

# FirstUA Medicare Part D

Prescription Drug Coverage

## **2008 Formulary** **List of Covered Drugs**

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

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

This document includes First UA Medicare Part D's partial formulary as of January 1, 2008. For a complete, updated formulary, please visit our Web site at [www.firstuamedicarepartd.com](http://www.firstuamedicarepartd.com) or call 1-866-524-4171, weekdays from 8:00am to 8:00pm Eastern. TTY/TDD users should call 1-866-524-4172.



## What is the First UA Medicare Part D Formulary?

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

This document is a partial formulary and includes only some of the drugs covered by First UA Medicare Part D. For a complete listing of all prescription drugs covered by First UA Medicare Part D, please visit our Web site at [www.firstuamedicarepartd.com](http://www.firstuamedicarepartd.com) or call 1-866-524-4171, weekdays from 8:00am to 8:00pm Eastern. TTY/TDD users should call 1-866-524-4172.

## Can the Formulary change?

Generally, if you are taking a drug on our 2008 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2008 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 improve the safety of your drugs.

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 January 1, 2008. To get updated information about the drugs covered by First UA Medicare Part D, please visit our Web site at [www.firstuamedicarepartd.com](http://www.firstuamedicarepartd.com) or call 1-866-524-4171, weekdays from 8:00am to 8:00pm Eastern. TTY/TDD users should call 1-866-524-4172.

## 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 on page 1. 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 32. 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?

First UA Medicare Part D covers both brand-name drugs and generic drugs. A generic drug has the same active-ingredient as the brand name drug. Generic drugs usually cost less than brand name drugs and are approved by the Food and Drug Administration (FDA).

## 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:** First UA Medicare Part D requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from First UA Medicare Part D before you fill your prescriptions. If you don't get approval, First UA Medicare Part D may not cover the drug.
- **Quantity Limits:** For certain drugs, First UA Medicare Part D limits the amount of the drug that First UA Medicare Part D will cover. For example, First UA Medicare Part D provides 34 tablets per prescription for LIPITOR. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, First UA Medicare Part D 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, First UA Medicare Part D may not cover drug B unless you try Drug A first. If Drug A does not work for you, First UA Medicare Part D 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 First UA Medicare Part D to make an exception to these restrictions or limits. See the section, "How do I request an exception to the First UA Medicare Part D's formulary?" below 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 Customer Service and ask if your drug is covered. This document includes only a partial list of covered drugs, so First UA Medicare Part D may cover your drug. You can contact Customer Service at 1-866-524-4171, weekdays from 8:00am to 8:00pm Eastern. TTY/TDD users should call 1-866-524-4172.

If you learn that First UA Medicare Part D does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by First UA Medicare Part D. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by First UA Medicare Part D.
- You can ask First UA Medicare Part D to make an exception and cover your drug. See below for information about how to request an exception.

NOTE: Due to a change in Medicare, most Medicare Drug Plans no longer cover erectile dysfunction (ED) drugs like Viagra, Cilais, Levitra, and Caverject. For more information, you can contact Customer Service at 1-866-524-4171, weekdays from 8:00am to 8:00pm Eastern. TTY/TDD users should call 1-866-524-4172.

## How do I request an exception to the First UA Medicare Part D Formulary?

You can ask First UA Medicare Part D 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, First UA Medicare Part D 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.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our Tier 3, you can ask us to cover it at the cost-sharing amount that applies to drugs in Tier 2 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 specialty drugs that are in Tier 4.

Generally, First UA Medicare Part D 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 34-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 34-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 34-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 34-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Other times when we will cover a temporary 34-day transition supply (or less, if you have a prescription):

- When you enter a long-term care facility
- When you leave a long-term care facility
- When you are discharged from a hospital
- When you leave a skilled nursing facility
- When you cancel hospice care

First UA Medicare Part D will send you a letter within 3 days of your filling a temporary transition supply notifying you that this was a temporary supply and explaining your options.

## **For more information**

For more detailed information about your First UA Medicare Part D prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about First UA Medicare Part D, please call Customer Service at 1-866-524-4171, weekdays from 8:00am to 8:00pm Eastern. TTY/TDD users should call 1-866-524-4172. Or visit [www.firstuamedicarepartd.com](http://www.firstuamedicarepartd.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).

## **First UA Medicare Part D's Formulary**

The formulary on page 7 provides coverage information about some of the drugs covered by First UA Medicare Part D. If you have trouble finding your drug in the list, turn to the Index that begins on page 32. Remember: This is only a partial list of drugs covered by First UA Medicare Part D. If your prescription is not in this partial formulary, please visit our Web site at [www.firstuamedicarepartd.com](http://www.firstuamedicarepartd.com) or call Customer Service at 1-866-524-4171, weekdays from 8:00am to 8:00pm Eastern. TTY/TDD users should call 1-866-524-4172 for additional help.

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

The information in the Requirements/Limits column tells you if First UA Medicare Part D has any special requirements for coverage of your drug.

The tier level refers to the level of coverage for each medication. The amount you pay at each tier level during your initial coverage period is explained below. You are responsible for paying these amounts for your medications until the total medication costs\* reach \$2,510.

**You will pay the following for your covered prescription drugs\*:**

<b>Drug Tier</b>	<b>Retail In-Network Pharmacy Co-payment/ Coinsurance (34-day supply)</b>	<b>Retail In-Network Pharmacy Co-payment/ Coinsurance (90-day supply)</b>	<b>Retail Out-of-Network Pharmacy Co-payment/ Coinsurance (34-day supply)</b>	<b>Mail Order Co-payment/ Coinsurance (90-day supply)</b>
Tier 1 - Formulary Generic Brand	\$9	\$23	\$9	\$18
Tier 2 - Formulary Preferred Brand	\$37	\$93	\$37	\$74
Tier 3 - Formulary Non-Preferred Brand	\$74	\$185	\$74	\$148
Tier 4 - Specialty Brand	33%	33%	33%	33%

\*Total medication costs means the out-of-pocket costs you pay plus what the Plan pays.

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## COMMONLY PRESCRIBED THERAPEUTIC DRUG CATEGORIES

### ANTI - INFECTIVES

#### Antifungal Agents

Drug Name	Drug Tier	Req./ Limits
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##### Generics

<i>clotrimazole</i>	1	
<i>fluconazole</i>	1	QL
<i>fluconazole suspension</i>	1	
<i>nystatin</i>	1	
<i>terbinafine</i>	1	QL

##### Brands

ERAXIS	4	
NOXAFIL	2	QL
VFEND	2	QL,PA
VFEND IV	2	PA

#### Antivirals

Drug Name	Drug Tier	Req./ Limits
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##### Generics

<i>foscarnet sodium</i>	1	PA
<i>ribapak</i>	1	QL,PA
<i>ribasphere</i>	1	QL,PA
<i>ribavirin</i>	1	QL,PA

##### Brands

BARACLUDE	2	QL
CYTOVENE	2	PA
EPIVIR HBV	2	
FAMVIR	2	QL
HEPSERA	2	QL,PA
REBETOL	2	QL,PA

**Key:**

QL = Quantity Limitations may apply

PA = Prior Approval may be required

ST = Step Therapy rules may apply

Drug Name	Drug Tier	Req./ Limits
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RELENZA	2	QL
TAMIFLU	2	QL
VALTREX	2	QL

#### HIV/AIDS THERAPY

##### Generics

<i>zidovudine</i>	1
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##### Brands

AGENERASE	3
COMBIVIR	2
EPIVIR	2
EPZICOM	2
INVIRASE	2
LEXIVA	2
PREZISTA	4
RESCRIPTOR	3
RETROVIR IV	2
REYATAZ	2
SUSTIVA	2
TRIZIVIR	2
TRUVADA	4
VIDEX	2
VIDEX EC	2
ZERIT	2
ZIAGEN	2

#### Cephalosporins

Drug Name	Drug Tier	Req./ Limits
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##### Generics

<i>cefaclor</i>	1
<i>cefadroxil</i>	1
<i>cefдинир</i>	1
<i>cefotaxime sodium</i>	1

Drug Name	Drug Tier	Req./ Limits
<i>cefoxitin 10gm vial</i>	1	
<i>ceftriaxone</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
<b>Brands</b>		
CEFAZOLIN SODIUM 500MG/50ML	2	
CEFTRIAZONE IV PIGGYBACK	2	
CEFUROXIME 1.5GM/50ML	2	
CEFUROXIME SODIUM 750MG/50ML	2	
MAXIPIME	3	
<b>Erythromycins &amp; Other Macrolides</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>azithromycin</i>	1	
<i>azithromycin suspension</i>	1	
<i>clarithromycin</i>	1	
<i>clarithromycin ER</i>	1	
<b>Brands</b>		
ZITHROMAX PACKET	2	
<b>Miscellaneous Anti-Infectives</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>clindamycin HCl</i>	1	
<i>clindamycin phosphate</i>	1	
<i>mebendazole</i>	1	
<i>metronidazole</i>	1	
<i>neomycin sulfate</i>	1	

Drug Name	Drug Tier	Req./ Limits
<i>pentamidine isethionate</i>	1	PA
<b>Brands</b>		
ALINIA	2	QL
CLEOCIN PALMITATE	2	
GENTAMICIN SULFATE 80MG VIAL	2	
KETEK	2	QL
MEPRON	2	
NEBUPENT	2	QL,PA
NEUTREXIN	2	
PRIMAXIN	2	
PRIMAXIN I.M.	2	
TOBI	4	PA
TYGACIL	2	
XIFAXAN	3	QL,PA
ZYVOX	2	QL,PA
ZYVOX INJECTION	2	PA
<b>ANTIMALARIALS</b>		
<b>Generics</b>		
<i>chloroquine phosphate</i>	1	
<i>mefloquine HCl</i>	1	
<b>Brands</b>		
QUALAQUIN	2	
<b>ANTIMYCOBACTERIALS</b>		
<b>Generics</b>		
<i>isoniazid</i>	1	
<i>rifampin</i>	1	
<b>Brands</b>		
ISONIAZID SYRUP	2	

**Key:**

QL = Quantity Limitations may apply

PA = Prior Approval may be required

ST = Step Therapy rules may apply

Drug Name	Drug Tier	Req./ Limits
<b>Penicillins</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>amoxicillin</i>	1	
<i>nafcillin sodium 10gm vial</i>	1	
<b>Brands</b>		
AUGMENTIN XR	2	
NAFCILLIN SODIUM 1GM VIAL	2	
<b>Quinolones</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>ciprofloxacin HCl</i>	1	
<i>ofloxacin</i>	1	
<b>Brands</b>		
AVELOX	2	
LEVAQUIN	3	
<b>Sulfas &amp; Related Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>sulfadiazine</i>	1	
<b>Tetracyclines</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>doxycycline hyclate</i>	1	
<i>tetracycline HCl</i>	1	

Drug Name	Drug Tier	Req./ Limits
<b>Urinary Tract Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
PRIMSOL	3	
<b>Vancomycin</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>vancomycin HCl</i>	1	
<b>Brands</b>		
VANCOCIN HCl	2	
VANCOMYCIN HCl 10GM VIAL	2	
<b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>		
<b>Adjunctive Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>leucovorin calcium 100mg vial</i>	1	
<i>leucovorin calcium 200mg vial</i>	1	
<i>leucovorin calcium 25mg tablet</i>	1	
<i>leucovorin calcium 350mg vial</i>	1	
<i>leucovorin calcium 50mg vial</i>	1	
<i>leucovorin calcium 5mg tablet</i>	1	
<b>Brands</b>		
LEUCOVORIN CALCIUM 10MG TABLET	2	
LEUCOVORIN CALCIUM 10MG/ML	2	

**Key:**

QL = Quantity Limitations may apply

PA = Prior Approval may be required

ST = Step Therapy rules may apply

Drug Name	Drug Tier	Req./ Limits
LEUCOVORIN CALCIUM 15MG TABLET	2	
LEUCOVORIN CALCIUM 500MG VIAL	2	
MESNEX	2	
<b>Antineoplastic &amp; Immunosuppressant Drugs</b>		
Drug Name	Drug Tier	Req./ Limits
<b>ANTINEOPLASTIC DRUGS</b>		
<b>Generics</b>		
<i>bleomycin sulfate</i>	1	
<i>carboplatin</i>	1	
<i>cisplatin</i>	1	
<i>cyclophosphamide injection</i>	1	
<i>cyclophosphamide tablet</i>	1	PA
<i>cytarabine</i>	1	
<i>dacarbazine</i>	1	
<i>daunorubicin HCl</i>	1	
<i>doxorubicin HCl</i>	1	
<i>fluorouracil</i>	1	
<i>flutamide</i>	1	
<i>hydroxyurea</i>	1	
<i>ifosfamide/mesna</i>	1	
<i>megestrol acetate</i>	1	
<i>mercaptopurine</i>	1	
<i>methotrexate injection</i>	1	
<i>methotrexate tablet</i>	1	PA
<i>mitomycin</i>	1	
<i>octreotide acetate 1000mcg/ml</i>	1	
<i>octreotide acetate 200mcg/ml</i>	1	
<i>onxol</i>	1	
<i>paclitaxel</i>	1	

Drug Name	Drug Tier	Req./ Limits
<i>tamoxifen citrate</i>	1	
<i>tretinoin</i>	1	
<i>vinblastine sulfate</i>	1	
<i>vincristine sulfate</i>	1	
<b>Brands</b>		
ALKERAN INJECTION	4	
ARIMIDEX	2	
AROMASIN	2	
AVASTIN	3	PA
BICNU	3	
CASODEX	2	
CYTARABINE 100MG/ML INJECTION	3	
ELIGARD	3	
ELOXATIN	3	
EPIRUBICIN HCl	3	
ERBITUX	3	PA
FASLODEX	4	PA
FLOXURIDINE	3	
GLEEVEC	4	PA
IFOSFAMIDE	3	
IFOSFAMIDE/MESNA 3-1G	3	
LEUKERAN	2	
MUSTARGEN	3	
MYLOTARG	3	
NEXAVAR	4	QL,PA
OCTREOTIDE ACETATE 100MCG/ML	2	
OCTREOTIDE ACETATE 500MCG/ML	2	
OCTREOTIDE ACETATE 50MCG/ML	2	
PLENAXIS	3	
REVLIMID	4	PA
RHEUMATREX TABLET	3	PA
RITUXAN	3	PA

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Drug Name	Drug Tier	Req./ Limits
SOLTAMOX	2	
SPRYCEL	4	QL,PA
SUTENT	4	QL,PA
TARCEVA	4	QL,PA
TARGRETIN	2	PA
TESLAC	3	
THIOTEPA	3	
TYKERB	4	QL
VIDAZA	4	QL,PA
ZOLADEX	3	
ZOLINZA	4	
<b>IMMUNOSUPPRESSANT DRUGS</b>		
<b>Generics</b>		
<i>azathioprine</i>	1	PA
<i>cyclosporine</i>	1	PA
<i>gengraf</i>	1	PA
<b>Brands</b>		
CELLCEPT	2	PA
CYCLOSPORINE AMPULE	2	PA
MYFORTIC	2	PA
NEORAL	2	PA
PROGRAF	2	PA
RAPAMUNE	2	PA
SANDIMMUNE	2	PA

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Drug Name	Drug Tier	Req./ Limits
<b>AUTONOMIC &amp; CNS DRUGS, NEUROLOGY &amp; PSYCH</b>		
<b>Anticonvulsants</b>		
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Req./ Limits</b>
<b>Generics</b>		
<i>carbamazepine</i>	1	
<i>phenytoin</i>	1	
<i>valproic acid capsule</i>	1	
<i>valproic acid syrup</i>	1	
<b>Brands</b>		
CARBATROL	2	
DEPAKOTE	2	
DEPAKOTE ER	2	
KEPPRA	2	
LAMICTAL	2	
LYRICA	2	QL
PHENYTEK	3	
TEGRETOL XR	2	
TOPAMAX	2	
VALPROIC ACID LIQUID	2	
<b>Antiparkinsonism Agents</b>		
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Req./ Limits</b>
<b>Generics</b>		
<i>carbidopa/levodopa</i>	1	
<i>selegiline HCl</i>	1	
<b>Brands</b>		
APOKYN	2	PA
COMTAN	2	
MIRAPEX	2	
REQUIP	2	

Drug Name	Drug Tier	Req./ Limits
STALEVO	2	
ZELAPAR	2	
<b>Migraine &amp; Cluster Headache Therapy</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>ergotamine-caffeine</i>	1	
<b>Brands</b>		
AMERGE	2	QL
IMITREX INJECTION	2	QL
IMITREX NASAL SPRAY	2	QL
IMITREX TABLET	2	QL
MAXALT	2	QL
MAXALT MLT	2	QL
MIGRANAL	3	QL
RELPAK	2	QL
ZOMIG	2	QL
ZOMIG NASAL SPRAY	2	QL
ZOMIG ZMT	2	QL
<b>Miscellaneous Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>naloxone HCl</i>	1	
<b>Brands</b>		
SUBOXONE	2	

Drug Name	Drug Tier	Req./ Limits
<b>Miscellaneous Analgesics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>tramadol HCl</i>	1	
<b>Miscellaneous Neurological Therapy</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
ARICEPT	2	QL,PA
ARICEPT ODT	2	QL,PA
COPAXONE	4	QL,PA
EXELON	2	QL,PA
EXELON SOLUTION	2	PA
NAMENDA	3	QL,PA
NAMENDA DOSE PACK	3	PA
NAMENDA SOLUTION	3	PA
RAZADYNE	2	QL,PA
RAZADYNE ER	2	QL,PA
RAZADYNE SOLUTION	2	PA
<b>Muscle Relaxants &amp; Antispasmodic Therapy</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>baclofen tablet</i>	1	
<i>pyridostigmine bromide</i>	1	
<i>tizanidine HCl</i>	1	

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Drug Name	Drug Tier	Req./ Limits
<b>Narcotic Analgesics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>acetaminophen/codeine</i>	1	
<i>fentanyl lollipop</i>	1	QL,PA
<i>fentanyl patch</i>	1	
<i>hydromorphone HCl</i>	1	
<i>levorphanol tartrate</i>	1	
<i>meperidine HCl</i>	1	
<i>methadone HCl</i>	1	
<i>morphine sulfate</i>	1	
<i>morphine sulfate solution</i>	1	
<i>narvox</i>	1	
<i>oramorph SR</i>	1	
<i>oxycodone HCl</i>	1	
<b>Brands</b>		
DILAUDID-HP	2	
FENTANYL INJECTION	2	
INFUMORPH	2	
KADIAN	2	
METHADONE HCl SOLUTION	2	
MORPHINE SULFATE 10MG/ML AMPULE	2	
MORPHINE SULFATE 250MG/10ML VIAL	2	
MORPHINE SULFATE 8MG INJECTION	2	
OXYCONTIN	2	
OXYFAST	2	

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Drug Name	Drug Tier	Req./ Limits
<b>Non-Narcotic Analgesics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>butorphanol tartrate</i>	1	QL,PA
<i>diclofenac sodium</i>	1	
<i>ibuprofen suspension</i>	1	
<i>meloxicam</i>	1	
<b>Brands</b>		
CELEBREX	2	QL
<b>Propoxyphene</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>propoxyphene HCl</i>	1	
<i>propoxyphene hcl/acetaminophen</i>	1	
<b>Psychotherapeutic Drugs</b>		
Drug Name	Drug Tier	Req./ Limits
<b>ANTIDEPRESSANT AGENTS</b>		
<b>Generics</b>		
<i>amitriptyline HCl</i>	1	
<i>budeprion XL 300mg</i>	1	QL
<i>bupropion HCl</i>	1	
<i>citalopram hydrobromide</i>	1	QL
<i>citalopram hydrobromide solution</i>	1	
<i>doxepin HCl</i>	1	
<i>fluoxetine HCl</i>	1	QL
<i>fluoxetine HCl solution</i>	1	
<i>paroxetine HCl</i>	1	QL
<i>paroxetine HCl suspension</i>	1	

Drug Name	Drug Tier	Req./ Limits
<i>sertraline concentrate</i>	1	
<i>sertraline HCl</i>	1	QL
<i>sertraline HCl concentrate</i>	1	
<i>tranylcypromine sulfate</i>	1	
<i>trazodone HCl</i>	1	
<i>trimipramine maleate</i>	1	
<b>Brands</b>		
CYMBALTA	2	QL
EFFEXOR XR	2	QL
NARDIL	2	
PAXIL CR	2	QL
WELLBUTRIN XL 150MG	2	QL
<b>ANTIPSYCHOTICS</b>		
<b>Generics</b>		
<i>chlorpromazine HCl</i>	1	PA
<i>haloperidol</i>	1	
<i>perphenazine</i>	1	PA
<b>Brands</b>		
ABILIFY	3	QL
ABILIFY INJECTION	3	
GEODON	2	QL
INVEGA	2	
RISPERDAL SOLUTION	2	QL
SEROQUEL	2	QL
SEROQUEL 400MG	2	
SEROQUEL 50MG	2	
ZYPREXA	2	QL
ZYPREXA ZYDIS	2	QL
<b>ANXIOLYTICS</b>		
<b>Generics</b>		
<i>buspirone HCl</i>	1	

Drug Name	Drug Tier	Req./ Limits
<b>HYPNOTIC AGENTS</b>		
<b>Generics</b>		
<i>zolpidem tartrate</i>	1	QL
<b>Brands</b>		
AMBIEN CR	2	QL
LUNESTA	2	QL
ROZEREM	3	QL
SONATA	3	QL
<b>MISCELLANEOUS PSYCHOTHERAPEUTIC AGENTS</b>		
<b>Generics</b>		
<i>amphetamine salt combo</i>	1	PA
<i>dexmethylphenidate HCl</i>	1	PA
<i>dextroamphetamine sulfate</i>	1	PA
<i>dextrostat</i>	1	PA
<i>metadate ER</i>	1	PA
<i>methylin ER</i>	1	PA
<i>methylin tablet</i>	1	PA
<i>methylphenidate ER</i>	1	PA
<i>methylphenidate HCl</i>	1	PA
<b>Brands</b>		
ADDERALL XR	2	PA
FOCALIN XR	2	PA
METADATE CD	3	PA
METHYLIN CHEWABLE	3	PA
METHYLIN SOLUTION	3	PA
PROVIGIL	2	QL,PA
RITALIN LA	3	PA
STRATTERA	2	PA

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Drug Name	Drug Tier	Req./ Limits
<b>TRICYCLIC ANTIDEPRESSANTS/BENZODIAZEPINE COMBINATIONS</b>		
<b>Generics</b>		
<i>amitriptyline/chlordiazepoxide</i>	1	
<b>CARDIOVASCULAR, HYPERTENSION &amp; LIPIDS</b>		
<b>Antiarrhythmic Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>mexiletine HCl</i>	1	
<i>procainamide HCl</i>	1	
<i>quinidine sulfate</i>	1	
<b>Brands</b>		
PROCAINAMIDE HCl SUSTAINED RELEASE	2	
RYTHMOL SR	2	
<b>Antihypertensive Therapy</b>		
Drug Name	Drug Tier	Req./ Limits
<b>ACE INHIBITORS</b>		
<b>Generics</b>		
<i>captopril</i>	1	QL
<i>enalapril maleate</i>	1	QL
<i>fosinopril sodium</i>	1	QL
<i>lisinopril</i>	1	QL
<i>moexipril HCl</i>	1	QL
<i>quinapril</i>	1	QL
<i>trandolapril</i>	1	QL

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Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
ACEON	2	QL
ALTACE	2	QL
ZESTRIL	3	QL
<b>ADRENERGIC AGONISTS AND RELATED DRUGS</b>		
<b>Generics</b>		
<i>clonidine HCl</i>	1	
<i>doxazosin mesylate</i>	1	QL
<i>terazosin HCl</i>	1	QL
<b>ANGIOTENSIN II RECEPTOR BLOCKERS, ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS AND RENIN INHIBITORS</b>		
<b>Brands</b>		
ATACAND	2	QL
ATACAND HCT	2	QL
AVALIDE	2	QL
AVAPRO	2	QL
COZAAR	2	QL
DIOVAN	2	QL
DIOVAN HCT	2	QL
HYZAAR	2	QL
MICARDIS	2	QL
MICARDIS HCT	2	QL
TEKTURNA	2	QL
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<b>Generics</b>		
<i>amlodipine besylate/benazepril 10mg-20mg</i>	1	QL
<i>amlodipine besylate/benazepril 2.5mg-10mg</i>	1	QL
<i>amlodipine besylate/benazepril 5mg-10mg</i>	1	QL

Drug Name	Drug Tier	Req./ Limits
<i>amlodipine besylate/benazepril 5mg-20mg</i>	1	QL
<i>captopril/hydrochlorothiazide</i>	1	QL
<i>lisinopril/hydrochlorothiazide</i>	1	QL
<i>moexipril/hydrochlorothiazide</i>	1	QL
<b>Brands</b>		
ZESTORETIC	3	QL
<b>BETA BLOCKERS</b>		
<b>Generics</b>		
<i>labetalol HCl</i>	1	
<i>metoprolol ER</i>	1	
<i>metoprolol tartrate</i>	1	
<i>propranolol HCl ER</i>	1	
<i>timolol maleate</i>	1	
<b>Brands</b>		
COREG	2	
COREG CR	2	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<b>Generics</b>		
<i>amlodipine besylate</i>	1	
<i>diltiazem HCl</i>	1	
<i>diltiazem HCl ER</i>	1	
<i>felodipine ER</i>	1	
<i>nifedipine</i>	1	
<i>nifedipine ER</i>	1	
<i>verapamil HCl</i>	1	
<b>Brands</b>		
DILTIAZEM HCl VIAL	2	
NIMOTOP	2	
SULAR	2	

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Drug Name	Drug Tier	Req./ Limits
<b>DIURETICS</b>		
<b>Generics</b>		
<i>amiloride HCl</i>	1	
<i>furosemide</i>	1	
<i>furosemide solution 10mg/ml</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<b>Brands</b>		
FUROSEMIDE SOLUTION	2	
<b>VASODILATORS</b>		
<b>Generics</b>		
<i>hydralazine HCl</i>	1	
<i>minoxidil</i>	1	
<b>Brands</b>		
BIDIL	2	QL
<b>Cardiac Glycosides</b>		
<b>Drug Name</b>		
<b>Drug Tier</b>		
<b>Req./ Limits</b>		
<b>Generics</b>		
<i>digoxin</i>	1	
<b>Brands</b>		
LANOXICAPS	2	
LANOXIN	2	
LANOXIN INJECTION	2	

Drug Name	Drug Tier	Req./ Limits
<b>Coagulation Therapy</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>cilostazol</i>	1	QL
<i>dipyridamole</i>	1	
<i>jantoven</i>	1	
<i>pentoxifylline</i>	1	
<i>ticlopidine HCl</i>	1	QL
<i>warfarin sodium</i>	1	
<b>Brands</b>		
AGGRENOX	2	QL
ARIXTRA	2	
FRAGMIN	2	
HEPARIN SODIUM 10000 U/5ML	2	
HEPARIN SODIUM 25000U/10ML	2	
LOVENOX	2	
<b>Hemostatics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
CYKLOKAPRON	2	
<b>Lipid/Cholesterol Lowering Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>colestipol HCl</i>	1	
<i>gemfibrozil</i>	1	
<i>lovastatin</i>	1	QL

Drug Name	Drug Tier	Req./ Limits
<i>pravastatin</i>	1	QL
<i>simvastatin</i>	1	QL
<b>Brands</b>		
ADVICOR	3	
ANTARA	2	
CADUET	2	QL
COLESTID	2	
CRESTOR	2	QL
LIPITOR	2	QL
LOVAZA	2	QL
NIASPAN	2	
TRICOR	2	
TRIGLIDE	2	
VYTORIN	2	QL
ZETIA	2	QL
<b>Miscellaneous Cardiovascular Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
RANEXA	2	QL,ST
<b>Nitrates</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>nitro-bid</i>	1	
<i>nitroglycerin CR</i>	1	
<i>nitroglycerin injection</i>	1	PA
<i>nitroglycerin patch</i>	1	
<b>Brands</b>		
NITROLINGUAL	2	
NITROSTAT	2	

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Drug Name	Drug Tier	Req./ Limits
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>Antipsoriatic / Antiseborrheic</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
DOVONEX	2	
RAPTIVA	4	QL,PA
SORIATANE	2	
<b>Burn Therapy</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>silver sulfadiazine</i>	1	
<b>Miscellaneous Dermatologicals</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>fluorouracil</i>	1	
<b>Brands</b>		
CARAC	2	
CARMOL HC	2	
EFUDEX	2	
ELIDEL	3	PA
OXSORALEN ULTRA	2	
PANRETIN	2	PA
PROTOPIC	3	PA
REGRANEX	2	PA
SOLARAZE	2	
ZONALON	2	

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Drug Name	Drug Tier	Req./ Limits
<b>Therapy For Acne</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>avita</i>	1	PA
<i>clindamycin phosphate</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin/benzoyl peroxide gel</i>	1	
<i>metronidazole</i>	1	
<i>tretinoin cream</i>	1	PA
<b>Brands</b>		
EVOCLIN	2	
FINACEA	2	
METROGEL	2	
TAZORAC	2	PA
<b>Topical Anesthetics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>lidocaine HCl</i>	1	
<b>Brands</b>		
EMLA	3	
<b>Topical Antibacterials</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>mupirocin</i>	1	
<i>sodium sulfacetamide</i>	1	
<b>Brands</b>		
KLARON	2	

Drug Name	Drug Tier	Req./ Limits
<b>Topical Antifungals</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>clotrimazole</i>	1	
<i>econazole nitrate</i>	1	
<i>nystatin</i>	1	
<b>Brands</b>		
ERTACZO	2	
LOPROX	2	
<b>Topical Antivirals</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
DENAVIR	2	
ZOVIRAX CREAM	3	
ZOVIRAX OINTMENT	3	
<b>Topical Corticosteroids</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>alclometasone dipropionate cream</i>	1	
<i>alclometasone dipropionate ointment</i>	1	
<i>amcinonide cream</i>	1	
<i>amcinonide lotion</i>	1	
<i>amcinonide ointment</i>	1	
<i>betamethasone dipropionate lotion</i>	1	
<i>betamethasone valerate</i>	1	

Drug Name	Drug Tier	Req./ Limits
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	
<i>fluticasone propionate cream</i>	1	
<i>fluticasone propionate ointment</i>	1	
<i>halobetasol propionate cream</i>	1	
<i>halobetasol propionate ointment</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone butyrate cream</i>	1	
<i>hydrocortisone butyrate ointment</i>	1	
<i>hydrocortisone butyrate solution</i>	1	
<i>prednicarbate cream</i>	1	
<i>prednicarbate ointment</i>	1	
<i>triamcinolone acetonide</i>	1	
<b>Brands</b>		
DIPROLENE	3	
LUXIQ	2	
OLUX	2	
PANDEL	2	
PSORCON E	2	
<b>Topical Scabicides / Pediculicides</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>permethrin</i>	1	
<b>Brands</b>		
EURAX	2	

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Drug Name	Drug Tier	Req./ Limits
<b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b>		
<b>Miscellaneous Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>anagrelide hydrochloride</i>	1	QL
<i>pilocarpine HCl</i>	1	
<b>Brands</b>		
ACTONEL 30MG	2	QL,PA
ADAGEN	4	
CARNITOR	2	
EVOXAC	2	
EXJADE	4	
FOSAMAX 40MG	2	QL,PA
FOSRENOL	2	
INCRELEX	4	PA
ORFADIN	4	
PHOSLO	2	
PROLASTIN	4	PA
RENAGEL	2	
SKELID	3	QL,PA
THALOMID	4	PA
<b>Smoking Deterrents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>buprobán 150mg</i>	1	QL,PA
<i>bupropion HCl ER</i>	1	QL,PA
<i>bupropion HCl SR</i>	1	QL,PA
<i>nicotine patch</i>	1	PA

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Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
CHANTIX	2	PA
NICOTROL	3	QL,PA
NICOTROL NS	3	QL,PA
<b>EAR, NOSE &amp; THROAT MEDICATIONS</b>		
<b>Miscellaneous Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>triamcinolone acetonide</i>	1	
<b>Brands</b>		
ADRENALIN CHLORIDE NASAL	2	
BACTROBAN NASAL	2	
TYZINE	2	
<b>Miscellaneous Otic Preparations</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
DERMOTIC	2	
FLOXIN	2	
<b>Otic Steroid / Antibiotic</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>neomycin/polymyxin/hydrocortiso ne</i>	1	
<i>neomycin/polymyxin/hydrocortiso ne</i>	1	

Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
CIPRODEX	2	
<b>ENDOCRINE/DIABETES</b>		
<b>Adrenal Hormones</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>a-methapred</i>	1	PA
<i>dexamethasone</i>	1	
<i>dexamethasone elixir</i>	1	
<i>hydrocortisone</i>	1	
<i>methylprednisolone</i>	1	PA
<i>prednisolone</i>	1	PA
<i>prednisone</i>	1	PA
<i>solu-medrol 500mg/4ml</i>	1	PA
<b>Brands</b>		
CORTEF	2	
DEPO-MEDROL	2	PA
DEXAMETHASONE 1MG TABLET	2	
DEXAMETHASONE 2MG TABLET	2	
DEXAMETHASONE DROPS	2	
DEXAMETHASONE SOLUTION	2	
METHYLPREDNISOLONE 100MG VIAL	2	PA
PREDNISONE CONCENTRATE	2	PA
SOLU-MEDROL	2	PA

Drug Name	Drug Tier	Req./ Limits
<b>Antithyroid Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>methimazole</i>	1	
<b>Diabetes Therapy</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>glimepiride</i>	1	QL
<i>glipizide</i>	1	QL
<i>glipizide/metformin</i>	1	QL
<i>glyburide</i>	1	
<i>metformin HCl</i>	1	QL
<i>metformin HCl ER</i>	1	QL
<i>tolazamide</i>	1	
<b>Brands</b>		
ACTOPLUS MET	2	QL
ACTOS	2	QL
APIDRA	2	
AVANDAMET	2	QL
AVANDARYL	2	QL
AVANDIA	2	QL
BYETTA	3	QL
DUETACT	2	QL
EXUBERA COMBINATION PACK 15	2	
EXUBERA KIT	2	QL
FORTAMET	2	QL
GLYCRON 4.5MG	2	QL
HUMALOG	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 75/25	2	

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Drug Name	Drug Tier	Req./ Limits
HUMULIN N	2	
HUMULIN R	2	
JANUMET	2	QL
JANUVIA	2	QL
LANTUS	2	
LEVEMIR	2	
NOVOLIN 70/30	2	
NOVOLIN N	2	
NOVOLIN R	2	
NOVOLOG	2	
NOVOLOG MIX 70/30	2	
PRANDIN	2	QL
STARLIX	2	QL
SYMLIN	3	QL,PA
<b>Diabetic Supplies, Misc.</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
ALCOHOL SWABS	2	
BD ALCOHOL SWABS	2	
BD INSULIN PEN NEEDLES	2	
BD INSULIN SYRINGE	2	
BD SAFETYGLIDE	2	
GLUCAGON EMERGENCY KIT	2	
<b>Miscellaneous Hormones</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>androxy</i>	1	PA
<i>oxandrolone</i>	1	PA
<i>testosterone cypionate</i>	1	PA

Drug Name	Drug Tier	Req./ Limits
<i>testosterone enanthate</i>	1	PA
<b>Brands</b>		
ALDURAZYME	4	PA
ANADROL-50	3	PA
ANDRODERM	2	QL,PA
ANDROGEL	2	QL,PA
CEREZYME	4	PA
DEPO-TESTOSTERONE	2	PA
FABRAZYME	4	PA
HECTOROL	2	
MIACALCIN NASAL SPRAY	2	QL
NAGLAZYME	4	
SENSIPAR	2	QL,PA
SOMAVERT	2	QL,PA
STIMATE	2	
TESTIM	3	QL,PA
ZAVESCA	2	
ZEMPLAR	2	
<b>Thyroid Hormones</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>levothyroxine sodium</i>	1	
<i>liothyronine sodium</i>	1	
<b>Brands</b>		
CYTOMEL	2	

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Drug Name	Drug Tier	Req./ Limits
<b>GASTROENTEROLOGY</b>		
<b>Antidiarrheals &amp; Antispasmodics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>diphenoxylate/atropine</i>	1	
<i>glycopyrrolate</i>	1	
<b>Miscellaneous Gastrointestinal Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>lactulose</i>	1	
<i>metoclopramide HCl</i>	1	
<i>ondansetron HCl in dextrose</i>	1	
<i>ondansetron HCl solution</i>	1	PA
<i>ondansetron HCl tablet</i>	1	QL,PA
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate suppository</i>	1	PA
<i>prochlorperazine maleate tablet</i>	1	PA
<i>procto-pak</i>	1	
<i>ursodiol</i>	1	
<b>Brands</b>		
AMITIZA	2	QL,PA
ANZEMET	3	QL,PA
CANASA	2	
COLAZAL	2	
CREON	2	
EMEND	2	QL,PA
LIALDA	2	
LOTRONEX	2	QL,PA
MARINOL	3	PA
PENTASA	2	

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Drug Name	Drug Tier	Req./ Limits
REMICADE	4	PA
SUCRAID	4	
ULTRASE	2	
URSO	2	
URSO FORTE	2	
<b>BOWEL EVACUANTS</b>		
<b>Generics</b>		
<i>polyethylene glycol</i>	1	
<b>Brands</b>		
HALFLYTELY	3	
MOVIPREP	2	
NULYTELY	3	
<b>Ulcer Therapy</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>misoprostol</i>	1	
<i>sucralfate</i>	1	
<b>Brands</b>		
PREVPAC	3	
<b>H2 ANTAGONISTS</b>		
<b>Generics</b>		
<i>famotidine</i>	1	QL
<i>famotidine injection</i>	1	
<i>nizatidine</i>	1	QL
<i>ranitidine HCl</i>	1	QL
<b>Brands</b>		
ZANTAC INJECTION	2	
ZANTAC RX	2	

Drug Name	Drug Tier	Req./Limits
<b>PROTON PUMP INHIBITORS</b>		
<b>Generics</b>		
<i>omeprazole</i>	1	QL
<b>Brands</b>		
NEXIUM	2	QL
NEXIUM I.V.	2	
PREVACID	2	QL
PREVACID IV	2	
PREVACID SUSPENSION	2	
PRILOSEC 40MG	3	QL
<b>IMMUNOLOGY, VACCINES &amp; BIOTECHNOLOGY</b>		
<b>Biotechnology Drugs</b>		
Drug Name	Drug Tier	Req./Limits
<b>Brands</b>		
ACTIMMUNE	4	PA
ARANESP	2	QL,PA
AVONEX ADMINISTRATION PACK	4	QL,PA
BETASERON	4	QL,PA
EPOGEN	3	QL,PA
INTRON A	2	PA
LEUKINE	4	PA
NEULASTA	3	QL,PA
NEUMEGA	4	QL,PA
NEUPOGEN	4	QL,PA
NORDITROPIN	4	PA
NORDITROPIN NORDIFLEX	4	PA
PEGASYS	2	QL,PA
PEG-INTRON	2	QL,PA
PEG-INTRON REDIPEN	2	QL,PA

Drug Name	Drug Tier	Req./Limits
PROCRIT	2	QL,PA
PROLEUKIN	4	
REBIF	4	QL,PA
ROFERON-A	2	PA
TEV-TROPIN	4	PA
<b>Vaccines &amp; Miscellaneous Immunologicals</b>		
Drug Name	Drug Tier	Req./Limits
<b>Generics</b>		
<i>tetanus toxoid</i>	1	
<b>Brands</b>		
ACTHIB	2	
COMVAX	2	PA
DAPTACEL	2	
DIPHThERIA/TETANUS TOXOIDS	2	
ENGERIX-B	2	PA
GARDASIL	2	PA
HAVRIX	2	
IMMUNE GLOBULIN	2	PA
IMOVAX RABIES VACCINE	2	
INFANRIX	2	
JE-VAX	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
PEDIARIX	2	PA
RABAVERT	2	
RECOMBIVAX HB	2	PA
TETANUS DIPHTHERIA TOXOIDS	2	
THYMOGLOBULIN	2	PA
TICE BCG	2	PA
TRIHIBIT	2	

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Drug Name	Drug Tier	Req./ Limits
TRIPEDIA	2	
TWINRIX	2	PA
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	PA
<b>MISCELLANEOUS VITAMINS, HEMATINICS &amp; ELECTROLYTES</b>		
<b>Miscellaneous Nutrition Products</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
FREAMINE HBC	2	
<b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b>		
<b>Gout Therapy</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>allopurinol</i>	1	
<i>colchicine</i>	1	
<b>Brands</b>		
COLCHICINE VIAL	2	

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Drug Name	Drug Tier	Req./ Limits
<b>Osteoporosis Therapy</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
ACTONEL	2	QL
ACTONEL WITH CALCIUM	2	QL
BONIVA	2	QL
EVISTA	2	QL
FORTEO	2	QL
FOSAMAX	2	QL
<b>Other Rheumatologicals</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>leflunomide</i>	1	QL,PA
<b>Brands</b>		
ENBREL	4	QL,PA
HUMIRA	4	QL,PA
RIDAURA	3	
<b>OBSTETRICS &amp; GYNECOLOGY</b>		
<b>Estrogens &amp; Progestins</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>medroxyprogesterone acetate</i>	1	
<i>norethindrone acetate</i>	1	
<b>Brands</b>		
ACTIVELLA	2	QL
ALORA	2	QL
CENESTIN	2	QL
CLIMARA PRO	2	QL

Drug Name	Drug Tier	Req./Limits
COMBIPATCH	2	QL
ENJUVIA	2	QL
ESTRASORB	3	QL
ESTRING	3	QL
ESTROGEL	3	QL
FEMHRT	3	QL
PREFEST	3	QL
PREMARIN	3	QL
PREMARIN CREAM	2	
PREMPHASE	2	QL
PREMPRO	2	QL
VAGIFEM	2	
VIVELLE	2	QL
<b>Miscellaneous Ob/Gyn</b>		
Drug Name	Drug Tier	Req./Limits
<b>Generics</b>		
<i>clindamycin phosphate cream</i>	1	
<i>metronidazole vaginal</i>	1	
<i>nystatin</i>	1	
<i>terconazole</i>	1	
<i>zazole</i>	1	
<b>Brands</b>		
NUVARING	3	
<b>Oral Contraceptives &amp; Related Agents</b>		
Drug Name	Drug Tier	Req./Limits
<b>Generics</b>		
<i>aranelle</i>	1	
<i>balziva</i>	1	
<i>cesia</i>	1	
<i>jolessa</i>	1	

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Drug Name	Drug Tier	Req./Limits
<i>junel</i>	1	
<i>junel FE</i>	1	
<i>leena</i>	1	
<i>levora-28</i>	1	
<i>low-ogestrel</i>	1	
<i>microgestin</i>	1	
<i>microgestin FE</i>	1	
<i>mononessa</i>	1	
<i>necon</i>	1	
<i>nortrel</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>previfem</i>	1	
<i>quasense</i>	1	
<i>sprintec</i>	1	
<i>sronyx</i>	1	
<i>trinessa</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>velivet</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
<b>Brands</b>		
ORTHO EVRA	3	
PLAN B	2	
<b>Oxytocics</b>		
Drug Name	Drug Tier	Req./Limits
<b>Brands</b>		
METHERGINE	2	

Drug Name	Drug Tier	Req./ Limits
<b>OPHTHALMOLOGY</b>		
<b>Antibiotics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>ciprofloxacin HCl</i>	1	
<i>erythromycin</i>	1	
<b>Brands</b>		
CILOXAN	2	
VIGAMOX	2	
ZYMAR	2	
<b>Antivirals</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>trifluridine</i>	1	
<b>Beta-Blockers</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>timolol maleate</i>	1	
<b>Brands</b>		
BETOPTIC S	3	
ISTALOL	2	
TIMOPTIC SINGLE USE DROPPERETTE	2	

Drug Name	Drug Tier	Req./ Limits
<b>Miscellaneous Ophthalmologics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>ketotifen fumarate</i>	1	
<i>proparacaine HCl</i>	1	
<b>Brands</b>		
ALOCRIAL	3	
ELESTAT	2	
OPTIVAR	2	
PATANOL	2	
RESTASIS	2	QL
<b>Non-Steroidal Anti-Inflammatory Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
ACULAR	2	
NEVANAC	2	
VOLTAREN	2	
XIBROM	2	
<b>Oral Drugs For Glaucoma</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>acetazolamide sodium</i>	1	

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Drug Name	Drug Tier	Req./ Limits
<b>Other Glaucoma Drugs</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
AZOPT	2	
COSOPT	2	
LUMIGAN	2	
TRAVATAN	2	
TRAVATAN Z	2	
TRUSOPT	2	
XALATAN	2	
<b>Steroid-Antibiotic Combinations</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/hydrocortisone</i>	1	
<b>Brands</b>		
TOBRADEX	2	
ZYLET	2	
<b>Steroids</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>fluorometholone</i>	1	
<b>Brands</b>		
ALREX	3	
LOTEMAX	2	

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Drug Name	Drug Tier	Req./ Limits
VEXOL	3	
<b>Steroid-Sulfonamide Combinations</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>sulfacetamide/prednisolone</i>	1	
<b>Sulfonamides</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>ocusulf-10</i>	1	
<i>sulfacetamide sodium</i>	1	
<b>Sympathomimetics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>dipivefrin HCl</i>	1	
<b>Brands</b>		
ALPHAGAN P	2	
<b>RESPIRATORY AND ALLERGY</b>		
<b>Antihistamine &amp; Antiallergenic Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>ADRENERGICS</b>		
<b>Generics</b>		
<i>adrenalin chloride</i>	1	
<b>Brands</b>		
EPIPEN	2	

Drug Name	Drug Tier	Req./ Limits
<b>ANTIHISTAMINES</b>		
<b>Generics</b>		
<i>diphenhydramine HCl</i>	1	
<i>diphenhydramine HCl elixir</i>	1	
<i>fexofenadine HCl</i>	1	QL
<i>hydroxyzine HCl</i>	1	PA
<i>phenadoz</i>	1	
<i>promethazine HCl</i>	1	PA
<b>Brands</b>		
CLARINEX	2	QL
CLARINEX SYRUP	2	
PALGIC	3	
<b>ANTIHISTAMINES PLUS DECONGESTANTS</b>		
<b>Brands</b>		
ALLEGRA-D	3	QL
<b>Pulmonary Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>INHALED BETA AGONISTS</b>		
<b>Generics</b>		
<i>albuterol inhaler</i>	1	QL
<i>albuterol sulfate for nebulization</i>	1	PA
<i>albuterol sulfate solution</i>	1	PA
<i>metaproterenol sulfate inhalation</i>	1	PA
<b>Brands</b>		
ACCUNEB	2	PA
ALBUTEROL SULFATE FOR NEBULIZATION 0.42MG/ML	2	PA
BROVANA	3	QL,PA
FORADIL	2	QL
PROAIR HFA	2	QL
PROVENTIL HFA	2	QL

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Drug Name	Drug Tier	Req./ Limits
SEREVENT DISKUS	2	QL
VENTOLIN HFA	2	QL
<b>INHALED CORTICOSTEROIDS</b>		
<b>Brands</b>		
ASMANEX	2	QL
AZMACORT	3	QL
FLOVENT HFA	2	QL
PULMICORT FOR NEBULIZATION	2	PA
PULMICORT INHALER	2	QL
QVAR	2	QL
<b>INTRANASAL STEROIDS</b>		
<b>Generics</b>		
<i>flunisolide</i>	1	QL
<i>fluticasone propionate</i>	1	QL
<b>Brands</b>		
NASACORT AQ	2	QL
NASAREL	3	QL
NASONEX	2	QL
RHINOCORT AQUA	3	QL
<b>MISCELLANEOUS PULMONARY AGENTS</b>		
<b>Generics</b>		
<i>acetylcysteine</i>	1	PA
<i>cromolyn sodium</i>	1	PA
<i>ipratropium bromide</i>	1	PA
<i>terbutaline sulfate</i>	1	
<b>Brands</b>		
ADVAIR DISKUS	2	QL
ADVAIR HFA	2	QL
ATROVENT HFA	2	QL
COMBIVENT	2	QL
DUONEB	2	PA

Drug Name	Drug Tier	Req./Limits
INTAL INHALER	2	QL
PULMOZYME	4	PA
REVATIO	4	QL
SINGULAIR	2	QL
SPIRIVA	2	QL
SYMBICORT	2	QL
TILADE	2	QL
TRACLEER	4	PA
<b>ORAL BETA AGONISTS</b>		
<b>Generics</b>		
<i>albuterol sulfate</i>	1	
<i>albuterol sulfate ER</i>	1	
<b>XANTHINES</b>		
<b>Generics</b>		
<i>aminophylline</i>	1	
<i>theophylline</i>	1	
<b>UROLOGICALS</b>		
<b>Anticholinergics &amp; Antispasmodics</b>		
Drug Name	Drug Tier	Req./Limits
<b>Generics</b>		
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride ER</i>	1	QL
<b>Brands</b>		
DETROL	2	QL
DETROL LA	2	QL
ENABLEX	2	QL
OXYTROL	2	QL
SANCTURA	2	QL
VESICARE	2	QL

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Drug Name	Drug Tier	Req./Limits
<b>Benign Prostatic Hyperplasia (BPH) Therapy</b>		
Drug Name	Drug Tier	Req./Limits
<b>Generics</b>		
<i>finasteride</i>	1	QL
<b>Brands</b>		
AVODART	2	QL
FLOMAX	2	QL
UROXATRAL	2	QL
<b>Cholinergic Stimulants</b>		
Drug Name	Drug Tier	Req./Limits
<b>Generics</b>		
<i>bethanechol chloride</i>	1	
<b>Miscellaneous Urologicals</b>		
Drug Name	Drug Tier	Req./Limits
<b>Brands</b>		
CYSTAGON	2	
<b>Urinary Anesthetics</b>		
Drug Name	Drug Tier	Req./Limits
<b>Generics</b>		
<i>phenazopyridine HCl</i>	1	

Drug Name	Drug Tier	Req./ Limits
<b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b>		
<b>Electrolytes</b>		
Drug Name	Drug Tier	Req./ Limits
<b>POTASSIUM</b>		
<b>Generics</b>		
<i>potassium chloride</i>	1	
<b>Brands</b>		
POTASSIUM CHLORIDE IV PIGGYBACK	3	
POTASSIUM CHLORIDE/NORMAL SALINE	2	
<b>Vitamins &amp; Hematinics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>prenatal RX</i>	1	

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ADVAIR HFA -----	29	<i>anagrelide hydrochloride</i> -----	20
ADVICOR -----	17	ANDRODERM -----	22
AGENERASE -----	7	ANDROGEL -----	22
AGGRENOX -----	17	<i>androxy</i> -----	22
<i>albuterol inhaler</i> -----	29	ANTARA -----	17
<i>albuterol sulfate ER</i> -----	30	ANZEMET -----	23
ALBUTEROL SULFATE FOR		APIDRA -----	21
NEBULIZATION 0.42MG/ML -----	29	APOKYN -----	11
<i>albuterol sulfate for nebulization</i> -----	29	<i>aranelle</i> -----	26
<i>albuterol sulfate solution</i> -----	29	ARANESP -----	24
<i>albuterol sulfate</i> -----	30	ARICEPT ODT -----	12
<i>alclometasone dipropionate cream</i> -----	19	ARICEPT -----	12
<i>alclometasone dipropionate ointment</i> -----	19	ARIMIDEX -----	10
ALCOHOL SWABS -----	22	ARIXTRA -----	17
ALDURAZYME -----	22	AROMASIN -----	10
ALINIA -----	8	ASMANEX -----	29
ALKERAN INJECTION -----	10	ATACAND HCT -----	15
ALLEGRA-D -----	29	ATACAND -----	15
<i>allopurinol</i> -----	25	ATROVENT HFA -----	29
ALOCRIIL -----	27	AUGMENTIN XR -----	9
		AVALIDE -----	15
		AVANDAMET -----	21
		AVANDARYL -----	21

AVANDIA -----	21	CARAC -----	18
AVAPRO -----	15	<i>carbamazepine</i> -----	11
AVASTIN -----	10	CARBATROL -----	11
AVELOX -----	9	<i>carbidopa/levodopa</i> -----	11
<i>avita</i> -----	18	<i>carboplatin</i> -----	10
AVODART -----	30	CARMOL HC -----	18
AVONEX ADMINISTRATION PACK -----	24	CARNITOR -----	20
<i>azathioprine</i> -----	11	CASODEX -----	10
<i>azithromycin suspension</i> -----	8	<i>cefaclor</i> -----	7
<i>azithromycin</i> -----	8	<i>cefadroxil</i> -----	7
AZMACORT -----	29	CEFAZOLIN SODIUM 500MG/50ML -----	8
AZOPT -----	28	<i>cefdinir</i> -----	7
<b>B</b>		<i>cefotaxime sodium</i> -----	7
<i>baclofen tablet</i> -----	12	<i>cefoxitin 10gm vial</i> -----	8
BACTROBAN NASAL -----	20	CEFTRIAZONE IV PIGGYBACK -----	8
<i>balziva</i> -----	26	<i>ceftriaxone</i> -----	8
BARACLUDE -----	7	CEFUROXIME 1.5GM/50ML -----	8
BD ALCOHOL SWABS -----	22	<i>cefuroxime axetil</i> -----	8
BD INSULIN PEN NEEDLES -----	22	CEFUROXIME SODIUM 750MG/50ML -----	8
BD INSULIN SYRINGE -----	22	<i>cefuroxime sodium</i> -----	8
BD SAFETYGLIDE -----	22	CELEBREX -----	13
<i>betamethasone dipropionate lotion</i> -----	19	CELLCEPT -----	11
<i>betamethasone valerate</i> -----	19	CENESTIN -----	25
BETASERON -----	24	CEREZYME -----	22
<i>bethanechol chloride</i> -----	30	<i>cesia</i> -----	26
BETOPTIC S -----	27	CHANTIX -----	20
BICNU -----	10	<i>chloroquine phosphate</i> -----	8
BIDIL -----	16	<i>chlorpromazine HCl</i> -----	14
<i>bleomycin sulfate</i> -----	10	<i>cilostazol</i> -----	17
BONIVA -----	25	CILOXAN -----	27
BROVANA -----	29	CIPRODEX -----	21
<i>budeprion XL 300mg</i> -----	13	<i>ciprofloxacin HCl</i> -----	9, 27
<i>buproban 150mg</i> -----	20	<i>cisplatin</i> -----	10
<i>bupropion HCl ER</i> -----	20	<i>citalopram hydrobromide solution</i> -----	13
<i>bupropion HCl SR</i> -----	20	<i>citalopram hydrobromide</i> -----	13
<i>bupropion HCl</i> -----	13	CLARINEX SYRUP -----	29
<i>bupirone HCl</i> -----	14	CLARINEX -----	29
<i>butorphanol tartrate</i> -----	13	<i>clarithromycin ER</i> -----	8
BYETTA -----	21	<i>clarithromycin</i> -----	8
<b>C</b>		CLEOCIN PALMITATE -----	8
CADUET -----	17	CLIMARA PRO -----	25
CANASA -----	23	<i>clindamycin HCl</i> -----	8
<i>captopril/hydrochlorothiazide</i> -----	16	<i>clindamycin phosphate cream</i> -----	26
<i>captopril</i> -----	15	<i>clindamycin phosphate</i> -----	8, 18
		<i>clonidine HCl</i> -----	15

<i>clotrimazole</i> -----	7, 19
COLAZAL -----	23
COLCHICINE VIAL -----	25
<i>colchicine</i> -----	25
COLESTID -----	17
<i>colestipol HCl</i> -----	17
COMBIPATCH -----	26
COMBIVENT -----	29
COMBIVIR -----	7
COMTAN -----	11
COMVAX -----	24
COPAXONE -----	12
COREG CR -----	16
COREG -----	16
CORTEF -----	21
COSOPT -----	28
COZAAR -----	15
CREON -----	23
CRESTOR -----	17
<i>cromolyn sodium</i> -----	29
<i>cyclophosphamide injection</i> -----	10
<i>cyclophosphamide tablet</i> -----	10
CYCLOSPORINE AMPULE -----	11
<i>cyclosporine</i> -----	11
CYKLOKAPRON -----	17
CYMBALTA -----	14
CYSTAGON -----	30
CYTARABINE 100MG/ML INJECTION ---	10
<i>cytarabine</i> -----	10
CYTOMEL -----	22
CYTOVENE -----	7

**D**

<i>dacarbazine</i> -----	10
DAPTACEL -----	24
<i>daunorubicin HCl</i> -----	10
DENAVIR -----	19
DEPAKOTE ER -----	11
DEPAKOTE -----	11
DEPO-MEDROL -----	21
DEPO-TESTOSTERONE -----	22
DERMOTIC -----	20
DETROL LA -----	30
DETROL -----	30
DEXAMETHASONE 1MG TABLET -----	21
DEXAMETHASONE 2MG TABLET -----	21

DEXAMETHASONE DROPS -----	21
<i>dexamethasone elixir</i> -----	21
DEXAMETHASONE SOLUTION -----	21
<i>dexamethasone</i> -----	21
<i>dexamethylphenidate HCl</i> -----	14
<i>dextroamphetamine sulfate</i> -----	14
<i>dextrostat</i> -----	14
<i>diclofenac sodium</i> -----	13
<i>digoxin</i> -----	16
DILAUDID-HP -----	13
<i>diltiazem HCl ER</i> -----	16
DILTIAZEM HCl VIAL -----	16
<i>diltiazem HCl</i> -----	16
DIOVAN HCT -----	15
DIOVAN -----	15
<i>diphenhydramine HCl elixir</i> -----	29
<i>diphenhydramine HCl</i> -----	29
<i>diphenoxylate/atropine</i> -----	23
DIPHThERIA/TETANUS TOXOIDS -----	24
<i>dipivefrin HCl</i> -----	28
DIPROLENE -----	19
<i>dipyridamole</i> -----	17
DOVONEX -----	18
<i>doxazosin mesylate</i> -----	15
<i>doxepin HCl</i> -----	13
<i>doxorubicin HCl</i> -----	10
<i>doxycycline hyclate</i> -----	9
DUETACT -----	21
DUONEB -----	29

**E**

<i>econazole nitrate</i> -----	19
EFFEXOR XR -----	14
EFUDEX -----	18
ELESTAT -----	27
ELIDEL -----	18
ELIGARD -----	10
ELOXATIN -----	10
EMEND -----	23
EMLA -----	18
ENABLEX -----	30
<i>enalapril maleate</i> -----	15
ENBREL -----	25
ENGERIX-B -----	24
ENJUVIA -----	26
EPIPEN -----	28

EPIRUBICIN HCl	10
EPIVIR HBV	7
EPIVIR	7
EPOGEN	24
EPZICOM	7
ERAXIS	7
ERBITUX	10
<i>ergotamine-caffeine</i>	12
ERTACZO	19
<i>erythromycin/benzoyl peroxide gel</i>	18
<i>erythromycin</i>	18, 27
ESTRASORB	26
ESTRING	26
ESTROGEL	26
EURAX	19
EVISTA	25
EVOCLIN	18
EVOXAC	20
EXELON SOLUTION	12
EXELON	12
EXJADE	20
EXUBERA COMBINATION PACK 15	21
EXUBERA KIT	21

## F

FABRAZYME	22
<i>famotidine injection</i>	23
<i>famotidine</i>	23
FAMVIR	7
FASLODEX	10
<i>felodipine ER</i>	16
FEMHRT	26
FENTANYL INJECTION	13
<i>fentanyl lollipop</i>	13
<i>fentanyl patch</i>	13
<i>fexofenadine HCl</i>	29
FINACEA	18
<i>finasteride</i>	30
FLOMAX	30
FLOVENT HFA	29
FLOXIN	20
FLOXURIDINE	10
<i>fluconazole suspension</i>	7
<i>fluconazole</i>	7
<i>flunisolide</i>	29
<i>fluocinolone acetonide</i>	19

<i>fluocinonide</i>	19
<i>fluorometholone</i>	28
<i>fluorouracil</i>	10, 18
<i>fluoxetine HCl solution</i>	13
<i>fluoxetine HCl</i>	13
<i>flutamide</i>	10
<i>fluticasone propionate cream</i>	19
<i>fluticasone propionate ointment</i>	19
<i>fluticasone propionate</i>	29
FOCALIN XR	14
FORADIL	29
FORTAMET	21
FORTEO	25
FOSAMAX 40MG	20
FOSAMAX	25
<i>foscarnet sodium</i>	7
<i>fosinopril sodium</i>	15
FOSRENOL	20
FRAGMIN	17
FREAMINE HBC	25
<i>furosemide solution 10mg/ml</i>	16
FUROSEMIDE SOLUTION	16
<i>furosemide</i>	16

## G

GARDASIL	24
<i>gemfibrozil</i>	17
<i>gengraf</i>	11
GENTAMICIN SULFATE 80MG VIAL	8
GEODON	14
GLEEVEC	10
<i>glimepiride</i>	21
<i>glipizide/metformin</i>	21
<i>glipizide</i>	21
GLUCAGON EMERGENCY KIT	22
<i>glyburide</i>	21
<i>glycopyrrolate</i>	23
GLYCRON 4.5MG	21

## H

HALFLYTELY	23
<i>halobetasol propionate cream</i>	19
<i>halobetasol propionate ointment</i>	19
<i>haloperidol</i>	14
HAVRIX	24
HECTOROL	22

HEPARIN SODIUM 10000 U/5ML -----	17
HEPARIN SODIUM 25000U/10ML -----	17
HEPSERA -----	7
HUMALOG MIX 50/50 -----	21
HUMALOG MIX 75/25 -----	21
HUMALOG -----	21
HUMIRA -----	25
HUMULIN N -----	22
HUMULIN R -----	22
<i>hydralazine HCl</i> -----	16
<i>hydrochlorothiazide</i> -----	16
<i>hydrocortisone butyrate cream</i> -----	19
<i>hydrocortisone butyrate ointment</i> -----	19
<i>hydrocortisone butyrate solution</i> -----	19
<i>hydrocortisone</i> -----	19, 21
<i>hydromorphone HCl</i> -----	13
<i>hydroxyurea</i> -----	10
<i>hydroxyzine HCl</i> -----	29
HYZAAR -----	15
<b>I</b>	
<i>ibuprofen suspension</i> -----	13
IFOSFAMIDE/MESNA 3-1G -----	10
<i>ifosfamide/mesna</i> -----	10
IFOSFAMIDE -----	10
IMITREX INJECTION -----	12
IMITREX NASAL SPRAY -----	12
IMITREX TABLET -----	12
IMMUNE GLOBULIN -----	24
IMOVAX RABIES VACCINE -----	24
INCRELEX -----	20
INFANRIX -----	24
INFUMORPH -----	13
INTAL INHALER -----	30
INTRON A -----	24
INVEGA -----	14
INVIRASE -----	7
<i>ipratropium bromide</i> -----	29
ISONIAZID SYRUP -----	8
<i>isoniazid</i> -----	8
ISTALOL -----	27
<b>J</b>	
<i>jantoven</i> -----	17
JANUMET -----	22
JANUVIA -----	22

JE-VAX -----	24
<i>jolessa</i> -----	26
<i>junel FE</i> -----	26
<i>junel</i> -----	26
<b>K</b>	
KADIAN -----	13
KEPPRA -----	11
KETEK -----	8
<i>ketotifen fumarate</i> -----	27
KLARON -----	18
<b>L</b>	
<i>labetalol HCl</i> -----	16
<i>lactulose</i> -----	23
LAMICTAL -----	11
LANOXICAPS -----	16
LANOXIN INJECTION -----	16
LANOXIN -----	16
LANTUS -----	22
<i>leena</i> -----	26
<i>leflunomide</i> -----	25
<i>leucovorin calcium 100mg vial</i> -----	9
LEUCOVORIN CALCIUM 10MG TABLET	9
LEUCOVORIN CALCIUM 10MG/ML -----	9
LEUCOVORIN CALCIUM 15MG TABLET	10
<i>leucovorin calcium 200mg vial</i> -----	9
<i>leucovorin calcium 25mg tablet</i> -----	9
<i>leucovorin calcium 350mg vial</i> -----	9
LEUCOVORIN CALCIUM 500MG VIAL --	10
<i>leucovorin calcium 50mg vial</i> -----	9
<i>leucovorin calcium 5mg tablet</i> -----	9
LEUKERAN -----	10
LEUKINE -----	24
LEVAQUIN -----	9
LEVEMIR -----	22
<i>levora-28</i> -----	26
<i>levorphanol tartrate</i> -----	13
<i>levothyroxine sodium</i> -----	22
LEXIVA -----	7
LIALDA -----	23
<i>lidocaine HCl</i> -----	18
<i>liothyronine sodium</i> -----	22
LIPITOR -----	17
<i>lisinopril/hydrochlorothiazide</i> -----	16
<i>lisinopril</i> -----	15

LOPROX -----	19
LOTEMAX -----	28
LOTRONEX -----	23
<i>lovastatin</i> -----	17
LOVAZA -----	17
LOVENOX -----	17
<i>low-ogestrel</i> -----	26
LUMIGAN -----	28
LUNESTA -----	14
LUXIQ -----	19
LYRICA -----	11

**M**

MARINOL -----	23
MAXALT MLT -----	12
MAXALT -----	12
MAXIPIME -----	8
<i>mebendazole</i> -----	8
<i>medroxyprogesterone acetate</i> -----	25
<i>mefloquine HCl</i> -----	8
<i>megestrol acetate</i> -----	10
<i>meloxicam</i> -----	13
MENACTRA -----	24
MENOMUNE-A/C/Y/W-135 -----	24
<i>meperidine HCl</i> -----	13
MEPRON -----	8
<i>mercaptopurine</i> -----	10
MESNEX -----	10
METADATE CD -----	14
<i>metadate ER</i> -----	14
<i>metaproterenol sulfate inhalation</i> -----	29
<i>metformin HCl ER</i> -----	21
<i>metformin HCl</i> -----	21
METHADONE HCl SOLUTION -----	13
<i>methadone HCl</i> -----	13
METHERGINE -----	26
<i>methimazole</i> -----	21
<i>methotrexate injection</i> -----	10
<i>methotrexate tablet</i> -----	10
METHYLIN CHEWABLE -----	14
<i>methylin ER</i> -----	14
METHYLIN SOLUTION -----	14
<i>methylin tablet</i> -----	14
<i>methylphenidate ER</i> -----	14
<i>methylphenidate HCl</i> -----	14
METHYLPREDNISOLONE 100MG VIAL -	21

<i>methylprednisolone</i> -----	21
<i>metoclopramide HCl</i> -----	23
<i>metolazone</i> -----	16
<i>metoprolol ER</i> -----	16
<i>metoprolol tartrate</i> -----	16
METROGEL -----	18
<i>metronidazole vaginal</i> -----	26
<i>metronidazole</i> -----	8, 18
<i>mexiletine HCl</i> -----	15
MIACALCIN NASAL SPRAY -----	22
MICARDIS HCT -----	15
MICARDIS -----	15
<i>microgestin FE</i> -----	26
<i>microgestin</i> -----	26
MIGRANAL -----	12
<i>minoxidil</i> -----	16
MIRAPEX -----	11
<i>misoprostol</i> -----	23
<i>mitomycin</i> -----	10
<i>moexipril HCl</i> -----	15
<i>moexipril/hydrochlorothiazide</i> -----	16
<i>mononessa</i> -----	26
MORPHINE SULFATE 10MG/ML AMPULE -----	13
MORPHINE SULFATE 250MG/10ML VIAL -----	13
MORPHINE SULFATE 8MG INJECTION -	13
<i>morphine sulfate solution</i> -----	13
<i>morphine sulfate</i> -----	13
MOVIPREP -----	23
<i>mupirocin</i> -----	18
MUSTARGEN -----	10
MYFORTIC -----	11
MYLOTARG -----	10

**N**

<i>nafcillin sodium 10gm vial</i> -----	9
NAFCILLIN SODIUM 1GM VIAL -----	9
NAGLAZYME -----	22
<i>naloxone HCl</i> -----	12
NAMENDA DOSE PACK -----	12
NAMENDA SOLUTION -----	12
NAMENDA -----	12
NARDIL -----	14
<i>narvox</i> -----	13
NASACORT AQ -----	29

NASAREL	29
NASONEX	29
NEBUPENT	8
<i>necon</i>	26
<i>neomycin sulfate</i>	8
<i>neomycin/polymyxin/ dexamethasone</i>	28
<i>neomycin/polymyxin/bacitracin/ hydrocortisone</i>	28
<i>neomycin/polymyxin/hydrocortisone</i>	20, 28
NEORAL	11
NEULASTA	24
NEUMEGA	24
NEUPOGEN	24
NEUTREXIN	8
NEVANAC	27
NEXAVAR	10
NEXIUM I.V.	24
NEXIUM	24
NIASPAN	17
<i>nicotine patch</i>	20
NICOTROL NS	20
NICOTROL	20
<i>nifedipine ER</i>	16
<i>nifedipine</i>	16
NIMOTOP	16
<i>nitro-bid</i>	17
<i>nitroglycerin CR</i>	17
<i>nitroglycerin injection</i>	17
<i>nitroglycerin patch</i>	17
NITROLINGUAL	17
NITROSTAT	17
<i>nizatidine</i>	23
NORDITROPIN NORDIFLEX	24
NORDITROPIN	24
<i>norethindrone acetate</i>	25
<i>nortrel 1/35 (21)</i>	26
<i>nortrel</i>	26
NOVOLIN 70/30	22
NOVOLIN N	22
NOVOLIN R	22
NOVOLOG MIX 70/30	22
NOVOLOG	22
NOXAFIL	7
NULYTELY	23
NUVARING	26

<i>nystatin</i>	7, 19, 26
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## O

<i>octreotide acetate 1000mcg/ml</i>	10
OCTREOTIDE ACETATE 100MCG/ML	10
<i>octreotide acetate 200mcg/ml</i>	10
OCTREOTIDE ACETATE 500MCG/ML	10
OCTREOTIDE ACETATE 50MCG/ML	10
<i>ocusulf-10</i>	28
<i>ofloxacin</i>	9
OLUX	19
<i>omeprazole</i>	24
<i>ondansetron HCl in dextrose</i>	23
<i>ondansetron HCl solution</i>	23
<i>ondansetron HCl tablet</i>	23
<i>onxol</i>	10
OPTIVAR	27
<i>oramorph SR</i>	13
ORFADIN	20
ORTHO EVRA	26
<i>oxandrolone</i>	22
OXSORALEN ULTRA	18
<i>oxybutynin chloride ER</i>	30
<i>oxybutynin chloride</i>	30
<i>oxycodone HCl</i>	13
OXYCONTIN	13
OXYFAST	13
OXYTROL	30

## P

<i>paclitaxel</i>	10
PALGIC	29
PANDEL	19
PANRETIN	18
<i>paroxetine HCl suspension</i>	13
<i>paroxetine HCl</i>	13
PATANOL	27
PAXIL CR	14
PEDIARIX	24
PEG-INTRON REDIPEN	24
PEG-INTRON	24
PEGASYS	24
<i>pentamidine isethionate</i>	8
PENTASA	23
<i>pentoxifylline</i>	17
<i>permethrin</i>	19

<i>perphenazine</i> -----	14
<i>phenadoz</i> -----	29
<i>phenazopyridine HCl</i> -----	30
PHENYTEK -----	11
<i>phenytoin</i> -----	11
PHOSLO -----	20
<i>pilocarpine HCl</i> -----	20
PLAN B -----	26
PLENAXIS -----	10
<i>polyethylene glycol</i> -----	23
POTASSIUM CHLORIDE IV PIGGYBACK	31
POTASSIUM CHLORIDE/NORMAL	
SALINE -----	31
<i>potassium chloride</i> -----	31
PRANDIN -----	22
<i>pravastatin</i> -----	17
<i>prednicarbate cream</i> -----	19
<i>prednicarbate ointment</i> -----	19
<i>prednisolone</i> -----	21
PREDNISON CONCENTRATE -----	21
<i>prednisone</i> -----	21
PREFEST -----	26
PREMARIN CREAM -----	26
PREMARIN -----	26
PREMPHASE -----	26
PREMPRO -----	26
<i>prenatal RX</i> -----	31
PREVACID IV -----	24
PREVACID SUSPENSION -----	24
PREVACID -----	24
<i>previfem</i> -----	26
PREVPAC -----	23
PREZISTA -----	7
PRILOSEC 40MG -----	24
PRIMAXIN I.M. -----	8
PRIMAXIN -----	8
PRIMSOL -----	9
PROAIR HFA -----	29
PROCAINAMIDE HCl SUSTAINED	
RELEASE -----	15
<i>procainamide HCl</i> -----	15
<i>prochlorperazine edisylate</i> -----	23
<i>prochlorperazine maleate suppository</i> -----	23
<i>prochlorperazine maleate tablet</i> -----	23
PROCRIT -----	24

<i>procto-pak</i> -----	23
PROGRAF -----	11
PROLASTIN -----	20
PROLEUKIN -----	24
<i>promethazine HCl</i> -----	29
<i>proparacaine HCl</i> -----	27
<i>propoxyphene hcl/acetaminophen</i> -----	13
<i>propoxyphene HCl</i> -----	13
<i>propranolol HCl ER</i> -----	16
PROTOPIC -----	18
PROVENTIL HFA -----	29
PROVIGIL -----	14
PSORCON E -----	19
PULMICORT FOR NEBULIZATION -----	29
PULMICORT INHALER -----	29
PULMOZYME -----	30
<i>pyridostigmine bromide</i> -----	12
<b>Q</b>	
QUALAQUIN -----	8
<i>quasense</i> -----	26
<i>quinapril</i> -----	15
<i>quinidine sulfate</i> -----	15
QVAR -----	29
<b>R</b>	
RABAVERT -----	24
RANEXA -----	17
<i>ranitidine HCl</i> -----	23
RAPAMUNE -----	11
RAPTIVA -----	18
RAZADYNE ER -----	12
RAZADYNE SOLUTION -----	12
RAZADYNE -----	12
REBETOL -----	7
REBIF -----	24
RECOMBIVAX HB -----	24
REGRANEX -----	18
RELENZA -----	7
RELPAK -----	12
REMICADE -----	23
RENAGEL -----	20
REQUIP -----	11
RESCRIPTOR -----	7
RESTASIS -----	27
RETROVIR IV -----	7

REVATIO	30
REVLIMID	10
REYATAZ	7
RHEUMATREX TABLET	10
RHINOCORT AQUA	29
<i>ribapak</i>	7
<i>ribasphere</i>	7
<i>ribavirin</i>	7
RIDAURA	25
<i>rifampin</i>	8
RISPERDAL SOLUTION	14
RITALIN LA	14
RITUXAN	10
ROFERON-A	24
ROZEREM	14
RYTHMOL SR	15

## S

SANCTURA	30
SANDIMMUNE	11
<i>selegiline HCl</i>	11
SENSIPAR	22
SEREVENT DISKUS	29
SEROQUEL 400MG	14
SEROQUEL 50MG	14
SEROQUEL	14
<i>sertraline concentrate</i>	14
<i>sertraline HCl concentrate</i>	14
<i>sertraline HCl</i>	14
<i>silver sulfadiazine</i>	18
<i>simvastatin</i>	17
SINGULAIR	30
SKELID	20
<i>sodium sulfacetamide</i>	18
SOLARAZE	18
SOLTAMOX	11
<i>solu-medrol 500mg/4ml</i>	21
SOLU-MEDROL	21
SOMAVERT	22
SONATA	14
SORIATANE	18
SPIRIVA	30
<i>sprintec</i>	26
SPRYCEL	11
<i>sronyx</i>	26
STALEVO	12

STARLIX	22
STIMATE	22
STRATTERA	14
SUBOXONE	12
SUCRAID	23
<i>sucralfate</i>	23
SULAR	16
<i>sulfacetamide sodium</i>	28
<i>sulfacetamide/prednisolone</i>	28
<i>sulfadiazine</i>	9
SUSTIVA	7
SUTENT	11
SYMBICORT	30
SYMLIN	22
<b>T</b>	
TAMIFLU	7
<i>tamoxifen citrate</i>	10
TARCEVA	11
TARGRETIN	11
TAZORAC	18
TEGRETOL XR	11
TEKTRUNA	15
<i>terazosin HCl</i>	15
<i>terbinafine</i>	7
<i>terbutaline sulfate</i>	29
<i>terconazole</i>	26
TESLAC	11
TESTIM	22
<i>testosterone cypionate</i>	22
<i>testosterone enanthate</i>	22
TETANUS DIPHTHERIA TOXOIDS	24
<i>tetanus toxoid</i>	24
<i>tetracycline HCl</i>	9
TEV-TROPIN	24
THALOMID	20
<i>theophylline</i>	30
THIOTEPA	11
THYMOGLOBULIN	24
TICE BCG	24
<i>ticlopidine HCl</i>	17
TILADE	30
<i>timolol maleate</i>	16, 27
TIMOPTIC SINGLE USE DROPPERETTE	27
<i>tizanidine HCl</i>	12
TOBI	8

TOBRADEX -----	28
<i>tolazamide</i> -----	21
TOPAMAX -----	11
TRACLEER -----	30
<i>tramadol HCl</i> -----	12
<i>trandolapril</i> -----	15
<i>tranlycypromine sulfate</i> -----	14
TRAVATAN Z -----	28
TRAVATAN -----	28
<i>trazodone HCl</i> -----	14
<i>tretinoin cream</i> -----	18
<i>tretinoin</i> -----	10
<i>tri-previfem</i> -----	26
<i>tri-sprintec</i> -----	26
<i>triamcinolone acetonide</i> -----	19, 20
TRICOR -----	17
<i>trifluridine</i> -----	27
TRIGLIDE -----	17
TRIHIBIT -----	24
<i>trimipramine maleate</i> -----	14
<i>trinessa</i> -----	26
TRIPEDIA -----	25
TRIZIVIR -----	7
TRUSOPT -----	28
TRUVADA -----	7
TWINRIX -----	25
TYGACIL -----	8
TYKERB -----	11
TYZINE -----	20
<b>U</b>	
ULTRASE -----	23
UROXATRAL -----	30
URSO FORTE -----	23
<i>ursodiol</i> -----	23
URSO -----	23
<b>V</b>	
VAGIFEM -----	26
<i>valproic acid capsule</i> -----	11
VALPROIC ACID LIQUID -----	11
<i>valproic acid syrup</i> -----	11
VALTREX -----	7
VANCOICIN HCl -----	9
VANCOMYCIN HCl 10GM VIAL -----	9
<i>vancomycin HCl</i> -----	9

VAQTA -----	25
VARIVAX -----	25
<i>velivet</i> -----	26
VENTOLIN HFA -----	29
<i>verapamil HCl</i> -----	16
VESICARE -----	30
VEXOL -----	28
VFEND IV -----	7
VFEND -----	7
VIDAZA -----	11
VIDEX EC -----	7
VIDEX -----	7
VIGAMOX -----	27
<i>vinblastine sulfate</i> -----	10
<i>vincristine sulfate</i> -----	10
VIVELLE -----	26
VOLTAREN -----	27
VYTORIN -----	17
<b>W</b>	
<i>warfarin sodium</i> -----	17
WELLBUTRIN XL 150MG -----	14
<b>X</b>	
XALATAN -----	28
XIBROM -----	27
XIFAXAN -----	8
<b>Y</b>	
YF-VAX -----	25
<b>Z</b>	
ZANTAC INJECTION -----	23
ZANTAC RX -----	23
ZAVESCA -----	22
<i>zazole</i> -----	26
ZELAPAR -----	12
ZEMPLAR -----	22
ZERIT -----	7
ZESTORETIC -----	16
ZESTRIL -----	15
ZETIA -----	17
ZIAGEN -----	7
<i>zidovudine</i> -----	7
ZITHROMAX PACKET -----	8
ZOLADEX -----	11
ZOLINZA -----	11
<i>zolpidem tartrate</i> -----	14

ZOMIG NASAL SPRAY -----	12
ZOMIG ZMT -----	12
ZOMIG -----	12
ZONALON -----	18
ZOSTAVAX -----	25
<i>zovia 1/35e</i> -----	26
<i>zovia 1/50e</i> -----	26
ZOVIRAX CREAM -----	19
ZOVIRAX OINTMENT -----	19
ZYLET -----	28
ZYMAR -----	27
ZYPREXA ZYDIS -----	14
ZYPREXA -----	14
ZYVOX INJECTION -----	8
ZYVOX -----	8