2	ML
OXSORALEN ULTRA	2	
UVADEX	2	

**DEVICES**

**DEVICES**

<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	1	
<i>bd insulin syringe ultrafine/0.3ml/31g x 5/16"</i>	1	
<i>bd insulin syringe ultrafine/0.5ml/30g x 1/2"</i>	1	
<i>bd insulin syringe ultrafine/1ml/31g x 5/16"</i>	1	
<i>bd ultra-fine original pen needles/29g x 12.7mm</i>	1	

**DIGESTANTS**

**DIGESTANTS**

CREON	3	
LIPRAM 4500	3	ML
LIPRAM-PN10	3	ML

Drug Name	Drug Tier	Notes
LIPRAM-PN16	3	ML
LIPRAM-PN20	3	ML
LIPRAM-UL12	3	ML
LIPRAM-UL18	3	ML
LIPRAM-UL20	3	ML
PANCREASE MT 10	3	ML
PANCREASE MT 16	3	ML
PANCREASE MT 20	3	ML
PANCREASE MT 4	3	ML
PANCRECARB MS-16	3	ML
PANCRECARB MS-4	3	ML
PANCRECARB MS-8	3	ML
PANCRELIPASE	2	
PANCRELIPASE MST-16	2	
PANCRON 10	3	
PANCRON 20	3	
ULTRASE	3	ML
ULTRASE MT 12	3	ML
ULTRASE MT 18	3	ML
ULTRASE MT 20	3	ML
VIOKASE	3	ML
VIOKASE 16	2	ML

**DIURETICS**

**LOOP DIURETICS**

<i>bumetanide inj</i>	1	HI
<i>bumetanide tabs</i>	1	ML
BUMEX	3	ML
DEMADEX TABS	3	
DEMADEX INJ	3	HI
EDECRIN	2	ML
<i>furosemide inj</i>	1	
<i>furosemide oral soln, tabs</i>	1	ML
LASIX	3	ML
SODIUM EDECRIN	2	HI
<i>toremide</i>	3	ML

**POTASSIUM-SPARING DIURETICS**

<i>amiloride /hydrochlorothiazide</i>	3	ML
<i>amiloride hcl</i>	3	ML
DYAZIDE	3	ML
DYRENIUM	2	ML
MAXZIDE	3	ML
MAXZIDE-25	3	ML
<i>triamterene /hydrochlorothiazide</i>	1	ML

**THIAZIDE DIURETICS**

<i>chlorothiazide</i>	1	ML
DIURIL	2	ML
DIURIL IV	2	HI
<i>hydrochlorothiazide</i>	1	ML
<i>methyclothiazide</i>	3	ML
MICROZIDE	3	ML

Drug Name	Drug Tier	Notes
<b>THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone</i>	1	ML
<i>indapamide</i>	1	ML
<i>metolazone</i>	1	ML
THALITONE	2	ML
ZAROXOLYN	3	ML
<b>EENT DRUGS, MISCELLANEOUS</b>		
<b>EENT DRUGS, MISCELLANEOUS</b>		
ATROVENT	3	ML
<i>carteolol hcl</i>	1	ML
IOPIDINE	3	ML
<i>ipratropium bromide soln 0.03%</i>	1	ML
<i>ipratropium bromide soln 0.06%</i>	3	ML
LACRISERT	3	ML
<b>EMOLLIENTS, DEMULCENTS, AND PROTECTANTS</b>		
<b>BASIC LOTIONS AND LINIMENTS</b>		
<i>ammonium lactate</i>	3	
LAC-HYDRIN	3	ML
<i>laclotion</i>	3	ML
<b>BASIC OINTMENTS AND PROTECTANTS</b>		
<i>ammonium lactate</i>	3	ML
LAC-HYDRIN	3	ML
<b>ENZYMES</b>		
<b>ENZYMES</b>		
ADAGEN	2	
ALDURAZYME	2	HI
ARALAST	2	HI
CEREDASE	2	HI
CEREZYME	2	HI
ELAPRASE	2	HI
ELITEK	3	
FABRAZYME	2	HI
MYOZYME	3	HI
NAGLAZYME	3	HI
PROLASTIN	2	HI
SUCRAID	2	
ZEMAIRA	2	HI
<b>ESTROGENS AND ANTIESTROGENS</b>		
<b>ESTROGEN AGONIST-ANTAGONISTS</b>		
EVISTA	2	ML
<b>ESTROGENS</b>		
ACTIVELLA	3	ML
ALORA	3	ML
ANGELIQ	3	ML
CENESTIN	3	ML
<i>climara</i>	1	ML
CLIMARA PRO	3	ML
COMBIPATCH	3	ML
DELESTROGEN	2	
DEPO-ESTRADIOL	2	

Drug Name	Drug Tier	Notes
DIVIGEL	3	ML
ELESTRIN	3	ML
ENJUVIA	3	ML
ESTRACE CREA	2	ML
ESTRACE TABS	3	ML
ESTRADERM	3	ML
<i>estradiol</i>	1	ML
<i>estradiol valerate</i>	1	
<i>estradiol/norethindrone acetate</i>	3	ML
ESTRASORB	3	ML
ESTRING	2	ML
ESTROGEL	3	ML
<i>estropipate</i>	1	ML
EVAMIST	3	ML
FEMHRT 1/5	3	ML
FEMHRT LOW DOSE	3	ML
FEMRING	3	ML
FEMTRACE	3	ML
GYNODIOL	3	ML
MENEST	3	ML
MENOSTAR	3	ML
OGEN	3	ML
ORTHO-EST	3	ML
PREFEST	3	ML
PREMARIN	2	ML
PREMARIN W/APPLICATOR	2	ML
PREMPHASE	3	ML
PREMPRO	3	ML
VAGIFEM	2	ML
VIVELLE-DOT	3	ML
<b>FIRST GENERATION ANTIHISTAMINES</b>		
<b>ETHANOLAMINE DERIVATIVES</b>		
<i>clemastine fumarate</i>	3	ML
<i>diphenhydramine hcl inj</i>	1	
<i>diphenhydramine hcl caps</i>	1	ML
PALGIC	3	
<b>FIRST GEN. ANTIHIST. DERIVATIVES, MISC.</b>		
<i>cyproheptadine hcl</i>	1	ML
<b>PHENOTHIAZINE DERIVATIVES</b>		
<i>phenadoz</i>	1	ML
PHENERGAN	3	
<i>promethazine hcl inj</i>	1	
<i>promethazine hcl supp, syrp, tabs</i>	1	ML
<i>promethazine vc</i>	3	ML
<i>promethegan</i>	1	ML
<b>PROPYLAMINE DERIVATIVES</b>		
<i>dexchlorpheniramine maleate</i>	1	
<b>GENITOURINARY SMOOTH MUSCLE RELAXANTS</b>		
<b>GENITOURINARY SMOOTH MUSCLE RELAXANTS</b>		
DETROL	2	ML

Drug Name	Drug Tier	Notes
DETROL LA	2	ML
DITROPAN XL	3	
ENABLEX	3	ML
<i>flavoxate hcl</i>	3	ML
<i>gelnique</i>	3	
<i>oxybutynin chloride er</i>	1	ML
<i>oxybutynin chloride syrp</i>	1	
<i>oxybutynin chloride tabs</i>	1	ML
OXYTROL	2	ML
SANCTURA	3	ML
SANCTURA XR	3	ML
TOVIAZ	3	
VESICARE	3	ML
<b>GI DRUGS, MISCELLANEOUS</b>		
<b>GI DRUGS, MISCELLANEOUS</b>		
CIMZIA	3	
LOTRONEX	3	
RELISTOR	3	
<b>GOLD COMPOUNDS</b>		
<b>GOLD COMPOUNDS</b>		
RIDAURA	2	ML
<b>GONADOTROPINS</b>		
<b>GONADOTROPINS</b>		
<i>chorionic gonadotropin</i>	1	ML
NOVAREL	3	ML
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	3	ML
SYNAREL	3	
<b>HEAVY METAL ANTAGONISTS</b>		
<b>HEAVY METAL ANTAGONISTS</b>		
CHEMET	3	
CUPRIMINE	2	ML
DEPEN TITRATABS	2	ML
EXJADE	3	
SYPRINE	3	
<b>HEMATOPOIETIC AGENTS</b>		
<b>HEMATOPOIETIC AGENTS</b>		
ARANESP ALBUMIN FREE	3	
EPOGEN	2	
LEUKINE	2	
NEULASTA	3	
NEUMEGA	3	
NEUPOGEN	2	
PROCRIT	2	
<b>HEMORRHEOLOGIC AGENTS</b>		
<b>HEMORRHEOLOGIC AGENTS</b>		
<i>pentopak</i>	1	ML
<i>pentoxifylline er</i>	1	ML
<i>pentoxil</i>	1	ML
TRENTAL	3	ML
<b>HYPOTENSIVE AGENTS</b>		

Drug Name	Drug Tier	Notes
<b>CENTRAL ALPHA-AGONISTS</b>		
CATAPRES	3	ML
CATAPRES-TTS-1	2	ML
CATAPRES-TTS-2	2	ML
CATAPRES-TTS-3	2	ML
<i>clonidine hcl</i>	1	ML
CLORPRES	3	ML
<i>guanabenz acetate</i>	3	
<i>guanfacine hcl</i>	1	ML
<i>methyldopa</i>	1	ML
<i>methyldopa /hydrochlorothiazide</i>	3	
<i>methyldopate hcl</i>	1	
TENEX	3	ML
<b>DIRECT VASODILATORS</b>		
BIDIL	3	
<i>hydralazine hcl inj</i>	1	HI
<i>hydralazine hcl tabs</i>	1	ML
<i>minoxidil</i>	1	ML
PROGLYCEM	2	
<b>HYPOTENSIVE AGENTS, MISCELLANEOUS</b>		
INVERSINE	2	
<b>PERIPHERAL ADRENERGIC INHIBITORS</b>		
<i>reserpine</i>	1	ML
<b>ION-REMOVING AGENTS</b>		
<b>PHOSPHATE-REMOVING AGENTS</b>		
<i>calcium acetate</i>	1	
<i>eliphos</i>	1	
FOSRENOL	3	
PHOSLO	2	ML
RENVELA	2	
<b>POTASSIUM-REMOVING AGENTS</b>		
KAYEXALATE	3	ML
<i>kionex</i>	1	ML
<i>sodium polystyrene sulfonate</i>	1	ML
<b>IRRIGATING SOLUTIONS</b>		
<b>IRRIGATING SOLUTIONS</b>		
LACTATED RINGERS IRRIGATION	3	
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
<i>ringers irrigation</i>	1	
<i>sodium chloride 0.9%</i>	1	
<i>sterile water irrigation</i>	1	
TIS-U-SOL	3	
<b>KERATOLYTIC AGENTS</b>		
<b>KERATOLYTIC AGENTS</b>		
<i>acanya</i>	1	
<b>KERATOPLASTIC AGENTS</b>		
<b>KERATOPLASTIC AGENTS</b>		
VECTICAL	3	
<b>LOCAL ANESTHETICS (EENT)</b>		

Drug Name	Drug Tier	Notes
<b>LOCAL ANESTHETICS (EENT)</b>		
<i>alcaine</i>	1	
<i>lidocaine hcl jelly</i>	1	ML
<i>lidocaine hcl gel</i>	1	
<i>lidocaine hcl external soln</i>	1	ML
<i>parcaine</i>	1	
<i>proparacaine hcl</i>	1	
XYLOCAINE	3	ML
XYLOCAINE JELLY	3	ML
<b>LOCAL ANESTHETICS (PARENTERAL)</b>		
<b>LOCAL ANESTHETICS (PARENTERAL)</b>		
<i>lidocaine hcl</i>	1	
XYLOCAINE	3	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
ACETADOTE	3	
ACTIMMUNE	3	LA
ACTONEL WITH CALCIUM	3	
ACTONEL TABS 30MG, 35MG, 5MG, 75MG	2	ML
ACTONEL TABS 150MG	3	ML
<i>alendronate sodium</i>	1	ML
<i>allopurinol</i>	1	ML
<i>allopurinol sodium</i>	1	
ALOPRIM	3	
<i>amifostine</i>	1	
ANTABUSE	2	ML
ANTIZOL	3	
APHTHASOL	3	
ARAVA	3	
ARCALYST	3	
ARELIA	3	HI
ATGAM	3	
AVODART	3	ML
AVONEX	2	QL
AZASAN	3	PA; ML
<i>azathioprine</i>	1	PA; ML
<i>azathioprine sodium</i>	1	PA; ML
BETASERON	2	QL
BONIVA INJ	3	HI; ML
BONIVA TABS	3	ML
BOTOX	2	
CARNITOR INJ	3	HI
CARNITOR ORAL SOLN, TABS	3	ML
CELLCEPT	3	PA
CELLCEPT INTRAVENOUS	3	PA
<i>colchicine</i>	1	ML
COPAXONE	2	QL
<i>cyclosporine</i>	1	PA
<i>cyclosporine modified</i>	1	PA; ML
CYSTADANE	2	

Drug Name	Drug Tier	Notes
CYSTAGON	2	LA
DEMSEER	3	
<i>dexrazoxane</i>	1	
DIDRONEL	3	ML
ELMIRON	2	ML
ENBREL	2	
ENBREL SURECLICK	2	
ETHYOL	3	
<i>etidronate disodium</i>	1	ML
<i>finasteride</i>	1	ML
FLOMAX	3	ML
<i>fomepizole</i>	3	
FOSAMAX PLUS D	3	ML
FOSAMAX SOLN	2	ML
FOSAMAX TABS	3	ML
FUSILEV	3	
<i>gengraf</i>	1	PA; ML
HUMIRA	2	
HUMIRA PEN-CROHNS DISEASESTARTER	2	
IMURAN	3	PA; ML
KINERET	3	
KUVAN	3	
<i>leflunomide</i>	1	
<i>leucovorin calcium inj</i>	1	HI
<i>leucovorin calcium tabs</i>	1	ML
<i>levocarnitine inj</i>	1	HI
<i>levocarnitine oral soln, tabs</i>	1	ML
<i>mesna</i>	1	HI
MESNEX TABS	2	
MESNEX INJ	3	HI
<i>mycophenolate mofetil</i>	1	PA
MYFORTIC	2	PA
MYOBLOC	3	
NEORAL	3	PA; ML
<i>octreotide acetate</i>	1	
ORENCIA	2	
ORFADIN	2	
ORTHOCLONE OKT3	2	PA
<i>pamidronate disodium</i>	1	HI
PROGRAF	2	PA
PROMACTA	3	
PROSCAR	3	ML
RAPAFLO	3	
RAPAMUNE	2	PA
REBIF	2	QL
REBIF TITRATION PACK	2	
REMICADE	2	
REVLIMID	2	LA
SANDIMMUNE INJ	3	PA
SANDIMMUNE CAPS, ORAL SOLN	3	PA; ML

Drug Name	Drug Tier	Notes
SANDOSTATIN	3	
SANDOSTATIN LAR DEPOT	3	
SENSIPAR	2	
SIMPONI	3	
SIMULECT	3	PA
SKELID	3	
<i>sodium fluoride</i>	1	
SOMATULINE DEPOT	3	
THALOMID	2	
THIOLA	3	
THYMOGLOBULIN	3	
TYSABRI	3	LA
ULORIC	3	
UROXATRAL	3	ML
ZAVESCA	2	
ZENAPAX	3	PA
ZINECARD	3	
ZOMETA	2	HI
ZYLOPRIM	3	ML
<b>MUCOLYTIC AGENTS</b>		
<b>MUCOLYTIC AGENTS</b>		
<i>acetylcysteine</i>	1	ML
<b>MULTIVITAMIN PREPARATIONS</b>		
<b>MULTIVITAMIN PREPARATIONS</b>		
<i>prenatabs obn</i>	1	
<b>MYDRIATICS</b>		
<b>MYDRIATICS</b>		
<i>dipivefrin hcl</i>	1	ML
MYDRAL	3	
MYDRIACYL	3	
PROPINE	3	ML
<i>tropicacyl</i>	1	
<i>tropicamide</i>	1	
<b>OPIATE ANTAGONISTS</b>		
<b>OPIATE ANTAGONISTS</b>		
<i>depade</i>	3	ML
<i>naloxone hcl</i>	1	
<i>naltrexone hcl</i>	1	ML
REVIA	3	ML
VIVITROL	3	
<b>OXYTOCICS</b>		
<b>OXYTOCICS</b>		
METHERGINE	2	ML
<b>PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)</b>		
<b>PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)</b>		
ARICEPT	2	ML
ARICEPT ODT	3	ML
<i>bethanechol chloride</i>	1	ML
COGNEX	3	
EVOXAC	3	ML

Drug Name	Drug Tier	Notes
EXELON	3	ML
<i>galantamine hydrobromide</i>	3	
<i>guanidine hcl</i>	3	
MESTINON TIMESPAN	2	ML
MESTINON SYRP	2	ML
MESTINON TABS	3	ML
MYTELASE	3	
<i>pilocarpine hcl</i>	1	ML
<i>pilocarpine hydrochloride</i>	1	ML
<i>pyridostigmine bromide</i>	1	ML
RAZADYNE	3	ML
RAZADYNE ER	3	ML
REGONOL	2	
SALAGEN	3	ML
URECHOLINE	3	ML
<b>PARATHYROID</b>		
<b>PARATHYROID</b>		
<i>calcitonin-salmon</i>	1	
FORTEO	3	
FORTICAL	2	ML
MIACALCIN INJ	2	ML
MIACALCIN NASAL SOLN	3	ML
<b>PHARMACEUTICAL AIDS</b>		
<b>PHARMACEUTICAL AIDS</b>		
<i>curity gauze pads 2"x2"</i>	1	
<b>PITUITARY</b>		
<b>PITUITARY</b>		
DDAVP INJ	3	
DDAVP NASAL SOLN, TABS	3	ML
<i>desmopressin acetate</i>	1	ML
GENOTROPIN	3	
GENOTROPIN MINIQUICK	3	
HUMATROPE	3	
HUMATROPE COMBO PACK	3	
NORDITROPIN CARTRIDGE	2	
NORDITROPIN NORDIFLEX PEN	2	
NUTROPIN	3	
NUTROPIN AQ	3	
OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML	2	
OMNITROPE INJ 5.8MG	3	
SAIZEN	3	
SAIZEN CLICK.EASY	3	
SEROSTIM	3	
STIMATE	2	ML
TEV-TROPIN	3	
ZORBTIVE	3	
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
AYGESTIN	3	ML
CRINONE	3	

Drug Name	Drug Tier	Notes
DEPO-PROVERA	2	ML
DEPO-PROVERA CONTRACEPTIVE	3	
DEPO-SUBQ PROVERA 104	2	
ENDOMETRIN	3	
<i>medroxyprogesterone acetate</i>	1	ML
<i>norethindrone acetate</i>	1	ML
PROCHIEVE	3	
PROMETRIUM	3	ML
PROVERA	3	ML
<b>PROKINETIC AGENTS</b>		
<b>PROKINETIC AGENTS</b>		
<i>metoclopramide hcl oral soln, tabs</i>	1	ML
<i>metoclopramide hcl inj</i>	3	
REGLAN INJ	3	
REGLAN TABS	3	ML
<b>PSYCHOTHERAPEUTIC AGENTS</b>		
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl</i>	1	ML
<i>amoxapine</i>	1	ML
ANAFRANIL	3	ML
APLENZIN	3	
<i>budeprion sr</i>	1	ML
<i>budeprion xl</i>	3	ML
<i>buproban</i>	1	ML
<i>bupropion hcl</i>	1	ML
<i>bupropion hcl sr</i>	1	ML
CELEXA	3	ML
<i>chlordiazepoxide /amitriptyline</i>	3	ML
<i>citalopram hydrobromide</i>	1	ML
<i>clomipramine hcl</i>	1	ML
CYMBALTA	2	ML
<i>desipramine hcl</i>	1	ML
<i>doxepin hcl</i>	1	ML
EFFEXOR	3	ML
EFFEXOR XR	3	ML
EMSAM	3	
<i>fluoxetine hcl</i>	1	ML
<i>fluvoxamine maleate</i>	3	ML
<i>imipramine hcl</i>	1	ML
<i>imipramine pamoate</i>	1	ML
LEXAPRO	3	ML
LIMBITROL	3	ML
LUVOX CR	3	ML
<i>maprotiline hcl</i>	1	ML
MARPLAN	3	
<i>mirtazapine</i>	1	ML
<i>mirtazapine odt</i>	1	ML
NARDIL	2	ML
<i>nefazodone hcl</i>	3	ML
NORPRAMIN	3	ML

Drug Name	Drug Tier	Notes
<i>nortriptyline hcl soln</i>	1	
<i>nortriptyline hcl caps</i>	1	ML
PAMELOR	3	ML
PARNATE	3	ML
<i>paroxetine hcl</i>	1	ML
<i>paroxetine hcl er</i>	3	ML
PAXIL	3	ML
PAXIL CR	3	ML
<i>perphenazine /amitriptyline</i>	1	ML
PEXEVA	3	
PRISTIQ	3	
<i>protriptyline hcl</i>	1	
PROZAC	3	ML
PROZAC WEEKLY	3	ML
RAPIFLUX	3	ML
REMERON	3	ML
REMERON SOLTAB	3	ML
SARAFEM	3	ML
SAVELLA	3	
SAVELLA TITRATION PACK	3	
<i>selfemra</i>	1	
<i>sertraline hcl</i>	1	ML
SURMONTIL	3	ML
SYMBYAX	3	
TOFRANIL-PM	3	ML
TOFRANIL TABS 10MG, 25MG	3	
TOFRANIL TABS 50MG	3	ML
<i>tranylcypromine sulfate</i>	1	ML
<i>trazodone hcl</i>	1	ML
<i>trimipramine maleate</i>	3	ML
<i>venlafaxine hcl</i>	1	ML
VENLAFAXINE HCL ER	2	
VIVACTIL	2	ML
WELLBUTRIN	3	ML
WELLBUTRIN SR	3	ML
WELLBUTRIN XL	3	ML
ZOLOFT	3	ML
ZYBAN	3	ML
<b>ANTIPSYCHOTIC AGENTS</b>		
ABILIFY DISCMELT	3	
ABILIFY ORAL SOLN, TABS	2	
ABILIFY INJ	3	
<i>chlorpromazine hcl</i>	1	ML
<i>clozapine</i>	1	
CLOZARIL	3	
FAZACLO	3	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl conc, elix, inj</i>	1	
<i>fluphenazine hcl tabs</i>	1	ML
GEODON INJ	2	

Drug Name	Drug Tier	Notes
GEODON CAPS	2	ML
HALDOL	3	HI
HALDOL DECANOATE-100	3	
HALDOL DECANOATE-50	3	
<i>haloperidol</i>	1	ML
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	HI
INVEGA	3	ML
<i>loxapine succinate</i>	1	ML
LOXITANE	3	ML
MOBAN	2	
NAVANE	3	ML
ORAP TABS 2MG	2	ML
ORAP TABS 1MG	3	ML
<i>perphenazine</i>	1	ML
RISPERDAL	3	ML
RISPERDAL CONSTA	2	
RISPERDAL M-TAB	3	
<i>risperidone odt</i>	3	
<i>risperidone soln</i>	1	
<i>risperidone tabs</i>	1	ML
SEROQUEL	2	ML
SEROQUEL XR TB24 150MG, 50MG	3	
SEROQUEL XR TB24 200MG, 300MG, 400MG	3	ML
<i>thioridazine hcl</i>	3	ML
<i>thiothixene</i>	1	ML
<i>trifluoperazine hcl</i>	1	ML
ZYPREXA	2	ML
ZYPREXA ZYDIS	3	ML

**RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB**

**ANGIOTENSIN II RECEPTOR ANTAGONISTS**

ATACAND	3	ML
ATACAND HCT TABS 32MG; 25MG	3	
ATACAND HCT TABS 16MG; 12.5MG, 32MG; 12.5MG	3	ML
AVALIDE	3	ML
AVAPRO	3	ML
BENICAR	3	ML
BENICAR HCT	3	ML
COZAAR	2	ML
DIOVAN	3	ML
DIOVAN HCT	3	ML
HYZAAR	3	ML
MICARDIS	3	ML
MICARDIS HCT	3	ML
TEVETEN	3	
TEVETEN HCT	3	

**ANGIOTENSIN-CONVERTING ENZYME INHIBITORS**

ACCUPRIL	3	ML
ACCURETIC	3	
ACEON	3	ML

Drug Name	Drug Tier	Notes
ALTACE	3	ML
<i>benazepril hcl</i>	1	ML
<i>benazepril hcl/hydrochlorothiazide</i>	3	ML
CAPOTEN	3	ML
<i>captopril</i>	1	ML
<i>captopril /hydrochlorothiazide</i>	3	
<i>enalapril maleate</i>	1	ML
<i>enalapril maleate/hydrochlorothiazide</i>	3	
<i>fosinopril sodium</i>	1	ML
<i>fosinopril sodium/hydrochlorothiazide</i>	3	
<i>lisinopril</i>	1	ML
<i>lisinopril /hydrochlorothiazide</i>	1	ML
LOTENSIN	3	ML
LOTENSIN HCT	3	ML
MAVIK	3	ML
<i>moexipril /hydrochlorothiazide</i>	3	
<i>moexipril hcl</i>	3	ML
MONOPRIL	3	ML
MONOPRIL HCT	3	
PRINIVIL	3	ML
PRINZIDE	3	ML
<i>quinapril /hydrochlorothiazide</i>	3	
<i>quinapril hcl</i>	1	ML
<i>quinaretic</i>	3	
<i>ramipril</i>	3	ML
TARKA	3	ML
<i>trandolapril</i>	3	ML
UNIRETIC	3	
UNIVASC	3	ML
VASERETIC	3	
VASOTEC	3	ML
ZESTORETIC	3	ML
ZESTRIL TABS 20MG	3	
ZESTRIL TABS 10MG, 2.5MG, 30MG, 40MG, 5MG	3	ML
<b>MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS</b>		
ALDACTAZIDE	3	ML
ALDACTONE	3	ML
<i>epplerenone</i>	1	ML
INSpra	2	ML
<i>spironolactone</i>	1	ML
<i>spironolactone /hydrochlorothiazide</i>	1	ML
<b>RENIN INHIBITORS</b>		
TEKTurna	3	ML
TEKTurna HCT	3	
<b>REPLACEMENT PREPARATIONS</b>		
<b>REPLACEMENT PREPARATIONS</b>		
<i>dextrose 5% /electrolyte #48 viaflex</i>	1	HI
<i>dextrose 5%/potassium chloride 0.075%</i>	1	HI
<i>ed k+10</i>	1	ML
IONOSOL-B/DEXTROSE 5%	2	HI

Drug Name	Drug Tier	Notes
IONOSOL-MB/DEXTROSE 5%	2	HI
IONOSOL-T/DEXTROSE 5%	2	HI
ISOLYTE-H/DEXTROSE 5%	2	HI
ISOLYTE-M/DEXTROSE 5%	2	HI
ISOLYTE-P/DEXTROSE 5%	2	HI
ISOLYTE-S	2	HI
ISOLYTE-S/DEXTROSE 5%	2	HI
<i>k-tabs</i>	1	ML
KAON-CL-10	3	ML
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	HI
<i>kcl 0.15%/d10w/nacl 0.2%</i>	1	HI
<i>kcl 0.15%/d5w/lr</i>	1	HI
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	HI
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	HI
<i>kcl 0.224%/d5w/nacl 0.2%</i>	1	HI
<i>kcl 0.3%/d5w/lr iv lac ring</i>	1	HI
<i>kcl 0.3%/d5w/nacl 0.2%</i>	1	HI
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	HI
<i>kcl 0.3%/d5w/nacl 0.9%</i>	1	HI
<i>klor-con 10</i>	1	ML
<i>klor-con 8</i>	1	ML
<i>klor-con m15</i>	3	ML
<i>klor-con m20</i>	1	ML
LACTATED RINGERS VIAFLEX	3	HI
NORMOSOL-M IN D5W	2	HI
NORMOSOL-R	2	HI
NORMOSOL-R IN D5W	2	HI
PLASMA-LYTE 56	2	HI
PLASMA-LYTE A	2	HI
PLASMA-LYTE-148	2	HI
PLASMA-LYTE-148/D5W	2	HI
PLASMA-LYTE-56/D5W	2	HI
PLASMA-LYTE-R	2	HI
<i>potassium chloride</i>	1	HI
<i>potassium chloride 0.075%/d5w/nacl 0.225%</i>	1	HI
<i>potassium chloride 0.15% /nacl 0.45% viaflex</i>	1	HI
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	1	HI
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	1	HI
<i>potassium chloride 0.15% nacl 0.9%</i>	1	HI
<i>potassium chloride 0.15%/d5w</i>	1	HI
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	1	HI
<i>potassium chloride 0.224%/d5w</i>	1	HI
<i>potassium chloride 0.3%/ nacl 0.9%</i>	1	HI
<i>potassium chloride 0.3%/d5w</i>	1	HI
<i>potassium chloride cr</i>	1	ML
<i>potassium chloride er cpcr 10meq</i>	1	
<i>potassium chloride er cpcr 8meq</i>	3	
<i>potassium chloride er tbc</i>	1	ML
<i>ringers injection</i>	1	HI
<i>sodium chloride</i>	1	HI

Drug Name	Drug Tier	Notes
<i>sodium chloride 0.45% viaflex</i>	1	HI
TPN ELECTROLYTES FTV	3	HI
<b>RESPIRATORY SMOOTH MUSCLE RELAXANTS</b>		
<b>RESPIRATORY SMOOTH MUSCLE RELAXANTS</b>		
<i>aminophylline tabs</i>	1	
<i>aminophylline inj</i>	1	HI
<i>elixophyllin</i>	1	ML
LUFYLLIN	3	
THEO-24	3	ML
<i>theochron</i>	1	ML
<i>theophylline er</i>	1	ML
UNIPHYL	2	ML
<b>RESPIRATORY TRACT AGENTS, MISCELLANEOUS</b>		
<b>RESPIRATORY TRACT AGENTS, MISCELLANEOUS</b>		
XOLAIR	2	
<b>SECOND GENERATION ANTIHISTAMINES</b>		
<b>SECOND GENERATION ANTIHISTAMINES</b>		
ALLEGRA	3	ML
ALLEGRA-D 12 HOUR	3	ML
ALLEGRA-D 24 HOUR	3	ML
<i>cetirizine hcl</i>	1	ML
CLARINEX	3	ML
CLARINEX REDITABS	3	ML
CLARINEX-D 12 HOUR	3	
CLARINEX-D 24 HOUR	3	
<i>fexofenadine hcl</i>	1	ML
SEMPREX-D	3	
XYZAL	3	ML
<b>SERUMS</b>		
<b>SERUMS</b>		
CARIMUNE NANOFILTERED	2	HI
FLEBOGAMMA	2	HI
GAMASTAN S/D	2	HI
GAMMAGARD LIQUID	2	HI
GAMUNEX	2	HI
OCTAGAM	2	HI
POLYGAM S/D	2	HI
VIVAGLOBIN	3	PA
<b>SKELETAL MUSCLE RELAXANTS</b>		
<b>CENTRALLY ACTING SKELETAL MUSCLE RELAXNT</b>		
AMRIX	3	ML
<i>carisoprodol</i>	3	ML
<i>carisoprodol /aspirin</i>	3	
<i>carisoprodol /aspirin /codeine</i>	3	
<i>chlorzoxazone</i>	3	ML
<i>cyclobenzaprine hcl</i>	1	ML
FEXMID	3	ML
FLEXERIL	3	ML
<i>methocarbamol</i>	1	ML
PARAFON FORTE DSC	3	ML

Drug Name	Drug Tier	Notes
ROBAXIN-750	3	ML
ROBAXIN INJ	2	
ROBAXIN TABS	3	ML
SKELAXIN	3	ML
SOMA	3	ML
<i>tizanidine hcl</i>	1	ML
ZANAFLEX	3	ML
<b>DIRECT-ACTING SKELETAL MUSCLE RELAXANTS</b>		
DANTRIUM	3	
<i>dantrolene sodium</i>	1	
<b>GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT</b>		
<i>baclofen</i>	1	ML
<b>SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS</b>		
NORFLEX	3	ML
<i>orphenadrine /asa /caffeine</i>	3	
<i>orphenadrine citrate</i>	1	ML
<i>orphenadrine citrate er</i>	1	ML
<i>orphenadrine compound ds</i>	3	
<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISC.</b>		
<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISC.</b>		
ACCUTANE	3	ML
ALDARA	2	ML
AMEVIVE	3	
<i>amnesteam</i>	1	ML
AZELEX	2	ML
<i>calcipotriene</i>	1	ML
CARAC	2	ML
<i>claravis</i>	1	ML
CONDYLOX GEL	2	ML
CONDYLOX SOLN	3	
DIFFERIN	2	ML
DOVONEX CREA	2	ML
DOVONEX SOLN	3	ML
EFUDEX CREA	2	ML
EFUDEX SOLN	3	ML
ELIDEL	3	ML
EPIDUO	3	
FINACEA	2	ML
FLUOROPLEX	2	ML
<i>fluorouracil</i>	1	ML
PANRETIN	3	
<i>podofilox</i>	1	ML
PROTOPIC	2	ML
REGRANEX	3	
SANTYL	3	ML
SOLARAZE	3	ML
SORIATANE CK	2	
<i>sotret</i>	1	ML
TACLONEX	3	
TACLONEX SCALP	3	

Drug Name	Drug Tier	Notes
TARGRETIN	3	
TAZORAC	2	ML
<b>SOMATOTROPIN AGONISTS AND ANTAGONISTS</b>		
<b>SOMATOTROPIN AGONISTS</b>		
INCRELEX	3	
<b>SOMATOTROPIN ANTAGONISTS</b>		
SOMAVERT	2	LA
<b>SYMPATHOLYTIC ADRENERGIC BLOCKING AGENTS</b>		
<b>SYMPATHOLYTIC ADRENERGIC BLOCKING AGENTS</b>		
<i>cafergot</i>	1	
D.H.E. 45	3	
DIBENZYLINE	2	ML
<i>dihydroergotamine mesylate</i>	1	
<i>ergoloid mesylates</i>	1	
ERGOMAR	2	
<i>ergotamine tartrate/caffeine</i>	1	
<i>migergot</i>	1	ML
MIGRANAL	2	ML
<b>SYMPATHOMIMETIC (ADRENERGIC) AGENTS</b>		
<b>ALPHA- AND BETA-ADRENERGIC AGONISTS</b>		
<i>epinephrine hcl</i>	1	
EIPEN 2-PAK	2	ML
EIPEN-JR 2-PAK	2	ML
TWINJECT	2	
<b>ALPHA-ADRENERGIC AGONISTS</b>		
<i>midodrine hcl</i>	1	ML
PROAMATINE	3	ML
<b>BETA-ADRENERGIC AGONISTS</b>		
ADVAIR DISKUS	3	ML
ADVAIR HFA	3	
<i>albuterol sulfate</i>	1	ML
<i>albuterol sulfate er</i>	1	ML
BRETHINE INJ	2	
BRETHINE TABS	3	ML
COMBIVENT	2	ML
FORADIL AEROLIZER	3	ML
<i>metaproterenol sulfate</i>	1	ML
PROAIR HFA	2	QL; ML
PROVENTIL HFA	3	QL; ML
SEREVENT DISKUS	2	ML
<i>terbutaline sulfate inj</i>	1	
<i>terbutaline sulfate tabs</i>	1	ML
VENTOLIN HFA	2	QL; ML
VOSPIRE ER	3	ML
XOPENEX HFA	3	QL; ML
<b>THYROID AND ANTITHYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole</i>	1	ML
<i>propylthiouracil</i>	1	ML
TAPAZOLE	3	ML

Drug Name	Drug Tier	Notes
<b>THYROID AGENTS</b>		
CYTOMEL	3	ML
LEVOTHROID	2	ML
<i>levothyroxine sodium</i>	1	ML
LEVOXYL	3	ML
<i>lithyronine sodium</i>	1	
SYNTHROID	3	ML
THYROLAR-1	3	ML
THYROLAR-1/2	3	ML
THYROLAR-1/4	3	ML
THYROLAR-2	3	ML
THYROLAR-3	3	ML
UNITHROID	3	ML
<b>TOXOIDS</b>		
<b>TOXOIDS</b>		
ADACEL	2	
BOOSTRIX	2	
DAPTACEL	2	
DECAVAC	2	
DIPHTHERIA/TETANUS TOXOID PEDIATRIC	2	
INFANRIX	2	
<i>tetanus toxoid adsorbed</i>	1	PA
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED	2	
ADULT		
TRIHIBIT	2	
TRIPEDIA	2	
<b>URICOSURIC AGENTS</b>		
<b>URICOSURIC AGENTS</b>		
<i>probenecid</i>	1	ML
<i>probenecid/colchicine</i>	1	ML
<b>URINARY ANTI-INFECTIVES</b>		
<b>URINARY ANTI-INFECTIVES</b>		
FURADANTIN	2	
HIPREX	3	ML
MACROBID	3	ML
MACRODANTIN	3	ML
<i>methenamine hippurate</i>	1	ML
MONUROL	2	
<i>nitrofurantoin macrocrystalline</i>	1	ML
<i>nitrofurantoin monohydrate</i>	1	ML
PRIMSOL	3	ML
<i>trimethoprim</i>	1	ML
UREX	3	ML
<b>VACCINES</b>		
<b>VACCINES</b>		
ACTHIB	2	
ATTENUVAX	2	PA
COMVAX	2	
ENGERIX-B	2	PA
GARDASIL	2	

Drug Name	Drug Tier	Notes
HAVRIX	2	PA
HIBTITER	2	
IMOVAX RABIES (H.D.C.V.)	2	PA
IPOL INACTIVATED IPV	2	
JE-VAX	2	
M-M-R II W/DILUENT 10 DOSE	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MERUVAX II W/DILUENT 10 DOSE	3	
PEDIARIX	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	PA
RECOMBIVAX HB	2	PA
ROTATEQ	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	PA
VARIVAX	2	
VIVOTIF BERNA	2	
YF-VAX	2	
ZOSTAVAX	2	

**VASOCONSTRICTORS**

**VASOCONSTRICTORS**

<i>ak-con</i>	1	ML
<i>naphazoline hcl</i>	3	ML
TYZINE	2	
TYZINE PEDIATRIC NASAL DROPS	2	

**VASODILATING AGENTS**

**NITRATES AND NITRITES**

DILATRATE SR	3	ML
IMDUR	3	ML
ISMO	3	ML
ISOCHRON	3	ML
ISORDIL TITRADOSE TABS 5MG	3	
ISORDIL TITRADOSE TABS 40MG	3	ML
<i>isosorbide dinitrate</i>	1	ML
<i>isosorbide dinitrate er</i>	1	ML
<i>isosorbide mononitrate</i>	1	ML
<i>isosorbide mononitrate er</i>	1	ML
<i>minitran</i>	1	ML
MONOKET	3	ML
NITRO-BID	3	
NITRO-DUR PT24 0.3MG/HR	2	ML
NITRO-DUR PT24 0.1MG/HR, 0.2MG/HR, 0.4MG/HR, 0.6MG/HR, 0.8MG/HR	3	ML
<i>nitroglycerin transdermal</i>	1	ML
<i>nitroglycerin inj</i>	1	
<i>nitroglycerin pt24</i>	1	ML
NITROLINGUAL PUMPSPRAY	3	ML

Drug Name	Drug Tier	Notes
NITROSTAT	2	ML
<b>PHOSPHODIESTERASE INHIBITORS</b>		
ADCIRCA	3	
REVATIO	2	ML
<b>VASODILATING AGENTS, MISCELLANEOUS</b>		
AGGRENOX	2	ML
<i>dipyridamole</i>	1	ML
LETAIRIS	3	
PERSANTINE	3	ML
REMODULIN	3	HI
TRACLEER	2	LA
<b>VITAMIN D</b>		
<b>VITAMIN D</b>		
CALCIJEX	3	
<i>calcitriol inj</i>	1	
<i>calcitriol caps, oral soln</i>	1	ML
HECTOROL INJ	2	
HECTOROL CAPS	2	ML
ROCALTROL	3	ML
ZEMPLAR INJ	3	
ZEMPLAR CAPS	3	ML

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