

2009

Comprehensive Formulary List of Covered Drugs

WellCare | Private Fee-for-Service



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.



What is the WellCare Concert formulary?

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

Can the formulary change?

Generally, if you are taking a drug on our 2009 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2009 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration (FDA) 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, 2009. To get updated information about the drugs covered by WellCare Concert, please visit our Web site at www.wellcarepffs.com or call Customer Service at 1-866-238-9898, seven days a week, 8am to 2am Eastern. TTY/TDD users should call 1-866-239-6265.

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 38. 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?

WellCare Concert covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** WellCare Concert requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from WellCare Concert before you fill your prescriptions. If you don't get approval, WellCare Concert may not cover the drug.
- **Quantity Limits:** For certain drugs, WellCare Concert limits the amount of the drug that WellCare Concert will cover. For example, WellCare Concert provides 12 tablets per prescription for IMITREX 25mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, WellCare Concert 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, WellCare Concert may not cover Drug B unless you try Drug A first. If Drug A does not work for you, WellCare Concert will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1.

You can ask WellCare Concert to make an exception to these restrictions or limits. See the section, “How do I request an exception to the WellCare Concert formulary?” below 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.

If you learn that WellCare Concert does not cover your drug, you have two options:

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

You can ask WellCare Concert 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, WellCare Concert 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 Tier 3/non-preferred tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the Tier 2/preferred tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Tier 4/specialty tier.

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting a formulary, tiering or utilization restriction exception, you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 93 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 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 93 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 93 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 93 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 experience a level of care change (such as being discharged or admitted to a long-term care facility), your physician or pharmacy can call our Provider Service Center and request a one-time override. This one-time override will be for a 31-day supply (unless you have a prescription written for fewer days).

For more information

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

If you have questions about WellCare Concert, please call Customer Service at 1-866-238-9898, seven days a week, 8am to 2am Eastern. TTY/TDD users should call 1-866-239-6265. Or visit www.wellcarepffs.com.

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, seven days a week. TTY/TDD users should call 1-877-486-2048. Or visit www.medicare.gov.

WellCare Concert's formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by WellCare Concert. If you have trouble finding your drug in the list, turn to the Index that begins on page 38.

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

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

- LD stands for Limited Distribution medication. This medication is available from the WellCare Specialty Pharmacy and may be available from certain other pharmacies. For more information, please refer to the Specialty Pharmacy section of your Pharmacy Directory or contact Customer Service at 1-866-238-9898, seven days a week, 8am to 2am Eastern. TTY/TDD users, please call 1-866-239-6265.
- PA stands for Prior Authorization: Please see page II for details.
- QL stands for Quantity Limits: Please see page II for details.
- ST stands for Step Therapy: Please see page II for details.
- TR stands for a prescription drug not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Drug tier co-pay/coinsurance amounts

The WellCare Concert formulary is divided into four tiers: Tier 1 (generic), Tier 2 (preferred brand), Tier 3 (non-preferred brand), and Tier 4 (specialty drugs). Generally, the co-payment and/or coinsurance percentage amounts listed below are the amounts you pay when you fill a prescription at a network pharmacy.

Plan Name	Deductible	Tier 1: 31-Day Generic Drug Co-pay*	Tier 2: 31-Day Preferred Brand Drug Co-pay	Tier 3: 31-Day Non-Preferred Brand Drug Co-pay	Tier 4: Specialty Drug Coinsurance*	93-Day Retail/or Mail-Order Co-pay or Coinsurance*
WellCare Concert	\$0	\$0-\$3	\$28	\$58	33%	3x31-Day Co-pay or Coinsurance
*Please refer to your Summary of Benefits for the exact co-pay/coinsurance amount in your county.						

DRUG NAME	DRUG TIER	NOTES
ANALGESICS		
OPIOID ANALGESICS		
<i>acetaminophen/codeine #2</i>	GENERIC	
<i>acetaminophen/codeine #3</i>	GENERIC	
<i>acetaminophen/codeine #4</i>	GENERIC	QL
<i>acetaminophen/codeine soln</i>	GENERIC	
<i>acetaminophen/codeine tabs 300mg; 15mg</i>	GENERIC	
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	GENERIC	QL
<i>ascomp/codeine</i>	GENERIC	
<i>buprenorphine hcl</i>	GENERIC	
<i>butalbital/aspirin/caffeine/codeine</i>	GENERIC	
<i>butalbital/acetaminophen/caffeine/codeine</i>	GENERIC	
<i>endocet</i>	GENERIC	
<i>fentanyl patches</i>	GENERIC	QL
<i>hydrocodone/acetaminophen-hs</i>	GENERIC	QL
<i>hydrocodone/acetaminophen soln</i>	GENERIC	
<i>hydrocodone/acetaminophen tabs 500mg; 5mg, 500mg; 7.5mg, 650mg; 10mg, 650mg; 7.5mg, 660mg; 10mg, 750mg; 7.5mg</i>	GENERIC	QL
<i>hydrocodone/ibuprofen</i>	GENERIC	QL
<i>hydrocodone bitartrate/acetaminophen</i>	GENERIC	QL
<i>hydromorphone hcl inj</i>	GENERIC	
<i>hydromorphone hcl tabs</i>	GENERIC	QL
<i>meperidine hcl</i>	GENERIC	
<i>methadone hcl conc, inj, oral soln</i>	GENERIC	
<i>methadone hcl tabs 10mg</i>	GENERIC	
<i>methadone hcl tabs 5mg</i>	GENERIC	QL
<i>methadose tabs 10mg</i>	GENERIC	
<i>methadose tabs 5mg</i>	GENERIC	QL
<i>morphine sulfate er</i>	GENERIC	QL
<i>morphine sulfate tabs</i>	GENERIC	QL
<i>morphine sulfate inj 1mg/ml</i>	GENERIC	
<i>morphine sulfate inj 0.5mg/ml, 5mg/ml</i>	GENERIC	
<i>nalbuphine hcl</i>	GENERIC	
<i>oxycodone hcl</i>	GENERIC	QL
<i>oxycodone/acetaminophen</i>	GENERIC	
<i>propoxyphene/acetaminophen</i>	GENERIC	QL
<i>propoxyphene hcl</i>	GENERIC	QL
<i>propoxyphene-n/acetaminophen</i>	GENERIC	QL
<i>roxicet tabs</i>	GENERIC	
<i>roxicodone</i>	GENERIC	QL

DRUG NAME	DRUG TIER	NOTES
ANALGESICS <i>(continued)</i>		
OPIOID ANALGESICS <i>(continued)</i>		
SUBOXONE	PREFERRED BRAND	
SUBUTEX	PREFERRED BRAND	
<i>tramadol hcl</i>	GENERIC	
<i>tramadol hydrochloride/acetaminophen</i>	GENERIC	
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine</i>	GENERIC	
<i>lidocaine hcl</i>	GENERIC	
<i>lidocaine/prilocaine</i>	GENERIC	
LIDODERM	NON-PREFERRED BRAND	QL, PA
ANTI-INFLAMMATORY AGENTS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>diclofenac potassium</i>	GENERIC	
<i>diclofenac sodium</i>	GENERIC	
<i>diclofenac sodium dr</i>	GENERIC	
<i>diclofenac sodium er</i>	GENERIC	
<i>diflunisal</i>	GENERIC	
<i>etodolac</i>	GENERIC	
<i>fenoprofen calcium</i>	GENERIC	
<i>flurbiprofen</i>	GENERIC	
<i>ibuprofen</i>	GENERIC	
<i>indomethacin</i>	GENERIC	
<i>ketoprofen</i>	GENERIC	
<i>ketorolac tromethamine</i>	GENERIC	
<i>meloxicam tabs</i>	GENERIC	
<i>nabumetone</i>	GENERIC	
<i>naproxen</i>	GENERIC	
<i>naproxen sodium</i>	GENERIC	
<i>oxaprozin</i>	GENERIC	
<i>piroxicam</i>	GENERIC	
<i>sulindac</i>	GENERIC	
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate</i>	GENERIC	PA
<i>gentamicin sulfate cream, external oint, ophthalmic oint, ophthalmic soln</i>	GENERIC	
<i>gentamicin sulfate inj 10mg/ml</i>	GENERIC	
<i>gentamicin sulfate inj 40mg/ml</i>	GENERIC	

DRUG NAME	DRUG TIER	NOTES
ANTIBACTERIALS <i>(continued)</i>		
AMINOGLYCOSIDES <i>(continued)</i>		
<i>neomycin sulfate</i>	GENERIC	
<i>paromomycin sulfate</i>	GENERIC	
<i>tobramycin sulfate</i>	GENERIC	
ANTIBACTERIALS, OTHER		
<i>bacitracin</i>	GENERIC	
<i>bacitracin/neomycin/polymyxin</i>	GENERIC	
<i>clindamycin hcl</i>	GENERIC	
<i>clindamycin phosphate inj</i>	GENERIC	
<i>colistimethate sodium</i>	GENERIC	
<i>methenamine hippurate</i>	GENERIC	
<i>metronidazole caps, cream, tabs</i>	GENERIC	
<i>mupirocin</i>	GENERIC	
NEUTREXIN	SPECIALTY	PA
<i>nitrofurantoin macrocrystalline</i>	GENERIC	
<i>nitrofurantoin monohydrate</i>	GENERIC	
<i>silver sulfadiazine</i>	GENERIC	
<i>trimethoprim</i>	GENERIC	
TYGACIL	NON-PREFERRED BRAND	
VANCOGIN HCL	PREFERRED BRAND	PA
<i>vancomycin hcl</i>	GENERIC	
VANCOMYCIN HCL ISO-OSMOTIC DEXTROSE INJ 1GM/200ML	PREFERRED BRAND	PA
<i>vandazole</i>	GENERIC	
ZYVOX	SPECIALTY	QL, PA
BETA-LACTAM, CEPHALOSPORINS		
<i>cefaclor</i>	GENERIC	
<i>cefadroxil</i>	GENERIC	
<i>cefazolin sodium inj 10gm, 1gm; 5%, 20gm, 500mg; 5%, 500mg</i>	GENERIC	
<i>cefepime</i>	GENERIC	
<i>cefotaxime sodium inj 10gm, 1gm, 2gm, 500mg</i>	GENERIC	
<i>cefoxitin sodium</i>	GENERIC	
<i>cefpodoxime proxetil</i>	GENERIC	
<i>cefprozil</i>	GENERIC	
<i>ceftriaxone inj</i>	GENERIC	
<i>cefuroxime axetil</i>	GENERIC	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	GENERIC	
<i>cephalexin</i>	GENERIC	
FORTAZ INJ 2GM	PREFERRED BRAND	

DRUG NAME	DRUG TIER	NOTES
ANTIBACTERIALS <i>(continued)</i>		
BETA-LACTAM, CEPHALOSPORINS <i>(continued)</i>		
FORTAZ INJ 1GM	PREFERRED BRAND	
FORTAZ INJ 2GM/50ML, 500MG, 6GM	PREFERRED BRAND	
MAXIPIME INJ 1GM	PREFERRED BRAND	
MAXIPIME INJ 2GM	PREFERRED BRAND	
MAXIPIME INJ 500MG	PREFERRED BRAND	
ZINACEF IN ISO-OSMOTIC DEXTROSE	NON-PREFERRED BRAND	
ZINACEF IN ISO-OSMOTIC DILUENT	NON-PREFERRED BRAND	
BETA-LACTAM, OTHER		
INVANZ	PREFERRED BRAND	
PRIMAXIN IV	NON-PREFERRED BRAND	
BETA-LACTAM, PENICILLINS		
<i>amoxicillin/clavulanate potassium</i>	GENERIC	
<i>amoxicillin/potassium clavulanate</i>	GENERIC	
<i>amoxicillin caps, susp, tabs</i>	GENERIC	
<i>ampicillin</i>	GENERIC	
<i>ampicillin sodium inj 1gm</i>	GENERIC	
<i>ampicillin sodium inj 2gm</i>	GENERIC	
<i>ampicillin-sulbactam</i>	GENERIC	
<i>dicloxacillin sodium</i>	GENERIC	
<i>oxacillin sodium inj 1gm</i>	GENERIC	
<i>oxacillin sodium inj 10gm, 2gm</i>	GENERIC	
<i>penicillin g potassium</i>	GENERIC	
<i>penicillin g potassium in iso-osmotic dextrose</i>	GENERIC	
<i>penicillin g procaine</i>	GENERIC	
<i>penicillin g sodium</i>	GENERIC	
<i>penicillin v potassium</i>	GENERIC	
<i>piperacillin sodium</i>	GENERIC	
TIMENTIN	PREFERRED BRAND	
ZOSYN	NON-PREFERRED BRAND	
MACROLIDES		
<i>azithromycin inj, susp, tabs</i>	GENERIC	
<i>clarithromycin tabs</i>	GENERIC	
<i>ery</i>	GENERIC	
<i>ery-tab</i>	GENERIC	
<i>erythrocin lactobionate</i>	GENERIC	
<i>erythrocin stearate</i>	GENERIC	
<i>erythromycin/sulfisoxazole</i>	GENERIC	
<i>erythromycin base</i>	GENERIC	
<i>erythromycin ethylsuccinate</i>	GENERIC	

DRUG NAME	DRUG TIER	NOTES
ANTIBACTERIALS <i>(continued)</i>		
MACROLIDES <i>(continued)</i>		
<i>erythromycin gel, oint, soln</i>	GENERIC	
KETEK	NON-PREFERRED BRAND	PA
QUINOLONES		
AVELOX TABS	PREFERRED BRAND	
CIPRO I.V. INJ 200MG	PREFERRED BRAND	
<i>ciprofloxacin</i>	GENERIC	
<i>ciprofloxacin hcl</i>	GENERIC	
<i>ciprofloxacin i.v.-in d5w</i>	GENERIC	
LEVAQUIN PREMIX	PREFERRED BRAND	
LEVAQUIN INJ, TABS	PREFERRED BRAND	
<i>ofloxacin tabs</i>	GENERIC	
VIGAMOX	PREFERRED BRAND	
ZYMAR	PREFERRED BRAND	
SULFONAMIDES		
<i>sulfadiazine</i>	GENERIC	
<i>sulfamethoxazole/trimethoprim</i>	GENERIC	
<i>sulfamethoxazole/trimethoprim ds</i>	GENERIC	
TETRACYCLINES		
<i>doxycycline hyclate caps, inj, tabs</i>	GENERIC	
<i>minocycline hcl</i>	GENERIC	
<i>tetracycline hcl</i>	GENERIC	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
KEPPRA	PREFERRED BRAND	
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN	NON-PREFERRED BRAND	
<i>ethosuximide</i>	GENERIC	
LYRICA	NON-PREFERRED BRAND	PA
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
DEPAKENE SYRP	PREFERRED BRAND	
<i>depakene caps</i>	GENERIC	
DEPAKOTE	PREFERRED BRAND	
DEPAKOTE ER	PREFERRED BRAND	
DEPAKOTE SPRINKLES	PREFERRED BRAND	
<i>gabapentin</i>	GENERIC	
GABITRIL	NON-PREFERRED BRAND	
NEURONTIN SOLN	NON-PREFERRED BRAND	
<i>primidone</i>	GENERIC	

DRUG NAME	DRUG TIER	NOTES
ANTICONVULSANTS <i>(continued)</i>		
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS <i>(continued)</i>		
<i>valproate sodium</i>	GENERIC	
<i>valproic acid</i>	GENERIC	
<i>zonisamide</i>	GENERIC	
GLUTAMATE REDUCING AGENTS		
FELBATOL	PREFERRED BRAND	
<i>lamotrigine</i>	GENERIC	
<i>lamotrigine chewable dispersible</i>	GENERIC	
TOPAMAX	PREFERRED BRAND	PA
TOPAMAX SPRINKLE	PREFERRED BRAND	PA
SODIUM CHANNEL INHIBITORS		
<i>carbamazepine</i>	GENERIC	
DILANTIN INFATABS	NON-PREFERRED BRAND	
DILANTIN CAPS 30MG	NON-PREFERRED BRAND	
<i>epitol</i>	GENERIC	
<i>fosphenytoin sodium</i>	GENERIC	
<i>oxcarbazepine</i>	GENERIC	PA
PEGANONE	NON-PREFERRED BRAND	
PHENYTEK	PREFERRED BRAND	
<i>phenytoin</i>	GENERIC	
<i>phenytoin sodium</i>	GENERIC	
<i>phenytoin sodium extended</i>	GENERIC	
TRILEPTAL SUSP	NON-PREFERRED BRAND	
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
<i>ergoloid mesylates</i>	GENERIC	
CHOLINESTERASE INHIBITORS		
ARICEPT	NON-PREFERRED BRAND	
ARICEPT ODT	NON-PREFERRED BRAND	
EXELON	PREFERRED BRAND	
RAZADYNE	NON-PREFERRED BRAND	
RAZADYNE ER	NON-PREFERRED BRAND	
GLUTAMATE PATHWAY MODIFIERS		
NAMENDA	PREFERRED BRAND	
NAMENDA TITRATION PAK	PREFERRED BRAND	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
<i>budeprion sr</i>	GENERIC	
<i>budeprion xl</i>	GENERIC	

DRUG NAME	DRUG TIER	NOTES
ANTIDEPRESSANTS <i>(continued)</i>		
ANTIDEPRESSANTS, OTHER <i>(continued)</i>		
<i>bupropion hcl</i>	GENERIC	
<i>bupropion hcl sr</i>	GENERIC	
<i>mirtazapine</i>	GENERIC	
<i>mirtazapine odt</i>	GENERIC	
<i>nefazodone hcl</i>	GENERIC	
<i>trazodone hcl</i>	GENERIC	
<i>venlafaxine hcl</i>	GENERIC	
MONOAMINE OXIDASE INHIBITORS		
EMSAM	NON-PREFERRED BRAND	PA
MARPLAN	PREFERRED BRAND	
NARDIL	PREFERRED BRAND	
<i>tranylcypromine sulfate</i>	GENERIC	
SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS		
<i>citalopram hydrobromide</i>	GENERIC	
CYMBALTA	NON-PREFERRED BRAND	ST
<i>fluoxetine hcl caps, soln</i>	GENERIC	
<i>fluvoxamine maleate</i>	GENERIC	
LEXAPRO	NON-PREFERRED BRAND	ST
<i>paroxetine hcl</i>	GENERIC	
<i>sertraline hcl</i>	GENERIC	
TRICYCLICS		
<i>amitriptyline hcl</i>	GENERIC	
<i>amoxapine</i>	GENERIC	
<i>chlordiazepoxide/amitriptyline</i>	GENERIC	
<i>clomipramine hcl</i>	GENERIC	
<i>desipramine hcl</i>	GENERIC	
<i>doxepin hcl</i>	GENERIC	
<i>imipramine hcl</i>	GENERIC	
<i>imipramine pamoate</i>	GENERIC	
<i>maprotiline hcl</i>	GENERIC	
<i>nortriptyline hcl</i>	GENERIC	
<i>perphenazine/amitriptyline</i>	GENERIC	
SURMONTIL	NON-PREFERRED BRAND	
<i>trimipramine maleate</i>	GENERIC	
VIVACTIL	NON-PREFERRED BRAND	
ANTIDOTES, DETERRENTS, AND TOXICOLOGIC AGENTS		
ANTIDOTES		
ANTIZOL	SPECIALTY	

DRUG NAME	DRUG TIER	NOTES
ANTIDOTES, DETERRENTS, AND TOXICOLOGIC AGENTS <i>(continued)</i>		
ANTIDOTES <i>(continued)</i>		
<i>cuprimine</i>	GENERIC	
EXJADE	SPECIALTY	PA, LD
<i>fomepizole</i>	GENERIC	
<i>sodium polystyrene sulfonate</i>	GENERIC	
<i>sps</i>	GENERIC	
SYPRINE	NON-PREFERRED BRAND	
DETERRENTS		
ANTABUSE	PREFERRED BRAND	
<i>buproban</i>	GENERIC	
CAMPRAL	NON-PREFERRED BRAND	
CHANTIX	NON-PREFERRED BRAND	QL
NICOTROL NS	PREFERRED BRAND	
TOXICOLOGIC AGENTS		
<i>naltrexone hcl</i>	GENERIC	
SUBOXONE	PREFERRED BRAND	
ANTIEMETICS		
ANTIEMETICS		
<i>dronabinol</i>	GENERIC	PA
EMEND TRIFOLD PACK	PREFERRED BRAND	PA
EMEND CAPS 125MG, 80MG	PREFERRED BRAND	PA
<i>metoclopramide hcl</i>	GENERIC	
<i>ondansetron hcl inj, oral soln</i>	GENERIC	
<i>ondansetron hcl tabs 24mg</i>	GENERIC	
<i>ondansetron hcl tabs 4mg, 8mg</i>	GENERIC	QL
<i>ondansetron odt</i>	GENERIC	QL
<i>phenadoz</i>	GENERIC	
<i>prochlorperazine</i>	GENERIC	
<i>prochlorperazine edisylate</i>	GENERIC	
<i>prochlorperazine maleate</i>	GENERIC	
<i>promethazine hcl plain</i>	GENERIC	
<i>promethazine hcl supp, syrup, tabs</i>	GENERIC	
<i>promethazine hcl inj 50mg/ml</i>	GENERIC	
<i>promethazine hcl inj 25mg/ml</i>	GENERIC	
<i>promethegan</i>	GENERIC	
ANTIFUNGALS		
ANTIFUNGALS		
<i>amphotericin b</i>	GENERIC	
ANCOBON	NON-PREFERRED BRAND	PA

DRUG NAME	DRUG TIER	NOTES
ANTIFUNGALS <i>(continued)</i>		
ANTIFUNGALS <i>(continued)</i>		
<i>ciclopirox</i>	GENERIC	
<i>ciclopirox nail lacquer</i>	GENERIC	PA
<i>ciclopirox olamine</i>	GENERIC	
<i>clotrimazole/betamethasone dipropionate</i>	GENERIC	
<i>clotrimazole cream</i>	GENERIC	
<i>econazole nitrate</i>	GENERIC	
<i>fluconazole inj</i>	GENERIC	PA
<i>fluconazole susp</i>	GENERIC	
<i>fluconazole tabs 100mg, 200mg, 50mg</i>	GENERIC	
<i>fluconazole tabs 150mg</i>	GENERIC	QL
<i>grifulvin v tabs</i>	GENERIC	
<i>griseofulvin microsize</i>	GENERIC	
<i>itraconazole</i>	GENERIC	PA
<i>ketoconazole</i>	GENERIC	
MYCAMINE	SPECIALTY	PA
NAFTIN	PREFERRED BRAND	
<i>nystatin</i>	GENERIC	
<i>nystatin/triamcinolone</i>	GENERIC	
<i>nystop</i>	GENERIC	
OXISTAT	PREFERRED BRAND	
<i>selenium sulfide</i>	GENERIC	
<i>terbinafine hcl</i>	GENERIC	PA
<i>terconazole</i>	GENERIC	
ANTIGOUT AGENTS		
ANTIGOUT AGENTS		
<i>allopurinol</i>	GENERIC	
<i>colchicine</i>	GENERIC	
<i>probenecid</i>	GENERIC	
ANTIMIGRAINE AGENTS		
ABORTIVE		
<i>dihydroergotamine mesylate</i>	GENERIC	
<i>ergotamine tartrate/caffeine</i>	GENERIC	
IMITREX STATDOSE REFILL INJ 6MG/0.5ML	PREFERRED BRAND	
IMITREX INJ	PREFERRED BRAND	
IMITREX NASAL SOLN, TABS	PREFERRED BRAND	QL
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>bethanechol chloride</i>	GENERIC	

DRUG NAME	DRUG TIER	NOTES
ANTIMYASTHENIC AGENTS <i>(continued)</i>		
PARASYMPATHOMIMETICS <i>(continued)</i>		
GUANIDINE HCL	PREFERRED BRAND	
MESTINON TIMESPAN	PREFERRED BRAND	
MESTINON SYRP	PREFERRED BRAND	
<i>pyridostigmine bromide</i>	GENERIC	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
DAPSONE	PREFERRED BRAND	
MYCOBUTIN	NON-PREFERRED BRAND	
ANTITUBERCULARS		
<i>ethambutol hcl</i>	GENERIC	
<i>isoniazid syrp, tabs</i>	GENERIC	
PRIFTIN	NON-PREFERRED BRAND	
<i>pyrazinamide</i>	GENERIC	
<i>rifampin</i>	GENERIC	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
CEENU	PREFERRED BRAND	
HEXALEN	NON-PREFERRED BRAND	PA
LEUKERAN	PREFERRED BRAND	
MATULANE	NON-PREFERRED BRAND	PA
TREANDA	SPECIALTY	PA
ANTIANGIOGENIC AGENTS		
REVLIMID	SPECIALTY	PA, LD
THALOMID	SPECIALTY	PA
ANTIESTROGENS/MODIFIERS		
EMCYT	SPECIALTY	PA
FARESTON	NON-PREFERRED BRAND	PA
FASLODEX	SPECIALTY	PA
SOLTAMOX	PREFERRED BRAND	
<i>tamoxifen citrate</i>	GENERIC	
ANTIMETABOLITES		
DROXIA	PREFERRED BRAND	
ELITEK	SPECIALTY	PA
<i>hydroxyurea</i>	GENERIC	
<i>mercaptopurine</i>	GENERIC	
TABLOID	NON-PREFERRED BRAND	PA
ANTINEOPLASTICS, OTHER		
<i>bleomycin sulfate</i>	GENERIC	PA

DRUG NAME	DRUG TIER	NOTES
ANTINEOPLASTICS <i>(continued)</i>		
ANTINEOPLASTICS, OTHER <i>(continued)</i>		
<i>idarubicin hcl</i>	GENERIC	
<i>ifosfamide</i>	GENERIC	
IXEMPRA KIT	SPECIALTY	PA
<i>mesna</i>	GENERIC	
MESNEX TABS	SPECIALTY	
<i>mitoxantrone hcl</i>	GENERIC	PA
ONTAK	SPECIALTY	PA
<i>pentostatin</i>	GENERIC	PA
PROLEUKIN	SPECIALTY	PA
TRISENOX	SPECIALTY	PA
TYKERB	SPECIALTY	PA
VELCADE	SPECIALTY	PA
VIDAZA	SPECIALTY	PA
ZOLINZA	SPECIALTY	PA
AROMATASE INHIBITORS, 3RD GENERATION		
ARIMIDEX	NON-PREFERRED BRAND	
AROMASIN	PREFERRED BRAND	
FEMARA	PREFERRED BRAND	PA
MOLECULAR TARGET INHIBITORS		
GLEEVEC	SPECIALTY	PA
IRESSA	SPECIALTY	PA, LD
NEXAVAR	SPECIALTY	PA, LD
SPRYCEL	SPECIALTY	
SUTENT	SPECIALTY	PA
TARCEVA	SPECIALTY	PA
TASIGNA	SPECIALTY	PA
MONOCLONAL ANTIBODIES		
CAMPATH	SPECIALTY	PA, LD
RITUXAN	SPECIALTY	PA, LD
RETINOIDS		
PANRETIN	PREFERRED BRAND	
TARGRETIN	PREFERRED BRAND	PA
<i>tretinoin</i>	GENERIC	
ANTIPARASITICS		
ANTHELMINTICS		
<i>mebendazole</i>	GENERIC	
MINTEZOL	PREFERRED BRAND	

DRUG NAME	DRUG TIER	NOTES
ANTIPARASITICS <i>(continued)</i>		
ANTIPROTOZOALS		
<i>chloroquine phosphate</i>	GENERIC	
DARAPRIM	PREFERRED BRAND	
<i>hydroxychloroquine sulfate</i>	GENERIC	
<i>mefloquine hcl</i>	GENERIC	
TINDAMAX	PREFERRED BRAND	
PEDICULICIDES/SCABICIDES		
<i>acticin</i>	GENERIC	
EURAX	NON-PREFERRED BRAND	
<i>permethrin</i>	GENERIC	
ANTIPARKINSON AGENTS		
ANTIPARKINSON AGENTS		
<i>amantadine hcl</i>	GENERIC	
<i>benztropine mesylate</i>	GENERIC	
<i>bromocriptine mesylate</i>	GENERIC	
<i>carbidopa/levodopa</i>	GENERIC	
<i>carbidopa/levodopa cr</i>	GENERIC	
<i>carbidopa/levodopa er</i>	GENERIC	
<i>carbidopa/levodopa sr</i>	GENERIC	
COMTAN	PREFERRED BRAND	
KEMADRIN	PREFERRED BRAND	
MIRAPEX TABS 0.125MG, 0.25MG, 0.5MG, 1.5MG, 1MG	PREFERRED BRAND	
<i>ropinirole hcl</i>	GENERIC	
<i>selegiline hcl</i>	GENERIC	
TASMAR	NON-PREFERRED BRAND	
<i>trihexyphenidyl hcl</i>	GENERIC	
ANTIPSYCHOTICS		
ATYPICALS		
ABILIFY	NON-PREFERRED BRAND	QL, PA
ABILIFY DISCMELT	NON-PREFERRED BRAND	QL, PA
<i>clozapine</i>	GENERIC	
FAZACLO TBDP 12.5MG	PREFERRED BRAND	
GEODON	NON-PREFERRED BRAND	QL, PA
INVEGA	NON-PREFERRED BRAND	QL, PA
RISPERDAL CONSTA INJ 12.5MG, 25MG	NON-PREFERRED BRAND	QL, PA
RISPERDAL CONSTA INJ 37.5MG, 50MG	SPECIALTY	QL, PA
RISPERDAL M-TAB	PREFERRED BRAND	QL
RISPERDAL SOLN	PREFERRED BRAND	QL

DRUG NAME	DRUG TIER	NOTES
ANTIPSYCHOTICS <i>(continued)</i>		
ATYPICALS <i>(continued)</i>		
<i>risperidone</i>	GENERIC	QL
SEROQUEL	PREFERRED BRAND	QL
SEROQUEL XR	PREFERRED BRAND	QL
SYMBYAX	NON-PREFERRED BRAND	QL, PA
ZYPREXA	NON-PREFERRED BRAND	QL, PA
ZYPREXA ZYDIS	NON-PREFERRED BRAND	QL, PA
CONVENTIONAL		
<i>chlorpromazine hcl</i>	GENERIC	
<i>fluphenazine decanoate</i>	GENERIC	
<i>fluphenazine hcl</i>	GENERIC	
<i>haloperidol</i>	GENERIC	
<i>haloperidol decanoate</i>	GENERIC	
<i>haloperidol lactate</i>	GENERIC	
<i>loxapine succinate</i>	GENERIC	
MOBAN	NON-PREFERRED BRAND	
NAVANE CAPS 20MG	PREFERRED BRAND	
ORAP	PREFERRED BRAND	
<i>perphenazine</i>	GENERIC	
<i>thioridazine hcl</i>	GENERIC	
<i>thiothixene</i>	GENERIC	
<i>trifluoperazine hcl</i>	GENERIC	
ANTISPASTICITY AGENTS		
ANTISPASTICITY AGENTS		
<i>baclofen</i>	GENERIC	
<i>tizanidine hcl</i>	GENERIC	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
CYTOVENE	SPECIALTY	PA
<i>foscarnet sodium</i>	GENERIC	PA
<i>ganciclovir</i>	GENERIC	
VALCYTE	NON-PREFERRED BRAND	PA
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS		
RESCRIPTOR	PREFERRED BRAND	
SUSTIVA	PREFERRED BRAND	
VIRAMUNE	PREFERRED BRAND	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS		
ATRIPLA	SPECIALTY	
COMBIVIR	PREFERRED BRAND	

DRUG NAME	DRUG TIER	NOTES
ANTIVIRALS <i>(continued)</i>		
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS <i>(continued)</i>		
EMTRIVA	PREFERRED BRAND	
EPIVIR	PREFERRED BRAND	
EPIVIR HBV	PREFERRED BRAND	
EPZICOM	PREFERRED BRAND	
INTELENCE	PREFERRED BRAND	
RETROVIR IV INFUSION	NON-PREFERRED BRAND	
TRIZIVIR	PREFERRED BRAND	
TRUVADA	NON-PREFERRED BRAND	
VIDEX EC	PREFERRED BRAND	
VIDEX PEDIATRIC	PREFERRED BRAND	
VIREAD	PREFERRED BRAND	
ZERIT	PREFERRED BRAND	
ZIAGEN	PREFERRED BRAND	
<i>zidovudine</i>	GENERIC	
ANTI-HIV AGENTS, OTHER		
FUZEON	PREFERRED BRAND	
ISENTRESS	SPECIALTY	
SELZENTRY	SPECIALTY	
ANTI-HIV AGENTS, PROTEASE INHIBITORS		
APTIVUS	NON-PREFERRED BRAND	
CRIXIVAN	PREFERRED BRAND	
INVIRASE	PREFERRED BRAND	
KALETRA	NON-PREFERRED BRAND	
LEXIVA	PREFERRED BRAND	
NORVIR	PREFERRED BRAND	
PREZISTA	SPECIALTY	
REYATAZ	PREFERRED BRAND	
VIRACEPT	PREFERRED BRAND	
ANTI-INFLUENZA AGENTS		
RELENZA DISKHALER	PREFERRED BRAND	
<i>rimantadine hcl</i>	GENERIC	
TAMIFLU	PREFERRED BRAND	
ANTIHEPATITIS AGENTS		
BARACLUDE	NON-PREFERRED BRAND	
HEPSERA	NON-PREFERRED BRAND	
<i>ribavirin tabs</i>	GENERIC	
TYZEKA	NON-PREFERRED BRAND	PA
ANTIHERPETIC AGENTS		
<i>acyclovir</i>	GENERIC	

DRUG NAME	DRUG TIER	NOTES
ANTIVIRALS <i>(continued)</i>		
ANTIHERPETIC AGENTS <i>(continued)</i>		
<i>acyclovir sodium</i>	GENERIC	
DENAVIR	NON-PREFERRED BRAND	
<i>famciclovir</i>	GENERIC	
VALTREX	PREFERRED BRAND	QL
ZOVIRAX CREAM, OINT	NON-PREFERRED BRAND	
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<i>bupirone hcl</i>	GENERIC	
<i>meprobamate</i>	GENERIC	
BIPOLAR AGENTS		
BIPOLAR AGENTS		
<i>lithium carbonate</i>	GENERIC	
<i>lithium carbonate er</i>	GENERIC	
<i>lithium citrate</i>	GENERIC	
SYMBYAX	NON-PREFERRED BRAND	QL, PA
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
<i>acarbose</i>	GENERIC	
ACTOPLUS MET	NON-PREFERRED BRAND	
ACTOS	NON-PREFERRED BRAND	
AVANDAMET	PREFERRED BRAND	
AVANDARYL	PREFERRED BRAND	
AVANDIA	PREFERRED BRAND	
BYETTA	NON-PREFERRED BRAND	PA
<i>chlorpropamide</i>	GENERIC	
<i>glimepiride</i>	GENERIC	
<i>glipizide</i>	GENERIC	
<i>glipizide er</i>	GENERIC	
<i>glipizide/metformin hcl</i>	GENERIC	
<i>glyburide</i>	GENERIC	
<i>glyburide micronized</i>	GENERIC	
<i>glyburide/metformin hcl</i>	GENERIC	
JANUMET	NON-PREFERRED BRAND	ST
JANUVIA	NON-PREFERRED BRAND	ST
<i>metformin hcl</i>	GENERIC	
<i>metformin hcl er</i>	GENERIC	
PRANDIN	PREFERRED BRAND	
STARLIX	NON-PREFERRED BRAND	

DRUG NAME	DRUG TIER	NOTES
BLOOD GLUCOSE REGULATORS (continued)		
ANTIDIABETIC AGENTS (continued)		
SYMLIN	PREFERRED BRAND	PA
<i>tolazamide</i>	GENERIC	
<i>tolbutamide</i>	GENERIC	
GLYCEMIC AGENTS		
GLUCAGON EMERGENCY KIT	PREFERRED BRAND	QL
PROGLYCEM	NON-PREFERRED BRAND	
INSULINS		
HUMALOG	PREFERRED BRAND	
HUMALOG MIX 75/25	PREFERRED BRAND	
HUMALOG MIX 75/25 PEN	PREFERRED BRAND	
HUMALOG PEN	PREFERRED BRAND	
HUMULIN 50/50	PREFERRED BRAND	
HUMULIN 70/30	PREFERRED BRAND	
HUMULIN 70/30 PEN	PREFERRED BRAND	
HUMULIN N	PREFERRED BRAND	
HUMULIN N U-100 PEN	PREFERRED BRAND	
HUMULIN R	PREFERRED BRAND	
LANTUS	PREFERRED BRAND	
LANTUS SOLOSTAR	PREFERRED BRAND	
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		
ANTICOAGULANTS		
ARIXTRA	SPECIALTY	QL
COUMADIN	NON-PREFERRED BRAND	
<i>heparin sodium</i>	GENERIC	
<i>jantoven</i>	GENERIC	
LOVENOX INJ 30MG/0.3ML, 40MG/0.4ML	PREFERRED BRAND	QL
LOVENOX INJ 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 60MG/0.6ML, 80MG/0.8ML	SPECIALTY	QL
<i>warfarin sodium</i>	GENERIC	
BLOOD FORMATION PRODUCTS		
NEUPOGEN	SPECIALTY	PA
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	PREFERRED BRAND	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	SPECIALTY	PA
COAGULANTS		
CYKLOKAPRON	PREFERRED BRAND	
PLATELET AGGREGATION INHIBITORS		
AGGRENOX	NON-PREFERRED BRAND	
<i>cilostazol</i>	GENERIC	

DRUG NAME	DRUG TIER	NOTES
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS <i>(continued)</i>		
PLATELET AGGREGATION INHIBITORS <i>(continued)</i>		
<i>dipyridamole</i>	GENERIC	
PLAVIX	PREFERRED BRAND	
<i>ticlopidine hcl</i>	GENERIC	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine hcl</i>	GENERIC	
<i>clorpres</i>	GENERIC	
<i>guanabenz acetate</i>	GENERIC	
<i>guanfacine hcl</i>	GENERIC	
<i>methyldopa</i>	GENERIC	
<i>methyldopa/hydrochlorothiazide</i>	GENERIC	
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>prazosin hcl</i>	GENERIC	
<i>reserpine</i>	GENERIC	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i>	GENERIC	
<i>disopyramide phosphate</i>	GENERIC	
<i>disopyramide phosphate er</i>	GENERIC	
<i>flecainide acetate</i>	GENERIC	
<i>mexiletine hcl</i>	GENERIC	
<i>procainamide hcl</i>	GENERIC	
<i>propafenone hcl</i>	GENERIC	
<i>quinidine gluconate sa</i>	GENERIC	
<i>quinidine sulfate</i>	GENERIC	
<i>quinidine sulfate er</i>	GENERIC	
<i>sotalol hcl</i>	GENERIC	
TIKOSYN	NON-PREFERRED BRAND	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	GENERIC	
<i>atenolol</i>	GENERIC	
<i>atenolol/chlorthalidone</i>	GENERIC	
<i>betaxolol hcl</i>	GENERIC	
<i>bisoprolol fumarate</i>	GENERIC	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	GENERIC	
<i>carvedilol</i>	GENERIC	
COREG CR	PREFERRED BRAND	
<i>labetalol hcl</i>	GENERIC	
<i>metoprolol/hydrochlorothiazide</i>	GENERIC	

DRUG NAME	DRUG TIER	NOTES
CARDIOVASCULAR AGENTS <i>(continued)</i>		
BETA-ADRENERGIC BLOCKING AGENTS <i>(continued)</i>		
<i>metoprolol succinate er</i>	GENERIC	
<i>metoprolol tartrate</i>	GENERIC	
<i>nadolol</i>	GENERIC	
<i>pindolol</i>	GENERIC	
<i>propranolol/hydrochlorothiazide</i>	GENERIC	
<i>propranolol hcl</i>	GENERIC	
<i>propranolol hcl er</i>	GENERIC	
<i>timolol maleate</i>	GENERIC	
CALCIUM CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate</i>	GENERIC	
<i>cartia xt</i>	GENERIC	
<i>diltiazem hcl</i>	GENERIC	
<i>diltiazem hcl er</i>	GENERIC	
<i>felodipine er</i>	GENERIC	
<i>nicardipine hcl</i>	GENERIC	
<i>nifediac cc</i>	GENERIC	
<i>nifedical xl</i>	GENERIC	
<i>nifedipine</i>	GENERIC	
<i>nifedipine er</i>	GENERIC	
<i>taztia xt</i>	GENERIC	
<i>verapamil hcl</i>	GENERIC	
<i>verapamil hcl er</i>	GENERIC	
CARDIOVASCULAR AGENTS, OTHER		
<i>digitek</i>	GENERIC	
<i>digoxin</i>	GENERIC	
RANEXA	PREFERRED BRAND	PA
DIURETICS		
<i>acetazolamide</i>	GENERIC	
<i>amiloride/hydrochlorothiazide</i>	GENERIC	
<i>amiloride hcl</i>	GENERIC	
<i>bumetanide</i>	GENERIC	
<i>chlorothiazide</i>	GENERIC	
<i>chlorthalidone</i>	GENERIC	
DIAMOX	NON-PREFERRED BRAND	
EDECIN	PREFERRED BRAND	
<i>furosemide soln, tabs</i>	GENERIC	
<i>hydrochlorothiazide caps</i>	GENERIC	
<i>hydrochlorothiazide tabs 25mg, 50mg</i>	GENERIC	
<i>indapamide</i>	GENERIC	

DRUG NAME	DRUG TIER	NOTES
CARDIOVASCULAR AGENTS <i>(continued)</i>		
DIURETICS <i>(continued)</i>		
<i>methyclothiazide</i>	GENERIC	
<i>metolazone</i>	GENERIC	
<i>toremide</i>	GENERIC	
<i>triamterene/hydrochlorothiazide</i>	GENERIC	
DYSLIPIDEMICS		
<i>cholestyramine</i>	GENERIC	
<i>cholestyramine light</i>	GENERIC	
<i>colestipol hcl</i>	GENERIC	
<i>fenofibrate</i>	GENERIC	
<i>gemfibrozil</i>	GENERIC	
LESCOL XL	PREFERRED BRAND	
LOFIBRA	PREFERRED BRAND	
<i>lovastatin</i>	GENERIC	
LOVAZA	PREFERRED BRAND	PA
NIACOR	NON-PREFERRED BRAND	
<i>pravastatin sodium</i>	GENERIC	
<i>simvastatin</i>	GENERIC	
VYTORIN	NON-PREFERRED BRAND	
ZETIA	NON-PREFERRED BRAND	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>amlodipine besylate/benazepril hydrochloride</i>	GENERIC	
<i>benazepril hcl</i>	GENERIC	
<i>benazepril hcl/hydrochlorothiazide</i>	GENERIC	
BENICAR	PREFERRED BRAND	
BENICAR HCT	PREFERRED BRAND	
<i>captopril</i>	GENERIC	
<i>captopril/hydrochlorothiazide</i>	GENERIC	
COZAAR	PREFERRED BRAND	
DIOVAN	PREFERRED BRAND	
DIOVAN HCT	PREFERRED BRAND	
<i>enalapril maleate</i>	GENERIC	
<i>enalapril maleate/hydrochlorothiazide</i>	GENERIC	
<i>fosinopril sodium</i>	GENERIC	
<i>fosinopril sodium/hydrochlorothiazide</i>	GENERIC	
HYZAAR	PREFERRED BRAND	
<i>lisinopril</i>	GENERIC	
<i>lisinopril/hydrochlorothiazide</i>	GENERIC	
<i>moexipril/hydrochlorothiazide</i>	GENERIC	
<i>moexipril hcl</i>	GENERIC	

DRUG NAME	DRUG TIER	NOTES
CARDIOVASCULAR AGENTS <i>(continued)</i>		
RENIN- ANGIOTENSIN- ALDOSTERONE SYSTEM INHIBITORS <i>(continued)</i>		
<i>quinapril hcl</i>	GENERIC	
<i>quinaretic</i>	GENERIC	
<i>spironolactone</i>	GENERIC	
<i>spironolactone/hydrochlorothiazide</i>	GENERIC	
<i>trandolapril</i>	GENERIC	
UNIRETIC	NON-PREFERRED BRAND	
UNIVASC	NON-PREFERRED BRAND	
VASODILATORS		
<i>hydralazine hcl</i>	GENERIC	
<i>isosorbide dinitrate</i>	GENERIC	
<i>isosorbide mononitrate</i>	GENERIC	
<i>isosorbide mononitrate er</i>	GENERIC	
<i>minoxidil</i>	GENERIC	
<i>nitroglycerin</i>	GENERIC	
<i>nitroglycerin transdermal</i>	GENERIC	
NITROLINGUAL PUMPSPRAY	PREFERRED BRAND	
NITROSTAT	PREFERRED BRAND	
CENTRAL NERVOUS SYSTEM AGENTS		
AMPHETAMINES, ADHD		
<i>amphetamine salt combo</i>	GENERIC	
<i>dextroamphetamine sulfate</i>	GENERIC	
<i>dextroamphetamine sulfate cr</i>	GENERIC	
NON- AMPHETAMINES, ADHD		
<i>dexmethylphenidate hcl</i>	GENERIC	
FOCALIN	PREFERRED BRAND	
<i>methylin er</i>	GENERIC	
<i>methylin tabs</i>	GENERIC	
<i>methylphenidate hcl</i>	GENERIC	
<i>methylphenidate hcl er</i>	GENERIC	
NON- AMPHETAMINES, OTHER		
PROVIGIL	PREFERRED BRAND	PA
RILUTEK	NON-PREFERRED BRAND	
XYREM	SPECIALTY	PA, LD
DENTAL AND ORAL AGENTS		
DENTAL AND ORAL AGENTS		
<i>chlorhexidine gluconate</i>	GENERIC	
<i>pilocarpine hydrochloride</i>	GENERIC	
<i>triamcinolone in orabase</i>	GENERIC	

DRUG NAME	DRUG TIER	NOTES
DERMATOLOGICAL AGENTS		
DERMATOLOGICAL AGENTS		
8-MOP	PREFERRED BRAND	
ALDARA	PREFERRED BRAND	PA
<i>ammonium lactate</i>	GENERIC	
AZELEX	PREFERRED BRAND	
<i>calcipotriene</i>	GENERIC	
<i>clindamycin phosphate</i>	GENERIC	
CONDYLOX	NON-PREFERRED BRAND	
CONDYLOX W/APPLICATORS	NON-PREFERRED BRAND	
DOVONEX CREAM	NON-PREFERRED BRAND	
EFUDEX OCCLUSION PACK	NON-PREFERRED BRAND	
<i>erythromycin/benzoyl peroxide</i>	GENERIC	
FINACEA	PREFERRED BRAND	
FLUOROPLEX	NON-PREFERRED BRAND	
<i>fluorouracil</i>	GENERIC	
<i>podofilox</i>	GENERIC	
REGRANEX	NON-PREFERRED BRAND	PA
SANTYL	NON-PREFERRED BRAND	
SOLARAZE	PREFERRED BRAND	
SORIATANE CK	NON-PREFERRED BRAND	
<i>tretinoin</i>	GENERIC	
ENZYME REPLACEMENTS/MODIFIERS		
ENZYME REPLACEMENTS/MODIFIERS		
ADAGEN	SPECIALTY	PA
ALDURAZYME	SPECIALTY	PA, LD
BUPHENYL	SPECIALTY	PA
CEREDASE	SPECIALTY	PA, LD
CEREZYME	SPECIALTY	PA, LD
CYSTADANE	NON-PREFERRED BRAND	
CYSTAGON	NON-PREFERRED BRAND	PA
FABRAZYME	SPECIALTY	PA, LD
<i>lapase</i>	GENERIC	
<i>lipram-pn10</i>	GENERIC	
<i>lipram-pn16</i>	GENERIC	
<i>lipram-pn20</i>	GENERIC	
MYOZYME	SPECIALTY	PA, LD
NAGLAZYME	SPECIALTY	PA, LD
ORFADIN	SPECIALTY	PA
<i>pangestyme ec</i>	GENERIC	

DRUG NAME	DRUG TIER	NOTES
ENZYME REPLACEMENTS/MODIFIERS <i>(continued)</i>		
ENZYME REPLACEMENTS/MODIFIERS <i>(continued)</i>		
<i>panokase</i>	GENERIC	
SUCRAID	SPECIALTY	PA
ZAVESCA	SPECIALTY	PA, LD
GASTROINTESTINAL AGENTS		
ANTISPASMODICS, GASTROINTESTINAL		
<i>atropine sulfate</i>	GENERIC	
<i>dicyclomine hcl</i>	GENERIC	
<i>glycopyrrolate</i>	GENERIC	
<i>methscopolamine bromide</i>	GENERIC	
<i>propantheline bromide</i>	GENERIC	
GASTROINTESTINAL AGENTS, OTHER		
<i>diphenoxylate/atropine</i>	GENERIC	
<i>enulose</i>	GENERIC	
GASTROCROM	NON-PREFERRED BRAND	
<i>lactulose</i>	GENERIC	
<i>lofene</i>	GENERIC	
<i>loperamide hcl</i>	GENERIC	
<i>metoclopramide hcl</i>	GENERIC	
NULYTELY	PREFERRED BRAND	
<i>peg 3350/electrolytes</i>	GENERIC	
<i>ursodiol</i>	GENERIC	
HISTAMINE2 (H2) BLOCKING AGENTS		
<i>cimetidine</i>	GENERIC	
<i>famotidine premixed</i>	GENERIC	
<i>famotidine tabs</i>	GENERIC	
<i>nizatidine</i>	GENERIC	
<i>ranitidine hcl syrp, tabs</i>	GENERIC	
<i>ranitidine hcl inj 150mg/6ml, 50mg/2ml</i>	GENERIC	
IRRITABLE BOWEL SYNDROME AGENTS		
LOTRONEX	PREFERRED BRAND	
PROTECTANTS		
CARAFATE SUSP	PREFERRED BRAND	
<i>misoprostol</i>	GENERIC	
<i>sucalfate</i>	GENERIC	
PROTON PUMP INHIBITORS		
<i>omeprazole</i>	GENERIC	
<i>pantoprazole sodium</i>	GENERIC	PA
PROTONIX INJ	NON-PREFERRED BRAND	PA

DRUG NAME	DRUG TIER	NOTES
GASTROINTESTINAL AGENTS <i>(continued)</i>		
PROTON PUMP INHIBITORS <i>(continued)</i>		
ZEGERID	PREFERRED BRAND	
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
ENABLEX	PREFERRED BRAND	
<i>oxybutynin chloride</i>	GENERIC	
<i>oxybutynin chloride er</i>	GENERIC	
VESICARE	PREFERRED BRAND	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
AVODART	PREFERRED BRAND	
<i>doxazosin mesylate</i>	GENERIC	
<i>finasteride</i>	GENERIC	
FLOMAX	PREFERRED BRAND	
<i>terazosin hcl</i>	GENERIC	
GENITOURINARY AGENTS, OTHER		
THIOLA	NON-PREFERRED BRAND	
PHOSPHATE BINDERS		
FOSRENOL	PREFERRED BRAND	
PHOSLO	PREFERRED BRAND	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
GLUCOCORTICOIDS/MINERALOCORTICOIDS		
<i>alclometasone dipropionate</i>	GENERIC	
<i>amcinonide</i>	GENERIC	
<i>augmented betamethasone dipropionate oint</i>	GENERIC	
<i>betamethasone dipropionate</i>	GENERIC	
<i>betamethasone valerate</i>	GENERIC	
<i>clobetasol propionate cream, gel, oint, soln</i>	GENERIC	
CLODERM	NON-PREFERRED BRAND	
CORDRAN	NON-PREFERRED BRAND	
CORTIFOAM	NON-PREFERRED BRAND	
<i>cortisone acetate</i>	GENERIC	
DERMA-SMOOTH/FS BODY OIL	PREFERRED BRAND	
DERMA-SMOOTH/FS SCALP OIL	PREFERRED BRAND	
<i>desonide</i>	GENERIC	
<i>desoximetasone</i>	GENERIC	
<i>dexamethasone</i>	GENERIC	
<i>diflorasone diacetate</i>	GENERIC	
<i>fludrocortisone acetate</i>	GENERIC	
<i>fluocinolone acetonide</i>	GENERIC	

DRUG NAME	DRUG TIER	NOTES
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (continued)		
GLUCOCORTICOIDS/MINERALOCORTICOIDS (continued)		
<i>fluocinonide</i>	GENERIC	
<i>fluocinonide emollient base</i>	GENERIC	
<i>fluocinonide-e</i>	GENERIC	
<i>fluticasone propionate</i>	GENERIC	
<i>hydrocortisone</i>	GENERIC	
<i>hydrocortisone butyrate</i>	GENERIC	
<i>hydrocortisone valerate</i>	GENERIC	
LUXIQ	NON-PREFERRED BRAND	
MEDROL DOSEPAK	PREFERRED BRAND	
MEDROL TABS 2MG	NON-PREFERRED BRAND	
<i>methylprednisolone</i>	GENERIC	
<i>methylprednisolone acetate</i>	GENERIC	
<i>methylprednisolone sodium succinate</i>	GENERIC	
<i>mometasone furoate</i>	GENERIC	
<i>prednisolone</i>	GENERIC	
<i>prednisolone sodium phosphate</i>	GENERIC	
<i>prednisone</i>	GENERIC	
PROCTOCORT	PREFERRED BRAND	
<i>proctocream-hc</i>	GENERIC	
<i>proctosol hc</i>	GENERIC	
<i>triamcinolone acetonide</i>	GENERIC	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>chorionic gonadotropin</i>	GENERIC	PA
<i>desmopressin acetate tabs</i>	GENERIC	PA
<i>desmopressin acetate inj, nasal soln</i>	GENERIC	QL, PA
HUMATROPE	SPECIALTY	PA
HUMATROPE COMBO PACK	SPECIALTY	PA
INCRELEX	NON-PREFERRED BRAND	PA, LD
TEV-TROPIN	SPECIALTY	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANABOLIC STEROIDS		
ANADROL-50	SPECIALTY	
<i>oxandrolone</i>	GENERIC	
ANDROGENS		
ANDROGEL	PREFERRED BRAND	
ANDROGEL PUMP	PREFERRED BRAND	
ANDROID	PREFERRED BRAND	

DRUG NAME	DRUG TIER	NOTES
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (continued)		
ANDROGENS (continued)		
<i>danazol</i>	GENERIC	
<i>depo-testosterone</i>	GENERIC	
<i>testosterone cypionate inj 200mg/ml</i>	GENERIC	
<i>testosterone enanthate</i>	GENERIC	
ESTROGENS		
CENESTIN	PREFERRED BRAND	
ESTRACE	NON-PREFERRED BRAND	
ESTRADERM	PREFERRED BRAND	
<i>estradiol</i>	GENERIC	
<i>estropipate</i>	GENERIC	
MENEST	PREFERRED BRAND	
PREMARIN	PREFERRED BRAND	
PREMARIN W/APPLICATOR	PREFERRED BRAND	
VIVELLE-DOT	PREFERRED BRAND	
PROGESTINS		
<i>apri</i>	GENERIC	
ARANELLE	PREFERRED BRAND	
<i>aviane</i>	GENERIC	
<i>balziva</i>	GENERIC	
<i>brevicon-28</i>	GENERIC	
<i>camila</i>	GENERIC	
COMBIPATCH	PREFERRED BRAND	
<i>cryselle-28</i>	GENERIC	
CYCLESSA	PREFERRED BRAND	
DEPO-PROVERA	PREFERRED BRAND	
DESOGEN	PREFERRED BRAND	
<i>enpresse-28</i>	GENERIC	
<i>errin</i>	GENERIC	
ESTROSTEP FE	PREFERRED BRAND	
FEMHRT 1/5	PREFERRED BRAND	
FEMHRT LOW DOSE	PREFERRED BRAND	
<i>jolivette</i>	GENERIC	
<i>junel 1.5/30</i>	GENERIC	
<i>junel 1/20</i>	GENERIC	
<i>junel fe 1.5/30</i>	GENERIC	
<i>junel fe 1/20</i>	GENERIC	
KARIVA	PREFERRED BRAND	
<i>kelnor 1/35</i>	GENERIC	
<i>lessina-28</i>	GENERIC	

DRUG NAME	DRUG TIER	NOTES
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (continued)		
PROGESTINS (continued)		
<i>levlite-28</i>	GENERIC	
<i>levora 0.15/30-28</i>	GENERIC	
LO/OVRAL-28	PREFERRED BRAND	
LOESTRIN 1.5/30-21	PREFERRED BRAND	
LOESTRIN 1/20-21	PREFERRED BRAND	
LOESTRIN FE 1.5/30	PREFERRED BRAND	
LOESTRIN FE 1/20	PREFERRED BRAND	
<i>low-ogestrel</i>	GENERIC	
<i>lutera</i>	GENERIC	
<i>medroxyprogesterone acetate</i>	GENERIC	
<i>megestrol acetate</i>	GENERIC	
<i>microgestin 1/20</i>	GENERIC	
<i>microgestin fe</i>	GENERIC	
<i>microgestin fe 1.5/30</i>	GENERIC	
MODICON-28	PREFERRED BRAND	
<i>mononessa</i>	GENERIC	
<i>necon 0.5/35-28</i>	GENERIC	
<i>necon 1/35-28</i>	GENERIC	
<i>necon 1/50-28</i>	GENERIC	
<i>necon 10/11-28</i>	GENERIC	
<i>necon 7/7/7</i>	GENERIC	
NOR-QD	PREFERRED BRAND	
<i>nora-be</i>	GENERIC	
NORDETTE-28	PREFERRED BRAND	
<i>norethindrone acetate</i>	GENERIC	
NORINYL 1+35	PREFERRED BRAND	
<i>nortrel 0.5/35 (28)</i>	GENERIC	
<i>nortrel 1/35 (21)</i>	GENERIC	
<i>nortrel 1/35 (28)</i>	GENERIC	
<i>nortrel 7/7/7</i>	GENERIC	
NUVARING	PREFERRED BRAND	
<i>ocella</i>	GENERIC	
<i>ogestrel</i>	GENERIC	
ORTHO EVRA	PREFERRED BRAND	
ORTHO MICRONOR	PREFERRED BRAND	
ORTHO TRI-CYCLEN LO	PREFERRED BRAND	
ORTHO-CEPT-28	PREFERRED BRAND	
ORTHO-CYCLEN-28	PREFERRED BRAND	
ORTHO-NOVUM 1/50-28	PREFERRED BRAND	

DRUG NAME	DRUG TIER	NOTES
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (continued)		
PROGESTINS (continued)		
ORTHO-NOVUM 7/7/7-28	PREFERRED BRAND	
OVCON-35	PREFERRED BRAND	
OVCON-50 28	PREFERRED BRAND	
PLAN B	NON-PREFERRED BRAND	
<i>portia-28</i>	GENERIC	
PREMPHASE	PREFERRED BRAND	
PREMPRO	PREFERRED BRAND	
PREVIFEM	PREFERRED BRAND	
<i>quasense</i>	GENERIC	
<i>reclipsen</i>	GENERIC	
SEASONALE	PREFERRED BRAND	
<i>solia</i>	GENERIC	
<i>sprintec 28</i>	GENERIC	
TRI-NORINYL 28	PREFERRED BRAND	
TRI-PREVIFEM	PREFERRED BRAND	
<i>tri-sprintec</i>	GENERIC	
<i>trinessa</i>	GENERIC	
<i>trivora-28</i>	GENERIC	
<i>velivet</i>	GENERIC	
<i>zovia 1/35e</i>	GENERIC	
<i>zovia 1/50e</i>	GENERIC	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
EVISTA	PREFERRED BRAND	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
CYTOMEL	PREFERRED BRAND	
<i>levothroid</i>	GENERIC	
<i>levothyroxine sodium</i>	GENERIC	
<i>levoxyl</i>	GENERIC	
SYNTHROID	PREFERRED BRAND	
THYROLAR	PREFERRED BRAND	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
LYSODREN	PREFERRED BRAND	PA
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)		
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)		
SENSIPAR	PREFERRED BRAND	PA

DRUG NAME	DRUG TIER	NOTES
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>octreotide acetate</i>	GENERIC	PA
SOMAVERT	SPECIALTY	PA
HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)		
ANTIANDROGENS		
CASODEX	NON-PREFERRED BRAND	
<i>flutamide</i>	GENERIC	
NILANDRON	NON-PREFERRED BRAND	PA
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole</i>	GENERIC	
<i>propylthiouracil</i>	GENERIC	
IMMUNOLOGICAL AGENTS		
IMMUNE SUPPRESSANTS		
AZASAN	NON-PREFERRED BRAND	
<i>azathioprine</i>	GENERIC	
<i>azathioprine sodium</i>	GENERIC	
CELLCEPT	PREFERRED BRAND	PA
<i>cyclosporine</i>	GENERIC	PA
ENBREL	SPECIALTY	PA
HUMIRA	SPECIALTY	PA
HUMIRA PEN	SPECIALTY	PA
HUMIRA PEN-CROHNS DISEASE STARTER KIT	SPECIALTY	PA
<i>methotrexate</i>	GENERIC	
<i>methotrexate sodium</i>	GENERIC	
MYFORTIC	NON-PREFERRED BRAND	PA
PROGRAF	PREFERRED BRAND	PA
RAPAMUNE	PREFERRED BRAND	PA
REMICADE	SPECIALTY	PA
TREXALL	PREFERRED BRAND	
IMMUNIZING AGENTS, PASSIVE		
GAMUNEX	SPECIALTY	PA
OCTAGAM INJ 10GM/200ML	PREFERRED BRAND	PA
THYMOGLOBULIN	PREFERRED BRAND	PA
IMMUNOMODULATORS		
ACTIMMUNE	SPECIALTY	PA, LD
BETASERON	SPECIALTY	PA
COPAXONE	SPECIALTY	PA
INTRON-A W/DILUENT	SPECIALTY	PA

DRUG NAME	DRUG TIER	NOTES
IMMUNOLOGICAL AGENTS <i>(continued)</i>		
IMMUNOMODULATORS <i>(continued)</i>		
INTRON-A INJ 3MU/0.2ML	NON-PREFERRED BRAND	PA
INTRON-A INJ 10MU/0.2ML, 10MU/ML, 5MU/0.2ML, 6000000UNIT/ML	SPECIALTY	PA
KINERET	SPECIALTY	PA
<i>leflunomide</i>	<i>GENERIC</i>	
PEGASYS	SPECIALTY	PA
REBIF	SPECIALTY	PA
RIDAURA	PREFERRED BRAND	
VACCINES		
ACTHIB	PREFERRED BRAND	
ADACEL	PREFERRED BRAND	
ATTENUVAX	PREFERRED BRAND	
BOOSTRIX	PREFERRED BRAND	
COMVAX	PREFERRED BRAND	
DAPTACEL	PREFERRED BRAND	
DECAVAC	PREFERRED BRAND	
DIPHTHERIA/TETANUS TOXOID PEDIATRIC	PREFERRED BRAND	
ENGERIX-B	PREFERRED BRAND	PA
GARDASIL	NON-PREFERRED BRAND	PA
HAVRIX	PREFERRED BRAND	
HIBTITER	PREFERRED BRAND	
IMOVAX RABIES (H.D.C.V.)	PREFERRED BRAND	
INFANRIX	PREFERRED BRAND	
IPOL INACTIVATED IPV	PREFERRED BRAND	
JE-VAX	PREFERRED BRAND	
M-M-R II W/DILUENT 10 DOSE	PREFERRED BRAND	
MENACTRA	PREFERRED BRAND	
MENOMUNE-A/C/Y/W-135	PREFERRED BRAND	
MERUVAX II W/DILUENT 10 DOSE	NON-PREFERRED BRAND	
PEDIARIX	PREFERRED BRAND	
PEDVAX HIB	PREFERRED BRAND	
PROQUAD	PREFERRED BRAND	
RABAVERT	PREFERRED BRAND	
RECOMBIVAX HB	PREFERRED BRAND	PA
ROTATEQ	PREFERRED BRAND	
TETANUS TOXOID ADSORBED	PREFERRED BRAND	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	PREFERRED BRAND	
TRIHIBIT	PREFERRED BRAND	

DRUG NAME	DRUG TIER	NOTES
IMMUNOLOGICAL AGENTS <i>(continued)</i>		
VACCINES <i>(continued)</i>		
TRIPEDIA	PREFERRED BRAND	
TWINRIX	PREFERRED BRAND	
TYPHIM VI	PREFERRED BRAND	
VAQTA	PREFERRED BRAND	
VARIVAX	PREFERRED BRAND	
VIVOTIF BERNA	PREFERRED BRAND	
YF-VAX	PREFERRED BRAND	
ZOSTAVAX	PREFERRED BRAND	
INFLAMMATORY BOWEL DISEASE AGENTS		
GLUCOCORTICOIDS		
ENTOCORT EC	NON-PREFERRED BRAND	
<i>hydrocortisone</i>	GENERIC	
SALICYLATES		
ASACOL	PREFERRED BRAND	
<i>balsalazide disodium</i>	GENERIC	PA
CANASA	PREFERRED BRAND	
SULFONAMIDES		
<i>sulfasalazine</i>	GENERIC	
<i>sulfazine ec</i>	GENERIC	
METABOLIC BONE DISEASE AGENTS		
METABOLIC BONE DISEASE AGENTS		
ACTONEL	NON-PREFERRED BRAND	PA
ACTONEL WITH CALCIUM	NON-PREFERRED BRAND	PA
<i>alendronate sodium</i>	GENERIC	
<i>calcitriol caps, oral soln</i>	GENERIC	
<i>calcitriol inj 2mcg/ml</i>	GENERIC	
<i>etidronate disodium</i>	GENERIC	
FORTEO	SPECIALTY	PA
FORTICAL	NON-PREFERRED BRAND	
HECTOROL	PREFERRED BRAND	
MIACALCIN INJ	NON-PREFERRED BRAND	
<i>pamidronate disodium inj 30mg/10ml, 30mg, 90mg</i>	GENERIC	
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>alcohol preps</i>	GENERIC	
BD INSULIN SYRINGE SAFETYGLIDE 1ML/29G X 1/2"	PREFERRED BRAND	
BD INSULIN SYRINGE ULTRAFINE 0.3ML/31G X 5/16"	PREFERRED BRAND	

DRUG NAME	DRUG TIER	NOTES
MISCELLANEOUS THERAPEUTIC AGENTS <i>(continued)</i>		
MISCELLANEOUS THERAPEUTIC AGENTS <i>(continued)</i>		
BD INSULIN SYRINGE ULTRAFINE 0.5ML/30G X 1/2"	PREFERRED BRAND	
BD INSULIN SYRINGE ULTRAFINE 1ML/31G X 5/16"	PREFERRED BRAND	
BD ULTRA-FINE ORIGINAL PEN NEEDLES 29G X 12.7MM	PREFERRED BRAND	
CURITY GAUZE PADS 2"X2"	PREFERRED BRAND	
INTRALIPID	PREFERRED BRAND	
INTRALIPID 20%	PREFERRED BRAND	
<i>levocarnitine</i>	GENERIC	
<i>pentoxifylline er</i>	GENERIC	
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
<i>bacitracin</i>	GENERIC	
<i>bacitracin/polymyxin b</i>	GENERIC	
<i>gentak</i>	GENERIC	
LACRISERT	PREFERRED BRAND	
<i>naphazoline hcl</i>	GENERIC	
NATACYN	PREFERRED BRAND	
<i>ofloxacin</i>	GENERIC	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	GENERIC	
RESTASIS	PREFERRED BRAND	
<i>sulfacetamide sodium</i>	GENERIC	
<i>trifluridine</i>	GENERIC	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	GENERIC	
<i>tropicamide</i>	GENERIC	
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>cromolyn sodium</i>	GENERIC	
<i>ketotifen fumarate</i>	GENERIC	
OPHTHALMIC ANTI-INFLAMMATORIES		
ACULAR	PREFERRED BRAND	
ACULAR LS	PREFERRED BRAND	
ACULAR PF	PREFERRED BRAND	
<i>dexamethasone sodium phosphate</i>	GENERIC	
<i>diclofenac sodium</i>	GENERIC	
<i>fluorometholone</i>	GENERIC	
<i>flurbiprofen sodium</i>	GENERIC	
FML S.O.P.	PREFERRED BRAND	
LOTEMAX	PREFERRED BRAND	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	GENERIC	

DRUG NAME	DRUG TIER	NOTES
OPHTHALMIC AGENTS <i>(continued)</i>		
OPHTHALMIC ANTI-INFLAMMATORIES <i>(continued)</i>		
<i>neomycin/polymyxin/dexamethasone susp</i>	GENERIC	
<i>neomycin/polymyxin/dexamethasone oint 0.1%; 0.35%; 10000unit/gm</i>	GENERIC	
<i>neomycin/polymyxin/hydrocortisone</i>	GENERIC	
<i>prednisolone acetate</i>	GENERIC	
<i>prednisolone sodium phosphate</i>	GENERIC	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	GENERIC	
TOBRADEX	PREFERRED BRAND	
VEXOL	PREFERRED BRAND	
OPHTHALMIC ANTIGLAUCOMA AGENTS		
<i>alphagan p</i>	GENERIC	
AZOPT	PREFERRED BRAND	
<i>betaxolol hcl</i>	GENERIC	
BETIMOL	NON-PREFERRED BRAND	
BETOPTIC-S	PREFERRED BRAND	
<i>brimonidine tartrate</i>	GENERIC	
<i>carteolol hcl</i>	GENERIC	
COSOPT	PREFERRED BRAND	
<i>dipivefrin hcl</i>	GENERIC	
<i>levobunolol hcl</i>	GENERIC	
<i>methazolamide</i>	GENERIC	
<i>metipranolol</i>	GENERIC	
PILOPINE HS	PREFERRED BRAND	
<i>timolol maleate</i>	GENERIC	
<i>timolol maleate ophthalmic gel forming</i>	GENERIC	
TRUSOPT	PREFERRED BRAND	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
LUMIGAN	PREFERRED BRAND	
TRAVATAN	PREFERRED BRAND	
TRAVATAN Z	PREFERRED BRAND	
OTIC AGENTS		
OTIC AGENTS		
<i>acetic acid</i>	GENERIC	
<i>acetic acid/hydrocortisone</i>	GENERIC	
<i>borofair</i>	GENERIC	
DERMOTIC	PREFERRED BRAND	
<i>neomycin/polymyxin/hc</i>	GENERIC	

DRUG NAME	DRUG TIER	NOTES
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ADVAIR DISKUS	PREFERRED BRAND	
ADVAIR HFA	PREFERRED BRAND	
ASMANEX	PREFERRED BRAND	
FLOVENT HFA	PREFERRED BRAND	
<i>flunisolide</i>	GENERIC	
<i>fluticasone propionate</i>	GENERIC	
QVAR	PREFERRED BRAND	
SYMBICORT	PREFERRED BRAND	
ANTIHISTAMINES		
ASTELIN	NON-PREFERRED BRAND	
<i>cyproheptadine hcl</i>	GENERIC	
<i>diphenhydramine hcl</i>	GENERIC	
<i>fexofenadine hcl</i>	GENERIC	
<i>hydroxyzine hcl</i>	GENERIC	
<i>hydroxyzine pamoate</i>	GENERIC	
<i>meclizine hcl</i>	GENERIC	
<i>promethazine vc</i>	GENERIC	
ANTILEUKOTRIENES		
ACCOLATE	PREFERRED BRAND	PA
SINGULAIR	PREFERRED BRAND	
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	NON-PREFERRED BRAND	
<i>ipratropium bromide soln</i>	GENERIC	
SPIRIVA HANDIHALER	PREFERRED BRAND	
BRONCHODILATORS, PHOSPHODIESTERASE INHIBITORS (XANTHINES)		
<i>aminophylline</i>	GENERIC	
THEO-24	PREFERRED BRAND	
<i>theophylline er</i>	GENERIC	
UNIPHYL	PREFERRED BRAND	
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate er</i>	GENERIC	
<i>albuterol sulfate syrp, tabs</i>	GENERIC	
<i>albuterol sulfate nebu 0.083%, 0.5%, 0.63mg/3ml</i>	GENERIC	PA
COMBIVENT	PREFERRED BRAND	
EPIPEN 2-PAK	PREFERRED BRAND	
MAXAIR AUTOHALER	PREFERRED BRAND	
<i>metaproterenol sulfate syrp, tabs</i>	GENERIC	
<i>proair hfa</i>	GENERIC	
SEREVENT DISKUS	PREFERRED BRAND	

DRUG NAME	DRUG TIER	NOTES
RESPIRATORY TRACT AGENTS (continued)		
BRONCHODILATORS, SYMPATHOMIMETIC (continued)		
<i>terbutaline sulfate</i>	GENERIC	
<i>ventolin hfa</i>	GENERIC	
MAST CELL STABILIZERS		
<i>cromolyn sodium</i>	GENERIC	
INTAL INHALER	NON-PREFERRED BRAND	
PULMONARY ANTIHYPERTENSIVES		
LETAIRIS	SPECIALTY	PA, LD
REVATIO	PREFERRED BRAND	PA
TRACLEER	SPECIALTY	PA, LD
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine</i>	GENERIC	
<i>flunisolide</i>	GENERIC	
NASONEX	PREFERRED BRAND	
PROLASTIN	NON-PREFERRED BRAND	PA, LD
PULMOZYME	SPECIALTY	PA
TYZINE	PREFERRED BRAND	
TYZINE PEDIATRIC NASAL DROPS	PREFERRED BRAND	
SEDATIVES/HYPNOTICS		
SEDATIVES/HYPNOTICS		
ROZEREM	NON-PREFERRED BRAND	QL, PA
<i>zaleplon</i>	GENERIC	PA
<i>zolpidem tartrate</i>	GENERIC	QL
SKELETAL MUSCLE RELAXANTS		
SKELETAL MUSCLE RELAXANTS		
<i>carisoprodol</i>	GENERIC	
<i>carisoprodol/aspirin/codeine</i>	GENERIC	
<i>carisoprodol/aspirin</i>	GENERIC	
<i>chlorzoxazone</i>	GENERIC	
<i>cyclobenzaprine hcl</i>	GENERIC	
<i>methocarbamol</i>	GENERIC	
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES		
ELECTROLYTES/MINERALS		
AMINESS	PREFERRED BRAND	
AMINOSYN	PREFERRED BRAND	
AMINOSYN 7%/ELECTROLYTES	PREFERRED BRAND	
AMINOSYN II	PREFERRED BRAND	
AMINOSYN II 3.5%/DEXTROSE25%	PREFERRED BRAND	
AMINOSYN II 3.5%/DEXTROSE5%	PREFERRED BRAND	

DRUG NAME	DRUG TIER	NOTES
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES <i>(continued)</i>		
ELECTROLYTES/MINERALS <i>(continued)</i>		
AMINOSYN II 3.5/DEXTROSE 25%	PREFERRED BRAND	
AMINOSYN II 4.25/DEXTROSE10%	PREFERRED BRAND	
AMINOSYN II 4.25/DEXTROSE20%	PREFERRED BRAND	
AMINOSYN II 4.25/DEXTROSE25%	PREFERRED BRAND	
AMINOSYN II 5/DEXTROSE 25	PREFERRED BRAND	
AMINOSYN II 8.5%/ELECTROLYTES	PREFERRED BRAND	
AMINOSYN II M 3.5%/DEXTROSE 5%	PREFERRED BRAND	
AMINOSYN II M 4.25/DEXTROSE 10%	PREFERRED BRAND	
AMINOSYN M	PREFERRED BRAND	
AMINOSYN-HBC	PREFERRED BRAND	
AMINOSYN-HF	PREFERRED BRAND	
AMINOSYN-PF	PREFERRED BRAND	
AMINOSYN-PF 7%	PREFERRED BRAND	
CLINIMIX 2.75%/DEXTROSE 5%	NON-PREFERRED BRAND	
CLINIMIX 4.25%/DEXTROSE 10%	NON-PREFERRED BRAND	
CLINIMIX 4.25%/DEXTROSE 20%	NON-PREFERRED BRAND	
CLINIMIX 4.25%/DEXTROSE 25%	NON-PREFERRED BRAND	
CLINIMIX 4.25%/DEXTROSE 5%	NON-PREFERRED BRAND	
CLINIMIX 5%/DEXTROSE 15%	NON-PREFERRED BRAND	
CLINIMIX 5%/DEXTROSE 20%	NON-PREFERRED BRAND	
CLINIMIX 5%/DEXTROSE 25%	NON-PREFERRED BRAND	
CLINISOL SF 15%	PREFERRED BRAND	
DEXTROSE 10%/NACL 0.45%	PREFERRED BRAND	
DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX	PREFERRED BRAND	
DEXTROSE 5%/ELECTROLYTE #75 VIAFLEX	PREFERRED BRAND	
DEXTROSE 10% FLEX CONTAINER	PREFERRED BRAND	
DEXTROSE 10%/NACL 0.2%	PREFERRED BRAND	
DEXTROSE 2.5%/NACL 0.45%	PREFERRED BRAND	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	PREFERRED BRAND	
DEXTROSE 5%	PREFERRED BRAND	
DEXTROSE 5%/LACTATED RINGER'S	PREFERRED BRAND	
DEXTROSE 5%/NACL 0.2%	PREFERRED BRAND	
DEXTROSE 5%/NACL 0.225%	PREFERRED BRAND	
DEXTROSE 5%/NACL 0.33%	PREFERRED BRAND	
DEXTROSE 5%/NACL 0.45%	PREFERRED BRAND	
DEXTROSE 5%/NACL 0.9%	PREFERRED BRAND	
DEXTROSE 5%/POTASSIUM CHLORIDE 0.075%	PREFERRED BRAND	
DEXTROSE 5%/POTASSIUM CHLORIDE 0.15%	PREFERRED BRAND	
DEXTROSE 5%/SODIUM CHLORIDE 0.2%	PREFERRED BRAND	

DRUG NAME	DRUG TIER	NOTES
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES <i>(continued)</i>		
ELECTROLYTES/MINERALS <i>(continued)</i>		
DEXTROSE 5%/SODIUM CHLORIDE 0.33%	PREFERRED BRAND	
DEXTROSE 5%/SODIUM CHLORIDE 0.45%	PREFERRED BRAND	
DEXTROSE 5%/SODIUM CHLORIDE 0.9%	PREFERRED BRAND	
FREAMINE III	SPECIALTY	
HEPATAMINE	SPECIALTY	
ISOLYTE-H/DEXTROSE 5%	PREFERRED BRAND	
ISOLYTE-M/DEXTROSE 5%	PREFERRED BRAND	
ISOLYTE-P/DEXTROSE 5%	PREFERRED BRAND	
ISOLYTE-S	PREFERRED BRAND	
ISOLYTE-S PH 7.4	PREFERRED BRAND	
ISOLYTE-S/DEXTROSE 5%	PREFERRED BRAND	
<i>klor-con 10</i>	GENERIC	
<i>klor-con 8</i>	GENERIC	
<i>klor-con m10</i>	GENERIC	
<i>klor-con m15</i>	GENERIC	
<i>klor-con m20</i>	GENERIC	
LACTATED RINGER'S DEXTROSE 5% VIAFLEX	PREFERRED BRAND	
LACTATED RINGER'S VIAFLEX	PREFERRED BRAND	
<i>leucovorin calcium</i>	GENERIC	
NEPHRAMINE	NON-PREFERRED BRAND	
NORMOSOL -R	PREFERRED BRAND	
NORMOSOL-M IN D5W	PREFERRED BRAND	
NORMOSOL-R	PREFERRED BRAND	
NORMOSOL-R IN D5W	PREFERRED BRAND	
NOVAMINE	PREFERRED BRAND	
PHYSIOLYTE	PREFERRED BRAND	
PLASMA-LYTE 56	PREFERRED BRAND	
PLASMA-LYTE A	PREFERRED BRAND	
PLASMA-LYTE-148	PREFERRED BRAND	
PLASMA-LYTE-148/D5W	PREFERRED BRAND	
PLASMA-LYTE-56/D5W	PREFERRED BRAND	
PLASMA-LYTE-R	PREFERRED BRAND	
<i>potassium chloride</i>	GENERIC	
<i>potassium chloride cr</i>	GENERIC	
<i>potassium chloride er</i>	GENERIC	
<i>potassium chloride sr</i>	GENERIC	
PREMASOL	PREFERRED BRAND	
PROCALAMINE	NON-PREFERRED BRAND	
RENAMIN	PREFERRED BRAND	

DRUG NAME	DRUG TIER	NOTES
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES <i>(continued)</i>		
ELECTROLYTES/MINERALS <i>(continued)</i>		
<i>sodium bicarbonate</i>	GENERIC	
<i>sodium chloride</i>	GENERIC	
<i>sodium chloride 0.9%</i>	GENERIC	
<i>sodium chloride 0.45% viaflex</i>	GENERIC	
TPN ELECTROLYTES FTV	PREFERRED BRAND	
TRAVASOL	NON-PREFERRED BRAND	
TRAVASOL 5.5%/DEXTROSE 10%	NON-PREFERRED BRAND	
TRAVASOL 5.5%/DEXTROSE 20%	NON-PREFERRED BRAND	
TRAVASOL 8.5%/DEXTROSE 10%	NON-PREFERRED BRAND	
TRAVASOL 8.5%/DEXTROSE 20%	NON-PREFERRED BRAND	
TRAVASOL 8.5%/DEXTROSE 50%	NON-PREFERRED BRAND	
TRAVASOL 8.5%/ELECTROLYTES	NON-PREFERRED BRAND	
TROPHAMINE INJ 97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	PREFERRED BRAND	
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