



WHP Silver Rx
WHP Platinum Rx

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.

What is the Welborn Health Plans Formulary?

A formulary is a list of covered drugs selected by Welborn Health Plans 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. Welborn Health Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Welborn Health Plans 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, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of [3/09](#).

To get updated information about the drugs covered by Welborn Health Plans, please visit us online at www.welbornhealthplans.com or call Member Services 7 days a week, 8 a.m. – 8 p.m. (CST) at:

Local Phone Number: 812-426-6600
TTY Users should call via Indiana Relay: 1-800-743-3333
Toll Free: 1-800-521-0265
FAX: 812-773-0589
101 S.E. Third Street
Evansville, IN 47708

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 Agents. If you know what your drug is used for, look for the category name in the list that begins below. 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?

Welborn Health Plans 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 (PA):** Welborn Health Plans requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Welborn Health Plans before you fill your prescriptions. If you don't get approval, Welborn Health Plans may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, Welborn Health Plans limits the amount of the drug that the plan will cover. For example, Welborn Health Plans provides [two \(2\) metered dose inhalers](#) per prescription for [Combivent](#). This may be in addition to a standard one month or three month supply.
- **Step Therapy (ST):** In some cases, Welborn Health Plans 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, Welborn Health Plans may not cover drug B unless you try Drug A first. If Drug A does not work for you, Welborn Health Plans will then cover Drug B.
- **Part B or Part D Determination (B/D):** Drugs indicated may be covered under Part B or Part D, depending on where they are accessed. This could include drugs used for home infusion purposes that would be covered under the medical benefit. For more information, please call Member Services.
- **Limited Access (LA):** Prescription followed by an asterisk (*) may be available only at certain pharmacies. For more information, consult your Provider Directory or call Member Services at 1-800-521-0265, 7 days a week from 8 a.m. – 8 p.m. (CST). TTY/TDD users should call 1-800-743-3333.

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 Welborn Health Plans to make an exception to these restrictions or limits. See the section, “How do I Request an Exception to the Welborn Health Plans Formulary?” on [page 3](#) 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 Welborn Health Plans does not cover your drug, you have two options:

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

You can ask Welborn Health Plans to make an exception to our coverage rules. There are a couple 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, Welborn Health Plans limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.

Generally, Welborn Health Plans will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the generic equivalent of the same 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 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.

Transition Policy

New members in our Plan may be taking drugs that aren't on our formulary or that are subject to certain restrictions, such as prior authorization or step therapy. Current members may also be affected by changes in our formulary from one year to the next. Members should talk to their doctors to decide if they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug. See Section 5 under "What is an exception?" to learn more about how to request an exception. Please contact Member Services if your drug is not on our formulary, is subject to certain restrictions, such as prior authorization or step therapy, or will no longer be on our formulary next year and you need help switching to a different drug that we cover or requesting a formulary exception. During the period of time members are talking to their doctors to determine the right course of action, we may provide a temporary supply of the non-formulary drug if those members need a refill for the drug during the first 90 days of new membership in our Plan. If you are a current member affected by a formulary change from one year to the next, we will provide a temporary supply of the non-formulary drug if you need a refill for the drug during the first least 90 days of the new plan year.

When a member goes to a network pharmacy and we provide a temporary supply of a drug that isn't on our formulary, or that has coverage restrictions or limits (but is otherwise considered a "Part D drug"), we will cover a 30-day supply (unless the prescription is written for fewer days). After we cover the temporary 30-day supply, we generally will not pay for these drugs as part of our transition policy again. We will provide you with a written notice after we cover your temporary supply. This notice will explain the steps you can take to request an exception and how to work with your doctor to decide if you should switch to an appropriate drug that we cover.

If a new member is a resident of a long-term-care facility (like a nursing home), we will cover a temporary 31-day transition supply (unless the prescription is written for fewer days). If necessary, we will cover more than one refill of these drugs during the first 90 days a new member is enrolled in our Plan. If the resident has been enrolled in our Plan for more than 90 days and needs a drug that isn't on our formulary or is subject to other restrictions, such as step therapy or dosage limits, we will cover a temporary 31-day emergency supply of that drug (unless the prescription is for fewer days) while the new member pursues a formulary exception.

Please note that our transition policy applies only to those drugs that are "Part D drugs" and bought at a network pharmacy. The transition policy can't be used to buy a non-Part D drug or a drug out of network, unless you qualify for out of network access.

Mail Order Pharmacy

Welborn Health Plans uses Caremark (SilverScript) for our mail order pharmacy.

When you order prescription drugs through our network mail-order-pharmacy service, you must order at least a 90-day supply of the drug. To get order forms and information about filling your prescriptions by mail, please call Member Services. Please note that you must use our network mail-order service. Prescription drugs that you get through any other mail-order services are not covered.

Generally, it takes the mail-order pharmacy 10 days to process your order and ship it to you. However, sometimes your mail-order may be delayed. If your mail order is delayed, please contact Welborn Health Plans Member Services or the Pharmacy Customer Care Help Desk at the phone number located on your Member ID card in order for us to assist you.

Drugs Covered in the Coverage Gap

After your total drug costs reach \$2,700 you, or others on your behalf, will pay 100% for your drugs until your total out-of-pocket costs reach \$4,350, and you qualify for catastrophic coverage.

The **WHP Platinum Rx** plan covers all Tier 1 – Generics during the coverage gap at the same copay level as the initial coverage limit.

Once your total out-of-pocket costs reach \$4,350, you will qualify for catastrophic coverage.

For more Information

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

If you have questions about Welborn Health Plans, please call Member Services at 1-800-521-0265,

7 days a week from 8 a.m. – 8 p.m. (CST). TTY/TDD users should call 1-800-743-3333. Visit us online at www.welbornhealthplans.com to search for your drugs or a pharmacy near you.

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.

Welborn Health Plans Formulary

The formulary below provides coverage information about some of the drugs covered by Welborn Health Plans. 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., [NEXIUM](#)) and generic drugs are listed in lower-case italics (e.g., [omeprazole](#)).

Drugs are further classified in tiers, which also represents the level of copay (different for each plan):

- Tier 1 – Generics
- Tier 2 – Brand (Preferred)
- Tier 3 – Brand (Non-Preferred)
- Tier 4 – Specialty

The information in the Requirements column tells you if Welborn Health Plans has any special requirements for coverage of your drug.

- Certain Part D home infusion drugs may be covered under the Part C supplemental benefit. These drugs will not be listed in this formulary as they are not accessible through walk-in at the pharmacy. For more information, call Member Services at 1-800-521-0265, 7 days a week from 8 a.m. – 8 p.m. (CST). TTY/TDD users should call 1-800-743-3333

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	2	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	
KADIAN	2	QL (60 per 25 days)
<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 /acetaminophen</i>	1	
<i>oxycodone /apap</i>	1	
<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	
<i>diflunisal</i>	1	

Drug	Tier	Notes
<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	
VOLTAREN	2	GEL

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
<i>cefpodoxime proxetil</i>	1

Drug	Tier	Notes
<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>ciprofloxacin i.v.-in d5w</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>doxycycline monohydrate</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	SUSPENSION/SYRUP
ZOSYN	2	
ANTIFUNGALS		
<i>amphotericin b</i>	1	
ANCOBON	2	
CANCIDAS	2	
<i>clotrimazole</i>	1	

Drug	Tier	Notes
<i>fluconazole</i>	1	
<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	SOLUTION
<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	125MG

Drug	Tier	Notes
VIDEX PEDIATRIC	2	
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	

Drug	Tier	Notes
<i>erythromycin /sulfisoxazole</i>	1	
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	
TREANDA	4	

ANTHRACYCLINES

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

Drug	Tier	Notes
DAUNOXOME	2	
DOXIL	4	
<i>doxorubicin hcl</i>	1	
ELLENCE	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	

Drug	Tier	Notes
FASLODEX	2	
FEMARA	2	
<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	CAPS
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	

Drug	Tier	Notes
ELOXATIN	4	
PROTECTIVE AGENTS		
<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	INJECTION
<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	

Drug	Tier	Notes
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	1	
INSPRA	3	
<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>pacерone tabs 200mg</i>	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	

Drug	Tier	Notes
ALTOPREV	3	
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colestipol hcl</i>	1	
CRESTOR	2	
<i>fenofibrate</i>	1	
<i>fenofibrate micronized</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	
SIMCOR	2	
<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	
BYSTOLIC	2	
<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	

Drug	Tier	Notes
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	
<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	
LANOXIN	2	
DIRECT RENIN INHIBITORS		
TEKURNA	2	
TEKURNA 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	INJECTION
<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	

Drug	Tier	Notes
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	
<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

ANTIANSIETY

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

ANTICONVULSANTS

BANZEL	2	
<i>carbamazepine</i>	1	
CARBATROL	2	
CELONTIN	2	
DEPAKOTE	2	
DEPAKOTE ER	2	
DEPAKOTE SPRINKLES	2	
DILANTIN	2	
DILANTIN INFATABS	2	
<i>divalproex sodium</i>	1	
<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)

Drug	Tier	Notes
<i>gabapentin</i> tabs 400mg	1	QL (270 per 25 days)
GABITRIL	2	
KEPPRA	2	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	2	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	2	
LAMICTAL STARTER/TAKING VALPROATE	2	
<i>lamotrigine</i>	1	
LYRICA caps 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg	2	QL (120 per 25 days)
LYRICA caps 300mg	2	QL (60 per 25 days)
NEURONTIN	2	QL (2160 per 25 days); SOLUTION
<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	
<i>galantamine hydrobromide</i>	1	
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	

Drug	Tier	Notes
<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	
<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	2	
<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	
REQUIP XL	3	
<i>ropinirole hcl</i>	1	
<i>selegiline hcl</i>	1	
STALEVO 100	2	

Drug	Tier	Notes
STALEVO 125	2	
STALEVO 150	2	
STALEVO 200	2	
STALEVO 50	2	
STALEVO 75	2	
<i>trihexyphenidyl hcl</i>	1	
ANTIPSYCHOTICS		
ABILIFY	2	
ABILIFY DISCMELT	2	
<i>chlorpromazine hcl</i>	1	
<i>clozapine</i>	1	
FAZACLO	2	
<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	SOLUTION
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 sulfate cr</i>	1	PA
<i>dextrostat</i>	1	PA
METADATE CD	3	PA
<i>methylin er</i>	1	PA

Drug	Tier	Notes
METHYLIN chew, soln	3 PA	
<i>methylin</i> tabs	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	
FROVA	3 QL (18 per 25 days)	
IMITREX STATDOSE REFILL	2 QL (4 per 25 days)	
IMITREX inj	2 QL (10 per 25 days)	
IMITREX nasal soln	2 QL (12 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)	
RELPAK	2 QL (12 per 25 days)	
ZOMIG	3 QL (12 per 25 days)	
ZOMIG ZMT	3 QL (12 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	
XENAZINE	4 PA	
MULTIPLE SCLEROSIS AGENTS		
AVONEX	4	
BETASERON	4	
COPAXONE	4	
REBIF	4	
REBIF TITRATION PACK	4	
TYSABRI	4 LA	
MUSCULOSKELETAL THERAPY AGENTS		

Drug	Tier	Notes
<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 /asa /caffeine</i>	1	
ROBAXIN	2	
SKELAXIN	2	
<i>tizanidine hcl</i>	1	

NARCOLEPSY/CATAPLEXY

PROVIGIL	2	PA
XYREM	2	LA

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	

Drug	Tier	Notes
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	
<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 KWIKPEN	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 PEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	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	
HUMULIN R U-500 (CONCENTRATED)	2	
JANUMET	2	
JANUVIA	2	
LANTUS	2	
LANTUS FOR OPTICLIK	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
<i>metformin hcl</i>	1	

Drug	Tier	Notes
<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	
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	SOLUTION
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	

Drug	Tier	Notes
<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>lutera</i>	1	
<i>medroxyprogesterone acetate</i>	1	
<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	

Drug	Tier	Notes
<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	
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	

Drug	Tier	Notes
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	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sodiumsuccinate</i>	1	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
PREDNISONE 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

Drug	Tier	Notes
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	
<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 50 MG TAB	
<i>compro</i>	1	

Drug	Tier	Notes
<i>dronabinol</i>	1	QL (60 per 25 days)
EMEND misc	2	QL (2 per 25 days), B/D
EMEND caps 125mg	2	QL (2 per 25 days), B/D
EMEND caps 40mg	2	QL (3 per 180 days)
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	
<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	
CIMZIA	4	PA
<i>colocort</i>	1	
CORTIFOAM	3	
DIPENTUM	2	
ENTOCORT EC	2	
<i>hydrocortisone</i>	1	
LIALDA	2	
<i>mesalamine</i>	1	

Drug	Tier	Notes
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	
HALFLYTELY BOWEL PREP	2	
HALFLYTELY BOWEL PREP/FLAVOR PACKS	2	
KRISTALOSE	3	
<i>lactulose</i>	1	
NULYTELY	3	
NULYTELY/FLAVOR PACKS	3	
<i>peg 3350/electrolytes</i>	1	
RELISTOR	2	
<i>trilyte</i>	1	
VISICOL	3	
MISCELLANEOUS		
AMITIZA	2	
CARAFATE	2	SUSPENSION
GASTROCROM	2	
<i>misoprostol</i>	1	
<i>sucrafate</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	

Drug	Tier	Notes
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	

PROTON PUMP INHIBITOR/ANTI-INFECTIVE COMBINATIONS

PREVPAC	2	
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PROTON PUMP INHIBITORS

NEXIUM	2	QL (90 per 365 days)
NEXIUM I.V.	2	
<i>omeprazole cpdr 20mg</i>	1	QL (180 per 365 days)
<i>omeprazole cpdr 10mg</i>	1	QL (90 per 365 days)
<i>pantoprazole sodium</i>	1	QL (90 per 365 days)
PREVACID	2	QL (90 per 365 days)
PREVACID SOLUTAB	2	QL (90 per 365 days)
PRILOSEC	2	40 MG, 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	

Drug	Tier	Notes
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	
<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/ml, 500mcg/ml, 60mcg/ml	4	PA
EPOGEN inj 2000unit/ml, 3000unit/ml, 4000unit/ml	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/ml	2	PA
PROCRIT inj 10000unit/ml, 20000unit/ml, 40000unit/ml	4	PA

MISCELLANEOUS

Drug	Tier	Notes
<i>anagrelide hydrochloride</i>	1	
<i>cilostazol</i>	1	
CYKLOKAPRON	2	
<i>pentoxifylline er</i>	1	
PROMACTA	4	

PLATELET AGGREGATION INHIBITORS

AGGRENEX	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
HUMIRA PEN-CROHNS DISEASESTARTER	4	PA
<i>hydroxychloroquine sulfate</i>	1	
<i>leflunomide</i>	1	
<i>methotrexate</i>	1	
REMICADE	4	PA
RHEUMATREX	2	
RIDAURA	2	

IMMUNOGLOBULINS

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

Drug	Tier		Notes
<i>cyclosporine</i>	1	B/D	
<i>cyclosporine modified</i>	1	B/D	
<i>engraf</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		
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		

Drug	Tier	Notes
YF-VAX	2	
ZOSTAVAX	1	

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
<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

Drug	Tier	Notes
<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
<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 inj 56meq/l; 320mg/100ml;</i> 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

Drug	Tier	Notes
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	
<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	

Drug	Tier	Notes
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	
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	

Drug	Tier	Notes
<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 days)
<i>ipratropium bromide/albuterol sulfate</i>	1	QL (540 per 25 days), B/D

ANTICHOLINERGICS

ATROVENT HFA	2	QL (2 inhalers per 25 days)
<i>ipratropium bromide nasal soln</i>	1	
<i>ipratropium bromide inhalation soln</i>	1	QL (315 per 25 days), B/D
SPIRIVA HANDIHALER	2	QL (30 per 25 days)

ANTI-HISTAMINE/DECONGESTANT COMBINATIONS

ALLEGRA-D 12 HOUR	3	
ALLEGRA-D 24 HOUR	3	
<i>promethazine vc</i>	1	

ANTI-HISTAMINES, LOW/NONSEDATING

ASTELIN	2	QL (2 inhalers per 25 days)
ASTEPRO	2	QL (2 inhalers per 25 days)
CLARINEX	3	
CLARINEX REDITABS	3	
<i>fexofenadine hcl</i>	1	

ANTI-HISTAMINES, 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

Drug	Tier	Notes
<i>albuterol sulfate er</i>	1	
<i>albuterol sulfate</i> syrp, 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)
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

Drug	Tier	Notes
ASMANEX 120 METERED DOSES	2	QL (2 inhalers per 25 days)
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 DISKUS	2	QL (120 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

<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>amnesteam</i>	1	
<i>avita</i>	1	PA
AZELEX	2	
BENZAACLIN	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	

Drug	Tier	Notes
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 susp</i>	1	
<i>ciclopirox crea</i>	1	CREAM
<i>clotrimazole</i>	1	
<i>econazole nitrate</i>	1	
<i>ketoconazole</i>	1	
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	

Drug	Tier	Notes
<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-SMOOTH/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	
<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	
OLUX-E	3	
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		

Drug	Tier	Notes
<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	
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	

Drug	Tier	Notes
<i>bacitracin/polymyxin b</i>	1	
BETIMOL	3	
BETOPTIC-S	2	
BLEPHAMIDE S.O.P.	2	
<i>brimonidine tartrate</i>	1	
CILOXAN	2	OINTMENT
<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	
LACRISERT	2	
<i>levobunolol hcl</i>	1	
LOTEMAX	3	
LUMIGAN	2	
<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	

Drug	Tier	Notes
RESTASIS	2	
<i>romycin</i>	1	
<i>sulfacetamide sodium</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
<i>timolol maleate</i>	1	
TOBRADEX	3	
<i>tobramycin sulfate</i>	1	
TOBEX	2	OINTMENT
TRAVATAN	2	
TRAVATAN Z	2	
<i>trifluridine</i>	1	
TRUSOPT	2	
VIGAMOX	2	
XALATAN	3	
XIBROM	2	
ZYMAR	3	
OTIC		
<i>acetasol hc</i>	1	
<i>acetic acid</i>	1	
<i>acetic acid/hydrocortisone</i>	1	
<i>borofair</i>	1	
CIPRO HC	3	
CIPRODEX	3	
<i>cortomycin</i>	1	
DERMOTIC	2	
<i>neomycin /polymyxin /hydrocortisone</i>	1	
<i>ofloxacin</i>	1	
<i>oticin hc</i>	1	

ABILIFY	22	ALOCRIL	46
ABILIFY DISCMELT	22	ALOMIDE	46
acarbose.....	24	ALORA.....	28
ACCOLATE	42	ALPHAGAN P	46
ACEON	15	ALREX	46
acetaminophen/codeine	7	ALTABAX	44
acetazol hc	48	ALTOPREV.....	17
acetazolamide	46	amantadine hcl.....	21
acetic acid	48	a-methapred	29
acetic acid/hydrocortisone.....	48	amifostine.....	15
acetylcysteine	42	amiloride /hydrochlorothiazide.....	18
ACTHIB	36	amiloride hcl	18
acticin	46	AMINESS	37
ACTIMMUNE.....	35	aminophylline.....	43
ACTONEL	26	AMINOSYN.....	37
ACTOPLUS MET	24	AMINOSYN 7%/ELECTROLYTES.....	37
ACTOS	24	aminosyn 8.5%/electrolytes	37
ACULAR.....	46	AMINOSYN II	37
ACULAR LS	46	AMINOSYN II 3.5%/DEXTROSE25%	37
ACULAR PF.....	46	AMINOSYN II 3.5%/DEXTROSE5%	37
acyclovir.....	11	AMINOSYN II 3.5/DEXTROSE 25%	37
acyclovir sodium	11	AMINOSYN II 4.25/DEXTROSE10%.....	37
ADACEL.....	36	AMINOSYN II 4.25/DEXTROSE20%.....	37
ADAGEN	28	AMINOSYN II 4.25/DEXTROSE25%.....	37
ADDERALL XR	22	AMINOSYN II 5/DEXTROSE 25	37
adriamycin.....	12	aminosyn ii 8.5%/electrolytes.....	37
ADVAIR DISKUS	43	AMINOSYN II M 3.5%/DEXTROSE 5%	37
ADVAIR HFA.....	43	AMINOSYN II M 4.25/DEXTROSE 10%	37
ADVICOR.....	16	AMINOSYN M	37
afeditab cr	17	AMINOSYN-HBC.....	37
AGGRENEX	35	aminosyn-hf.....	37
a-hydrocort.....	29	AMINOSYN-PF	37
ak-poly-bac.....	46	AMINOSYN-PF 7%.....	37
ak-tob	46	amiodarone hcl.....	16
ala-cort	45	AMITIZA	32
ALBENZA	11	amitriptyline hcl.....	20
albuterol sulfate.....	42	amlodipine besylate	17
albuterol sulfate er.....	42	amlodipine besylate/benazepril	
alclometasone dipropionate	45	hydrochloride	15
alcohol 5%/dextrose 5%	39	ammonium lactate	46
ALCOHOL PREPS	24	amnesteem.....	43
ALDACTAZIDE	18	amoxapine.....	20
ALDARA.....	46	amoxicillin	8
ALDURAZYME	28	amoxicillin/potassium clavulanate	8
alendronate sodium.....	26	amoxil.....	8
ALIMTA	13	amphotericin b	9
ALINIA	11	ampicillin	8
ALKERAN	12	ampicillin sodium	8
ALLEGRA-D 12 HOUR	41	anagrelide hydrochloride	35
ALLEGRA-D 24 HOUR	41	ANCOBON	9
allopurinol.....	7	ANDRODERM.....	24
allopurinol sodium.....	7	ANDROGEL	24

ANDROGEL PUMP.....	24	AZOPT.....	46
ANTABUSE.....	24	bacitracin.....	46
ANTIVERT.....	30	bacitracin /neomycin /polymyxin.....	46
APOKYN.....	21	bacitracin/polymyxin b.....	47
apri.....	26	baclofen.....	24
APTIVUS.....	10	BACTROBAN.....	44
ARALAST.....	42	BANZEL.....	19
aranelle.....	26	BARACLUDGE.....	11
ARANESP ALBUMIN FREE.....	34	BD INSULIN SYRINGE	
ARANESP ALBUMIN FREE SURECLICK.....	34	SAFETYGLIDE/1ML/29G X 1/2".....	24
ARICEPT.....	20	BD INSULIN SYRINGE	
ARICEPT ODT.....	20	ULTRAFINE/0.3ML/31G X 5/16".....	25
ARIMIDEX.....	13	BD INSULIN SYRINGE	
ARIXTRA.....	34	ULTRAFINE/0.5ML/30G X 1/2".....	25
AROMASIN.....	13	BD INSULIN SYRINGE	
ASACOL.....	31	ULTRAFINE/1ML/31G X 5/16".....	25
ASMANEX 120 METERED DOSES.....	43	BD ULTRA-FINE ORIGINAL PEN	
ASMANEX 14 METERED DOSES.....	43	NEEDLES/29G X 12.7MM.....	25
ASMANEX 30 METERED DOSES.....	43	benazepril hcl.....	15
ASMANEX 60 METERED DOSES.....	43	benazepril hcl/hydrochlorothiazide.....	15
ASTELIN.....	41	BENICAR.....	16
ASTEPRO.....	41	BENICAR HCT.....	16
ATACAND.....	16	BENZAACLIN.....	43
ATACAND HCT.....	16	benztropine mesylate.....	21
atamet.....	21	betamethasone dipropionate.....	45
atenolol.....	17	betamethasone valerate.....	45
atenolol/chlorthalidone.....	17	BETASERON.....	23
ATRIPLA.....	10	beta-val.....	45
ATROVENT HFA.....	41	bethanechol chloride.....	33
ATTENUVAX.....	36	BETIMOL.....	47
augmented betamethasone dipropionate..	45	BETOPTIC-S.....	47
AUGMENTIN.....	8	BICILLIN C-R.....	8
AUGMENTIN XR.....	8	BICILLIN L-A.....	8
AVALIDE.....	16	BICNU.....	12
AVANDAMET.....	24	BIDIL.....	18
AVANDARYL.....	24	bisoprolol fumarate.....	17
AVANDIA.....	24	bisoprolol fumarate/hydrochlorothiazide...	17
AVAPRO.....	16	bleomycin sulfate.....	13
AVASTIN.....	13	BLEPHAMIDE S.O.P.....	47
AVELOX.....	8	BONIVA.....	26
AVELOX ABC PACK.....	8	BOOSTRIX.....	36
aviane.....	27	borofair.....	48
AVINZA.....	7	brimonidine tartrate.....	47
avita.....	43	bromocriptine mesylate.....	21
AVODART.....	33	budeprion sr.....	20
AVONEX.....	23	budeprion xl.....	20
AZASAN.....	35	bumetanide.....	18
azathioprine.....	35	BUPHENYL.....	28
AZELEX.....	43	buproban.....	24
AZILECT.....	21	bupropion hcl.....	20
azithromycin.....	8	buspironone hcl.....	19
AZMACORT.....	43	BUSULFEX.....	12

BYETTA	25	chloroquine phosphate.....	10
BYSTOLIC	17	chlorpromazine hcl	22
cabergoline	30	chlorthalidone	18
CADUET.....	17	chlorzoxazone	24
calcipotriene	44	cholestyramine	17
calcitriol	41	cholestyramine light	17
camila	27	chorionic gonadotropin	30
CAMPATH	13	ciclopirox	44
CAMPRAL.....	24	cilostazol	35
CAMPTOSAR.....	15	CILOXAN	47
CANASA	31	cimetidine.....	31
CANCIDAS	9	cimetidine hcl	31
captopril	15	CIMZIA.....	31
captopril /hydrochlorothiazide.....	15	CIPRO	9
CARAC	44	CIPRO HC	48
CARAFATE	32	CIPRODEX	48
carbamazepine	19	ciprofloxacin.....	9
CARBATROL	19	ciprofloxacin er.....	9
carbidopa/levodopa.....	21	ciprofloxacin hcl.....	9
carbidopa/levodopa er	21	ciprofloxacin hcl.....	47
carboplatin.....	14	ciprofloxacin i.v.-in d5w	9
CARDIZEM CD	18	cisplatin.....	14
CARDIZEM LA.....	18	citalopram hydrobromide	20
carisoprodol	24	cladribine.....	14
cartia xt	18	claravis	43
carvedilol.....	17	CLARINEX.....	41
CASODEX	13	CLARINEX REDITABS.....	41
CATAPRES-TTS-1.....	15	clarithromycin	9
CATAPRES-TTS-2.....	15	clarithromycin er.....	9
CATAPRES-TTS-3.....	15	clemastine fumarate.....	41
CEDAX	8	CLEOCIN	11
CEENU	12	CLEOCIN	34
cefaclor	8	CLEOCIN PEDIATRIC GRANULES	11
cefadroxil.....	8	CLIMARA PRO.....	28
CEFAZOLIN SODIUM	8	clindamycin hcl.....	11
cefdinir.....	8	clindamycin phosphate	11
cefepime	8	clindamycin phosphate	34
cefoxitin sodium	8	clindamycin phosphate	43
cefpodoxime proxetil	8	CLINIMIX 2.75%/DEXTROSE 5%.....	37
cefprozil	9	clinimix 4.25%/dextrose 10%.....	37
ceftriaxone sodium.....	9	clinimix 4.25%/dextrose 20%.....	38
cefuroxime axetil	9	clinimix 4.25%/dextrose 25%.....	38
cefuroxime sodium.....	9	CLINIMIX 4.25%/DEXTROSE 5%.....	38
cefuroxime/dextrose	9	CLINIMIX 5%/DEXTROSE 15%	38
CELEBREX.....	7	CLINIMIX 5%/DEXTROSE 20%	38
CELLCEPT	35	CLINIMIX 5%/DEXTROSE 25%	38
CELONTIN.....	19	CLINIMIX E 2.75%/DEXTROSE 10%	38
CENESTIN.....	28	CLINIMIX E 2.75%/DEXTROSE 5%	38
cephalexin	9	CLINIMIX E 4.25%/DEXTROSE 25%	38
CEREZYME	28	CLINIMIX E 4.25%/DEXTROSE 5%	38
cesia	27	CLINIMIX E 5%/DEXTROSE 15%.....	38
CHANTIX	24	CLINIMIX E 5%/DEXTROSE 20%.....	38

CLINIMIX E 5%/DEXTROSE 25%.....	38	CYKLOKAPRON	35
CLINIMIX E 5%/DEXTROSE 35%.....	38	CYMBALTA	20
clinisol sf 15%	38	cyproheptadine hcl	41
clobetasol propionate	45	CYSTADANE	28
clobetasol propionate e.....	45	CYSTAGON.....	28
clobetasol propionate emollient.....	45	cytarabine.....	13
clomipramine hcl	20	CYTOMEL	30
clonidine hcl.....	15	CYTOVENE	11
clotrimazole	9	dacarbazine	12
clotrimazole	44	danazol	28
clozapine	22	dantrolene sodium	24
COGENTIN	21	dapsone	11
co-gesic.....	7	DAPTACEL.....	36
colchicine.....	7	DARAPRIM	10
colestipol hcl	17	DAUNORUBICIN HCL	12
colistimethate sodium.....	11	DAUNOXOME.....	13
colocort.....	31	DECAVAC.....	36
COMBIGAN	47	del-beta.....	45
COMBIPATCH	28	DEMADEX	18
COMBIVENT	41	DENAVIR	45
COMBIVIR	10	depade	24
compro.....	30	DEPAKOTE	19
COMTAN.....	21	DEPAKOTE ER	19
COMVAX.....	36	DEPAKOTE SPRINKLES	19
CONCERTA.....	22	DEPO-PROVERA	13
CONDYLOX	46	DEPO-PROVERA CONTRACEPTIVE.....	27
constulose	32	DERMA-SMOOTH/FS SCALP OIL.....	45
COPAXONE	23	DERMOTIC.....	48
CORDRAN	45	desipramine hcl	21
CORDRAN TAPE	45	desmopressin acetate.....	30
COREG CR	17	desonide.....	45
CORTIFOAM	31	DESOWEN.....	45
cortomycin.....	48	desoximetasone.....	45
COSMEGEN	13	DETROL.....	33
COSOPT	47	DETROL LA	33
COUMADIN	34	dexamethasone	29
COZAAR	16	dexamethasone intensol	29
CREON 5	32	dexamethasone sodium phosphate.....	29
CREON 10.....	32	dexamethasone sodium phosphate.....	47
CREON 20.....	32	dexasporin.....	47
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CRIXIVAN	10	dexrazoxane	15
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cromolyn sodium	47	dextroamphetamine sulfate cr	22
cryselle-28.....	27	dextrose 10%/nacl 0.45%.....	39
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CUPRIMINE	35	VIAFLEX	39
CURITY GAUZE PADS 2"X2"	25	dextrose 5% /electrolyte #75 viaflex	39
cyclobenzaprine hcl.....	24	dextrose 10% flex container.....	39
cyclophosphamide.....	12	dextrose 10%/nacl 0.2%	39
cyclosporine.....	36	dextrose 2.5%/nacl 0.45%.....	39
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dextrose 5%/nacl 0.225%.....	39	doxycycline hyclate	9
dextrose 5%/nacl 0.33%	39	doxycycline monohydrate.....	9
dextrose 5%/nacl 0.45%	39	dronabinol	31
dextrose 5%/nacl 0.9%	39	DROXIA	14
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0.075%	39	e.e.s. 200	9
dextrose 5%/potassium chloride 0.15% ...	39	e.e.s. 400	9
dextrose 5%/sodium chloride 0.2%	39	econazole nitrate	44
dextrose 5%/sodium chloride 0.33%	39	ed k+10	37
dextrose 5%/sodium chloride 0.45%	39	EFFEXOR XR.....	21
dextrose 5%/sodium chloride 0.9%	39	ELAPRASE.....	28
dextrostat.....	22	ELIDEL	45
DIAMOX	47	ELITEK	15
diclofenac sodium	7	ELIXOPHYLLIN	43
diclofenac sodium	47	ELLENCÉ.....	13
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diclofenac sodium ec	7	ELOXATIN	15
diclofenac sodium er	7	ELSPAR	14
diclofenac sodium xr	7	EMCYT.....	12
dicloxacillin sodium	9	EMEND	31
dicyclomine hcl.....	31	EMSAM.....	21
didanosine	10	EMTRIVA	10
DIFFERIN.....	43	ENABLEX	34
diflorasone diacetate	45	enalapril maleate	15
diflunisal.....	7	enalapril maleate/hydrochlorothiazide	15
digitek.....	18	ENBREL	35
digoxin	18	ENBREL SURECLICK	35
dihydroergotamine mesylate	23	endocet	7
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diphenoxylate/atropine	30	EPZICOM	10
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dipyridamole	35	errin	27
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DOVONEX	44	ERYTHROCIN LACTOBIONATE	9
doxazosin mesylate.....	16	erythrocin stearate.....	9
doxepin hcl	21	erythromycin.....	9

erythromycin.....	43	fluocinonide-e.....	45
erythromycin.....	47	fluorometholone	47
erythromycin /sulfisoxazole	12	fluor-op	47
erythromycin ethylsuccinate	9	FLUOROPLEX.....	44
erythromycin/benzoyl peroxide	43	FLUOROURACIL	13
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ESTRADERM.....	28	fluoxetine hcl	21
estradiol	28	fluphenazine decanoate	22
ESTRING	28	fluphenazine hcl.....	22
estropipate	28	flutamide	14
ethambutol hcl	11	fluticasone propionate	42
ethosuximide	19	fluticasone propionate	45
etodolac	8	fluvoxamine maleate	19
etodolac er.....	8	FML S.O.P.....	47
etoposide.....	15	FORADIL AEROLIZER.....	42
EURAX	46	FORTEO.....	30
EVISTA.....	30	fortical	26
EVOXAC	33	FOSAMAX	26
EXELON.....	20	FOSAMAX PLUS D	26
EXFORGE.....	16	fosinopril sodium	15
EXJADE	26	fosinopril sodium/hydrochlorothiazide	15
FABRAZYME	28	FOSRENOL.....	30
famciclovir	11	FREAMINE HBC 6.9%	38
famotidine	31	freamine iii.....	38
famotidine premixed	31	FREAMINE III 3%.....	38
FARESTON	13	FROVA.....	23
FASLODEX	14	FURADANTIN.....	12
FAZACLO	22	furosemide.....	18
FELBATOL.....	19	FUZEON.....	10
felodipine er.....	18	gabapentin.....	19
FEMARA.....	14	GABITRIL.....	20
FEMHRT 1/5.....	28	galantamine hydrobromide	20
FEMHRT LOW DOSE	28	GAMASTAN S/D	35
FEMRING	28	GAMMAGARD LIQUID	35
fenofibrate.....	17	GAMUNEX	35
fenofibrate micronized	17	ganciclovir	11
fentanyl.....	7	GANTRISIN PEDIATRIC.....	9
fexofenadine hcl	41	GARDASIL	36
FINACEA.....	46	GASTROCROM	32
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FLOVENT HFA	43	GENOTROPIN MINIQUICK.....	29
fluconazole	10	gentak	47
fluconazole in dextrose	10	gentamicin sulfate.....	44
fluconazole in nacl	10	gentamicin sulfate.....	47
fludarabine phosphate	14	GEODON.....	22
fludrocortisone acetate	29	GLEEVEC	14
flunisolide	42	glimepiride.....	25
fluocinolone acetonide	45	glipizide.....	25
fluocinonide	45	glipizide er	25

glipizide xl	25	HUMULIN R U-500 (CONCENTRATED)	25
glipizide/metformin hcl	25	HYCAMTIN	15
GLUCAGEN HYPOKIT	29	hydralazine hcl	18
GLUCAGON EMERGENCY KIT	29	hydrochlorothiazide	18
glyburide	25	hydrocodone /acetaminophen	7
glyburide micronized	25	hydrocortisone	29
glyburide/metformin hcl.....	25	hydrocortisone	31
glycopyrrolate	31	hydrocortisone	45
glycron	25	hydrocortisone butyrate.....	45
granisetron hcl	31	hydrocortisone valerate	45
granisol	31	hydromorphone hcl	7
griseofulvin microsize	10	hydroxychloroquine sulfate.....	35
GRIS-PEG	10	hydroxyurea.....	14
guanfacine hcl	15	hydroxyzine hcl	41
guanidine hcl.....	23	hydroxyzine pamoate	41
GYNODIOL.....	29	HYZAAR.....	16
HALFLYTELY BOWEL PREP	32	ibuprofen	8
HALFLYTELY BOWEL PREP/FLAVOR PACKS.....	32	idarubicin hcl.....	13
halobetasol propionate	45	IFEX.....	12
haloperidol.....	22	IFOSFAMIDE	12
haloperidol decanoate.....	22	ifosfamide/mesna	15
haloperidol lactate	22	imipramine hcl.....	21
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HECTOROL.....	41	IMITREX STATDOSE REFILL.....	23
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HEPATASOL	38	indapamide	18
HEPSERA	11	INDOCIN	8
HERCEPTIN	13	indomethacin	8
HEXALEN	12	indomethacin er.....	8
HIBTITER.....	36	INFANRIX	36
HUMALOG.....	25	INFERGEN.....	35
HUMALOG KWIKPEN	25	INSPIRA	16
HUMALOG MIX 50/50	25	INTAL INHALER	42
HUMALOG MIX 50/50 KWIKPEN	25	INTELENCE	10
HUMALOG MIX 50/50 PEN.....	25	INTRALIPID.....	38
HUMALOG MIX 75/25	25	intralipid 20%	38
HUMALOG MIX 75/25 KWIKPEN	25	INTRON-A.....	35
HUMALOG MIX 75/25 PEN.....	25	INTRON-A W/DILUENT.....	35
HUMALOG PEN	25	INVANZ	12
HUMATROPE	29	INVEGA	22
HUMATROPE COMBO PACK.....	29	INVIRASE	10
HUMIRA.....	35	IONOSOL-B/DEXTROSE 5%.....	39
HUMIRA PEN	35	IONOSOL-MB/DEXTROSE 5%	39
HUMIRA PEN-CROHNS DISEASESTARTER .	35	IONOSOL-T/DEXTROSE 5%	39
HUMULIN 50/50.....	25	IPOL INACTIVATED IPV.....	36
HUMULIN 70/30.....	25	ipratropium bromide.....	41
HUMULIN 70/30 PEN	25	ipratropium bromide/albuterol sulfate	41
HUMULIN N	25	irinotecan	14
HUMULIN N U-100 PEN	25	ISENTRESS	10
HUMULIN R	25	ISOLYTE-H/DEXTROSE 5%	39
		isolyte-m/dextrose 5%	39

ISOLYTE-P/DEXTROSE 5%	39	KUVAN	28
ISOLYTE-S	39	labetalol hcl	17
ISOLYTE-S PH 7.4	39	laclotion	46
ISOLYTE-S/DEXTROSE 5%	40	LACRISERT	47
isoniazid	11	lactated ringer's dextrose 5% viaflex	40
ISORDIL TITRADOSE	19	lactated ringer's viaflex	40
isosorbide dinitrate	19	lactulose	32
isosorbide dinitrate er	19	LAMICTAL STARTER/NOT TAKING	
isosorbide mononitrate	19	CARBAMAZEPINE	20
isosorbide mononitrate er	19	LAMICTAL STARTER/TAKING	
itraconazole	10	CARBAMAZEPINE/NOT TAKING	
jantoven	34	VALPROATE	20
JANUMET	25	LAMICTAL STARTER/TAKING VALPROATE ..	20
JANUVIA	25	lamotrigine	20
JE-VAX	36	LANOXIN	18
jolivette	27	LANTUS	25
junel 1.5/30	27	LANTUS FOR OPTICLIK	25
junel 1/20	27	LANTUS SOLOSTAR	25
junel fe 1.5/30	27	leflunomide	35
junel fe 1/20	27	LESCOL	17
KADIAN	7	LESCOL XL	17
KALETRA	10	lessina-28	27
kaon-cl-10	37	LETAIRIS	19
kariva	27	leucovorin calcium	15
kcl 0.075%/d5w/nacl 0.2%	40	LEUKERAN	12
kcl 0.075%/d5w/nacl 0.45%	40	leuprolide acetate	14
KCL 0.15%/D10W/NAACL 0.2%	40	LEVAQUIN	9
kcl 0.15%/d5w/ nacl 0.3%	40	LEVAQUIN LEVA-PAK	9
KCL 0.15%/D5W/LR	40	LEVAQUIN PREMIX	9
kcl 0.15%/d5w/nacl 0.2%	40	LEVEMIR	25
KCL 0.15%/D5W/NAACL 0.225%	40	LEVEMIR FLEXPEN	25
kcl 0.15%/d5w/nacl 0.45%	40	levobunolol hcl	47
kcl 0.15%/d5w/nacl 0.9%	40	levora 0.15/30-28	27
kcl 0.224%/d5w/nacl 0.2%	40	levothroid	30
KCL 0.3%/D5W/LR	40	levothyroxine sodium	30
KCL 0.3%/D5W/LR IV LAC RING	40	levoxyl	30
kcl 0.3%/d5w/nacl 0.2%	40	LEXAPRO	21
kcl 0.3%/d5w/nacl 0.45%	40	LEXIVA	10
KCL 0.3%/D5W/NAACL 0.9%	40	LIALDA	31
KENALOG	45	lidocaine hcl	8
KEPPRA	20	lidocaine hcl	46
ketoconazole	10	lidocaine/prilocaine	46
ketoconazole	44	LIDODERM	46
ketoconazole	44	lidomar viscous	46
kionex	37	LIPITOR	17
klor-con 10	37	LIPRAM 4500	32
klor-con 8	37	LIPRAM-PN10	32
klor-con m10	37	LIPRAM-PN16	32
klor-con m15	37	LIPRAM-PN20	32
klor-con m20	37	LIPRAM-UL12	32
klotrix	37	LIPRAM-UL18	32
KRISTALOSE	32	LIPRAM-UL20	32

lisinopril	15	MESTINON	23
lisinopril /hydrochlorothiazide	15	MESTINON TIMESPAN.....	23
lithium carbonate.....	23	METADATE CD	22
lithium carbonate er	23	metformin hcl.....	25
lithium citrate.....	23	metformin hcl er	26
LOCOID LIPOCREAM.....	45	methazolamide.....	47
lofene	30	methimazole	30
lonox	30	methocarbamol	24
loperamide hcl.....	30	methotrexate	35
LOPROX.....	44	methotrexate sodium	13
LOPROX SHAMPOO.....	44	methyldopa	18
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LOTREL	15	methylin er	22
LOTRONEX.....	32	methylphenidate hcl	23
lovastatin	17	methylprednisolone.....	29
LOVENOX	34	methylprednisolone acetate.....	29
low-ogestrel.....	27	methylprednisolone sodiumsuccinate	29
loxapine succinate.....	22	metipranolol.....	47
LUMIGAN	47	metoclopramide hcl.....	31
LUNESTA	23	metolazone	18
LUPRON DEPOT	14	metoprolol /hydrochlorothiazide	17
LUPRON DEPOT-PED.....	14	metoprolol succinate er.....	17
lutera	27	metoprolol tartrate.....	17
LUXIQ	45	METROGEL.....	46
LYRICA.....	20	metronidazole	12
LYSODREN.....	14	metronidazole	46
MACRODANTIN.....	12	metronidazole in nacl 0.79%	12
MAGNESIUM SULFATE IN D5W.....	40	metronidazole vaginal.....	34
MALARONE	10	mexiletine hcl.....	16
maprotiline hcl	21	MIACALCIN	26
MARPLAN.....	21	MICARDIS.....	16
MATULANE.....	14	MICARDIS HCT	16
MAXAIR AUTOHALER	42	microgestin 1.5/30.....	27
MAXALT.....	23	microgestin 1/20	27
MAXALT-MLT	23	microgestin fe	27
mebendazole.....	12	microgestin fe 1.5/30	27
meclizine hcl	31	MICRO-K	37
MEDROL	29	midodrine hcl	18
medroxyprogesterone acetate	27	migergot.....	23
medroxyprogesterone acetate	30	MIGRANAL	23
mefloquine hcl.....	10	minirin	30
MEGACE ES.....	14	minitran	19
megestrol acetate	14	minocycline hcl.....	9
meloxicam	8	minoxidil.....	18
MENACTRA.....	36	MIRAPEX	21
MENOMUNE-A/C/Y/W-135.....	36	mirtazapine.....	21
MENTAX	44	mirtazapine odt	21
mercaptipurine	13	misoprostol	32
MERUVAX II W/DILUENT 10 DOSE.....	36	mitomycin.....	13
mesalamine	31	mitoxantrone hcl.....	14
mesna.....	15	M-M-R II W/DILUENT 10 DOSE	36
MESNEX	15	MOBAN.....	22

mometasone furoate	45	nitroglycerin.....	19
mononessa	27	nitroglycerin transdermal	19
morphine sulfate.....	7	NITROLINGUAL PUMPSPRAY	19
morphine sulfate er.....	7	NITROSTAT	19
mupirocin	44	nora-be	27
MUSTARGEN	12	NORDITROPIN CARTRIDGE.....	29
MYCOBUTIN	11	NORDITROPIN NORDIFLEX PEN.....	29
MYOZYME	28	norethindrone acetate	30
nabumetone.....	8	normosol -r.....	40
nadolol	17	normosol-m in d5w	40
nafcillin sodium	9	NORMOSOL-R.....	40
NAGLAZYME.....	28	normosol-r in d5w.....	40
naloxone hcl.....	24	NORPACE CR.....	16
naltrexone hcl	24	nortrel 0.5/35 (28).....	27
NAMENDA.....	20	nortrel 1/35 (21)	27
NAMENDA TITRATION PAK	20	nortrel 1/35 (28)	27
naproxen	8	nortrel 7/7/7	27
naproxen dr	8	nortriptyline hcl	21
naproxen sodium.....	8	NORVIR.....	10
NARDIL	21	novamine	38
NASACORT AQ.....	42	NOVOLIN 70/30.....	26
NASONEX	42	NOVOLIN 70/30 INNOLET	26
NATACYN.....	47	NOVOLIN 70/30 PENFILL.....	26
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necon 0.5/35-28.....	27	NOVOLIN N INNOLET.....	26
necon 1/35-28	27	NOVOLIN N U-100 PENFILL	26
necon 1/50-28	27	NOVOLIN R	26
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nefazodone hcl	21	NOVOLOG.....	26
neo /poly /bac /hc.....	47	NOVOLOG FLEXPEN.....	26
neomycin /polymyxin /dexamethasone	47	NOVOLOG MIX 70/30	26
neomycin /polymyxin /gramicidin.....	47	NOVOLOG MIX 70/30 PENFILL	26
neomycin /polymyxin /hydrocortisone.....	47	NOVOLOG MIX 70/30 PREFILLED	
neomycin /polymyxin /hydrocortisone.....	48	FLEXPEN.....	26
NEORAL.....	36	NOVOLOG PENFILL.....	26
NEPHRAMINE	38	NULYTELY	32
NEULASTA	34	NULYTELY/FLAVOR PACKS.....	32
NEUPOGEN	34	NUTROPIN	29
NEURONTIN	20	NUTROPIN AQ	29
NEXAVAR.....	14	NUTROPIN AQ PEN	29
NEXIUM.....	33	NUVARING.....	27
NEXIUM I.V.....	33	nystatin	10
NIASPAN	17	nystatin.....	44
NICOTROL INHALER	24	nystatin.....	46
nifediac cc	18	nystop.....	44
nifedical xl	18	ocella	27
nifedipine er.....	18	octreotide acetate	30
NILANDRON	14	ocusulf-10	47
NITRO-DUR.....	19	ofloxacin.....	47
nitrofurantoin macrocrystalline	12	ofloxacin.....	48
nitrofurantoin monohydrate.....	12	OLUX-E	45

omeprazole	33	PEGANONE.....	20
ONCASPAR.....	14	PEGASYS	35
ondansetron hcl.....	31	PEG-INTRON	35
ondansetron odt	31	PEG-INTRON REDIPEN	35
ONTAK	13	PEG-INTRON REDIPEN PAK 4	35
OPANA ER.....	7	penicillin g potassium	9
OPTIVAR.....	47	PENICILLIN G PROCAINE.....	9
ORACEA	46	penicillin v potassium	9
ORAP	22	PENTASA	32
ORFADIN	28	pentostatin	13
orphenadrine /asa /caffeine.....	24	pentoxifylline er.....	35
ORTHO EVRA.....	27	PEPCID.....	31
ORTHO TRI-CYCLEN LO	27	permethrin.....	46
ortho-est	29	perphenazine	22
oticin hc	48	phenadoz.....	31
OVIDE.....	46	phenytoin	20
oxandrolone.....	24	phenytoin sodium	20
oxaprozin	8	phenytoin sodium extended.....	20
oxcarbazepine	20	PHOSLO	30
OXISTAT.....	44	PHOTOFRIN.....	14
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oxybutynin chloride.....	34	PILOPINE HS.....	47
oxybutynin chloride er	34	pindolol	17
oxycodone /acetaminophen	7	PLAN B.....	27
oxycodone /apap	7	PLARETASE 8000	33
oxycodone hcl	7	PLASMA-LYTE 56.....	40
oxycodone/acetaminophen	7	PLASMA-LYTE A	40
OXYCONTIN	7	PLASMA-LYTE-148	40
OXYTROL	34	PLASMA-LYTE-148/D5W.....	40
PACERONE.....	16	PLASMA-LYTE-56/D5W	40
paclitaxel	13	plasma-lyte-r	40
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PANGESTYME EC.....	32	polymyxin b sulfate/trimethoprim sulfate ..	47
PANGESTYME UL 12	33	portia-28	27
PANGESTYME UL 18	33	potassium chloride	37
PANGESTYME UL 20	33	POTASSIUM CHLORIDE.....	41
PANOKASE.....	33	potassium chloride 0.075%/d5w/nacl	
PANOKASE-16	33	0.225%	40
PANRETIN.....	46	POTASSIUM CHLORIDE 0.15% /NACL	
pantoprazole sodium	33	0.45% VIAFLEX	40
PARCOPA	21	potassium chloride 0.15% d5w/nacl	
paroxetine hcl	21	0.33%.....	40
paroxetine hcl er.....	21	potassium chloride 0.15% d5w/nacl	
PATADAY	47	0.45% viaflex.....	40
PATANOL	47	potassium chloride 0.15% nacl 0.9%	40
PAXIL CR	21	potassium chloride 0.15%/d5w	40
PEDIARIX	36	POTASSIUM CHLORIDE 0.15%/NACL	
pedi-dri	44	0.9%	40
PEDVAX HIB.....	36	potassium chloride 0.22% d5w/nacl	
peg 3350/electrolytes.....	32	0.45%.....	40

potassium chloride 0.224%/d5w	40	PROLEUKIN	13
potassium chloride 0.224%/d5w/nacl		PROMACTA.....	35
0.45%.....	40	promethazine hcl	31
potassium chloride 0.224%d5w/nacl		promethazine hcl plain.....	31
0.33%.....	40	promethazine vc	41
POTASSIUM CHLORIDE 0.3%/ NACL		promethegan.....	31
0.9%	40	PROMETRIUM	30
potassium chloride 0.3%/d5w.....	40	propafenone hcl.....	16
potassium chloride 0.3%/nacl		propranolol hcl	17
0.9%/viaflex	41	propranolol hcl er.....	17
potassium chloride er	37	propylthiouracil.....	30
potassium citrate extended-release	33	PROQUAD	36
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pravastatin sodium	17	PROTOPIC.....	45
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prednisolone acetate	47	PULMICORT.....	43
prednisolone sodium phosphate	29	PULMICORT FLEXHALER.....	43
prednisolone sodium phosphate	47	PULMOZYME.....	42
prednisone.....	29	pyrazinamide	11
PREDNISONE INTENSOL	29	pyridostigmine bromide	23
PREFEST.....	28	QUALAQUIN	10
PREMARIN	29	quasense	27
PREMARIN W/APPLICATOR	29	quinapril hcl	15
PREMASOL.....	38	quinaretic	15
PREMPHASE	28	quinidine gluconate	16
PREMPRO.....	28	quinidine sulfate	16
prenatal rx 1	41	quinidine sulfate er	16
PREVACID.....	33	QUIXIN.....	47
PREVACID SOLUTAB.....	33	QVAR	43
prevalite.....	17	RABAVERT	36
previfem.....	27	ramipril	15
PREVPAC	33	RANEXA.....	19
PREZISTA	10	ranitidine hcl	31
PRILOSEC	33	RAPAMUNE.....	36
PRIMAXIN I.M.	12	RAPTIVA.....	44
PRIMAXIN IV.....	12	RAZADYNE.....	20
PRIMAXIN IV ADD-VANTAGE	12	RAZADYNE ER	20
primidone	20	REBETOL	11
PRISTIQ	21	REBIF.....	23
PROAIR HFA.....	42	REBIF TITRATION PACK	23
probenecid.....	7	RECOMBIVAX HB	36
PROCALAMINE.....	38	REGONOL	23
PROCANBID	16	REGRANEX.....	46
prochlorperazine	31	RELION 70/30	26
prochlorperazine edisylate.....	31	RELION 70/30 INNOLET.....	26
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