



Medi-Pak Advantage

2009 Formulary

(List of Covered Drugs)

January 1 — December 31, 2009



**Arkansas
BlueCross BlueShield**

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**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.

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What is the Medi-Pak Advantage Formulary?

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

Can the Formulary change?

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

If we remove drugs from our formulary, 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 19, 2008. To get updated information about the drugs covered by Medi-Pak Advantage, please visit our Web site at www.arbcbs.com or call Member Services at (866) 494-6699, 24 hours a day/7 days a week. TTY/TDD users should call (866) 236-1069.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular". If you know what your drug is used for, look for the category name in the list that begins on page 7. 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 49. 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?

Medi-Pak Advantage 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:** Medi-Pak Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Medi-Pak Advantage before you fill your prescriptions. If you don't get approval, Medi-Pak Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, Medi-Pak Advantage limits the amount of the drug that Medi-Pak Advantage will cover. For example, Medi-Pak Advantage provides 9 tablets per prescription for certain doses of Imitrex. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Medi-Pak Advantage requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Medi-Pak Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Medi-Pak Advantage will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7.

You can ask Medi-Pak Advantage to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Medi-Pak Advantage formulary?" on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Member Services and confirm that your drug is not covered. If you learn that Medi-Pak Advantage does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Medi-Pak Advantage. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Medi-Pak Advantage.
- You can ask Medi-Pak Advantage 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 Medi-Pak Advantage Formulary?

You can ask Medi-Pak Advantage 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, Medi-Pak Advantage 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. Also, you may not ask us to provide a higher level of coverage for drugs that are in the specialty tier.

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate

drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 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 more information

For more detailed information about your Medi-Pak Advantage prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Medi-Pak Advantage, please call Member Services at (866) 494-6699, 24 hours a day/7 days a week. TTY/TDD users should call (866) 236-1069. Or visit www.arbcbs.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.

Medi-Pak Advantage's Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Medi-Pak Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 49.

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

The information in the Notes column tells you if Medi-Pak Advantage has any special requirements for coverage of your drug.

List of Abbreviations

Tier 1 = Generic, \$5 copay

Tier 2 = Preferred Brand, \$30 copay

Tier 3 = Non-Preferred Brand, \$68 copay

Tier 4 = Specialty, 25% coinsurance

QL: Quantity Limit. For certain drugs, Medi-Pak Advantage limits the amount of the drug that Medi-Pak Advantage will cover. For example, Medi-Pak Advantage provides 9 tablets per prescription for certain doses of Imitrex. This may be in addition to a standard one month or three month supply.

ST: Step Therapy. In some cases, Medi-Pak Advantage requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Medi-Pak Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Medi-Pak Advantage will then cover Drug B.

PA: Prior Authorization. Medi-Pak Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Medi-Pak Advantage before you fill your prescriptions. If you don't get approval, Medi-Pak Advantage may not cover the drug.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at (866) 494-6699, 24 hours a day/7 days a week. TTY/TDD users should call (866) 236-1069.

Drug	Tier	Notes
ANALGESICS		
COX-2 INHIBITORS		
CELEBREX	2	PA
GOUT		
<i>allopurinol</i>	1	
<i>allopurinol sodium</i>	1	
<i>colchicine</i>	1	
<i>probenecid</i>	1	
NARCOTIC ANALGESICS, CII		
AVINZA cp24 30mg, 60mg, 90mg	3	QL (30 per 25 days)
AVINZA cp24 120mg	3	QL (60 per 25 days)
DILAUDID-5	2	
<i>endocet</i>	1	
<i>fentanyl</i>	1	QL (10 per 25 days); PATCH
<i>hydromorphone hcl</i>	1	
<i>morphine sulfate</i>	1	
<i>morphine sulfate er tb12 200mg</i>	1	QL (60 per 25 days)
<i>morphine sulfate er tb12 100mg, 15mg, 30mg, 60mg</i>	1	QL (90 per 25 days)
OPANA ER	2	QL (120 per 25 days)
<i>oxycodone hcl</i>	1	
<i>oxycodone/acetaminophen</i>	1	
OXYCONTIN	2	QL (120 per 25 days)
ROXICET soln	2	
<i>roxicet tabs</i>	1	
NARCOTIC ANALGESICS		
<i>acetaminophen/codeine</i>	1	
<i>co-gesic</i>	1	
<i>hydrocodone /acetaminophen</i>	1	
NON-NARCOTIC ANALGESICS		
<i>tramadol hcl</i>	1	
<i>tramadol hydrochloride/acetaminophen</i>	1	
NSAIDS		
<i>diclofenac sodium</i>	1	
<i>diclofenac sodium dr</i>	1	
<i>diclofenac sodium ec</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac sodium xr</i>	1	

Drug	Tier	Notes
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>ibuprofen</i>	1	
INDOCIN	2	SUSPENSION
<i>indomethacin</i>	1	
<i>indomethacin er</i>	1	
<i>meloxicam</i>	1	
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium</i>	1	
<i>oxaprozin</i>	1	
<i>sulindac</i>	1	

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl</i>	1	
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ANTI-INFECTIVES

ANTIBACTERIALS

<i>amoxicillin</i>	1	
<i>amoxicillin/potassium clavulanate</i>	1	
<i>amoxil caps</i>	1	
AMOXIL susr 50mg/ml	2	
<i>amoxil susr 250mg/5ml</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium</i>	1	
AUGMENTIN	3	
AUGMENTIN XR	3	
AVELOX	2	
AVELOX ABC PACK	2	
<i>azithromycin</i>	1	
BICILLIN C-R	2	
BICILLIN L-A	2	
CEDAX	3	
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
CEFAZOLIN SODIUM inj 1gm; 5%, 500mg; 5%	2	
<i>cefazolin sodium inj 10gm, 1gm, 20gm, 500mg</i>	1	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
<i>cefoxitin sodium</i>	1	

Drug	Tier	Notes
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftriaxone sodium</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
<i>cefuroxime/dextrose</i>	1	
<i>cephalexin</i>	1	
CIPRO	2	SUSPENSION
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin er</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	1	
<i>dicloxacillin sodium</i>	1	
<i>doxy-caps</i>	1	
<i>doxycycline hyclate</i>	1	
<i>e.e.s. 200</i>	1	
<i>e.e.s. 400</i>	1	
ERYPED	2	
ERYTHROCIN LACTOBIONATE	2	
<i>erythrocin stearate</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
GANTRISIN PEDIATRIC	3	
LEVAQUIN	2	
LEVAQUIN LEVA-PAK	2	
LEVAQUIN PREMIX	2	
<i>minocycline hcl</i>	1	
<i>nafcillin sodium</i>	1	
<i>penicillin g potassium</i>	1	
PENICILLIN G PROCAINE	2	
<i>penicillin v potassium</i>	1	
<i>sulfadiazine</i>	1	
<i>tetracycline hcl</i>	1	
<i>veetids</i>	1	
VIBRAMYCIN	2	SUSP/SYR
ZOSYN	2	
ANTIFUNGALS		
<i>amphotericin b</i>	1	
ANCOBON	2	
CANCIDAS	2	
<i>clotrimazole</i>	1	
<i>fluconazole</i>	1	

Drug	Tier	Notes
<i>fluconazole in dextrose</i>	1	
<i>fluconazole in nacl</i>	1	
GRIS-PEG	2	
<i>griseofulvin microsize</i>	1	
<i>itraconazole</i>	1	PA
<i>ketoconazole</i>	1	
<i>nystatin</i>	1	
SPORANOX	3	SOLN
<i>terbinafine hcl</i>	1	PA
VFEND	4	
VFEND IV	4	
ANTIMALARIALS		
<i>chloroquine phosphate</i>	1	
DARAPRIM	2	
MALARONE	2	
<i>mefloquine hcl</i>	1	
QUALAQUIN	2	
ANTIRETROVIRAL AGENTS		
APTIVUS	2	
ATRIPLA	4	
COMBIVIR	2	
CRIXIVAN	2	
<i>didanosine</i>	1	
EMTRIVA	2	
EPIVIR	2	
EPZICOM	2	
FUZEON	4	
INTELENCE	2	
INVIRASE	2	
ISENTRESS	4	
KALETRA	2	
LEXIVA	2	
NORVIR	2	
PREZISTA	4	
RESCRIPTOR	2	
RETROVIR IV INFUSION	2	
REYATAZ	2	
SELZENTRY	4	
SUSTIVA	2	
TRIZIVIR	2	
TRUVADA	2	
VIDEX EC	2	
VIDEX PEDIATRIC	2	

Drug	Tier	Notes
VIRACEPT	2	
VIRAMUNE	2	
VIREAD	2	
ZERIT	2	
ZIAGEN	2	
<i>zidovudine</i>	1	
ANTITUBERCULAR AGENTS		
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1	
MYCOBUTIN	2	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
ANTIVIRALS		
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	
BARACLUDE	2	
CYTOVENE	2	
EPIVIR HBV	2	
<i>famciclovir</i>	1	
<i>ganciclovir</i>	1	
HEPSERA	2	
REBETOL	4	PA
<i>ribapak</i>	4	PA
<i>ribasphere</i>	4	PA
<i>ribatab</i>	4	PA
<i>ribavirin</i>	4	PA
TAMIFLU	2	
TYZEKA	2	
VALCYTE	4	
VALTREX	2	
Miscellaneous Therapeutic Agents		
<i>colistimethate sodium</i>	1	B/D
MISCELLANEOUS		
ALBENZA	2	
ALINIA susr	2	QL (180 per 25 days)
ALINIA tabs	2	QL (6 per 25 days)
CLEOCIN	2	75 MG
CLEOCIN PEDIATRIC GRANULES	2	
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate</i>	1	
CUBICIN	4	
<i>dapsone</i>	1	
<i>erythromycin /sulfoxazole</i>	1	

Drug	Tier	Notes
FURADANTIN	3	
INVANZ	2	
MACRODANTIN	2	
<i>mebendazole</i>	1	
<i>metronidazole</i>	1	
<i>metronidazole in nacl 0.79%</i>	1	
<i>nitrofurantoin macrocrystalline</i>	1	
<i>nitrofurantoin monohydrate</i>	1	
PRIMAXIN I.M.	2	
PRIMAXIN IV	2	
PRIMAXIN IV ADD-VANTAGE	2	
<i>sulfamethoxazole /trimethoprim</i>	1	
<i>sulfatrim</i>	1	
TINDAMAX	2	
<i>trimethoprim</i>	1	
TYGACIL	4	
VANCOCIN HCL	2	
<i>vancomycin hcl</i>	1	
ZYVOX	4	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

ALKERAN	2	
BICNU	2	
BUSULFEX	2	
CEENU	2	
<i>cyclophosphamide inj</i>	1	
<i>cyclophosphamide tabs</i>	1	B/D
<i>dacarbazine</i>	1	
EMCYT	2	
HEXALEN	4	
IFEX	2	
IFOSFAMIDE inj 1gm/20ml, 3gm/60ml	2	
<i>ifosfamide inj 1gm</i>	1	
LEUKERAN	2	
MUSTARGEN	2	
<i>thiotepa</i>	1	

ANTHRACYCLINES

<i>adriamycin</i>	1	
DAUNORUBICIN HCL inj 5mg/ml	2	
<i>daunorubicin hcl inj 20mg</i>	1	
DAUNOXOME	2	
DOXIL	4	

Drug	Tier	Notes
<i>doxorubicin hcl</i>	1	
ELLECE	2	
<i>epirubicin hcl</i>	1	
<i>idarubicin hcl</i>	1	
ANTIBIOTICS		
<i>bleomycin sulfate</i>	1	
COSMEGEN	2	
<i>mitomycin</i>	1	
ANTIMETABOLITES		
ALIMTA	4	
<i>cytarabine</i>	1	
FLUOROURACIL	2	
GEMZAR	2	
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	
<i>pentostatin</i>	1	
TABLOID	2	
VIDAZA	4	
ANTIMITOTIC, TAXOIDS		
<i>paclitaxel</i>	1	
TAXOTERE	4	
ANTIMITOTIC, VINCA ALKALOIDS		
VINBLASTINE SULFATE inj 10mg	2	
<i>vinblastine sulfate inj 1mg/ml</i>	1	
<i>vincasar pfs</i>	1	
<i>vincristine sulfate</i>	1	
<i>vinorelbine tartrate</i>	1	
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	4	
CAMPATH	2	
HERCEPTIN	4	
ONTAK	2	
PROLEUKIN	4	
RITUXAN	4	
VELCADE	4	
HORMONAL ANTINEOPLASTIC AGENTS		
ARIMIDEX	2	
AROMASIN	2	
CASODEX	2	
DEPO-PROVERA	2	
FARESTON	2	
FASLODEX	2	
FEMARA	2	

Drug	Tier	Notes
<i>flutamide</i>	1	
<i>leuprolide acetate</i>	1	
LUPRON DEPOT-PED	4	
LUPRON DEPOT inj 11.25mg, 3.75mg	2	
LUPRON DEPOT inj 22.5mg, 30mg, 7.5mg	4	
MEGACE ES	2	
<i>megestrol acetate</i>	1	
NILANDRON	2	
SOLTAMOX	2	
<i>tamoxifen citrate</i>	1	
TRELSTAR DEPOT	2	
TRELSTAR LA	2	
KINASE INHIBITORS		
GLEEVEC	4	
NEXAVAR	4	
SPRYCEL	4	
SUTENT	4	
TARCEVA	4	
TASIGNA	4	
TYKERB	4	
MISCELLANEOUS		
DROXIA	2	
ELSPAR	2	
<i>hydroxyurea</i>	1	
<i>irinotecan</i>	1	
LYSODREN	2	
MATULANE	2	
<i>mitoxantrone hcl</i>	1	
ONCASPAR	2	
PHOTOFRIN	2	
TARGRETIN	4	
<i>tretinoin</i>	4	
TRISENOX	2	
VESANOID	4	
ZOLINZA	4	
NUCLEOSIDE ANALOGS		
<i>cladribine</i>	1	
<i>fludarabine phosphate</i>	1	
PLATINUM COORDINATION COMPLEX		
<i>carboplatin</i>	1	
<i>cisplatin</i>	1	
ELOXATIN	4	
PROTECTIVE AGENTS		

Drug	Tier	Notes
<i>amifostine</i>	1	
<i>dexrazoxane</i>	1	
ELITEK	4	
<i>ifosfamide/mesna</i>	1	
<i>leucovorin calcium</i>	1	
<i>mesna</i>	1	
MESNEX	2	
TOPOISOMERASE INHIBITORS		
CAMPTOSAR	4	
<i>etoposide</i>	1	
HYCAMTIN	2	
<i>toposar</i>	1	

CARDIOVASCULAR

ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

<i>amlodipine besylate/benazepril hydrochloride</i>	1	
LOTREL	2	5/40, 10/40
TARKA	2	

ACE INHIBITOR/DIURETIC COMBINATIONS

<i>benazepril hcl/hydrochlorothiazide</i>	1	
<i>captopril /hydrochlorothiazide</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>lisinopril /hydrochlorothiazide</i>	1	
<i>quinaretic</i>	1	

ACE INHIBITORS

ACEON	3	
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	

ADRENOLYTICS, CENTRAL

CATAPRES-TTS-1	2	
CATAPRES-TTS-2	2	
CATAPRES-TTS-3	2	
<i>clonidine hcl</i>	1	
<i>guanfacine hcl</i>	1	

ALDOSTERONE RECEPTOR ANTAGONISTS

INSPRA	3	
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Drug	Tier	Notes
<i>spironolactone</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i>	1	
<i>terazosin hcl</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
ATACAND HCT	3	
AVALIDE	2	
BENICAR HCT	3	
DIOVAN HCT	2	
EXFORGE	2	
HYZAAR	2	
MICARDIS HCT	3	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND	3	
AVAPRO	2	
BENICAR	3	
COZAAR	2	
DIOVAN	2	
MICARDIS	3	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i>	1	
<i>disopyramide phosphate</i>	1	
<i>disopyramide phosphate er</i>	1	
<i>flecainide acetate</i>	1	
<i>mexiletine hcl</i>	1	
NORPACE CR	2	
PACERONE tabs 100mg, 300mg	2	
<i>pacerone</i> tabs 200mg	1	
PROCANBID	2	
<i>propafenone hcl</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
<i>quinidine sulfate er</i>	1	
RYTHMOL SR	2	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (af)</i>	1	
TIKOSYN	2	
ANTILIPEMICS		
ADVICOR	3	
ALTOPREV	3	
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	

Drug	Tier	Notes
<i>colestipol hcl</i>	1	
CRESTOR	2	
<i>fenofibrate</i>	1	
<i>gemfibrozil</i>	1	
LESCOL	3	
LESCOL XL	3	
LIPITOR	2	
<i>lovastatin</i>	1	
NIASPAN	2	
<i>pravastatin sodium</i>	1	
<i>prevalite</i>	1	
<i>simvastatin</i>	1	
TRICOR	2	
VYTORIN	2	
WELCHOL	2	
ZETIA	2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>metoprolol /hydrochlorothiazide</i>	1	
BETA-BLOCKERS		
<i>atenolol</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
COREG CR	2	
<i>labetalol hcl</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate</i>	1	
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl</i>	1	
<i>propranolol hcl er</i>	1	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
CADUET	3	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	1	
<i>amlodipine besylate</i>	1	
CARDIZEM CD	2	360 MG
CARDIZEM LA	3	
<i>cartia xt</i>	1	
<i>dilt-cd</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem cd</i>	1	

Drug	Tier	Notes
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl er</i>	1	
<i>felodipine er</i>	1	
<i>nifediac cc</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine er</i>	1	
<i>taztia xt</i>	1	
<i>verapamil hcl</i>	1	
<i>verapamil hcl er</i>	1	
DIGITALIS GLYCOSIDES		
<i>digitek</i>	1	
<i>digoxin</i>	1	
DIRECT RENIN INHIBITORS		
TEKTURNA	2	
TEKTURNA HCT	2	
DIURETICS		
ALDACTAZIDE	2	50/50
<i>amiloride /hydrochlorothiazide</i>	1	
<i>amiloride hcl</i>	1	
<i>bumetanide</i>	1	
<i>chlorthalidone</i>	1	
DEMADEX	2	INJ
<i>furosemide</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	1	
<i>spironolactone /hydrochlorothiazide</i>	1	
THALITONE	2	
<i>toremide</i>	1	
<i>triamterene /hydrochlorothiazide</i>	1	
MISCELLANEOUS		
BIDIL	2	
<i>hydralazine hcl</i>	1	
<i>methyldopa</i>	1	
<i>midodrine hcl</i>	1	
<i>minoxidil</i>	1	
RANEXA	2	
NITRATES		
ISORDIL TITRADOSE	2	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide dinitrate er</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	

Drug	Tier	Notes
<i>minitran</i>	1	
NITRO-DUR	2	0.3 MG, 0.8 MG
<i>nitroglycerin</i>	1	
<i>nitroglycerin transdermal</i>	1	
NITROLINGUAL PUMPSPRAY	2	
NITROSTAT	2	

PULMONARY ARTERIAL HYPERTENSION

LETAIRIS	4	
REVATIO	4	PA
TRACLEER	4	LA
VENTAVIS	4	B/D

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>buspirone hcl</i>	1	
<i>fluvoxamine maleate</i>	1	

ANTICONVULSANTS

<i>carbamazepine</i>	1	
CARBATROL	2	
CELONTIN	2	
DEPAKOTE	2	
DEPAKOTE ER	2	
DEPAKOTE SPRINKLES	2	
DILANTIN	2	
DILANTIN INFATABS	2	
<i>epitol</i>	1	
<i>ethosuximide</i>	1	
FELBATOL	3	
<i>gabapentin caps 100mg</i>	1	QL (1080 per 25 days)
<i>gabapentin caps 400mg</i>	1	QL (270 per 25 days)
<i>gabapentin caps 300mg</i>	1	QL (360 per 25 days)
<i>gabapentin tabs 100mg</i>	1	QL (1080 per 25 days)
<i>gabapentin tabs 800mg</i>	1	QL (120 per 25 days)
<i>gabapentin tabs 600mg</i>	1	QL (180 per 25 days)
<i>gabapentin tabs 400mg</i>	1	QL (270 per 25 days)
GABITRIL	2	
KEPPRA	2	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	2	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NO TAKING VALPROATE	2	
LAMICTAL STARTER/TAKING VALPROATE	2	
<i>lamotrigine</i>	1	
<i>lamotrigine chewable dispersible</i>	1	

Drug	Tier	Notes
LYRICA caps 225mg, 300mg	2	QL (60 per 25 days)
LYRICA caps 100mg, 150mg, 200mg, 25mg, 50mg 75mg	2	QL (90 per 25 days)
NEURONTIN	2	QL (2160 per 25 days); SOLN
<i>oxcarbazepine</i>	1	
PEGANONE	2	
<i>phenytoin</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>primidone</i>	1	
TEGRETOL-XR	2	
TOPAMAX	2	
TOPAMAX SPRINKLE	2	
TRILEPTAL	2	SUSPENSION
<i>valproate sodium</i>	1	
<i>zonisamide</i>	1	
ANTIDEMENTIA		
ARICEPT	2	
ARICEPT ODT	2	
EXELON	2	
NAMENDA	2	
NAMENDA TITRATION PAK	2	
RAZADYNE	2	
RAZADYNE ER	2	
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
<i>budeprion sr</i>	1	
<i>budeprion xl</i>	1	
<i>bupropion hcl</i>	1	
<i>citalopram hydrobromide</i>	1	
<i>clomipramine hcl</i>	1	
CYMBALTA	2	
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
EFFEXOR XR	2	
EMSAM	2	
<i>fluoxetine hcl</i>	1	
<i>imipramine hcl</i>	1	
LEXAPRO	2	
<i>maprotiline hcl</i>	1	
MARPLAN	2	

Drug	Tier	Notes
<i>mirtazapine</i>	1	
<i>mirtazapine odt</i>	1	
NARDIL	2	
<i>nefazodone hcl</i>	1	
<i>nortriptyline hcl</i>	1	
<i>paroxetine hcl</i>	1	
<i>paroxetine hcl er</i>	1	
PAXIL CR	3	37.5 MG
PRISTIQ	3	
<i>sertraline hcl</i>	1	
SURMONTIL	2	100 MG
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl</i>	1	
<i>trimipramine maleate</i>	1	
<i>venlafaxine hcl</i>	1	
VIVACTIL	2	
WELLBUTRIN XL	2	150 MG

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i>	1	
APOKYN	4	
<i>atamet</i>	1	
AZILECT	2	
<i>benztropine mesylate</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	1	
COGENTIN	2	
COMTAN	2	
MIRAPEX	2	
PARCOPA	2	
<i>ropinirole hcl</i>	1	
<i>selegiline hcl</i>	1	
STALEVO 100	2	
STALEVO 150	2	
STALEVO 200	2	
STALEVO 50	2	
<i>trihexyphenidyl hcl</i>	1	

ANTIPSYCHOTICS

ABILIFY	2	
ABILIFY DISCMELT	2	
<i>chlorpromazine hcl</i>	1	
<i>clozapine</i>	1	
FAZACLO	2	

Drug	Tier	Notes
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
GEODON	2	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
INVEGA	2	
<i>loxapine succinate</i>	1	
MOBAN	2	
NAVANE	2	
ORAP	2	
<i>perphenazine</i>	1	
RISPERDAL	2	SOLN
RISPERDAL CONSTA	2	
RISPERDAL M-TAB	2	
<i>risperidone</i>	1	
SEROQUEL	2	
SEROQUEL XR	2	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
ZYPREXA	2	
ZYPREXA ZYDIS	2	
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL XR	2	PA
CONCERTA	3	PA
<i>dextroamphetamine sulfate</i>	1	PA
<i>dextroamphetamine sulfatecr</i>	1	PA
<i>dextrostat</i>	1	PA
METADATE CD	3	PA
<i>methylin er</i>	1	PA
METHYLIN chew, soln	3	PA
<i>methylin tabs</i>	1	PA
<i>methylphenidate hcl</i>	1	PA
RITALIN LA	3	PA
STRATTERA	2	
HYPNOTICS		
LUNESTA	2	QL (180 per 365 days)
<i>zaleplon</i>	1	QL (180 per 365 days)
<i>zolpidem tartrate</i>	1	QL (180 per 365 days)
MIGRAINE		
<i>dihydroergotamine mesylate</i>	1	
<i>ergotamine tartrate/caffeine</i>	1	

Drug	Tier	Notes
FROVA	3	QL (18 per 25 days)
IMITREX STATDOSE REFILL	2	QL (4 per 25 days)
IMITREX nasal soln	2	QL (12 per 25 days)
IMITREX inj	2	QL (5 per 25 days)
IMITREX tabs	2	QL (9 per 25 days)
MAXALT	2	QL (12 per 25 days)
MAXALT-MLT	2	QL (12 per 25 days)
<i>migergot</i>	1	
MIGRANAL	2	QL (8 per 25 days)
RELPAX	2	QL (12 per 25 days)
ZOMIG	3	QL (6 per 25 days)
ZOMIG ZMT	3	QL (6 per 25 days)
MISCELLANEOUS		
<i>guanidine hcl</i>	1	
<i>lithium carbonate</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium citrate</i>	1	
MESTINON	2	
MESTINON TIMESPAN	2	
<i>pyridostigmine bromide</i>	1	
REGONOL	2	
RILUTEK	4	
MULTIPLE SCLEROSIS AGENTS		
AVONEX	4	
BETASERON	4	
COPAXONE	4	
REBIF	4	
REBIF TITRATION PACK	4	
TYSABRI	4	LA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i>	1	
<i>carisoprodol</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>dantrolene sodium</i>	1	
<i>methocarbamol</i>	1	
<i>orphenadrine compound</i>	1	
ROBAXIN	2	
SKELAXIN	2	
<i>tizanidine hcl</i>	1	
NARCOLEPSY/CATAPLEXY		
PROVIGIL	2	PA
XYREM	2	LA

Drug	Tier	Notes
PSYCHOTHERAPEUTIC-MISCELLANEOUS		
ANTABUSE	2	
<i>buproban</i>	1	
CAMPRAL	2	
CHANTIX	2	
<i>depade</i>	1	
<i>naloxone hcl</i>	1	
<i>naltrexone hcl</i>	1	
NICOTROL INHALER	2	
SUBOXONE	2	
SUBUTEX	2	

ENDOCRINE AND METABOLIC

ANDROGENS		
ANDRODERM	2	PA
ANDROGEL	2	PA
ANDROGEL PUMP	2	PA
<i>oxandrolone</i>	1	PA
TESTIM	2	PA
<i>testosterone cypionate</i>	1	

ANTIDIABETICS		
<i>acarbose</i>	1	
ACTOPLUS MET	2	
ACTOS	2	
ALCOHOL PREPS	2	
AVANDAMET	2	
AVANDARYL	2	
AVANDIA	2	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16	2	
BD ULTRA-FINE ORIGINAL PEN NEEDLES/29G X 12.7MM	2	
BYETTA	2	
CURITY GAUZE PADS 2"X2"	2	
DUETACT	2	
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide er</i>	1	

Drug	Tier	Notes
<i>glipizide xl</i>	1	
<i>glipizide/metformin hcl</i>	1	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hcl</i>	1	
<i>glycron</i>	1	
HUMALOG	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 PEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 PEN	2	
HUMALOG PEN	2	
HUMULIN 50/50	2	
HUMULIN 70/30	2	
HUMULIN 70/30 PEN	2	
HUMULIN N	2	
HUMULIN N U-100 PEN	2	
HUMULIN R	2	
JANUMET	2	
JANUVIA	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
<i>metformin hcl</i>	1	
<i>metformin hcl er</i>	1	
NOVOLIN 70/30	2	
NOVOLIN 70/30 INNOLET	2	
NOVOLIN 70/30 PENFILL	2	
NOVOLIN N	2	
NOVOLIN N INNOLET	2	
NOVOLIN N U-100 PENFILL	2	
NOVOLIN R	2	
NOVOLIN R INNOLET	2	
NOVOLIN R U-100 PENFILL	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PENFILL	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	
NOVOLOG PENFILL	2	
PRANDIN	2	
RELION 70/30	2	

Drug	Tier	Notes
RELION 70/30 INNOLET	2	
RELION N	2	
RELION N INNOLET	2	
RELION R	2	
SYMLIN	2	
SYMLINPEN 120	2	
SYMLINPEN 60	2	
BISPHOSPHONATES		
ACTONEL	2	
<i>alendronate sodium</i>	1	
BONIVA	3	
FOSAMAX	2	SOLN
FOSAMAX PLUS D	2	
ZOMETA	4	
CALCITONINS		
<i>fortical</i>	1	
MIACALCIN	2	
CALCIUM RECEPTOR ANTAGONISTS		
SENSIPAR	2	
CHELATING AGENTS		
EXJADE	4	
SYPRINE	2	
CONTRACEPTIVES		
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aviane</i>	1	
<i>camila</i>	1	
<i>cesia</i>	1	
<i>cryselle-28</i>	1	
DEPO-PROVERA CONTRACEPTIVE	3	
<i>enpresse-28</i>	1	
<i>errin</i>	1	
<i>jolivette</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>kariva</i>	1	
<i>lessina-28</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>medroxyprogesterone acetate</i>	1	

Drug	Tier	Notes
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>mononessa</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>necon 1/35-28</i>	1	
<i>necon 1/50-28</i>	1	
NECON 10/11-28	2	
<i>necon 7/7/7</i>	1	
<i>nora-be</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
NUVARING	2	
<i>ocella</i>	1	
ORTHO EVRA	2	
ORTHO TRI-CYCLEN LO	2	
PLAN B	2	
<i>portia-28</i>	1	
<i>previfem</i>	1	
<i>quasense</i>	1	
<i>solia</i>	1	
<i>sprintec 28</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>trinessa</i>	1	
<i>trivora-28</i>	1	
<i>velivet</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
ENDOMETRIOSIS		
<i>danazol</i>	1	
SYNAREL	2	
ENZYME REPLACEMENTS		
ADAGEN	4	
ALDURAZYME	4	
BUPHENYL	4	
CEREZYME	4	
CYSTADANE	2	
CYSTAGON	2	

Drug	Tier	Notes
ELAPRASE	4	
FABRAZYME	4	
KUVAN	4	
MYOZYME	4	
NAGLAZYME	4	
ORFADIN	4	
SUCRAID	4	
ZAVESCA	4	
ESTROGEN/PROGESTINS		
CLIMARA PRO	2	
COMBIPATCH	2	
FEMHRT 1/5	3	
FEMHRT LOW DOSE	3	
PREFEST	3	
PREMPHASE	2	
PREMPRO	2	
ESTROGENS		
ALORA	2	
CENESTIN	3	
ESTRACE	3	
ESTRADERM	2	
<i>estradiol</i>	1	
ESTRING	3	
<i>estropipate</i>	1	
FEMRING	3	
GYNODIOL tabs 1.5mg	2	
<i>gynodiol</i> tabs 0.5mg, 1mg, 2mg	1	
<i>ortho-est</i>	1	
PREMARIN	2	
PREMARIN W/APPLICATOR	2	
VAGIFEM	2	
VIVELLE-DOT	2	
GLUCOCORTICOIDS		
<i>a-hydrocort</i>	1	
<i>a-methapred</i>	1	
<i>dexamethasone</i>	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
DEXPAK 13 DAY	2	
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone</i>	1	
MEDROL	2	
<i>methylprednisolone</i>	1	

Drug	Tier	Notes
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sodiumsuccinate</i>	1	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
PREDNISON INTENSOL	2	
SOLU-CORTEF	2	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM	2	
HUMAN GROWTH HORMONES		
GENOTROPIN	4	PA
GENOTROPIN MINIQUICK inj 0.2mg	2	PA
GENOTROPIN MINIQUICK inj 0.4mg, 0.6mg, 0.8mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 1mg, 2mg	4	PA
HUMATROPE	4	PA
HUMATROPE COMBO PACK	4	PA
INCRELEX	4	PA
NORDITROPIN CARTRIDGE	4	PA
NORDITROPIN NORDIFLEX PEN	4	PA
NUTROPIN	4	PA
NUTROPIN AQ	4	PA
NUTROPIN AQ PEN	4	PA
SAIZEN	4	PA
SAIZEN CLICK.EASY	4	PA
MISCELLANEOUS		
<i>cabergoline</i>	1	
<i>chorionic gonadotropin</i>	1	B/D
<i>octreotide acetate</i>	4	PA
SANDOSTATIN LAR DEPOT	4	PA
SOMATULINE DEPOT	4	PA
SOMAVERT	4	PA
PARATHYROID HORMONES		
FORTEO	4	PA
PHOPHATE BINDER AGENTS		
FOSRENOL	3	
PHOSLO	2	
RENAGEL	2	
REVELA	2	
PROGESTINS		
<i>medroxyprogesterone acetate</i>	1	

Drug	Tier	Notes
<i>norethindrone acetate</i>	1	
PROMETRIUM	3	
SELECTIVE ESTROGEN RECEPTOR MODULATORS		
EVISTA	2	
THYROID AGENTS		
CYTOMEL	2	
<i>levothroid</i>	1	
<i>levothyroxine sodium</i>	1	
<i>levoxyl</i>	1	
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
SYNTHROID	2	
<i>unithroid</i>	1	
VASOPRESSINS		
<i>desmopressin acetate</i>	1	
<i>minirin</i>	1	
GASTROINTESTINAL		
ANTIDIARRHEALS		
<i>diphenoxylate/atropine</i>	1	
<i>lofene</i>	1	
<i>lonox</i>	1	
<i>loperamide hcl</i>	1	
ANTIEMETICS		
ANTIVERT	2	
<i>compro</i>	1	
<i>dronabinol</i>	1	QL (60 per 25 days)
EMEND Tri-Fold Pack	2	QL (2 per 25 days), B/D
EMEND caps 40mg	2	QL (2 per 180 days)
EMEND caps 125mg	2	QL (2 per 25 days), B/D
EMEND caps 80mg	2	QL (4 per 25 days), B/D
<i>granisetron hcl inj</i>	1	
<i>granisetron hcl tabs</i>	1	B/D
<i>granisol</i>	1	B/D
<i>meclizine hcl</i>	1	
<i>metoclopramide hcl</i>	1	
<i>ondansetron hcl inj</i>	1	
<i>ondansetron hcl oral soln, tabs</i>	1	B/D
<i>ondansetron odt</i>	1	B/D
<i>phenadoz</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	

Drug	Tier	Notes
<i>promethazine hcl</i>	1	
<i>promethazine hcl plain</i>	1	
<i>promethegan</i>	1	
TRANSDERM-SCOP	2	
<i>trimethobenzamide hcl</i>	1	
ANTISPASMODICS		
<i>dicyclomine hcl</i>	1	
<i>glycopyrrolate</i>	1	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
<i>famotidine</i>	1	
<i>famotidine premixed</i>	1	
PEPCID	2	SUSPENSION
<i>ranitidine hcl</i>	1	
INFLAMMATORY BOWEL DISEASE		
ASACOL	2	
CANASA	2	
<i>colocort</i>	1	
CORTIFOAM	3	
DIPENTUM	2	
ENTOCORT EC	2	
<i>hydrocortisone</i>	1	
LIALDA	2	
<i>mesalamine</i>	1	
PENTASA	3	
<i>sulfasalazine</i>	1	
<i>sulfazine</i>	1	
<i>sulfazine ec</i>	1	
IRRITABLE BOWEL SYNDROME		
LOTRONEX	2	
LAXATIVES		
<i>constulose</i>	1	
<i>enulose</i>	1	
KRISTALOSE	3	
<i>lactulose</i>	1	
NULYTELY	3	
<i>peg 3350/electrolytes</i>	1	
<i>trilyte</i>	1	
VISICOL	3	
MISCELLANEOUS		
AMITIZA	2	
CARAFATE	2	

Drug	Tier	Notes
GASTROCROM	2	
<i>misoprostol</i>	1	
<i>sucralfate</i>	1	
URSO 250	2	
URSO FORTE	2	
<i>ursodiol</i>	1	
PANCREATIC ENZYMES		
CREON 5	2	
CREON 10	2	
CREON 20	2	
LIPRAM 4500	2	
LIPRAM-PN10	2	
LIPRAM-PN16	2	
LIPRAM-PN20	2	
LIPRAM-UL12	2	
LIPRAM-UL18	2	
LIPRAM-UL20	2	
PANCRELIPASE	2	
PANGESTYME CN 10	2	
PANGESTYME CN 20	2	
PANGESTYME EC	2	
PANGESTYME UL 12	2	
PANGESTYME UL 18	2	
PANGESTYME UL 20	2	
PANOKASE	2	
PANOKASE-16	2	
PLARETASE 8000	2	
ULTRASE	2	
ULTRASE MT 12	2	
ULTRASE MT 18	2	
ULTRASE MT 20	2	
VIKASE	2	
VIKASE 16	2	
VIKASE 8	2	
PROTON PUMP INHIBITOR/ANTI-INFECTIVE COMBINATIONS		
PREVPAC	2	
PROTON PUMP INHIBITORS		
NEXIUM	2	QL (90 per 365 days)
NEXIUM I.V.	2	
<i>omeprazole</i> cpdr 20mg	1	QL (180 per 365 days)
<i>omeprazole</i> cpdr 10mg	1	QL (90 per 365 days)
<i>pantoprazole sodium</i>	1	QL (90 per 365 days)
PREVACID	2	QL (90 per 365 days)

Drug	Tier	Notes
PREVACID SOLUTAB	2	QL (90 per 365 days)
PRILOSEC	2	40MG QL 90 per 365 days
ZEGERID	3	QL (90 per 365 days)

SALIVA STIMULANTS

EVOXAC	2	
<i>pilocarpine hcl</i>	1	

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

AVODART	2	
<i>finasteride</i>	1	
FLOMAX	2	
UROXATRAL	2	

MISCELLANEOUS

<i>bethanechol chloride</i>	1	
ELMIRON	2	
<i>potassium citrate extended-release</i>	1	
THIOLA	2	

URINARY ANTISPASMODICS

DETROL	3	
DETROL LA	2	
ENABLEX	2	
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride er</i>	1	
OXYTROL	2	
SANCTURA	2	
SANCTURA XR	2	
VESICARE	2	

VAGINAL ANTI-INFECTIVES

CLEOCIN	2	
<i>clindamycin phosphate</i>	1	
<i>metronidazole vaginal</i>	1	
<i>terconazole</i>	1	
<i>vandazole</i>	1	
<i>zazole</i>	1	

HEMATOLOGIC

ANTICOAGULANTS

ARIXTRA	2	
COUMADIN	2	
HEPARIN SODIUM inj 2000unit/ml	2	
<i>heparin sodium inj 10000unit/ml, 20000unit/ml, 5000unit/ml</i>	1	

Drug	Tier	Notes
<i>jantoven</i>	1	
LOVENOX	2	
<i>warfarin sodium</i>	1	

HEMATOPOIETIC GROWTH FACTORS

ARANESP ALBUMIN FREE SURECLICK	4	PA
ARANESP ALBUMIN FREE inj 25mcg/0.42ml, 25mcg/ml	2	PA
ARANESP ALBUMIN FREE inj 100mcg/ml, 150mcg/0.3ml, 150mcg/0.75ml, 200mcg/0.4ml, 200mcg/ml, 300mcg/ml, 40mcg/0.4ml, 40mcg/n 500mcg/ml, 60mcg/ml	4	PA
EPOGEN inj 2000unit/ml, 3000unit/ml, 4000unit/r	2	PA
EPOGEN inj 10000unit/ml, 20000unit/ml, 40000unit/ml	4	PA
NEULASTA	4	PA
NEUPOGEN	4	PA
PROCRIT inj 2000unit/ml, 3000unit/ml, 4000unit/r	2	PA
PROCRIT inj 10000unit/ml, 20000unit/ml, 40000unit/ml	4	PA

MISCELLANEOUS

<i>anagrelide hydrochloride</i>	1	
<i>cilostazol</i>	1	
CYKLOKAPRON	2	
<i>pentoxifylline er</i>	1	

PLATELET AGGREGATION INHIBITORS

AGGRENOX	2	
<i>dipyridamole</i>	1	
PLAVIX	2	

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

CUPRIMINE	2	
ENBREL	4	PA
ENBREL SURECLICK	4	PA
HUMIRA	4	PA
HUMIRA PEN	4	PA
<i>hydroxychloroquine sulfate</i>	1	
<i>leflunomide</i>	1	
<i>methotrexate</i>	1	
REMICADE	4	PA
RHEUMATREX	2	
RIDAURA	2	

IMMUNOGLOBULINS

Drug	Tier	Notes
GAMASTAN S/D	2	
GAMMAGARD LIQUID	4	B/D
GAMUNEX	4	B/D
IMMUNOMODULATORS		
ACTIMMUNE	4	
INFERGEN	4	PA
INTRON-A	4	
INTRON-A W/DILUENT	4	
PEG-INTRON	4	PA
PEG-INTRON REDIPEN	4	PA
PEG-INTRON REDIPEN PAK 4	4	PA
PEGASYS	4	PA
REVLIMID	4	PA, LA
THALOMID	4	PA
IMMUNOSUPPRESSANTS		
AZASAN	2	B/D
<i>azathioprine</i>	1	B/D
CELLCEPT	2	B/D
<i>cyclosporine</i>	1	B/D
<i>cyclosporine modified</i>	1	B/D
<i>gengraf</i>	1	B/D
NEORAL	2	B/D
PROGRAF	2	B/D
RAPAMUNE	2	B/D
SANDIMMUNE	2	B/D
VACCINES		
ACTHIB	2	
ADACEL	2	
ATTENUVAX	2	
BOOSTRIX	2	
COMVAX	2	
DAPTACEL	2	
DECAVAC	2	B/D
<i>diphtheria/tetanus toxoid pediatric</i>	1	B/D
ENGERIX-B	2	B/D
GARDASIL	2	
HAVRIX	2	
HIBTITER	2	
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
IPOL INACTIVATED IPV	2	
JE-VAX	2	

Drug	Tier	Notes
M-M-R II W/DILUENT 10 DOSE	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MERUVAX II W/DILUENT 10 DOSE	2	
PEDIARIX	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	B/D
ROTATEQ	2	
TETANUS TOXOID ADSORBED	2	B/D
<i>tetanus/diphtheria toxoids-adsorbed adult</i>	1	B/D
TRIHIBIT	2	
TRIPEDIA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VIVOTIF BERNA	2	
YF-VAX	2	
ZOSTAVAX	2	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>ed k+10</i>	1	
<i>kaon-cl-10</i>	1	
<i>kionex</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klotrix</i>	1	
MICRO-K	3	
<i>potassium chloride</i>	1	
<i>potassium chloride er</i>	1	
<i>sodium fluoride</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
<i>sps</i>	1	

IV NUTRITION

AMINESS	2	B/D
AMINOSYN	2	B/D
AMINOSYN 7%/ELECTROLYTES	2	B/D

Drug	Tier	Notes
<i>aminosyn 8.5%/electrolytes</i>	1	B/D
AMINOSYN II	2	B/D
AMINOSYN II 3.5%/DEXTROSE25%	2	B/D
AMINOSYN II 3.5%/DEXTROSE5%	2	B/D
AMINOSYN II 3.5/DEXTROSE 25%	2	B/D
AMINOSYN II 4.25/DEXTROSE10%	2	B/D
AMINOSYN II 4.25/DEXTROSE20%	2	B/D
AMINOSYN II 4.25/DEXTROSE25%	2	B/D
AMINOSYN II 5/DEXTROSE 25	2	B/D
<i>aminosyn ii 8.5%/electrolytes</i>	1	B/D
AMINOSYN II M 3.5%/DEXTROSE 5%	2	B/D
AMINOSYN II M 4.25/DEXTROSE 10%	2	B/D
AMINOSYN M	2	B/D
AMINOSYN-HBC	2	B/D
<i>aminosyn-hf</i>	1	B/D
AMINOSYN-PF	2	B/D
AMINOSYN-PF 7%	2	B/D
CLINIMIX 2.75%/DEXTROSE 5%	2	B/D
<i>clinimix 4.25%/dextrose 10%</i>	1	B/D
<i>clinimix 4.25%/dextrose 20%</i>	1	B/D
<i>clinimix 4.25%/dextrose 25%</i>	1	B/D
CLINIMIX 4.25%/DEXTROSE 5%	2	B/D
CLINIMIX 5%/DEXTROSE 15%	2	B/D
CLINIMIX 5%/DEXTROSE 20%	2	B/D
CLINIMIX 5%/DEXTROSE 25%	2	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	2	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	2	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	2	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	2	B/D
CLINIMIX E 5%/DEXTROSE 15%	2	B/D
CLINIMIX E 5%/DEXTROSE 20%	2	B/D
CLINIMIX E 5%/DEXTROSE 25%	2	B/D
CLINIMIX E 5%/DEXTROSE 35%	2	B/D
<i>clinisol sf 15%</i>	1	B/D
FREAMINE HBC 6.9%	2	B/D
<i>freamine iii</i>	1	B/D
FREAMINE III 3%	2	B/D
<i>hepatamine</i>	1	B/D
HEPATASOL	2	B/D
<i>intralipid 20%</i>	1	B/D
INTRALIPID inj 1.7%; 30%	2	B/D
<i>intralipid inj 2.25%; 10%, 2.25%; 20%</i>	1	B/D
NEPHRAMINE	2	B/D

Drug	Tier	Notes
<i>novamine</i>	1	B/D
PREMASOL inj 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/100ml; 356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml	2	B/D
<i>premasol</i> inj 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml	1	B/D
PROCALAMINE	2	B/D
PROSOL	2	B/D
RENAMIN	2	B/D
TRAVASOL	2	B/D
TRAVASOL 2.75%/DEXTROSE 10%	2	B/D
TRAVASOL 2.75%/DEXTROSE 5%	2	B/D
<i>travasol 3.5%/electrolytes</i>	1	B/D
TRAVASOL 4.25%/DEXTROSE 10%	2	B/D
TRAVASOL 4.25%/DEXTROSE 25%	2	B/D
TRAVASOL 5.5%/DEXTROSE 10%	2	B/D
TRAVASOL 5.5%/DEXTROSE 20%	2	B/D
TRAVASOL 5.5%/ELECTROLYTES	2	B/D
TRAVASOL 8.5%/DEXTROSE 10%	2	B/D
TRAVASOL 8.5%/DEXTROSE 20%	2	B/D
TRAVASOL 8.5%/DEXTROSE 50%	2	B/D
<i>travasol 8.5%/electrolytes</i>	1	B/D
TROPHAMINE	2	B/D
IV REPLACEMENT SOLUTIONS		
<i>alcohol 5%/dextrose 5%</i>	1	
<i>dextrose 10%/nacl 0.45%</i>	1	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2	
<i>dextrose 5% /electrolyte #75 viaflex</i>	1	
<i>dextrose 10% flex container</i>	1	
<i>dextrose 10%/nacl 0.2%</i>	1	
<i>dextrose 2.5%/nacl 0.45%</i>	1	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%</i>	1	
<i>dextrose 5%/lactated ringer's</i>	1	

Drug	Tier	Notes
<i>dextrose 5%/nacl 0.2%</i>	1	
<i>dextrose 5%/nacl 0.225%</i>	1	
<i>dextrose 5%/nacl 0.33%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.9%</i>	1	
DEXTROSE 5%/POTASSIUM CHLORIDE 0.075%	2	
<i>dextrose 5%/potassium chloride 0.15%</i>	1	
<i>dextrose 5%/sodium chloride 0.2%</i>	1	
<i>dextrose 5%/sodium chloride 0.33%</i>	1	
<i>dextrose 5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%/sodium chloride 0.9%</i>	1	
IONOSOL-B/DEXTROSE 5%	2	
IONOSOL-MB/DEXTROSE 5%	2	
IONOSOL-T/DEXTROSE 5%	2	
ISOLYTE-H/DEXTROSE 5%	2	
<i>isolyte-m/dextrose 5%</i>	1	
ISOLYTE-P/DEXTROSE 5%	2	
ISOLYTE-S	2	
ISOLYTE-S PH 7.4	2	
ISOLYTE-S/DEXTROSE 5%	2	
<i>kcl 0.075%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	
KCL 0.15%/D10W/NACL 0.2%	2	
<i>kcl 0.15%/d5w/ nacl 0.3%</i>	1	
KCL 0.15%/D5W/LR	2	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	
KCL 0.15%/D5W/NACL 0.225%	2	
<i>kcl 0.15%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	
<i>kcl 0.224%/d5w/nacl 0.2%</i>	1	
KCL 0.3%/D5W/LR	2	
KCL 0.3%/D5W/LR IV LAC RING	2	
<i>kcl 0.3%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	
KCL 0.3%/D5W/NACL 0.9%	2	
<i>lactated ringer's dextrose 5% viaflex</i>	1	
<i>lactated ringer's viaflex</i>	1	
MAGNESIUM SULFATE IN D5W	2	
<i>normosol -r</i>	1	
<i>normosol-m in d5w</i>	1	
NORMOSOL-R	2	
<i>normosol-r in d5w</i>	1	

Drug	Tier	Notes
PLASMA-LYTE 56	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-148	2	
PLASMA-LYTE-148/D5W	2	
PLASMA-LYTE-56/D5W	2	
<i>plasma-lyte-r</i>	1	
<i>potassium chloride 0.075%/d5w/nacl 0.225%</i>	1	
POTASSIUM CHLORIDE 0.15% /NACL 0.45%	2	
VIAFLEX		
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	1	
<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	1	
<i>viaflex</i>		
<i>potassium chloride 0.15% nacl 0.9%</i>	1	
<i>potassium chloride 0.15%/d5w</i>	1	
POTASSIUM CHLORIDE 0.15%/NACL 0.9%	2	
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	1	
<i>potassium chloride 0.224%/d5w</i>	1	
<i>potassium chloride 0.224%/d5w/nacl 0.45%</i>	1	
<i>potassium chloride 0.224%d5w/nacl 0.33%</i>	1	
POTASSIUM CHLORIDE 0.3%/ NACL 0.9%	2	
<i>potassium chloride 0.3%/d5w</i>	1	
<i>potassium chloride 0.3%/nacl 0.9%/viaflex</i>	1	
POTASSIUM CHLORIDE inj 20meq/50ml	2	
<i>potassium chloride inj 0.4meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 30meq/100ml, 40meq/100ml</i>	1	
<i>ringer's injection</i>	1	
<i>sodium chloride</i>	1	
<i>sodium chloride 0.45% viaflex</i>	1	
VITAMINS		
<i>calcitriol caps, oral soln</i>	1	
CALCITRIOL inj 2mcg/ml	2	
<i>calcitriol inj 1mcg/ml</i>	1	
HECTOROL	2	
<i>prenatal rx 1</i>	1	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

COMBIVENT	2	QL (2 inhalers per 25 day
<i>ipratropium bromide/albuterol sulfate</i>	1	QL (540 per 25 days), B/

ANTICHOLINERGICS

ATROVENT HFA	2	QL (2 inhalers per 25 day
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Drug	Tier	Notes
<i>ipratropium bromide</i> nasal soln	1	
<i>ipratropium bromide</i> inhalation soln	1	QL (315 per 25 days), B/
SPIRIVA HANDIHALER	2	QL (30 per 25 days)
ANTIHISTAMINE/DECONGESTANT COMBINATIONS		
ALLEGRA-D 12 HOUR	3	
ALLEGRA-D 24 HOUR	3	
<i>promethazine</i> vc	1	
ANTIHISTAMINES, LOW/NONSEDATING		
ASTELIN	2	QL (2 inhalers per 25 day
CLARINEX	3	
CLARINEX REDITABS	3	
<i>fexofenadine hcl</i>	1	
ANTIHISTAMINES, SEDATING		
<i>clemastine fumarate</i>	1	
<i>cyproheptadine hcl</i>	1	
<i>diphenhydramine hcl</i>	1	
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
BETA AGONISTS		
<i>albuterol sulfate</i> er	1	
<i>albuterol sulfate</i> syrup, tabs	1	
<i>albuterol sulfate</i> nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml	1	QL (300 per 25 days), B/D
<i>albuterol sulfate</i> nebu 0.5%	1	QL (60 per 25 days), B/D
FORADIL AEROLIZER	2	QL (60 per 25 days)
MAXAIR AUTOHALER	3	QL (1 inhaler per 25 days)
PROAIR HFA	2	QL (2 inhalers per 25 days)
PROVENTIL HFA	2	QL (2 inhalers per 25 days)
SEREVENT DISKUS	2	QL (1 inhaler per 25 days)
<i>terbutaline sulfate</i>	1	
XOPENEX	2	QL (288 per 25 days) B/D
XOPENEX CONCENTRATE	2	QL (216 per 25 days) B/D
XOPENEX HFA	2	QL,2 inhalers per 25 days
LEUKOTRIENE RECEPTOR ANTAGONISTS		
ACCOLATE	3	
SINGULAIR	2	
MAST CELL STABILIZERS		
<i>cromolyn sodium</i>	1	QL (240 per 25 days) B/D
INTAL INHALER	2	QL,2 inhalers per 25 days

Drug	Tier	Notes
MISCELLANEOUS		
<i>acetylcysteine</i>	1	B/D
ARALAST	4	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
PULMOZYME	4	B/D
TOBI	4	B/D
TYZINE	2	
TYZINE PEDIATRIC NASAL DROPS	2	
XOLAIR	4	
NASAL STEROIDS		
<i>flunisolide</i> soln 29mcg/act	1	QL,2 inhalers per 25 days
<i>flunisolide</i> soln 0.025%	1	QL (50 per 25 days)
<i>fluticasone propionate</i>	1	QL (16 per 25 days)
NASACORT AQ	2	QL,1 inhaler per 25 days
NASONEX	2	QL,2 inhalers per 25 days
RHINOCORT AQUA	3	QL,2 inhalers per 25 days
STEROID INHALANTS		
ASMANEX 120 METERED DOSES	2	QL,2 inhalers per 25 day:
ASMANEX 14 METERED DOSES	2	QL (2 inhalers per 25 days)
ASMANEX 30 METERED DOSES	2	QL (2 inhalers per 25 days)
ASMANEX 60 METERED DOSES	2	QL (2 inhalers per 25 days)
AZMACORT	2	QL (40 per 25 days)
FLOVENT HFA	2	QL,2 inhalers per 25 days
PULMICORT susp 0.25mg/2ml, 0.5mg/2ml	3	QL (120 per 25 days) B/D
PULMICORT susp 1mg/2ml	3	QL (60 per 25 days) B/D
QVAR	2	QL (3 inhalers per 25 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	2	QL (60 per 25 days)
ADVAIR HFA	2	QL (1 inhaler per 25 days)
PULMICORT FLEXHALER inha 180mcg/act	3	QL (2 inhalers per 25 days)
PULMICORT FLEXHALER inha 90mcg/act	3	QL (4 inhalers per 25 days)
SYMBICORT	2	QL (1 inhaler per 25 days)

XANTHINES

Drug	Tier	Notes
<i>aminophylline</i>	1	
ELIXOPHYLLIN	2	
THEO-24	2	
<i>theochron</i>	1	
<i>theophylline</i>	1	
<i>theophylline er</i>	1	

TOPICAL

DERMATOLOGY, ACNE

<i>amnestem</i>	1	
<i>avita</i>	1	PA
AZELEX	2	
BENZACLIN	3	
<i>claravis</i>	1	
<i>clindamycin phosphate</i>	1	
DIFFERIN	2	PA
<i>ery</i>	1	
<i>eryderm</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin/benzoyl peroxide</i>	1	
RETIN-A MICRO	3	PA
<i>sodium sulfacetamide</i>	1	
<i>sotret</i>	1	
<i>tretinoin</i>	1	PA

DERMATOLOGY, ACTINIC KERATOSIS

CARAC	2	
FLUOROPLEX	2	
<i>fluorouracil</i>	1	
SOLARAZE	2	

DERMATOLOGY, ANTIBIOTICS

ALTABAX	2	
BACTROBAN	2	
<i>gentamicin sulfate</i>	1	
<i>mupirocin</i>	1	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
<i>ssd af</i>	1	
<i>thermazene</i>	1	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox</i>	1	
<i>clotrimazole</i>	1	
<i>econazole nitrate</i>	1	
<i>ketconazole</i>	1	

Drug	Tier	Notes
LOPROX	3	
LOPROX SHAMPOO	2	
MENTAX	3	
<i>nystatin</i>	1	
<i>nystop</i>	1	
OXISTAT	3	
<i>pedi-dri</i>	1	
DERMATOLOGY, ANTIPRURITIC		
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
ZONALON	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>calcipotriene</i>	1	
DOVONEX	2	CREAM
OXSORALEN ULTRA	2	
RAPTIVA	4	
SORIATANE CK	3	
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole</i>	1	
<i>selenium sulfide</i>	1	
DERMATOLOGY, ANTIVIRALS		
DENAVIR	2	
ZOVIRAX	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>augmented betamethasone dipropionate</i>	1	
<i>beta-val</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
<i>clobetasol propionate</i>	1	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate emollient</i>	1	
CORDRAN	3	
CORDRAN TAPE	3	
<i>del-beta</i>	1	
DERMA-SMOOTHIE/FS SCALP OIL	2	
<i>desonide</i>	1	
DESOWEN	2	
<i>desoximetasone</i>	1	
<i>diflorasone diacetate</i>	1	
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	

Drug	Tier	Notes
<i>fluocinonide-e</i>	1	
<i>fluticasone propionate</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone valerate</i>	1	
KENALOG	2	
LOCOID LIPOCREAM	3	
LUXIQ	3	
<i>mometasone furoate</i>	1	
TEXACORT soln 2.5%	2	
<i>texacort soln 1%</i>	1	
<i>triamcinolone acetonide</i>	1	
<i>triderm</i>	1	
DERMATOLOGY, IMMUNOMODULATORS		
ELIDEL	2	ST
PROTOPIC	2	ST
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl</i>	1	
<i>lidocaine/prilocaine</i>	1	
LIDODERM	2	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ALDARA	3	
<i>ammonium lactate</i>	1	
CONDYLOX	3	GEL
<i>laclotion</i>	1	
PANRETIN	4	
<i>podofilox</i>	1	
TARGRETIN	4	
DERMATOLOGY, ROSACEA		
FINACEA	3	
METROGEL	2	
<i>metronidazole</i>	1	
ORACEA	2	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>acticin</i>	1	
EURAX	2	
OVIDE	2	
<i>permethrin</i>	1	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX	4	PA
SANTYL	2	
<i>sodium chloride 0.9%</i>	1	

Drug	Tier	Notes
MOUTH/THROAT/DENTAL AGENTS		
<i>lidomar viscous</i>	1	
<i>nystatin</i>	1	
<i>triamcinolone in orabase</i>	1	
OPHTHALMIC		
<i>acetazolamide</i>	1	
ACULAR	3	
ACULAR LS	3	
ACULAR PF	3	
<i>ak-poly-bac</i>	1	
<i>ak-tob</i>	1	
ALOCRIAL	3	
ALOMIDE	3	
ALPHAGAN P	2	
ALREX	2	
AZOPT	2	
<i>bacitracin</i>	1	
<i>bacitracin /neomycin /polymyxin</i>	1	
<i>bacitracin/polymyxin b</i>	1	
BETIMOL	3	
BETOPTIC-S	2	
BLEPHAMIDE S.O.P.	2	
<i>brimonidine tartrate</i>	1	
CILOXAN	2	OINT
<i>ciprofloxacin hcl</i>	1	
COMBIGAN	2	
COSOPT	2	
<i>cromolyn sodium</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>dexasporin</i>	1	
DIAMOX	2	
<i>diclofenac sodium</i>	1	
<i>erythromycin</i>	1	
<i>fluor-op</i>	1	
<i>fluorometholone</i>	1	
FML S.O.P.	2	
<i>gentak</i>	1	
<i>gentamicin sulfate</i>	1	
<i>ketotifen fumarate</i>	1	
LACRISERT	2	
<i>levobunolol hcl</i>	1	
LOTEMAX	3	
LUMIGAN	2	

Drug	Tier	Notes
<i>methazolamide</i>	1	
<i>metipranolol</i>	1	
NATACYN	2	
<i>neo /poly /bac /hc</i>	1	
<i>neomycin /polymyxin /dexamethasone</i>	1	
<i>neomycin /polymyxin /gramicidin</i>	1	
<i>neomycin /polymyxin /hydrocortisone</i>	1	
<i>ocusulf-10</i>	1	
<i>ofloxacin</i>	1	
OPTIVAR	3	
PATADAY	2	
PATANOL	2	
PILOPINE HS	2	
<i>poly-dex</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
PRED MILD	3	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
QUIXIN	3	
RESTASIS	2	
<i>romycin</i>	1	
<i>sulfacetamide sodium</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
<i>timolol maleate</i>	1	
<i>timolol maleate ophthalmic gel forming</i>	1	
TOBRADEX	3	
<i>tobramycin sulfate</i>	1	
TOBREX	2	OINT
TRAVATAN	2	
TRAVATAN Z	2	
<i>trifluridine</i>	1	
TRUSOPT	2	
VIGAMOX	2	
XALATAN	3	
XIBROM	2	
ZYMAR	3	
OTIC		
<i>acetic acid</i>	1	
<i>acetic acid/hydrocortisone</i>	1	
<i>borofair</i>	1	
CIPRO HC	3	
CIPRODEX	3	

Drug	Tier	Notes
<i>cortomycin</i>	1	
DERMOTIC	2	
<i>neomycin /polymyxin /hydrocortisone</i>	1	
<i>ofloxacin</i>	1	
<i>oticin hc</i>	1	

ABILIFY.....	21	ALKERAN	12
ABILIFY DISCMELT	21	ALLEGRA-D 12 HOUR.....	41
acarbose	24	ALLEGRA-D 24 HOUR.....	41
ACCOLATE	41	allopurinol.....	7
ACEON.....	15	allopurinol sodium.....	7
acetaminophen/codeine	7	ALOCRIL	46
acetazolamide.....	46	ALOMIDE	46
acetic acid	47	ALORA	28
acetic acid/hydrocortisone	47	ALPHAGAN P	46
acetylcysteine.....	42	ALREX	46
ACTHIB	35	ALTABAX.....	43
acticin.....	45	ALTOPREV.....	16
ACTIMMUNE	35	amantadine hcl.....	21
ACTONEL.....	26	a-methapred	28
ACTOPLUS MET	24	amifostine.....	15
ACTOS.....	24	amiloride /hydrochlorothiazide.....	18
ACULAR	46	amiloride hcl.....	18
ACULAR LS	46	AMINESS	36
ACULAR PF	46	aminophylline.....	43
acyclovir	11	AMINOSYN	36
acyclovir sodium	11	AMINOSYN 7%/ELECTROLYTES.....	36
ADACEL	35	aminosyn 8.5%/electrolytes	37
ADAGEN.....	27	AMINOSYN II.....	37
ADDERALL XR.....	22	AMINOSYN II 3.5%/DEXTROSE25% ...	37
adriamycin	12	AMINOSYN II 3.5%/DEXTROSE5%.....	37
ADVAIR DISKUS.....	42	AMINOSYN II 3.5/DEXTROSE 25%	37
ADVAIR HFA	42	AMINOSYN II 4.25/DEXTROSE10% ...	37
ADVICOR	16	AMINOSYN II 4.25/DEXTROSE20% ...	37
afeditab cr.....	17	AMINOSYN II 4.25/DEXTROSE25% ...	37
AGGRENEX.....	34	AMINOSYN II 5/DEXTROSE 25.....	37
a-hydrocort	28	aminosyn ii 8.5%/electrolytes.....	37
ak-poly-bac	46	AMINOSYN II M 3.5%/DEXTROSE 5%.37	
ak-tob.....	46	AMINOSYN II M 4.25/DEXTROSE 10%37	
ala-cort	44	AMINOSYN M.....	37
ALBENZA.....	11	AMINOSYN-HBC.....	37
albuterol sulfate	41	aminosyn-hf.....	37
albuterol sulfate er	41	AMINOSYN-PF	37
alclometasone dipropionate	44	AMINOSYN-PF 7%.....	37
alcohol 5%/dextrose 5%	38	amiodarone hcl.....	16
ALCOHOL PREPS	24	AMITIZA	31
ALDACTAZIDE.....	18	amitriptyline hcl.....	20
ALDARA	45	amlodipine besylate.....	17
ALDURAZYME	27	amlodipine besylate/benazepril	
alendronate sodium.....	26	hydrochloride	15
ALIMTA	13	ammonium lactate	45
ALINIA.....	11	amnestem	43

amoxapine	20	AVANDARYL	24
amoxicillin	8	AVANDIA	24
amoxicillin/potassium clavulanate.....	8	AVAPRO	16
amoxil	8	AVASTIN.....	13
amphotericin b.....	9	AVELOX	8
ampicillin.....	8	AVELOX ABC PACK.....	8
ampicillin sodium	8	aviane	26
anagrelide hydrochloride	34	AVINZA.....	7
ANCOBON	9	avita.....	43
ANDRODERM	24	AVODART.....	33
ANDROGEL.....	24	AVONEX.....	23
ANDROGEL PUMP	24	AZASAN.....	35
ANTABUSE	24	azathioprine	35
ANTIVERT	30	AZELEX.....	43
APOKYN	21	AZILECT	21
apri	26	azithromycin	8
APTIVUS	10	AZMACORT.....	42
ARALAST	42	AZOPT	46
aranelle.....	26	bacitracin.....	46
ARANESP ALBUMIN FREE.....	34	bacitracin /neomycin /polymyxin.....	46
ARANESP ALBUMIN FREE SURECLICK	34	bacitracin/polymyxin b.....	46
ARICEPT.....	20	baclofen.....	23
ARICEPT ODT.....	20	BACTROBAN	43
ARIMIDEX	13	BARACLUDGE	11
ARIXTRA	33	BD INSULIN SYRINGE	
AROMASIN	13	SAFETYGLIDE/1ML/29G X 1/2"	24
ASACOL	31	BD INSULIN SYRINGE	
ASMANEX 120 METERED DOSES	42	ULTRAFINE/0.3ML/31G X 5/16"	24
ASMANEX 14 METERED DOSES	42	BD INSULIN SYRINGE	
ASMANEX 30 METERED DOSES	42	ULTRAFINE/0.5ML/30G X 1/2"	24
ASMANEX 60 METERED DOSES	42	BD INSULIN SYRINGE	
ASTELIN.....	41	ULTRAFINE/1ML/31G X 5/16"	24
ATACAND	16	BD ULTRA-FINE ORIGINAL PEN	
ATACAND HCT	16	NEEDLES/29G X 12.7MM.....	24
atamet.....	21	benazepril hcl.....	15
atenolol.....	17	benazepril hcl/hydrochlorothiazide	15
atenolol/chlorthalidone.....	17	BENICAR.....	16
ATRIPLA.....	10	BENICAR HCT	16
ATROVENT HFA	40	BENZACLIN	43
ATTENUVAX.....	35	benztropine mesylate	21
augmented betamethasone		betamethasone dipropionate	44
dipropionate	44	betamethasone valerate	44
AUGMENTIN	8	BETASERON	23
AUGMENTIN XR.....	8	beta-val.....	44
AVALIDE	16	bethanechol chloride	33
AVANDAMET	24	BETIMOL.....	46

BETOPTIC-S	46	cartia xt.....	17
BICILLIN C-R	8	carvedilol	17
BICILLIN L-A	8	CASODEX.....	13
BICNU.....	12	CATAPRES-TTS-1	15
BIDIL.....	18	CATAPRES-TTS-2	15
bisoprolol fumarate.....	17	CATAPRES-TTS-3	15
bisoprolol		CEDAX	8
fumarate/hydrochlorothiazide	17	CEENU	12
bleomycin sulfate	13	cefaclor.....	8
BLEPHAMIDE S.O.P.....	46	cefadroxil.....	8
BONIVA.....	26	CEFAZOLIN SODIUM.....	8
BOOSTRIX	35	cefdinir	8
borofair	47	cefepime.....	8
brimonidine tartrate.....	46	cefoxitin sodium.....	8
bromocriptine mesylate.....	21	cefpodoxime proxetil	9
budeprion sr	20	cefprozil.....	9
budeprion xl	20	ceftriaxone sodium.....	9
bumetanide	18	cefuroxime axetil	9
BUPHENYL	27	cefuroxime sodium.....	9
buproban	24	cefuroxime/dextrose.....	9
bupropion hcl.....	20	CELEBREX.....	7
buspirone hcl.....	19	CELLCEPT	35
BUSULFEX	12	CELONTIN	19
BYETTA	24	CENESTIN	28
cabergoline.....	29	cephalexin.....	9
CADUET	17	CEREZYME	27
calcipotriene	44	cesia	26
calcitriol	40	CHANTIX.....	24
camila.....	26	chloroquine phosphate.....	10
CAMPATH	13	chlorpromazine hcl.....	21
CAMPRAL	24	chlorthalidone.....	18
CAMPTOSAR	15	chlorzoxazone.....	23
CANASA	31	cholestyramine	16
CANCIDAS.....	9	cholestyramine light	16
captopril.....	15	chorionic gonadotropin	29
captopril /hydrochlorothiazide.....	15	ciclopirox	43
CARAC	43	cilostazol.....	34
CARAFATE	31	CILOXAN.....	46
carbamazepine.....	19	cimetidine	31
CARBATROL.....	19	cimetidine hcl	31
carbidopa/levodopa	21	CIPRO	9
carbidopa/levodopa er	21	CIPRO HC	47
carboplatin	14	CIPRODEX.....	47
CARDIZEM CD.....	17	ciprofloxacin.....	9
CARDIZEM LA	17	ciprofloxacin er	9
carisoprodol.....	23	ciprofloxacin hcl.....	9

ciprofloxacin hcl	46	colestipol hcl	17
cisplatin	14	colistimethate sodium.....	11
citalopram hydrobromide.....	20	colocort	31
cladribine	14	COMBIGAN.....	46
claravis	43	COMBIPATCH.....	28
CLARINEX	41	COMBIVENT	40
CLARINEX REDITABS	41	COMBIVIR.....	10
clarithromycin.....	9	compro	30
clarithromycin er.....	9	COMTAN	21
clemastine fumarate	41	COMVAX	35
CLEOCIN	11	CONCERTA.....	22
CLEOCIN	33	CONDYLOX.....	45
CLEOCIN PEDIATRIC GRANULES	11	constulose.....	31
CLIMARA PRO	28	COPAXONE.....	23
clindamycin hcl	11	CORDRAN	44
clindamycin phosphate.....	11	CORDRAN TAPE	44
clindamycin phosphate.....	33	COREG CR.....	17
clindamycin phosphate.....	43	CORTIFOAM	31
CLINIMIX 2.75%/DEXTROSE 5%.....	37	cortomycin.....	48
clinimix 4.25%/dextrose 10%.....	37	COSMEGEN	13
clinimix 4.25%/dextrose 20%.....	37	COSOPT.....	46
clinimix 4.25%/dextrose 25%.....	37	COUMADIN.....	33
CLINIMIX 4.25%/DEXTROSE 5%.....	37	COZAAR.....	16
CLINIMIX 5%/DEXTROSE 15%.....	37	CREON 5.....	32
CLINIMIX 5%/DEXTROSE 20%.....	37	CREON 10.....	32
CLINIMIX 5%/DEXTROSE 25%.....	37	CREON 20.....	32
CLINIMIX E 2.75%/DEXTROSE 10% ...	37	CRESTOR	17
CLINIMIX E 2.75%/DEXTROSE 5%.....	37	CRIXIVAN	10
CLINIMIX E 4.25%/DEXTROSE 25% ...	37	cromolyn sodium	41
CLINIMIX E 4.25%/DEXTROSE 5%.....	37	cromolyn sodium	46
CLINIMIX E 5%/DEXTROSE 15%.....	37	cryselle-28.....	26
CLINIMIX E 5%/DEXTROSE 20%.....	37	CUBICIN	11
CLINIMIX E 5%/DEXTROSE 25%.....	37	CUPRIMINE	34
CLINIMIX E 5%/DEXTROSE 35%.....	37	CURITY GAUZE PADS 2"X2".....	24
clinisol sf 15%	37	cyclobenzaprine hcl	23
clobetasol propionate.....	44	cyclophosphamide.....	12
clobetasol propionate e	44	cyclosporine	35
clobetasol propionate emollient.....	44	cyclosporine modified	35
clomipramine hcl.....	20	CYKLOKAPRON	34
clonidine hcl	15	CYMBALTA	20
clotrimazole.....	9	cyproheptadine hcl.....	41
clotrimazole.....	43	CYSTADANE	27
clozapine.....	21	CYSTAGON.....	27
COGENTIN.....	21	cytarabine.....	13
co-gesic	7	CYTOMEL	30
colchicine	7	CYTOVENE	11

dacarbazine.....	12	dextrose 5%/lactated ringer's.....	38
danazol.....	27	dextrose 5%/nacl 0.2%.....	39
dantrolene sodium.....	23	dextrose 5%/nacl 0.225%.....	39
dapsone.....	11	dextrose 5%/nacl 0.33%.....	39
DAPTACEL.....	35	dextrose 5%/nacl 0.45%.....	39
DARAPRIM.....	10	dextrose 5%/nacl 0.9%.....	39
DAUNORUBICIN HCL.....	12	DEXTROSE 5%/POTASSIUM	
DAUNOXOME.....	12	CHLORIDE 0.075%.....	39
DECAVAC.....	35	dextrose 5%/potassium chloride	
del-beta.....	44	0.15%.....	39
DEMADEX.....	18	dextrose 5%/sodium chloride 0.2%...	39
DENAVIR.....	44	dextrose 5%/sodium chloride 0.33%..	39
depade.....	24	dextrose 5%/sodium chloride 0.45%..	39
DEPAKOTE.....	19	dextrose 5%/sodium chloride 0.9%...	39
DEPAKOTE ER.....	19	dextrostat.....	22
DEPAKOTE SPRINKLES.....	19	DIAMOX.....	46
DEPO-PROVERA.....	13	diclofenac sodium.....	7
DEPO-PROVERA CONTRACEPTIVE.....	26	diclofenac sodium.....	46
DERMA-SMOOTH/FS SCALP OIL.....	44	diclofenac sodium dr.....	7
DERMOTIC.....	48	diclofenac sodium ec.....	7
desipramine hcl.....	20	diclofenac sodium er.....	7
desmopressin acetate.....	30	diclofenac sodium xr.....	7
desonide.....	44	dicloxacillin sodium.....	9
DESOWEN.....	44	dicyclomine hcl.....	31
desoximetasone.....	44	didanosine.....	10
DETROL.....	33	DIFFERIN.....	43
DETROL LA.....	33	diflorasone diacetate.....	44
dexamethasone.....	28	diflunisal.....	8
dexamethasone intensol.....	28	digitek.....	18
dexamethasone sodium phosphate.....	28	digoxin.....	18
dexamethasone sodium phosphate.....	46	dihydroergotamine mesylate.....	22
dexasporin.....	46	DILANTIN.....	19
DEXPAK 13 DAY.....	28	DILANTIN INFATABS.....	19
dexrazoxane.....	15	DILAUDID-5.....	7
dextroamphetamine sulfate.....	22	dilt-cd.....	17
dextroamphetamine sulfatecr.....	22	diltiazem cd.....	17
dextrose 10%/nacl 0.45%.....	38	diltiazem hcl.....	18
DEXTROSE 5% /ELECTROLYTE #48		diltiazem hcl er.....	18
VIAFLEX.....	38	dilt-xr.....	17
dextrose 5% /electrolyte #75 viaflex.....	38	DIOVAN.....	16
dextrose 10% flex container.....	38	DIOVAN HCT.....	16
dextrose 10%/nacl 0.2%.....	38	DIPENTUM.....	31
dextrose 2.5%/nacl 0.45%.....	38	diphenhydramine hcl.....	41
dextrose 2.5%/sodium chloride		diphenoxylate/atropine.....	30
0.45%.....	38	diphtheria/tetanus toxoid pediatric.....	35
dextrose 5%.....	38	dipyridamole.....	34

disopyramide phosphate	16	EPZICOM	10
disopyramide phosphate er.....	16	ergotamine tartrate/caffeine.....	22
DOVONEX	44	errin.....	26
doxazosin mesylate	16	ery	43
doxepin hcl.....	20	eryderm.....	43
DOXIL.....	12	ERYPED	9
doxorubicin hcl.....	13	ERYTHROCIN LACTOBIONATE	9
doxy-caps	9	erythrocin stearate.....	9
doxycycline hyclate	9	erythromycin.....	9
dronabinol	30	erythromycin.....	43
DROXIA	14	erythromycin.....	46
DUETACT	24	erythromycin /sulfoxazole.....	11
e.e.s. 200.....	9	erythromycin ethylsuccinate.....	9
e.e.s. 400.....	9	erythromycin/benzoyl peroxide.....	43
econazole nitrate.....	43	ESTRACE	28
ed k+10.....	36	ESTRADERM	28
EFFEXOR XR	20	estradiol	28
ELAPRASE	28	ESTRING.....	28
ELIDEL.....	45	estropipate.....	28
ELITEK.....	15	ethambutol hcl.....	11
ELIXOPHYLLIN	43	ethosuximide.....	19
ELLECE	13	etodolac.....	8
ELMIRON.....	33	etodolac er.....	8
ELOXATIN	14	etoposide	15
ELSPAR	14	EURAX	45
EMCYT	12	EVISTA	30
EMEND.....	30	EVOXAC.....	33
EMSAM	20	EXELON	20
EMTRIVA.....	10	EXFORGE	16
ENABLEX.....	33	EXJADE.....	26
enalapril maleate.....	15	FABRAZYME	28
enalapril maleate/hydrochlorothiazide.	15	famciclovir	11
ENBREL.....	34	famotidine.....	31
ENBREL SURECLICK.....	34	famotidine premixed.....	31
endocet.....	7	FARESTON	13
ENGERIX-B.....	35	FASLODEX	13
enpresse-28	26	FAZACLO	21
ENTOCORT EC	31	FELBATOL	19
enulose	31	felodipine er	18
EPIPEN 2-PAK	42	FEMARA.....	13
EPIPEN-JR 2-PAK.....	42	FEMHRT 1/5	28
epirubicin hcl	13	FEMHRT LOW DOSE.....	28
epitol	19	FEMRING	28
EPIVIR.....	10	fenofibrate	17
EPIVIR HBV	11	fentanyl	7
EPOGEN	34	fexofenadine hcl	41

FINACEA	45	GAMUNEX	35
finasteride	33	ganciclovir.....	11
flecainide acetate	16	GANTRISIN PEDIATRIC	9
FLOMAX	33	GARDASIL.....	35
FLOVENT HFA	42	GASTROCROM	32
fluconazole	9	gemfibrozil.....	17
fluconazole in dextrose	10	GEMZAR	13
fluconazole in nacl.....	10	gengraf.....	35
fludarabine phosphate	14	GENOTROPIN	29
fludrocortisone acetate.....	28	GENOTROPIN MINIQUICK	29
flunisolide.....	42	gentak.....	46
fluocinolone acetonide.....	44	gentamicin sulfate.....	43
fluocinonide.....	44	gentamicin sulfate.....	46
fluocinonide-e	45	GEODON	22
fluorometholone.....	46	GLEEVEC.....	14
fluor-op.....	46	glimepiride.....	24
FLUOROPLEX	43	glipizide	24
FLUOROURACIL.....	13	glipizide er	24
fluorouracil	43	glipizide xl.....	25
fluoxetine hcl.....	20	glipizide/metformin hcl	25
fluphenazine decanoate.....	22	GLUCAGEN HYPOKIT	29
fluphenazine hcl	22	GLUCAGON EMERGENCY KIT	29
flutamide.....	14	glyburide	25
fluticasone propionate.....	42	glyburide micronized	25
fluticasone propionate.....	45	glyburide/metformin hcl.....	25
fluvoxamine maleate	19	glycopyrrolate	31
FML S.O.P.	46	glycron	25
FORADIL AEROLIZER	41	granisetron hcl	30
FORTEO	29	granisol	30
fortical	26	griseofulvin microsize	10
FOSAMAX	26	GRIS-PEG	10
FOSAMAX PLUS D.....	26	guanfacine hcl	15
fosinopril sodium.....	15	guanidine hcl.....	23
fosinopril sodium/hydrochlorothiazide .	15	GYNODIOL	28
FOSRENOL	29	halobetasol propionate.....	45
FREAMINE HBC 6.9%.....	37	haloperidol.....	22
freamine iii	37	haloperidol decanoate.....	22
FREAMINE III 3%.....	37	haloperidol lactate.....	22
FROVA	23	HAVRIX	35
FURADANTIN	12	HECTOROL.....	40
furosemide	18	HEPARIN SODIUM.....	33
FUZEON	10	hepatamine	37
gabapentin	19	HEPATASOL.....	37
GABITRIL	19	HEPSERA	11
GAMASTAN S/D	35	HERCEPTIN	13
GAMMAGARD LIQUID.....	35	HEXALEN	12

HIBTITER	35	INFANRIX.....	35
HUMALOG	25	INFERGEN.....	35
HUMALOG MIX 50/50.....	25	INSPRA.....	15
HUMALOG MIX 50/50 PEN	25	INTAL INHALER.....	41
HUMALOG MIX 75/25.....	25	INTELENCE.....	10
HUMALOG MIX 75/25 PEN	25	INTRALIPID	37
HUMALOG PEN.....	25	intralipid 20%.....	37
HUMATROPE	29	INTRON-A	35
HUMATROPE COMBO PACK	29	INTRON-A W/DILUENT.....	35
HUMIRA	34	INVANZ	12
HUMIRA PEN.....	34	INVEGA	22
HUMULIN 50/50	25	INVIRASE.....	10
HUMULIN 70/30	25	IONOSOL-B/DEXTROSE 5%.....	39
HUMULIN 70/30 PEN.....	25	IONOSOL-MB/DEXTROSE 5%	39
HUMULIN N	25	IONOSOL-T/DEXTROSE 5%.....	39
HUMULIN N U-100 PEN	25	IPOL INACTIVATED IPV.....	35
HUMULIN R	25	ipratropium bromide.....	41
HYCAMTIN.....	15	ipratropium bromide/albuterol sulfate.....	40
hydralazine hcl.....	18	irinotecan.....	14
hydrochlorothiazide	18	ISENTRESS	10
hydrocodone /acetaminophen	7	ISOLYTE-H/DEXTROSE 5%.....	39
hydrocortisone	28	isolyte-m/dextrose 5%	39
hydrocortisone	31	ISOLYTE-P/DEXTROSE 5%	39
hydrocortisone	45	ISOLYTE-S	39
hydrocortisone butyrate	45	ISOLYTE-S PH 7.4	39
hydrocortisone valerate.....	45	ISOLYTE-S/DEXTROSE 5%	39
hydromorphone hcl.....	7	isoniazid	11
hydroxychloroquine sulfate.....	34	ISORDIL TITRADOSE	18
hydroxyurea	14	isosorbide dinitrate.....	18
hydroxyzine hcl.....	41	isosorbide dinitrate er.....	18
hydroxyzine pamoate.....	41	isosorbide mononitrate	18
HYZAAR	16	isosorbide mononitrate er	18
ibuprofen	8	itraconazole.....	10
idarubicin hcl	13	jantoven	34
IFEX	12	JANUMET	25
IFOSFAMIDE	12	JANUVIA	25
ifosfamide/mesna.....	15	JE-VAX	35
imipramine hcl.....	20	jolivette.....	26
IMITREX.....	23	junel 1.5/30	26
IMITREX STATDOSE REFILL.....	23	junel 1/20.....	26
IMOVAX RABIES (H.D.C.V.)	35	junel fe 1.5/30.....	26
INCRELEX.....	29	junel fe 1/20	26
indapamide	18	KALETRA.....	10
INDOCIN.....	8	kaon-cl-10	36
indomethacin.....	8	kariva.....	26
indomethacin er	8	kcl 0.075%/d5w/nacl 0.2%	39

kcl 0.075%/d5w/nacl 0.45%.....	39	leflunomide	34
KCL 0.15%/D10W/NACL 0.2%	39	LESCOL	17
kcl 0.15%/d5w/ nacl 0.3%	39	LESCOL XL	17
KCL 0.15%/D5W/LR	39	lessina-28	26
kcl 0.15%/d5w/nacl 0.2%	39	LETAIRIS	19
KCL 0.15%/D5W/NACL 0.225%	39	leucovorin calcium	15
kcl 0.15%/d5w/nacl 0.45%	39	LEUKERAN	12
kcl 0.15%/d5w/nacl 0.9%	39	leuprolide acetate	14
kcl 0.224%/d5w/nacl 0.2%	39	LEVAQUIN.....	9
KCL 0.3%/D5W/LR	39	LEVAQUIN LEVA-PAK.....	9
KCL 0.3%/D5W/LR IV LAC RING	39	LEVAQUIN PREMIX.....	9
kcl 0.3%/d5w/nacl 0.2%.....	39	LEVEMIR.....	25
kcl 0.3%/d5w/nacl 0.45%	39	LEVEMIR FLEXPEN.....	25
KCL 0.3%/D5W/NACL 0.9%.....	39	levobunolol hcl.....	46
KENALOG	45	levora 0.15/30-28.....	26
KEPPRA.....	19	levothroid	30
ketoconazole	10	levothyroxine sodium	30
ketoconazole	43	levoxyl.....	30
ketoconazole	44	LEXAPRO	20
ketotifen fumarate.....	46	LEXIVA	10
kionex	36	LIALDA	31
klor-con 10.....	36	lidocaine hcl	8
klor-con 8	36	lidocaine hcl	45
klor-con m10.....	36	lidocaine/prilocaine	45
klor-con m15	36	LIDODERM.....	45
klor-con m20	36	lidomar viscous.....	46
klotrix.....	36	LIPITOR.....	17
KRISTALOSE.....	31	LIPRAM 4500.....	32
KUVAN.....	28	LIPRAM-PN10	32
labetalol hcl.....	17	LIPRAM-PN16	32
laclotion	45	LIPRAM-PN20	32
LACRISERT.....	46	LIPRAM-UL12	32
lactated ringer's dextrose 5% viaflex ..	39	LIPRAM-UL18	32
lactated ringer's viaflex	39	LIPRAM-UL20	32
lactulose	31	lisinopril.....	15
LAMICTAL STARTER/NOT TAKING		lisinopril /hydrochlorothiazide	15
CARBAMAZEPINE	19	lithium carbonate.....	23
LAMICTAL STARTER/TAKING		lithium carbonate er	23
CARBAMAZEPINE/NOT TAKING		lithium citrate.....	23
VALPROATE	19	LOCOID LIPOCREAM.....	45
LAMICTAL STARTER/TAKING		lofene.....	30
VALPROATE	19	lonox.....	30
lamotrigine.....	19	loperamide hcl.....	30
lamotrigine chewable dispersible	19	LOPROX.....	44
LANTUS	25	LOPROX SHAMPOO.....	44
LANTUS SOLOSTAR	25	LOTEMAX	46

LOTREL	15	methimazole	30
LOTRONEX	31	methocarbamol.....	23
lovastatin	17	methotrexate	34
LOVENOX	34	methotrexate sodium	13
low-ogestrel	26	methyldopa	18
loxapine succinate	22	METHYLIN	22
LUMIGAN	46	methylin er	22
LUNESTA.....	22	methylphenidate hcl	22
LUPRON DEPOT	14	methylprednisolone	28
LUPRON DEPOT-PED	14	methylprednisolone acetate.....	29
lutera.....	26	methylprednisolone sodiumsuccinate..	29
LUXIQ.....	45	metipranolol.....	47
LYRICA	20	metoclopramide hcl	30
LYSODREN	14	metolazone	18
MACRODANTIN	12	metoprolol /hydrochlorothiazide.....	17
MAGNESIUM SULFATE IN D5W.....	39	metoprolol succinate er.....	17
MALARONE	10	metoprolol tartrate.....	17
maprotiline hcl.....	20	METROGEL.....	45
MARPLAN	20	metronidazole.....	12
MATULANE	14	metronidazole.....	45
MAXAIR AUTOHALER	41	metronidazole in nacl 0.79%	12
MAXALT	23	metronidazole vaginal.....	33
MAXALT-MLT	23	mexiletine hcl	16
mebendazole	12	MIACALCIN	26
meclizine hcl.....	30	MICARDIS.....	16
MEDROL.....	28	MICARDIS HCT	16
medroxyprogesterone acetate.....	26	microgestin 1.5/30.....	27
medroxyprogesterone acetate.....	29	microgestin 1/20.....	27
mefloquine hcl	10	microgestin fe.....	27
MEGACE ES	14	microgestin fe 1.5/30	27
megestrol acetate	14	MICRO-K.....	36
meloxicam.....	8	midodrine hcl	18
MENACTRA	36	migergot.....	23
MENOMUNE-A/C/Y/W-135	36	MIGRANAL	23
MENTAX	44	minirin.....	30
mercaptapurine.....	13	minitran.....	19
MERUVAX II W/DILUENT 10 DOSE.....	36	minocycline hcl	9
mesalamine.....	31	minoxidil.....	18
mesna	15	MIRAPEX.....	21
MESNEX	15	mirtazapine	21
MESTINON	23	mirtazapine odt	21
MESTINON TIMESPAN	23	misoprostol	32
METADATE CD	22	mitomycin.....	13
metformin hcl	25	mitoxantrone hcl.....	14
metformin hcl er	25	M-M-R II W/DILUENT 10 DOSE.....	36
methazolamide	47	MOBAN	22

mometasone furoate.....	45	nifediac cc.....	18
mononessa.....	27	nifedical xl.....	18
morphine sulfate.....	7	nifedipine er.....	18
morphine sulfate er.....	7	NILANDRON.....	14
mupirocin.....	43	NITRO-DUR.....	19
MUSTARGEN.....	12	nitrofurantoin macrocrystalline.....	12
MYCOBUTIN.....	11	nitrofurantoin monohydrate.....	12
MYOZYME.....	28	nitroglycerin.....	19
nabumetone.....	8	nitroglycerin transdermal.....	19
nadolol.....	17	NITROLINGUAL PUMPSPRAY.....	19
nafcillin sodium.....	9	NITROSTAT.....	19
NAGLAZYME.....	28	nora-be.....	27
naloxone hcl.....	24	NORDITROPIN CARTRIDGE.....	29
naltrexone hcl.....	24	NORDITROPIN NORDIFLEX PEN.....	29
NAMENDA.....	20	norethindrone acetate.....	30
NAMENDA TITRATION PAK.....	20	normosol -r.....	39
naproxen.....	8	normosol-m in d5w.....	39
naproxen dr.....	8	NORMOSOL-R.....	39
naproxen sodium.....	8	normosol-r in d5w.....	39
NARDIL.....	21	NORPACE CR.....	16
NASACORT AQ.....	42	nortrel 0.5/35 (28).....	27
NASONEX.....	42	nortrel 1/35 (21).....	27
NATACYN.....	47	nortrel 1/35 (28).....	27
NAVANE.....	22	nortrel 7/7/7.....	27
necon 0.5/35-28.....	27	nortriptyline hcl.....	21
necon 1/35-28.....	27	NORVIR.....	10
necon 1/50-28.....	27	novamine.....	38
NECON 10/11-28.....	27	NOVOLIN 70/30.....	25
necon 7/7/7.....	27	NOVOLIN 70/30 INNOLET.....	25
nefazodone hcl.....	21	NOVOLIN 70/30 PENFILL.....	25
neo /poly /bac /hc.....	47	NOVOLIN N.....	25
neomycin /polymyxin		NOVOLIN N INNOLET.....	25
/dexamethasone.....	47	NOVOLIN N U-100 PENFILL.....	25
neomycin /polymyxin /gramicidin.....	47	NOVOLIN R.....	25
neomycin /polymyxin /hydrocortisone.....	47	NOVOLIN R INNOLET.....	25
neomycin /polymyxin /hydrocortisone.....	48	NOVOLIN R U-100 PENFILL.....	25
NEORAL.....	35	NOVOLOG.....	25
NEPHRAMINE.....	37	NOVOLOG FLEXPEN.....	25
NEULASTA.....	34	NOVOLOG MIX 70/30.....	25
NEUPOGEN.....	34	NOVOLOG MIX 70/30 PENFILL.....	25
NEURONTIN.....	20	NOVOLOG MIX 70/30 PREFILLED	
NEXAVAR.....	14	FLEXPEN.....	25
NEXIUM.....	32	NOVOLOG PENFILL.....	25
NEXIUM I.V.....	32	NULYTELY.....	31
NIASPAN.....	17	NUTROPIN.....	29
NICOTROL INHALER.....	24	NUTROPIN AQ.....	29

NUTROPIN AQ PEN	29	PANGESTYME UL 20	32
NUVARING	27	PANOKASE	32
nystatin	10	PANOKASE-16	32
nystatin	44	PANRETIN	45
nystatin	46	pantoprazole sodium	32
nystop	44	PARCOPA	21
ocella	27	paroxetine hcl	21
octreotide acetate	29	paroxetine hcl er	21
ocusulf-10	47	PATADAY	47
ofloxacin	47	PATANOL	47
ofloxacin	48	PAXIL CR	21
omeprazole	32	PEDIARIX	36
ONCASPAR	14	pedi-dri	44
ondansetron hcl	30	PEDVAX HIB	36
ondansetron odt	30	peg 3350/electrolytes	31
ONTAK	13	PEGANONE	20
OPANA ER	7	PEGASYS	35
OPTIVAR	47	PEG-INTRON	35
ORACEA	45	PEG-INTRON REDIPEN	35
ORAP	22	PEG-INTRON REDIPEN PAK 4	35
ORFADIN	28	penicillin g potassium	9
orphenadrine compound	23	PENICILLIN G PROCAINE	9
ORTHO EVRA	27	penicillin v potassium	9
ORTHO TRI-CYCLEN LO	27	PENTASA	31
ortho-est	28	pentostatin	13
oticin hc	48	pentoxifylline er	34
OVIDE	45	PEPCID	31
oxandrolone	24	permethrin	45
oxaprozin	8	perphenazine	22
oxcarbazepine	20	phenadoz	30
OXISTAT	44	phenytoin	20
OXSORALEN ULTRA	44	phenytoin sodium	20
oxybutynin chloride	33	phenytoin sodium extended	20
oxybutynin chloride er	33	PHOSLO	29
oxycodone hcl	7	PHOTOFRIN	14
oxycodone/acetaminophen	7	pilocarpine hcl	33
OXYCONTIN	7	PILOPINE HS	47
OXYTROL	33	pindolol	17
PACERONE	16	PLAN B	27
paclitaxel	13	PLARETASE 8000	32
PANCRELIPASE	32	PLASMA-LYTE 56	40
PANGESTYME CN 10	32	PLASMA-LYTE A	40
PANGESTYME CN 20	32	PLASMA-LYTE-148	40
PANGESTYME EC	32	PLASMA-LYTE-148/D5W	40
PANGESTYME UL 12	32	PLASMA-LYTE-56/D5W	40
PANGESTYME UL 18	32	plasma-lyte-r	40

PLAVIX.....	34	PREMASOL	38
podofilox	45	PREMPHASE	28
poly-dex.....	47	PREMPRO	28
polymyxin b sulfate/trimethoprim sulfate	47	prenatal rx 1	40
portia-28.....	27	PREVACID	32
potassium chloride	36	PREVACID SOLUTAB.....	33
POTASSIUM CHLORIDE	40	prevalite	17
potassium chloride 0.075%/d5w/nacl 0.225%.....	40	previfem	27
POTASSIUM CHLORIDE 0.15% /NACL 0.45% VIAFLEX.....	40	PREVPAC.....	32
potassium chloride 0.15% d5w/nacl 0.33%	40	PREZISTA	10
potassium chloride 0.15% d5w/nacl 0.45% viaflex	40	PRILOSEC	33
potassium chloride 0.15% nacl 0.9% ..	40	PRIMAXIN I.M.....	12
potassium chloride 0.15%/d5w	40	PRIMAXIN IV	12
POTASSIUM CHLORIDE 0.15%/NACL 0.9%	40	PRIMAXIN IV ADD-VANTAGE	12
potassium chloride 0.22% d5w/nacl 0.45%	40	primidone	20
potassium chloride 0.224%/d5w	40	PRISTIQ.....	21
potassium chloride 0.224%/d5w/nacl 0.45%	40	PROAIR HFA	41
potassium chloride 0.224%d5w/nacl 0.33%	40	probenecid	7
POTASSIUM CHLORIDE 0.3%/ NACL 0.9%	40	PROCALAMINE	38
potassium chloride 0.3%/d5w.....	40	PROCANBID	16
potassium chloride 0.3%/nacl 0.9%/viaflex.....	40	prochlorperazine	30
potassium chloride er.....	36	prochlorperazine edisylate.....	30
potassium citrate extended-release	33	prochlorperazine maleate.....	30
PRANDIN.....	25	PROCRIT	34
pravastatin sodium.....	17	proctosol hc	44
PRED MILD	47	proctozone-hc.....	44
prednisolone.....	29	PROGLYCEM	29
prednisolone acetate.....	47	PROGRAF	35
prednisolone sodium phosphate	29	PROLEUKIN	13
prednisolone sodium phosphate	47	promethazine hcl	31
prednisone	29	promethazine hcl plain.....	31
PREDNISONE INTENSOL.....	29	promethazine vc	41
PREFEST	28	promethegan.....	31
PREMARIN	28	PROMETRIUM	30
PREMARIN W/APPLICATOR	28	propafenone hcl.....	16
		propranolol hcl.....	17
		propranolol hcl er.....	17
		propylthiouracil.....	30
		PROQUAD	36
		PROSOL	38
		PROTOPIC	45
		PROVENTIL HFA.....	41
		PROVIGIL.....	23
		PULMICORT	42
		PULMICORT FLEXHALER.....	42
		PULMOZYME	42

pyrazinamide.....	11	ribatab.....	11
pyridostigmine bromide.....	23	ribavirin.....	11
QUALAQUIN.....	10	RIDAURA.....	34
quasense.....	27	rifampin.....	11
quinapril hcl.....	15	RILUTEK.....	23
quinaretic.....	15	ringer's injection.....	40
quinidine gluconate.....	16	RISPERDAL.....	22
quinidine sulfate.....	16	RISPERDAL CONSTA.....	22
quinidine sulfate er.....	16	RISPERDAL M-TAB.....	22
QUIXIN.....	47	risperidone.....	22
QVAR.....	42	RITALIN LA.....	22
RABAVERT.....	36	RITUXAN.....	13
ramipril.....	15	ROBAXIN.....	23
RANEXA.....	18	romycin.....	47
ranitidine hcl.....	31	ropinirole hcl.....	21
RAPAMUNE.....	35	ROTATEQ.....	36
RAPTIVA.....	44	ROXICET.....	7
RAZADYNE.....	20	RYTHMOL SR.....	16
RAZADYNE ER.....	20	SAIZEN.....	29
REBETOL.....	11	SAIZEN CLICK.EASY.....	29
REBIF.....	23	SANCTURA.....	33
REBIF TITRATION PACK.....	23	SANCTURA XR.....	33
RECOMBIVAX HB.....	36	SANDIMMUNE.....	35
REGONOL.....	23	SANDOSTATIN LAR DEPOT.....	29
REGRANEX.....	45	SANTYL.....	45
RELION 70/30.....	25	selegiline hcl.....	21
RELION 70/30 INNOLET.....	26	selenium sulfide.....	44
RELION N.....	26	SELZENTRY.....	10
RELION N INNOLET.....	26	SENSIPAR.....	26
RELION R.....	26	SEREVENT DISKUS.....	41
RELPAX.....	23	SEROQUEL.....	22
REMICADE.....	34	SEROQUEL XR.....	22
RENAGEL.....	29	sertraline hcl.....	21
RENAMIN.....	38	silver sulfadiazine.....	43
REVELA.....	29	simvastatin.....	17
RESCRIPTOR.....	10	SINGULAIR.....	41
RESTASIS.....	47	SKELAXIN.....	23
RETIN-A MICRO.....	43	sodium chloride.....	40
RETROVIR IV INFUSION.....	10	sodium chloride 0.45% viaflex.....	40
REVATIO.....	19	sodium chloride 0.9%.....	45
REVLIMID.....	35	sodium fluoride.....	36
REYATAZ.....	10	sodium polystyrene sulfonate.....	36
RHEUMATREX.....	34	sodium sulfacetamide.....	43
RHINOCORT AQUA.....	42	SOLARAZE.....	43
ribapak.....	11	solia.....	27
ribasphere.....	11	SOLTAMOX.....	14

SOLU-CORTEF.....	29	TABLOID.....	13
SOMATULINE DEPOT.....	29	TAMIFLU.....	11
SOMAVERT.....	29	tamoxifen citrate.....	14
SORIATANE CK.....	44	TARCEVA.....	14
sorine.....	16	TARGRETIN.....	14
sotalol hcl.....	16	TARGRETIN.....	45
sotalol hcl (af).....	16	TARKA.....	15
sotret.....	43	TASIGNA.....	14
SPIRIVA HANDIHALER.....	41	TAXOTERE.....	13
spironolactone.....	16	taztia xt.....	18
spironolactone /hydrochlorothiazide....	18	TEGRETOL-XR.....	20
SPORANOX.....	10	TEKTURNA.....	18
sprintec 28.....	27	TEKTURNA HCT.....	18
SPRYCEL.....	14	terazosin hcl.....	16
sps.....	36	terbinafine hcl.....	10
ssd.....	43	terbutaline sulfate.....	41
ssd af.....	43	terconazole.....	33
STALEVO 100.....	21	TESTIM.....	24
STALEVO 150.....	21	testosterone cypionate.....	24
STALEVO 200.....	21	TETANUS TOXOID ADSORBED.....	36
STALEVO 50.....	21	tetanus/diphtheria toxoids-adsorbed	
STRATTERA.....	22	adult.....	36
SUBOXONE.....	24	tetracycline hcl.....	9
SUBUTEX.....	24	TEXACORT.....	45
SUCRAID.....	28	THALITONE.....	18
sucralfate.....	32	THALOMID.....	35
sulfacetamide sodium.....	47	THEO-24.....	43
sulfacetamide sodium/prednisolone		theochron.....	43
sodium phosphate.....	47	theophylline.....	43
sulfadiazine.....	9	theophylline er.....	43
sulfamethoxazole /trimethoprim.....	12	thermazene.....	43
sulfasalazine.....	31	THIOLA.....	33
sulfatrim.....	12	thioridazine hcl.....	22
sulfazine.....	31	thiotepa.....	12
sulfazine ec.....	31	thiothixene.....	22
sulindac.....	8	TIKOSYN.....	16
SURMONTIL.....	21	timolol maleate.....	47
SUSTIVA.....	10	timolol maleate ophthalmic gel	
SUTENT.....	14	forming.....	47
SYMBICORT.....	42	TINDAMAX.....	12
SYMLIN.....	26	tizanidine hcl.....	23
SYMLINPEN 120.....	26	TOBI.....	42
SYMLINPEN 60.....	26	TOBRADEX.....	47
SYNAREL.....	27	tobramycin sulfate.....	47
SYNTHROID.....	30	TOBREX.....	47
SYPRINE.....	26	TOPAMAX.....	20

TOPAMAX SPRINKLE	20	TRIPEDIA	36
toposar	15	tri-previfem	27
torseamide	18	TRISENOX	14
TRACLEER	19	tri-sprintec	27
tramadol hcl	7	trivora-28	27
tramadol		TRIZIVIR	10
hydrochloride/acetaminophen	7	TROPHAMINE	38
trandolapril	15	TRUSOPT	47
TRANSDERM-SCOP	31	TRUVADA	10
tranylcypromine sulfate	21	TWINRIX	36
TRAVASOL	38	TYGACIL	12
TRAVASOL 2.75%/DEXTROSE 10%	38	TYKERB	14
TRAVASOL 2.75%/DEXTROSE 5%	38	TYPHIM VI	36
travasol 3.5%/electrolytes	38	TYSABRI	23
TRAVASOL 4.25%/DEXTROSE 10%	38	TYZEKA	11
TRAVASOL 4.25%/DEXTROSE 25%	38	TYZINE	42
TRAVASOL 5.5%/DEXTROSE 10%	38	TYZINE PEDIATRIC NASAL DROPS	42
TRAVASOL 5.5%/DEXTROSE 20%	38	ULTRASE	32
TRAVASOL 5.5%/ELECTROLYTES	38	ULTRASE MT 12	32
TRAVASOL 8.5%/DEXTROSE 10%	38	ULTRASE MT 18	32
TRAVASOL 8.5%/DEXTROSE 20%	38	ULTRASE MT 20	32
TRAVASOL 8.5%/DEXTROSE 50%	38	unithroid	30
travasol 8.5%/electrolytes	38	UROXATRAL	33
TRAVATAN	47	URSO 250	32
TRAVATAN Z	47	URSO FORTE	32
trazodone hcl	21	ursodiol	32
TRELSTAR DEPOT	14	VAGIFEM	28
TRELSTAR LA	14	VALCYTE	11
tretinoin	14	valproate sodium	20
tretinoin	43	VALTREX	11
triamcinolone acetonide	45	VANCOCIN HCL	12
triamcinolone in orabase	46	vancomycin hcl	12
triamterene /hydrochlorothiazide	18	vandazole	33
TRICOR	17	VAQTA	36
triderm	45	VARIVAX	36
trifluoperazine hcl	22	veetids	9
trifluridine	47	VELCADE	13
trihexyphenidyl hcl	21	velivet	27
TRIHIBIT	36	venlafaxine hcl	21
tri-legest fe	27	VENTAVIS	19
TRILEPTAL	20	verapamil hcl	18
trilyte	31	verapamil hcl er	18
trimethobenzamide hcl	31	VESANOID	14
trimethoprim	12	VESICARE	33
trimipramine maleate	21	VFEND	10
trinessa	27	VFEND IV	10

VIBRAMYCIN.....	9	ZOSTAVAX.....	36
VIDAZA.....	13	ZOSYN.....	9
VIDEX EC.....	10	zovia 1/35e.....	27
VIDEX PEDIATRIC.....	10	zovia 1/50e.....	27
VIGAMOX.....	47	ZOVIRAX.....	44
VINBLASTINE SULFATE.....	13	ZYMAR.....	47
vincasar pfs.....	13	ZYPREXA.....	22
vincristine sulfate.....	13	ZYPREXA ZYDIS.....	22
vinorelbine tartrate.....	13	ZYVOX.....	12
VIKASE.....	32		
VIKASE 16.....	32		
VIKASE 8.....	32		
VIRACEPT.....	11		
VIRAMUNE.....	11		
VIREAD.....	11		
VISICOL.....	31		
VIVACTIL.....	21		
VIVELLE-DOT.....	28		
VIVOTIF BERNA.....	36		
VYTORIN.....	17		
warfarin sodium.....	34		
WELCHOL.....	17		
WELLBUTRIN XL.....	21		
XALATAN.....	47		
XIBROM.....	47		
XOLAIR.....	42		
XOPENEX.....	41		
XOPENEX CONCENTRATE.....	41		
XOPENEX HFA.....	41		
XYREM.....	23		
YF-VAX.....	36		
zaleplon.....	22		
ZAVESCA.....	28		
zazole.....	33		
ZEGERID.....	33		
ZERIT.....	11		
ZETIA.....	17		
ZIAGEN.....	11		
zidovudine.....	11		
ZOLINZA.....	14		
zolpidem tartrate.....	22		
ZOMETA.....	26		
ZOMIG.....	23		
ZOMIG ZMT.....	23		
ZONALON.....	44		
zonisamide.....	20		