

# Puget Sound Health Partners

## Medicare Advantage Plans

### PSHP Formulary (List of Covered Drugs)

Partners Charter Plus Rx (HMO)  
Partners Apex Plus Rx (HMO)  
Partners Apex King County Plus Rx (HMO)  
Partners Summit Plus Rx (HMO-POS)



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

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.



**PUGET SOUND**  
**HEALTH PARTNERS**

Last Updated Last Updated April, 2010

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### **What is the Puget Sound Health Partners Formulary?**

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

### **Can the Formulary change?**

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

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60-days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of September 15, 2009. To get updated information about the drugs covered by Puget Sound Health Partners, please visit our Web site at [www.OurPSHP.com](http://www.OurPSHP.com) or call Member Services at 1-866-789-PSHP (7747), 8am to 8pm, 7 days a week. TTY/TDD users should call 1-866-264-4141.

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

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

#### **Medical Condition**

The formulary begins on page 6. 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, Anti-Arrhythmic. If you know what your drug is used for, look for the category name in the list that begins on page number 6. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 63. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

### **What are generic drugs?**

Puget Sound Health Partners covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

### **Are there any restrictions on my coverage?**

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

#### **Prior Authorization**

Puget Sound Health Partners requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Puget Sound Health Partners before you fill your prescriptions. If you don't get approval, Puget Sound Health Partners may not cover the drug.

#### **Quantity Limits**

For certain drugs, Puget Sound Health Partners limits the amount of the drug that Puget Sound Health Partners will cover. For example, Puget Sound Health Partners 30 tablets in 30-days per prescription for Lipitor 20 mg. This may be in addition to a standard one month or three month supply.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 6. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at [www.OurPSHP.com](http://www.OurPSHP.com)

You can ask Puget Sound Health Partners to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Puget Sound Health Partners formulary?" on page 3 for information about how to request an exception.

### **What are over-the counter (OTC) drugs?**

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Puget Sound Health Partners pays for certain OTC drugs. Prilosec OTC (20 MG) and Omeprazole (20 MG). Puget Sound Health Partners will provide these OTC drugs at no cost to you. The cost to Puget Sound Health Partners of these OTC drugs will not count toward your total drug costs.

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

If your drug is not included in this formulary, you should first contact Member Services and confirm that your drug is not covered. If you learn that Puget Sound Health Partners does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Puget Sound Health Partners. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Puget Sound Health Partners.
- You can ask Puget Sound Health Partners to make an exception and cover your drug. See below for information about how to request an exception.

### **How do I request an exception to the Puget Sound Health Partners Formulary?**

You can ask Puget Sound Health Partners to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or

utilization restriction exception. When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request.

Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

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

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

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

If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90-days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90-days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For each of the drugs that isn't on our formulary or that has coverage restrictions or limits, we will cover a temporary 30-day supply (31-day supply for residence of a long-term-care facility). After we cover the temporary supply, we generally will not pay for these drugs as part of our transition policy again. This policy only applies to "Part D Drugs" covered by a network pharmacist unless you qualify for out-of-network access. For the full transition policy see your Evidence of Coverage.

### For more information

For more detailed information about your Puget Sound Health Partners prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Puget Sound Health Partners , please call Member Services at 1-866-789-PSHP (7747), 8am to 8pm, 7 days a week. TTY/TDD users should call 1-866-264-4141.) Or visit [www.OurPSHP.com](http://www.OurPSHP.com).

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit [www.medicare.gov](http://www.medicare.gov).

### Puget Sound Health Partners Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Puget Sound Health Partners. If you have trouble finding your drug in the list, turn to the Index that begins on page 63.

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

The information in the Notes column tells you if Puget Sound Health Partners has any special requirements for coverage of your drug.

Drugs are grouped into one of four tiers – 1, 2, 3, or 4

**Tier 1:** Preferred Generic Drugs \$5 co-payment

**Tier 2:** Preferred Brand-name Drugs \$29 co-payment

**Tier 3:** Specialty Medications 20% co-insurance

**Tier 4:** Non-Preferred Brand-name drugs \$59 co-payment

As part of Partners Apex Plus Rx (HMO), Apex King Plus Rx (HMO) and Partners Summit Plus Rx (HMO) we provide coverage of Tier 1 drugs in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.



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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
<b>ADRENALS</b>		dexamethasone conc 1 mg/ml conc oral	1	methylprednisolone acetate inj susp 40 mg/ml susp injection	1
(a-methapred inj 125mg) - methylprednisolone sodium succinate for inj 125 mg SOLR INJECTION	2	dexamethasone elixir 0.5 mg/5ml elix oral	1	Prior Authorization	
(a-methapred inj 40mg) - methylprednisolone sodium succinate for inj 40 mg SOLR INJECTION	2	dexamethasone tab 0.5 mg tabs oral	1	methylprednisolone acetate inj susp 80 mg/ml susp injection	1
(methylpr ss inj 125mg) - methylprednisolone sodium succinate for inj 125 mg SOLR INJECTION	1	dexamethasone tab 0.75 mg tabs oral	1	Prior Authorization	
Prior Authorization		dexamethasone tab 1 mg tabs oral	1	methylprednisolone sodium succinate for inj 1000 mg solr injection	1
(methylpr ss inj 40mg) - methylprednisolone sodium succinate for inj 40 mg SOLR INJECTION	1	dexamethasone tab 1.5 mg tabs oral	1	methylprednisolone tab 4 mg dose pack tabs oral	1
ASMANEX 120 AER 220MCG AEPB INHALANT Qty:5, Days:30	2	dexamethasone tab 2 mg tabs oral	1	methylprednisolone tab 4 mg tabs oral	1
ASMANEX 14 AER 220MCG AEPB INHALANT Qty:5, Days:30	2	dexamethasone tab 4 mg tabs oral	1	methylprednisolone tab 8 mg tabs oral	1
ASMANEX 30 AER 220MCG AEPB INHALANT Qty:5, Days:30	2	dexamethasone tab 6 mg tabs oral	1	prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) soln oral	1
ASMANEX 60 AER 220MCG AEPB INHALANT Qty:5, Days:30	2	ENTOCORT EC CAP 3MG/24HR CP24 ORAL	2	prednisolone sod phosphate oral soln 5 mg/5ml (base equiv) soln oral	1
CELESTONE SOL 0.6MG/5 SOLN ORAL	2	FLOVENT HFA AER 110MCG AERO INHALANT	2	prednisone conc 5 mg/ml conc oral	1
cortisone acetate tab 25 mg tabs oral	1	FLOVENT HFA AER 220MCG AERO INHALANT	2	prednisone oral soln 5 mg/5ml soln oral	1
DEPO-MEDROL INJ 20MG/ML SUSP INJECTION	2	FLOVENT HFA AER 44MCG AERO INHALANT	2	prednisone tab 1 mg tabs oral	1
		fludrocortisone acetate tab 0.1 mg tabs oral	1	prednisone tab 10 mg tabs oral	1
		hydrocortisone tab 20 mg tabs oral	1	prednisone tab 2.5 mg tabs oral	1
		MEDROL TAB 2MG TABS ORAL	2	prednisone tab 20 mg tabs oral	1
				prednisone tab 5 mg tabs oral	1
				prednisone tab 50 mg tabs oral	1

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
PRELONE SYP 15MG/5ML SYRP ORAL	1	CARDURA XL TAB 8MG TB24 ORAL	2	(lactulose sol 10gm/15) - lactulose solution 10 gm/15ml SOLN ORAL	1
PULMICORT INH 180MCG AEPB INHALANT Qty:2, Days:30	4	doxazosin mesylate tab 1 mg tabs oral	1	BUPHENYL POW POWD ORAL	2
PULMICORT INH 90MCG AEPB INHALANT Qty:2, Days:30	4	doxazosin mesylate tab 2 mg tabs oral	1	BUPHENYL TAB 500MG TABS ORAL	2
PULMICORT SUS 0.25MG/2 SUSP INHALANT Qty:60, Days:30	4	doxazosin mesylate tab 4 mg tabs oral	1	<b>AMYLINOMIMETICS</b>	
PULMICORT SUS 0.5MG/2 SUSP INHALANT Qty:120, Days:30	4	doxazosin mesylate tab 8 mg tabs oral	1	SYMLNPEN 120 INJ 1000MCG SOLN SUBCUTANEOUS	2
QVAR AER 40MCG AERS INHALANT	2	prazosin hcl cap 1 mg caps oral	1	<b>ANALGESICS AND ANTIPYRETICS</b>	
QVAR AER 80MCG AERS INHALANT	2	prazosin hcl cap 2 mg caps oral	1	(astramorph inj 0.5mg/ml) - morphine sulfate inj pf 0.5 mg/ml SOLN INJECTION Prior Authorization	1
SOLU-MEDROL INJ 2GM SOLR INJECTION	2	prazosin hcl cap 5 mg caps oral	1	(co-gesic tab 500-5mg) - hydrocodone-acetaminophen tab 5-500 mg TABS ORAL	1
<b>ALKALINIZING AGENTS</b>		terazosin hcl cap 1 mg caps oral	1	(endocet tab 10-325mg) - oxycodone w/ acetaminophen tab 10-325 mg TABS ORAL	1
potassium citrate tab cr 10 meq (1080 mg) tbcr oral	1	terazosin hcl cap 10 mg caps oral	1	(endocet tab 5-325mg) - oxycodone w/ acetaminophen tab 5-325 mg TABS ORAL	1
potassium citrate tab cr 5 meq (540 mg) tbcr oral	1	terazosin hcl cap 2 mg caps oral	1	(endocet tab 7.5-325m) - oxycodone w/ acetaminophen tab 7.5-325 mg TABS ORAL	1
sodium bicarbonate inj 7.5% soln intravenous Prior Authorization	4	terazosin hcl cap 5 mg caps oral	1	(endocet tab 7.5-500m) - oxycodone w/ acetaminophen tab 7.5-500 mg TABS ORAL	1
sodium bicarbonate inj 8.4% soln intravenous Prior Authorization	1	<b>AMMONIA DETOXICANTS</b>			
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		(constulose sol 10gm/15) - lactulose solution 10 gm/15ml SOLN ORAL	1		
CARDURA XL TAB 4MG TB24 ORAL	2	(enulose sol 10gm/15) - lactulose (encephalopathy) solution 10 gm/15ml SOLN ORAL	1		
		(generlac sol 10gm/15) - lactulose (encephalopathy) solution 10 gm/15ml SOLN ORAL	1		

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
(hydroco/apap tab 10-660mg) - hydrocodone-acetaminophen tab 10-660 mg TABS ORAL	1	(oxycod/apap tab 5-325mg) - oxycodone w/ acetaminophen tab 5-325 mg TABS ORAL	1	CELEBREX CAP 100MG CAPS ORAL	2
(hydroco/apap tab 5-500mg) - hydrocodone-acetaminophen tab 5-500 mg TABS ORAL	1	(oxycod/apap tab 7.5-325) - oxycodone w/ acetaminophen tab 7.5-325 mg TABS ORAL	1	CELEBREX CAP 200MG CAPS ORAL	2
(hydromorphon inj 10mg/ml) - hydromorphone hcl inj 10 mg/ml SOLN INJECTION	1	(oxycod/apap tab 7.5-500) - oxycodone w/ acetaminophen tab 7.5-500 mg TABS ORAL	1	CELEBREX CAP 400MG CAPS ORAL	2
Prior Authorization		(vanacet tab 5-500mg) - hydrocodone-acetaminophen tab 5-500 mg TABS ORAL	1	CELEBREX CAP 50MG CAPS ORAL	2
(methadone tab 10mg) - methadone hcl tab 10 mg TABS ORAL	1	acetaminophen w/ codeine soln 120-12 mg/5ml soln oral	1	diclofenac sodium tab delayed release 25 mg tbec oral	1
(methadone tab 5mg) - methadone hcl tab 5 mg TABS ORAL	1	acetaminophen w/ codeine tab 300-15 mg tabs oral	1	diclofenac sodium tab delayed release 50 mg tbec oral	1
(methadose tab 10mg) - methadone hcl tab 10 mg TABS ORAL	1	acetaminophen w/ codeine tab 300-30 mg tabs oral	1	diclofenac sodium tab delayed release 75 mg tbec oral	1
(methadose tab 5mg) - methadone hcl tab 5 mg TABS ORAL	1	ARTHROTEC 50 TAB TABS ORAL	2	diclofenac sodium tab sr 24hr 100 mg tb24 oral	1
(morphine sul inj 0.5mg/ml) - morphine sulfate inj pf 0.5 mg/ml SOLN INJECTION	1	ARTHROTEC 75 TAB TABS ORAL	2	diflunisal tab 500 mg tabs oral	1
Prior Authorization		buprenorphine hcl inj 0.3 mg/ml (base equiv) soln injection	1	DILAUDID-5 LIQ 1MG/ML LIQD ORAL	4
(oxycod/apap tab 10-325mg) - oxycodone w/ acetaminophen tab 10-325 mg TABS ORAL	1	butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg caps oral	1	DILAUDID-HP INJ 10MG/ML SOLN INJECTION	2
(oxycod/apap tab 2.5-325) - oxycodone w/ acetaminophen tab 2.5-325 mg TABS ORAL	1	butorphanol tartrate inj 1 mg/ml soln injection	1	Prior Authorization	
		butorphanol tartrate inj 2 mg/ml soln injection	1	etodolac cap 200 mg caps oral	1
		butorphanol tartrate nasal soln 10 mg/ml soln nasal	1	etodolac cap 300 mg caps oral	1
				etodolac tab 400 mg tabs oral	1
				etodolac tab 500 mg tabs oral	1
				etodolac tab sr 24hr 400 mg tb24 oral	1
				etodolac tab sr 24hr 500 mg tb24 oral	1
				etodolac tab sr 24hr 600 mg tb24 oral	1

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
fentanyl td patch 72hr 100 mcg/hr pt72 transdermal	1	hydromorphone hcl tab 2 mg tabs oral	1	meperidine hcl inj 50 mg/ml soln injection	1
fentanyl td patch 72hr 12 mcg/hr pt72 transdermal	1	hydromorphone hcl tab 4 mg tabs oral	1	meperidine hcl inj 75 mg/ml soln injection	1
fentanyl td patch 72hr 25 mcg/hr pt72 transdermal	1	hydromorphone hcl tab 8 mg tabs oral	1	meperidine hcl oral soln 50 mg/5ml soln oral	1
fentanyl td patch 72hr 50 mcg/hr pt72 transdermal	1	ibuprofen susp 100 mg/5ml susp oral	1	meperidine hcl tab 100 mg tabs oral	1
fentanyl td patch 72hr 75 mcg/hr pt72 transdermal	1	ibuprofen tab 400 mg tabs oral	1	meperidine hcl tab 50 mg tabs oral	1
flurbiprofen tab 100 mg tabs oral	1	ibuprofen tab 600 mg tabs oral	1	methadone hcl conc 10 mg/ml conc oral	1
flurbiprofen tab 50 mg tabs oral	1	ibuprofen tab 800 mg tabs oral	1	methadone hcl inj 10 mg/ml soln injection	1
hydrocodone-acetaminophen soln 7.5-500 mg/15ml soln oral	1	KADIAN CAP 100MG CR CP24 ORAL	2	Prior Authorization	
hydrocodone-acetaminophen tab 10-325 mg tabs oral	1	KADIAN CAP 10MG CR CP24 ORAL	2	methadone hcl soln 10 mg/5ml soln oral	1
hydrocodone-acetaminophen tab 10-500 mg tabs oral	1	KADIAN CAP 200MG CR CP24 ORAL	2	methadone hcl soln 5 mg/5ml soln oral	1
hydrocodone-acetaminophen tab 10-650 mg tabs oral	1	KADIAN CAP 20MG CR CP24 ORAL	2	MORPHINE SUL SOL 10MG/5ML SOLN ORAL	1
hydrocodone-acetaminophen tab 10-750 mg tabs oral	1	KADIAN CAP 50MG CR CP24 ORAL	2	MORPHINE SUL SOL 20MG/5ML SOLN ORAL	1
hydrocodone-acetaminophen tab 2.5-500 mg tabs oral	1	KADIAN CAP 80MG CR CP24 ORAL	2	morphine sulfate oral soln 20 mg/ml soln oral	1
hydrocodone-acetaminophen tab 5-325 mg tabs oral	1	ketoprofen cap 50 mg caps oral	1	morphine sulfate tab 15 mg tabs oral	1
hydrocodone-acetaminophen tab 7.5-325 mg tabs oral	1	ketoprofen cap 75 mg caps oral	1	morphine sulfate tab 30 mg tabs oral	1
hydrocodone-acetaminophen tab 7.5-500 mg tabs oral	1	ketoprofen cap sr 24hr 200 mg cp24 oral	1	morphine sulfate tab sr 12hr 100 mg tb12 oral	1
hydrocodone-acetaminophen tab 7.5-650 mg tabs oral	1	meperidine hcl inj 10 mg/ml soln injection	1	morphine sulfate tab sr 12hr 15 mg tb12 oral	1
hydrocodone-acetaminophen tab 7.5-750 mg tabs oral	1	meperidine hcl inj 25 mg/ml soln injection	1	morphine sulfate tab sr 12hr 200 mg tb12 oral	1
				morphine sulfate tab sr 12hr 30 mg tb12 oral	1

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
morphine sulfate tab sr 12hr 60 mg tb12 oral	1	OXYCONTIN TAB 40MG CR TB12 ORAL Qty:60, Days:30	4	tolmetin sodium tab 600 mg tabs oral	1
nabumetone tab 500 mg tabs oral	1	OXYCONTIN TAB 60MG CR TB12 ORAL Qty:60, Days:30	4	tramadol hcl tab 50 mg tabs oral	1
nabumetone tab 750 mg tabs oral	1	OXYCONTIN TAB 80MG CR TB12 ORAL Qty:60, Days:30	4	ULTRAMER TAB 100MG TB24 ORAL	2
naproxen susp 125 mg/5ml susp oral	1	pentazocine w/ apap tab 25- 650 mg tabs oral	1	ULTRAMER TAB 200MG TB24 ORAL	2
naproxen tab 250 mg tabs oral	1	pentazocine w/ naloxone tab 50-0.5 mg tabs oral	1	ULTRAMER TAB 300MG TB24 ORAL	2
naproxen tab 375 mg tabs oral	1	PERCOCET TAB 2.5-325 TABS ORAL	4	VICODIN HP TAB 10- 660MG TABS ORAL	1
naproxen tab 500 mg tabs oral	1	propoxyphene hcl w/ apap tab 65-650 mg tabs oral	1	<b>ANDROGENS</b>	
naproxen tab ec 375 mg tbec oral	1	propoxyphene-n w/ apap tab 100-500 mg tabs oral	1	ANADROL-50 TAB 50MG TABS ORAL	2
naproxen tab ec 500 mg tbec oral	1	propoxyphene-n w/ apap tab 100-650 mg tabs oral	1	ANDRODERM DIS 2.5MG/24 PT24 TRANSDERMAL	2
oxycodone hcl tab 15 mg tabs oral	1	propoxyphene-n w/ apap tab 50-325 mg tabs oral	1	ANDRODERM DIS 5MG/24HR PT24 TRANSDERMAL	2
oxycodone hcl tab 30 mg tabs oral	1	SUBOXONE SUB 2- 0.5MG SUBL SUBLINGUAL	2	danazol cap 100 mg caps oral	1
oxycodone hcl tab 5 mg tabs oral Qty:60, Days:30	1	SUBOXONE SUB 8- 2MG SUBL SUBLINGUAL	2	danazol cap 200 mg caps oral	1
oxycodone w/ acetaminophen cap 5-500 mg caps oral	1	SUBUTEX SUB 2MG SUBL SUBLINGUAL	2	danazol cap 50 mg caps oral	1
OXYCONTIN TAB 10MG CR TB12 ORAL Qty:60, Days:30	4	SUBUTEX SUB 8MG SUBL SUBLINGUAL	2	oxandrolone tab 10 mg tabs oral	1
OXYCONTIN TAB 15MG CR TB12 ORAL Qty:60, Days:30	4	sulindac tab 150 mg tabs oral	1	oxandrolone tab 2.5 mg tabs oral	1
OXYCONTIN TAB 20MG CR TB12 ORAL Qty:60, Days:30	4	sulindac tab 200 mg tabs oral	1	testosterone cypionate im in oil 100 mg/ml oil intramuscular	1
OXYCONTIN TAB 30MG CR TB12 ORAL Qty:60, Days:30	4	tolmetin sodium cap 400 mg caps oral	1	testosterone enanthate im in oil 200 mg/ml oil intramuscular	1
		tolmetin sodium tab 200 mg tabs oral	1		

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
<b>ANOREXIGENICS RESP CEREB STIMULANTS</b>		amphetamine- dextroamphetamine tab 12.5 mg tabs oral	1	FOCALIN XR CAP 5MG CP24 ORAL	4
(metadate tab 20mg er) - methylphenidate hcl tab cr 20 mg TBCR ORAL	1	amphetamine- dextroamphetamine tab 20 mg tabs oral	1	METHYLIN TAB 10MG TABS ORAL	1
(methylin er tab 20mg) - methylphenidate hcl tab cr 20 mg TBCR ORAL	1	amphetamine- dextroamphetamine tab 30 mg tabs oral	1	METHYLIN TAB 20MG TABS ORAL	1
(methylphenid tab 10mg) - methylphenidate hcl tab 10 mg TABS ORAL	1	amphetamine- dextroamphetamine tab 5 mg tabs oral	1	METHYLIN TAB 5MG TABS ORAL	1
(methylphenid tab 20mg) - methylphenidate hcl tab 20 mg TABS ORAL	1	amphetamine- dextroamphetamine tab 7.5 mg tabs oral	1	PROVIGIL TAB 100MG TABS ORAL	2
(methylphenid tab 5mg) - methylphenidate hcl tab 5 mg TABS ORAL	1	dexmethylphenidate hcl tab 10 mg tabs oral	1	PROVIGIL TAB 200MG TABS ORAL	2
ADDERALL XR CAP 10MG CP24 ORAL Prior Authorization	4	dexmethylphenidate hcl tab 2.5 mg tabs oral	1	<b>ANOREXIGENICS RESP CEREB STIMULANTS</b>	
ADDERALL XR CAP 15MG CP24 ORAL Prior Authorization	4	dexmethylphenidate hcl tab 5 mg tabs oral	1	(methylphenid tab 20mg sr) - methylphenidate hcl tab cr 20 mg TBCR ORAL	1
ADDERALL XR CAP 20MG CP24 ORAL Prior Authorization	4	dextroamphetamine sulfate cap sr 24hr 10 mg cp24 oral	1	<b>ANTHELMINTICS</b>	
ADDERALL XR CAP 25MG CP24 ORAL Prior Authorization	4	dextroamphetamine sulfate cap sr 24hr 15 mg cp24 oral	1	BILTRICIDE TAB 600MG TABS ORAL	2
ADDERALL XR CAP 30MG CP24 ORAL Prior Authorization	4	dextroamphetamine sulfate cap sr 24hr 5 mg cp24 oral	1	mebendazole chew tab 100 mg chew oral	1
ADDERALL XR CAP 5MG CP24 ORAL Prior Authorization	4	dextroamphetamine sulfate tab 10 mg tabs oral	1	<b>ANTIALLERGIC AGENTS</b>	
amphetamine- dextroamphetamine tab 10 mg tabs oral	1	dextroamphetamine sulfate tab 5 mg tabs oral	1	(azelastine dro 0.05%) - azelastine hcl ophth soln 0.05% SOLN OPHTHALMIC	1
		FOCALIN XR CAP 10MG CP24 ORAL	4	ALAMAST DRO 0.1% SOLN OPHTHALMIC	2
		FOCALIN XR CAP 15MG CP24 ORAL	4	ALOCRIL SOL 2% SOLN OPHTHALMIC	2
		FOCALIN XR CAP 20MG CP24 ORAL	4	ASTELIN NASA SPR 137MCG SOLN NASAL	2
				ASTEPRO SPR 0.15% SOLN NASAL	2

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
ASTEPRO SPR 137MCG SOLN NASAL	2	(azithromycin sus 100/5ml) - azithromycin for susp 100 mg/5ml SUSR ORAL	1	(sulfazine tab 500mg) - sulfasalazine tab 500 mg TABS ORAL	1
cromolyn sodium ophth soln 4% soln ophthalmic	1	(cefepime inj 1gm) - cefepime hcl for inj 1 gm SOLR INJECTION	1	(trimox cap 500mg) - amoxicillin (trihydrate) cap 500 mg CAPS ORAL	1
OPTIVAR DRO 0.05% SOLN OPHTHALMIC	2	Prior Authorization		(veetids sol 125/5ml) - penicillin v potassium for soln 125 mg/5ml SOLR ORAL	1
PATANOL SOL 0.1% OP SOLN OPHTHALMIC	2	(doxy-caps cap 100mg) - doxycycline hyclate cap 100 mg CAPS ORAL	1	(veetids tab 250mg) - penicillin v potassium tab 250 mg TABS ORAL	1
<b>ANTIBACTERIALS</b>		(doxycycl hyc inj 100mg) - doxycycline hyclate for inj 100 mg SOLR INTRAVENOUS Prior Authorization	1	(veetids tab 500mg) - penicillin v potassium tab 500 mg TABS ORAL	1
(amoclan sus 200/5ml) - amoxicillin & k clavulanate for susp 200-28.5 mg/5ml SUSR ORAL	1	(minocycline tab 100mg) - minocycline hcl tab 100 mg TABS ORAL	1	amikacin sulfate inj 250 mg/ml soln injection	1
(amoclan sus 400/5ml) - amoxicillin & k clavulanate for susp 400-57 mg/5ml SUSR ORAL	1	(minocycline tab 50mg) - minocycline hcl tab 50 mg TABS ORAL	1	amikacin sulfate inj 50 mg/ml soln injection	1
(amox/k clav sus 200/5ml) - amoxicillin & k clavulanate for susp 200-28.5 mg/5ml SUSR ORAL	1	(minocycline tab 75mg) - minocycline hcl tab 75 mg TABS ORAL	1	amoxicillin & k clavulanate chew tab 200-28.5 mg chew oral	1
(amox/k clav sus 400/5ml) - amoxicillin & k clavulanate for susp 400-57 mg/5ml SUSR ORAL	1	(penicilln vk sol 125/5ml) - penicillin v potassium for soln 125 mg/5ml SOLR ORAL	1	amoxicillin & k clavulanate chew tab 400-57 mg chew oral	1
(amoxicillin cap 500mg) - amoxicillin (trihydrate) cap 500 mg CAPS ORAL	1	(penicilln vk tab 250mg) - penicillin v potassium tab 250 mg TABS ORAL	1	amoxicillin & k clavulanate for susp 600-42.9 mg/5ml susr oral	1
(amoxicillin sus 250/5ml) - amoxicillin (trihydrate) for susp 250 mg/5ml SUSR ORAL	1	(penicilln vk tab 500mg) - penicillin v potassium tab 500 mg TABS ORAL	1	amoxicillin & k clavulanate tab 250-125 mg tabs oral	1
(amoxil cap 500mg) - amoxicillin (trihydrate) cap 500 mg CAPS ORAL	1	(sulfasalazin tab 500mg) - sulfasalazine tab 500 mg TABS ORAL	1	amoxicillin & k clavulanate tab 500-125 mg tabs oral	1
(amoxil sus 250/5ml) - amoxicillin (trihydrate) for susp 250 mg/5ml SUSR ORAL	1			amoxicillin & k clavulanate tab 875-125 mg tabs oral	1
				amoxicillin (trihydrate) cap 250 mg caps oral	1
				amoxicillin (trihydrate) chew tab 125 mg chew oral	1

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
amoxicillin (trihydrate) chew tab 200 mg chew oral	1	ampicillin sodium for inj 10 gm solr injection	1	azithromycin tab 600 mg tabs oral	1
amoxicillin (trihydrate) chew tab 250 mg chew oral	1	Prior Authorization		cefaclor cap 250 mg caps oral	1
amoxicillin (trihydrate) chew tab 400 mg chew oral	1	ampicillin sodium for inj 125 mg solr injection	1	cefaclor cap 500 mg caps oral	1
amoxicillin (trihydrate) for susp 125 mg/5ml susr oral	1	Prior Authorization		cefaclor for susp 125 mg/5ml susr oral	1
amoxicillin (trihydrate) for susp 200 mg/5ml susr oral	1	AUGMENTIN CHW 250MG CHEW ORAL	2	cefaclor for susp 250 mg/5ml susr oral	1
amoxicillin (trihydrate) for susp 400 mg/5ml susr oral	1	AUGMENTIN SUS 125/5ML SUSR ORAL	2	cefaclor for susp 375 mg/5ml susr oral	1
amoxicillin (trihydrate) tab 500 mg tabs oral	1	AUGMENTIN SUS 250/5ML SUSR ORAL	2	cefaclor monohydrate tab sr 12hr 500 mg tb12 oral	1
amoxicillin (trihydrate) tab 875 mg tabs oral	1	AVELOX INJ SOLN INTRAVENOUS	2	cefadroxil cap 500 mg caps oral	1
ampicillin & sulbactam sodium for inj 10-5 gm solr injection	1	Prior Authorization		cefadroxil for susp 250 mg/5ml susr oral	1
Prior Authorization		AVELOX TAB 400MG TABS ORAL	2	cefadroxil for susp 500 mg/5ml susr oral	1
ampicillin & sulbactam sodium for inj 2-1 gm solr injection	1	Qty:30, Days:30		cefadroxil tab 1 gm tabs oral	1
Prior Authorization		AZACTAM INJ 2GM SOLR INJECTION	2	cefazolin in d5w inj 500 mg/50ml soln intravenous	1
ampicillin cap 250 mg caps oral	1	AZACTAM/DEX INJ 1GM SOLN INTRAVENOUS	2	Prior Authorization	
ampicillin cap 500 mg caps oral	1	Prior Authorization		cefazolin sodium for inj 1 gm solr injection	1
ampicillin for susp 125 mg/5ml susr oral	1	AZACTAM/DEX INJ 2GM SOLN INTRAVENOUS	2	Prior Authorization	
ampicillin for susp 250 mg/5ml susr oral	1	Prior Authorization		cefazolin sodium for inj 20 gm solr injection	1
ampicillin sodium for inj 1 gm solr injection	1	azithromycin for susp 200 mg/5ml susr oral	1	Prior Authorization	
Prior Authorization		azithromycin iv for soln 500 mg solr intravenous	1	cefazolin sodium for inj 500 mg solr injection	1
		Prior Authorization		Prior Authorization	
		azithromycin tab 250 mg tabs oral	1	cefepime hcl for inj 2 gm solr injection	1
		azithromycin tab 500 mg tabs oral	1	Prior Authorization	
				cefotaxime sodium for inj 1 gm solr injection	1
				Prior Authorization	

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
cefotaxime sodium for inj 10 gm solr injection	1	cefuroxime sodium for inj 1.5 gm solr injection	1	ciprofloxacin-ciprofloxacin hcl tab sr 24hr 1000 mg(base eq) tb24 oral	1
Prior Authorization		cefuroxime sodium for inj 7.5 gm solr injection	1	ciprofloxacin-ciprofloxacin hcl tab sr 24hr 500 mg (base eq) tb24 oral	1
cefotaxime sodium for inj 2 gm solr injection	1	cefuroxime sodium for inj 750 mg solr injection	1	clarithromycin for susp 125 mg/5ml susr oral	1
Prior Authorization		cephalexin cap 250 mg caps oral	1	clarithromycin for susp 250 mg/5ml susr oral	1
cefotaxime sodium for inj 500 mg solr injection	1	cephalexin cap 500 mg caps oral	1	clarithromycin tab 250 mg tabs oral	1
Prior Authorization		cephalexin for susp 125 mg/5ml susr oral	1	clarithromycin tab 500 mg tabs oral	1
cefpodoxime proxetil for susp 100 mg/5ml susr oral	1	cephalexin for susp 250 mg/5ml susr oral	1	clarithromycin tab sr 24hr 500 mg tb24 oral	1
cefpodoxime proxetil for susp 50 mg/5ml susr oral	1	cephalexin tab 250 mg tabs oral	1	clindamycin hcl cap 150 mg caps oral	1
cefpodoxime proxetil tab 100 mg tabs oral	1	cephalexin tab 500 mg tabs oral	1	clindamycin hcl cap 300 mg caps oral	1
cefpodoxime proxetil tab 200 mg tabs oral	1	chloramphenicol sodium succinate for iv inj 1 gm solr intravenous	1	colistimethate sodium for inj 150 mg solr injection	1
cefprozil for susp 125 mg/5ml susr oral	1	Prior Authorization		Prior Authorization	
cefprozil for susp 250 mg/5ml susr oral	1	CIPRO (10%) SUS 500MG/5 SUSR ORAL	2	CUBICIN SOL 500MG SOLR INTRAVENOUS	2
cefprozil tab 250 mg tabs oral	1	CIPRO (5%) SUS 250MG/5 SUSR ORAL	2	Prior Authorization	
cefprozil tab 500 mg tabs oral	1	ciprofloxacin hcl tab 100 mg (base equiv) tabs oral	1	demeclocycline hcl tab 150 mg tabs oral	1
ceftazidime for inj 1 gm solr injection	2	ciprofloxacin hcl tab 250 mg (base equiv) tabs oral	1	demeclocycline hcl tab 300 mg tabs oral	1
Prior Authorization		ciprofloxacin hcl tab 500 mg (base equiv) tabs oral	1	dicloxacillin sodium cap 250 mg caps oral	1
ceftazidime for inj 6 gm solr injection	2	ciprofloxacin hcl tab 750 mg (base equiv) tabs oral	1	dicloxacillin sodium cap 500 mg caps oral	1
Prior Authorization		ciprofloxacin iv soln 1% soln intravenous	1	doxycycline hyclate cap 50 mg caps oral	1
ceftazidime for iv soln 2 gm solr intravenous	2	Prior Authorization			
Prior Authorization					
cefuroxime axetil tab 250 mg tabs oral	1				
cefuroxime axetil tab 500 mg tabs oral	1				

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
doxycycline hyclate cap dr particles 75 mg cpep oral	1	FORTAZ INJ 1GM SOLR INTRAVENOUS	2	LEVAQUIN SOL 25MG/ML SOLN ORAL	2
doxycycline hyclate tab 100 mg tabs oral	1	FORTAZ INJ 2GM SOLN INTRAVENOUS	2	LEVAQUIN TAB 250MG TABS ORAL	2
doxycycline hyclate tab 20 mg tabs oral	1	Prior Authorization		LEVAQUIN TAB 500MG TABS ORAL	2
doxycycline monohydrate tab 50 mg tabs oral	1	gentamicin in saline inj 0.6 mg/ml soln intravenous	1	LEVAQUIN TAB 750MG TABS ORAL	2
doxycycline monohydrate tab 75 mg tabs oral	1	Prior Authorization		LEVAQUIN/D5W INJ 250/50ML SOLN INTRAVENOUS	2
ERYPED 200 SUS 200/5ML SUSR ORAL	1	gentamicin in saline inj 0.8 mg/ml soln intravenous	1	Prior Authorization	
ERYPED 400 SUS 400/5ML SUSR ORAL	1	Prior Authorization		LINCOCIN INJ 300MG/ML SOLN INJECTION	2
ERY-TAB TAB 250MG EC TBEC ORAL	1	gentamicin in saline inj 0.9 mg/ml soln intravenous	1	MAXIPIME INJ 1GM SOLR INJECTION	2
ERY-TAB TAB 333MG EC TBEC ORAL	1	Prior Authorization		Prior Authorization	
ERY-TAB TAB 500MG EC TBEC ORAL	1	gentamicin in saline inj 1.4 mg/ml soln intravenous	1	MAXIPIME INJ 2GM SOLR INTRAVENOUS	2
ERYTHROCIN TAB 250MG TABS ORAL	1	Prior Authorization		Prior Authorization	
erythromycin ethylsuccinate tab 400 mg tabs oral	1	gentamicin in saline inj 1.6 mg/ml soln intravenous	1	MERREM INJ 500MG SOLR INTRAVENOUS	2
erythromycin lactobionate for inj 500 mg solr intravenous	1	Prior Authorization		Prior Authorization	
Prior Authorization		gentamicin sulfate inj 40 mg/ml soln injection	1	minocycline hcl cap 100 mg caps oral	1
erythromycin stearate tab 500 mg tabs oral	1	Prior Authorization		minocycline hcl cap 50 mg caps oral	1
ERYTHROMYCIN TAB 250MG BS TABS ORAL	1	gentamicin sulfate iv soln 10 mg/ml soln intravenous	1	minocycline hcl cap 75 mg caps oral	1
erythromycin tab 500 mg tabs oral	1	Prior Authorization		nafcillin sodium for inj 1 gm solr injection	1
FORTAZ INJ 1GM SOLN INTRAVENOUS	2	INVANZ INJ 1GM SOLR INJECTION	2	Prior Authorization	
Prior Authorization		KEFLEX CAP 750MG CAPS ORAL	4	nafcillin sodium for inj 10 gm solr injection	1
		KETEK TAB 300MG TABS ORAL	2	Prior Authorization	
		KETEK TAB 400MG TABS ORAL	2	ofloxacin tab 200 mg tabs oral	1
		LEVAQUIN INJ 25MG/ML SOLN INTRAVENOUS	2		
		Prior Authorization			

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
ofloxacin tab 300 mg tabs oral	1	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml susp oral	1	vancomycin hcl for inj 1000 mg solr intravenous	1
ofloxacin tab 400 mg tabs oral	1	sulfamethoxazole-trimethoprim tab 400-80 mg tabs oral	1	Prior Authorization	
oxacillin sodium for inj 1 gm solr injection	1	sulfamethoxazole-trimethoprim tab 800-160 mg tabs oral	1	VIBRAMYCIN SUS 25MG/5ML SUSR ORAL	2
Prior Authorization		sulfasalazine tab delayed release 500 mg tbec oral	1	VIBRAMYCIN SYP 50MG/5ML SYRP ORAL	2
oxacillin sodium for inj 10 gm solr injection	1	SUPRAX TAB 400MG TABS ORAL	4	ZITHROMAX SUS 100/5ML SUSR ORAL	2
Prior Authorization		Qty:2, Days:30, Prior Authorization		ZMAX SUS 2GM SUSR ORAL	2
PCE TAB 333MG EC TBEC ORAL	1	SYNERCID INJ 500MG SOLR INTRAVENOUS	3	ZOSYN INJ 3-0.375G SOLR INTRAVENOUS	4
PCE TAB 500MG EC TBEC ORAL	1	Prior Authorization		Prior Authorization	
penicillin g procaine intramuscular susp 600000 unit/ml susp intramuscular	4	tetracycline hcl cap 250 mg caps oral	1	ZOSYN SOL 2-0.25GM SOLN INTRAVENOUS	2
penicillin v potassium for soln 250 mg/5ml solr oral	1	tetracycline hcl cap 500 mg caps oral	1	Prior Authorization	
PRIMAXIN IM INJ 500MG SOLR INTRAMUSCULAR	2	TIMENTIN INJ 3.1GM SOLR INTRAVENOUS	2	ZOSYN SOL 3-0.375G SOLN INTRAVENOUS	2
PRIMAXIN IV INJ 250MG SOLR INTRAVENOUS	2	Prior Authorization		Prior Authorization	
Prior Authorization		tobramycin sulfate inj 10 mg/ml soln injection	1	ZYVOX SOL 2MG/ML SOLN INTRAVENOUS	2
PRIMAXIN IV INJ 500MG SOLR INTRAVENOUS	2	tobramycin sulfate inj 40 mg/ml soln injection	1	Prior Authorization	
Prior Authorization		TYGACIL INJ 50MG SOLR INTRAVENOUS	2	ZYVOX SUS 100MG/5M SUSR ORAL	2
ROCEPHIN INJ 1GM SOLR INJECTION	4	Prior Authorization		Prior Authorization	
Prior Authorization		VANCOGIN HCL CAP 125MG CAPS ORAL	2	ZYVOX TAB 600MG TABS ORAL	2
SPECTRACEF TAB 200MG TABS ORAL	2	VANCOGIN HCL CAP 250MG CAPS ORAL	2	Prior Authorization	
sulfadiazine tab 500 mg tabs oral	1	vancomycin hcl for inj 10 gm solr intravenous	1	<b>ANTICHOLINERGIC AGENTS</b>	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml soln intravenous	1	Prior Authorization		atropine sulfate inj 0.05 mg/ml soln injection	1
Prior Authorization				atropine sulfate inj 0.1 mg/ml soln injection	1
				ATROVENT HFA AER 17MCG AERS INHALANT	2

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
dicyclomine hcl cap 10 mg caps oral	1	(divalproex tab 500mg er) - divalproex sodium tab sr 24 hr 500 mg TB24 ORAL	1	carbamazepine tab sr 12hr 400 mg tb12 oral	1
dicyclomine hcl inj 10 mg/ml soln intramuscular	1	(epitol tab 200mg) - carbamazepine tab 200 mg TABS ORAL	1	CARBATROL CAP 100MG CP12 ORAL	2
Prior Authorization		(levetiraceta tab 250mg) - levetiracetam tab 250 mg TABS ORAL	1	CARBATROL CAP 200MG CP12 ORAL	2
dicyclomine hcl oral soln 10 mg/5ml soln oral	1	(levetiraceta tab 500mg) - levetiracetam tab 500 mg TABS ORAL	1	CARBATROL CAP 300MG CP12 ORAL	2
dicyclomine hcl tab 20 mg tabs oral	1	(levetiraceta tab 750mg) - levetiracetam tab 750 mg TABS ORAL	1	CELONTIN CAP 300MG CAPS ORAL	2
ipratropium bromide inhal soln 0.02% soln inhalant	1	(phenytek cap 200mg) - phenytoin sodium extended cap 200 mg CAPS ORAL	1	DEPAKOTE TAB 125MG DR TBEC ORAL	4
Prior Authorization		(phenytek cap 300mg) - phenytoin sodium extended cap 300 mg CAPS ORAL	1	DEPAKOTE TAB 250MG DR TBEC ORAL	4
SPIRIVA CAP HANDIHLR CAPS INHALANT	2	(phenytoin ex cap 200mg) - phenytoin sodium extended cap 200 mg CAPS ORAL	1	DEPAKOTE TAB 500MG DR TBEC ORAL	4
<b>ANTICONVULSANTS</b>		(phenytoin ex cap 300mg) - phenytoin sodium extended cap 300 mg CAPS ORAL	1	DEPAKOTE ER TAB 250MG TB24 ORAL	4
(carbamazepin tab 200mg) - carbamazepine tab 200 mg TABS ORAL	1	BANZEL TAB 200MG TABS ORAL	4	DEPAKOTE ER TAB 500MG TB24 ORAL	4
(divalproex cap 125mg) - divalproex sodium cap sprinkle 125 mg CPSP ORAL	1	BANZEL TAB 400MG TABS ORAL	4	DEPAKOTE SPR CAP 125MG CPSP ORAL	4
(divalproex tab 125mg dr) - divalproex sodium tab delayed release 125 mg TBEC ORAL	1	Prior Authorization		DILANTIN CAP 30MG CAPS ORAL	2
(divalproex tab 250mg dr) - divalproex sodium tab delayed release 250 mg TBEC ORAL	1	BANZEL TAB 400MG TABS ORAL	4	DILANTIN CHW 50MG CHEW ORAL	2
(divalproex tab 250mg er) - divalproex sodium tab sr 24 hr 250 mg TB24 ORAL	1	Prior Authorization		ethosuximide cap 250 mg caps oral	1
(divalproex tab 500mg dr) - divalproex sodium tab delayed release 500 mg TBEC ORAL	1	carbamazepine chew tab 100 mg chew oral	1	ethosuximide soln 250 mg/5ml soln oral	1
		carbamazepine susp 100 mg/5ml susp oral	1	FELBATOL SUS 600/5ML SUSP ORAL	2
		carbamazepine tab sr 12hr 200 mg tb12 oral	1	FELBATOL TAB 400MG TABS ORAL	2
				FELBATOL TAB 600MG TABS ORAL	2

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
gabapentin cap 100 mg caps oral	1	lamotrigine tab 200 mg tabs oral	1	oxcarbazepine tab 150 mg tabs oral	1
gabapentin cap 300 mg caps oral	1	lamotrigine tab 25 mg tabs oral	1	oxcarbazepine tab 300 mg tabs oral	1
gabapentin cap 400 mg caps oral	1	lamotrigine tab chew disp 25 mg tbdp oral	1	oxcarbazepine tab 600 mg tabs oral	1
gabapentin tab 600 mg tabs oral	1	lamotrigine tab chew disp 5 mg tbdp oral	1	PEGANONE TAB 250MG TABS ORAL	2
gabapentin tab 800 mg tabs oral	1	levetiracetam oral soln 100 mg/ml soln oral	1	phenytoin sodium extended cap 100 mg caps oral	1
GABITRIL TAB 12MG TABS ORAL	2	levetiracetam tab 1000 mg tabs oral	1	phenytoin sodium inj 50 mg/ml soln injection	1
GABITRIL TAB 16MG TABS ORAL	2	LYRICA CAP 100MG CAPS ORAL	2	Prior Authorization	
GABITRIL TAB 2MG TABS ORAL	2	LYRICA CAP 150MG CAPS ORAL	2	phenytoin susp 125 mg/5ml susp oral	1
GABITRIL TAB 4MG TABS ORAL	2	LYRICA CAP 200MG CAPS ORAL	2	primidone tab 250 mg tabs oral	1
KEPPRA INJ 500/5ML SOLN INTRAVENOUS	2	LYRICA CAP 225MG CAPS ORAL	2	primidone tab 50 mg tabs oral	1
Prior Authorization		LYRICA CAP 25MG CAPS ORAL	2	SABRIL POW 500MG PACK ORAL	3
KEPPRA TAB 250MG TABS ORAL	4	LYRICA CAP 300MG CAPS ORAL	2	Prior Authorization	
KEPPRA TAB 500MG TABS ORAL	4	LYRICA CAP 50MG CAPS ORAL	2	SABRIL TAB 500MG TABS ORAL	3
KEPPRA TAB 750MG TABS ORAL	4	LYRICA CAP 75MG CAPS ORAL	2	Prior Authorization	
LAMICTAL KIT START 35 KIT ORAL	2	magnesium sulfate inj 4% soln injection	1	TEGRETOL XR TAB 100MG TB12 ORAL	2
LAMICTAL KIT START 49 KIT ORAL	2	magnesium sulfate inj 50% soln injection	1	topiramate sprinkle cap 15 mg cpsp oral	1
LAMICTAL KIT START 98 KIT ORAL	2	magnesium sulfate inj 8% soln injection	1	topiramate sprinkle cap 25 mg cpsp oral	1
lamotrigine tab 100 mg tabs oral	1	NEURONTIN SOL 250/5ML SOLN ORAL	2	topiramate tab 100 mg tabs oral	1
lamotrigine tab 150 mg tabs oral	1			topiramate tab 200 mg tabs oral	1
				topiramate tab 25 mg tabs oral	1
				topiramate tab 50 mg tabs oral	1

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
TRILEPTAL SUS 300MG/5M SUSP ORAL	2	<b>ANTIDIABETIC AGENTS</b>		AVANDAMET TAB 2- 1000MG TABS ORAL	2
valproate sodium inj 100 mg/ml soln intravenous Prior Authorization	1	(glyburid mcr tab 1.5mg) - glyburide micronized tab 1.5 mg TABS ORAL	1	AVANDAMET TAB 2- 500MG TABS ORAL	2
valproate sodium syrup 250 mg/5ml (base equiv) syrpr oral	1	(glyburid mcr tab 3mg) - glyburide micronized tab 3 mg TABS ORAL	1	AVANDAMET TAB 4- 1000MG TABS ORAL	2
valproic acid cap 250 mg caps oral	1	(glyburid mcr tab 6mg) - glyburide micronized tab 6 mg TABS ORAL	1	AVANDAMET TAB 4- 500MG TABS ORAL	2
VIMPAT INJ 200MG/20 SOLN INTRAVENOUS Prior Authorization	4	(glycron tab 1.5mg) - glyburide micronized tab 1.5 mg TABS ORAL	1	AVANDIA TAB 2MG TABS ORAL	2
VIMPAT TAB 100MG TABS ORAL Prior Authorization	4	(glycron tab 3mg) - glyburide micronized tab 3 mg TABS ORAL	1	AVANDIA TAB 4MG TABS ORAL	2
VIMPAT TAB 150MG TABS ORAL Prior Authorization	4	(glycron tab 6mg) - glyburide micronized tab 6 mg TABS ORAL	1	AVANDIA TAB 8MG TABS ORAL	2
VIMPAT TAB 200MG TABS ORAL Prior Authorization	4	acarbose tab 100 mg tabs oral	1	BYETTA INJ 10MCG SOLN SUBCUTANEOUS Prior Authorization	2
VIMPAT TAB 50MG TABS ORAL Prior Authorization	4	acarbose tab 25 mg tabs oral	1	FORTAMET TAB 1000MG TB24 ORAL	4
zonisamide cap 100 mg caps oral	1	acarbose tab 50 mg tabs oral	1	FORTAMET TAB 500MG TB24 ORAL	4
zonisamide cap 25 mg caps oral	1	ACTOPLUS MET TAB 15/500MG TABS ORAL	2	glimepiride tab 1 mg tabs oral	1
zonisamide cap 50 mg caps oral	1	ACTOPLUS MET TAB 15/850MG TABS ORAL	2	glimepiride tab 2 mg tabs oral	1
<b>ANTICONVULSANTS, MISCELLANEOUS</b>		ACTOS TAB 15MG TABS ORAL	2	glimepiride tab 4 mg tabs oral	1
(oxcarbazepin sus 300mg/5m) - oxcarbazepine susp 300 mg/5ml (60 mg/ml) SUSP ORAL	1	ACTOS TAB 30MG TABS ORAL	2	glipizide tab 10 mg tabs oral	1
		ACTOS TAB 45MG TABS ORAL	2	glipizide tab 5 mg tabs oral	1
		APIDRA INJ SOLOSTAR SOLN INJECTION	2	glipizide tab sr 24hr 10 mg tb24 oral	1
		APIDRA INJ U-100 SOLN INJECTION	2	glipizide tab sr 24hr 2.5 mg tb24 oral	1
				glipizide tab sr 24hr 5 mg tb24 oral	1
				glipizide-metformin hcl tab 2.5-250 mg tabs oral	1
				glipizide-metformin hcl tab 2.5-500 mg tabs oral	1

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
glipizide-metformin hcl tab 5-500 mg tabs oral	1	HUMULIN PEN INJ 70/30 SUSP SUBCUTANEOUS	2	NOVOLIN N INJ INNOLET SUSP SUBCUTANEOUS	2
glyburide tab 1.25 mg tabs oral	1	HUMULIN R INJ U-100 SOLN INJECTION	2	NOVOLIN N INJ U-100 SUSP SUBCUTANEOUS	2
glyburide tab 2.5 mg tabs oral	1	JANUVIA TAB 100MG TABS ORAL Prior Authorization	4	NOVOLIN R INJ INNOLET SOLN INJECTION	2
glyburide tab 5 mg tabs oral	1	JANUVIA TAB 25MG TABS ORAL Prior Authorization	4	NOVOLIN R INJ U-100 SOLN INJECTION	2
GLYSET TAB 100MG TABS ORAL	2	JANUVIA TAB 50MG TABS ORAL Prior Authorization	4	NOVOLOG INJ 100/ML SOLN SUBCUTANEOUS	2
GLYSET TAB 25MG TABS ORAL	2	LANTUS INJ 100/ML SOLN SUBCUTANEOUS	2	NOVOLOG INJ FLEXPEN SOLN SUBCUTANEOUS	2
GLYSET TAB 50MG TABS ORAL	2	LANTUS INJ SOLOSTAR SOLN SUBCUTANEOUS	2	NOVOLOG MIX INJ 70/30 SUSP SUBCUTANEOUS	2
HUMALOG INJ 100/ML SOLN SUBCUTANEOUS	2	LEVEMIR INJ FLEXPEN SOLN SUBCUTANEOUS	2	NOVOLOG MIX INJ FLEXPEN SUSP SUBCUTANEOUS	2
HUMALOG MIX INJ 50/50 SUSP SUBCUTANEOUS	2	LEVEMIR INJ SOLN SUBCUTANEOUS	2	PRANDIN TAB 0.5MG TABS ORAL	2
HUMALOG MIX SUS 75/25 SUSP SUBCUTANEOUS	2	metformin hcl tab 1000 mg tabs oral	1	PRANDIN TAB 1MG TABS ORAL	2
HUMALOG PEN INJ 100/ML SOLN SUBCUTANEOUS	2	metformin hcl tab 500 mg tabs oral	1	PRANDIN TAB 2MG TABS ORAL	2
HUMALOG PEN INJ 50/50 SUSP SUBCUTANEOUS	2	metformin hcl tab 850 mg tabs oral	1	RELION 70/30 INJ 100/ML SUSP SUBCUTANEOUS	2
HUMALOG PEN INJ 75/25 SUSP SUBCUTANEOUS	2	metformin hcl tab sr 24hr 500 mg tb24 oral	1	RELION N INJ 100/ML SUSP SUBCUTANEOUS	2
HUMULIN INJ 50/50 SUSP SUBCUTANEOUS	2	metformin hcl tab sr 24hr 750 mg tb24 oral	1	RELION R INJ 100/ML SOLN INJECTION	2
HUMULIN INJ 70/30 SUSP SUBCUTANEOUS	2	NOVOLIN INJ 70/30 SUSP SUBCUTANEOUS	2	STARLIX TAB 120MG TABS ORAL	2
HUMULIN N INJ U-100 SUSP SUBCUTANEOUS	2	NOVOLIN 70/ INJ 30 INNLT SUSP SUBCUTANEOUS	2		
HUMULIN N PN INJ U-100 SUSP SUBCUTANEOUS	4				

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
STARLIX TAB 60MG TABS ORAL	2	EMEND CAP 125MG CAPS ORAL	2	ANCOBON CAP 250MG CAPS ORAL	2
SYMLIN INJ 600MCG SOLN SUBCUTANEOUS	2	Prior Authorization		ANCOBON CAP 500MG CAPS ORAL	2
<b>ANTIDIARRHEA AGENTS</b>		EMEND CAP 40MG CAPS ORAL	2	CANCIDAS INJ 50MG SOLR INTRAVENOUS	4
(diphen/atrop tab 2.5mg) - diphenoxylate w/ atropine tab 2.5-0.025 mg TABS ORAL	1	EMEND CAP 80MG CAPS ORAL	2	Prior Authorization	
(lonox tab 2.5mg) - diphenoxylate w/ atropine tab 2.5-0.025 mg TABS ORAL	1	Prior Authorization		CANCIDAS INJ 70MG SOLR INTRAVENOUS	4
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml liqd oral	1	EMEND PAK 80 & 125 CAPS ORAL	2	Prior Authorization	
loperamide hcl cap 2 mg caps oral	1	Prior Authorization		ERAXIS INJ 100MG SOLR INTRAVENOUS	2
<b>ANTIEMETICS</b>		meclizine hcl tab 12.5 mg tabs oral	1	Prior Authorization	
ALOXI INJ 0.25MG/5 SOLN INTRAVENOUS	3	meclizine hcl tab 25 mg tabs oral	1	fluconazole for susp 10 mg/ml susr oral	1
Prior Authorization		ondansetron hcl inj 2 mg/ml soln intravenous	1	fluconazole for susp 40 mg/ml susr oral	1
ANZEMET INJ 20MG/ML SOLN INTRAVENOUS	2	ondansetron hcl oral soln 4 mg/5ml soln oral	1	fluconazole tab 100 mg tabs oral	1
Prior Authorization		ondansetron hcl tab 24 mg tabs oral	1	fluconazole tab 150 mg tabs oral	1
ANZEMET TAB 100MG TABS ORAL	2	ondansetron hcl tab 4 mg tabs oral	1	fluconazole tab 200 mg tabs oral	1
Qty:3, Days:30, Prior Authorization		ondansetron hcl tab 8 mg tabs oral	1	fluconazole tab 50 mg tabs oral	1
ANZEMET TAB 50MG TABS ORAL	2	ondansetron orally disintegrating tab 4 mg tbdp oral	1	GRIFULVIN V TAB 500MG TABS ORAL	4
Qty:10, Days:30, Prior Authorization		ondansetron orally disintegrating tab 8 mg tbdp oral	1	griseofulvin microsize susp 125 mg/5ml susp oral	1
dronabinol cap 10 mg caps oral	1	trimethobenzamide hcl cap 300 mg caps oral	1	GRIS-PEG TAB 125MG TABS ORAL	2
dronabinol cap 2.5 mg caps oral	1	<b>ANTIFUNGALS</b>		GRIS-PEG TAB 250MG TABS ORAL	2
dronabinol cap 5 mg caps oral	1	amphotericin b for inj 50 mg solr injection	1	itraconazole cap 100 mg caps oral	1
		Prior Authorization		ketoconazole tab 200 mg tabs oral	1

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
nystatin susp 100000 unit/ml susp mouth-throat	1	brimonidine tartrate ophth soln 0.2% soln ophthalmic	1	<b>ANTI-INFECTIVES</b>	
nystatin tab 500000 unit tabs oral	1	carteolol hcl ophth soln 1% soln ophthalmic	1	(acticin cre 5%) -	1
SPORANOX SOL 10MG/ML SOLN ORAL	2	COSOPT SOL 2- 0.5%OP SOLN OPHTHALMIC	4	permethrin cream 5% CREA EXTERNAL	
VFEND SUS 40MG/ML SUSR ORAL	2	levobunolol hcl ophth soln 0.25% soln ophthalmic	1	(ak-poly-bac oin op) -	1
VFEND TAB 200MG TABS ORAL	2	LUMIGAN SOL 0.03% SOLN OPHTHALMIC	2	bacitracin-polymyxin b ophth oint OINT OPHTHALMIC	
VFEND TAB 50MG TABS ORAL	2	PHOSPHOLINE SOL 0.125%OP SOLR OPHTHALMIC	4	(ak-tob sol 0.3% op) -	1
VFEND IV INJ 200MG SOLR INTRAVENOUS Prior Authorization	2	PILOPINE HS GEL 4% OP GEL OPHTHALMIC	2	tobramycin sulfate ophth soln 0.3% SOLN OPHTHALMIC	
<b>ANTIGLAUCOMA AGENTS</b>		timolol maleate ophth soln 0.25% soln ophthalmic	1	(bacit/polymy oin op) -	1
(dorzol/timol sol 2-0.5%op) - dorzolamide-timolol ophth soln 2-0.5% (base equiv) SOLN OPHTHALMIC	1	timolol maleate ophth soln 0.5% soln ophthalmic	1	bacitracin-polymyxin b ophth oint OINT OPHTHALMIC	
(dorzolamide sol 2% op) - dorzolamide hcl ophth soln 2% SOLN OPHTHALMIC	1	TRAVATAN Z DRO 0.004% SOLN OPHTHALMIC	2	(chlorhex glu sol 0.12%) -	1
(levobunolol sol 0.5% op) - levobunolol hcl ophth soln 0.5% SOLN OPHTHALMIC	1	TRUSOPT SOL 2% OP SOLN OPHTHALMIC	4	chlorhexidine gluconate soln 0.12% SOLN MOUTH- THROAT	
ALPHAGAN P SOL 0.1% SOLN OPHTHALMIC	2	XALATAN SOL 0.005% SOLN OPHTHALMIC	2	(erythromycin oin op) -	1
ALPHAGAN P SOL 0.15% SOLN OPHTHALMIC	2	<b>ANTIHEMORRHAGIC AGENTS</b>		erythromycin ophth oint 5 mg/gm OINT OPHTHALMIC	
AZOPT SUS 1% OP SUSP OPHTHALMIC	2	CYKLOKAPRON INJ 100MG/ML SOLN INTRAVENOUS Prior Authorization	2	(genoptic sol 0.3% op) -	1
BETAGAN SOL 0.5% OP SOLN OPHTHALMIC	4	<b>ANTIHYPOGLYCEMIC AGENTS</b>		gentamicin sulfate ophth soln 0.3% SOLN OPHTHALMIC	
betaxolol hcl ophth soln 0.5% soln ophthalmic	1	GLUCAGON KIT 1MG KIT INJECTION	1	(gentamicin oin 0.3% op) -	1
				gentamicin sulfate ophth oint 0.3% OINT OPHTHALMIC	
				(gentamicin sol 0.3% op) -	1
				gentamicin sulfate ophth soln 0.3% SOLN OPHTHALMIC	
				(gentasol sol 0.3% op) -	1
				gentamicin sulfate ophth soln 0.3% SOLN OPHTHALMIC	
				(ketoconazole cre 2%) -	1
				ketoconazole cream 2% CREA EXTERNAL	
				(kuric cre 2%) -	1
				ketoconazole cream 2% CREA EXTERNAL	

Puget Sound Health Partners

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
(malathion lot 0.5%) - malathion lotion 0.5% LOTN EXTERNAL	1	(ssd cre 1%) - silver sulfadiazine cream 1% CREA EXTERNAL	1	ciclopirox olamine susp 0.77% (base equiv) susp external	1
(mupirocin oin 2%) - mupirocin oint 2% OINT EXTERNAL	1	(terconazole cre 0.4%) - terconazole vaginal cream 0.4% CREA VAGINAL	1	ciclopirox shampoo 1% sham external	1
(nyamyc pow 100000) - nystatin topical powder POWD EXTERNAL	1	(terconazole cre 0.8%) - terconazole vaginal cream 0.8% CREA VAGINAL	1	ciclopirox solution 8% soln external	1
(nystatin pow 100000) - nystatin topical powder POWD EXTERNAL	1	(terconazole sup 80mg) - terconazole vaginal suppos 80 mg SUPP VAGINAL	1	CILOXAN OIN 0.3% OP OINT OPHTHALMIC	2
(nystop pow 100000) - nystatin topical powder POWD EXTERNAL	1	(tobramycin sol 0.3% op) - tobramycin sulfate ophth soln 0.3% SOLN OPHTHALMIC	1	ciprofloxacin hcl ophth soln 0.3% soln ophthalmic	1
(ocusulf-10 sol 10% op) - sulfacetamide sodium ophth soln 10% SOLN OPHTHALMIC	1	(tobrasol sol 0.3% op) - tobramycin sulfate ophth soln 0.3% SOLN OPHTHALMIC	1	clindamycin phosphate gel 1% gel external	1
(pedi-dri pow 100000) - nystatin topical powder POWD EXTERNAL	1	(zazole cre 0.4%) - terconazole vaginal cream 0.4% CREA VAGINAL	1	clindamycin phosphate soln 1% soln external	1
(permethrin cre 5%) - permethrin cream 5% CREA EXTERNAL	1	(zazole cre 0.8%) - terconazole vaginal cream 0.8% CREA VAGINAL	1	clindamycin phosphate vaginal cream 2% crea vaginal	1
(polycin b oin op) - bacitracin-polymyxin b ophth oint OINT OPHTHALMIC	1	(zazole sup 80mg) - terconazole vaginal suppos 80 mg SUPP VAGINAL	1	clindamycin phosphate- benzoyl peroxide gel 1-5% gel external	1
(romycin oin op) - erythromycin ophth oint 5 mg/gm OINT OPHTHALMIC	1	BACTROBAN CRE 2% CREA EXTERNAL	2	clotrimazole cream 1% crea external	1
(silver sulfa cre 1%) - silver sulfadiazine cream 1% CREA EXTERNAL	1	BACTROBAN OIN 2% OINT EXTERNAL	4	clotrimazole soln 1% soln external	1
(sod sulfacet sol 10% op) - sulfacetamide sodium ophth soln 10% SOLN OPHTHALMIC	1	BACTROBAN OIN NASAL 2% OINT NASAL	2	clotrimazole w/ betamethasone cream 1- 0.05% crea external	1
		benzoyl peroxide- erythromycin gel 5-3% gel external	1	clotrimazole w/ betamethasone lotion 1- 0.05% lotn external	1
		ciclopirox olamine cream 0.77% (base equiv) crea external	1	DENAVIR CRE 1% CREA EXTERNAL	2
				erythromycin gel 2% gel external	1
				erythromycin pads 2% pads external	1

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
erythromycin soln 2% soln external	1	neomycin-polymyxin b-gramicidin ophth soln soln ophthalmic	1	(acetic acid dro /hc otic) - hydrocortisone w/ acetic acid otic soln 1-2% SOLN OTIC(Ear)	1
EURAX CRE 10% CREA EXTERNAL	2	nystatin cream 100000 unit/gm crea external	1	(ala-cort lot 1%) - hydrocortisone lotion 1% LOTN EXTERNAL	1
EURAX LOT 10% LOTN EXTERNAL	2	nystatin oint 100000 unit/gm oint external	1	(aug betamet gel 0.05%) - augmented betamethasone dipropionate gel 0.05% GEL EXTERNAL	1
GENTAK OIN 0.3% OP OINT OPHTHALMIC	1	ofloxacin ophth soln 0.3% soln ophthalmic	1	(beta diprop gel 0.05%) - augmented betamethasone dipropionate gel 0.05% GEL EXTERNAL	1
GENTAK SOL 0.3% OP SOLN OPHTHALMIC	1	OVIDE LOT 0.5% LOTN EXTERNAL	2	(betameth val cre 0.1%) - betamethasone valerate cream 0.1% CREA EXTERNAL	1
gentamicin sulfate cream 0.1% crea external	1	PERIOGARD SOL 0.12% SOLN MOUTH-THROAT	1	(betameth val lot 0.1%) - betamethasone valerate lotion 0.1% LOTN EXTERNAL	1
gentamicin sulfate oint 0.1% oint external	1	selenium sulfide lotion 2.5% lotn external	1	(beta-val cre 0.1%) - betamethasone valerate cream 0.1% CREA EXTERNAL	1
ketoconazole shampoo 2% sham external	1	THERMAZENE CRE 1% CREA EXTERNAL	1	(beta-val lot 0.1%) - betamethasone valerate lotion 0.1% LOTN EXTERNAL	1
LAMISIL SPR 1% SOLN EXTERNAL Prior Authorization	2	VIGAMOX DRO 0.5% SOLN OPHTHALMIC	2	(colocort ene 100mg) - hydrocortisone enema 100 mg/60ml ENEM RECTAL	1
LINDANE SHA 1% SHAM EXTERNAL	1	ZOVIRAX CRE 5% CREA EXTERNAL	4	(cortomycin sol 1% otic) - neomycin-polymyxin-hc otic soln 1% SOLN OTIC(Ear)	1
lindane lotion 1% lotn external	1	ZOVIRAX OIN 5% OINT EXTERNAL	4	(cortomycin sus 1% otic) - neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% SUSP OTIC(Ear)	1
metronidazole cream 0.75% crea external	1	<b>ANTI-INFECTIVES, MISCELLANEOUS</b>			
metronidazole gel 0.75% gel external	1	HELIDAC MIS MISC ORAL	4		
metronidazole lotion 0.75% lotn external	1	PYLERA CAP CAPS ORAL	4		
NATACYN SUS 5% OP SUSP OPHTHALMIC	1	<b>ANTI-INFLAMMATORY AGENTS</b>			
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin oint ophthalmic	1	(acetazol hc sol otic) - hydrocortisone w/ acetic acid otic soln 1-2% SOLN OTIC(Ear)	1		
neomycin-polymyxin b gu irrigation soln soln irrigation	1				

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
(desonide lot 0.05%) - desonide lotion 0.05% LOTN EXTERNAL	1	(neo/poly/hc sol 1% otic) - neomycin-polymyxin-hc otic soln 1% SOLN OTIC(Ear)	1	(triamcinolon oin 0.1%) - triamcinolone acetamide oint 0.1% OINT EXTERNAL	1
(dexasporin sus 0.1% op) - neomycin-polymyxin- dexamethasone ophth susp 0.1% SUSP OPHTHALMIC	1	(neo/poly/hc sus 1% otic) - neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% SUSP OTIC(Ear)	1	(triderm cre 0.1%) - triamcinolone acetamide cream 0.1% CREA EXTERNAL	1
(fluoromethol sus 0.1% op) - fluorometholone ophth susp 0.1% SUSP OPHTHALMIC	1	(poly-dex oin 0.1% op) - neomycin-polymyxin- dexamethasone ophth oint 0.1% OINT OPHTHALMIC	1	(triderm oin 0.1%) - triamcinolone acetamide oint 0.1% OINT EXTERNAL	1
(fluor-op sus 0.1% op) - fluorometholone ophth susp 0.1% SUSP OPHTHALMIC	1	(poly-dex sus 0.1% op) - neomycin-polymyxin- dexamethasone ophth susp 0.1% SUSP OPHTHALMIC	1	ACCOLATE TAB 10MG TABS ORAL	2
(hydrocort cre 1%) - hydrocortisone cream 1% CREA EXTERNAL	1	(proctocort cre 1%) - hydrocortisone cream 1% CREA EXTERNAL	1	ACCOLATE TAB 20MG TABS ORAL	2
(hydrocort ene 100mg) - hydrocortisone enema 100 mg/60ml ENEM RECTAL	1	(proctocream cre -hc 2.5%) - hydrocortisone rectal cream 2.5% CREA RECTAL	1	ACULAR SOL 0.5% OP SOLN OPHTHALMIC	2
(hydrocort lot 1%) - hydrocortisone lotion 1% LOTN EXTERNAL	1	(procto-pak cre 1%) - hydrocortisone cream 1% CREA EXTERNAL	1	ACULAR LS SOL 0.4% SOLN OPHTHALMIC	2
(hydrocort oin 1%) - hydrocortisone oint 1% OINT EXTERNAL	1	(proctozone cre -hc 2.5%) - hydrocortisone rectal cream 2.5% CREA RECTAL	1	alclometasone dipropionate cream 0.05% crea external	1
(hydrocort/ab oin 1%) - hydrocortisone oint 1% OINT EXTERNAL	1	(tobramycin/ sus dexameth) - tobramycin-dexamethasone ophth susp 0.3-0.1% SUSP OPHTHALMIC	1	alclometasone dipropionate oint 0.05% oint external	1
(lokara lot 0.05%) - desonide lotion 0.05% LOTN EXTERNAL	1	(triamcinolon cre 0.1%) - triamcinolone acetamide cream 0.1% CREA EXTERNAL	1	amcinonide cream 0.1% crea external	1
(neo/poly/dex oin 0.1% op) - neomycin-polymyxin- dexamethasone ophth oint 0.1% OINT OPHTHALMIC	1			amcinonide lotion 0.1% lotn external	1
(neo/poly/dex sus 0.1% op) - neomycin-polymyxin- dexamethasone ophth susp 0.1% SUSP OPHTHALMIC	1			amcinonide oint 0.1% oint external	1
				ASACOL TAB 400MG DR TBEC ORAL	2
				augmented betamethasone dipropionate lotion 0.05% lotn external	1
				bacitracin-polymyxin- neomycin-hc ophth oint 1% oint ophthalmic	1
				BECONASE AQ SUS 0.042% SUSP NASAL	2

2010 PSHP Comprehensive Formulary

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
betamethasone dipropionate cream 0.05% crea external	1	DERMA-SMOOTH OIL /FS BODY OIL EXTERNAL	2	fluocinonide soln 0.05% soln external	1
betamethasone dipropionate oint 0.05% oint external	1	DERMOTIC OIL 0.01% OIL OTIC(EAR)	2	flurbiprofen sodium ophth soln 0.03% soln ophthalmic	1
betamethasone valerate oint 0.1% oint external	1	desonide cream 0.05% crea external	1	fluticasone propionate cream 0.05% crea external	1
CANASA SUP 1000MG SUPP RECTAL	2	desonide oint 0.05% oint external	1	fluticasone propionate nasal susp 50 mcg/act susp nasal	1
CAPEX SHA 0.01% SHAM EXTERNAL	2	desoximetasone cream 0.05% crea external	1	fluticasone propionate oint 0.005% oint external	1
CIPRO HC SUS OTIC SUSP OTIC(EAR)	2	desoximetasone cream 0.25% crea external	1	halobetasol propionate cream 0.05% crea external	1
CIPRODEX SUS 0.3-0.1% SUSP OTIC(EAR)	2	desoximetasone gel 0.05% gel external	1	halobetasol propionate oint 0.05% oint external	1
clobetasol propionate emollient base cream 0.05% crea external	1	desoximetasone oint 0.25% oint external	1	hydrocortisone cream 2.5% crea external	1
clobetasol propionate foam 0.05% foam external	1	diflorasone diacetate cream 0.05% crea external	1	hydrocortisone lotion 2.5% lotn external	1
clobetasol propionate gel 0.05% gel external	1	diflorasone diacetate oint 0.05% oint external	1	hydrocortisone oint 2.5% oint external	1
clobetasol propionate oint 0.05% oint external	1	DIPENTUM CAP 250MG CAPS ORAL	2	hydrocortisone valerate cream 0.2% crea external	1
clobetasol propionate soln 0.05% soln external	1	fluocinolone acetonide cream 0.01% crea external	1	hydrocortisone valerate oint 0.2% oint external	1
COLY-MYCIN S SUS OTIC SUSP OTIC(EAR)	2	fluocinolone acetonide cream 0.025% crea external	1	LOTRONEX TAB 0.5MG TABS ORAL	2
CORTISPORIN CRE 0.5% CREA EXTERNAL	2	fluocinolone acetonide oint 0.025% oint external	1	LOTRONEX TAB 1MG TABS ORAL	2
CORTISPORIN OIN 1% OINT EXTERNAL	2	fluocinolone acetonide soln 0.01% soln external	1	mometasone furoate cream 0.1% crea external	1
CORTISPORIN SUS -TC OTIC SUSP OTIC(EAR)	2	fluocinonide emulsified base cream 0.05% crea external	1	mometasone furoate oint 0.1% oint external	1
cromolyn sodium soln nebu 20 mg/2ml nebu inhalant	1	fluocinonide gel 0.05% gel external	1	mometasone furoate solution 0.1% (lotion) soln external	1
Prior Authorization		fluocinonide oint 0.05% oint external	1	NASONEX SPR 50MCG/AC SUSP NASAL	2

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
NEVANAC SUS 0.1% SUSP OPHTHALMIC	4	triamcinolone acetonide in orabase 0.1% pste mouth- throat	1	fenofibrate tab 160 mg tabs oral	1
nystatin-triamcinolone cream 100000-0.1 unit/gm-% crea external	1	triamcinolone acetonide lotion 0.025% lotn external	1	fenofibrate tab 54 mg tabs oral	1
nystatin-triamcinolone oint 100000-0.1 unit/gm-% oint external	1	triamcinolone acetonide lotion 0.1% lotn external	1	gemfibrozil tab 600 mg tabs oral	1
PRED MILD SUS 0.12% OP SUSP OPHTHALMIC	2	triamcinolone acetonide oint 0.025% oint external	1	LIPITOR TAB 10MG TABS ORAL Qty:30, Days:30	2
prednisolone acetate ophth susp 1% susp ophthalmic	1	triamcinolone acetonide oint 0.5% oint external	1	LIPITOR TAB 20MG TABS ORAL Qty:30, Days:30	2
prednisolone sodium phosphate ophth soln 1% soln ophthalmic	1	<b>ANTILIPEMIC AGENTS</b>		LIPITOR TAB 40MG TABS ORAL Qty:30, Days:30	2
RESTASIS EMU 0.05% EMUL OPHTHALMIC	2	(cholestyram pow 4gm lite) - cholestyramine light powder 4 gm/dose POWD ORAL	1	LIPITOR TAB 80MG TABS ORAL Qty:30, Days:30	2
RHINOCORT SUS AQUA SUSP NASAL	4	(prevalite pow 4gm) - cholestyramine light powder 4 gm/dose POWD ORAL	1	lovastatin tab 10 mg tabs oral	1
SINGULAIR CHW 4MG CHEW ORAL	2	cholestyramine powder 4 gm/dose powd oral	1	lovastatin tab 20 mg tabs oral	1
SINGULAIR CHW 5MG CHEW ORAL	2	cholestyramine powder packets 4 gm pack oral	1	lovastatin tab 40 mg tabs oral	1
SINGULAIR GRA 4MG PACK ORAL	2	CRESTOR TAB 10MG TABS ORAL	2	LOVAZA CAP 1GM CAPS ORAL Prior Authorization	2
SINGULAIR TAB 10MG TABS ORAL	2	CRESTOR TAB 20MG TABS ORAL	2	NIASPAN TAB 1000 ER TBCR ORAL	2
TACLONEX OIN OINT EXTERNAL Prior Authorization	4	CRESTOR TAB 40MG TABS ORAL	2	NIASPAN TAB 500MG ER TBCR ORAL	2
TOBRADEX SUS OP SUSP OPHTHALMIC	4	CRESTOR TAB 5MG TABS ORAL	2	NIASPAN TAB 750MG ER TBCR ORAL	2
triamcinolone acetonide cream 0.025% crea external	1	fenofibrate micronized cap 134 mg caps oral	1	pravastatin sodium tab 10 mg tabs oral	1
triamcinolone acetonide cream 0.5% crea external	1	fenofibrate micronized cap 200 mg caps oral	1	pravastatin sodium tab 20 mg tabs oral	1
		fenofibrate micronized cap 67 mg caps oral	1	pravastatin sodium tab 40 mg tabs oral	1

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
pravastatin sodium tab 80 mg tabs oral	1	lithium citrate oral soln 8 meq/5ml syrp oral	1	IMITREX TAB 100MG TABS ORAL	4
simvastatin tab 10 mg tabs oral	1			Qty:9, Days:30	
simvastatin tab 20 mg tabs oral	1	<b>ANTIMIGRAINE AGENTS</b>		IMITREX TAB 25MG TABS ORAL	4
simvastatin tab 40 mg tabs oral	1	(sumatriptan inj 6mg/0.5) - sumatriptan succinate inj 12 mg/ml SOLN SUBCUTANEOUS	1	Qty:9, Days:30	
simvastatin tab 5 mg tabs oral	1	(sumatriptan tab 100mg) - sumatriptan succinate tab 100 mg TABS ORAL	1	IMITREX TAB 50MG TABS ORAL	4
simvastatin tab 80 mg tabs oral	1	(sumatriptan tab 25mg) - sumatriptan succinate tab 25 mg TABS ORAL	1	Qty:9, Days:30	
VYTORIN TAB 10-10MG TABS ORAL	2	(sumatriptan tab 50mg) - sumatriptan succinate tab 50 mg TABS ORAL	1	MIGRANAL SPR 4MG/ML SOLN NASAL	2
VYTORIN TAB 10-20MG TABS ORAL	2	dihydroergotamine mesylate inj 1 mg/ml soln injection	1	RELPAK TAB 20MG TABS ORAL	2
VYTORIN TAB 10-40MG TABS ORAL	2	ERGOMAR SUB 2MG SUBL SUBLINGUAL	2	Qty:6, Days:30	
VYTORIN TAB 10-80MG TABS ORAL	2	ergotamine w/ caffeine tab 1-100 mg tabs oral	1	RELPAK TAB 40MG TABS ORAL	2
WELCHOL TAB 625MG TABS ORAL	2	IMITREX INJ 6MG/0.5 SOLN SUBCUTANEOUS	4	Qty:6, Days:30	
ZETIA TAB 10MG TABS ORAL	2	Qty:4, Days:30		SUMATRIPTAN INJ 4MG/0.5 SOLN SUBCUTANEOUS	1
<b>ANTIMANIC AGENTS</b>		IMITREX KIT 4MG/0.5 KIT SUBCUTANEOUS	4	Qty:4, Days:30	
lithium carbonate cap 150 mg caps oral	1	Qty:4, Days:30		<b>ANTIMYCOBACTERIALS</b>	
lithium carbonate cap 300 mg caps oral	1	IMITREX KIT 6MG/0.5 KIT SUBCUTANEOUS	4	CAPASTAT SUL INJ 1GM SOLR INJECTION	2
lithium carbonate cap 600 mg caps oral	1	Qty:4, Days:30		DAPSONE TAB 100MG TABS ORAL	1
lithium carbonate tab 300 mg tabs oral	1	IMITREX SPR 20MG/ACT SOLN NASAL	2	DAPSONE TAB 25MG TABS ORAL	1
lithium carbonate tab cr 300 mg tbcr oral	1	Qty:8, Days:30		ethambutol hcl tab 100 mg tabs oral	1
lithium carbonate tab cr 450 mg tbcr oral	1	IMITREX SPR 5MG/ACT SOLN NASAL	2	ethambutol hcl tab 400 mg tabs oral	1
		Qty:8, Days:30		isoniazid inj 100 mg/ml soln injection	1
				isoniazid syrup 50 mg/5ml syrp oral	1
				isoniazid tab 100 mg tabs oral	1

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
isoniazid tab 300 mg tabs oral	1	(onxol inj 30mg/5ml) -	3	ALFERON N INJ	3
MYCOBUTIN CAP 150MG CAPS ORAL	2	paclitaxel iv conc 6 mg/ml CONC INTRAVENOUS		5MU/ML SOLN INJECTION	
PASER GRA 4GM PACK ORAL	4	Prior Authorization		ALIMTA INJ 500MG	3
Prior Authorization		(oxaliplatin inj 100mg) -	3	SOLR INTRAVENOUS	
PRIFITIN TAB 150MG TABS ORAL	4	oxaliplatin iv soln 5 mg/ml SOLN INTRAVENOUS		Prior Authorization	
pyrazinamide tab 500 mg tabs oral	1	Prior Authorization		ALKERAN INJ 50MG	2
rifampin cap 150 mg caps oral	1	(paclitaxel inj 300/50ml) -	1	SOLR INTRAVENOUS	
rifampin cap 300 mg caps oral	1	paclitaxel iv conc 6 mg/ml CONC INTRAVENOUS		Prior Authorization	
rifampin for inj 600 mg solr intravenous	1	Prior Authorization		ARIMIDEX TAB 1MG	2
Prior Authorization		(toposar inj 1gm/50ml) -	1	TABS ORAL	
SEROMYCIN CAP 250MG CAPS ORAL	4	etoposide inj 20 mg/ml SOLN INTRAVENOUS		AROMASIN TAB 25MG	2
Prior Authorization		Prior Authorization		TABS ORAL	
TRECATOR TAB 250MG TABS ORAL	4	(vincasar pfs inj 1mg/ml) -	4	AVASTIN INJ SOLN	2
Prior Authorization		vincristine sulfate iv soln 1 mg/ml SOLN		INTRAVENOUS	
<b>ANTINEOPLASTIC AGENTS</b>		INTRAVENOUS		Prior Authorization	
(doxorubicin inj 2mg/ml) -	4	Prior Authorization		bicalutamide tab 50 mg tabs oral	1
doxorubicin hcl inj 2 mg/ml SOLN INTRAVENOUS		ABRAXANE INJ 100MG	3	bleomycin sulfate for inj 30 unit solr injection	1
Prior Authorization		SUSR INTRAVENOUS		Prior Authorization	
(etoposide inj 20mg/ml) -	1	Prior Authorization		CAMPATH INJ	2
etoposide inj 20 mg/ml SOLN INTRAVENOUS		ADRIAMYCIN INJ	1	30MG/ML SOLN	
Prior Authorization		2MG/ML SOLN		INTRAVENOUS	
(melphalan inj 50mg) -	1	Prior Authorization		Prior Authorization	
melphalan hcl for inj 50 mg (base equiv) SOLR		AFINITOR TAB 10MG	2	carboplatin iv soln 10 mg/ml soln intravenous	1
INTRAVENOUS		TABS ORAL		Prior Authorization	
Prior Authorization		Prior Authorization		CEENU CAP 100MG	2
		AFINITOR TAB 5MG	2	CAPS ORAL	
		TABS ORAL		CEENU CAP 10MG	2
		Prior Authorization		CAPS ORAL	
		Prior Authorization		CEENU CAP 40MG	2
				CAPS ORAL	
				cisplatin inj 1 mg/ml soln intravenous	2
				Prior Authorization	

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
cladribine inj 1 mg/ml soln intravenous	1	ELOXATIN INJ 100MG SOLN INTRAVENOUS	3	hydroxyurea cap 500 mg caps oral	1
Prior Authorization		Prior Authorization		idarubicin hcl iv inj 1 mg/ml soln intravenous	3
cyclophosphamide for inj 1 gm solr injection	1	EMCYT CAP 140MG CAPS ORAL	2	Prior Authorization	
cyclophosphamide for inj 500 mg solr injection	1	ERBITUX INJ 100MG SOLN INTRAVENOUS	2	IFEX INJ 3GM SOLR INTRAVENOUS	4
cyclophosphamide tab 25 mg tabs oral	1	Prior Authorization		Prior Authorization	
cyclophosphamide tab 50 mg tabs oral	1	FARESTON TAB 60MG TABS ORAL	2	ifosfamide for inj 1 gm solr intravenous	1
cytarabine for inj 500 mg solr injection	1	FASLODEX INJ 125MG SOLN INTRAMUSCULAR	4	Prior Authorization	
cytarabine inj 100 mg/ml soln injection	1	FASLODEX INJ 250MG SOLN INTRAMUSCULAR	4	INTRON-A INJ 10MU PEN KIT SUBCUTANEOUS	2
cytarabine inj 20 mg/ml soln injection	1	FEMARA TAB 2.5MG TABS ORAL	2	INTRON-A INJ 10MU SOLR INJECTION	2
dacarbazine for inj 200 mg solr intravenous	1	fludarabine phosphate inj 25 mg/ml soln intravenous	3	INTRON-A INJ 18MU SOLN INJECTION	2
Prior Authorization		Prior Authorization		INTRON-A INJ 3MU PEN KIT SUBCUTANEOUS	2
daunorubicin hcl inj 5 mg/ml (base equiv) inj intravenous	4	fluorouracil inj 50 mg/ml soln intravenous	2	INTRON-A INJ 5MU PEN KIT SUBCUTANEOUS	2
Prior Authorization		Prior Authorization		IRESSA TAB 250MG TABS ORAL	2
DROXIA CAP 200MG CAPS ORAL	2	flutamide cap 125 mg caps oral	1	LEUKERAN TAB 2MG TABS ORAL	2
DROXIA CAP 300MG CAPS ORAL	2	GEMZAR INJ 1 GM SOLR INTRAVENOUS	3	leuprolide acetate inj kit 5 mg/ml kit injection	1
DROXIA CAP 400MG CAPS ORAL	2	Prior Authorization		LUPR DEP-PED INJ 11.25MG KIT INTRAMUSCULAR	4
ELIGARD INJ 22.5MG KIT SUBCUTANEOUS	4	GLEEVEC TAB 100MG TABS ORAL	2	Prior Authorization	
ELIGARD INJ 30MG KIT SUBCUTANEOUS	2	GLEEVEC TAB 400MG TABS ORAL	2	LUPR DEP-PED INJ 15MG KIT INTRAMUSCULAR	4
ELIGARD INJ 45MG KIT SUBCUTANEOUS	2	HERCEPTIN INJ 440MG SOLR INTRAVENOUS	2	Prior Authorization	
ELIGARD INJ 7.5MG KIT SUBCUTANEOUS	4	Prior Authorization		Prior Authorization	
		HEXALEN CAP 50MG CAPS ORAL	2		

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
LUPRON DEPOT INJ 11.25MG KIT INTRAMUSCULAR Prior Authorization	4	methotrexate sodium tab 2.5 mg (base equiv) tabs oral	1	SUTENT CAP 12.5MG CAPS ORAL	2
LUPRON DEPOT INJ 22.5MG KIT INTRAMUSCULAR Prior Authorization	4	mitomycin for inj 20 mg solr intravenous Prior Authorization	4	SUTENT CAP 25MG CAPS ORAL	2
LUPRON DEPOT INJ 3.75MG KIT INTRAMUSCULAR Prior Authorization	4	mitoxantrone hcl inj conc 2 mg/ml conc intravenous Prior Authorization	1	SUTENT CAP 50MG CAPS ORAL	2
LUPRON DEPOT INJ 30MG KIT INTRAMUSCULAR Prior Authorization	4	MUSTARGEN INJ 10MG SOLR INJECTION Prior Authorization	4	TABLOID TAB 40MG TABS ORAL	2
LUPRON DEPOT INJ 7.5MG KIT INTRAMUSCULAR Prior Authorization	4	MYLOTARG INJ 5MG SOLR INTRAVENOUS Prior Authorization	2	tamoxifen citrate tab 10 mg (base equivalent) tabs oral	1
LYSODREN TAB 500MG TABS ORAL	2	NEXAVAR TAB 200MG TABS ORAL	2	tamoxifen citrate tab 20 mg (base equivalent) tabs oral	1
MATULANE CAP 50MG CAPS ORAL	2	NILANDRON TAB 150MG TABS ORAL	2	TARCEVA TAB 100MG TABS ORAL	2
megestrol acetate susp 40 mg/ml susp oral	1	ONCASPAR INJ 750/ML SOLN INTRAMUSCULAR	2	TARCEVA TAB 150MG TABS ORAL	2
megestrol acetate tab 20 mg tabs oral	1	ONTAK INJ 150/ML SOLN INTRAVENOUS Prior Authorization	2	TARCEVA TAB 25MG TABS ORAL	2
megestrol acetate tab 40 mg tabs oral	1	PROLEUKIN INJ 22MU SOLR INTRAVENOUS Prior Authorization	3	TARGETIN CAP 75MG CAPS ORAL	2
mercaptopurine tab 50 mg tabs oral	1	RITUXAN INJ 500MG CONC INTRAVENOUS Prior Authorization	2	TASIGNA CAP 200MG CAPS ORAL Prior Authorization	2
methotrexate sodium for inj 1 gm solr injection Prior Authorization	1	SPRYCEL TAB 100MG TABS ORAL	2	TAXOTERE INJ 80MG/2ML CONC INTRAVENOUS Prior Authorization	3
methotrexate sodium inj pf 25 mg/ml soln injection Prior Authorization	1	SPRYCEL TAB 20MG TABS ORAL	2	TREANDA INJ 100MG SOLR INTRAVENOUS Prior Authorization	2
		SPRYCEL TAB 50MG TABS ORAL	2	tretinoin cap 10 mg caps oral Prior Authorization	1
		SPRYCEL TAB 70MG TABS ORAL	2	TRISENOX SOL 10MG/10M SOLN INTRAVENOUS Prior Authorization	2

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
TYKERB TAB 250MG TABS ORAL Prior Authorization	2	metronidazole tab 250 mg tabs oral	1	(jantoven tab 10mg) - warfarin sodium tab 10 mg TABS ORAL	1
VELCADE INJ 3.5MG SOLR INTRAVENOUS Prior Authorization	2	metronidazole tab 500 mg tabs oral	1	(jantoven tab 1mg) - warfarin sodium tab 1 mg TABS ORAL	1
VIDAZA INJ 100MG SUSR INJECTION	2	NEUTREXIN INJ 25MG SOLR INTRAVENOUS Prior Authorization	2	(jantoven tab 2.5mg) - warfarin sodium tab 2.5 mg TABS ORAL	1
vinblastine sulfate for inj 10 mg solr intravenous Prior Authorization	4	paromomycin sulfate cap 250 mg caps oral	1	(jantoven tab 2mg) - warfarin sodium tab 2 mg TABS ORAL	1
ZOLINZA CAP 100MG CAPS ORAL	2	<b>ANTIPRURITICS AND LOCAL ANESTHETICS</b>		(jantoven tab 3mg) - warfarin sodium tab 3 mg TABS ORAL	1
<b>ANTIPROTOZOALS</b>		(anestacon gel 2% jelly) - lidocaine hcl gel 2% GEL EXTERNAL	1	(jantoven tab 4mg) - warfarin sodium tab 4 mg TABS ORAL	1
ALINIA SUS 100MG/5M SUSR ORAL	4	(lidocaine gel 2% jelly) - lidocaine hcl gel 2% GEL EXTERNAL	1	(jantoven tab 5mg) - warfarin sodium tab 5 mg TABS ORAL	1
ALINIA TAB 500MG TABS ORAL	4	(lidocaine gel 2%) - lidocaine hcl gel 2% GEL EXTERNAL	1	(jantoven tab 6mg) - warfarin sodium tab 6 mg TABS ORAL	1
chloroquine phosphate tab 250 mg tabs oral	1	lidocaine hcl soln 4% soln external	1	(jantoven tab 7.5mg) - warfarin sodium tab 7.5 mg TABS ORAL	1
chloroquine phosphate tab 500 mg tabs oral	1	lidocaine oint 5% oint external	1	(warfarin tab 10mg) - warfarin sodium tab 10 mg TABS ORAL	1
DARAPRIM TAB 25MG TABS ORAL	2	LIDODERM DIS 5% PTCH EXTERNAL	2	(warfarin tab 1mg) - warfarin sodium tab 1 mg TABS ORAL	1
FLAGYL ER TAB 750MG TB24 ORAL	4	<b>ANTITHROMBOTIC AGENTS</b>		(warfarin tab 2.5mg) - warfarin sodium tab 2.5 mg TABS ORAL	1
hydroxychloroquine sulfate tab 200 mg tabs oral	1	(hep sod/nacl inj 1000unit) - heparin sodium (porcine) 2 unit/ml in sodium chloride 0.9% SOLN INJECTION Prior Authorization	1	(warfarin tab 2mg) - warfarin sodium tab 2 mg TABS ORAL	1
MALARONE TAB 250- 100 TABS ORAL	4	(hep sod/nacl inj 2unit/ml) - heparin sodium (porcine) 2 unit/ml in sodium chloride 0.9% SOLN INJECTION Prior Authorization	1		
MALARONE TAB 62.5/25 TABS ORAL	4				
MEPRON SUS SUSP ORAL	2				
metronidazole cap 375 mg caps oral	1				

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
(warfarin tab 3mg) - warfarin sodium tab 3 mg TABS ORAL	1	COUMADIN TAB 2.5MG TABS ORAL	2	heparin sodium (porcine) 50 unit/ml in d5w soln intravenous	1
(warfarin tab 4mg) - warfarin sodium tab 4 mg TABS ORAL	1	COUMADIN TAB 2MG TABS ORAL	2	Prior Authorization	
(warfarin tab 5mg) - warfarin sodium tab 5 mg TABS ORAL	1	COUMADIN TAB 3MG TABS ORAL	2	heparin sodium (porcine) inj 1000 unit/ml soln injection	1
(warfarin tab 6mg) - warfarin sodium tab 6 mg TABS ORAL	1	COUMADIN TAB 4MG TABS ORAL	2	Prior Authorization	
(warfarin tab 7.5mg) - warfarin sodium tab 7.5 mg TABS ORAL	1	COUMADIN TAB 5MG TABS ORAL	2	heparin sodium (porcine) inj 10000 unit/ml soln injection	1
AGGRENOX CAP 25- 200MG CP12 ORAL	2	COUMADIN TAB 6MG TABS ORAL	2	Prior Authorization	
ARIXTRA SOL 10/0.8 SOLN SUBCUTANEOUS	2	COUMADIN TAB 7.5MG TABS ORAL	2	heparin sodium (porcine) inj 2000 unit/ml soln intravenous	1
Prior Authorization		dipyridamole tab 75 mg tabs oral	1	Prior Authorization	
ARIXTRA SOL 2.5/0.5 SOLN SUBCUTANEOUS	2	FRAGMIN INJ 10000/ML INJ SUBCUTANEOUS	2	heparin sodium (porcine) inj 20000 unit/ml soln injection	1
Prior Authorization		FRAGMIN INJ 2500/0.2 INJ SUBCUTANEOUS	2	Prior Authorization	
ARIXTRA SOL 5.0/0.4 SOLN SUBCUTANEOUS	2	FRAGMIN INJ 25000/ML INJ SUBCUTANEOUS	2	heparin sodium (porcine) inj 5000 unit/ml soln injection	1
Prior Authorization		FRAGMIN INJ 5000/0.2 INJ SUBCUTANEOUS	4	Prior Authorization	
ARIXTRA SOL 7.5/0.6 SOLN SUBCUTANEOUS	2	FRAGMIN INJ 7500/0.3 INJ SUBCUTANEOUS	4	INNOHEP INJ 20000/ML SOLN SUBCUTANEOUS	4
Prior Authorization		heparin sodium (porcine) 100 unit/ml in d5w soln intravenous	1	LOVENOX INJ 100/1ML SOLN SUBCUTANEOUS	2
cilostazol tab 100 mg tabs oral	1	Prior Authorization		LOVENOX INJ 120/0.8 SOLN SUBCUTANEOUS	2
cilostazol tab 50 mg tabs oral	1	heparin sodium (porcine) 40 unit/ml in d5w soln intravenous	1	LOVENOX INJ 150/1ML SOLN SUBCUTANEOUS	2
COUMADIN INJ 5 MG SOLR INTRAVENOUS	2	Prior Authorization		LOVENOX INJ 30/0.3ML SOLN SUBCUTANEOUS	2
Prior Authorization					
COUMADIN TAB 10MG TABS ORAL	2				
COUMADIN TAB 1MG TABS ORAL	2				

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
LOVENOX INJ 300/3ML SOLN SUBCUTANEOUS	2	NEXIUM CAP 20MG CPDR ORAL	4	ranitidine hcl cap 150 mg caps oral	1
LOVENOX INJ 40/0.4ML SOLN SUBCUTANEOUS	2	NEXIUM CAP 40MG CPDR ORAL	4	ranitidine hcl cap 300 mg caps oral	1
LOVENOX INJ 60/0.6ML SOLN SUBCUTANEOUS	2	NEXIUM GRA 20MG DR PACK ORAL	4	ranitidine hcl inj 25 mg/ml soln injection	1
LOVENOX INJ 80/0.8ML SOLN SUBCUTANEOUS	2	NEXIUM GRA 40MG DR PACK ORAL	4	Prior Authorization	
PLAVIX TAB 75MG TABS ORAL	2	NEXIUM I.V. INJ 20MG SOLR INTRAVENOUS	4	ranitidine hcl syrup 15 mg/ml (75 mg/5ml) syrp oral	1
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS</b>		NEXIUM I.V. INJ 40MG SOLR INTRAVENOUS	4	ranitidine hcl tab 150 mg tabs oral	1
ACIPHEX TAB 20MG TBEC ORAL	2	Prior Authorization		ranitidine hcl tab 300 mg tabs oral	1
Qty:30, Days:30		nizatidine cap 150 mg caps oral	1	sucralfate tab 1 gm tabs oral	1
CARAFATE SUS 1GM/10ML SUSP ORAL	2	nizatidine cap 300 mg caps oral	1	ZANTAC GRA 150MG PACK ORAL	4
cimetidine hcl inj 150 mg/ml soln injection	1	omeprazole cap delayed release 10 mg cpdr oral	1	ZANTAC INJ 50/50ML SOLN INTRAVENOUS	4
cimetidine tab 200 mg tabs oral	1	omeprazole cap delayed release 20 mg cpdr oral	1	Prior Authorization	
cimetidine tab 300 mg tabs oral	1	omeprazole cap delayed release 40 mg cpdr oral	1	ZANTAC TAB 25MG EF TBEC ORAL	4
cimetidine tab 400 mg tabs oral	1	pantoprazole sodium ec tab 20 mg (base equiv) tbec oral	1	<b>ANTIVIRALS</b>	
cimetidine tab 800 mg tabs oral	1	pantoprazole sodium ec tab 40 mg (base equiv) tbec oral	1	(didanosine cap 125mg) - didanosine delayed release capsule 125 mg CPDR ORAL	1
famotidine tab 20 mg tabs oral	1	PREVACID CAP 15MG DR CPDR ORAL	4	(ribapak pak 1200/day) - ribavirin tab 600 mg TABS ORAL	1
famotidine tab 40 mg tabs oral	1	PREVACID CAP 30MG DR CPDR ORAL	4	(ribapak pak 800/day) - ribavirin tab 400 mg TABS ORAL	1
misoprostol tab 100 mcg tabs oral	1	PREVACID TAB 15MG STB TBEP ORAL	4	(ribasphere cap 200mg) - ribavirin cap 200 mg CAPS ORAL	1
misoprostol tab 200 mcg tabs oral	1	PREVACID TAB 30MG STB TBEP ORAL	4	(ribasphere tab 200mg) - ribavirin tab 200 mg TABS ORAL	1

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
(ribasphere tab 400mg) - ribavirin tab 400 mg TABS ORAL	1	BARACLUDE TAB 1MG TABS ORAL	2	ganciclovir cap 250 mg caps oral	1
(ribasphere tab 600mg) - ribavirin tab 600 mg TABS ORAL	1	COMBIVIR TAB TABS ORAL	2	ganciclovir cap 500 mg caps oral	1
(ribavirin cap 200mg) - ribavirin cap 200 mg CAPS ORAL	1	CRIXIVAN CAP 100MG CAPS ORAL	2	HEPSERA TAB 10MG TABS ORAL	2
(ribavirin tab 200mg) - ribavirin tab 200 mg TABS ORAL	1	CRIXIVAN CAP 200MG CAPS ORAL	2	Prior Authorization	
(ribavirin tab 400mg) - ribavirin tab 400 mg TABS ORAL	1	CRIXIVAN CAP 333MG CAPS ORAL	2	INFERGEN INJ 9MCG INJ SUBCUTANEOUS	3
(ribavirin tab 600mg) - ribavirin tab 600 mg TABS ORAL	1	CRIXIVAN CAP 400MG CAPS ORAL	2	INTELENCE TAB 100MG TABS ORAL	2
acyclovir cap 200 mg caps oral	1	didanosine delayed release capsule 200 mg cpdr oral	1	INVIRASE CAP 200MG CAPS ORAL	2
acyclovir sodium for inj 500 mg solr intravenous	1	didanosine delayed release capsule 250 mg cpdr oral	1	INVIRASE TAB 500MG TABS ORAL	2
Prior Authorization		didanosine delayed release capsule 400 mg cpdr oral	1	ISENTRESS TAB 400MG TABS ORAL	2
acyclovir susp 200 mg/5ml susp oral	1	EMTRIVA CAP 200MG CAPS ORAL	2	KALETRA SOL SOLN ORAL	1
acyclovir tab 400 mg tabs oral	1	EMTRIVA SOL 10MG/ML SOLN ORAL	2	KALETRA TAB 200- 50MG TABS ORAL	1
acyclovir tab 800 mg tabs oral	1	EPIVIR SOL 10MG/ML SOLN ORAL	2	LEXIVA SUS 50MG/ML SUSP ORAL	2
APTIVUS CAP 250MG CAPS ORAL	2	EPIVIR TAB 150MG TABS ORAL	2	LEXIVA TAB 700MG TABS ORAL	2
APTIVUS SOL SOLN ORAL	2	EPIVIR TAB 300MG TABS ORAL	2	NORVIR CAP 100MG CAPS ORAL	2
ATRIPLA TAB TABS ORAL	2	EPIVIR HBV SOL 5MG/ML SOLN ORAL	2	NORVIR SOL 80MG/ML SOLN ORAL	2
BARACLUDE SOL .05MG/ML SOLN ORAL	2	EPIVIR HBV TAB 100MG TABS ORAL	2	PEGASYS KIT KIT SUBCUTANEOUS	2
BARACLUDE TAB 0.5MG TABS ORAL	2	EPZICOM TAB TABS ORAL	2	Qty:5, Days:30, Prior Authorization	
		FUZEON KIT KIT SUBCUTANEOUS	2	PEG-INTRON KIT 120 RP KIT SUBCUTANEOUS	2
				Qty:5, Days:30, Prior Authorization	

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
PEG-INTRON KIT 150 RP KIT SUBCUTANEOUS	2	REYATAZ CAP 200MG CAPS ORAL	2	VALCYTE TAB 450MG TABS ORAL	2
Qty:5, Days:30, Prior Authorization		REYATAZ CAP 300MG CAPS ORAL	2	VALTREX TAB 1GM TABS ORAL	2
PEG-INTRON KIT 50MCG KIT SUBCUTANEOUS	2	ribavirin tab 400 mg & ribavirin tab 600 mg dose pack tabs oral	1	Qty:60, Days:30	
Qty:5, Days:30, Prior Authorization		rimantadine hydrochloride tab 100 mg tabs oral	1	VALTREX TAB 500MG TABS ORAL	2
PEG-INTRON KIT 50MCG RP KIT SUBCUTANEOUS	2	SELZENTRY TAB 150MG TABS ORAL	2	Qty:60, Days:30	
Qty:5, Days:30, Prior Authorization		SELZENTRY TAB 300MG TABS ORAL	2	VIDEX SOL 2GM SOLR ORAL	2
PEG-INTRON KIT 80MCG RP KIT SUBCUTANEOUS	2	stavudine cap 15 mg caps oral	1	VIDEX EC CAP 125MG CPDR ORAL	4
Qty:5, Days:30, Prior Authorization		stavudine cap 20 mg caps oral	1	VIRACEPT POW 50MG/GM POWD ORAL	2
PREZISTA TAB 400MG TABS ORAL	2	stavudine cap 30 mg caps oral	1	VIRACEPT TAB 250MG TABS ORAL	2
PREZISTA TAB 600MG TABS ORAL	2	stavudine cap 40 mg caps oral	1	VIRACEPT TAB 625MG TABS ORAL	2
PREZISTA TAB 75MG TABS ORAL	2	stavudine for oral soln 1 mg/ml solr oral	1	VIRAMUNE SUS 50MG/5ML SUSP ORAL	2
REBETOL SOL 40MG/ML SOLN ORAL	2	SUSTIVA CAP 200MG CAPS ORAL	2	VIRAMUNE TAB 200MG TABS ORAL	2
Prior Authorization		SUSTIVA CAP 50MG CAPS ORAL	2	VIRAZOLE INH 6GM SOLR INHALANT	2
RELENZA MIS DISKHALE AEPB INHALANT	2	SUSTIVA TAB 600MG TABS ORAL	2	VIREAD TAB 300MG TABS ORAL	2
RESCRIPTOR TAB 100 MG TABS ORAL	2	TAMIFLU CAP 75MG CAPS ORAL	2	VISTIDE INJ 75MG/ML SOLN INTRAVENOUS	3
RESCRIPTOR TAB 200MG TABS ORAL	2	TAMIFLU SUS 12MG/ML SUSR ORAL	2	Prior Authorization	
RETROVIR INJ 10MG/ML SOLN INTRAVENOUS	2	Qty:63, Days:30		ZIAGEN SOL 20MG/ML SOLN ORAL	2
REYATAZ CAP 100MG CAPS ORAL	2	TRIZIVIR TAB TABS ORAL	2	ZIAGEN TAB 300MG TABS ORAL	2
REYATAZ CAP 150MG CAPS ORAL	2	TRUVADA TAB TABS ORAL	2	zidovudine cap 100 mg caps oral	1
		TYZEKA TAB 600MG TABS ORAL	2	zidovudine syrup 10 mg/ml syrpr oral	1

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
zidovudine tab 300 mg tabs oral	1	hydroxyzine pamoate cap 50 mg caps oral	1	FANAPT TAB 1MG TABS ORAL	4
<b>ANXIOLYTICS, SEDATIVES AND HYPNOTICS</b>		LUNESTA TAB 1MG TABS ORAL Qty:30, Days:30	4	Prior Authorization	
AMBIEN CR TAB 12.5MG TBCR ORAL Qty:30, Days:30	2	LUNESTA TAB 2MG TABS ORAL Qty:30, Days:30	4	FANAPT TAB 2MG TABS ORAL	4
AMBIEN CR TAB 6.25MG TBCR ORAL Qty:30, Days:30	2	LUNESTA TAB 3MG TABS ORAL Qty:30, Days:30	4	Prior Authorization	
bupirone hcl tab 10 mg tabs oral	1	meprobamate tab 200 mg tabs oral	1	FANAPT TAB 4MG TABS ORAL	4
bupirone hcl tab 15 mg tabs oral	1	meprobamate tab 400 mg tabs oral	1	Prior Authorization	
bupirone hcl tab 30 mg tabs oral	1	ROZEREM TAB 8MG TABS ORAL Qty:30, Days:30	2	FANAPT TAB 6MG TABS ORAL	4
bupirone hcl tab 5 mg tabs oral	1	zolpidem tartrate tab 10 mg tabs oral	1	Prior Authorization	
bupirone hcl tab 7.5 mg tabs oral	1	zolpidem tartrate tab 5 mg tabs oral	1	FANAPT TAB 8MG TABS ORAL	4
hydroxyzine hcl im soln 25 mg/ml soln intramuscular	1	<b>ATYPICAL ANTIPSYCHOTICS</b>		Prior Authorization	
hydroxyzine hcl im soln 50 mg/ml soln intramuscular	1	(risperidone tab 1mg odt) - risperidone orally disintegrating tab 1 mg TBDP ORAL	1	INVEGA TAB 1.5MG TB24 ORAL	4
hydroxyzine hcl syrup 10 mg/5ml syr oral	1	FANAPT PAK TABS ORAL	4	Prior Authorization	
hydroxyzine hcl tab 10 mg tabs oral	1	Prior Authorization		INVEGA SUST INJ 117/0.75 SUSP INTRAMUSCULAR	4
hydroxyzine hcl tab 25 mg tabs oral	1	FANAPT TAB 10MG TABS ORAL	4	Prior Authorization	
hydroxyzine hcl tab 50 mg tabs oral	1	Prior Authorization		INVEGA SUST INJ 156MG/ML SUSP INTRAMUSCULAR	4
hydroxyzine pamoate cap 100 mg caps oral	1	FANAPT TAB 12MG TABS ORAL	4	Prior Authorization	
hydroxyzine pamoate cap 25 mg caps oral	1	Prior Authorization		INVEGA SUST INJ 234/1.5 SUSP INTRAMUSCULAR	4
				Prior Authorization	
				INVEGA SUST INJ 39/0.25 SUSP INTRAMUSCULAR	4
				Prior Authorization	
				INVEGA SUST INJ 78/0.5ML SUSP INTRAMUSCULAR	4
				Prior Authorization	

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
<b>AUTONOMIC DRUGS, MISCELLANEOUS</b>		(sotalol hcl tab 160mg) - sotalol hcl tab 160 mg TABS ORAL	1	carvedilol tab 12.5 mg tabs oral	1
CHANTIX PAK 0.5& 1MG TABS ORAL Qty:53, Days:28	2	(sotalol hcl tab 240mg) - sotalol hcl tab 240 mg TABS ORAL	1	carvedilol tab 25 mg tabs oral	1
CHANTIX TAB 0.5MG TABS ORAL Qty:180, Days:90	2	(sotalol hcl tab 80mg) - sotalol hcl tab 80 mg TABS ORAL	1	carvedilol tab 3.125 mg tabs oral	1
CHANTIX TAB 1MG TABS ORAL Qty:180, Days:90	2	acebutolol hcl cap 200 mg caps oral	1	carvedilol tab 6.25 mg tabs oral	1
NICOTROL INH INHA INHALANT	2	acebutolol hcl cap 400 mg caps oral	1	INNOPRAN XL CAP 120MG CP24 ORAL	2
<b>BETA ADRENERGIC BLOCKING AGENTS</b>		atenolol & chlorthalidone tab 100-25 mg tabs oral	1	INNOPRAN XL CAP 80MG CP24 ORAL	2
timolol maleate ophth gel forming soln 0.25% solg ophthalmic	1	atenolol & chlorthalidone tab 50-25 mg tabs oral	1	labetalol hcl iv soln 5 mg/ml soln intravenous Prior Authorization	1
timolol maleate ophth gel forming soln 0.5% solg ophthalmic	1	atenolol tab 100 mg tabs oral	1	labetalol hcl tab 100 mg tabs oral	1
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		atenolol tab 25 mg tabs oral	1	labetalol hcl tab 200 mg tabs oral	1
(sorine tab 120mg) - sotalol hcl tab 120 mg TABS ORAL	1	atenolol tab 50 mg tabs oral	1	labetalol hcl tab 300 mg tabs oral	1
(sorine tab 160mg) - sotalol hcl tab 160 mg TABS ORAL	1	betaxolol hcl tab 10 mg tabs oral	1	metoprolol succinate tab sr 24hr 100 mg tb24 oral	1
(sorine tab 240mg) - sotalol hcl tab 240 mg TABS ORAL	1	betaxolol hcl tab 20 mg tabs oral	1	metoprolol succinate tab sr 24hr 200 mg tb24 oral	1
(sorine tab 80mg) - sotalol hcl tab 80 mg TABS ORAL	1	bisoprolol & hydrochlorothiazide tab 10- 6.25 mg tabs oral	1	metoprolol succinate tab sr 24hr 25 mg tb24 oral	1
(sotalol hcl tab 120mg) - sotalol hcl tab 120 mg TABS ORAL	1	bisoprolol & hydrochlorothiazide tab 2.5- 6.25 mg tabs oral	1	metoprolol succinate tab sr 24hr 50 mg tb24 oral	1
		bisoprolol & hydrochlorothiazide tab 5- 6.25 mg tabs oral	1	metoprolol tartrate inj 1 mg/ml soln intravenous Prior Authorization	1
		bisoprolol fumarate tab 10 mg tabs oral	1	metoprolol tartrate tab 100 mg tabs oral	1
		bisoprolol fumarate tab 5 mg tabs oral	1	metoprolol tartrate tab 25 mg tabs oral	1
				metoprolol tartrate tab 50 mg tabs oral	1

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
nadolol tab 160 mg tabs oral	1	ipratropium bromide nasal soln 0.06% (42 mcg/spray) soln nasal	1	(diltiazem cap 120mg cd) - diltiazem hcl coated beads cap sr 24hr 120 mg CP24 ORAL	1
nadolol tab 20 mg tabs oral	1			(diltiazem cap 240mg cd) - diltiazem hcl coated beads cap sr 24hr 240 mg CP24 ORAL	1
nadolol tab 40 mg tabs oral	1	<b>CALCIUM-CHANNEL BLOCKING AGENTS</b>		(diltiazem cap 300mg cd) - diltiazem hcl coated beads cap sr 24hr 300 mg CP24 ORAL	1
nadolol tab 80 mg tabs oral	1	(afeditab tab 30mg cr) - nifedipine tab sr 24hr 30 mg TB24 ORAL	1	(diltiazem cap 360mg/24) - diltiazem hcl extended release beads cap sr 24hr 360 mg CP24 ORAL	1
pindolol tab 10 mg tabs oral	1	(afeditab tab 60mg cr) - nifedipine tab sr 24hr 60 mg TB24 ORAL	1	(diltzac cap 120mg/24) - diltiazem hcl extended release beads cap sr 24hr 120 mg CP24 ORAL	1
pindolol tab 5 mg tabs oral	1	(cartia xt cap 120/24hr) - diltiazem hcl coated beads cap sr 24hr 120 mg CP24 ORAL	1	(diltzac cap 180mg/24) - diltiazem hcl extended release beads cap sr 24hr 180 mg CP24 ORAL	1
propranolol hcl cap sr 24hr 120 mg cp24 oral	1	(cartia xt cap 180/24hr) - diltiazem hcl coated beads cap sr 24hr 180 mg CP24 ORAL	1	(diltzac cap 240mg/24) - diltiazem hcl extended release beads cap sr 24hr 240 mg CP24 ORAL	1
propranolol hcl cap sr 24hr 160 mg cp24 oral	1	(cartia xt cap 240/24hr) - diltiazem hcl coated beads cap sr 24hr 240 mg CP24 ORAL	1	(diltzac cap 300mg/24) - diltiazem hcl extended release beads cap sr 24hr 300 mg CP24 ORAL	1
propranolol hcl cap sr 24hr 60 mg cp24 oral	1	(cartia xt cap 300/24hr) - diltiazem hcl coated beads cap sr 24hr 300 mg CP24 ORAL	1	(diltzac cap 360mg/24) - diltiazem hcl extended release beads cap sr 24hr 360 mg CP24 ORAL	1
propranolol hcl cap sr 24hr 80 mg cp24 oral	1	(dilt-cd cap 120mg) - diltiazem hcl coated beads cap sr 24hr 120 mg CP24 ORAL	1	(nifediac cc tab 30mg er) - nifedipine tab sr 24hr 30 mg TB24 ORAL	1
propranolol hcl inj 1 mg/ml soln intravenous Prior Authorization	1	(dilt-cd cap 180mg) - diltiazem hcl coated beads cap sr 24hr 180 mg CP24 ORAL	1		
propranolol hcl oral soln 20 mg/5ml soln oral	1	(dilt-cd cap 300mg) - diltiazem hcl coated beads cap sr 24hr 300 mg CP24 ORAL	1		
propranolol hcl oral soln 40 mg/5ml soln oral	1				
propranolol hcl tab 10 mg tabs oral	1				
propranolol hcl tab 20 mg tabs oral	1				
propranolol hcl tab 40 mg tabs oral	1				
propranolol hcl tab 60 mg tabs oral	1				
propranolol hcl tab 80 mg tabs oral	1				
<b>BRONCHODILATORS</b>					
ipratropium bromide nasal soln 0.03% (21 mcg/spray) soln nasal	1				

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
(nifediac cc tab 60mg er) - nifedipine tab sr 24hr 60 mg TB24 ORAL	1	amlodipine besylate tab 5 mg tabs oral	1	COVERA-HS TAB 180MG TB24 ORAL	2
(nifedical xl tab 30mg) - nifedipine tab sr 24hr osmotic 30 mg TB24 ORAL	1	amlodipine besylate- benazepril hcl cap 10-20 mg caps oral	1	COVERA-HS TAB 240MG TB24 ORAL	2
(nifedical xl tab 60mg) - nifedipine tab sr 24hr osmotic 60 mg TB24 ORAL	1	amlodipine besylate- benazepril hcl cap 2.5-10 mg caps oral	1	diltiazem hcl cap sr 12hr 120 mg cp12 oral	1
(nifedipine tab 30mg er) - nifedipine tab sr 24hr osmotic 30 mg TB24 ORAL	1	amlodipine besylate- benazepril hcl cap 5-10 mg caps oral	1	diltiazem hcl cap sr 12hr 60 mg cp12 oral	1
(nifedipine tab 60mg er) - nifedipine tab sr 24hr osmotic 60 mg TB24 ORAL	1	amlodipine besylate- benazepril hcl cap 5-20 mg caps oral	1	diltiazem hcl cap sr 12hr 90 mg cp12 oral	1
(taztia xt cap 120mg/24) - diltiazem hcl extended release beads cap sr 24hr 120 mg CP24 ORAL	1	CADUET TAB 10/10MG TABS ORAL	4	diltiazem hcl cap sr 24hr 180 mg cp24 oral	1
(taztia xt cap 180mg/24) - diltiazem hcl extended release beads cap sr 24hr 180 mg CP24 ORAL	1	CADUET TAB 10/20MG TABS ORAL	4	diltiazem hcl cap sr 24hr 240 mg cp24 oral	1
(taztia xt cap 240mg/24) - diltiazem hcl extended release beads cap sr 24hr 240 mg CP24 ORAL	1	CADUET TAB 10/40MG TABS ORAL	4	diltiazem hcl extended release beads cap sr 24hr 420 mg cp24 oral	1
(taztia xt cap 300mg/24) - diltiazem hcl extended release beads cap sr 24hr 300 mg CP24 ORAL	1	CADUET TAB 10/80MG TABS ORAL	4	diltiazem hcl iv for soln 100 mg solr intravenous Prior Authorization	1
(taztia xt cap 360mg/24) - diltiazem hcl extended release beads cap sr 24hr 360 mg CP24 ORAL	1	CADUET TAB 2.5/10MG TABS ORAL	4	diltiazem hcl iv soln 5 mg/ml soln intravenous	1
amlodipine besylate tab 10 mg tabs oral	1	CADUET TAB 2.5/20MG TABS ORAL	4	diltiazem hcl tab 120 mg tabs oral	1
amlodipine besylate tab 2.5 mg tabs oral	1	CADUET TAB 2.5/40MG TABS ORAL	4	diltiazem hcl tab 30 mg tabs oral	1
		CADUET TAB 5MG/10MG TABS ORAL	4	diltiazem hcl tab 60 mg tabs oral	1
		CADUET TAB 5MG/20MG TABS ORAL	4	diltiazem hcl tab 90 mg tabs oral	1
		CADUET TAB 5MG/40MG TABS ORAL	4	felodipine tab sr 24hr 10 mg tb24 oral	1
		CADUET TAB 5MG/80MG TABS ORAL	4	felodipine tab sr 24hr 2.5 mg tb24 oral	1
		CARDIZEM CD CAP 360MG/24 CP24 ORAL	2	felodipine tab sr 24hr 5 mg tb24 oral	1

Drug Name	Tier
isradipine cap 2.5 mg caps oral	1
isradipine cap 5 mg caps oral	1
LOTREL CAP 10-40MG CAPS ORAL	2
LOTREL CAP 5-40MG CAPS ORAL	2
nicardipine hcl cap 20 mg caps oral	1
nicardipine hcl cap 30 mg caps oral	1
nifedipine cap 10 mg caps oral	1
nifedipine cap 20 mg caps oral	1
nifedipine tab sr 24hr 90 mg tb24 oral	1
nifedipine tab sr 24hr osmotic 90 mg tb24 oral	1
verapamil hcl cap sr 24hr 100 mg cp24 oral	1
verapamil hcl cap sr 24hr 120 mg cp24 oral	1
verapamil hcl cap sr 24hr 180 mg cp24 oral	1
verapamil hcl cap sr 24hr 200 mg cp24 oral	1
verapamil hcl cap sr 24hr 240 mg cp24 oral	1
verapamil hcl cap sr 24hr 300 mg cp24 oral	1
verapamil hcl iv soln 2.5 mg/ml soln intravenous Prior Authorization	1
verapamil hcl tab 120 mg tabs oral	1
verapamil hcl tab 40 mg tabs oral	1

Drug Name	Tier
verapamil hcl tab 80 mg tabs oral	1
verapamil hcl tab cr 120 mg tbc oral	1
verapamil hcl tab cr 180 mg tbc oral	1
verapamil hcl tab cr 240 mg tbc oral	1
<b>CALORIC AGENTS</b>	
(premasol sol 10%) - amino acid infusion 10% SOLN INTRAVENOUS Prior Authorization	4
alcohol 5% in d5w inj soln intravenous Prior Authorization	1
AMINOSYN INJ 10% SOLN INTRAVENOUS Prior Authorization	2
AMINOSYN INJ 3.5% SOLN INTRAVENOUS Prior Authorization	2
AMINOSYN INJ 5% SOLN INTRAVENOUS Prior Authorization	2
AMINOSYN INJ 7% SOLN INTRAVENOUS Prior Authorization	2
AMINOSYN INJ 8.5% SOLN INTRAVENOUS Prior Authorization	2
AMINOSYN INJ 8.5/LYTE SOLN INTRAVENOUS Prior Authorization	2

Drug Name	Tier
AMINOSYN 7% INJ /LYTES SOLN INTRAVENOUS Prior Authorization	2
AMINOSYN II INJ 10% SOLN INTRAVENOUS Prior Authorization	2
AMINOSYN II INJ 15% SOLN INTRAVENOUS Prior Authorization	2
AMINOSYN II INJ 3.5/D25 SOLN INTRAVENOUS Prior Authorization	2
AMINOSYN II INJ 3.5/D5 SOLN INTRAVENOUS Prior Authorization	2
AMINOSYN II INJ 4.25/D10 SOLN INTRAVENOUS Prior Authorization	2
AMINOSYN II INJ 4.25/D20 SOLN INTRAVENOUS Prior Authorization	2
AMINOSYN II INJ 4.25/D25 SOLN INTRAVENOUS Prior Authorization	2
AMINOSYN II INJ 5/D25 SOLN INTRAVENOUS Prior Authorization	2
AMINOSYN II INJ 7% SOLN INTRAVENOUS Prior Authorization	2
AMINOSYN II INJ 8.5% SOLN INTRAVENOUS Prior Authorization	2

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
AMINOSYN II INJ 8.5/LYTE SOLN INTRAVENOUS Prior Authorization	2	<b>CARDIAC DRUGS</b>		LANOXIN TAB 0.125MG TABS ORAL	2
AMINOSYN IIM INJ 3.5%/D5W SOLN INTRAVENOUS Prior Authorization	2	(amiodarone tab 200mg) - amiodarone hcl tab 200 mg TABS ORAL	1	LANOXIN TAB 0.25MG TABS ORAL	2
AMINOSYN M INJ 3.5% SOLN INTRAVENOUS Prior Authorization	2	(digoxin inj 0.25mg/1) - digoxin inj 0.25 mg/ml SOLN INJECTION	1	mexiletine hcl cap 150 mg caps oral	1
AMINOSYN/D25 INJ II 3.5% SOLN INTRAVENOUS Prior Authorization	2	(digoxin tab 0.125mg) - digoxin tab 0.125 mg TABS ORAL	1	mexiletine hcl cap 200 mg caps oral	1
AMINOSYN/D25 INJ II 4.25% SOLN INTRAVENOUS Prior Authorization	2	(digoxin tab 0.25mg) - digoxin tab 0.25 mg TABS ORAL	1	mexiletine hcl cap 250 mg caps oral	1
AMINOSYN-HBC INJ 7% SOLN INTRAVENOUS Prior Authorization	2	amiodarone hcl inj 50 mg/ml soln intravenous Prior Authorization	1	PACERONE TAB 200MG TABS ORAL	1
AMINOSYN-PF INJ 10% SOLN INTRAVENOUS Prior Authorization	2	amiodarone hcl tab 400 mg tabs oral	1	procainamide hcl inj 100 mg/ml soln injection Prior Authorization	1
AMINOSYN-PF INJ 7% SOLN INTRAVENOUS Prior Authorization	2	digoxin oral soln 0.05 mg/ml soln oral	1	procainamide hcl inj 500 mg/ml soln injection	1
DEXTROSE INJ 10% SOLN INTRAVENOUS Prior Authorization	1	disopyramide phosphate cap 100 mg caps oral	1	propafenone hcl tab 150 mg tabs oral	1
DEXTROSE INJ 5% SOLN INTRAVENOUS Prior Authorization	1	disopyramide phosphate cap 150 mg caps oral	1	propafenone hcl tab 225 mg tabs oral	1
INTRALIPID INJ 20% EMUL INTRAVENOUS Prior Authorization	1	flecainide acetate tab 100 mg tabs oral	1	propafenone hcl tab 300 mg tabs oral	1
		flecainide acetate tab 150 mg tabs oral	1	quinidine gluconate tab cr 324 mg tbcr oral	1
		flecainide acetate tab 50 mg tabs oral	1	quinidine sulfate tab 200 mg tabs oral	1
		LANOXIN INJ 0.1MG/ML SOLN INJECTION	2	quinidine sulfate tab 300 mg tabs oral	1
		LANOXIN INJ 0.25MG/1 SOLN INJECTION	2	quinidine sulfate tab cr 300 mg tbcr oral	1
				RANEXA TAB 1000MG TB12 ORAL	2
				RANEXA TAB 500MG TB12 ORAL	2
				RYTHMOL SR CAP 225MG CP12 ORAL	2

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
RYTHMOL SR CAP 325MG CP12 ORAL	2	(avita gel 0.025%) - tretinoin gel 0.025% GEL EXTERNAL	1	(pramipexole tab 0.125mg) - pramipexole dihydrochloride tab 0.125 mg TABS ORAL	1
RYTHMOL SR CAP 425MG CP12 ORAL	2	Prior Authorization		(pramipexole tab 0.25mg) - pramipexole dihydrochloride tab 0.25 mg TABS ORAL	1
TIKOSYN CAP 125MCG CAPS ORAL	2	(tretinoin cre 0.025%) - tretinoin cream 0.025% CREA EXTERNAL	1	(pramipexole tab 0.5mg) - pramipexole dihydrochloride tab 0.5 mg TABS ORAL	1
TIKOSYN CAP 250MCG CAPS ORAL	2	Prior Authorization		(pramipexole tab 1.5mg) - pramipexole dihydrochloride tab 1.5 mg TABS ORAL	1
TIKOSYN CAP 500MCG CAPS ORAL	2	(tretinoin gel 0.025%) - tretinoin gel 0.025% GEL EXTERNAL	1	(pramipexole tab 1mg) - pramipexole dihydrochloride tab 1 mg TABS ORAL	1
<b>CATHARTICS AND LAXATIVES</b>		Prior Authorization		amantadine hcl cap 100 mg caps oral	1
(gavilyte-c sol) - peg 3350- kcl-na bicarb-nacl-na sulfate for soln 240 gm SOLR ORAL	1	KEPIVANCE INJ 6.25MG SOLR INTRAVENOUS	3	amantadine hcl tab 100 mg tabs oral	1
(peg 3350 sol electrol) - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm SOLR ORAL	1	Prior Authorization		AZILECT TAB 0.5MG TABS ORAL	2
OSMOPREP TAB 1.5GM TABS ORAL	2	RETIN-A MICR GEL 0.04% GEL EXTERNAL	4	AZILECT TAB 1MG TABS ORAL	2
peg 3350-kcl-na bicarb-nacl- na sulfate for soln 236 gm solr oral	1	RETIN-A MICR GEL 0.1% GEL EXTERNAL	4	benztropine mesylate tab 0.5 mg tabs oral	1
peg 3350-kcl-sod bicarb-nacl for soln 420 gm solr oral	1	tretinoin cream 0.05% crea external	1	benztropine mesylate tab 1 mg tabs oral	1
polyethylene glycol 3350 oral powder powd oral	1	Prior Authorization		benztropine mesylate tab 2 mg tabs oral	1
<b>CELL STIMULANTS AND PROLIFERANTS</b>		tretinoin cream 0.1% crea external	1	bromocriptine mesylate cap 5 mg caps oral	1
(avita cre 0.025%) - tretinoin cream 0.025% CREA EXTERNAL	1	Prior Authorization		bromocriptine mesylate tab 2.5 mg tabs oral	1
Prior Authorization		tretinoin gel 0.01% gel external	1	cabergoline tab 0.5 mg tabs oral	1
		Prior Authorization		CAMPRAL TAB 333MG TBEC ORAL	2
		<b>CENTRAL NERVOUS SYSTEM AGENTS, MISC</b>			
		(atamet tab 25-250mg) - carbidopa & levodopa tab 25- 250 mg TABS ORAL	1		
		(carb/levo tab 25-250mg) - carbidopa & levodopa tab 25- 250 mg TABS ORAL	1		

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
carbidopa & levodopa tab 10-100 mg tabs oral	1	RILUTEK TAB 50MG TABS ORAL	2	STRATTERA CAP 60MG CAPS ORAL	4
carbidopa & levodopa tab 25-100 mg tabs oral	1	ropinirole hydrochloride tab 0.25 mg tabs oral	1	STRATTERA CAP 80MG CAPS ORAL	4
carbidopa & levodopa tab cr 25-100 mg tbcr oral	1	ropinirole hydrochloride tab 0.5 mg tabs oral	1	ZELAPAR TAB 1.25MG TBBDP ORAL	2
carbidopa & levodopa tab cr 50-200 mg tbcr oral	1	ropinirole hydrochloride tab 1 mg tabs oral	1	<b>CHOLELITHOLYTIC AGENTS</b>	
COGENTIN INJ 1MG/ML SOLN INJECTION	2	ropinirole hydrochloride tab 2 mg tabs oral	1	ursodiol cap 300 mg caps oral	1
COMTAN TAB 200MG TABS ORAL	2	ropinirole hydrochloride tab 3 mg tabs oral	1	ursodiol tab 250 mg tabs oral	1
EMSAM DIS 12MG/24H PT24 TRANSDERMAL	2	ropinirole hydrochloride tab 4 mg tabs oral	1	ursodiol tab 500 mg tabs oral	1
EMSAM DIS 6MG/24HR PT24 TRANSDERMAL	2	ropinirole hydrochloride tab 5 mg tabs oral	1	<b>CONTRACEPTIVES</b>	
EMSAM DIS 9MG/24HR PT24 TRANSDERMAL	2	selegiline hcl cap 5 mg caps oral	1	(apri tab) - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg TABS ORAL	1
MIRAPEX TAB 0.125MG TABS ORAL	2	selegiline hcl tab 5 mg tabs oral	1	(cesia pak) - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg TABS ORAL	1
MIRAPEX TAB 0.25MG TABS ORAL	2	STALEVO 100 TAB TABS ORAL	2	(junel 1.5/30 tab) - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg TABS ORAL	1
MIRAPEX TAB 0.5MG TABS ORAL	2	STALEVO 150 TAB TABS ORAL	2	(junel 1/20 tab) - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg TABS ORAL	1
MIRAPEX TAB 1.5MG TABS ORAL	2	STALEVO 50 TAB TABS ORAL	2	(junel fe tab 1.5/30) - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg TABS ORAL	1
MIRAPEX TAB 1MG TABS ORAL	2	STRATTERA CAP 100MG CAPS ORAL	4	(junel fe tab 1/20) - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg TABS ORAL	1
NAMENDA SOL 10MG/5ML SOLN ORAL	2	STRATTERA CAP 10MG CAPS ORAL	4		
NAMENDA TAB 10MG TABS ORAL	2	STRATTERA CAP 18MG CAPS ORAL	4		
NAMENDA TAB 5MG TABS ORAL	2	STRATTERA CAP 25MG CAPS ORAL	4		
		STRATTERA CAP 40MG CAPS ORAL	4		

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
(microgestin tab 1.5/30) - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg TABS ORAL	1	<b>DEPIGMENTING AND PIGMENTING AGENTS</b>		PANCRELIPASE CAP MST- 16 CPEP ORAL	1
(microgestin tab 1/20) - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg TABS ORAL	1	8-MOP CAP 10MG CAPS ORAL	2	PANCRELIPASE TAB TABS ORAL	1
(microgestin tab fe 1/20) - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg TABS ORAL	1	OXSORALEN LOT 1% LOTN EXTERNAL	2	ULTRASE CAP CPEP ORAL	4
(microgestin tab fe1.5/30) - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg TABS ORAL	1	OXSORALEN-UL CAP 10MG CAPS ORAL	2	ULTRASE MT12 CAP CPEP ORAL	4
(ocella tab 3-0.03mg) - drospirenone-ethinyl estradiol tab 3-0.03 mg TABS ORAL	1	UVADEX INJ 20MCG/ML SOLN INJECTION	2	ULTRASE MT18 CAP CPEP ORAL	4
(reclipsen tab) - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg TABS ORAL	1	<b>DEVICES</b>		ULTRASE MT20 CAP CPEP ORAL	4
(solia tab) - desogestrel & ethinyl estradiol tab 0.15 mg- 30 mcg TABS ORAL	1	alcohol swabs pads xx	1	VIOKASE POW POWD ORAL	4
(velivet pak) - desogest- ethin est tab 0.1-0.025/0.125- 0.025/0.15-0.025mg-mg TABS ORAL	1	BD PEN NEEDL MIS 29GX1/2 MISC XX	1	VIOKASE 16 TAB TABS ORAL	4
desogest-eth estrad & eth estradiol tab 0.15-0.02/0.01 mg(21/5) tabs oral	1	gauze pads & dressings - pads 2 x 2 pads xx	1	<b>DISEASE-MODIFYING ANTIRHEUMATIC AGENTS</b>	
ORTHO EVRA DIS WEEK PTWK TRANSDERMAL	2	INSULIN SYRG MIS 0.3/31G MISC XX	1	HUMIRA KIT 20MG/0.4 KIT SUBCUTANEOUS Prior Authorization	2
YASMIN 28 TAB 3- 0.03MG TABS ORAL	4	INSULIN SYRG MIS 0.5/30G MISC XX	1	<b>DIURETICS</b>	
		INSULIN SYRG MIS 1ML/29G MISC XX	1	amiloride hcl tab 5 mg tabs oral	1
		INSULIN SYRG MIS 1ML/31G MISC XX	1	bumetanide inj 0.25 mg/ml soln injection Prior Authorization	1
		<b>DIGESTANTS</b>		bumetanide tab 0.5 mg tabs oral	1
		PANCREASE MT CAP 10 CPEP ORAL	2	bumetanide tab 1 mg tabs oral	1
		PANCREASE MT CAP 16 CPEP ORAL	2	bumetanide tab 2 mg tabs oral	1
		PANCREASE MT CAP 20 CPEP ORAL	2	chlorothiazide tab 250 mg tabs oral	1
		PANCREASE MT CAP 4 CPEP ORAL	2	chlorothiazide tab 500 mg tabs oral	1

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
chlorthalidone tab 25 mg tabs oral	1	triamterene & hydrochlorothiazide cap 50-25 mg caps oral	1	<b>ENZYMES</b>	
chlorthalidone tab 50 mg tabs oral	1	triamterene & hydrochlorothiazide tab 37.5-25 mg tabs oral	1	ADAGEN INJ 250/ML SOLN INTRAMUSCULAR	2
furosemide inj 10 mg/ml soln injection	1	triamterene & hydrochlorothiazide tab 75-50 mg tabs oral	1	ALDURAZYME INJ 2.9MG/5M SOLN INTRAVENOUS	2
Prior Authorization				Prior Authorization	
furosemide oral soln 10 mg/ml soln oral	1	<b>EENT DRUGS, MISCELLANEOUS</b>		CEREDASE INJ 80UNT/ML SOLN INTRAVENOUS	2
furosemide oral soln 8 mg/ml soln oral	1	(ace acid/alum sol 2% otic) - acetic acid 2% in aluminum acetate otic soln SOLN OTIC(Ear)	1	Prior Authorization	
furosemide tab 20 mg tabs oral	1	(borofair sol 2% otic) - acetic acid 2% in aluminum acetate otic soln SOLN OTIC(Ear)	1	ELAPRASE INJ 6MG/3ML SOLN INTRAVENOUS	2
furosemide tab 40 mg tabs oral	1	acetic acid otic soln 2% soln otic(ear)	1	Prior Authorization	
furosemide tab 80 mg tabs oral	1	LACRISERT MIS 5MG OP INST OPHTHALMIC	2	ELITEK INJ 1.5MG SOLR INTRAVENOUS	2
hydrochlorothiazide cap 12.5 mg caps oral	1	<b>EMOLLIENTS, DEMULCENTS, AND PROTECTANTS</b>		Prior Authorization	
hydrochlorothiazide tab 12.5 mg tabs oral	1	(ammonium lac lot 12%) - lactic acid (ammonium lactate) lotion 12% LOTN EXTERNAL	1	FABRAZYME INJ 35MG SOLR INTRAVENOUS	3
hydrochlorothiazide tab 25 mg tabs oral	1	(lactolion lot 12%) - lactic acid (ammonium lactate) lotion 12% LOTN EXTERNAL	1	Prior Authorization	
hydrochlorothiazide tab 50 mg tabs oral	1	lactic acid (ammonium lactate) cream 12% crea external	1	NAGLAZYME INJ 1MG/ML SOLN INTRAVENOUS	2
methyclothiazide tab 5 mg tabs oral	1			Prior Authorization	
metolazone tab 10 mg tabs oral	1			PULMOZYME SOL 1MG/ML SOLN INHALANT	2
metolazone tab 2.5 mg tabs oral	1			Prior Authorization	
metolazone tab 5 mg tabs oral	1			SUCRAID SOL 8500/ML SOLN ORAL	2
triamterene & hydrochlorothiazide cap 37.5-25 mg caps oral	1			<b>ESTROGENS AND ANTIESTROGENS</b>	
				(estradiol tab 0.5mg) - estradiol tab 0.5 mg TABS ORAL	1

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
(estradiol tab 1mg) - estradiol tab 1 mg TABS ORAL	1	FEMRING MIS 0.05/24H RING VAGINAL	4	VIVELLE-DOT DIS 0.075MG PTTW TRANSDERMAL	2
(estradiol tab 2mg) - estradiol tab 2 mg TABS ORAL	1	FEMRING MIS 0.1MG/24 RING VAGINAL	4	VIVELLE-DOT DIS 0.1MG PTTW TRANSDERMAL	2
(gynodiol tab 0.5mg) - estradiol tab 0.5 mg TABS ORAL	1	PREMARIN INJ 25MG SOLR INJECTION	2	<b>EXTENDED-SPECTRUM PENICILLINS</b>	
(gynodiol tab 1mg) - estradiol tab 1 mg TABS ORAL	1	Prior Authorization		(piper/tazoba inj 3-0.375g) - piperacillin sodium-tazobactam sodium for inj 3-0.375 gm SOLR INTRAVENOUS	1
(gynodiol tab 2mg) - estradiol tab 2 mg TABS ORAL	1	PREMARIN TAB 0.3MG TABS ORAL	2	Prior Authorization	
DEPO-ESTRADI INJ 5MG/ML OIL INTRAMUSCULAR	2	PREMARIN TAB 0.45MG TABS ORAL	2	<b>FIRST GENERATION ANTIHISTAMINES</b>	
ESTRACE VAG CRE 0.1MG/GM CREA VAGINAL	2	PREMARIN TAB 0.625MG TABS ORAL	2	(phenadoz sup 12.5mg) - promethazine hcl suppos 12.5 mg SUPP RECTAL	1
estradiol tab 1.5 mg tabs oral	1	PREMARIN TAB 0.9MG TABS ORAL	2	(phenadoz sup 25mg) - promethazine hcl suppos 25 mg SUPP RECTAL	1
estradiol td patch weekly 0.025 mg/24hr ptwk transdermal	1	PREMARIN TAB 1.25MG TABS ORAL	2	(promethazine sup 12.5mg) - promethazine hcl suppos 12.5 mg SUPP RECTAL	1
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) ptwk transdermal	1	PREMARIN VAG CRE 0.625MG CREA VAGINAL	2	(promethazine sup 25mg) - promethazine hcl suppos 25 mg SUPP RECTAL	1
estradiol td patch weekly 0.05 mg/24hr ptwk transdermal	1	PREMPRO TAB .625-2.5 TABS ORAL	2	(promethazine sup 25mg) - promethazine hcl suppos 25 mg SUPP RECTAL	1
estradiol td patch weekly 0.06 mg/24hr ptwk transdermal	1	PREMPRO TAB 0.3-1.5 TABS ORAL	2	(promethagan sup 25mg) - promethazine hcl suppos 25 mg SUPP RECTAL	1
estradiol td patch weekly 0.075 mg/24hr ptwk transdermal	1	PREMPRO TAB 0.45-1.5 TABS ORAL	2	clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq) syr oral	1
estradiol td patch weekly 0.1 mg/24hr ptwk transdermal	1	PREMPRO TAB 0.625-5 TABS ORAL	2	clemastine fumarate tab 2.68 mg tabs oral	1
EVISTA TAB 60MG TABS ORAL	2	VIVELLE-DOT DIS 0.025MG PTTW TRANSDERMAL	2	cyproheptadine hcl syrup 2 mg/5ml syr oral	1
		VIVELLE-DOT DIS 0.0375MG PTTW TRANSDERMAL	2		
		VIVELLE-DOT DIS 0.05MG PTTW TRANSDERMAL	2		

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
cyproheptadine hcl tab 4 mg tabs oral	1	oxybutynin chloride syrup 5 mg/5ml syr oral	1	SYNAREL SOL 2MG/ML SOLN NASAL	4
dexchlorpheniramine maleate syrup 2 mg/5ml syr oral	1	oxybutynin chloride tab 5 mg tabs oral	1	Prior Authorization	
diphenhydramine hcl cap 25 mg caps oral	1	oxybutynin chloride tab sr 24hr 10 mg tb24 oral	1	<b>HEAVY METAL ANTAGONISTS</b>	
diphenhydramine hcl cap 50 mg caps oral	1	oxybutynin chloride tab sr 24hr 15 mg tb24 oral	1	CHEMET CAP 100MG CAPS ORAL	2
diphenhydramine hcl elixir 12.5 mg/5ml elix oral	1	oxybutynin chloride tab sr 24hr 5 mg tb24 oral	1	CUPRIMINE CAP 125MG CAPS ORAL	2
diphenhydramine hcl inj 50 mg/ml soln injection	1	OXYTROL DIS 3.9MG/24 PTIW TRANSDERMAL	2	CUPRIMINE CAP 250MG CAPS ORAL	2
promethazine hcl inj 25 mg/ml soln injection	1	SANCTURA TAB 20MG TABS ORAL	2	EXJADE TAB 125MG TBSO ORAL	2
Prior Authorization		Qty:60, Days:30		Prior Authorization	
promethazine hcl inj 50 mg/ml soln injection	1	SANCTURA XR CAP 60MG CP24 ORAL	2	EXJADE TAB 250MG TBSO ORAL	2
Prior Authorization				Prior Authorization	
promethazine hcl suppos 50 mg supp rectal	1	<b>GI DRUGS, MISCELLANEOUS</b>		EXJADE TAB 500MG TBSO ORAL	2
promethazine hcl syrup 6.25 mg/5ml syr oral	1	CIMZIA KIT 200MG/ML KIT SUBCUTANEOUS	3	Prior Authorization	
promethazine hcl tab 12.5 mg tabs oral	1	Prior Authorization		SYPRINE CAP 250MG CAPS ORAL	2
promethazine hcl tab 25 mg tabs oral	1	<b>GOLD COMPOUNDS</b>		<b>HEMATOPOIETIC AGENTS</b>	
promethazine hcl tab 50 mg tabs oral	1	RIDAURA CAP 3MG CAPS ORAL	2	ARANESP INJ 100MCG SOLN INJECTION	3
<b>GENITOURINARY SMOOTH MUSCLE RELAXANTS</b>		<b>GONADOTROPINS</b>		Qty:5, Days:30, Prior Authorization	
DETROL LA CAP 2MG CP24 ORAL	2	(chor gonadot inj 10000unt) - chorionic gonadotropin for inj 10000 unit SOLR INTRAMUSCULAR	1	ARANESP INJ 100MCG SOLN INJECTION	3
DETROL LA CAP 4MG CP24 ORAL	2	NOVAREL INJ 10000UNT SOLR INTRAMUSCULAR	2	Qty:5, Days:30, Prior Authorization	
flavoxate hcl tab 100 mg tabs oral	1	Prior Authorization		ARANESP INJ 200MCG SOLN INJECTION	3
				Qty:5, Days:30, Prior Authorization	

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
ARANESP INJ 200MCG SOLN INJECTION Qty:5, Days:30, Prior Authorization	3	EPOGEN INJ 20000/ML SOLN INJECTION Prior Authorization	3	PROCRIT INJ 2000/ML SOLN INJECTION Prior Authorization	2
ARANESP INJ 25MCG SOLN INJECTION Qty:5, Days:30, Prior Authorization	4	EPOGEN INJ 3000/ML SOLN INJECTION Prior Authorization	4	PROCRIT INJ 20000/ML SOLN INJECTION Prior Authorization	3
ARANESP INJ 25MCG SOLN INJECTION Qty:5, Days:30, Prior Authorization	4	EPOGEN INJ 4000/ML SOLN INJECTION Prior Authorization	4	PROCRIT INJ 3000/ML SOLN INJECTION Prior Authorization	2
ARANESP INJ 300MCG SOLN INJECTION Qty:5, Days:30, Prior Authorization	3	EPOGEN INJ 40000/ML SOLN INJECTION Prior Authorization	3	PROCRIT INJ 4000/ML SOLN INJECTION Prior Authorization	2
ARANESP INJ 300MCG SOLN INJECTION Qty:5, Days:30, Prior Authorization	3	LEUKINE INJ 250MCG SOLR INTRAVENOUS Prior Authorization	3	PROCRIT INJ 40000/ML SOLN INJECTION Prior Authorization	3
ARANESP INJ 40MCG SOLN INJECTION Qty:5, Days:30, Prior Authorization	4	LEUKINE INJ 500 MCG SOLN INJECTION	3	<b>HEMORRHEOLOGIC AGENTS</b>	
ARANESP INJ 40MCG SOLN INJECTION Qty:5, Days:30, Prior Authorization	4	NEULASTA INJ 6MG/0.6M SOLN SUBCUTANEOUS Prior Authorization	2	(pentopak tab 400mg cr) - pentoxifylline tab cr 400 mg TBCR ORAL	1
ARANESP INJ 500MCG SOLN INJECTION Qty:5, Days:30, Prior Authorization	3	NEUPOGEN INJ 300/0.5 SOLN INJECTION Prior Authorization	2	(pentoxifylli tab 400mg er) - pentoxifylline tab cr 400 mg TBCR ORAL	1
ARANESP INJ 60MCG SOLN INJECTION Qty:5, Days:30, Prior Authorization	3	NEUPOGEN INJ 480/0.8 SOLN INJECTION Prior Authorization	2	(pentoxil tab 400mg cr) - pentoxifylline tab cr 400 mg TBCR ORAL	1
ARANESP INJ 60MCG SOLN INJECTION Qty:5, Days:30, Prior Authorization	3	NEUPOGEN INJ 480MCG SOLN INJECTION Prior Authorization	2	<b>HYPOTENSIVE AGENTS</b>	
EPOGEN INJ 10000/ML SOLN INJECTION Prior Authorization	3	PROCRIT INJ 10000/ML SOLN INJECTION Prior Authorization	4	(clonidine dis 0.1/24hr) - clonidine hcl td patch weekly 0.1 mg/24hr PTWK TRANSDERMAL	1
EPOGEN INJ 2000/ML SOLN INJECTION Prior Authorization	4			(clonidine dis 0.2/24hr) - clonidine hcl td patch weekly 0.2 mg/24hr PTWK TRANSDERMAL	1

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
(clonidine dis 0.3/24hr) - clonidine hcl td patch weekly 0.3 mg/24hr PTWK TRANSDERMAL	1	hydralazine hcl tab 10 mg tabs oral	1	(tacrolimus cap 1mg) - tacrolimus cap 1 mg CAPS ORAL	1
acetazolamide cap sr 12hr 500 mg cp12 oral	1	hydralazine hcl tab 100 mg tabs oral	1	Prior Authorization	
acetazolamide sodium for inj 500 mg solr injection	4	hydralazine hcl tab 25 mg tabs oral	1	(tacrolimus cap 5mg) - tacrolimus cap 5 mg CAPS ORAL	1
acetazolamide tab 125 mg tabs oral	1	hydralazine hcl tab 50 mg tabs oral	1	Prior Authorization	
acetazolamide tab 250 mg tabs oral	1	methazolamide tab 25 mg tabs oral	1	<b>INCRETIN MIMETICS</b>	
CATAPRES-TTS DIS 0.1/24HR PTWK TRANSDERMAL	2	methazolamide tab 50 mg tabs oral	1	BYETTA INJ 5MCG SOLN SUBCUTANEOUS	2
CATAPRES-TTS DIS 0.2/24HR PTWK TRANSDERMAL	2	methyldopa & hydrochlorothiazide tab 250- 15 mg tabs oral	1	Prior Authorization	
CATAPRES-TTS DIS 0.3/24HR PTWK TRANSDERMAL	2	methyldopa & hydrochlorothiazide tab 250- 25 mg tabs oral	1	<b>ION-REMOVING AGENTS</b>	
clonidine hcl tab 0.1 mg tabs oral	1	methyldopa tab 250 mg tabs oral	1	(kionex pow usp) - sodium polystyrene sulfonate powder POWD ORAL	1
clonidine hcl tab 0.2 mg tabs oral	1	methyldopa tab 500 mg tabs oral	1	(sod poly sul pow) - sodium polystyrene sulfonate powder POWD ORAL	1
clonidine hcl tab 0.3 mg tabs oral	1	methyldopate hcl inj 250 mg/5ml soln intravenous Prior Authorization	1	calcium acetate (phosphate binder) cap 667 mg (169 mg ca) caps oral	1
guanabenz acetate tab 4 mg tabs oral	1	minoxidil tab 10 mg tabs oral	1	FOSRENOL CHW 1000MG CHEW ORAL	2
guanabenz acetate tab 8 mg tabs oral	1	minoxidil tab 2.5 mg tabs oral	1	FOSRENOL CHW 250MG CHEW ORAL	2
guanfacine hcl tab 1 mg tabs oral	1	PROGLYCEM SUS 50MG/ML SUSP ORAL	2	FOSRENOL CHW 500MG CHEW ORAL	2
guanfacine hcl tab 2 mg tabs oral	1	<b>IMMUNOSUPPRESSIVE AGENTS</b>		FOSRENOL CHW 750MG CHEW ORAL	2
hydralazine hcl inj 20 mg/ml soln injection Prior Authorization	1	(tacrolimus cap 0.5mg) - tacrolimus cap 0.5 mg CAPS ORAL	1	RENVELA PAK 0.8GM PACK ORAL	2
		Prior Authorization		RENVELA PAK 2.4GM PACK ORAL	2
				RENVELA TAB 800MG TABS ORAL	2

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
<b>IRRIGATING SOLUTIONS</b>		(gengraf sol 100mg/ml) - cyclosporine modified oral soln 100 mg/ml SOLN ORAL	1	allopurinol tab 100 mg tabs oral	1
LACTATED RIN SOL IRRIGAT SOLN IRRIGATION	1	Prior Authorization		allopurinol tab 300 mg tabs oral	1
Prior Authorization		ACETADOTE INJ 200MG/ML SOLN INTRAVENOUS	4	ANTABUSE TAB 250MG TABS ORAL	2
sodium chloride irrigation soln 0.9% soln irrigation	4	Prior Authorization		ANTABUSE TAB 500MG TABS ORAL	2
<b>LOCAL ANESTHETICS</b>		ACTIMMUNE INJ 2MU/0.5 SOLN SUBCUTANEOUS	2	ATGAM INJ 250MG INJ INTRAVENOUS	2
lidocaine hcl local inj 0.5% soln injection	1	Prior Authorization		Prior Authorization	
Prior Authorization		ACTONEL TAB 150MG TABS ORAL	2	AVODART CAP 0.5MG CAPS ORAL	4
lidocaine hcl local inj 1% soln injection	1	ACTONEL TAB 30MG TABS ORAL	2	AVONEX KIT 30MCG KIT INTRAMUSCULAR	3
Prior Authorization		ACTONEL TAB 35MG TABS ORAL	2	AVONEX PREFL KIT 30MCG KIT INTRAMUSCULAR	3
<b>MEGLITINIDES</b>		ACTONEL TAB 5MG TABS ORAL	2	azathioprine sodium for inj 100 mg solr injection	1
(nateglinide tab 120mg) - nateglinide tab 120 mg TABS ORAL	1	ACTONEL TAB 75MG TABS ORAL	2	Prior Authorization	
(nateglinide tab 60mg) - nateglinide tab 60 mg TABS ORAL	1	ACTONEL WITH TAB CALCIUM TABS ORAL	2	azathioprine tab 100 mg tabs oral	1
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		alendronate sodium tab 10 mg tabs oral	1	Prior Authorization	
(cyclosporine cap 100mg md) - cyclosporine modified cap 100 mg CAPS ORAL	1	alendronate sodium tab 35 mg tabs oral	1	azathioprine tab 50 mg tabs oral	1
Prior Authorization		alendronate sodium tab 40 mg tabs oral	1	Prior Authorization	
(cyclosporine sol modified) - cyclosporine modified oral soln 100 mg/ml SOLN ORAL	1	alendronate sodium tab 5 mg tabs oral	1	azathioprine tab 75 mg tabs oral	1
Prior Authorization		alendronate sodium tab 70 mg tabs oral	1	Prior Authorization	
(gengraf cap 100mg) - cyclosporine modified cap 100 mg CAPS ORAL	1	allopurinol sodium for inj 500 mg solr intravenous	1	BETASERON INJ 0.3MG SOLR SUBCUTANEOUS	2
Prior Authorization		Prior Authorization		Prior Authorization	
				BONIVA KIT 3MG/3ML KIT INTRAVENOUS	2
				Prior Authorization	

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
BONIVA TAB 150MG TABS ORAL	2	dexrazoxane for inj 500 mg solr intravenous	3	leflunomide tab 20 mg tabs oral	1
BONIVA TAB 2.5MG TABS ORAL	2	Prior Authorization		levocarnitine inj 200 mg/ml soln intravenous	1
CELLCEPT SUS 200MG/ML SUSR ORAL	2	ELMIRON CAP 100MG CAPS ORAL	4	Prior Authorization	
Prior Authorization		ENBREL INJ 25MG KIT SUBCUTANEOUS	2	levocarnitine oral soln 1 gm/10ml (10%) soln oral	1
CELLCEPT IV INJ 500MG SOLR INTRAVENOUS	2	Qty:16, Days:28, Prior Authorization		levocarnitine tab 330 mg tabs oral	1
Prior Authorization		ENBREL INJ 50MG/ML SOLN SUBCUTANEOUS	2	mesna inj 100 mg/ml soln intravenous	1
CEREZYME INJ 200UNIT SOLR INTRAVENOUS	2	Qty:8, Days:28, Prior Authorization		Prior Authorization	
Prior Authorization		ENBREL SRCLK INJ 50MG/ML SOLN SUBCUTANEOUS	2	MESNEX TAB 400MG TABS ORAL	2
COPAXONE KIT 20MG/ML KIT SUBCUTANEOUS	3	Qty:8, Days:28		mycophenolate mofetil cap 250 mg caps oral	1
cyclosporine cap 100 mg caps oral	1	etidronate disodium tab 200 mg tabs oral	1	Prior Authorization	
Prior Authorization		etidronate disodium tab 400 mg tabs oral	1	mycophenolate mofetil tab 500 mg tabs oral	1
cyclosporine cap 25 mg caps oral	1	finasteride tab 5 mg tabs oral	1	Prior Authorization	
Prior Authorization		FLOMAX CAP 0.4MG CP24 ORAL	2	MYFORTIC TAB 180MG TBEC ORAL	2
cyclosporine iv soln 50 mg/ml soln intravenous	1	FOSAMAX SOL SOLN ORAL	2	MYFORTIC TAB 360MG TBEC ORAL	2
Prior Authorization		HUMIRA KIT 40MG/0.8 KIT SUBCUTANEOUS	2	MYOBLOC INJ 5000/ML SOLN INTRAMUSCULAR	4
cyclosporine modified cap 25 mg caps oral	1	Prior Authorization		octreotide acetate inj 100 mcg/ml (0.1 mg/ml) soln injection	1
Prior Authorization		HUMIRA PEN KIT CROHNS KIT SUBCUTANEOUS	2	octreotide acetate inj 1000 mcg/ml (1 mg/ml) soln injection	1
cyclosporine modified cap 50 mg caps oral	1	Prior Authorization		octreotide acetate inj 200 mcg/ml (0.2 mg/ml) soln injection	1
Prior Authorization		KINERET INJ SOLN SUBCUTANEOUS	3		
CYSTADANE POW POWD ORAL	2	leflunomide tab 10 mg tabs oral	1		
CYSTAGON CAP 150MG CAPS ORAL	4				
CYSTAGON CAP 50MG CAPS ORAL	4				

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) soln injection	1	REBIF INJ 22/0.5 SOLN SUBCUTANEOUS	3	SENSIPAR TAB 60MG TABS ORAL	2
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) soln injection	1	Prior Authorization		SENSIPAR TAB 90MG TABS ORAL	2
ORFADIN CAP 10MG CAPS ORAL	2	REBIF INJ 44/0.5 SOLN SUBCUTANEOUS	3	SIMULECT INJ 20MG SOLR INTRAVENOUS	3
ORFADIN CAP 2MG CAPS ORAL	2	Prior Authorization		Prior Authorization	
ORFADIN CAP 5MG CAPS ORAL	2	REBIF TITRTN SOL PACK SOLN SUBCUTANEOUS	3	THALOMID CAP 100MG CAPS ORAL	2
PROGRAF CAP 0.5MG CAPS ORAL	2	REMICADE INJ 100MG SOLR INTRAVENOUS	3	THALOMID CAP 200MG CAPS ORAL	2
Prior Authorization		Prior Authorization		THALOMID CAP 50MG CAPS ORAL	2
PROGRAF CAP 1MG CAPS ORAL	2	REVLIMID CAP 10MG CAPS ORAL	2	THYMOGLOBULN INJ 25MG SOLR INTRAVENOUS	2
Prior Authorization		Limited Access		Prior Authorization	
PROGRAF CAP 5MG CAPS ORAL	2	REVLIMID CAP 15MG CAPS ORAL	2	TYSABRI INJ CONC INTRAVENOUS	3
Prior Authorization		Limited Access		Prior Authorization, Limited Access	
PROGRAF INJ 5MG/ML SOLN INTRAVENOUS	2	REVLIMID CAP 25MG CAPS ORAL	2	VIVITROL INJ 380MG SUSR INTRAMUSCULAR	2
Prior Authorization		Limited Access		ZAVESCA CAP 100MG CAPS ORAL	2
PROLASTIN INJ 500MG SOLR INTRAVENOUS	2	REVLIMID CAP 5MG CAPS ORAL	2	ZENAPAX INJ 25MG/5ML CONC INTRAVENOUS	3
Prior Authorization		Limited Access		Prior Authorization	
RAPAMUNE SOL 1MG/ML SOLN ORAL	2	SANDOSTATIN KIT LAR 10MG KIT INTRAMUSCULAR	2	ZOMETA INJ 4MG/5ML CONC INTRAVENOUS	3
Prior Authorization		Prior Authorization		Prior Authorization	
RAPAMUNE TAB 1MG TABS ORAL	2	SANDOSTATIN KIT LAR 20MG KIT INTRAMUSCULAR	2	<b>MUCOLYTIC AGENTS</b>	
Prior Authorization		Prior Authorization		acetylcysteine inhal soln 10% soln inhalant	1
RAPAMUNE TAB 2MG TABS ORAL	2	SANDOSTATIN KIT LAR 30MG KIT INTRAMUSCULAR	2	Prior Authorization	
Prior Authorization		Prior Authorization			
		SENSIPAR TAB 30MG TABS ORAL	2		

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
acetylcysteine inhal soln 20% soln inhalant Prior Authorization	1	(ketorolac sol 0.5%) - ketorolac tromethamine ophth soln 0.5% SOLN OPHTHALMIC	1	<b>OPIATE PARTIAL AGONISTS</b>	
<b>MULTIVITAMIN PREPARATIONS</b>		<b>NUCLEOSIDES AND NUCLEOTIDES</b>		(buprenorphin sub 2mg) - 1 buprenorphine hcl sl tab 2 mg (base equiv) SUBL SUBLINGUAL	
prenatal w/o a vit w/ fe carbonyl-fa tab 29-1 mg tabs oral	1	(valacyclovir tab 1gm) - 1 valacyclovir hcl tab 1000 mg TABS ORAL	1	(buprenorphin sub 8mg) - 1 buprenorphine hcl sl tab 8 mg (base equiv) SUBL SUBLINGUAL	
<b>MYDRIATICS</b>		(valacyclovir tab 500mg) - 1 valacyclovir hcl tab 500 mg TABS ORAL		<b>OTHER NONSTEROIDAL ANTI-INFLAMMATORY AGENTS</b>	
(mydral sol 0.5% op) - 1 tropicamide ophth soln 0.5% SOLN OPHTHALMIC	1	<b>OPIATE AGONISTS</b>		naproxen sodium tab 275 mg 1 tabs oral	
(mydral sol 1% op) - 1 tropicamide ophth soln 1% SOLN OPHTHALMIC	1	(tramadol hcl tab 100mg er) - 1 tramadol hcl tab sr 24hr 100 mg TB24 ORAL		naproxen sodium tab 550 mg 1 tabs oral	
(tropicacyl sol 0.5% op) - 1 tropicamide ophth soln 0.5% SOLN OPHTHALMIC	1	(tramadol hcl tab 200mg er) - 1 tramadol hcl tab sr 24hr 200 mg TB24 ORAL		<b>PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS</b>	
(tropicacyl sol 1% op) - 1 tropicamide ophth soln 1% SOLN OPHTHALMIC	1	<b>OPIATE ANTAGONISTS</b>		(galantamine cap 16mg er) - 1 galantamine hydrobromide cap sr 24hr 16 mg CP24 ORAL	
(tropicamide sol 0.5% op) - 1 tropicamide ophth soln 0.5% SOLN OPHTHALMIC	1	(depade tab 50mg) - 1 naltrexone hcl tab 50 mg TABS ORAL		(galantamine cap 24mg er) - 1 galantamine hydrobromide cap sr 24hr 24 mg CP24 ORAL	
(tropicamide sol 1% op) - 1 tropicamide ophth soln 1% SOLN OPHTHALMIC	1	(naltrexone tab 50mg) - 1 naltrexone hcl tab 50 mg TABS ORAL		(galantamine cap 8mg er) - 1 galantamine hydrobromide cap sr 24hr 8 mg CP24 ORAL	
dipivefrin hcl ophth soln 1 0.1% soln ophthalmic	1	naloxone hcl inj 0.4 mg/ml 1 soln injection Prior Authorization		ARICEPT TAB 10MG 2 TABS ORAL	
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS</b>		naloxone hcl inj 1 mg/ml 1 soln injection Prior Authorization		ARICEPT TAB 5MG 2 TABS ORAL	
(ketorolac sol 0.4%) - 1 ketorolac tromethamine ophth soln 0.4% SOLN OPHTHALMIC	1			ARICEPT ODT TAB 10MG TBDP ORAL 2	
				ARICEPT ODT TAB 5MG TBDP ORAL 2	

Drug Name	Tier
bethanechol chloride tab 10 mg tabs oral	1
bethanechol chloride tab 25 mg tabs oral	1
bethanechol chloride tab 5 mg tabs oral	1
bethanechol chloride tab 50 mg tabs oral	1
EXELON CAP 1.5MG CAPS ORAL	2
EXELON CAP 3MG CAPS ORAL	2
EXELON CAP 4.5MG CAPS ORAL	2
EXELON CAP 6MG CAPS ORAL	2
EXELON DIS 4.6MG/24 PT24 TRANSDERMAL	2
EXELON DIS 9.5MG/24 PT24 TRANSDERMAL	2
EXELON SOL 2MG/ML SOLN ORAL	2
galantamine hydrobromide oral soln 4 mg/ml soln oral	1
galantamine hydrobromide tab 12 mg tabs oral	1
galantamine hydrobromide tab 4 mg tabs oral	1
galantamine hydrobromide tab 8 mg tabs oral	1
guanidine hcl tab 125 mg tabs oral	1
MESTINON SYP 60MG/5ML SYRP ORAL	2

Drug Name	Tier
MESTINON TAB TIMESPAN TBCR ORAL	2
pilocarpine hcl tab 5 mg tabs oral	1
pilocarpine hcl tab 7.5 mg tabs oral	1
pyridostigmine bromide tab 60 mg tabs oral	1
RAZADYNE ER CAP 16MG CP24 ORAL	4
RAZADYNE ER CAP 24MG CP24 ORAL	4
RAZADYNE ER CAP 8MG CP24 ORAL	4
REGONOL INJ 5MG/ML SOLN INJECTION Prior Authorization	2
<b>PARATHYROID</b>	
(calcitonin spr 200/act) - calcitonin (salmon) nasal soln 200 unit/act SOLN NASAL	1
FORTEO SOL 600/2.4 SOLN SUBCUTANEOUS Prior Authorization	2
FORTICAL SPR 200/ACT SOLN NASAL	1
MIACALCIN INJ 200/ML SOLN INJECTION	2
MIACALCIN SPR 200/ACT SOLN NASAL	4
<b>PHOSPHATE-REMOVING AGENTS</b>	
RENAGEL TAB 400MG TABS ORAL	2

Drug Name	Tier
RENAGEL TAB 800MG TABS ORAL	2
<b>PITUITARY</b>	
desmopressin acetate inj 4 mcg/ml soln injection	1
desmopressin acetate nasal soln 0.01% (refrigerated) soln nasal	1
desmopressin acetate tab 0.1 mg tabs oral	1
desmopressin acetate tab 0.2 mg tabs oral	1
<b>PROGESTINS</b>	
DEPO-PROVERA INJ 400/ML SUSP INTRAMUSCULAR	2
DEPO-SQ PROV INJ 104 SUSP SUBCUTANEOUS	2
medroxyprogesterone acetate im susp 150 mg/ml susp intramuscular Prior Authorization	1
medroxyprogesterone acetate tab 10 mg tabs oral	1
medroxyprogesterone acetate tab 2.5 mg tabs oral	1
medroxyprogesterone acetate tab 5 mg tabs oral	1
norethindrone acetate tab 5 mg tabs oral	1
PROMETRIUM CAP 100MG CAPS ORAL	2
PROMETRIUM CAP 200MG CAPS ORAL	2

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
<b>PROKINETIC AGENTS</b>		(protriptylin tab 5mg) - protriptyline hcl tab 5 mg TABS ORAL	1	amoxapine tab 100 mg tabs oral	1
metoclopramide hcl inj 5 mg/ml soln injection	1	ABILIFY INJ 9.75MG SOLN INTRAMUSCULAR	2	amoxapine tab 150 mg tabs oral	1
Prior Authorization		Prior Authorization		amoxapine tab 25 mg tabs oral	1
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) soln oral	1	ABILIFY SOL 1MG/ML SOLN ORAL	2	amoxapine tab 50 mg tabs oral	1
metoclopramide hcl tab 10 mg tabs oral	1	ABILIFY TAB 10MG TABS ORAL	2	bupropion hcl tab 100 mg tabs oral	1
metoclopramide hcl tab 5 mg tabs oral	1	ABILIFY TAB 15MG TABS ORAL	2	bupropion hcl tab 75 mg tabs oral	1
<b>PSYCHOTHERAPEUTIC AGENTS</b>		ABILIFY TAB 20MG TABS ORAL	2	bupropion hcl tab sr 12hr 150 mg tb12 oral	1
(budeprion tab 100mg sr) - bupropion hcl tab sr 12hr 100 mg TB12 ORAL	1	ABILIFY TAB 2MG TABS ORAL	2	bupropion hcl tab sr 12hr 200 mg tb12 oral	1
(buproban tab 150mg) - bupropion hcl (smoking deterrent) tab sr 12hr 150 mg TB12 ORAL	1	ABILIFY TAB 30MG TABS ORAL	2	bupropion hcl tab sr 24hr 300 mg tb24 oral	1
(bupropion tab 100mg sr) - bupropion hcl tab sr 12hr 100 mg TB12 ORAL	1	ABILIFY TAB 5MG TABS ORAL	2	chlordiazepoxide- amitriptyline tab 10-25 mg tabs oral	1
(bupropion tab 150mg) - bupropion hcl (smoking deterrent) tab sr 12hr 150 mg TB12 ORAL	1	ABILIFY DISC TAB 10MG TBDP ORAL	2	chlordiazepoxide- amitriptyline tab 5-12.5 mg tabs oral	1
(compro sup 25mg) - prochlorperazine suppos 25 mg SUPP RECTAL	1	ABILIFY DISC TAB 15MG TBDP ORAL	2	chlorpromazine hcl inj 25 mg/ml soln injection	1
(prochlorper sup 25mg) - prochlorperazine suppos 25 mg SUPP RECTAL	1	amitriptyline hcl tab 10 mg tabs oral	1	Prior Authorization	
(protriptylin tab 10mg) - protriptyline hcl tab 10 mg TABS ORAL	1	amitriptyline hcl tab 100 mg tabs oral	1	chlorpromazine hcl tab 10 mg tabs oral	1
		amitriptyline hcl tab 150 mg tabs oral	1	chlorpromazine hcl tab 100 mg tabs oral	1
		amitriptyline hcl tab 25 mg tabs oral	1	chlorpromazine hcl tab 200 mg tabs oral	1
		amitriptyline hcl tab 50 mg tabs oral	1	chlorpromazine hcl tab 25 mg tabs oral	1
		amitriptyline hcl tab 75 mg tabs oral	1	chlorpromazine hcl tab 50 mg tabs oral	1

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
citalopram hydrobromide oral soln 10 mg/5ml soln oral	1	doxepin hcl cap 10 mg caps oral	1	fluphenazine decanoate inj 25 mg/ml soln injection	1
citalopram hydrobromide tab 10 mg (base equiv) tabs oral	1	doxepin hcl cap 100 mg caps oral	1	fluphenazine hcl elixir 2.5 mg/5ml elix oral	1
citalopram hydrobromide tab 20 mg (base equiv) tabs oral	1	doxepin hcl cap 150 mg caps oral	1	fluphenazine hcl inj 2.5 mg/ml soln injection	1
citalopram hydrobromide tab 40 mg (base equiv) tabs oral	1	doxepin hcl cap 25 mg caps oral	1	fluphenazine hcl oral conc 5 mg/ml conc oral	1
clomipramine hcl cap 25 mg caps oral	1	doxepin hcl cap 50 mg caps oral	1	fluphenazine hcl tab 1 mg tabs oral	1
clomipramine hcl cap 50 mg caps oral	1	doxepin hcl cap 75 mg caps oral	1	fluphenazine hcl tab 10 mg tabs oral	1
clomipramine hcl cap 75 mg caps oral	1	doxepin hcl conc 10 mg/ml conc oral	1	fluphenazine hcl tab 2.5 mg tabs oral	1
clozapine tab 100 mg tabs oral	1	EFFEXOR XR CAP 150MG CP24 ORAL	2	fluphenazine hcl tab 5 mg tabs oral	1
clozapine tab 200 mg tabs oral	1	EFFEXOR XR CAP 37.5MG CP24 ORAL	2	fluvoxamine maleate tab 100 mg tabs oral	1
clozapine tab 25 mg tabs oral	1	EFFEXOR XR CAP 75MG CP24 ORAL	2	fluvoxamine maleate tab 25 mg tabs oral	1
clozapine tab 50 mg tabs oral	1	FAZACLO TAB 100MG TBDP ORAL	2	fluvoxamine maleate tab 50 mg tabs oral	1
CYMBALTA CAP 20MG CPEP ORAL	2	FAZACLO TAB 25MG TBDP ORAL	2	GEODON CAP 20MG CAPS ORAL	2
CYMBALTA CAP 30MG CPEP ORAL	2	fluoxetine hcl cap 10 mg caps oral	1	GEODON CAP 40MG CAPS ORAL	2
CYMBALTA CAP 60MG CPEP ORAL	2	fluoxetine hcl cap 20 mg caps oral	1	GEODON CAP 60MG CAPS ORAL	2
desipramine hcl tab 10 mg tabs oral	1	fluoxetine hcl cap 40 mg caps oral	1	GEODON CAP 80MG CAPS ORAL	2
desipramine hcl tab 100 mg tabs oral	1	fluoxetine hcl solution 20 mg/5ml soln oral	1	GEODON INJ 20MG SOLR INTRAMUSCULAR Prior Authorization	2
desipramine hcl tab 150 mg tabs oral	1	fluoxetine hcl tab 10 mg tabs oral	1	haloperidol decanoate im soln 100 mg/ml soln intramuscular	1
desipramine hcl tab 25 mg tabs oral	1	fluoxetine hcl tab 20 mg tabs oral	1		
desipramine hcl tab 50 mg tabs oral	1				
desipramine hcl tab 75 mg tabs oral	1				

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
haloperidol decanoate im soln 50 mg/ml soln intramuscular	1	INVEGA TAB 9MG TB24 ORAL Prior Authorization	4	mirtazapine tab 15 mg tabs oral	1
haloperidol lactate inj 5 mg/ml soln injection	1	LEXAPRO SOL 5MG/5ML SOLN ORAL	2	mirtazapine tab 30 mg tabs oral	1
haloperidol lactate oral conc 2 mg/ml conc oral	1	LEXAPRO TAB 10MG TABS ORAL	2	mirtazapine tab 45 mg tabs oral	1
haloperidol tab 0.5 mg tabs oral	1	LEXAPRO TAB 20MG TABS ORAL	2	mirtazapine tab 7.5 mg tabs oral	1
haloperidol tab 1 mg tabs oral	1	LEXAPRO TAB 5MG TABS ORAL	2	MOBAN TAB 10MG TABS ORAL	2
haloperidol tab 10 mg tabs oral	1	loxapine succinate cap 10 mg caps oral	1	MOBAN TAB 25MG TABS ORAL	2
haloperidol tab 2 mg tabs oral	1	loxapine succinate cap 25 mg caps oral	1	MOBAN TAB 50MG TABS ORAL	2
haloperidol tab 20 mg tabs oral	1	loxapine succinate cap 5 mg caps oral	1	MOBAN TAB 5MG TABS ORAL	2
haloperidol tab 5 mg tabs oral	1	loxapine succinate cap 50 mg caps oral	1	NARDIL TAB 15MG TABS ORAL	2
imipramine hcl tab 10 mg tabs oral	1	maprotiline hcl tab 25 mg tabs oral	1	NEFAZODONE TAB 100MG TABS ORAL	1
imipramine hcl tab 25 mg tabs oral	1	maprotiline hcl tab 50 mg tabs oral	1	NEFAZODONE TAB 200MG TABS ORAL	1
imipramine hcl tab 50 mg tabs oral	1	maprotiline hcl tab 75 mg tabs oral	1	NEFAZODONE TAB 250MG TABS ORAL	1
imipramine pamoate cap 100 mg caps oral	1	MARPLAN TAB 10MG TABS ORAL	2	nefazodone hcl tab 150 mg tabs oral	1
imipramine pamoate cap 125 mg caps oral	1	mirtazapine orally disintegrating tab 15 mg tbdp oral	1	nefazodone hcl tab 50 mg tabs oral	1
imipramine pamoate cap 150 mg caps oral	1	mirtazapine orally disintegrating tab 30 mg tbdp oral	1	nortriptyline hcl cap 10 mg caps oral	1
imipramine pamoate cap 75 mg caps oral	1	mirtazapine orally disintegrating tab 45 mg tbdp oral	1	nortriptyline hcl cap 25 mg caps oral	1
INVEGA TAB 3MG TB24 ORAL Prior Authorization	4			nortriptyline hcl cap 50 mg caps oral	1
INVEGA TAB 6MG TB24 ORAL Prior Authorization	4			nortriptyline hcl cap 75 mg caps oral	1

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
nortriptyline hcl soln 10 mg/5ml soln oral	1	perphenazine-amitriptyline tab 4-25 mg tabs oral	1	risperidone orally disintegrating tab 3 mg tbdp oral	1
ORAP TAB 1MG TABS ORAL	2	perphenazine-amitriptyline tab 4-50 mg tabs oral	1	risperidone orally disintegrating tab 4 mg tbdp oral	1
ORAP TAB 2MG TABS ORAL	2	PRISTIQ TAB 100MG TB24 ORAL	2	risperidone soln 1 mg/ml soln oral	1
paroxetine hcl oral susp 10 mg/5ml (base equiv) susp oral	1	PRISTIQ TAB 50MG TB24 ORAL	2	risperidone tab 0.25 mg tabs oral	1
paroxetine hcl tab 10 mg tabs oral	1	prochlorperazine edisylate inj 5 mg/ml soln injection	1	risperidone tab 0.5 mg tabs oral	1
paroxetine hcl tab 20 mg tabs oral	1	Prior Authorization		risperidone tab 1 mg tabs oral	1
paroxetine hcl tab 30 mg tabs oral	1	prochlorperazine maleate tab 10 mg tabs oral	1	risperidone tab 2 mg tabs oral	1
paroxetine hcl tab 40 mg tabs oral	1	prochlorperazine maleate tab 5 mg tabs oral	1	risperidone tab 3 mg tabs oral	1
paroxetine hcl tab sr 24hr 12.5 mg tb24 oral	1	PROZAC WEEKL CAP 90MG CPDR ORAL	2	risperidone tab 4 mg tabs oral	1
paroxetine hcl tab sr 24hr 25 mg tb24 oral	1	RISPERDAL INJ 12.5MG SUSR INTRAMUSCULAR	2	SAPHRIS SUB 10MG SUBL SUBLINGUAL	4
PAXIL CR TAB 37.5MG TB24 ORAL	4	RISPERDAL INJ 25MG SUSR INTRAMUSCULAR	2	SAPHRIS SUB 5MG SUBL SUBLINGUAL	4
perphenazine tab 16 mg tabs oral	1	RISPERDAL INJ 37.5MG SUSR INTRAMUSCULAR	2	SAVELLA TAB 100MG TABS ORAL	2
perphenazine tab 2 mg tabs oral	1	RISPERDAL INJ 50MG SUSR INTRAMUSCULAR	2	SAVELLA TAB 12.5MG TABS ORAL	2
perphenazine tab 4 mg tabs oral	1	RISPERDAL M TAB 1MG TBDP ORAL	2	SAVELLA TAB 25MG TABS ORAL	2
perphenazine tab 8 mg tabs oral	1	RISPERIDONE TAB 0.25 ODT TBDP ORAL	1	SAVELLA TAB 50MG TABS ORAL	2
perphenazine-amitriptyline tab 2-10 mg tabs oral	1	risperidone orally disintegrating tab 0.5 mg tbdp oral	1	SEROQUEL TAB 100MG TABS ORAL	2
perphenazine-amitriptyline tab 2-25 mg tabs oral	1	risperidone orally disintegrating tab 2 mg tbdp oral	1	SEROQUEL TAB 200MG TABS ORAL	2
perphenazine-amitriptyline tab 4-10 mg tabs oral	1			SEROQUEL TAB 25MG TABS ORAL	2
				SEROQUEL TAB 300MG TABS ORAL	2

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
SEROQUEL TAB 400MG TABS ORAL	2	thiothixene cap 5 mg caps oral	1	venlafaxine hcl tab 50 mg tabs oral	1
SEROQUEL TAB 50MG TABS ORAL	2	tranlycypromine sulfate tab 10 mg tabs oral	1	venlafaxine hcl tab 75 mg tabs oral	1
SEROQUEL XR TAB 150MG TB24 ORAL	2	trazodone hcl tab 100 mg tabs oral	1	VIVACTIL TAB 10MG TABS ORAL	4
SEROQUEL XR TAB 200MG TB24 ORAL	2	trazodone hcl tab 150 mg tabs oral	1	VIVACTIL TAB 5MG TABS ORAL	4
SEROQUEL XR TAB 300MG TB24 ORAL	2	trazodone hcl tab 300 mg tabs oral	1	WELLBUTRIN TAB XL 150MG TB24 ORAL	4
SEROQUEL XR TAB 400MG TB24 ORAL	2	trazodone hcl tab 50 mg tabs oral	1	ZYPREXA INJ 10MG SOLR INTRAMUSCULAR Prior Authorization	2
SEROQUEL XR TAB 50MG TB24 ORAL	2	trifluoperazine hcl tab 1 mg tabs oral	1	ZYPREXA TAB 10MG TABS ORAL	2
sertraline hcl oral conc 20 mg/ml conc oral	1	trifluoperazine hcl tab 10 mg tabs oral	1	ZYPREXA TAB 15MG TABS ORAL	2
sertraline hcl tab 100 mg tabs oral	1	trifluoperazine hcl tab 2 mg tabs oral	1	ZYPREXA TAB 2.5MG TABS ORAL	2
sertraline hcl tab 25 mg tabs oral	1	trifluoperazine hcl tab 5 mg tabs oral	1	ZYPREXA TAB 20MG TABS ORAL	2
sertraline hcl tab 50 mg tabs oral	1	trimipramine maleate cap 25 mg caps oral	1	ZYPREXA TAB 5MG TABS ORAL	2
SURMONTIL CAP 100MG CAPS ORAL	2	trimipramine maleate cap 50 mg caps oral	1	ZYPREXA TAB 7.5MG TABS ORAL	2
thioridazine hcl tab 10 mg tabs oral	1	VENLAFAXINE TAB 150MG ER TB24 ORAL	2	ZYPREXA ZYDI TAB 10MG TBDP ORAL	2
thioridazine hcl tab 100 mg tabs oral	1	VENLAFAXINE TAB 225MG ER TB24 ORAL	2	ZYPREXA ZYDI TAB 15MG TBDP ORAL	2
thioridazine hcl tab 25 mg tabs oral	1	VENLAFAXINE TAB 37.5 ER TB24 ORAL	2	ZYPREXA ZYDI TAB 20MG TBDP ORAL	2
thioridazine hcl tab 50 mg tabs oral	1	VENLAFAXINE TAB 75MG ER TB24 ORAL	2	ZYPREXA ZYDI TAB 5MG TBDP ORAL	2
thiothixene cap 1 mg caps oral	1	venlafaxine hcl tab 100 mg tabs oral	1		
thiothixene cap 10 mg caps oral	1	venlafaxine hcl tab 25 mg tabs oral	1		
thiothixene cap 2 mg caps oral	1	venlafaxine hcl tab 37.5 mg tabs oral	1		

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
<b>RENNIN-ANGIOTENSIN-ALDOSTERONE SYS INHIB</b>		ATACAND TAB 32MG TABS ORAL	2	BENICAR HCT TAB 40-12.5 TABS ORAL	2
(fosinop/hctz tab 10/12.5) - fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg TABS ORAL	1	ATACAND TAB 4MG TABS ORAL	2	BENICAR HCT TAB 40-25MG TABS ORAL	2
(fosinop/hctz tab 20/12.5) - fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg TABS ORAL	1	ATACAND TAB 8MG TABS ORAL	2	captopril & hydrochlorothiazide tab 25-15 mg tabs oral	1
(fosinopril tab 10mg) - fosinopril sodium tab 10 mg TABS ORAL	1	ATACAND HCT TAB 16-12.5 TABS ORAL	2	captopril & hydrochlorothiazide tab 25-25 mg tabs oral	1
(fosinopril tab 20mg) - fosinopril sodium tab 20 mg TABS ORAL	1	ATACAND HCT TAB 32-12.5 TABS ORAL	2	captopril & hydrochlorothiazide tab 50-15 mg tabs oral	1
(fosinopril tab 40mg) - fosinopril sodium tab 40 mg TABS ORAL	1	benazepril & hydrochlorothiazide tab 10-12.5 mg tabs oral	1	captopril & hydrochlorothiazide tab 50-25 mg tabs oral	1
(qnapril/hctz tab 10-12.5) - quinapril-hydrochlorothiazide tab 10-12.5 mg TABS ORAL	1	benazepril & hydrochlorothiazide tab 20-12.5 mg tabs oral	1	captopril tab 100 mg tabs oral	1
(qnapril/hctz tab 20-12.5) - quinapril-hydrochlorothiazide tab 20-12.5 mg TABS ORAL	1	benazepril & hydrochlorothiazide tab 20-25 mg tabs oral	1	captopril tab 12.5 mg tabs oral	1
(qnapril/hctz tab 20-25mg) - quinapril-hydrochlorothiazide tab 20-25 mg TABS ORAL	1	benazepril & hydrochlorothiazide tab 5-6.25 mg tabs oral	1	captopril tab 25 mg tabs oral	1
(quinaretic tab 10-12.5) - quinapril-hydrochlorothiazide tab 10-12.5 mg TABS ORAL	1	benazepril hcl tab 10 mg tabs oral	1	captopril tab 50 mg tabs oral	1
(quinaretic tab 20-12.5) - quinapril-hydrochlorothiazide tab 20-12.5 mg TABS ORAL	1	benazepril hcl tab 20 mg tabs oral	1	COZAAR TAB 100MG TABS ORAL	2
(quinaretic tab 20-25mg) - quinapril-hydrochlorothiazide tab 20-25 mg TABS ORAL	1	benazepril hcl tab 40 mg tabs oral	1	COZAAR TAB 25MG TABS ORAL	2
ATACAND TAB 16MG TABS ORAL	2	benazepril hcl tab 5 mg tabs oral	1	COZAAR TAB 50MG TABS ORAL	2
		BENICAR TAB 20MG TABS ORAL	2	DIOVAN TAB 160MG TABS ORAL	2
		BENICAR TAB 40MG TABS ORAL	2	DIOVAN TAB 320MG TABS ORAL	2
		BENICAR TAB 5MG TABS ORAL	2	DIOVAN TAB 40MG TABS ORAL	2
		BENICAR HCT TAB 20-12.5 TABS ORAL	2	DIOVAN TAB 80MG TABS ORAL	2
				DIOVAN HCT TAB 160/12.5 TABS ORAL	2

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
DIOVAN HCT TAB 160/25MG TABS ORAL	2	lisinopril tab 20 mg tabs oral	1	MONOPRIL HCT TAB 20/12.5 TABS ORAL	4
DIOVAN HCT TAB 320/12.5 TABS ORAL	2	lisinopril tab 30 mg tabs oral	1	quinapril hcl tab 10 mg tabs oral	1
DIOVAN HCT TAB 320/25MG TABS ORAL	2	lisinopril tab 40 mg tabs oral	1	quinapril hcl tab 20 mg tabs oral	1
DIOVAN HCT TAB 80/12.5 TABS ORAL	2	lisinopril tab 5 mg tabs oral	1	quinapril hcl tab 40 mg tabs oral	1
enalapril maleate & hydrochlorothiazide tab 10- 25 mg tabs oral	1	MICARDIS TAB 20MG TABS ORAL	2	quinapril hcl tab 5 mg tabs oral	1
enalapril maleate & hydrochlorothiazide tab 5- 12.5 mg tabs oral	1	MICARDIS TAB 40MG TABS ORAL	2	ramipril cap 1.25 mg caps oral	1
enalapril maleate tab 10 mg tabs oral	1	MICARDIS TAB 80MG TABS ORAL	2	ramipril cap 10 mg caps oral	1
enalapril maleate tab 2.5 mg tabs oral	1	MICARDIS HCT TAB 40/12.5 TABS ORAL	2	ramipril cap 2.5 mg caps oral	1
enalapril maleate tab 20 mg tabs oral	1	MICARDIS HCT TAB 80/12.5 TABS ORAL	2	ramipril cap 5 mg caps oral	1
enalapril maleate tab 5 mg tabs oral	1	MICARDIS HCT TAB 80/25MG TABS ORAL	2	spironolactone & hydrochlorothiazide tab 25- 25 mg tabs oral	1
eplerenone tab 25 mg tabs oral	1	moexipril hcl tab 15 mg tabs oral	1	spironolactone tab 100 mg tabs oral	1
eplerenone tab 50 mg tabs oral	1	moexipril hcl tab 7.5 mg tabs oral	1	spironolactone tab 25 mg tabs oral	1
lisinopril & hydrochlorothiazide tab 10- 12.5 mg tabs oral	1	moexipril- hydrochlorothiazide tab 15- 12.5 mg tabs oral	1	spironolactone tab 50 mg tabs oral	1
lisinopril & hydrochlorothiazide tab 20- 12.5 mg tabs oral	1	moexipril- hydrochlorothiazide tab 15- 25 mg tabs oral	1	trandolapril tab 1 mg tabs oral	1
lisinopril & hydrochlorothiazide tab 20- 25 mg tabs oral	1	moexipril- hydrochlorothiazide tab 7.5- 12.5 mg tabs oral	1	trandolapril tab 2 mg tabs oral	1
lisinopril tab 10 mg tabs oral	1	MONOPRIL TAB 10MG TABS ORAL	4	trandolapril tab 4 mg tabs oral	1
lisinopril tab 2.5 mg tabs oral	1	MONOPRIL TAB 20MG TABS ORAL	4		
		MONOPRIL TAB 40MG TABS ORAL	4		
		MONOPRIL HCT TAB 10/12.5 TABS ORAL	4		

**REPLACEMENT PREPARATIONS**

(ed k+10 tab 10meq cr) - potassium chloride tab cr 10 meq TBCR ORAL	1
(klor-con m20 tab 20meq cr) - potassium chloride microencapsulated crys cr tab 20 meq TBCR ORAL	1

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
(lactated rin inj) - lactated ringer's solution SOLN INTRAVENOUS Prior Authorization	1	KAON-CL-10 TAB 10MEQ CR TBCR ORAL	1	sodium chloride inj 3% soln intravenous Prior Authorization	1
(pot chloride tab 10meq cr) - potassium chloride tab cr 10 meq TBCR ORAL	1	KLOR-CON 10 TAB 10MEQ ER TBCR ORAL	1	sodium chloride inj 5% soln intravenous Prior Authorization	1
(pot chloride tab 8meq sr) - potassium chloride tab cr 8 meq (600 mg) TBCR ORAL	1	KLOR-CON 8 TAB 8MEQ ER TBCR ORAL	1	sodium chloride iv soln 0.9% soln intravenous Prior Authorization	1
(pot cl micro tab 20meq er) - potassium chloride microencapsulated crys cr tab 20 meq TBCR ORAL	1	LACTATED RIN INJ SOLN INTRAVENOUS Prior Authorization	1	TPN ELECTROL INJ SOLN INTRAVENOUS Prior Authorization	1
D10W/NACL INJ 0.2% SOLN INTRAVENOUS Prior Authorization	1	POT CHLORIDE CAP 10MEQ ER CPCR ORAL	1	<b>RESPIRATORY SMOOTH MUSCLE RELAXANTS</b>	
D10W/NACL INJ 0.45% SOLN INTRAVENOUS Prior Authorization	1	potassium chloride 0.3% in d5w lactated ringers soln intravenous Prior Authorization	1	(theochron tab 100mg cr) - theophylline tab sr 12hr 100 mg TB12 ORAL	1
D5W/NACL INJ 0.2% SOLN INTRAVENOUS Prior Authorization	1	potassium chloride cap cr 8 meq cpcr oral	1	(theochron tab 200mg cr) - theophylline tab sr 12hr 200 mg TB12 ORAL	1
D5W/NACL INJ 0.225% SOLN INTRAVENOUS Prior Authorization	1	potassium chloride inj 10 meq/100 ml soln intravenous Prior Authorization	1	(theochron tab 300mg cr) - theophylline tab sr 12hr 300 mg TB12 ORAL	1
D5W/NACL INJ 0.33% SOLN INTRAVENOUS Prior Authorization	1	potassium chloride inj 10 meq/50 ml soln intravenous Prior Authorization	1	(theophylline tab 100mg er) - theophylline tab sr 12hr 100 mg TB12 ORAL	1
D5W/NACL INJ 0.45% SOLN INTRAVENOUS Prior Authorization	1	potassium chloride inj 20 meq/50 ml soln intravenous Prior Authorization	1	(theophylline tab 200mg cr) - theophylline tab sr 12hr 200 mg TB12 ORAL	1
D5W/NACL INJ 0.9% SOLN INTRAVENOUS Prior Authorization	1	potassium chloride inj 30 meq/100 ml soln intravenous Prior Authorization	1	(theophylline tab 200mg er) - theophylline tab sr 12hr 200 mg TB12 ORAL	1
dextrose 5% in lactated ringers soln intravenous Prior Authorization	1	sodium chloride inj 0.45% soln intravenous Prior Authorization	1	(theophylline tab 300mg cr) - theophylline tab sr 12hr 300 mg TB12 ORAL	1
		sodium chloride inj 2.5 meq/ml (14.6%) soln injection	4	(theophylline tab 300mg er) - theophylline tab sr 12hr 300 mg TB12 ORAL	1

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
AMINOPHYLLIN TAB 100MG TABS ORAL	1	FLEBOGAMMA INJ 5% SOLN INTRAVENOUS	2	cyclobenzaprine hcl tab 10 mg tabs oral	1
aminophylline inj 25 mg/ml soln intravenous	1	Prior Authorization		cyclobenzaprine hcl tab 5 mg tabs oral	1
Prior Authorization		GAMASTAN S/D INJ INJ INTRAMUSCULAR	2	dantrolene sodium cap 100 mg caps oral	1
aminophylline tab 200 mg tabs oral	1	GAMMAGARD INJ 2.5GM/25 SOLN INTRAVENOUS	2	dantrolene sodium cap 25 mg caps oral	1
theophylline tab sr 12hr 450 mg tb12 oral	1	Prior Authorization		dantrolene sodium cap 50 mg caps oral	1
<b>RESPIRATORY TRACT AGENTS, MISCELLANEOUS</b>		GAMUNEX INJ 10% SOLN INTRAVENOUS	2	methocarbamol tab 500 mg tabs oral	1
XOLAIR SOL 150MG SOLR SUBCUTANEOUS	2	Prior Authorization		methocarbamol tab 750 mg tabs oral	1
Qty:7.2, Days:30, Prior Authorization		OCTAGAM INJ 5GM SOLN INTRAVENOUS	2	orphenadrine citrate tab sr 12hr 100 mg tb12 oral	1
<b>SECOND GENERATION ANTI-HISTAMINES</b>		Prior Authorization		ROBAXIN INJ 100MG/ML SOLN INJECTION	2
ALLEGRA SUS 30MG/5ML SUSP ORAL	2	POLYGAM S/D SOL 10GM SOLR INTRAVENOUS	2	Prior Authorization	
ALLEGRA-D TAB 12 HOUR TB12 ORAL	2	Prior Authorization		<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISC</b>	
ALLEGRA-D TAB 24 HOUR TB24 ORAL	2	VIVAGLOBIN SOL 160MG/ML SOLN SUBCUTANEOUS	2	(amnestem cap 10mg) - isotretinoin cap 10 mg CAPS ORAL	4
fexofenadine hcl tab 180 mg tabs oral	1	<b>SKELETAL MUSCLE RELAXANTS</b>		Prior Authorization	
fexofenadine hcl tab 30 mg tabs oral	1	baclofen tab 10 mg tabs oral	1	(amnestem cap 20mg) - isotretinoin cap 20 mg CAPS ORAL	4
fexofenadine hcl tab 60 mg tabs oral	1	baclofen tab 20 mg tabs oral	1	Prior Authorization	
SEMPREX-D CAP 8- 60MG CAPS ORAL	2	carisoprodol tab 350 mg tabs oral	1	(amnestem cap 40mg) - isotretinoin cap 40 mg CAPS ORAL	4
<b>SERUMS</b>		carisoprodol w/ aspirin & codeine tab 200-325-16 mg tabs oral	1	Prior Authorization	
CARIMUNE NF INJ 3GM SOLR INTRAVENOUS	2	carisoprodol w/ aspirin tab 200-325 mg tabs oral	1	(claravis cap 10mg) - isotretinoin cap 10 mg CAPS ORAL	4
Prior Authorization		chlorzoxazone tab 250 mg tabs oral	1	Prior Authorization	
		chlorzoxazone tab 500 mg tabs oral	1		

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
(claravis cap 20mg) - isotretinoin cap 20 mg CAPS ORAL Prior Authorization	4	CONDYLOX GEL 0.5% GEL EXTERNAL	2	NUTROPIN AQ INJ 20MG/2ML SOLN SUBCUTANEOUS Prior Authorization	2
(claravis cap 30mg) - isotretinoin cap 30 mg CAPS ORAL Prior Authorization	4	DOVONEX CRE 0.005% CREA EXTERNAL	2	<b>SOMATOTROPIN AGONISTS AND ANTAGONISTS</b>	
(claravis cap 40mg) - isotretinoin cap 40 mg CAPS ORAL Prior Authorization	4	EFUDEX CRE 5% CREA EXTERNAL	4	GENOTROPIN INJ 0.2MG SOLR SUBCUTANEOUS	4
(fluorouracil cre 5%) - fluorouracil cream 5% CREA EXTERNAL	1	ELIDEL CRE 1% CREA EXTERNAL Prior Authorization	2	GENOTROPIN INJ 0.4MG SOLR SUBCUTANEOUS	4
(sotret cap 10mg) - isotretinoin cap 10 mg CAPS ORAL Prior Authorization	4	fluorouracil soln 2% soln external	1	GENOTROPIN INJ 0.6MG SOLR SUBCUTANEOUS	4
(sotret cap 20mg) - isotretinoin cap 20 mg CAPS ORAL Prior Authorization	4	fluorouracil soln 5% soln external	1	GENOTROPIN INJ 0.8MG SOLR SUBCUTANEOUS	4
(sotret cap 30mg) - isotretinoin cap 30 mg CAPS ORAL Prior Authorization	4	PANRETIN GEL 0.1% GEL EXTERNAL	2	GENOTROPIN INJ 1.2MG SOLR SUBCUTANEOUS	4
(sotret cap 40mg) - isotretinoin cap 40 mg CAPS ORAL Prior Authorization	4	PROTOPIC OIN 0.03% OINT EXTERNAL Prior Authorization	2	GENOTROPIN INJ 1.4MG SOLR SUBCUTANEOUS	4
ALDARA CRE 5% CREA EXTERNAL	2	PROTOPIC OIN 0.1% OINT EXTERNAL Prior Authorization	2	GENOTROPIN INJ 1.6MG SOLR SUBCUTANEOUS	4
AMEVIVE INJ 15MG SOLR INTRAMUSCULAR Qty:1, Days:30	3	REGRANEX GEL 0.01% GEL EXTERNAL Prior Authorization	2	GENOTROPIN INJ 1.8MG SOLR SUBCUTANEOUS	4
calcipotriene soln 0.005% (50 mcg/ml) soln external	1	SANTYL OIN 250/GM OINT EXTERNAL	2	GENOTROPIN INJ 12MG SOLR SUBCUTANEOUS	3
		SOLARAZE GEL 3% W/W GEL TRANSDERMAL	2	GENOTROPIN INJ 1MG SOLR SUBCUTANEOUS	4
		TARGRETIN GEL 1% GEL EXTERNAL	2	GENOTROPIN INJ 2MG SOLR SUBCUTANEOUS	4
		<b>SOMATOTROPIN AGONISTS</b>			
		NUTROPIN AQ INJ 10MG/2ML SOLN SUBCUTANEOUS Prior Authorization	2		

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
GENOTROPIN INJ 5MG SOLR SUBCUTANEOUS	3	SOMAVERT INJ 10MG SOLR SUBCUTANEOUS	2	albuterol sulfate soln nebu 1.25 mg/3ml (base equiv) nebu inhalant	1
HUMATROPE INJ 12MG SOLR INJECTION	2	SOMAVERT INJ 15MG SOLR SUBCUTANEOUS	2	Prior Authorization	
Prior Authorization		SOMAVERT INJ 20MG SOLR SUBCUTANEOUS	2	albuterol sulfate syrup 2 mg/5ml syr oral	1
HUMATROPE INJ 24MG SOLR INJECTION	2	<b>SYMPATHOLYTIC (ADRENERGIC BLOCK) AGENTS</b>		albuterol sulfate tab 2 mg tabs oral	1
Prior Authorization		DIBENZYLINE CAP 10MG CAPS ORAL	2	albuterol sulfate tab 4 mg tabs oral	1
HUMATROPE INJ 5MG SOLR INJECTION	2	ergoloid mesylates tab 1 mg tabs oral	1	albuterol sulfate tab sr 12hr 4 mg tb12 oral	1
HUMATROPE INJ 6MG SOLR INJECTION	2	<b>SYMPATHOMIMETIC (ADRENERGIC) AGENTS</b>		albuterol sulfate tab sr 12hr 8 mg tb12 oral	1
INCRELEX INJ 40MG/4ML SOLN SUBCUTANEOUS	2	ADVAIR DISKU MIS 100/50 MISC INHALANT	2	COMBIVENT AER AERO INHALANT	2
Prior Authorization		ADVAIR DISKU MIS 250/50 MISC INHALANT	2	epinephrine hcl inj 0.1 mg/ml soln injection	1
NORDITROPIN INJ 15/1.5ML SOLN SUBCUTANEOUS	3	ADVAIR DISKU MIS 500/50 MISC INHALANT	2	EPIPEN 2-PAK INJ 0.3MG DEVI INTRAMUSCULAR	1
NORDITROPIN INJ 5/1.5ML SOLN SUBCUTANEOUS	3	ADVAIR HFA AER 115/21 AERO INHALANT	2	EPIPEN-JR INJ 2-PAK DEVI INTRAMUSCULAR	1
NUTROPIN INJ 10MG SOLR SUBCUTANEOUS	2	ADVAIR HFA AER 230/21 AERO INHALANT	2	ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml soln inhalant	1
Prior Authorization		ADVAIR HFA AER 45/21 AERO INHALANT	2	midodrine hcl tab 10 mg tabs oral	1
NUTROPIN INJ 5MG SOLR SUBCUTANEOUS	2	albuterol sulfate soln nebu 0.083% (2.5 mg/3ml) nebu inhalant	1	midodrine hcl tab 2.5 mg tabs oral	1
Prior Authorization		Prior Authorization		midodrine hcl tab 5 mg tabs oral	1
NUTROPIN AQ INJ 10MG/2ML SOLN SUBCUTANEOUS	2	albuterol sulfate soln nebu 0.5% (5 mg/ml) nebu inhalant	1	PROAIR HFA AER AERS INHALANT	2
Prior Authorization		Prior Authorization		PROVENTIL AER HFA AERS INHALANT	2
SAIZEN INJ 5MG SOLR INJECTION	3			SEREVENT DIS AER 50MCG AEPB INHALANT	2
Prior Authorization					
SAIZEN INJ 8.8MG SOLR INJECTION	3				
Prior Authorization					

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
VENTOLIN HFA AER AERS INHALANT	2	(levothroid tab 75mcg) - levothyroxine sodium tab 75 mcg TABS ORAL	1	(levothyroxin tab 88mcg) - levothyroxine sodium tab 88 mcg TABS ORAL	1
<b>TETRACYCLINES</b>		(levothroid tab 88mcg) - levothyroxine sodium tab 88 mcg TABS ORAL	1	(levoxyl tab 100mcg) - levothyroxine sodium tab 100 mcg TABS ORAL	1
DOXYCYCL HYC CAP 100MG CPEP ORAL	1	(levothyroxin tab 100mcg) - levothyroxine sodium tab 100 mcg TABS ORAL	1	(levoxyl tab 112mcg) - levothyroxine sodium tab 112 mcg TABS ORAL	1
<b>THYROID AND ANTITHYROID AGENTS</b>		(levothroid tab 100mcg) - levothyroxine sodium tab 100 mcg TABS ORAL	1	(levoxyl tab 125mcg) - levothyroxine sodium tab 125 mcg TABS ORAL	1
(levothroid tab 112mcg) - levothyroxine sodium tab 112 mcg TABS ORAL	1	(levothyroxin tab 112mcg) - levothyroxine sodium tab 112 mcg TABS ORAL	1	(levoxyl tab 137mcg) - levothyroxine sodium tab 137 mcg TABS ORAL	1
(levothroid tab 125mcg) - levothyroxine sodium tab 125 mcg TABS ORAL	1	(levothyroxin tab 125mcg) - levothyroxine sodium tab 125 mcg TABS ORAL	1	(levoxyl tab 150mcg) - levothyroxine sodium tab 150 mcg TABS ORAL	1
(levothroid tab 137mcg) - levothyroxine sodium tab 137 mcg TABS ORAL	1	(levothyroxin tab 137mcg) - levothyroxine sodium tab 137 mcg TABS ORAL	1	(levoxyl tab 175mcg) - levothyroxine sodium tab 175 mcg TABS ORAL	1
(levothroid tab 150mcg) - levothyroxine sodium tab 150 mcg TABS ORAL	1	(levothyroxin tab 150mcg) - levothyroxine sodium tab 150 mcg TABS ORAL	1	(levoxyl tab 200mcg) - levothyroxine sodium tab 200 mcg TABS ORAL	1
(levothroid tab 175mcg) - levothyroxine sodium tab 175 mcg TABS ORAL	1	(levothyroxin tab 175mcg) - levothyroxine sodium tab 175 mcg TABS ORAL	1	(levoxyl tab 25mcg) - levothyroxine sodium tab 25 mcg TABS ORAL	1
(levothroid tab 200mcg) - levothyroxine sodium tab 200 mcg TABS ORAL	1	(levothyroxin tab 200mcg) - levothyroxine sodium tab 200 mcg TABS ORAL	1	(levoxyl tab 50mcg) - levothyroxine sodium tab 50 mcg TABS ORAL	1
(levothroid tab 25mcg) - levothyroxine sodium tab 25 mcg TABS ORAL	1	(levothyroxin tab 25mcg) - levothyroxine sodium tab 25 mcg TABS ORAL	1	(levoxyl tab 75mcg) - levothyroxine sodium tab 75 mcg TABS ORAL	1
(levothroid tab 300mcg) - levothyroxine sodium tab 300 mcg TABS ORAL	1	(levothyroxin tab 300mcg) - levothyroxine sodium tab 300 mcg TABS ORAL	1	(levoxyl tab 88mcg) - levothyroxine sodium tab 88 mcg TABS ORAL	1
(levothroid tab 50mcg) - levothyroxine sodium tab 50 mcg TABS ORAL	1	(levothyroxin tab 50mcg) - levothyroxine sodium tab 50 mcg TABS ORAL	1	liothyronine sodium iv soln 10 mcg/ml soln intravenous Prior Authorization	1
(levothroid tab 75mcg) - levothyroxine sodium tab 75 mcg TABS ORAL	1	(levothyroxin tab 75mcg) - levothyroxine sodium tab 75 mcg TABS ORAL	1		

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
liothyronine sodium tab 25 mcg tabs oral	1	<b>TOXOIDS</b>		nitrofurantoin monohydrate macrocrystalline cap 100 mg caps oral	1
liothyronine sodium tab 5 mcg tabs oral	1	ADACEL INJ SUSP INTRAMUSCULAR	2	PRIMSOL SOL 50MG/5ML SOLN ORAL	2
liothyronine sodium tab 50 mcg tabs oral	1	BOOSTRIX INJ SUSP INTRAMUSCULAR	2	trimethoprim tab 100 mg tabs oral	1
methimazole tab 10 mg tabs oral	1	DAPTACEL INJ SUSP INTRAMUSCULAR	2	<b>VACCINES</b>	
methimazole tab 5 mg tabs oral	1	DECAVAC INJ 5-2LF INJ INTRAMUSCULAR	2	ACTHIB INJ SOLR INTRAMUSCULAR	2
propylthiouracil tab 50 mg tabs oral	1	diphtheria-tetanus toxoids (dt) inj 6.7-5 lfu/0.5ml inj intramuscular	2	ATTENUVAX INJ LIVE INJ SUBCUTANEOUS	2
SYNTHROID TAB 100MCG TABS ORAL	2	INFANRIX INJ SUSP INTRAMUSCULAR	2	COMVAX INJ SUSP INTRAMUSCULAR	2
SYNTHROID TAB 112MCG TABS ORAL	2	tetanus toxoid adsorbed inj 5 lf soln intramuscular	2	Prior Authorization	
SYNTHROID TAB 125MCG TABS ORAL	2	tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml susp intramuscular	2	ENGERIX-B INJ 10/0.5ML SUSP INJECTION	2
SYNTHROID TAB 137MCG TABS ORAL	2	TRIINHIBIT KIT P/F KIT INTRAMUSCULAR	2	Prior Authorization	
SYNTHROID TAB 150MCG TABS ORAL	2	TRIPEDIA SUS P/F SUSP INTRAMUSCULAR	2	ENGERIX-B INJ 20MCG/ML SUSP INJECTION	2
SYNTHROID TAB 175MCG TABS ORAL	2	<b>URICOSURIC AGENTS</b>		Prior Authorization	
SYNTHROID TAB 200MCG TABS ORAL	2	colchicine w/ probenecid tab 0.5-500 mg tabs oral	1	GARDASIL INJ SUSP INTRAMUSCULAR	2
SYNTHROID TAB 25MCG TABS ORAL	2	probenecid tab 500 mg tabs oral	1	HAVRIX INJ 1440UNIT SUSP INTRAMUSCULAR	2
SYNTHROID TAB 300MCG TABS ORAL	2	<b>URINARY ANTI-INFECTIVES</b>		HAVRIX INJ 720UNIT SUSP INTRAMUSCULAR	2
SYNTHROID TAB 50MCG TABS ORAL	2	methenamine hippurate tab 1 gm tabs oral	1	IMOVAX RABIE INJ 2.5/ML INJ INTRAMUSCULAR	2
SYNTHROID TAB 75MCG TABS ORAL	2	nitrofurantoin macrocrystalline cap 50 mg caps oral	1	IPOL INJ INACTIVE INJ SUBCUTANEOUS	2
SYNTHROID TAB 88MCG TABS ORAL	2			JE-VAX INJ SOLR SUBCUTANEOUS	2

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
MENACTRA INJ INJ INTRAMUSCULAR	2	VIVOTIF BERN CAP EC CPDR ORAL	2	(nitroglycer dis 0.2mg/hr) - nitroglycerin td patch 24hr 0.2 mg/hr PT24 TRANSDERMAL	1
MENOMUNE INJ A/C/Y/W INJ SUBCUTANEOUS	2	YF-VAX INJ INJ SUBCUTANEOUS	2	(nitroglycer dis 0.4mg/hr) - nitroglycerin td patch 24hr 0.4 mg/hr PT24 TRANSDERMAL	1
MERUVAX II INJ LIVE INJ SUBCUTANEOUS	2	ZOSTAVAX INJ SOLR SUBCUTANEOUS	2	(nitroglyceri dis 0.6mg/hr) - nitroglycerin td patch 24hr 0.6 mg/hr PT24 TRANSDERMAL	1
M-M-R II INJ LIVE INJ SUBCUTANEOUS	2	<b>VASOCONSTRICTORS</b>		(nitroglyceri dis 0.6mg/hr) - nitroglycerin td patch 24hr 0.6 mg/hr PT24 TRANSDERMAL	1
PEDIARIX INJ 0.5ML SUSP INTRAMUSCULAR	2	(ak-con sol 0.1% op) - naphazoline hcl ophth soln 0.1% SOLN OPHTHALMIC	1	dipyridamole tab 25 mg tabs oral	1
Prior Authorization		(naphazoline sol 0.1% op) - naphazoline hcl ophth soln 0.1% SOLN OPHTHALMIC	1	dipyridamole tab 50 mg tabs oral	1
PEDVAX HIB INJ SOLN INTRAMUSCULAR	2	TYZINE PED DRO 0.05% SOLN NASAL	4	isosorbide dinitrate sl tab 2.5 mg subl sublingual	1
PROQUAD INJ INJ SUBCUTANEOUS	2	<b>VASODILATING AGENTS</b>		isosorbide dinitrate sl tab 5 mg subl sublingual	1
RABAVERT INJ SUSR INTRAMUSCULAR	2	(minitran dis 0.1mg/hr) - nitroglycerin td patch 24hr 0.1 mg/hr PT24 TRANSDERMAL	1	isosorbide dinitrate tab 10 mg tabs oral	1
RECOMBIVA-HB INJ 10MCG/ML SUSP INJECTION	2	(minitran dis 0.2mg/hr) - nitroglycerin td patch 24hr 0.2 mg/hr PT24 TRANSDERMAL	1	isosorbide dinitrate tab 20 mg tabs oral	1
Prior Authorization		(minitran dis 0.4mg/hr) - nitroglycerin td patch 24hr 0.4 mg/hr PT24 TRANSDERMAL	1	isosorbide dinitrate tab 30 mg tabs oral	1
RECOMBIVA-HB INJ 40MCG/ML INJ INJECTION	2	(minitran dis 0.6mg/hr) - nitroglycerin td patch 24hr 0.6 mg/hr PT24 TRANSDERMAL	1	isosorbide dinitrate tab 5 mg tabs oral	1
Prior Authorization		(nitroglycer dis 0.1mg/hr) - nitroglycerin td patch 24hr 0.1 mg/hr PT24 TRANSDERMAL	1	isosorbide dinitrate tab cr 40 mg tber oral	1
ROTATEQ SUS SUSP ORAL	2			isosorbide mononitrate tab 10 mg tabs oral	1
TWINRIX INJ SUSP INTRAMUSCULAR	2			isosorbide mononitrate tab 20 mg tabs oral	1
Prior Authorization				isosorbide mononitrate tab sr 24hr 120 mg tb24 oral	1
TYPHIM VI INJ SOLN INTRAMUSCULAR	2			isosorbide mononitrate tab sr 24hr 30 mg tb24 oral	1
VAQTA INJ 25/0.5ML SUSP INTRAMUSCULAR	2				
VARIVAX INJ INJ SUBCUTANEOUS	2				

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Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
isosorbide mononitrate tab sr 24hr 60 mg tb24 oral	1	REVATIO TAB 20MG TABS ORAL	2	ZEMPLAR CAP 4MCG CAPS ORAL	2
LETAIRIS TAB 10MG TABS ORAL Prior Authorization	2	TRACLEER TAB 125MG TABS ORAL Prior Authorization, Limited Access	2	ZEMPLAR INJ 2MCG/ML SOLN INTRAVENOUS Prior Authorization	2
NITRO-DUR DIS 0.3MG/HR PT24 TRANSDERMAL	2	TRACLEER TAB 62.5MG TABS ORAL Prior Authorization, Limited Access	2	ZEMPLAR INJ 5MCG/ML SOLN INTRAVENOUS Prior Authorization	2
NITRO-DUR DIS 0.8MG/HR PT24 TRANSDERMAL	2	VENTAVIS SOL 10MCG/ML SOLN INHALANT	2		
nitroglycerin iv soln 5 mg/ml soln intravenous Prior Authorization	1	<b>VITAMIN D</b>			
NITROLINGUAL SPR PUMPSPRA SOLN TRANSLINGUAL	1	calcitriol cap 0.25 mcg caps oral	1		
NITROSTAT SUB 0.3MG SUBL SUBLINGUAL	2	calcitriol cap 0.5 mcg caps oral	1		
NITROSTAT SUB 0.4MG SUBL SUBLINGUAL	2	calcitriol inj 1 mcg/ml soln intravenous Prior Authorization	1		
NITROSTAT SUB 0.6MG SUBL SUBLINGUAL	2	calcitriol inj 2 mcg/ml soln intravenous Prior Authorization	1		
REMODULIN INJ 10MG/ML SOLN INJECTION Prior Authorization	4	calcitriol oral soln 1 mcg/ml soln oral	1		
REMODULIN INJ 1MG/ML SOLN INJECTION Prior Authorization	4	HECTOROL CAP 0.5MCG CAPS ORAL	2		
REMODULIN INJ 2.5MG/ML SOLN INJECTION Prior Authorization	4	HECTOROL CAP 2.5MCG CAPS ORAL	2		
REMODULIN INJ 5MG/ML SOLN INJECTION Prior Authorization	4	HECTOROL INJ 4MCG/2ML SOLN INTRAVENOUS Prior Authorization	2		
		ZEMPLAR CAP 1MCG CAPS ORAL	2		
		ZEMPLAR CAP 2MCG CAPS ORAL	2		

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
<b>COVERED EXCLUDED DRUGS</b>		(lorazepam tab 1mg ††) - lorazepam †† TABS ORAL	1		
<b>ANALGESICS AND ANTIPYRETICS</b>		(lorazepam tab 2mg ††) - lorazepam †† TABS ORAL	1		
butalbital, acetaminophen and caffeine †† tabs oral	1	ATIVAN TAB 0.5MG †† TABS ORAL	4		
FIORICET TAB †† TABS ORAL	2	ATIVAN TAB 1MG †† TABS ORAL	4		
FIORINAL CAP †† CAPS ORAL	2	ATIVAN TAB 2MG †† TABS ORAL	4		
<b>ANTITUSSIVES</b>		VALIUM TAB 10MG †† TABS ORAL	4		
(benzonatate cap 100mg ††) - benzonatate †† CAPS ORAL	1	VALIUM TAB 2MG †† TABS ORAL	4		
(benzonatate cap 200mg ††) - benzonatate †† CAPS ORAL	1	VALIUM TAB 5MG †† TABS ORAL	4		
TESSALON PER CAP 100MG †† CAPS ORAL	4	XANAX TAB 0.25MG †† TABS ORAL	4		
<b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS</b>		XANAX TAB 0.5MG †† TABS ORAL	4		
(alprazolam tab 0.25mg ††) - alprazolam †† TABS ORAL	1	XANAX TAB 1MG †† TABS ORAL	4		
(alprazolam tab 0.5mg ††) - alprazolam †† TABS ORAL	1	XANAX TAB 2MG †† TABS ORAL	4		
(alprazolam tab 1mg ††) - alprazolam †† TABS ORAL	1	<b>VASODILATING AGENTS</b>			
(alprazolam tab 2mg ††) - alprazolam †† TABS ORAL	1	VIAGRA TAB 100MG †† TABS ORAL	4		
(diazepam tab 10mg ††) - diazepam †† TABS ORAL	1	Qty:6, Days:30			
(diazepam tab 2mg ††) - diazepam †† TABS ORAL	1	VIAGRA TAB 25MG †† TABS ORAL	4		
(diazepam tab 5mg ††) - diazepam †† TABS ORAL	1	Qty:6, Days:30			
(lorazepam tab 0.5mg ††) - lorazepam †† TABS ORAL	1	VIAGRA TAB 50MG †† TABS ORAL	4		
		Qty:6, Days:30			

†† - This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

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acetazolamide.....	50	AMEVIVE.....	65
acetic.....	46	amikacin.....	12
acetylcysteine.....	53	amiloride.....	45
ACIPHEX.....	34	amino.....	41
ACTHIB.....	68	AMINOPHYLLIN.....	64
ACTIMMUNE.....	51	aminophylline.....	64
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# Puget Sound Health Partners Important Phone Numbers

## PSHP Member Services

November 15th - March 31st  
1-866-789-PSHP (7747)  
8am-8pm, 7 days a week

April 1st - November 14th  
1-866-789-PSHP (7747)  
8am-5pm, Monday-Friday

TTY / TDD users call  
1-866-264-4141

## PSHP Mailing Address

PO Box 4537  
Federal Way, WA 98063

## PSHP Website

[www.OurPSHP.com](http://www.OurPSHP.com)

## Medicare

1-800-MEDICARE (633-4227)  
24 hrs a day, 7 days a week

TTY/TTD users call  
1-877-486-2048

## Social Security Office

1-800-772-1213  
7am-7pm, Monday-Friday

TTY/TTD users call  
1-800-325-0778

## Other Important Phone Numbers:

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