

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

WHA Care⁺



Abridged Formulary

(LIST OF COVERED DRUGS)

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. This document includes the WHA Care+ partial formulary as of January 1, 2007. For a complete, updated formulary, please visit our Web site at westernhealth.com or call (916) 563-2250 or 1(888) 563-2250. TTY/TDD users should call 1(888) 877-5378. For any Medicare Advantage inquiries, Member Services Representatives are available from 8:00 a.m. to 5:00 p.m., Monday through Friday. An interactive voice response system will be available from 5:00 p.m. to 8:00 p.m., Monday through Friday, and from 8:00 a.m. to 8:00 p.m. on weekends and holidays. For inquiries about Part D prescription drug benefits, representatives are available from 8:00 a.m. to 8:00 p.m., 7 days a week.

Western
Health
Advantage



CMS Approval Date: 08/06
Material ID#: H0532_2006_031
Last Updated: 09/2006

What is the WHA Care+ Formulary?

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

This document is a partial formulary and includes only some of the drugs covered by the WHA Care+ plans. For a complete listing of all prescription drugs covered by WHA Care+ call 916-563-2252 or 1-888-563-2252 toll-free. TTY/TDD users should call 1-888-877-5378. For any inquiries about our Medicare Advantage program, representatives are available from 8:00 a.m. to 5:00 p.m., Monday through Friday. An interactive voice response system will be available from 5:00 p.m. to 8:00 p.m., Monday through Friday, and from 8:00 a.m. to 8:00 p.m. on weekends and holidays. For questions about Part D prescription drug benefits, representatives are available from 8:00 a.m. to 8:00 p.m., 7 days a week.

Can the Formulary change?

Generally, if you are taking a drug in our 2007 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2007 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 improve the safety of your drugs.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2007. To get updated information about the drugs covered by WHA Care+, call Member Services at 916-563-2250 or 1-888-563-2250 toll-free. TTY/TDD users should call 1-888-877-5378. For any inquiries about our Medicare Advantage program, representatives are available from 8:00 a.m. to 5:00 p.m., Monday

through Friday. An interactive voice response system will be available from 5:00 p.m. to 8:00 p.m., Monday through Friday, and from 8:00 a.m. to 8:00 p.m. on weekends and holidays. For questions about Part D prescription drug benefits, representatives are available from 8:00 a.m. to 8:00 p.m., 7 days a week.

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, "Heart: Hypertension & Lipids". 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 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?

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

How much will I pay for WHA Care+ Covered Drugs?

If you qualified for extra help with your drug costs, your costs for your drugs may be different than those described below. Please refer to your Evidence of Coverage or call Member Services to find out what your costs are.

The amount you pay depends on which drug tier your drug is in under our plan and whether you fill your prescription at a network pharmacy. (You can find out which drug tier your drug is in by looking in the formulary that begins on Page 1.)

The following section explains the copayments and coinsurance that you will pay for drugs in each tier:

	30-Day Supply	90-Day Supply
In-Network Pharmacy		
Tier 1 Preferred Generic Medications	\$10 copayment	\$20 copayment
Tier 2 Preferred Brand Medications	\$20 copayment	\$40 copayment
Tier 3 Non-Preferred Medications	\$35 copayment	\$70 copayment
UC Pharmacies		
Tier 1 Preferred Generic Medications	\$20 copayment	Not Applicable
Tier 2 Preferred Brand Medications	\$40 copayment	
Tier 3 Non-Preferred Medications	\$75 copayment	
Catastrophic Coverage: After your yearly out-of-pocket drug costs reach \$3,850, you pay: <ul style="list-style-type: none"> • \$2.15 for generics (including brand drugs treated as generic) • \$5.35 for all other drugs, or • 5% 		

Covered Part D drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside the Plan's service area where there is no network pharmacy. You will be reimbursed for your prescriptions less the copayments or coinsurance amounts.

Are there any other restrictions on coverage?

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

- **Prior Authorization:** WHA Care+ requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from WHA Care+ before you fill your prescriptions. If you don't get approval, WHA Care+ may not cover the drug.
- **Quantity Limits:** For certain drugs, WHA Care+ limits the amount of the drug that the WHA Care+ plans will cover. For example, WHA Care+ provides two inhalers per prescription for Albuterol. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, WHA *Care+* 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, WHA *Care+* may not cover Drug B unless you try Drug A first. If Drug A does not work for you, WHA *Care+* 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.

NOTE: Due to a change in Medicare, most Medicare Drug Plans will no longer cover erectile dysfunction (ED) drugs like Viagra, Cialis, Levitra or Caverject starting January 1, 2007. Call your Medicare Drug Plan for more information.

For more information

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

If you have questions about the WHA *Care+* plans, please call Member Services at 916-563-2252 or 1-888-563-2252 toll-free. TTY/TDD users should call 1-888-877-5378. For any inquiries about our Medicare Advantage program, representatives are available from 8:00 a.m. to 5:00 p.m., Monday through Friday. An interactive voice response system will be available from 5:00 p.m. to 8:00 p.m., Monday through Friday, and from 8:00 a.m. to 8:00 p.m. on weekends and holidays. For questions about Part D prescription drug benefits, representatives are available from 8:00 a.m. to 8:00 p.m., 7 days a week. Or visit www.westernhealth.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.

WHA Care+ Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by WHA Care+. If you have trouble finding your drug in the list, turn to the Index that begins on Page I-1. Remember: This is only a partial list of drugs covered by WHA Care+. If your prescription is not in this partial formulary, please call Member Services at 916-563-2252 or 1-888-563-2252 toll-free. TTY/TDD users should call 1-888-877-5378 for additional help. For any inquiries about our Medicare Advantage program, representatives are available from 8:00 a.m. to 5:00 p.m., Monday through Friday. An interactive voice response system will be available from 5:00 p.m. to 8:00 p.m., Monday through Friday, and from 8:00 a.m. to 8:00 p.m. on weekends and holidays. For questions about Part D prescription drug benefits, representatives are available from 8:00 a.m. to 8:00 p.m., 7 days a week.

The first column of the chart lists the drug tier. A description of covered drug tiers follows:

Tier 1 – Preferred Generic Medications

Tier 2 – Preferred Brand Medications

Tier 3 – Non-Preferred Medications

The second column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., AZOPT) and generic drugs are listed in lower-case (e.g., miostat).

There are different copayment amounts for drugs in Tiers 1, 2 and 3. These amounts are based upon the supply (34- or 90-days) that the prescription covers and where the drugs are purchased (at in-network preferred pharmacy, at an out-of-network pharmacy or by mail order).

Requirements and/or limits are listed in the last three columns and tell you if WHA Care+ has any special requirements for coverage of your drug. These special requirements include:

PA = Prior Authorization: Requires approval from WHA Care+ before you fill your prescriptions.

ST = Step Therapy: Requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

QL = Quantity Limits: WHA Care+ limits the amount of certain drugs that the WHA Care+ plans will cover.

See the section “Are there any other restrictions on coverage?” for additional details about these special requirements.

2007 WHA Care+ Abridged Formulary

Therapeutic Category *ANTI - INFECTIVES***Therapeutic Class** **ANTIFUNGAL AGENTS**

Tier	Drug	Route	PA	QL	ST
1	clotrimazole	Mucous Membrane	0	0	0
1	fluconazole	Oral	0	0	0
1	fluconazole 150 mg	Oral	0	1	0
1	griseofulvin	Oral	0	0	0
1	griseofulvin ultramicrosize	Oral	0	0	0
1	itraconazole	Oral	0	0	0
1	ketoconazole	Oral	0	0	0
1	nystatin	Oral	0	0	0

Therapeutic Class **ANTIVIRALS**

Tier	Drug	Route	PA	QL	ST
1	acyclovir	Oral	0	1	0
1	amantadine	Oral	0	0	0
1	amantadine hcl	Oral	0	0	0
1	didanosine	Oral	0	0	0
1	ganciclovir	Oral	0	0	0
1	ribapak	Oral	0	0	0
1	ribasphere	Oral	0	0	0
1	ribasphere	Oral	0	0	1
1	ribavirin	Oral	0	0	0
1	ribavirin	Oral	0	0	1
1	rimantadine hcl	Oral	0	0	0
1	zidovudine	Oral	0	0	0
2	AGENERASE	Oral	0	0	0
2	BARACLUDE	Oral	0	0	0
2	COMBIVIR	Oral	0	0	0
2	CRIXIVAN	Oral	0	0	0
2	CYTOVENE	Oral	0	0	0
2	EMTRIVA	Oral	0	0	0
2	EPIVIR	Oral	0	0	0
2	EPIVIR HBV	Oral	0	0	0
2	EPZICOM	Oral	0	0	0
2	FAMVIR	Oral	0	1	0
2	FLUMADINE	Oral	0	0	0
2	HEPSERA	Oral	1	0	1
2	HIVID	Oral	0	0	0
2	INVIRASE	Oral	0	0	0
2	KALETRA	Oral	0	0	0

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

2	LEXIVA	Oral	0	0	0
2	NORVIR	Oral	0	0	0
2	REBETOL	Oral	0	0	1
2	RESCRIPTOR	Oral	0	0	0
2	RETROVIR	Oral	0	0	0
2	REYATAZ	Oral	0	0	0
2	SUSTIVA	Oral	0	0	0
2	SYMMETREL	Oral	0	0	0
2	TRIZIVIR	Oral	0	0	0
2	TRUVADA	Oral	0	0	0
2	VALCYTE	Oral	0	0	0
2	VIDEX	Oral	0	0	0
2	VIDEX EC	Oral	0	0	0
2	VIRACEPT	Oral	0	0	0
2	VIRAMUNE	Oral	0	0	0
2	VIREAD	Oral	0	0	0
2	ZERIT	Oral	0	0	0
2	ZIAGEN	Oral	0	0	0
2	ZOVIRAX	Oral	0	1	0

Therapeutic Class

CEPHALOSPORINS

Tier	Drug	Route	PA	QL	ST
1	cefaclor	Oral	0	0	0
1	cefaclor er	Oral	0	0	0
1	cefadroxil	Oral	0	0	0
1	cefadroxil monohydrate	Oral	0	0	0
1	cefpodoxime proxetil	Oral	0	0	0
1	cefprozil	Oral	0	0	0
1	cefuroxime axetil	Oral	0	0	0
1	cephalexin	Oral	0	0	0

Therapeutic

ERYTHROMYCINS & OTHER MACROLIDES

Tier	Drug	Route	PA	QL	ST
1	azithromycin	Oral	0	0	0
1	clarithromycin	Oral	0	0	0
1	e.e.s. 400	Oral	0	0	0
1	ery-tab	Oral	0	0	0
1	erythrocin stearate	Oral	0	0	0
1	erythromycin	Oral	0	0	0
1	erythromycin base	Oral	0	0	0
1	erythromycin	Oral	0	0	0
1	erythromycin stearate	Oral	0	0	0
1	erythromycin	Oral	0	0	0

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug
Therapeutic Class MISCELLANEOUS ANTIINFECTIVES

Tier	Drug	Route	PA	QL	ST
1	chloroquine phosphate	Oral	0	0	0
1	clindamycin hcl	Oral	0	0	0
1	ethambutol hydrochloride	Oral	0	0	0
1	hydroxychloroquine sulfate	Oral	0	0	0
1	isonarif	Oral	0	0	0
1	isoniazid	Oral	0	0	0
1	mebendazole	Oral	0	0	0
1	mefloquine hcl	Oral	0	0	0
1	metronidazole	Oral	0	0	0
1	paromomycin sulfate	Oral	0	0	0
1	pyrazinamide	Oral	0	0	0
1	quinine sulfate	Oral	0	0	0
1	rifampin	Oral	0	0	0
1	rimactane	Oral	0	0	0

Therapeutic Class PENICILLINS

Tier	Drug	Route	PA	QL	ST
1	amoclan	Oral	0	0	0
1	amox tr-potassium	Oral	0	0	0
1	amoxicillin	Oral	0	0	0
1	amoxicillin trihydrate	Oral	0	0	0
1	amoxil	Oral	0	0	0
1	ampicillin	Oral	0	0	0
1	ampicillin trihydrate	Oral	0	0	0
1	dicloxacillin sodium	Oral	0	0	0
1	penicillin v potassium	Oral	0	0	0
1	trimox	Oral	0	0	0
1	veetids	Oral	0	0	0

Therapeutic Class QUINOLONES

Tier	Drug	Route	PA	QL	ST
1	ciprofloxacin	Intravenous	0	0	0
1	ciprofloxacin hcl	Oral	0	0	0
1	ofloxacin	Oral	0	0	0
2	AVELOX	Oral	0	0	0
2	AVELOX ABC PACK	Oral	0	0	0
2	CIPRO	Oral	0	0	0
2	LEVAQUIN	Oral	0	0	0

Therapeutic Class SULFA'S & RELATED AGENTS

Tier	Drug	Route	PA	QL	ST
1	smz-tmp ds	Oral	0	0	0

*Self Injectables – No Charge

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

1	sulfadiazine	Oral	0	0	0
1	sulfamethoxazole/trimethop	Oral	0	0	0
1	sulfatrim	Oral	0	0	0
1	sulfisoxazole	Oral	0	0	0

Therapeutic Class TETRACYCLINES

Tier	Drug	Route	PA	QL	ST
1	demeclocycline hcl	Oral	0	0	0
1	doxycycline hyclate	Oral	0	0	0
1	doxycycline monohydrate	Oral	0	0	0
1	minocycline hcl	Oral	0	0	0
1	myrac	Oral	0	0	0
1	tetracycline hcl	Oral	0	0	0

Therapeutic Class URINARY TRACT AGENTS

Tier	Drug	Route	PA	QL	ST
1	methenamine hippurate	Oral	0	0	0
1	methenamine mandelate	Oral	0	0	0
1	nitrofurantoin	Oral	0	0	0
1	nitrofurantoin macrocrystal	Oral	0	0	0
1	nitrofurantoin monohyd	Oral	0	0	0
1	trimethoprim	Oral	0	0	0
2	FURADANTIN	Oral	0	0	0
2	MACROBID	Oral	0	0	0
2	MACRODANTIN	Oral	0	0	0
2	PRIMSOL	Oral	0	0	0
2	PROLOPRIM	Oral	0	0	0

Therapeutic VANCOMYCIN

Tier	Drug	Route	PA	QL	ST
1	vancomycin hcl	Intravenous	0	0	0
2	VANCOCIN HCL	Intravenous	0	0	0
2	VANCOCIN HCL	Oral	0	0	0

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

Therapeutic Category *ANTINEOPLASTIC & IMMUNOSUPPRESSANTS*

Therapeutic Class ADJUNCTIVE AGENTS

Tier	Drug	Route	PA	QL	ST
1	leucovorin calcium	Oral	1	0	0
2	LEUCOVORIN CALCIUM	Oral	1	0	0
3	DEXRAZOXANE	Intravenous	0	0	0
3	ELITEK	Intravenous	0	0	0
3	ETHYOL	Intravenous	0	0	0
3	LEUCOVORIN CALCIUM	Injection	0	0	0
3	MESNA	Intravenous	0	0	0
3	MESNEX	Intravenous	0	0	0
3	MESNEX	Oral	0	0	0
3	ZINECARD	Intravenous	0	0	0

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

Therapeutic Class ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

Tier	Drug	Route	PA	QL	ST
1	azathioprine	Oral	1	0	0
1	cyclophosphamide	Oral	1	0	0
1	cyclosporine	Intravenous	0	0	0
1	cyclosporine	Oral	1	0	0
1	flutamide	Oral	0	0	0
1	gengraf	Oral	1	0	0
1	hydroxyurea	Oral	0	0	0
1	megestrol acetate	Oral	0	0	0
1	mercaptopurine	Oral	0	0	0
1	methotrexate	Oral	1	0	0
1	tamoxifen citrate	Oral	0	0	0
2	ARIMIDEX	Oral	0	0	0
2	AROMASIN	Oral	0	0	0
2	CASODEX	Oral	0	0	0
2	CEENU	Oral	0	0	0
2	CELLCEPT	Intravenous	0	0	0
2	CELLCEPT	Oral	0	0	0
2	CELLCEPT	Oral	1	0	0
2	CYCLOSPORINE	Oral	1	0	0
2	CYTOXAN	Oral	1	0	0
2	DROXIA	Oral	0	0	0
2	EMCYT	Oral	0	0	0
2	FARESTON	Oral	0	0	0
2	FEMARA	Oral	0	0	0
2	GLEEVEC	Oral	0	0	0
2	GLEEVEC	Oral	1	0	0
2	HEXALEN	Oral	0	0	0
2	HYDREA	Oral	0	0	0
2	IMURAN	Oral	1	0	0
2	LEUKERAN	Oral	0	0	0
2	LYSODREN	Oral	0	0	0
2	MATULANE	Oral	0	0	0
2	MEGACE	Oral	0	0	0
2	NEORAL	Oral	1	0	0
2	NEXAVAR	Oral	0	0	0
2	NILANDRON	Oral	0	0	0
2	PROGRAF	Intravenous	0	0	0
2	PROGRAF	Oral	1	0	0
2	PURINETHOL	Oral	0	0	0
2	RAPAMUNE	Oral	1	0	0
2	RHEUMATREX	Oral	1	0	0
2	SANDIMMUNE	Intravenous	0	0	0
2	SANDIMMUNE	Oral	1	0	0

*Self Injectables – No Charge

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

Therapeutic Category *AUTONOMIC & CNS DRUGS, NEUROLOGY*

Therapeutic Class ANTICONVULSANTS

Tier	Drug	Route	PA	QL	ST
1	carbamazepine	Oral	0	0	0
1	epitol	Oral	0	0	0
1	ethosuximide	Oral	0	0	0
1	gabapentin	Oral	0	0	0
1	lamotrigine	Oral	0	0	0
1	phenytoin	Oral	0	0	0
1	phenytoin sodium, extended	Oral	0	0	0
1	primidone	Oral	0	0	0
1	valproate sodium	Intravenous	0	0	0
1	valproic acid	Oral	0	0	0
1	zonisamide	Oral	0	0	0
2	CARBATROL	Oral	0	0	0
2	CELONTIN	Oral	0	0	0
2	DEPACON	Intravenous	0	0	0
2	DEPAKENE	Oral	0	0	0
2	DEPAKOTE	Oral	0	0	0
2	DEPAKOTE ER	Oral	0	0	0
2	DEPAKOTE SPRINKLE	Oral	0	0	0
2	DILANTIN	Oral	0	0	0
2	FELBATOL	Oral	0	0	0
2	GABARONE	Oral	0	0	0
2	GABITRIL	Oral	0	0	0
2	KEPPRA	INTRAVENOUS	0	0	0
2	KEPPRA	Oral	0	0	0
2	LAMICTAL	Oral	0	0	0
2	MYSOLINE	Oral	0	0	0
2	NEURONTIN	Oral	0	0	0
2	PHENYTEK	Oral	0	0	0
2	PHENYTOIN SODIUM	Intravenous	0	0	0
2	PHENYTOIN SODIUM	Oral	0	0	0
2	TEGRETOL	Oral	0	0	0
2	TEGRETOL XR	Oral	0	0	0
2	TOPAMAX	Oral	0	0	0
2	TRILEPTAL	Oral	0	0	0
2	ZARONTIN	Oral	0	0	0
2	ZONEGRAN	Oral	0	0	0
3	EQUETRO	Oral	0	0	0

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

Therapeutic Class ANTIPARKINSONISM AGENTS

Tier	Drug	Route	PA	QL	ST
1	benztropine mesylate	Oral	0	0	0
1	bromocriptine mesylate	Oral	0	0	0
1	carbidopa/levodopa	Oral	0	0	0
1	carbidopa-levodopa	Oral	0	0	0
1	pergolide mesylate	Oral	0	0	0
1	selegiline hcl	Oral	0	0	0
1	trihexyphenidyl hcl	Oral	0	0	0

Therapeutic Class MIGRAINE & CLUSTER HEADACHE THERAPY

Tier	Drug	Route	PA	QL	ST
1	ergotamine-caffeine	Oral	0	0	0
1	migergot	Rectal	0	0	0
2	AMERGE	Oral	0	1	0
2	AXERT	Oral	0	1	0
2	CAFERGOT	Oral	0	0	0
2	ERGOMAR	Sublingual	0	0	0
2	IMITREX	Nasal	0	1	0
2	IMITREX	Oral	0	1	0
2	MAXALT	Oral	0	1	0
2	MAXALT MLT	Oral	0	1	0
2	ZOMIG	Nasal	0	1	0
2	ZOMIG	Oral	0	1	0
2	ZOMIG ZMT	Oral	0	1	0

Therapeutic Class MISCELLANEOUS NEUROLOGICAL THERAPY

Tier	Drug	Route	PA	QL	ST
2	ARICEPT	Oral	0	1	0
2	ARICEPT ODT	Oral	0	0	0
2	EXELON	Oral	0	1	0
2	NAMENDA	Oral	0	1	0
2	RAZADYNE	Oral	0	0	0
2	RAZADYNE ER	Oral	0	0	0
3	COGNEX	Oral	0	1	0
3	MYTELASE	Oral	0	0	0
*	COPAXONE	Injection	0	0	0

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

Therapeutic Class MUSCLE RELAXANTS & ANTISPASMODIC THERAPY

Tier	Drug	Route	PA	QL	ST
1	baclofen	Oral	0	0	0
1	carisoprodol	Oral	0	0	0
1	carisoprodol compound	Oral	0	0	0
1	carisoprodol	Oral	0	0	0
1	chlorzoxazone	Oral	0	0	0
1	cyclobenzaprine hcl	Oral	0	0	0
1	dantrolene sodium	Oral	0	0	0
1	meprobamate	Oral	0	0	0
1	methocarbamol	Oral	0	0	0
1	orphenadrine citrate	Oral	0	0	0
1	orphenadrine compound	Oral	0	0	0
1	orphenadrine compound	Oral	0	0	0
1	orphengesic	Oral	0	0	0
1	orphengesic forte	Oral	0	0	0
1	pyridostigmine bromide	Oral	0	0	0
1	tizanidine hcl	Oral	0	0	0

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

Therapeutic Class NARCOTIC ANALGESICS

Tier	Drug	Route	PA	QL	ST
1	acetaminophen-codeine	Oral	0	0	0
1	asa-butalb-caff-cod	Oral	0	0	0
1	ascomp w/codeine	Oral	0	0	0
1	aspirin w/codeine	Oral	0	0	0
1	butalbital compound	Oral	0	0	0
1	butalbital compound-cod	Oral	0	0	0
1	butalbital/caff/apap/codeine	Oral	0	0	0
1	codeine sulfate	Oral	0	0	0
1	dolacet	Oral	0	0	0
1	dolorex forte	Oral	0	0	0
1	endocet	Oral	0	0	0
1	endodan	Oral	0	0	0
1	eth-oxydose	Oral	0	0	0
1	fentanyl	Transdermal	0	0	0
1	hydrocet	Oral	0	0	0
1	hydrocodone bit-ibuprofen	Oral	0	0	0
1	hydrocodone	Oral	0	0	0
1	hydrocodone/acetaminophe	Oral	0	0	0
1	hydromorphone hcl	Oral	0	0	0
1	hydromorphone hcl	Rectal	0	0	0
1	margesic h	Oral	0	0	0
1	meperidine hcl	Oral	0	0	0
1	meperitab	Oral	0	0	0
1	methadone hcl	Oral	0	0	0
1	methadose	Oral	0	0	0
1	morphine sulfate	Oral	0	0	0
1	morphine sulfate	Rectal	0	0	0
1	oramorph sr	Oral	0	0	0
1	oxycodone hcl	Oral	0	0	0
1	oxycodone w/acetaminophen	Oral	0	0	0
1	oxycodone w/aspirin	Oral	0	0	0
1	oxycodone-apap	Oral	0	0	0
1	phrenilin w/caffeine &	Oral	0	0	0
1	rms-suppository	Rectal	0	0	0
1	roxicet	Oral	0	0	0
1	roxicodone	Oral	0	0	0
1	stagesic	Oral	0	0	0

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

Therapeutic Class NON-NARCOTIC ANALGESICS

Tier	Drug	Route	PA	QL	ST
1	ali-flex	Oral	0	0	0
1	amigesic	Oral	0	0	0
1	anabar	Oral	0	0	0
1	asp	Oral	0	0	0
1	butorphanol tartrate	Nasal	0	1	0
1	cafgesic	Oral	0	0	0
1	choline mag trisalicylate	Oral	0	0	0
1	depade	Oral	0	0	0
1	diclofenac potassium	Oral	0	0	0
1	diclofenac sodium	Oral	0	0	0
1	diflunisal	Oral	0	0	0
1	dologesic	Oral	0	0	0
1	dolorex	Oral	0	0	0
1	ed-flex	Oral	0	0	0
1	etodolac	Oral	0	0	0
1	fenoprofen calcium	Oral	0	0	0
1	flurbiprofen	Oral	0	0	0
1	genecar	Oral	0	0	0
1	hyflex-ds	Oral	0	0	0
1	ibuprofen	Oral	0	0	0
1	indomethacin	Oral	0	0	0
1	ketoprofen	Oral	0	0	0
1	ketorlac tromethamine	Oral	0	1	0
1	ketorolac tromethamine	Oral	0	1	0
1	lagesic	Oral	0	0	0
1	levacet	Oral	0	0	0
1	meclofenamate sodium	Oral	0	0	0
1	mst 600	Oral	0	0	0
1	nabumetone	Oral	0	0	0
1	naltrexone hydrochloride	Oral	0	0	0
1	naproxen	Oral	0	0	0
1	naproxen sodium	Oral	0	0	0
1	novagesic	Oral	0	0	0
1	oxaprozin	Oral	0	0	0
1	pentazocine and naloxone	Oral	0	0	0
1	pentazocine/acetaminophen	Oral	0	0	0
1	pentazocine/naloxone	Oral	0	0	0
1	piroxicam	Oral	0	0	0
1	rhinoflex	Oral	0	0	0
1	rhinoflex-650	Oral	0	0	0
1	salflex	Oral	0	0	0
1	salsalate	Oral	0	0	0
1	sulindac	Oral	0	0	0

*Self Injectables – No Charge

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

Therapeutic Class PROPOXYPHENE

Tier	Drug	Route	PA	QL	ST
1	propoxyphene hcl	Oral	0	0	0
1	propoxyphene hcl compound	Oral	0	0	0
1	propoxyphene hcl w/apap	Oral	0	0	0
1	propoxyphene napsylate	Oral	0	0	0
1	propoxyphene napsylate-apap	Oral	0	0	0

Therapeutic Class PSYCHOTHERAPEUTIC DRUGS

Tier	Drug	Route	PA	QL	ST
1	amitriptyline	Oral	0	0	0
1	amoxapine	Oral	0	0	0
1	amphetamine salt combo	Oral	0	0	0
1	budeprion sr	Oral	0	0	0
1	bupropion hcl	Oral	0	0	0
1	bupropion hcl	Oral	0	0	0
1	bupropion hcl	Oral	0	0	0
1	buspirone hcl	Oral	0	0	0
1	chloral hydrate	Oral	0	0	0
1	chlorpromazine hcl	Oral	1	0	0
1	citalopram	Oral	0	1	0
1	clomipramine hcl	Oral	0	0	0
1	clozapine	Oral	0	0	0
1	desipramine hcl	Oral	0	0	0
1	dextroamphetamine sulfate	Oral	0	0	0
1	dextrostat	Oral	0	0	0
1	doxepin hcl	Oral	0	0	0
1	ergoloid mesylates	Oral	0	0	0
1	fluoxetine hcl	Oral	0	0	0
1	fluphenazine hcl	Oral	0	0	0
1	fluvoxamine maleate	Oral	0	0	0
1	haloperidol	Oral	0	0	0
1	haloperidol lactate	Oral	0	0	0
1	imipramine hcl	Oral	0	0	0
1	lithium carbonate	Oral	0	0	0
1	lithium citrate	Oral	0	0	0
1	loxapine succinate	Oral	0	0	0
1	maprotiline hcl	Oral	0	0	0
1	metadate er	Oral	0	0	0
1	methamphetamine hcl	Oral	0	0	0
1	methylin	Oral	0	0	0
1	methylin er	Oral	0	0	0
1	methylphenidate er	Oral	0	0	0
1	methylphenidate hcl	Oral	0	0	0
1	mirtazapine	Oral	0	0	0
1	nefazodone hcl	Oral	0	0	0

*Self Injectables – No Charge

PA = Prior Authorization Required		QL = Quantity Limits Apply		ST = Step Therapy Drug	
1	nortriptyline hcl	Oral	0	0	0
1	paroxetine hcl	Oral	0	0	0
1	perphenazine	Oral	1	0	0
1	sertraline hcl	ORAL	0	0	0
1	thioridazine hcl	Oral	0	0	0
1	thiothixene	Oral	0	0	0
1	tranlycypromine sulfate	ORAL	0	0	0
1	trazodone	Oral	0	0	0
1	trifluoperazine hcl	Oral	0	0	0
1	venlafaxine hcl	Oral	0	0	0

Therapeutic Category *CARDIOVASCULAR, HYPERTENSION &*

Therapeutic Class ANTIARRHYTHMIC AGENTS

Tier	Drug	Route	PA	QL	ST
1	amiodarone hcl	Oral	0	0	0
1	disopyramide phosphate	Oral	0	0	0
1	flecainide acetate	Oral	0	0	0
1	mexiletine hcl	Oral	0	0	0
1	pacerone	Oral	0	0	0
1	procainamide hcl	Oral	0	0	0
1	propafenone hcl	Oral	0	0	0
1	quinidine gluconate	Oral	0	0	0
1	quinidine sulfate	Oral	0	0	0
1	sorine	Oral	0	0	0
1	sotalol	Oral	0	0	0
1	sotalol af	Oral	0	0	0

Therapeutic Class ANTIHYPERTENSIVE THERAPY

Tier	Drug	Route	PA	QL	ST
1	acebutolol hcl	Oral	0	0	0
1	afeditab cr	Oral	0	0	0
1	amiloride hcl	Oral	0	0	0
1	amiloride hcl w/hctz	Oral	0	0	0
1	atenolol	Oral	0	0	0
1	atenolol w/chlorthalidone	Oral	0	0	0
1	benazepril hcl	Oral	0	1	0
1	benazepril hcl-hctz	Oral	0	0	0
1	betaxolol hcl	Oral	0	0	0
1	bisoprolol fumarate	Oral	0	0	0
1	bisoprolol fumarate/hctz	Oral	0	0	0
1	bumetanide	Oral	0	0	0
1	captopril	Oral	0	1	0
1	captopril/hydrochlorothiazide	Oral	0	0	0

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

1	spironolactone w/hctz	Oral	0	0	0
1	taztia xt	Oral	0	0	0
1	terazosin hcl	Oral	0	1	0
1	timolol maleate	Oral	0	0	0
1	torse mide	Oral	0	0	0
1	triamterene w/hctz	Oral	0	0	0
1	triamterene-hctz	Oral	0	0	0
1	verapamil hcl	Oral	0	0	0

Therapeutic Class

CARDIAC GLYCOSIDES

Tier	Drug	Route	PA	QL	ST
1	digitek	Oral	0	0	0
1	digoxin	Oral	0	0	0
2	LANOXICAPS	Oral	0	0	0
2	LANOXIN	Oral	0	0	0

Therapeutic Class COAGULATION THERAPY

Tier	Drug	Route	PA	QL	ST
1	cilostazol	Oral	0	0	0
1	dipyridamole	Oral	0	0	0
1	jantoven	Oral	0	0	0
1	pentoxifylline	Oral	0	0	0
1	pentoxil	Oral	0	0	0
1	ticlopidine hcl	Oral	0	0	0
1	warfarin sodium	Oral	0	0	0
3	HEPARIN SODIUM	Intravenous	0	0	0
*	ARIXTRA	Subcutaneous	0	0	0
*	FRAGMIN	Subcutaneous	0	0	0
*	INNOHEP	Subcutaneous	0	0	0
*	LOVENOX	Subcutaneous	0	0	0

Therapeutic Class LIPID/CHOLESTEROL LOWERING AGENTS

Tier	Drug	Route	PA	QL	ST
1	cholestyramine	Oral	0	0	0
1	cholestyramine light	Oral	0	0	0
1	gemfibrozil	Oral	0	0	0
1	lovastatin	Oral	0	1	0
1	prevalite	Oral	0	0	0
1	simvastatin	Oral	0	1	0

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

Therapeutic Class MISCELLANEOUS CARDIOVASCULAR AGENTS

Tier	Drug	Route	PA	QL	ST
2	RANEXA	ORAL	0	0	0
3	INVERSINE	Oral	0	0	0
3	ISUPREL	Injection	0	0	0
3	NEO-SYNEPHRINE	Injection	0	0	0

Therapeutic Class NITRATES

Tier	Drug	Route	PA	QL	ST
1	isosorbide dinitrate	Oral	0	0	0
1	isosorbide dinitrate	Sublingual	0	0	0
1	isosorbide mononitrate	Oral	0	0	0
1	nitrek	Transdermal	0	0	0
1	nitro-bid	Transdermal	0	0	0
1	nitroglycerin	Oral	0	0	0
1	nitroglycerin	Sublingual	0	0	0
1	nitroglycerin	Transdermal	0	0	0
1	nitroglycerin transdermal	Transdermal	0	0	0
1	nitroquick	Sublingual	0	0	0
1	nitro-time	Oral	0	0	0

Therapeutic Category *DERMATOLOGICALS/TOPICAL THERAPY*

Therapeutic Class ANTIPSORIATIC / ANTISEBORRHEIC

Tier	Drug	Route	PA	QL	ST
1	anthralin	Topical	0	0	0
1	hc pramoxine	Topical	0	0	0
1	mexar	Topical	0	0	0
1	re 10	Topical	0	0	0
1	scalp treatment	Topical	0	0	0
1	selenium sulfide	Topical	0	0	0

Therapeutic Class BURN THERAPY

Tier	Drug	Route	PA	QL	ST
1	silver sulfadiazine	Topical	0	0	0
1	ssd	Topical	0	0	0
1	ssd af	Topical	0	0	0
1	thermazene	Topical	0	0	0
2	SILVADENE	Topical	0	0	0

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

Therapeutic Class KERATOLYTICS

Tier	Drug	Route	PA	QL	ST
3	KERALYT	Topical	0	0	0
3	PODOCON-25	Topical	0	0	0
3	PODODERM	Topical	0	0	0
3	SALEX	Topical	0	0	0
3	ULTRALYTIC 2	Topical	0	0	0

Therapeutic Class MISCELLANEOUS DERMATOLOGICALS

Tier	Drug	Route	PA	QL	ST
1	cerovel	Topical	0	0	0
1	fluorouracil	Topical	0	0	0
1	keratol 40	Topical	0	0	0
1	lactic acid	Topical	0	0	0
1	podofilox	Topical	0	0	0
1	re 40	Topical	0	0	0
1	re urea 40	Topical	0	0	0
1	sulfacetamide sodium	Topical	0	0	0
1	u-kera	Topical	0	0	0
1	urea	Topical	0	0	0
1	urealac	Topical	0	0	0
1	x-viate	Topical	0	0	0

Therapeutic Class THERAPY FOR ACNE

Tier	Drug	Route	PA	QL	ST
1	amnestem	Oral	0	0	0
1	avar	Topical	0	0	0
1	avita	Topical	1	0	0
1	benzoyl peroxide	Topical	0	0	0
1	claravis	Oral	0	0	0
1	clenia	Topical	0	0	0
1	clindamycin phosphate	Topical	0	0	0
1	ery	Topical	0	0	0
1	erythromycin	Topical	0	0	0
1	metronidazole	Topical	0	0	0

Therapeutic Class TOPICAL ANESTHETICS

Tier	Drug	Route	PA	QL	ST
1	lidocaine	Topical	0	0	0
1	lidocaine hcl	Mucous Membrane	0	0	0
1	lidocaine hcl viscous	Mucous Membrane	0	0	0
1	lidocaine-hc	Topical	0	0	0
1	lidocaine-prilocaine	Topical	0	0	0
1	orasep	Mucous Membrane	0	0	0

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

Therapeutic Class TOPICAL ANTIBACTERIALS

Tier	Drug	Route	PA	QL	ST
1	gentamicin sulfate	Topical	0	0	0
1	mupirocin	Topical	0	0	0
2	BACTROBAN	Topical	0	0	0
2	CORTISPORIN	Topical	0	0	0
2	SULFAMYLON	Topical	0	0	0

Therapeutic Class TOPICAL ANTIFUNGALS

Tier	Drug	Route	PA	QL	ST
1	ciclopirox	Topical	0	0	0
1	clotrimazole-betamethasone	Topical	0	0	0
1	econazole nitrate	Topical	0	0	0
1	ketoconazole	Topical	0	0	0
1	kuric	Topical	0	0	0
1	nyamyc	Topical	0	0	0
1	nystatin	Topical	0	0	0
1	nystatin w/triamcinolone	Topical	0	0	0
1	nystatin-triamcinolone	Topical	0	0	0
1	nystop	Topical	0	0	0
1	pedi-dri	Topical	0	0	0

Therapeutic Class TOPICAL ANTIVIRALS

Tier	Drug	Route	PA	QL	ST
3	DENAVIR	Topical	0	0	0
3	ZOVIRAX	Topical	0	0	0

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

Therapeutic Class TOPICAL CORTICOSTEROIDS

Tier	Drug	Route	PA	QL	ST
1	alclometasone dipropionate	Topical	0	0	0
1	alphatrex	Topical	0	0	0
1	amcinonide	Topical	0	0	0
1	apexicon e	Topical	0	0	0
1	betamethasone dipropionate	Topical	0	0	0
1	betamethasone dp augmented	Topical	0	0	0
1	betamethasone valerate	Topical	0	0	0
1	beta-val	Topical	0	0	0
1	clobetasol e	Topical	0	0	0
1	clobetasol propionate	Topical	0	0	0
1	cormax	Topical	0	0	0
1	del-beta	Topical	0	0	0
1	desonide	Topical	0	0	0
1	desoximetasone	Topical	0	0	0
1	diflorasone diacetate	Topical	0	0	0
1	embeline	Topical	0	0	0
1	embeline e	Topical	0	0	0
1	fluocinolone acetonide	Topical	0	0	0
1	fluocinonide	Topical	0	0	0
1	fluocinonide-e	Topical	0	0	0
1	fluticasone propionate	Topical	0	0	0
1	halobetasol propionate	Topical	0	0	0
1	hydrocortisone	Topical	0	0	0
1	hydrocortisone butyrate	Topical	0	0	0
1	hydrocortisone valerate	Topical	0	0	0
1	maxiflor	Topical	0	0	0
1	mometasone furoate	Topical	0	0	0
1	nutracort	Topical	0	0	0
1	triamcinolone acetonide	Topical	0	0	0
1	triderm	Topical	0	0	0

Therapeutic Class TOPICAL ENZYMES

Tier	Drug	Route	PA	QL	ST
1	allanzyme 650	Topical	0	0	0
1	ethezyme	Topical	0	0	0
1	ethezyme 830	Topical	0	0	0
1	granul-derm	Topical	0	0	0
1	kovia 6.5	Topical	0	0	0
1	kovia ointment	Topical	0	0	0
1	pap-urea	Topical	0	0	0
1	tbc	Topical	0	0	0

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

Therapeutic Class TOPICAL SCABICIDES / PEDICULICIDES

Tier	Drug	Route	PA	QL	ST
1	acticin	Topical	0	0	0
1	permethrin	Topical	0	0	0
2	ELIMITE	Topical	0	0	0
2	EURAX	Topical	0	0	0

Therapeutic Category *DIAGNOSTICS & MISCELLANEOUS*

Therapeutic Class ANTIDOTES

Tier	Drug	Route	PA	QL	ST
3	ACETADOTE	Intravenous	0	0	0

Therapeutic Class IRRIGATING SOLUTIONS

Tier	Drug	Route	PA	QL	ST
3	PHYSIOLYTE	Irrigation	1	0	0
3	PHYSIOSOL	Irrigation	1	0	0
3	RINGERS	Irrigation	1	0	0
3	RINGER'S LACTATED	Irrigation	1	0	0
3	TIS-U-SOL	Irrigation	1	0	0

Therapeutic Class MISCELLANEOUS AGENTS

Tier	Drug	Route	PA	QL	ST
1	alcohol in dextrose	Intravenous	1	0	0
1	allanfil 405	Topical	0	0	0
1	anagrelide hcl	Oral	0	0	0
1	etidronate disodium	Oral	0	0	0
1	gladase-c	Topical	0	0	0
1	kionex	Oral	0	0	0
1	levocarnitine	Oral	0	0	0
1	midodrine hcl	Oral	0	0	0
1	pilocarpine hcl	Oral	0	0	0
1	sodium chloride	Irrigation	1	0	0
1	sodium polystyrene sulfonate	Rectal	0	0	0
1	sps	Oral	0	0	0
1	sps	Rectal	0	0	0
1	ziox	Topical	0	0	0
1	ziox 405	Topical	0	0	0
2	ANTABUSE	Oral	0	0	0

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

Therapeutic Class SMOKING DETERRENTS

Tier	Drug	Route	PA	QL	ST
1	buproban	Oral	0	0	0
1	bupropion hcl	Oral	0	0	0
2	ZYBAN	Oral	0	0	0

Therapeutic Category *EAR, NOSE & THROAT MEDICATIONS*

Therapeutic Class MISCELLANEOUS AGENTS

Tier	Drug	Route	PA	QL	ST
1	chlorhexidine gluconate	Mucous Membrane	0	0	0
1	ipratropium bromide	Nasal	0	0	0
1	perio gard	Mucous Membrane	0	0	0
1	perisol	Mucous Membrane	0	0	0
2	ATROVENT	Nasal	0	0	0
2	BACTROBAN NASAL	Nasal	0	0	0
2	KENALOG IN ORABASE	Dental	0	0	0

Therapeutic Class MISCELLANEOUS OTIC PREPARATIONS

Tier	Drug	Route	PA	QL	ST
1	a/b otic	Otic	0	0	0
1	acetazol hc	Otic	0	0	0
1	acetic acid	Otic	0	0	0
1	acetic acid/aluminum	Otic	0	0	0
1	acetic acid-hydrocortisone	Otic	0	0	0
1	allergen	Otic	0	0	0
1	americaine	Otic	0	0	0
1	antiben	Otic	0	0	0
1	antipyrine w/benzocaine	Otic	0	0	0
1	antipyrine-benzocaine	Otic	0	0	0
1	aurodex ear drops	Otic	0	0	0
1	auroto	Otic	0	0	0
1	borofair	Otic	0	0	0
1	cortane-b	Otic	0	0	0
1	cortic	Otic	0	0	0
1	cortic-nd	Otic	0	0	0
1	dolotic	Otic	0	0	0
1	ear drops	Otic	0	0	0
1	ear-gesic	Otic	0	0	0
1	oticaine	Otic	0	0	0
1	otirx	Otic	0	0	0
1	otogesic	Otic	0	0	0
1	otomar-hc	Otic	0	0	0
1	otozone	Otic	0	0	0

*Self Injectables – No Charge

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

Therapeutic Class OTIC STEROID / ANTIBIOTIC

Tier	Drug	Route	PA	QL	ST
1	antibiotic ear solution	Otic	0	0	0
1	antibiotic ear suspension	Otic	0	0	0
1	cortomycin	Otic	0	0	0
1	neomycin/polymixin/hc	Otic	0	0	0
1	neomycin/polymyxin/hc	Otic	0	0	0
1	oticin hc	Otic	0	0	0
1	otimar	Otic	0	0	0
2	CORTISPORIN	Otic	0	0	0
2	OTICIN HC	Otic	0	0	0

Therapeutic Category ENDOCRINE/DIABETES

Therapeutic Class ADRENAL HORMONES

Tier	Drug	Route	PA	QL	ST
1	bubpli-pred	Oral	0	0	0
1	cortisone acetate	Oral	0	0	0
1	dexamethasone	Oral	0	0	0
1	fludrocortisone acetate	Oral	0	0	0
1	hydrocortisone	Oral	0	0	0
1	methylprednisolone	Oral	1	0	0
1	prednisolone	Oral	1	0	0
1	prednisolone sodium	Oral	1	0	0
1	prednisone	Oral	1	0	0

Therapeutic Class ANTITHYROID AGENTS

Tier	Drug	Route	PA	QL	ST
1	methimazole	Oral	0	0	0
1	propylthiouracil	Oral	0	0	0
2	TAPAZOLE	Oral	0	0	0

Therapeutic Class DIABETES THERAPY

Tier	Drug	Route	PA	QL	ST
1	chlorpropamide	Oral	0	0	0
1	glimepiride	Oral	0	0	0
1	glipizide	Oral	0	0	0
1	glipizide er	Oral	0	0	0
1	glipizide xl	Oral	0	0	0
1	glipizide-metformin	Oral	0	0	0
1	glyburide	Oral	0	0	0
1	glyburide micronized	Oral	0	0	0
1	glyburide-metformin hcl	Oral	0	0	0

*Self Injectables – No Charge

PA = Prior Authorization Required	QL = Quantity Limits Apply	ST = Step Therapy Drug
1	glycron	Oral 0 0 0
1	metformin hcl	Oral 0 0 0
1	metformin hcl er	Oral 0 0 0
1	tolazamide	Oral 0 0 0
1	tolbutamide	Oral 0 0 0
2	BYETTA	Subcutaneous 0 0 0
2	DIABETA	Oral 0 0 0
2	GLUCAGEN	Injection 0 0 0
2	GLUCAGON	Injection 0 0 0
2	GLUCOPHAGE	Oral 0 0 0
2	GLUCOTROL	Oral 0 0 0
2	GLUCOVANCE	Oral 0 0 0
2	GLYCRON	Oral 0 0 0
2	GLYNASE	Oral 0 0 0
2	HUMALOG	Subcutaneous 0 0 0
2	HUMALOG MIX 75/25	Subcutaneous 0 0 0
2	HUMULIN 50/50	Subcutaneous 0 0 0
2	HUMULIN 70/30	Subcutaneous 0 0 0
2	HUMULIN N	Subcutaneous 0 0 0
2	HUMULIN R	Injection 0 0 0
2	INSULIN PEN	Miscellaneous 0 0 0
2	INSULIN SYRINGE LO-	Miscellaneous 0 0 0
2	LANTUS	Subcutaneous 0 0 0
2	MICRONASE	Oral 0 0 0
2	NOVOLIN 70/30	Subcutaneous 0 0 0
2	NOVOLIN N	Subcutaneous 0 0 0
2	NOVOLIN R	Injection 0 0 0
2	NOVOLIN R	Subcutaneous 0 0 0
2	NOVOLOG	Subcutaneous 0 0 0
2	NOVOLOG MIX 70/30	Subcutaneous 0 0 0
2	PEN NEEDLES	Miscellaneous 0 0 0
2	PRECOSE	Oral 0 0 0
2	RELION 70/30	Subcutaneous 0 0 0
2	RELION 70/30 INNOLET	Subcutaneous 0 0 0
2	RELION N	Subcutaneous 0 0 0
2	RELION N INNOLET	Subcutaneous 0 0 0
2	RELION R	Injection 0 0 0
2	RIOMET	Oral 0 0 0
2	SYMLIN	Subcutaneous 0 0 0
2	SYRINGE	Miscellaneous 0 0 0
2	UNIFINE PENTIPS	Miscellaneous 0 0 0

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

Therapeutic Class MISCELLANEOUS HORMONES

Tier	Drug	Route	PA	QL	ST
1	androxy	Oral	0	0	0
1	cabergoline	Oral	0	0	0
1	calcitriol	Oral	0	0	0
1	danazol	Oral	0	0	0
1	desmopressin acetate	Nasal	0	0	0
1	desmopressin acetate	Oral	0	0	0
1	fortical	Nasal	0	0	0
2	DDAVP	Nasal	0	0	0
2	DDAVP	Oral	0	0	0
2	MIACALCIN	Nasal	0	0	0
2	PAMIDRONATE	Intravenous	0	0	0

Therapeutic Class THYROID HORMONES

Tier	Drug	Route	PA	QL	ST
1	levothyroxine sodium	Oral	0	0	0
1	levoxyl	Oral	0	0	0
1	nature-throid	Oral	0	0	0
1	thyroid	Oral	0	0	0
1	unithroid	Oral	0	0	0
1	westhroid	Oral	0	0	0
2	ARMOUR THYROID	Oral	0	0	0
2	CYTOMEL	Oral	0	0	0
2	LEVOTHROID	Oral	0	0	0
2	SYNTHROID	Oral	0	0	0
2	THYROID	Oral	0	0	0

Therapeutic Category GASTROENTEROLOGY

Therapeutic Class ANTIDIARRHEALS & ANTISPASMODICS

Tier	Drug	Route	PA	QL	ST
1	anaspaz	Oral	0	0	0
1	a-spas-s/l	Sublingual	0	0	0
1	atreza	Oral	0	0	0
1	belladonna & opium	Rectal	0	0	0
1	colytrol	Oral	0	0	0
1	cystospaz-m	Oral	0	0	0
1	dicyclomine hcl	Oral	0	0	0
1	diphenoxylate w/atropine	Oral	0	0	0
1	glycopyrrolate	Oral	0	0	0
1	hyoscyamine	Oral	0	0	0
1	hyoscyamine sulfate	Sublingual	0	0	0
1	hyospaz	Oral	0	0	0

*Self Injectables – No Charge

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

Therapeutic Class MISCELLANEOUS GASTROINTESTINAL AGENTS

Tier	Drug	Route	PA	QL	ST
1	compro	Rectal	0	0	0
1	constulose	Oral	0	0	0
1	dygase	Oral	0	0	0
1	enulose	Oral	0	0	0
1	enzycap	Oral	0	0	0
1	generlac	Oral	0	0	0
1	glycolax	Oral	0	0	0
1	lactulose	Oral	0	0	0
1	lapase	Oral	0	0	0
1	lidazone hc	Rectal	0	0	0
1	lidocaine-hc	Rectal	0	0	0
1	lipram	Oral	0	0	0
1	lipram-cr	Oral	0	0	0
1	lipram-pn	Oral	0	0	0
1	lipram-ul	Oral	0	0	0
1	meclizine hcl	Oral	0	0	0
1	mesalamine	Rectal	0	0	0
1	metoclopramide hcl	Oral	0	0	0
1	palcaps	Oral	0	0	0
1	pancrelipase	Oral	0	0	0
1	peg 3350/electrolyte	Oral	0	0	0
1	plaretase 8000	Oral	0	0	0
1	polyethylene glycol	Oral	0	0	0
1	prochlorperazine	Oral	1	0	0
1	prochlorperazine maleate	Oral	1	0	0
1	prochlorperazine maleate	Rectal	1	0	0
1	sulfasalazine	Oral	0	0	0
1	sulfasalazine ec	Oral	0	0	0
1	trimethobenzamide hcl	Oral	1	0	0
1	ultracaps mt 20	Oral	0	0	0
1	univert	Oral	0	0	0
1	ursodiol	Oral	0	0	0

Therapeutic Class ULCER THERAPY

Tier	Drug	Route	PA	QL	ST
1	cimetidine	Oral	0	1	0
1	famotidine	Oral	0	1	0
1	misoprostol	Oral	0	0	0
1	nizatidine	Oral	0	1	0
1	omeprazole	Oral	0	1	0
1	ranitidine hcl	Oral	0	1	0
1	sucralfate	Oral	0	0	0

*Self Injectables – No Charge

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

Therapeutic Category *IMMUNOLOGY, VACCINES & BIOTECH*

Therapeutic Class BIOTECHNOLOGY DRUGS

Tier	Drug	Route	PA	QL	ST
3	GENOTROPIN	Subcutaneous	0	0	0
3	HUMATROPE	Injection	0	0	0
3	NORDITROPIN	Subcutaneous	0	0	0
3	NUTROPIN	Subcutaneous	0	0	0
3	NUTROPIN AQ	Subcutaneous	0	0	0
3	SEROSTIM	Subcutaneous	0	0	0
3	TEV-TROPIN	Subcutaneous	0	0	0
3	ZORBTIVE	Subcutaneous	0	0	0
*	ACTIMMUNE	Subcutaneous	1	0	0
*	ALFERON N	Injection	0	0	0
*	ARANESP	Injection	1	0	0
*	AVONEX	intramuscular	1	0	0
*	BETASERON	Subcutaneous	1	0	0
*	EPOGEN	Injection	1	0	0
*	INFERGEN	Subcutaneous	0	0	0
*	INTRON A	Injection	1	0	0
*	LEUKINE	Injection	1	0	0
*	NEULASTA	Subcutaneous	1	0	0
*	NEUMEGA	Subcutaneous	1	0	0
*	NEUPOGEN	Injection	1	0	0
*	PEGASYS	Subcutaneous	0	0	0
*	PEG-INTRON	Subcutaneous	0	0	0
*	PEG-INTRON REDIPEN	Subcutaneous	0	0	0
*	PROCRIT	Injection	0	0	0
*	PROLEUKIN	Intravenous	1	0	0
*	REBETRON 1000	Injection	1	0	0
*	REBIF	Subcutaneous	0	0	0
*	ROFERON-A	Subcutaneous	0	0	0
*	SAIZEN	Subcutaneous	1	0	0

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

Therapeutic Class VACCINES & MISCELLANEOUS IMMUNOLOGICALS

Tier	Drug	Route	PA	QL	ST
2	ACTHIB	intramuscular	0	0	0
2	ADACEL	intramuscular	0	0	0
2	ANTIZOL	Intravenous	0	0	0
2	ATTENUVAX VACCINE	Subcutaneous	0	0	0
2	BAYGAM	intramuscular	0	0	0
2	BOOSTRIX	intramuscular	0	0	0
2	BOTOX	intramuscular	0	0	0
2	CARIMUNE	Intravenous	0	0	0
2	CARIMUNE NF	Intravenous	0	0	0
2	COMVAX	intramuscular	0	0	0
2	DAPTACEL	intramuscular	0	0	0
2	DECAVAC	intramuscular	0	0	0
2	DIPHThERIA-TETANUS	intramuscular	0	0	0
2	ENGERIX-B	intramuscular	0	0	0
2	FLEBOGAMMA	Intravenous	0	0	0
2	GAMASTAN S/D	intramuscular	0	0	0
2	GAMMAGARD LIQUID	Intravenous	0	0	0
2	GAMMAGARD S/D	Intravenous	0	0	0
2	GAMMAR-P I.V.	Intravenous	0	0	0
2	GAMUNEX	Intravenous	0	0	0
2	HAVRIX	intramuscular	0	0	0
2	HIBTITER	intramuscular	0	0	0
2	IMMUNE GLOBULIN	intramuscular	0	0	0
2	IMOVAX RABIES	intramuscular	0	0	0
2	INFANRIX	intramuscular	0	0	0
2	IPOL	Injection	0	0	0
2	IVEEGAM EN	Intravenous	0	0	0
2	JE-VAX	Injection	0	0	0
2	MENACTRA	intramuscular	0	0	0
2	MENOMUNE-A/C/Y/W-	Injection	0	0	0
2	MERUVAX II VACCINE	Injection	0	0	0
2	M-M-R II VACCINE	Injection	0	0	0
2	M-R-VAX II VACCINE	Injection	0	0	0
2	MUMPSVAX VACCINE	Subcutaneous	0	0	0
2	MYOBLOC	intramuscular	0	0	0
2	OCTAGAM	Intravenous	0	0	0
2	PANGLOBULIN NF	Intravenous	0	0	0
2	PEDIARIX	intramuscular	0	0	0
2	PEDVAXHIB	intramuscular	0	0	0
2	POLYGAM S/D	Intravenous	0	0	0
2	PROQUAD	Subcutaneous	0	0	0
2	RABAVERT	intramuscular	0	0	0
2	RECOMBIVAX HB	intramuscular	0	0	0

*Self Injectables – No Charge

PA = Prior Authorization Required		QL = Quantity Limits Apply		ST = Step Therapy Drug	
2	TE ANATOXAL BERNA	intramuscular	0	0	0
2	TETANUS DIPHTHERIA	intramuscular	0	0	0
2	TETANUS TOXOID	Injection	0	0	0
2	TETANUS TOXOID	intramuscular	0	0	0
2	THERACYS	Intravesical	1	0	0
2	TICE BCG	Intravesical	1	0	0
2	TRIHIBIT	intramuscular	0	0	0
2	TRIPEDIA	intramuscular	0	0	0
2	TWINRIX	intramuscular	0	0	0
2	TYPHIM VI	intramuscular	0	0	0
2	TYPHOID VACCINE	intramuscular	0	0	0
2	VAQTA	intramuscular	0	0	0
2	VARIVAX VACCINE	Injection	0	0	0
2	VENOGLOBULIN-S	Intravenous	0	0	0
2	VIVOTIF BERNA	Oral	1	0	0

Therapeutic Category *MUSCULOSKELETAL & RHEUMATOLOGY*

Therapeutic Class **GOUT THERAPY**

Tier	Drug	Route	PA	QL	ST
1	allopurinol	Oral	0	0	0
1	colchicine	Oral	0	0	0
1	col-probenecid	Oral	0	0	0
1	probenecid	Oral	0	0	0
2	ZYLOPRIM	Oral	0	0	0

Therapeutic Class **OSTEOPOROSIS THERAPY**

Tier	Drug	Route	PA	QL	ST
2	ACTONEL	Oral	0	1	0
2	BONIVA	Oral	0	0	0
2	EVISTA	Oral	0	0	0
2	FOSAMAX	Oral	0	1	0
2	FOSAMAX PLUS D	Oral	0	0	0

Therapeutic Class **OTHER RHEUMATOLOGICALS**

Tier	Drug	Route	PA	QL	ST
1	leflunomide	Oral	0	0	0
2	CUPRIMINE	Oral	0	0	0
2	DEPEN	Oral	0	0	0
2	RIDAURA	Oral	0	0	0
3	ARAVA	Oral	0	1	0
*	ENBREL	Subcutaneous	1	1	0
*	HUMIRA	Subcutaneous	1	0	0
*	ORENCIA	Intravenous	1	0	0

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

Therapeutic Category *OBSTETRICS & GYNECOLOGY*

Therapeutic Class ESTROGENS & PROGESTINS

Tier	Drug	Route	PA	QL	ST
1	camila	Oral	0	0	0
1	errin	Oral	0	0	0
1	estradiol	Oral	0	0	0
1	estradiol	TRANSDERMAL	0	1	0
1	estradiol tds	Transdermal	0	0	0
1	estradiol transdermal patch	Transdermal	0	1	0
1	estropipate	Oral	0	0	0
1	gynodiol	Oral	0	0	0
1	jolivette	Oral	0	0	0
1	medroxyprogesterone	Oral	0	0	0
1	nora-be	Oral	0	0	0
1	norethindrone acetate	Oral	0	0	0
1	ortho-est	Oral	0	0	0

Therapeutic Class MISCELLANEOUS OB/GYN

Tier	Drug	Route	PA	QL	ST
1	acidic vaginal	Vaginal	0	0	0
1	clindamax	Vaginal	0	0	0
1	fem ph	Vaginal	0	0	0
1	miconazole 3	Vaginal	0	0	0
1	nystatin	Vaginal	0	0	0
1	terconazole	Vaginal	0	0	0
1	vandazole	Vaginal	0	0	0
1	zazole	Vaginal	0	0	0

Therapeutic Class ORAL CONTRACEPTIVES & RELATED AGENTS

Tier	Drug	Route	PA	QL	ST
1	apri	Oral	0	0	0
1	aranelle	Oral	0	0	0
1	aviane	Oral	0	0	0
1	cesia	Oral	0	0	0
1	cryselle	Oral	0	0	0
1	enpresse	Oral	0	0	0
1	junel	Oral	0	0	0
1	junel fe	Oral	0	0	0
1	kariva	Oral	0	0	0
1	kelnor 1/35	Oral	0	0	0
1	leena	Oral	0	0	0
1	lessina	Oral	0	0	0
1	levora-28	Oral	0	0	0

*Self Injectables – No Charge

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

1	low-ogestrel	Oral	0	0	0
1	lutra	Oral	0	0	0
1	microgestin	Oral	0	0	0
1	microgestin fe	Oral	0	0	0
1	mononessa	Oral	0	0	0
1	necon	Oral	0	0	0
1	nortrel	Oral	0	0	0
1	ogestrel	Oral	0	0	0
1	portia	Oral	0	0	0
1	previfem	Oral	0	0	0
1	reclipsen	Oral	0	0	0
1	solia	Oral	0	0	0
1	sprintec	Oral	0	0	0
1	trinessa	Oral	0	0	0
1	tri-previfem	Oral	0	0	0
1	tri-sprintec	Oral	0	0	0
1	trivora-28	Oral	0	0	0
1	velivet	Oral	0	0	0
1	zovia 1/35e	Oral	0	0	0
1	zovia 1/50e	Oral	0	0	0

Therapeutic Class OXYTOCICS

Tier	Drug	Route	PA	QL	ST
3	OXYTOCIN	Injection	0	0	0
3	PITOCIN	Injection	0	0	0

Therapeutic Category *OPHTHALMOLOGY*

Therapeutic Class ANTIBIOTICS

Tier	Drug	Route	PA	QL	ST
1	ak-poly-bac	Ophthalmic	0	0	0
1	aktob	Ophthalmic	0	0	0
1	bacitracin	Ophthalmic	0	0	0
1	bacitracin/polymyxin b	Ophthalmic	0	0	0
1	ciprofloxacin hcl	Ophthalmic	0	0	0
1	erythromycin	Ophthalmic	0	0	0
1	gentak	Ophthalmic	0	0	0
1	gentamicin sulfate	Ophthalmic	0	0	0
1	ofloxacin	Ophthalmic	0	0	0

Therapeutic Class ANTIVIRALS

Tier	Drug	Route	PA	QL	ST
1	trifluridine	Ophthalmic	0	0	0
2	VIROPTIC	Ophthalmic	0	0	0

*Self Injectables – No Charge

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

Therapeutic Class BETA-BLOCKERS

Tier	Drug	Route	PA	QL	ST
1	betaxolol hcl	Ophthalmic	0	0	0
1	carteolol hcl	Ophthalmic	0	0	0
1	levobunolol hcl	Ophthalmic	0	0	0
1	metipranolol	Ophthalmic	0	0	0
1	timolol maleate	Ophthalmic	0	0	0

Therapeutic Class CHOLINESTERASE INHIBITOR MIOTICS

Tier	Drug	Route	PA	QL	ST
2	PHOSPHOLINE IODIDE	Ophthalmic	0	0	0

Therapeutic Class CYCLOPLEGIC MYDRIATICS

Tier	Drug	Route	PA	QL	ST
1	atropine care	Ophthalmic	0	0	0
1	atropine sulfate	Ophthalmic	0	0	0
1	homatropaire	Ophthalmic	0	0	0
1	mydral	Ophthalmic	0	0	0
1	tropicacyl	Ophthalmic	0	0	0
1	tropicamide	Ophthalmic	0	0	0

Therapeutic Class DIRECT ACTING MIOTICS

Tier	Drug	Route	PA	QL	ST
1	pilocar	Ophthalmic	0	0	0
1	pilocarpine hcl	Ophthalmic	0	0	0
1	piloptic	Ophthalmic	0	0	0

Therapeutic Class MISCELLANEOUS OPHTHALMOLOGICS

Tier	Drug	Route	PA	QL	ST
1	cromolyn sodium	Ophthalmic	0	0	0
1	parcaine	Ophthalmic	0	0	0
1	proparacaine	Ophthalmic	0	0	0

Therapeutic Class NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

Tier	Drug	Route	PA	QL	ST
1	flurbiprofen sodium	Ophthalmic	0	0	0
3	ACULAR	Ophthalmic	0	0	0
3	ACULAR LS	Ophthalmic	0	0	0
3	ACULAR PF	Ophthalmic	0	0	0
3	NEVANAC	Ophthalmic	0	0	0
3	OCUFEN	Ophthalmic	0	0	0
3	VOLTAREN	Ophthalmic	0	0	0

*Self Injectables – No Charge

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

Therapeutic Class ORAL DRUGS FOR GLAUCOMA

Tier	Drug	Route	PA	QL	ST
1	acetazolamide	Oral	0	0	0
1	methazolamide	Oral	0	0	0
2	DIAMOX SEQUELS	Oral	0	0	0
3	ACETAZOLAMIDE	Injection	0	0	0

Therapeutic Class OTHER GLAUCOMA DRUGS

Tier	Drug	Route	PA	QL	ST
1	carboptic	Ophthalmic	0	0	0
1	miostat	Intraocular	0	0	0
2	AZOPT	Ophthalmic	0	0	0
2	COSOPT	Ophthalmic	0	0	0
2	ISOPTO CARBACHOL	Ophthalmic	0	0	0
2	LUMIGAN	Ophthalmic	0	0	0
2	TRAVATAN	Ophthalmic	0	0	0
2	TRUSOPT	Ophthalmic	0	0	0
2	XALATAN	Ophthalmic	0	0	0
3	CARBASTAT	Intraocular	0	0	0
3	PHYSOSTIGMINE	Injection	0	0	0

Therapeutic Class STEROID-ANTIBIOTIC COMBINATIONS

Tier	Drug	Route	PA	QL	ST
1	dexasporin	Ophthalmic	0	0	0
1	neo/polymixin/dexamethaso	Ophthalmic	0	0	0
1	neo/polymyxin/dexamethas	Ophthalmic	0	0	0
1	neomycin/bacitracin/poly/h	Ophthalmic	0	0	0
1	neomycin/polymixin/dexam	Ophthalmic	0	0	0
1	neomycin/polymyxin/hc	Ophthalmic	0	0	0
1	neomycin-polymyxin-	Ophthalmic	0	0	0
1	neo-polymyxin-	Ophthalmic	0	0	0
1	poly-dex	Ophthalmic	0	0	0

Therapeutic Class STEROIDS

Tier	Drug	Route	PA	QL	ST
1	dexamethasone sodium	Ophthalmic	0	0	0
1	dexasol	Ophthalmic	0	0	0
1	fluorometholone	Ophthalmic	0	0	0
1	fluor-op	Ophthalmic	0	0	0
1	prednisol	Ophthalmic	0	0	0
1	prednisolone acetate	Ophthalmic	0	0	0
1	prednisolone sodium	Ophthalmic	0	0	0

*Self Injectables – No Charge

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

Therapeutic Class STEROID-SULFONAMIDE COMBINATIONS

Tier	Drug	Route	PA	QL	ST
1	sulfacetamide w-	Ophthalmic	0	0	0
3	BLEPHAMIDE	Ophthalmic	0	0	0
3	BLEPHAMIDE S.O.P.	Ophthalmic	0	0	0
3	FML-S	Ophthalmic	0	0	0

Therapeutic Class SULFONAMIDES

Tier	Drug	Route	PA	QL	ST
1	ocusulf-10	Ophthalmic	0	0	0
1	sulfac	Ophthalmic	0	0	0
1	sulfacetamide sodium	Ophthalmic	0	0	0
2	BLEPH-10	Ophthalmic	0	0	0

Therapeutic Class SYMPATHOMIMETICS

Tier	Drug	Route	PA	QL	ST
1	brimonidine tartrate	Ophthalmic	0	0	0
1	dipivefrin hcl	Ophthalmic	0	0	0
2	ALPHAGAN P	Ophthalmic	0	0	0
2	PROPINE	Ophthalmic	0	0	0

Therapeutic Class VASOCONSTRICTOR DECONGESTANTS

Tier	Drug	Route	PA	QL	ST
1	ak-con	Ophthalmic	0	0	0
1	ak-dilate	Ophthalmic	0	0	0
1	allersol	Ophthalmic	0	0	0
1	altafrin	Ophthalmic	0	0	0
1	naphazole	Ophthalmic	0	0	0
1	naphazoline hcl	Ophthalmic	0	0	0
1	phenoptic	Ophthalmic	0	0	0

Therapeutic Category *RESPIRATORY, ALLERGY, & COUGH*

Therapeutic Class ANTIHISTAMINE & ANTIALLERGENIC AGENTS

Tier	Drug	Route	PA	QL	ST
1	ben-tann	Oral	0	0	0
1	bidhist	Oral	0	0	0
1	bpm	Oral	0	0	0
1	brompheniramine tannate	Oral	0	0	0
1	chlorpheniramine maleate	Oral	0	0	0
1	clemastine fumarate	Oral	0	0	0
1	cyproheptadine hcl	Oral	0	0	0

*Self Injectables – No Charge

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

1	dexchlorpheniramine maleate	Oral	0	0	0
1	diphenhydramine hcl	Oral	1	0	0
1	fexofenadine hcl	Oral	0	0	0
1	fexofenadine hcl	Oral	0	1	0
1	hydroxyzine hcl	Oral	0	0	0
1	hydroxyzine pamoate	Oral	1	0	0
1	lohist 12hr	Oral	0	0	0
1	palgic	Oral	0	0	0
1	phenadoz	Rectal	0	0	0
1	promethazine hcl	intramuscular	1	0	0
1	promethazine hcl	Oral	1	0	0
1	promethazine hcl	Rectal	1	0	0
1	promethegan	Rectal	0	0	0
1	tanacof xr	Oral	0	0	0

Therapeutic Class **COUGH & COLD THERAPY**

Tier	Drug	Route	PA	QL	ST
1	alenaze-d	Oral	0	0	0
1	allantan	Oral	0	0	0
1	andehist	Oral	0	0	0
1	bidhist-d	Oral	0	0	0
1	bpm pseudo	Oral	0	0	0
1	bromaxefed rf	Oral	0	0	0
1	bromdec	Oral	0	0	0
1	bromfenex	Oral	0	0	0
1	bromfenex-pd	Oral	0	0	0
1	bromhist	Oral	0	0	0
1	bromhist-nr	Oral	0	0	0
1	brompheniramine	Oral	0	0	0
1	cardec	Oral	0	0	0
1	ceron	Oral	0	0	0
1	chlorex-a	Oral	0	0	0
1	chlorex-a 12	Oral	0	0	0
1	chlor-pseudo sr	Oral	0	0	0
1	codimal la	Oral	0	0	0
1	codimal-la half	Oral	0	0	0
1	coldex-a sr	Oral	0	0	0
1	colfed-a	Oral	0	0	0
1	cophene no.2 tr	Oral	0	0	0
1	c-phed tannate	Oral	0	0	0
1	cpm pse	Oral	0	0	0
1	d-amine-sr	Oral	0	0	0
1	de-congestine tr	Oral	0	0	0
1	diphentann-d	Oral	0	0	0
1	d-tann	Oral	0	0	0

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

Therapeutic Class PULMONARY AGENTS

Tier	Drug	Route	PA	QL	ST
1	acetylcysteine	Miscellaneous	0	0	0
1	albuterol sulfate	Inhalation	1	0	0
1	albuterol sulfate	Oral	0	0	0
1	albuterol sulfate hfa	Inhalation	0	1	0
1	aminophylline	Oral	0	0	0
1	copd	Oral	0	0	0
1	cromolyn sodium	Inhalation	0	0	0
1	dg 200	Oral	0	0	0
1	difil-g forte	Oral	0	0	0
1	dilex-g	Oral	0	0	0
1	dilor	Oral	0	0	0
1	dyflex-g	Oral	0	0	0
1	dylix	Oral	0	0	0
1	dyphyllin gg	Oral	0	0	0
1	dyphylline gg	Oral	0	0	0
1	ed-bron g	Oral	0	0	0
1	flunisolide	Nasal	0	1	0
1	ipratropium bromide	Inhalation	1	0	0
1	jay-phyl	Oral	0	0	0
1	metaproterenol sulfate	Inhalation	1	0	0
1	metaproterenol sulfate	Oral	0	0	0
1	terbutaline sulfate	Oral	0	0	0
1	theochron	Oral	0	0	0
1	theophylline anhydrous	Oral	0	0	0
2	ACCUNEB	Inhalation	1	0	0
2	ADVAIR DISKUS	Inhalation	0	1	0
2	ADVAIR HFA	Inhalation	0	1	0
2	AIRET	Inhalation	1	0	0
2	ALBUTEROL SULFATE	Inhalation	1	0	0
2	ALUPENT	Inhalation	0	1	0
2	ATROVENT HFA	Inhalation	0	0	0
2	AZMACORT	Inhalation	0	1	0
2	BECONASE AQ	Nasal	0	1	0
2	BRETHINE	Oral	0	0	0
2	ELIXOPHYLLIN	Oral	0	0	0
2	FLOVENT	Inhalation	0	1	0
2	FLOVENT HFA	Inhalation	0	1	0
2	FORADIL	Inhalation	0	0	0
2	INTAL	Inhalation	0	1	0
2	MUCOMYST-10	Miscellaneous	0	0	0
2	NASACORT AQ	Nasal	0	1	0
2	NASAREL	Nasal	0	1	0

*Self Injectables – No Charge

PA = Prior Authorization Required		QL = Quantity Limits Apply		ST = Step Therapy Drug	
2	NASONEX	Nasal	0	1	0
2	PROVENTIL	Inhalation	0	1	0
2	PROVENTIL	Inhalation	1	0	0
2	PROVENTIL HFA	Inhalation	0	1	0
2	PULMICORT	Inhalation	0	1	0
2	PULMOZYME	Inhalation	1	0	0
2	QUIBRON-T	Oral	0	0	0
2	QUIBRON-T/SR	Oral	0	0	0
2	QVAR	Inhalation	0	1	0
2	REVATIO	Oral	0	0	0
2	RHINOCORT AQUA	Nasal	0	1	0
2	SEREVENT DISKUS	Inhalation	0	1	0
2	SINGULAIR	Oral	0	0	0
2	SPIRIVA	Inhalation	0	0	0
2	VENTOLIN	Inhalation	1	0	0
2	VENTOLIN HFA	Inhalation	0	1	0

Therapeutic Category *UROLOGICALS*

Therapeutic Class **ANTICHOLINERGICS & ANTISPASMODICS**

Tier	Drug	Route	PA	QL	ST
1	oxybutynin chloride	Oral	0	0	0
2	DITROPAN	Oral	0	0	0
2	URISPAS	Oral	0	0	0

Therapeutic Class **BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY**

Tier	Drug	Route	PA	QL	ST
2	AVODART	Oral	0	0	0
2	PROSCAR	Oral	0	0	0

Therapeutic Class **CHOLINERGIC STIMULANTS**

Tier	Drug	Route	PA	QL	ST
1	bethanechol chloride	Oral	0	0	0
2	URECHOLINE	Oral	0	0	0

Therapeutic Class **MISCELLANEOUS UROLOGICALS**

Tier	Drug	Route	PA	QL	ST
1	cytra	Oral	0	0	0
1	cytra-k	Oral	0	0	0
1	potassium citrate/citric acid	Oral	0	0	0
1	sodium citrate & citric acid	Oral	0	0	0
1	tricitrates	Oral	0	0	0
1	urimar-t	Oral	0	0	0
1	urin d.s.	Oral	0	0	0
1	urinary antiseptic f.c.	Oral	0	0	0

PA = Prior Authorization Required QL = Quantity Limits Apply ST = Step Therapy Drug

Therapeutic Class URINARY ANESTHETICS

Tier	Drug	Route	PA	QL	ST
1	phenazopyridine hcl	Oral	0	0	0
1	phenazopyridine plus	Oral	0	0	0
1	trellium plus	Oral	0	0	0
1	urelief plus	Oral	0	0	0

Therapeutic Category VITAMINS, HEMATINICS & ELECTROLYTES

Therapeutic Class ELECTROLYTES

Tier	Drug	Route	PA	QL	ST
1	calcium gluconate	Intravenous	1	0	0
1	ed k+10	Oral	0	0	0
1	effer-k	Oral	0	0	0
1	k effervescent	Oral	0	0	0
1	klor-con	Oral	0	0	0
1	klor-con/ef	Oral	0	0	0
1	k-phos neutral	Oral	0	0	0
1	phospha 250 neutral	Oral	0	0	0
1	potassium bicarbonate	Oral	0	0	0
1	potassium chloride	Oral	0	0	0

Therapeutic Class MISCELLANEOUS VITAMINS, & HEMATINICS

Tier	Drug	Route	PA	QL	ST
3	AMINESS	Intravenous	0	0	0
3	AMINOSYN	Intravenous	0	0	0
3	AMINOSYN II	Intravenous	0	0	0
3	CLINIMIX	Intravenous	0	0	0
3	CLINISOL	Intravenous	0	0	0
3	DEXTROSE	Intravenous	0	0	0
3	FREAMINE III	Intravenous	0	0	0
3	HEPATAMINE	Intravenous	0	0	0
3	HEPATASOL	Intravenous	0	0	0
3	INTRALIPID	Intravenous	0	0	0
3	IONOSOL B	Intravenous	0	0	0
3	ISOLYTE S	Intravenous	0	0	0
3	LIPOSYN II	Intravenous	0	0	0
3	LIPOSYN III	Intravenous	0	0	0
3	NEPHRAMINE	Intravenous	0	0	0
3	NORMOSOL-M AND	Intravenous	0	0	0
3	PLASMA-LYTE M IN	Intravenous	0	0	0
3	PREMASOL	Intravenous	0	0	0
3	PROCALAMINE	Intravenous	0	0	0

*Self Injectables – No Charge

PA = Prior Authorization Required	QL = Quantity Limits Apply	ST = Step Therapy Drug
3	QUICK MIX W/LYTES	Intravenous 0 0 0
3	RENAMIN	Intravenous 0 0 0
3	TRAVASOL	Intravenous 0 0 0
3	TROPHAMINE	Intravenous 0 0 0

Therapeutic Class VITAMINS & HEMATINICS

Tier	Drug	Route	PA	QL	ST
1	advanced natalcare	Oral	0	0	0
1	advanced-rf natalcare	Oral	0	0	0
1	aminat w/90mg iron	Oral	0	0	0
1	cal-nate	Oral	0	0	0
1	co-natal fa	Oral	0	0	0
1	ethedent	Oral	0	0	0
1	fluorabon	Oral	0	0	0
1	fluor-a-day	Oral	0	0	0
1	fluoritab	Oral	0	0	0
1	flura-drops	Oral	0	0	0
1	inatal ultra	Oral	0	0	0
1	maternity	Oral	0	0	0
1	mynatal	Oral	0	0	0
1	mynatal advance	Oral	0	0	0
1	mynatal plus	Oral	0	0	0
1	mynatal-z	Oral	0	0	0
1	mynate 90 plus	Oral	0	0	0
1	natacaps	Oral	0	0	0
1	natafolic-pn	Oral	0	0	0
1	natalcare	Oral	0	0	0
1	natalcare pic	Oral	0	0	0
1	natalcare pic forte	Oral	0	0	0
1	natalcare plus	Oral	0	0	0
1	natalcare rx	Oral	0	0	0
1	natalcare three	Oral	0	0	0
1	natatab	Oral	0	0	0
1	natatab cfe	Oral	0	0	0
1	natatab fa	Oral	0	0	0
1	nu-natal advanced	Oral	0	0	0

a/b otic, 21
 ACCUNEB, 35
 acebutolol hcl, 13
 ACETADOTE, 20
 acetaminophen-codeine, 10
 acetazol hc, 21
 acetazolamide, 32
 acetic acid, 21
 acetic acid/aluminum, 21
 acetic acid-hydrocortisone, 21
 acetylcysteine, 35
 acidic vaginal, 29
 ACTHIB, 27
 acticin, 20
 ACTIMMUNE, 26
 ACTONEL, 28
 ACULAR, 31
 ACULAR LS, 31
 ACULAR PF, 31
 acyclovir, 1
 ADACEL, 27
 ADJUNCTIVE AGENTS, 5
 ADRENAL HORMONES, 22
 ADVAIR DISKUS, 35
 ADVAIR HFA, 35
 advanced natalcare, 38
 advanced-rf natalcare, 38
 afeditab cr, 13
 AGENERASE, 1
 AIRET, 35
 ak-con, 33
 ak-dilate, 33
 ak-poly-bac, 30
 aktob, 30
 albuterol, 35
 albuterol sulfate, 35
 albuterol sulfate hfa, 35
 alclometasone dipropionate, 19
 alcohol in dextrose, 20
 alenaze-d, 34
 ALFERON N, 26
 ali-flex, 11
 allanfil 405, 20
 allantoin, 34
 allanzyme 650, 19
 allergen, 21
 allersol, 33
 allopurinol, 28
 ALPHAGAN P, 33
 alphetrex, 19
 altafrin, 33
 ALUPENT, 35
 amantadine, 1
 amantadine hcl, 1
 amcinonide, 19
 AMERGE, 8
 americaine, 21
 amigesic, 11
 amiloride hcl, 13
 amiloride hcl w/hctz, 13
 aminate w/90mg iron, 38
 AMINESS, 37
 aminophylline, 35
 AMINOSYN, 37
 AMINOSYN II, 37
 amiodarone hcl, 13
 amnesteem, 17
 amoclan, 3
 amoxapine, 12
 amoxicillin, 3
 amoxicillin trihydrate, 3
 amoxil, 3
 amphetamine salt combo, 12
 ampicillin, 3
 ampicillin trihydrate, 3
 anabar, 11
 anagrelide hcl, 20
 anaspaz, 24
 andehist, 34
 androxy, 24
 ANTABUSE, 20
 anthralin, 16
 ANTIARRHYTHMIC AGENTS, 13
 antiben, 21
 antibiotic ear solution, 22
 antibiotic ear suspension, 22
 ANTIBIOTICS, 30
 ANTICHOLINERGICS &
 ANTISPASMODICS, 36
 ANTICONVULSANTS, 7
 ANTIDIARRHEALS &
 ANTISPASMODICS, 24
 ANTIDOTES, 20
 ANTIFUNGAL AGENTS, 1
 ANTIHISTAMINE & ANTIALLERGENIC
 AGENTS, 33

ANTIHYPERTENSIVE THERAPY, 13
 ANTINEOPLASTIC &
 IMMUNOSUPPRESSANT DRUGS, 6
 ANTIPARKINSONISM AGENTS, 8
 ANTIPSORIATIC / ANTISEBORRHEIC,
 16
 antipyrine w/benzocaine, 21
 antipyrine-benzocaine, 21
 ANTITHYROID AGENTS, 22
 ANTIVIRALS, 1, 30
 ANTIZOL, 27
 apexicon e, 19
 apri, 29
 aranelle, 29
 ARANESP, 26
 ARAVA, 28
 ARICEPT, 8
 ARICEPT ODT, 8
 ARIMIDEX, 6
 ARIXTRA, 15
 ARMOUR THYROID, 24
 AROMASIN, 6
 asa-butalb-caff-cod, 10
 ascomp w/codeine, 10
 asp, 11
 a-spas-s/l, 24
 aspirin w/codeine, 10
 atenolol, 13
 atenolol w/chlorthalidone, 13
 atreza, 24
 atropine care, 31
 atropine sulfate, 31
 ATROVENT, 21, 35
 ATROVENT HFA, 35
 aurodex ear drops, 21
 auroto, 21
 avar, 17
 AVELOX, 3
 AVELOX ABC PACK, 3
 aviane, 29
 avita, 17
 AVODART, 36
 AVONEX, 26
 AXERT, 8
 azathioprine, 6
 azithromycin, 2
 AZMACORT, 35
 AZOPT, 32
 bacitracin, 30, 32
 bacitracin/polymyxin b, 30
 baclofen, 9
 BACTROBAN, 18, 21
 BACTROBAN NASAL, 21
 BARACLUDE, 1
 BAYGAM, 27
 BECONASE AQ, 35
 belladonna & opium, 24
 benazepril hcl, 13
 benazepril hcl-hctz, 13
 BENIGN PROSTATIC
 HYPERPLASIA(BPH) THERAPY, 36
 ben-tann, 33
 benzoyl peroxide, 17
 benztropine mesylate, 8
 BETA-BLOCKERS, 31
 betamethasone dipropionate, 19
 betamethasone dp augmented, 19
 betamethasone valerate, 19
 BETASERON, 26
 beta-val, 19
 betaxolol hcl, 13, 31
 bethanechol chloride, 36
 bidhist, 33, 34
 bidhist-d, 34
 BIOTECHNOLOGY DRUGS, 26
 bisoprolol fumarate, 13
 bisoprolol fumarate/hctz, 13
 BLEPH-10, 33
 BLEPHAMIDE, 33
 BLEPHAMIDE S.O.P., 33
 BONIVA, 28
 BOOSTRIX, 27
 borofair, 21
 BOTOX, 27
 bpm, 33, 34
 bpm pseudo, 34
 BRETHINE, 35
 brimonidine tartrate, 33
 bromaxefed rf, 34
 bromdec, 34
 bromfenex, 34
 bromfenex-pd, 34
 bromhist, 34
 bromhist-nr, 34
 bromocriptine mesylate, 8
 brompheniramine tannate, 33
 bubbli-pred, 22
 budeprion sr, 12

bumetanide, 13
 buproban, 21
 bupropion hcl, 12, 21
 BURN THERAPY, 16
 buspirone hcl, 12
 butalbital/caff/apap/codeine, 10
 butorphanol tartrate, 11
 BYETTA, 23
 cabergoline, 24
 CAFERGOT, 8
 cafgesic, 11
 calcitriol, 24
 calcium gluconate, 37
 cal-nate, 38
 camila, 29
 captopril, 13
 captopril/hydrochlorothiazide, 13
 carbamazepine, 7
 CARBASTAT, 32
 CARBATROL, 7
 carbidopa/levodopa, 8
 carbidopa-levodopa, 8
 carboptic, 32
 cardec, 34
 CARDIAC GLYCOSIDES, 15
 CARIMUNE, 27
 carisoprodol, 9
 carisoprodol compound, 9
 carteolol hcl, 31
 cartia xt, 14
 CASODEX, 6
 CEENU, 6
 cefaclor, 2
 cefaclor er, 2
 cefadroxil, 2
 cefadroxil monohydrate, 2
 cefpodoxime proxetil, 2
 cefprozil, 2
 cefuroxime axetil, 2
 CELLCEPT, 6
 CELONTIN, 7
 cephalixin, 2
 CEPHALOSPORINS, 2
 ceron, 34
 cerovel, 17
 cesia, 29
 chloral hydrate, 12
 chlorex-a, 34
 chlorex-a 12, 34
 chlorhexidine gluconate, 21
 chloroquine phosphate, 3
 chlorothiazide, 14
 chlorpheniramine maleate, 33
 chlorpromazine hcl, 12
 chlorpropamide, 22
 chlor-pseudo sr, 34
 chlorthalidone, 14
 chlorzoxazone, 9
 cholestyramine, 15
 cholestyramine light, 15
 choline mag trisalicylate, 11
 CHOLINERGIC STIMULANTS, 36
 CHOLINESTERASE INHIBITOR
 MIOTICS, 31
 ciclopirox, 18
 cilostazol, 15
 cimetidine, 25
 CIPRO, 3
 ciprofloxacin, 3, 30
 ciprofloxacin hcl, 3, 30
 citalopram, 12
 citalopram hbr, 12
 claravis, 17
 clarithromycin, 2
 clemastine fumarate, 33
 clenia, 17
 clindamax, 29
 clindamycin hcl, 3
 clindamycin phosphate, 17
 CLINIMIX, 37
 CLINISOL, 37
 clobetasol e, 19
 clobetasol propionate, 19
 clomipramine hcl, 12
 clonidine hcl, 14
 clotrimazole, 1, 18
 clotrimazole-betamethasone, 18
 clozapine, 12
 COAGULATION THERAPY, 15
 codeine sulfate, 10
 codimal la, 34
 codimal-la half, 34
 COGNEX, 8
 colchicine, 28
 coldex-a sr, 34
 colfed-a, 34
 col-probenecid, 28
 colytrol, 24

COMBIVIR, 1
 compro, 25
 COMVAX, 27
 co-natal fa, 38
 constulose, 25
 COPAXONE, 8
 copd, 35
 cophene no.2 tr, 34
 cormax, 19
 cortane-b, 21
 cortic, 21
 cortic-nd, 21
 cortisone acetate, 22
 CORTISPORIN, 18, 22
 cortomycin, 22
 COSOPT, 32
 COUGH & COLD THERAPY, 34
 c-phed tannate, 34
 cpm pse, 34
 CRIXIVAN, 1
 cromolyn sodium, 31, 35
 cryselle, 29
 CUPRIMINE, 28
 cyclobenzaprine hcl, 9
 cyclophosphamide, 6
 CYCLOPLEGIC MYDRIATICS, 31
 cyclosporine, 6
 cyproheptadine hcl, 33
 cystospaz-m, 24
 CYTOMEL, 24
 CYTOVENE, 1
 CYTOXAN, 6
 cytra-2, 36
 cytra-k, 36
 d-amine-sr, 34
 danazol, 24
 dantrolene sodium, 9
 DAPTACEL, 27
 DDAVP, 24
 DECAVAC, 27
 de-congestine tr, 34
 del-beta, 19
 demeclocycline hcl, 4
 DENAVIR, 18
 DEPACON, 7
 depade, 11
 DEPAKENE, 7
 DEPAKOTE, 7
 DEPAKOTE ER, 7
 DEPAKOTE SPRINKLE, 7
 DEPEN, 28
 desipramine hcl, 12
 desmopressin acetate, 24
 desonide, 19
 desoximetasone, 19
 dexamethasone, 22, 32
 dexasol, 32
 dexasporin, 32
 dexchlorpheniramine maleate, 34
 DEXRAZOXANE, 5
 dextroamphetamine sulfate, 12
 dextrostat, 12
 dg 200, 35
 DIABETA, 23
 DIABETES THERAPY, 22
 DIAMOX SEQUELS, 32
 diclofenac potassium, 11
 diclofenac sodium, 11
 dicloxacillin sodium, 3
 dicyclomine hcl, 24
 didanosine, 1
 difil-g forte, 35
 diflorasone diacetate, 19
 diflunisal, 11
 digitek, 15
 digoxin, 15
 DILANTIN, 7
 dilex-g, 35
 dilor, 35
 diltia xt, 14
 diltiazem hcl, 14
 diltiazem xr, 14
 diphenhydramine hcl, 34
 diphenoxylate w/atropine, 24
 diphentann-d, 34
 dipivefrin hcl, 33
 dipyridamole, 15
 DIRECT ACTING MIOTICS, 31
 disopyramide phosphate, 13
 DITROPAN, 36
 dolacet, 10
 dologesic, 11
 dolorex, 10, 11
 dolorex forte, 10
 dolotic, 21
 doxazosin mesylate, 14
 doxepin hcl, 12
 doxycycline hyclate, 4

doxycycline monohydrate, 4
DROXIA, 6
d-tann, 34
dyflex-g, 35
dygase, 25
dylux, 35
dyphyllin gg, 35
dyphylline gg, 35
e.e.s. 400, 2
ear drops, 21
ear-gesic, 21
econazole nitrate, 18
ed k+10, 37
ed-bron g, 35
ed-flex, 11
effer-k, 37
ELECTROLYTES, 37
ELIMITE, 20
ELITEK, 5
ELIXOPHYLLIN, 35
embeline, 19
embeline e, 19
EMCYT, 6
EMTRIVA, 1
enalapril maleate, 14
enalapril maleate/hctz, 14
ENBREL, 28
endocet, 10
endodan, 10
ENGERIX-B, 27
enpresse, 29
enulose, 25
enzycap, 25
epitol, 7
EPIVIR, 1
EPIVIR HBV, 1
EPOGEN, 26
EPZICOM, 1
EQUETRO, 7
ergoloid mesylates, 12
ERGOMAR, 8
ergotamine-caffeine, 8
errin, 29
ery, 2, 17
ery-tab, 2
erythrocin stearate, 2
erythromycin, 2, 17, 30
erythromycin base, 2
erythromycin stearate, 2

ERYTHROMYCINS & OTHER
MACROLIDES, 2
estradiol, 29
estradiol tds, 29
estradiol transdermal patch, 29
ESTROGENS & PROGESTINS, 29
estropipate, 29
ethambutol hydrochloride, 3
ethedent, 38
ethezyme, 19
ethezyme 830, 19
ethosuximide, 7
eth-oxydose, 10
ETHYOL, 5
etidronate disodium, 20
etodolac, 11
EURAX, 20
EVISTA, 28
EXELON, 8
famotidine, 25
FAMVIR, 1
FARESTON, 6
FELBATOL, 7
felodipine er, 14
fem ph, 29
FEMARA, 6
fenoprofen calcium, 11
fentanyl, 10
fexofenadine hcl, 34
FLEBOGAMMA, 27
flecainide acetate, 13
FLOVENT, 35
FLOVENT HFA, 35
fluconazole, 1
fludrocortisone acetate, 22
FLUMADINE, 1
flunisolide, 35
fluocinolone acetonide, 19
fluocinonide, 19
fluocinonide-e, 19
fluorabon, 38
fluor-a-day, 38
fluoritab, 38
fluorometholone, 32
fluor-op, 32
fluorouracil, 17
fluoxetine hcl, 12
fluphenazine hcl, 12
flura-drops, 38

flurbiprofen, 11, 31
 flurbiprofen sodium, 31
 flutamide, 6
 fluticasone propionate, 19
 fluvoxamine maleate, 12
 FML, 33
 FML-S, 33
 FORADIL, 35
 fortical, 24
 FOSAMAX, 28
 FOSAMAX PLUS D, 28
 fosinopril sodium, 14
 FRAGMIN, 15
 FREAMINE III, 37
 FURADANTIN, 4
 furosemide, 14
 gabapentin, 7
 GABARONE, 7
 GABITRIL, 7
 GAMASTAN S/D, 27
 GAMMAGARD LIQUID, 27
 GAMMAGARD S/D, 27
 GAMMAR-P I.V., 27
 GAMUNEX, 27
 ganciclovir, 1
 gemfibrozil, 15
 genecar, 11
 generlac, 25
 gengraf, 6
 GENOTROPIN, 26
 gentak, 30
 gentamicin sulfate, 18, 30
 gladase-c, 20
 GLEEVEC, 6
 glimepiride, 22
 glipizide, 22
 glipizide er, 22
 glipizide xl, 22
 glipizide-metformin, 22
 GLUCAGEN, 23
 GLUCOPHAGE, 23
 GLUCOTROL, 23
 GLUCOVANCE, 23
 glyburide, 22
 glyburide micronized, 22
 glyburide-metformin hcl, 22
 glycolax, 25
 glycopyrrolate, 24
 glycron, 23
 GLYNASE, 23
 GOUT THERAPY, 28
 granul-derm, 19
 griseofulvin, 1
 griseofulvin ultramicrosize, 1
 guanabenz acetate, 14
 guanfacine hcl, 14
 gynodiol, 29
 halobetasol propionate, 19
 haloperidol, 12
 haloperidol lactate, 12
 HAVRIX, 27
 hc pramoxine, 16
 HEPARIN SODIUM, 15
 HEPATAMINE, 37
 HEPATASOL, 37
 HEPSERA, 1
 HEXALEN, 6
 HIBTITER, 27
 HIVID, 1
 homatropaire, 31
 HUMALOG, 23
 HUMALOG MIX 75/25, 23
 HUMATROPE, 26
 HUMIRA, 28
 HUMULIN 50/50, 23
 HUMULIN 70/30, 23
 HUMULIN N, 23
 HUMULIN R, 23
 hydralazine hcl, 14
 hydra-zide, 14
 HYDREA, 6
 hydrocet, 10
 hydrochlorothiazide, 14
 hydrocodone bit-ibuprofen, 10
 hydrocortisone, 19, 22
 hydrocortisone butyrate, 19
 hydrocortisone valerate, 19
 hydromorphone hcl, 10
 hydroxychloroquine sulfate, 3
 hydroxyurea, 6
 hydroxyzine hcl, 34
 hydroxyzine pamoate, 34
 hyflex-ds, 11
 hyoscyamine, 24
 hyoscyamine sulfate, 24
 hyospaz, 24
 ibuprofen, 11
 imipramine hcl, 12

IMITREX, 8
 IMMUNE GLOBULIN, 27
 IMURAN, 6
 inatal ultra, 38
 indapamide, 14
 indomethacin, 11
 INFANRIX, 27
 INFERGEN, 26
 INNOHEP, 15
 INSULIN PEN, 23
 INTAL, 35
 INTRALIPID, 37
 INTRON A, 26
 INVERSINE, 16
 INVIRASE, 1
 IPOL, 27
 ipratropium bromide, 21, 35
 IRRIGATING SOLUTIONS, 20
 ISOLYTE S, 37
 isonarif, 3
 isoniazid, 3
 ISOPTO CARBACHOL, 32
 isosorbide dinitrate, 16
 isosorbide mononitrate, 16
 isradipine, 14
 ISUPREL, 16
 itraconazole, 1
 IVEEGAM EN, 27
 jantoven, 15
 jay-phyl, 35
 JE-VAX, 27
 jolivette, 29
 junel, 29
 junel fe, 29
 k effervescent, 37
 KALETRA, 1
 kariva, 29
 kelnor 1/35, 29
 KENALOG, 21
 KENALOG IN ORABASE, 21
 KEPBRA, 7
 KERALYT, 17
 keratol 40, 17
 KERATOLYTICS, 17
 ketoconazole, 1, 18
 ketoprofen, 11
 ketorlac tromethamine, 11
 ketorolac tromethamine, 11
 kionex, 20
 klor-con, 37
 klor-con/ef, 37
 kovia 6.5, 19
 kovia ointment, 19
 k-phos neutral, 37
 kuric, 18
 labetalol hcl, 14
 lactic acid, 17
 lactulose, 25
 lagesic, 11
 LAMICTAL, 7
 lamotrigine, 7
 LANOXICAPS, 15
 LANOXIN, 15
 LANTUS, 23
 lapase, 25
 leena, 29
 leflunomide, 28
 lessina, 29
 leucovorin calcium, 5
 LEUKERAN, 6
 LEUKINE, 26
 levacet, 11
 LEVAQUIN, 3
 levobunolol hcl, 31
 levocarnitine, 20
 levora-28, 29
 LEVOTHROID, 24
 levothyroxine sodium, 24
 levoxyl, 24
 LEXIVA, 2
 lidazone hc, 25
 lidocaine, 17, 25
 lidocaine hcl, 17
 lidocaine hcl viscous, 17
 lidocaine-hc, 17, 25
 lidocaine-prilocaine, 17
 LIPID/CHOLESTEROL LOWERING
 AGENTS, 15
 LIPOSYN II, 37
 LIPOSYN III, 37
 lipram, 25
 lipram-cr 10, 25
 lipram-pn20, 25
 lipram-ul12, 25
 lisinopril, 14
 lisinopril-hctz, 14
 lithium carbonate, 12
 lithium citrate, 12

lohist 12hr, 34
 lovastatin, 15
 LOVENOX, 15
 low-ogestrel, 30
 loxapine succinate, 12
 LUMIGAN, 32
 luter, 30
 LYSODREN, 6
 MACROBID, 4
 MACRODANTIN, 4
 maprotiline hcl, 12
 margesic h, 10
 maternity, 38
 MATULANE, 6
 MAXALT, 8
 MAXALT MLT, 8
 maxiflor, 19
 mebendazole, 3
 meclizine hcl, 25
 meclufenamate sodium, 11
 mefloquine hcl, 3
 MEGACE, 6
 megestrol acetate, 6
 MENACTRA, 27
 meperidine hcl, 10
 meperitab, 10
 meprobamate, 9
 mercaptopurine, 6
 mesalamine, 25
 MESNA, 5
 MESNEX, 5
 metadate er, 12
 metaproterenol sulfate, 35
 metformin hcl, 23
 metformin hcl er, 23
 methadone hcl, 10
 methadose, 10
 methamphetamine hcl, 12
 methazolamide, 32
 methenamine hippurate, 4
 methenamine mandelate, 4
 methimazole, 22
 methocarbamol, 9
 methotrexate, 6
 methyclothiazide, 14
 methyl dopa, 14
 methylin, 12
 methylin er, 12
 methylphenidate er, 12
 methylphenidate hcl, 12
 methylprednisolone, 22
 metipranolol, 31
 metoclopramide hcl, 25
 metolazone, 14
 metoprolol tartrate, 14
 metronidazole, 3, 17
 mexar, 16
 mexiletine hcl, 13
 MIACALCIN, 24
 miconazole 3, 29
 microgestin, 30
 microgestin fe, 30
 MICRONASE, 23
 midodrine hcl, 20
 migergot, 8
**MIGRAINE & CLUSTER HEADACHE
 THERAPY, 8**
 minocycline hcl, 4
 minoxidil, 14
 miostat, 32
 mirtazapine, 12
MISCELLANEOUS AGENTS, 20, 21
MISCELLANEOUS ANTIINFECTIVES, 3
**MISCELLANEOUS
 CARDIOVASCULAR AGENTS, 16**
**MISCELLANEOUS
 DERMATOLOGICALS, 17**
**MISCELLANEOUS
 GASTROINTESTINAL AGENTS, 25**
MISCELLANEOUS HORMONES, 24
**MISCELLANEOUS NEUROLOGICAL
 THERAPY, 8**
MISCELLANEOUS OB/GYN, 29
**MISCELLANEOUS
 OPHTHALMOLOGICS, 31**
**MISCELLANEOUS OTIC
 PREPARATIONS, 21**
MISCELLANEOUS UROLOGICALS, 36
 misoprostol, 25
 mometasone furoate, 19
 mononessa, 30
 morphine sulfate, 10
 mst 600, 11
 MUCOMYST-10, 35
 mupirocin, 18
**MUSCLE RELAXANTS &
 ANTISPASMODIC THERAPY, 9**
 mydral, 31

mynatal, 38
 mynatal advance, 38
 mynatal plus, 38
 mynatal-z, 38
 mynate 90 plus, 38
 MYOBLOC, 27
 myrac, 4
 MYSOLINE, 7
 MYTELASE, 8
 nabumetone, 11
 nadolol, 14
 naltrexone hydrochloride, 11
 NAMENDA, 8
 naphazole, 33
 naphazoline hcl, 33
 naproxen, 11
 naproxen sodium, 11
 NARCOTIC ANALGESICS, 10
 NASACORT AQ, 35
 NASAREL, 35
 NASONEX, 36
 natacaps, 38
 natafolc-pn, 38
 natalcare, 38
 natalcare pic, 38
 natalcare pic forte, 38
 natalcare plus, 38
 natalcare rx, 38
 natalcare three, 38
 natatab, 38
 natatab cfe, 38
 natatab fa, 38
 nature-throid, 24
 necon, 30
 nefazodone hcl, 12
 neomycin/polymixin/hc, 22
 neomycin/polymyxin/hc, 22, 32
 NEORAL, 6
 NEO-SYNEPHRINE, 16
 NEPHRAMINE, 37
 NEULASTA, 26
 NEUMEGA, 26
 NEUPOGEN, 26
 NEURONTIN, 7
 NEVANAC, 31
 NEXAVAR, 6
 nicardipine hcl, 14
 nifediac cc, 14
 nifedical xl, 14
 nifedipine, 14
 nifedipine er, 14
 NILANDRON, 6
 NITRATES, 16
 nitrek, 16
 nitro-bid, 16
 nitrofurantoin, 4
 nitrofurantoin macrocrystal, 4
 nitroglycerin, 16
 nitroglycerin transdermal, 16
 nitroquick, 16
 nitro-time, 16
 nizatidine, 25
 NON-NARCOTIC ANALGESICS, 11
 NON-STEROIDAL ANTI-
 INFLAMMATORY AGENTS, 31
 nora-be, 29
 NORDITROPIN, 26
 norethindrone acetate, 29
 nortrel, 30
 nortriptyline hcl, 13
 NORVIR, 2
 novagesic, 11
 NOVOLIN 70/30, 23
 NOVOLIN N, 23
 NOVOLIN R, 23
 NOVOLOG, 23
 NOVOLOG MIX 70/30, 23
 nu-natal advanced, 38
 nutracort, 19
 NUTROPIN, 26
 NUTROPIN AQ, 26
 nyamyc, 18
 nystatin, 1, 18, 29
 nystatin w/triamcinolone, 18
 nystatin-triamcinolone, 18
 nystop, 18
 OCTAGAM, 27
 OCUFEN, 31
 ocusulf-10, 33
 ofloxacin, 3, 30
 ogestrel, 30
 omeprazole, 25
 ORAL CONTRACEPTIVES &
 RELATED AGENTS, 29
 ORAL DRUGS FOR GLAUCOMA, 32
 oramorph sr, 10
 orasep, 17
 ORENCIA, 28

orphenadrine citrate, 9
 orphenadrine compound, 9
 orphengesic, 9
 orphengesic forte, 9
 ortho-est, 29
 OSTEOPOROSIS THERAPY, 28
 OTHER GLAUCOMA DRUGS, 32
 OTHER RHEUMATOLOGICALS, 28
 OTIC STEROID / ANTIBIOTIC, 22
 oticaine, 21
 oticin hc, 22
 otimar, 22
 otirx, 21
 otogesic, 21
 otomar-hc, 21
 otozone, 21
 oxaprozin, 11
 oxybutynin chloride, 36
 oxycodone hcl, 10
 oxycodone w/acetaminophen, 10
 oxycodone w/aspirin, 10
 oxycodone-apap, 10
 OXYTOCICS, 30
 OXYTOCIN, 30
 pacerone, 13
 palgic, 34
 pancrelipase, 25
 PANGLOBULIN NF, 27
 papaverine hcl, 14
 pap-urea, 19
 para-time, 14
 parcaine, 31
 paromomycin sulfate, 3
 paroxetine hcl, 13
 PEDIARIX, 27
 pedi-dri, 18
 PEDVAXHIB, 27
 peg 3350/electrolyte, 25
 PEGASYS, 26
 PEG-INTRON, 26
 PEG-INTRON REDIPEN, 26
 PEN NEEDLES, 23
 penicillin v potassium, 3
 PENICILLINS, 3
 pentazocine/acetaminophen, 11
 pentazocine/naloxone, 11
 pentoxifylline, 15
 pentoxil, 15
 pergolide mesylate, 8
 periogard, 21
 perisol, 21
 permethrin, 20
 perphenazine, 13
 phenadoz, 34
 phenazopyridine hcl, 37
 phenazopyridine plus, 37
 phenoptic, 33
 PHENYTEK, 7
 phenytoin, 7
 PHENYTOIN SODIUM, 7
 phenytoin sodium, extended, 7
 phospho 250 neutral, 37
 PHOSPHOLINE IODIDE, 31
 PHYSIOLYTE, 20
 PHYSIOSOL, 20
 pilocar, 31
 pilocarpine hcl, 20, 31
 piloptic-1, 31
 pindolol, 14
 piroxicam, 11
 PITOCIN, 30
 plaretase 8000, 25
 PODOCON-25, 17
 PODODERM, 17
 podofilox, 17
 poly-dex, 32
 polyethylene glycol, 25
 POLYGAM S/D, 27
 portia, 30
 potassium bicarbonate, 37
 potassium chloride, 37
 potassium citrate/citric acid, 36
 prazosin hcl, 14
 PRECOSE, 23
 prednisol, 32
 prednisolone, 22, 32
 prednisolone acetate, 32
 prednisone, 22
 PREMASOL, 37
 prevalite, 15
 previfem, 30
 primidone, 7
 PRIMSOL, 4
 probenecid, 28
 procainamide hcl, 13
 PROCALAMINE, 37
 prochlorperazine, 25
 prochlorperazine maleate, 25

PROCIT, 26
 PROGRAF, 6
 PROLEUKIN, 26
 PROLOPRIM, 4
 promethazine hcl, 34
 promethegan, 34
 propafenone hcl, 13
 proparacaine, 31
 PROPINE, 33
 PROPOXYPHENE, 12
 propoxyphene hcl, 12
 propoxyphene hcl compound, 12
 propoxyphene hcl w/apap, 12
 propranolol hcl, 14
 propranolol hcl w/hctz, 14
 propylthiouracil, 22
 PROQUAD, 27
 PROSCAR, 36
 PROVENTIL, 36
 PROVENTIL HFA, 36
 PSYCHOTHERAPEUTIC DRUGS, 12
 PULMICORT, 36
 PULMONARY AGENTS, 35
 PULMOZYME, 36
 PURINETHOL, 6
 pyrazinamide, 3
 pyridostigmine bromide, 9
 QUIBRON, 36
 QUIBRON-T, 36
 QUIBRON-T/SR, 36
 QUICK MIX W/LYTES, 38
 quinapril, 14
 quinaretic, 14
 quinidine gluconate, 13
 quinidine sulfate, 13
 quinine sulfate, 3
 QUINOLONES, 3
 QVAR, 36
 RABAVERT, 27
 RANEXA, 16
 ranitidine hcl, 25
 RAPAMUNE, 6
 RAZADYNE, 8
 RAZADYNE ER, 8
 re 10, 16
 re 40, 17
 re urea 40, 17
 REBETOL, 2
 REBETRON 1000, 26
 REBIF, 26
 reclipen, 30
 RECOMBIVAX HB, 27
 RELION 70/30, 23
 RELION 70/30 INNOLET, 23
 RELION N, 23
 RELION N INNOLET, 23
 RELION R, 23
 RENAMIN, 38
 RESCRIPTOR, 2
 reserpine, 14
 RETROVIR, 2
 REVATIO, 36
 REYATAZ, 2
 RHEUMATREX, 6
 RHINOCORT AQUA, 36
 rhinoflex, 11
 rhinoflex-650, 11
 ribapak, 1
 ribasphere, 1
 ribavirin, 1
 RIDAURA, 28
 rifampin, 3
 rimactane, 3
 rimantadine hcl, 1
 RINGERS, 20
 RIOMET, 23
 rms-suppository, 10
 ROFERON-A, 26
 roxicet, 10
 roxicodone, 10
 SAIZEN, 26
 SALEX, 17
 salflex, 11
 salsalate, 11
 SANDIMMUNE, 6
 scalp treatment, 16
 selegiline hcl, 8
 selenium sulfide, 16
 SEREVENT DISKUS, 36
 SEROSTIM, 26
 sertraline hcl, 13
 SILVADENE, 16
 silver sulfadiazine, 16
 simvastatin, 15
 SINGULAIR, 36
 SMOKING DETERRENENTS, 21
 smz-tmp ds, 4
 sodium chloride, 20

sodium citrate & citric acid, 36
sodium polystyrene sulfonate, 20
solia, 30
sorine, 13
sotalol, 13
sotalol af, 13
SPIRIVA, 36
spironolactone, 15
spironolactone w/hctz, 15
sprintec, 30
sps, 20
ssd, 16
ssd af, 16
stagesic, 10
**STEROID-ANTIBIOTIC
COMBINATIONS, 32**
STEROIDS, 32
**STEROID-SULFONAMIDE
COMBINATIONS, 33**
sucralfate, 25
sulfac, 33
sulfacetamide sodium, 17, 33
sulfadiazine, 4
SULFAMYLON, 18
sulfasalazine, 25
sulfasalazine ec, 25
sulfatrim, 4
sulfisoxazole, 4
SULFONAMIDES, 33
sulindac, 11
SUSTIVA, 2
SYMLIN, 23
SYMMETREL, 2
SYMPATHOMIMETICS, 33
SYNTHROID, 24
SYRINGE, 23
tamoxifen citrate, 6
tanacof xr, 34
TAPAZOLE, 22
tazia xt, 15
tbc, 19
TE ANATOXAL BERNA, 28
TEGRETOL, 7
TEGRETOL XR, 7
terazosin hcl, 15
terbutaline sulfate, 35
terconazole, 29
tetracycline hcl, 4
TETRACYCLINES, 4
TEV-TROPIN, 26
theochron, 35
theophylline anhydrous, 35
THERACYS, 28
THERAPY FOR ACNE, 17
thermazene, 16
thioridazine hcl, 13
thiothixene, 13
thyroid, 24
THYROID HORMONES, 24
TICE BCG, 28
ticlopidine hcl, 15
timolol maleate, 15, 31
TIS-U-SOL, 20
tizanidine hcl, 9
tolazamide, 23
tolbutamide, 23
TOPAMAX, 7
TOPICAL ANESTHETICS, 17
TOPICAL ANTIBACTERIALS, 18
TOPICAL ANTIFUNGALS, 18
TOPICAL ANTIVIRALS, 18
TOPICAL CORTICOSTEROIDS, 19
TOPICAL ENZYMES, 19
**TOPICAL SCABICIDES /
PEDICULICIDES, 20**
torsemide, 15
tranlycypromine sulfate, 13
TRAVASOL, 38
TRAVATAN, 32
trazodone, 13
trellium plus, 37
triamcinolone acetonide, 19
triamterene w/hctz, 15
triamterene-hctz, 15
tricitrates, 36
triderm, 19
trifluoperazine hcl, 13
trifluridine, 30
trihexyphenidyl hcl, 8
TRIHIBIT, 28
TRILEPTAL, 7
trimethobenzamide hcl, 25
trimethoprim, 4
trimox, 3
trinessa, 30
TRIPEDIA, 28
tri-previfem, 30
tri-sprintec, 30

trivora-28, 30
TRIZIVIR, 2
TROPHAMINE, 38
tropicacyl, 31
tropicamide, 31
TRUSOPT, 32
TRUVADA, 2
TWINRIX, 28
TYPHIM VI, 28
TYPHOID VACCINE, 28
u-keras, 17
ULCER THERAPY, 25
ultracaps mt 20, 25
ULTRALYTIC 2, 17
UNIFINE PENTIPS, 23
unithroid, 24
univert, 25
urea, 17
urealac, 17
URECHOLINE, 36
urelief plus, 37
urimar-t, 36
urin d.s., 36
URINARY ANESTHETICS, 37
urinary antiseptic f.c., 36
URINARY TRACT AGENTS, 4
URISPAS, 36
ursodiol, 25
VACCINES & MISCELLANEOUS
IMMUNOLOGICALS, 27
VALCYTE, 2
valproate sodium, 7
valproic acid, 7
VANCOCIN HCL, 4
VANCOMYCIN, 4
vancomycin hcl, 4
vandazole, 29
VAQTA, 28
VARIVAX VACCINE, 28

VASOCONSTRICTOR
DECONGESTANTS, 33
veetids 500, 3
velivet, 30
venlafaxine hcl, 13
VENOGLOBULIN-S, 28
VENTOLIN, 36
VENTOLIN HFA, 36
verapamil hcl, 15
VIDEX, 2
VIDEX EC, 2
VIRACEPT, 2
VIRAMUNE, 2
VIREAD, 2
VIROPTIC, 30
VITAMINS & HEMATINICS, 38
VIVOTIF BERNA, 28
VOLTAREN, 31
warfarin sodium, 15
westhroid, 24
XALATAN, 32
x-viate, 17
ZARONTIN, 7
zazole, 29
ZERIT, 2
ZIAGEN, 2
zidovudine, 1
ZINECARD, 5
ziox, 20
ziox 405, 20
ZOMIG, 8
ZOMIG ZMT, 8
ZONEGRAN, 7
zonisamide, 7
ZORBTIVE, 26
zovia 1/35e, 30
zovia 1/50e, 30
ZOVIRAX, 2, 18
ZYBAN, 21
ZYLOPRIM, 28