

What is the WellCare Classic formulary?

A formulary is a list of covered drugs selected by WellCare Classic in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. WellCare Classic will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a WellCare Classic network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

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

If we remove drugs from our formulary, 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 01/01/2009. To get updated information about the drugs covered by WellCare Classic, please visit our Web site at www.wellcarepdp.com or call our Customer Service Department at 1-888-517-5252, Monday–Sunday, 7am to 2am Eastern. TTY/TDD users should call 1-888-816-5252.



How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 38. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

You can ask WellCare Classic to make an exception to these restrictions or limits. See the section “How do I request an exception to the WellCare Classic formulary?” on page III 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 our Customer Service Department and confirm that your drug is not covered. If you learn that WellCare Classic does not cover your drug, you have two options:

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

How do I request an exception to the WellCare Classic formulary?

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

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, WellCare Classic limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred tier (Tier 3), you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred tier (Tier 2) instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the specialty tier (Tier 4).

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

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

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover, or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 93 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 93 days.

If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 93 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 93 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you experience a level of care change (such as being discharged or admitted to a long-term care facility), your physician or pharmacy can call our Provider Service Center and request a one-time override. This one-time override will be a 31-day supply (unless you have a prescription written for fewer days).

For more information

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

If you have questions about WellCare Classic, please call our Customer Service Department at 1-888-517-5252, Monday–Sunday, 7am to 2am Eastern. TTY/TDD users should call 1-888-816-5252. Or visit www.wellcarepdp.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.

WellCare Classic formulary

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

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

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

- PA stands for Prior Authorization: Please see page II for details.
- QL stands for Quantity Limits: Please see page II for details.
- LD stands for Limited Distribution medication. This medication is available from the WellCare Specialty Pharmacy, and may be available from certain other pharmacies. For more information, please refer to the Specialty Pharmacy section of your Pharmacy Directory or contact our Customer Service Department at 1-888-290-5151, Monday–Sunday, 7am to 2am Eastern. TTY/TDD users should call 1-888-816-5252 for more information.
- ST stands for Step Therapy: Please see page II for details.
- TR stands for a prescription drug not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Drug tier co-payment/coinsurance amounts

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

Plan Name	Deductible*	Tier 1: 31-Day Generic Drug Co- payment	Tier 2: 31-Day Preferred Brand Drug Co-payment*	Tier 3: 31-Day Non-Preferred Brand Drug Co-payment*	Tier 4: 31-Day/93-Day Specialty Drug Coinsurance	93-Day Retail/or Mail-Order Co-payment or Coinsurance*
WellCare Classic (ME and NH only)	\$250	\$0	\$31	\$75	25%	3x 31-Day Co-payment or Coinsurance
WellCare Classic (all other states)	\$200–\$295 Brand Drugs only	\$0	\$30–\$42	\$67–\$92	25%	3x 31-Day Co-payment or Coinsurance

*Please refer to your Evidence of Coverage for the exact deductible and co-payment/coinsurance amount in your state.



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

DRUG NAME	DRUG TIER	NOTES
ANALGESICS (continued)		
OPIOID ANALGESICS (continued)		
SUBOXONE	2	
SUBUTEX	2	
<i>tramadol hcl</i>	1	
<i>tramadol hydrochloride/acetaminophen</i>	1	
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine</i>	1	
<i>lidocaine hcl</i>	1	
<i>lidocaine/prilocaine</i>	1	
LIDODERM	3	QL, PA
ANTI-INFLAMMATORY AGENTS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>diclofenac sodium dr</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
<i>fenoprofen calcium</i>	1	
<i>flurbiprofen</i>	1	
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1	
<i>ketoprofen</i>	1	
<i>ketorolac tromethamine</i>	1	
<i>meloxicam tabs</i>	1	
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>naproxen sodium</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate</i>	1	PA
<i>gentamicin sulfate cream, external oint, ophthalmic oint, ophthalmic soln</i>	1	
<i>gentamicin sulfate inj 10mg/ml</i>	1	
<i>gentamicin sulfate inj 40mg/ml</i>	1	

DRUG NAME	DRUG TIER	NOTES
ANTIBACTERIALS <i>(continued)</i>		
AMINOGLYCOSIDES <i>(continued)</i>		
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
<i>tobramycin sulfate</i>	1	
ANTIBACTERIALS, OTHER		
<i>bacitracin</i>	1	
<i>bacitracin/neomycin/polymyxin</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate inj</i>	1	
<i>colistimethate sodium</i>	1	
<i>methenamine hippurate</i>	1	
<i>metronidazole caps, cream, tabs</i>	1	
<i>mupirocin</i>	1	
NEUTREXIN	4	PA
<i>nitrofurantoin macrocrystalline</i>	1	
<i>nitrofurantoin monohydrate</i>	1	
<i>silver sulfadiazine</i>	1	
<i>trimethoprim</i>	1	
TYGACIL	3	
VANCOGIN HCL	2	PA
<i>vancomycin hcl</i>	1	
VANCOMYCIN HCL ISO-OSMOTIC DEXTROSE INJ 1GM/200ML	2	PA
<i>vandazole</i>	1	
ZYVOX	4	QL, PA
BETA-LACTAM, CEPHALOSPORINS		
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium inj 10gm, 1gm; 5%, 20gm, 500mg; 5%, 500mg</i>	1	
<i>cefepime</i>	1	
<i>cefotaxime sodium inj 10gm, 1gm, 2gm, 500mg</i>	1	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftriaxone inj</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	1	
<i>cephalexin</i>	1	
FORTAZ INJ 2GM	2	

DRUG NAME	DRUG TIER	NOTES
ANTIBACTERIALS <i>(continued)</i>		
BETA-LACTAM, CEPHALOSPORINS <i>(continued)</i>		
FORTAZ INJ 1GM	2	
FORTAZ INJ 2GM/50ML, 500MG, 6GM	2	
MAXIPIME INJ 1GM	2	
MAXIPIME INJ 2GM	2	
MAXIPIME INJ 500MG	2	
ZINACEF IN ISO-OSMOTIC DEXTROSE	3	
ZINACEF IN ISO-OSMOTIC DILUENT	3	
BETA-LACTAM, OTHER		
INVANZ	2	
PRIMAXIN IV	3	
BETA-LACTAM, PENICILLINS		
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/potassium clavulanate</i>	1	
<i>amoxicillin caps, susp, tabs</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium inj 1gm</i>	1	
<i>ampicillin sodium inj 2gm</i>	1	
<i>ampicillin-sulbactam</i>	1	
<i>dicloxacillin sodium</i>	1	
<i>oxacillin sodium inj 1gm</i>	1	
<i>oxacillin sodium inj 10gm, 2gm</i>	1	
<i>penicillin g potassium</i>	1	
<i>penicillin g potassium in iso-osmotic dextrose</i>	1	
<i>penicillin g procaine</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium</i>	1	
TIMENTIN	2	
ZOSYN	3	
MACROLIDES		
<i>azithromycin inj, susp, tabs</i>	1	
<i>clarithromycin tabs</i>	1	
<i>ery</i>	1	
<i>ery-tab</i>	1	
<i>erythrocin lactobionate</i>	1	
<i>erythrocin stearate</i>	1	
<i>erythromycin/sulfisoxazole</i>	1	
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate</i>	1	

DRUG NAME	DRUG TIER	NOTES
ANTIBACTERIALS (continued)		
MACROLIDES (continued)		
<i>erythromycin gel, oint, soln</i>	1	
KETEK	3	PA
QUINOLONES		
AVELOX TABS	2	
CIPRO I.V. INJ 200MG	2	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	1	
LEVAQUIN PREMIX	2	
LEVAQUIN INJ, TABS	2	
<i>ofloxacin tabs</i>	1	
VIGAMOX	2	
ZYMAR	2	
SULFONAMIDES		
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole/trimethoprim</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
TETRACYCLINES		
<i>doxycycline hyclate caps, inj, tabs</i>	1	
<i>minocycline hcl</i>	1	
<i>tetracycline hcl</i>	1	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
KEPPRA	2	
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN	3	
<i>ethosuximide</i>	1	
LYRICA	3	PA
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
DEPAKENE SYRP	2	
<i>depakene caps</i>	1	
DEPAKOTE	2	
DEPAKOTE ER	2	
DEPAKOTE SPRINKLES	2	
<i>gabapentin</i>	1	
GABITRIL	3	
NEURONTIN SOLN	3	
<i>primidone</i>	1	

DRUG NAME	DRUG TIER	NOTES
ANTICONVULSANTS (continued)		
GAMMA-AMINOBTYRIC ACID (GABA) AUGMENTING AGENTS (continued)		
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
<i>zonisamide</i>	1	
GLUTAMATE REDUCING AGENTS		
FELBATOL	2	
<i>lamotrigine</i>	1	
<i>lamotrigine chewable dispersible</i>	1	
TOPAMAX	2	PA
TOPAMAX SPRINKLE	2	PA
SODIUM CHANNEL INHIBITORS		
<i>carbamazepine</i>	1	
DILANTIN INFATABS	3	
DILANTIN CAPS 30MG	3	
<i>epitol</i>	1	
<i>fosphenytoin sodium</i>	1	
<i>oxcarbazepine</i>	1	PA
PEGANONE	3	
PHENYTEK	2	
<i>phenytoin</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	
TRILEPTAL SUSP	3	
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
<i>ergoloid mesylates</i>	1	
CHOLINESTERASE INHIBITORS		
ARICEPT	3	
ARICEPT ODT	3	
EXELON	2	
RAZADYNE	3	
RAZADYNE ER	3	
GLUTAMATE PATHWAY MODIFIERS		
NAMENDA	2	
NAMENDA TITRATION PAK	2	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
<i>budeprion sr</i>	1	
<i>budeprion xl</i>	1	

DRUG NAME	DRUG TIER	NOTES
ANTIDEPRESSANTS (continued)		
ANTIDEPRESSANTS, OTHER (continued)		
<i>bupropion hcl</i>	1	
<i>bupropion hcl sr</i>	1	
<i>mirtazapine</i>	1	
<i>mirtazapine odt</i>	1	
<i>nefazodone hcl</i>	1	
<i>trazodone hcl</i>	1	
<i>venlafaxine hcl</i>	1	
MONOAMINE OXIDASE INHIBITORS		
EMSAM	3	PA
MARPLAN	2	
NARDIL	2	
<i>tranylcypromine sulfate</i>	1	
SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS		
<i>citalopram hydrobromide</i>	1	
CYMBALTA	3	ST
<i>fluoxetine hcl caps, soln</i>	1	
<i>fluvoxamine maleate</i>	1	
LEXAPRO	3	ST
<i>paroxetine hcl</i>	1	
<i>sertraline hcl</i>	1	
TRICYCLICS		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
<i>chlordiazepoxide/amitriptyline</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
<i>maprotiline hcl</i>	1	
<i>nortriptyline hcl</i>	1	
<i>perphenazine/amitriptyline</i>	1	
SURMONTIL	3	
<i>trimipramine maleate</i>	1	
VIVACTIL	3	
ANTIDOTES, DETERRENTS, AND TOXICOLOGIC AGENTS		
ANTIDOTES		
ANTIZOL	4	

DRUG NAME	DRUG TIER	NOTES
ANTIDOTES, DETERRENTS, AND TOXICOLOGIC AGENTS <i>(continued)</i>		
ANTIDOTES <i>(continued)</i>		
<i>cuprimine</i>	1	
EXJADE	4	PA, LD
<i>fomepizole</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
<i>sps</i>	1	
SYPRINE	3	
DETERRENTS		
ANTABUSE	2	
<i>buproban</i>	1	
CAMPRAL	3	
CHANTIX	3	QL
NICOTROL NS	2	
TOXICOLOGIC AGENTS		
<i>naltrexone hcl</i>	1	
SUBOXONE	2	
ANTIEMETICS		
ANTIEMETICS		
<i>dronabinol</i>	1	PA
EMEND TRIFOLD PACK	2	PA
EMEND CAPS 125MG, 80MG	2	PA
<i>metoclopramide hcl</i>	1	
<i>ondansetron hcl inj, oral soln</i>	1	
<i>ondansetron hcl tabs 24mg</i>	1	
<i>ondansetron hcl tabs 4mg, 8mg</i>	1	QL
<i>ondansetron odt</i>	1	QL
<i>phenadoz</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl plain</i>	1	
<i>promethazine hcl supp, syrp, tabs</i>	1	
<i>promethazine hcl inj 50mg/ml</i>	1	
<i>promethazine hcl inj 25mg/ml</i>	1	
<i>promethegan</i>	1	
ANTIFUNGALS		
ANTIFUNGALS		
<i>amphotericin b</i>	1	
ANCOBON	3	PA

DRUG NAME	DRUG TIER	NOTES
ANTIFUNGALS (continued)		
ANTIFUNGALS (continued)		
<i>ciclopirox</i>	1	
<i>ciclopirox nail lacquer</i>	1	PA
<i>ciclopirox olamine</i>	1	
<i>clotrimazole/betamethasone dipropionate</i>	1	
<i>clotrimazole cream</i>	1	
<i>econazole nitrate</i>	1	
<i>fluconazole inj</i>	1	PA
<i>fluconazole susp</i>	1	
<i>fluconazole tabs 100mg, 200mg, 50mg</i>	1	
<i>fluconazole tabs 150mg</i>	1	QL
<i>grifulvin v tabs</i>	1	
<i>griseofulvin microsize</i>	1	
<i>itraconazole</i>	1	PA
<i>ketoconazole</i>	1	
MYCAMINE	4	PA
NAFTIN	2	
<i>nystatin</i>	1	
<i>nystatin/triamcinolone</i>	1	
<i>nystop</i>	1	
OXISTAT	2	
<i>selenium sulfide</i>	1	
<i>terbinafine hcl</i>	1	PA
<i>terconazole</i>	1	
ANTIGOUT AGENTS		
ANTIGOUT AGENTS		
<i>allopurinol</i>	1	
<i>colchicine</i>	1	
<i>probenecid</i>	1	
ANTIMIGRAINE AGENTS		
ABORTIVE		
<i>dihydroergotamine mesylate</i>	1	
<i>ergotamine tartrate/caffeine</i>	1	
IMITREX STATDOSE REFILL INJ 6MG/0.5ML	2	
IMITREX INJ	2	
IMITREX NASAL SOLN, TABS	2	QL
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>bethanechol chloride</i>	1	

DRUG NAME	DRUG TIER	NOTES
ANTIMYASTHENIC AGENTS <i>(continued)</i>		
PARASYMPATHOMIMETICS <i>(continued)</i>		
GUANIDINE HCL	2	
MESTINON TIMESPAN	2	
MESTINON SYRP	2	
<i>pyridostigmine bromide</i>	1	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
DAPSONE	2	
MYCOBUTIN	3	
ANTITUBERCULARS		
<i>ethambutol hcl</i>	1	
<i>isoniazid syrp, tabs</i>	1	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
CEENU	2	
HEXALEN	3	PA
LEUKERAN	2	
MATULANE	3	PA
TREANDA	4	PA
ANTIANGIOGENIC AGENTS		
REVLIMID	4	PA, LD
THALOMID	4	PA
ANTIESTROGENS/MODIFIERS		
EMCYT	4	PA
FARESTON	3	PA
FASLODEX	4	PA
SOLTAMOX	2	
<i>tamoxifen citrate</i>	1	
ANTIMETABOLITES		
DROXIA	2	
ELITEK	4	PA
<i>hydroxyurea</i>	1	
<i>mercaptopurine</i>	1	
TABLOID	3	PA
ANTINEOPLASTICS, OTHER		
<i>bleomycin sulfate</i>	1	PA

DRUG NAME	DRUG TIER	NOTES
ANTINEOPLASTICS <i>(continued)</i>		
ANTINEOPLASTICS, OTHER <i>(continued)</i>		
<i>idarubicin hcl</i>	1	
<i>ifosfamide</i>	1	
IXEMPRA KIT	4	PA
<i>mesna</i>	1	
MESNEX TABS	4	
<i>mitoxantrone hcl</i>	1	PA
ONTAK	4	PA
<i>pentostatin</i>	1	PA
PROLEUKIN	4	PA
TRISENOX	4	PA
TYKERB	4	PA
VELCADE	4	PA
VIDAZA	4	PA
ZOLINZA	4	PA
AROMATASE INHIBITORS, 3RD GENERATION		
ARIMIDEX	3	
AROMASIN	2	
FEMARA	2	PA
MOLECULAR TARGET INHIBITORS		
GLEEVEC	4	PA
IRESSA	4	PA, LD
NEXAVAR	4	PA, LD
SPRYCEL	4	
SUTENT	4	PA
TARCEVA	4	PA
TASIGNA	4	PA
MONOCLONAL ANTIBODIES		
CAMPATH	4	PA, LD
RITUXAN	4	PA, LD
RETINOIDS		
PANRETIN	2	
TARGRETIN	2	PA
<i>tretinoin</i>	1	
ANTIPARASITICS		
ANTHELMINTICS		
<i>mebendazole</i>	1	
MINTEZOL	2	

DRUG NAME	DRUG TIER	NOTES
ANTIPARASITICS (continued)		
ANTIPROTOZOALS		
<i>chloroquine phosphate</i>	1	
DARAPRIM	2	
<i>hydroxychloroquine sulfate</i>	1	
<i>mefloquine hcl</i>	1	
TINDAMAX	2	
PEDICULICIDES/SCABICIDES		
<i>acticin</i>	1	
EURAX	3	
<i>permethrin</i>	1	
ANTIPARKINSON AGENTS		
ANTIPARKINSON AGENTS		
<i>amantadine hcl</i>	1	
<i>benztropine mesylate</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa cr</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa sr</i>	1	
COMTAN	2	
KEMADRIN	2	
MIRAPEX TABS 0.125MG, 0.25MG, 0.5MG, 1MG, 1.5MG	2	
<i>ropinirole hcl</i>	1	
<i>selegiline hcl</i>	1	
TASMAR	3	
<i>trihexyphenidyl hcl</i>	1	
ANTIPSYCHOTICS		
ATYPICALS		
ABILIFY	3	QL, PA
ABILIFY DISCMELT	3	QL, PA
<i>clozapine</i>	1	
FAZACLO TBDP 12.5MG	2	
GEODON	3	QL, PA
INVEGA	3	QL, PA
RISPERDAL CONSTA INJ 12.5MG, 25MG	3	QL, PA
RISPERDAL CONSTA INJ 37.5MG, 50MG	4	QL, PA
RISPERDAL M-TAB	2	QL
RISPERDAL SOLN	2	QL

DRUG NAME	DRUG TIER	NOTES
ANTIPSYCHOTICS (continued)		
ATYPICALS (continued)		
<i>risperidone</i>	1	QL
SEROQUEL	2	QL
SEROQUEL XR	2	QL
SYMBYAX	3	QL, PA
ZYPREXA	3	QL, PA
ZYPREXA ZYDIS	3	QL, PA
CONVENTIONAL		
<i>chlorpromazine hcl</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
<i>loxapine succinate</i>	1	
MOBAN	3	
NAVANE CAPS 20MG	2	
ORAP	2	
<i>perphenazine</i>	1	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
ANTISPASTICITY AGENTS		
ANTISPASTICITY AGENTS		
<i>baclofen</i>	1	
<i>tizanidine hcl</i>	1	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
CYTOVENE	4	PA
<i>foscarnet sodium</i>	1	PA
<i>ganciclovir</i>	1	
VALCYTE	3	PA
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS		
RESCRIPTOR	2	
SUSTIVA	2	
VIRAMUNE	2	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS		
ATRIPLA	4	
COMBIVIR	2	

DRUG NAME	DRUG TIER	NOTES
ANTIVIRALS <i>(continued)</i>		
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS <i>(continued)</i>		
EMTRIVA	2	
EPIVIR	2	
EPIVIR HBV	2	
EPZICOM	2	
INTELENCE	2	
RETROVIR IV INFUSION	3	
TRIZIVIR	2	
TRUVADA	3	
VIDEX EC	2	
VIDEX PEDIATRIC	2	
VIREAD	2	
ZERIT	2	
ZIAGEN	2	
<i>zidovudine</i>	1	
ANTI-HIV AGENTS, OTHER		
FUZEON	2	
ISENTRESS	4	
SELZENTRY	4	
ANTI-HIV AGENTS, PROTEASE INHIBITORS		
APTIVUS	3	
CRIXIVAN	2	
INVIRASE	2	
KALETRA	3	
LEXIVA	2	
NORVIR	2	
PREZISTA	4	
REYATAZ	2	
VIRACEPT	2	
ANTI-INFLUENZA AGENTS		
RELENZA DISKHALER	2	
<i>rimantadine hcl</i>	1	
TAMIFLU	2	
ANTIHEPATITIS AGENTS		
BARACLUDE	3	
HEPSERA	3	
<i>ribavirin tabs</i>	1	
TYZEKA	3	PA
ANTIHERPETIC AGENTS		
<i>acyclovir</i>	1	

DRUG NAME	DRUG TIER	NOTES
ANTIVIRALS (continued)		
ANTIHERPETIC AGENTS (continued)		
<i>acyclovir sodium</i>	1	
DENAVIR	3	
<i>famciclovir</i>	1	
VALTREX	2	QL
ZOVIRAX CREAM, OINT	3	
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<i>bupirone hcl</i>	1	
<i>meprobamate</i>	1	
BIPOLAR AGENTS		
BIPOLAR AGENTS		
<i>lithium carbonate</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium citrate</i>	1	
SYMBYAX	3	QL, PA
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
<i>acarbose</i>	1	
ACTOPLUS MET	3	
ACTOS	3	
AVANDAMET	2	
AVANDARYL	2	
AVANDIA	2	
BYETTA	3	PA
<i>chlorpropamide</i>	1	
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide er</i>	1	
<i>glipizide/metformin hcl</i>	1	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hcl</i>	1	
JANUMET	3	ST
JANUVIA	3	ST
<i>metformin hcl</i>	1	
<i>metformin hcl er</i>	1	
PRANDIN	2	
STARLIX	3	

DRUG NAME	DRUG TIER	NOTES
BLOOD GLUCOSE REGULATORS (continued)		
ANTIDIABETIC AGENTS (continued)		
SYMLIN	2	PA
<i>tolazamide</i>	1	
<i>tolbutamide</i>	1	
GLYCEMIC AGENTS		
GLUCAGON EMERGENCY KIT	2	QL
PROGLYCEM	3	
INSULINS		
HUMALOG	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 PEN	2	
HUMALOG PEN	2	
HUMULIN 50/50	2	
HUMULIN 70/30	2	
HUMULIN 70/30 PEN	2	
HUMULIN N	2	
HUMULIN N U-100 PEN	2	
HUMULIN R	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		
ANTICOAGULANTS		
ARIXTRA	4	QL
COUMADIN	3	
<i>heparin sodium</i>	1	
<i>jantoven</i>	1	
LOVENOX INJ 30MG/0.3ML, 40MG/0.4ML	2	QL
LOVENOX INJ 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 60MG/0.6ML, 80MG/0.8ML	4	QL
<i>warfarin sodium</i>	1	
BLOOD FORMATION PRODUCTS		
NEUPOGEN	4	PA
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	4	PA
COAGULANTS		
CYKLOKAPRON	2	
PLATELET AGGREGATION INHIBITORS		
AGGRENOX	3	
<i>cilostazol</i>	1	

DRUG NAME	DRUG TIER	NOTES
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS (continued)		
PLATELET AGGREGATION INHIBITORS (continued)		
<i>dipyridamole</i>	1	
PLAVIX	2	
<i>ticlopidine hcl</i>	1	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine hcl</i>	1	
<i>clorpres</i>	1	
<i>guanabenz acetate</i>	1	
<i>guanfacine hcl</i>	1	
<i>methyldopa</i>	1	
<i>methyldopa/hydrochlorothiazide</i>	1	
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>prazosin hcl</i>	1	
<i>reserpine</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i>	1	
<i>disopyramide phosphate</i>	1	
<i>disopyramide phosphate er</i>	1	
<i>flecainide acetate</i>	1	
<i>mexiletine hcl</i>	1	
<i>procainamide hcl</i>	1	
<i>propafenone hcl</i>	1	
<i>quinidine gluconate sa</i>	1	
<i>quinidine sulfate</i>	1	
<i>quinidine sulfate er</i>	1	
<i>sotalol hcl</i>	1	
TIKOSYN	3	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>carvedilol</i>	1	
COREG CR	2	
<i>labetalol hcl</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	

DRUG NAME	DRUG TIER	NOTES
CARDIOVASCULAR AGENTS (continued)		
BETA-ADRENERGIC BLOCKING AGENTS (continued)		
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate</i>	1	
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol/hydrochlorothiazide</i>	1	
<i>propranolol hcl</i>	1	
<i>propranolol hcl er</i>	1	
<i>timolol maleate</i>	1	
CALCIUM CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate</i>	1	
<i>cartia xt</i>	1	
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl er</i>	1	
<i>felodipine er</i>	1	
<i>nicardipine hcl</i>	1	
<i>nifediac cc</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine</i>	1	
<i>nifedipine er</i>	1	
<i>taztia xt</i>	1	
<i>verapamil hcl</i>	1	
<i>verapamil hcl er</i>	1	
CARDIOVASCULAR AGENTS, OTHER		
<i>digitek</i>	1	
<i>digoxin</i>	1	
RANEXA	2	PA
DIURETICS		
<i>acetazolamide</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>amiloride hcl</i>	1	
<i>bumetanide</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
DIAMOX	3	
EDECRIN	2	
<i>furosemide soln, tabs</i>	1	
<i>hydrochlorothiazide caps</i>	1	
<i>hydrochlorothiazide tabs 25mg, 50mg</i>	1	
<i>indapamide</i>	1	

DRUG NAME	DRUG TIER	NOTES
CARDIOVASCULAR AGENTS <i>(continued)</i>		
DIURETICS <i>(continued)</i>		
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
<i>toremide</i>	1	
<i>triamterene/hydrochlorothiazide</i>	1	
DYSLIPIDEMICS		
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colestipol hcl</i>	1	
<i>fenofibrate</i>	1	
<i>gemfibrozil</i>	1	
LESCOL XL	2	
LOFIBRA	2	
<i>lovastatin</i>	1	
LOVAZA	2	PA
NIACOR	3	
<i>pravastatin sodium</i>	1	
<i>simvastatin</i>	1	
VYTORIN	3	
ZETIA	3	
RENIN- ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>benazepril hcl</i>	1	
<i>benazepril hcl/hydrochlorothiazide</i>	1	
BENICAR	2	
BENICAR HCT	2	
<i>captopril</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	
COZAAR	2	
DIOVAN	2	
DIOVAN HCT	2	
<i>enalapril maleate</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
HYZAAR	2	
<i>lisinopril</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>moexipril/hydrochlorothiazide</i>	1	
<i>moexipril hcl</i>	1	

DRUG NAME	DRUG TIER	NOTES
CARDIOVASCULAR AGENTS (continued)		
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS (continued)		
<i>quinapril hcl</i>	1	
<i>quinaretic</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	
<i>trandolapril</i>	1	
UNIRETIC	3	
UNIVASC	3	
VASODILATORS		
<i>hydralazine hcl</i>	1	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>minoxidil</i>	1	
<i>nitroglycerin</i>	1	
<i>nitroglycerin transdermal</i>	1	
NITROLINGUAL PUMPSPRAY	2	
NITROSTAT	2	
CENTRAL NERVOUS SYSTEM AGENTS		
AMPHETAMINES, ADHD		
<i>amphetamine salt combo</i>	1	
<i>dextroamphetamine sulfate</i>	1	
<i>dextroamphetamine sulfate cr</i>	1	
NON-AMPHETAMINES, ADHD		
<i>dexmethylphenidate hcl</i>	1	
FOCALIN	2	
<i>methylin er</i>	1	
<i>methylin tabs</i>	1	
<i>methylphenidate hcl</i>	1	
<i>methylphenidate hcl er</i>	1	
NON-AMPHETAMINES, OTHER		
PROVIGIL	2	PA
RILUTEK	3	
XYREM	4	PA, LD
DENTAL AND ORAL AGENTS		
DENTAL AND ORAL AGENTS		
<i>chlorhexidine gluconate</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>triamcinolone in orabase</i>	1	

DRUG NAME	DRUG TIER	NOTES
DERMATOLOGICAL AGENTS		
DERMATOLOGICAL AGENTS		
8-MOP	2	
ALDARA	2	PA
<i>ammonium lactate</i>	1	
AZELEX	2	
<i>calcipotriene</i>	1	
<i>clindamycin phosphate</i>	1	
CONDYLOX	3	
CONDYLOX W/APPLICATORS	3	
DOVONEX CREAM	3	
EFUDEX OCCLUSION PACK	3	
<i>erythromycin/benzoyl peroxide</i>	1	
FINACEA	2	
FLUOROPLEX	3	
<i>fluorouracil</i>	1	
<i>podofilox</i>	1	
REGRANEX	3	PA
SANTYL	3	
SOLARAZE	2	
SORIATANE CK	3	
<i>tretinoin</i>	1	
ENZYME REPLACEMENTS/MODIFIERS		
ENZYME REPLACEMENTS/MODIFIERS		
ADAGEN	4	PA
ALDURAZYME	4	PA, LD
BUPHENYL	4	PA
CEREDASE	4	PA, LD
CEREZYME	4	PA, LD
CYSTADANE	3	
CYSTAGON	3	PA
FABRAZYME	4	PA, LD
<i>lapase</i>	1	
<i>lipram-pn10</i>	1	
<i>lipram-pn16</i>	1	
<i>lipram-pn20</i>	1	
MYOZYME	4	PA, LD
NAGLAZYME	4	PA, LD
ORFADIN	4	PA
<i>pangestyme ec</i>	1	

DRUG NAME	DRUG TIER	NOTES
ENZYME REPLACEMENTS/MODIFIERS (continued)		
<i>ENZYME REPLACEMENTS/MODIFIERS (continued)</i>		
<i>panokase</i>	1	
SUCRAID	4	PA
ZAVESCA	4	PA, LD
GASTROINTESTINAL AGENTS		
ANTISPASMODICS, GASTROINTESTINAL		
<i>atropine sulfate</i>	1	
<i>dicyclomine hcl</i>	1	
<i>glycopyrrolate</i>	1	
<i>methscopolamine bromide</i>	1	
<i>propantheline bromide</i>	1	
GASTROINTESTINAL AGENTS, OTHER		
<i>diphenoxylate/atropine</i>	1	
<i>enulose</i>	1	
GASTROCROM	3	
<i>lactulose</i>	1	
<i>lofene</i>	1	
<i>loperamide hcl</i>	1	
<i>metoclopramide hcl</i>	1	
NULYTELY	2	
<i>peg 3350/electrolytes</i>	1	
<i>ursodiol</i>	1	
HISTAMINE2 (H2) BLOCKING AGENTS		
<i>cimetidine</i>	1	
<i>famotidine premixed</i>	1	
<i>famotidine tabs</i>	1	
<i>nizatidine</i>	1	
<i>ranitidine hcl syrp, tabs</i>	1	
<i>ranitidine hcl inj 150mg/6ml, 50mg/2ml</i>	1	
IRRITABLE BOWEL SYNDROME AGENTS		
LOTRONEX	2	
PROTECTANTS		
CARAFATE SUSP	2	
<i>misoprostol</i>	1	
<i>sucrafate</i>	1	
PROTON PUMP INHIBITORS		
<i>omeprazole</i>	1	
<i>pantoprazole sodium</i>	1	PA
PROTONIX INJ	3	PA

DRUG NAME	DRUG TIER	NOTES
GASTROINTESTINAL AGENTS <i>(continued)</i>		
PROTON PUMP INHIBITORS <i>(continued)</i>		
ZEGERID	2	
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
ENABLEX	2	
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride er</i>	1	
VESICARE	2	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
AVODART	2	
<i>doxazosin mesylate</i>	1	
<i>finasteride</i>	1	
FLOMAX	2	
<i>terazosin hcl</i>	1	
GENITOURINARY AGENTS, OTHER		
THIOLA	3	
PHOSPHATE BINDERS		
FOSRENOL	2	
PHOSLO	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
GLUCOCORTICOIDS/MINERALOCORTICOIDS		
<i>alclometasone dipropionate</i>	1	
<i>amcinonide</i>	1	
<i>augmented betamethasone dipropionate oint</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
<i>clobetasol propionate cream, gel, oint, soln</i>	1	
CLODERM	3	
CORDRAN	3	
CORTIFOAM	3	
<i>cortisone acetate</i>	1	
DERMA-SMOOTH/FS BODY OIL	2	
DERMA-SMOOTH/FS SCALP OIL	2	
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
<i>dexamethasone</i>	1	
<i>diflorasone diacetate</i>	1	
<i>fludrocortisone acetate</i>	1	
<i>fluocinolone acetonide</i>	1	

DRUG NAME	DRUG TIER	NOTES
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (continued)		
GLUCOCORTICOIDS/MINERALOCORTICOIDS (continued)		
<i>fluocinonide</i>	1	
<i>fluocinonide emollient base</i>	1	
<i>fluocinonide-e</i>	1	
<i>fluticasone propionate</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone valerate</i>	1	
LUXIQ	3	
MEDROL DOSEPAK	2	
MEDROL TABS 2MG	3	
<i>methylprednisolone</i>	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sodium succinate</i>	1	
<i>mometasone furoate</i>	1	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
PROCTOCORT	2	
<i>proctocream-hc</i>	1	
<i>proctosol hc</i>	1	
<i>triamcinolone acetonide</i>	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>chorionic gonadotropin</i>	1	PA
<i>desmopressin acetate tabs</i>	1	PA
<i>desmopressin acetate inj, nasal soln</i>	1	QL, PA
HUMATROPE	4	PA
HUMATROPE COMBO PACK	4	PA
INCRELEX	3	PA, LD
TEV-TROPIN	4	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANABOLIC STEROIDS		
ANADROL-50	4	
<i>oxandrolone</i>	1	
ANDROGENS		
ANDROGEL	2	
ANDROGEL PUMP	2	
ANDROID	2	

DRUG NAME	DRUG TIER	NOTES
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (continued)		
ANDROGENS (continued)		
<i>danazol</i>	1	
<i>depo-testosterone</i>	1	
<i>testosterone cypionate inj 200mg/ml</i>	1	
<i>testosterone enanthate</i>	1	
ESTROGENS		
CENESTIN	2	
ESTRACE	3	
ESTRADERM	2	
<i>estradiol</i>	1	
<i>estropipate</i>	1	
MENEST	2	
PREMARIN	2	
PREMARIN W/APPLICATOR	2	
VIVELLE-DOT	2	
PROGESTINS		
<i>apri</i>	1	
ARANELLE	2	
<i>aviane</i>	1	
<i>balziva</i>	1	
<i>brevicon-28</i>	1	
<i>camila</i>	1	
COMBIPATCH	2	
<i>cryselle-28</i>	1	
CYCLESSA	2	
DEPO-PROVERA	2	
DESOGEN	2	
<i>enpresse-28</i>	1	
<i>errin</i>	1	
ESTROSTEP FE	2	
FEMHRT 1/5	2	
FEMHRT LOW DOSE	2	
<i>jolivette</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
KARIVA	2	
<i>kelnor 1/35</i>	1	
<i>lessina-28</i>	1	

DRUG NAME	DRUG TIER	NOTES
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (continued)		
PROGESTINS (continued)		
<i>levlite-28</i>	1	
<i>levora 0.15/30-28</i>	1	
LO/OVRAL-28	2	
LOESTRIN 1.5/30-21	2	
LOESTRIN 1/20-21	2	
LOESTRIN FE 1.5/30	2	
LOESTRIN FE 1/20	2	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>medroxyprogesterone acetate</i>	1	
<i>megestrol acetate</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
MODICON-28	2	
<i>mononessa</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>necon 1/35-28</i>	1	
<i>necon 1/50-28</i>	1	
<i>necon 10/11-28</i>	1	
<i>necon 7/7/7</i>	1	
NOR-QD	2	
<i>nora-be</i>	1	
NORDETTE-28	2	
<i>norethindrone acetate</i>	1	
NORINYL 1+35	2	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
NUVARING	2	
<i>ocella</i>	1	
<i>ogestrel</i>	1	
ORTHO EVRA	2	
ORTHO MICRONOR	2	
ORTHO TRI-CYCLEN LO	2	
ORTHO-CEPT-28	2	
ORTHO-CYCLEN-28	2	
ORTHO-NOVUM 1/50-28	2	

DRUG NAME	DRUG TIER	NOTES
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (continued)		
PROGESTINS (continued)		
ORTHO-NOVUM 7/7/7-28	2	
OVCON-35	2	
OVCON-50 28	2	
PLAN B	3	
<i>portia-28</i>	1	
PREMPHASE	2	
PREMPRO	2	
PREVIFEM	2	
<i>quasense</i>	1	
<i>reclipsen</i>	1	
SEASONALE	2	
<i>solia</i>	1	
<i>sprintec 28</i>	1	
TRI-NORINYL 28	2	
TRI-PREVIFEM	2	
<i>tri-sprintec</i>	1	
<i>trinessa</i>	1	
<i>trivora-28</i>	1	
<i>velivet</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
EVISTA	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
CYTOMEL	2	
<i>levothroid</i>	1	
<i>levothyroxine sodium</i>	1	
<i>levoxyl</i>	1	
SYNTHROID	2	
THYROLAR	2	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
LYSODREN	2	PA
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)		
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)		
SENSIPAR	2	PA

DRUG NAME	DRUG TIER	NOTES
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>octreotide acetate</i>	1	PA
SOMAVERT	4	PA
HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)		
ANTIANDROGENS		
CASODEX	3	
<i>flutamide</i>	1	
NILANDRON	3	PA
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
IMMUNOLOGICAL AGENTS		
IMMUNE SUPPRESSANTS		
AZASAN	3	
<i>azathioprine</i>	1	
<i>azathioprine sodium</i>	1	
CELLCEPT	2	PA
<i>cyclosporine</i>	1	PA
ENBREL	4	PA
HUMIRA	4	PA
HUMIRA PEN	4	PA
HUMIRA PEN-CROHNS DISEASE STARTER KIT	4	PA
<i>methotrexate</i>	1	
<i>methotrexate sodium</i>	1	
MYFORTIC	3	PA
PROGRAF	2	PA
RAPAMUNE	2	PA
REMICADE	4	PA
TREXALL	2	
IMMUNIZING AGENTS, PASSIVE		
GAMUNEX	4	PA
OCTAGAM INJ 10GM/200ML	2	PA
THYMOGLOBULIN	2	PA
IMMUNOMODULATORS		
ACTIMMUNE	4	PA, LD
BETASERON	4	PA
COPAXONE	4	PA
INTRON-A W/DILUENT	4	PA

DRUG NAME	DRUG TIER	NOTES
IMMUNOLOGICAL AGENTS <i>(continued)</i>		
IMMUNOMODULATORS <i>(continued)</i>		
INTRON-A INJ 3MU/0.2ML	3	PA
INTRON-A INJ 10MU/0.2ML, 10MU/ML, 5MU/0.2ML, 6000000UNIT/ML	4	PA
KINERET	4	PA
<i>leflunomide</i>	1	
PEGASYS	4	PA
REBIF	4	PA
RIDAURA	2	
VACCINES		
ACTHIB	2	
ADACEL	2	
ATTENUVAX	2	
BOOSTRIX	2	
COMVAX	2	
DAPTACEL	2	
DECAVAC	2	
DIPHTHERIA/TETANUS TOXOID PEDIATRIC	2	
ENGERIX-B	2	PA
GARDASIL	3	PA
HAVRIX	2	
HIBTITER	2	
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
IPOL INACTIVATED IPV	2	
JE-VAX	2	
M-M-R II W/DILUENT 10 DOSE	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MERUVAX II W/DILUENT 10 DOSE	3	
PEDIARIX	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	PA
ROTATEQ	2	
TETANUS TOXOID ADSORBED	2	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	2	
TRIHIBIT	2	

DRUG NAME	DRUG TIER	NOTES
IMMUNOLOGICAL AGENTS (continued)		
VACCINES (continued)		
TRIPEDIA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VIVOTIF BERNA	2	
YF-VAX	2	
ZOSTAVAX	2	
INFLAMMATORY BOWEL DISEASE AGENTS		
GLUCOCORTICOIDS		
ENTOCORT EC	3	
<i>hydrocortisone</i>	1	
SALICYLATES		
ASACOL	2	
<i>balsalazide disodium</i>	1	PA
CANASA	2	
SULFONAMIDES		
<i>sulfasalazine</i>	1	
<i>sulfazine ec</i>	1	
METABOLIC BONE DISEASE AGENTS		
METABOLIC BONE DISEASE AGENTS		
ACTONEL	3	PA
ACTONEL WITH CALCIUM	3	PA
<i>alendronate sodium</i>	1	
<i>calcitriol caps, oral soln</i>	1	
<i>calcitriol inj 2mcg/ml</i>	1	
<i>etidronate disodium</i>	1	
FORTEO	4	PA
FORTICAL	3	
HECTOROL	2	
MIACALCIN INJ	3	
<i>pamidronate disodium inj 30mg/10ml, 30mg, 90mg</i>	1	
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>alcohol preps</i>	1	
BD INSULIN SYRINGE SAFETYGLIDE 1ML/29G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE 0.3ML/31G X 5/16"	2	

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

DRUG NAME	DRUG TIER	NOTES
OPHTHALMIC AGENTS <i>(continued)</i>		
OPHTHALMIC ANTI-INFLAMMATORIES <i>(continued)</i>		
<i>neomycin/polymyxin/dexamethasone susp</i>	1	
<i>neomycin/polymyxin/ dexamethasone oint 0.1%; 0.35%; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/hydrocortisone</i>	1	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	1	
TOBRADEX	2	
VEXOL	2	
OPHTHALMIC ANTIGLAUCOMA AGENTS		
<i>alphagan p</i>	1	
AZOPT	2	
<i>betaxolol hcl</i>	1	
BETIMOL	3	
BETOPTIC-S	2	
<i>brimonidine tartrate</i>	1	
<i>carteolol hcl</i>	1	
COSOPT	2	
<i>dipivefrin hcl</i>	1	
<i>levobunolol hcl</i>	1	
<i>methazolamide</i>	1	
<i>metipranolol</i>	1	
PILOPINE HS	2	
<i>timolol maleate</i>	1	
<i>timolol maleate ophthalmic gel forming</i>	1	
TRUSOPT	2	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
LUMIGAN	2	
TRAVATAN	2	
TRAVATAN Z	2	
OTIC AGENTS		
OTIC AGENTS		
<i>acetic acid</i>	1	
<i>acetic acid/hydrocortisone</i>	1	
<i>borofair</i>	1	
DERMOTIC	2	
<i>neomycin/polymyxin/hc</i>	1	

DRUG NAME	DRUG TIER	NOTES
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ADVAIR DISKUS	2	
ADVAIR HFA	2	
ASMANEX	2	
FLOVENT HFA	2	
<i>flunisolide</i>	1	
<i>fluticasone propionate</i>	1	
QVAR	2	
SYMBICORT	2	
ANTIHISTAMINES		
<i>alavert</i>	1	TR
ASTELIN	3	
CLARITIN	1	TR
CLARITIN REDITABS	1	TR
<i>cyproheptadine hcl</i>	1	
<i>diphenhydramine hcl</i>	1	
<i>fexofenadine hcl</i>	1	
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>loratadine</i>	1	TR
<i>meclizine hcl</i>	1	
<i>promethazine vc</i>	1	
ANTILEUKOTRIENES		
ACCOLATE	2	PA
SINGULAIR	2	
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	3	
<i>ipratropium bromide soln</i>	1	
SPIRIVA HANDIHALER	2	
BRONCHODILATORS, PHOSPHODIESTERASE INHIBITORS (XANTHINES)		
<i>aminophylline</i>	1	
THEO-24	2	
<i>theophylline er</i>	1	
UNIPHYL	2	
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate er</i>	1	
<i>albuterol sulfate syrp, tabs</i>	1	
<i>albuterol sulfate nebu 0.083%, 0.5%, 0.63mg/3ml</i>	1	PA
COMBIVENT	2	
EPIPEN 2-PAK	2	

DRUG NAME	DRUG TIER	NOTES
RESPIRATORY TRACT AGENTS (continued)		
BRONCHODILATORS, SYMPATHOMIMETIC (continued)		
MAXAIR AUTOHALER	2	
<i>metaproterenol sulfate syrpf, tabs</i>	1	
<i>proair hfa</i>	1	
SEREVENT DISKUS	2	
<i>terbutaline sulfate</i>	1	
<i>ventolin hfa</i>	1	
MAST CELL STABILIZERS		
<i>cromolyn sodium</i>	1	
INTAL INHALER	3	
PULMONARY ANTIHYPERTENSIVES		
LETAIRIS	4	PA, LD
REVATIO	2	PA
TRACLEER	4	PA, LD
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine</i>	1	
<i>flunisolide</i>	1	
NASONEX	2	
PROLASTIN	3	PA, LD
PULMOZYME	4	PA
TYZINE	2	
TYZINE PEDIATRIC NASAL DROPS	2	
SEDATIVES/HYPNOTICS		
SEDATIVES/HYPNOTICS		
ROZEREM	3	QL, PA
<i>zaleplon</i>	1	PA
<i>zolpidem tartrate</i>	1	QL
SKELETAL MUSCLE RELAXANTS		
SKELETAL MUSCLE RELAXANTS		
<i>carisoprodol</i>	1	
<i>carisoprodol/aspirin/codeine</i>	1	
<i>carisoprodol/aspirin</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>methocarbamol</i>	1	
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES		
ELECTROLYTES/MINERALS		
AMINESS	2	
AMINOSYN	2	

DRUG NAME	DRUG TIER	NOTES
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES <i>(continued)</i>		
ELECTROLYTES/MINERALS <i>(continued)</i>		
AMINOSYN 7%/ELECTROLYTES	2	
AMINOSYN II	2	
AMINOSYN II 3.5%/DEXTROSE25%	2	
AMINOSYN II 3.5%/DEXTROSE5%	2	
AMINOSYN II 3.5%/DEXTROSE 25%	2	
AMINOSYN II 4.25%/DEXTROSE10%	2	
AMINOSYN II 4.25%/DEXTROSE20%	2	
AMINOSYN II 4.25%/DEXTROSE25%	2	
AMINOSYN II 5%/DEXTROSE 25	2	
AMINOSYN II 8.5%/ELECTROLYTES	2	
AMINOSYN II M 3.5%/DEXTROSE 5%	2	
AMINOSYN II M 4.25%/DEXTROSE 10%	2	
AMINOSYN M	2	
AMINOSYN-HBC	2	
AMINOSYN-HF	2	
AMINOSYN-PF	2	
AMINOSYN-PF 7%	2	
CLINIMIX 2.75%/DEXTROSE 5%	3	
CLINIMIX 4.25%/DEXTROSE 10%	3	
CLINIMIX 4.25%/DEXTROSE 20%	3	
CLINIMIX 4.25%/DEXTROSE 25%	3	
CLINIMIX 4.25%/DEXTROSE 5%	3	
CLINIMIX 5%/DEXTROSE 15%	3	
CLINIMIX 5%/DEXTROSE 20%	3	
CLINIMIX 5%/DEXTROSE 25%	3	
CLINISOL SF 15%	2	
DEXTROSE 10%/NACL 0.45%	2	
DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX	2	
DEXTROSE 5%/ELECTROLYTE #75 VIAFLEX	2	
DEXTROSE 10% FLEX CONTAINER	2	
DEXTROSE 10%/NACL 0.2%	2	
DEXTROSE 2.5%/NACL 0.45%	2	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	2	
DEXTROSE 5%	2	
DEXTROSE 5%/LACTATED RINGER'S	2	
DEXTROSE 5%/NACL 0.2%	2	
DEXTROSE 5%/NACL 0.225%	2	
DEXTROSE 5%/NACL 0.33%	2	
DEXTROSE 5%/NACL 0.45%	2	

DRUG NAME	DRUG TIER	NOTES
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES <i>(continued)</i>		
ELECTROLYTES/MINERALS <i>(continued)</i>		
DEXTROSE 5%/NACL 0.9%	2	
DEXTROSE 5%/POTASSIUM CHLORIDE 0.075%	2	
DEXTROSE 5%/POTASSIUM CHLORIDE 0.15%	2	
DEXTROSE 5%/SODIUM CHLORIDE 0.2%	2	
DEXTROSE 5%/SODIUM CHLORIDE 0.33%	2	
DEXTROSE 5%/SODIUM CHLORIDE 0.45%	2	
DEXTROSE 5%/SODIUM CHLORIDE 0.9%	2	
FREAMINE III	4	
HEPATAMINE	4	
ISOLYTE-H/DEXTROSE 5%	2	
ISOLYTE-M/DEXTROSE 5%	2	
ISOLYTE-P/DEXTROSE 5%	2	
ISOLYTE-S	2	
ISOLYTE-S PH 7.4	2	
ISOLYTE-S/DEXTROSE 5%	2	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
LACTATED RINGER'S DEXTROSE 5% VIAFLEX	2	
LACTATED RINGER'S VIAFLEX	2	
<i>leucovorin calcium</i>	1	
NEPHRAMINE	3	
NORMOSOL -R	2	
NORMOSOL-M IN D5W	2	
NORMOSOL-R	2	
NORMOSOL-R IN D5W	2	
NOVAMINE	2	
PHYSIOLYTE	2	
PLASMA-LYTE 56	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-148	2	
PLASMA-LYTE-148/D5W	2	
PLASMA-LYTE-56/D5W	2	
PLASMA-LYTE-R	2	
<i>potassium chloride</i>	1	
<i>potassium chloride cr</i>	1	
<i>potassium chloride er</i>	1	

DRUG NAME	DRUG TIER	NOTES
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES <i>(continued)</i>		
ELECTROLYTES/MINERALS <i>(continued)</i>		
<i>potassium chloride sr</i>	1	
PREMASOL	2	
PROCALAMINE	3	
RENAMIN	2	
<i>sodium bicarbonate</i>	1	
<i>sodium chloride</i>	1	
<i>sodium chloride 0.9%</i>	1	
<i>sodium chloride 0.45% viaflex</i>	1	
TPN ELECTROLYTES FTV	2	
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TROPHAMINE INJ 97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	2	
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