

Asuris TruAdvantage™ + Rx Enhanced (PPO)  
Asuris TruAdvantage™ + Rx Classic (PPO)

**(Partial List** of Covered Drugs)



***This booklet contains information about some of the prescription drugs covered by this plan. This is not a complete list of covered drugs.***

**ASURIS**  
MEDICARE PLANS

## **Welcome!**

This document includes our **partial formulary** as of December 1, 2012. For a complete, updated formulary, please visit our website [www.asuris.com/needCoverage](http://www.asuris.com/needCoverage) or call our Customer Service Department at 1-800-541-8981, our telephone hours are 8:00 a.m. to 8:00 p.m. Monday through Friday. From October 1 through February 14, Customer Service is available from 8:00 a.m. to 8:00 p.m., seven days a week. (TTY/TDD users should call 711.)

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, 2013. **Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

## **What is the Formulary?**

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

**This document is a partial formulary** and includes only some of the drugs we cover. For a complete listing of all prescription drugs covered by our plan, please visit our website at [www.asuris.com/needCoverage/medicare](http://www.asuris.com/needCoverage/medicare) or contact our Customer Service Department.

## **Can the Formulary change?**

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits on a drug and/or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the date that 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. Periodically our formulary may change including medications changing tiers. When this results in a medication you may have been receiving moving to a higher cost share, we will send you an update outlining this change.

To get updated information about the drugs we cover, please visit our website at [www.asuris.com/needCoverage/medicare](http://www.asuris.com/needCoverage/medicare) or call our Customer Service Department at 1-800-541-8981, our telephone hours are 8:00 a.m. to 8:00 p.m. Monday through Friday. From October 1 through February 14, Customer Service is available from 8:00 a.m. to 8:00 p.m., seven days a week. (TTY/TDD users should call 711.)

## How do I use the Formulary?

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

### Medical Condition

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

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 52. 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?

We provide coverage for 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 other restrictions on coverage?

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

- **Prior Authorization:** Certain drugs require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, there is a limit on the amount of the drug we will cover. For example, we provide coverage for 12 tablets per a 30-day prescription for Imitrex. 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 Notes column of the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at [www.asuris.com/needCoverage/medicare](http://www.asuris.com/needCoverage/medicare).

You can ask us to make an exception to these restrictions or limits. See the section, “How do I request an exception to the formulary?” on page III for more information about how to request an exception.

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

If your drug is not included in this list of covered drugs, you should first contact Customer Service and ask if your drug is covered. **This document only includes a partial list of covered drugs**, so we may cover your drug. You can contact our Customer Service Department at 1-800-541-8981, our telephone hours are 8:00 a.m. to 8:00 p.m. Monday through Friday. From October 1 through February 14, Customer Service is available from 8:00 a.m. to 8:00 p.m., seven days a week. (TTY/TDD users should call 711.)

If you learn that we don't cover your drug, you have two options:

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

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

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, we limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. For example, if your drug is usually considered a non-preferred brand drug, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred brand tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in Tier 5 (Specialty) or Tier 3 (Preferred Brand Medications).

Generally, we will only approve your request for an exception if the alternative drugs included on our formulary, or additional utilization restrictions would not be as effective in treating your condition and/or 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 allow you to refill your prescription until we have provided you with a 93 day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31 day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you are a **current member** and have a change in treatment setting due to a change in the level of care you require, you can ask us to make an exception for these types of unplanned transitions.

Such transitions include:

- Discharge from a hospital to home;
- Ending your skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and you now need to use your Part D plan;
- Changing from Hospice Status and reverting back to standard Medicare Part A and B coverage;
- Discharges from chronic psychiatric hospitals with highly individualized drug regimens,

For these unplanned transitions, you can ask us to make an exception or appeal for continued coverage of your drug. In addition we will review requests for continuation of therapy on a case-by-case basis for members that have had a change in their level of care and are stabilized on drug regimens that if altered, are known to have risks.

### **For more information**

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

If you have questions about our plan, please call our Customer Service Department at 1-800-541-8981, our telephone hours are 8:00 a.m. to 8:00 p.m. Monday through Friday. From October 1 through February 14, Customer Service is available from 8:00 a.m. to 8:00 p.m., seven days a week. (TTY/TDD users should call 711.) Or, visit our website at [www.asuris.com/needCoverage/medicare](http://www.asuris.com/needCoverage/medicare).

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).

## Tier Level Definitions

<b>Asuris TruAdvantage + Rx Classic (PPO) – Plan Benefits</b>			
Tier Name	Tier Level	<sup>2</sup> Retail Cost-Sharing (1-30 day supplies)	<sup>2</sup> Mail Order Cost-Sharing (1-30 day supplies)
Preferred Generic	1	\$7.50	\$7.50
Non-Preferred Generic	2	\$33	\$33
Preferred Brand	3	\$45	\$45
Non-Preferred Brand	4	\$90	\$90
<sup>1</sup> Specialty	5	27%	27%
<sup>1</sup> Injectable drugs	6	27%	27%

<b>Asuris TruAdvantage + Rx Enhanced (PPO) – Plan Benefits</b>			
Tier Name	Tier Level	<sup>2</sup> Retail Cost-Sharing (1-30 day supplies)	<sup>2</sup> Mail Order Cost-Sharing (1-30 day supplies)
<sup>3</sup> Preferred Generic	1	\$5	\$5
Non-Preferred Generic	2	\$33	\$33
Preferred Brand	3	\$45	\$45
Non-Preferred Brand	4	\$90	\$90
<sup>1</sup> Specialty	5	33%	33%
<sup>1</sup> Injectable drugs	6	33%	33%

<sup>1</sup>Note – These tiers may contain generic products and are limited to a 30 day supply for retail and mail order (31 day supply for Long-Term care residents).

<sup>2</sup>Up to a 90 day supply of medication is available on most products at network retail pharmacies that agree to dispense up to a 90 day supply and mail order. Cost-sharing for these larger quantities is 2 to 3 times the cost-sharing shown for Tiers 1 through 4.

For example Asuris TruAdvantage + Rx Enhanced (PPO):

- 1-30 day supply of a generic product in Tier 1 would be \$5;
- 31-60 day supply of a generic product in Tier 1 would be \$10;
- 61-90 day supply of a generic product in Tier 1 would be \$15.

To locate a network retail pharmacy that can dispense up to a 90 day supply of medications or for more information regarding our mail order pharmacies, please refer to our pharmacy directory or visit our website at [www.asuris.com/needCoverage/medicare](http://www.asuris.com/needCoverage/medicare).

<sup>3</sup>For Asuris TruAdvantage + Rx Enhanced (PPO) members, we provide coverage for Generic medications in Tier 1 during the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

## Our Formulary

The abridged formulary that begins on the next page provides coverage information about some of the drugs we cover. If you have trouble finding your drug in the list, turn to the index that begins on page 52. Remember: **This is only a partial list of the drugs we cover.** If your prescription is not in this partial formulary, please visit our website at [www.asuris.com/needCoverage](http://www.asuris.com/needCoverage), or call Customer Service at 1-800-541-8981, our telephone hours are 8:00 a.m. to 8:00 p.m. Monday through Friday. From October 1 through February 14, Customer Service is available from 8:00 a.m. to 8:00 p.m., seven days a week. (TTY/TDD users should call 711.)

The first column of the chart lists the drug name. Brand name drugs are capitalized (for example VYTORIN) and generic drugs are listed in lower-case italics (for example *captopril*).

The information in the “Notes” column tells you if there are any special requirements for coverage of your drug.

## Formulary Legend

- GC** Gap Coverage Medications  
For our members on Asuris TruAdvantage + Rx Enhanced (PPO), we provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.
- HI** Home Infusion Therapy Medications  
For members on our plans that cover both medical and Rx, this prescription drug may be covered under your medical benefit. For more information, call Customer Service at 1-800-541-8981. (TTY/TDD users should call 711.)
- LA** Limited Access Medications  
This prescription drug may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-541-8981. (TTY/TDD users should call 711.)
- MO** Mail Order Medication  
This prescription drug is available through our mail order pharmacy services.
- PA** Prior Authorization Medications  
Prior Authorization required for coverage. Refer to the Notes section under your prescription drug for additional information.
- PA B/D** This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- QL** Quantity Level Limit Medications  
Quantity Level limits apply. Refer to the Notes section under your prescription drug for additional information.

A Health plan with a Medicare contract

This document may be available in other formats. Please call 1 (800) 541-8981.

HPMS Approved Formulary File Submission ID: 00012120

Version Number: 28

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<b>Analgesics</b>		
<b>Opioid Analgesics, Long-Acting</b>		
<i>morphine er tablet, extended release</i>	Tier 1	MO; GC
<i>tramadol er tablet, extended release 24 hr</i>	Tier 1	MO; GC
<b>Opioid Analgesics, Short-Acting</b>		
<i>acetaminophen-codeine elixir</i>	Tier 1	MO; GC
<i>acetaminophen-codeine tablet</i>	Tier 1	MO; GC
<i>ascomp w/codeine capsule</i>	Tier 1	MO; GC
<i>butalbital-acetaminophen-caffeine-codeine cap</i>	Tier 1	MO; GC
<i>butorphanol tartrate nasal spray</i>	Tier 1	MO; GC
<i>co-gesic tablet</i>	Tier 1	MO; GC
<i>codeine tablet</i>	Tier 1	MO; GC
<i>dihydrocode-acetaminophen-caffeine tablet</i>	Tier 1	MO; GC
<i>endocet tablet</i>	Tier 1	MO; GC
<i>endodan tablet</i>	Tier 1	MO; GC
<i>hydrocodone-acetaminophen oral soln</i>	Tier 1	MO; GC
<i>hydrocodone-acetaminophen tablet</i>	Tier 1	MO; GC
<i>hydrocodone-ibuprofen tablet</i>	Tier 1	MO; GC
<i>hydromorphone tablet</i>	Tier 1	MO; GC
<i>ibuprofen-oxycodone tablet</i>	Tier 1	MO; GC
<i>levorphanol tartrate tablet</i>	Tier 1	MO; GC
<i>meperidine oral soln</i>	Tier 1	MO; GC
<i>meperidine tablet</i>	Tier 1	MO; GC
<i>methadone oral concentrate</i>	Tier 1	MO; GC
<i>methadone oral soln</i>	Tier 1	MO; GC
<i>methadone tablet</i>	Tier 1	MO; GC
<i>methadose tablet</i>	Tier 1	MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>morphine oral soln</i>	Tier 1	MO; GC
<i>morphine tablet</i>	Tier 1	MO; GC
<i>morphine concentrate oral</i>	Tier 1	MO; GC
<i>oxycodone capsule</i>	Tier 1	MO; GC
<i>oxycodone oral concentrate</i>	Tier 1	MO; GC
<i>oxycodone tablet</i>	Tier 1	MO; GC
<i>oxycodone hcl-oxycodone ter-aspirin tablet</i>	Tier 1	MO; GC
<i>oxycodone-acetaminophen capsule</i>	Tier 1	MO; GC
<i>oxycodone-acetaminophen tablet</i>	Tier 1	MO; GC
<i>oxycodone-aspirin tablet</i>	Tier 1	MO; GC
<i>oxymorphone tablet</i>	Tier 1	MO; GC
<i>pentazocine-acetaminophen tablet</i>	Tier 1	MO; GC
<i>pentazocine-naloxone tablet</i>	Tier 1	MO; GC
<i>roxicet oral soln</i>	Tier 1	MO; GC
<i>roxicet tablet</i>	Tier 1	MO; GC
<i>stagesic capsule</i>	Tier 1	MO; GC
<b>SUBOXONE SUBLINGUAL FILM</b>	Tier 3	MO
<b>SUBOXONE SUBLINGUAL TABLET</b>	Tier 3	MO
<i>tramadol er tablet,extended release 24hr mphase</i>	Tier 1	MO; GC
<i>tramadol tablet</i>	Tier 1	MO; GC
<i>tramadol-acetaminophen tablet</i>	Tier 1	MO; GC
<i>zerlor tablet</i>	Tier 1	MO; GC
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>lidocaine ointment</i>	Tier 1	MO; GC
<i>lidocaine mucosal gel</i>	Tier 1	MO; GC
<i>lidocaine mucosal soln</i>	Tier 1	MO; GC
<i>lidocaine mucous membrane jelly in applicator</i>	Tier 1	MO; GC
<i>lidocaine-prilocaine topical cream</i>	Tier 1	PA BvsD; MO; GC
<b>LIDODERM ADHESIVE PATCH</b>	Tier 4	MO
<b>Anti-Inflammatory Agents</b>		
<b>Nonsteroidal Anti-Inflammatory Drugs</b>		
<i>diclofenac potassium tablet</i>	Tier 1	MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>diclofenac er tablet,extended release 24 hr</i>	Tier 1	MO; GC
<i>diclofenac sodium tablet,delayed release</i>	Tier 1	MO; GC
<i>diflunisal tablet</i>	Tier 1	MO; GC
<i>etodolac capsule</i>	Tier 1	MO; GC
<i>etodolac er tablet,extended release 24 hr</i>	Tier 1	MO; GC
<i>etodolac tablet</i>	Tier 1	MO; GC
<i>fenoprofen tablet</i>	Tier 1	MO; GC
<i>flurbiprofen tablet</i>	Tier 1	MO; GC
<i>ibuprofen oral susp</i>	Tier 1	MO; GC
<i>ibuprofen tablet</i>	Tier 1	MO; GC
<i>indomethacin capsule</i>	Tier 1	MO; GC
<i>indomethacin er capsule,extended release</i>	Tier 1	MO; GC
<i>ketoprofen capsule</i>	Tier 1	MO; GC
<i>ketoprofen er 24 hr capsule,extended release</i>	Tier 1	MO; GC
<i>ketorolac tablet</i>	Tier 1	MO; GC
<i>meclofenamate capsule</i>	Tier 1	MO; GC
<i>mefenamic acid capsule</i>	Tier 1	MO; GC
<i>meloxicam oral susp</i>	Tier 1	MO; GC
<i>meloxicam tablet</i>	Tier 1	MO; GC
<i>nabumetone tablet</i>	Tier 1	MO; GC
<i>naproxen oral susp</i>	Tier 1	MO; GC
<i>naproxen tablet</i>	Tier 1	MO; GC
<i>naproxen tablet,delayed release</i>	Tier 1	MO; GC
<i>naproxen sodium tablet</i>	Tier 1	MO; GC
<i>oxaprozin tablet</i>	Tier 1	MO; GC
<i>piroxicam capsule</i>	Tier 1	MO; GC
<i>sulindac tablet</i>	Tier 1	MO; GC
<i>tolmetin capsule</i>	Tier 1	MO; GC
<i>tolmetin tablet</i>	Tier 1	MO; GC
<b>Antibacterials</b>		
<b>Amino Derivative Penicillins</b>		
<i>amoxicillin capsule</i>	Tier 1	MO; GC
<i>amoxicillin chewable tablet</i>	Tier 1	MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>amoxicillin oral susp</i>	Tier 1	MO; GC
<i>amoxicillin tablet</i>	Tier 1	MO; GC
<i>amoxicillin-potassium clavulanate chewable tablet</i>	Tier 1	MO; GC
<i>amoxicillin-potassium clavulanate er tab,ext.rel 12h</i>	Tier 1	MO; GC
<i>amoxicillin-potassium clavulanate oral susp</i>	Tier 1	MO; GC
<i>amoxicillin-potassium clavulanate tablet</i>	Tier 1	MO; GC
<i>ampicillin capsule</i>	Tier 1	MO; GC
<i>ampicillin oral susp</i>	Tier 1	MO; GC
<b>Aminoglycosides</b>		
<i>gentamicin eye drops</i>	Tier 1	MO; GC
<i>gentamicin ointment</i>	Tier 1	MO; GC
<i>gentamicin topical cream</i>	Tier 1	MO; GC
<i>neomycin tablet</i>	Tier 1	MO; GC
TOBI NEB SOLUTION	Tier 3	PA BvsD; MO
<i>tobramycin eye drops</i>	Tier 1	MO; GC
<b>Antifolate Antibacterials</b>		
<i>trimethoprim tablet</i>	Tier 1	MO; GC
<b>Beta-Lactam, Other</b>		
CAYSTON NEB SOLUTION	Tier 3	MO
<b>Cephalosporin Antibacterials, 1St Generation</b>		
<i>cefadroxil capsule</i>	Tier 1	MO; GC
<i>cefadroxil oral susp</i>	Tier 1	MO; GC
<i>cefadroxil tablet</i>	Tier 1	MO; GC
<i>cephalexin capsule</i>	Tier 1	MO; GC
<i>cephalexin oral susp</i>	Tier 1	MO; GC
<i>cephalexin tablet</i>	Tier 1	MO; GC
<b>Cephalosporin Antibacterials, 2Nd Generation</b>		
<i>cefaclor capsule</i>	Tier 1	MO; GC
<i>cefaclor er tablet,extended release,12 hr</i>	Tier 1	MO; GC
<i>cefprozil oral susp</i>	Tier 1	MO; GC
<i>cefprozil tablet</i>	Tier 1	MO; GC
<i>cefuroxime axetil oral susp</i>	Tier 1	MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>cefuroxime axetil tablet</i>	Tier 1	MO; GC
<b>Cephalosporin Antibacterials, 3Rd Generation</b>		
<i>cefdinir capsule</i>	Tier 1	MO; GC
<i>cefdinir oral susp</i>	Tier 1	MO; GC
<i>cefpodoxime oral susp</i>	Tier 1	MO; GC
<i>cefpodoxime tablet</i>	Tier 1	MO; GC
<b>Glycopeptide Antibacterials</b>		
<i>vancomycin capsule</i>	Tier 1	MO; GC
<b>Lincomycin Antibacterials</b>		
<i>clindamycin capsule</i>	Tier 1	MO; GC
<i>clindamycin vaginal cream</i>	Tier 1	MO; GC
<b>Macrolides</b>		
<i>azithromycin oral susp</i>	Tier 1	MO; GC
<i>azithromycin tablet</i>	Tier 1	MO; GC
<i>clarithromycin er tablet, extended release 24 hr</i>	Tier 1	MO; GC
<i>clarithromycin oral susp</i>	Tier 1	MO; GC
<i>clarithromycin tablet</i>	Tier 1	MO; GC
<i>e.e.s. 400 tablet</i>	Tier 1	MO; GC
<i>ery-tab tablet, delayed release</i>	Tier 1	MO; GC
<i>erythrocin stearate tablet</i>	Tier 1	MO; GC
<i>erythromycin eye ointment</i>	Tier 1	MO; GC
<i>erythromycin tablet</i>	Tier 1	MO; GC
<i>erythromycin ethylsuccinate tablet</i>	Tier 1	MO; GC
<i>erythromycin-sulfisoxazole oral susp</i>	Tier 1	MO; GC
<b>Miscellaneous Antibacterials</b>		
ALCOHOL SWABS	Tier 3	MO
BACTROBAN NASAL OINTMENT	Tier 3	MO
<i>methenamine hippurate tablet</i>	Tier 1	MO; GC
METROGEL TOPICAL	Tier 3	MO
<i>metronidazole capsule</i>	Tier 1	MO; GC
<i>metronidazole lotion</i>	Tier 1	MO; GC
<i>metronidazole tablet</i>	Tier 1	MO; GC
<i>metronidazole topical cream</i>	Tier 1	MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>metronidazole topical gel</i>	Tier 1	MO; GC
<i>metronidazole vaginal gel</i>	Tier 1	MO; GC
<i>mupirocin ointment</i>	Tier 1	MO; GC
<i>neomycin-polymyxin b gu irrigation soln</i>	Tier 1	MO; GC
<i>neomycin-polymyxin-hc ear drops, susp</i>	Tier 1	MO; GC
<i>neomycin-polymyxin-hc ear soln</i>	Tier 1	MO; GC
NORITATE TOPICAL CREAM	Tier 3	MO
PREVPAC ORAL PACK	Tier 3	MO
<i>silver sulfadiazine topical cream</i>	Tier 1	MO; GC
<i>ssd topical cream</i>	Tier 1	MO; GC
<b>Natural Penicillins</b>		
<i>penicillin v potassium oral solution</i>	Tier 1	MO; GC
<i>penicillin v potassium tablet</i>	Tier 1	MO; GC
<b>Nitrofurantoin Antibacterials</b>		
<i>nitrofurantoin oral susp</i>	Tier 1	MO; GC
<i>nitrofurantoin macrocrystal capsule</i>	Tier 1	MO; GC
<i>nitrofurantoin monohydrate/macrocrystals capsule</i>	Tier 1	MO; GC
<b>Oxazolidinone Antibacterials</b>		
ZYVOX ORAL SUSP	Tier 3	MO
ZYVOX TABLET	Tier 3	MO
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin capsule</i>	Tier 1	MO; GC
<b>Quinolones</b>		
AVELOX TABLET	Tier 3	MO
AVELOX ABC PACK TABLET	Tier 3	MO
CIPRO HC EAR DROPS, SUSP	Tier 3	MO
CIPRODEX EAR DROPS, SUSP	Tier 3	MO
<i>ciprofloxacin eye drops</i>	Tier 1	MO; GC
<i>ciprofloxacin tablet</i>	Tier 1	MO; GC
<i>ciprofloxacin er tablet, extended release 24hr mphase</i>	Tier 1	MO; GC
<i>levofloxacin oral soln</i>	Tier 1	MO; GC
<i>levofloxacin tablet</i>	Tier 1	MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>ofloxacin ear drops</i>	Tier 1	MO; GC
<i>ofloxacin eye drops</i>	Tier 1	MO; GC
<i>ofloxacin tablet</i>	Tier 1	MO; GC
<b>Sulfonamides</b>		
<i>sulfacetamide sodium (acne) topical susp</i>	Tier 1	MO; GC
<i>sulfacetamide-prednisolone eye drops</i>	Tier 1	MO; GC
<i>sulfadiazine tablet</i>	Tier 1	MO; GC
<i>sulfamethoxazole-trimethoprim oral susp</i>	Tier 1	MO; GC
<i>sulfamethoxazole-trimethoprim tablet</i>	Tier 1	MO; GC
<b>Tetracyclines</b>		
<i>demeclocycline tablet</i>	Tier 1	MO; GC
<i>doxycycline hyclate capsule</i>	Tier 1	MO; GC
<i>doxycycline hyclate capsule, delayed release</i>	Tier 1	MO; GC
<i>doxycycline hyclate tablet</i>	Tier 1	MO; GC
<i>doxycycline monohydrate capsule</i>	Tier 1	MO; GC
<i>doxycycline monohydrate tablet</i>	Tier 1	MO; GC
<i>minocycline capsule</i>	Tier 1	MO; GC
<i>minocycline tablet</i>	Tier 1	MO; GC
<i>tetracycline capsule</i>	Tier 1	MO; GC
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
<i>levetiracetam oral soln</i>	Tier 1	MO; GC
<i>levetiracetam tablet</i>	Tier 1	MO; GC
<b>Calcium Channel Modifying Agents</b>		
CELONTIN CAPSULE	Tier 3	MO
<i>ethosuximide capsule</i>	Tier 1	MO; GC
<i>ethosuximide oral soln</i>	Tier 1	MO; GC
LYRICA CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 50 MG, 75 MG	Tier 4	PA; MO; QL (90 EA per 30 day(s))
LYRICA CAPSULE 300 MG	Tier 4	PA; MO; QL (60 EA per 30 day(s))
<i>zonisamide capsule</i>	Tier 1	MO; GC
<b>Gamma-Aminobutyric Acid (Gaba) Augmenting Agents</b>		
<i>divalproex er tablet, extended release 24 hr</i>	Tier 1	MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>divalproex sprinkle capsule</i>	Tier 1	MO; GC
<i>divalproex tablet, delayed release</i>	Tier 1	MO; GC
<i>gabapentin capsule</i>	Tier 1	MO; GC
<i>gabapentin oral soln</i>	Tier 1	MO; GC
<i>gabapentin tablet</i>	Tier 1	MO; GC
GABITRIL TABLET	Tier 3	MO
<i>primidone tablet</i>	Tier 1	MO; GC
<i>valproic acid capsule</i>	Tier 1	MO; GC
<i>valproic acid (as sodium salt) oral soln</i>	Tier 1	MO; GC
<b>Glutamate Reducing Agents</b>		
<i>lamotrigine chewable dispersible tablet</i>	Tier 1	MO; GC
<i>lamotrigine tablet</i>	Tier 1	MO; GC
<i>topiramate sprinkle capsule</i>	Tier 1	MO; GC
<i>topiramate tablet</i>	Tier 1	MO; GC
<b>Sodium Channel Inhibitors</b>		
<i>carbamazepine chewable tablet</i>	Tier 1	MO; GC
<i>carbamazepine oral susp</i>	Tier 1	MO; GC
<i>carbamazepine tablet</i>	Tier 1	MO; GC
DILANTIN CAPSULE	Tier 3	MO
DILANTIN EXTENDED CAPSULE	Tier 3	MO
DILANTIN INFATABS CHEWABLE TABLET	Tier 3	MO
DILANTIN-125 ORAL SUSP	Tier 3	MO
<i>epitol tablet</i>	Tier 1	MO; GC
PHENYTEK CAPSULE	Tier 3	MO
<i>phenytoin oral susp</i>	Tier 1	MO; GC
<i>phenytoin sodium extended capsule</i>	Tier 1	MO; GC
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
<i>ergoloid tablet</i>	Tier 1	MO; GC
<b>Cholinesterase Inhibitors</b>		
ARICEPT TABLET 23 MG	Tier 3	MO
<i>donepezil disintegrating tablet</i>	Tier 1	MO; GC
<i>donepezil tablet</i>	Tier 1	MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
EXELON ORAL SOLN	Tier 3	MO
EXELON TRANSDERM 24 HR PATCH	Tier 3	MO
<b>Glutamate Pathway Modifiers</b>		
NAMENDA ORAL SOLN	Tier 4	PA; MO
NAMENDA TABLET	Tier 4	PA; MO
NAMENDA TITRATION PAK TABLETS IN A DOSE PACK	Tier 4	PA; MO
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
<i>budeprion sr tablet,extended release</i>	Tier 1	MO; GC
<i>budeprion xl 24 hr tablet, extended release</i>	Tier 1	MO; GC
<i>buproban tablet,extended release</i>	Tier 1	MO; GC
<i>bupropion hcl sr tablet,sustained-release</i>	Tier 1	MO; GC
<i>bupropion hcl tablet</i>	Tier 1	MO; GC
<i>maprotiline tablet</i>	Tier 1	MO; GC
<i>mirtazapine disintegrating tablet</i>	Tier 1	MO; GC
<i>mirtazapine tablet</i>	Tier 1	MO; GC
<i>nefazodone tablet</i>	Tier 1	MO; GC
<i>trazodone tablet</i>	Tier 1	MO; GC
<b>Monoamine Oxidase Inhibitors</b>		
<i>phenelzine tablet</i>	Tier 1	MO; GC
<i>tranylcypromine tablet</i>	Tier 1	MO; GC
<b>Serotonin/ Norepinephrine Reuptake Inhibitors</b>		
CYMBALTA CAPSULE,DELAYED RELEASE	Tier 4	PA; MO
<i>venlafaxine er capsule,extended release 24 hr</i>	Tier 1	MO; GC
<i>venlafaxine er tablet,24 hr extended release</i>	Tier 1	MO; GC
<i>venlafaxine tablet</i>	Tier 1	MO; GC
<b>Tricyclics</b>		
<i>amitriptyline tablet</i>	Tier 1	MO; GC
<i>amoxapine tablet</i>	Tier 1	MO; GC
<i>clomipramine capsule</i>	Tier 1	MO; GC
<i>desipramine tablet</i>	Tier 1	MO; GC
<i>doxepin capsule</i>	Tier 1	MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>doxepin oral concentrate</i>	Tier 1	MO; GC
<i>imipramine tablet</i>	Tier 1	MO; GC
<i>imipramine pamoate capsule</i>	Tier 1	MO; GC
<i>nortriptyline capsule</i>	Tier 1	MO; GC
<i>nortriptyline oral soln</i>	Tier 1	MO; GC
<i>perphenazine-amitriptyline tablet</i>	Tier 1	MO; GC
<i>protriptyline tablet</i>	Tier 1	MO; GC
<i>trimipramine capsule</i>	Tier 1	MO; GC
<b>Antidotes, Deterrents, And Toxicologic Agents</b>		
<b>Alcohol Deterrents</b>		
<i>disulfiram tablet</i>	Tier 1	MO; GC
<b>Antidotes</b>		
CHEMET CAPSULE	Tier 3	MO
<i>kionex oral powder</i>	Tier 1	MO; GC
<i>leucovorin calcium tablet</i>	Tier 1	MO; GC
MESNEX TABLET	Tier 3	MO
<i>sodium polystyrene sulfonate (sorbitol free) oral susp</i>	Tier 1	MO; GC
SYPRINE CAPSULE	Tier 3	MO
<b>Opioid Antagonists</b>		
<i>depade tablet</i>	Tier 1	MO; GC
<i>naltrexone tablet</i>	Tier 1	MO; GC
<b>Antiemetics</b>		
<b>5-Hydroxytryptamine 3 (5-Ht3) Antagonists</b>		
<i>granisetron tablet</i>	Tier 1	PA BvsD; MO; GC
<i>ondansetron disintegrating tablet</i>	Tier 1	PA BvsD; MO; GC
<i>ondansetron hcl oral soln</i>	Tier 1	PA BvsD; MO; GC
<i>ondansetron hcl tablet</i>	Tier 1	PA BvsD; MO; GC
<b>Antiemetics, Other</b>		
<i>compro rectal suppository</i>	Tier 1	MO; GC
<i>meclizine tablet</i>	Tier 1	MO; GC
<i>metoclopramide oral soln</i>	Tier 1	MO; GC
<i>metoclopramide tablet</i>	Tier 1	MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>phenadoz rectal suppository</i>	Tier 1	MO; GC
<i>prochlorperazine rectal suppository</i>	Tier 1	MO; GC
<i>prochlorperazine maleate tablet</i>	Tier 1	MO; GC
<i>promethazine rectal suppository</i>	Tier 1	MO; GC
<i>promethazine syrup</i>	Tier 1	MO; GC
<i>promethazine tablet</i>	Tier 1	MO; GC
<i>promethegan rectal suppository</i>	Tier 1	MO; GC
<i>trimethobenzamide capsule</i>	Tier 1	MO; GC
<b>Neurokinin 1 (Nk1) Receptor Antagonists</b>		
EMEND CAPSULE 125 MG, 80 MG	Tier 3	PA BvsD; MO
EMEND CAPSULES IN A DOSE PACK	Tier 3	PA BvsD; MO
<b>Antifungals</b>		
<b>Allylamine Antifungals</b>		
<i>terbinafine tablet</i>	Tier 1	MO; GC
<b>Antifungals (Other)</b>		
<i>ciclopirox shampoo</i>	Tier 1	MO; GC
<i>ciclopirox topical cream</i>	Tier 1	MO; GC
<i>ciclopirox topical gel</i>	Tier 1	MO; GC
<i>ciclopirox topical soln</i>	Tier 1	MO; GC
<i>ciclopirox topical susp</i>	Tier 1	MO; GC
<i>grifulvin v tablet</i>	Tier 1	MO; GC
GRIS-PEG TABLET	Tier 3	MO
<i>griseofulvin microsize oral susp</i>	Tier 1	MO; GC
<b>Azole Antifungals</b>		
<i>clotrimazole topical cream</i>	Tier 1	MO; GC
<i>clotrimazole topical soln</i>	Tier 1	MO; GC
<i>clotrimazole troche</i>	Tier 1	MO; GC
<i>clotrimazole-betamethasone lotion</i>	Tier 1	MO; GC
<i>clotrimazole-betamethasone topical cream</i>	Tier 1	MO; GC
<i>econazole topical cream</i>	Tier 1	MO; GC
<i>fluconazole oral susp</i>	Tier 1	MO; GC
<i>fluconazole tablet</i>	Tier 1	MO; GC
<i>itraconazole capsule</i>	Tier 1	MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>ketoconazole shampoo</i>	Tier 1	MO; GC
<i>ketoconazole tablet</i>	Tier 1	MO; GC
<i>ketoconazole topical cream</i>	Tier 1	MO; GC
<i>miconazole-3 vaginal suppository</i>	Tier 1	MO; GC
SPORANOX ORAL SOLN	Tier 3	MO
<i>terconazole vaginal cream</i>	Tier 1	MO; GC
<i>terconazole vaginal suppository</i>	Tier 1	MO; GC
VFEND ORAL SUSP	Tier 3	MO
<i>zazole vaginal cream</i>	Tier 1	MO; GC
<b>Polyene Antifungals</b>		
NATACYN EYE DROPS	Tier 3	MO
<i>nyamyc topical powder</i>	Tier 1	MO; GC
<i>nystatin ointment</i>	Tier 1	MO; GC
<i>nystatin oral susp</i>	Tier 1	MO; GC
<i>nystatin tablet</i>	Tier 1	MO; GC
<i>nystatin topical cream</i>	Tier 1	MO; GC
<i>nystatin topical powder</i>	Tier 1	MO; GC
<i>nystatin-triamcinolone ointment</i>	Tier 1	MO; GC
<i>nystatin-triamcinolone topical cream</i>	Tier 1	MO; GC
<i>nystop topical powder</i>	Tier 1	MO; GC
<b>Antigout Agents</b>		
<b>Antigout Agents (Non-Renal Tubular Blocking Agents And Non-Xanthine Inhibitors)</b>		
COLCRYS TABLET	Tier 3	MO
<b>Renal Tubular Blocking Agents</b>		
<i>colchicine-probenecid tablet</i>	Tier 1	MO; GC
<i>probenecid tablet</i>	Tier 1	MO; GC
<b>Xanthine Oxidase Inhibitors</b>		
<i>allopurinol tablet</i>	Tier 1	MO; GC
ULORIC TABLET	Tier 3	MO
<b>Antimigraine Agents</b>		
<b>Ergot Alkaloids</b>		
ERGOMAR SUBLINGUAL TABLET	Tier 3	MO
<i>ergotamine-caffeine tablet</i>	Tier 1	MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>methylergonovine tablet</i>	Tier 1	MO; GC
<i>migergot rectal suppository</i>	Tier 1	MO; GC
MIGRANAL NASAL SPRAY	Tier 3	MO
<b>Triptans</b>		
MAXALT TABLET	Tier 3	PA; MO; QL (12 EA per 30 day(s))
MAXALT-MLT DISINTEGRATING TABLET	Tier 3	PA; MO; QL (12 EA per 30 day(s))
RELPAX TABLET	Tier 3	PA; MO; QL (12 EA per 30 day(s))
<i>sumatriptan nasal spray</i>	Tier 1	MO; GC; QL (6 EA per 30 day(s))
<i>sumatriptan sub-q 4 mg/0.5 ml</i>	Tier 1	MO; GC; QL (4 ML per 30 day(s))
<i>sumatriptan sub-q 6 mg/0.5 ml</i>	Tier 1	MO; GC; QL (3 ML per 30 day(s))
<i>sumatriptan sub-q pen injector</i>	Tier 1	MO; GC; QL (3 ML per 30 day(s))
<i>sumatriptan tablet</i>	Tier 1	MO; GC; QL (12 EA per 30 day(s))
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
<i>guanidine tablet</i>	Tier 1	MO; GC
<i>pyridostigmine bromide tablet</i>	Tier 1	MO; GC
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone tablet</i>	Tier 1	MO; GC
MYCOBUTIN CAPSULE	Tier 3	MO
<b>Antituberculars</b>		
<i>ethambutol tablet</i>	Tier 1	MO; GC
<i>isonarif capsule</i>	Tier 1	MO; GC
<i>isoniazid syrup</i>	Tier 1	MO; GC
<i>isoniazid tablet</i>	Tier 1	MO; GC
<i>pyrazinamide tablet</i>	Tier 1	MO; GC
<i>rifampin capsule</i>	Tier 1	MO; GC
SEROMYCIN CAPSULE	Tier 3	MO

Drug Name	Drug Tier	Notes
<b>Antineoplastics</b>		
<b>Alkylating Agents, Other</b>		
<i>cyclophosphamide tablet</i>	Tier 1	PA BvsD; MO; GC
MATULANE CAPSULE	Tier 3	MO
<b>Antiangiogenic Agents</b>		
REVLIMID CAPSULE	Tier 5	PA; LA; QL (30 EA per 30 day(s))
THALOMID CAPSULE	Tier 5	MO
<b>Antimetabolites, Other</b>		
DROXIA CAPSULE	Tier 3	MO
<i>hydroxyurea capsule</i>	Tier 1	MO; GC
<b>Antineoplastics, Other</b>		
LYSODREN TABLET	Tier 3	MO
<b>Aromatase Inhibitors, 3Rd Generation</b>		
<i>anastrozole tablet</i>	Tier 1	MO; GC
AROMASIN TABLET	Tier 4	MO
<i>letrozole tablet</i>	Tier 1	MO; GC
<b>Epidermal Growth Factor Receptor Tyrosine Kinase Inhibitors</b>		
TARCEVA TABLET	Tier 5	PA; MO; QL (30 EA per 30 day(s))
<b>Estrogen-Nitrosoureas</b>		
EMCYT CAPSULE	Tier 3	MO
<b>Ethylenimines/ Methylmelamines</b>		
HEXALEN CAPSULE	Tier 3	MO
<b>Multitargeted Kinase Inhibitors, Bcr-Abl/C-Kit Receptor Tyrosine Kinase Inhibitors</b>		
GLEEVEC TABLET	Tier 5	PA; MO; QL (60 EA per 30 day(s))
SPRYCEL TABLET	Tier 5	PA; MO; QL (60 EA per 30 day(s))
<b>Multitargeted Kinase Inhibitors, Vascular Endothelial Growth Factor Receptor Tyrosine Kinase Inhib.</b>		
SUTENT CAPSULE 12.5 MG, 25 MG	Tier 5	PA; MO; QL (60 EA per 30 day(s))
SUTENT CAPSULE 50 MG	Tier 5	PA; MO; QL (30 EA per 30 day(s))
<b>Nitrogen Mustards</b>		
LEUKERAN TABLET	Tier 3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<b>Nitrosoureas</b>		
CEENU CAPSULE	Tier 3	MO
<b>Purine Analogs And Related Inhibitors</b>		
<i>mercaptopurine tablet</i>	Tier 1	MO; GC
TABLOID TABLET	Tier 3	MO
<b>Retinoids</b>		
<i>tretinoin (chemotherapy) capsule</i>	Tier 1	MO; GC
<b>Selective Estrogen Receptor Modulators, 1St Generation</b>		
FARESTON TABLET	Tier 3	MO
<i>tamoxifen tablet</i>	Tier 1	MO; GC
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
ALBENZA TABLET	Tier 3	MO
BILTRICIDE TABLET	Tier 3	MO
<i>mebendazole chewable tablet</i>	Tier 1	MO; GC
STROMECTOL TABLET	Tier 3	MO
<b>Antimalarials</b>		
<i>atovaquone-proguanil tablet</i>	Tier 1	MO; GC
<i>chloroquine tablet</i>	Tier 1	MO; GC
COARTEM TABLET	Tier 3	MO
DARAPRIM TABLET	Tier 3	MO
<i>hydroxychloroquine tablet</i>	Tier 1	MO; GC
<i>mefloquine tablet</i>	Tier 1	MO; GC
PRIMAQUINE TABLET	Tier 3	MO
<b>Antiprotozoals (Non-Antimalarials)</b>		
ALINIA ORAL SUSP	Tier 3	MO
ALINIA TABLET	Tier 3	MO
MEPRON ORAL SUSP	Tier 3	MO
NEBUPENT SOLUTION FOR INHALATION	Tier 3	PA BvsD; MO
<i>tinidazole tablet</i>	Tier 1	MO; GC
<b>Pediculicides/ Scabicides</b>		
<i>acticin topical cream</i>	Tier 1	MO; GC
EURAX LOTION	Tier 3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
EURAX TOPICAL CREAM	Tier 3	MO
<i>lindane lotion</i>	Tier 1	MO; GC
<i>lindane shampoo</i>	Tier 1	MO; GC
<i>malathion lotion</i>	Tier 1	MO; GC
NATROBA TOPICAL SUSP	Tier 3	MO
<i>permethrin topical cream</i>	Tier 1	MO; GC
ULESFIA LOTION	Tier 3	MO
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine tablet</i>	Tier 1	MO; GC
<i>trihexyphenidyl elixir</i>	Tier 1	MO; GC
<i>trihexyphenidyl tablet</i>	Tier 1	MO; GC
<b>Antiparkinson Agents, Other</b>		
<i>amantadine capsule</i>	Tier 1	MO; GC
<i>amantadine syrup</i>	Tier 1	MO; GC
<i>amantadine tablet</i>	Tier 1	MO; GC
APOKYN SUBQ CARTRIDGE	Tier 5	MO
<b>Catechol O-Methyltransferase (Comt) Inhibitors</b>		
COMTAN TABLET	Tier 3	MO
<b>Dopamine Agonists, Ergot</b>		
<i>bromocriptine capsule</i>	Tier 1	MO; GC
<i>bromocriptine tablet</i>	Tier 1	MO; GC
<i>cabergoline tablet</i>	Tier 1	MO; GC
<b>Dopamine Agonists, Nonergot</b>		
<i>pramipexole tablet</i>	Tier 1	MO; GC
<i>ropinirole tablet</i>	Tier 1	MO; GC
<b>Dopamine Precursors</b>		
<i>carbidopa-levodopa disintegrating tablet</i>	Tier 1	MO; GC
<i>carbidopa-levodopa er tablet, extended release</i>	Tier 1	MO; GC
<i>carbidopa-levodopa tablet</i>	Tier 1	MO; GC
STALEVO 100 TABLET	Tier 3	MO
STALEVO 125 TABLET	Tier 3	MO
STALEVO 150 TABLET	Tier 3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
STALEVO 200 TABLET	Tier 3	MO
STALEVO 50 TABLET	Tier 3	MO
STALEVO 75 TABLET	Tier 3	MO
<b>Monoamine Oxidase B (Mao-B) Inhibitors</b>		
AZILECT TABLET	Tier 3	MO
<i>selegiline capsule</i>	Tier 1	MO; GC
<i>selegiline tablet</i>	Tier 1	MO; GC
<b>Antipsychotics</b>		
<b>Atypicals</b>		
<i>clozapine tablet</i>	Tier 1	MO; GC
GEODON CAPSULE	Tier 3	PA; MO
Geodon IM	Tier 6	MO
<i>risperidone disintegrating tablet</i>	Tier 1	MO; GC
<i>risperidone oral soln</i>	Tier 1	MO; GC
<i>risperidone tablet</i>	Tier 1	MO; GC
SEROQUEL XR TABLET,EXTENDED RELEASE	Tier 3	MO
Zyprexa IM	Tier 6	MO
<b>Conventional</b>		
<i>chlorpromazine tablet</i>	Tier 1	MO; GC
<i>fluphenazine elixir</i>	Tier 1	MO; GC
<i>fluphenazine oral concentrate</i>	Tier 1	MO; GC
<i>fluphenazine tablet</i>	Tier 1	MO; GC
<i>haloperidol tablet</i>	Tier 1	MO; GC
<i>haloperidol oral concentrate</i>	Tier 1	MO; GC
<i>loxapine capsule</i>	Tier 1	MO; GC
ORAP TABLET	Tier 3	MO
<i>perphenazine tablet</i>	Tier 1	MO; GC
<i>thioridazine tablet</i>	Tier 1	MO; GC
<i>thiothixene capsule</i>	Tier 1	MO; GC
<i>trifluoperazine tablet</i>	Tier 1	MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen tablet</i>	Tier 1	MO; GC
<i>dantrolene capsule</i>	Tier 1	MO; GC
<i>tizanidine tablet</i>	Tier 1	MO; GC
<b>Antivirals</b>		
<b>Anti-Cytomegalovirus (Cmv) Agents</b>		
<i>ganciclovir capsule</i>	Tier 1	MO; GC
<b>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors</b>		
ATRIPLA TABLET	Tier 5	MO
COMPLERA TABLET	Tier 5	MO
INTELENCE TABLET 100 MG	Tier 5	MO
RESCRIPTOR DISPERSIBLE TABLET	Tier 3	MO
RESCRIPTOR TABLET	Tier 3	MO
SUSTIVA CAPSULE	Tier 3	MO
SUSTIVA TABLET	Tier 3	MO
VIRAMUNE ORAL SUSP	Tier 3	MO
<b>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors</b>		
COMBIVIR TABLET	Tier 5	MO
<i>didanosine capsule, delayed release</i>	Tier 1	MO; GC
EMTRIVA CAPSULE	Tier 3	MO
EMTRIVA ORAL SOLN	Tier 3	MO
EPIVIR ORAL SOLN	Tier 3	MO
EPIVIR HBV ORAL SOLN	Tier 3	MO
EPIVIR HBV TABLET	Tier 3	MO
EPZICOM TABLET	Tier 5	MO
<i>stavudine capsule</i>	Tier 1	MO; GC
<i>stavudine oral solution</i>	Tier 1	MO; GC
TRIZIVIR TABLET	Tier 5	MO
TRUVADA TABLET	Tier 5	MO
VIDEX 2 GRAM PEDIATRIC ORAL SOLUTION	Tier 3	MO
VIREAD ORAL POWDER	Tier 3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
VIREAD TABLET	Tier 3	MO
ZIAGEN ORAL SOLN	Tier 3	MO
<i>zidovudine capsule</i>	Tier 1	MO; GC
<i>zidovudine syrup</i>	Tier 1	MO; GC
<i>zidovudine tablet</i>	Tier 1	MO; GC
<b>Anti-Hiv Agents, Other</b>		
FUZEON SUB-Q KIT	Tier 5	MO
ISENTRESS CHEWABLE TABLET	Tier 3	MO
ISENTRESS TABLET	Tier 5	MO
SELZENTRY TABLET	Tier 5	MO
<b>Anti-Hiv Agents, Protease Inhibitors</b>		
CRIXIVAN CAPSULE	Tier 3	MO
INVIRASE CAPSULE	Tier 3	MO
INVIRASE TABLET	Tier 3	MO
KALETRA ORAL SOLN	Tier 3	MO
KALETRA TABLET	Tier 3	MO
LEXIVA ORAL SUSP	Tier 3	MO
LEXIVA TABLET	Tier 5	MO
NORVIR CAPSULE	Tier 3	MO
NORVIR ORAL SOLN	Tier 3	MO
NORVIR TABLET	Tier 3	MO
PREZISTA TABLET 150 MG, 400 MG, 600 MG, 800 MG	Tier 5	MO
PREZISTA TABLET 75 MG	Tier 3	MO
REYATAZ CAPSULE 100 MG, 150 MG	Tier 3	MO
REYATAZ CAPSULE 200 MG, 300 MG	Tier 5	MO
VIRACEPT ORAL POWDER	Tier 3	MO
VIRACEPT TABLET	Tier 5	MO
<b>Anti-Influenza Agents</b>		
<i>rimantadine tablet</i>	Tier 1	MO; GC
TAMIFLU CAPSULE	Tier 3	MO
TAMIFLU ORAL SUSP	Tier 3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<b>Antih hepatitis Agents</b>		
BARACLUDE ORAL SOLN	Tier 3	MO
BARACLUDE TABLET	Tier 3	MO
HEPSERA TABLET	Tier 3	MO
<i>ribapak dose pack tablets</i>	Tier 1	MO; GC
<i>ribasphere capsule</i>	Tier 1	MO; GC
<i>ribasphere tablet</i>	Tier 1	MO; GC
<i>ribavirin capsule</i>	Tier 1	MO; GC
<i>ribavirin tablet</i>	Tier 1	MO; GC
<b>Antitherpetic Agents</b>		
<i>acyclovir capsule</i>	Tier 1	MO; GC
<i>acyclovir oral susp</i>	Tier 1	MO; GC
<i>acyclovir tablet</i>	Tier 1	MO; GC
VALCYTE ORAL SOLUTION	Tier 3	MO
VALCYTE TABLET	Tier 3	MO
<b>Anxiolytics</b>		
<b>Antidepressants</b>		
<i>citalopram oral soln</i>	Tier 1	MO; GC
<i>citalopram tablet</i>	Tier 1	MO; GC
<i>fluoxetine capsule</i>	Tier 1	MO; GC
<i>fluoxetine oral soln</i>	Tier 1	MO; GC
<i>fluoxetine tablet</i>	Tier 1	MO; GC
<i>fluvoxamine tablet</i>	Tier 1	MO; GC
<i>paroxetine er tablet, extended release 24 hr</i>	Tier 1	MO; GC
<i>paroxetine oral susp</i>	Tier 1	MO; GC
<i>paroxetine tablet</i>	Tier 1	MO; GC
<i>selfemra capsule</i>	Tier 1	MO; GC
<i>sertraline oral concentrate</i>	Tier 1	MO; GC
<i>sertraline tablet</i>	Tier 1	MO; GC
<b>Anxiolytics, Other</b>		
<i>amitriptyline-chlordiazepoxide tablet</i>	Tier 1	MO; GC
<i>buspirone tablet</i>	Tier 1	MO; GC
<i>meprobamate tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
<b>Bipolar Agents</b>		
<b>Bipolar Agents</b>		
<i>lithium carbonate capsule</i>	Tier 1	MO; GC
<i>lithium carbonate er tablet,extended release</i>	Tier 1	MO; GC
<i>lithium carbonate tablet</i>	Tier 1	MO; GC
<i>lithium citrate oral soln</i>	Tier 1	MO; GC
<b>Blood Glucose Regulators</b>		
<b>Alpha Glucosidase Inhibitors</b>		
<i>acarbose tablet</i>	Tier 1	MO; GC
<b>Biguanides</b>		
JANUMET XR TABLET,EXTENDED RELEASE	Tier 3	PA; MO
<i>metformin er tablet,extended release 24 hr</i>	Tier 1	MO; GC
<i>metformin tablet</i>	Tier 1	MO; GC
<b>Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors</b>		
JANUMET TABLET	Tier 3	PA; MO; QL (60 EA per 30 day(s))
JANUVIA TABLET	Tier 3	PA; MO; QL (30 EA per 30 day(s))
<b>Glycemic Agents</b>		
GLUCAGEN HYPOKIT INJECTION	Tier 3	MO
GLUCAGON EMERGENCY INJECTION KIT	Tier 3	MO
<b>Incretin Mimetics</b>		
BYDUREON SUBQ SUSPENSION,EXTENDED RELEASE	Tier 3	PA; MO; QL (2.6 EA per 28 day(s))
BYETTA SUB-Q PEN INJECTOR 10 MCG/0.04 ML	Tier 3	PA; MO; QL (2.4 ML per 30 day(s))
BYETTA SUB-Q PEN INJECTOR 5 MCG/0.02 ML	Tier 3	PA; MO; QL (1.2 ML per 30 day(s))
<b>Insulin Mixtures, Analogs</b>		
CURITY GAUZE BANDAGE	Tier 3	MO
HUMALOG MIX 50-50 SUSP, SUB-Q INJ	Tier 3	MO
HUMALOG MIX 50-50 KWIKPEN SUB-Q PEN	Tier 3	MO
HUMALOG MIX 75-25 SUSP, SUB-Q INJ	Tier 3	MO
HUMALOG MIX 75-25 KWIKPEN SUB-Q PEN	Tier 3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
INSULIN PEN NEEDLE	Tier 3	MO
INSULIN SYRINGE-NEEDLE U-100	Tier 3	MO
NOVOLOG MIX 70-30 SUB-Q	Tier 3	MO
NOVOLOG MIX 70-30 FLEXPEN SUB-Q	Tier 3	MO
SAFETY NEEDLES	Tier 3	MO
<b>Insulin Mixtures, Short-Acting And Intermediate-Acting</b>		
HUMULIN 70/30 SUSP, SUB-Q INJ	Tier 3	MO
HUMULIN 70/30 PEN SUBQ	Tier 3	MO
NOVOLIN 70/30 SUSP, SUB-Q INJ	Tier 3	MO
<b>Insulin, Intermediate-Acting</b>		
HUMULIN N SUSP, SUB-Q INJ	Tier 3	MO
HUMULIN N PEN SUBQ	Tier 3	MO
NOVOLIN N SUSP, SUB-Q INJ	Tier 3	MO
<b>Insulin, Long-Acting</b>		
LANTUS SUB-Q	Tier 3	MO
LANTUS SOLOSTAR SUB-Q INSULIN PEN	Tier 3	MO
LEVEMIR SUB-Q	Tier 3	MO
LEVEMIR FLEXPEN SUB-Q INSULIN PEN	Tier 3	MO
<b>Insulin, Rapid-Acting</b>		
HUMALOG SUB-Q	Tier 3	MO
HUMALOG KWIKPEN SUB-Q PEN	Tier 3	MO
NOVOLOG SUB-Q	Tier 3	MO
NOVOLOG FLEXPEN SUB-Q	Tier 3	MO
<b>Insulin, Short-Acting</b>		
HUMULIN R INJECTION	Tier 3	MO
HUMULIN R U-500 "CONCENTRATED" INSULIN INJECTION	Tier 3	MO
NOVOLIN R INJECTION	Tier 3	MO
<b>Meglitinides</b>		
<i>nateglinide tablet</i>	Tier 1	MO; GC
PRANDIN TABLET	Tier 3	MO
<b>Sulfonylureas</b>		
<i>chlorpropamide tablet</i>	Tier 1	MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>glimepiride tablet</i>	Tier 1	MO; GC
<i>glipizide er tablet, extended release 24 hr</i>	Tier 1	MO; GC
<i>glipizide tablet</i>	Tier 1	MO; GC
<i>glipizide-metformin tablet</i>	Tier 1	MO; GC
<i>glyburide tablet</i>	Tier 1	MO; GC
<i>glyburide micronized tablet</i>	Tier 1	MO; GC
<i>glyburide-metformin tablet</i>	Tier 1	MO; GC
<i>glycron tablet</i>	Tier 1	MO; GC
<i>tolazamide tablet</i>	Tier 1	MO; GC
<i>tolbutamide tablet</i>	Tier 1	MO; GC
<b>Thiazolidinediones</b>		
ACTOPLUS MET TABLET	Tier 3	PA; MO
ACTOS TABLET	Tier 3	PA; MO
DUETACT TABLET	Tier 3	PA; MO
<b>Blood Products/Modifiers/ Volume Expanders</b>		
<b>Adenosine Diphosphate P2y12 Inhibitors</b>		
<i>clopidogrel tablet 75 mg</i>	Tier 1	MO; GC
<i>ticlopidine tablet</i>	Tier 1	MO; GC
<b>Anticoagulants, Oral</b>		
<i>jantoven tablet</i>	Tier 1	MO; GC
PRADAXA CAPSULE	Tier 3	MO
<i>warfarin tablet</i>	Tier 1	MO; GC
XARELTO TABLET	Tier 3	MO
<b>Coagulants</b>		
<i>aminocaproic acid oral soln</i>	Tier 1	MO; GC
<i>aminocaproic acid tablet 500 mg</i>	Tier 1	MO; GC
<b>Colony Stimulating Factors</b>		
LEUKINE INJECTION	Tier 5	MO; HI
LEUKINE SOLUTION FOR INJECTION	Tier 5	MO; HI
NEUPOGEN INJECTION	Tier 5	MO
NEUPOGEN SYRINGE	Tier 5	MO
<b>Cyclic Adenosine Monophosphate Reuptake Inhibitors</b>		
<i>anagrelide capsule</i>	Tier 1	MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>dipyridamole tablet</i>	Tier 1	MO; GC
<b>Erythropoietins</b>		
Aranesp (polysorbate) Injection 100 mcg/mL, 25 mcg/mL, 40 mcg/mL, 60 mcg/mL	Tier 6	PA BvsD; MO
ARANESP (POLYSORBATE) INJECTION 200 MCG/ML, 300 MCG/ML	Tier 5	PA BvsD; MO
ARANESP (POLYSORBATE) SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	Tier 5	PA BvsD; MO
Aranesp (polysorbate) Syringe 25 mcg/0.42 mL, 40 mcg/0.4 mL	Tier 6	PA BvsD; MO
Epogen Injection	Tier 6	PA BvsD; MO
Procrit Injection 10,000 unit/mL, 2,000 unit/mL, 3,000 unit/mL, 4,000 unit/mL	Tier 6	PA BvsD; MO
PROCRIPT INJECTION 20,000 UNIT/ML, 40,000 UNIT/ML	Tier 5	PA BvsD; MO
<b>Factor Xa Inhibitors, Indirect</b>		
ARIEXTRA SUB-Q SYRINGE 10 MG/0.8 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	Tier 5	MO
Arixtra Sub-Q Syringe 2.5 mg/0.5 mL	Tier 6	MO
<b>Low Molecular Weight Heparins</b>		
Fragmin Sub-Q	Tier 6	MO
FRAGMIN SUB-Q SYRINGE 10,000 UNIT/ML, 7,500 UNIT/0.3 ML	Tier 5	MO
Fragmin Sub-Q Syringe 2,500 unit/0.2 mL, 5,000 unit/0.2 mL	Tier 6	MO
heparin (porcine) Injection 1,000 unit/mL	Tier 6	MO; HI
heparin (porcine) Injection 10,000 unit/mL, 20,000 unit/mL, 5,000 unit/mL	Tier 6	MO
heparin, porcine (PF) IV	Tier 6	MO; HI
Lovenox Sub-Q	Tier 6	MO
LOVENOX SUB-Q SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 80 MG/0.8 ML	Tier 5	MO
Lovenox Sub-Q Syringe 30 mg/0.3 mL, 40 mg/0.4 mL, 60 mg/0.6 mL	Tier 6	MO
<b>Phosphodiesterase Iii/Adenosine Uptake Inhibitors</b>		
<i>cilostazol tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
<b>Protease Inhibitors</b>		
LYSTEDA TABLET	Tier 3	MO
<b>Cardiovascular Agents</b>		
<b>3-Hydroxy-3-Methylglutaryl Coenzyme A (Hmg Coa) Reductase Inhibitors</b>		
CRESTOR TABLET	Tier 3	PA; MO
<i>fluvastatin capsule</i>	Tier 1	MO; GC
JUVISYNC TABLET	Tier 3	PA; MO; QL (30 EA per 30 day(s))
<i>lovastatin tablet</i>	Tier 1	MO; GC
<i>pravastatin tablet</i>	Tier 1	MO; GC
<i>simvastatin tablet</i>	Tier 1	MO; GC
<b>Alpha-Adrenergic Agonists</b>		
<i>clonidine tablet</i>	Tier 1	MO; GC
<i>clonidine weekly transderm patch</i>	Tier 1	MO; GC
<i>clorpres tablet</i>	Tier 1	MO; GC
<i>guanabenz tablet</i>	Tier 1	MO; GC
<i>guanfacine tablet</i>	Tier 1	MO; GC
<i>methyldopa tablet</i>	Tier 1	MO; GC
<i>methyldopa-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
<i>midodrine tablet</i>	Tier 1	MO; GC
<b>Alpha-Adrenergic Blocking Agents</b>		
<i>doxazosin tablet</i>	Tier 1	MO; GC
<i>prazosin capsule</i>	Tier 1	MO; GC
<i>terazosin capsule</i>	Tier 1	MO; GC
<b>Angiotensin Ii Receptor Antagonists</b>		
BENICAR TABLET	Tier 3	PA; MO
BENICAR HCT TABLET	Tier 3	PA; MO
<i>eprosartan tablet</i>	Tier 1	MO; GC
<i>irbesartan tablet</i>	Tier 1	MO; GC
<i>irbesartan-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
<i>losartan tablet</i>	Tier 1	MO; GC
<i>losartan-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
MICARDIS TABLET	Tier 3	PA; MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
MICARDIS HCT TABLET	Tier 3	PA; MO
<b>Angiotensin-Converting Enzyme (Ace) Inhibitors</b>		
<i>benazepril tablet</i>	Tier 1	MO; GC
<i>benazepril-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
<i>captopril tablet</i>	Tier 1	MO; GC
<i>captopril-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
<i>enalapril maleate tablet</i>	Tier 1	MO; GC
<i>enalapril-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
<i>fosinopril tablet</i>	Tier 1	MO; GC
<i>fosinopril-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
<i>lisinopril tablet</i>	Tier 1	MO; GC
<i>lisinopril-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
<i>moexipril tablet</i>	Tier 1	MO; GC
<i>moexipril-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
<i>perindopril erbumine tablet</i>	Tier 1	MO; GC
<i>quinapril tablet</i>	Tier 1	MO; GC
<i>quinapril-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
<i>ramipril capsule</i>	Tier 1	MO; GC
<i>trandolapril tablet</i>	Tier 1	MO; GC
<b>Antiarrhythmics - Class Ia/Ii/Iii/Iv</b>		
<i>amiodarone tablet</i>	Tier 1	MO; GC
<i>pacerone tablet 200 mg, 400 mg</i>	Tier 1	MO; GC
<b>Antiarrhythmics - Class Ii/Iii</b>		
<i>sotalol tablet</i>	Tier 1	MO; GC
<b>Antiarrhythmics - Class Iv</b>		
diltiazem IV powder for Solution	Tier 6	MO; HI
verapamil IV	Tier 6	MO; HI
<b>Antiarrhythmics - Classes Ia, B, And C</b>		
<i>disopyramide capsule</i>	Tier 1	MO; GC
<i>flecainide tablet</i>	Tier 1	MO; GC
<i>mexiletine capsule</i>	Tier 1	MO; GC
<i>propafenone er capsule, extended release 12 hr</i>	Tier 1	MO; GC
<i>propafenone tablet</i>	Tier 1	MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>quinidine er tablet,extended release</i>	Tier 1	MO; GC
<i>quinidine sulfate er tablet,extended release</i>	Tier 1	MO; GC
<i>quinidine tablet</i>	Tier 1	MO; GC
<b>Beta-Adrenergic Blocking Agents With Vasodilating Properties</b>		
<i>carvedilol tablet</i>	Tier 1	MO; GC
<i>labetalol tablet</i>	Tier 1	MO; GC
<b>Bile Acid Sequestrants</b>		
<i>cholestyramine light packet</i>	Tier 1	MO; GC
<i>colestipol oral granules</i>	Tier 1	MO; GC
<i>colestipol tablet</i>	Tier 1	MO; GC
<i>prevalite oral powder</i>	Tier 1	MO; GC
<b>Calcium Channel Blocking Agents (Non-Dihydropyridines)</b>		
<i>cartia xt capsule,extended release</i>	Tier 1	MO; GC
<i>dilt-cd capsule,extended release</i>	Tier 1	MO; GC
<i>dilt-xr capsule, extended release</i>	Tier 1	MO; GC
<i>diltiazem cd capsule,extended release 24 hr</i>	Tier 1	MO; GC
<i>diltiazem er capsule,extended release</i>	Tier 1	MO; GC
<i>diltiazem er capsule,extended release 12 hr</i>	Tier 1	MO; GC
<i>diltiazem tablet</i>	Tier 1	MO; GC
<i>diltzac er capsule,extended release</i>	Tier 1	MO; GC
<i>matzim la tablet,extended release</i>	Tier 1	MO; GC
<i>taztia xt capsule,extended release</i>	Tier 1	MO; GC
<i>verapamil er (pm) capsule 24hr pellet ct,ext.release</i>	Tier 1	MO; GC
<i>verapamil er (sr) tablet,extended release 120 mg, 180 mg</i>	Tier 1	MO; GC
<i>verapamil er 24 hr capsule,extended release 120 mg, 180 mg</i>	Tier 1	MO; GC
<i>verapamil tablet</i>	Tier 1	MO; GC
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide er capsule,extended release</i>	Tier 1	MO; GC
<i>acetazolamide tablet</i>	Tier 1	MO; GC
<i>methazolamide tablet</i>	Tier 1	MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<b>Cardioselective Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol capsule</i>	Tier 1	MO; GC
<i>atenolol tablet</i>	Tier 1	MO; GC
<i>atenolol-chlorthalidone tablet</i>	Tier 1	MO; GC
<i>betaxolol tablet</i>	Tier 1	MO; GC
<i>bisoprolol fumarate tablet</i>	Tier 1	MO; GC
<i>bisoprolol-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
<i>metoprolol succinate er tablet,extended release 24 hr</i>	Tier 1	MO; GC
<i>metoprolol tartrate-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
<i>metoprolol tartrate tablet</i>	Tier 1	MO; GC
<b>Cardiovascular Agents, Other</b>		
<i>digoxin oral soln</i>	Tier 1	MO; GC
<i>digoxin tablet</i>	Tier 1	MO; GC
<i>reserpine tablet</i>	Tier 1	MO; GC
<b>Dihydropyridines</b>		
<i>afeditab cr tablet,extended release</i>	Tier 1	MO; GC
<i>amlodipine tablet</i>	Tier 1	MO; GC
<i>felodipine er tablet,extended release 24 hr</i>	Tier 1	MO; GC
<i>nicardipine capsule</i>	Tier 1	MO; GC
<i>nifediac cc tablet,extended release</i>	Tier 1	MO; GC
<i>nifedical xl tablet,extended release</i>	Tier 1	MO; GC
<i>nifedipine capsule</i>	Tier 1	MO; GC
<i>nifedipine er tablet,24 hr extended release</i>	Tier 1	MO; GC
<i>nimodipine capsule</i>	Tier 1	MO; GC
<b>Fibrates</b>		
<i>fenofibrate tablet</i>	Tier 1	MO; GC
<i>fenofibrate micronized capsule</i>	Tier 1	MO; GC
<i>gemfibrozil tablet</i>	Tier 1	MO; GC
<i>lofibra capsule</i>	Tier 1	MO; GC
<i>lofibra tablet</i>	Tier 1	MO; GC
<b>Loop Diuretics</b>		
<i>bumetanide tablet</i>	Tier 1	MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>furosemide oral soln</i>	Tier 1	MO; GC
<i>furosemide tablet</i>	Tier 1	MO; GC
<i>torseamide tablet</i>	Tier 1	MO; GC
<b>Nicotinic Acid</b>		
NIASPAN EXTENDED-RELEASE TABLET,EXTENDED RELEASE	Tier 3	MO
<b>Nonselective Beta-Adrenergic Blocking Agents</b>		
<i>nadolol tablet</i>	Tier 1	MO; GC
<i>nadolol-bendroflumethiazide tablet</i>	Tier 1	MO; GC
<i>pindolol tablet</i>	Tier 1	MO; GC
<i>propranolol er capsule,24 hr,extended release</i>	Tier 1	MO; GC
<i>propranolol oral soln</i>	Tier 1	MO; GC
<i>propranolol tablet</i>	Tier 1	MO; GC
<i>propranolol-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
<i>sorine tablet</i>	Tier 1	MO; GC
<i>timolol tablet</i>	Tier 1	MO; GC
<b>Potassium-Sparing Diuretics</b>		
<i>amiloride tablet</i>	Tier 1	MO; GC
<i>amiloride-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
<i>eplerenone tablet</i>	Tier 1	MO; GC
<i>spironolactone-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
<i>spironolactone tablet</i>	Tier 1	MO; GC
<i>triamterene-hydrochlorothiazide capsule</i>	Tier 1	MO; GC
<i>triamterene-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
<b>Thiazide Diuretics</b>		
<i>chlorothiazide tablet</i>	Tier 1	MO; GC
<i>chlorthalidone tablet</i>	Tier 1	MO; GC
<i>hydrochlorothiazide capsule</i>	Tier 1	MO; GC
<i>hydrochlorothiazide tablet</i>	Tier 1	MO; GC
<i>indapamide tablet</i>	Tier 1	MO; GC
<i>methyclothiazide tablet</i>	Tier 1	MO; GC
<i>metolazone tablet</i>	Tier 1	MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<b>Vasodilators, Direct-Acting Arterial</b>		
<i>hydralazine tablet</i>	Tier 1	MO; GC
<i>minoxidil tablet</i>	Tier 1	MO; GC
<b>Vasodilators, Direct-Acting Arterial/Venous</b>		
<i>isosorbide dinitrate er tablet,extended release</i>	Tier 1	MO; GC
<i>isosorbide dinitrate sublingual tablet</i>	Tier 1	MO; GC
<i>isosorbide dinitrate tablet</i>	Tier 1	MO; GC
<i>isosorbide mononitrate er tablet,extended release 24 hr</i>	Tier 1	MO; GC
<i>isosorbide mononitrate tablet</i>	Tier 1	MO; GC
<i>minitran transderm 24 hr patch</i>	Tier 1	MO; GC
<i>nitroglycerin transderm 24 hr patch</i>	Tier 1	MO; GC
<i>pentoxifylline er tablet,extended release</i>	Tier 1	MO; GC
PROGLYCEM ORAL SUSP	Tier 3	MO
<b>Central Nervous System Agents</b>		
<b>Amphetamines, Adhd</b>		
<i>amphetamine salt combo tablet</i>	Tier 1	MO; GC
<i>dextroamphetamine er capsule,extended release</i>	Tier 1	MO; GC
<i>dextroamphetamine tablet</i>	Tier 1	MO; GC
VYVANSE CAPSULE	Tier 3	MO
<b>Non-Amphetamines, Adhd</b>		
<i>dexmethylphenidate tablet</i>	Tier 1	MO; GC
METADATE CD CAPSULE,EXTENDED RELEASE	Tier 3	MO
<i>methamphetamine tablet</i>	Tier 1	MO; GC
<i>methylin chewable tablet</i>	Tier 1	MO; GC
<i>methylin oral soln</i>	Tier 1	MO; GC
<i>methylin tablet</i>	Tier 1	MO; GC
<i>methylin er tablet,extended release</i>	Tier 1	MO; GC
<i>methylphenidate er tablet,extended release</i>	Tier 1	MO; GC
<i>methylphenidate oral soln</i>	Tier 1	MO; GC
<i>methylphenidate tablet</i>	Tier 1	MO; GC
<b>Non-Amphetamines, Other</b>		
RILUTEK TABLET	Tier 3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<b>Dental And Oral Agents</b>		
<b>Dental And Oral Agents</b>		
<i>chlorhexidine gluconate mouthwash</i>	Tier 1	MO; GC
EVOXAC CAPSULE	Tier 3	MO
<i>periogard mouthwash</i>	Tier 1	MO; GC
<i>pilocarpine tablet</i>	Tier 1	MO; GC
<i>triamcinolone acetonide dental paste</i>	Tier 1	MO; GC
<b>Dermatological Agents</b>		
<b>Dermatological Acne Agents</b>		
<i>adapalene topical cream</i>	Tier 1	MO; GC
<i>adapalene topical gel</i>	Tier 1	MO; GC
<i>amnesteem capsule</i>	Tier 1	MO; GC
AZELEX TOPICAL CREAM	Tier 3	MO
<i>claravis capsule</i>	Tier 1	MO; GC
<i>clindacin pac topical kit</i>	Tier 1	MO; GC
<i>clindamycin lotion</i>	Tier 1	MO; GC
<i>clindamycin phosphate topical swab</i>	Tier 1	MO; GC
<i>clindamycin topical foam</i>	Tier 1	MO; GC
<i>clindamycin topical gel</i>	Tier 1	MO; GC
<i>clindamycin topical soln</i>	Tier 1	MO; GC
<i>clindamycin-benzoyl peroxide topical gel</i>	Tier 1	MO; GC
DIFFERIN LOTION	Tier 3	MO
DIFFERIN TOPICAL GEL 0.3 %	Tier 3	MO
<i>ery pads topical swab</i>	Tier 1	MO; GC
<i>erythromycin with ethanol topical gel</i>	Tier 1	MO; GC
<i>erythromycin with ethanol topical soln</i>	Tier 1	MO; GC
<i>erythromycin-benzoyl peroxide topical gel</i>	Tier 1	MO; GC
RETIN-A MICRO TOPICAL GEL	Tier 3	PA; MO
<i>sotret capsule</i>	Tier 1	MO; GC
TAZORAC TOPICAL CREAM	Tier 3	MO
TAZORAC TOPICAL GEL	Tier 3	MO
<i>tretinoin topical cream</i>	Tier 1	PA; MO; GC
<i>tretinoin topical gel</i>	Tier 1	PA; MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<b>Dermatological Antipruritic Agents</b>		
<i>fluticasone lotion</i>	Tier 1	MO; GC
<b>Dermatological Calcineurin Inhibitors</b>		
PROTOPIC OINTMENT	Tier 3	MO
<b>Dermatological Caustic Agents</b>		
<i>podofilox topical soln</i>	Tier 1	MO; GC
<b>Dermatological Emollients</b>		
<i>ammonium lactate lotion</i>	Tier 1	MO; GC
<i>ammonium lactate topical cream</i>	Tier 1	MO; GC
<b>Dermatological Genital Wart Agents</b>		
<i>imiquimod topical cream packet</i>	Tier 1	MO; GC
<b>Dermatological Mitotic Inhibitors</b>		
<i>selenium sulfide topical susp</i>	Tier 1	MO; GC
<b>Dermatological Non-Melanoma Skin Cancer Agents</b>		
CARAC TOPICAL CREAM	Tier 3	MO
FLUOROPLEX TOPICAL CREAM	Tier 3	MO
<i>fluorouracil topical cream</i>	Tier 1	MO; GC
<i>fluorouracil topical soln</i>	Tier 1	MO; GC
<b>Dermatological Photochemotherapy Agents</b>		
8-MOP CAPSULE	Tier 3	MO
OXSORALEN LOTION	Tier 3	MO
OXSORALEN ULTRA CAPSULE	Tier 3	MO
<b>Dermatological Psoriasis Agents</b>		
<i>calcipotriene ointment</i>	Tier 1	MO; GC
<i>calcipotriene topical soln</i>	Tier 1	MO; GC
DOVONEX TOPICAL CREAM	Tier 3	MO
<b>Dermatological Wound Care Agents</b>		
<i>water for irrigation, sterile solution</i>	Tier 1	MO; GC
<b>Enzyme Replacements/ Modifiers</b>		
<b>Pancrelipase Replacement</b>		
CREON CAPSULE,DELAYED RELEASE	Tier 3	MO
PANCREAZE CAPSULE,DELAYED RELEASE	Tier 3	MO
ZENPEP CAPSULE,DELAYED RELEASE	Tier 3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<b>Urea Cycle Disorder Treatment</b>		
BUPHENYL ORAL POWDER	Tier 3	MO
BUPHENYL TABLET	Tier 3	MO
<b>Gastrointestinal Agents</b>		
<b>Antispasmodics, Gastrointestinal</b>		
<i>dicyclomine capsule</i>	Tier 1	MO; GC
<i>dicyclomine syrup</i>	Tier 1	MO; GC
<i>dicyclomine tablet</i>	Tier 1	MO; GC
<i>glycopyrrolate tablet</i>	Tier 1	MO; GC
<i>methscopolamine tablet</i>	Tier 1	MO; GC
<i>propantheline tablet</i>	Tier 1	MO; GC
<b>Gastrointestinal Agents, Other</b>		
DIPENTUM CAPSULE	Tier 3	MO
<i>diphenoxylate-atropine oral liquid</i>	Tier 1	MO; GC
<i>diphenoxylate-atropine tablet</i>	Tier 1	MO; GC
<i>gavilyte-c oral solution</i>	Tier 1	MO; GC
<i>gavilyte-g oral solution</i>	Tier 1	MO; GC
<i>gavilyte-n oral solution</i>	Tier 1	MO; GC
HELIDAC ORAL PACK	Tier 3	MO
KRISTALOSE ORAL PACKET	Tier 3	MO
<i>lactulose oral soln</i>	Tier 1	MO; GC
<i>loperamide capsule</i>	Tier 1	MO; GC
<i>polyethylene glycol 3350 oral powder</i>	Tier 1	MO; GC
<i>trilyte with flavor packets oral solution</i>	Tier 1	MO; GC
<i>ursodiol capsule</i>	Tier 1	MO; GC
<i>ursodiol tablet</i>	Tier 1	MO; GC
<b>Histamine2 (H2) Blocking Agents</b>		
<i>cimetidine oral soln</i>	Tier 1	MO; GC
<i>cimetidine tablet</i>	Tier 1	MO; GC
<i>famotidine oral susp</i>	Tier 1	MO; GC
<i>famotidine tablet</i>	Tier 1	MO; GC
<i>nizatidine capsule</i>	Tier 1	MO; GC
<i>nizatidine oral soln</i>	Tier 1	MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>ranitidine capsule</i>	Tier 1	MO; GC
<i>ranitidine syrup</i>	Tier 1	MO; GC
<i>ranitidine tablet</i>	Tier 1	MO; GC
<b>Irritable Bowel Syndrome Agents</b>		
LOTRONEX TABLET	Tier 4	MO
<b>Protectants</b>		
<i>misoprostol tablet</i>	Tier 1	MO; GC
<i>sucralfate tablet</i>	Tier 1	MO; GC
<b>Proton Pump Inhibitors</b>		
DEXILANT CAPSULE, DELAYED RELEASE	Tier 3	PA; MO
<i>omeprazole capsule, delayed release</i>	Tier 1	MO; GC
<i>pantoprazole tablet, delayed release</i>	Tier 1	MO; GC
<b>Genitourinary Agents</b>		
<b>5 Alpha-Reductase Inhibitors</b>		
AVODART CAPSULE	Tier 3	MO
<i>finasteride tablet</i>	Tier 1	MO; GC
JALYN CAPSULE, EXTENDED RELEASE	Tier 3	MO
<b>Alpha 1-Adrenergic Blocking Agents</b>		
<i>tamsulosin er capsule, extended release 24 hr</i>	Tier 1	MO; GC
<b>Antispasmodics, Urinary</b>		
DETROL TABLET	Tier 3	MO
DETROL LA CAPSULE, EXTENDED RELEASE	Tier 3	MO
<i>flavoxate tablet</i>	Tier 1	MO; GC
<i>oxybutynin chloride er tablet, 24 hr extended release</i>	Tier 1	MO; GC
<i>oxybutynin chloride syrup</i>	Tier 1	MO; GC
<i>oxybutynin chloride tablet</i>	Tier 1	MO; GC
TOVIAZ TABLET, EXTENDED RELEASE	Tier 3	MO
<b>Genitourinary Agents, Other</b>		
<i>bethanechol chloride tablet</i>	Tier 1	MO; GC
ELMIRON CAPSULE	Tier 3	MO
<b>Phosphate Binders</b>		
<i>calcium acetate capsule</i>	Tier 1	MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>calcium acetate tablet</i>	Tier 1	MO; GC
ELIPHOS TABLET	Tier 3	MO
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>		
<b>Glucocorticoids-Systemic</b>		
<i>cortisone tablet</i>	Tier 1	MO; GC
<i>dexamethasone elixir</i>	Tier 1	MO; GC
<i>dexamethasone tablet</i>	Tier 1	MO; GC
DEXAMETHASONE INTENSOL DROPS (CONCENTRATE)	Tier 3	MO
<i>hydrocortisone tablet</i>	Tier 1	MO; GC
<i>methylprednisolone tablet</i>	Tier 1	MO; GC
<i>methylprednisolone tablets in a dose pack</i>	Tier 1	MO; GC
PEDIAPRED ORAL SOLN	Tier 3	MO
<i>prednisolone sodium phosphate oral soln</i>	Tier 1	MO; GC
<i>prednisone oral soln</i>	Tier 1	MO; GC
<i>prednisone tablet</i>	Tier 1	MO; GC
PREDNISONE INTENSOL ORAL CONCENTRATE	Tier 3	MO
<b>Glucocorticoids-Topical-High Potency</b>		
<i>amcinonide lotion</i>	Tier 1	MO; GC
<i>amcinonide ointment</i>	Tier 1	MO; GC
<i>amcinonide topical cream</i>	Tier 1	MO; GC
<i>betamethasone valerate ointment</i>	Tier 1	MO; GC
<i>desoximetasone topical cream</i>	Tier 1	MO; GC
<i>desoximetasone topical gel</i>	Tier 1	MO; GC
<i>fluocinolone ointment</i>	Tier 1	MO; GC
<i>fluocinolone topical cream</i>	Tier 1	MO; GC
<i>fluocinonide ointment</i>	Tier 1	MO; GC
<i>fluocinonide topical gel</i>	Tier 1	MO; GC
<i>fluocinonide topical soln</i>	Tier 1	MO; GC
LUXIQ TOPICAL FOAM	Tier 3	MO
<i>triamcinolone acetonide ointment</i>	Tier 1	MO; GC
<i>triamcinolone acetonide topical cream</i>	Tier 1	MO; GC
<i>triderm topical cream</i>	Tier 1	MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<b>Glucocorticoids-Topical-Low Potency</b>		
<i>ala-cort lotion</i>	Tier 1	MO; GC
<i>ala-cort topical cream</i>	Tier 1	MO; GC
<i>alclometasone ointment</i>	Tier 1	MO; GC
<i>alclometasone topical cream</i>	Tier 1	MO; GC
CLODERM TOPICAL CREAM	Tier 3	MO
<i>colocort enema</i>	Tier 1	MO; GC
<i>desonide lotion</i>	Tier 1	MO; GC
<i>desonide ointment</i>	Tier 1	MO; GC
<i>desonide topical cream</i>	Tier 1	MO; GC
<i>hydrocortisone enema</i>	Tier 1	MO; GC
<i>hydrocortisone lotion</i>	Tier 1	MO; GC
<i>hydrocortisone ointment</i>	Tier 1	MO; GC
<i>hydrocortisone topical cream</i>	Tier 1	MO; GC
<i>procto-pak rectal cream</i>	Tier 1	MO; GC
<i>proctocream-hc rectal</i>	Tier 1	MO; GC
<i>proctosol hc rectal cream</i>	Tier 1	MO; GC
<i>proctozone-hc rectal cream</i>	Tier 1	MO; GC
<b>Glucocorticoids-Topical-Medium Potency</b>		
<i>betamethasone dipropionate lotion</i>	Tier 1	MO; GC
<i>betamethasone valerate lotion</i>	Tier 1	MO; GC
<i>betamethasone valerate topical cream</i>	Tier 1	MO; GC
CAPEX SHAMPOO	Tier 3	MO
CORDRAN LOTION	Tier 3	MO
CORDRAN TAPE	Tier 3	MO
CORDRAN SP TOPICAL CREAM	Tier 3	MO
<i>desoximetasone ointment</i>	Tier 1	MO; GC
<i>desoximetasone topical cream</i>	Tier 1	MO; GC
<i>fluocinolone topical body oil</i>	Tier 1	MO; GC
<i>fluocinolone topical cream</i>	Tier 1	MO; GC
<i>fluocinolone topical soln</i>	Tier 1	MO; GC
<i>fluticasone ointment</i>	Tier 1	MO; GC
<i>fluticasone topical cream</i>	Tier 1	MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>hydrocortisone butyrate ointment</i>	Tier 1	MO; GC
<i>hydrocortisone butyrate topical cream</i>	Tier 1	MO; GC
<i>hydrocortisone butyrate topical soln</i>	Tier 1	MO; GC
<i>hydrocortisone valerate ointment</i>	Tier 1	MO; GC
<i>hydrocortisone valerate topical cream</i>	Tier 1	MO; GC
<i>mometasone lotion</i>	Tier 1	MO; GC
<i>mometasone ointment</i>	Tier 1	MO; GC
<i>mometasone topical cream</i>	Tier 1	MO; GC
<i>prednicarbate ointment</i>	Tier 1	MO; GC
<i>prednicarbate topical cream</i>	Tier 1	MO; GC
<i>triamcinolone acetonide lotion</i>	Tier 1	MO; GC
<i>triamcinolone acetonide ointment</i>	Tier 1	MO; GC
<i>triamcinolone acetonide topical cream</i>	Tier 1	MO; GC
<b>Glucocorticoids-Topical-Very High Potency</b>		
<i>betamethasone dipropionate ointment</i>	Tier 1	MO; GC
<i>betamethasone dipropionate topical cream</i>	Tier 1	MO; GC
<i>betamethasone, augmented lotion</i>	Tier 1	MO; GC
<i>betamethasone, augmented ointment</i>	Tier 1	MO; GC
<i>betamethasone, augmented topical cream</i>	Tier 1	MO; GC
<i>clobetasol ointment</i>	Tier 1	MO; GC
<i>clobetasol topical gel</i>	Tier 1	MO; GC
<i>clobetasol topical soln</i>	Tier 1	MO; GC
<i>clobetasol-emollient topical cream</i>	Tier 1	MO; GC
<i>diflorasone ointment</i>	Tier 1	MO; GC
<i>diflorasone topical cream</i>	Tier 1	MO; GC
<i>fluocinonide-e topical cream</i>	Tier 1	MO; GC
<i>halobetasol propionate ointment</i>	Tier 1	MO; GC
<i>halobetasol propionate topical cream</i>	Tier 1	MO; GC
<b>Mineralocorticoids</b>		
<i>fludrocortisone tablet</i>	Tier 1	MO; GC
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>		
<b>Growth Hormone Analogs</b>		
NUTROPIN SUB-Q SOLN	Tier 5	PA; MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
NUTROPIN AQ SUBQ CARTRIDGE	Tier 5	PA; MO
NUTROPIN AQ NUSPIN SUBQ CARTRIDGE	Tier 5	PA; MO
OMNITROPE SUB-Q SOLN	Tier 5	PA; MO
Omnitrope SubQ Cartridge	Tier 6	PA; MO
<b>Vasopressin Analogs</b>		
<i>desmopressin nasal soln</i>	Tier 1	MO; GC
<i>desmopressin nasal spray</i>	Tier 1	MO; GC
<i>desmopressin tablet</i>	Tier 1	MO; GC
STIMATE NASAL SPRAY	Tier 3	MO
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>		
<b>Androgens</b>		
ANDROGEL TRANSDERMAL GEL PUMP	Tier 3	MO
ANDROGEL TRANSDERMAL PACKET	Tier 3	MO
<i>danazol capsule</i>	Tier 1	MO; GC
METHITEST TABLET	Tier 3	MO
TESTRED CAPSULE	Tier 3	MO
<b>Estrogens</b>		
ALORA TRANSDERM PATCH	Tier 3	MO
<i>amethia tablets,3 month dose pack</i>	Tier 1	MO; GC
<i>amethia lo tablets,3 month dose pack</i>	Tier 1	MO; GC
<i>amethyst tablet</i>	Tier 1	MO; GC
<i>apri tablet</i>	Tier 1	MO; GC
<i>briellyn tablet</i>	Tier 1	MO; GC
<i>cesia tablet</i>	Tier 1	MO; GC
<i>cryselle (28) tablet</i>	Tier 1	MO; GC
DESOGEN TABLET	Tier 3	MO
DIVIGEL TRANSDERMAL GEL PACKET	Tier 3	MO
<i>emoquette tablet</i>	Tier 1	MO; GC
ESTRADERM TRANSDERM PATCH	Tier 3	MO
<i>estradiol tablet</i>	Tier 1	MO; GC
<i>estradiol weekly transderm patch</i>	Tier 1	MO; GC
<i>estradiol-norethindrone acet tablet</i>	Tier 1	MO; GC
<i>estropipate tablet</i>	Tier 1	MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
FEMHRT LOW DOSE TABLET	Tier 3	MO
<i>gianvi tablet</i>	Tier 1	MO; GC
<i>introvale tablets,3 month dose pack</i>	Tier 1	MO; GC
<i>jinteli tablet</i>	Tier 1	MO; GC
<i>kariva tablet</i>	Tier 1	MO; GC
<i>kelnor 1/35 (28) tablet</i>	Tier 1	MO; GC
<i>kurvelo tablet</i>	Tier 1	MO; GC
<i>levonorgestrel-ethinyl estradiol tablets,3 month pack</i>	Tier 1	MO; GC
<i>marlissa tablet</i>	Tier 1	MO; GC
<i>menest tablet</i>	Tier 1	MO; GC
<i>mononessa (28) tablet</i>	Tier 1	MO; GC
<i>ocella tablet</i>	Tier 1	MO; GC
<i>ogestrel (28) tablet</i>	Tier 1	MO; GC
<i>orsythia tablet</i>	Tier 1	MO; GC
ORTHO TRI-CYCLEN (28) TABLET	Tier 3	MO
ORTHO TRI-CYCLEN LO (28) TABLET	Tier 3	MO
ORTHO-CEPT (28) TABLET	Tier 3	MO
PREMARIN TABLET	Tier 3	MO
PREMARIN VAGINAL CREAM	Tier 3	MO
PREMPHASE TABLET	Tier 3	MO
PREMPRO TABLET	Tier 3	MO
<i>previfem tablet</i>	Tier 1	MO; GC
<i>reclipsen (28) tablet</i>	Tier 1	MO; GC
<i>solia tablet</i>	Tier 1	MO; GC
<i>sprintec (28) tablet</i>	Tier 1	MO; GC
<i>tri-previfem (28) tablet</i>	Tier 1	MO; GC
<i>tri-sprintec (28) tablet</i>	Tier 1	MO; GC
<i>trinessa (28) tablet</i>	Tier 1	MO; GC
VAGIFEM VAGINAL TABLET	Tier 3	MO
<i>velivet tablet</i>	Tier 1	MO; GC
<i>vestura tablet</i>	Tier 1	MO; GC
VIVELLE-DOT TRANSDERM PATCH	Tier 3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>zovia 1/35e (28) tablet</i>	Tier 1	MO; GC
<i>zovia 1/50e (28) tablet</i>	Tier 1	MO; GC
<b>Progestins</b>		
<i>aranelle (28) tablet</i>	Tier 1	MO; GC
<i>aviane tablet</i>	Tier 1	MO; GC
<i>brevicon (28) tablet</i>	Tier 1	MO; GC
<i>camila tablet</i>	Tier 1	MO; GC
<i>cyclafem 1/35 (28) tablet</i>	Tier 1	MO; GC
<i>cyclafem 7/7/7 (28) tablet</i>	Tier 1	MO; GC
<i>errin tablet</i>	Tier 1	MO; GC
<i>jolivette tablet</i>	Tier 1	MO; GC
<i>junel 1.5/30 (21) tablet</i>	Tier 1	MO; GC
<i>junel 1/20 (21) tablet</i>	Tier 1	MO; GC
<i>junel fe 1.5/30 (28) tablet</i>	Tier 1	MO; GC
<i>junel fe 1/20 (28) tablet</i>	Tier 1	MO; GC
<i>leena 28 tablet</i>	Tier 1	MO; GC
<i>lessina tablet</i>	Tier 1	MO; GC
<i>levora-28 tablet</i>	Tier 1	MO; GC
LO-OVRAL (28) TABLET	Tier 3	MO
LOESTRIN 1.5/30 (21) TABLET	Tier 3	MO
LOESTRIN 1/20 (21) TABLET	Tier 3	MO
LOESTRIN 24 FE TABLET	Tier 3	MO
LOESTRIN FE 1.5/30 (28) TABLET	Tier 3	MO
LOESTRIN FE 1/20 (28) TABLET	Tier 3	MO
LOSEASONIQUE TABLETS,3 MONTH DOSE PACK	Tier 3	MO
<i>low-ogestrel (28) tablet</i>	Tier 1	MO; GC
<i>lutera (28) tablet</i>	Tier 1	MO; GC
<i>medroxyprogesterone tablet</i>	Tier 1	MO; GC
<i>megestrol oral susp</i>	Tier 1	MO; GC
<i>megestrol tablet</i>	Tier 1	MO; GC
<i>microgestin 1.5/30 (21) tablet</i>	Tier 1	MO; GC
<i>microgestin 1/20 (21) tablet</i>	Tier 1	MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>microgestin fe 1.5/30 (28) tablet</i>	Tier 1	MO; GC
<i>microgestin fe 1/20 (28) tablet</i>	Tier 1	MO; GC
MODICON (28) TABLET	Tier 3	MO
<i>necon 0.5/35 (28) tablet</i>	Tier 1	MO; GC
<i>necon 1/35 (28) tablet</i>	Tier 1	MO; GC
<i>necon 10/11 (28) tablet</i>	Tier 1	MO; GC
<i>necon 7/7/7 (28) tablet</i>	Tier 1	MO; GC
<i>next choice tablet</i>	Tier 1	MO; GC
NOR-QD TABLET	Tier 3	MO
<i>nora-be tablet</i>	Tier 1	MO; GC
<i>norethindrone acetate tablet</i>	Tier 1	MO; GC
NORINYL 1+35 (28) TABLET	Tier 3	MO
<i>nortrel 0.5/35 (28) tablet</i>	Tier 1	MO; GC
<i>nortrel 1/35 (21) tablet</i>	Tier 1	MO; GC
<i>nortrel 1/35 (28) tablet</i>	Tier 1	MO; GC
<i>nortrel 7/7/7 (28) tablet</i>	Tier 1	MO; GC
ORTHO EVRA TRANSDERM PATCH	Tier 3	MO
ORTHO MICRONOR TABLET	Tier 3	MO
ORTHO-CYCLEN (28) TABLET	Tier 3	MO
ORTHO-NOVUM 7/7/7 (28) TABLET	Tier 3	MO
<i>portia tablet</i>	Tier 1	MO; GC
<i>progesterone micronized capsule</i>	Tier 1	MO; GC
<i>quasense tablets,3 month dose pack</i>	Tier 1	MO; GC
<i>sronyx tablet</i>	Tier 1	MO; GC
<i>tri-legest fe tablet</i>	Tier 1	MO; GC
TRI-NORINYL (28) TABLET	Tier 3	MO
<i>trivora (28) tablet</i>	Tier 1	MO; GC
<b>Selective Estrogen Receptor Modifying Agents</b>		
EVISTA TABLET	Tier 3	MO
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
LEVOTHROID TABLET	Tier 3	MO
<i>levothyroxine tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Notes
LEVOXYL TABLET	Tier 3	MO
<i>liothyronine tablet</i>	Tier 1	MO; GC
SYNTHROID TABLET	Tier 3	MO
THYROLAR-1 TABLET	Tier 3	MO
THYROLAR-1/4 TABLET	Tier 3	MO
THYROLAR-2 TABLET	Tier 3	MO
THYROLAR-3 TABLET	Tier 3	MO
<i>unithroid tablet</i>	Tier 1	MO; GC
<b>Hormonal Agents, Suppressant (Parathyroid)</b>		
<b>Calcimimetics</b>		
SENSIPAR TABLET	Tier 3	MO
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<b>Gonadotropin-Releasing Hormone Analogs</b>		
leuprolide Sub-Q Kit	Tier 6	MO
<b>Somatostatin Analogs</b>		
<i>octreotide acetate injection 1,000 mcg/ml, 500 mcg/ml</i>	Tier 5	MO
octreotide acetate Injection 100 mcg/mL, 200 mcg/mL, 50 mcg/mL	Tier 6	MO
<b>Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)</b>		
<b>Antiandrogens</b>		
<i>bicalutamide tablet</i>	Tier 1	MO; GC
<i>flutamide capsule</i>	Tier 1	MO; GC
NILANDRON TABLET	Tier 3	MO
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
<i>methimazole tablet</i>	Tier 1	MO; GC
<i>propylthiouracil tablet</i>	Tier 1	MO; GC
<b>Immunological Agents</b>		
<b>Immune Suppressants (Non-Tnf Inhibitors)</b>		
<i>azathioprine tablet</i>	Tier 1	PA BvsD; MO; GC
CELLCEPT ORAL SUSP	Tier 3	PA BvsD; MO
CUPRIMINE CAPSULE	Tier 3	MO
<i>cyclosporine capsule</i>	Tier 1	PA BvsD; MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>cyclosporine modified capsule</i>	Tier 1	PA BvsD; MO; GC
<i>cyclosporine modified oral soln</i>	Tier 1	PA BvsD; MO; GC
DEPEN TITRATABS TABLET	Tier 3	MO
<i>gengraf capsule</i>	Tier 1	PA BvsD; MO; GC
<i>gengraf oral soln</i>	Tier 1	PA BvsD; MO; GC
<i>methotrexate sodium tablet</i>	Tier 1	MO; GC
<i>mycophenolate mofetil capsule</i>	Tier 1	PA BvsD; MO; GC
<i>mycophenolate mofetil tablet</i>	Tier 1	PA BvsD; MO; GC
MYFORTIC TABLET,DELAYED RELEASE	Tier 3	PA BvsD; MO
RAPAMUNE ORAL SOLN	Tier 3	PA BvsD; MO
RAPAMUNE TABLET	Tier 3	PA BvsD; MO
<i>tacrolimus capsule</i>	Tier 1	PA BvsD; MO; GC
<b>Immunoglobulins</b>		
HIZENTRA SUB-Q	Tier 5	PA; MO; HI
<b>Immunomodulators, Other</b>		
COPAXONE SUB-Q KIT	Tier 5	MO
<i>leflunomide tablet</i>	Tier 1	MO; GC
RIDAURA CAPSULE	Tier 3	MO
<b>Interferons, Alfa</b>		
Intron A Injection	Tier 6	MO
Intron A Solution for Injection	Tier 6	MO
INTRON A SUBQ PEN KIT 10 MILLION UNIT/0.2 ML, 5 MILLION UNIT/0.2 ML	Tier 5	MO
Intron A SubQ Pen Kit 3 million unit /0.2 mL-6 doses	Tier 6	MO
PEGASYS CONVENIENCE PACK SUB-Q KIT	Tier 5	PA; MO; QL (2 EA per 30 day(s))
PEGINTRON SUB-Q KIT	Tier 5	PA; MO; QL (2 EA per 30 day(s))
PEGINTRON REDIPEN SUBQ KIT	Tier 5	PA; MO; QL (2 EA per 30 day(s))
<b>Interferons, Beta</b>		
AVONEX IM KIT	Tier 5	MO
AVONEX ADMINISTRATION PACK IM KIT	Tier 5	MO
REBIF SUB-Q SYRINGE	Tier 5	MO
REBIF TITRATION PACK SUB-Q SYRINGE	Tier 5	MO

Drug Name	Drug Tier	Notes
<b>Tumor Necrosis Factor (Tnf) Inhibitors</b>		
ENBREL SUB-Q SYRINGE	Tier 5	PA; MO; QL (4 ML per 30 day(s))
HUMIRA SUB-Q KIT	Tier 5	PA; MO; QL (1.6 EA per 30 day(s))
HUMIRA CROHN'S DISEASE STARTER PACK SUBQ PEN KIT	Tier 5	PA; MO; QL (4.8 EA per 30 day(s))
REMICADE IV SOLUTION	Tier 5	PA; MO; HI
<b>Vaccines To Prevent Hepatitis A</b>		
Havrix (PF) IM Susp	Tier 6	MO
Havrix (PF) IM Syringe	Tier 6	MO
<b>Vaccines To Prevent Hepatitis B</b>		
Recombivax HB (PF) IM Susp	Tier 6	PA BvsD; MO
<b>Inflammatory Bowel Disease Agents</b>		
<b>Salicylates</b>		
ASACOL TABLET,DELAYED RELEASE	Tier 3	MO
ASACOL HD TABLET,DELAYED RELEASE	Tier 3	MO
<i>balsalazide capsule</i>	Tier 1	MO; GC
CANASA RECTAL SUPPOSITORY	Tier 3	MO
<i>mesalamine enema</i>	Tier 1	MO; GC
PENTASA CAPSULE,EXTENDED RELEASE	Tier 3	MO
<b>Sulfonamides</b>		
<i>sulfasalazine tablet</i>	Tier 1	MO; GC
<i>sulfazine ec tablet, delayed release</i>	Tier 1	MO; GC
<b>Metabolic Bone Disease Agents</b>		
<b>Bisphosphonates, Oral</b>		
ACTONEL TABLET	Tier 3	PA; MO
<i>alendronate tablet</i>	Tier 1	MO; GC
ATEL VIA TABLET,DELAYED RELEASE	Tier 3	PA; MO
<i>etidronate disodium tablet</i>	Tier 1	MO; GC
<b>Calcium Regulating Hormones</b>		
Miacalcin Injection	Tier 6	PA BvsD; MO
<b>Vitamin D–Related Agents/Metabolic Bone Disease Agents</b>		
<i>calcitriol capsule</i>	Tier 1	PA BvsD; MO; GC
<i>calcitriol oral soln</i>	Tier 1	PA BvsD; MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
CYSTADANE ORAL POWDER	Tier 3	MO
<b>Ophthalmic Agents</b>		
<b>Alpha-Adrenergic Agonists, Ophthalmic</b>		
ALPHAGAN P EYE DROPS	Tier 3	MO
<i>apraclonidine eye drops</i>	Tier 1	MO; GC
BRIMONIDINE EYE DROPS 0.15 %	Tier 3	MO
<i>brimonidine eye drops 0.2 %</i>	Tier 1	MO; GC
PROPINE EYE DROPS	Tier 3	MO
<b>Beta-Adrenergic Blocking Agents, Ophthalmic</b>		
<i>betaxolol eye drops</i>	Tier 1	MO; GC
BETIMOL EYE DROPS	Tier 3	MO
BETOPTIC S EYE DROPS	Tier 3	MO
<i>carteolol eye drops</i>	Tier 1	MO; GC
<i>dorzolamide-timolol eye drops</i>	Tier 1	MO; GC
<i>levobunolol eye drops</i>	Tier 1	MO; GC
<i>metipranolol eye drops</i>	Tier 1	MO; GC
<i>timolol eye gel forming soln</i>	Tier 1	MO; GC
<i>timolol maleate eye drops</i>	Tier 1	MO; GC
<b>Carbonic Anhydrase Inhibitors, Ophthalmic</b>		
AZOPT EYE DROPS	Tier 3	MO
<i>dorzolamide eye drops</i>	Tier 1	MO; GC
<b>Cholinergic Agonists, Ophthalmic</b>		
ISOPTO CARPINE EYE DROPS	Tier 3	MO
PILOPINE HS EYE GEL	Tier 3	MO
<b>Glucocorticoids, Ophthalmic</b>		
<i>dexamethasone eye drops</i>	Tier 1	MO; GC
<i>fluorometholone eye drops, susp</i>	Tier 1	MO; GC
FML S.O.P. EYE OINTMENT	Tier 3	MO
LOTEMAX EYE DROPS	Tier 3	MO
PRED MILD EYE DROPS	Tier 3	MO
<i>prednisolone acetate eye drops, susp</i>	Tier 1	MO; GC
<i>prednisolone sodium phosphate eye drops</i>	Tier 1	MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<b>Nonsteroidal Anti-Inflammatory Drugs, Ophthalmic</b>		
<i>diclofenac eye drops</i>	Tier 1	MO; GC
<i>flurbiprofen eye drops</i>	Tier 1	MO; GC
<i>ketorolac eye drops</i>	Tier 1	MO; GC
NEVANAC EYE DROPS	Tier 3	MO
<b>Ophthalmic Agents, Other</b>		
<i>ak-con eye drops</i>	Tier 1	MO; GC
<i>bacitracin eye ointment</i>	Tier 1	MO; GC
<i>bacitracin-polymyxin b eye ointment</i>	Tier 1	MO; GC
<i>bleph-10 eye drops</i>	Tier 1	MO; GC
BLEPHAMIDE S.O.P. EYE OINTMENT	Tier 3	MO
CILOXAN EYE OINTMENT	Tier 3	MO
<i>gentak eye ointment</i>	Tier 1	MO; GC
<i>gentasol eye drops</i>	Tier 1	MO; GC
<i>levofloxacin eye drops</i>	Tier 1	MO; GC
LOTEMAX EYE OINTMENT	Tier 3	MO
<i>neomycin-bacitracin-poly-hc eye ointment</i>	Tier 1	MO; GC
<i>neomycin-bacitracin-polymyxin eye oint</i>	Tier 1	MO; GC
<i>neomycin-polymyxin-dexameth eye drops</i>	Tier 1	MO; GC
<i>neomycin-polymyxin-dexameth eye ointment</i>	Tier 1	MO; GC
<i>neomycin-polymyxin-gramicidin eye drops</i>	Tier 1	MO; GC
<i>neomycin-polymyxin-hc eye drops, susp</i>	Tier 1	MO; GC
<i>poly-dex eye drops</i>	Tier 1	MO; GC
<i>poly-dex eye ointment</i>	Tier 1	MO; GC
<i>proparacaine eye drops</i>	Tier 1	MO; GC
<i>romycin eye ointment</i>	Tier 1	MO; GC
<i>sulfacetamide sodium eye drops</i>	Tier 1	MO; GC
<i>sulfacetamide sodium eye ointment</i>	Tier 1	MO; GC
TOBRADEX EYE OINTMENT	Tier 3	MO
<i>tobramycin eye drops</i>	Tier 1	MO; GC
<i>tobramycin-dexamethasone eye drops, susp</i>	Tier 1	MO; GC
<i>tobrasol eye drops</i>	Tier 1	MO; GC
<i>trifluridine eye drops</i>	Tier 1	MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>trimethoprim-polymyxin b eye drops</i>	Tier 1	MO; GC
<i>tropicamide eye drops</i>	Tier 1	MO; GC
VIGAMOX EYE DROPS	Tier 4	MO
<b>Ophthalmic Anti-Allergy Agents</b>		
ALOCRIE EYE DROPS	Tier 3	MO
ALREX EYE DROPS	Tier 3	MO
<i>azelastine eye drops</i>	Tier 1	MO; GC
<i>cromolyn eye drops</i>	Tier 1	MO; GC
PATADAY EYE DROPS	Tier 3	MO
PATANOL EYE DROPS	Tier 3	MO
<b>Ophthalmic Prostaglandin And Prostanoid Analogs</b>		
<i>latanoprost eye drops</i>	Tier 1	MO; GC
TRAVATAN Z EYE DROPS	Tier 3	MO
<b>Otic Agents</b>		
<b>Otic Anti-Inflammatories</b>		
<i>acetazolamide ear drops</i>	Tier 1	MO; GC
<i>acetic acid ear soln</i>	Tier 1	MO; GC
<i>cortomycin ear drops, susp</i>	Tier 1	MO; GC
<i>cortomycin ear soln</i>	Tier 1	MO; GC
<i>fluocinolone acetonide oil ear drops</i>	Tier 1	MO; GC
<i>hydrocortisone-acetic acid ear drops</i>	Tier 1	MO; GC
<b>Respiratory Tract Agents</b>		
<b>Anti-Inflammatories, Inhaled Corticosteroids</b>		
ADVAIR DISKUS FOR INHALATION	Tier 3	MO
ADVAIR HFA AEROSOL INHALER	Tier 3	MO
ALVESCO AEROSOL INHALER	Tier 3	MO
ASMANEX TWISTHALER BREATH ACTIVATED	Tier 3	MO
<i>budesonide neb suspension</i>	Tier 1	PA BvsD; MO; GC
COMBIVENT RESPIMAT AEROSOL INHALER	Tier 3	MO
DULERA HFA AEROSOL INHALER	Tier 3	MO
FLOVENT DISKUS FOR INHALATION	Tier 3	MO
FLOVENT HFA AEROSOL INHALER	Tier 3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>flunisolide nasal spray</i>	Tier 1	MO; GC
<i>fluticasone nasal spray, susp</i>	Tier 1	MO; GC
PULMICORT NEB SUSPENSION	Tier 3	PA BvsD; MO
PULMICORT FLEXHALER BREATH ACTIVATED	Tier 3	MO
QVAR AEROSOL INHALER	Tier 3	MO
SYMBICORT HFA AEROSOL INHALER	Tier 3	MO
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA AEROSOL INHALER	Tier 3	MO
COMBIVENT AEROSOL INHALER	Tier 3	MO
<i>ipratropium bromide nasal spray</i>	Tier 1	MO; GC
SPIRIVA WITH HANDIHALER & INHALATION CAPSULES	Tier 3	MO
<b>Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)</b>		
<i>aminophylline tablet</i>	Tier 1	MO; GC
<i>elixophyllin</i>	Tier 1	MO; GC
<i>theochron tablet, extended release</i>	Tier 1	MO; GC
<i>theophylline er tablet, extended release</i>	Tier 1	MO; GC
<i>theophylline er tablet, extended release, 12 hr</i>	Tier 1	MO; GC
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate er tablet, extended release, 12 hr</i>	Tier 1	MO; GC
<i>albuterol sulfate syrup</i>	Tier 1	MO; GC
<i>albuterol sulfate tablet</i>	Tier 1	MO; GC
EPIPEN IM INJECTOR	Tier 3	MO
EPIPEN JR IM INJECTOR	Tier 3	MO
FORADIL AEROLIZER CAPSULE WITH INHALATION DEVICE	Tier 3	MO
<i>metaproterenol syrup</i>	Tier 1	MO; GC
<i>metaproterenol tablet</i>	Tier 1	MO; GC
PROAIR HFA AEROSOL INHALER	Tier 3	MO
SEREVENT DISKUS FOR INHALATION	Tier 3	MO
<i>terbutaline tablet</i>	Tier 1	MO; GC
VENTOLIN HFA AEROSOL INHALER	Tier 3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<b>H1 Blocking Agents, Sedating</b>		
<i>carbinoxamine oral liquid</i>	Tier 1	MO; GC
<i>carbinoxamine tablet</i>	Tier 1	MO; GC
<i>clemastine syrup</i>	Tier 1	MO; GC
<i>clemastine tablet</i>	Tier 1	MO; GC
<i>cyproheptadine syrup</i>	Tier 1	MO; GC
<i>cyproheptadine tablet</i>	Tier 1	MO; GC
<i>dexchlorpheniramine maleate syrup</i>	Tier 1	MO; GC
<i>diphenhydramine capsule</i>	Tier 1	MO; GC
<i>diphenhydramine elixir</i>	Tier 1	MO; GC
<i>hydroxyzine syrup</i>	Tier 1	MO; GC
<i>hydroxyzine tablet</i>	Tier 1	MO; GC
<i>hydroxyzine pamoate capsule</i>	Tier 1	MO; GC
<b>Histamine1 (H1) Blocking Agents, Mildly/Non-Sedating</b>		
<i>azelastine nasal spray aerosol</i>	Tier 1	MO; GC
<i>cetirizine oral soln</i>	Tier 1	MO; GC
<i>levocetirizine oral soln</i>	Tier 1	MO; GC
<i>levocetirizine tablet</i>	Tier 1	MO; GC
<b>Mast Cell Stabilizers</b>		
<i>cromolyn neb solution</i>	Tier 1	PA BvsD; MO; GC
<b>Pulmonary Antihypertensives</b>		
LETAIRIS TABLET	Tier 5	PA; LA; QL (30 EA per 30 day(s))
REVATIO TABLET	Tier 5	PA; MO; QL (90 EA per 30 day(s))
<i>sildenafil tablet</i>	Tier 5	PA; MO; QL (90 EA per 30 Day(s))
TRACLEER TABLET	Tier 5	PA; LA; QL (60 EA per 30 day(s))
<b>Receptor Antagonists</b>		
<i>montelukast chewable tablet</i>	Tier 1	MO; GC
<i>montelukast tablet</i>	Tier 1	MO; GC
SINGULAIR CHEWABLE TABLET	Tier 3	MO
SINGULAIR ORAL GRANULES IN PACKET	Tier 3	MO
SINGULAIR TABLET	Tier 3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<b>Respiratory Tract Agents, Other</b>		
PULMOZYME SOLN FOR INHALATION	Tier 3	PA BvsD; MO
<b>Sedatives/Hypnotics</b>		
<b>Sedatives/Hypnotics</b>		
<i>zaleplon capsule</i>	Tier 1	MO; GC
<i>zolpidem tablet</i>	Tier 1	MO; GC
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>carisoprodol tablet</i>	Tier 1	MO; GC
<i>carisoprodol-asa-codeine tablet</i>	Tier 1	MO; GC
<i>carisoprodol-aspirin tablet</i>	Tier 1	MO; GC
<i>chlorzoxazone tablet</i>	Tier 1	MO; GC
<i>cyclobenzaprine tablet</i>	Tier 1	MO; GC
<i>methocarbamol tablet</i>	Tier 1	MO; GC
<i>orphenadrine citrate er tablet,extended release</i>	Tier 1	MO; GC
<i>orphenadrine compound tablet</i>	Tier 1	MO; GC
<i>orphenadrine compound-ds tablet</i>	Tier 1	MO; GC
<b>Therapeutic Nutrients/Minerals/ Electrolytes</b>		
<b>Electrolytes/Minerals</b>		
<i>ed k+10 tablet,extended release</i>	Tier 1	MO; GC
<i>klor-con tablet,extended release</i>	Tier 1	MO; GC
<i>klor-con 10 tablet,extended release</i>	Tier 1	MO; GC
<i>klor-con m15 tablet,extended release</i>	Tier 1	MO; GC
<i>klor-con m20 tablet,extended release</i>	Tier 1	MO; GC
<i>lactated ringers irrigation soln</i>	Tier 1	MO; GC
<i>levocarnitine IV</i>	Tier 6	PA BvsD; MO; HI
<i>levocarnitine tablet</i>	Tier 1	PA BvsD; MO; GC
<i>levocarnitine (with sugar) oral soln</i>	Tier 1	PA BvsD; MO; GC
<i>physiolyte irrigation soln</i>	Tier 1	MO; GC
<i>potassium chloride er capsule,extended release</i>	Tier 1	MO; GC
<i>potassium chloride er tablet,extended release(part/cryst)</i>	Tier 1	MO; GC
<i>potassium citrate er tablet,extended release</i>	Tier 1	MO; GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>ringers irrigation soln</i>	Tier 1	MO; GC
<i>sodium chloride irrigation soln</i>	Tier 1	MO; GC
<i>sodium fluoride tablet</i>	Tier 1	MO; GC

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<i>bleph-10</i> .....	46	<i>cefдинир</i> .....	5	<i>clotrimazole-betamethasone</i> .....	11
BLEPHAMIDE S.O.P. ....	46	<i>cefподоxиме</i> .....	5	<i>clozapine</i> .....	17
<i>brevicon (28)</i> .....	40	<i>cefпроzил</i> .....	4	COARTEM .....	15
<i>briellyn</i> .....	38	<i>cefуроxиме axetil</i> .....	4	<i>codeine sulfate</i> .....	1
BRIMONIDINE 0.15 % .....	45	<i>cefуроxиме axetil</i> .....	5	<i>co-gesic</i> .....	1
<i>brimonidine 0.2 %</i> .....	45	CELLCEPT .....	42	<i>colchicine-probenecid</i> .....	12
<i>bromocriptine</i> .....	16	CELONTIN .....	7	COLCRYST .....	12
<i>budeprion sr</i> .....	9	<i>cephalexin</i> .....	4	<i>colestipol</i> .....	27
<i>budeprion xl</i> .....	9	<i>cesia</i> .....	38	<i>colocort</i> .....	36
<i>budesonide</i> .....	47	<i>cetirizine</i> .....	49	COMBIVENT .....	48
<i>bumetanide</i> .....	28	CHEMET .....	10	COMBIVENT RESPIMAT .....	47
BUPHENYL .....	33	<i>chlorhexidine gluconate</i> .....	31	COMBIVIR .....	18
<i>buproban</i> .....	9	<i>chloroquine phosphate</i> .....	15	COMPLERA .....	18
<i>bupropion hcl</i> .....	9	<i>chlorothiazide</i> .....	29	<i>compro</i> .....	10
<i>bupirone</i> .....	20	<i>chlorpromazine</i> .....	17	COMTAN .....	16
<i>butalbital-acetaminop-caf-cod</i> .....	1	<i>chlorpropamide</i> .....	22	COPAXONE .....	43
<i>butorphanol tartrate</i> .....	1	<i>chlorthalidone</i> .....	29	CORDRAN .....	36
BYDUREON .....	21	<i>chlорzoxazone</i> .....	50	CORDRAN SP .....	36
BYETTA 10 MCG/0.04 ML .....	21	<i>cholestyramine light</i> .....	27	<i>cortisone</i> .....	35
BYETTA 5 MCG/0.02 ML .....	21	<i>ciclopirox</i> .....	11	<i>cortomycin</i> .....	47
<i>cabergoline</i> .....	16	<i>cilostazol</i> .....	24	CREON .....	32
<i>calcipotriene</i> .....	32	CILOXAN .....	46	CRESTOR .....	25
<i>calcitriol</i> .....	44	<i>cimetidine</i> .....	33	CRIVIVAN .....	19
<i>calcium acetate</i> .....	34	CIPRO HC .....	6	<i>cromolyn</i> .....	47
<i>calcium acetate</i> .....	35	CIPRODEX .....	6	<i>cromolyn</i> .....	49
<i>camila</i> .....	40	<i>ciprofloxacin</i> .....	6	<i>cryelle (28)</i> .....	38
CANASA .....	44	<i>ciprofloxacin (mixture)</i> .....	6	CUPRIMINE .....	42
CAPEX .....	36	<i>citalopram</i> .....	20	CURITY GAUZE .....	21
<i>captopril</i> .....	26	<i>claravis</i> .....	31	<i>cyclafem 1/35 (28)</i> .....	40
<i>captopril-hydrochlorothiazide</i> .....	26	<i>clarithromycin</i> .....	5	<i>cyclafem 7/7/7 (28)</i> .....	40
CARAC .....	32	<i>clemastine</i> .....	49	<i>cyclobenzaprine</i> .....	50
<i>carbamazepine</i> .....	8	<i>clindacin pac</i> .....	31	<i>cyclophosphamide</i> .....	14
<i>carbidopa-levodopa</i> .....	16	<i>clindamycin hcl</i> .....	5	<i>cyclosporine</i> .....	42
<i>carbinoxamine maleate</i> .....	49	<i>clindamycin phosphate</i> .....	5	<i>cyclosporine modified</i> .....	43
<i>carisoprodol</i> .....	50	<i>clindamycin phosphate</i> .....	31	CYMBALTA .....	9
<i>carisoprodol-asa-codeine</i> .....	50	<i>clindamycin-benzoyl peroxide</i> .....	31	<i>cyproheptadine</i> .....	49
<i>carisoprodol-aspirin</i> .....	50	<i>clobetasol</i> .....	37	CYSTADANE .....	45
<i>carteolol</i> .....	45	<i>clobetasol-emollient</i> .....	37	<i>danazol</i> .....	38
<i>cartia xt</i> .....	27	CLODERM .....	36	<i>dantrolene</i> .....	18
<i>carvedilol</i> .....	27	<i>clomipramine</i> .....	9	<i>dapsone</i> .....	13
CAYSTON .....	4	<i>clonidine</i> .....	25	DARAPRIM .....	15
CEENU .....	15	<i>clopidogrel 75 mg</i> .....	23	<i>demeclocycline</i> .....	7
<i>cefaclor</i> .....	4	<i>clorpres</i> .....	25	<i>depade</i> .....	10
<i>cefadroxil</i> .....	4	<i>clotrimazole</i> .....	11	DEPEN TITRATABS .....	43
				<i>desipramine</i> .....	9

<i>desmopressin</i> .....	38	<i>divalproex</i> .....	8	<i>ery-tab</i> .....	5
DESOGEN .....	38	DIVIGEL .....	38	<i>erythrocin stearate</i> .....	5
<i>desonide</i> .....	36	<i>donepezil</i> .....	8	<i>erythromycin</i> .....	5
<i>desoximetasone</i> .....	35	<i>dorzolamide</i> .....	45	<i>erythromycin ethylsuccinate</i> .....	5
<i>desoximetasone</i> .....	36	<i>dorzolamide-timolol</i> .....	45	<i>erythromycin with ethanol</i> .....	31
DETROL .....	34	DOVONEX .....	32	<i>erythromycin-benzoyl peroxide</i> .....	31
DETROL LA .....	34	<i>doxazosin</i> .....	25	<i>erythromycin-sulfisoxazole</i> .....	5
<i>dexamethasone</i> .....	35	<i>doxepin</i> .....	9	ESTRADERM .....	38
DEXAMETHASONE INTENSOL .....	35	<i>doxepin</i> .....	10	<i>estradiol</i> .....	38
<i>dexamethasone sodium phosphate</i> .....	45	<i>doxycycline hyclate</i> .....	7	<i>estradiol-norethindrone acet</i> .....	38
<i>dexchlorpheniramine maleate</i> .....	49	<i>doxycycline monohydrate</i> .....	7	<i>estropipate</i> .....	38
DEXILANT .....	34	DROXIA .....	14	<i>ethambutol</i> .....	13
<i>dexmethylphenidate</i> .....	30	DUETACT .....	23	<i>ethosuximide</i> .....	7
<i>dextroamphetamine</i> .....	30	DULERA .....	47	<i>etidronate disodium</i> .....	44
<i>diclofenac potassium</i> .....	2	<i>e.e.s. 400</i> .....	5	<i>etodolac</i> .....	3
<i>diclofenac sodium</i> .....	3	<i>econazole</i> .....	11	EURAX .....	15
<i>diclofenac sodium</i> .....	46	<i>ed k+10</i> .....	50	EURAX .....	16
<i>dicloxacillin</i> .....	6	ELIPHOS .....	35	EVISTA .....	41
<i>dicyclomine</i> .....	33	<i>elixophyllin</i> .....	48	EVOXAC .....	31
<i>didanosine</i> .....	18	ELMIRON .....	34	EXELON .....	9
DIFFERIN .....	31	EMCYT .....	14	<i>famotidine</i> .....	33
DIFFERIN 0.3 % .....	31	EMEND .....	11	FARESTON .....	15
<i>diflorasone</i> .....	37	EMEND 125 MG, 80 MG .....	11	<i>felodipine</i> .....	28
<i>diflunisal</i> .....	3	<i>emoquette</i> .....	38	FEMHRT LOW DOSE .....	39
<i>digoxin</i> .....	28	EMTRIVA .....	18	<i>fenofibrate</i> .....	28
<i>dihydrocode-acetaminophen-caff</i> .....	1	<i>enalapril maleate</i> .....	26	<i>fenofibrate micronized</i> .....	28
DILANTIN .....	8	<i>enalapril-hydrochlorothiazide</i> .....	26	<i>fenopropfen</i> .....	3
DILANTIN EXTENDED .....	8	ENBREL .....	44	<i>finasteride</i> .....	34
DILANTIN INFATABS .....	8	<i>endocet</i> .....	1	<i>flavoxate</i> .....	34
DILANTIN-125 .....	8	<i>endodan</i> .....	1	<i>flecainide</i> .....	26
<i>dilt-cd</i> .....	27	EPIPEN .....	48	FLOVENT DISKUS .....	47
<i>diltiazem HCl</i> .....	26	EPIPEN JR .....	48	FLOVENT HFA .....	47
<i>diltiazem hcl</i> .....	27	<i>epitol</i> .....	8	<i>fluconazole</i> .....	11
<i>dilt-xr</i> .....	27	EPIVIR .....	18	<i>fludrocortisone</i> .....	37
<i>diltzac er</i> .....	27	EPIVIR HBV .....	18	<i>flunisolide</i> .....	48
DIPENTUM .....	33	<i>eplerenone</i> .....	29	<i>fluocinolone</i> .....	35
<i>diphenhydramine hcl</i> .....	49	Epogen .....	24	<i>fluocinolone</i> .....	36
<i>diphenoxylate-atropine</i> .....	33	<i>eprosartan</i> .....	25	<i>fluocinolone acetonide oil</i> .....	47
<i>dipyridamole</i> .....	24	EPZICOM .....	18	<i>fluocinonide</i> .....	35
<i>disopyramide</i> .....	26	<i>ergoloid</i> .....	8	<i>fluocinonide-e</i> .....	37
<i>disulfiram</i> .....	10	ERGOMAR .....	12	<i>fluorometholone</i> .....	45
<i>divalproex</i> .....	7	<i>ergotamine-caffeine</i> .....	12	FLUOROPLEX .....	32
		<i>errin</i> .....	40	<i>fluorouracil</i> .....	32
		<i>ery pads</i> .....	31	<i>fluoxetine</i> .....	20

<i>fluphenazine hcl</i> .....	17	<i>granisetron</i> .....	10	<i>hydrocortisone valerate</i> .....	37
<i>flurbiprofen</i> .....	3	<i>grifulvin v</i> .....	11	<i>hydrocortisone-acetic acid</i> .....	47
<i>flurbiprofen sodium</i> .....	46	<i>griseofulvin microsize</i> .....	11	<i>hydromorphone</i> .....	1
<i>flutamide</i> .....	42	GRIS-PEG .....	11	<i>hydroxychloroquine</i> .....	15
<i>fluticasone</i> .....	32	<i>guanabenz</i> .....	25	<i>hydroxyurea</i> .....	14
<i>fluticasone</i> .....	36	<i>guanfacine</i> .....	25	<i>hydroxyzine hcl</i> .....	49
<i>fluticasone</i> .....	48	<i>guanidine</i> .....	13	<i>hydroxyzine pamoate</i> .....	49
<i>fluvastatin</i> .....	25	<i>halobetasol propionate</i> .....	37	<i>ibuprofen</i> .....	3
<i>fluvoxamine</i> .....	20	<i>haloperidol</i> .....	17	<i>ibuprofen-oxycodone</i> .....	1
FML S.O.P. ....	45	<i>haloperidol lactate</i> .....	17	<i>imipramine hcl</i> .....	10
FORADIL AEROLIZER .....	48	Havrix (PF) .....	44	<i>imipramine pamoate</i> .....	10
<i>fosinopril</i> .....	26	HELIDAC .....	33	<i>imiquimod</i> .....	32
<i>fosinopril-hydrochlorothiazide</i> .....	26	heparin (porcine) 1,000 unit/mL.....	24	<i>indapamide</i> .....	29
Fragmin .....	24	heparin (porcine) 10,000 unit/mL, 20,000 unit/mL, 5,000 unit/mL.....	24	<i>indomethacin</i> .....	3
FRAGMIN 10,000 UNIT/ML, 7,500 UNIT/0.3 ML.....	24	heparin, porcine (PF) .....	24	INSULIN PEN NEEDLE .....	22
Fragmin 2,500 unit/0.2 mL, 5,000 unit/0.2 mL.....	24	HEPSERA .....	20	INSULIN SYRINGE-NEEDLE U-100 .....	22
<i>furosemide</i> .....	29	HEXALEN .....	14	INTELENCE 100 MG.....	18
FUZEON .....	19	HIZENTRA .....	43	Intron A .....	43
<i>gabapentin</i> .....	8	HUMALOG .....	22	INTRON A 10 MILLION UNIT/0.2 ML, 5 MILLION UNIT/0.2 ML.....	43
GABITRIL .....	8	HUMALOG KWIKPEN .....	22	Intron A 3 million unit /0.2 mL-6 doses.....	43
<i>ganciclovir</i> .....	18	HUMALOG MIX 50-50 .....	21	<i>introvale</i> .....	39
<i>gavilyte-c</i> .....	33	HUMALOG MIX 50-50 KWIKPEN .....	21	INVIRASE .....	19
<i>gavilyte-g</i> .....	33	HUMALOG MIX 75-25 .....	21	<i>ipratropium bromide</i> .....	48
<i>gavilyte-n</i> .....	33	HUMALOG MIX 75-25 KWIKPEN .....	21	<i>irbesartan</i> .....	25
<i>gemfibrozil</i> .....	28	HUMIRA .....	44	<i>irbesartan-hydrochlorothiazide</i> .....	25
<i>gengraf</i> .....	43	HUMIRA CROHN'S DIS START PCK .....	44	ISENTRESS .....	19
<i>gentak</i> .....	46	HUMULIN 70/30 .....	22	<i>isonarif</i> .....	13
<i>gentamicin</i> .....	4	HUMULIN 70/30 PEN .....	22	<i>isoniazid</i> .....	13
<i>gentasol</i> .....	46	HUMULIN N .....	22	ISOPTO CARPINE .....	45
GEODON .....	17	HUMULIN N PEN .....	22	<i>isosorbide dinitrate</i> .....	30
<i>gianvi</i> .....	39	HUMULIN R .....	22	<i>isosorbide mononitrate</i> .....	30
GLEEVEC .....	14	HUMULIN R U-500 "CONCENTRATED" .....	22	<i>itraconazole</i> .....	11
<i>glimepiride</i> .....	23	<i>hydralazine</i> .....	30	JALYN .....	34
<i>glipizide</i> .....	23	<i>hydrochlorothiazide</i> .....	29	<i>jantoven</i> .....	23
<i>glipizide-metformin</i> .....	23	<i>hydrocodone-acetaminophen</i> .....	1	JANUMET .....	21
GLUCAGEN HYPOKIT .....	21	<i>hydrocodone-ibuprofen</i> .....	1	JANUMET XR .....	21
GLUCAGON EMERGENCY .....	21	<i>hydrocortisone</i> .....	35	JANUVIA .....	21
<i>glyburide</i> .....	23	<i>hydrocortisone</i> .....	36	<i>jinteli</i> .....	39
<i>glyburide micronized</i> .....	23	<i>hydrocortisone butyrate</i> .....	37	<i>jolivette</i> .....	40
<i>glyburide-metformin</i> .....	23			<i>junel 1.5/30 (21)</i> .....	40
<i>glycopyrrolate</i> .....	33			<i>junel 1/20 (21)</i> .....	40
<i>glycron</i> .....	23				

<i>junel fe 1.5/30 (28)</i> .....	40	<i>levorphanol tartrate</i> .....	1	LYSODREN .....	14
<i>junel fe 1/20 (28)</i> .....	40	LEVOTHROID .....	41	LYSTEDA .....	25
JUVISYNC .....	25	<i>levothyroxine</i> .....	41	<i>malathion</i> .....	16
KALETRA .....	19	LEVOXYL .....	42	<i>maprotiline</i> .....	9
<i>kariva</i> .....	39	LEXIVA .....	19	<i>marlissa</i> .....	39
<i>kelnor 1/35 (28)</i> .....	39	<i>lidocaine</i> .....	2	MATULANE .....	14
<i>ketoconazole</i> .....	12	<i>lidocaine hcl</i> .....	2	<i>matzim la</i> .....	27
<i>ketoprofen</i> .....	3	<i>lidocaine-prilocaine</i> .....	2	MAXALT .....	13
<i>ketorolac</i> .....	3	LIDODERM .....	2	MAXALT-MLT .....	13
<i>ketorolac</i> .....	46	<i>lindane</i> .....	16	<i>mebendazole</i> .....	15
<i>kionex</i> .....	10	<i>liothyronine</i> .....	42	<i>meclizine</i> .....	10
<i>klor-con</i> .....	50	<i>lisinopril</i> .....	26	<i>meclofenamate</i> .....	3
<i>klor-con 10</i> .....	50	<i>lisinopril-hydrochlorothiazide</i> .....	26	<i>medroxyprogesterone</i> .....	40
<i>klor-con m15</i> .....	50	<i>lithium carbonate</i> .....	21	<i>mefenamic acid</i> .....	3
<i>klor-con m20</i> .....	50	<i>lithium citrate</i> .....	21	<i>mefloquine</i> .....	15
KRISTALOSE .....	33	LOESTRIN 1.5/30 (21) .....	40	<i>megestrol</i> .....	40
<i>kurvelo</i> .....	39	LOESTRIN 1/20 (21) .....	40	<i>meloxicam</i> .....	3
<i>labetalol</i> .....	27	LOESTRIN 24 FE .....	40	<i>menest</i> .....	39
<i>lactated ringers</i> .....	50	LOESTRIN FE 1.5/30 (28) .....	40	<i>meperidine</i> .....	1
<i>lactulose</i> .....	33	LOESTRIN FE 1/20 (28) .....	40	<i>meprobamate</i> .....	20
<i>lamotrigine</i> .....	8	<i>lofibra</i> .....	28	MEPRON .....	15
LANTUS .....	22	LO-OVRAL (28) .....	40	<i>mercaptopurine</i> .....	15
LANTUS SOLOSTAR .....	22	<i>loperamide</i> .....	33	<i>mesalamine</i> .....	44
<i>latanoprost</i> .....	47	<i>losartan</i> .....	25	MESNEX .....	10
<i>leena 28</i> .....	40	<i>losartan-hydrochlorothiazide</i> .....	25	METADATE CD .....	30
<i>leflunomide</i> .....	43	LOSEASONIQUE .....	40	<i>metaproterenol</i> .....	48
<i>lessina</i> .....	40	LOTEMAX .....	45	<i>metformin</i> .....	21
LETAIRIS .....	49	LOTEMAX .....	46	<i>methadone</i> .....	1
<i>letrozole</i> .....	14	LOTRONEX .....	34	<i>methadose</i> .....	1
<i>leucovorin calcium</i> .....	10	<i>lovastatin</i> .....	25	<i>methamphetamine</i> .....	30
LEUKERAN .....	14	Lovenox .....	24	<i>methazolamide</i> .....	27
LEUKINE .....	23	LOVENOX 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 80 MG/0.8 ML .....	24	<i>methenamine hippurate</i> .....	5
leuprolide .....	42	Lovenox 30 mg/0.3 mL, 40 mg/0.4 mL, 60 mg/0.6 mL .....	24	<i>methimazole</i> .....	42
LEVEMIR .....	22	<i>low-ogestrel (28)</i> .....	40	METHITEST .....	38
LEVEMIR FLEXPEN .....	22	<i>loxapine succinate</i> .....	17	<i>methocarbamol</i> .....	50
<i>levetiracetam</i> .....	7	<i>lutera (28)</i> .....	40	<i>methotrexate sodium</i> .....	43
<i>levobunolol</i> .....	45	LUXIQ .....	35	<i>methscopolamine</i> .....	33
levocarnitine .....	50	LYRICA 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 50 MG, 75 MG .....	7	<i>methyclothiazide</i> .....	29
<i>levocarnitine (with sugar)</i> .....	50	LYRICA 300 MG .....	7	<i>methyl dopa</i> .....	25
<i>levocetirizine</i> .....	49			<i>methyl dopa-hydrochlorothiazide</i> .....	25
<i>levofloxacin</i> .....	6			<i>methyl ergonovine</i> .....	13
<i>levofloxacin</i> .....	46			<i>methylin</i> .....	30
<i>levonorgestrel-ethinyl estrad</i> .....	39			<i>methylin er</i> .....	30
<i>levora-28</i> .....	40			<i>methylphenidate</i> .....	30

<i>methylprednisolone</i> .....	35	<i>naltrexone</i> .....	10	NORINYL 1+35 (28) .....	41
<i>metipranolol</i> .....	45	NAMENDA .....	9	NORITATE .....	6
<i>metoclopramide hcl</i> .....	10	NAMENDA TITRATION PAK .....	9	NOR-QD .....	41
<i>metolazone</i> .....	29	<i>naproxen</i> .....	3	<i>nortrel 0.5/35 (28)</i> .....	41
<i>metoprolol succinate</i> .....	28	<i>naproxen sodium</i> .....	3	<i>nortrel 1/35 (21)</i> .....	41
<i>metoprolol ta-hydrochlorothiaz</i> .....	28	NATACYN .....	12	<i>nortrel 1/35 (28)</i> .....	41
<i>metoprolol tartrate</i> .....	28	<i>nateglinide</i> .....	22	<i>nortrel 7/7/7 (28)</i> .....	41
METROGEL .....	5	NATROBA .....	16	<i>nortriptyline</i> .....	10
<i>metronidazole</i> .....	5	NEBUPENT .....	15	NORVIR .....	19
<i>metronidazole</i> .....	6	<i>necon 0.5/35 (28)</i> .....	41	NOVOLIN 70/30 .....	22
<i>mexiletine</i> .....	26	<i>necon 1/35 (28)</i> .....	41	NOVOLIN N .....	22
Miacalcin .....	44	<i>necon 10/11 (28)</i> .....	41	NOVOLIN R .....	22
MICARDIS .....	25	<i>necon 7/7/7 (28)</i> .....	41	NOVOLOG .....	22
MICARDIS HCT .....	26	<i>nefazodone</i> .....	9	NOVOLOG FLEXPEN .....	22
<i>miconazole-3</i> .....	12	<i>neomycin</i> .....	4	NOVOLOG MIX 70-30 .....	22
<i>microgestin 1.5/30 (21)</i> .....	40	<i>neomycin-bacitracin-poly-hc</i> .....	46	NOVOLOG MIX 70-30 FLEXPEN .....	22
<i>microgestin 1/20 (21)</i> .....	40	<i>neomycin-bacitracin-polymyxin</i> .....	46	NUTROPIN .....	37
<i>microgestin fe 1.5/30 (28)</i> .....	41	<i>neomycin-polymyxin b gu</i> .....	6	NUTROPIN AQ .....	38
<i>microgestin fe 1/20 (28)</i> .....	41	<i>neomycin-polymyxin-dexameth</i> .....	46	NUTROPIN AQ NUSPIN .....	38
<i>midodrine</i> .....	25	<i>neomycin-polymyxin-gramicidin</i> .....	46	<i>nyamyc</i> .....	12
<i>migergot</i> .....	13	<i>neomycin-polymyxin-hc</i> .....	6	<i>nystatin</i> .....	12
MIGRANAL .....	13	<i>neomycin-polymyxin-hc</i> .....	46	<i>nystatin-triamcinolone</i> .....	12
<i>minitrans</i> .....	30	NEUPOGEN .....	23	<i>nystop</i> .....	12
<i>minocycline</i> .....	7	NEVANAC .....	46	<i>ocella</i> .....	39
<i>minoxidil</i> .....	30	<i>next choice</i> .....	41	<i>octreotide acetate 1,000 mcg/ml, 500 mcg/ml</i> .....	42
<i>mirtazapine</i> .....	9	NIASPAN .....	29	<i>octreotide acetate 100 mcg/mL, 200 mcg/mL, 50 mcg/mL</i> .....	42
<i>misoprostol</i> .....	34	EXTENDED-RELEASE .....	29	<i>ofloxacin</i> .....	7
MODICON (28) .....	41	<i>nicardipine</i> .....	28	<i>ogestrel (28)</i> .....	39
<i>moexipril</i> .....	26	<i>nifediac cc</i> .....	28	<i>omeprazole</i> .....	34
<i>moexipril-hydrochlorothiazide</i> .....	26	<i>nifedical xl</i> .....	28	OMNITROPE .....	38
<i>mometasone</i> .....	37	<i>nifedipine</i> .....	28	<i>ondansetron</i> .....	10
<i>mononessa (28)</i> .....	39	NILANDRON .....	42	<i>ondansetron hcl</i> .....	10
<i>montelukast</i> .....	49	<i>nimodipine</i> .....	28	ORAP .....	17
<i>morphine</i> .....	1	<i>nitrofurantoin</i> .....	6	<i>orphenadrine citrate</i> .....	50
<i>morphine</i> .....	2	<i>nitrofurantoin macrocrystal</i> .....	6	<i>orphenadrine compound</i> .....	50
<i>morphine concentrate</i> .....	2	<i>nitrofurantoin monohyd/m-cryst</i> .....	6	<i>orphenadrine compound-ds</i> .....	50
<i>mupirocin</i> .....	6	<i>nitroglycerin</i> .....	30	<i>orsythia</i> .....	39
MYCOBUTIN .....	13	<i>nizatidine</i> .....	33	ORTHO EVRA .....	41
<i>mycophenolate mofetil</i> .....	43	<i>nora-be</i> .....	41	ORTHO MICRONOR .....	41
MYFORTIC .....	43	<i>norethindrone acetate</i> .....	41	ORTHO TRI-CYCLEN (28) .....	39
<i>nabumetone</i> .....	3			ORTHO TRI-CYCLEN LO (28) .....	39
<i>nadolol</i> .....	29				
<i>nadolol-bendroflumethiazide</i> .....	29				

ORTHO-CEPT (28) .....	39	<i>poly-dex</i> .....	46	<i>promethegan</i> .....	11
ORTHO-CYCLLEN (28) .....	41	<i>polyethylene glycol 3350</i> .....	33	<i>propafenone</i> .....	26
ORTHO-NOVUM 7/7/7 (28)		<i>portia</i> .....	41	<i>propantheline</i> .....	33
.....	41	<i>potassium chloride</i> .....	50	<i>proparacaine</i> .....	46
<i>oxaprozin</i> .....	3	<i>potassium citrate</i> .....	50	PROPINE .....	45
OXSORALEN .....	32	PRADAXA .....	23	<i>propranolol</i> .....	29
OXSORALEN ULTRA .....	32	<i>pramipexole</i> .....	16	<i>propranolol-hydrochlorothiazid</i>	
<i>oxybutynin chloride</i> .....	34	PRANDIN .....	22	.....	29
<i>oxycodone</i> .....	2	<i>pravastatin</i> .....	25	<i>propylthiouracil</i> .....	42
<i>oxycodone hcl-oxycodone-asa</i>		<i>prazosin</i> .....	25	PROTOPIC .....	32
.....	2	PRED MILD .....	45	<i>protriptyline</i> .....	10
<i>oxycodone-acetaminophen</i> .....	2	<i>prednicarbate</i> .....	37	PULMICORT .....	48
<i>oxycodone-aspirin</i> .....	2	<i>prednisolone acetate</i> .....	45	PULMICORT FLEXHALER	
<i>oxymorphone</i> .....	2	<i>prednisolone sodium phosphate</i>		.....	48
<i>pacerone 200 mg, 400 mg</i> .....	26	.....	35	PULMOZYME .....	50
PANCREAZE .....	32	<i>prednisolone sodium phosphate</i>		<i>pyrazinamide</i> .....	13
<i>pantoprazole</i> .....	34	.....	45	<i>pyridostigmine bromide</i> .....	13
<i>paroxetine hcl</i> .....	20	<i>prednisone</i> .....	35	<i>quasense</i> .....	41
PATADAY .....	47	PREDNISONONE INTENSOL .....	35	<i>quinapril</i> .....	26
PATANOL .....	47	PREMARIN .....	39	<i>quinapril-hydrochlorothiazide</i>	
PEDIAPRED .....	35	PREMPHASE .....	39	.....	26
PEGASYS CONVENIENCE		PREMPRO .....	39	<i>quinidine gluconate</i> .....	27
PACK .....	43	<i>prevalite</i> .....	27	<i>quinidine sulfate</i> .....	27
PEGINTRON .....	43	<i>previfem</i> .....	39	QVAR .....	48
PEGINTRON REDIPEN .....	43	PREVPAC .....	6	<i>ramipril</i> .....	26
<i>penicillin v potassium</i> .....	6	PREZISTA 150 MG, 400 MG,		<i>ranitidine hcl</i> .....	34
PENTASA .....	44	600 MG, 800 MG .....	19	RAPAMUNE .....	43
<i>pentazocine-acetaminophen</i> .....	2	PREZISTA 75 MG .....	19	REBIF .....	43
<i>pentazocine-naloxone</i> .....	2	PRIMAQUINE .....	15	REBIF TITRATION PACK .....	43
<i>pentoxifylline</i> .....	30	<i>primidone</i> .....	8	<i>reclipsen (28)</i> .....	39
<i>perindopril erbumine</i> .....	26	PROAIR HFA .....	48	Recombivax HB (PF) .....	44
<i>perio gard</i> .....	31	<i>probenecid</i> .....	12	REL PAX .....	13
<i>permethrin</i> .....	16	<i>prochlorperazine</i> .....	11	REMICADE .....	44
<i>perphenazine</i> .....	17	<i>prochlorperazine maleate</i> .....	11	RESCRIPTOR .....	18
<i>perphenazine-amitriptyline</i> .....	10	Procrit 10,000 unit/mL, 2,000		<i>reserpine</i> .....	28
<i>phenadoz</i> .....	11	unit/mL, 3,000 unit/mL, 4,000		RETIN-A MICRO .....	31
<i>phenelzine</i> .....	9	unit/mL .....	24	REVATIO .....	49
PHENYTEK .....	8	PROCRIT 20,000 UNIT/ML,		REVLIMID .....	14
<i>phenytoin</i> .....	8	40,000 UNIT/ML .....	24	REYATAZ 100 MG, 150	
<i>phenytoin sodium extended</i> .....	8	<i>proctocream-hc</i> .....	36	MG .....	19
<i>physiolyte</i> .....	50	<i>procto-pak</i> .....	36	REYATAZ 200 MG, 300	
<i>pilocarpine hcl</i> .....	31	<i>proctosol hc</i> .....	36	MG .....	19
PILOPINE HS .....	45	<i>proctozone-hc</i> .....	36	<i>ribapak dose pack</i> .....	20
<i>pindolol</i> .....	29	<i>progesterone micronized</i> .....	41	<i>ribasphere</i> .....	20
<i>piroxicam</i> .....	3	PROGLYCEM .....	30	<i>ribavirin</i> .....	20
<i>podofilox</i> .....	32	<i>promethazine</i> .....	11	RIDAURA .....	43

<i>rifampin</i> .....	13	STALEVO 75 .....	17	THYROLAR-1 .....	42
RILUTEK .....	30	<i>stavudine</i> .....	18	THYROLAR-1/4 .....	42
<i>rimantadine</i> .....	19	STIMATE .....	38	THYROLAR-2 .....	42
<i>ringers</i> .....	51	STROMEKTOL .....	15	THYROLAR-3 .....	42
<i>risperidone</i> .....	17	SUBOXONE .....	2	<i>ticlopidine</i> .....	23
<i>romycin</i> .....	46	<i>sucralfate</i> .....	34	<i>timolol maleate</i> .....	29
<i>ropinirole</i> .....	16	<i>sulfacetamide sodium</i> .....	46	<i>timolol maleate</i> .....	45
<i>roxicet</i> .....	2	<i>sulfacetamide sodium (acne)</i> .....	7	<i>tinidazole</i> .....	15
SAFETY NEEDLES .....	22	<i>sulfacetamide-prednisolone</i> .....	7	<i>tizanidine</i> .....	18
<i>selegiline hcl</i> .....	17	<i>sulfadiazine</i> .....	7	TOBI .....	4
<i>selenium sulfide</i> .....	32	<i>sulfamethoxazole-trimethoprim</i> .....	7	TOBRADEX .....	46
<i>selfemra</i> .....	20	<i>sulfasalazine</i> .....	44	<i>tobramycin</i> .....	4
SELZENTRY .....	19	<i>sulfazine ec</i> .....	44	<i>tobramycin</i> .....	46
SENSIPAR .....	42	<i>sulindac</i> .....	3	<i>tobramycin-dexamethasone</i> .....	46
SEREVENT DISKUS .....	48	<i>sumatriptan</i> .....	13	<i>tobrasol</i> .....	46
SEROMYCIN .....	13	<i>sumatriptan succinate</i> .....	13	<i>tolazamide</i> .....	23
SEROQUEL XR .....	17	<i>sumatriptan succinate 4 mg/0.5</i> <i>ml</i> .....	13	<i>tolbutamide</i> .....	23
<i>sertraline</i> .....	20	<i>sumatriptan succinate 6 mg/0.5</i> <i>ml</i> .....	13	<i>tolmetin</i> .....	3
<i>sildenafil</i> .....	49	SUSTIVA .....	18	<i>topiramate</i> .....	8
<i>silver sulfadiazine</i> .....	6	SUTENT 12.5 MG, 25 MG .....	14	<i>torseamide</i> .....	29
<i>simvastatin</i> .....	25	SUTENT 50 MG .....	14	TOVIAZ .....	34
SINGULAIR .....	49	SYMBICORT .....	48	TRACLEER .....	49
<i>sodium chloride</i> .....	51	SYNTHROID .....	42	<i>tramadol</i> .....	1
<i>sodium fluoride</i> .....	51	SYPRINE .....	10	<i>tramadol</i> .....	2
<i>sodium polystyrene (sorb free)</i> .....	10	TABLOID .....	15	<i>tramadol-acetaminophen</i> .....	2
<i>solia</i> .....	39	<i>tacrolimus</i> .....	43	<i>trandolapril</i> .....	26
<i>sorine</i> .....	29	TAMIFLU .....	19	<i>tranlycypromine</i> .....	9
<i>sotalol</i> .....	26	<i>tamoxifen</i> .....	15	TRAVATAN Z .....	47
<i>sotret</i> .....	31	<i>tamsulosin</i> .....	34	<i>trazodone</i> .....	9
SPIRIVA WITH HANDIHALER .....	48	TARCEVA .....	14	<i>tretinoin</i> .....	31
<i>spironolactone</i> .....	29	TAZORAC .....	31	<i>tretinoin (chemotherapy)</i> .....	15
<i>spironolacton-hydrochlorothiaz</i> .....	29	<i>taztia xt</i> .....	27	<i>triamcinolone acetonide</i> .....	31
SPORANOX .....	12	<i>terazosin</i> .....	25	<i>triamcinolone acetonide</i> .....	35
<i>sprintec (28)</i> .....	39	<i>terbinafine</i> .....	11	<i>triamcinolone acetonide</i> .....	37
SPRYCEL .....	14	<i>terbutaline</i> .....	48	<i>triamterene-hydrochlorothiazid</i> .....	29
<i>sronyx</i> .....	41	<i>terconazole</i> .....	12	<i>triderm</i> .....	35
<i>ssd</i> .....	6	TESTRED .....	38	<i>trifluoperazine</i> .....	17
<i>stagesic</i> .....	2	<i>tetracycline</i> .....	7	<i>trifluridine</i> .....	46
STALEVO 100 .....	16	THALOMID .....	14	<i>trihexyphenidyl</i> .....	16
STALEVO 125 .....	16	<i>theochron</i> .....	48	<i>tri-legest fe</i> .....	41
STALEVO 150 .....	16	<i>theophylline</i> .....	48	<i>trilyte with flavor packets</i> .....	33
STALEVO 200 .....	17	<i>thioridazine</i> .....	17	<i>trimethobenzamide</i> .....	11
STALEVO 50 .....	17	<i>thiothixene</i> .....	17	<i>trimethoprim</i> .....	4
				<i>trimethoprim-polymyxin b</i> .....	47

<i>trimipramine</i> .....	10	<i>zonisamide</i> .....	7
<i>trinessa</i> (28) .....	39	<i>zovia 1/35e</i> (28) .....	40
TRI-NORINYL (28) .....	41	<i>zovia 1/50e</i> (28) .....	40
<i>tri-previfem</i> (28) .....	39	Zyprexa .....	17
<i>tri-sprintec</i> (28) .....	39	ZYVOX .....	6
<i>trivora</i> (28) .....	41		
TRIZIVIR .....	18		
<i>tropicamide</i> .....	47		
TRUVADA .....	18		
ULESFIA .....	16		
ULORIC .....	12		
<i>unithroid</i> .....	42		
<i>ursodiol</i> .....	33		
VAGIFEM .....	39		
VALCYTE .....	20		
<i>valproic acid</i> .....	8		
<i>valproic acid (as sodium salt)</i> .....	8		
<i>vancomycin</i> .....	5		
<i>velivet</i> .....	39		
<i>venlafaxine</i> .....	9		
VENTOLIN HFA .....	48		
<i>verapamil</i> .....	26		
<i>verapamil</i> .....	27		
<i>verapamil 120 mg, 180 mg</i> .....	27		
<i>vestura</i> .....	39		
VFEND .....	12		
VIDEX 2 GRAM PEDIATRIC .....	18		
VIGAMOX .....	47		
VIRACEPT .....	19		
VIRAMUNE .....	18		
VIREAD .....	18		
VIREAD .....	19		
VIVELLE-DOT .....	39		
VYVANSE .....	30		
<i>warfarin</i> .....	23		
<i>water for irrigation, sterile</i> .....	32		
XARELTO .....	23		
<i>zaleplon</i> .....	50		
<i>zazole</i> .....	12		
ZENPEP .....	32		
<i>zerlor</i> .....	2		
ZIAGEN .....	19		
<i>zidovudine</i> .....	19		
<i>zolpidem</i> .....	50		