

2008

FamilyCare

Health Plans



Formulary

PremierCare Advantage Rx

PremierCare Choice Rx

PremierCare Plus

FamilyCare Health Plans

2008 Formulary

(List of Covered Drugs)

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

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

This document includes FamilyCare Health Plans partial formulary as of January 1, 2008. For a complete, updated formulary, please visit our Web site at www.familycareinc.org or call 866-798-2273, Monday through Friday, 8:00 am to 8:00 pm. TTY/TDD users should call 800-735-2900.

What is the FamilyCare Health Plans Formulary?

A formulary is a list of covered drugs selected by FamilyCare Health Plans in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. FamilyCare Health Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, and the prescription is filled at a FamilyCare Health Plans 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 covered by FamilyCare Health Plans. For a complete listing of all prescription drugs covered by FamilyCare Health Plans, please visit our Web site at www.familycareinc.org or call 866-798-2273, Monday through Friday, 8:00 am to 8:00 pm. TTY/TDD users should call 800-735-2900.

Can the Formulary change?

Generally, if you are taking a drug on our 2008 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2008 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 choose our plan, except for cases in which you can save additional money or improve the safety of your drugs.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2008. To get updated information about the drugs covered by FamilyCare Health Plans, please visit our Web site at www.familycareinc.org or call Customer Service at 866-798-2273, Monday through Friday, 8:00 am to 8:00 pm. TTY/TDD users should call 800-735-2900.

How do I use the Formulary?

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

Medical Condition

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 Drugs. If you know what your drug is used for, look for the category name. 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. 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?

FamilyCare Health Plans covers both brand-name drugs and generic drugs. A generic drug has the same active-ingredient as the brand name drug. Generic drugs usually cost less than brand name drugs and are approved by the Food and Drug Administration (FDA).

Are there any restrictions on my coverage?

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

- **Prior Authorization (PA):** *FamilyCare Health Plans requires you [or your provider] to get prior authorization for certain drugs. This means that you will need to get approval from FamilyCare Health Plans before you fill your prescriptions. If you don't get approval, FamilyCare Health Plans may not cover the drug.*
- **Quantity Limits (QL):** *For certain drugs, FamilyCare Health Plans limits the amount of the drug that FamilyCare Health Plans will cover. For example, FamilyCare Health Plans provides 6 tablets per month per prescription for ZOMIG. This may be in addition to a standard one month or three month supply.*

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

You can find out if your drug has any additional requirements or limits by looking in the formulary.

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

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and ask if your drug is covered. This document includes only a partial list of covered drugs, so FamilyCare Health Plans may cover your drug. You can contact Customer Service at 866-798-2273, Monday through Friday, 8:00 am to 8:00 pm. TTY/TDD users should call 800-735-2900.

If you learn that FamilyCare Health Plans does not cover your drug, you have two options:

- *You can ask Customer Service for a list of similar (alternative) drugs that are covered by FamilyCare Health Plans. When you receive the list, show it to your doctor and ask him or her to prescribe a similar (alternative) drug that is covered by FamilyCare Health Plans.*
- *You can ask FamilyCare Health Plans to make an exception and cover your drug. See below for information about how to request an exception.*

NOTE: Due to a change in Medicare, most Medicare Drug Plans no longer cover erectile dysfunction (ED) drugs like Viagra, Cilais, Levitra, and Caverject. For more information, you can contact Customer Service at 866-798-2273, Monday through Friday, 8:00 am to 8:00 pm. TTY/TDD users should call 800-735-2900.

How do I request an exception to the FamilyCare Health Plans Formulary?

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

- *You can ask us to cover your drug even if it is not on our formulary.*
- *You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, FamilyCare Health Plans limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.*
- *You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our [non-preferred/highest tier subject to the tiering exceptions process] tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the [preferred/lowest tier subject to the tiering exceptions process] tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.*

Generally, FamilyCare Health Plans will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered drug, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your provider supporting your request. Generally, we must make our decision within 72 hours of getting your prescribing provider'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 provider's supporting statement.

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

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

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

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

For more information

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

If you have questions about FamilyCare Health Plans, please call Service at 866-798-2273, Monday through Friday, 8:00 am to 8:00 pm. TTY/TDD users should call 800-735-2900.) Or visit www.familycareinc.org.

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

FamilyCare Health Plans Formulary

The formulary below provides coverage information about some of the drugs covered by FamilyCare Health Plans. If you have trouble finding your drug in the list, turn to the Index. Remember: This is only a partial list of drugs covered by FamilyCare Health Plans. If your prescription is not in this partial formulary, please visit our Web site at www.familycareinc.org or call Customer Service at 866-798-2273, Monday through Friday, 8:00 am to 8:00 pm. TTY/TDD users should call 800-735-2900 for additional help.

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

The information in the Requirements/Limits column tells you if FamilyCare Health Plans has any special requirements for coverage of your drug.

Drug Name	Drug Tier	Notes
<u>Antihistamine Drugs</u>		
First Generation Antihistamines		
Ethanolamine Derivatives		
<i>carbihist</i>	1	
<i>carbinoxamin</i>	1	
CARBINOXAMIN TAB (<i>Carbinoxamine Maleate</i>)	2	
<i>carbinoxamine maleate</i>	1	
<i>diphenhydramine hcl</i>	1	
<i>mintex pd</i>	1	
PALGIC(<i>Carbinoxamine Maleate</i>)	2	
Phenothiazine Derivatives		
<i>phenadoz</i>	1	
<i>promethegan</i>	1	
<i>promethazine hcl</i>	1	
Second Generation Antihistamines		
<i>alavert</i>	0	
<i>alavert allergy/sinus</i>	0	
ALLEGRA-D(<i>Fexofenadine-Pseudoephedrine</i>)	2	(STC)
CLARITIN(<i>Loratadine</i>)	0	
<i>clear-atadin</i>	0	
<i>clear-atadine d</i>	0	
<i>dimetapp nd</i>	0	
<i>fexofenadine hcl</i>	1	(STC)
<i>loratadine</i>	0	
<i>loratadine & pseudoephedrine</i>	0	
SEMPREX-D(<i>Acrivastine & Pseudoephedrine</i>)	2	
<i>tavist nd</i>	0	
<i>triaminic</i>	0	
<i>wal-itin</i>	0	
<i>wal-itin aller-melts</i>	0	
<i>wal-itin d</i>	0	
<i>wal-vert</i>	0	
ZYRTEC(<i>Cetirizine HCl</i>)	2	(STC)
ZYRTEC-D(<i>Cetirizine-Pseudoephedrine</i>)	2	(STC)
<u>Anti-Infective Agents</u>		
Anthelmintics		
BILTRICIDE(<i>Praziquantel</i>)	2	
MINTEZOL(<i>Thiabendazole</i>)	2	
<i>mebendazole</i>	1	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate</i>	1	
<i>neomycin sulfate</i>	1	

Drug Name	Drug Tier	Notes
Cephalosporins		
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium</i>	1	
<i>cefdinir</i>	1	(QL)
<i>cefepime hcl</i>	1	
<i>cefotaxime sodium</i>	1	
<i>cefprozil</i>	1	(QL)
<i>ceftriaxone sodium</i>	1	(QL)
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
<i>cephalexin</i>	1	
<i>zinacef</i>	1	
Miscellaneous B-Lactam Antibiotics		
<i>cefoxitin sodium</i>	1	
INVANZ(<i>Ertapenem Sodium</i>)	2	
MERREM(<i>Meropenem</i>)	2	(PA)
PRIMAXIN IV(<i>Imipenem-Cilastatin</i>)	2	
Macrolides		
<i>azithromycin</i>	1	
<i>clarithromycin</i>	1	(QL)
<i>e.e.s.</i>	1	
<i>e.s.p.</i>	1	
<i>ery-tab</i>	1	
<i>erythrocin</i>	1	
ERYTHROMYCIN(<i>Erythromycin Base</i>)	2	
ERYTHROMYCIN TAB BS (<i>Erythromycin Base</i>)	2	
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
<i>erythromycin stearate</i>	1	
<i>erythromycin-sulfisoxazole</i>	1	
KETEK(<i>Telithromycin</i>)	2	(PA)
<i>zithromax</i>	1	
ZMAX(<i>Azithromycin</i>)	2	(QL)
Penicillins		
<i>amoxil</i>	1	
<i>amoxicillin</i>	1	
<i>amoxicillin & pot clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin & sulbactam sodium</i>	1	(PA)
<i>ampicillin sodium</i>	1	(PA)
<i>dicloxacillin sodium</i>	1	
GEOCILLIN(<i>Carbenicillin Indanyl Sodium</i>)	2	
<i>nafcillin sodium</i>	1	(PA)
<i>oxacillin sodium</i>	1	(PA)
<i>pfizerpen g</i>	1	

Drug Name	Drug Tier	Notes
<i>penicillin g potassium</i>	1	
<i>penicillin v potassium</i>	1	
TIMENTIN(<i>Ticarcillin & Pot Clavulanate</i>)	2	
<i>trimox</i>	1	
UNASYN(<i>Ampicillin & Sulbactam Sodium</i>)	2	(PA)
<i>veetids</i>	1	
ZOSYN(<i>Piperacillin Sodium-Tazobactam Sodium</i>)	2	
Quinolones		
AVELOX(<i>Moxifloxacin HCl</i>)	2	(STC)
<i>ciprofloxacin hcl</i>	1	
LEVAQUIN(<i>Levofloxacin</i>)	2	(STC)
Sulfonamides		
SULFADIAZINE(<i>Sulfadiazine</i>)	2	
<i>sulfazine</i>	1	
<i>sulfazine ec</i>	1	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfasalazine</i>	1	
Tetracyclines		
<i>doxycycline hyclate</i>	1	
TYGACIL(<i>Tigecycline</i>)	2	
<i>tetracycline hcl</i>	1	
Antibacterials, Miscellaneous		
CLEOCIN(<i>Clindamycin Phosphate in D5W</i>)	2	
COLISTIMETH(<i>Colistimethate Sodium</i>)	2	
CUBICIN(<i>Daptomycin</i>)	2	
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate</i>	1	
<i>vancomycin hcl</i>	1	(PA)
ZYVOX(<i>Linezolid</i>)	2	(PA)
Antifungals		
Allylamines		
LAMISIL(<i>Terbinafine HCl</i>)	2	(PA)
<i>terbinafine hcl</i>	1	(PA)
Azoles		
<i>fluconazole</i>	1	
<i>itraconazole</i>	1	(PA)
<i>ketoconazole</i>	1	
SPORANOX(<i>Itraconazole</i>)	2	(PA)
SPORANOX PULSEPAK(<i>Itraconazole</i>)	2	(PA)
VFEND(<i>Voriconazole</i>)	2	(PA)
VFEND IV(<i>Voriconazole</i>)	2	(PA)

Drug Name	Drug Tier	Notes
Polyenes		
ABELCET(<i>Amphotericin B Lipid</i>)	2	
AMBISOME(<i>Amphotericin B Liposome</i>)	2	
AMPHOTEC(<i>Amphotericin B Cholesteryl Sulfate Complex</i>)	2	
<i>amphotericin b</i>	1	
<i>nystatin</i>	1	
<i>nystatin (mouth-throat)</i>	1	
Pyrimidines		
ANCOBON(<i>Flucytosine</i>)	2	
Antimycobacterials		
Antituberculosis Agents		
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1	
MYCOBUTIN(<i>Rifabutin</i>)	2	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
Antimycobacterials, Miscellaneous		
<i>dapsone</i>	1	
Antivirals		
Adamantanes		
<i>amantadine hcl</i>	1	
FLUMADINE(<i>Rimantadine Hydrochloride</i>)	2	(QL)
<i>rimantadine hydrochloride</i>	1	
Antiretrovirals		
AGENERASE(<i>Amprenavir</i>)	2	
APTIVUS(<i>Tipranavir</i>)	2	
ATRIPLA(<i>Efavirenz-Emtricitabine-Tenofovir Disoproxil Fumarate</i>)	2	
COMBIVIR(<i>Lamivudine-Zidovudine</i>)	2	
CRIXIVAN(<i>Indinavir Sulfate</i>)	2	
<i>didanosine</i>	1	
EMTRIVA(<i>Emtricitabine</i>)	2	
EPIVIR(<i>Lamivudine</i>)	2	
EPIVIR HBV(<i>Lamivudine</i>)	2	
EPZICOM(<i>Abacavir Sulfate-Lamivudine</i>)	2	
FUZEON(<i>Enfuvirtide</i>)	2	
INVIRASE(<i>Saquinavir Mesylate</i>)	2	
KALETRA(<i>Lopinavir-Ritonavir</i>)	2	
LEXIVA(<i>Fosamprenavir Calcium</i>)	2	
NORVIR(<i>Ritonavir</i>)	2	
PREZISTA(<i>Darunavir</i>)	2	
RESCRIPTOR(<i>Delavirdine Mesylate</i>)	2	
RETROVIR(<i>Zidovudine</i>)	2	
REYATAZ(<i>Atazanavir Sulfate</i>)	2	

Drug Name	Drug Tier	Notes
SELZENTRY(<i>Maraviroc</i>)	2	
SUSTIVA(<i>Efavirenz</i>)	2	
TRIZIVIR(<i>Abacavir Sulfate-Lamivudine-Zidovudine</i>)	2	
TRUVADA(<i>Emtricitabine-Tenofovir Disoproxil Fumarate</i>)	2	
VIDEX(<i>Didanosine</i>)	2	
VIDEX EC(<i>Didanosine</i>)	2	
VIRACEPT(<i>Nelfinavir Mesylate</i>)	2	
VIRAMUNE(<i>Nevirapine</i>)	2	
VIREAD(<i>Tenofovir Disoproxil Fumarate</i>)	2	
ZERIT(<i>Stavudine</i>)	2	
ZIAGEN(<i>Abacavir Sulfate</i>)	2	
<i>zidovudine</i>	1	
Interferons		
PEG-INTRON(<i>Peginterferon alfa-2b</i>)	3	
PEGASYS(<i>Peginterferon alfa-2a</i>)	3	
Neuraminidase Inhibitors		
RELENZA DISKHALER(<i>Zanamivir</i>)	2	
TAMIFLU(<i>Oseltamivir Phosphate</i>)	2	
Nucleosides And Nucleotides		
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	
BARACLUDE(<i>Entecavir</i>)	2	(PA)
CYTOVENE(<i>Ganciclovir Sodium</i>)	2	(PA)
HEPSERA(<i>Adefovir Dipivoxil</i>)	2	
RIBASPHERE(<i>Ribavirin (Hepatitis C)</i>)	2	(PA)
RIBAVIRIN(<i>Ribavirin (Hepatitis C)</i>)	2	(PA)
TYZEKA(<i>Telbivudine</i>)	2	
VALCYTE(<i>Valganciclovir HCl</i>)	2	(PA)
VALTREX(<i>Valacyclovir HCl</i>)	2	(STC)
VISTIDE(<i>Cidofovir</i>)	3	
Antivirals, Miscellaneous		
FOSCAVIR(<i>Foscarnet Sodium</i>)	2	(PA)
<i>foscarnet sodium</i>	1	(PA)
Antiprotozoals		
Amebicides		
<i>paromomycin sulfate</i>	1	
Antimalarials		
<i>chloroquine phosphate</i>	1	
DARAPRIM(<i>Pyrimethamine</i>)	2	
FANSIDAR(<i>Sulfadoxine & Pyrimethamine</i>)	2	
<i>hydroxychloroquine sulfate</i>	1	
<i>mefloquine hcl</i>	1	
PRIMAQUINE(<i>Primaquine Phosphate</i>)	2	
<i>primaquine phosphate</i>	1	

Drug Name	Drug Tier	Notes
Antiprotozoals, Miscellaneous		
MEPRON(<i>Atovaquone</i>)	2	
<i>metronidazole</i>	1	
NEUTREXIN(<i>Trimetrexate Glucuronate</i>)	2	
Urinary Anti-Infectives		
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<i>trimethoprim</i>	1	
<u>Antineoplastic Agents</u>		
<i>adriamyc</i>	1	(PA)
<i>adriamycin</i>	1	(PA)
<i>adrucil</i>	1	
ARIMIDEX(<i>Anastrozole</i>)	2	
AROMASIN(<i>Exemestane</i>)	2	
AVASTIN(<i>Bevacizumab</i>)	3	
BLENOXANE(<i>Bleomycin Sulfate</i>)	2	(PA)
<i>bleomycin sulfate</i>	1	(PA)
CAMPATH(<i>Alemtuzumab</i>)	2	
CAMPTOSAR(<i>Irinotecan HCl</i>)	3	
CASODEX(<i>Bicalutamide</i>)	2	
CEENU(<i>Lomustine</i>)	2	
CYCLOPHOSPH(<i>Cyclophosphamide</i>)	2	(PA)
CYTARABINE(<i>Cytarabine</i>)	2	
<i>carboplatin</i>	1	
<i>carboplatin</i>	3	
<i>cyclophosphamide</i>	1	(PA)
<i>cytarabine</i>	1	
DAUNOXOME(<i>Daunorubicin Citrate Liposome</i>)	2	
DOXIL(<i>Doxorubicin HCl Liposomal</i>)	2	(PA)
<i>doxorubicin hcl</i>	1	(PA)
ELIGARD(<i>Leuprolide Acetate (4 Month)</i>)	2	(PA)
ELOXATIN(<i>Oxaliplatin</i>)	3	
EMCYT(<i>Estramustine Phosphate Sodium</i>)	2	
<i>epirubicin hcl</i>	3	
FARESTON(<i>Toremifene Citrate</i>)	2	
FASLODEX(<i>Fulvestrant</i>)	3	
FEMARA(<i>Letrozole</i>)	2	
<i>floxuridine</i>	1	(PA)
<i>fludarabine phosphate</i>	3	
<i>fluorouracil</i>	1	
<i>flutamide</i>	1	
GEMZAR(<i>Gemcitabine HCl</i>)	3	
GLEEVEC(<i>Imatinib Mesylate</i>)	2	(PA)
HEXALEN(<i>Altretamine</i>)	2	
<i>hydroxyurea</i>	1	
INTRON-A(<i>Interferon Alfa-2B</i>)	3	
IRESSA(<i>Gefitinib</i>)	2	

Drug Name	Drug Tier	Notes
LEUKERAN(<i>Chlorambucil</i>)	2	
LUPRON DEPOT INJ(<i>Leuprolide Acetate (4 Month)</i>)	3	
LYSODREN(<i>Mitotane</i>)	2	
MATULANE(<i>Procarbazine HCl</i>)	2	
MYLOTARG(<i>Gemtuzumab Ozogamicin</i>)	3	
<i>megestrol acetate</i>	1	(PA)
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	
<i>mitoxantrone hcl</i>	1	
NEXAVAR(<i>Sorafenib Tosylate</i>)	3	
NILANDRON(<i>Nilutamide</i>)	2	
ONTAK(<i>Denileukin Diftitox</i>)	3	
PROLEUKIN(<i>Aldesleukin</i>)	3	
RITUXAN(<i>Rituximab</i>)	2	
ROFERON-A KIT (<i>Interferon Alfa-2A</i>)	2	
ROFERON-A(<i>Interferon Alfa-2A</i>)	3	
SOLTAMOX(<i>Tamoxifen Citrate</i>)	2	
SPRYCEL(<i>Dasatinib</i>)	2	
SUTENT(<i>Sunitinib Malate</i>)	2	
TABLOID(<i>Thioguanine</i>)	2	
TARCEVA(<i>Erlotinib</i>)	2	
TARGRETIN(<i>Bexarotene</i>)	3	
TESLAC(<i>Testolactone</i>)	2	
TREXALL(<i>Methotrexate Sodium</i>)	2	
TRISENOX(<i>Arsenic Trioxide</i>)	3	
TYKERB(<i>Lapatinib Ditosylate</i>)	2	
<i>tamoxifen citrate</i>	1	
<i>tretinoin (chemotherapy)</i>	1	
VELCADE(<i>Bortezomib</i>)	3	
VIDAZA(<i>Azacitidine</i>)	2	
<i>vinblastine sulfate</i>	1	(PA)
ZOLADEX(<i>Goserelin Acetate</i>)	2	(PA)
ZOLINZA(<i>Vorinostat</i>)	2	

Autonomic Drugs

Parasympathomimetic (Cholinergic) Agents

ARICEPT(<i>Donepezil Hydrochloride</i>)	2	(PA)
ARICEPT ODT(<i>Donepezil Hydrochloride</i>)	2	(PA)
<i>bethanechol chloride</i>	1	
EXELON(<i>Rivastigmine Tartrate</i>)	2	(PA)
MESTINON(<i>Pyridostigmine Bromide</i>)	2	
MESTINON TIMESPAN(<i>Pyridostigmine Bromide</i>)	2	
<i>pyridostigmine bromide</i>	1	
RAZADYNE(<i>Galantamine Hydrobromide</i>)	2	(PA)
RAZADYNE ER(<i>Galantamine Hydrobromide</i>)	2	(PA)
<i>regonol</i>	1	

Anticholinergic Agents

Drug Name	Drug Tier	Notes
Antiparkinsonian Agents		
<i>benztropine mesylate</i>	1	
<i>trihexyphenidyl hcl</i>	1	
Antimuscarinics/Antispasmodics		
ATROVENT HFA(<i>Ipratropium Bromide HFA</i>)	2	(QL)
<i>dicyclomine hcl</i>	1	
<i>glycopyrrolate</i>	1	
SPIRIVA HANDIHALER(<i>Tiotropium Bromide Monohydrate</i>)	2	(QL)
Sympathomimetic (Adrenergic) Agents		
Beta-Adrenergic Agonists		
ADVAIR DISKUS(<i>Fluticasone-Salmeterol</i>)	2	(QL)
ADVAIR HFA(<i>Fluticasone-Salmeterol</i>)	2	(QL)
ALUPENT INH(<i>Metaproterenol Sulfate</i>)	2	(QL)
<i>albuterol</i>	1	(QL)
<i>albuterol sulfate</i>	1	
COMBIVENT(<i>Albuterol-Ipratropium</i>)	2	(QL)
FORADIL AEROLIZER(<i>Formoterol Fumarate</i>)	2	(QL)
ISUPREL(<i>Isoproterenol HCl</i>)	2	
MAXAIR AUTOH AER(<i>Pirbuterol Acetate</i>)	2	(QL)
<i>metaproterenol sulfate</i>	1	(QL)
<i>proair hfa</i>	1	(QL)
<i>proventil hfa</i>	1	(QL)
SEREVENT DISKUS(<i>Salmeterol Xinafoate</i>)	2	(QL)
<i>terbutaline sulfate</i>	1	
<i>ventolin hfa</i>	1	(QL)
Alpha- And Beta-Adrenergic Agonists		
<i>epinephrine hcl</i>	1	
Sympatholytic (Adrenergic Block) Agents		
<i>ergoloid mesylates</i>	1	
Skeletal Muscle Relaxants		
Centrally Acting Skeletal Muscle Relaxants		
<i>carisoprodol</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>methocarbamol</i>	1	
<i>tizanidine hcl</i>	1	
Direct Acting Skeletal Muscle Relaxants		
<i>dantrolene sodium</i>	1	
Gaba Derivative Skeletal Muscle Relaxants		
<i>baclofen</i>	1	

Drug Name	Drug Tier	Notes
Autonomic Drugs, Miscellaneous		
CHANTIX(<i>Varenicline Tartrate</i>)	2	(PA)
NICOTROL INHALER(<i>Nicotine</i>)	2	
NICOTROL NS(<i>Nicotine</i>)	2	
<u>Blood Formation, Coagulation & Thrombosis</u>		
Antithrombotic Agents		
Anticoagulants		
ARIXTRA(<i>Fondaparinux Sodium</i>)	3	
FRAGMIN(<i>Dalteparin Sodium</i>)	2	(PA)
<i>heparin sodium (porcine)</i>	1	
INNOHEP(<i>Tinzaparin Sodium</i>)	2	(PA)
<i>jantoven</i>	1	
LOVENOX(<i>Enoxaparin Sodium</i>)	2	(QL)
<i>warfarin sodium</i>	1	
Platelet-Aggregation Inhibitors		
AGGRENEX(<i>Aspirin-Dipyridamole</i>)	2	(QL)
ANAGRELIDE(<i>Anagrelide HCl</i>)	2	(PA)
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate</i>	1	
PLAVIX(<i>Clopidogrel Bisulfate</i>)	2	
Hematopoietic Agents		
ARANESP(<i>Darbepoetin Alfa-Albumin (Human)</i>)	2	
EPOGEN(<i>Epoetin Alfa</i>)	2	
LEUKINE(<i>Sargramostim</i>)	2	
NEULASTA(<i>Pegfilgrastim</i>)	2	
NEUMEGA(<i>Oprelvekin</i>)	3	
NEUPOGEN(<i>Filgrastim</i>)	2	
PROCRIT(<i>Epoetin Alfa</i>)	2	
Hemorrhologic Agents		
<i>pentoxil</i>	1	
<i>pentoxifylline</i>	1	
Antihemorrhagic Agents		
Hemostatics		
CYKLOKAPRON(<i>Tranexamic Acid</i>)	2	
<u>Cardiovascular Drugs</u>		
Cardiac Drugs		
Antiarrhythmic Agents		
<i>amiodarone hcl</i>	1	(QL)
<i>disopyramide phosphate</i>	1	

Drug Name	Drug Tier	Notes
<i>flecainide acetate</i>	1	
<i>mexiletine hcl</i>	1	
<i>pacerone</i>	1	(QL)
<i>procainamide hcl</i>	1	
<i>propafenone hcl</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
TIKOSYN(<i>Dofetilide</i>)	2	
Cardiotonic Agents		
DIGOXIN SOL (<i>Digoxin</i>)	2	
<i>digoxin</i>	1	
Cardiac Drugs, Miscellaneous		
RANEXA(<i>Ranolazine</i>)	2	(PA)
Antilipemic Agents		
Bile Acid Sequestrants		
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colestipol hcl</i>	1	
<i>prevalite</i>	1	
Cholesterol Absorption Inhibitors		
ZETIA(<i>Ezetimibe</i>)	2	
Fibric Acid Derivatives		
<i>fenofibrate</i>	1	
<i>gemfibrozil</i>	1	
TRICOR(<i>Fenofibrate</i>)	2	
TRIGLIDE(<i>Fenofibrate</i>)	2	
Hmg-Coa Reductase Inhibitors		
LIPITOR(<i>Atorvastatin Calcium</i>)	2	
<i>lovastatin</i>	1	
PRAVACHOL(<i>Pravastatin Sodium</i>)	2	
<i>pravastatin sodium</i>	1	
<i>simvastatin</i>	1	
VYTORIN(<i>Ezetimibe-Simvastatin</i>)	2	
Antilipemic Agents, Miscellaneous		
LOVAZA(<i>Omega-3-acid Ethyl Esters</i>)	2	(PA)
OMACOR(<i>Omega-3-acid Ethyl Esters</i>)	2	(PA)
Hypotensive Agents		
Central Alpha-Agonists		
CATAPRES-TTS 2(<i>Clonidine HCl</i>)	2	
CATAPRES-TTS-1(<i>Clonidine HCl</i>)	2	

Drug Name	Drug Tier	Notes
CATAPRES-TTS-2(<i>Clonidine HCl</i>)	2	
CATAPRES-TTS-3(<i>Clonidine HCl</i>)	2	
<i>clonidine hcl</i>	1	
<i>guanfacine hcl</i>	1	
<i>methyldopa</i>	1	
Direct Vasodilators		
<i>hydralazine hcl</i>	1	
<i>minoxidil</i>	1	
<i>proglycem</i>	1	
Diuretics		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	1	
Vasodilating Agents		
Nitrates And Nitrites		
<i>isochron</i>	1	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>minitran</i>	1	
<i>nitrek</i>	1	
NITROLINGUAL PUMPSPRAY(<i>Nitroglycerin</i>)	2	
<i>nitroquick</i>	1	
<i>nitroglycerin</i>	1	
Phosphodiesterase Inhibitors		
REVATIO(<i>Sildenafil Citrate (Pulmonary Hypertension)</i>)	2	
Vasodilating Agents, Miscellaneous		
<i>dipyridamole</i>	1	
TRACLEER(<i>Bosentan</i>)	3	
Alpha-Adrenergic Blocking Agents		
<i>doxazosin mesylate</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
Beta-Adrenergic Blocking Agents		
<i>atenolol</i>	1	
<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
LEVATOL(<i>Penbutolol Sulfate</i>)	2	
<i>labetalol hcl</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate</i>	1	
<i>nadolol</i>	1	

Drug Name	Drug Tier	Notes
<i>pindolol</i>	1	
<i>propranolol hcl</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>timolol maleate</i>	1	
Calcium-Channel Blocking Agents		
Dihydropyridines		
<i>afedi</i>	1	
<i>amlodipine besylate</i>	1	
<i>amlodipine besylate-benazepril hcl</i>	1	
DYNACIRC CR(<i>Isradipine</i>)	2	
<i>felodipine</i>	1	
ISRADIPINE(<i>Isradipine</i>)	2	
<i>nifediac cc</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine</i>	1	
Calcium-Channel Blocking Agents, Misc		
<i>cartia xt</i>	1	
<i>diltia xt</i>	1	
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl coated beads</i>	1	
<i>diltiazem hcl extended release beads</i>	1	
<i>taztia xt</i>	1	
<i>verelan pm</i>	1	
<i>verapamil hcl</i>	1	
Renin-Angiotensin-Aldosterone Sys Inhib		
Angiotensin-Converting Enzyme Inhibitors		
ALTACE(<i>Ramipril</i>)	2	
<i>benazepril & hydrochlorothiazide</i>	1	
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>captopril & hydrochlorothiazide</i>	1	
<i>enalapril maleate</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>moexipril hcl</i>	1	
<i>quinapril hcl</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
Angiotensin Ii Receptor Antagonists		
ATACAND(<i>Candesartan Cilexetil</i>)	2	(STC)
ATACAND HCT(<i>Candesartan Cilexetil-Hydrochlorothiazide</i>)	2	(STC)

Drug Name	Drug Tier	Notes
AVALIDE(<i>Irbesartan-Hydrochlorothiazide</i>)	2	(STC)
AVAPRO(<i>Irbesartan</i>)	2	(STC)
BENICAR(<i>Olmesartan Medoxomil</i>)	2	(STC)
BENICAR HCT(<i>Olmesartan Medoxomil-Hydrochlorothiazide</i>)	2	(STC)
COZAAR(<i>Losartan Potassium</i>)	2	(STC)
DIOVAN(<i>Valsartan</i>)	2	(STC)
DIOVAN HCT(<i>Valsartan-Hydrochlorothiazide</i>)	2	(STC)
HYZAAR(<i>Losartan Potassium & Hydrochlorothiazide</i>)	2	(STC)
MICARDIS(<i>Telmisartan</i>)	2	(STC)
MICARDIS HCT(<i>Telmisartan-Hydrochlorothiazide</i>)	2	(STC)

Mineralocorticoid (Aldost) Recept Antag

INSPRA(<i>Eplerenone</i>)	2	
<i>spironolactone</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1	

Central Nervous System Agents

Analgesics And Antipyretics

Nonsteroidal Anti-Inflammatory Agents

ARTHROTEC 50(<i>Diclofenac w/ Misoprostol</i>)	2	
ARTHROTEC 75(<i>Diclofenac w/ Misoprostol</i>)	2	
CELEBREX(<i>Celecoxib</i>)	2	(PA)(QL)
<i>diclofenac sodium</i>	1	
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
<i>flurbiprofen</i>	1	
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1	
<i>ketoprofen</i>	1	
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>naproxen sodium</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	

Opiate Agonists

<i>anexsia</i>	1	
<i>astramorph</i>	1	
<i>acetaminophen w/ codeine</i>	1	
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	1	
<i>co-gesic</i>	1	
DARVOCET-N 50(<i>Propoxyphene-N w/ APAP</i>)	2	(PA)
DEMEROL(<i>Meperidine HCl</i>)	2	(PA)
DILAUDID-HP(<i>Hydromorphone HCl</i>)	2	(PA)
<i>endocet</i>	1	
<i>endodan</i>	1	
<i>eth-oxydose</i>	1	

Drug Name	Drug Tier	Notes
<i>fentanyl</i>	1	(STC)
<i>fentanyl citrate</i>	1	(PA)
<i>hydrocodone-acetaminophen</i>	1	
<i>hydromorphone hcl</i>	1	(PA)
<i>methadose</i>	1	
<i>meperidine hcl</i>	1	
<i>methadone hcl</i>	1	
<i>morphine sulfate</i>	1	
<i>oxyfast</i>	1	
<i>oxycodone hcl</i>	1	
<i>oxycodone w/ acetaminophen</i>	1	
<i>oxycodone w/ aspirin</i>	1	
<i>phrenilin w/caffeine/code</i>	1	
<i>propoxyphene hcl</i>	1	
<i>propoxyphene-n w/ apap</i>	1	
<i>roxicet</i>	1	
<i>tramadol hcl</i>	1	
<i>vicodin hp</i>	1	
Opiate Partial Agonists		
<i>buprenorphine hcl</i>	1	
<i>pentazocine w/ naloxone</i>	1	
SUBOXONE(<i>Buprenorphine HCl-Naloxone HCl Dihydrate</i>)	2	
SUBUTEX(<i>Buprenorphine HCl</i>)	2	
TALWIN(<i>Pentazocine Lactate</i>)	2	
Opiate Antagonists		
<i>depade</i>	1	
NALOXONE(<i>Naloxone HCl</i>)	2	
<i>naltrexone hcl</i>	1	
REVEX(<i>Nalmefene HCl</i>)	2	
Anticonvulsants		
Anticonvulsant Barbiturates		
<i>primidone</i>	1	
Hydantoins		
DILANTIN(<i>Phenytoin</i>)	2	
PEGANONE(<i>Ethotoin</i>)	2	
<i>phenytoin</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	
Succinimides		
CELONTIN(<i>Methsuximide</i>)	2	
<i>ethosuximide</i>	1	
Anticonvulsants, Miscellaneous		
CARBATROL(<i>Carbamazepine</i>)	2	

Drug Name	Drug Tier	Notes
<i>carbamazepine</i>	1	
DEPAKOTE(<i>Divalproex Sodium</i>)	2	
DEPAKOTE ER(<i>Divalproex Sodium</i>)	2	
DEPAKOTE SPR CAP(<i>Divalproex Sodium</i>)	2	
<i>epitol</i>	1	
FELBATOL(<i>Felbamate</i>)	2	
GABAPENTIN(<i>Gabapentin</i>)	2	
GABITRIL(<i>Tiagabine HCl</i>)	2	
<i>gabapentin</i>	1	
KEPPRA(<i>Levetiracetam</i>)	2	
LAMICTAL(<i>Lamotrigine</i>)	2	
LAMICTAL STARTER/TAKING(<i>Lamotrigine</i>)	2	
LYRICA(<i>Pregabalin</i>)	2	
<i>lamotrigine</i>	1	
NEURONTIN(<i>Gabapentin</i>)	2	(PA)
<i>oxcarbazepine</i>	1	
TEGRETOL XR(<i>Carbamazepine</i>)	2	
TOPAMAX(<i>Topiramate</i>)	2	
TOPAMAX SPRINKLE(<i>Topiramate</i>)	2	
TRILEPTAL(<i>Oxcarbazepine</i>)	2	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
<i>zonisamide</i>	1	

Psychotherapeutic Agents

Antidepressants

<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
<i>budeprion</i>	1	
<i>budeprion xl</i>	1	
<i>buproban</i>	1	
<i>bupropion hcl</i>	1	
<i>bupropion hcl (smoking deterrent)</i>	1	
CYMBALTA(<i>Duloxetine HCl</i>)	2	
<i>citalopram hydrobromide</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
EFFEXOR XR(<i>Venlafaxine HCl</i>)	2	(QL)
EMSAM(<i>Selegiline</i>)	2	(PA)
<i>fluoxetine hcl</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>imipramine hcl</i>	1	
MARPLAN(<i>Isocarboxazid</i>)	2	
<i>maprotiline hcl</i>	1	
<i>mirtazapine</i>	1	
NARDIL(<i>Phenelzine Sulfate</i>)	2	
<i>nefazodone hcl</i>	1	
<i>nortriptyline hcl</i>	1	

Drug Name	Drug Tier	Notes
<i>paroxetine hcl</i>	1	
SURMONTIL(<i>Trimipramine Maleate</i>)	2	
<i>sertraline hcl</i>	1	
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl</i>	1	
<i>trimipramine maleate</i>	1	
VIVACTIL(<i>Protriptyline HCl</i>)	2	
<i>venlafaxine hcl</i>	1	
WELLBUTRIN XL(<i>Bupropion HCl</i>)	2	
Antipsychotics		
ABILIFY(<i>Aripiprazole</i>)	2	
ABILIFY DISC(<i>Aripiprazole</i>)	2	
CLOZAPINE(<i>Clozapine</i>)	2	
COMPRO(<i>Prochlorperazine</i>)	2	
<i>chlorpromazine hcl</i>	1	
<i>clozapine</i>	1	
FAZACLO(<i>Clozapine</i>)	2	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
GEODON(<i>Ziprasidone HCl</i>)	2	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
INVEGA(<i>Paliperidone</i>)	2	(PA)
<i>loxapine succinate</i>	1	
MOBAN(<i>Molindone HCl</i>)	2	
ORAP(<i>Pimozide</i>)	2	
PROCHLORPER(<i>Prochlorperazine</i>)	2	
<i>perphenazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
RISPERDAL INJ (<i>Risperidone Microspheres</i>)	3	
RISPERDAL(<i>Risperidone</i>)	2	
RISPERDAL M(<i>Risperidone</i>)	2	
SEROQUEL(<i>Quetiapine Fumarate</i>)	2	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
ZYPREXA(<i>Olanzapine</i>)	2	
ZYPREXA ZYDI(<i>Olanzapine</i>)	2	
Anorexigenics & Resp & Cereb Stimulants		
Amphetamines		
<i>amphetamine-dextroamphetamine</i>	1	
<i>dextrostat</i>	1	
<i>dextroamphetamine sulfate</i>	1	

Drug Name	Drug Tier	Notes
Anorexigenics & Resp & Cereb Stim, Misc		
<i>metadate</i>	1	
<i>methylin</i>	1	
<i>methylin er</i>	1	
<i>methylphenidate hcl</i>	1	
PROVIGIL(<i>Modafinil</i>)	2	
Anxiolytics, Sedatives And Hypnotics		
Anxiolytics, Sedatives, & Hypnotics Misc		
<i>bupirone hcl</i>	1	
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>meprobamate</i>	1	
SONATA(<i>Zaleplon</i>)	2	(QL)
<i>zolpidem tartrate</i>	1	(QL)
Antimanic Agents		
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	1	
Antimigraine Agents		
Selective Serotonin Agonists		
IMITREX(<i>Sumatriptan Succinate</i>)	2	
IMITREX STATDOSE SYSTEM(<i>Sumatriptan Succinate</i>)	2	(QL)
MAXALT-MLT(<i>Rizatriptan Benzoate</i>)	2	
RELPAX(<i>Eletriptan Hydrobromide</i>)	2	(QL)
ZOMIG(<i>Zolmitriptan</i>)	2	(QL)
ZOMIG ZMT(<i>Zolmitriptan</i>)	2	(QL)
Antimigraine Agents, Miscellaneous		
<i>ergotamine w/ caffeine</i>	1	
MIGERGOT(<i>Ergotamine w/ Caffeine</i>)	2	
MIGRANAL(<i>Dihydroergotamine Mesylate</i>)	2	(QL)
Central Nervous System Agents, Misc		
CAMPRAL(<i>Acamprosate Calcium</i>)	2	(PA)
COMTAN(<i>Entacapone</i>)	2	
<i>carbidopa-levodopa</i>	1	
MIRAPEX(<i>Pramipexole Dihydrochloride</i>)	2	
NAMENDA(<i>Memantine HCl</i>)	2	(PA)
NAMENDA TITRATION(<i>Memantine HCl</i>)	2	(PA)
REQUIP(<i>Ropinirole Hydrochloride</i>)	2	
RILUTEK(<i>Riluzole</i>)	2	(PA)
STRATTERA(<i>Atomoxetine HCl</i>)	2	(QL)
<i>selegiline hcl</i>	1	
TASMAR(<i>Tolcapone</i>)	2	
XYREM(<i>Sodium Oxybate</i>)	3	

Drug Name	Drug Tier	Notes
<u>Electrolytic, Caloric And Water Balance</u>		
Alkalinizing Agents		
<i>sodium bicarbonate</i>	1	
<i>sodium lactate</i>	1	
Ammonia Detoxicants		
BUPHENYL(<i>Sodium Phenylbutyrate</i>)	2	
LITHOSTAT(<i>Acetohydroxamic Acid</i>)	2	
<i>lactulose (encephalopathy)</i>	1	
Replacement Preparations		
<i>dextrose in lactated ringers</i>	1	
<i>dextrose w/ kcl</i>	1	
<i>dextrose w/ kcl & nacl</i>	1	
<i>dextrose w/ sodium chloride</i>	1	
<i>electrolyte-48 in dextrose</i>	1	
<i>electrolyte-75 in dextrose</i>	1	
<i>ionosol-b/dextrose 5%</i>	1	
<i>ionosol-mb/dextrose 5%</i>	1	
<i>ionosol-t/dextrose 5%</i>	1	
<i>kaon-cl-10</i>	1	
<i>kay ciel</i>	1	
<i>klor-con</i>	1	
<i>klor-con m</i>	1	
KLOR-CON M(<i>Potassium Chloride Microencapsulated Crystals CR</i>)	2	
<i>klor-con m</i>	1	
<i>klotrix</i>	1	
<i>lactated ringer's</i>	1	
<i>monoject prefill</i>	1	
<i>monoject prefill advanced</i>	1	
<i>phoslo</i>	1	
<i>potassium chloride</i>	1	
<i>potassium chloride microencapsulated crystals cr</i>	1	
<i>ringer's</i>	1	
<i>saline w/ benzyl alcohol</i>	1	
<i>saline, bacteriostatic</i>	1	
<i>sodium chloride</i>	1	
Ion-Removing Agents		
Potassium-Removing Agents		
<i>sodium polystyrene sulfonate</i>	1	
Phosphate-Removing Agents		
FOSRENOL(<i>Lanthanum Carbonate</i>)	2	
RENAGEL(<i>Sevelamer HCl</i>)	2	
Caloric Agents		
AMINOSYN(<i>Amino Acid Infusion</i>)	2	(PA)

Drug Name	Drug Tier	Notes
AMINOSYN 7%/ELECTROLYTES(<i>Amino Acid Electrolyte Infusion</i>)	2	(PA)
AMINOSYN II(<i>Amino Acid Infusion</i>)	2	(PA)
AMINOSYN-HBC(<i>Amino Acid Infusion</i>)	2	(PA)
<i>aminosyn-hf</i>	1	(PA)
AMINOSYN-PF 7%(<i>Amino Acid Infusion</i>)	2	(PA)
CLINIMIX 2.75%/DEXTROSE 5(<i>Amino Acid Infusion</i>)	2	(PA)
CLINISOL SF 15%(<i>Amino Acid Infusion</i>)	2	(PA)
FREAMINE III(<i>Amino Acid Infusion</i>)	2	(PA)
FREAMINE III 8.5%/DEXTROS(<i>Amino Acid Infusion</i>)	2	(PA)
<i>hepatamine</i>	1	(PA)
INTRALIPID INJ (<i>Fat Emulsion</i>)	2	
<i>intralipid</i>	1	
<i>intralipid 20%</i>	1	
LIPOSYN III(<i>Fat Emulsion</i>)	2	
NEPHRAMINE(<i>Amino Acid Infusion</i>)	2	(PA)
NOVAMINE(<i>Amino Acid Infusion</i>)	2	(PA)
RENAMIN(<i>Amino Acid Infusion</i>)	2	(PA)
TRAVASOL(<i>Amino Acid Infusion</i>)	2	(PA)

Diuretics

Loop Diuretics

<i>bumetanide</i>	1	
<i>furosemide</i>	1	
<i>toremide</i>	1	

Potassium-Sparing Diuretics

AMILORIDE(<i>Amiloride HCl</i>)	2	
<i>amiloride & hydrochlorothiazide</i>	1	
<i>amiloride hcl</i>	1	
<i>triamterene & hydrochlorothiazide</i>	1	

Thiazide Diuretics

<i>chlorothiazide</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>methyclothiazide</i>	1	

Thiazide-Like Diuretics

<i>chlorthalidone</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	1	

Irrigating Solutions

<i>curity sterile saline</i>	1	
<i>delflex-lc/1.5% dextrose</i>	1	
<i>delflex-lc/2.5% dextrose</i>	1	
<i>delflex-lc/4.25% dextrose</i>	1	
<i>delflex-lm/1.5% dextrose</i>	1	
<i>delflex-lm/2.5% dextrose</i>	1	
<i>delflex-lm/4.25% dextrose</i>	1	

Drug Name	Drug Tier	Notes
<i>delflex-sm/1.5% dextrose</i>	1	
<i>delflex-sm/2.5% dextrose</i>	1	
<i>inpersol</i>	1	
<i>inpersol-lm/1.5% dextrose</i>	1	
<i>inpersol-lm/2.5% dextrose</i>	1	
<i>inpersol-lm/4.25% dextros</i>	1	
PHYSIOLYTE(<i>Irrigation Solutions, Physiological</i>)	2	
PHYSIOSOL IRRIGATION(<i>Irrigation Solutions, Physiological</i>)	2	
PHYSIOSOL IRRIGATION PH 7(<i>Irrigation Solutions, Physiological</i>)	2	
<i>ringer's irrigation</i>	1	
SODIUM CHLORIDE 0.9%(<i>Sodium Chloride (GU Irrigant)</i>)	2	
<i>sodium chloride (gu irrigant)</i>	1	
<i>tis-u-sol</i>	1	
<i>tis-u-sol viaflex</i>	1	
Uricosuric Agents		
<i>probenecid</i>	1	
Enzymes		
ADAGEN(<i>Pegademase Bovine</i>)	2	
ALDURAZYME(<i>Laronidase</i>)	2	
ELITEK(<i>Rasburicase</i>)	2	
FABRAZYME(<i>Agalsidase beta</i>)	3	
NAGLAZYME(<i>Galsulfase</i>)	2	
PULMOZYME(<i>Dornase Alfa</i>)	2	
SUCRAID(<i>Sacrosidase</i>)	2	
Respiratory Tract Agents		
Anti-Inflammatory Agents		
Leukotriene Modifiers		
ACCOLATE(<i>Zafirlukast</i>)	2	
SINGULAIR(<i>Montelukast Sodium</i>)	2	
ZYFLO(<i>Zileuton</i>)	2	(PA)
Mast-Cell Stabilizers		
<i>cromolyn sodium</i>	1	
INTAL 112(<i>Cromolyn Sodium</i>)	2	
INTAL 200(<i>Cromolyn Sodium</i>)	2	
INTAL INH(<i>Cromolyn Sodium</i>)	2	
TILADE(<i>Nedocromil Sodium</i>)	2	
Bronchodilators		
Anticholinergic Agents		
<i>ipratropium bromide (nasal)</i>	1	(QL)
Respiratory Tract Agents, Miscellaneous		
XOLAIR(<i>Omalizumab</i>)	3	

Drug Name	Drug Tier	Notes
<u>Eye, Ear, Nose & Throat Preparations</u>		
Antiallergic Agents		
ALOCRI(L(Nedocromil Sodium (Ophth))	2	
ALOMIDE(Lodoxamide Tromethamine)	2	
ASTELIN(Azelastine HCl)	2	
cromolyn sodium (ophth)	1	
PATANOL(Olopatadine HCl)	2	
Anti-Infectives		
Antibacterials		
erythromycin (ophth)	1	
genoptic	1	
gentacidin	1	
GENTAK(Gentamicin Sulfate (Ophth))	2	
GENTAMICIN(Gentamicin Sulfate (Ophth))	2	
gentamicin sulfate (ophth)	1	
ofloxacin (ophth)	1	
ofloxacin (otic)	1	(PA)
polymyxin b-trimethoprim	1	
TOBREX(Tobramycin Sulfate (Ophth))	2	
tobramycin sulfate (ophth)	1	
ZYMAR(Gatifloxacin (Ophth))	2	(QL)
Antifungals		
NATACYN(Natamycin)	2	
Antivirals		
trifluridine	1	
Eent Anti-Infectives, Miscellaneous		
chlorhexidine gluconate (mouth-throat)	1	
peri	1	
periogard	1	
Anti-Inflammatory Agents		
Corticosteroids		
aurobiotic-hc	1	
fluor-op	1	
FML S.O.P.(Fluorometholone (Ophth))	2	
fluorometholone (ophth)	1	
fluticasone propionate (nasal)	1	
hydrocortisone w/acetic acid	1	(QL)
NASACORT AQ(Triamcinolone Acetonide (Nasal))	2	(QL)
NASONEX(Mometasone Furoate (Nasal))	2	(QL)
neomycin-polymyxin-hc (otic)	1	
oticin hc	1	
prednisolone acetate (ophth)	1	

Drug Name	Drug Tier	Notes
<i>prednisolone sodium phosphate (ophth)</i>	1	
<i>sulfacetamide sod-prednisolone</i>	1	
TOBRADEX(<i>Tobramycin-Dexamethasone</i>)	2	
Nonsteroidal Anti-Inflammatory Agents		
ACULAR(<i>Ketorolac Tromethamine (Ophth)</i>)	2	
ACULAR LS(<i>Ketorolac Tromethamine (Ophth)</i>)	2	
ACULAR PF(<i>Ketorolac Tromethamine (Ophth)</i>)	2	
<i>diclofenac sodium (ophth)</i>	1	
Eent Anti-Inflammatory Agents, Misc		
RESTASIS(<i>Cyclosporine (Ophth)</i>)	2	
Local Anesthetics		
<i>proparacaine hcl</i>	1	
Mydriatics		
<i>atropine sulfate (ophthalmic)</i>	1	
<i>dipivefrin hcl</i>	1	
Vasoconstrictors		
<i>naphazole</i>	1	
<i>naphazoline hcl</i>	1	
TYZINE(<i>Tetrahydrozoline HCl</i>)	2	
Antiglaucoma Agents		
Alpha Adrenergic Agonists		
<i>brimonidine tartrate</i>	1	
Beta Adrenergic Blocking Agents		
BETOPTIC-S(<i>Betaxolol HCl (Ophth)</i>)	2	
<i>levobunolol hcl</i>	1	
<i>timolol maleate (ophth)</i>	1	
Carbonic Anhydrase Inhibitors		
AZOPT(<i>Brinzolamide</i>)	2	
COSOPT(<i>Dorzolamide-Timolol</i>)	2	
Miotics		
PHOSPHOLINE(<i>Echothiophate Iodide</i>)	2	
Prostaglandin Analogs		
LUMIGAN(<i>Bimatoprost</i>)	2	
XALATAN(<i>Latanoprost</i>)	2	
Eent Drugs, Miscellaneous		
<i>acetic acid (otic)</i>	1	
LACRISERT(<i>Artificial Tear Insert</i>)	2	

Drug Name	Drug Tier	Notes
<u>Gastrointestinal Drugs</u>		
Antidiarrhea Agents		
<i>diphenoxylate w/ atropine</i>	1	
<i>lonox</i>	1	
<i>loperamide hcl</i>	1	(QL)
Cathartics And Laxatives		
AMITIZA(<i>Lubiprostone</i>)	2	
<i>glycolax</i>	1	(QL)
HALFLYTELY BOWEL PREP(<i>Bisacodyl-PEG 3350-Pot Chloride-Sod Bicarb-Sod Chloride</i>)	2	
HALFLYTELY BOWEL PREP/FLA(<i>Bisacodyl-PEG 3350-Pot Chloride-Sod Bicarb-Sod Chloride</i>)	2	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	(QL)
<i>polyethylene glycol 3350</i>	1	(QL)
<i>trilyte</i>	1	(QL)
Cholelitholytic Agents		
<i>ursodiol</i>	1	
Digestants		
<i>amylase-lipase-protease</i>	1	
PANCRECARB MS-4(<i>Amylase-Lipase-Protease</i>)	2	
PANCRECARB MS-8(<i>Amylase-Lipase-Protease</i>)	2	
PANCRELIPASE(<i>Amylase-Lipase-Protease</i>)	2	
PANCRELIPASE MST-16(<i>Amylase-Lipase-Protease</i>)	2	
PANCRON 10(<i>Amylase-Lipase-Protease</i>)	2	
PANCRON 20(<i>Amylase-Lipase-Protease</i>)	2	
PANGESTYME CN 20(<i>Amylase-Lipase-Protease</i>)	2	
PANGESTYME EC(<i>Amylase-Lipase-Protease</i>)	2	
PANGESTYME MT 16(<i>Amylase-Lipase-Protease</i>)	2	
PANGESTYME UL 12(<i>Amylase-Lipase-Protease</i>)	2	
PANOKASE(<i>Amylase-Lipase-Protease</i>)	2	
Antiemetics		
Antihistamines		
<i>meclizine hcl</i>	1	
<i>trimethobenzamide hcl</i>	1	
5-Ht3 Receptor Antagonists		
ANZEMET(<i>Dolasetron Mesylate</i>)	2	(PA)
<i>granisetron hcl</i>	1	(PA)
KYTRIL(<i>Granisetron HCl</i>)	2	(PA)
<i>ondansetron</i>	1	(PA)
<i>ondansetron hcl</i>	1	(PA)
<i>ondansetron hcl and dextrose</i>	1	(PA)

Drug Name	Drug Tier	Notes
Antiemetics, Miscellaneous		
EMEND(<i>Aprepitant</i>)	2	(PA)
MARINOL(<i>Dronabinol</i>)	2	(PA)
Antiulcer Agents And Acid Suppressants		
Histamine H2-Antagonists		
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
<i>famotidine</i>	1	
<i>ranitidine hcl</i>	1	
ZANTAC(<i>Ranitidine HCl</i>)	2	
Prostaglandins		
<i>misoprostol</i>	1	
Protectants		
<i>sucralfate</i>	1	
Proton-Pump Inhibitors		
PREVACID(<i>Lansoprazole</i>)	2	(QL)(STC)
PREVACID I.V(<i>Lansoprazole</i>)	2	(QL)
PREVACID SOLUTAB(<i>Lansoprazole</i>)	2	(QL)(STC)
PREVPAC(<i>Amoxicillin-Clarithromycin w/ Lansoprazole</i>)	2	(QL)
PRIOSEC OTC(<i>Omeprazole Magnesium</i>)	0	
PROTONIX(<i>Pantoprazole Sodium</i>)	2	(QL)(STC)
<i>pantoprazole sodium</i>	1	(QL)(STC)
Prokinetic Agents		
<i>metoclopramide hcl</i>	1	
Anti-Inflammatory Agents		
ASACOL(<i>Mesalamine</i>)	2	
CANASA(<i>Mesalamine</i>)	2	
DIPENTUM(<i>Olsalazine Sodium</i>)	2	
<i>mesalamine</i>	1	
PENTASA(<i>Mesalamine</i>)	2	
Gi Drugs, Miscellaneous		
LOTRONEX(<i>Alosetron HCl</i>)	2	(PA)
Gold Compounds		
RIDAURA(<i>Auranofin</i>)	2	
Heavy Metal Antagonists		
CUPRIMINE(<i>Penicillamine</i>)	2	
DEPEN TITRA(<i>Penicillamine</i>)	2	
EXJADE(<i>Deferasirox</i>)	3	
SYPRINE(<i>Trientine HCl</i>)	2	

Drug Name	Drug Tier	Notes
<u>Hormones And Synthetic Substitutes</u>		
Adrenals		
<i>a-hydrocort</i>	1	
<i>a-methapred</i>	1	
ASMANEX 120 METERED DOSES(<i>Mometasone Furoate (Inhalation)</i>)	2	
ASMANEX 14 METERED DOSES(<i>Mometasone Furoate (Inhalation)</i>)	2	
ASMANEX 30 METERED DOSES(<i>Mometasone Furoate (Inhalation)</i>)	2	
ASMANEX 60 METERED DOSES(<i>Mometasone Furoate (Inhalation)</i>)	2	
AZMACORT(<i>Triamcinolone Acetonide (Inhalant)</i>)	2	
<i>dexamethasone</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
FLOVENT HFA(<i>Fluticasone Propionate HFA</i>)	2	
<i>fludrocortisone acetate</i>	1	
<i>methylprednisolone</i>	1	
<i>methylprednisolone sod succ</i>	1	
PULMICORT TURBUHALER(<i>Budesonide (Inhalation)</i>)	2	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
SOLU-CORTEF(<i>Hydrocortisone Sod Succinate</i>)	2	
SOLU-MEDROL INJ (<i>Methylprednisolone Sod Succ</i>)	2	
<i>solu-medrol</i>	1	
Androgens		
ANDRODERM(<i>Testosterone</i>)	2	
ANDROGEL(<i>Testosterone</i>)	2	
ANDROGEL PUMP(<i>Testosterone</i>)	2	
DANAZOL CAP (<i>Danazol</i>)	2	(PA)
<i>danazol</i>	1	(PA)
<i>oxandrolone</i>	1	
TESTIM(<i>Testosterone</i>)	2	
TESTOST CYP(<i>Testosterone Cypionate</i>)	2	
<i>testosterone cypionate</i>	1	
Contraceptives		
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aviane</i>	1	
CAMILA(<i>Norethindrone (Contraceptive)</i>)	2	
<i>cesia</i>	1	
<i>cryselle-28</i>	1	
<i>enpresse-28</i>	1	
<i>jolessa</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	

Drug Name	Drug Tier	Notes
<i>leena</i>	1	
<i>lessina-28</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>mononessa</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>necon 1/35-28</i>	1	
<i>necon 1/50-28</i>	1	
<i>necon 7/7/7</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
ORTHO TRI-CYCLEN LO(<i>Norgestimate-Ethinyl Estradiol (Triphasic)</i>)	2	
PLAN B(<i>Levonorgestrel (Emergency OC)</i>)	2	
<i>portia-28</i>	1	
<i>previfem</i>	1	
<i>quasense</i>	1	
<i>reclipsen</i>	1	
<i>solia</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>tilia fe</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>trinessa</i>	1	
<i>trivora-28</i>	1	
<i>velivet</i>	1	
YASMIN 28(<i>Drospirenone-Ethinyl Estradiol</i>)	2	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	

Estrogens And Antiestrogens

Estrogens

ALORA(<i>Estradiol</i>)	2	
ESCLIM(<i>Estradiol</i>)	2	
ESTRADERM(<i>Estradiol</i>)	2	
<i>estradiol</i>	1	
<i>estropipate</i>	1	
FEMHRT 1/5(<i>Norethindrone Acetate-Ethinyl Estradiol</i>)	2	
FEMHRT LOW DOSE(<i>Norethindrone Acetate-Ethinyl Estradiol</i>)	2	
<i>gynodiol</i>	1	
MENEST(<i>Esterified Estrogens</i>)	2	

Drug Name	Drug Tier	Notes
MENOSTAR(<i>Estradiol</i>)	2	
<i>ortho-est</i>	1	
PREMARIN(<i>Estrogens, Conjugated</i>)	2	
PREMPHASE(<i>Conjugated Estrogens-Medroxyprogesterone Acetate</i>)	2	
PREMPRO(<i>Conjugated Estrogens-Medroxyprogesterone Acetate</i>)	2	
VIVELLE(<i>Estradiol</i>)	2	
VIVELLE-DOT(<i>Estradiol</i>)	2	
Estrogen Agonist-Antagonists		
EVISTA(<i>Raloxifene HCl</i>)	2	
Gonadotropins		
<i>chorionic gonadotropin</i>	1	
<i>novarel</i>	1	
<i>pregnyl w/diluent benzyl</i>	1	
SYNAREL(<i>Nafarelin Acetate</i>)	2	(PA)
Antidiabetic Agents		
Alpha-Glucosidase Inhibitors		
GLYSET(<i>Miglitol</i>)	2	
PRECOSE(<i>Acarbose</i>)	2	(STC)
Amylinomimetics		
SYMLIN(<i>Pramlintide Acetate</i>)	2	(PA)
Biguanides		
<i>metformin hcl</i>	1	
Incretin Mimetics		
BYETTA(<i>Exenatide</i>)	2	(PA)
Insulins		
HUMALOG(<i>Insulin Lispro (Human)</i>)	2	
HUMALOG KWIKPEN(<i>Insulin Lispro Protamine & Lispro (Human)</i>)	2	
HUMALOG MIX 50/50(<i>Insulin Lispro Protamine & Lispro (Human)</i>)	2	
HUMALOG MIX 50/50 PEN(<i>Insulin Lispro Protamine & Lispro (Human)</i>)	2	
HUMALOG MIX 75/25(<i>Insulin Lispro Protamine & Lispro (Human)</i>)	2	
HUMALOG MIX 75/25 PEN(<i>Insulin Lispro Protamine & Lispro (Human)</i>)	2	
HUMALOG PEN(<i>Insulin Lispro (Human)</i>)	2	
HUMULIN 50/50(<i>Insulin Isophane & Reg (Human)</i>)	0	
HUMULIN 70/30(<i>Insulin Isophane & Reg (Human)</i>)	0	
HUMULIN 70/30 PEN(<i>Insulin Isophane & Reg (Human)</i>)	0	
HUMULIN N(<i>Insulin Isophane (Human)</i>)	0	
HUMULIN N U-100 PEN(<i>Insulin Isophane (Human)</i>)	0	
HUMULIN R(<i>Insulin Regular (Human)</i>)	0	
HUMULIN R U-500 (CONCENTR(<i>Insulin Regular (Human)</i>))	2	
LANTUS(<i>Insulin Glargine</i>)	2	
LANTUS FOR OPTICLIK(<i>Insulin Glargine</i>)	2	
LANTUS SOLOSTAR(<i>Insulin Glargine</i>)	2	

Drug Name	Drug Tier	Notes
NOVOLIN 70/30(<i>Insulin Isophane & Reg (Human)</i>)	0	
NOVOLIN 70/30 INNOLET(<i>Insulin Isophane & Reg (Human)</i>)	0	
NOVOLIN 70/30 PENFILL(<i>Insulin Isophane & Reg (Human)</i>)	0	
NOVOLIN N(<i>Insulin Isophane (Human)</i>)	0	
NOVOLIN N INNOLET(<i>Insulin Isophane (Human)</i>)	0	
NOVOLIN N U-100(<i>Insulin Isophane (Human)</i>)	0	
NOVOLIN N U-100 PENFILL(<i>Insulin Isophane (Human)</i>)	0	
NOVOLIN R(<i>Insulin Regular (Human)</i>)	0	
NOVOLIN R INNOLET(<i>Insulin Regular (Human)</i>)	0	
NOVOLIN R U-100(<i>Insulin Regular (Human)</i>)	0	
NOVOLIN R U-100 PENFILL(<i>Insulin Regular (Human)</i>)	0	
NOVOLOG(<i>Insulin Aspart</i>)	2	
NOVOLOG FLEXPEN(<i>Insulin Aspart</i>)	2	
NOVOLOG MIX 70/30(<i>Insulin Aspart Protamine & Aspart (Human)</i>)	2	
NOVOLOG MIX 70/30 PENFILL(<i>Insulin Aspart Protamine & Aspart (Human)</i>)	2	
NOVOLOG MIX 70/30 PREFILL(<i>Insulin Aspart Protamine & Aspart (Human)</i>)	2	
NOVOLOG PENFILL(<i>Insulin Aspart</i>)	2	
RELION 70/30(<i>Insulin Isophane & Reg (Human)</i>)	0	
RELION 70/30 INNOLET(<i>Insulin Isophane & Reg (Human)</i>)	0	
RELION N(<i>Insulin Isophane (Human)</i>)	0	
RELION N INNOLET(<i>Insulin Isophane (Human)</i>)	0	
RELION R(<i>Insulin Regular (Human)</i>)	0	
Meglitinides		
PRANDIN(<i>Repaglinide</i>)	2	(STC)
STARLIX(<i>Nateglinide</i>)	2	
Sulfonylureas		
<i>glipizide xl</i>	1	
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	
<i>tolazamide</i>	1	
Thiazolidinediones		
ACTOS(<i>Pioglitazone HCl</i>)	2	(STC)
AVANDAMET(<i>Rosiglitazone Maleate-Metformin HCl</i>)	2	(STC)
AVANDARYL(<i>Rosiglitazone Maleate-Glimepiride</i>)	2	
AVANDIA(<i>Rosiglitazone Maleate</i>)	2	(STC)
JANUMET(<i>Sitagliptin-Metformin HCl</i>)	2	(STC)
Antidiabetic Agents, Miscellaneous		
JANUMET(<i>Sitagliptin-Metformin HCl</i>)	2	(STC)
Antihypoglycemic Agents		
Glycogenolytic Agents		
<i>glucagen hypokit</i>	1	
<i>glucagon</i>	1	

Drug Name	Drug Tier	Notes
Parathyroid		
FORTEO(<i>Teriparatide (Recombinant)</i>)	2	
<i>fortical</i>	1	(QL)
MIACALCIN(<i>Calcitonin (Salmon)</i>)	2	(QL)
Pituitary		
<i>desmopressin acetate</i>	1	
STIMATE(<i>Desmopressin Acetate</i>)	2	
Somatotropin Agonists And Antagonists		
Somatotropin Agonists		
GENOTROPIN(<i>Somatropin</i>)	3	
HUMATROPE(<i>Somatropin</i>)	3	
NORDITROPIN CARTRIDGE(<i>Somatropin</i>)	3	
NORDITROPIN NORDIFLEX(<i>Somatropin</i>)	3	
NORDITROPIN NORDIFLEX PEN(<i>Somatropin</i>)	3	
NUTROPIN(<i>Somatropin</i>)	3	
NUTROPIN AQ(<i>Somatropin</i>)	3	
OMNITROPE(<i>Somatropin</i>)	3	
TEV-TROPIN(<i>Somatropin</i>)	3	
Somatotropin Antagonists		
SOMAVERT(<i>Pegvisomant</i>)	3	
Progestins		
DEPO-SQ PROV(<i>Medroxyprogesterone Acetate (Contraceptive)</i>)	2	
<i>medroxyprogesterone acetate</i>	1	
<i>medroxyprogesterone acetate (contraceptive)</i>	1	
<i>norethindrone acetate</i>	1	
PROMETRIUM(<i>Progesterone Micronized</i>)	2	
Thyroid And Antithyroid Agents		
Thyroid Agents		
CYTOMEL(<i>Liothyronine Sodium</i>)	2	
<i>levothroid</i>	1	
LEVOTHROID TAB (<i>Levothyroxine Sodium</i>)	2	
<i>levothroid</i>	1	
LEVOXYL TAB (<i>Levothyroxine Sodium</i>)	2	
<i>levoxyl</i>	1	
LEVOXYL TAB (<i>Levothyroxine Sodium</i>)	2	
<i>levoxyl</i>	1	
LEVOXYL TAB (<i>Levothyroxine Sodium</i>)	2	
<i>levoxyl</i>	1	
LEVOXYL TAB (<i>Levothyroxine Sodium</i>)	2	
<i>levoxyl</i>	1	
LEVOXYL TAB (<i>Levothyroxine Sodium</i>)	2	
<i>levoxyl</i>	1	
LEVOXYL TAB (<i>Levothyroxine Sodium</i>)	2	

Drug Name	Drug Tier	Notes
<i>levoxyl</i>	1	
<i>levothyroxine sodium</i>	1	
<i>unith direct</i>	1	
UNITHROID TAB (<i>Levothyroxine Sodium</i>)	2	
<i>unithroid</i>	1	
UNITHROID TAB (<i>Levothyroxine Sodium</i>)	2	
<i>unithroid</i>	1	
Antithyroid Agents		
<i>methimazole</i>	1	
<i>northyx</i>	1	
<i>propylthiouracil</i>	1	
Local Anesthetics		
<i>lidocaine hcl (local anesth.)</i>	1	
Serums, Toxoids And Vaccines		
Serums		
CARIMUNE NF(<i>Immune Globulin (Human) IV</i>)	3	
FLEBOGAMMA(<i>Immune Globulin (Human) IV</i>)	2	
FLEBOGAMMA DIF(<i>Immune Globulin (Human) IV</i>)	2	
GAMASTAN S/D(<i>Immune Globulin (Human)</i>)	3	
GAMMAGARD S/D(<i>Immune Globulin (Human) IV</i>)	3	
GAMMAGARD S/D IGA LESS TH(<i>Immune Globulin (Human) IV</i>)	3	
IMMUNE GLOBULIN(<i>Immune Globulin (Human)</i>)	3	
OCTAGAM INJ (<i>Immune Globulin (Human) IV</i>)	2	
<i>octagam</i>	1	
PANGLOBULIN(<i>Immune Globulin (Human) IV</i>)	3	
POLYGAM S/D(<i>Immune Globulin (Human) IV</i>)	3	
Toxoids		
DAPTACEL(<i>Diphtheria, Acellular Pertussis & Tetanus Toxoids</i>)	2	
DECAVAC(<i>Tetanus-Diphtheria Toxoids (Td)</i>)	2	
DIPHTHERIA/TETANUS TOXOID(<i>Diphtheria-Tetanus Toxoids (DT)</i>)	2	
INFANRIX(<i>Diphtheria, Acellular Pertussis & Tetanus Toxoids</i>)	2	
TETANUS TOXOID ADSORBED(<i>Tetanus Toxoid Adsorbed</i>)	2	
TETANUS/DIPHTHERIA TOXOID(<i>Tetanus-Diphtheria Toxoids (Td)</i>)	2	
TRIPEDIA(<i>Diphtheria, Acellular Pertussis & Tetanus Toxoids</i>)	2	
<i>tetanus toxoid fluid</i>	1	
Vaccines		
ACTHIB(<i>Haemophilus B Polysac Conj Vac</i>)	4	
ATTENUVAX(<i>Measles Virus Vaccine</i>)	4	
COMVAX(<i>Haemophilus B Polysac Conj-Hepatitis B (Recomb) Vaccines</i>)	4	
ENGERIX-B(<i>Hepatitis B Vaccine (Recomb)</i>)	4	
GARDASIL(<i>Quadrivalent Human Papillomavirus (HPV) Recombinant Vaccine</i>)	4	
HAVRIX(<i>Hepatitis A Vaccine</i>)	4	
HIBTITER(<i>Haemophilus B Oligosaccharide Conjugate Vaccine</i>)	4	
IMOVAX RABIES (H.D.C.V.)(<i>Rabies Virus Vaccine, HDC</i>)	4	

Drug Name	Drug Tier	Notes
IPOL INACTIVATED IPV(<i>Poliovirus Vaccine, IPV</i>)	4	
JE-VAX(<i>Japanese Encephalitis Virus Vaccine</i>)	4	
M-M-R II(<i>Measles, Mumps & Rubella Virus Vaccines</i>)	4	
M-M-R II W/DILUENT 1 DOSE(<i>Measles, Mumps & Rubella Virus Vaccines</i>)	4	
M-M-R II W/DILUENT 10 DOS(<i>Measles, Mumps & Rubella Virus Vaccines</i>)	4	
MENACTRA(<i>Meningococcal (A,C,Y&W-135) Polysaccharide Conjugate Vaccine</i>)	4	
MENOMUNE-A/C/Y/W-135(<i>Meningococcal Vac A,C,Y&W-135</i>)	4	
MERUVAX II W/DILUENT 1 DO(<i>Rubella Virus Vaccine</i>)	4	
MERUVAX II W/DILUENT 10 D(<i>Rubella Virus Vaccine</i>)	4	
MUMPSVAX W/DILUENT 1 DOSE(<i>Mumps Virus Vaccine Live</i>)	4	
MUMPSVAX W/DILUENT 10 DOS(<i>Mumps Virus Vaccine Live</i>)	4	
PEDIARIX(<i>Diph-Tetanus Tox-Acell Pert-Hepatitis B Recomb-Polio IPV Vac</i>)	4	
PEDVAX HIB(<i>Haemophilus B Polysac Conj Vac</i>)	4	
PROQUAD(<i>Measles-Mumps-Rubella-Varicella Virus Vaccines</i>)	4	
RABAVERT(<i>Rabies Vaccine, PCEC</i>)	4	
RECOMBIVA HB(<i>Hepatitis B Vaccine (Recomb)</i>)	4	
RECOMBIVA-HB(<i>Hepatitis B Vaccine (Recomb)</i>)	4	
RECOMBIVAX HB(<i>Hepatitis B Vaccine (Recomb)</i>)	4	
ROTATEQ(<i>Rotavirus Vaccine, Live Oral Pentavalent</i>)	4	
TWINRIX(<i>Hepatitis A (Inactivated)-Hepatitis B (Recombinant) Vaccines</i>)	4	
TYPHIM VI(<i>Typhoid VI Polysaccharide Vaccine</i>)	4	
TYPHOID VI(<i>Typhoid VI Polysaccharide Vaccine</i>)	4	
VAQTA(<i>Hepatitis A Vaccine</i>)	4	
VARIVAX(<i>Varicella Virus Vaccine Live</i>)	4	
VIVOTIF BERNA(<i>Typhoid Vaccine</i>)	4	
YF-VAX(<i>Yellow Fever Vaccine</i>)	4	
ZOSTAVAX(<i>Zoster Vaccine Live</i>)	4	

Skin And Mucous Membrane Preparations

Anti-Infectives

Antibacterials

BACTROBAN(<i>Mupirocin Calcium (Topical)</i>)	2
BACTROBAN NASAL(<i>Mupirocin Calcium</i>)	2
<i>centany</i>	1
<i>emcin clear</i>	1
<i>eryderm</i>	1
<i>erythromycin (acne aid)</i>	1
<i>mupirocin</i>	1

Antifungals

<i>ciclopirox</i>	1
<i>ciclopirox olamine</i>	1
<i>clotrimazole (topical)</i>	1
<i>clotrimazole w/ betamethasone</i>	1
EXELDERM(<i>Sulconazole Nitrate</i>)	2
<i>econazole nitrate</i>	1
<i>kuric</i>	1

Drug Name	Drug Tier	Notes
<i>ketoconazole (topical)</i>	1	
NAFTIN(<i>Naftifine HCl</i>)	2	
NAFTIN-MP(<i>Naftifine HCl</i>)	2	
<i>nyamyc</i>	1	
<i>nystop</i>	1	
<i>nystatin (topical)</i>	1	
OXISTAT(<i>Oxiconazole Nitrate</i>)	2	
PENLAC(<i>Ciclopirox</i>)	2	
<i>terconazole vaginal</i>	1	
<i>zazole</i>	1	
Scabicides And Pediculicides		
<i>acticin</i>	1	(QL)
EURAX(<i>Crotamiton</i>)	2	
OVIDE(<i>Malathion</i>)	2	(QL)
<i>permethrin</i>	1	(QL)
Local Anti-Infectives, Miscellaneous		
<i>ssd</i>	1	
<i>ssd af</i>	1	
<i>selenium sulfide</i>	1	
<i>silver sulfadiazine</i>	1	
<i>thermazene</i>	1	
Anti-Inflammatory Agents		
<i>apexicon</i>	1	
<i>aristocort a</i>	1	
<i>aug betamethasone dipropionate</i>	1	
<i>beta-val</i>	1	
<i>betamethasone dipropionate (topical)</i>	1	
<i>betamethasone valerate</i>	1	
<i>cetacort</i>	1	
<i>clobevate</i>	1	
<i>cormax</i>	1	
CORTIFOAM(<i>Hydrocortisone Acetate (Intrarectal)</i>)	2	
<i>clobetasol propionate</i>	1	
DERMA-SMOOTH/FS BODY OIL(<i>Fluocinolone Acetonide</i>)	2	
DERMA-SMOOTH/FS SCALP OI(<i>Fluocinolone Acetonide</i>)	2	
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
<i>diflorasone diacetate</i>	1	
<i>embeline</i>	1	
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone (topical)</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>lokara</i>	1	
<i>mometasone furoate</i>	1	
<i>nutracort</i>	1	

Drug Name	Drug Tier	Notes
<i>nystatin-triamcinolone</i>	1	
<i>oralone</i>	1	
<i>procto-kit</i>	1	
<i>procto-pak</i>	1	
<i>texacort</i>	1	
<i>triderm</i>	1	
<i>triamcinolone acetonide (mouth)</i>	1	
<i>triamcinolone acetonide (topical)</i>	1	
Antipruritics And Local Anesthetics		
LIDODERM(<i>Lidocaine</i>)	2	
<i>lidocaine-prilocaine</i>	1	
<i>phenazopyridine hcl</i>	1	
Cell Stimulants And Proliferants		
<i>avita</i>	1	(PA)
KEPIVANCE(<i>Palifermin</i>)	2	
<i>tretinoin</i>	1	(PA)
Emollients, Demulcents, And Protectants		
Basic Lotions And Liniments		
<i>laclotion</i>	1	
<i>lactrex</i>	1	
<i>lactic acid (ammonium lactate)</i>	1	
Skin And Mucous Membrane Agents, Misc		
ALDARA(<i>Imiquimod</i>)	2	(PA)
<i>amnesteem</i>	1	(PA)
CARAC(<i>Fluorouracil (Topical)</i>)	2	
<i>claravis</i>	1	(PA)
CONDYLOX(<i>Podofilox</i>)	2	
DOVONEX(<i>Calcipotriene</i>)	2	
ELIDEL(<i>Pimecrolimus</i>)	2	(PA)
FLUOROPLEX(<i>Fluorouracil (Topical)</i>)	2	
<i>fluorouracil (topical)</i>	1	
<i>isotretinoin</i>	1	(PA)
LEVULAN KERA(<i>Aminolevulinic Acid HCl</i>)	2	
PANRETIN(<i>Alitretinoin</i>)	2	
PROTOPIC(<i>Tacrolimus (Topical)</i>)	2	
<i>podofilox</i>	1	
REGRANEX(<i>Becaplermin</i>)	2	(QL)
SANTYL(<i>Collagenase</i>)	2	
<i>solaraze</i>	1	
<i>sotret</i>	1	(PA)
TARGRETIN(<i>Bexarotene (Topical)</i>)	2	
TAZORAC(<i>Tazarotene</i>)	2	(PA)
Smooth Muscle Relaxants		

Drug Name	Drug Tier	Notes
Genitourinary Smooth Muscle Relaxants		
DETROL(<i>Tolterodine Tartrate</i>)	2	
DETROL LA(<i>Tolterodine Tartrate</i>)	2	
<i>oxybutynin chloride</i>	1	
SANCTURA(<i>Trospium Chloride</i>)	2	
Respiratory Smooth Muscle Relaxants		
<i>aminophylline</i>	1	
<i>theo</i>	1	
<i>theochron</i>	1	
<i>theophylline</i>	1	
<u>Vitamins</u>		
Vitamin B Complex		
<i>niacor</i>	1	
Vitamin D		
<i>calcitriol</i>	1	
HECTOROL(<i>Doxercalciferol</i>)	2	
ZEMPLAR(<i>Paricalcitol</i>)	2	(PA)
Multivitamin Preparations		
<i>prenatal vit w/ ferrous fumarate-folic acid</i>	1	
<u>Miscellaneous Therapeutic Agents</u>		
ACTIMMUNE(<i>Interferon Gamma-1B</i>)	3	
ACTONEL(<i>Risedronate Sodium</i>)	2	
ARALAST(<i>Proteinase Inhibitor (Human)</i>)	3	
ATGAM(<i>Lymphocyte Immune Globulin, Anti-Thymocyte Globulin (Equine)</i>)	2	
AVONEX(<i>Interferon Beta-1a</i>)	3	
<i>allopurinol</i>	1	
<i>azathioprine</i>	1	
BETASERON(<i>Interferon Beta-1b</i>)	3	
BONIVA(<i>Ibandronate Sodium</i>)	2	
<i>bromocriptine mesylate</i>	1	
CELLCEPT(<i>Mycophenolate Mofetil</i>)	2	(PA)
CEREZYME(<i>Imiglucerase</i>)	3	
COPAXONE(<i>Glatiramer Acetate</i>)	3	
CYSTADANE(<i>Betaine</i>)	2	
<i>colchicine</i>	1	
<i>cyclosporine</i>	1	(PA)
ENBREL(<i>Etanercept</i>)	3	
ENBREL SRCLK(<i>Etanercept</i>)	3	
ETHYOL(<i>Amifostine Crystalline</i>)	3	
FOSAMAX(<i>Alendronate Sodium</i>)	2	
FOSAMAX PLUS D(<i>Alendronate Sodium-Cholecalciferol</i>)	2	
<i>finasteride</i>	1	
<i>fomepizole</i>	1	

Drug Name	Drug Tier	Notes
GASTROCROM(<i>Cromolyn Sodium (Mastocytosis)</i>)	2	
HUMIRA(<i>Adalimumab</i>)	3	
HUMIRA PEN(<i>Adalimumab</i>)	3	
HUMIRA PEN-CROHNS DISEASE(<i>Adalimumab</i>)	3	
KINERET(<i>Anakinra</i>)	3	
<i>leflunomide</i>	1	
<i>leucovorin calcium</i>	1	
<i>levocarnitine (metabolic modifiers)</i>	1	
MESNEX(<i>Mesna</i>)	2	
<i>mesna</i>	1	
ORFADIN(<i>Nitisinone</i>)	2	
<i>octreotide acetate</i>	3	
PROGRAF(<i>Tacrolimus</i>)	2	(PA)
PROLASTIN(<i>Proteinase Inhibitor (Human)</i>)	3	
RAPAMUNE(<i>Sirolimus</i>)	2	
REBIF(<i>Interferon Beta-1a</i>)	3	
REBIF TITRATION PACK(<i>Interferon Beta-1a</i>)	3	
REMICADE(<i>Infliximab</i>)	3	
REVLIMID(<i>Lenalidomide</i>)	2	
SANDOSTATIN LAR DEPOT(<i>Octreotide Acetate</i>)	3	
SENSIPAR(<i>Cinacalcet HCl</i>)	2	
SIMULECT(<i>Basiliximab</i>)	2	
<i>sodium fluoride</i>	1	
THALOMID(<i>Thalidomide</i>)	2	
THIOLA(<i>Tiopronin</i>)	2	
UROXATRAL(<i>Alfuzosin HCl</i>)	2	
ZAVESCA(<i>Miglustat</i>)	2	
ZEMAIRA(<i>Proteinase Inhibitor (Human)</i>)	3	
ZENAPAX(<i>Daclizumab</i>)	3	
ZOMETA(<i>Zoledronic Acid</i>)	2	

Devices

1ST CHOICE PEN NEEDLES 31(<i>Insulin Pen Needle</i>)	2	
ACCUSURE INSULIN SYRINGE/(<i>Insulin Syringe/Needle U-100</i>)	0	
AIMSCO INSULIN SYRINGE MA(<i>Insulin Syringe/Needle U-100</i>)	0	
AIMSCO INSULIN SYRINGE UL(<i>Insulin Syringe/Needle U-100</i>)	0	
AIMSCO INSULIN SYRINGE/0.(<i>Insulin Syringe/Needle U-100</i>)	0	
AIMSCO INSULIN SYRINGE/U-(<i>Insulin Syringe/Needle U-100</i>)	0	
AIMSCO INSULIN SYRINGE/UL(<i>Insulin Syringe/Needle U-100</i>)	0	
ALBERTSON'S INSULIN SYRIN(<i>Insulin Syringe/Needle U-100</i>)	0	
ANTI-STICK INSULIN SYRING(<i>Insulin Syringe/Needle U-100</i>)	0	
AURORA PEN NEEDLES 29GX12(<i>Insulin Pen Needle</i>)	2	
AURORA PEN NEEDLES 31GX6M(<i>Insulin Pen Needle</i>)	2	
AURORA PEN NEEDLES 31GX8M(<i>Insulin Pen Needle</i>)	2	
AUTOPEN(<i>Injection Device for Insulin</i>)	2	
<i>alcohol swabs</i>	1	
B-D INSULIN SYRINGE MICRO(<i>Insulin Syringe/Needle U-100</i>)	0	
B-D INSULIN SYRINGE ULTRA(<i>Insulin Syringe/Needle U-100</i>)	0	
BD LO-DOSE INSULIN SYRIN(<i>Insulin Syringe/Needle U-100</i>)	0	
BD AUTOSHIELD 29G X 1/2"(<i>Insulin Pen Needle</i>)	2	

Drug Name	Drug Tier	Notes
BD INSULIN SYRINGE MICROF(<i>Insulin Syringe/Needle U-100</i>)	0	
BD INSULIN SYRINGE SAFETY(<i>Insulin Syringe/Needle U-100</i>)	0	
BD INSULIN SYRINGE SLIP T(<i>Insulin Syringes (Disposable)</i>)	0	
BD INSULIN SYRINGE U-40/1(<i>Insulin Syringe/Needle U-40</i>)	0	
BD INSULIN SYRINGE ULTRAF(<i>Insulin Syringe/Needle U-100</i>)	0	
BD INSULIN SYRINGE/DETACH(<i>Insulin Syringe/Needle U-100</i>)	0	
BD INSULIN SYRINGE/U-100/(<i>Insulin Syringe/Needle U-100</i>)	0	
BD PEN(<i>Injection Device for Insulin</i>)	2	
BD PEN MINI(<i>Injection Device for Insulin</i>)	2	
BD SAFETY-GLIDE INSULIN S(<i>Insulin Syringe/Needle U-100</i>)	0	
BD SAFETYGLIDE INSULIN SY(<i>Insulin Syringe/Needle U-100</i>)	0	
BD ULTRA-FINE III MINI PE(<i>Insulin Pen Needle</i>)	2	
BD ULTRA-FINE III SHORT P(<i>Insulin Pen Needle</i>)	2	
BD ULTRA-FINE ORIGINAL PE(<i>Insulin Pen Needle</i>)	2	
BD ULTRA-FINE PEN NEEDLES(<i>Insulin Pen Needle</i>)	2	
BD ULTRAFINE III MINI PEN(<i>Insulin Pen Needle</i>)	2	
BD ULTRAFINE III SHORT PE(<i>Insulin Pen Needle</i>)	2	
BL INSULIN SYRINGE/0.3ML/(<i>Insulin Syringe/Needle U-100</i>)	0	
BRITE LIFE ULTRA COMFORT(<i>Insulin Syringe/Needle U-100</i>)	0	
CAREONE ULTIGUARD INSULIN(<i>Insulin Syringe/Needle U-100</i>)	0	
CVS INSULIN SYRINGE/0.3ML(<i>Insulin Syringe/Needle U-100</i>)	0	
CVS INSULIN SYRINGE/0.5ML(<i>Insulin Syringe/Needle U-100</i>)	0	
D&K INSULIN SYRINGE/U-100(<i>Insulin Syringe/Needle U-100</i>)	0	
DRUG EMPORIUM INSULIN SYR(<i>Insulin Syringe/Needle U-100</i>)	0	
DUANE READE UNIFINE PENTI(<i>Insulin Pen Needle</i>)	2	
EASY TOUCH INSULIN SYRING(<i>Insulin Syringe/Needle U-100</i>)	0	
ECK INSULIN SYRINGE/0.3ML(<i>Insulin Syringe/Needle U-100</i>)	0	
ECK INSULIN SYRINGE/0.5ML(<i>Insulin Syringe/Needle U-100</i>)	0	
ECK INSULIN SYRINGE/1ML/3(<i>Insulin Syringe/Needle U-100</i>)	0	
ELITE-THIN INSULIN SYRING(<i>Insulin Syringe/Needle U-100</i>)	0	
EQL INSULIN SYRINGE/0.3ML(<i>Insulin Syringe/Needle U-100</i>)	0	
EQL INSULIN SYRINGE/0.5ML(<i>Insulin Syringe/Needle U-100</i>)	0	
EQL INSULIN SYRINGE/1ML/3(<i>Insulin Syringe/Needle U-100</i>)	0	
EXEL INSULIN PEN NEEDLES(<i>Insulin Pen Needle</i>)	2	
EXEL INSULIN SYRINGE/0.3M(<i>Insulin Syringe/Needle U-100</i>)	0	
EXEL INSULIN SYRINGE/0.5M(<i>Insulin Syringe/Needle U-100</i>)	0	
EXEL INSULIN SYRINGE/1ML/(<i>Insulin Syringe/Needle U-100</i>)	0	
FIRST CHOICE INS SYRINGE/(<i>Insulin Syringe/Needle U-100</i>)	0	
FIRST CHOICE INSULIN SYRI(<i>Insulin Syringe/Needle U-100</i>)	0	
FP INSULIN SYRINGE/0.3ML/(<i>Insulin Syringe/Needle U-100</i>)	0	
FP INSULIN SYRINGE/0.5ML/(<i>Insulin Syringe/Needle U-100</i>)	0	
FP INSULIN SYRINGE/1ML/30(<i>Insulin Syringe/Needle U-100</i>)	0	
FP INSULIN SYRINGE/1ML/31(<i>Insulin Syringe/Needle U-100</i>)	0	
FP INSULIN SYRINGE/U-100/(<i>Insulin Syringe/Needle U-100</i>)	0	
GENTLE TOUCH INSULIN SYRI(<i>Insulin Syringe/Needle U-100</i>)	0	
GNP INSULIN SYRINGE/0.3ML(<i>Insulin Syringe/Needle U-100</i>)	0	
GNP INSULIN SYRINGE/0.5ML(<i>Insulin Syringe/Needle U-100</i>)	0	
GNP INSULIN SYRINGE/1ML/2(<i>Insulin Syringe/Needle U-100</i>)	0	
GNP INSULIN SYRINGE/1ML/3(<i>Insulin Syringe/Needle U-100</i>)	0	
GNP LIFE ULTRA COMFORT IN(<i>Insulin Syringe/Needle U-100</i>)	0	

Drug Name	Drug Tier	Notes
GNP ULTRA COMFORT INSULIN(<i>Insulin Syringe/Needle U-100</i>)	0	
<i>gauze pads & dressings</i>	1	
HCA INSULIN SYRINGE/U-100(<i>Insulin Syringe/Needle U-100</i>)	0	
HCA ULTRA COMFORT INSULIN(<i>Insulin Syringe/Needle U-100</i>)	0	
HM MONOJECT INSULIN SYRIN(<i>Insulin Syringe/Needle U-100</i>)	0	
HUMAPEN LUXURA HD(<i>Injection Device for Insulin</i>)	2	
HUMAPEN MEMOIR(<i>Injection Device for Insulin</i>)	2	
HY-VEE INSULIN SYRINGE/U-(<i>Insulin Syringe/Needle U-100</i>)	0	
INJEX 30 NEEDLE FREE SYST(<i>Injection Device Needle-Free for Insulin</i>)	2	
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INSULIN SYRINGE ULTRA THI(<i>Insulin Syringe/Needle U-100</i>)	0	
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INSULIN SYRINGE/U-100/1ML(<i>Insulin Syringe/Needle U-100</i>)	0	
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INSUPEN ULTRAFIN 29GX12MM(<i>Insulin Pen Needle</i>)	2	
INSUPEN ULTRAFIN 30GX8MM(<i>Insulin Pen Needle</i>)	2	
INSUPEN ULTRAFIN 31GX6MM(<i>Insulin Pen Needle</i>)	2	
INSUPEN ULTRAFIN 31GX8MM(<i>Insulin Pen Needle</i>)	2	
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<i>insulin syringe/needle u-100</i>	0	
<i>insulin syringe/needle u-100</i>	1	
<i>insulin syringe/needle u-100</i>	0	
KIN-RAY INSULIN SYRINGE/0(<i>Insulin Syringe/Needle U-100</i>)	0	
KINRAY INSULIN SYRINGE PR(<i>Insulin Syringe/Needle U-100</i>)	0	
KMART VALU PLUS INSULIN S(<i>Insulin Syringes (Disposable)</i>)	0	
KROGER INSULIN SYRINGE/0.(<i>Insulin Syringe/Needle U-100</i>)	0	
KROGER INSULIN SYRINGE/1M(<i>Insulin Syringe/Needle U-100</i>)	0	
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LEADER INSULIN SYRINGE/1M(<i>Insulin Syringe/Needle U-100</i>)	0	
LEADER INSULIN SYRINGE/U-(<i>Insulin Syringe/Needle U-100</i>)	0	
LITE TOUCH INSULIN SYRING(<i>Insulin Syringe/Needle U-100</i>)	0	
LITE TOUCH PEN NEEDLES/31(<i>Insulin Pen Needle</i>)	2	
LIVE BETTER PEN NEEDLES 2(<i>Insulin Pen Needle</i>)	2	
LIVE BETTER PEN NEEDLES 3(<i>Insulin Pen Needle</i>)	2	
LONGS INSULIN SYRINGE/U-1(<i>Insulin Syringe/Needle U-100</i>)	0	

Drug Name	Drug Tier	Notes
MAJOR INSULIN SYRINGE/U-1(<i>Insulin Syringe/Needle U-100</i>)	0	
MED-FAST MONOJECT INSULIN(<i>Insulin Syringe/Needle U-100</i>)	0	
MEDI-JECTOR VISION(<i>Injection Device for Insulin</i>)	2	
MEDIC INSULIN SYRINGE/0.3(<i>Insulin Syringe/Needle U-100</i>)	0	
MEDIC INSULIN SYRINGE/0.5(<i>Insulin Syringe/Needle U-100</i>)	0	
MEDIC ULTRA COMFORT INSUL(<i>Insulin Syringe/Needle U-100</i>)	0	
MEDICINE SHOPPE PEN NEEDL(<i>Insulin Pen Needle</i>)	2	
MEIJER PEN NEEDLES 29GX12(<i>Insulin Pen Needle</i>)	2	
MEIJER PEN NEEDLES 31GX6M(<i>Insulin Pen Needle</i>)	2	
MEIJER PEN NEEDLES 31GX8M(<i>Insulin Pen Needle</i>)	2	
MONOJECT INSULIN SYRINGE R(<i>Insulin Syringes (Disposable)</i>)	2	
MONOJECT INSULIN SAFETY S(<i>Insulin Syringe/Needle U-100</i>)	0	
INSULIN SYRG MIS (<i>Insulin Syringe/Needle U-100</i>)	2	
INSULIN SYRG MIS (<i>Insulin Syringe/Needle U-100</i>)	0	
INSULIN SYRG MIS (<i>Insulin Syringe/Needle U-100</i>)	2	
INSULIN SYRG MIS (<i>Insulin Syringe/Needle U-100</i>)	0	
INSULIN SYRG MIS (<i>Insulin Syringe/Needle U-100</i>)	2	
INSULIN SYRG MIS (<i>Insulin Syringe/Needle U-100</i>)	0	
INSULIN SYRG MIS (<i>Insulin Syringe/Needle U-100</i>)	2	
INSULIN SYRG MIS (<i>Insulin Syringe/Needle U-100</i>)	0	
INSULIN SYRG MIS (<i>Insulin Syringe/Needle U-100</i>)	2	
INSULIN SYRG MIS (<i>Insulin Syringes (Disposable)</i>)	2	
INSULIN SYRG MIS (<i>Insulin Syringe/Needle U-100</i>)	0	
INSULIN SYRG MIS (<i>Insulin Syringe/Needle U-100</i>)	2	
INSULIN SYRG MIS (<i>Insulin Syringe/Needle U-100</i>)	0	
INSULIN SYRG MIS (<i>Insulin Syringe/Needle U-100</i>)	2	
MONOJECT ULTRA COMFORT IN(<i>Insulin Syringe/Needle U-100</i>)	0	
MOORE MED MONOJECT INSULI(<i>Insulin Syringe/Needle U-100</i>)	0	
MS INSULIN SYRINGE/0.3ML/(<i>Insulin Syringe/Needle U-100</i>)	0	
MS INSULIN SYRINGE/0.5ML/(<i>Insulin Syringe/Needle U-100</i>)	0	
MS INSULIN SYRINGE/1ML/30(<i>Insulin Syringe/Needle U-100</i>)	0	
MS INSULIN SYRINGE/1ML/31(<i>Insulin Syringe/Needle U-100</i>)	0	
MS INSULIN SYRINGE/U-100/(<i>Insulin Syringe/Needle U-100</i>)	0	
NOVOFINE 30GX8MM(<i>Insulin Pen Needle</i>)	2	
NOVOFINE 31(<i>Insulin Pen Needle</i>)	2	
NOVOFINE AUTOCOVER 30GX8M(<i>Insulin Pen Needle</i>)	2	
NOVOPEN 3 INSULIN DELIVER(<i>Injection Device for Insulin</i>)	2	
NOVOPEN 3 PENMATE(<i>Injection Device for Insulin</i>)	2	
NOVOPEN JR (GREEN)(<i>Injection Device for Insulin</i>)	2	
NOVOPEN JR (YELLOW)(<i>Injection Device for Insulin</i>)	2	
ORSINI INSULIN SYRINGE/U-(<i>Insulin Syringe/Needle U-100</i>)	0	
PC UNIFINE PENTIPS 29GX1/(<i>Insulin Pen Needle</i>)	2	
PC UNIFINE PENTIPS 31GX6M(<i>Insulin Pen Needle</i>)	2	
PC UNIFINE PENTIPS 31GX8M(<i>Insulin Pen Needle</i>)	2	
PEN NEEDLES 29GX1/2"(<i>Insulin Pen Needle</i>)	2	
PEN NEEDLES 31G X 1/4" SH(<i>Insulin Pen Needle</i>)	2	
PEN NEEDLES 31GX5/16"(<i>Insulin Pen Needle</i>)	2	
PHARM MONOJECT INSULIN SY(<i>Insulin Syringe/Needle U-100</i>)	0	
PRECISION SURE-DOSE INSUL(<i>Insulin Syringe/Needle U-100</i>)	0	

Drug Name	Drug Tier	Notes
PRECISION SURE-DOSE PLUS(<i>Insulin Syringe/Needle U-100</i>)	0	
PREFERRED PLUS INSULIN SY(<i>Insulin Syringe/Needle U-100</i>)	0	
PREFERRED PLUS ULTRA COMF(<i>Insulin Syringe/Needle U-100</i>)	0	
PREFERRED PLUS UNIFINE PE(<i>Insulin Pen Needle</i>)	2	
PX PEN NEEDLE 29GX12MM(<i>Insulin Pen Needle</i>)	2	
PX PEN NEEDLE 31GX8MM(<i>Insulin Pen Needle</i>)	2	
QC INSULIN SYRINGE 0.5ML/(<i>Insulin Syringe/Needle U-100</i>)	0	
QC INSULIN SYRINGE 1ML/29(<i>Insulin Syringe/Needle U-100</i>)	0	
QC INSULIN SYRINGE/0.3ML/(<i>Insulin Syringe/Needle U-100</i>)	0	
QC INSULIN SYRINGE/0.5ML/(<i>Insulin Syringe/Needle U-100</i>)	0	
QC INSULIN SYRINGE/1ML/30(<i>Insulin Syringe/Needle U-100</i>)	0	
QC INSULIN SYRINGE/1ML/31(<i>Insulin Syringe/Needle U-100</i>)	0	
QUALITY CHOICE INSULIN SY(<i>Insulin Syringe/Needle U-100</i>)	0	
RA INSULIN SYRINGE/0.5ML/(<i>Insulin Syringe/Needle U-100</i>)	0	
RA INSULIN SYRINGE/U-100/(<i>Insulin Syringe/Needle U-100</i>)	0	
REALITY INSULIN SYRINGE/U(<i>Insulin Syringe/Needle U-100</i>)	0	
RELION INSULIN SYRINGE/U(<i>Insulin Syringe/Needle U-100</i>)	0	
RELION INSULIN SYRINGE/U-(<i>Insulin Syringe/Needle U-100</i>)	0	
RELION PEN NEEDLE 29GX12M(<i>Insulin Pen Needle</i>)	2	
RELION PEN NEEDLE 31GX8MM(<i>Insulin Pen Needle</i>)	2	
RELION ULTRA COMFORT INSU(<i>Insulin Syringe/Needle U-100</i>)	0	
SAFETY-GLIDE INSULIN SYRI(<i>Insulin Syringe/Needle U-100</i>)	0	
SCHNUCKS INSULIN SYRINGE(<i>Insulin Syringe/Needle U-100</i>)	0	
SELECT BRAND INSULIN SYRI(<i>Insulin Syringe/Needle U-100</i>)	0	
SM INSULIN SYRINGE/0.3ML/(<i>Insulin Syringe/Needle U-100</i>)	0	
SM INSULIN SYRINGE/0.5ML/(<i>Insulin Syringe/Needle U-100</i>)	0	
SM INSULIN SYRINGE/1ML/31(<i>Insulin Syringe/Needle U-100</i>)	0	
SM INSULIN SYRINGE/U-100/(<i>Insulin Syringe/Needle U-100</i>)	0	
SM ULTRA COMFORT INSULIN(<i>Insulin Syringe/Needle U-100</i>)	0	
SOBA INSULIN SYRINGE/U-10(<i>Insulin Syringe/Needle U-100</i>)	0	
SURE COMFORT INSULIN SYRI(<i>Insulin Syringe/Needle U-100</i>)	0	
SURE COMFORT PEN NEEDLES(<i>Insulin Pen Needle</i>)	2	
SURE ONE INSULIN SYRINGE/(<i>Insulin Syringe/Needle U-100</i>)	0	
SURE-FINE PEN NEEDLES 29G(<i>Insulin Pen Needle</i>)	2	
SURE-FINE PEN NEEDLES 31G(<i>Insulin Pen Needle</i>)	2	
SURE-JECT INSULIN SYRINGE(<i>Insulin Syringe/Needle U-100</i>)	0	
TERUMO INSULIN SYRINGE/0.(<i>Insulin Syringe/Needle U-100</i>)	0	
TERUMO INSULIN SYRINGE/1M(<i>Insulin Syringe/Needle U-100</i>)	0	
TERUMO INSULIN SYRINGE/U-(<i>Insulin Syringe/Needle U-100</i>)	0	
TERUMO SURGUARD INSULIN S(<i>Insulin Syringe/Needle U-100</i>)	0	
THINPRO INSULIN SYRINGE/0(<i>Insulin Syringe/Needle U-100</i>)	0	
THINPRO INSULIN SYRINGE/1(<i>Insulin Syringe/Needle U-100</i>)	0	
TOPCO INSULIN SYRINGE/U-1(<i>Insulin Syringe/Needle U-100</i>)	0	
TOPCO SYRINGE/U-100/1ML/2(<i>Insulin Syringe/Needle U-100</i>)	0	
ULTICARE INSULIN SYRINGE(<i>Insulin Syringe/Needle U-100</i>)	0	
ULTICARE INSULIN SYRINGE/(<i>Insulin Syringe/Needle U-100</i>)	0	
ULTICARE MINI PEN NEEDLES(<i>Insulin Pen Needle</i>)	2	
ULTICARE ORIGINAL PEN NEE(<i>Insulin Pen Needle</i>)	2	
ULTICARE SHORT PEN NEEDLE(<i>Insulin Pen Needle</i>)	2	
ULTIGUARD INSULIN SYRINGE(<i>Insulin Syringe/Needle U-100</i>)	0	

Drug Name	Drug Tier	Notes
ULTILET INSULIN SYRINGE S(<i>Insulin Syringe/Needle U-100</i>)	0	
ULTILET INSULIN SYRINGE/0(<i>Insulin Syringe/Needle U-100</i>)	0	
ULTILET INSULIN SYRINGE/1(<i>Insulin Syringe/Needle U-100</i>)	0	
ULTILET INSULIN SYRINGE/S(<i>Insulin Syringe/Needle U-100</i>)	0	
ULTRA COMFORT INSULIN SYR(<i>Insulin Syringe/Needle U-100</i>)	0	
ULTRA INSULIN SYRINGE/U-1(<i>Insulin Syringe/Needle U-100</i>)	0	
ULTRA-THIN II PEN NEEDLES(<i>Insulin Pen Needle</i>)	2	
ULTRA-THIN II SHORT PEN N(<i>Insulin Pen Needle</i>)	2	
UNIFINE PENTIPS(<i>Insulin Pen Needle</i>)	2	
UNIFINE PENTIPS 6MM(<i>Insulin Pen Needle</i>)	2	
UNIFINE PENTIPS/8MM(<i>Insulin Pen Needle</i>)	2	
V-R MONOJECT INSULIN SYRI(<i>Insulin Syringe/Needle U-100</i>)	0	
VALUE HEALTH INSULIN SYRI(<i>Insulin Syringe/Needle U-100</i>)	0	
VP INSULIN SYRINGE/U-100/(<i>Insulin Syringe/Needle U-100</i>)	0	
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Our Medicare Prescription Drug Benefit is only available to members of PremierCare Choice Rx, PremierCare Advantage Rx, and PremierCare Plus.

You are eligible to enroll if you are entitled to Medicare benefits under Part A and are enrolled in Part B and reside in our service area.

You may enroll in a plan only during specific times of the year. Please contact our Customer Service Department to obtain more information.

You must receive all routine care from plan providers. If you obtain routine care from out-of-plan providers neither Medicare nor FamilyCare Health Plans will be responsible for costs.

You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third-party.

For full information on FamilyCare Health Plans Medicare benefits, call our Customer Service Department at 866-798-CARE or TTY 800-735-2900. We are here for you Monday - Friday, 8:00 a.m. to 8:00 p.m. We have extended hours during Open Enrollment - contact us for details.

FamilyCare Health Plans is a Medicare Advantage Organization with a Medicare Contract. Our contract with CMS is renewed annually and the availability of coverage beyond the end of the current contract year is not guaranteed.

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

1-800-MEDICARE (1-800-633-4227).
TTY/TDD users should call
1-877-486-2048 24 hours a day/7 days a week;

The Social Security Administration at
1-800-772-1213 between 7 a.m. and 7 p.m.,
Monday through Friday.

TTY/TDD users should call
1-800-325-0778; or Your State
Medicaid Office

*This document is available in
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