



What You Need To Know About Your Pharmacy Plan*

Getting Your Prescription Filled

After you reach your deductible, if any, you will pay a copayment for covered medications. The amount of your copayment depends on your specific coverage and the category of medication you receive.

Prescription medications are categorized within three tiers and each tier is assigned a copayment.

- Tier 1 is your lowest copayment option. For the lowest out-of-pocket expense, you should always consider Tier 1 medications if you and your doctor decide they are appropriate for your treatment.
- Tier 2 is your middle copayment option. If you are currently taking a medication in Tier 2, ask your doctor whether there are Tier 1 alternatives that may be appropriate for your treatment.
- Tier 3 is your highest copayment option. Sometimes there are alternatives available in Tier 1 or Tier 2. If you are currently taking a medication in Tier 3, ask your doctor whether there are Tier 1 or Tier 2 alternatives that may be appropriate for your treatment.

A Tier 2 or Tier 3 medication with a Tier 1 equivalent may be subject to an ancillary charge, if applicable, not to exceed the cost of the medication.

Participating Pharmacies

Show your health plan identification (ID) card and prescription to the pharmacist at a participating pharmacy. Generally, you do not need to submit a claim when you use a participating pharmacy. HMO members must use a participating pharmacy, except in an emergency or out-of-area urgent care situation.¹ To locate the name of a participating pharmacy near you, refer to your *Directory of Health Care Professionals*, call our Member Services Department at the telephone number listed on your health plan identification (ID) card, or visit our Web site, www.mamsiUnitedHealthcare.com.

Non-Participating Pharmacies²

If you use a non-participating pharmacy, you will pay the full cost of your prescription at the time of purchase. You will need to obtain a receipt and the National Drug Code for each prescription. Ask the pharmacist to give you the National Drug Code for your medication if you do not receive it with your receipt. For covered prescriptions, you will need to submit a claim for reimbursement. You may or may not be eligible for reimbursement, depending on your specific prescription plan.

Mail Order Prescriptions³

Covered prescription medications may be filled or refilled through the mail by Express Scripts®. You may receive up to a three-month supply of maintenance medication at one time for specified copayments. Express Scripts® can be reached at 1-888-828-2579 for more information on mail order benefits.

Medications Needing Prior Authorization

Some prescription medications require prior authorization before they may be covered by your prescription plan. If your pharmacist tells you that your medication requires prior authorization, ask your pharmacist or doctor to call our Pharmacy Services Department at 1-800-205-3636 for further instructions.

Over-the-Counter Medications

Medications that may be obtained without a prescription are never covered by your prescription plan, except insulin and related supplies when accompanied by a prescription written by a doctor.

Definitions

Ancillary Charge - The difference in the cost of a Tier 2 or Tier 3 medication and a Tier 1 equivalent after payment of the appropriate copayment.

Copayment - An amount you pay the retail pharmacy when you order a medication that is covered by your prescription plan.

Deductible - The amount you pay each year before your prescription plan will pay for covered medications.

Maintenance Drug - A medication anticipated to be required for six months or more to treat a chronic condition.

National Drug Code - National classification system for the identification of medications. This code is an eleven- or twelve-digit number.

Non-Participating Pharmacy - A pharmacy that has not contracted with us to provide prescription medications to our members.

Participating Pharmacy - A pharmacy that is part of the network and has contracted to provide prescription medications to our members.

Prescription Drug List - A list that identifies those prescription medication products for which benefits are available. This list is subject to our periodic review and modification.

Tier - The placement of prescription medications on the Prescription Drug List.

*This document is subject to change.

¹ Our HMOs include MD-Individual Practice Association, Inc. (M.D. IPA) and Optimum Choice, Inc. (Optimum Choice). For members of a Virginia contract, prescription medications purchased from a non-participating pharmacy will be covered if the non-participating pharmacy has written the health plan in advance that it agrees to accept as payment in full the copayment for covered medications and reimbursement for their services at rates applicable to participating pharmacies.

² Applies to all MAMSI Life and Health Insurance Company (MLH) members, and M.D. IPA Preferred and Optimum Choice Preferred members.

³ Maryland groups and Federal Employees Health Benefits Program (FEHBP) members may purchase a three-month supply of a maintenance medication from a retail pharmacy for the same copayment as mail order.

Frequently Asked Questions About Your Pharmacy Plan*

1. How does my prescription plan work?

You have a three-tier plan, meaning it has three copayment levels. How much you pay depends on which tier (Tier 1, Tier 2 or Tier 3) the covered, prescribed medication is on the Prescription Drug List.

2. Is there a deductible under my prescription plan?

Some plans have a deductible. After meeting your deductible, you will pay a specified copayment for each prescription, depending on the specific prescription plan you have.

3. What is the Prescription Drug List?

The Prescription Drug List is a list of prescription medications, including brand name and generic medications, that have been approved by the United States Food and Drug Administration (FDA) as safe and effective. It is a tool that helps guide you and your doctor in choosing medications that allow the most effective and affordable use of your prescription plan. The Prescription Drug List is subject to review and modification.

4. Does my doctor know about the Prescription Drug List?

Yes, and it is available on our Web site, www.mamsiUnitedHealthcare.com.

5. How much will my copayment be?

Prescription medications are categorized within three tiers and each tier has a copayment. The amount of your copayment for each tier depends on your specific coverage.

- Tier 1 is your lowest copayment option. For the lowest out-of-pocket expense, you should always consider Tier 1 medications if you and your doctor decide they are appropriate for your treatment.
- Tier 2 is your middle copayment option. If you are currently taking a medication in Tier 2, ask your doctor whether there are Tier 1 alternatives that may be appropriate for your treatment.
- Tier 3 is your highest copayment option. Sometimes there are alternatives available in Tier 1 or Tier 2. If you are currently taking a medication in Tier 3, ask your doctor whether there are Tier 1 or Tier 2 alternatives that may be appropriate for your treatment.

A Tier 2 or Tier 3 medication with a Tier 1 equivalent may be subject to an ancillary charge, if applicable, not to exceed the cost of the medication. Please consult your prescription plan to see if an ancillary charge applies.

6. How does choosing a Tier 1, Tier 2 or Tier 3 medication affect my out-of-pocket costs?

If a Tier 1 medication is available and you (or your doctor) choose the Tier 2 or Tier 3 equivalent, you pay the Tier 2 or Tier 3 copayment. In addition, if your prescription plan includes an ancillary charge, you must pay any difference between the cost of the Tier 2 or Tier 3 medication and the Tier 1 medication.¹ However, you will never pay more than the cost of the medication.

7. My doctor has prescribed a Tier 3 medication. What should I do?

Ask your pharmacist to contact your doctor to suggest an alternative Tier 1 or Tier 2 medication, if appropriate. If your doctor decides you need to continue taking a Tier 3 medication for medical reasons, you will pay the copayment for the Tier 3 medication plus an ancillary charge, if applicable. If your doctor agrees to change the prescription, an alternative Tier 1 or Tier 2 medication will be dispensed, and you will pay the Tier 1 copayment or Tier 2 copayment.

*This document is subject to change.

¹Covered injectables may require a 20 percent copayment of the contracted pharmacy rate, up to \$50.00.

¹May not apply to Federal Employees Health Benefits Program (FEHBP) members. See plan documents for details.

²May not apply to West Virginia situs contracts. See plan documents for details.

³For members of a Virginia contract, prescription medications purchased from a non-participating pharmacy will be covered if the non-participating pharmacy has written the health plan in advance that it agrees to accept as payment in full the copayment for covered medications and reimbursement for their services at rates applicable to participating pharmacies.

8. What happens if my doctor prescribes a Tier 2 or Tier 3 medication for which a Tier 1 medication is NOT available?
You are responsible only for your plan copayment for the Tier 2 or Tier 3 medication. The copayment will be lower for Tier 2 medications than Tier 3 medications.**9. Can I get more than a one-month supply of my medication?**

Yes. If your medication is on our Maintenance Drug List you may obtain up to a three-month supply of your medication. If your medication is not on our Maintenance Drug List, your doctor must obtain prior authorization for the prescription in order for your pharmacist to fill more than a one-month supply (please see Medications Needing Prior Authorization in this document). Be sure to check your prescription plan to see if any restrictions apply.

10. Are injectable medications from a pharmacy covered under my prescription plan?¹

Injectable medications, including insulin, which are self-administered subcutaneously, are covered. Not all pharmacies are contracted with us to dispense injectable medications. Please contact Pharmacy Services for a contracted pharmacy in your area. Insulin is covered like a non-injectable medication. The amount you pay for injectable medications depends on your prescription plan. Please refer to your plan for details.

11. Is there a maximum limit per contract year under my prescription plan?

The maximum limit, if any, depends on the specific prescription plan you have. If your prescription plan has a maximum limit per contract year, the benefit will be limited to the total charges per member, including all copayments and deductibles.²

12. Do I have to use a participating pharmacy?

MD-Individual Practice Association, Inc. (M.D. IPA) and Optimum Choice, Inc. (OCI) members must use a participating pharmacy, except in an emergency or out-of-area urgent care situation.³

MAMSI Life and Health Insurance Company (MLH), M.D. IPA Preferred or Optimum Choice Preferred members with a Maryland plan may use a non-participating pharmacy. See your prescription plan for payment details.

13. Where should I call if I have a question?

If you have questions about your prescription plan, please call the Member Services Department at the telephone number on your health plan ID card. Member Services representatives are available 24 hours a day, seven days a week to assist you.

14. To summarize, how can I reduce my out-of-pocket costs under my prescription plan?

Follow these simple steps:

- Ask your doctor to refer to the Prescription Drug List when prescribing medications. The Prescription Drug List is available on our Web site, www.mamsiUnitedHealthcare.com.
- Ask your doctor to prescribe:
 - 1st choice: a Tier 1 medication
 - 2nd choice: a Tier 2 medication
 - 3rd choice: a Tier 3 medication
- Have your prescriptions filled at a participating pharmacy.
- Carry and use your health plan ID card.
- Call the Member Services Department at the telephone number on your health plan ID card if you have questions.



Prescription Drug List

We are pleased to provide you with a copy of our Prescription Drug List. This list is divided into two parts. The first part lists the most commonly prescribed Tier 2 medications. This list does not contain all medications currently on Tier 2. While your prescription plan determines your out-of-pocket costs, members in a standard three-tier plan will pay the second- or middle-level copayment for Tier 2 medications.

The second part lists Tier 1 and the corresponding Tier 3 equivalent (in capital letters). You pay the lowest copayment for Tier 1 medications. You will pay the highest copayment for Tier 3 medications. If you currently take a Tier 3 medication, ask your doctor whether a Tier 1 or Tier 2 alternative is available and appropriate for your treatment.

This list contains only commonly prescribed medications and is not a complete listing. Some medications may not be covered under your prescription plan. Be sure to consult your prescription plan for more details. If you have questions about your prescription plan, please call our Member Services Department at the telephone number listed on your health plan identification card. Since the Prescription Drug List may change periodically, we encourage you to visit www.mamsiUnitedHealthcare.com for the most current information.

Tier 2 Medications

Note: For these medications, you pay the second- or middle-level copayment.

<u>Analgesics</u>	<u>Antidepressants</u>	<u>Valtrex</u>	<u>Chemotherapy and Immunosuppressants</u>
Actiq (PA)(QLL)	Effexor	Videx EC	Actimmune
Avinza	Effexor XR	Videx	Agrylin
Oxyfast	Lexapro	Viracept	Alferon-N
Antibiotics/Anti-infectives (Penicillins, Cephalosporis, Macrolides, Quinolines, Other Anti-infectives)	Nardil	Viramune	Alkeran
Augmentin ES	Parnate	Zerit	Aranesp (PA) (QLL)
Augmentin XR	Paxil CR	Ziagen	Arimidex
Biaxin, Biaxin XL	Surmontil		Aromasin
Biltricide	Wellbutrin XL (PA)		Casodex
Cipro XR	Zoloft		CeeNU
Dapsone			CellCept
Daraprim			Cytoxan
Fanisdar			Emcyt
Furoxone			Fareston
Halfan			Femara
Humatin			Gleevec
Lamprene			Hexalen
Malarone			Intron-A
Mepron			Leukeran
Mintezol			Leukine
Mycobutin			Lupron SQ
Nebupent aerosol			Lysodren
Pentam			Matulane
Priftin			Myleran
Primaquine			Myfortic
Pyrazinamide			Neulasta
Quinine			Neupogen
Rifater			Nilandron
Streptomycin			Procrit (QLL)
Stromectol			Progaf
Suprax			Purinethol
Tequin			Rapamune
Tobi			Roferon-A
Vancocin (PA)			Sandostatin
Yodoxin			Targretin (oral, gel)
Zyvox (PA)			Temodar
			Teslac
			Thioguanine, 6-TG
			Cesanoid
			Xeloda

Prescription Drug List

*Applicable to MD-Individual Practice Association, Inc. (M.D. IPA), Optimum Choice, Inc. (OCI) and MAMSI Life and Health Insurance Company (MLH). See your pharmacy benefit plan for details regarding your pharmacy benefit.

Tier 2 Medications, continued

Contraceptives

Ortho-Evra
Ovrette
Nuvaring

Dermatologicals/Topicals

Allclenz
Azelex
Capitol
Condylrox

Dermatologicals/Topicals – cont.

Denavir
Differin
Dovonex
Efudex
Elidel (PA)
Eurax
Klaron
Loprox
Meclan
Metro Lotion
Metrogel
Monistat Derm
Mycelex
Noritate
Oxsoralen
Plexion/SCT
Protopic (PA)
Soriatane
Sulfoxyl strong
Tazorac

Diabetes and Hormone Therapy

Accu-Check test strips
Actos (QLL)
Androderm
AndroGel
Avandamet (QLL)
Avandia (QLL)
B.D. Insulin Syringes
Chemstrip test strips
DDAVP
Glucagon Emergency Kit
Hectotrol
Humalog
Humulin Pen
Humulin
Iletin (pork)
Lantus
Levoxyl
Miacalcin Nasal
Novofine Syringes
Novolin
Novolog
Prandin
Precision Syringes
Precose
Soft Clix Lancets
Starlix
Synarel
Synthroid
Tracer test strips

Diagnostics and Miscellaneous Medications

Agrylin
Carnitor
Chemet
Renagel
Rilutek
Salagen
Thalomid

Ear, Nose, and Throat Agents

Cerumenex
Flonase (QLL)
Floxin Otic
Nasacort AQ (QLL)
Nasonex (QLL)

Pediotic
Periostat
Vancenase, AQ (QLL)

Epilepsy Therapy

Celontin
Depakene
Depakote, Depakote ER
Diastat
Dilantin
Felbatol
Gabitril
Keppra
Lamictal
Mebaral
Mysoline
Peganone
Phenytek
Tegretol XR
Tegretol
Topamax
Trileptal
Zarontin
Zonegran

Estrogens, Progestins, Other Obstetric/Gynecology Agents

Activella
Bravelle (PA)
Cetrotide (PA)
Cleocin Vaginal
Climara (QLL)
Crinone
Depo-Provera Contraceptive
Diflucan (150mg)(QLL)
Estratest/HS
Estrogel
Estring
Femhrt
Fertinex (PA)
Gonal-F, Follistim (PA)
Methergine
Metrogel-Vaginal
Mycelex-G
Ovidrel (PA)
Pergonal (PA)
Premarin
Repronex (PA)
Vagifem

Hypnotic Anxiety Therapy

Ambien (QLL)

Migraine and Cluster Headache Therapy

Imitrex (inj.) (QLL)
Imitrex (nasal spray) (QLL)
Imitrex (tablets) (QLL)
Maxalt (QLL)

Neurological Therapy

Aricept (PA)
Concerta (PA)
Dantrium
Namenda (PA)
Nimotop
Provigil (PA)

Ophthalmics

Alomide
Alphagan P
Iopidine
Isopto-Homatropine
Livostin
Natacyn
Opitvar
Pilopine HS
Restasis (PA)
TobraDex
Trusopt
Vexol
Vira-A
Xalatan
Zaditor

Osteoporosis Therapy

Evista
Forteo (PA)
Fosamax
Miacalcin Nasal

Other Specialty Injectables

Apokyn
Avonex (QLL)
Betaseron (QLL)
Copaxone (QLL)
Genatropin (PA)
Nutropin/AQ/Depot (PA)
Peg Intron
Protropin (PA)
Rebetron

Parkinson's Therapy

Akineton
Comtan
Dopar, Larodopa
Mirapex
Requip
Stalevo

Respiratory, Allergy, Cough and Cold Therapy

Advair (QLL)
Ana-Kit
Atropine for nebulization
Atrovent MDI
Azmacort (QLL)
EpiPen, EpiPen Jr.,
EpiPen Auto-Injector E*Z
Flovent, Rotadisk (QLL)
Foradil (QLL)
Intal (QLL)
Optimine
Proventil HFA (QLL)
Pulmicort Respules
Pulmozyme
Severent Diskus (QLL)
Singulair (PA)
Spiriva
Tilade, nebul. Soin (QLL)
Uniphyll
Ventolin Rotacaps (QLL)

Rheumatology Agents

Cuprimine
Enbrel (PA)
Humira (PA)
Kineret (PA)
Ridaura

Ulcer/Other Gastrointestinal Therapy

Acipex (PA) (QLL)
Asacol
Colazal
Cortifoam
Entocort EC
Kristalose
Lotronex (PA)
MiraLax
Nexium (PA) (QLL)
Pentasa
Prevacid (PA)(QLL)
Prevpac (QLL)
Protonix (PA)(QLL)
Rowasa
Zelnorm (PA)
Zofran (QLL)

Urological Agents

Detrol/LA
Elmiron
Macrobid
Oracit
Renacidin
Urised, Dolsed
Urocit-K
Uroxatrol
Viagra

Vitamins and Electrolytes

Nascobal
PhosLo
Siderol
Uro-KP-Neutral

Prescription Drug List

Tier 1 Medications

Note: This section lists Tier 1 medications and the corresponding Tier 3 equivalent (in capital letters). You will pay the lowest copayment for Tier 1 medications and the highest copayment for Tier 3 medications. You may be required to pay an ancillary charge, if applicable, for Tier 3 medications.

A	ACETOSOL HC, VOSOL HC OTIC ACETOSOL VOSOL OTIC ACTIFED W/CODEINE ACTIGALL ACCURETIC ALDACTAZIDE ALDACTONE ALDOMET ALDORIL ALUPENT AMBENYL AMICAR AMINOPHILLINE AMOXIL, TRIMOX ANAFRANIL ANAPROX DS ANTABUSE ANTURANE APRESAZIDE APRESOLINE ARALEN ARISTOCORT AROMASIN ARTANE ASENDIN ATARAX ATIVAN ATROVENT ATS, EMGEL, ERYDERM AURALGAN AVC AYGESTIN AZELEX AZULFIDINE	acetic acid/hydrocortisone acetic acid codeine/pseudoephedrine/tripolidine ursodiol quinaretic spironolactone/hydrochlorothiazide spironolactone methyldopa methyldopa/hydrochlorothiazide metaproterenol solution codeine/brompheniramine aminocaprylic acid aminophylline amoxicillin clomipramine naproxen sodium disulfiram sulfapyrazone hydralazine/hydrochlorothiazide hydralazine chloroquine phosphate triamcinolone acetonide cream, ointment exemestane trihexyphenidyl amoxapine hydroxyzine lorazepam ipratropium bromide erythromycin topical antipyrine/benzocaine sulfanilamide norethindrone acetate azelaic acid sulfasalazine	DESYREL DEXEDRINE (PA) DIAMOX DIFLUCAN DILAUDID DITROPAN DIURIL DOLOBID DOLOPHINE DOMEOBORO OTIC DONNATAL DURICEF DYNAPEN	trazadone d-amphetamine sulfate acetazolamide fluconazole hydromorphone oxybutynin chloride chlorothiazide diflunisal methadone acetic acid/aluminum belladonna alkaloids/phenobarbital cephadroxil dicloxacillin
E	E. E. S., ERY PED EFUDEX ELAVIL ELDEPYRL ELDOQUIN FORTE/ELDOPAQUE FORTE ELIMITE EMPIRN W/CODEINE E-MYCIN ERY-TAB ENDURON ENTEX PSE, DECONSAL II, GUAIFED, GUAIFED PD ERYC ERYCETTE ERYTHROCIN ESTRACE EULEXIN		E. E. S., ERY PED EFUDEX ELAVIL ELDEPYRL ELDOQUIN FORTE/ELDOPAQUE FORTE ELIMITE EMPIRN W/CODEINE E-MYCIN ERY-TAB ENDURON ENTEX PSE, DECONSAL II, GUAIFED, GUAIFED PD ERYC ERYCETTE ERYTHROCIN ESTRACE EULEXIN	erythromycin ethylsuccinate fluorouracil topical amitriptyline selegiline hydroquinone permethrin codeine/aspirin erythromycin base, enteric coated methylclothiazide
F	BACITRACIN BENEMID BENTYL BENZAC/DESKUM X 5% WASH BETAGAN BETAPACE BLEPH-10, SULF-10 BLEPHAMIDE BLOCADREN BRETHINE BROMFED DM BROMFED, BROMFED PD BUSPAR	bacitracin ophthalmic probencid dicloclomine benzoyl peroxide 5% wash levobunolol sotalol sulfacetamide sodium sulfacetamide/prednisolone timolol terbutaline pseudoephedrine/dextromethorphan/ brompheniramine pseudoephedrine/brompheniramine buspirone	FELDENE FIORICET FIORINAL FIORINAL W/CODEINE FLAGYL FLEXERIL FOLVITE FULVICIN P/G	piroxicam acetaminophen/butalbital caffeine aspirin/ butalbital/caffeine codeine/aspirin/butalbital/caffeine metronidazole cyclobenzaprine folic acid griseofulvin ultramicrosize
G	CAFERGOT CALAN, CALAN SR CALCIFEROL CAPOTEN CAPOZIDE CARAFATE CARDIZEM, CARDIZEM CD CARDURA CATAPRES CECLOR CEPHULAC, CHRONOLAC CHLOROPTIC S.O.P., CHLOROMYCETIN CILOXAN CIN-QUIN CIPRO CLEOCIN CLEOCIN T CLINORIL CLOMID, SEROPHENE CODEINE COGENTIN COLCHICINE COMBIPRES COMPATINE CORDARONE CORGARD CORTEF, HYDROCORTONE CORTENEMA CORTISPORIN otic CYANOCOBALAMIN CYCLOGYL	ergotamine tartrate/caffeine verapamil, verapamil SR ergocaliferol captopril captopril/HCTZ sucralfate diltiazem, controlled release terazosin clonidine cefaclor lactulose chlormphenicol ciprofloxacin quinidine sulfate ciprofloxacin clindamycin clindamycin topical sulindac clomiphene codeine benztropine mesylate colchicine chlorthalidone/clonidine procyclizine maleate amiodarone nadolol hydrocortisone cream, suppository hydrocortisone enema neomycin polymyxin/hydrocortisone ophth., vitamin B-12 injection cyclopentolate	GARAMYCIN, GENTACIDIN GLUCOPHAGE GLUCOPHAGE XR GLUCOTROL GLUCOTROL XL GLUCOVANCE	gentamicin ophth. metformin metformin HCl ER glipizide glipizide ER glylouride/metformin
H	HALCION HALDOL HCA in ORABASE HEPARIN HUMIBID DM HYCOMINE PEDIATRIC HYDREA HYDRODURIUL, ORETIC HYDROPRES HYGROTON HYTRIN		HALCION HALDOL HCA in ORABASE HEPARIN HUMIBID DM HYCOMINE PEDIATRIC HYDREA HYDRODURIUL, ORETIC HYDROPRES HYGROTON HYTRIN	triazolam haloperidol hydrocortisone/orabase heparin guaiifenesin/dextromethorphan hydrocodone bitartrate/phenylpropanolamine hydroxurea hydrochlorothiazide reserpine/hctz chlorthalidone terazosin
I	ILOTYCIN IMDUR IMURAN INDERAL, INDERAL LA INDERIDE INDOCIN, INDOCIN SR INH INTAL ISOPTOATROPOINE ISORDIL, ISORDIL TEMBIDS		ILOTYCIN IMDUR IMURAN INDERAL, INDERAL LA INDERIDE INDOCIN, INDOCIN SR INH INTAL ISOPTOATROPOINE ISORDIL, ISORDIL TEMBIDS	erythromycin ophth. isosorbide mononitrate ER azathioprine propranolol, propranolol LA propranolol/hydrochlorothiazide Indometacin, indometacin SR isoniazid cromolyn neb solution atropine sulfate ophth. isosorbide dinitrate
K	KAON KAYCIEL ELIXIR KAYEXALATE KEFLEX KENALOG in ORABASE KLONOPIN K-LYTE, K-LOR, KLOR-CON/EF KWELL		KAON KAYCIEL ELIXIR KAYEXALATE KEFLEX KENALOG in ORABASE KLONOPIN K-LYTE, K-LOR, KLOR-CON/EF KWELL	potassium gluconate liquid potassium chloride 10% liquid sodium polystyrene cephalexin triamcinolone is orabase clonazepam potassium bicarb/ chloride lindane
L	LASIX LEUCOVORIN LEVSIN, LEVBID, LEVSINEX LIBRAX LIBRIUM LIDEX LIORESAL LODINE, LODINE XL LOMOTIL LONITEN LOPID LOPRESSOR		LASIX LEUCOVORIN LEVSIN, LEVBID, LEVSINEX LIBRAX LIBRIUM LIDEX LIORESAL LODINE, LODINE XL LOMOTIL LONITEN LOPID LOPRESSOR	furosemide folic acid hyoscymine clidinium/chlordiazepoxide chlordiazepoxide flucononide baclofen etodolac diphenoxylate/atropine sulfate minoxidil gemfibrozil metoprolol tartrate

Prescription Drug List

Tier 1 Medications, continued

LOXITANE	loxpamine	RHEUMATREX METHOTREX	methotrexate
LOZOL	indapamide	RITALIN, RITALIN SR (PA)	methylphenidate, methylphenidate
LUDIOMIL	maprotiline	ROBAXIN	methocarbamol
LURIDE, KARDIUM	sodium fluoride	ROBITUSSIN A-C	codeine/ guaifensin
LUSTRA	hydroquinone	ROBITUSSIN-DAC	codeine/ guaifensin/pseudoephedrine
LUVOX	fluvoxamine	ROCALTROL	calcitriol
		RYNATAN PEDIATRIC	phenylephrine/ chlorpheniramine/pyrilamine
		RYTHMOL	propafenone
M			
MACROBID	Nitrofurantoin	SALFLEX	salsalate
MACROCANTIN	nitrofurantoin macrocrystal	SECTRAL	acebutolol
MAXITROL	neomycin/polymycin/ dexamethasone ophth.	SELSUN RX	seleium sulfide
MAXIVATE, DIPROSONE	betamethasone dipropionate, valerate ointment	SEPTRA DS, BACTRIM DS	sulfamethoxazole/trimethoprim
MAXZIDE, DYAZIDE	hydrochlorothiazide/triamterene	SERAX	oxazepam
MECLOMEN	meclomenate sodium	SILVADENE	silver sulfadiazene
MEDROL DOSEPAK	methylprednisolone	SINEMET, SINEMET CR	carbidopa/ levodopa, carbidopa/ levodopa CR
MEGACE	megestrol acetate	SINEQUAN, ADAPIN	doxepin
MELLARIL	thioridazine	SLOW K	potassium chloride 8 mEq
METROCREAM	metronidazole cream	SOLAQUIN FORTE	hydroquinone/ sunscreen
MEXITIL	mexitilene	SOMA	carisoprodol
MIACALCIN INJECTION	calcitonin-salmon	SSKI	potassium iodide
MICRO K	potassium chloride SR	STADOL NS	butorphanol nasal spray
MICRONASE, DIABETA, GLYNASE	glyburide	STELAZINE	trifluoperazine/ sulfur
MIDRIN	acetaminophen/ isomethethane/ dichloralphenazone	SULFACT R	sulfacetamide/ sulfur
MINIPRESS	prazosin	SULTRIN	triple sulfa vaginal
MINOCIN	minocycline	SUMYCIN	tetracycline
MODURETIC	amiloride/ hydrochlorothiazide	SYMMETREL	amantidine
MONISTAT DERM	miconazole	SYNALAR	fluocinolone acetonide
MOTRIN, RUFIN	ibuprofen	SYNTHROID	levothyroxine
MS CONTIN	morphine sulfate, controlled release		
MSIR	morphine sulfate, solution, tablets		
MUCOMYST	acetylcysteine	T	
MYCOLOG-II	nystatin/ triamcinolone acetonide	TAGAMET	cimetidine
MYCOSTATIN	nystatin	TAMBOCOR	flecainide acetate
MYDRIACYL	tropicamide ophth.	TAPAZOLE	methimazole
		TALWIN NX	pentazocine/ naloxone
N		TAVIST	clemastine fumarate
NAPROSYN, NAPROSYN EC	naproxen, naproxen EC	TEMOVATE	clobetasol propionate cream, lotion, ointment
NAVANE	thiothixene	TENEX	guanfacine
NEOMYCIN	neomycin sulfate	TENORMIN	atenolol
NEPTAZANE	methazolamide	THORAZINE	chlorpromazine
NEURONTIN	gabapentin	TIGAN	trimethobenzamide
NITROL	nitroglycerin ointment	TIKOSYN	dofetilide
NOLVADEX	tamoxifen	TIMOPTIC, TIMOPTIC XE	timolol maleate ophth.
NORPACE, NORPACE CR	disopyramide phosphate, disopyramide phosphate LA	TOBREX	tobramycin
NORPRAMIN	desipramine	TOFRANIL	imipramine
NOVAHISTINE DH	codeine/ chlorpheniramine/pseudoephedrine	TOPICORT	desoximetasone topical
O		TORECAN	trimethoperazone
OCUFEN	flurbiprofen ophth.	TRANDATE, NORMODYNE	labetalol
OGEN, ORTHO-EST	estropipate	TRANXENE	clorazepate
OMS	morpheine sulfate, solution concentrate	TRENTAL	pentoxifyline
ORASONE, LIQUID PRED	prednisone	TRIAVIL	amitriptyline/ perphenazine
ORUDIS	ketoprofen	TRIDELSON	desonide cream, ointment
OXY IR	oxycodone HCL	TRIFALON	perphenazine
P		TRILISATE	choline salicylate/ magnesium salicylate
PAMELOR, AVENTYL	nortriptyline	TRI-VI-FLOR	multivitamins w/ fluoride
PARAFON FORTE DSC	chlorzoxazone	TYLENOL #3	codeine/ APAP
PARLODEL	bromocriptine mesylate	TYLENOL #3	acetaminophen/ codeine
PAXIL	paroxetine	TYLOX	oxycodone/ acetaminophen capsule
PBZ, PBZ SR	tripelennamine		
PEDIAZOLE	erythromycin/sulfisoxazole	U	
PEN VEE K	penicillin v potassium	UNIPHYL	theophylline ER
PERCOCET	oxycodone, acetaminophen tablet	URACIL MUSTARD	uracil mustard
PERCODAN	oxycodone, aspirin	URECHOLINE	bethanechol chloride
PERIACTIN	cycloheptadine	URSO	ursodiol
PERIDEX	chlorhexidine gluconate		
PERSANTINE	dipyridamole	V	
PHENERGAN	promethazine	VALIUM	diazepam
PHENERGAN VC	phenylephrine/promethazine	VASERETIC	enalapril/hctz
PHENERGAN VC W/CODEINE	phenylephrine/promethazine/ codeine	VASODILAN	isosuprime
PHRENILIN, PHRENILIN FORTE	acetaminophen/butalbital	VELOSEF	cephradine
PILOCAR	pilocarpine ophth.	VERMOX	mebendazole
PLAQUENIL	hydroxychloroquine	VIBRAMYCIN	doxycycline hyclate
POLARAMINE	dexchlorpheniramine maleate	VICODEN	hydrocodone/acetaminophen
POLYCLILLIN	ampicillin	VISKEN	pindolol
POLY-HISTINE-D, POLY-HISTINE-D PED	phenylpropanolamine/ phenyltoloxamine/pyrilamine/pheniramine	VIVACTIL	protiptyline
PRELONE	prednisolone	VOLTAREN	diclofenac
PRENATE ULTRA	multivitamins, prenatal	VOLTAREN OPHTH.	diclofenac ophth.
PREVALITE	cholestyramine/ aspartame		
PRO-BANTHINE	propantheline	W	
PROCARDIA, PROCARDIA XL	nifedipine	WELLBUTRIN	bupropion
PROTOFOAM HC	pramoxine	WELLBUTRIN SR	bupropion SR
PROLIXIN	fluphenazine	WYGESIC	propoxyphene/ acetaminophen
PROLOPRIM	trimethoprim	WYTENSIN	guanabenz
PROPIN	dipivefrin ophth.		
PROPYLTHIOURACIL	propylthiouracil	XANAX	X
PROVENTIL, VENTOLIN (QLL)	albuterol solution, syrup, tablets	XYLOCAINE VISCOSUS	alprazolam
PROVERA	medroxyprogesterone		lidocaine viscous
PROZAC	fluoxetine	Z	
PYRAZINAMIDE	pyrazinamide	ZANTAC	ranitidine
		ZAROXOLYN	metolazone
Q		ZEBETA	bisoprolol
QUESTRAN	cholestyramine	ZIAC	bisoprolol/hydrochlorothiazide
QUINAGLUTE DURATAB	quinidine gluconate	ZOVIRAX (ORAL)	acyclovir
		ZYLOPRIM	allopurinol
		ZYMASE, COTAZYME	pancrelipase, mt
R			
REGLAN	metoclopramide		
RESTORIL	temazepam		
RETIN-A	tretinoin		
REVIA	naltrexone		

Prescription Drug List