

**BlueCHiP**<sup>®</sup>  
For Medicare



## *BlueCHiP for Medicare*

### *Formulary (List of Covered Drugs) 2006*

This document includes  
BlueCHiP for Medicare's  
comprehensive formulary  
as of January 1, 2006.

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# Part D Formulary

## What is the BlueCHiP for Medicare formulary?

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

## Can the formulary change?

Yes, BlueCHiP for Medicare may add or remove drugs from our formulary during the year. The enclosed formulary is current as of January 1, 2006. To get updated information about the drugs covered by BlueCHiP for Medicare, please visit our Web site at **www.BCBSRI.com** or call Customer Service at **(401) 277-2958** or **1-800-267-0439**,

Monday through Friday, 8:00 a.m. to 7:00 p.m., and Saturday, 9:00 a.m. to 2:00 p.m. **TTY/TDD** users should call **(401) 831-2202** or **1-877-232-8432**. 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 members who take the drug that it will be removed at least 60 days before the date 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.

## How do I use the formulary?

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

**Medical Condition:** The formulary begins on page 12. 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 12. Then look under the category name for your drug.

**Alphabetical Listing:** If you are not sure which category to look under, you should look for your drug in the Index that begins on page 84. The Index provides an alphabetical list of all drugs included in this document. Both brand-name 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.

## How much will I pay for BlueCHiP for Medicare covered drugs?

If you qualified for extra help with your drug costs, your cost for your drugs may be different than those described below. Please refer to your Member Certificate or call Customer Service to find out what your costs are.

BlueCHiP for Medicare will pay part of the costs for your covered drugs and you will pay part. The amount you pay depends on which drug tier your drug is in under our plan and whether you fill your prescription at a preferred network pharmacy. (You can find out which drug tier your drug is in by looking in the formulary that begins on page 12.)

You will pay the copayment/coinsurance for your drugs until your total drug costs (the amount you paid, plus the amount BlueCHiP for Medicare has paid) reach \$2,250. The following chart shows how much you will pay, depending on your plan, once this \$2,250 threshold is reached.

| <b>Tier</b>  | <b>BlueCHIP for Medicare: Standard</b>   | <b>BlueCHIP for Medicare: Plus</b> | <b>BlueCHIP for Medicare: Preferred</b>   | <b>BlueCHIP for Medicare: Optima</b>  |
|--|--|------------------------------------|---|---|
| Cost for annual covered eligible prescription drug costs between \$2,250 and \$3,600 out-of-pocket | 100% of the cost   | 100% of the cost                   | \$8 for generic drugs (30-day supply at retail pharmacies), \$20 for generic drugs (mail order 90-day supply) | \$1 or \$2 for a generic or preferred brand drug that is a multi-source drug. \$3 to \$5 for all other drugs. |
| After \$3,600 in annual out-of-pocket costs for covered eligible prescription drugs                | <p>If you are a Standard, Plus or Preferred plan member:<br/>           After your yearly out-of-pocket drug costs reach \$3,600, you pay the greater of: \$2 for generic or preferred brand drug that is a multi-source drug and \$5 for all other drugs, or 5% coinsurance.</p> <p>You pay nothing if you are an Optima plan member.</p> |                                    |   |   |

You can ask BlueCHIP for Medicare to make an exception to your drug's tier placement. See the section, "How do I request an exception to the BlueCHIP for Medicare list of Covered Drugs?" for information about how to request an exception.

## 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:** BlueCHiP for Medicare requires you to get prior authorization for certain drugs. (You may need prior authorization for drugs on the formulary or drugs that are not on the formulary **and** were approved for coverage through our exceptions process.) This means you will need to get approval from BlueCHiP for Medicare before you fill your prescriptions. If you don't get approval, BlueCHiP for Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, BlueCHiP for Medicare limit the amount of the drug that BlueCHiP for Medicare will cover. For example, BlueCHiP for Medicare provides 4 tablets (35mg) or 30 tablets (5mg or 30mg) per prescription for Actonel. This may be in addition to a standard 30-or 90-day supply.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 12. You can ask BlueCHiP for Medicare to make an exception to these restrictions or limits.

See the “How do I request an exception to the BlueCHiP for Medicare formulary?” on page 6 for information on how to request an exception.

## What if my drug is not on the formulary?

If your drug is not included in this formulary, you should first contact Customer Service and ask if your drug is covered.

If you learn that BlueCHiP for Medicare does not cover your drug, you have two options:

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

## How do I request an exception to the BlueCHiP for Medicare formulary?

You can ask BlueCHiP for Medicare to make an exception to our coverage rules. There are several types of exceptions 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, BlueCHiP for Medicare 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. For example, if your drug is usually considered a Tier 3 drug, you can ask us to cover it as a 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.

Generally, BlueCHiP for Medicare will only approve your request for an exception if the alternative drugs included on the plan's formulary, the low-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 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 your request.

## What are generic drugs?

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

Generic drugs are listed in lowercase italics (e.g., *digoxin*) within the formulary that begins on page 12. Brand-name drugs are capitalized in the formulary (e.g., LIPITOR).

## For more information

For more detailed information about your BlueCHiP for Medicare prescription drug coverage, please review your Member Certificate and other plan materials.

If you have questions about BlueCHiP for Medicare, please call Customer Service at **(401) 277-2958** or **1-800-267-0439**, Monday through Friday, 8:00 a.m. to 7:00 p.m. and Saturday, 9:00 a.m. to 2:00 p.m., **TTY/TDD** users should call **(401) 831-2202** or **1-877-232-8432**. Or visit **www.BCBSRI.com**.

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

## BlueCHiP for Medicare's Formulary

The formulary that begins on page 12 provides coverage information about some of the drugs covered by BlueCHiP for Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 84.

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

The information in the Requirements/Limits column tells you if BlueCHiP for Medicare has any special requirements for coverage of your drug. For example:

**QL – Quantity Limits:** restricts the amount of medication for which you can obtain benefits during a specific period of time (most often set on a monthly basis)

**PA – Prior Authorization:** the process of obtaining approval before benefits for certain prescriptions may be approved.

**Column 3** identifies the coverage level or tier placement of each medication. BlueCHiP for Medicare has a tiered formulary, which means your copayment is generally lower for generic and higher for brand medications.

The following table helps explain the copayment amount associated with each tier number:

| <b>Tier</b>   | <b>BlueCHIP for Medicare: Standard</b>   | <b>BlueCHIP for Medicare: Plus</b>   | <b>BlueCHIP for Medicare: Preferred</b>  | <b>BlueCHIP for Medicare: Optima</b>   |
|---|--|--|--|--|
| <b>Tier 1</b><br>Network<br><b>Generic</b><br>Drugs                 | 30-day supply: \$10<br>Retail 90-day pharmacy: \$30<br>Preferred mail order pharmacy (90-day supply): \$25 | 30-day supply: \$8<br>Retail 90-day pharmacy: \$24<br>Preferred mail order pharmacy (90-day supply): \$20  | 30-day supply: \$8<br>Retail 90-day pharmacy: \$24<br>Preferred mail order pharmacy (90-day supply): \$20  | 30-day supply: \$1 to \$2<br>Retail 90-day pharmacy: \$1 to \$2<br>Preferred mail order pharmacy (90-day supply): \$1 to \$2 or \$3 to \$5 |
| <b>Tier 2</b><br>Network<br><b>Preferred</b><br>brand name<br>drugs | 30-day supply: \$26<br>Retail 90-day pharmacy: \$78<br>Preferred mail order pharmacy (90-day supply): \$65 | 30-day supply: \$24<br>Retail 90-day pharmacy: \$72<br>Preferred mail order pharmacy (90-day supply): \$60 | 30-day supply: \$20<br>Retail 90-day pharmacy: \$60<br>Preferred mail order pharmacy (90-day supply): \$50 | 30-day supply: \$1 to \$2<br>Retail 90-day pharmacy: \$1 to \$2<br>Preferred mail order pharmacy (90-day supply): \$1 to \$2 or \$3 to \$5 |

| Tier   | BlueCHIP for Medicare: Standard  | BlueCHIP for Medicare: Plus  | BlueCHIP for Medicare: Preferred   | BlueCHIP for Medicare: Optima  |
|--|--|--|--|--|
| <b>Tier 3</b><br>Network<br><b>Non-preferred</b><br>brand name drugs | 30-day supply: \$52<br>Retail 90-day pharmacy: \$156<br>Preferred mail order pharmacy (90-day supply): \$130 | 30-day supply: \$48<br>Retail 90-day pharmacy: \$144<br>Preferred mail order pharmacy (90-day supply): \$120 | 30-day supply: \$40<br>Retail 90-day pharmacy: \$120<br>Preferred mail order pharmacy (90-day supply): \$100 | 30-day supply: \$3 to \$5<br>Retail 90-day pharmacy: \$3 to \$5<br>Preferred mail order pharmacy (90-day supply): \$1 to \$2 or \$3 to \$5 |

| <b>Tier</b>   | <b>BlueCHIP for Medicare: Standard</b>   | <b>BlueCHIP for Medicare: Plus</b>   | <b>BlueCHIP for Medicare: Preferred</b>  | <b>BlueCHIP for Medicare: Optima</b>  |
|---|--|--|--|---|
| <p><b>Tier 4 &amp; Tier 5</b></p> <p>Network Specialty &amp; Injectable Drugs</p> | <p>30-day supply: 25%</p> <p>Retail 90-day pharmacy: 25%</p> <p>Preferred mail order pharmacy (90-day supply): 25%</p> | <p>30-day supply: 25%</p> <p>Retail 90-day pharmacy: 25%</p> <p>Preferred mail order pharmacy (90-day supply): 25%</p> | <p>30-day supply: 25%</p> <p>Retail 90-day pharmacy: 25%</p> <p>Preferred mail order pharmacy (90-day supply): 25%</p> | <p>30-day supply: \$3 to \$5</p> <p>Retail 90-day pharmacy: \$3 to \$5</p> <p>Preferred mail order pharmacy (90-day supply): \$1 to \$3 or \$2 to \$5</p> |

## ***Covered Medications***

# I. Covered Medications by Therapeutic Category

## LEGEND

|  |                         |
|--|-------------------------|
| Generic drugs in lowercase italics   | (e.g., <i>digoxin</i> ) |
| Brand-name drugs in capital letters  | (e.g., LIPITOR)         |
| Quantity Limits: restricts the amount of medication for which you can obtain benefits during a specific period of time (most often set on a monthly basis) | (QL)                    |
| Prior Authorization: the process of obtaining approval before benefits for certain prescriptions may be approved   | (PA)                    |

| <b>Drug-Name</b>               | <b>Req/Limits</b> | <b>Drug Tier</b> |
|--------------------------------|-------------------|------------------|
| <b>Analgesics</b>              |                   |                  |
| <i>acetaminophen w/codeine</i> | QL                | 1                |
| ACTIQ                          | QL                | 3                |
| ACUFLEX                        |                   | 3                |
| AMERGE                         | QL                | 3                |
| ANAPROX                        |                   | 3                |
| ANAPROX DS                     |                   | 3                |
| ANSAID                         |                   | 3                |
| ARTHROTEC 50                   |                   | 3                |
| ARTHROTEC 75                   |                   | 3                |
| AVINZA                         |                   | 3                |
| AXERT                          | QL                | 3                |
| B & O SUPPRETTES NO.15-A       |                   | 3                |
| B & O SUPPRETTES NO.16-A       |                   | 3                |
| <i>butorphanol tartrate</i>    | QL                | 1                |
| CAFERGOT                       |                   | 3                |
| CAPITAL W-CODEINE              | QL                | 3                |
| CATAFLAM                       |                   | 3                |
| CELEBREX                       | QL, PA            | 3                |

| <b>Drug-Name</b>                     | <b>Req/Limits</b> | <b>Drug Tier</b> |
|--------------------------------------|-------------------|------------------|
| <i>cbol sal/magnesium salicylate</i> |                   | 1                |
| CLINORIL                             |                   | 3                |
| <i>codeine phos/aspirin</i>          |                   | 1                |
| <i>codeine phos/carisoprodol/asa</i> |                   | 1                |
| <i>codeine phosphate</i>             |                   | 3                |
| <i>codeine sulfate</i>               |                   | 3                |
| COMBUNOX                             |                   | 3                |
| DARVOCET A500                        |                   | 3                |
| DARVOCET-N 50                        | QL                | 3                |
| DARVOCET-N 100                       | QL                | 3                |
| DARVON                               |                   | 3                |
| DARVON COMPOUND-65                   |                   | 3                |
| DARVON-N                             |                   | 3                |
| DAYPRO                               |                   | 3                |
| <i>diclofenac potassium</i>          |                   | 1                |
| <i>diclofenac sodium</i>             |                   | 1                |
| <i>diflunisal</i>                    |                   | 1                |
| <i>dihydroergotamine mesylate</i>    |                   | 4                |
| DILAUDID                             |                   | 3                |
| DILAUDID-5                           |                   | 3                |
| DOLOBID                              |                   | 3                |
| DOLOGESIC                            |                   | 3                |
| DOLOPHINE HCL                        |                   | 3                |
| DOLOREX                              |                   | 3                |
| DURABAC                              |                   | 3                |
| DURAGESIC                            | QL                | 3                |
| DURAXIN                              |                   | 3                |
| EASPRIN                              |                   | 3                |
| EC-NAPROSYN                          |                   | 3                |
| ELMIRON                              |                   | 3                |
| EQUAGESIC                            |                   | 3                |
| ERGOMAR                              |                   | 3                |
| <i>ergotamine tartrate/caffeine</i>  |                   | 1                |
| <i>etodolac</i>                      |                   | 1                |

| <b>Drug-Name</b>                         | <b>Req/Limits</b> | <b>Drug Tier</b> |
|--|-------------------|------------------|
| FELDENE                                  | PA                | 3                |
| <i>fenoprofen calcium</i>                |                   | 1                |
| <i>fentanyl</i>                          | QL                | 1                |
| FLEXTRA                                  |                   | 3                |
| FLEXTRA-650                              |                   | 3                |
| FLEXTRA-DS                               |                   | 3                |
| <i>flurbiprofen</i>                      |                   | 1                |
| FROVA                                    | QL                | 3                |
| HYCET                                    |                   | 3                |
| <i>hydrocodone bit/acetaminophen</i>     | QL                | 1                |
| <i>hydromorphone hcl</i>                 |                   | 1                |
| <i>ibuprofen oral suspension</i>         |                   | 3                |
| <i>ibuprofen tablet</i>                  |                   | 1                |
| IMITREX                                  | QL                | 2                |
| IMITREX INJECTABLE                       | QL                | 5                |
| IMITREX SPRAY/TABLETS                    | QL                | 2                |
| INDOCIN                                  |                   | 3                |
| INDOCIN SR                               |                   | 3                |
| <i>indomethacin</i>                      |                   | 1                |
| KADIAN                                   | QL                | 3                |
| <i>ketoprofen</i>                        |                   | 1                |
| <i>ketorolac tromethamine injectable</i> |                   | 4                |
| <i>ketorolac tromethamine tablet</i>     | QL                | 1                |
| <i>levorphanol tartrate</i>              |                   | 3                |
| LODINE                                   |                   | 3                |
| LORCET 10/650                            | QL                | 3                |
| LORCET PLUS                              | QL                | 3                |
| LORTAB                                   | QL                | 3                |
| MAGAN                                    |                   | 3                |
| MAXALT                                   | QL                | 2                |
| MAXALT MLT                               | QL                | 2                |
| MAXIDONE                                 | QL                | 3                |
| <i>meclofenamate sodium</i>              |                   | 1                |
| METHODONE SOLUTION                       |                   | 3                |
| <i>methodone tablets</i>                 |                   | 1                |

| <b>Drug-Name</b>                     | <b>Req/Limits</b> | <b>Drug Tier</b> |
|--------------------------------------|-------------------|------------------|
| MIDRIN                               |                   | 3                |
| MIGRAL                               |                   | 3                |
| MIGRALAM                             |                   | 3                |
| MOBIC                                | QL, PA            | 3                |
| <i>morphine sulfate</i>              |                   | 3                |
| <i>morphine sulfate tablet sa</i>    | QL                | 1                |
| MOTRIN                               |                   | 3                |
| MS CONTIN                            | QL                | 3                |
| MSIR                                 |                   | 3                |
| MYOGESIC                             |                   | 3                |
| <i>nabumetone</i>                    |                   | 1                |
| NALFON                               |                   | 3                |
| <i>naloxone hcl</i>                  |                   | 4                |
| <i>naltrexone hcl</i>                |                   | 1                |
| NAPRELAN                             |                   | 3                |
| NAPROSYN                             |                   | 3                |
| <i>naproxen</i>                      |                   | 1                |
| <i>naproxen sodium</i>               |                   | 1                |
| NORCO                                | QL                | 3                |
| NOVASAL                              |                   | 3                |
| NUMORPHAN                            |                   | 3                |
| OPIUM                                |                   | 3                |
| ORUVAIL                              |                   | 3                |
| <i>oxaprozin</i>                     |                   | 1                |
| <i>oxycodone/aspirin</i>             |                   | 1                |
| <i>oxycodone hcl</i>                 | QL                | 1                |
| <i>oxycodone hcl/acetaminophen</i>   | QL                | 1                |
| OXYCONTIN                            | QL                | 2                |
| OXYFAST                              |                   | 3                |
| OXYIR                                |                   | 3                |
| PANLOR DC                            |                   | 3                |
| PANLOR SS                            |                   | 3                |
| <i>pentazocine hcl/acetaminophen</i> |                   | 1                |
| <i>pentazocine hcl/naloxone hcl</i>  |                   | 1                |
| PERCOCET                             |                   | 3                |
| PERCODAN                             |                   | 3                |

| <b>Drug-Name</b>                      | <b>Req/Limits</b> | <b>Drug Tier</b> |
|---------------------------------------|-------------------|------------------|
| PERCOLONE                             |                   | 3                |
| <i>piroxicam</i>                      | PA                | 1                |
| PONSTEL                               |                   | 3                |
| <i>propoxyphene hcl</i>               |                   | 1                |
| <i>propoxyphene hcl/acetaminophen</i> | QL                | 1                |
| RELAFEN                               |                   | 3                |
| RELAGESIC                             |                   | 3                |
| RELPAK                                | QL                | 3                |
| REPREXAIN                             |                   | 3                |
| REVIA                                 |                   | 3                |
| ROXANOL                               |                   | 3                |
| ROXANOL 100                           |                   | 3                |
| ROXANOL-T                             |                   | 3                |
| ROXICET                               | QL                | 3                |
| ROXICODONE                            |                   | 3                |
| SALFLEX                               |                   | 3                |
| <i>salsalate</i>                      |                   | 1                |
| SOMA COMPOUND W/CODEINE               |                   | 3                |
| STAFLEX                               |                   | 3                |
| STAGESIC-10                           | QL                | 3                |
| SUBOXONE                              |                   | 3                |
| SUBUTEX                               | QL                | 3                |
| <i>sulindac</i>                       |                   | 1                |
| SYNALGOS-DC                           |                   | 3                |
| <i>tolmetin sodium</i>                |                   | 1                |
| TORADOL                               | QL                | 3                |
| <i>tramadol hcl</i>                   | QL                | 1                |
| TRYCET                                |                   | 3                |
| TYLENOL W/CODEINE NO.3                |                   | 3                |
| TYLENOL W/CODEINE NO.4                |                   | 3                |
| TYLOX                                 | QL                | 3                |
| ULTRACET                              | QL                | 3                |
| ULTRAM                                | QL                | 3                |
| VICODIN                               | QL                | 3                |
| VICODIN ES                            | QL                | 3                |

| <b>Drug-Name</b>             | <b>Req/Limits</b> | <b>Drug Tier</b> |
|------------------------------|-------------------|------------------|
| VICODIN HP                   |                   | 3                |
| VICOPROFEN                   | QL                | 3                |
| VOLTAREN-XR                  |                   | 3                |
| VOPAC                        |                   | 3                |
| XODOL                        |                   | 3                |
| ZOMIG                        | QL                | 3                |
| ZOMIG ZMT                    | QL                | 3                |
| ZORPRIN                      |                   | 3                |
| ZYDONE                       | QL                | 3                |
| <b>Anesthetics</b>           |                   |                  |
| ANESTACON                    |                   | 3                |
| BUCALSEP                     |                   | 3                |
| <i>bupivacaine hcl</i>       |                   | 4                |
| <i>bupivacaine hcl/pf</i>    |                   | 4                |
| CARBOCAINE                   |                   | 4                |
| <i>chloroprocaine hcl</i>    |                   | 4                |
| GARYLIN                      |                   | 3                |
| <i>lidocaine hcl</i>         |                   | 4                |
| ORASEP                       |                   | 3                |
| PYRIDIUM                     |                   | 3                |
| <i>tetracaine hcl</i>        |                   | 4                |
| <i>tetracaine solution</i>   |                   | 3                |
| XYLOCAINE                    |                   | 3                |
| XYLOCAINE VISCOUS            |                   | 3                |
| <b>Antiarthritics</b>        |                   |                  |
| <i>allopurinol</i>           |                   | 1                |
| ARAVA                        |                   | 2                |
| <i>colchicine</i>            |                   | 1                |
| <i>colchicine/probenecid</i> |                   | 1                |
| CUPRIMINE                    |                   | 3                |
| DEPEN                        |                   | 3                |
| ELITEK                       |                   | 5                |
| ENBREL                       | QL, PA            | 5                |
| FRENADOL                     |                   | 3                |

| <b>Drug-Name</b>      | <b>Req/Limits</b> | <b>Drug Tier</b> |
|-----------------------|-------------------|------------------|
| HUMIRA                | QL, PA            | 5                |
| KINERET               | QL, PA            | 5                |
| NOVASAL               |                   | 3                |
| <i>probenecid</i>     |                   | 1                |
| REMICADE              | PA                | 5                |
| RHEUMATREX            |                   | 3                |
| RIDAURA               |                   | 3                |
| <i>sulfinpyrazone</i> |                   | 1                |
| ZYLOPRIM              |                   | 3                |
| <b>Antiasthmatics</b> |                   |                  |
| ACCOLATE              | PA                | 3                |
| ADVAIR DISKUS         | QL                | 2                |
| AEROBID               | QL                | 3                |
| AEROBID-M             | QL                | 3                |
| <i>albuterol</i>      | QL                | 1                |
| <i>aminophylline</i>  |                   | 1                |
| AZMACORT              | QL                | 3                |
| BRETHINE              |                   | 3                |
| BRONCAP               |                   | 3                |
| BRONCODUR             |                   | 3                |
| BRONCOMAR GG          |                   | 3                |
| BRONCOMAR-1           |                   | 3                |
| BRONDIL               |                   | 3                |
| BRONKOPHYLLINE GG     |                   | 3                |
| CAFCIT                |                   | 3                |
| COMBIVENT             | QL                | 2                |
| DIFIL-G               |                   | 3                |
| DILEX-G 200           |                   | 3                |
| DILEX-G 400           |                   | 3                |
| <i>dopamine hcl</i>   |                   | 4                |
| <i>dyphylline</i>     |                   | 1                |
| ELIXOPHYLLIN          |                   | 2                |
| ELIXOPHYLLIN GG       |                   | 3                |
| FLOVENT               | QL                | 2                |
| FORADIL               | QL                | 3                |

| <b>Drug-Name</b>                                  | <b>Req/Limits</b> | <b>Drug Tier</b> |
|---|-------------------|------------------|
| GASTROCROM  |                   | 3                |
| INTAL   | QL                | 3                |
| <i>isoproterenol hcl</i>                          |                   | 4                |
| KIE   |                   | 3                |
| LUFYLLIN  |                   | 2                |
| LUFYLLIN-GG                                       |                   | 3                |
| MAXAIR AUTOHALER                                  | QL                | 3                |
| METAPROTERENOL SULFATE                            |                   | 3                |
| MYCI BRON-G                                       |                   | 3                |
| PANFIL G  |                   | 3                |
| PULMICORT   | QL                | 3                |
| QUIBRON   |                   | 3                |
| QUIBRON-300                                       |                   | 3                |
| QUIBRON-T   |                   | 2                |
| QUIBRON-T/SR                                      |                   | 2                |
| QVAR  | QL                | 3                |
| SEREVENT DISKUS                                   | QL                | 2                |
| SINGULAIR   | QL, PA            | 2                |
| SPIRIVA   | QL                | 2                |
| THEO-24   |                   | 2                |
| THEOCAP   |                   | 2                |
| THEOCHRON   |                   | 2                |
| THEOMAR GG  |                   | 3                |
| THEOPHYLLINE ANHYDROUS SOLUTION                   |                   | 2                |
| <i>theophylline anhydrous tablet</i>              |                   | 1                |
| TILADE  |                   | 2                |
| UNIPHYL   |                   | 2                |
| VOSPIRE ER  |                   | 3                |
| XOLAIR  | PA                | 5                |
| <b>Antihistamine And Decongestant Combination</b> |                   |                  |
| ACCUHIST  |                   | 3                |
| ALLEGRA-D 24 HOUR                                 |                   | 3                |
| ALLERX  |                   | 3                |
| AMERIFED  |                   | 3                |
| ANDEHIST  |                   | 3                |
| BIOHIST-LA  |                   | 3                |

| <b>Drug-Name</b>   | <b>Req/Limits</b> | <b>Drug Tier</b> |
|--------------------|-------------------|------------------|
| BROFED             |                   | 3                |
| BROMFED-PD         |                   | 3                |
| BROVEX-D           |                   | 3                |
| CARBINOXAMINE PSE  |                   | 3                |
| CLARINEX-D 24 HOUR | QL                | 3                |
| COMHIST            |                   | 3                |
| DALLERGY-JR        |                   | 3                |
| DECONAMINE         |                   | 3                |
| DECONAMINE SR      |                   | 3                |
| DISOPHROL          |                   | 3                |
| DYTAN-D            |                   | 3                |
| HEXAFED            |                   | 3                |
| HISTALET           |                   | 3                |
| HISTATAB PLUS      |                   | 3                |
| HISTEX             |                   | 3                |
| HISTEX SR          |                   | 3                |
| HISTOR-D           |                   | 3                |
| J-TAN D            |                   | 3                |
| LODRANE D          |                   | 3                |
| NALEX-A            |                   | 3                |
| NOREL LA           |                   | 3                |
| PALGIC D           |                   | 3                |
| PALGIC DS          |                   | 3                |
| PEDIATEX 12 D      |                   | 3                |
| PEDIATEX-D         |                   | 3                |
| PEDIOX             |                   | 3                |
| PHENABID           |                   | 3                |
| PHENA-PLUS         |                   | 3                |
| PHENA-S            |                   | 3                |
| POLY HIST FORTE    |                   | 3                |
| POLY HIST PD       |                   | 3                |
| PREHIST            |                   | 3                |
| QDALL              |                   | 3                |

| <b>Drug-Name</b>                   | <b>Req/Limits</b> | <b>Drug Tier</b> |
|------------------------------------|-------------------|------------------|
| RICOBID                            |                   | 3                |
| RONDEC                             |                   | 3                |
| RONDEC-TR                          |                   | 3                |
| RYNA-12                            |                   | 3                |
| RYNA-12 S                          |                   | 3                |
| RYNATAN                            |                   | 3                |
| SEMPREX-D                          |                   | 3                |
| SUDAL 12                           |                   | 3                |
| TANAFED DP                         |                   | 3                |
| TOURO ALLERGY                      |                   | 3                |
| ULTRABROM                          |                   | 3                |
| ULTRABROM PD                       |                   | 3                |
| VAZOL-D                            |                   | 3                |
| VIRAVAN-S                          |                   | 3                |
| VIRAVAN-T                          |                   | 3                |
| ZYMINE-D                           |                   | 3                |
| ZYRTEC-D                           | QL                | 3                |
| <b>Antihistamines</b>              |                   |                  |
| ALLEGRA                            | QL, PA            | 3                |
| BROVEX                             |                   | 3                |
| BROVEX CT                          |                   | 3                |
| CARBOXINE                          |                   | 3                |
| CLARINEX                           | QL, PA            | 3                |
| <i>clemastine fumarate</i>         |                   | 1                |
| CONEX                              |                   | 3                |
| <i>cyproheptadine hcl</i>          |                   | 1                |
| <i>dexchlorpheniramine maleate</i> |                   | 1                |
| <i>diphenhydramine hcl</i>         |                   | 1                |
| <i>diphenhydramine tannate</i>     |                   | 1                |
| DYTAN                              |                   | 3                |
| ELESTAT                            | QL                | 3                |
| EMADINE                            | QL                | 3                |

| <b>Drug-Name</b>                         | <b>Req/Limits</b> | <b>Drug Tier</b> |
|--|-------------------|------------------|
| HISTEX CT                                |                   | 3                |
| HISTEX IE                                |                   | 3                |
| HISTEX PD                                |                   | 3                |
| HISTEX PD 12                             |                   | 3                |
| <i>hydroxyzine hcl</i>                   |                   | 1                |
| <i>hydroxyzine pamoate</i>               |                   | 1                |
| J-TAN                                    |                   | 3                |
| LODRANE                                  |                   | 3                |
| LODRANE 24                               |                   | 3                |
| LODRANE XR                               |                   | 3                |
| MYCI CHLORPED                            |                   | 3                |
| MYCI CHLOR-TAN                           |                   | 3                |
| OPTIVAR                                  | QL                | 3                |
| PALGIC                                   |                   | 3                |
| PATANOL                                  | QL                | 2                |
| PEDIATEX                                 |                   | 3                |
| PEDIATEX 12                              |                   | 3                |
| POLY-HISTINE                             |                   | 3                |
| RICOBID-H                                |                   | 3                |
| VAZOL                                    |                   | 3                |
| VISTARIL                                 |                   | 3                |
| ZADITOR                                  | QL                | 3                |
| ZYMINE                                   |                   | 3                |
| ZYRTEC                                   | QL, PA            | 2                |
| <b>Antiinfectives</b>                    |                   |                  |
| ADOXA                                    |                   | 3                |
| ADOXA PAK                                |                   | 3                |
| ALA-TET                                  |                   | 3                |
| <i>amox tr/potassium clavulanate</i>     | QL                | 1                |
| <i>amoxicillin trihydrate capsules</i>   |                   | 1                |
| <i>amoxicillin trihydrate suspension</i> | QL                | 1                |
| AMOXIL                                   | QL                | 3                |
| <i>ampicillin trihydrate</i>             |                   | 1                |
| AUGMENTIN                                | QL                | 3                |
| AUGMENTIN ES-600                         |                   | 3                |
| AUGMENTIN XR                             |                   | 3                |

| <b>Drug-Name</b>                         | <b>Req/Limits</b> | <b>Drug Tier</b> |
|--|-------------------|------------------|
| AVC                                      |                   | 3                |
| AZULFIDINE                               |                   | 3                |
| BACIIM                                   |                   | 5                |
| BACTOCILL                                | QL                | 3                |
| BACTRIM DS                               |                   | 3                |
| BIAXIN                                   | QL                | 2                |
| BIAXIN XL                                | QL                | 2                |
| CECLOR CAPSULE                           |                   | 3                |
| CECLOR SUSPENSION                        | QL                | 3                |
| CEDAX CAPSULE                            | QL                | 3                |
| CEDAX SUSPENSION                         |                   | 2                |
| <i>cefaclor capsule</i>                  |                   | 1                |
| <i>cefaclor tablet/suspension</i>        | QL                | 1                |
| <i>cefadroxil hydrate capsule</i>        |                   | 1                |
| <i>cefadroxil hydrate tablet</i>         | QL                | 1                |
| <i>cefprozime proxetil</i>               | QL                | 1                |
| CEFTIN                                   | QL                | 3                |
| <i>cefuroxime</i>                        | QL                | 1                |
| CEFZIL SUSPENSION                        | QL                | 3                |
| CEFZIL TABLET                            |                   | 3                |
| <i>cephalexin monohydrate suspension</i> | QL                | 1                |
| <i>cephalexin monohydrate tablet</i>     |                   | 1                |
| <i>cephradine</i>                        |                   | 1                |
| <i>chloramphenicol na succ</i>           |                   | 4                |
| CLEOCIN                                  | QL                | 3                |
| CLEOCIN HCL                              |                   | 3                |
| CLEOCIN PALMITATE                        |                   | 3                |
| CLEOCIN PHOSPHATE                        |                   | 5                |
| <i>clindamycin hcl</i>                   |                   | 1                |
| <i>clindamycin phosphate</i>             | QL                | 1                |
| CLINDESSE                                |                   | 3                |
| DAYTO-SULF                               |                   | 3                |
| DECLOMYCIN                               | QL                | 3                |
| <i>demeclocycline hcl</i>                | QL                | 1                |
| <i>dicloxacillin sodium</i>              |                   | 1                |
| DISPERMOX                                |                   | 3                |

| <b>Drug-Name</b>                         | <b>Req/Limits</b> | <b>Drug Tier</b> |
|--|-------------------|------------------|
| DORYX                                    |                   | 3                |
| DURICEF                                  | QL                | 3                |
| DYNACIN                                  | QL                | 3                |
| <i>E.E.S. 200 oral susp</i>              |                   | 3                |
| <i>ery e-succ/sulfisoxazole</i>          | QL                | 1                |
| ERYC                                     |                   | 3                |
| ERYPED                                   |                   | 3                |
| ERYPED 200                               |                   | 3                |
| ERYPED 400                               |                   | 3                |
| ERY-TAB                                  |                   | 3                |
| <i>erythromycin base</i>                 | QL                | 1                |
| <i>erythromycin base/ethanol</i>         | QL                | 1                |
| <i>erythromycin stearate</i>             |                   | 1                |
| FORTAZ                                   |                   | 5                |
| FURADANTIN                               | QL                | 3                |
| FUROXONE                                 | QL                | 3                |
| GANTRISIN                                |                   | 2                |
| <i>gentamicin sulfate drops/ointment</i> | QL                | 1                |
| <i>gentamicin sulfate injectable</i>     |                   | 4                |
| GEOCILLIN                                | QL                | 3                |
| GYNAZOLE-1                               |                   | 3                |
| KEFLEX                                   |                   | 3                |
| KETEK                                    | QL                | 3                |
| KETEK PAK                                | QL                | 3                |
| LEVAQUIN                                 | QL                | 2                |
| LINCOJECT                                |                   | 4                |
| LORABID CAPSULE                          | QL                | 2                |
| LORABID SUSPENSION                       |                   | 2                |
| MACROBID                                 | QL                | 3                |
| MACRODANTIN                              | QL                | 3                |
| METROGEL-VAGINAL                         | QL                | 3                |
| <i>miconazole nitrate</i>                | QL                | 1                |
| MINOCIN                                  |                   | 3                |
| <i>minocycline hcl</i>                   | QL                | 1                |
| MONISTAT 3                               | QL                | 3                |
| MONODOX                                  | QL                | 3                |

| <b>Drug-Name</b>                            | <b>Req/Limits</b> | <b>Drug Tier</b> |
|---|-------------------|------------------|
| NEO-FRADIN                                  |                   | 3                |
| <i>neomycin sulfate</i>                     |                   | 1                |
| <i>nitrofurantoin macrocrystal</i>          | QL                | 1                |
| <i>nitrofurantoin/nitrofurantoin mac</i>    | QL                | 1                |
| <i>nystatin</i>                             |                   | 1                |
| OMNICEF                                     | QL                | 2                |
| <i>oxacillin sodium</i>                     |                   | 4                |
| PANIXINE                                    |                   | 3                |
| PCE   | QL                | 3                |
| PEDIAZOLE                                   | QL                | 3                |
| <i>penicillin v potassium</i>               |                   | 1                |
| <i>piperacillin sodium</i>                  |                   | 4                |
| PRIFTIN                                     |                   | 2                |
| RANICLOR                                    |                   | 3                |
| RENOQUID                                    |                   | 3                |
| RIFADIN                                     |                   | 2                |
| RIFAMATE                                    |                   | 2                |
| <i>rifampin</i>                             |                   | 1                |
| RIFATER                                     |                   | 2                |
| ROCEPHIN                                    |                   | 5                |
| SEPTRA                                      |                   | 3                |
| SEPTRA DS                                   |                   | 3                |
| SEROMYCIN                                   |                   | 3                |
| SPECTRACEF                                  |                   | 3                |
| <i>sulfadiazine</i>                         |                   | 1                |
| <i>sulfamethoxazole/trimethoprim tablet</i> |                   | 1                |
| <i>sulfamethoxazole/trimethoprim vial</i>   |                   | 4                |
| <i>sulfasalazine</i>                        |                   | 1                |
| <i>sulfisoxazole</i>                        |                   | 3                |
| SUMYCIN                                     |                   | 3                |
| SUMYCIN 250                                 |                   | 3                |
| SUMYCIN 500                                 |                   | 3                |
| SUPRAX                                      | QL                | 3                |
| TERAZOL 3                                   | QL                | 3                |
| TERAZOL 7                                   | QL                | 3                |

| <b>Drug-Name</b>                    | <b>Req/Limits</b> | <b>Drug Tier</b> |
|-------------------------------------|-------------------|------------------|
| <i>terconazole</i>                  | QL                | 1                |
| <i>tetracycline hcl</i>             |                   | 1                |
| VANOCIN HCL                         |                   | 2                |
| <i>vancomycin hcl</i>               |                   | 5                |
| VANTIN                              | QL                | 3                |
| VELOSEF                             |                   | 3                |
| VIBRAMYCIN                          | QL                | 3                |
| VIBRA-TABS                          | QL                | 3                |
| ZITHROMAX                           | QL                | 2                |
| ZITHROMAX INJECTABLE                |                   | 5                |
| ZOSYN                               |                   | 5                |
| ZYVOX IV                            |                   | 5                |
| ZYVOX                               | QL                | 2                |
| <b>Antiinfectives/Miscellaneous</b> |                   |                  |
| ABELCET                             |                   | 5                |
| ACID JELLY                          |                   | 3                |
| <i>acyclovir</i>                    |                   | 1                |
| AGENERASE                           |                   | 2                |
| ALBENZA                             |                   | 3                |
| ALINIA                              |                   | 3                |
| AMBISOME                            |                   | 5                |
| AMPHOCIN                            |                   | 5                |
| AMPHOTEC                            |                   | 5                |
| <i>amphotericin b</i>               |                   | 5                |
| ANCOBON                             |                   | 2                |
| ARALEN PHOSPHATE                    |                   | 3                |
| AVELOX                              | QL                | 3                |
| AVELOX ABC PACK                     | QL                | 3                |
| BILTRICIDE                          |                   | 3                |
| BIO-STATIN                          |                   | 3                |
| <i>chlороquine phosphate</i>        |                   | 1                |
| <i>cinnoxacin</i>                   |                   | 1                |
| CIPRO                               | QL                | 3                |
| CIPRO I.V.                          |                   | 5                |
| CIPRO XR                            | QL                | 3                |

| <b>Drug-Name</b>                   | <b>Req/Limits</b> | <b>Drug Tier</b> |
|------------------------------------|-------------------|------------------|
| COMBIVIR                           |                   | 2                |
| COPEGUS                            |                   | 3                |
| CRIXIVAN                           |                   | 2                |
| CYTOVENE                           |                   | 3                |
| DAPSONE                            |                   | 2                |
| DARAPRIM                           |                   | 3                |
| <i>didanosine</i>                  |                   | 1                |
| DIFLUCAN                           |                   | 3                |
| DIFLUCAN 150mg                     | QL                | 3                |
| DIFLUCAN IN DEXTROSE               |                   | 5                |
| EMTRIVA                            |                   | 2                |
| EPIVIR                             |                   | 2                |
| EPIVIR HBV                         |                   | 2                |
| EPZICOM                            |                   | 2                |
| <i>ethambutol bcl</i>              |                   | 1                |
| FACTIVE                            | QL                | 3                |
| FAMVIR                             |                   | 3                |
| FANSIDAR                           |                   | 3                |
| FLAGYL                             |                   | 3                |
| FLAGYL 375                         |                   | 3                |
| FLAGYL ER                          |                   | 3                |
| <i>fluconazole</i>                 | QL                | 1                |
| <i>fluconazole/sodium chloride</i> |                   | 4                |
| FLUMADINE                          |                   | 3                |
| FORTOVASE                          |                   | 2                |
| FULVICIN U/F                       |                   | 3                |
| FUZEON                             | QL                | 5                |
| <i>ganciclovir</i>                 |                   | 1                |
| GRIFULVIN V                        |                   | 3                |
| GRIS-PEG                           |                   | 2                |
| HALFAN                             |                   | 3                |
| HEPSERA                            |                   | 2                |
| HIPREX                             |                   | 3                |
| HIVID                              |                   | 2                |
| HUMATIN                            |                   | 3                |

| <b>Drug-Name</b>                  | <b>Req/Limits</b> | <b>Drug Tier</b> |
|-----------------------------------|-------------------|------------------|
| <i>hydroxychloroquine sulfate</i> |                   | 1                |
| <i>interferon alfacon-1</i>       | PA                | 4                |
| INVIRASE                          |                   | 2                |
| ISONIAZID SYRUP                   |                   | 3                |
| <i>isoniazid tablet</i>           |                   | 1                |
| <i>itraconazole</i>               |                   | 1                |
| KALETRA                           |                   | 2                |
| LAMISIL TABLET                    |                   | 2                |
| LARIAM                            |                   | 3                |
| LEXIVA                            |                   | 2                |
| MALARONE                          |                   | 3                |
| MANDELAMINE                       |                   | 3                |
| MANDELAMINE HAFGRAMS              |                   | 3                |
| MAXAQUIN                          | QL                | 3                |
| <i>mebendazole</i>                |                   | 1                |
| <i>mefloquine hcl</i>             |                   | 1                |
| MEPRON                            |                   | 2                |
| <i>methenamine hippurate</i>      |                   | 1                |
| <i>methenamine mandelate</i>      |                   | 1                |
| <i>metronidazole injectable</i>   |                   | 4                |
| <i>metronidazole tablet</i>       |                   | 1                |
| MINTEZOL                          |                   | 3                |
| MONUROL                           |                   | 3                |
| MYAMBUTOL                         |                   | 2                |
| MYCELEX                           |                   | 3                |
| MYCOBUTIN                         |                   | 2                |
| NEGGRAM                           |                   | 2                |
| NEUTREXIN                         |                   | 5                |
| NOROXIN                           | QL                | 3                |
| NORVIR                            |                   | 2                |
| PASER                             |                   | 3                |
| PEG-INTRON                        | PA                | 5                |
| PEG-INTRON REDIPEN                | PA                | 5                |

| <b>Drug-Name</b>               | <b>Req/Limits</b> | <b>Drug Tier</b> |
|--------------------------------|-------------------|------------------|
| PENTAM 300                     |                   | 4                |
| <i>pentamidine isethionate</i> |                   | 4                |
| PLAQUENIL                      |                   | 3                |
| PRIMAQUINE                     |                   | 2                |
| PRIMSOL                        |                   | 3                |
| PROLOPRIM                      |                   | 3                |
| PROSED EC                      |                   | 3                |
| PROSED/DS                      |                   | 3                |
| <i>pyrazinamide</i>            |                   | 3                |
| <i>quinine sulfate</i>         |                   | 3                |
| REBETOL CAPSULE                |                   | 3                |
| REBETOL SOLUTION               |                   | 3                |
| REBETRON 600                   | PA                | 5                |
| REBETRON 1000                  | PA                | 5                |
| REBETRON 1200                  | PA                | 5                |
| RELAGARD                       |                   | 3                |
| RELENZA                        | QL                | 3                |
| RESCRIPTOR                     |                   | 2                |
| RETROVIR                       |                   | 2                |
| REYATAZ                        |                   | 2                |
| <i>ribavirin</i>               |                   | 1                |
| <i>rimantadine bcl</i>         |                   | 1                |
| SPORANOX                       |                   | 3                |
| STROMECTOL                     |                   | 2                |
| SUSTIVA                        |                   | 2                |
| TAMIFLU                        | QL                | 3                |
| TEQUIN                         | QL                | 3                |
| THALOMID                       | PA                | 2                |
| TINDAMAX                       |                   | 3                |
| TRAC 2X                        |                   | 3                |
| TRECTOR                        |                   | 3                |
| <i>trimethoprim</i>            |                   | 1                |
| TRIMPEX                        |                   | 3                |
| TRIZIVIR                       |                   | 2                |

| <b>Drug-Name</b>       | <b>Req/Limits</b> | <b>Drug Tier</b> |
|------------------------|-------------------|------------------|
| TRUVADA                |                   | 2                |
| URELLE                 |                   | 3                |
| URETRON D/S            |                   | 3                |
| URIMAX                 |                   | 3                |
| URISED                 |                   | 3                |
| URISYM                 |                   | 3                |
| URO BLUE               |                   | 3                |
| UROLENE BLUE           |                   | 3                |
| UTA                    |                   | 3                |
| VALCYTE                |                   | 2                |
| VALTREX                | QL                | 2                |
| VFEND                  |                   | 3                |
| VIDEX                  |                   | 2                |
| VIDEX EC               |                   | 2                |
| VIRACEPT POWDER        |                   | 3                |
| VIRACEPT TABLET        |                   | 2                |
| VIRAMUNE               |                   | 2                |
| VIREAD                 |                   | 2                |
| XIFAXAN                |                   | 3                |
| YODOXIN                |                   | 3                |
| ZERIT                  |                   | 2                |
| ZIAGEN                 |                   | 2                |
| ZOVIRAX                |                   | 3                |
| <b>Antineoplastics</b> |                   |                  |
| ACTIMMUNE              | PA                | 5                |
| ALIMTA                 |                   | 5                |
| ALKERAN                |                   | 3                |
| ARIMIDEX               |                   | 2                |
| AROMASIN               |                   | 2                |
| BICNU                  |                   | 5                |
| BUSULFEX               |                   | 4                |
| CAMPTOSAR              |                   | 5                |
| <i>carboplatin</i>     |                   | 5                |
| CASODEX                |                   | 2                |

| <b>Drug-Name</b>                   | <b>Req/Limits</b> | <b>Drug Tier</b> |
|------------------------------------|-------------------|------------------|
| CEENU                              |                   | 2                |
| <i>cisplatin</i>                   |                   | 4                |
| <i>cladribine</i>                  |                   | 5                |
| <i>cyclophosphamide injectable</i> |                   | 5                |
| <i>cyclophosphamide tablet</i>     |                   | 1                |
| <i>cytarabine</i>                  |                   | 4                |
| CYTOXAN INJECTABLE                 |                   | 4                |
| CYTOXAN LYOPHILIZED                |                   | 5                |
| CYTOXAN TABLET                     |                   | 3                |
| <i>dacarbazine</i>                 |                   | 4                |
| DEPOCYT                            |                   | 4                |
| DROXIA                             |                   | 3                |
| DTIC-DOME IV                       |                   | 4                |
| ELIGARD                            |                   | 5                |
| ELOXATIN                           |                   | 5                |
| ELSPAR                             |                   | 5                |
| EMCYT                              |                   | 3                |
| <i>etoposide</i>                   |                   | 5                |
| EULEXIN                            |                   | 3                |
| FARESTON                           |                   | 3                |
| FASLODEX                           |                   | 5                |
| FEMARA                             |                   | 3                |
| <i>floxuridine</i>                 |                   | 4                |
| FLUDARA                            |                   | 5                |
| <i>fludarabine phosphate</i>       |                   | 4                |
| <i>flutamide</i>                   |                   | 1                |
| FUDR                               |                   | 4                |
| GEMZAR                             |                   | 5                |
| GLEEVEC                            |                   | 2                |
| HEXALEN                            |                   | 2                |
| HYCANTIN                           |                   | 5                |
| HYDREA                             |                   | 3                |
| <i>hydroxyurea</i>                 |                   | 1                |
| IFEX                               |                   | 5                |
| IFEX/MESNEX                        |                   | 5                |

| <b>Drug-Name</b>               | <b>Req/Limits</b> | <b>Drug Tier</b> |
|--------------------------------|-------------------|------------------|
| <i>ifosfamide</i>              |                   | 5                |
| <i>ifosfamide/mesna</i>        |                   | 5                |
| INTRON A                       | PA                | 5                |
| IRESSA                         |                   | 2                |
| LEUKERAN                       |                   | 2                |
| <i>leuprolide acetate</i>      |                   | 5                |
| LEUSTATIN                      |                   | 5                |
| LEVULAN                        |                   | 2                |
| LYSODREN                       |                   | 2                |
| MATULANE                       |                   | 3                |
| <i>megestrol acetate</i>       |                   | 1                |
| <i>mercaptopurine</i>          |                   | 1                |
| <i>methotrexate injectable</i> |                   | 4                |
| <i>methotrexate sodium</i>     |                   | 4                |
| <i>methotrexate sodium/pf</i>  |                   | 4                |
| <i>methotrexate tablet</i>     |                   | 1                |
| MUSTARGEN                      |                   | 5                |
| MYLERAN                        |                   | 3                |
| MYLOCEL                        |                   | 3                |
| NILANDRON                      |                   | 3                |
| NIPENT                         |                   | 5                |
| NOLVADEX                       |                   | 3                |
| ONCASPAR                       |                   | 5                |
| ONTAK                          |                   | 5                |
| PHOTOFRIN                      |                   | 5                |
| PROLEUKIN                      |                   | 5                |
| PURINETHOL                     |                   | 2                |
| ROFERON-A                      | PA                | 5                |
| <i>tamoxifen citrate</i>       |                   | 1                |
| TARABINE PFS                   |                   | 4                |
| TARCEVA                        |                   | 2                |
| TARGRETIN CAPSULE              |                   | 3                |
| TARGRETIN GEL                  |                   | 2                |
| TEMODAR                        |                   | 3                |
| TESLAC                         |                   | 3                |

| <b>Drug-Name</b>            | <b>Req/Limits</b> | <b>Drug Tier</b> |
|-----------------------------|-------------------|------------------|
| THERACYS                    |                   | 4                |
| <i>thioguanine</i>          |                   | 2                |
| <i>thiotepa</i>             |                   | 5                |
| TICE BCG                    |                   | 4                |
| TREXALL                     |                   | 3                |
| TRISENOX                    |                   | 4                |
| VELCADE                     |                   | 5                |
| VEPESID                     |                   | 3                |
| VESANOID                    |                   | 2                |
| VUMON                       |                   | 4                |
| XELODA                      |                   | 3                |
| ZOLADEX                     |                   | 5                |
| <b>Antiparkinson Drugs</b>  |                   |                  |
| AKINETON                    |                   | 3                |
| <i>amantadine hcl</i>       |                   | 1                |
| APOKYN                      | PA                | 5                |
| <i>benztropine mesylate</i> |                   | 1                |
| <i>carbidopa/levodopa</i>   |                   | 1                |
| COMTAN                      |                   | 2                |
| ELDEPRYL                    |                   | 3                |
| KEMADRIN                    |                   | 3                |
| LODOSYN                     |                   | 3                |
| MIRAPEX                     |                   | 2                |
| PARCOPA                     |                   | 3                |
| <i>pergolide mesylate</i>   |                   | 1                |
| PERMAX                      |                   | 3                |
| REQUIP                      |                   | 2                |
| <i>selegiline</i>           |                   | 3                |
| SINEMET CR                  |                   | 3                |
| SINEMET-10/100              |                   | 3                |
| SINEMET-25/100              |                   | 3                |
| SINEMET-25/250              |                   | 3                |
| STALEVO 50                  |                   | 2                |
| STALEVO 100                 |                   | 2                |
| STALEVO 150                 |                   | 2                |

| <b>Drug-Name</b>                  | <b>Req/Limits</b> | <b>Drug Tier</b> |
|-----------------------------------|-------------------|------------------|
| SYMMETREL                         |                   | 3                |
| TASMAR                            |                   | 3                |
| <i>tribexyphenidyl elixir</i>     |                   | 3                |
| <i>tribexyphenidyl tablet</i>     |                   | 1                |
| <b>Autonomic Drugs</b>            |                   |                  |
| <i>acebutolol hcl</i>             |                   | 1                |
| ADDERALL                          |                   | 3                |
| ADDERALL XR                       |                   | 3                |
| <i>amphet asp/amphet/d-amphet</i> |                   | 1                |
| ARICEPT                           |                   | 2                |
| <i>atenolol</i>                   |                   | 1                |
| BETAPACE                          |                   | 3                |
| BETAPACE AF                       |                   | 3                |
| <i>bethanechol chloride</i>       |                   | 1                |
| <i>bisoprolol fumarate</i>        |                   | 1                |
| BLOCADREN                         |                   | 3                |
| BOTOX                             | PA                | 5                |
| BREVIBLOC                         |                   | 4                |
| COGNEX                            |                   | 3                |
| CORGARD                           |                   | 3                |
| <i>d-amphetamine sulfate</i>      |                   | 1                |
| EPIPEN                            |                   | 4                |
| EPIPEN JR.                        |                   | 4                |
| EVOXAC                            |                   | 3                |
| EXELON                            |                   | 2                |
| GUANIDINE                         |                   | 2                |
| INDERAL                           |                   | 3                |
| INDERAL LA                        |                   | 3                |
| INNOPRAN XL                       |                   | 3                |
| KERLONE                           |                   | 3                |
| LEVATOL                           |                   | 3                |
| LOPRESSOR                         |                   | 3                |

| <b>Drug-Name</b>                     | <b>Req/Limits</b> | <b>Drug Tier</b> |
|--------------------------------------|-------------------|------------------|
| MESTINON SYRUP                       |                   | 3                |
| MESTINON TABLET SA                   |                   | 2                |
| <i>metoprolol tartrate</i>           |                   | 1                |
| <i>midodrine hcl</i>                 |                   | 1                |
| MYOBLOC                              | PA                | 5                |
| MYTELASE                             |                   | 3                |
| <i>nadolol</i>                       |                   | 1                |
| <i>pindolol</i>                      |                   | 1                |
| PROAMATINE                           |                   | 3                |
| <i>propranolol</i>                   |                   | 1                |
| PROSTIGMIN                           |                   | 3                |
| <i>pyridostigmine bromide</i>        |                   | 1                |
| REMINYL                              |                   | 2                |
| SALAGEN                              |                   | 3                |
| SECTRAL                              |                   | 3                |
| <i>sotalol hcl</i>                   |                   | 1                |
| TENORMIN                             |                   | 3                |
| <i>timolol maleate sol-gel/drops</i> | QL                | 1                |
| <i>timolol maleate tablet</i>        |                   | 1                |
| TOPROL XL                            |                   | 3                |
| URECHOLINE                           |                   | 3                |
| ZEBETA                               |                   | 3                |
| <b>Biologicals</b>                   |                   |                  |
| ACTHIB                               |                   | 4                |
| APLISOL                              |                   | 4                |
| ATTENUVAX VACCINE W/DILUENT          |                   | 4                |
| BAYGAM                               | PA                | 5                |
| CARIMUNE                             | PA                | 5                |
| CARIMUNE NF NANOFILTERED             | PA                | 5                |
| COMVAX                               |                   | 4                |
| DAPTACEL                             |                   | 4                |
| DECAVAC                              |                   | 4                |
| DIPHThERIA-TETANUS TOXOID            |                   | 4                |
| FLUMIST                              |                   | 3                |
| GAMIMUNE N                           | PA                | 5                |

| <b>Drug-Name</b>                     | <b>Req/Limits</b> | <b>Drug Tier</b> |
|--------------------------------------|-------------------|------------------|
| GAMMAGARD S/D                        | PA                | 5                |
| GAMMAR-P I.V.                        | PA                | 5                |
| GAMUNEX                              | PA                | 5                |
| HAVRIX                               |                   | 4                |
| HIBTITER                             |                   | 4                |
| IMMUNE GLOBULIN                      | PA                | 5                |
| IMOVAX RABIES VACCINE                |                   | 5                |
| INFANRIX                             |                   | 4                |
| IPOL                                 |                   | 4                |
| IVEEGAM EN                           | PA                | 5                |
| JE-VAX                               |                   | 4                |
| MENOMUNE-A/C/Y/W W/DILUENT VL        |                   | 4                |
| MENOMUNE-A/C/Y/W-135                 |                   | 4                |
| MERUVAX II VACCINE W/DILUENT         |                   | 4                |
| M-M-R II VACCINE W/DILUENT           |                   | 4                |
| M-R-VAX II VACCINE W/DILUENT         |                   | 4                |
| MUMPSVAX VACCINE W/DILUENT           |                   | 4                |
| OCTAGAM                              | PA                | 5                |
| PANGLOBULIN NF                       | PA                | 5                |
| PEDIARIX                             |                   | 4                |
| PEDVAXHIB                            |                   | 4                |
| RABAVERT                             |                   | 5                |
| RECOMBIVAX HB                        | PA                | 4                |
| STAPHAGE LYSATE                      |                   | 4                |
| TE ANATOXAL BERNA                    |                   | 4                |
| <i>tetanus and diphtheria toxoid</i> |                   | 4                |
| <i>tetanus toxoid,adsorbed</i>       |                   | 4                |
| <i>tetanus toxoid,fluid</i>          |                   | 4                |
| TRIHIBIT                             |                   | 4                |
| TRIPEDIA                             |                   | 4                |
| TUBERSOL                             |                   | 4                |
| TWINRIX                              |                   | 4                |
| TYPHIM VI                            |                   | 4                |

| <b>Drug-Name</b>                      | <b>Req/Limits</b> | <b>Drug Tier</b> |
|---------------------------------------|-------------------|------------------|
| VAQTA                                 |                   | 4                |
| VARIVAX VACCINE                       |                   | 4                |
| VENOGLOBULIN-S                        | PA                | 5                |
| VIVOTIF BERNA                         |                   | 2                |
| YF-VAX                                |                   | 5                |
| <b>Blood</b>                          |                   |                  |
| AGGRENOX                              |                   | 3                |
| AGRYLIN                               |                   | 3                |
| AMICAR                                |                   | 1                |
| <i>aminocaprioc acid injectable</i>   |                   | 5                |
| <i>aminocaprioc acid tablet/syrup</i> |                   | 1                |
| ASTRINGYN                             |                   | 3                |
| <i>cilostazol</i>                     |                   | 1                |
| COUMADIN                              |                   | 2                |
| CYKLOKAPRON                           |                   | 5                |
| <i>dipyridamole</i>                   |                   | 1                |
| ENDO-AVITENE                          |                   | 3                |
| HELITENE                              |                   | 3                |
| HEPARIN FLUSH                         |                   | 4                |
| HEPARIN LOCK FLUSH                    |                   | 4                |
| <i>heparin sodium</i>                 |                   | 4                |
| <i>heparin sodium,porcine</i>         |                   | 4                |
| HEP-LOCK                              |                   | 4                |
| HEP-LOCK U/P                          |                   | 4                |
| INSTAT MCH                            |                   | 3                |
| LEUKINE                               |                   | 5                |
| LOVENOX                               |                   | 5                |
| NEULASTA                              | QL                | 4                |
| PENTOPAK                              |                   | 3                |
| <i>pentoxifylline</i>                 |                   | 1                |
| PERSANTINE                            |                   | 3                |
| PLAVIX                                |                   | 2                |
| PLETAL                                |                   | 3                |
| PROCRIT                               |                   | 5                |

| <b>Drug-Name</b>              | <b>Req/Limits</b> | <b>Drug Tier</b> |
|-------------------------------|-------------------|------------------|
| TRASYLOL                      |                   | 5                |
| TRENTAL                       |                   | 3                |
| <i>warfarin sodium</i>        |                   | 1                |
| <b>Cardiac Drugs</b>          |                   |                  |
| ADALAT CC                     |                   | 3                |
| ADENOCARD                     |                   | 4                |
| ADENOCARD IV                  |                   | 4                |
| <i>adenosine</i>              |                   | 4                |
| <i>amiodarone hcl</i>         |                   | 1                |
| CALAN                         |                   | 3                |
| CALAN SR                      |                   | 3                |
| CARDENE                       |                   | 3                |
| CARDENE SR                    |                   | 3                |
| CARDIZEM                      |                   | 3                |
| CARDIZEM CD                   |                   | 3                |
| CARDIZEM LA                   |                   | 3                |
| CORDARONE                     |                   | 2                |
| COVERA-HS                     |                   | 3                |
| DIGITEK                       |                   | 2                |
| <i>digoxin</i>                |                   | 1                |
| DILACOR XR                    |                   | 3                |
| DILATRATE-SR                  |                   | 3                |
| <i>diltiazem hcl</i>          |                   | 1                |
| <i>disopyramide phosphate</i> |                   | 1                |
| DYNACIRC                      |                   | 3                |
| DYNACIRC CR                   |                   | 3                |
| ETHMOZINE                     |                   | 3                |
| <i>felodipine</i>             |                   | 1                |
| <i>flecainide acetate</i>     |                   | 1                |
| IMDUR                         |                   | 3                |
| ISMO                          |                   | 3                |
| ISOCHRON                      |                   | 3                |
| ISOPTIN SR                    |                   | 3                |

| <b>Drug-Name</b>              | <b>Req/Limits</b> | <b>Drug Tier</b> |
|-------------------------------|-------------------|------------------|
| ISORDIL                       |                   | 3                |
| <i>isosorbide dinitrate</i>   |                   | 1                |
| <i>isosorbide mononitrate</i> |                   | 1                |
| LANOXICAPS                    |                   | 3                |
| LANOXIN                       |                   | 2                |
| <i>mexiletine hcl</i>         |                   | 1                |
| <i>milrinone lactate</i>      |                   | 4                |
| MINITRAN                      |                   | 3                |
| MONOKET                       |                   | 3                |
| <i>nicardipine hcl</i>        |                   | 1                |
| <i>nifedipine</i>             |                   | 1                |
| NIMOTOP                       |                   | 3                |
| NITRO-BID                     |                   | 3                |
| NITRO-DUR                     | QL                | 3                |
| <i>nitroglycerin capsule</i>  |                   | 1                |
| <i>nitroglycerin patch</i>    | QL                | 1                |
| NITROLINGUAL                  |                   | 3                |
| NITROSTAT                     |                   | 3                |
| NORPACE                       |                   | 3                |
| NORPACE CR                    |                   | 3                |
| NORVASC                       |                   | 2                |
| PACERONE                      |                   | 2                |
| PLENDIL                       |                   | 3                |
| <i>procainamide</i>           |                   | 1                |
| PROCANBID                     |                   | 3                |
| PROCARDIA                     |                   | 3                |
| PROCARDIA XL                  |                   | 3                |
| PRONESTYL                     |                   | 3                |
| PRONESTYL-SR                  |                   | 3                |
| <i>propafenone hcl</i>        |                   | 1                |
| <i>quinidine gluconate</i>    |                   | 1                |
| <i>quinidine sulfate</i>      |                   | 1                |
| RYTHMOL                       |                   | 3                |
| RYTHMOL SR                    |                   | 3                |

| <b>Drug-Name</b>                      | <b>Req/Limits</b> | <b>Drug Tier</b> |
|---------------------------------------|-------------------|------------------|
| SULAR                                 |                   | 3                |
| TAMBOCOR                              |                   | 3                |
| TIAZAC                                |                   | 3                |
| TIKOSYN                               |                   | 3                |
| <i>verapamil hcl</i>                  |                   | 1                |
| VERELAN                               |                   | 3                |
| VERELAN PM                            |                   | 3                |
| <b>Cardiovascular</b>                 |                   |                  |
| ACCUPRIL                              |                   | 3                |
| ACCURETIC                             |                   | 3                |
| ACEON                                 |                   | 3                |
| <i>adenosine phosphate</i>            |                   | 4                |
| ADVICOR                               |                   | 3                |
| ALPROSTADIL                           |                   | 5                |
| ALTACE                                |                   | 3                |
| ALTOPREV                              |                   | 3                |
| ANTARA                                |                   | 3                |
| ATACAND                               |                   | 3                |
| ATACAND HCT                           |                   | 3                |
| <i>atenolol/chlorthalidone</i>        |                   | 1                |
| AVALIDE                               |                   | 3                |
| AVAPRO                                |                   | 3                |
| <i>benazepril hcl</i>                 |                   | 1                |
| <i>benazepril/hydrochlorothiazide</i> |                   | 1                |
| BENICAR                               |                   | 3                |
| BENICAR HCT                           |                   | 3                |
| <i>bisoprol/hydrochlorothiazide</i>   |                   | 1                |
| CADUET                                |                   | 3                |
| CAPOTEN                               |                   | 3                |
| CAPOZIDE                              |                   | 3                |
| <i>captopril</i>                      |                   | 1                |
| <i>captopril/hydrochlorothiazide</i>  |                   | 1                |
| CARDURA                               |                   | 3                |

| <b>Drug-Name</b>                      | <b>Req/Limits</b> | <b>Drug Tier</b> |
|---------------------------------------|-------------------|------------------|
| CATAPRES                              |                   | 3                |
| CATAPRES-TTS 1                        | QL                | 3                |
| CATAPRES-TTS 2                        | QL                | 3                |
| CATAPRES-TTS 3                        | QL                | 3                |
| <i>cbolestyramine/aspartame</i>       |                   | 1                |
| <i>cbolestyramine/sucrose</i>         |                   | 1                |
| CLOFIBRATE                            |                   | 3                |
| <i>clonidine hcl</i>                  |                   | 1                |
| CLORPRES                              |                   | 3                |
| COLESTID                              |                   | 3                |
| COREG                                 |                   | 2                |
| CORZIDE                               |                   | 3                |
| COZAAR                                |                   | 2                |
| CRESTOR                               | QL                | 3                |
| DEMSER                                |                   | 3                |
| DIBENZYLINE                           |                   | 3                |
| DIOVAN                                |                   | 2                |
| DIOVAN HCT                            |                   | 2                |
| <i>doxazosin mesylate</i>             |                   | 1                |
| <i>enalapril/hydrochlorothiazide</i>  |                   | 1                |
| <i>enalapril maleate</i>              |                   | 1                |
| <i>enalaprilat</i>                    |                   | 4                |
| ENDURONYL FORTE                       |                   | 3                |
| <i>ergoloid mesylates</i>             |                   | 1                |
| <i>fosinopril/hydrochlorothiazide</i> |                   | 1                |
| <i>fosinopril sodium</i>              |                   | 1                |
| <i>gemfibrozil</i>                    |                   | 1                |
| <i>guanabenz acetate</i>              |                   | 1                |
| <i>guanfacine hcl</i>                 |                   | 1                |
| <i>hydralazine hcl</i>                |                   | 1                |
| HYDRA-ZIDE                            |                   | 3                |
| HYTRIN                                |                   | 3                |
| HYZAAR                                |                   | 2                |

| <b>Drug-Name</b>                      | <b>Req/Limits</b> | <b>Drug Tier</b> |
|---------------------------------------|-------------------|------------------|
| INDERIDE-40/25                        |                   | 3                |
| INVERSINE                             |                   | 3                |
| ISOVEX                                |                   | 3                |
| <i>labetalol hcl</i>                  |                   | 1                |
| LESCOL                                | QL                | 3                |
| LESCOL XL                             | QL                | 3                |
| LEXXEL                                |                   | 3                |
| LIPEX                                 |                   | 3                |
| LIPITOR                               | QL                | 2                |
| LIPOCHOL PLUS                         |                   | 3                |
| <i>lisinopril</i>                     |                   | 1                |
| <i>lisinopril/hydrochlorothiazide</i> |                   | 1                |
| LOFIBRA                               |                   | 3                |
| LOPID                                 |                   | 3                |
| LOPRESSOR HCT                         |                   | 3                |
| LOTENSIN                              |                   | 3                |
| LOTENSIN HCT                          |                   | 3                |
| LOTREL                                |                   | 2                |
| <i>lovastatin</i>                     | QL                | 1                |
| MAVIK                                 |                   | 3                |
| MEVACOR                               | QL                | 3                |
| MICARDIS                              |                   | 3                |
| MICARDIS HCT                          |                   | 3                |
| MINIPRESS                             | PA                | 3                |
| MINIZIDE 1                            |                   | 3                |
| MINIZIDE 2                            |                   | 3                |
| MINIZIDE 5                            |                   | 3                |
| MONOPRIL                              |                   | 3                |
| MONOPRIL HCT                          |                   | 3                |
| NIACOR                                |                   | 3                |
| NIASPAN                               |                   | 2                |
| PAPAVERINE HCL                        |                   | 3                |

| <b>Drug-Name</b>                     | <b>Req/Limits</b> | <b>Drug Tier</b> |
|--------------------------------------|-------------------|------------------|
| PRAVACHOL                            | QL                | 3                |
| <i>prazosin hcl</i>                  | PA                | 1                |
| PRINIVIL                             |                   | 3                |
| PRINZIDE                             |                   | 3                |
| QUESTRAN                             |                   | 3                |
| QUESTRAN LIGHT                       |                   | 3                |
| <i>quinapril hcl</i>                 |                   | 1                |
| <i>quinapril/hydrochlorothiazide</i> |                   | 1                |
| <i>reserpine</i>                     |                   | 3                |
| TARKA                                |                   | 3                |
| TENEX                                |                   | 3                |
| TENORETIC 50                         |                   | 3                |
| TENORETIC 100                        |                   | 3                |
| <i>terazosin hcl</i>                 |                   | 1                |
| TEVETEN                              |                   | 3                |
| TEVETEN HCT                          |                   | 3                |
| TIMOLIDE                             |                   | 3                |
| TRANDATE                             |                   | 3                |
| TRICOR                               |                   | 3                |
| UNIRETIC                             |                   | 3                |
| UNI-SERP                             |                   | 3                |
| UNIVASC                              |                   | 3                |
| VASERETIC                            |                   | 3                |
| VASODILAN                            |                   | 3                |
| VASOTEC                              |                   | 3                |
| VYTORIN                              | QL                | 3                |
| WELCHOL                              |                   | 3                |
| ZESTORETIC                           |                   | 3                |
| ZESTRIL                              |                   | 3                |
| ZETIA                                | QL                | 2                |
| ZIAC                                 |                   | 3                |
| ZOCOR                                | QL                | 2                |

**Drug-Name****Req/Limits****Drug Tier****CNS Drugs**

|                               |    |   |
|-------------------------------|----|---|
| <i>carbamazepine</i>          |    | 1 |
| CARBATROL                     |    | 2 |
| CELONTIN                      |    | 2 |
| CEREBYX                       |    | 5 |
| DEPAKENE                      |    | 3 |
| DEPAKOTE                      |    | 2 |
| DEPAKOTE ER                   |    | 2 |
| DEPAKOTE SPRINKLE             |    | 2 |
| DILANTIN                      |    | 2 |
| DILANTIN-125                  |    | 2 |
| <i>ethosuximide</i>           |    | 1 |
| FELBATOL                      |    | 2 |
| <i>gabapentin</i>             |    | 1 |
| GABARONE                      |    | 3 |
| GABITRIL                      |    | 2 |
| KEPPRA                        |    | 2 |
| LAMICTAL                      |    | 2 |
| LYRICA                        | PA | 3 |
| NAMENDA                       |    | 2 |
| NEURONTIN                     |    | 3 |
| PEGANONE                      |    | 2 |
| <i>pemoline</i>               |    | 1 |
| PHENYTEK                      |    | 2 |
| <i>phenytoin</i>              |    | 1 |
| <i>phenytoin vial</i>         |    | 4 |
| RILUTEK                       |    | 3 |
| TEGRETOL                      |    | 2 |
| TEGRETOL XR                   |    | 2 |
| TOPAMAX                       |    | 2 |
| TRILEPTAL                     |    | 2 |
| <i>valproate sodium</i>       |    | 1 |
| <i>valproate sodium (inj)</i> |    | 4 |
| <i>valproic acid</i>          |    | 1 |

| <b>Drug-Name</b>                      | <b>Req/Limits</b> | <b>Drug Tier</b> |
|---------------------------------------|-------------------|------------------|
| ZARONTIN                              |                   | 3                |
| ZONEGRAN                              |                   | 2                |
| <b>Contraceptives</b>                 |                   |                  |
| ALESSE-28                             | QL                | 3                |
| BREVICON                              | QL                | 3                |
| CYCLESSA                              | QL                | 3                |
| DEMULEN 1/35-28                       | QL                | 3                |
| DEMULEN 1/50-21                       | QL                | 3                |
| DEMULEN 1/50-28                       | QL                | 3                |
| DESOGEN                               | QL                | 3                |
| <i>desogestrel-ethinyl estradiol</i>  | QL                | 1                |
| ESTROSTEP FE                          | QL                | 3                |
| <i>ethynodiol d-ethinyl estradiol</i> | QL                | 1                |
| LEVLITE-28                            | QL                | 3                |
| <i>levonorgestrel-eth estra</i>       | QL                | 1                |
| LO/OVRAL-28                           | QL                | 3                |
| LOESTRIN                              | QL                | 3                |
| LOESTRIN FE                           | QL                | 3                |
| MIRCETTE                              | QL                | 3                |
| MODICON                               | QL                | 3                |
| NORDETTE-28                           | QL                | 3                |
| <i>noreth a-et estra/fe fumarate</i>  | QL                | 1                |
| <i>norethindrone</i>                  | QL                | 1                |
| <i>norethindrone-ethinyl estrad</i>   | QL                | 1                |
| <i>norethindrone-mestranol</i>        | QL                | 1                |
| <i>norgestimate-ethinyl estradiol</i> | QL                | 1                |
| <i>norgestrel-ethinyl estradiol</i>   | QL                | 1                |
| NORINYL 1+35                          | QL                | 3                |
| NOR-Q-D                               | QL                | 3                |
| NUVARING                              | QL                | 3                |
| ORTHO EVRA                            | QL                | 3                |
| ORTHO MICRONOR                        | QL                | 3                |
| ORTHO TRI-CYCLEN                      | QL                | 3                |

| <b>Drug-Name</b>    | <b>Req/Limits</b> | <b>Drug Tier</b> |
|---------------------|-------------------|------------------|
| ORTHO TRI-CYCLEN LO | QL                | 3                |
| ORTHO-CEPT          | QL                | 3                |
| ORTHO-CYCLEN        | QL                | 3                |
| ORTHO-NOVUM         | QL                | 3                |
| OVCON-35            | QL                | 3                |
| OVCON-50            | QL                | 3                |
| OVRAL-28            | QL                | 3                |
| OVRETTE             | QL                | 3                |
| SEASONALE           | QL                | 3                |
| TRI-LEVLEN 28       | QL                | 3                |
| TRI-NORINYL         | QL                | 3                |
| TRIPHASIL-28        | QL                | 3                |
| YASMIN 28           | QL                | 3                |

### **Cough/Cold Preparations**

|                      |  |   |
|----------------------|--|---|
| AEROKID              |  | 3 |
| AH-CHEW              |  | 3 |
| AH-CHEW D            |  | 3 |
| AH-CHEW II           |  | 3 |
| ALBATUSSIN SR SENIOR |  | 3 |
| ALDEX                |  | 3 |
| ALDEX G              |  | 3 |
| ALLERX-D             |  | 3 |
| ALLFEN               |  | 3 |
| ALLFEN C             |  | 3 |
| AMBIFED-G            |  | 3 |
| ANAPLEX DMX          |  | 3 |
| AQUATAB D            |  | 3 |
| BETATAN              |  | 3 |
| BRONCHOLATE          |  | 3 |
| CARBATUSS-CL         |  | 3 |
| COLDMIST JR          |  | 3 |
| CONPEC               |  | 3 |
| CONPEC L.A.          |  | 3 |

| <b>Drug-Name</b> | <b>Req/Limits</b> | <b>Drug Tier</b> |
|------------------|-------------------|------------------|
| DALLERGY         |                   | 3                |
| DECONEX          |                   | 3                |
| DECON-G          |                   | 3                |
| DECONSAL II      |                   | 3                |
| DELTUSS DMX      |                   | 3                |
| DESPEC           |                   | 3                |
| DESPEC SR        |                   | 3                |
| DRIZE-R          |                   | 3                |
| DURADEX          |                   | 3                |
| DURAHIST         |                   | 3                |
| DURAHIST PE      |                   | 3                |
| DURAPHEN FORTE   |                   | 3                |
| DURAPHEN II      |                   | 3                |
| DURAPHEN II DM   |                   | 3                |
| DURASAL II       |                   | 3                |
| DURATAN DM       |                   | 3                |
| DURATUSS         |                   | 3                |
| DURATUSS DM      |                   | 3                |
| DURATUSS GP      |                   | 3                |
| DURATUSS HD      |                   | 3                |
| DYNEX            |                   | 3                |
| ENTEX            |                   | 3                |
| ENTEX ER         |                   | 3                |
| ENTEX LA         |                   | 3                |
| ENTEX PSE        |                   | 3                |
| EPHEX SR         |                   | 3                |
| EXTENDRYL        |                   | 3                |
| EXTENDRYL JR     |                   | 3                |
| GILCHEW IR       |                   | 3                |
| GILPHEX TR       |                   | 3                |
| GUAIFED          |                   | 3                |
| GUAIFED-PD       |                   | 3                |
| HEXAFLU          |                   | 3                |

| <b>Drug-Name</b>  | <b>Req/Limits</b> | <b>Drug Tier</b> |
|-------------------|-------------------|------------------|
| HUMIBID L.A.      |                   | 3                |
| J-MAX             |                   | 3                |
| LEVALL G          |                   | 3                |
| LIQUIBID-D        |                   | 3                |
| LIQUIBID-D 1200   |                   | 3                |
| LIQUIBID-PD       |                   | 3                |
| LUSONAL           |                   | 3                |
| LUSONEX           |                   | 3                |
| MAX HC            |                   | 3                |
| MAXIFED           |                   | 3                |
| MAXIFED DMX       |                   | 3                |
| MAXIFED-G         |                   | 3                |
| MAXIPHEN          |                   | 3                |
| MAXIPHEN-G DM     |                   | 3                |
| M-CLEAR JR        |                   | 3                |
| MEDENT LD         |                   | 3                |
| M-END             |                   | 3                |
| M-END MAX         |                   | 3                |
| NASOP             |                   | 3                |
| ND-GESIC          |                   | 3                |
| NOREL SD          |                   | 3                |
| NOREL SR          |                   | 3                |
| NUMONYL           |                   | 3                |
| NUMONYL PEDIATRIC |                   | 3                |
| NUMONYL SR        |                   | 3                |
| OMNIHIST II LA    |                   | 3                |
| PANATUSS DXP      |                   | 3                |
| PANCOF HC         |                   | 3                |
| PANCOF XP         |                   | 3                |
| PANMIST LA        |                   | 3                |
| PANNAZ            |                   | 3                |
| PANNAZ S          |                   | 3                |
| PEDIATEX 12 DM    |                   | 3                |

| <b>Drug-Name</b>      | <b>Req/Limits</b> | <b>Drug Tier</b> |
|-----------------------|-------------------|------------------|
| PEDIATEX DM           |                   | 3                |
| PEDIATEX HC           |                   | 3                |
| P-EPD HCL/GUAIFENESIN |                   | 3                |
| PHENA-HC              |                   | 3                |
| PHENYDEX              |                   | 3                |
| POLY HIST DM          |                   | 3                |
| POLY-VENT             |                   | 3                |
| PROFEN FORTE          |                   | 3                |
| PROFEN II             |                   | 3                |
| PROLEX D              |                   | 3                |
| PROLEX PD             |                   | 3                |
| PROTID                |                   | 3                |
| RESCON-MX             |                   | 3                |
| RESPA A.R.            |                   | 3                |
| RESPA-1ST             |                   | 3                |
| RESPAIRE-60           |                   | 3                |
| RESPA-PE              |                   | 3                |
| RICOBID-D             |                   | 3                |
| RYNA-12X              |                   | 3                |
| SINA-12X              |                   | 3                |
| SINUVENT PE           |                   | 3                |
| SITREX                |                   | 3                |
| SLOFED 60             |                   | 3                |
| S-T FORTE 2           |                   | 3                |
| STA-D                 |                   | 3                |
| STAHIST               |                   | 3                |
| SUDAL SR              |                   | 3                |
| TOURO CC-LD           |                   | 3                |
| TOURO HC              |                   | 3                |
| TOURO LA              |                   | 3                |
| TOURO LA-LD           |                   | 3                |
| TRISPEC DMX           |                   | 3                |
| TRISPEC PSE           |                   | 3                |

| <b>Drug-Name</b>     | <b>Req/Limits</b> | <b>Drug Tier</b> |
|----------------------|-------------------|------------------|
| TRISPEC SFX          |                   | 3                |
| TUSSAFED-HCG         |                   | 3                |
| TUSSINATE            |                   | 3                |
| TUSSI-PRES PEDIATRIC |                   | 3                |
| VITA-NUMONYL         |                   | 3                |
| XPECT-AT             |                   | 3                |
| XPECT-HC             |                   | 3                |
| Z-COF DMX            |                   | 3                |
| Z-COF HC             |                   | 3                |
| Z-COF LAX            |                   | 3                |
| ZEPHREX              |                   | 3                |
| ZEPHREX-LA           |                   | 3                |
| ZOTEX-G              |                   | 3                |
| ZOTEX-GP             |                   | 3                |
| <b>Diagnostic</b>    |                   |                  |
| BAROS GRANULES       |                   | 3                |
| BAR-TEST             |                   | 3                |
| BILOPAQUE            |                   | 3                |
| ENTERO VU            |                   | 3                |
| E-Z-CAT              |                   | 3                |
| FLUORESCEIN SODIUM   |                   | 3                |
| FLUORETS             |                   | 3                |
| FLUOR-I-STRIP        |                   | 3                |
| FLUOR-I-STRIP AT     |                   | 3                |
| FUL-GLO              |                   | 3                |
| GASTROGRAFIN         |                   | 3                |
| GASTROMARK           |                   | 3                |
| HYPaque SODIUM       |                   | 3                |
| ORAGRAFIN SODIUM     |                   | 3                |
| READI-CAT            |                   | 3                |
| READI-CAT 2          |                   | 3                |
| SONORX               |                   | 3                |

| <b>Drug-Name</b>                     | <b>Req/Limits</b> | <b>Drug Tier</b> |
|--------------------------------------|-------------------|------------------|
| TAGITOL                              |                   | 3                |
| TELEPAQUE                            |                   | 3                |
| <b>Diuretics</b>                     |                   |                  |
| <i>acetazolamide</i>                 |                   | 1                |
| ALDACTAZIDE                          |                   | 3                |
| ALDACTONE                            |                   | 3                |
| <i>amiloride hcl</i>                 |                   | 1                |
| <i>amiloride/hydrochlorothiazide</i> |                   | 1                |
| <i>bumetanide</i>                    |                   | 1                |
| BUMEX                                |                   | 3                |
| <i>chlorthiazide</i>                 |                   | 1                |
| <i>chlorthalidone</i>                |                   | 1                |
| DEMADEX                              |                   | 3                |
| DIAMOX SEQUELS                       |                   | 3                |
| DIURIL                               |                   | 3                |
| DYAZIDE                              |                   | 3                |
| DYRENIUM                             |                   | 3                |
| EDECIN                               |                   | 3                |
| <i>furosemide solution</i>           |                   | 3                |
| <i>furosemide tablet</i>             |                   | 1                |
| <i>hydrochlorothiazide solution</i>  |                   | 3                |
| <i>hydrochlorothiazide tablet</i>    |                   | 1                |
| <i>indapamide</i>                    |                   | 1                |
| INSPRA                               | QL                | 3                |
| INTROL                               |                   | 3                |
| ISMOTIC                              |                   | 3                |
| LASIX                                |                   | 3                |
| LOZOL                                |                   | 3                |
| <i>mannitol</i>                      |                   | 4                |
| MAXZIDE                              |                   | 3                |
| MAXZIDE-25MG                         |                   | 3                |
| <i>methazolamide</i>                 |                   | 1                |
| <i>methyclothiazide</i>              |                   | 1                |
| <i>metolazone</i>                    |                   | 1                |
| MICROZIDE                            |                   | 3                |

| <b>Drug-Name</b>                      | <b>Req/Limits</b> | <b>Drug Tier</b> |
|---------------------------------------|-------------------|------------------|
| MIDAMOR                               |                   | 3                |
| MODURETIC                             |                   | 3                |
| NATURETIN-5                           |                   | 3                |
| OSMOGLYN                              |                   | 2                |
| SALURON                               |                   | 3                |
| <i>spironolactone</i>                 |                   | 1                |
| <i>spironolactone/hctz</i>            |                   | 1                |
| THALITONE                             |                   | 2                |
| <i>toremide</i>                       |                   | 1                |
| <i>triamterene/hctz</i>               |                   | 1                |
| ZAROXOLYN                             |                   | 3                |
| <b>EENT Preps</b>                     |                   |                  |
| <i>acetic acid</i>                    |                   | 1                |
| <i>acetic acid/hydrocortisone</i>     | QL                | 1                |
| ACULAR                                | QL                | 3                |
| ACULAR LS                             | QL                | 3                |
| ACULAR PF                             | QL                | 3                |
| ADRENALIN CHLORIDE NASAL              |                   | 3                |
| ALAMAST                               | QL                | 3                |
| ALBA-3                                |                   | 3                |
| ALBALON                               |                   | 3                |
| ALCAINE                               |                   | 3                |
| ALOCRIAL                              | QL                | 3                |
| ALOMIDE                               | QL                | 3                |
| ALPHAGAN P                            |                   | 2                |
| ALREX                                 |                   | 3                |
| ALTAFLUOR                             |                   | 3                |
| <i>antipyrine/benzocaine/glycerin</i> |                   | 1                |
| ASTELIN                               | QL                | 2                |
| <i>atropine sulfate</i>               |                   | 1                |
| ATROVENT AEROSOL                      | QL                | 2                |
| ATROVENT SPRAY                        | QL                | 3                |
| AZOPT                                 |                   | 3                |
| <i>bacitracin/polymyxin b sulfate</i> |                   | 1                |

| <b>Drug-Name</b>                   | <b>Req/Limits</b> | <b>Drug Tier</b> |
|------------------------------------|-------------------|------------------|
| BACTROBAN NASAL                    |                   | 3                |
| BECONASE AQ                        | QL                | 3                |
| <i>benzocaine</i>                  |                   | 1                |
| BETADINE                           |                   | 3                |
| BETAGAN                            | QL                | 3                |
| BETAXOLOL HCL                      | QL                | 3                |
| BETIMOL                            | QL                | 3                |
| BETOPTIC S                         | QL                | 3                |
| BLEPH-10                           | QL                | 3                |
| BLEPHAMIDE                         |                   | 3                |
| BLEPHAMIDE S.O.P.                  |                   | 3                |
| <i>brimonidine tartrate</i>        |                   | 1                |
| <i>carteolol hcl</i>               |                   | 1                |
| CILOXAN                            | QL                | 3                |
| CIPRO HC                           | QL                | 3                |
| CIPRODEX                           |                   | 3                |
| <i>ciprofloxacin drops</i>         |                   | 1                |
| COLY-MYCIN S                       | QL                | 3                |
| CORTANE-B                          |                   | 3                |
| CORTISPORIN OINTMENT               |                   | 3                |
| CORTISPORIN SOLUTION               | QL                | 3                |
| CORTISPORIN-TC                     |                   | 3                |
| COSOPT                             | QL                | 2                |
| CRESYLATE                          |                   | 3                |
| <i>cromolyn sodium</i>             | QL                | 1                |
| CYCLOGYL                           |                   | 3                |
| CYCLOMYDRIL                        |                   | 3                |
| <i>cyclopentolate hcl</i>          |                   | 1                |
| <i>dexamethasone sod phosphate</i> | QL                | 1                |
| <i>dipivefrin hcl</i>              |                   | 1                |
| DOMEBORO                           |                   | 3                |
| ECONOPRED PLUS                     | QL                | 3                |
| EPINAL                             |                   | 3                |
| FIRST-MOUTHWASH BLM                |                   | 3                |

| <b>Drug-Name</b>                      | <b>Req/Limits</b> | <b>Drug Tier</b> |
|---------------------------------------|-------------------|------------------|
| FLAREX                                |                   | 3                |
| FLONASE                               | QL                | 2                |
| FLOXIN                                | QL                | 3                |
| FLOXIN OTIC                           | QL                | 2                |
| <i>flunisolide</i>                    | QL                | 1                |
| FLUORACAINE                           |                   | 3                |
| <i>fluorometholone</i>                | QL                | 1                |
| FLURATE                               |                   | 3                |
| <i>flurbiprofen sodium</i>            |                   | 1                |
| FML                                   | QL                | 3                |
| FML FORTE                             |                   | 3                |
| FML S.O.P.                            |                   | 3                |
| FML-S                                 |                   | 3                |
| GENTAK                                | QL                | 3                |
| GONIOSOL                              |                   | 3                |
| <i>bc/pramoxine hcl/chloroxylonol</i> |                   | 1                |
| <i>homatropine hbr</i>                |                   | 1                |
| HUMORSOL                              |                   | 3                |
| INFLAMASE FORTE                       |                   | 3                |
| INFLAMASE MILD                        |                   | 3                |
| IOPIDINE                              | QL                | 3                |
| <i>ipratropium bromide</i>            | QL                | 1                |
| ISOPTO ATROPINE                       |                   | 3                |
| ISOPTO CARBACHOL                      |                   | 3                |
| ISOPTO CARPINE                        | QL                | 3                |
| ISOPTO HOMATROPINE                    |                   | 3                |
| ISOPTO HYOSCINE                       |                   | 3                |
| ISTALOL                               |                   | 3                |
| LACRISERT                             | QL                | 3                |
| <i>levobunolol hcl</i>                | QL                | 1                |
| LOTEMAX                               |                   | 3                |
| LUMIGAN                               |                   | 2                |
| MAXIDEX                               |                   | 3                |
| MAXITROL                              |                   | 3                |
| <i>metipranolol</i>                   |                   | 1                |

| <b>Drug-Name</b>                      | <b>Req/Limits</b> | <b>Drug Tier</b> |
|---------------------------------------|-------------------|------------------|
| MUROCOLL-2                            |                   | 3                |
| MYDFRIN                               | QL                | 3                |
| MYDRIACYL                             |                   | 3                |
| <i>na sulfacetm/prednis sp</i>        | QL                | 1                |
| NASACORT AQ                           | QL                | 3                |
| NASAREL                               |                   | 3                |
| NASONEX                               | QL                | 2                |
| NATACYN                               |                   | 2                |
| <i>neo/polymyx b sulf/dexameth</i>    |                   | 1                |
| <i>neomy sulf/bacitra/polymyxin b</i> |                   | 1                |
| <i>neomy sulf/bacitrac zn/poly/hc</i> |                   | 1                |
| <i>neomy sulf/gramicid d/poly</i>     |                   | 1                |
| <i>neomy sulf/polymyx b sulf/hc</i>   | QL                | 1                |
| NEOSPORIN                             |                   | 3                |
| NEO-SYNEPHRINE                        | QL                | 3                |
| OCUFEN                                |                   | 3                |
| OCUFLOX                               | QL                | 3                |
| <i>ofloxacin</i>                      | QL                | 1                |
| OPTIPRANOLOL                          |                   | 3                |
| OTICIN HC                             |                   | 3                |
| OTILAM                                |                   | 3                |
| OTOCAIN                               |                   | 3                |
| OTOGESIC                              |                   | 3                |
| <i>oxy-tcn hcl/polymyx b sulf</i>     |                   | 1                |
| PAREMYD                               |                   | 3                |
| PEDIOTIC                              |                   | 3                |
| <i>phenylephrine/antipy/b-caine</i>   |                   | 1                |
| <i>phenylephrine hcl</i>              | QL                | 1                |
| PHOSPHOLINE IODIDE                    |                   | 3                |
| PILOCAR                               |                   | 3                |
| <i>pilocarpine</i>                    |                   | 3                |
| PILOPINE HS                           | QL                | 3                |
| <i>polymyxin b sulfate/tmp</i>        | QL                | 1                |

| <b>Drug-Name</b>                  | <b>Req/Limits</b> | <b>Drug Tier</b> |
|-----------------------------------|-------------------|------------------|
| POLY-PRED                         |                   | 3                |
| POLYSPORIN                        |                   | 3                |
| POLYTRIM                          | QL                | 3                |
| PRAMOTIC                          |                   | 3                |
| PRED FORTE                        | QL                | 3                |
| PRED MILD                         | QL                | 3                |
| PRED-G                            |                   | 3                |
| <i>prednisolone acetate</i>       | QL                | 1                |
| <i>prednisolone sod phosphate</i> |                   | 1                |
| PROPINE                           |                   | 3                |
| QUIXIN                            |                   | 3                |
| RESTASIS                          |                   | 2                |
| REV-EYES                          |                   | 3                |
| RHINOCORT AQUA                    | QL                | 3                |
| <i>sulfacetamide sodium</i>       | QL                | 1                |
| TERAK                             |                   | 3                |
| TIMOPTIC                          | QL                | 3                |
| TIMOPTIC-XE                       | QL                | 3                |
| TOBRADEX                          | QL                | 2                |
| <i>tobramycin sulfate</i>         | QL                | 1                |
| TOBREX                            | QL                | 3                |
| TRAVATAN                          |                   | 3                |
| <i>trifluridine</i>               |                   | 1                |
| <i>tropicamide</i>                |                   | 1                |
| TRUSOPT                           | QL                | 2                |
| TYMPAGESIC                        |                   | 3                |
| TYZINE                            |                   | 3                |
| VASOCIDIN                         | QL                | 3                |
| VEXOL                             |                   | 3                |
| VIGAMOX                           |                   | 3                |
| VIROPTIC                          | QL                | 3                |
| VOLTAREN                          | QL                | 3                |
| XALATAN                           | QL                | 2                |

| <b>Drug-Name</b>         | <b>Req/Limits</b> | <b>Drug Tier</b> |
|--------------------------|-------------------|------------------|
| ZOTO-HC                  |                   | 3                |
| ZYLET                    |                   | 3                |
| ZYMAR                    |                   | 3                |
| <b>Elect/Caloric/H2O</b> |                   |                  |
| BICITRA                  |                   | 3                |
| CALCIFOL                 |                   | 3                |
| CITROLITH                |                   | 3                |
| CONTROL RX               |                   | 3                |
| FLUORABON                |                   | 3                |
| FLUOR-A-DAY              |                   | 3                |
| FOLGARD OS               |                   | 3                |
| FOSRENOL                 |                   | 3                |
| GEL-KAM                  |                   | 3                |
| GLUCAGEN                 |                   | 4                |
| GLUCAGON EMERGENCY KIT   |                   | 4                |
| JUST FOR KIDS            |                   | 3                |
| KAOCHLOR                 |                   | 3                |
| KAOCHLOR-EFF             |                   | 3                |
| KAON                     |                   | 3                |
| KAON-CL                  |                   | 2                |
| KAY CIEL                 |                   | 3                |
| KAYEXALATE               |                   | 3                |
| K-DUR                    |                   | 3                |
| K-LOR                    |                   | 3                |
| KLOR-CON/25              |                   | 3                |
| KLOTRIX                  |                   | 3                |
| K-LYTE                   |                   | 2                |
| K-LYTE/CL                |                   | 3                |
| K-LYTE DS                |                   | 2                |
| K-PHOS M.F.              |                   | 3                |
| K-PHOS NO.2              |                   | 3                |
| K-PHOS ORIGINAL          |                   | 3                |
| K-TAB                    |                   | 3                |

| <b>Drug-Name</b>                    | <b>Req/Limits</b> | <b>Drug Tier</b> |
|-------------------------------------|-------------------|------------------|
| LURIDE                              |                   | 3                |
| MAGNEBIND 400 RX                    |                   | 3                |
| MICRO-K                             |                   | 3                |
| MICRO-K 10                          |                   | 3                |
| OMNII GEL                           |                   | 3                |
| ORACIT                              |                   | 3                |
| PEDAMETH                            |                   | 3                |
| PHOS-FLUR                           |                   | 3                |
| PHOSLO                              |                   | 2                |
| POLYCITRA                           |                   | 3                |
| POLYCITRA-K                         |                   | 3                |
| POLYCITRA-LC                        |                   | 3                |
| <i>potassium bicarbonate/cit ac</i> |                   | 1                |
| <i>potassium chloride</i>           |                   | 1                |
| PREKUNIL                            |                   | 3                |
| PREVIDENT                           |                   | 3                |
| PREVIDENT 5000 PLUS                 |                   | 3                |
| PROGLYCEM                           |                   | 2                |
| QUICK-K                             |                   | 2                |
| RENAGEL                             |                   | 2                |
| RUM-K                               |                   | 3                |
| SHOHL'S MODIFIED                    |                   | 3                |
| <i>sodium fluoride</i>              |                   | 3                |
| <i>sodium polystyrene sulfonate</i> |                   | 3                |
| <i>stannous fluoride</i>            |                   | 1                |
| THERA-FLUR-N                        |                   | 3                |
| TRI-K                               |                   | 3                |
| UROCIT-K                            |                   | 3                |
| URO-KP-NEUTRAL                      |                   | 3                |
| UROQID-ACID NO.2                    |                   | 3                |
| <b>Gastrointestinal</b>             |                   |                  |
| ACIPHEX                             | QL, PA            | 3                |
| ACTIGALL                            |                   | 3                |

| <b>Drug-Name</b>               | <b>Req/Limits</b> | <b>Drug Tier</b> |
|--------------------------------|-------------------|------------------|
| <i>amylase/lipase/protease</i> |                   | 1                |
| ANALPRAM-HC                    |                   | 3                |
| ANAMANTLE HC                   |                   | 3                |
| ANTIVERT                       |                   | 3                |
| ANTIVERT/25                    |                   | 3                |
| ANUSOL-HC                      |                   | 3                |
| ANZEMET                        | QL                | 3                |
| ASACOL                         |                   | 2                |
| AXID                           |                   | 3                |
| BENTYL                         |                   | 3                |
| BUPHENYL POWDER                |                   | 3                |
| BUPHENYL TABLET                |                   | 2                |
| CANASA                         |                   | 2                |
| CANTIL                         |                   | 3                |
| CARAFATE                       |                   | 3                |
| COLAZAL                        |                   | 2                |
| COLYTE                         |                   | 3                |
| COLYTE WITH FLAVOR PACKETS     |                   | 3                |
| COLYTROL                       |                   | 3                |
| COMPAZINE INJECTABLE           |                   | 4                |
| COMPAZINE SYRUP                |                   | 3                |
| CREON 5                        |                   | 2                |
| CREON 10                       |                   | 2                |
| CREON 20                       |                   | 2                |
| CYSTOSPAZ                      |                   | 3                |
| CYTOTEC                        |                   | 3                |
| <i>dicyclomine hcl</i>         |                   | 1                |
| DIGEPEPSIN                     |                   | 3                |
| DIGESPLEN PLUS                 |                   | 3                |
| DIGEX                          |                   | 3                |
| <i>dimenhydrinate</i>          |                   | 4                |
| DIPENTUM                       |                   | 3                |

| <b>Drug-Name</b>                | <b>Req/Limits</b> | <b>Drug Tier</b> |
|---------------------------------|-------------------|------------------|
| DONNAMAR                        |                   | 3                |
| ENZYMAX                         |                   | 3                |
| <i>famotidine</i>               |                   | 1                |
| GASTRINEX                       |                   | 3                |
| GOLYTELY                        |                   | 3                |
| HALFLYTELY                      |                   | 3                |
| <i>hc acetate/pramoxine hcl</i> |                   | 1                |
| HELIDAC                         |                   | 3                |
| HEMRIL                          |                   | 3                |
| <i>hydrocortisone acetate</i>   |                   | 1                |
| <i>hyoscyamine</i>              |                   | 1                |
| <i>hyoscyamine sulfate</i>      |                   | 1                |
| IB-STAT                         |                   | 3                |
| KRISTALOSE                      |                   | 3                |
| KUTRASE                         |                   | 2                |
| KU-ZYME                         |                   | 2                |
| KU-ZYME HP                      |                   | 2                |
| KYTRIL SOLUTION                 |                   | 3                |
| KYTRIL TABLET                   | QL                | 3                |
| <i>lactulose</i>                |                   | 1                |
| LEVBID                          |                   | 3                |
| LEVSIN                          |                   | 3                |
| LEVSIN/SL                       |                   | 3                |
| LEVSINEX                        |                   | 3                |
| LITHOSTAT                       |                   | 3                |
| LOMOTIL                         |                   | 3                |
| <i>loperamide hcl</i>           |                   | 1                |
| LOTRONEX                        | QL, PA            | 2                |
| MALDEMAR                        |                   | 3                |
| MARINOL                         |                   | 3                |
| <i>meclizine hcl</i>            |                   | 1                |
| <i>mesalamine</i>               |                   | 1                |
| <i>metoclopramide hcl</i>       |                   | 1                |

| <b>Drug-Name</b>                  | <b>Req/Limits</b> | <b>Drug Tier</b> |
|-----------------------------------|-------------------|------------------|
| MIRALAX                           |                   | 3                |
| <i>misoprostol</i>                |                   | 1                |
| MOTOFEN                           |                   | 3                |
| NEXIUM                            | QL, PA            | 3                |
| <i>nizatidine</i>                 |                   | 1                |
| NULEV                             |                   | 3                |
| NULYTELY                          |                   | 3                |
| OCL                               |                   | 3                |
| <i>omeprazole</i>                 | QL                | 1                |
| PAINFUL MENSTRUATION NO.31        |                   | 3                |
| PAMINE                            |                   | 3                |
| PAMINE FORTE                      |                   | 3                |
| PANCREASE                         |                   | 2                |
| PANCREASE MT 4                    |                   | 2                |
| PANCREASE MT 10                   |                   | 2                |
| PANCREASE MT 16                   |                   | 2                |
| PANCREASE MT 20                   |                   | 2                |
| PANCRECARB MS-4                   |                   | 2                |
| PANCRECARB MS-8                   |                   | 2                |
| PANCRECARB MS-16                  |                   | 2                |
| PENTASA                           |                   | 2                |
| PEPCID                            |                   | 3                |
| PEPCID RPD                        |                   | 3                |
| PHENERGAN                         |                   | 3                |
| <i>polyethylene glycol 3350</i>   |                   | 1                |
| PREVACID                          | QL, PA            | 2                |
| PREVACID NAPRAPAC                 |                   | 3                |
| PREVPAC                           |                   | 3                |
| PRILOSEC                          | QL, PA            | 3                |
| PRO-BANTHINE                      |                   | 3                |
| <i>prochlorperazine edisylate</i> |                   | 4                |
| <i>prochlorperazine maleate</i>   |                   | 1                |
| PROCTOCORT                        |                   | 3                |
| PROCTOCREAM-HC                    |                   | 3                |

| <b>Drug-Name</b>                     | <b>Req/Limits</b> | <b>Drug Tier</b> |
|--------------------------------------|-------------------|------------------|
| PROCTOFOAM-HC                        |                   | 3                |
| PROCTO-KIT                           |                   | 3                |
| <i>promethazine hcl</i>              |                   | 1                |
| PROTONIX                             | QL, PA            | 2                |
| QUARZAN                              |                   | 3                |
| <i>ranitidine hcl</i>                |                   | 1                |
| REGLAN                               |                   | 3                |
| ROBINUL                              |                   | 3                |
| ROBINUL FORTE                        |                   | 3                |
| ROWASA                               |                   | 3                |
| SAL-TROPINE                          |                   | 3                |
| SCOPACE                              |                   | 3                |
| SIMETYL                              |                   | 3                |
| SIMPLE THROAT IRRITATIONS            |                   | 3                |
| SPACOL                               |                   | 3                |
| SUCRAID                              |                   | 2                |
| <i>sucrafate suspension</i>          |                   | 3                |
| <i>sucrafate tablet</i>              |                   | 1                |
| SYMAX DUOTAB                         |                   | 3                |
| TALADINE                             |                   | 3                |
| <i>tebamide</i>                      |                   | 1                |
| TIGAN                                |                   | 3                |
| TRANSDERM-SCOP                       | QL                | 3                |
| <i>trimethobenzamide hcl</i>         |                   | 1                |
| <i>trimethobenzamide hcl/b-caine</i> |                   | 1                |
| UCEPHAN                              |                   | 3                |
| ULTRASE                              |                   | 2                |
| ULTRASE MT 6                         |                   | 2                |
| ULTRASE MT 12                        |                   | 2                |
| ULTRASE MT 18                        |                   | 2                |
| ULTRASE MT 20                        |                   | 2                |
| URSO                                 |                   | 2                |
| URSO FORTE                           |                   | 2                |
| <i>ursodiol</i>                      |                   | 1                |
| VERTIN-32                            |                   | 3                |

| <b>Drug-Name</b>              | <b>Req/Limits</b> | <b>Drug Tier</b> |
|-------------------------------|-------------------|------------------|
| VIOKASE POWDER                |                   | 3                |
| VIOKASE TABLET                |                   | 2                |
| VISICOL                       |                   | 3                |
| ZANTAC                        |                   | 3                |
| ZANTAC 25                     |                   | 3                |
| ZEGERID                       | PA                | 3                |
| ZELNORM                       | PA                | 2                |
| ZOFRAN INJECTABLE             |                   | 5                |
| ZOFRAN ODT                    | QL                | 2                |
| ZOFRAN TABLET                 | QL                | 2                |
| <b>Herbals</b>                |                   |                  |
| INFLUDO                       |                   | 3                |
| <b>Hormones</b>               |                   |                  |
| ACTIVELLA                     |                   | 3                |
| ACTONEL                       | QL                | 2                |
| ACTONEL WITH CALCIUM          | QL                | 2                |
| ALORA                         | QL                | 3                |
| ANADROL-50                    | PA                | 3                |
| ANDRODERM                     | QL, PA            | 2                |
| ANDROGEL                      | QL, PA            | 3                |
| ANDROID                       | PA                | 3                |
| ANDROXY                       | PA                | 2                |
| ARISTOCORT                    |                   | 3                |
| AYGESTIN                      |                   | 3                |
| <i>bromocriptine mesylate</i> |                   | 1                |
| CELESTONE                     |                   | 3                |
| CENESTIN                      |                   | 3                |
| CERVIDIL                      |                   | 3                |
| CLIMARA                       | QL                | 2                |
| CLIMARA PRO                   | QL                | 2                |
| COLOCORT                      |                   | 3                |
| COMBIPATCH                    | QL                | 3                |

| <b>Drug-Name</b>               | <b>Req/Limits</b> | <b>Drug Tier</b> |
|--------------------------------|-------------------|------------------|
| CORTEF                         |                   | 3                |
| CORTIFOAM                      |                   | 3                |
| <i>cortisone acetate</i>       |                   | 1                |
| <i>danazol</i>                 |                   | 1                |
| DDAVP                          |                   | 3                |
| DECADRON                       |                   | 3                |
| DELESTROGEN                    |                   | 4                |
| DEPO-ESTRADIOL                 |                   | 4                |
| <i>dexamethasone</i>           |                   | 1                |
| DEXAMETHASONE INTENSOL         |                   | 3                |
| DEXPAK                         |                   | 3                |
| DIDRONEL                       |                   | 3                |
| DOSTINEX                       |                   | 2                |
| ENTOCORT EC                    |                   | 2                |
| ESTRACE CREAM                  | QL                | 3                |
| ESTRACE TABLET                 |                   | 3                |
| ESTRADERM                      | QL                | 3                |
| <i>estradiol injectable</i>    |                   | 4                |
| <i>estradiol tablet</i>        |                   | 1                |
| ESTRASORB                      |                   | 3                |
| ESTRATEST                      |                   | 3                |
| ESTRATEST H.S.                 |                   | 3                |
| ESTRING                        | QL                | 3                |
| ESTRO-5                        |                   | 4                |
| ESTROGEL                       |                   | 3                |
| <i>estropipate</i>             |                   | 1                |
| EVISTA                         | QL                | 2                |
| FEMHRT                         |                   | 3                |
| FEMRING                        | QL                | 3                |
| FIRST-PROGESTERONE MC 5        |                   | 3                |
| FIRST-PROGESTERONE MC 10       |                   | 3                |
| FIRST-TESTOSTERONE             | PA                | 3                |
| FIRST-TESTOSTERONE MC          | PA                | 3                |
| FLORINEF ACETATE               |                   | 3                |
| <i>fludrocortisone acetate</i> |                   | 1                |

| <b>Drug-Name</b>                | <b>Req/Limits</b> | <b>Drug Tier</b> |
|---------------------------------|-------------------|------------------|
| FORTEO                          | QL, PA            | 5                |
| FOSAMAX                         | QL                | 2                |
| FOSAMAX-D                       | QL                | 2                |
| GENOTROPIN                      | PA                | 5                |
| GYNODIOL                        |                   | 3                |
| HUMATROPE                       | PA                | 5                |
| KESTRONE-5                      |                   | 4                |
| LUPRON DEPOT                    |                   | 5                |
| LUPRON DEPOT-PED                |                   | 5                |
| MEDROL                          |                   | 3                |
| <i>medroxyprogesterone acet</i> |                   | 1                |
| MENEST                          |                   | 3                |
| MENOSTAR                        |                   | 3                |
| METHERGINE                      |                   | 3                |
| METHITEST                       | PA                | 3                |
| <i>methylprednisolone</i>       |                   | 1                |
| MIACALCIN INJECTABLE            | QL                | 4                |
| MIACALCIN SPRAY                 | QL                | 2                |
| MINIRIN                         |                   | 3                |
| NORDITROPIN                     | QL, PA            | 5                |
| NORDITROPIN NORDIFLEX           | QL, PA            | 5                |
| NUTROPIN                        | QL, PA            | 5                |
| NUTROPIN AQ                     | QL, PA            | 5                |
| NUTROPIN DEPOT                  | QL, PA            | 5                |
| OCTREOTIDE ACETATE              |                   | 5                |
| OGEN                            |                   | 3                |
| ORAPRED                         |                   | 3                |
| ORTHO-EST                       |                   | 3                |
| OXANDRIN                        | PA                | 3                |
| PARLODEL                        |                   | 3                |
| PEDIAPRED                       |                   | 3                |
| <i>prednisolone</i>             |                   | 1                |
| <i>prednisone</i>               |                   | 1                |
| PREFEST                         |                   | 3                |

| <b>Drug-Name</b>               | <b>Req/Limits</b> | <b>Drug Tier</b> |
|--------------------------------|-------------------|------------------|
| PRELONE                        |                   | 3                |
| PREMARIN CREAM                 | QL                | 2                |
| PREMARIN TABLET                |                   | 2                |
| PREMPHASE                      |                   | 2                |
| PREMPRO                        |                   | 2                |
| PROCHIEVE                      |                   | 3                |
| PROMETRIUM                     |                   | 2                |
| PROSTIN E2 VAGINAL SUPPOSITORY |                   | 3                |
| PROVERA                        |                   | 3                |
| SAIZEN                         | QL, PA            | 5                |
| SEROSTIM                       | PA                | 5                |
| SKELID                         |                   | 3                |
| STERAPRED                      |                   | 3                |
| STERAPRED DS                   |                   | 3                |
| STIMATE                        |                   | 3                |
| SYNAREL                        |                   | 2                |
| SYNTEST D.S.                   |                   | 3                |
| SYNTEST H.S.                   |                   | 3                |
| TESTIM                         | QL, PA            | 3                |
| <i>testosterone cypionate</i>  | PA                | 4                |
| <i>testosterone enanthate</i>  | PA                | 4                |
| TESTRED                        | PA                | 3                |
| TEV-TROPIN                     | PA                | 5                |
| VAGIFEM                        |                   | 3                |
| VALERGEN-20                    |                   | 4                |
| VIVELLE                        |                   | 2                |
| VIVELLE-DOT                    | QL                | 2                |
| ZORBTIVE                       | PA                | 5                |

| <b>Drug-Name</b>               | <b>Req/Limits</b> | <b>Drug Tier</b> |
|--------------------------------|-------------------|------------------|
| <b>Hypoglycemics</b>           |                   |                  |
| <i>acetobexamide</i>           |                   | 1                |
| ACTOS                          | QL                | 2                |
| ACTOS PLUS MET                 | QL                | 2                |
| AMARYL                         |                   | 3                |
| AVANDAMET                      | QL                | 2                |
| AVANDIA                        | QL                | 2                |
| DIABETA                        |                   | 3                |
| FORTAMET                       |                   | 3                |
| <i>glipizide</i>               |                   | 1                |
| GLUCOPHAGE                     |                   | 3                |
| GLUCOPHAGE XR                  |                   | 3                |
| GLUCOTROL                      |                   | 3                |
| GLUCOTROL XL                   |                   | 3                |
| GLUCOVANCE                     |                   | 3                |
| <i>glyburide</i>               |                   | 1                |
| <i>glyburide/metformin hcl</i> |                   | 1                |
| <i>glyburide, micronized</i>   |                   | 1                |
| GLYCRON                        |                   | 3                |
| GLYNASE                        |                   | 3                |
| GLYSET                         |                   | 3                |
| HUMALOG                        |                   | 2                |
| HUMALOG MIX 75/25              |                   | 2                |
| HUMULIN                        |                   | 2                |
| LANTUS                         |                   | 2                |
| METAGLIP                       |                   | 3                |
| <i>metformin hcl</i>           |                   | 1                |
| MICRONASE                      |                   | 3                |
| NOVOLIN                        |                   | 2                |
| NOVOLOG                        |                   | 2                |
| NOVOLOG MIX 70/30              |                   | 2                |
| PRANDIN                        |                   | 3                |
| PRECOSE                        |                   | 2                |

| <b>Drug-Name</b>                | <b>Req/Limits</b> | <b>Drug Tier</b> |
|---------------------------------|-------------------|------------------|
| RIOMET                          |                   | 3                |
| STARLIX                         |                   | 2                |
| <i>tolbutamide</i>              |                   | 3                |
| <b>Immunosuppresant</b>         |                   |                  |
| AZASAN                          |                   | 3                |
| <i>azathioprine</i>             |                   | 1                |
| CELLCEPT                        |                   | 2                |
| <i>cyclosporine</i>             |                   | 1                |
| <i>cyclosporine, modified</i>   |                   | 1                |
| ELIDEL                          |                   | 3                |
| IMURAN                          |                   | 3                |
| MYFORTIC                        |                   | 3                |
| NEORAL                          |                   | 2                |
| PROGRAF                         |                   | 2                |
| PROTOPIC                        |                   | 3                |
| RAPAMUNE                        |                   | 3                |
| SANDIMMUNE                      |                   | 2                |
| <b>Miscellaneous Products</b>   |                   |                  |
| ACTISITE                        |                   | 3                |
| AMINO-CERV                      |                   | 3                |
| ANIMI-3                         |                   | 3                |
| ANTABUSE                        |                   | 2                |
| <i>anthralin</i>                |                   | 1                |
| APHTHASOL                       |                   | 3                |
| AVODART                         |                   | 2                |
| AVONEX                          | PA                | 5                |
| AVONEX ADMINISTRATION PACK      | PA                | 5                |
| BETASERON                       | PA                | 5                |
| BUCALCIDE                       |                   | 3                |
| CALCIBIND                       |                   | 3                |
| CAMPRAL                         |                   | 3                |
| CARNITOR                        |                   | 3                |
| CHEMET                          |                   | 3                |
| <i>chlorthalidone gluconate</i> |                   | 1                |

| <b>Drug-Name</b>                     | <b>Req/Limits</b> | <b>Drug Tier</b> |
|--------------------------------------|-------------------|------------------|
| CIALIS                               | QL, PA            | 3                |
| <i>coal tar</i>                      |                   | 1                |
| COPAXONE                             |                   | 5                |
| CYSTADANE                            |                   | 3                |
| CYSTAGON                             |                   | 2                |
| CYTADREN                             |                   | 2                |
| DETROL                               |                   | 3                |
| DETROL LA                            |                   | 2                |
| DIAB                                 |                   | 3                |
| DITROPAN                             |                   | 3                |
| DITROPAN XL                          |                   | 3                |
| <i>doxycycline hyclate</i>           | QL                | 1                |
| ENABLEX                              |                   | 3                |
| ETHYOL                               |                   | 5                |
| <i>flavoxate hcl</i>                 |                   | 1                |
| FLOMAX                               |                   | 2                |
| GALZIN                               |                   | 3                |
| GELCLAIR                             |                   | 3                |
| <i>guaifenesin</i>                   |                   | 1                |
| KENALOG IN ORABASE                   |                   | 3                |
| <i>leucovorin calcium injectable</i> |                   | 4                |
| <i>leucovorin calcium tablet</i>     |                   | 2                |
| LEVITRA                              | QL, PA            | 2                |
| LIMBREL                              |                   | 3                |
| <i>mesna</i>                         |                   | 5                |
| MESNEX                               |                   | 2                |
| MIFEPREX                             |                   | 3                |
| MUSE                                 |                   | 3                |
| ORAMAGICRX                           |                   | 3                |
| ORFADIN                              |                   | 2                |
| <i>oxybutynin chloride</i>           |                   | 1                |
| OXYTROL                              |                   | 3                |
| PERIDEX                              |                   | 3                |
| PERIOSTAT                            |                   | 3                |
| PROSCAR                              |                   | 2                |

| <b>Drug-Name</b>             | <b>Req/Limits</b> | <b>Drug Tier</b> |
|------------------------------|-------------------|------------------|
| PSORIZIDE FORTE              |                   | 3                |
| RADIAGEL                     |                   | 3                |
| SALICEPT                     |                   | 3                |
| SANCTURA                     |                   | 3                |
| SENSIPAR                     |                   | 2                |
| SOMAVERT                     |                   | 5                |
| SPEED TRAUMA FORMULA         |                   | 3                |
| STONEX                       |                   | 3                |
| SYPRINE                      |                   | 3                |
| THIOLA                       |                   | 3                |
| TRACLEER                     |                   | 2                |
| UROXATRAL                    |                   | 3                |
| VANACHOL                     |                   | 3                |
| VESICARE                     |                   | 3                |
| VIAGRA                       | QL, PA            | 2                |
| YOCON                        |                   | 3                |
| YOHIMAR                      |                   | 3                |
| ZAVESCA                      |                   | 2                |
| ZINECARD                     |                   | 5                |
| <b>Muscle Relaxants</b>      |                   |                  |
| <i>baclofen</i>              |                   | 1                |
| <i>carisoprodol</i>          | PA                | 1                |
| <i>chlorthalidone</i>        | PA                | 1                |
| <i>cyclobenzaprine hcl</i>   | PA                | 1                |
| DANTRIUM                     |                   | 3                |
| FLEXERIL                     | PA                | 3                |
| <i>methocarbamol</i>         | PA                | 1                |
| <i>methocarbamol/aspirin</i> |                   | 1                |
| NORGESIC                     |                   | 3                |
| NORGESIC FORTE               |                   | 3                |
| <i>orphenadrine citrate</i>  | PA                | 1                |
| PARAFON FORTE DSC            | PA                | 3                |
| ROBAXIN                      | PA                | 3                |

| <b>Drug-Name</b>                      | <b>Req/Limits</b> | <b>Drug Tier</b> |
|---------------------------------------|-------------------|------------------|
| ROBAXIN-750                           | PA                | 3                |
| SKELAXIN                              |                   | 3                |
| SOMA                                  | PA                | 3                |
| SOMA COMPOUND                         |                   | 3                |
| <i>tizanidine hcl</i>                 |                   | 1                |
| VANADOM                               | PA                | 3                |
| ZANAFLEX                              |                   | 3                |
| <b>Pre-Natal Vitamins</b>             |                   |                  |
| ATABEX                                |                   | 3                |
| BRIGHT BEGINNINGS PRENATAL            |                   | 3                |
| <i>cal-nate</i>                       |                   | 1                |
| CENOGEN ULTRA                         |                   | 3                |
| CITRACAL PRENATAL RX                  |                   | 3                |
| DUET                                  |                   | 3                |
| DUET DHA                              |                   | 3                |
| <i>fe fumarate/docusate sodium/fa</i> |                   | 1                |
| ICAR PRENATAL                         |                   | 3                |
| ICAR-C PLUS                           |                   | 3                |
| ICAR-C PLUS SR                        |                   | 3                |
| <i>iron,carbonyl/vit c/vit b12/fa</i> |                   | 1                |
| LACTOCAL-F                            |                   | 3                |
| LIQUID PRENATAL VITAMIN               |                   | 3                |
| MARNATAL-F PLUS                       |                   | 3                |
| M-VIT                                 |                   | 3                |
| MYNATAL                               |                   | 3                |
| NATACHEW                              |                   | 3                |
| NATAFORT                              |                   | 3                |
| NATALVIT                              |                   | 3                |
| NATELLE                               |                   | 3                |
| NATELLE-EZ                            |                   | 3                |
| NATELLE PREFER                        |                   | 3                |
| NESTABS CBF                           |                   | 3                |
| NESTABS FA                            |                   | 3                |
| NESTABS RX                            |                   | 3                |

| <b>Drug-Name</b>                         | <b>Req/Limits</b> | <b>Drug Tier</b> |
|--|-------------------|------------------|
| NOVANATAL                                |                   | 3                |
| NOVASTART                                |                   | 3                |
| NUTRACARE                                |                   | 3                |
| OBSTETRIX EC                             |                   | 3                |
| OBSTETRIX-100                            |                   | 3                |
| OBTREX                                   |                   | 3                |
| O-CAL FA                                 |                   | 3                |
| O-CAL PRENATAL                           |                   | 3                |
| OPTINATE                                 |                   | 3                |
| <i>p-nat vit/iron,carb/doss/ca/fa</i>    |                   | 1                |
| <i>p-nat vit/iron fum&amp;bis-gly/fa</i> |                   | 1                |
| PRECARE                                  |                   | 3                |
| PRECARE CONCEIVE                         |                   | 3                |
| PRECARE PRENATAL                         |                   | 3                |
| PREMESIS RX                              |                   | 3                |
| PRENA-CAP                                |                   | 3                |
| <i>prenatal vit/fe fum/doss/fa</i>       |                   | 1                |
| <i>prenatal vit/fe fumarate/fa</i>       |                   | 1                |
| <i>prenatal vit/fe fumarate/fa/se</i>    |                   | 1                |
| <i>prenatal vit/fe ps cmplx/fa</i>       |                   | 1                |
| <i>prenatal vit/febnagl/doss/fa</i>      |                   | 1                |
| <i>prenatal vit/iron,carb/doss/fa</i>    |                   | 1                |
| <i>prenatal vit/iron,carbonyl/fa</i>     |                   | 1                |
| <i>prenatal vitamins/fe bisgly/fa</i>    |                   | 1                |
| <i>prenatal vits w-ca,fe,fa(&lt;1mg)</i> |                   | 1                |
| <i>prenatal with folic acid</i>          |                   | 3                |
| PRENATAL Z                               |                   | 3                |
| PRENATE ELITE                            |                   | 3                |
| PRIMACARE                                |                   | 3                |
| PRIMACARE ONE                            |                   | 3                |
| <i>pv w-o cal/ferrous fumarate/fa</i>    |                   | 1                |
| <i>pv w-o vit a/fe fum/doss/fa</i>       |                   | 1                |
| <i>pv w-o vit a/fe fumarate/fa</i>       |                   | 1                |

| <b>Drug-Name</b>                     | <b>Req/Limits</b> | <b>Drug Tier</b> |
|--------------------------------------|-------------------|------------------|
| <i>pv w-o vit a/iron,carbonyl/fa</i> |                   | 1                |
| STRONGSTART                          |                   | 3                |
| STUARTNATAL PLUS 3                   |                   | 3                |
| TRICARE                              |                   | 3                |
| VITAFOL-OB                           |                   | 3                |
| VITAFOL-PN                           |                   | 3                |
| VITA-PREN                            |                   | 3                |
| <b>Psychotherapeutic Drugs</b>       |                   |                  |
| ABILIFY                              | QL                | 2                |
| <i>amitriptyline hcl</i>             |                   | 1                |
| <i>amoxapine</i>                     |                   | 1                |
| ANAFRANIL                            |                   | 3                |
| <i>bupropion hcl</i>                 |                   | 1                |
| BUSPAR                               |                   | 3                |
| <i>bupirone hcl</i>                  |                   | 1                |
| CELEXA                               | QL                | 3                |
| <i>chlompromazine</i>                |                   | 1                |
| <i>citalopram hydrobromide</i>       | QL                | 1                |
| <i>clomipramine hcl</i>              |                   | 1                |
| <i>clozapine</i>                     |                   | 1                |
| CLOZARIL                             |                   | 3                |
| CONCERTA                             |                   | 3                |
| CYMBALTA                             | QL                | 3                |
| <i>desipramine hcl</i>               |                   | 1                |
| DESYREL                              |                   | 3                |
| <i>doxepin hcl</i>                   |                   | 1                |
| EFFEXOR                              |                   | 2                |
| EFFEXOR XR                           |                   | 2                |
| ESKALITH                             |                   | 2                |
| ESKALITH CR                          |                   | 2                |
| FAZACLO                              |                   | 3                |
| <i>fluoxetine hcl</i>                | QL                | 1                |
| <i>fluphenazine decanoate</i>        |                   | 4                |
| <i>fluphenazine hcl</i>              |                   | 1                |

| <b>Drug-Name</b>           | <b>Req/Limits</b> | <b>Drug Tier</b> |
|----------------------------|-------------------|------------------|
| <i>fluvoxamine maleate</i> |                   | 1                |
| FOCALIN                    |                   | 3                |
| GEODON                     |                   | 2                |
| GEODON VIAL                |                   | 4                |
| <i>haloperidol</i>         |                   | 2                |
| <i>haloperidol lactate</i> |                   | 1                |
| <i>imipramine hcl</i>      |                   | 1                |
| <i>lithium carbonate</i>   |                   | 1                |
| LITHIUM CITRATE            |                   | 2                |
| LITHOBID                   |                   | 2                |
| <i>loxapine succinate</i>  |                   | 1                |
| LOXITANE                   |                   | 3                |
| <i>maprotiline hcl</i>     |                   | 1                |
| MARPLAN                    |                   | 3                |
| <i>meprobamate</i>         |                   | 1                |
| METADATE CD                |                   | 3                |
| METHYLIN                   |                   | 3                |
| <i>methylphenidate hcl</i> |                   | 1                |
| MILTOWN                    |                   | 3                |
| <i>mirtazapine</i>         |                   | 1                |
| MOBAN                      |                   | 3                |
| NARDIL                     |                   | 2                |
| NAVANE                     |                   | 3                |
| NORPRAMIN                  |                   | 3                |
| <i>nortriptyline hcl</i>   |                   | 1                |
| ORAP                       |                   | 3                |
| PAMELOR                    |                   | 3                |
| PARNATE                    |                   | 3                |
| <i>paroxetine hcl</i>      | QL                | 1                |
| PAXIL                      | QL                | 3                |
| <i>perphenazine</i>        |                   | 1                |
| PEXEVA                     |                   | 3                |
| PROLIXIN                   |                   | 3                |
| PROVIGIL                   | QL, PA            | 2                |

| <b>Drug-Name</b>         | <b>Req/Limits</b> | <b>Drug Tier</b> |
|--------------------------|-------------------|------------------|
| PROZAC                   | QL                | 3                |
| PROZAC WEEKLY            | QL                | 3                |
| RAPIFLUX                 |                   | 3                |
| REMERON                  |                   | 3                |
| RISPERDAL                |                   | 2                |
| RISPERIDONE MICROSPHERES |                   | 5                |
| RITALIN                  |                   | 3                |
| RITALIN LA               |                   | 3                |
| RITALIN-SR               |                   | 3                |
| SARAFEM                  | QL                | 3                |
| SEROQUEL                 |                   | 3                |
| SINEQUAN                 |                   | 3                |
| STRATTERA                | QL                | 3                |
| SURMONTIL                |                   | 3                |
| SYMBYAX                  |                   | 3                |
| <i>tbioridazine</i>      |                   | 1                |
| <i>thiothixene</i>       |                   | 1                |
| TOFRANIL                 |                   | 3                |
| TOFRANIL-PM              |                   | 3                |
| <i>trazodone hcl</i>     |                   | 1                |
| <i>trifluoperazine</i>   |                   | 1                |
| VANSPAR                  |                   | 3                |
| VIVACTIL                 |                   | 3                |
| WELLBUTRIN               |                   | 3                |
| WELLBUTRIN SR            |                   | 3                |
| WELLBUTRIN XL            |                   | 2                |
| ZOLOFT                   |                   | 2                |
| ZYPREXA                  |                   | 2                |
| ZYPREXA ZYDIS            |                   | 2                |

| <b>Drug-Name</b>                  | <b>Req/Limits</b> | <b>Drug Tier</b> |
|-----------------------------------|-------------------|------------------|
| <b>Sedative/Hypnotics</b>         |                   |                  |
| AMBIEN                            | QL                | 2                |
| AMBIEN PAK                        | QL                | 2                |
| LUNESTA                           | QL, PA            | 3                |
| PARALDEHYDE                       |                   | 3                |
| SONATA                            | QL                | 2                |
| <i>tryptophan</i>                 |                   | 3                |
| XYREM                             | QL                | 3                |
| <b>Skin Preps</b>                 |                   |                  |
| 8-MOP                             |                   | 3                |
| ACCUZYME                          |                   | 3                |
| ACLOVATE                          |                   | 3                |
| AKNE-MYCIN                        |                   | 3                |
| ALA-CORT                          |                   | 3                |
| ALA-QUIN                          |                   | 3                |
| ALA-SCALP HP                      |                   | 3                |
| <i>alclometasone dipropionate</i> |                   | 1                |
| ALCORTIN                          |                   | 3                |
| ALDARA                            | QL                | 2                |
| ALLCLENZ                          |                   | 3                |
| ALUMINUM ACETATE                  |                   | 3                |
| <i>amcinonide</i>                 |                   | 1                |
| AMERICAINE                        |                   | 3                |
| AMEVIVE                           | PA                | 5                |
| ANACAINE                          |                   | 3                |
| ANANA                             |                   | 3                |
| ANANA FORTE                       |                   | 3                |
| AQUAPHILIC W/TAC + CARBAMIDE      |                   | 3                |
| AQUAPHILIC W/TRIAMCINOLONE        |                   | 3                |
| ARISTOCORT A                      |                   | 3                |
| ARISTOCORT HP                     |                   | 3                |
| AZELEX                            |                   | 3                |
| BACTROBAN                         | QL                | 3                |
| BENSAL HP                         |                   | 3                |

| <b>Drug-Name</b>                   | <b>Req/Limits</b> | <b>Drug Tier</b> |
|------------------------------------|-------------------|------------------|
| <i>betamet diprop/prop gly</i>     |                   | 1                |
| <i>betamethasone dipropionate</i>  |                   | 1                |
| <i>betamethasone valerate</i>      |                   | 1                |
| CAPEX SHAMPOO                      |                   | 3                |
| CAPITROL                           |                   | 3                |
| CARAC                              |                   | 3                |
| CARMOL                             |                   | 3                |
| CARMOL 40                          |                   | 3                |
| CARMOL HC                          |                   | 3                |
| CARMOL SCALP                       |                   | 3                |
| CENTANY                            | QL                | 3                |
| CETACAINE                          |                   | 3                |
| CETACAINE MEDICAL KIT E            |                   | 3                |
| CETACORT                           |                   | 3                |
| <i>ciclopirox</i>                  | QL                | 1                |
| <i>clioquinol/hydrocortisone</i>   |                   | 1                |
| <i>clobetasol propionate</i>       |                   | 1                |
| <i>clobetasol propionate/emoll</i> |                   | 1                |
| CLOBEVATE                          |                   | 3                |
| CLOBEX                             |                   | 3                |
| CLODERM                            |                   | 3                |
| <i>clotrimazole</i>                |                   | 1                |
| <i>clotrimazole/betamet diprop</i> | QL                | 1                |
| COCAINE HCL                        |                   | 3                |
| CONDYLOX                           |                   | 3                |
| CONSTANT CLENS                     |                   | 3                |
| CORDRAN                            |                   | 3                |
| CORDRAN SP                         |                   | 3                |
| CORMAX                             |                   | 3                |
| CUTIVATE                           |                   | 3                |
| CYCLOCORT                          |                   | 3                |
| DEL-MYCIN                          |                   | 3                |
| DENAVIR                            |                   | 2                |

| <b>Drug-Name</b>                   | <b>Req/Limits</b> | <b>Drug Tier</b> |
|------------------------------------|-------------------|------------------|
| DERMA-CAS                          |                   | 3                |
| DERMA-SMOOTH/FS                    | QL                | 3                |
| DERMATOP                           |                   | 3                |
| <i>desonide</i>                    |                   | 1                |
| DESOWEN                            |                   | 3                |
| <i>desoximetasone</i>              |                   | 1                |
| <i>diflorasone diacetate</i>       |                   | 1                |
| <i>diflorasone diacetate/emoll</i> |                   | 1                |
| DIPROLENE                          |                   | 3                |
| DIPROLENE AF                       |                   | 3                |
| DIPROSONE                          |                   | 3                |
| DOVONEX                            | QL                | 2                |
| <i>dritbo-scalp</i>                |                   | 1                |
| DRYSOL                             |                   | 3                |
| DRYSOL DAB-O-MATIC                 |                   | 3                |
| <i>econazole nitrate</i>           | QL                | 1                |
| EFUDEX                             |                   | 2                |
| ELIMITE                            |                   | 3                |
| ELOCON                             | QL                | 3                |
| EMERSAL                            |                   | 3                |
| EMLA                               | QL                | 3                |
| EPIFOAM                            |                   | 3                |
| EPIQUIN MICRO XD                   |                   | 3                |
| ERTACZO                            |                   | 3                |
| ETHEZYME                           |                   | 3                |
| <i>ethyl chloride</i>              |                   | 3                |
| EURAX                              |                   | 3                |
| EXELDERM                           | QL                | 3                |
| EXODERM                            |                   | 3                |
| FINACEA                            |                   | 3                |
| FIRST-HYDROCORTISONE               |                   | 3                |
| <i>fluocinolone acetonide</i>      |                   | 1                |
| <i>fluocinonide</i>                |                   | 1                |
| <i>fluocinonide/emollient</i>      |                   | 1                |

| <b>Drug-Name</b>                   | <b>Req/Limits</b> | <b>Drug Tier</b> |
|------------------------------------|-------------------|------------------|
| FLUORI-METHANE                     |                   | 3                |
| FLUOROPLEX                         |                   | 3                |
| <i>fluorouracil solution</i>       |                   | 1                |
| <i>fluorouracil vial</i>           |                   | 4                |
| FLURO-ETHYL                        |                   | 3                |
| <i>fluticasone propionate</i>      |                   | 1                |
| FORMALYDE-10                       |                   | 3                |
| FURACIN                            |                   | 3                |
| GORDOFILM                          |                   | 3                |
| GORDO-UREA                         |                   | 3                |
| GRANULEX                           |                   | 3                |
| <i>halobetasol propionate</i>      | QL                | 1                |
| HALOG                              |                   | 3                |
| <i>hc acetate/lidocaine hcl</i>    |                   | 1                |
| <i>hydrocortisone</i>              |                   | 3                |
| <i>hydrocortisone acetate/urea</i> |                   | 1                |
| HYDROCORTISONE BUTYRATE            |                   | 3                |
| <i>hydrocortisone valerate</i>     |                   | 1                |
| HYTONE                             |                   | 3                |
| IODOFLEX                           |                   | 3                |
| IODOSORB                           |                   | 3                |
| KENALOG                            |                   | 3                |
| KERALAC                            |                   | 3                |
| <i>ketoconazole cream</i>          | QL                | 1                |
| <i>ketoconazole tablet</i>         |                   | 1                |
| LAC-HYDRIN                         |                   | 3                |
| LACTICARE-HC                       |                   | 3                |
| LACTINOL                           |                   | 3                |
| LACTINOL-E                         |                   | 3                |
| LAMISIL SPRAY                      |                   | 3                |
| LIDAMANTLE                         |                   | 3                |
| LIDAMANTLE HC                      |                   | 3                |
| LIDEX                              |                   | 3                |
| LIDEX-E                            | QL                | 3                |

| <b>Drug-Name</b>            | <b>Req/Limits</b> | <b>Drug Tier</b> |
|-----------------------------|-------------------|------------------|
| <i>lidocaine/prilocaine</i> | QL                | 1                |
| LIDODERM                    |                   | 2                |
| <i>lindane</i>              |                   | 1                |
| LOCOID                      |                   | 3                |
| LOPROX                      | QL                | 3                |
| LOTRISONE                   | QL                | 3                |
| LUXIQ                       |                   | 3                |
| MENTAX                      | QL                | 3                |
| METROCREAM                  |                   | 3                |
| METROGEL                    |                   | 3                |
| METROLOTION                 |                   | 3                |
| <i>mometasone furoate</i>   | QL                | 1                |
| MONISTAT-DERM               |                   | 3                |
| <i>mupirocin</i>            | QL                | 1                |
| MYCOSTATIN                  |                   | 3                |
| MYTREX                      |                   | 3                |
| NAFTIN                      | QL                | 3                |
| NIZORAL                     |                   | 3                |
| NORITATE                    | QL                | 3                |
| NOVACORT                    |                   | 3                |
| NUTRACORT                   |                   | 3                |
| <i>nystatin/triamcin</i>    |                   | 1                |
| OLUX                        |                   | 3                |
| OVIDE                       |                   | 3                |
| OXALIS                      |                   | 3                |
| OXISTAT                     | QL                | 3                |
| OXSORALEN-ULTRA             |                   | 2                |
| PAIN EASE                   |                   | 3                |
| PANAFIL                     |                   | 3                |
| PANAFIL-WHITE               |                   | 3                |
| PANDEL                      |                   | 3                |
| PANRETIN                    |                   | 3                |
| PENLAC                      | PA                | 3                |

| <b>Drug-Name</b>           | <b>Req/Limits</b> | <b>Drug Tier</b> |
|----------------------------|-------------------|------------------|
| <i>permethrin</i>          |                   | 1                |
| PHISOHEX                   |                   | 3                |
| PODOCON-25                 |                   | 3                |
| <i>podofilox</i>           |                   | 1                |
| PONTOCAINE                 |                   | 3                |
| PRAMOSONE                  |                   | 3                |
| PRUDOXIN                   |                   | 2                |
| PSORCON E                  |                   | 3                |
| <i>psoriatec</i>           |                   | 1                |
| PYROGALLIC ACID            |                   | 3                |
| RADIAPLEXRX                |                   | 3                |
| RAPTIVA                    | QL, PA            | 5                |
| REGENECARE                 |                   | 3                |
| REGRANEX                   | PA                | 2                |
| ROSAC                      |                   | 3                |
| ROSULA NS                  |                   | 3                |
| ROZEX                      |                   | 3                |
| SALEX                      |                   | 3                |
| SANTYL                     |                   | 2                |
| <i>selenium sulfide</i>    |                   | 1                |
| SELSEB                     |                   | 3                |
| SELSUN RX                  |                   | 3                |
| SILVADENE                  |                   | 3                |
| <i>silver nitrate</i>      |                   | 3                |
| <i>silver sulfadiazine</i> |                   | 1                |
| SOLARAZE                   |                   | 3                |
| SORIATANE                  |                   | 3                |
| SPECTAZOLE                 | QL                | 3                |
| SPRAY AND STRETCH          |                   | 3                |
| SULFAMYLON                 |                   | 3                |
| SULFOXYL REGULAR           |                   | 3                |
| SULFOXYL STRONG            |                   | 3                |
| SYNALAR                    |                   | 3                |

| <b>Drug-Name</b>                      | <b>Req/Limits</b> | <b>Drug Tier</b> |
|---------------------------------------|-------------------|------------------|
| TEMOVATE                              |                   | 3                |
| TEMOVATE EMOLLIENT                    |                   | 3                |
| TEXACORT                              |                   | 3                |
| TOPICORT                              |                   | 3                |
| TOPICORT LP                           |                   | 3                |
| <i>tretinoin</i>                      | QL                | 1                |
| <i>triamcinolone acetonide</i>        |                   | 1                |
| TRI-CHLOR                             |                   | 3                |
| TRIDESILON                            |                   | 3                |
| <i>trypsin/balsam peru/castor oil</i> |                   | 1                |
| ULTRAVATE                             | QL                | 3                |
| UMECTA                                |                   | 3                |
| UNGUENTUM BOSSI                       |                   | 3                |
| VANOS                                 |                   | 3                |
| VANOXIDE-HC                           |                   | 3                |
| VEHICLE/N                             |                   | 3                |
| VEHICLE/N MILD                        |                   | 3                |
| VERSICLEAR                            |                   | 3                |
| VYTONE                                |                   | 3                |
| WESTCORT                              |                   | 3                |
| XENADERM                              |                   | 3                |
| XERAC AC                              |                   | 3                |
| ZODERM                                |                   | 3                |
| ZONALON                               |                   | 3                |
| ZOVIRAX                               | QL                | 2                |
| <b>Smoking Deterrents</b>             |                   |                  |
| NICOTINE                              | QL                | 3                |
| NICOTROL NS                           |                   | 3                |
| ZYBAN                                 |                   | 3                |

**Drug-Name****Req/Limits****Drug Tier****Thyroid Preps**

|                             |  |   |
|-----------------------------|--|---|
| ARMOUR THYROID              |  | 2 |
| BIO-THROID                  |  | 2 |
| CYTOMEL                     |  | 2 |
| <i>levothyroxine sodium</i> |  | 1 |
| <i>methimazole</i>          |  | 1 |
| <i>propylthiouracil</i>     |  | 1 |
| SYNTHROID                   |  | 2 |
| TAPAZOLE                    |  | 3 |
| THYROGEN                    |  | 5 |
| <i>thyroid</i>              |  | 1 |
| THYROLAR-1/4                |  | 2 |
| THYROLAR-1/2                |  | 2 |
| THYROLAR-1                  |  | 2 |
| THYROLAR-2                  |  | 2 |
| THYROLAR-3                  |  | 2 |

**Vitamins**

|                   |  |   |
|-------------------|--|---|
| <i>calcitriol</i> |  | 1 |
| DIATX ZN          |  | 3 |
| METANX            |  | 3 |

## II. Index of Drugs

### LEGEND

Generic drugs in lowercase italics (e.g., *digoxin*)  
Brand-name drugs in capital letters (e.g., LIPITOR)

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