



# Medi-Pak Advantage 2009 Formulary

(List of Covered Drugs)

January 1 — December 31, 2009



**Arkansas  
BlueCross BlueShield**

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good for  
**you.**

**Medi-Pak Advantage**

**2009 Formulary**

**(List of Covered Drugs)**

**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](http://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](http://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](http://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
<b>ANALGESICS</b>		
<b>COX-2 INHIBITORS</b>		
CELEBREX	2	PA
<b>GOUT</b>		
<i>allopurinol</i>	1	
<i>allopurinol sodium</i>	1	
<i>colchicine</i>	1	
<i>probenecid</i>	1	
<b>NARCOTIC ANALGESICS, CII</b>		
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	
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen/codeine</i>	1	
<i>co-gesic</i>	1	
<i>hydrocodone /acetaminophen</i>	1	
<b>NON-NARCOTIC ANALGESICS</b>		
<i>tramadol hcl</i>	1	
<i>tramadol hydrochloride/acetaminophen</i>	1	
<b>NSAIDS</b>		
<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>cefepodoxime 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	
<b>ANTIFUNGALS</b>		
<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	
<b>ANTIMALARIALS</b>		
<i>chloroquine phosphate</i>	1	
DARAPRIM	2	
MALARONE	2	
<i>mefloquine hcl</i>	1	
QUALAQUIN	2	
<b>ANTIRETROVIRAL AGENTS</b>		
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	
<b>ANTITUBERCULAR AGENTS</b>		
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1	
MYCOBUTIN	2	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
<b>ANTIVIRALS</b>		
<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	
<b>Miscellaneous Therapeutic Agents</b>		
<i>colistimethate sodium</i>	1	B/D
<b>MISCELLANEOUS</b>		
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	
<b>ANTIBIOTICS</b>		
<i>bleomycin sulfate</i>	1	
COSMEGEN	2	
<i>mitomycin</i>	1	
<b>ANTIMETABOLITES</b>		
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	
<b>ANTIMITOTIC, TAXOIDS</b>		
<i>paclitaxel</i>	1	
TAXOTERE	4	
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>		
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	
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
AVASTIN	4	
CAMPATH	2	
HERCEPTIN	4	
ONTAK	2	
PROLEUKIN	4	
RITUXAN	4	
VELCADE	4	
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
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	
<b>KINASE INHIBITORS</b>		
GLEEVEC	4	
NEXAVAR	4	
SPRYCEL	4	
SUTENT	4	
TARCEVA	4	
TASIGNA	4	
TYKERB	4	
<b>MISCELLANEOUS</b>		
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	
<b>NUCLEOSIDE ANALOGS</b>		
<i>cladribine</i>	1	
<i>fludarabine phosphate</i>	1	
<b>PLATINUM COORDINATION COMPLEX</b>		
<i>carboplatin</i>	1	
<i>cisplatin</i>	1	
ELOXATIN	4	
<b>PROTECTIVE AGENTS</b>		

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	
<b>TOPOISOMERASE INHIBITORS</b>		
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	
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate</i>	1	
<i>terazosin hcl</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
ATACAND HCT	3	
AVALIDE	2	
BENICAR HCT	3	
DIOVAN HCT	2	
EXFORGE	2	
HYZAAR	2	
MICARDIS HCT	3	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
ATACAND	3	
AVAPRO	2	
BENICAR	3	
COZAAR	2	
DIOVAN	2	
MICARDIS	3	
<b>ANTIARRHYTHMICS</b>		
<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	
<b>ANTILIPEMICS</b>		
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	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol/chlorthalidone</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>metoprolol /hydrochlorothiazide</i>	1	
<b>BETA-BLOCKERS</b>		
<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	
<b>CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS</b>		
CADUET	3	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<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	
<b>DIGITALIS GLYCOSIDES</b>		
<i>digitek</i>	1	
<i>digoxin</i>	1	
<b>DIRECT RENIN INHIBITORS</b>		
TEKTURNA	2	
TEKTURNA HCT	2	
<b>DIURETICS</b>		
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	
<b>MISCELLANEOUS</b>		
BIDIL	2	
<i>hydralazine hcl</i>	1	
<i>methyldopa</i>	1	
<i>midodrine hcl</i>	1	
<i>minoxidil</i>	1	
RANEXA	2	
<b>NITRATES</b>		
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	
<b>ANTIDEMENTIA</b>		
ARICEPT	2	
ARICEPT ODT	2	
EXELON	2	
NAMENDA	2	
NAMENDA TITRATION PAK	2	
RAZADYNE	2	
RAZADYNE ER	2	
<b>ANTIDEPRESSANTS</b>		
<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	
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
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	
<b>HYPNOTICS</b>		
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)
<b>MIGRAINE</b>		
<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)
<b>MISCELLANEOUS</b>		
<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	
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AVONEX	4	
BETASERON	4	
COPAXONE	4	
REBIF	4	
REBIF TITRATION PACK	4	
TYSABRI	4	LA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<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	
<b>NARCOLEPSY/CATAPLEXY</b>		
PROVIGIL	2	PA
XYREM	2	LA

Drug	Tier	Notes
<b>PSYCHOTHERAPEUTIC-MISCELLANEOUS</b>		
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

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

<b>ANTIDIABETICS</b>		
<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	
<b>BISPHOSPHONATES</b>		
ACTONEL	2	
<i>alendronate sodium</i>	1	
BONIVA	3	
FOSAMAX	2	SOLN
FOSAMAX PLUS D	2	
ZOMETA	4	
<b>CALCITONINS</b>		
<i>fortical</i>	1	
MIACALCIN	2	
<b>CALCIUM RECEPTOR ANTAGONISTS</b>		
SENSIPAR	2	
<b>CHELATING AGENTS</b>		
EXJADE	4	
SYPRINE	2	
<b>CONTRACEPTIVES</b>		
<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	
<b>ENDOMETRIOSIS</b>		
<i>danazol</i>	1	
SYNAREL	2	
<b>ENZYME REPLACEMENTS</b>		
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	
<b>ESTROGEN/PROGESTINS</b>		
CLIMARA PRO	2	
COMBIPATCH	2	
FEMHRT 1/5	3	
FEMHRT LOW DOSE	3	
PREFEST	3	
PREMPHASE	2	
PREMPRO	2	
<b>ESTROGENS</b>		
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	
<b>GLUCOCORTICOIDS</b>		
<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	
<b>GLUCOSE ELEVATING AGENTS</b>		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM	2	
<b>HUMAN GROWTH HORMONES</b>		
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
<b>MISCELLANEOUS</b>		
<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
<b>PARATHYROID HORMONES</b>		
FORTEO	4	PA
<b>PHOPHATE BINDER AGENTS</b>		
FOSRENOL	3	
PHOSLO	2	
RENAGEL	2	
REVELA	2	
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate</i>	1	

Drug	Tier	Notes
<i>norethindrone acetate</i>	1	
PROMETRIUM	3	
<b>SELECTIVE ESTROGEN RECEPTOR MODULATORS</b>		
EVISTA	2	
<b>THYROID AGENTS</b>		
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	
<b>VASOPRESSINS</b>		
<i>desmopressin acetate</i>	1	
<i>minirin</i>	1	
<b>GASTROINTESTINAL</b>		
<b>ANTIDIARRHEALS</b>		
<i>diphenoxylate/atropine</i>	1	
<i>lofene</i>	1	
<i>lonox</i>	1	
<i>loperamide hcl</i>	1	
<b>ANTIEMETICS</b>		
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	
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl</i>	1	
<i>glycopyrrolate</i>	1	
<b>H2-RECEPTOR ANTAGONISTS</b>		
<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	
<b>INFLAMMATORY BOWEL DISEASE</b>		
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	
<b>IRRITABLE BOWEL SYNDROME</b>		
LOTRONEX	2	
<b>LAXATIVES</b>		
<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	
<b>MISCELLANEOUS</b>		
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	
<b>PANCREATIC ENZYMES</b>		
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	
VIOKASE	2	
VIOKASE 16	2	
VIOKASE 8	2	
<b>PROTON PUMP INHIBITOR/ANTI-INFECTIVE COMBINATIONS</b>		
PREVPAC	2	
<b>PROTON PUMP INHIBITORS</b>		
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
<b>IMMUNOMODULATORS</b>		
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
<b>IMMUNOSUPPRESSANTS</b>		
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
<b>VACCINES</b>		
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
<b>IV REPLACEMENT SOLUTIONS</b>		
<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	
<b>VITAMINS</b>		
<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)
<b>ANTIHISTAMINE/DECONGESTANT COMBINATIONS</b>		
ALLEGRA-D 12 HOUR	3	
ALLEGRA-D 24 HOUR	3	
<i>promethazine vc</i>	1	
<b>ANTIHISTAMINES, LOW/NONSEDATING</b>		
ASTELIN	2	QL (2 inhalers per 25 day)
CLARINEX	3	
CLARINEX REDITABS	3	
<i>fexofenadine hcl</i>	1	
<b>ANTIHISTAMINES, SEDATING</b>		
<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	
<b>BETA AGONISTS</b>		
<i>albuterol sulfate er</i>	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
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>		
ACCOLATE	3	
SINGULAIR	2	
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sodium</i>	1	QL (240 per 25 days) B/D
INTAL INHALER	2	QL,2 inhalers per 25 days

Drug	Tier	Notes
<b>MISCELLANEOUS</b>		
<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	
<b>NASAL STEROIDS</b>		
<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
<b>STEROID INHALANTS</b>		
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)
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
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	
<b>DERMATOLOGY, ANTIPRURITIC</b>		
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
ZONALON	2	
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>calcipotriene</i>	1	
DOVONEX	2	CREAM
OXSORALEN ULTRA	2	
RAPTIVA	4	
SORIATANE CK	3	
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole</i>	1	
<i>selenium sulfide</i>	1	
<b>DERMATOLOGY, ANTIVIRALS</b>		
DENAVIR	2	
ZOVIRAX	2	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<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	
<b>DERMATOLOGY, IMMUNOMODULATORS</b>		
ELIDEL	2	ST
PROTOPIC	2	ST
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>lidocaine hcl</i>	1	
<i>lidocaine/prilocaine</i>	1	
LIDODERM	2	
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
ALDARA	3	
<i>ammonium lactate</i>	1	
CONDYLOX	3	GEL
<i>laclotion</i>	1	
PANRETIN	4	
<i>podofilox</i>	1	
TARGRETIN	4	
<b>DERMATOLOGY, ROSACEA</b>		
FINACEA	3	
METROGEL	2	
<i>metronidazole</i>	1	
ORACEA	2	
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>acticin</i>	1	
EURAX	2	
OVIDE	2	
<i>permethrin</i>	1	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGRANEX	4	PA
SANTYL	2	
<i>sodium chloride 0.9%</i>	1	

Drug	Tier	Notes
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>lidomar viscous</i>	1	
<i>nystatin</i>	1	
<i>triamcinolone in orabase</i>	1	
<b>OPHTHALMIC</b>		
<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	
<b>OTIC</b>		
<i>acetic acid</i>	1	
<i>acetic acid/hydrocortisone</i>	1	
<i>borofair</i>	1	
CIPRO HC	3	
CIPRODEX	3	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<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
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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
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dexamethasone sodium phosphate.....	46	dihydroergotamine mesylate.....	22
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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
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disopyramide phosphate er.....	16	ergotamine tartrate/caffeine.....	22
DOVONEX .....	44	errin.....	26
doxazosin mesylate .....	16	ery.....	43
doxepin hcl.....	20	eryderm.....	43
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doxycycline hyclate .....	9	erythromycin.....	9
dronabinol .....	30	erythromycin.....	43
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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
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EMSAM .....	20	EXELON .....	20
EMTRIVA.....	10	EXFORGE .....	16
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fluvoxamine maleate .....	19	glycopyrrolate .....	31
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FORTEO .....	29	granisol .....	30
fortical .....	26	griseofulvin microsize .....	10
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fosinopril sodium.....	15	guanidine hcl.....	23
fosinopril sodium/hydrochlorothiazide .	15	GYNODIOL .....	28
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HUMULIN 70/30 .....	25	IONOSOL-B/DEXTROSE 5%.....	39
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hydrochlorothiazide .....	18	ISENTRESS .....	10
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hydrocortisone .....	28	isolyte-m/dextrose 5% .....	39
hydrocortisone .....	31	ISOLYTE-P/DEXTROSE 5% .....	39
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hydrocortisone butyrate .....	45	ISOLYTE-S PH 7.4 .....	39
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idarubicin hcl .....	13	jantoven .....	34
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indomethacin er .....	8	kcl 0.075%/d5w/nacl 0.2% .....	39

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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
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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
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CARBAMAZEPINE/NOT TAKING		lithium citrate.....	23
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VALPROATE .....	19	lonox.....	30
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LOVENOX .....	34	methotrexate sodium .....	13
low-ogestrel .....	26	methyldopa .....	18
loxapine succinate .....	22	METHYLIN .....	22
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LUNESTA.....	22	methylphenidate hcl .....	22
LUPRON DEPOT .....	14	methylprednisolone .....	28
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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
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MARPLAN .....	20	metronidazole.....	12
MATULANE .....	14	metronidazole.....	45
MAXAIR AUTOHALER .....	41	metronidazole in nacl 0.79% .....	12
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meclizine hcl.....	30	MICARDIS.....	16
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MEGACE ES .....	14	microgestin fe 1.5/30 .....	27
megestrol acetate .....	14	MICRO-K.....	36
meloxicam.....	8	midodrine hcl .....	18
MENACTRA .....	36	migergot.....	23
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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
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naloxone hcl.....	24	NORDITROPIN CARTRIDGE.....	29
naltrexone hcl.....	24	NORDITROPIN NORDIFLEX PEN.....	29
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NAMENDA TITRATION PAK.....	20	normosol -r.....	39
naproxen.....	8	normosol-m in d5w.....	39
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neomycin /polymyxin		NOVOLIN N INNOLET.....	25
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neomycin /polymyxin /hydrocortisone.....	47	NOVOLIN R INNOLET.....	25
neomycin /polymyxin /hydrocortisone.....	48	NOVOLIN R U-100 PENFILL.....	25
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NEPHRAMINE.....	37	NOVOLOG FLEXPEN.....	25
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NEURONTIN.....	20	NOVOLOG MIX 70/30 PREFILLED	
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NUVARING .....	27	PANOKASE .....	32
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octreotide acetate .....	29	paroxetine hcl er .....	21
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ofloxacin .....	47	PATANOL .....	47
ofloxacin .....	48	PAXIL CR .....	21
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ONTAK .....	13	PEGANONE .....	20
OPANA ER .....	7	PEGASYS .....	35
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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
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potassium chloride 0.15% nacl 0.9% ..	40	PRIMAXIN I.M.....	12
potassium chloride 0.15%/d5w .....	40	PRIMAXIN IV .....	12
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