

**Brand New Day HMO**

**2010 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.

H0838\_2010 Comp Formulary

CMS approval date: 10/08/09

Last Updated August 1, 2010

## **What is the Brand New Day HMO Formulary?**

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

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, 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 August 1, 2010. To get updated information about the drugs covered by Brand New Day, please visit our Web site at [www.brandnewdayhmo.com](http://www.brandnewdayhmo.com) or call Customer Service at 866-255-4795, 8 a.m. – 8 p.m., 7 days a week. TTY/TDD users should call 866-321-5955.

Brand New Day updates its formulary on our website anytime there are changes. If you would like a printed correction sheet we will mail it to you upon request. Call Customer Service at 866-255-4795, 7 days a week, 8 a.m. to 8 p.m. TTY/TDD users should call 866-321-5955.

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on page T-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, “Cardiac Drugs”. If you know what your drug is used for, look for the category name in the list that begins T-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 I-1. 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?**

Brand New Day 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:** Brand New Day requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Brand New Day before you fill your prescriptions. If you don't get approval, Brand New Day may not cover the drug.
- **Quantity Limits:** For certain drugs, Brand New Day limits the amount of the drug that Brand New Day will cover. For example, Brand New Day provides 62 capsules per 31 day prescription for CELEBREX. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Brand New Day 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, Brand New Day may not cover drug B unless you try Drug A first. If Drug A does not work for you, Brand New Day 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 T-1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at [www.brandnewdayhmo.com](http://www.brandnewdayhmo.com).

You can ask Brand New Day to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Brand New Day’s formulary?” on page 3 for information about how to request an exception.

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

If your drug is not included in this formulary, you should first contact Customer Service and confirm that your drug is not covered. If you learn that Brand New Day does not cover your drug, you have two options:

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

You can ask Brand New Day 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, Brand New Day limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.

Generally, Brand New Day will only approve your request for an exception if the alternative drugs included on the plan’s formulary, 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, or utilization restriction exception. **When you are requesting a formulary, or utilization restriction exception you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescribing physician’s supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician’s supporting statement.

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

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

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

If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 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 Brand New Day prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Brand New Day, please call Customer Service at 866-255-4795, 8 a.m. – 8 p.m., 7 days a week. TTY/TDD users should call 866-321-5955). Or visit [www.brandnewdayhmo.com](http://www.brandnewdayhmo.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/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit [www.medicare.gov](http://www.medicare.gov).

### **Brand New Day's Formulary**

The formulary that begins on page T-1 provides coverage information about some of the drugs covered by Brand New Day. If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

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

The information in the Notes column tells you if Brand New Day has any special requirements for coverage of your drug.

**The following abbreviations may be found within the body of this document:**

### COVERAGE NOTES ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
<b>Utilization Management Restrictions</b>		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from Brand New Day before you fill your prescription for this drug. Without prior approval, Brand New Day may not cover this drug.
QL	Quantity Limit Restriction	Brand New Day limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before Brand New Day will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.
<b>Other Special Requirements for Coverage</b>		
LA	Limited Access Drug	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Services at 1-866-255-4795, 7 days a week, 8 a.m. - 8 p.m. TTY/TDD users should call 1-866-321-5955.

### STRENGTH AND DOSAGE FORM ABBREVIATIONS

ABBREVIATION	DESCRIPTION
adh. patch	adhesive patch
aer pow ba	aerosol powder, breath activated
aer refill	aerosol refill
aer w/adap	aerosol with adapter
ampul	ampule
blkbaginj	bulk bag injection
cap dr mp	capsule, delayed release, multiphasic
cap ds pk	capsule, dose pack
cap sprink	capsule, sprinkle
cap sr pel	capsule sustained release pellet
cap w/dev	capsule with device
cap.sa 24h	capsule, 24 hour sustained action
cap.sr 12h	capsule, sustained release 12 hour
cap.sr 24h	capsule, sustained release 24 hour

<b>ABBREVIATION</b>	<b>DESCRIPTION</b>
cap24h pel	capsule, 24 hour sustained release pellets
capsule cr	capsule, controlled release
capsule dr	capsule, delayed release
capsule sa	capsule, sustained action
combo. pkg	combination package
cpmp 12hr	capsule, multiphasic, 12 hour
cpmp 24hr	capsule, multiphasic, 24 hour
cpmp 30-70	capsule, multiphasic, 30%-70%
cpmp 50-50	capsule, multiphasic, 50%-50%
cream(gm)	cream (grams)
cream/appl	cream with applicator
crm sr(gm)	cream, sustained release (grams)
dehp fr bg	di(2-ethylhexyl)phthalate free bag
dis needle	needle, disposable
disk w/dev	disk with inhalation device
disp syrin	disposable syringe
drop recon	drops, reconstituted
drops susp	drops, suspension
emul packt	emulsion packet
foam/appl.	aerosol, foam with applicator
froz.piggy	frozen piggyback
g	gram
gel (gm)	gel (grams)
gel md pmp	gel in metered dose pump
gel (ml)	gel (milliliters)
gel w/appl	gel with applicator
gel/pf app	gel with prefilled applicator
gran pack	granule pack
hfa aer ad	hfa aerosol adapter
infus. btl	infusion bottle
insuln pen	insulin pen
irrig soln	solution, irrigating
iv soln.	intravenous solution
jel	jelly
kt crm cs	kit, cream corticosteroid
kt oint cs	kit, ointment corticosteroid
kt tsp cc	kit, topical suspension and complimentary cream
lozenge hd	lozenge handle
m.ht patch	medicated, heated patch
mcg	microgram
med. pad	medicated pad
med. swab	medicated swab
med. tape	medicated tape
mg	milligram
ml	milliliter

<b>ABBREVIATION</b>	<b>DESCRIPTION</b>
muc sr 12h	mucoadhesive system, 12 hour sustained release
oint.(gm)	ointment (grams)
oral conc.	concentrate, oral
oral susp	oral suspension
paste (gm)	paste (grams)
patch td24	patch, transdermal 24 hour
patch td72	patch, transdermal 72 hour
patch tds	patch, transdermal biweekly
patch tdwk	patch, transdermal weekly
pca syring	patient controlled analgesic syringe
pca vial	patient controlled analgesic vial
pe/2	phenytoin sodium equivalent units per 2 milliliter vial
pe/10	phenytoin sodium equivalent units per 10 milliliter vial
pen ij kit	pen injector kit
pen injctr	pen injector
pggybk btl	piggyback intravenous bottle
powd pack	powder pack
sol/pf app	solution with pre-filled applicator
sol-gel	gel-forming solution
soln recon	solution, reconstituted, oral
spray susp	spray, suspension
supp.rect	suppository, rectal
supp.vag	suppository, vaginal
sus mc rec	suspension, microcapsule reconstituted
sus sr rec	suspension, sustained release, reconstituted
suspd r pkt	suspension, delayed release packet
susp recon	suspension, reconstituted
syringekit	syringe kit

### **STRENGTH AND DOSAGE FORM ABBREVIATIONS**

<b>ABBREVIATION</b>	<b>DESCRIPTION</b>
tab chew	tablet, chewable
tab disper	tablet, dispersable
tab ds pk	tablet, dose pack
tab er2 24	tablet, extended release 24 hour (2)
tab mphase	tablet, multiphasic
tab osm 24	tablet, osmotic 24 hour
tab part	tablet, particles
tab prt sr	tablet, sustained release particles
tab rap dr	tablet, rapid disintegrating, delayed release
tab rapdis	tablet, rapid disintegrating
tab subl	tablet, sublingual
tab.sr 12h	tablet, sustained release, 12 hour
tab.sr 24h	tablet, sustained release, 24 hour

<b>ABBREVIATION</b>	<b>DESCRIPTION</b>
tablet dr	tablet, delayed release
tablet eff	tablet, effervescent
tablet sa	tablet, sustained action
tablet sol	tablet, soluble
tabsrgr24h	tablets regular 24 hour release
tbdspk 3mo	tablet, dose pack, 3 months
tbmp 12hr	tablet, multiphasic, 12 hour
tbmp 24hr	tablet, multiphasic, 24 hour
u	unit
vag ring	vaginal ring

Drug Name	Drug Tier	Notes
<b>Acidifying Agents</b>		
<b>Acidifying Agents</b>		
<i>ammonium chloride</i> (Ammonium Chloride)	1	vial
<b>Adrenals</b>		
<b>Adrenals</b>		
<i>cortisone acetate</i> (Cortisone Acetate)	1	tablet
DEPO-MEDROL	1	vial; 20mg/ml
<i>dexamethasone</i> (Decadron)	1	tab ds pk
<i>dexamethasone</i> (Decadron)	1	elixir, tablet
<i>dexamethasone sod phosphate</i> (Solurex)	1	vial
ENTOCORT EC	1	cap.sr 24h
FLOVENT	1	aer w/adap; 44mcg
FLOVENT DISKUS	1	disk w/dev
FLOVENT HFA	1	aer w/adap
<i>fludrocortisone acetate</i> (Florinef Acetate)	1	tablet
<i>hydrocortisone</i> (Cortef)	1	tablet
<i>hydrocortisone sod succinate</i> (A-hydrocort)	1	vial
<i>methylprednisolone</i> (Medrol)	1	tab ds pk, tablet
<i>methylprednisolone acetate</i> (Depo-medrol)	1	vial
<i>methylprednisolone sod succ</i> (Solu-medrol)	1	vial
<i>prednisolone</i> (Prednisolone)	1	solution
<i>prednisolone acetate</i> (Key-pred)	1	vial
<i>prednisolone sod phosphate</i> (Orapred)	1	solution
<i>prednisone</i> (Prednisone)	1	solution, tab ds pk, tablet
PREDNISONO INTENSOL	1	oral conc
PULMICORT FLEXHALER	1	ST, QL: aer pow ba 1 in 25 days
QVAR	1	aer w/adap
SOLU-MEDROL	1	vial; 2 g
SYMBICORT	1	QL: 11 hfa aer ad in 25 days
<b>Alkalinizing Agents</b>		
<b>Alkalinizing Agents</b>		
<i>potassium citrate</i> (Urocit-K)	1	tablet sa
<i>sodium bicarbonate</i> (Sodium Bicarbonate)	1	disp syrin
<i>sodium lactate</i> (Sodium Lactate)	1	iv soln (vial)

Drug Name	Drug Tier	Notes
<b>Alpha-Adrenergic Blocking Agents</b>		
<b>Alpha-Adrenergic Blocking Agents</b>		
<i>doxazosin mesylate</i> (Cardura)	1	tablet
<i>prazosin hcl</i> (Minipress)	1	capsule
<i>terazosin hcl</i> (Hytrin)	1	capsule
<b>Ammonia Detoxicants</b>		
<b>Ammonia Detoxicants</b>		
BUPHENYL	1	powder, tablet
<i>lactulose</i> (Lactulose)	1	solution
LITHOSTAT	1	tablet
<b>Analgesics and Antipyretics</b>		
<b>Non-Steroidal Anti-inflammatory Agents</b>		
CELEBREX	1	ST, QL: 62 in 31 days capsule
<i>diclofenac potassium</i> (Cataflam)	1	tablet
<i>diclofenac sodium</i> (Voltaren-XR)	1	tab.sr 24h, tablet dr
<i>diflunisal</i> (Diflunisal)	1	tablet
<i>etodolac</i> (Lodine)	1	capsule, tab.sr 24h, tablet
<i>fenoprofen calcium</i> (Nalfon)	1	tablet
<i>flurbiprofen</i> (Ansaid)	1	tablet
<i>ibuprofen</i> (Motrin)	1	oral susp, tablet
INDOCIN	1	oral susp
<i>indomethacin</i> (Indocin)	1	capsule, capsule sa
<i>ketoprofen</i> (Orudis)	1	cap24h pel, capsule
<i>ketorolac tromethamine</i> (Toradol)	1	QL: 40 in 31 days vial; 15mg/ml
<i>ketorolac tromethamine</i> (Toradol)	1	QL: 20 in 31 days tablet, vial; 60mg/2ml
<i>meclofenamate sodium</i> (Meclomen)	1	capsule
<i>meloxicam</i> (Mobic)	1	oral susp, tablet
<i>nabumetone</i> (Relafen)	1	tablet
<i>naproxen</i> (Naprosyn)	1	oral susp, tablet, tablet dr
<i>naproxen sodium</i> (Anaprox)	1	tablet
<i>oxaprozin</i> (Daypro)	1	tablet
<i>piroxicam</i> (Piroxicam)	1	capsule
<i>sulindac</i> (Clinoril)	1	tablet
<i>tolmetin sodium</i> (Tolectin 600)	1	capsule, tablet
VOLTAREN	1	ST gel (gm)

Drug Name		Drug Tier	Notes
<b>Opiate Agonists</b>			
<i>acetaminophen with codeine</i>	(Tylenol-codeine No.3)	1	elixir, tablet
<i>codeine sulf</i>	(Codeine Sulf)	1	tablet
<i>codeine/butalbit/acetamin/caff</i>	(Fioricet with Codeine)	1	capsule
<i>codeine/butalbital/asa/caffein</i>	(Fiorinal with Codeine #3)	1	capsule
<i>dhcodeine bt/acetaminophn/caff</i>	(Panlor SS)	1	capsule, tablet
<i>fentanyl</i>	(Duragesic)	1	PA, QL: patch td72; 12mcg/10 in 30 days hr, 25mcg/hr, 50mcg/hr, 75mcg/hr
<i>fentanyl</i>	(Duragesic)	1	PA, QL: patch td72; 20 in 30 days 100mcg/hr
<i>fentanyl citrate</i>	(Actiq)	1	PA, QL: lozenge hd 120 in 30 days
<i>fentanyl citrate/pf</i>	(Fentanyl Citrate/PF)	1	disp syrin
	FENTORA	1	PA, QL: tablet eff 120 in 30 days
<i>hydrocodone bit/acetaminophen</i>	(Vicodin)	1	capsule, solution, tablet
<i>hydrocodone/ibuprofen</i>	(Vicoprofen)	1	tablet
<i>hydromorphone hcl</i>	(Dilaudid)	1	tablet
<i>hydromorphone hcl/pf</i>	(Dilaudid-HP)	1	vial
<i>ibuprofen/oxycodone hcl</i>	(Combunox)	1	tablet
	KADIAN	1	ST cap sr pel
<i>levorphanol tartrate</i>	(Levo-dromoran)	1	tablet
<i>meperidine hcl</i>	(Demerol)	1	solution, tablet, vial
<i>meperidine hcl/pf</i>	(Meperidine HCl/PF)	1	ampul, pca syring
<i>methadone hcl</i>	(Methadose)	1	oral conc, solution, tablet, vial
<i>morphine sulfate</i>	(MS Contin)	1	solution, tablet, tablet sa
<i>morphine sulfate/normal saline</i>	(Morphine Sulfate/normal Saline)	1	pca syring
<i>morphine sulfate/pf</i>	(Morphine Sulfate/PF)	1	vial
	ONSOLIS	1	PA, QL: film 120 in 30 days

Drug Name		Drug Tier	Notes
<i>oxycodone hcl</i>	(Oxycodone HCl)	1	QL: 62 in 31 days tab.sr 12h; 10mg, 20mg, 40mg
<i>oxycodone hcl</i>	(Oxycodone HCl)	1	QL: 124 in 31 days tab.sr 12h; 80mg
<i>oxycodone hcl</i>	(Roxicodone)	1	tablet
<i>oxycodone hcl/acetaminophen</i>	(Percocet)	1	capsule, solution, tablet
<i>oxycodone hcl/oxycodone/aspirin</i>	(Percodan)	1	tablet
	OXYCONTIN	1	QL: 62 in 31 days tab.sr 12h; 10mg, 15mg, 20mg, 30mg, 40mg, 60mg
	OXYCONTIN	1	QL: 124 in 31 days tab.sr 12h; 80mg
<i>tramadol hcl</i>	(Ultram)	1	tab.sr 24h, tablet
<i>tramadol hcl/acetaminophen</i>	(Ultracet)	1	tablet
<b>Opiate Partial Agonists</b>			
	BUPRENEX	1	ampul
<i>buprenorphine hcl</i>	(Buprenorphine HCl)	1	disp syrin, tab subl
<i>butorphanol tartrate</i>	(Butorphanol Tartrate)	1	disp syrin, spray
<i>nalbuphine hcl</i>	(Nubain)	1	ampul, vial
	SUBOXONE	1	tab subl
<b>Androgens</b>			
<b>Androgens</b>			
	ANDRODERM	1	PA, QL: 60 in 30 days patch td24; 2.5mg/24hr
	ANDRODERM	1	PA, QL: 30 in 30 days patch td24; 5mg/24hr
	ANDROGEL	1	PA, QL: 310 in 31 days gel packet
	ANDROID	1	capsule
<i>danazol</i>	(Danocrine)	1	capsule
<i>fluoxymesterone</i>	(Halotestin)	1	tablet
	METHITEST	1	tablet
<i>oxandrolone</i>	(Oxandrin)	1	tablet
<i>testosterone</i>	(Tesamone-100)	1	PA vial

Drug Name		Drug Tier	Notes
<i>testosterone cypionate</i>	(Depo-testosterone)	1	PA vial
	TESTRED	1	capsule
<b>Anorexigenics, Respiratory, Cerebral Stimulants</b>			
<b>Amphetamines</b>			
<i>amphet asp/amphet/d-amphet</i>	(Adderall)	1	tablet
<i>dextroamphetamine sulfate</i>	(Dexedrine)	1	capsule sa, tablet
<b>Anorexigenics, Respiratory, Cerebral Stimulants, Miscellaneous</b>			
	CONCERTA	1	ST, QL: tab er 24 31 in 31 days
<i>dexmethylphenidate hcl</i>	(Focalin)	1	tablet
<i>methylphenidate hcl</i>	(Ritalin)	1	tablet, tablet sa
	PROVIGIL	1	PA, QL: tablet 62 in 31 days
<b>Anthelmintics</b>			
<b>Anthelmintics</b>			
	ALBENZA	1	tablet
	BILTRICIDE	1	tablet
<i>mebendazole</i>	(Vermox)	1	tab chew
	STROMECTOL	1	tablet
<b>Antiallergic Agents</b>			
<b>Antiallergic Agents</b>			
	ALAMAST	1	ST drops
	ASTELIN	1	spray/pump
	ASTEPRO	1	spray/pump
<i>azelastine hcl</i>	(Optivar)	1	drops
	PATADAY	1	ST drops
	PATANOL	1	ST drops
<b>Antibacterials</b>			
<b>Aminoglycosides</b>			
<i>amikacin sulfate/pf</i>	(Amikacin Sulfate/PF)	1	vial
<i>gentamicin in saline, iso-osm</i>	(Gentamicin In Saline, Iso-osm)	1	piggyback
<i>gentamicin sulfate</i>	(Garamycin)	1	vial
<i>kanamycin sulfate</i>	(Kanamycin Sulfate)	1	vial
<i>neomycin sulfate</i>	(Neomycin Sulfate)	1	solution, tablet
<i>streptomycin sulfate</i>	(Streptomycin Sulfate)	1	vial
<i>tobramycin sulfate</i>	(Nebcin)	1	vial, vial port
<i>tobramycin/sodium chloride</i>	(Tobramycin/sodium Chloride)	1	piggyback

Drug Name		Drug Tier	Notes
<b>Antibacterials, Miscellaneous</b>			
<i>bacitracin</i>	(Bacitracin)	1	vial
<i>clindamycin hcl</i>	(Cleocin HCl)	1	capsule
<i>clindamycin phosphate</i>	(Cleocin Phosphate)	1	vial
<i>colistimethate sodium</i>	(Coly-mycin M Parenteral)	1	vial
	CUBICIN	1	vial
<i>polymyxin b sulfate</i>	(Polymyxin B Sulfate)	1	vial
	PYLERA	1	capsule
	SYNERCID	1	vial
	VANCOGIN HCL	1	capsule
<i>vancomycin hcl</i>	(Vancomycin HCl)	1	vial
<i>vancomycin hcl/d5w</i>	(Vancomycin HCl/D5W)	1	froz.piggy
	VIBATIV	1	vial
	XIFAXAN	1	PA, QL: tablet; 550mg 60 in 30 days
	ZYVOX	1	iv soln, susp recon, tablet
<b>Cephalosporins</b>			
<i>cefaclor</i>	(Ceclor)	1	capsule, susp recon, tab.sr 12h
<i>cefadroxil hydrate</i>	(Duricef)	1	capsule, susp recon, tablet
<i>cefazolin sodium</i>	(Ancef)	1	vial
<i>cefazolin sodium/ dextrose,iso</i>	(Cefazolin Sodium/dextrose, Iso)	1	froz.piggy
<i>cefdinir</i>	(Omnicef)	1	capsule, susp recon
<i>cefepime hcl</i>	(Maxipime)	1	vial
	CEFIZOX	1	vial
	CEFIZOX IN 5% DEXTROSE	1	froz.piggy
<i>cefotaxime sodium</i>	(Claforan)	1	vial
<i>cefpodoxime proxetil</i>	(Vantin)	1	susp recon, tablet
<i>cefprozil</i>	(Cefzil)	1	susp recon, tablet
<i>ceftazidime pentahydrate</i>	(Fortaz)	1	vial, vial port
<i>ceftriaxone na/ dextrose,iso</i>	(Ceftriaxone Na/dextrose, Iso)	1	froz.piggy
<i>ceftriaxone sodium</i>	(Rocephin)	1	vial
<i>cefuroxime axetil</i>	(Ceftin)	1	susp recon, tablet
<i>cefuroxime sodium</i>	(Zinacef)	1	vial
<i>cefuroxime sodium/ dextrose,iso</i>	(Cefuroxime Sodium/dextrose, Iso)	1	piggyback
<i>cephalexin monohydrate</i>	(Keflex)	1	capsule, susp recon, tablet
	FORTAZ	1	vial; 500mg

Drug Name		Drug Tier	Notes
	FORTAZ IN ISO-OSMOTIC DEXTROSE	1	froz.piggy
	ROCEPHIN/ISO-OSMOTIC DEXTROSE	1	froz.piggy
	SUPRAX	1	tablet
<b>Chloramphenicol</b>			
	<i>chloramphenicol na succ</i> (Chloromycetin)	1	vial
<b>Macrolides</b>			
	<i>azithromycin</i> (Zithromax)	1	susp recon, tablet, vial
	<i>clarithromycin</i> (Biaxin)	1	susp recon, tab.sr 24h, tablet
	<i>ery e-succ/sulfisoxazole</i> (Pediazole)	1	susp recon
	ERYTHROCIN LACTOBIONATE	1	vial
	<i>erythromycin base</i> (Erythromycin Base)	1	tablet
	<i>erythromycin ethylsuccinate</i> (Erythromycin Ethylsuccinate)	1	tablet
	<i>erythromycin stearate</i> (Erythromycin Stearate)	1	tablet
	KETEK	1	ST tablet
	ZMAX	1	sus sr rec
<b>Miscellaneous B-Lactam Antibiotics</b>			
	<i>cefotetan disodium</i> (Cefotetan)	1	vial
	<i>cefoxitin sodium</i> (Mefoxin)	1	bulkbaginj, vial
	<i>cefoxitin sodium/dextrose, iso</i> (Cefoxitin Sodium/dextrose, Iso)	1	piggyback
	DORIBAX	1	vial
	INVANZ	1	vial
	MERREM	1	vial
	PRIMAXIN	1	vial
	PRIMAXIN I.M.	1	vial
<b>Penicillins</b>			
	<i>amox tr/potassium clavulanate</i> (Augmentin XR)	1	susp recon, tab chew, tab.sr 12h, tablet
	<i>amoxicillin trihydrate</i> (Amoxil)	1	capsule, susp recon, tab chew, tablet
	<i>ampicillin sodium</i> (Totacillin-n)	1	vial
	<i>ampicillin sodium/sulbactam na</i> (Unasyn)	1	vial
	<i>ampicillin trihydrate</i> (Ampicillin Trihydrate)	1	capsule, susp recon
	BICILLIN C-R	1	disp syrin
	BICILLIN L-A	1	disp syrin

Drug Name		Drug Tier	Notes
<i>dicloxacillin sodium</i>	(Dynapen)	1	capsule
<i>nafcillin sodium</i>	(Unipen)	1	vial
<i>nafcillin sodium/d2.4w</i>	(Nafcillin Sodium/d2.4w)	1	froz.piggy
<i>oxacillin sodium</i>	(Oxacillin Sodium)	1	vial
<i>oxacillin sodium/ dextrose,iso</i>	(Oxacillin Sodium/dextrose, Iso)	1	froz.piggy
<i>pen g pot/dextrose-water</i>	(Pen G Pot/dextrose-water)	1	froz.piggy
<i>penicillin g potassium</i>	(Penicillin G Potassium)	1	vial
<i>penicillin g procaine</i>	(Penicillin G Procaine)	1	disp syrin
<i>penicillin g sodium</i>	(Penicillin G Sodium)	1	vial
<i>penicillin v potassium</i>	(Veetids 250)	1	susp recon, tablet
<i>piperacillin sodium</i>	(Piperacillin Sodium)	1	vial
<i>piperacillin sodium/ tazobactam</i>	(Zosyn)	1	vial
	ZOSYN	1	froz.piggy
<b>Quinolones</b>			
	AVELOX	1	tablet
	AVELOX ABC PACK	1	tablet
	AVELOX IV	1	piggyback
<i>ciprofloxacin hcl</i>	(Cipro)	1	tablet
<i>ciprofloxacin lactate/ d5w</i>	(Cipro I.V.)	1	piggyback
<i>ciprofloxacin/ciprofloxacin hcl</i>	(Cipro XR)	1	tbmp 24hr
	LEVAQUIN	1	piggyback
	LEVAQUIN	1	solution, tablet, vial
<i>ofloxacin</i>	(Floxin)	1	tablet
<b>Sulfonamides (Systemic)</b>			
	GANTRISIN	1	oral susp
<i>sulfadiazine</i>	(Sulfadiazine)	1	tablet
<i>sulfamethoxazole/ trimethoprim</i>	(Bactrim Ds)	1	oral susp, tablet, vial
<i>sulfasalazine</i>	(Azulfidine)	1	tablet, tablet dr
<b>Tetracyclines</b>			
<i>demeclocycline hcl</i>	(Declomycin)	1	tablet
<i>doxycycline hyclate</i>	(Doryx)	1	capsule, capsule dr, tablet, vial
<i>doxycycline monohydrate</i>	(Adoxa)	1	susp recon, tablet
	DYNACIN	1	tablet; 50mg
<i>minocycline hcl</i>	(Dynacin)	1	capsule, tablet
<i>tetracycline hcl</i>	(Ala-tet)	1	capsule
	TYGACIL	1	vial

Drug Name		Drug Tier	Notes
VIBRAMYCIN		1	syrup
<b>Anticholinergic Agents</b>			
<b>Antimuscarinics/Antispasmodics</b>			
<i>atropine sulfate</i>	(Atropine Sulfate)	1	disp syrin
	ATROVENT HFA	1	hfa aer ad
	CANTIL	1	tablet
<i>glycopyrrolate</i>	(Robinul)	1	tablet, vial
<i>methscopolamine bromide</i>	(Pamine)	1	tablet
	SPIRIVA	1	ST cap w/dev
<b>Anticonvulsants</b>			
<b>Anticonvulsants, Miscellaneous</b>			
	BANZEL	1	ST tablet
<i>carbamazepine</i>	(Tegretol)	1	oral susp, tab chew, tab.sr 12h, tablet
	CARBATROL	1	cpmp 12hr
<i>divalproex sodium</i>	(Depakote ER)	1	cap sprink, tab.sr 24h, tablet dr
	FELBATOL	1	oral susp, tablet
<i>gabapentin</i>	(Neurontin)	1	capsule, tablet
	GABITRIL	1	tablet
	KEPPRA	1	vial
	LAMICTAL (BLUE)	1	tab ds pk
	LAMICTAL (GREEN)	1	tab ds pk
	LAMICTAL (ORANGE)	1	tab ds pk
<i>lamotrigine</i>	(Lamictal)	1	tab disper, tablet
<i>levetiracetam</i>	(Keppra)	1	solution, tablet
<i>levetiracetam</i>	(Keppra)	1	vial
	LYRICA	1	QL: 93 in 31 days capsule
<i>magnesium sulfate</i>	(Magnesium Sulfate)	1	disp syrin, piggyback
<i>magnesium sulfate/d5w</i>	(Magnesium Sulfate/D5W)	1	piggyback
	NEURONTIN	1	solution
<i>oxcarbazepine</i>	(Trileptal)	1	oral susp, tablet
	SABRIL	1	powd pack, tablet
	TEGRETOL XR	1	tab.sr 12h; 100mg
<i>topiramate</i>	(Topamax)	1	cap sprink, tablet
<i>valproate sodium</i>	(Depacon)	1	syrup, vial
<i>valproic acid</i>	(Depakene)	1	capsule

Drug Name	Drug Tier	Notes
VIMPAT	1	ST, QL: solution 1200 in 30 days
VIMPAT	1	ST tablet
VIMPAT	1	ST, QL: vial 200 in 5 days
<i>zonisamide</i> (Zonegran)	1	capsule
<b>Barbiturates (Anticonvulsants)</b>		
<i>primidone</i> (Mysoline)	1	tablet
<b>Hydantoins</b>		
DILANTIN	1	tab chew
DILANTIN	1	capsule; 30mg
<i>fosphenytoin sodium</i> (Cerebyx)	1	vial
PEGANONE	1	tablet
PHENYTEK	1	capsule
<i>phenytoin</i> (Dilantin-125)	1	oral susp
<i>phenytoin sodium</i> (Phenytoin Sodium)	1	ampul
<i>phenytoin sodium extended</i> (Dilantin)	1	capsule
<b>Succinimides</b>		
CELONTIN	1	capsule
<i>ethosuximide</i> (Zarontin)	1	capsule, syrup
<b>Antidiabetic Agents</b>		
<b>Alpha-Glucosidase Inhibitors</b>		
<i>acarbose</i> (Precose)	1	tablet
GLYSET	1	tablet
<b>Amylinomimetics</b>		
SYMLIN	1	PA vial
SYMLINPEN 120	1	PA pen injctr
SYMLINPEN 60	1	PA pen injctr
<b>Biguanides</b>		
<i>metformin hcl</i> (Glucophage)	1	tab.sr 24h, tablet
<b>Dipeptidyl Peptidase-4 (dpp-4) Inhibitors</b>		
JANUMET	1	ST tablet
JANUVIA	1	ST tablet
ONGLYZA	1	ST tablet
<b>Incretin Mimetics</b>		
BYETTA	1	PA pen injctr
VICTOZA 3-PAK	1	PA, QL: pen injctr 9 in 30 days
<b>Insulins</b>		
HUMALOG	1	insuln pen, vial

Drug Name		Drug Tier	Notes	
	HUMALOG MIX 50-50	1	insuln pen, vial	
	HUMALOG MIX 75-25	1	insuln pen, vial	
	HUMULIN 50-50	1	vial	
	HUMULIN 70-30	1	insuln pen, vial	
	HUMULIN N	1	insuln pen, vial	
	HUMULIN R	1	vial	
	LANTUS	1	vial	
	LANTUS SOLOSTAR	1	insuln pen	
	LEVEMIR	1	insuln pen, vial	
	NOVOLIN 70-30	1	vial	
	NOVOLIN 70-30 INNOLET	1	insuln pen	
	NOVOLIN N	1	vial	
	NOVOLIN N INNOLET	1	insuln pen	
	NOVOLIN R	1	insuln pen, vial	
	NOVOLOG	1	insuln pen, vial	
	NOVOLOG MIX 70-30	1	insuln pen, vial	
	RELION N	1	susp	
<b>Meglitinides</b>				
<i>nateglinide</i>	(Nateglinide)	1	ST	tablet
	PRANDIMET	1	ST	tablet
	PRANDIN	1	ST	tablet
<b>Sulfonylureas</b>				
<i>glimepiride</i>	(Amaryl)	1	tablet	
<i>glipizide</i>	(Glucotrol)	1	tab er 24, tablet	
<i>glipizide/metformin hcl</i>	(Metaglip)	1	tablet	
<i>glyburide</i>	(Micronase)	1	tablet	
<i>glyburide, micronized</i>	(Glynase)	1	tablet	
<i>glyburide/metformin hcl</i>	(Glucovance)	1	tablet	
<i>tolazamide</i>	(Tolazamide)	1	tablet	
<i>tolbutamide</i>	(Orinase)	1	tablet	
<b>Thiazolidinediones</b>				
	ACTOPLUS MET	1	ST	tablet
	ACTOS	1	ST	tablet
	AVANDAMET	1	ST	tablet
	AVANDARYL	1	ST	tablet
	AVANDIA	1	ST	tablet
	DUETACT	1	ST	tablet
<b>Antidiarrhea Agents</b>				
<b>Antidiarrhea Agents</b>				
<i>diphenoxylate hcl/atrop sulf</i>	(Lomotil)	1	liquid, tablet	
<i>loperamide hcl</i>	(Imodium)	1	capsule	
	MOTOFEN	1	tablet	

Drug Name		Drug Tier	Notes
<b>Antiemetics</b>			
<b>5-HT3 Receptor Antagonists</b>			
<i>granisetron hcl</i>	(Kytril)	1	vial
<i>granisetron hcl</i>	(Kytril)	1	PA solution, tablet
<i>granisetron hcl/pf</i>	(Kytril)	1	vial
<i>ondansetron</i>	(Zofran)	1	PA tab rapdis
<i>ondansetron hcl</i>	(Zofran)	1	PA solution, tablet
<i>ondansetron hcl/pf</i>	(Zofran)	1	vial
	SANCUSO	1	PA patch tdwk
<b>Antiemetics, Miscellaneous</b>			
	CESAMET	1	capsule
<i>dronabinol</i>	(Marinol)	1	capsule
	EMEND	1	QL: 4 in vial 28 days
	EMEND	1	PA, QL: capsule; 80mg 8 in 1 day
	EMEND	1	PA, QL: capsule; 40mg, 4 in 1 125mg day
	EMEND	1	PA, QL: cap ds pk 12 in 1 day
	TRANSDERM-SCOP	1	patch td72
<b>Antihistamines (GI Drugs)</b>			
	ANTIVERT	1	tablet; 50mg
<i>meclizine hcl</i>	(Antivert)	1	tablet
<i>prochlorperazine edisylate</i>	(Compazine)	1	vial
<i>prochlorperazine maleate</i>	(Compazine)	1	supp.rect, tablet
<i>trimethobenzamide hcl</i>	(Tigan)	1	capsule, disp syrin
<b>Antifungals (Systemic)</b>			
<b>Allylamines</b>			
<i>terbinafine hcl</i>	(Lamisil)	1	tablet
<b>Antifungals, Miscellaneous</b>			
<i>griseofulvin,microsize</i>	(Grifulvin V)	1	oral susp
	GRIS-PEG	1	tablet
<b>Azoles</b>			
<i>fluconazole</i>	(Diflucan)	1	susp recon, tablet
<i>fluconazole in dextrose,iso-os</i>	(Diflucan in Dextrose)	1	piggyback
<i>itraconazole</i>	(Sporanox)	1	capsule
<i>ketoconazole</i>	(Nizoral)	1	tablet

Drug Name		Drug Tier	Notes
	NOXAFIL	1	oral susp
	SPORANOX	1	solution
	VFEND	1	susp recon, tablet
	VFEND IV	1	vial
<b>Echinocandins</b>			
	CANCIDAS	1	vial
	ERAXIS (ALCOHOL DILUENT)	1	vial
<b>Polyenes</b>			
	ABELCET	1	PA vial
	AMBISOME	1	PA vial
	AMPHOTEC	1	PA vial
<i>amphotericin b</i>	(Amphocin)	1	PA vial
<i>nystatin</i>	(Mycostatin)	1	oral susp, tablet
<b>Pyrimidines</b>			
	ANCOBON	1	capsule
<b>Antiglaucoma Agents</b>			
<b>Alpha-Adrenergic Agonists (EENT)</b>			
	ALPHAGAN P	1	drops
<i>brimonidine tartrate</i>	(Alphagan P)	1	drops
	COMBIGAN	1	drops
<b>Beta-Adrenergic Blocking Agents (EENT)</b>			
<i>betaxolol hcl</i>	(Betaxolol HCl)	1	drops
	BETIMOL	1	ST drops
	ISTALOL	1	drop daily
<i>levobunolol hcl</i>	(Betagan)	1	drops
<i>metipranolol</i>	(Optipranolol)	1	drops
<i>timolol maleate</i>	(Timoptic-XE)	1	drops, sol-gel
	TIMOPTIC	1	ST drops; 0.5%
<b>Carbonic Anhydrase Inhibitors (EENT)</b>			
<i>acetazolamide</i>	(Diamox)	1	capsule sa, tablet
<i>acetazolamide sodium</i>	(Acetazolamide Sodium)	1	vial
	AZOPT	1	drops susp
<i>dorzolamide hcl</i>	(Trusopt)	1	drops
<i>dorzolamide hcl/timolol maleate</i>	(Cosopt)	1	drops
<i>methazolamide</i>	(Neptazane)	1	tablet
<b>Miotics</b>			
	PHOSPHOLINE IODIDE	1	drops
	PILOPINE HS	1	gel (gm)
<b>Prostaglandin Analogs</b>			
	TRAVATAN	1	drops
	TRAVATAN Z	1	drops
	XALATAN	1	drops

Drug Name	Drug Tier	Notes
<b>Antihemorrhagic Agents</b>		
<b>Hemostatics</b>		
CYKLOKAPRON	1	ampul
LYSTEDA	1	QL: 30 in 30 days tablet
<b>Antihypoglycemic Agents</b>		
<b>Glycogenolytic Agents</b>		
GLUCAGEN	1	kit
GLUCAGON EMERGENCY KIT	1	kit
<b>Anti-infectives (EENT)</b>		
<b>Antibacterials (EENT)</b>		
<i>bacitracin</i> (Bacitracin)	1	oint.(gm)
<i>bacitracin/polymyxin b sulfate</i> (Polycin-b)	1	oint.(gm)
BACTROBAN NASAL	1	oint.(gm)
BLEPHAMIDE	1	drops susp
BLEPHAMIDE S.O.P.	1	oint.(gm)
CIPRO HC	1	drops susp
CIPRODEX	1	drops susp
<i>ciprofloxacin hcl</i> (Ciloxan)	1	drops
COLY-MYCIN S	1	drops susp
CORTISPORIN-TC	1	drops susp
<i>doxycycline hyclate</i> (Periostat)	1	tablet
<i>erythromycin base</i> (Erythromycin Base)	1	oint.(gm)
<i>gentamicin sulfate</i> (Garamycin)	1	drops, oint.(gm)
<i>na sulfacetm/prednis sp</i> (Na Sulfacetm/prednis Sp)	1	drops
<i>neo/polymyx b sulf/ dexameth</i> (Ak-trol)	1	drops susp, oint.(gm)
<i>neomy sulf/bacitra/ polymyxin b</i> (Neosporin)	1	oint.(gm)
<i>neomy sulf/bacitrac zn/ poly/hc</i> (Cortisporin)	1	oint.(gm)
<i>neomy sulf/polymyx b sulf/hc</i> (Oticin HC)	1	drops susp, solution
<i>neomycin/polymyxn b/ gramicidin</i> (Neosporin)	1	drops
<i>ofloxacin</i> (Ocuflux)	1	drops
PEDIOTIC	1	drops susp
<i>polymyxin b sulfate/tmp</i> (Polytrim)	1	drops
POLY-PRED	1	drops susp
<i>sulfacetamide sodium</i> (Sulfac)	1	drops
<i>tobramycin sulfate</i> (Tobrex)	1	drops

Drug Name		Drug Tier	Notes
<i>tobramycin sulfate/ dexameth</i>	(Tobradex)	1	drops susp
	VIGAMOX	1	drops
	ZYLET	1	drops susp
	ZYMAR	1	drops
	ZYMAXID	1	drops
<b>Antifungals (EENT)</b>			
	NATACYN	1	drops susp
<b>Antivirals (EENT)</b>			
<i>trifluridine</i>	(Viroptic)	1	drops
<b>EENT Anti-infectives, Miscellaneous</b>			
<i>acetic acid</i>	(Vosol)	1	solution
<i>acetic acid/aluminum acetate</i>	(Domeboro)	1	drops
<i>acetic acid/ hydrocortisone</i>	(Vosol HC)	1	drops
<i>chlorhexidine gluconate</i>	(Peridex)	1	mouthwash
<b>Anti-infectives (Skin and Mucous Membrane)</b>			
<b>Antibacterials (Skin and Mucous Membrane)</b>			
<i>clindamycin phos/ benzoyl perox</i>	(Benzaclin)	1	gel (gm)
<i>clindamycin phosphate</i>	(Cleocin)	1	cream/appl, gel (gm), lotion, med. swab, solution
<i>erythromycin base/benz per</i>	(Benzamycin)	1	gel (gm)
<i>erythromycin base/ ethanol</i>	(A-T-S)	1	gel (gm), med. swab, solution
<i>gentamicin sulfate</i>	(Gentamicin Sulfate)	1	cream(gm), oint.(gm)
<i>metronidazole</i>	(Vandazole)	1	gel w/appl
<i>mupirocin</i>	(Bactroban)	1	oint.(gm)
<i>neomy sulf/polymyxin b sulfate</i>	(Neosporin G.U. Irrigant)	1	ampul
<b>Antifungals (Skin and Mucous Membrane)</b>			
<i>ciclopirox</i>	(Ciclopirox)	1	gel (gm), shampoo, solution
<i>ciclopirox olamine</i>	(Loprox)	1	cream(gm), suspension
<i>clotrimazole</i>	(Mycelex)	1	cream(gm), solution, troche
<i>clotrimazole/betamet diprop</i>	(Lotrisone)	1	cream(gm), lotion
<i>econazole nitrate</i>	(Spectazole)	1	cream(gm)

Drug Name		Drug Tier	Notes
	EXELDERM	1	cream(gm), solution
	GYNAZOLE-1	1	crm sr(gm)
<i>ketoconazole</i>	(Nizoral)	1	cream(gm), shampoo
	LAMISIL	1	spray
<i>miconazole nitrate</i>	(Monistat 3)	1	supp.vag
	NAFTIN	1	cream(gm), gel (gm)
<i>nystatin</i>	(Mycostatin)	1	cream(gm), oint.(gm), powder
<i>nystatin/triamcin</i>	(Mycogen II)	1	cream(gm), oint.(gm)
<i>terconazole</i>	(Terazol 7)	1	cream/appl, supp.vag
<b>Antivirals (Skin and Mucous Membrane)</b>			
	DENAVIR	1	cream(gm)
	ZOVIRAX	1	QL: 15 oint.(gm) in 1 day
	ZOVIRAX	1	QL: 10 cream(gm) in 1 day
<b>Local Anti-infectives, Miscellaneous</b>			
<i>alcohol antiseptic pads</i>	(Alcohol Antiseptic Pads)	1	med. pad
<i>metronidazole</i>	(Metrocream)	1	cream(gm), gel (gm), lotion
<i>selenium sulfide</i>	(Selseb)	1	suspension
<i>silver sulfadiazine</i>	(Thermazene)	1	cream(gm)
<i>sulfacetamide sodium</i>	(Klaron)	1	suspension
<b>Scabicides and Pediculicides</b>			
	EURAX	1	cream(gm), lotion
<i>lindane</i>	(Lindane)	1	lotion, shampoo
<i>malathion</i>	(Ovide)	1	lotion
<i>permethrin</i>	(Elimite)	1	cream(gm)
	ULESFIA	1	PA lotion
<b>Anti-infectives (systemic), Misc.</b>			
<b>Anti-infectives (systemic), Misc.</b>			
	FUROXONE	1	oral susp, tablet
<b>Anti-inflammatory Agents (EENT)</b>			
<b>Corticosteroids (EENT)</b>			
	ALREX	1	drops susp
	DERMOTIC	1	drops
<i>dexamethasone sod phosphate</i>	(Ak-dex)	1	drops
	DUREZOL	1	drops

Drug Name		Drug Tier	Notes
<i>flunisolide</i>	(Nasarel)	1	spray
<i>fluorometholone</i>	(Fluorometholone)	1	drops susp
<i>fluticasone propionate</i>	(Flonase)	1	spray susp
	LOTEMAX	1	drops susp
	NASONEX	1	ST, QL: 34 in 28 days
<i>prednisolone acetate</i>	(Pred Forte)	1	drops susp
<i>prednisolone sod phosphate</i>	(Prednisol)	1	drops
<b>EENT Anti-inflammatory Agents, Miscellaneous</b>			
	RESTASIS	1	PA, QL: 64 in 31 days
<b>EENT Non-Steroidal Anti-inflammatory Agents</b>			
<i>diclofenac sodium</i>	(Voltaren)	1	drops
<i>flurbiprofen sodium</i>	(Ocufen)	1	drops
<i>ketorolac tromethamine</i>	(Acular)	1	drops
	NEVANAC	1	drops susp
<b>Anti-inflammatory Agents (GI Drugs)</b>			
<b>Anti-inflammatory Agents (GI Drugs)</b>			
	APRISO	1	cap.sr 24h
	ASACOL	1	tablet dr
	ASACOL HD	1	tablet dr
<i>balsalazide disodium</i>	(Colazal)	1	capsule
	CANASA	1	supp.rect
	DIPENTUM	1	capsule
<i>mesalamine</i>	(Rowasa)	1	enema
	PENTASA	1	capsule sa
<b>Anti-inflammatory Agents (Respiratory)</b>			
<b>Leukotriene Modifiers</b>			
	ACCOLATE	1	tablet
	SINGULAIR	1	gran pack, tab chew, tablet
	ZYFLO CR	1	tbmp 12hr
<b>Mast Cell Stabilizers</b>			
<i>cromolyn sodium</i>	(Cromolyn Sodium)	1	drops
	GASTROCROM	1	solution
<b>Anti-inflammatory Agents (Skin and Mucous)</b>			
<b>Anti-inflammatory Agents (Skin and Mucous)</b>			
<i>alclometasone dipropionate</i>	(Aclovate)	1	cream(gm), oint.(gm)
<i>amcinonide</i>	(Cyclocort)	1	cream(gm), lotion, oint.(gm)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
ANUSOL-HC	1	cream(gm)
ARISTOCORT A	1	cream(gm)
<i>betamet diprop/prop gly</i> (Diprolene)	1	cream(gm), oint.(gm)
<i>betamethasone dipropionate</i> (Del-beta)	1	cream(gm), gel (gm), lotion, oint.(gm)
<i>betamethasone valerate</i> (Betamethasone Valerate)	1	cream(gm), lotion, oint.(gm)
<i>clobetasol propionate</i> (Olux)	1	cream(gm), foam, gel (gm), oint.(gm), solution
CLODERM	1	cream(gm)
CORDRAN	1	lotion, med. tape
CORDRAN SP	1	cream(gm)
CUTIVATE	1	lotion
<i>desonide</i> (Desowen)	1	cream(gm), lotion, oint.(gm)
<i>desoximetasone</i> (Topicort)	1	cream(gm), gel (gm), oint.(gm)
<i>diflorasone diacetate</i> (Psorcon)	1	cream(gm), oint.(gm)
<i>fluocinolone acetonide</i> (Synalar)	1	cream(gm), oint.(gm), solution
<i>fluocinonide</i> (Lidex)	1	cream(gm), gel (gm), oint.(gm), solution
<i>fluticasone propionate</i> (Cutivate)	1	cream(gm), oint.(gm)
<i>halobetasol propionate</i> (Ultravate)	1	cream(gm), oint.(gm)
<i>hc/mineral oil/ petrolat,wht</i> (HC/mineral Oil/petrolat, Wht)	1	ointment(gm)
<i>hydrocortisone</i> (Proctocort)	1	cream(gm), enema, lotion, oint.(gm)
<i>hydrocortisone acetate/ alo ver</i> (Nuzon)	1	gel (gm)
<i>hydrocortisone acetate/ urea</i> (Carmol HC)	1	cream(gm)
<i>hydrocortisone butyrate</i> (Locoid)	1	cream(gm), oint.(gm), solution
<i>hydrocortisone valerate</i> (Westcort)	1	cream(gm), oint.(gm)
<i>mometasone furoate</i> (Elocon)	1	cream(gm), oint.(gm), solution

Drug Name		Drug Tier	Notes
<i>prednicarbate</i>	(Dermatop)	1	cream(gm), oint.(gm)
<i>triamcinolone acetonide</i>	(Kenalog)	1	cream(gm), lotion, oint.(gm), paste (gm)
<b>Antilipemic Agents</b>			
<b>Antilipemic Agents, Miscellaneous</b>			
	LOVAZA	1	capsule
<i>niacin</i>	(Niacin)	1	tablet
	NIASPAN	1	tablet sa
<b>Bile Acid Sequestrants</b>			
<i>cholestyramine/aspartame</i>	(Questran Light)	1	powder
<i>cholestyramine/sucrose</i>	(Questran)	1	packet
<i>colestipol hcl</i>	(Colestid)	1	granules, tablet
	QUESTRAN LIGHT	1	powder; 4 g
	WELCHOL	1	powd pack, tablet
<b>Cholesterol Absorption Inhibitors</b>			
	ZETIA	1	tablet
<b>Fibric Acid Derivatives</b>			
<i>fenofibrate</i>	(Lofibra)	1	tablet
<i>fenofibrate, micronized</i>	(Lofibra)	1	capsule
<i>gemfibrozil</i>	(Lopid)	1	tablet
	LIPOFEN	1	capsule
	TRICOR	1	tablet
<b>HMG-CoA Reductase Inhibitors</b>			
	CRESTOR	1	tablet
	LIPITOR	1	tablet
<i>lovastatin</i>	(Mevacor)	1	tablet
<i>pravastatin sodium</i>	(Pravachol)	1	tablet
<i>simvastatin</i>	(Zocor)	1	tablet
<b>Antimanic Agents</b>			
<b>Antimanic Agents</b>			
<i>lithium carbonate</i>	(Lithobid)	1	capsule, tablet, tablet sa
<i>lithium citrate</i>	(Lithium Citrate)	1	solution
<b>Antimigraine Agents</b>			
<b>Selective Serotonin Agonists</b>			
	MAXALT	1	QL: 18 tablet in 28 days
	MAXALT MLT	1	QL: 18 tab rapidis in 28 days

Drug Name	Drug Tier	Notes
RELPAK	1	ST, QL: tablet 6 in 28 days
<i>sumatriptan succinate</i> (Imitrex)	1	QL: 9 in tablet, vial 28 days
<i>sumatriptan succinate</i> (Imitrex)	1	QL: 4 in kit-refill 28 days
TREXIMET	1	QL: 9 in tablet 28 days
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Miscellaneous</b>		
<i>dapsone</i> (Dapsone)	1	tablet
<b>Antituberculosis Agents</b>		
CAPASTAT SULFATE	1	vial
<i>ethambutol hcl</i> (Myambutol)	1	tablet
<i>isoniazid</i> (Nydravid)	1	syrup, tablet, vial
MYCOBUTIN	1	capsule
PASER	1	packet
PRIFTIN	1	tablet
<i>pyrazinamide</i> (Pyrazinamide)	1	tablet
<i>rifampin</i> (Rifadin)	1	capsule, vial
<i>rifampin/isoniazid</i> (Rifamate)	1	capsule
RIFATER	1	tablet
SEROMYCIN	1	capsule
TRECTOR	1	tablet
<b>Antineoplastic Agents</b>		
<b>Antineoplastic Agents</b>		
ABRAXANE	1	vial
AFINITOR	1	tablet
ALIMTA	1	vial
ARIMIDEX	1	tablet
AROMASIN	1	tablet
ARRANON	1	vial
ARZERRA	1	PA vial
AVASTIN	1	vial
BEXXAR	1	vial
<i>bicalutamide</i> (Casodex)	1	tablet
BICNU	1	vial
<i>bleomycin sulfate</i> (Blenoxane)	1	PA vial
BUSULFEX	1	ampul
CAMPATH	1	vial
<i>carboplatin</i> (Paraplatin)	1	vial
CEENU	1	capsule
<i>cisplatin</i> (Platinol-AQ)	1	vial

Drug Name		Drug Tier	Notes
<i>cladribine</i>	(Leustatin)	1	PA vial
	CLOLAR	1	vial
	COSMEGEN	1	vial
<i>cyclophosphamide</i>	(Cytosan)	1	ST tablet
<i>cyclophosphamide</i>	(Cytosan)	1	PA vial
	CYTADREN	1	tablet
<i>cytarabine/pf</i>	(Cytarabine/PF)	1	PA vial
<i>dacarbazine</i>	(Dtic-Dome IV)	1	vial
	DACOGEN	1	vial
<i>daunorubicin hcl</i>	(Cerubidine)	1	vial
	DAUNOXOME	1	vial
	DOXIL	1	PA vial
<i>doxorubicin hcl</i>	(Adriamycin RDF)	1	PA vial
	DROXIA	1	capsule
	ELIGARD	1	disp syrin
	ELSPAR	1	vial
	EMCYT	1	capsule
<i>epirubicin hcl</i>	(Ellence)	1	vial
	ERBITUX	1	vial
	ETOPOPHOS	1	vial
<i>etoposide</i>	(Toposar)	1	vial
	FARESTON	1	tablet
	FASLODEX	1	disp syrin
	FEMARA	1	tablet
	FIRMAGON	1	vial
<i>floxuridine</i>	(FUDR)	1	PA vial
<i>fludarabine phosphate</i>	(Fludara)	1	vial
<i>fluorouracil</i>	(Adrucil)	1	PA vial
<i>flutamide</i>	(Eulexin)	1	capsule
	GEMZAR	1	vial
	GLEEVEC	1	tablet
	HERCEPTIN	1	PA vial
	HEXALEN	1	capsule
	HYCANTIN	1	vial
<i>hydroxyurea</i>	(Hydrea)	1	capsule
<i>idarubicin hcl</i>	(Idamycin)	1	vial
<i>ifosfamide</i>	(Ifex)	1	PA vial
<i>ifosfamide/mesna</i>	(Ifex-mesnex)	1	PA kit
	IRESSA	1	tablet
<i>irinotecan hcl</i>	(Camptosar)	1	vial
	ISTODAX	1	vial
	IXEMPRA	1	vial
	LEUKERAN	1	tablet
<i>leuprolide acetate</i>	(Lupron)	1	kit

Drug Name		Drug Tier	Notes
	LUPRON DEPOT	1	disp syrin, kit
	LUPRON DEPOT-PED	1	kit
	LYSODREN	1	tablet
	MATULANE	1	capsule
	MEGACE ES	1	oral susp
<i>megestrol acetate</i>	(Megace)	1	oral susp, tablet
<i>melphalan hcl</i>	(Alkeran)	1	vial
<i>mercaptopurine</i>	(Purinethol)	1	tablet
<i>methotrexate sodium</i>	(Methotrexate)	1	ST tablet
<i>methotrexate sodium/pf</i>	(Methotrexate Sodium/PF)	1	PA vial
	MITHRACIN	1	vial
<i>mitomycin</i>	(Mutamycin)	1	PA vial
<i>mitoxantrone hcl</i>	(Novantrone)	1	vial
	MUSTARGEN	1	vial
	MYLOTARG	1	vial
	NEXAVAR	1	tablet
	NILANDRON	1	tablet
	ONCASPAR	1	vial
	ONTAK	1	vial
<i>oxaliplatin</i>	(Eloxatin)	1	vial
<i>paclitaxel, semi-synthetic</i>	(Taxol)	1	vial
<i>pentostatin</i>	(Nipent)	1	vial
	PHOTOFRIN	1	vial
	PLENAXIS	1	vial
	PROLEUKIN	1	vial
	RITUXAN	1	vial
	SPRYCEL	1	tablet
	SUTENT	1	capsule
<i>tamoxifen citrate</i>	(Nolvadex)	1	tablet
	TARCEVA	1	tablet
	TARGRETIN	1	capsule
	TASIGNA	1	capsule
	TAXOTERE	1	vial
	TESLAC	1	tablet
	THIOGUANINE	1	tablet
<i>thiotepa</i>	(Thioplex)	1	vial
	TORISEL	1	PA vial
	TREANDA	1	vial
	TRELSTAR	1	disp syrin
<i>tretinoin</i>	(Tretinoin)	1	capsule
	TREXALL	1	ST tablet
	TRISENOX	1	ampul
	TYKERB	1	tablet
	VECTIBIX	1	vial

Drug Name		Drug Tier	Notes
	VELCADE	1	vial
	VIDAZA	1	vial
<i>vinblastine sulfate</i>	(Vinblastine Sulfate)	1	PA vial
<i>vincristine sulfate</i>	(Oncovin)	1	PA vial
<i>vinorelbine tartrate</i>	(Navelbine)	1	vial
	VOTRIENT	1	tablet
	VUMON	1	ampul
	ZANOSAR	1	vial
	ZOLINZA	1	capsule
<b>Antiparkinsonian Agents</b>			
<b>Adamantanes (CNS)</b>			
<i>amantadine hcl</i>	(Symmetrel)	1	capsule, syrup, tablet
<b>Anticholinergic Agents (CNS)</b>			
	AKINETON	1	tablet
<i>benztropine mesylate</i>	(Cogentin)	1	tablet, vial
	KEMADRIN	1	tablet
<i>trihexyphenidyl hcl</i>	(Trihexyphenidyl HCl)	1	elixir, tablet
<b>Catechol-O-Methyltransferase (COMT) Inhibitors</b>			
	COMTAN	1	tablet
	TASMAR	1	tablet
<b>Dopamine Precursors</b>			
<i>carbidopa/levodopa</i>	(Sinemet 25-100)	1	tab rapdis, tablet, tablet sa
	STALEVO 100	1	tablet
	STALEVO 125	1	tablet
	STALEVO 150	1	tablet
	STALEVO 200	1	tablet
	STALEVO 50	1	tablet
	STALEVO 75	1	tablet
<b>Dopamine Receptor Agonists</b>			
	APOKYN	1	cartridge
<i>bromocriptine mesylate</i>	(Parlodel)	1	capsule, tablet
<i>cabergoline</i>	(Dostinex)	1	tablet
	MIRAPEX	1	tablet; 0.75mg
<i>pramipexole di-hcl</i>	(Mirapex)	1	tablet
<i>ropinirole hcl</i>	(Requip)	1	tablet
<b>Monoamine Oxidase B Inhibitors</b>			
	AZILECT	1	tablet
<i>selegiline hcl</i>	(Selegiline HCl)	1	capsule, tablet
	ZELAPAR	1	tab rapdis
<b>Antiprotozoals</b>			
<b>Amebicides</b>			
<i>paromomycin sulfate</i>	(Humatin)	1	capsule

Drug Name		Drug Tier	Notes
YODOXIN		1	tablet
<b>Antimalarials</b>			
<i>chloroquine phosphate</i>	(Aralen Phosphate)	1	tablet
COARTEM		1	tablet
DARAPRIM		1	tablet
FANSIDAR		1	tablet
HALFAN		1	tablet
<i>hydroxychloroquine sulfate</i>	(Plaquenil)	1	tablet
MALARONE		1	tablet
<i>mefloquine hcl</i>	(Lariam)	1	tablet
PRIMAQUINE		1	tablet
QUALAQUIN		1	PA capsule
<b>Antiprotozoals, Miscellaneous</b>			
MEPRON		1	oral susp
<i>metronidazole</i>	(Flagyl)	1	capsule, tablet
<i>metronidazole/sodium chloride</i>	(Metro IV)	1	piggyback
NEUTREXIN		1	vial
<b>Antipruritics and Local Anesthetics</b>			
<b>Antipruritics and Local Anesthetics</b>			
CETACAINE		1	kit
CETACAINE MEDICAL KIT E		1	kit
<i>lidocaine hcl</i>	(Xylocaine)	1	oint.(gm)
<i>lidocaine/prilocaine</i>	(EMLA)	1	cream(gm)
LIDODERM		1	adh. patch
<b>Antithrombotic Agents</b>			
<b>Anticoagulants</b>			
ARIXTRA		1	PA, QL: disp syrin; 5mg/5.6 in 28 0.4ml days
ARIXTRA		1	PA, QL: disp syrin; 2.5mg/7 in 28 0.5 days
ARIXTRA		1	PA, QL: disp syrin; 7.5mg/8.4 in 28 0.6 days
ARIXTRA		1	PA, QL: disp syrin; 10mg/11.2 in 28 days 0.8ml
COUMADIN		1	vial

Drug Name	Drug Tier	Notes
FRAGMIN	1	PA, QL: vial 11.4 in 30 days
FRAGMIN	1	PA, QL: disp syrin; 2500/ 2 in 30 0.2ml, 5000/0.2ml days
FRAGMIN	1	PA, QL: disp syrin; 7500/ 3 in 30 0.3ml days
FRAGMIN	1	PA, QL: disp syrin; 10000/ 10 in 30 ml days
<i>heparin sodium,porcine</i> (Hep-lock)	1	vial
<i>heparin sodium,porcine/d5w</i> (Heparin Sodium, porcine/ D5W)	1	iv soln
<i>heparin sodium,porcine/ns/pf</i> (Heparin Sodium, porcine/ns/ PF)	1	iv soln
<i>heparin sodium,porcine/pf</i> (Hep-lock)	1	vial port
<i>heparin sodium,pork in 1/2 ns</i> (Heparin Sodium, pork in 1/2 NS)	1	iv soln
INNOHEP	1	PA, QL: vial 12 in 30 days
LOVENOX	1	PA, QL: disp syrin; 80mg/ 16 in 28 0.8ml days
LOVENOX	1	PA, QL: disp syrin; 60mg/ 12 in 28 0.6ml days
LOVENOX	1	PA, QL: disp syrin; 150mg/ 20 in 28 ml days
LOVENOX	1	PA, QL: disp syrin; 100mg/ 20 in 30 ml days
LOVENOX	1	PA, QL: vial 24 in 28 days
LOVENOX	1	PA, QL: disp syrin; 30mg/ 6 in 28 0.3ml days
LOVENOX	1	PA, QL: disp syrin; 40mg/ 8 in 28 0.4ml days

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
LOVENOX	1	PA, QL: disp syrin; 120mg/ 16 in 30 .8ml days
<i>warfarin sodium</i> (Coumadin)	1	tablet
<b>Platelet Aggregation Inhibitors</b>		
<i>cilostazol</i> (Pletal)	1	tablet
EFFIENT	1	tablet
PLAVIX	1	tablet
<i>ticlopidine hcl</i> (Ticlid)	1	tablet
<b>Platelet-reducing Agents</b>		
<i>anagrelide hcl</i> (Agrylin)	1	capsule
<b>Antiulcer Agents and Acid Suppressants</b>		
<b>Histamine H2-Antagonists</b>		
<i>cimetidine</i> (Tagamet)	1	tablet
<i>cimetidine hcl</i> (Cimetidine HCl)	1	solution, vial
<i>famotidine</i> (Pepcid)	1	oral susp
<i>famotidine</i> (Pepcid)	1	tablet, vial
<i>famotidine in saline, iso-os/pf</i> (Pepcid)	1	piggyback
<i>nizatidine</i> (Axid)	1	capsule, solution
<i>ranitidine hcl</i> (Zantac)	1	capsule, syrup, tablet, vial
<b>Prostaglandins</b>		
<i>misoprostol</i> (Cytotec)	1	tablet
<b>Protectants</b>		
CARAFATE	1	oral susp
<i>sucralfate</i> (Carafate)	1	tablet
<b>Proton Pump Inhibitors</b>		
<i>lansoprazole</i> (Prevacid)	1	capsule dr
NEXIUM	1	capsule dr, suspdr pkt
NEXIUM I.V.	1	vial
<i>omeprazole</i> (Prilosec)	1	capsule dr
<i>pantoprazole sodium</i> (Protonix)	1	tablet dr
<b>Antivirals (Systemic)</b>		
<b>Adamantanes</b>		
<i>rimantadine hcl</i> (Flumadine)	1	tablet
<b>Antiretrovirals</b>		
AGENERASE	1	capsule
AGENERASE	1	solution
APTIVUS	1	solution
APTIVUS	1	capsule
ATRIPLA	1	tablet
COMBIVIR	1	tablet

Drug Name		Drug Tier	Notes
	CRIXIVAN	1	capsule
<i>didanosine</i>	(Videx EC)	1	capsule dr
	EMTRIVA	1	capsule, solution
	EPIVIR	1	solution, tablet
	EPIVIR HBV	1	solution, tablet
	EPZICOM	1	tablet
	FUZEON	1	kit
	HIVID	1	tablet
	INTELENCE	1	tablet
	INVIRASE	1	capsule, tablet
	ISENTRESS	1	tablet
	KALETRA	1	solution, tablet
	LEXIVA	1	oral susp, tablet
	NORVIR	1	capsule, solution, tablet
	PREZISTA	1	tablet
	RESCRIPTOR	1	tab disper, tablet
	RETROVIR	1	vial
	REYATAZ	1	capsule
	SELZENTRY	1	tablet
<i>stavudine</i>	(Zerit)	1	capsule, soln recon
	SUSTIVA	1	capsule, tablet
	TRIZIVIR	1	tablet
	TRUVADA	1	tablet
	VIDEX	1	soln recon
	VIRACEPT	1	powder, tablet
	VIRAMUNE	1	oral susp, tablet
	VIREAD	1	tablet
	ZIAGEN	1	solution, tablet
<i>zidovudine</i>	(Retrovir)	1	capsule, syrup, tablet
<b>Antivirals, Miscellaneous</b>			
<i>foscarnet sodium</i>	(Foscavir)	1	PA infus. btl
<b>Interferons</b>			
	ALFERON N	1	vial
	INFERGEN	1	PA vial
	INTRON A	1	PA pen ij kit, vial
	PEGASYS	1	PA kit
	PEGINTRON	1	PA kit
	PEGINTRON REDIPEN	1	PA pen ij kit
<b>Monoclonal Antibodies</b>			
	SYNAGIS	1	vial
<b>Neuraminidase Inhibitors</b>			
	RELENZA	1	disk w/dev

Drug Name		Drug Tier	Notes
TAMIFLU		1	QL: 84 capsule; 30mg in 180 days
TAMIFLU		1	QL: 42 capsule; 75mg in 180 days
TAMIFLU		1	QL: 48 capsule; 45mg in 180 days
TAMIFLU		1	QL: 525 susp recon in 180 days
<b>Nucleosides and Nucleotides</b>			
<i>acyclovir</i>	(Zovirax)	1	capsule, oral susp, tablet
<i>acyclovir sodium</i>	(Zovirax)	1	PA vial
BARACLUDGE		1	solution, tablet
CYTOVENE		1	PA vial
<i>famciclovir</i>	(Famvir)	1	tablet
<i>ganciclovir</i>	(Cytovene)	1	capsule
HEPSERA		1	tablet
REBETOL		1	solution
<i>ribavirin</i>	(Copegus)	1	capsule, tab ds pk, tablet
TYZEKA		1	tablet
<i>valacyclovir hcl</i>	(Valtrex)	1	tablet
VALCYTE		1	PA soln recon
VALCYTE		1	tablet
VISTIDE		1	vial
<b>Anxiolytics, Sedatives and Hypnotics</b>			
<b>Anxiolytics, Sedatives and Hypnotics, Miscellaneous</b>			
AQUACHLORAL		1	supp.rect
<i>bupirone hcl</i>	(Buspar)	1	tablet
<i>chloral hydrate</i>	(Chloral Hydrate)	1	supp.rect
<i>glutethimide</i>	(Glutethimide)	1	tablet
<i>hydroxyzine hcl</i>	(Hyzine)	1	syrup, tablet, vial
<i>hydroxyzine pamoate</i>	(Vistaril)	1	capsule
LUNESTA		1	ST tablet
<i>meprobamate</i>	(Miltown)	1	tablet
<i>zaleplon</i>	(Sonata)	1	capsule
<i>zolpidem tartrate</i>	(Ambien)	1	tablet
<b>Astringents</b>			
<b>Astringents</b>			
XERAC AC		1	solution

Drug Name	Drug Tier	Notes
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<b>Autonomic Drugs, Miscellaneous</b>		
<b>Autonomic Drugs, Miscellaneous</b>		
CHANTIX	1	PA tab ds pk, tablet
NICOTROL	1	cartridge
NICOTROL NS	1	spray
<b>Beta-Adrenergic Blocking Agents</b>		
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol hcl</i> (Sectral)	1	capsule
<i>atenolol</i> (Tenormin)	1	tablet
<i>atenolol/chlorthalidone</i> (Tenoretic 50)	1	tablet
<i>betaxolol hcl</i> (Kerlone)	1	tablet
<i>bisoprolol fumarate</i> (Zebeta)	1	tablet
<i>bisoprolol fumarate/hctz</i> (Ziac)	1	tablet
<i>carvedilol</i> (Coreg)	1	tablet
COREG CR	1	cpmp 24hr
<i>esmolol hcl</i> (Brevibloc)	1	PA disp syrin, vial
<i>labetalol hcl</i> (Trandate)	1	tablet, vial
<i>metoprolol succinate</i> (Toprol XL)	1	tab.sr 24h
<i>metoprolol tartrate</i> (Lopressor)	1	tablet, vial
<i>metoprolol/hydrochlorothiazide</i> (Lopressor HCT)	1	tablet
<i>nadolol</i> (Corgard)	1	tablet
<i>nadolol/bendroflumethiazide</i> (Corzide)	1	tablet
<i>pindolol</i> (Visken)	1	tablet
<i>propranolol hcl</i> (Inderal LA)	1	cap.sa 24h, solution, tablet, vial
<i>propranolol/hydrochlorothiazid</i> (Inderide-40/25)	1	tablet
<i>sotalol hcl</i> (Betapace)	1	tablet
SOTALOL HCL	1	vial
<i>timolol maleate</i> (Timolol Maleate)	1	tablet
<b>Calcium Channel Blocking Agents</b>		
<b>Calcium Channel Blocking Agents, Miscellaneous</b>		
CARDIZEM CD	1	cap.sr 24h; 360mg
<i>diltiazem hcl</i> (Cardizem CD)	1	cap.sr 12h, cap.sr 24h, capsule cr, capsule sa, disp syrin, tab.sr 24h, tablet, vial port
<i>verapamil hcl</i> (Calan SR)	1	ampul, cap24h pct, cap24h pel, tablet, tablet sa

Drug Name		Drug Tier	Notes
<b>Dihydropyridines</b>			
<i>amlodipine besylate</i>	(Norvasc)	1	tablet
<i>amlodipine besylate/ benazepril</i>	(Lotrel)	1	capsule
	CARDENE I.V.	1	ampul
	EXFORGE	1	ST tablet
	EXFORGE HCT	1	ST tablet
<i>felodipine</i>	(Plendil)	1	tab.sr 24h
<i>isradipine</i>	(Dynacirc)	1	capsule
	LOTREL	1	capsule; 5mg-40mg, 10mg-40mg
<i>nicardipine hcl</i>	(Cardene)	1	capsule, vial
<i>nifedipine</i>	(Procardia XL)	1	capsule, tab er 24, tablet sa
<i>nimodipine</i>	(Nimotop)	1	capsule
<i>nisoldipine</i>	(Sular)	1	tab.sr 24h; 20mg, 30mg, 40mg
<i>nisoldipine</i>	(Sular)	1	tab.sr 24h; 8.5mg, 17mg, 25.5mg, 34mg
<b>Caloric Agents</b>			
<b>Caloric Agents</b>			
	AMINOSYN	1	PA iv soln; 10%
	AMINOSYN	1	PA iv soln; 5%
	AMINOSYN	1	PA iv soln; 3.5%
	AMINOSYN	1	PA iv soln; 7%
	AMINOSYN	1	PA iv soln; 8.5%
	AMINOSYN II 3.5% M-DEXTROSE 5%	1	PA iv soln
	AMINOSYN II 3.5%-DEXTROSE 25%	1	PA iv soln
	AMINOSYN II 3.5%-DEXTROSE 5%	1	PA iv soln
	AMINOSYN II 4.25% M-DEXT 10%	1	PA iv soln
	AMINOSYN II 4.25%-DEXTROSE 25%	1	PA iv soln
	AMINOSYN II 5% IN 25% DEXTROSE	1	PA iv soln
	AMINOSYN II	1	PA iv soln; 10%
	AMINOSYN II	1	PA iv soln; 15%
	AMINOSYN II	1	PA iv soln; 7%
	AMINOSYN II	1	PA iv soln; 8.5%

Drug Name	Drug Tier	Notes
AMINOSYN II IN DEXTROSE	1	PA iv soln
AMINOSYN II W/ELEC IN DEX W/CA	1	PA iv soln
AMINOSYN M	1	PA iv soln
AMINOSYN W/ELECTROLYTES	1	PA iv soln
AMINOSYN-HBC	1	PA iv soln
AMINOSYN-HF	1	PA iv soln
AMINOSYN-PF	1	PA iv soln
CLINIMIX	1	PA iv soln
CLINIMIX E	1	PA iv soln
CLINISOL	1	PA iv soln
<i>dextrose 10%-0.5 normal saline</i> (Dextrose 10%-0.5 Normal Saline)	1	PA iv soln.
<i>dextrose 10%-1/4 normal saline</i> (Dextrose 10%-1/4 Normal Saline)	1	PA dehpr fr bg
<i>dextrose 10%-water</i> (Dextrose 10%-water)	1	PA iv soln
<i>dextrose 2.5%-0.5normal saline</i> (Dextrose 2.5%-0.5 Normal Saline)	1	iv soln.
<i>dextrose 5%-1/2 normal saline</i> (Dextrose 5%-1/2 Normal Saline)	1	iv soln
<i>dextrose 5%-1/3 normal saline</i> (Dextrose 5%-1/3 Normal Saline)	1	iv soln
<i>dextrose 5%-1/4 normal saline</i> (Dextrose 5%-1/4 Normal Saline)	1	iv soln
<i>dextrose 5%-normal saline</i> (Dextrose 5%-Normal Saline)	1	iv soln
<i>dextrose 5%-water</i> (Dextrose 5%-water)	1	iv soln
<i>ethyl alcohol/d5w</i> (Ethyl Alcohol/D5W)	1	iv soln
FREAMINE HBC	1	PA iv soln
FREAMINE III	1	PA iv soln
FREAMINE III with ELECTROLYTES	1	PA iv soln
HEPATAMINE	1	PA iv soln
HEPATASOL	1	PA iv soln
INTRALIPID	1	PA emulsion
LIPOSYN II	1	PA emulsion
LIPOSYN III	1	PA emulsion
NEPHRAMINE	1	PA iv soln
NOVAMINE	1	PA iv soln
PREMASOL	1	PA iv soln
PROCALAMINE	1	PA iv soln
PROSOL	1	PA iv soln

Drug Name	Drug Tier	Notes
QUICK MIX with LYLES	1	PA iv soln
RENAMIN	1	PA iv soln
TRAVASOL	1	PA iv soln
TRAVASOL W/ ELECTROLYTES	1	PA iv soln.
TRAVASOL with DEXTROSE	1	PA iv soln
TRAVASOL with ELECTROLYTES	1	PA iv soln
TROPHAMINE	1	PA iv soln
<b>Cardiac Drugs</b>		
<b>Antiarrhythmic Agents</b>		
<i>amiodarone hcl</i> (Cordarone)	1	disp syrin, tablet
<i>disopyramide phosphate</i> (Norpace)	1	capsule
ETHMOZINE	1	tablet
<i>flecainide acetate</i> (Tambocor)	1	tablet
<i>mexiletine hcl</i> (Mexitil)	1	capsule
MULTAQ	1	tablet
<i>procainamide hcl</i> (Procainamide HCl)	1	vial
<i>propafenone hcl</i> (Rythmol)	1	tablet
<i>quinidine gluconate</i> (Quinidine Gluconate)	1	tablet sa, vial
<i>quinidine sulfate</i> (Quinidex)	1	tablet, tablet sa
RYTHMOL SR	1	cap.sr 12h
TIKOSYN	1	capsule
<b>Cardiac Drugs, Miscellaneous</b>		
RANEXA	1	PA, QL: tab.sr 12h; 1000mg 60 in 30 days
RANEXA	1	PA, QL: tab.sr 12h; 500mg 90 in 30 days
<b>Cardiotonic Agents</b>		
DIGOXIN	1	solution
<i>digoxin</i> (Lanoxin)	1	ampul, tablet
LANOXIN PEDIATRIC	1	ampul
<b>Cathartics and Laxatives</b>		
<b>Cathartics and Laxatives</b>		
AMITIZA	1	capsule
<i>peg 3350/na sulf,bicarb,cl/kcl</i> (Colyte with Flavor Packets)	1	soln recon
<i>polyethylene glycol 3350</i> (Miralax)	1	powder
<i>sod chloride/nahco3/kcl/pegs</i> (Nulytely with Flavor Packs)	1	soln recon

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<b>Cell Stimulants and Proliferants</b>		
<b>Cell Stimulants and Proliferants</b>		
	1	vial
<i>tretinoin</i> KEPIVANCE (Retin-A)	1	cream(gm), gel (gm)
<b>Central Nervous System Agents, Miscellaneous</b>		
<b>Central Nervous System Agents, Miscellaneous</b>		
CAMPRAL	1	tablet dr
LODOSYN	1	tablet
NAMENDA	1	PA, QL: solution 360 in 30 days
NAMENDA	1	PA, QL: tab ds pk 49 in 28 days
NAMENDA	1	PA, QL: tablet 62 in 31 days
RILUTEK	1	tablet
STRATTERA	1	PA capsule
XYREM	1	LA solution
<b>Cholelitholytic Agents</b>		
<b>Cholelitholytic Agents</b>		
CHENODAL	1	PA tablet
<i>ursodiol</i> (Urso)	1	capsule, tablet
<b>Contraceptives</b>		
<b>Contraceptives</b>		
<i>desogestrel-ethinyl estradiol</i> (Desogen)	1	tablet
<i>desog-et estra/ethin estra</i> (Mircette)	1	tablet
<i>ethinyl estradiol/drospirenone</i> (Yaz)	1	tablet; 0.02-3(24)
<i>ethinyl estradiol/drospirenone</i> (Yaz)	1	tablet; 0.03-3mg
<i>ethynodiol d-ethinyl estradiol</i> (Demulen 1-50-21)	1	tablet
<i>levonorgestrel</i> (Plan B)	1	tablet
<i>levonorgestrel-eth estra</i> (Alesse-28)	1	tablet, tbdspk 3mo
<i>noreth a-et estra/fe fumarate</i> (Loestrin Fe)	1	tablet
<i>norethindrone</i> (Nor-Q-D)	1	tablet
<i>norethindrone a-e estradiol</i> (Loestrin)	1	tablet

Drug Name		Drug Tier	Notes
<i>norethindrone-ethinyl estrad</i>	(Modicon)	1	tablet
<i>norethindrone-mestranol</i>	(Ortho-novum)	1	tablet
<i>norgestimate-ethinyl estradiol</i>	(Ortho-cyclen)	1	tablet
<i>norgestrel-ethinyl estradiol</i>	(Ovral-4)	1	tablet
	NUVARING	1	ST vag ring
	ORTHO EVRA	1	ST patch tdwk
	YAZ	1	tablet
<b>Depigmenting and Pigmenting Agents</b>			
<b>Depigmenting Agents</b>			
	BENOQUIN	1	cream(gm)
<b>Pigmenting Agents</b>			
	8-MOP	1	capsule
	OXSORALEN-ULTRA	1	capsule
	UVADEX	1	vial
<b>Devices</b>			
<b>Devices</b>			
<i>needles, insulin disposable</i>	(Needles, Insulin Disposable)	1	dis needle
<i>syring w-ndl, disp, insul, 0.3ml</i>	(Syring W-ndl, disp, insul, 0.3ml)	1	disp syrin
<i>syring w-ndl, disp, insul, 0.5ml</i>	(Syring W-ndl, disp, insul, 0.5ml)	1	disp syrin
<i>syringe w-ndl, disp, insul, 1ml</i>	(Syringe W-ndl, Disp, insul, 1ml)	1	disp syrin
<b>Digestants</b>			
<b>Digestants</b>			
	CREON	1	capsule dr
	GASTRINEX	1	capsule
<i>hydrochloric acid</i>	(Hydrochloric Acid)	1	vial
	ZENPEP	1	capsule dr
<b>Diuretics</b>			
<b>Diuretics, Miscellaneous</b>			
	SAMSCA	1	QL: 30 tablet; 15mg in 30 days
	SAMSCA	1	QL: 60 tablet; 30mg in 30 days
<b>Loop Diuretics</b>			
<i>bumetanide</i>	(Bumex)	1	tablet, vial

Drug Name		Drug Tier	Notes
<i>furosemide</i>	(Lasix)	1	solution, tablet, vial
<i>torseamide</i>	(Demadex)	1	tablet, vial
<b>Potassium-Sparing Diuretics</b>			
<i>amiloride hcl</i>	(Midamor)	1	tablet
<i>amiloride/ hydrochlorothiazide</i>	(Amiloride/ hydrochlorothiazide)	1	tablet
	DYRENIUM	1	capsule
<i>triamterene/ hydrochlorothiazid</i>	(Dyazide)	1	capsule, tablet
<b>Thiazide Diuretics</b>			
<i>chlorothiazide</i>	(Diuril)	1	tablet
<i>hydrochlorothiazide</i>	(Microzide)	1	capsule, tablet
<i>methyclothiazide</i>	(Enduron)	1	tablet
<b>Thiazide-Like Diuretics</b>			
<i>chlorthalidone</i>	(Hygroton)	1	tablet
<i>indapamide</i>	(Lozol)	1	tablet
<i>metolazone</i>	(Zaroxolyn)	1	tablet
<b>EENT Drugs, Miscellaneous</b>			
<b>EENT Drugs, Miscellaneous</b>			
<i>apraclonidine hcl</i>	(Iopidine)	1	drops
<i>carteolol hcl</i>	(Carteolol HCl)	1	drops
<i>ipratropium bromide</i>	(Atrovent)	1	spray
	LACRISERT	1	insert
<b>Emollients, Demulcents, and Protectants</b>			
<b>Basic Lotions and Liniments</b>			
<i>ammonium lactate</i>	(Lac-hydrin)	1	lotion
<b>Basic Ointments and Protectants</b>			
<i>ammonium lactate</i>	(Lac-hydrin)	1	cream(gm)
<b>Enzymes</b>			
<b>Enzymes</b>			
	ADAGEN	1	vial
	ALDURAZYME	1	vial
	ARALAST NP	1	vial
	CEREDASE	1	vial
	CEREZYME	1	vial
	ELAPRASE	1	vial
	ELITEK	1	vial
	FABRAZYME	1	vial
	LUMIZYME	1	vial
	MYOZYME	1	vial
	NAGLAZYME	1	vial
	PROLASTIN C	1	vial
	SUCRAID	1	solution

Drug Name	Drug Tier	Notes
VPRIV	1	vial
ZEMAIRA	1	vial
<b>Estrogens and Antiestrogens</b>		
<b>Estrogen Agonist-Antagonists</b>		
EVISTA	1	tablet
<b>Estrogens</b>		
ALORA	1	patch tds
CLIMARA	1	patch tdk
COMBIPATCH	1	patch tds
ESTRACE	1	cream/appl
ESTRADERM	1	patch tds
<i>estradiol</i> (Climara)	1	patch tdk, tablet
<i>estradiol valerate</i> (Delestrogen)	1	vial
<i>estradiol/noreth ac</i> (Activella)	1	tablet
<i>estropipate</i> (Ogen)	1	tablet
PREMARIN	1	cream/appl, tablet, vial
PREMPHASE	1	tablet
PREMPRO	1	tablet
VIVELLE-DOT	1	patch tds
<b>First Generation Antihistamines</b>		
<b>Ethanolamine Derivatives</b>		
<i>carbinoxamine maleate</i> (Pediox)	1	liquid
<i>clemastine fumarate</i> (Tavist Allergy)	1	syrup, tablet
<i>diphenhydramine hcl</i> (Benadryl)	1	capsule, vial
<b>First Generation Antihistamine Derivatives, Miscellaneous</b>		
<i>cyproheptadine hcl</i> (Cyproheptadine HCl)	1	syrup, tablet
<b>Phenothiazine Derivatives</b>		
<i>phenylephrine hcl/prometh hcl</i> (Phenylephrine HCl/prometh HCl)	1	syrup
<i>promethazine hcl</i> (Phenergan)	1	supp.rect, syrup, tablet, vial
<b>Propylamine Derivatives</b>		
<i>dexchlorpheniramine maleate</i> (Dexchlorpheniramine Maleate)	1	syrup
<b>Genitourinary Smooth Muscle Relaxants</b>		
<b>Genitourinary Smooth Muscle Relaxants</b>		
DETROL	1	tablet
DETROL LA	1	cap.sr 24h
<i>flavoxate hcl</i> (Urispas)	1	tablet
<i>oxybutynin chloride</i> (Ditropan)	1	syrup, tab er 24, tablet
TOVIAZ	1	tab.sr 24h
VESICARE	1	tablet

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<b>GI Drugs, Miscellaneous</b>		
<b>GI Drugs, Miscellaneous</b>		
CIMZIA	1	PA, QL: kit, syringe 6 in 1 day
LOTRONEX	1	tablet
RELISTOR	1	PA, QL: kit 28 in 28 days
<b>Gold Compounds</b>		
<b>Gold Compounds</b>		
RIDAURA	1	capsule
<b>Gonadotropins</b>		
<b>Gonadotropins</b>		
CHORIONIC GONADOTROPIN	1	vial
SYNAREL	1	spray
<b>Heavy Metal Antagonists</b>		
<b>Heavy Metal Antagonists</b>		
CHEMET	1	capsule
CUPRIMINE	1	capsule
DEPEN	1	tablet
EXJADE	1	tab disper
GALZIN	1	capsule
SYPRINE	1	capsule
<b>Hematopoietic Agents</b>		
<b>Hematopoietic Agents</b>		
ARANESP	1	PA, QL: disp syrin; 2 in 28 100mcg/0.5 days
ARANESP	1	PA, QL: disp syrin; 2.4 in 28 300mcg/0.6 days
ARANESP	1	PA, QL: disp syrin; 25mcg/ 1.68 in 0.42 28 days
ARANESP	1	PA, QL: disp syrin; 40mcg/ 1.6 in 28 0.4, pen injctr days
ARANESP	1	PA, QL: disp syrin; 60mcg/ 1.2 in 28 0.3, 150mcg/0.3 days

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
ARANESP	1	PA, QL: disp syrin; 4 in 28 500mcg/ml, vial days
EPOGEN	1	PA, QL: vial; 2000/ml, 12 in 28 3000/ml, 4000/ml days
EPOGEN	1	PA, QL: vial; 20000/ml, 4 in 28 40000/ml days
EPOGEN	1	PA, QL: vial; 20000/2ml 6 in 28 days
LEUKINE	1	vial
MOZOBIL	1	PA vial
NEULASTA	1	disp syrin
NEUMEGA	1	vial
NEUPOGEN	1	disp syrin, vial
PROCRIT	1	PA, QL: vial; 20000/ml, 4 in 28 40000/ml days
PROCRIT	1	PA, QL: vial; 2000/ml, 12 in 28 3000/ml, 4000/ml, days 10000/ml
<b>Hemorrhologic Agents</b>		
<b>Hemorrhologic Agents</b>		
<i>pentoxifylline</i> (Pentoxifylline)	1	tablet sa
<b>Hypotensive Agents</b>		
<b>Central Alpha-Agonists</b>		
<i>clonidine</i> (Clonidine)	1	patch tdwk
<i>clonidine hcl</i> (Catapres)	1	tablet
<i>guanabenz acetate</i> (Wytensin)	1	tablet
<i>guanfacine hcl</i> (Tenex)	1	tablet
<b>Direct Vasodilators</b>		
<i>hydralazine hcl</i> (Apresoline)	1	tablet, vial
<i>minoxidil</i> (Minoxidil)	1	tablet
PROGLYCEM	1	oral susp
<b>Peripheral Adrenergic Inhibitors</b>		
<i>reserpine</i> (Serpasil)	1	tablet
<b>Ion-Removing Agents</b>		
<b>Other Ion-removing Agents</b>		
RADIOGARDASE	1	capsule
<b>Phosphate-Removing Agents</b>		
<i>calcium acetate</i> (Phoslo)	1	capsule, tablet

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>calcium carbonate/mag carb/fa</i> (Calcium Carbonate/mag Carb/fa)	1	tablet
RENAGEL	1	ST tablet
RENVELA	1	ST powd pack, tablet
<b>Potassium-Removing Agents</b>		
<i>sodium polystyrene sulfonate</i> (Kayexalate)	1	oral susp, powder
<b>Irrigating Solutions</b>		
<b>Irrigating Solutions</b>		
<i>ringers solution</i> (Tis-u-sol)	1	irrig soln
<i>sodium chloride irrig solution</i> (Sodium Chloride Irrig Solution)	1	irrig soln
<i>water for irrigation,sterile</i> (Water for Irrigation, Sterile)	1	irrig soln
<b>Keratolytic Agents</b>		
<b>Keratolytic Agents</b>		
ACANYA	1	gel (gm)
<i>urea</i> (Umecta)	1	foam
<b>Keratoplastic Agents</b>		
<b>Keratoplastic Agents</b>		
VECTICAL	1	ST oint.(gm)
<b>Local Anesthetics (EENT)</b>		
<b>Local Anesthetics (EENT)</b>		
<i>lidocaine hcl</i> (Xylocaine)	1	jel, jel/pf app, solution
<i>proparacaine hcl</i> (Ophthetic)	1	drops
<b>Local Anesthetics (Parenteral)</b>		
<b>Local Anesthetics (Parenteral)</b>		
<i>lidocaine hcl</i> (Xylocaine)	1	vial
<i>lidocaine hcl/pf</i> (Xylocaine-MPF)	1	vial
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
ACTEMRA	1	PA, QL: vial 40 in 30 days
ACTIMMUNE	1	vial
ACTONEL	1	ST, QL: tablet; 150mg 1 in 28 days
ACTONEL	1	ST, QL: tablet; 75mg 2 in 28 days

Drug Name		Drug Tier	Notes
	ACTONEL	1	ST, QL: tablet; 5mg, 30mg 31 in 31 days
	ACTONEL	1	ST, QL: tablet; 35mg 4 in 28 days
	ACTONEL with CALCIUM	1	ST, QL: tab ds pk 28 in 28 days
<i>alendronate sodium</i>	(Fosamax)	1	tablet
<i>allopurinol</i>	(Zyloprim)	1	tablet
<i>allopurinol sodium</i>	(Aloprim)	1	vial
<i>amifostine crystalline</i>	(Ethyol)	1	vial
	AMPYRA	1	PA, QL: tab.sr 12h 60 in 30 days
	ANTABUSE	1	tablet
	ARCALYST	1	vial
	ATGAM	1	ampul
	AVODART	1	capsule
	AVONEX	1	kit
	AVONEX ADMINISTRATION PACK	1	kit
<i>azathioprine</i>	(Imuran)	1	PA tablet
<i>azathioprine sodium</i>	(Imuran)	1	PA vial
	BETASERON	1	kit
	BONIVA	1	ST syringe kit
	BONIVA	1	ST, QL: tablet; 150mg 1 in 28 days
	BONIVA	1	ST, QL: tablet; 2.5mg 31 in 31 days
	BOTOX	1	vial
	CELLCEPT	1	PA susp recon
	CELLCEPT	1	PA vial
	COPAXONE	1	kit
<i>cyclosporine</i>	(Sandimmune)	1	PA ampul, capsule, solution
<i>cyclosporine, modified</i>	(Neoral)	1	PA capsule, solution
	CYSTADANE	1	powder
	CYSTAGON	1	capsule
<i>dexrazoxane</i>	(Totect)	1	vial
	ELMIRON	1	capsule

Drug Name		Drug Tier	Notes
	ENBREL	1	PA disp syrin, kit, pen injctr
<i>etidronate disodium</i>	(Didronel)	1	tablet
	EXTAVIA	1	kit
<i>finasteride</i>	(Proscar)	1	tablet
<i>fomepizole</i>	(Antizol)	1	vial
	FOSAMAX	1	QL: 300 in 28 days solution
	FUSILEV	1	vial
	HUMIRA	1	PA kit, pen ij kit
	KALBITOR	1	vial
	KINERET	1	disp syrin
	KUVAN	1	PA tablet sol
<i>leflunomide</i>	(Arava)	1	tablet
<i>leucovorin calcium</i>	(Leucovorin Calcium)	1	tablet, vial
<i>levocarnitine (with sucrose)</i>	(Carnitor)	1	solution
<i>levocarnitine</i>	(Carnitor)	1	tablet, vial
<i>mesna</i>	(Mesnex)	1	vial
	MESNEX	1	tablet
<i>mycophenolate mofetil</i>	(Cellcept)	1	PA capsule, tablet
	MYFORTIC	1	PA tablet dr
	MYOBLOC	1	vial
	NPLATE	1	PA vial
<i>octreotide acetate</i>	(Sandostatin)	1	vial
	ORENCIA	1	vial
	ORFADIN	1	capsule
	ORTHOCLONE OKT-3	1	PA ampul
<i>pamidronate disodium</i>	(Aredia)	1	vial
	PROGRAF	1	PA ampul
	PROMACTA	1	PA tablet; 25mg, 50mg
	PROMACTA	1	PA tablet; 75mg
	RAPAFLO	1	ST capsule
	RAPAMUNE	1	PA tablet; 0.5mg
	RAPAMUNE	1	PA solution, tablet; 1mg, 2mg
	REBIF	1	disp syrin
	REMICADE	1	PA vial
	REVLIMID	1	LA capsule
	SANDOSTATIN LAR	1	kit
	SENSIPAR	1	tablet
	SIMPONI	1	PA pen injctr
	SIMULECT	1	PA vial

Drug Name		Drug Tier	Notes
<i>sodium fluoride</i>	(Luride)	1	tab chew
	SOMATULINE DEPOT	1	disp syrin
	STELARA	1	PA disp syrin, vial
	SUPPRELIN	1	kit
<i>tacrolimus anhydrous</i>	(Prograf)	1	PA capsule
<i>tamsulosin hcl</i>	(Flomax)	1	cap.sr 24h
	THALOMID	1	capsule
	THIOLA	1	tablet
	THYMOGLOBULIN	1	vial
	TYSABRI	1	LA vial
	ULORIC	1	ST tablet
	ZAVESCA	1	capsule
	ZENAPAX	1	PA vial
	ZOMETA	1	vial
	ZORTRESS	1	PA, QL: tablet 60 in 30 days
<b>Mucolytic Agents</b>			
<b>Mucolytic Agents</b>			
<i>acetylcysteine</i>	(Mucomyst)	1	vial
<b>Multivitamin Preparations</b>			
<b>Multivitamin Preparations</b>			
<i>prenatal vit/fe fumarate/ fa</i>	(Tricare)	1	tablet
<b>Mydriatics</b>			
<b>Mydriatics</b>			
<i>atropine sulfate</i>	(Isopto Atropine)	1	drops
	CYCLOGYL	1	drops; 2%
<i>cyclopentolate hcl</i>	(Cyclogyl)	1	drops
<i>dipivefrin hcl</i>	(Dipivefrin HCl)	1	drops
<i>homatropine hbr</i>	(Isopto Homatropine)	1	drops
	ISOPTO HOMATROPINE	1	drops; 2%
	PENTOLAIR	1	drops
<i>tropicamide</i>	(Mydral)	1	drops
<b>Opiate Antagonists</b>			
<b>Opiate Antagonists</b>			
<i>naloxone hcl</i>	(Narcan)	1	ampul, disp syrin
<i>naltrexone hcl</i>	(Revia)	1	tablet
<b>Oxytocics</b>			
<b>Oxytocics</b>			
	METHERGINE	1	tablet

Drug Name	Drug Tier	Notes
<b>Parasympathomimetics (Cholinergic Agents)</b>		
<b>Parasympathomimetics (Cholinergic Agents)</b>		
ARICEPT	1	PA, QL: tablet 31 in 31 days
ARICEPT ODT	1	PA, QL: tab rapdis 31 in 31 days
<i>bethanechol chloride</i> (Urecholine)	1	tablet
EVOXAC	1	capsule
EXELON	1	PA, QL: patch td24 30 in 30 days
EXELON	1	PA, QL: solution 240 in 31 days
EXELON	1	PA, QL: capsule 62 in 31 days
<i>galantamine hydrobromide</i> (Razadyne ER)	1	cap24h pel, solution, tablet
<i>guanidine hcl</i> (Guanidine HCl)	1	tablet
MESTINON	1	syrup, tablet sa
MYTELEASE	1	tablet
<i>pilocarpine hcl</i> (Salagen)	1	tablet
<i>pyridostigmine bromide</i> (Mestinon)	1	tablet
REGONOL	1	ampul
<b>Parathyroid</b>		
<b>Parathyroid</b>		
<i>calcitonin, salmon, synthetic</i> (Miacalcin)	1	spray/pump
FORTEO	1	PA, QL: pen injctr 3 in 28 days
FORTICAL	1	spray/pump
MIACALCIN	1	vial
<b>Pharmaceutical Aids</b>		
<b>Pharmaceutical Aids</b>		
<i>gauze bandage</i> (Gauze Bandage)	1	bandage
<b>Pituitary</b>		
<b>Pituitary</b>		
<i>desmopressin (nonrefrigerated)</i> (DDAVP)	1	spray/pump
<i>desmopressin acetate</i> (DDAVP)	1	tablet, vial

Drug Name		Drug Tier	Notes
GENOTROPIN		1	PA cartridge, disp syrin
GEREF		1	vial
HUMATROPE		1	PA cartridge, vial
NORDITROPIN NORDIFLEX		1	PA pen injctr
NUTROPIN		1	PA vial
NUTROPIN AQ		1	PA cartridge, vial
OMNITROPE		1	PA cartridge, vial
SAIZEN		1	PA vial
SEROSTIM		1	PA vial
STIMATE		1	spray/pump
TEV-TROPIN		1	PA vial
ZORBTIVE		1	PA vial
<b>Progestins</b>			
<b>Progestins</b>			
DEPO-PROVERA		1	vial; 400mg/ml
DEPO-SUBQ PROVERA 104		1	disp syrin
<i>medroxyprogesterone acet</i>	(Provera)	1	tablet, vial
<i>norethindrone acetate</i>	(Aygestin)	1	tablet
PROCHIEVE		1	gel/pf app; 4%
PROMETRIUM		1	capsule
<b>Prokinetic Agents</b>			
<b>Prokinetic Agents</b>			
<i>metoclopramide hcl</i>	(Reglan)	1	solution, tablet, vial
<b>Psychotherapeutic Agents</b>			
<b>Antidepressants</b>			
<i>amitrip hcl/ chlordiazepoxide</i>	(Limbitrol)	1	tablet
<i>amitriptyline hcl</i>	(Vanatrip)	1	tablet
<i>amoxapine</i>	(Asendin)	1	tablet
<i>bupropion hcl</i>	(Wellbutrin)	1	tab.sr 24h, tablet, tablet sa
<i>citalopram hydrobromide</i>	(Celexa)	1	solution, tablet
<i>clomipramine hcl</i>	(Anafranil)	1	capsule
CYMBALTA		1	ST capsule dr
<i>desipramine hcl</i>	(Norpramin)	1	tablet
<i>doxepin hcl</i>	(Sinequan)	1	capsule, oral conc
EFFEXOR XR		1	cap.sr 24h
EMSAM		1	patch td24

Drug Name		Drug Tier	Notes
<i>fluoxetine hcl</i>	(Prozac)	1	capsule, solution, tablet
<i>fluvoxamine maleate</i>	(Luvox)	1	tablet
<i>imipramine hcl</i>	(Tofranil)	1	tablet
<i>imipramine pamoate</i>	(Tofranil-PM)	1	capsule
	LEXAPRO	1	ST, QL: solution 720 in 31 days
	LEXAPRO	1	ST, QL: tablet 31 in 31 days
	LUVOX CR	1	ST, QL: cap.sr 24h; 100mg 93 in 31 days
	LUVOX CR	1	ST, QL: cap.sr 24h; 150mg 62 in 31 days
<i>maprotiline hcl</i>	(Maprotiline HCl)	1	tablet
	MARPLAN	1	tablet
<i>mirtazapine</i>	(Remeron)	1	tab rapdis, tablet
	NARDIL	1	tablet
<i>nefazodone hcl</i>	(Serzone)	1	tablet
<i>nortriptyline hcl</i>	(Pamelor)	1	capsule, solution
<i>paroxetine hcl</i>	(Paxil CR)	1	oral susp, tab.sr 24h, tablet
<i>perphenazine/ amitriptyline hcl</i>	(Perphenazine/amitriptyline HCl)	1	tablet
	PRISTIQ	1	ST, QL: tab.sr 24h 31 in 31 days
<i>protriptyline hcl</i>	(Vivactil)	1	tablet
	SAVELLA	1	QL: 60 tab ds pk, tablet in 30 days
<i>sertraline hcl</i>	(Zoloft)	1	oral conc, tablet
	SURMONTIL	1	capsule; 100mg
<i>tranylcypromine sulfate</i>	(Parnate)	1	tablet
<i>trazodone hcl</i>	(Desyrel)	1	tablet
<i>trimipramine maleate</i>	(Trimipramine Maleate)	1	capsule
<i>venlafaxine hcl</i>	(Effexor)	1	tablet
<b>Antipsychotic Agents</b>			
	ABILIFY	1	QL: 930 solution in 31 days

Drug Name		Drug Tier	Notes
	ABILIFY	1	QL: 31 tablet in 31 days
	ABILIFY	1	QL: vial 161.2 in 28 days
	ABILIFY DISCMELT	1	QL: 62 tab rapdis; 15mg in 31 days
	ABILIFY DISCMELT	1	QL: 93 tab rapdis; 10mg in 31 days
<i>chlorpromazine hcl</i>	(Chlorpromazine HCl)	1	ampul, tablet
<i>clozapine</i>	(Clozaril)	1	QL: 93 tablet; 25mg, 50mg in 31 days
<i>clozapine</i>	(Clozaril)	1	QL: 140 tablet; 200mg in 31 days
<i>clozapine</i>	(Clozaril)	1	QL: 279 tablet; 100mg in 31 days
	FANAPT	1	QL: 60 tablet in 30 days
	FANAPT	1	QL: 8 in tab ds pk 28 days
	FAZACLO	1	QL: 279 tab rapdis; 100mg in 31 days
	FAZACLO	1	QL: 93 tab rapdis; 12.5mg, in 31 25mg days
<i>fluphenazine decanoate</i>	(Fluphenazine Decanoate)	1	vial
<i>fluphenazine hcl</i>	(Prolixin)	1	elixir, oral conc, tablet, vial
	GEODON	1	QL: 6 in vial 28 days
	GEODON	1	QL: 62 capsule in 31 days
	HALDOL	1	ampul
	HALDOL DECANOATE 100	1	ampul
	HALDOL DECANOATE 50	1	ampul
<i>haloperidol</i>	(Haldol)	1	tablet

Drug Name		Drug Tier	Notes
<i>haloperidol decanoate</i>	(Haldol Decanoate)	1	vial
<i>haloperidol lactate</i>	(Haloperidol Lactate)	1	oral conc, vial
	INVEGA	1	QL: 31 in 31 days tab er 24; 1.5mg, 3mg, 9mg
	INVEGA	1	QL: 62 in 31 days tab er 24; 6mg
	INVEGA SUSTENNA	1	QL: 1.5 in 30 days disp syrin; 234mg/1.5
	INVEGA SUSTENNA	1	QL: 1 in 30 days disp syrin; 156mg/ml
	INVEGA SUSTENNA	1	QL: 0.75 in 30 days disp syrin; 117mg/0.75
	INVEGA SUSTENNA	1	QL: 0.5 in 30 days disp syrin; 78mg/0.5ml
	INVEGA SUSTENNA	1	QL: 0.25 in 30 days disp syrin; 39mg/0.25
<i>loxapine succinate</i>	(Loxitane)	1	capsule
	MOBAN	1	tablet
	NAVANE	1	capsule; 20mg
	ORAP	1	tablet
<i>perphenazine</i>	(Trilafon)	1	tablet
	RISPERDAL CONSTA	1	disp syrin
<i>risperidone</i>	(Risperdal M-tab)	1	QL: 124 in 31 days tab rapdis; 3mg, 4mg
<i>risperidone</i>	(Risperdal)	1	QL: 62 in 31 days tab rapdis; 0.25mg, 0.5mg, 1mg, 2mg, tablet
<i>risperidone</i>	(Risperdal)	1	QL: 496 in 31 days solution
	SAPHRIS	1	QL: 60 in 30 days tab subl
	SEROQUEL	1	QL: 93 in 31 days tablet

Drug Name		Drug Tier	Notes
SEROQUEL XR		1	QL: 31 in 31 days tab.sr 24h; 200mg
SEROQUEL XR		1	QL: 62 in 31 days tab.sr 24h; 50mg, 150mg, 300mg, 400mg
<i>thioridazine hcl</i>	(Thioridazine HCl)	1	tablet
<i>thiothixene</i>	(Navane)	1	capsule
<i>trifluoperazine hcl</i>	(Trifluoperazine HCl)	1	tablet
ZYPREXA		1	QL: 31 in 31 days tablet, vial
ZYPREXA RELPREVV		1	QL: 2 in 28 days vial
ZYPREXA ZYDIS		1	QL: 31 in 31 days tab rapdis
<b>Renin-Angiotensin-Aldosterone System Inhibitors</b>			
<b>Angiotensin II Receptor Antagonists</b>			
BENICAR		1	tablet
BENICAR HCT		1	tablet
DIOVAN		1	tablet
DIOVAN HCT		1	tablet
<i>losartan potassium</i>	(Cozaar)	1	tablet
<i>losartan/ hydrochlorothiazide</i>	(Hyzaar)	1	tablet
<b>Angiotensin-Converting Enzyme Inhibitors</b>			
<i>benazepril hcl</i>	(Lotensin)	1	tablet
<i>benazepril/ hydrochlorothiazide</i>	(Lotensin HCT)	1	tablet
<i>captopril</i>	(Capoten)	1	tablet
<i>captopril/ hydrochlorothiazide</i>	(Capozide)	1	tablet
<i>enalapril maleate</i>	(Vasotec)	1	tablet
<i>enalapril/ hydrochlorothiazide</i>	(Vaseretic)	1	tablet
<i>fosinopril sodium</i>	(Monopril)	1	tablet
<i>fosinopril/ hydrochlorothiazide</i>	(Monopril HCT)	1	tablet
<i>lisinopril</i>	(Prinivil)	1	tablet
<i>lisinopril/ hydrochlorothiazide</i>	(Zestoretic)	1	tablet
<i>moexipril hcl</i>	(Univasc)	1	tablet

Drug Name		Drug Tier	Notes
<i>moexipril/ hydrochlorothiazide</i>	(Uniretic)	1	tablet
<i>perindopril erbumine</i>	(Aceon)	1	tablet
<i>quinapril hcl</i>	(Accupril)	1	tablet
<i>quinapril/ hydrochlorothiazide</i>	(Accuretic)	1	tablet
<i>ramipril</i>	(Altace)	1	capsule
<i>trandolapril</i>	(Mavik)	1	tablet
<i>trandolapril/verapamil hcl</i>	(Tarka)	1	tbmp 24hr
<b>Mineralocorticoid (Aldosterone) Antagonists</b>			
<i>eplerenone</i>	(Inspra)	1	tablet
<i>spironolact/ hydrochlorothiazid</i>	(Aldactazide)	1	tablet
<i>spironolactone</i>	(Aldactone)	1	tablet
<b>Renin Inhibitors</b>			
	TEKTURNA	1	ST tablet
	TEKTURNA HCT	1	ST tablet
	VALTURNA	1	ST tablet
<b>Replacement Preparations</b>			
<b>Replacement Preparations</b>			
<i>1/2 normal saline</i>	(1/2 Normal Saline)	1	iv soln
<i>dextrose 5%-lactated ringers</i>	(Dextrose 5%-Lactated Ringers)	1	iv soln
<i>electrolyte-48 solution/ d5w</i>	(Electrolyte-48 Solution/D5W)	1	iv soln
	IONOSOL B with DEXTROSE 5%	1	iv soln
	IONOSOL MB-DEXTROSE 5%	1	iv soln
	IONOSOL T-DEXTROSE 5%	1	iv soln
	ISOLYTE H with DEXTROSE	1	iv soln
	ISOLYTE P with DEXTROSE	1	iv soln
	ISOLYTE S	1	iv soln
	ISOLYTE S with DEXTROSE	1	iv soln
	LACTATED RINGERS	1	iv soln
<i>normal saline</i>	(Normal Saline)	1	iv soln
	NORMOSOL-R PH 7.4	1	iv soln
	PLASMA-LYTE 148	1	iv soln
	PLASMA-LYTE 148 IN DEXTROSE	1	iv soln
	PLASMA-LYTE 56	1	iv soln

Drug Name		Drug Tier	Notes
	PLASMA-LYTE 56 IN DEXTROSE	1	iv soln
	PLASMA-LYTE A PH 7.4	1	iv soln
<i>pot chloride/pot bicarb/cit ac</i>	(K-lyte-cl)	1	tablet eff
<i>potassium bicarbonate</i>	(Potassium Bicarbonate)	1	tablet eff
<i>potassium bicarbonate/cit ac</i>	(K-lyte)	1	tablet eff
<i>potassium chloride</i>	(K-Dur)	1	capsule sa, piggyback, tab prt sr, tablet sa, vial
<i>potassium chloride in 1/2 ns</i>	(Potassium Chloride in 1/2 NS)	1	iv soln
<i>potassium chloride in d5-1/2ns</i>	(Potassium Chloride In D5-1/2ns)	1	iv soln
<i>potassium chloride in d5-1/3ns</i>	(Potassium Chloride In D5-1/3ns)	1	iv soln
<i>potassium chloride/d10-1/4ns</i>	(Potassium Chloride/D10-1/4 NS)	1	iv soln
<i>potassium chloride/d5-0.25ns</i>	(Potassium Chloride/D5-0.25 NS)	1	iv soln, iv soln.
<i>potassium chloride/d5lr</i>	(Potassium Chloride/D5 LR)	1	iv soln
<i>potassium chloride/d5-ns</i>	(Potassium Chloride/D5-NS)	1	iv soln
<i>potassium chloride/d5w</i>	(Potassium Chloride/D5W)	1	iv soln
<i>potassium chloride/ns</i>	(Potassium Chloride/NS)	1	iv soln
<i>potassium gluconate</i>	(Potassium Gluconate)	1	elixir
<i>ringers solution</i>	(Ringers Solution)	1	iv soln
<i>sodium chloride 3%</i>	(Sodium Chloride 3%)	1	iv soln.
<i>sodium chloride 5%</i>	(Sodium Chloride 5%)	1	iv soln.
<i>sodium chloride</i>	(Sodium Chloride)	1	vial
	TPN ELECTROLYTES	1	vial
<b>Respiratory Smooth Muscle Relaxants</b>			
<b>Respiratory Smooth Muscle Relaxants</b>			
<i>aminophylline</i>	(Aminophylline)	1	tablet, vial
<i>theophylline anhydrous</i>	(Uniphyll)	1	elixir, tab.sr 12h, tablet sa
<b>Respiratory Tract Agents, Miscellaneous</b>			
<b>Respiratory Tract Agents, Miscellaneous</b>			
	XOLAIR	1	PA vial
<b>Second Generation Antihistamines</b>			
<b>Second Generation Antihistamines</b>			
	ALLEGRA-D 12 HOUR	1	tab.sr 12h
	ALLEGRA-D 24 HOUR	1	tab.sr 24h
<i>fexofenadine hcl</i>	(Allegra)	1	tablet

Drug Name		Drug Tier	Notes
XYZAL		1	solution, tablet
<b>Serums</b>			
<b>Serums</b>			
CARIMUNE NF NANOFILTERED		1	PA vial
FLEBOGAMMA DIF		1	PA vial
GAMASTAN S-D		1	PA vial
GAMMAGARD LIQUID		1	PA vial
GAMUNEX		1	PA vial
OCTAGAM		1	PA vial
POLYGAM S-D		1	PA vial
PRIVIGEN		1	PA vial
VIVAGLOBIN		1	PA vial
<b>Skeletal Muscle Relaxants</b>			
<b>Centrally-Acting Skeletal Muscle Relaxants</b>			
<i>carisoprodol</i>	(Soma)	1	tablet
<i>carisoprodol/aspirin</i>	(Soma Compound)	1	tablet
<i>chlorzoxazone</i>	(Parafon Forte DSC)	1	tablet
<i>codeine phos/ carisoprodol/asa</i>	(Soma Compound with Codeine)	1	tablet
<i>cyclobenzaprine hcl</i>	(Flexeril)	1	tablet
<i>metaxalone</i>	(Skelaxin)	1	tablet
<i>methocarbamol</i>	(Robaxin)	1	tablet
SKELAXIN		1	tablet
<i>tizanidine hcl</i>	(Zanaflex)	1	tablet
<b>Direct-Acting Skeletal Muscle Relaxants</b>			
<i>dantrolene sodium</i>	(Dantrium)	1	capsule
<b>Gaba-Derivative Skeletal Muscle Relaxants</b>			
<i>baclofen</i>	(Lioresal)	1	tablet
<b>Skeletal Muscle Relaxants</b>			
<i>chlorzoxazone/ acetaminophen</i>	(Chlorzoxazone/ acetaminophen)	1	tablet
<b>Skin and Mucous Membrane Agents, Miscellaneous</b>			
<b>Skin and Mucous Membrane Agents, Miscellaneous</b>			
<i>adapalene</i>	(Differin)	1	gel (gm)
AMEVIVE		1	vial
<i>calcipotriene</i>	(Dovonex)	1	solution
CARAC		1	cream(gm)
CONDYLOX		1	gel (gm)
DOVONEX		1	cream(gm)
ELIDEL		1	PA cream(gm)
FLUOROPLEX		1	cream(gm)
<i>fluorouracil</i>	(Efudex)	1	cream(gm), solution

Drug Name		Drug Tier	Notes
<i>imiquimod</i>	(Aldara)	1	PA, QL: cream pack 24 in 30 days
<i>isotretinoin</i>	(Accutane)	1	capsule
	LEVULAN	1	sol w/appl
	METVIXIA	1	cream(gm)
	PANRETIN	1	gel (gm)
<i>podofilox</i>	(Condylox)	1	solution
	PROTOPIC	1	PA oint.(gm)
	REGRANEX	1	PA gel (gm)
	SANTYL	1	ointment(gm)
	SOLARAZE	1	gel (gm)
	TARGRETIN	1	gel (gm)
	TAZORAC	1	cream(gm), gel (gm)
	ZYCLARA	1	PA, QL: cream pack 28 in 28 days
<b>Somatotropin Agonists and Antagonists</b>			
<b>Somatotropin Agonists</b>			
	INCRELEX	1	vial
	IPLIX	1	vial
<b>Somatotropin Antagonists</b>			
	SOMAVERT	1	vial
<b>Sympatholytic Adrenergic Blocking Agents</b>			
<b>Sympatholytic Adrenergic Blocking Agents</b>			
	CAFERGOT	1	tablet
	DIBENZYLINE	1	capsule
<i>dihydroergotamine mesylate</i>	(D.H.E. 45)	1	ampul
<i>ergoloid mesylates</i>	(Ergoloid Mesylates)	1	tablet
	ERGOMAR	1	tab subl
<i>ergotamine tartrate/caffeine</i>	(Cafergot)	1	supp.rect, tablet
	MIGRANAL	1	spray/pump
<b>Sympathomimetic (Adrenergic) Agents</b>			
<b>Alpha- and Beta-Adrenergic Agonists</b>			
<i>epinephrine</i>	(Adrenacllick)	1	pen injctr; 0.15/ 0.15
<i>epinephrine</i>	(Epinephrine)	1	disp syrin; 0.1mg/ ml
	EPIPEN	1	pen injctr
	EPIPEN JR	1	pen injctr
	TWINJECT	1	combo. pkg

Drug Name		Drug Tier	Notes
<b>Alpha-Adrenergic Agonists</b>			
<i>midodrine hcl</i>	(Proamatine)	1	tablet
<b>Beta-Adrenergic Agonists</b>			
	ADVAIR DISKUS	1	QL: 62 disk w/dev in 31 days
	ADVAIR HFA	1	QL: 12 aer w/adap in 28 days
<i>albuterol sulfate</i>	(Proventil)	1	solution, syrup, tab.sr 12h, tablet
	COMBIVENT	1	aer w/adap
	FORADIL	1	QL: 62 cap w/dev in 31 days
<i>metaproterenol sulfate</i>	(Alupent)	1	syrup, tablet
	PROAIR HFA	1	hfa aer ad
	PROVENTIL HFA	1	hfa aer ad
	SEREVENT DISKUS	1	QL: 62 disk w/dev in 31 days
<i>terbutaline sulfate</i>	(Brethine)	1	tablet, vial
	VENTOLIN HFA	1	hfa aer ad
<b>Thyroid and Antithyroid Agents</b>			
<b>Antithyroid Agents</b>			
<i>methimazole</i>	(Tapazole)	1	tablet
<i>propylthiouracil</i>	(Propylthiouracil)	1	tablet
<b>Thyroid Agents</b>			
	ARMOUR THYROID	1	tablet
<i>levothyroxine sodium</i>	(Levothroid)	1	tablet
<i>liothyronine sodium</i>	(Cytomel)	1	tablet, vial
<i>thyroid</i>	(Thyroid)	1	tablet
<b>Toxoids</b>			
<b>Toxoids</b>			
	ADACEL	1	vial
	BOOSTRIX	1	disp syrin
	DAPTACEL	1	vial
	DIPHThERIA-TETANUS TOXOID	1	vial
	INFANRIX	1	vial
	TETANUS DIPHThERIA TOXOIDS	1	vial
	TETANUS TOXOID (FLUID)	1	PA vial
	TETANUS TOXOID	1	PA disp syrin

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
TETANUS TOXOID ADSORBED	1	PA vial
TETANUS-DIPHTERIA-DECAVAC	1	disp syrin
TRIHIBIT	1	kit
TRIPEDIA	1	vial
<b>Uricosuric Agents</b>		
<b>Uricosuric Agents</b>		
<i>colchicine/probenecid</i> (Colchicine/probenecid)	1	tablet
<i>probenecid</i> (Benemid)	1	tablet
<b>Urinary Anti-infectives</b>		
<b>Urinary Anti-infectives</b>		
FURADANTIN	1	oral susp
<i>methenamine hippurate</i> (Urex)	1	tablet
MONUROL	1	packet
<i>nitrofurantoin macrocrystal</i> (Macrochantin)	1	capsule
<i>nitrofurantoin/nitrofurantoin mac</i> (Macrobid)	1	capsule
PRIMSOL	1	solution
<i>trimethoprim</i> (Proloprim)	1	tablet
<b>Vaccines</b>		
<b>Vaccines</b>		
ACTHIB	1	vial
ATTENUVAX VACCINE with DILUENT	1	PA vial
BIOTHRAX	1	vial
CERVARIX	1	disp syrin, vial
COMVAX	1	vial
ENGERIX-B	1	PA vial
ENGERIX-B	1	PA disp syrin
GARDASIL	1	vial
HAVRIX	1	PA disp syrin, vial
IMOVAX RABIES VACCINE	1	PA vial
IPOL	1	disp syrin
IXIARO	1	disp syrin
JE-VAX	1	vial
KINRIX	1	disp syrin, vial
MENACTRA	1	disp syrin
MENOMUNE-A-C-Y-W-135	1	vial
MENVEO A-C-Y-W-135-DIP	1	kit
MERUVAX II VACCINE W-DILUENT	1	vial
M-M-R II VACCINE	1	vial

Drug Name		Drug Tier	Notes
	M-R-VAX II VACCINE W/ DILUENT	1	vial
	MUMPSVAX VACCINE W/ DILUENT	1	vial
	MUMPSVAX VACCINE W- DILUENT	1	vial
	PEDIARIX	1	vial
	PEDVAXHIB	1	vial
	PROQUAD	1	vial
	RBAVERT	1	PA kit
	RECOMBIVAX HB	1	PA vial; 10mcg/ml
	RECOMBIVAX HB	1	PA vial; 40mcg/ml
	ROTARIX	1	susp recon
	ROTATEQ	1	oral susp
	TWINRIX	1	vial
	TYPHIM VI	1	disp syrin
	VAQTA	1	PA vial
	VARIVAX VACCINE	1	vial
	VIVOTIF BERNA	1	capsule dr
	YF-VAX	1	vial
	ZOSTAVAX	1	vial
<b>Vasoconstrictors</b>			
<b>Vasoconstrictors</b>			
	<i>naphazoline hcl</i> (Albalon)	1	drops
	<i>naphazoline hcl/</i> <i>antazoline</i> (Naphazoline HCl/antazoline)	1	drops
	TYZINE	1	drops
<b>Vasodilating Agents</b>			
<b>Nitrates and Nitrites</b>			
	<i>isosorbide dinitrate</i> (Isordil)	1	tab subl, tablet, tablet sa
	<i>isosorbide mononitrate</i> (Imdur)	1	tab.sr 24h, tablet
	<i>nitroglycerin</i> (Nitro-dur)	1	patch td24, vial
	NITROLINGUAL	1	spray
	NITROSTAT	1	tab subl
<b>Phosphodiesterase Inhibitors</b>			
	ADCIRCA	1	PA tablet
	REVATIO	1	PA tablet
	REVATIO	1	PA, QL: vial 37.5 in 1 day
<b>Vasodilating Agents</b>			
	ISOVEX	1	capsule
	<i>nylidrin hcl</i> (Nylidrin HCl)	1	tablet

Drug Name	Drug Tier	Notes
<i>papaverine hcl</i> (Papaverine HCl)	1	PA tablet
<b>Vasodilating Agents, Miscellaneous</b>		
AGGRENOX	1	cpmp 12hr
<i>dipyridamole</i> (Persantine)	1	tablet
LETAIRIS	1	tablet
REMODULIN	1	PA vial
TRACLEER	1	LA tablet
<b>Vitamin D</b>		
<b>Vitamin D</b>		
<i>calcitriol</i> (Rocaltrol)	1	ampul, capsule, solution, vial
HECTOROL	1	ampul, capsule

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