

FirstUA Medicare  
 Part D Silver

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.



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

A formulary is a list of covered drugs selected by First UA Medicare Part D Silver 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 Silver 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 Silver 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 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 Silver, please visit our Web site at [www.firstuamedicarepartd.com](http://www.firstuamedicarepartd.com) or call 1-866-299-3407, 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 43. 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 Silver 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 Silver 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 Silver before you fill your prescriptions. If you don't get approval, First UA Medicare Part D Silver may not cover the drug.
- **Quantity Limits:** For certain drugs, First UA Medicare Part D Silver limits the amount of the drug that First UA Medicare Part D Silver will cover. For example, First UA Medicare Part D Silver 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 Silver 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 Silver may not cover drug B unless you try Drug A first. If Drug A does not work for you, First UA Medicare Part D Silver 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 Silver 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 Silver'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. If you learn that First UA Medicare Part D Silver 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 Silver. 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 Silver.
- You can ask First UA Medicare Part D Silver 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 1-866-299-3407, 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 Silver Formulary?

You can ask First UA Medicare Part D Silver 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 Silver 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 Silver 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 Silver 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 Silver prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about First UA Medicare Part D Silver, please call Customer Service at 1-866-299-3407, 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 Silver's Formulary

The formulary on page 7 provides coverage information about some of the drugs covered by First UA Medicare Part D Silver. If you have trouble finding your drug in the list, turn to the Index that begins on page 43.

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 Silver 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. **After you reach your yearly deductible of \$130 on all drugs except generic drugs, you are responsible for paying these amounts for your medications until the total medication costs\* reach \$2,510.**

<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	\$4	\$12	\$4	\$10
Tier 2 - Formulary Preferred Brand	\$40	\$120	\$40	\$100
Tier 3 - Formulary Non-Preferred Brand	\$80	\$240	\$80	\$200
Tier 4 - Specialty Brand	25%	25%	25%	25%

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

# COMMONLY PRESCRIBED THERAPEUTIC DRUG CATEGORIES

<b>Anti - Infectives.....</b>	<b>7</b>
Antifungal Agents.....	7
Antivirals.....	7
HIV/AIDS THERAPY.....	7
Cephalosporins.....	8
Erythromycins & Other Macrolides.....	8
Miscellaneous Anti-Infectives.....	9
ANTIMALARIALS.....	9
ANTIMYCOBACTERIALS.....	9
Penicillins.....	10
Quinolones.....	10
Sulfas & Related Agents.....	10
Tetracyclines.....	10
Urinary Tract Agents.....	11
Vancomycin.....	11
<b>Antineoplastic &amp; Immunosuppressant Drugs.....</b>	<b>11</b>
Adjunctive Agents.....	11
Antineoplastic & Immunosuppressant Drugs.....	11
ANTINEOPLASTIC DRUGS.....	11
IMMUNOSUPPRESSANT DRUGS.....	13
<b>Autonomic &amp; CNS Drugs, Neurology &amp; Psych.....</b>	<b>14</b>
Anticonvulsants.....	14
Antiparkinsonism Agents.....	14
Migraine & Cluster Headache Therapy.....	14
Miscellaneous Agents.....	15
Miscellaneous Analgesics.....	15
Miscellaneous Neurological Therapy.....	15
Muscle Relaxants & Antispasmodic Therapy.....	15
Narcotic Analgesics.....	16
Non-Narcotic Analgesics.....	16
Propoxyphene.....	17

Psychotherapeutic Drugs.....	17
ANTIDEPRESSANT AGENTS.....	17
ANTIPSYCHOTICS.....	17
ANXIOLYTICS.....	18
HYPNOTIC AGENTS.....	18
MISCELLANEOUS PSYCHOTHERAPEUTIC AGENTS.....	18
TRICYCLIC ANTIDEPRESSANTS/BENZODIAZEPINE COMBINATIONS.....	19
<b>Cardiovascular, Hypertension &amp; Lipids.....</b>	<b>19</b>
Antiarrhythmic Agents.....	19
Antihypertensive Therapy.....	19
ACE INHIBITORS.....	19
ADRENERGIC AGONISTS AND RELATED DRUGS.....	19
ANGIOTENSIN II RECEPTOR BLOCKERS, ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS AND RENIN INHIBITORS.....	20
ANTIHYPERTENSIVE COMBINATIONS.....	20
BETA BLOCKERS.....	20
CALCIUM CHANNEL BLOCKERS.....	20
DIURETICS.....	21
MISCELLANEOUS ANTIHYPERTENSIVES.....	21
VASODILATORS.....	21
Cardiac Glycosides.....	21
Coagulation Therapy.....	21
Hemostatics.....	22
Lipid/Cholesterol Lowering Agents.....	22
Miscellaneous Cardiovascular Agents.....	22
Nitrates.....	22
<b>Dermatologicals/Topical Therapy.....</b>	<b>23</b>
Antipsoriatic / Antiseborrheic.....	23
Burn Therapy.....	23
Miscellaneous Dermatologicals.....	23
Therapy For Acne.....	23

Topical Anesthetics.....	24
Topical Antibacterials.....	24
Topical Antifungals.....	24
Topical Antivirals.....	24
Topical Corticosteroids.....	24
Topical Enzymes.....	25
Topical Scabicides / Pediculicides.....	25
<b>Diagnostics &amp; Miscellaneous Agents.....</b>	<b>25</b>
Miscellaneous Agents.....	25
MISCELLANEOUS INTRAVENOUS SOLUTIONS.....	26
Smoking Deterrents.....	26
<b>Ear, Nose &amp; Throat Medications.....</b>	<b>26</b>
Miscellaneous Agents.....	26
Miscellaneous Otic Preparations.....	27
Otic Steroid / Antibiotic.....	27
<b>Endocrine/Diabetes.....</b>	<b>27</b>
Adrenal Hormones.....	27
Antithyroid Agents.....	27
Diabetes Therapy.....	28
Diabetic Supplies, Misc.....	28
Miscellaneous Hormones.....	29
Thyroid Hormones.....	29
<b>Gastroenterology.....</b>	<b>29</b>
Antidiarrheals & Antispasmodics.....	29
Miscellaneous Gastrointestinal Agents.....	30
BOWEL EVACUANTS.....	31
Ulcer Therapy.....	31
H2 ANTAGONISTS.....	31
PROTON PUMP INHIBITORS.....	31
<b>Immunology, Vaccines &amp; Biotechnology.....</b>	<b>31</b>
Biotechnology Drugs.....	31

Vaccines & Miscellaneous Immunologicals.....	32
<b>Miscellaneous Vitamins, Hematinics &amp; Electrolytes.....</b>	<b>32</b>
Miscellaneous Nutrition Products.....	32
<b>Musculoskeletal &amp; Rheumatology.....</b>	<b>33</b>
Gout Therapy.....	33
Osteoporosis Therapy.....	33
Other Rheumatologicals.....	34
<b>Obstetrics &amp; Gynecology.....</b>	<b>34</b>
Estrogens & Progestins.....	34
Miscellaneous Ob/Gyn.....	34
Oral Contraceptives & Related Agents.....	35
Oxytocics.....	35
<b>Ophthalmology.....</b>	<b>35</b>
Antibiotics.....	35
Antivirals.....	36
Beta-Blockers.....	36
Cholinesterase Inhibitor Miotics.....	36
Cycloplegic Mydriatics.....	36
Direct Acting Miotics.....	36
Miscellaneous Ophthalmologics.....	36
Non-Steroidal Anti-Inflammatory Agents.....	37
Oral Drugs For Glaucoma.....	37
Other Glaucoma Drugs.....	37
Steroid-Antibiotic Combinations.....	37
Steroids.....	37
Steroid-Sulfonamide Combinations.....	38
Sulfonamides.....	38
Sympathomimetics.....	38
<b>Respiratory And Allergy.....</b>	<b>38</b>
Antihistamine & Antiallergenic Agents.....	38
ADRENERGICS.....	38

ANTIHISTAMINES.....	38
ANTIHISTAMINES PLUS DECONGESTANTS.....	38
Pulmonary Agents.....	39
INHALED BETA AGONISTS.....	39
INHALED CORTICOSTEROIDS.....	39
INTRANASAL STEROIDS.....	39
MISCELLANEOUS PULMONARY AGENTS.....	39
ORAL BETA AGONISTS.....	40
XANTHINES.....	40
<b>Urologicals.....</b>	<b>40</b>
Anticholinergics & Antispasmodics.....	40
Benign Prostatic Hyperplasia (BPH) Therapy.....	40
Cholinergic Stimulants.....	40
Miscellaneous Urologicals.....	40
Urinary Anesthetics.....	40
<b>Vitamins, Hematinics &amp; Electrolytes.....</b>	<b>41</b>
Electrolytes.....	41
POTASSIUM.....	41
Vitamins & Hematinics.....	41
<b>INDEX.....</b>	<b>43</b>



## 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 in dextrose</i>	1	
<i>fluconazole in saline</i>	1	
<i>fluconazole suspension</i>	1	
<i>griseofulvin</i>	1	
<i>itraconazole</i>	1	QL
<i>ketoconazole</i>	1	
<i>nystatin</i>	1	
<i>terbinafine</i>	1	QL

#### Brands

ANCOBON	2	
ERAXIS	4	
GRIS-PEG	3	
NOXAFIL	2	QL
SPORANOX SOLUTION	2	
VFEND	2	QL,PA
VFEND IV	2	PA

#### Antivirals

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

<i>acyclovir</i>	1	QL
<i>acyclovir sodium injection</i>	1	
<i>acyclovir suspension</i>	1	

#### 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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<i>amantadine HCl</i>	1	
<i>foscarnet sodium</i>	1	PA
<i>ribapak</i>	1	QL,PA
<i>ribasphere</i>	1	QL,PA
<i>ribavirin</i>	1	QL,PA
<i>rimantadine HCl</i>	1	

#### Brands

BARACLUDE	2	QL
CYTOVENE	2	PA
EPIVIR HBV	2	
FAMVIR	2	QL
HEPSERA	2	QL,PA
REBETOL	2	QL,PA
RELENZA	2	QL
TAMIFLU	2	QL
VALCYTE	2	
VALTREX	2	QL

#### HIV/AIDS THERAPY

#### Generics

<i>didanosine</i>	1	
<i>zidovudine</i>	1	

#### Brands

AGENERASE	3	
APTIVUS	4	
ATRIPLA	4	
COMBIVIR	2	
CRIXIVAN	2	
EMTRIVA	2	
EPIVIR	2	
EPZICOM	2	
FUZEON	4	
INVIRASE	2	
KALETRA	4	
LEXIVA	2	

Drug Name	Drug Tier	Req./ Limits
NORVIR	2	
PREZISTA	4	
RESCRIPTOR	3	
RETROVIR IV	2	
REYATAZ	2	
SUSTIVA	2	
TRIZIVIR	2	
TRUVADA	4	
VIDEX	2	
VIDEX EC	2	
VIRACEPT	4	
VIRAMUNE	2	
VIREAD	2	
ZERIT	2	
ZIAGEN	2	
<b>Cephalosporins</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium</i>	1	
<i>cefdinir</i>	1	
<i>cefotaxime sodium</i>	1	
<i>cefoxitin 10gm vial</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>ceftriaxone</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
<b>Brands</b>		
CEFAZOLIN SODIUM 20GM VIAL	2	
CEFAZOLIN SODIUM 500MG/50ML	2	

Drug Name	Drug Tier	Req./ Limits
CEFOTAXIME SODIUM 20GM VIAL	2	
CEFTIN SUSPENSION	2	
CEFTRIAZONE IV PIGGYBACK	2	
CEFUROXIME 1.5GM/50ML	2	
CEFUROXIME SODIUM 750MG/50ML	2	
FORTAZ	2	
MAXIPIME	3	
MEFOXIN	2	
TAZICEF	2	
ZINACEF	2	
<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	
<i>erythrocin stearate</i>	1	
<i>erythromycin/sulfisoxazole</i>	1	
<b>Brands</b>		
DYNABAC D5-PAK	3	
ERYTHROCIN LACTOBIONATE	2	
ZITHROMAX PACKET	2	
ZMAX	2	

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Drug Name	Drug Tier	Req./ Limits
<b>Miscellaneous Anti-Infectives</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>amikacin sulfate</i>	1	
<i>amikin</i>	1	
<i>clindamycin HCl</i>	1	
<i>clindamycin phosphate</i>	1	
<i>colistimethate sodium</i>	1	
<i>gentamicin sulfate</i>	1	
<i>gentamicin sulfate in saline</i>	1	
<i>isotonic gentamicin sulfate</i>	1	
<i>mebendazole</i>	1	
<i>metronidazole</i>	1	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
<i>pentamidine isethionate</i>	1	PA
<i>tobramycin sulfate</i>	1	
<b>Brands</b>		
ALBENZA	2	
ALINIA	2	
AZACTAM	2	
BILTRICIDE	2	
CLEOCIN PALMITATE	2	
CLEOCIN PHOSPHATE IN DEXTROSE	2	
CUBICIN	2	
DAPSONE	2	
GENTAMICIN SULFATE 70MG/50ML	2	
GENTAMICIN SULFATE 80MG VIAL	2	
GENTAMICIN SULFATE 90MG/50ML	2	
KETEK	2	QL

Drug Name	Drug Tier	Req./ Limits
MEPRON	2	
MINTEZOL	2	
NEBUPENT	2	QL,PA
NEUTREXIN	2	
PRIMAXIN	2	
PRIMAXIN I.M.	2	
PRIMAXIN I.V.	2	
STROMEKTOL	2	
TOBI	4	PA
TOBRAMYCIN SULFATE 80MG/8ML VIAL	2	
TOBRAMYCIN SULFATE IN SALINE	2	
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>hydroxychloroquine sulfate</i>	1	
<i>mefloquine HCl</i>	1	
<b>Brands</b>		
DARAPRIM	2	
FANSIDAR	2	
MALARONE	2	
PRIMAQUINE	2	
QUALAQUIN	2	
<b>ANTIMYCOBACTERIALS</b>		
<b>Generics</b>		
<i>ethambutol HCl</i>	1	
<i>isonarif</i>	1	

**Key:**

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Drug Name	Drug Tier	Req./ Limits
<i>isoniazid</i>	1	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
<b>Brands</b>		
ISONIAZID SYRUP	2	
MYCOBUTIN	2	
PASER	2	
SEROMYCIN	2	
STREPTOMYCIN SULFATE	2	
TRECTOR	2	
<b>Penicillins</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>amoxicillin</i>	1	
<i>amoxicillin/clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin-sulbactam</i>	1	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium 10gm vial</i>	1	
<i>nafcillin sodium 2gm vial</i>	1	
<i>penicillin G potassium 5mmu vial</i>	1	
<i>penicillin V potassium</i>	1	
<b>Brands</b>		
AMPICILLIN SODIUM VIAL	2	
AUGMENTIN XR	2	
BICILLIN C-R	2	
BICILLIN L-A	2	
NAFCILL IN DEXTROSE	2	
NAFCILLIN SODIUM 1GM VIAL	2	
NALLPEN/ISO-OSMOTIC DEXTROSE	2	
PENICILLIN G POTASSIUM	2	

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Drug Name	Drug Tier	Req./ Limits
PENICILLIN G PROCAINE	2	
PENICILLIN G SODIUM	2	
PFIZERPEN	2	
ZOSYN	2	
<b>Quinolones</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>ciprofloxacin HCl</i>	1	
<i>ciprofloxacin i.v.</i>	1	
<i>ofloxacin</i>	1	
<b>Brands</b>		
AVELOX	2	
LEVAQUIN	3	
NOROXIN	3	
<b>Sulfas &amp; Related Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole/trimethoprim</i>	1	
<i>sulfatrim</i>	1	
<b>Brands</b>		
GANTRISIN	2	
<b>Tetracyclines</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>demeclocycline HCl</i>	1	
<i>doxycycline hyclate</i>	1	

Drug Name	Drug Tier	Req./ Limits
<i>doxycycline monohydrate</i>	1	
<i>minocycline HCl</i>	1	
<i>myrac</i>	1	
<i>tetracycline HCl</i>	1	
<b>Brands</b>		
VIBRAMYCIN SUSPENSION	2	
VIBRAMYCIN SYRUP	2	
<b>Urinary Tract Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>trimethoprim</i>	1	
<b>Brands</b>		
FURADANTIN	2	
MACRODANTIN	2	
PRIMSOL	3	
<b>Vancomycin</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>vancomycin HCl</i>	1	
<b>Brands</b>		
VANCOGIN HCl	2	
VANCOMYCIN HCl 10GM VIAL	2	

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Drug Name	Drug Tier	Req./ Limits
<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	
<i>mesna</i>	1	
<b>Brands</b>		
LEUCOVORIN CALCIUM 10MG TABLET	2	
LEUCOVORIN CALCIUM 10MG/ML	2	
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>adriamycin</i>	1	
<i>bleomycin sulfate</i>	1	

Drug Name	Drug Tier	Req./ Limits
<i>carboplatin</i>	1	
<i>cisplatin</i>	1	
<i>cisplatin AQ</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>etoposide injection</i>	1	
<i>fluorouracil</i>	1	
<i>flutamide</i>	1	
<i>hydroxyurea</i>	1	
<i>idarubicin</i>	1	
<i>ifosfamide/mesna</i>	1	
<i>leuprolide acetate</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>mitoxantrone</i>	1	
<i>octreotide acetate 1000mcg/ml</i>	1	
<i>octreotide acetate 200mcg/ml</i>	1	
<i>onxol</i>	1	
<i>paclitaxel</i>	1	
<i>pentostatin</i>	1	
<i>tamoxifen citrate</i>	1	
<i>tretinoin</i>	1	
<i>vinblastine sulfate</i>	1	
<i>vincristine sulfate</i>	1	
<i>vinorelbine tartrate</i>	1	
<b>Brands</b>		
ABRAXANE	3	
ADRIAMYCIN 20MG VIAL	3	

Drug Name	Drug Tier	Req./ Limits
ALIMTA	3	
ALKERAN INJECTION	4	
ARIMIDEX	2	
AROMASIN	2	
ARRANON	3	
AVASTIN	3	PA
BICNU	3	
CAMPATH	3	
CAMPTOSAR	2	
CASODEX	2	
CEENU	2	
CLADRIBINE	2	
CLOLAR	3	
COSMEGEN	3	
CYTARABINE 100MG/ML INJECTION	3	
CYTOXAN 500MG VIAL	3	
DAUNOXOME	3	
DOXIL	3	
DROXIA	2	
ELIGARD	3	
ELLECE	3	
ELOXATIN	3	
ELSPAR	3	
EMCYT	2	
EPIRUBICIN HCl	3	
ERBITUX	3	PA
ETOPHOS INJECTION	3	
FARESTON	3	
FASLODEX	4	PA
FEMARA	2	
FLOXURIDINE	3	
FLUDARA	2	
FLUDARABINE PHOSPHATE	2	
FUDR	3	
GEMZAR	3	

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Drug Name	Drug Tier	Req./ Limits
GLEEVEC	4	PA
HERCEPTIN	3	
HEXALEN	2	
HYCAMTIN	3	
IFEX	3	
IFEX/MESNEX	3	
IFOSFAMIDE	3	
IFOSFAMIDE/MESNA 3-1G	3	
LEUKERAN	2	
LEUSTATIN	2	
LUPRON DEPOT	2	
LUPRON DEPOT-PED	3	
LYSODREN	2	
MATULANE	2	
MEGACE ES	3	
MUSTARGEN	3	
MUTAMYCIN	3	
MYLOTARG	3	
NEXAVAR	4	QL,PA
NILANDRON	3	
NIPENT	3	
OCTREOTIDE ACETATE 100MCG/ML	2	
OCTREOTIDE ACETATE 500MCG/ML	2	
OCTREOTIDE ACETATE 50MCG/ML	2	
ONCASPAR	3	
ONTAK	3	
PHOTOFRIN	3	
PLENAXIS	3	
REVLIMID	4	PA
RHEUMATREX TABLET	3	PA
RITUXAN	3	PA
SANDOSTATIN	4	
SOLTAMOX	2	

Drug Name	Drug Tier	Req./ Limits
SPRYCEL	4	QL,PA
SUTENT	4	QL,PA
TARCEVA	4	QL,PA
TARGRETIN	2	PA
TAXOTERE	3	
TESLAC	3	
THIOGUANINE	2	
THIOTEPA	3	
TRELSTAR DEPOT	3	
TRELSTAR LA	3	
TRISENOX	2	
TYKERB	4	QL
VANTAS	3	
VELCADE	3	
VIADUR	3	
VIDAZA	4	QL,PA
VUMON	3	
ZANOSAR	3	
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>		
Drug Name	Drug Tier	Req./Limits
<b>Generics</b>		
<i>carbamazepine</i>	1	
<i>epitol</i>	1	
<i>ethosuximide</i>	1	
<i>gabapentin</i>	1	
<i>lamotrigine</i>	1	
<i>phenytoin</i>	1	
<i>primidone</i>	1	
<i>valproate sodium</i>	1	
<i>valproic acid capsule</i>	1	
<i>valproic acid syrup</i>	1	
<i>zonisamide</i>	1	
<b>Brands</b>		
CARBATROL	2	
CELONTIN	2	
DEPAKOTE	2	
DEPAKOTE ER	2	
DEPAKOTE SPRINKLE	2	
DILANTIN 30MG CAPSULE	2	
DILANTIN 50MG CHEWABLE	2	
FELBATOL	2	
GABITRIL	2	
KEPPRA	2	
LAMICTAL	2	
LYRICA	2	QL
NEURONTIN SOLUTION	2	
PEGANONE	2	
PHENYTEK	3	

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Drug Name	Drug Tier	Req./Limits
TEGRETOL XR	2	
TOPAMAX	2	
TRILEPTAL	3	
VALPROIC ACID LIQUID	2	
<b>Antiparkinsonism Agents</b>		
Drug Name	Drug Tier	Req./Limits
<b>Generics</b>		
<i>benztropine mesylate</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>carbidopa/levodopa</i>	1	
<i>selegiline HCl</i>	1	
<i>trihexyphenidyl HCl</i>	1	
<b>Brands</b>		
APOKYN	2	PA
COGENTIN INJECTION	2	
COMTAN	2	
KEMADRIN	2	
LODOSYN	2	
MIRAPEX	2	
PARCOPA	2	
REQUIP	2	
STALEVO	2	
TASMAR	3	
ZELAPAR	2	
<b>Migraine &amp; Cluster Headache Therapy</b>		
Drug Name	Drug Tier	Req./Limits
<b>Generics</b>		
<i>dihydroergotamine mesylate</i>	1	
<i>ergotamine-caffeine</i>	1	

Drug Name	Drug Tier	Req./ Limits
<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
RELPAX	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	
<i>naltrexone HCl</i>	1	
<i>narcan</i>	1	
<b>Brands</b>		
REVEX	3	
SUBOXONE	2	
<b>Miscellaneous Analgesics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>tramadol HCl</i>	1	

Drug Name	Drug Tier	Req./ Limits
<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
MYTELASE	2	
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>carisoprodol</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine HCl</i>	1	
<i>dantrolene sodium</i>	1	
<i>methocarbamol</i>	1	
<i>orphenadrine citrate</i>	1	
<i>orphenadrine compound</i>	1	
<i>orphenadrine compound forte</i>	1	
<i>orphenadrine/aspirin/caffeine</i>	1	
<i>orphengesic</i>	1	
<i>orphengesic forte</i>	1	

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Drug Name	Drug Tier	Req./ Limits
<i>pyridostigmine bromide</i>	1	
<i>regonol</i>	1	
<i>tizanidine HCl</i>	1	
<b>Brands</b>		
ENLON-PLUS	2	
MESTINON	2	
<b>Narcotic Analgesics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>acetaminophen/codeine</i>	1	
<i>aspirin/codeine</i>	1	
<i>fentanyl lollipop</i>	1	QL,PA
<i>fentanyl patch</i>	1	
<i>hydrocodone bitartrate/ibuprofen</i>	1	
<i>hydromorphone HCl</i>	1	
<i>levorphanol tartrate</i>	1	
<i>meperidine HCl</i>	1	
<i>meperitab</i>	1	
<i>methadone HCl</i>	1	
<i>morphine sulfate</i>	1	
<i>morphine sulfate solution</i>	1	
<i>morphine sulfate syringe</i>	1	
<i>narvox</i>	1	
<i>oramorph SR</i>	1	
<i>oxycodone HCl</i>	1	
<i>oxycodone/aspirin</i>	1	
<i>rms-suppository</i>	1	
<i>zerlor</i>	1	
<b>Brands</b>		
BUPRENEX	2	
BUPRENORPHINE HCl	2	
DILAUDID-HP	2	
FENTANYL INJECTION	2	

Drug Name	Drug Tier	Req./ Limits
INFUMORPH	2	
KADIAN	2	
LEVO-DROMORAN	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	
ROXICET SOLUTION	2	
SUBUTEX	2	
<b>Non-Narcotic Analgesics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>butorphanol tartrate</i>	1	QL,PA
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>etodolac</i>	1	
<i>fenoprofen calcium</i>	1	
<i>flurbiprofen</i>	1	
<i>ibuprofen suspension</i>	1	
<i>indomethacin</i>	1	
<i>ketoprofen</i>	1	
<i>meclofenamate sodium</i>	1	
<i>meloxicam</i>	1	
<i>mst 600</i>	1	
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	

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Drug Name	Drug Tier	Req./ Limits
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	
<b>Brands</b>		
ARTHROTEC	3	
CELEBREX	2	QL
<b>Propoxyphene</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>balacet 325</i>	1	
<i>propoxyphene HCl</i>	1	
<i>propoxyphene hcl/acetaminophen</i>	1	
<i>propoxyphene napsylate/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>amoxapine</i>	1	
<i>budeprion SR</i>	1	QL
<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>clomipramine HCl</i>	1	
<i>desipramine HCl</i>	1	
<i>doxepin HCl</i>	1	
<i>fluoxetine HCl</i>	1	QL
<i>fluoxetine HCl solution</i>	1	
<i>fluvoxamine maleate</i>	1	QL

Drug Name	Drug Tier	Req./ Limits
<i>imipramine HCl</i>	1	
<i>maprotiline HCl</i>	1	
<i>mirtazapine</i>	1	QL
<i>nefazodone HCl</i>	1	QL
<i>nortriptyline HCl</i>	1	
<i>paroxetine HCl</i>	1	QL
<i>paroxetine HCl suspension</i>	1	
<i>sertraline concentrate</i>	1	
<i>sertraline HCl</i>	1	QL
<i>sertraline HCl concentrate</i>	1	
<i>tranlycypromine sulfate</i>	1	
<i>trazodone HCl</i>	1	
<i>trimipramine maleate</i>	1	
<i>venlafaxine HCl</i>	1	QL
<b>Brands</b>		
AMOXAPINE 25MG TABLET	2	
CYMBALTA	2	QL
EFFEXOR XR	2	QL
EMSAM	3	QL
MARPLAN	2	
MIRTAZAPINE 7.5MG TABLET	2	QL
NARDIL	2	
PAXIL CR	2	QL
SURMONTIL	3	
VIVACTIL	3	
WELLBUTRIN XL 150MG	2	QL
<b>ANTIPSYCHOTICS</b>		
<b>Generics</b>		
<i>chlorpromazine HCl</i>	1	PA
<i>clozapine</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine HCl</i>	1	

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Drug Name	Drug Tier	Req./ Limits
<i>haloperidol</i>	1	
<i>haloperidol decanoate vial</i>	1	
<i>haloperidol lactate</i>	1	
<i>loxapine succinate</i>	1	
<i>perphenazine</i>	1	PA
<i>thioridazine HCl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine HCl</i>	1	
<b>Brands</b>		
ABILIFY	3	QL
ABILIFY INJECTION	3	
ABILIFY SOLUTION	3	
CLOZAPINE 200MG	2	
FAZACLO	3	
GEODON	2	QL
HALDOL DECANOATE AMPULE	2	
INVEGA	2	
MOBAN	2	
ORAP	2	
RISPERDAL	2	QL
RISPERDAL CONSTA	2	
RISPERDAL SOLUTION	2	QL
SEROQUEL	2	QL
SEROQUEL 400MG	2	
SEROQUEL 50MG	2	
SEROQUEL XR	2	QL
ZYPREXA	2	QL
ZYPREXA ZYDIS	2	QL
<b>ANXIOLYTICS</b>		
<b>Generics</b>		
<i>buspirone HCl</i>	1	

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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>lithium carbonate</i>	1	
<i>lithium citrate</i>	1	
<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
LITHIUM CARBONATE 150MG CAPSULE	2	
LITHIUM CARBONATE 600MG CAPSULE	2	
METADATE CD	3	PA
METHYLIN CHEWABLE	3	PA
METHYLIN SOLUTION	3	PA
PROVIGIL	2	QL,PA
RITALIN LA	3	PA

Drug Name	Drug Tier	Req./ Limits
STRATTERA	2	
SYMBYAX	3	QL
XYREM	2	
<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>amiodarone HCl</i>	1	
<i>disopyramide phosphate</i>	1	
<i>flecainide acetate</i>	1	
<i>mexiletine HCl</i>	1	
<i>procainamide HCl</i>	1	
<i>propafenone HCl</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine gluconate ER</i>	1	
<i>quinidine sulfate</i>	1	
<i>sotalol</i>	1	
<i>sotalol HCl (af)</i>	1	
<b>Brands</b>		
ETHMOZINE	2	
NORPACE CR	2	
PACERONE	2	
PROCAINAMIDE HCl SUSTAINED RELEASE	2	
PROCANBID	3	
PRONESTYL	2	

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Drug Name	Drug Tier	Req./ Limits
RYTHMOL SR	2	
TIKOSYN	3	
<b>Antihypertensive Therapy</b>		
Drug Name	Drug Tier	Req./ Limits
<b>ACE INHIBITORS</b>		
<b>Generics</b>		
<i>benazepril HCl</i>	1	QL
<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
<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>guanfacine HCl</i>	1	
<i>prazosin HCl</i>	1	QL
<i>reserpine</i>	1	
<i>terazosin HCl</i>	1	QL
<b>Brands</b>		
CATAPRES-TTS 1	2	

Drug Name	Drug Tier	Req./ Limits
<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
<i>amlodipine besylate/benazepril 5mg-20mg</i>	1	QL
<i>benazepril hcl/hydrochlorothiazide</i>	1	QL
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	QL
<i>enalapril maleate/hydrochlorothiazide</i>	1	QL
<i>fosinopril/hydrochlorothiazide</i>	1	QL
<i>lisinopril/hydrochlorothiazide</i>	1	QL

Drug Name	Drug Tier	Req./ Limits
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>moexipril/hydrochlorothiazide</i>	1	QL
<i>propranolol hcl/hydrochlorothiazide</i>	1	
<i>quinaretic</i>	1	QL
<b>Brands</b>		
EXFORGE	2	QL
ZESTORETIC	3	QL
<b>BETA BLOCKERS</b>		
<b>Generics</b>		
<i>acebutolol HCl</i>	1	
<i>atenolol</i>	1	
<i>betaxolol HCl</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>labetalol HCl</i>	1	
<i>metoprolol 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	
<i>timolol maleate</i>	1	
<b>Brands</b>		
CARTROL	2	
COREG	2	
COREG CR	2	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<b>Generics</b>		
<i>afeditab CR</i>	1	
<i>amlodipine besylate</i>	1	
<i>diltiazem HCl</i>	1	

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Drug Name	Drug Tier	Req./ Limits
<i>diltiazem HCl ER</i>	1	
<i>felodipine ER</i>	1	
<i>isradipine</i>	1	
<i>nicardipine HCl</i>	1	
<i>nifediac CC</i>	1	
<i>nifedical XL</i>	1	
<i>nifedipine</i>	1	
<i>nifedipine ER</i>	1	
<i>nimodipine</i>	1	
<i>verapamil ER</i>	1	
<i>verapamil HCl</i>	1	
<b>Brands</b>		
DILTIAZEM HCl VIAL	2	
NIMOTOP	2	
SULAR	2	
<b>DIURETICS</b>		
<b>Generics</b>		
<i>amiloride HCl</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
<i>furosemide</i>	1	
<i>furosemide solution 10mg/ml</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone/hctz</i>	1	
<i>toremide</i>	1	
<i>triamterene/hydrochlorothiazide</i>	1	

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Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
EDECIN	2	
FUROSEMIDE SOLUTION	2	
<b>MISCELLANEOUS ANTIHYPERTENSIVES</b>		
<b>Brands</b>		
DEMSEER	2	
DIBENZYLINE	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>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>digitek</i>	1	
<i>digoxin</i>	1	
<b>Brands</b>		
LANOXICAPS	2	
LANOXIN	2	
LANOXIN INJECTION	2	
<b>Coagulation Therapy</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>cilostazol</i>	1	QL
<i>dipyridamole</i>	1	

Drug Name	Drug Tier	Req./ Limits
<i>heparin sodium</i>	1	
<i>heparin sodium in 0.9% nacl</i>	1	
<i>heparin sodium in 5% dextrose</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	
HEPARIN SODIUM IN 0.45% NACL	2	
LOVENOX	2	
PLAVIX	2	QL
<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>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colestipol HCl</i>	1	
<i>fenofibrate</i>	1	

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Drug Name	Drug Tier	Req./ Limits
<i>gemfibrozil</i>	1	
<i>lovastatin</i>	1	QL
<i>pravastatin</i>	1	QL
<i>prevalite</i>	1	
<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>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	1	
<i>nitroglycerin CR</i>	1	
<i>nitroglycerin injection</i>	1	PA

Drug Name	Drug Tier	Req./ Limits
<i>nitroglycerin patch</i>	1	
<b>Brands</b>		
NITROLINGUAL	2	
NITROSTAT	2	
<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>ammonium lactate</i>	1	
<i>fluorouracil</i>	1	
<i>podofilox</i>	1	
<b>Brands</b>		
8-MOP	2	
ALDARA	3	
CARAC	2	
CARMOL HC	2	

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Drug Name	Drug Tier	Req./ Limits
CONDYLOX	2	
EFUDEX	2	
ELIDEL	3	PA
FLUOROPLEX	2	
LEVULAN	2	
OXSORALEN ULTRA	2	
PANRETIN	2	PA
PROTOPIC	3	PA
REGRANEX	2	PA
SOLARAZE	2	
ZONALON	2	
<b>Therapy For Acne</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>amneesteem</i>	1	
<i>avita</i>	1	PA
<i>claravis</i>	1	
<i>clindamycin phosphate</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin/benzoyl peroxide gel</i>	1	
<i>metronidazole</i>	1	
<i>sotret</i>	1	
<i>tretinoin</i>	1	
<i>tretinoin cream</i>	1	PA
<b>Brands</b>		
AZELEX	2	
EVOCLIN	2	
FINACEA	2	
METROGEL	2	
TAZORAC	2	PA

Drug Name	Drug Tier	Req./ Limits
<b>Topical Anesthetics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>lidocaine HCl</i>	1	
<i>lidocaine-prilocaine</i>	1	
<i>lidomar viscous</i>	1	
<b>Brands</b>		
EMLA	3	
<b>Topical Antibacterials</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>gentamicin sulfate</i>	1	
<i>mupirocin</i>	1	
<i>sodium sulfacetamide</i>	1	
<b>Brands</b>		
ALTABAX	2	
KLARON	2	
SULFAMYLON	2	
<b>Topical Antifungals</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>ciclopirox</i>	1	
<i>clotrimazole</i>	1	
<i>clotrimazole/betamethasone</i>	1	
<i>econazole nitrate</i>	1	
<i>ketoconazole</i>	1	
<i>nystatin</i>	1	
<i>nystatin/triamcinolone</i>	1	

Drug Name	Drug Tier	Req./ Limits
<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>augmented betamethasone dipropionate</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone dipropionate lotion</i>	1	
<i>betamethasone valerate</i>	1	
<i>clobetasol E</i>	1	
<i>clobetasol propionate</i>	1	
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
<i>diflorasone diacetate</i>	1	

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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>hydrocortisone valerate</i>	1	
<i>mometasone furoate</i>	1	
<i>prednicarbate cream</i>	1	
<i>prednicarbate ointment</i>	1	
<i>triamcinolone acetonide</i>	1	
<b>Brands</b>		
CAPEX SHAMPOO	2	
CLOBEX	2	
CORDRAN	2	
DIPROLENE	3	
LUXIQ	2	
OLUX	2	
PANDEL	2	
PSORCON E	2	
<b>Topical Enzymes</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
SANTYL	2	

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Drug Name	Drug Tier	Req./ Limits
<b>Topical Scabicides / Pediculicides</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>acticin</i>	1	
<i>permethrin</i>	1	
<b>Brands</b>		
EURAX	2	
LINDANE	2	
OVIDE	2	
<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>etidronate disodium</i>	1	QL
<i>kionex</i>	1	
<i>levocarnitine</i>	1	
<i>midodrine HCl</i>	1	
<i>pilocarpine HCl</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>sodium chloride</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
<b>Brands</b>		
ACTONEL 30MG	2	QL,PA
ADAGEN	4	
ANTABUSE	2	
BUPHENYL	2	
CAMPRAL	2	QL
CARNITOR	2	

Drug Name	Drug Tier	Req./ Limits
CHEMET	2	
EVOXAC	2	
EXJADE	4	
FOSAMAX 40MG	2	QL,PA
FOSRENOL	2	
INCRELEX	4	PA
LACTATED RINGERS	2	
ORFADIN	4	
PHOSLO	2	
PROLASTIN	4	PA
RENAGEL	2	
RILUTEK	2	
SKELID	3	QL,PA
SYPRINE	2	
THALOMID	4	PA
THIOLA	2	
<b>MISCELLANEOUS INTRAVENOUS SOLUTIONS</b>		
<b>Generics</b>		
<i>alcohol in dextrose 5%-5%</i>	1	
<i>dextrose in lactated ringers</i>	1	
<i>dextrose in lactated ringers 2.5%-1/2</i>	1	
<i>dextrose in water 10%</i>	1	
<i>dextrose with sodium chloride 2.5%-0.45%</i>	1	
<i>dextrose with sodium chloride 5%-0.45%</i>	1	
<i>dextrose with sodium chloride 5%-0.9%</i>	1	
<b>Brands</b>		
CLINIMIX	2	
DEXTROSE 10%-1/4NS	2	
DEXTROSE IN WATER 2.5%	2	
DEXTROSE WITH SODIUM CHLORIDE	2	

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Drug Name	Drug Tier	Req./ Limits
<b>Smoking Deterrents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>buproban 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
<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>chlorhexadine gluconate</i>	1	
<i>ipratropium bromide nasal spray</i>	1	
<i>triamcinolone acetoneide</i>	1	
<b>Brands</b>		
ADRENALIN CHLORIDE NASAL	2	
BACTROBAN NASAL	2	
TYZINE	2	

Drug Name	Drug Tier	Req./ Limits
<b>Miscellaneous Otic Preparations</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>acetic acid</i>	1	
<i>acetic acid-hydrocortisone</i>	1	
<b>Brands</b>		
DERMOTIC	2	
FLOXIN	2	
<b>Otic Steroid / Antibiotic</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>antibiotic ear solution</i>	1	
<i>neomycin/polymyxin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/hydrocortisone</i>	1	
<b>Brands</b>		
CIPRO HC	3	
CIPRODEX	2	
CORTISPORIN-TC	2	
PEDIOTIC	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>cortisone acetate</i>	1	

Drug Name	Drug Tier	Req./ Limits
<i>dexamethasone</i>	1	
<i>dexamethasone elixir</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>fludrocortisone acetate</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-CORTEF	2	
SOLU-MEDROL	2	PA
<b>Antithyroid Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	

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Drug Name	Drug Tier	Req./ Limits
<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 ER</i>	1	QL
<i>glipizide XL</i>	1	QL
<i>glipizide/metformin</i>	1	QL
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	QL
<i>glyburide/metformin HCl</i>	1	QL
<i>glycron</i>	1	QL
<i>metformin HCl</i>	1	QL
<i>metformin HCl ER</i>	1	QL
<i>tolazamide</i>	1	
<i>tolbutamide</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
GLYSET	3	
HUMALOG	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 75/25	2	

Drug Name	Drug Tier	Req./ Limits
HUMULIN 50/50	2	
HUMULIN 70/30	2	
HUMULIN N	2	
HUMULIN R	2	
JANUMET	2	QL
JANUVIA	2	QL
LANTUS	2	
LEVEMIR	2	
NOVOLIN 70/30	2	
NOVOLIN N	2	
NOVOLIN N INNOLET	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	
GAUZE 2"X 2"	2	
GLUCAGEN	2	
GLUCAGON EMERGENCY KIT	2	
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	
INSULIN SYRINGE (DISP) U-100 1 ML	2	

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Drug Name	Drug Tier	Req./ Limits
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	
PROGLYCEM	2	
UNIFINE PENTIPS	2	
<b>Miscellaneous Hormones</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>androxy</i>	1	PA
<i>cabergoline</i>	1	QL
<i>calcitriol</i>	1	
<i>danazol</i>	1	
<i>desmopressin acetate tablet</i>	1	
<i>desmopressin acetate vial</i>	1	
<i>oxandrolone</i>	1	PA
<i>testosterone cypionate</i>	1	PA
<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	2	
MIACALCIN NASAL SPRAY	2	QL
NAGLAZYME	4	
ROCALTROL	2	
SENSIPAR	2	QL,PA
SOMAVERT	2	QL,PA
STIMATE	2	
SYNAREL	3	

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Drug Name	Drug Tier	Req./ Limits
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>levoxyl</i>	1	
<i>liothyronine sodium</i>	1	
<i>unithroid</i>	1	
<b>Brands</b>		
CYTOMEL	2	
SYNTHROID	2	
<b>GASTROENTEROLOGY</b>		
<b>Antidiarrheals &amp; Antispasmodics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>atropine sulfate</i>	1	
<i>dicyclomine HCl</i>	1	
<i>diphenoxylate/atropine</i>	1	
<i>glycopyrrolate</i>	1	
<i>lofene</i>	1	
<i>lonox</i>	1	
<i>loperamide HCl</i>	1	
<i>paregoric</i>	1	
<b>Brands</b>		
ATROPINE SULFATE 0.05MG/ML SYRINGE	2	
OPIUM	3	

Drug Name	Drug Tier	Req./ Limits
<b>Miscellaneous Gastrointestinal Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>dygase</i>	1	
<i>enzycap</i>	1	
<i>glycolax</i>	1	
<i>hydrocortisone</i>	1	
<i>lactulose</i>	1	
<i>lapase</i>	1	
<i>meclizine HCl</i>	1	
<i>mesalamine</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>palcaps</i>	1	
<i>palipase</i>	1	
<i>palipase MT</i>	1	
<i>paltrase v8</i>	1	
<i>pancrelipase</i>	1	
<i>pancrelipase MT</i>	1	
<i>pancron</i>	1	
<i>pangestyme CN</i>	1	
<i>pangestyme EC</i>	1	
<i>pangestyme MT 16</i>	1	
<i>panocaps</i>	1	
<i>panokase</i>	1	
<i>plaretase 8000</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate suppository</i>	1	PA
<i>prochlorperazine maleate tablet</i>	1	PA
<i>procto-pak</i>	1	

Drug Name	Drug Tier	Req./ Limits
<i>proctosol-HC</i>	1	
<i>sulfasalazine</i>	1	
<i>sulfazine</i>	1	
<i>ultracaps MT 20</i>	1	
<i>ursodiol</i>	1	
<b>Brands</b>		
AMITIZA	2	QL,PA
ANZEMET	3	QL,PA
ANZEMET INJECTION	3	
ASACOL	2	
CANASA	2	
COLAZAL	2	
CORTIFOAM	2	
CREON	2	
CYSTADANE	2	
DIPENTUM	3	
EMEND	2	QL,PA
ENTOCORT EC	2	
GASTROCROM	2	
KUTRASE	3	
KU-ZYME	3	
LIALDA	2	
LOTRONEX	2	QL,PA
MARINOL	3	PA
PANCREASE MT	3	
PANCRECARB MS	3	
PENTASA	2	
PROCTO-KIT	3	
REMICADE	4	PA
SUCRAID	4	
TRANSDERM-SCOP	3	
ULTRASE	2	
URSO	2	
URSO FORTE	2	
VIOKASE	2	

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Drug Name	Drug Tier	Req./ Limits
<b>BOWEL EVACUANTS</b>		
<b>Generics</b>		
<i>peg 3350/electrolyte</i>	1	
<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>		
CARAFATE SUSPENSION	2	
PREVPAC	3	
<b>H2 ANTAGONISTS</b>		
<b>Generics</b>		
<i>famotidine</i>	1	QL
<i>famotidine injection</i>	1	
<i>famotidine premixed</i>	1	
<i>nizatidine</i>	1	QL
<i>ranitidine HCl</i>	1	QL
<i>ranitidine HCl syrup</i>	1	
<b>Brands</b>		
PEPCID SUSPENSION	2	
ZANTAC INJECTION	2	
ZANTAC RX	2	

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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
PROTONIX	3	QL
PROTONIX IV	3	
<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

Drug Name	Drug Tier	Req./ Limits
PEG-INTRON	2	QL,PA
PEG-INTRON REDIPEN	2	QL,PA
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	
ATTENUVAX	2	
COMVAX	2	PA
DAPTACEL	2	
DIPHThERIA/TETANUS TOXOIDS	2	
ENGERIX-B	2	PA
GARDASIL	2	PA
HAVRIX	2	
HIBTITER	2	
IMMUNE GLOBULIN	2	PA
IMOVAX RABIES VACCINE	2	
INFANRIX	2	
IPOL	2	
JE-VAX	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MERUVAX II VACCINE W/DILUENT	2	

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Drug Name	Drug Tier	Req./ Limits
M-M-R II VACCINE W/DILUENT	2	
M-R-VAX II	2	
MUMPSVAX VACCINE W/DILUENT	2	
PEDIARIX	2	PA
PEDVAXHIB	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	PA
ROTATEQ	2	
TETANUS DIPHThERIA TOXOIDS	2	
THYMOGLOBULIN	2	PA
TICE BCG	2	PA
TRIHIBIT	2	
TRIPEDIA	2	
TWINRIX	2	PA
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VIVOTIF BERNA	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>Generics</b>		
<i>aminess</i>	1	
<i>aminosyn II 15%</i>	1	
<i>aminosyn II 4.25%/dextrose 25%</i>	1	

Drug Name	Drug Tier	Req./ Limits
<i>intralipid</i>	1	
<i>novamine</i>	1	
<i>premasol 10%</i>	1	
<b>Brands</b>		
AMINOSYN	2	
AMINOSYN II	2	
AMINOSYN II 3.5%/DEXTROSE 25%	2	
AMINOSYN II 3.5%/DEXTROSE 5%	2	
AMINOSYN II IN DEXTROSE	2	
AMINOSYN-HF	2	
CLINIMIX	2	
CLINISOL	2	
DEXTROSE-ELECTROLYTE	2	
FREAMINE HBC	2	
FREAMINE III	2	
HEPATAMINE	2	
HEPATASOL	2	
INTRALIPID 30%	2	
IONOSOL B W/DEXTROSE 5%	2	
IONOSOL MB W/DEXTROSE	2	
IONOSOL T W/DEXTROSE	2	
ISOLYTE H W/DEXTROSE	2	
ISOLYTE S	2	
ISOLYTE S W/DEXTROSE	2	
NEPHRAMINE	2	
NORMOSOL-R PH 7.4	2	
PLASMA-LYTE 148	2	
PLASMA-LYTE 56	2	
PLASMA-LYTE A PH 7.4	2	
POTASSIUM CHLORIDE/DEXTROSE/NS	2	
PREMASOL 6%	2	
RENAMIN	2	

Drug Name	Drug Tier	Req./ Limits
TRAVASOL	2	
TRAVASOL W/DEXTROSE	2	
TRAVERT	2	
TRAVERT IN NORMAL SALINE	2	
TRAVERT-1/2NORMAL SALINE W/KCL	2	
TRAVERT-ELECTROLYTE	2	
TROPHAMINE	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	
<i>col-probenecid</i>	1	
<i>probenecid</i>	1	
<b>Brands</b>		
COLCHICINE VIAL	2	
<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

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Drug Name	Drug Tier	Req./ Limits
<b>Other Rheumatologicals</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>leflunomide</i>	1	QL,PA
<b>Brands</b>		
CUPRIMINE	2	
DEPEN	2	
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>estradiol</i>	1	QL
<i>estradiol transdermal patch</i>	1	QL
<i>estropipate</i>	1	QL
<i>gynodiol</i>	1	QL
<i>medroxyprogesterone acetate</i>	1	
<i>norethindrone acetate</i>	1	
<i>ortho-est</i>	1	QL
<b>Brands</b>		
ACTIVELLA	2	QL
ALORA	2	QL
CENESTIN	2	QL
CLIMARA PRO	2	QL
COMBIPATCH	2	QL
CRINONE 8% GEL	2	
DEPO-PROVERA	2	
DEPO-SUBQ PROVERA 104	3	

Drug Name	Drug Tier	Req./ Limits
ENJUVIA	2	QL
ESTRASORB	3	QL
ESTRING	3	QL
ESTROGEL	3	QL
FEMHRT	3	QL
GYNODIOL 1.5MG TABLET	3	QL
MENEST	3	QL
MENOSTAR	3	QL
PREFEST	3	QL
PREMARIN	3	QL
PREMARIN CREAM	2	
PREMPHASE	2	QL
PREMPRO	2	QL
PROMETRIUM	2	
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>miconazole 3</i>	1	
<i>nystatin</i>	1	
<i>terconazole</i>	1	
<i>vandazole</i>	1	
<i>zazole</i>	1	
<b>Brands</b>		
CLEOCIN SUPPOSITORY	2	
GYNAZOLE-1	2	
NUVARING	3	

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Drug Name	Drug Tier	Req./ Limits
<b>Oral Contraceptives &amp; Related Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aviane</i>	1	
<i>balziva</i>	1	
<i>cesia</i>	1	
<i>jolessa</i>	1	
<i>junel</i>	1	
<i>junel FE</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levora-28</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</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>ogestrel</i>	1	
<i>portia</i>	1	
<i>previfem</i>	1	
<i>quasense</i>	1	
<i>reclipsen</i>	1	
<i>solia</i>	1	
<i>sprintec</i>	1	
<i>sronyx</i>	1	
<i>trinessa</i>	1	

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Drug Name	Drug Tier	Req./ Limits
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>trivora-28</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	
<b>OPHTHALMOLOGY</b>		
<b>Antibiotics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>bacitracin</i>	1	
<i>bacitracin/polymyxin B</i>	1	
<i>ciprofloxacin HCl</i>	1	
<i>erythromycin</i>	1	
<i>gentamicin sulfate</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
<i>ofloxacin</i>	1	
<i>polycin-b</i>	1	
<i>polymyxin B sulfate/trimethoprim</i>	1	
<i>tobramycin sulfate</i>	1	

Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
CILOXAN	2	
NATACYN	2	
TOBREX	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>betaxolol HCl</i>	1	
<i>carteolol HCl</i>	1	
<i>levobunolol HCl</i>	1	
<i>metipranolol</i>	1	
<i>timolol maleate</i>	1	
<b>Brands</b>		
BETOPTIC S	3	
ISTALOL	2	
TIMOPTIC SINGLE USE DROPPERETTE	2	

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Drug Name	Drug Tier	Req./ Limits
<b>Cholinesterase Inhibitor Miotics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
PHOSPHOLINE IODIDE	2	
<b>Cycloplegic Mydriatics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>atropine sulfate</i>	1	
<i>mydral</i>	1	
<i>tropicacyl</i>	1	
<i>tropicamide</i>	1	
<b>Direct Acting Miotics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
PILOPINE HS	2	
<b>Miscellaneous Ophthalmologics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>cromolyn sodium</i>	1	
<i>ketotifen fumarate</i>	1	
<i>parcaine</i>	1	
<i>proparacaine HCl</i>	1	
<b>Brands</b>		
ALAMAST	2	
ALOCRIAL	3	
ELESTAT	2	
LACRISERT	2	

Drug Name	Drug Tier	Req./ Limits
OPTIVAR	2	
PATANOL	2	
RESTASIS	2	QL
<b>Non-Steroidal Anti-Inflammatory Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>flurbiprofen sodium</i>	1	
<b>Brands</b>		
ACULAR	2	
ACULAR LS	2	
ACULAR PF	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	
<i>methazolamide</i>	1	
<b>Brands</b>		
DIAMOX SEQUELS	3	
<b>Other Glaucoma Drugs</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>miostat</i>	1	
<b>Brands</b>		
AZOPT	2	
COSOPT	2	

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Drug Name	Drug Tier	Req./ Limits
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>dexasporin</i>	1	
<i>neomycin/polymyxin/ dexamethasone</i>	1	
<i>neomycin/polymyxin/bacitracin/ hydrocortisone</i>	1	
<i>neomycin/polymyxin/hydrocortiso ne</i>	1	
<b>Brands</b>		
TOBRADEX	2	
ZYLET	2	
<b>Steroids</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>dexamethasone sodium phosphate</i>	1	
<i>dexasol</i>	1	
<i>fluorometholone</i>	1	
<i>fluor-op</i>	1	
<i>prednisol</i>	1	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<b>Brands</b>		
ALREX	3	
FML FORTE	2	

Drug Name	Drug Tier	Req./ Limits
FML S.O.P.	2	
LOTEMAX	2	
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>sulf-10</i>	1	
<i>sulfacetamide sodium</i>	1	
<b>Sympathomimetics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>brimonidine tartrate</i>	1	
<i>dipivefrin HCl</i>	1	
<b>Brands</b>		
ALPHAGAN P	2	
IOPIDINE	3	

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Drug Name	Drug Tier	Req./ Limits
<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	
<i>epinephrine HCl 1mg/ml vial</i>	1	
<b>Brands</b>		
EPINEPHRINE HCl	2	
EPIPEN	2	
EPIPEN JR.	2	
<b>ANTIHISTAMINES</b>		
<b>Generics</b>		
<i>clemastine fumarate</i>	1	
<i>diphenhydramine HCl</i>	1	
<i>diphenhydramine HCl elixir</i>	1	
<i>fexofenadine HCl</i>	1	QL
<i>hydroxyzine HCl</i>	1	PA
<i>palgic liquid</i>	1	
<i>phenadoz</i>	1	
<i>promethazine HCl</i>	1	PA
<b>Brands</b>		
ASTELIN	3	
CLARINEX	2	QL
CLARINEX SYRUP	2	
PALGIC	3	
<b>ANTIHISTAMINES PLUS DECONGESTANTS</b>		
<b>Brands</b>		
ALLEGRA-D	3	QL
CLARINEX-D 12 HOUR	2	QL

Drug Name	Drug Tier	Req./ Limits
CLARINEX-D 24 HOUR	2	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
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

Drug Name	Drug Tier	Req./ Limits
<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
VERAMYST	2	
<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>ipratropium-albuterol</i>	1	PA
<i>terbutaline sulfate</i>	1	
<b>Brands</b>		
ACCOLATE	3	QL
ADVAIR DISKUS	2	QL
ADVAIR HFA	2	QL
ATROVENT HFA	2	QL
BRETHINE AMPULE	2	
COMBIVENT	2	QL
DUONEB	2	PA
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

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Drug Name	Drug Tier	Req./ Limits
ZYFLO	3	QL
<b>ORAL BETA AGONISTS</b>		
<b>Generics</b>		
<i>albuterol sulfate</i>	1	
<i>albuterol sulfate ER</i>	1	
<i>metaproterenol sulfate</i>	1	
<b>XANTHINES</b>		
<b>Generics</b>		
<i>aminophylline</i>	1	
<i>theophylline</i>	1	
<i>theophylline anhydrous</i>	1	
<b>Brands</b>		
ELIXOPHYLLIN	3	
THEO-24	3	
UNIPHYL	3	
<b>UROLOGICALS</b>		
<b>Anticholinergics &amp; Antispasmodics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>flavoxate HCl</i>	1	
<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

**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>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>Generics</b>		
<i>potassium citrate</i>	1	
<b>Brands</b>		
CYSTAGON	2	
ELMIRON	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>Generics</b>		
<i>ringers</i>	1	
<i>sodium chloride</i>	1	
<b>Brands</b>		
MAGNESIUM SULFATE IN DEXTROSE	2	
NORMOSOL-R AND DEXTROSE	2	
SODIUM BICARBONATE	2	
<b>POTASSIUM</b>		
<b>Generics</b>		
<i>dextrose/lactated</i>	1	
<i>ringers/potassium chloride</i>		
<i>potassium chloride</i>	1	
<i>potassium chloride mini-v</i>	1	
<i>potassium chloride/dextrose 30meq/l</i>	1	
<i>potassium chloride/dextrose/normal saline</i>	1	
<b>Brands</b>		
KAON-CL 10	3	
KLOR-CON M15	3	
KLOTRIX	3	
K-TAB	3	
POTASSIUM CHLORIDE IV PIGGYBACK	3	

Drug Name	Drug Tier	Req./ Limits
POTASSIUM CHLORIDE/DEXTROSE	2	
POTASSIUM CHLORIDE/DEXTROSE/NS	2	
POTASSIUM CHLORIDE/NORMAL SALINE	2	
POTASSIUM CHLORIDE/NORMAL SALINE 40MEQ/L	2	
<b>Vitamins &amp; Hematinics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>prenatal RX</i>	1	

**Key:**

QL = Quantity Limitations may apply

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## INDEX

### 8

8-MOP ----- 23

### A

*a-methapred* ----- 27

ABILIFY INJECTION ----- 18

ABILIFY SOLUTION ----- 18

ABILIFY ----- 18

ABRAXANE ----- 12

ACCOLATE ----- 39

ACCUNEB ----- 39

*acebutolol HCl* ----- 20

ACEON ----- 19

*acetaminophen/codeine* ----- 16

*acetazolamide sodium* ----- 37

*acetic acid-hydrocortisone* ----- 27

*acetic acid* ----- 27

*acetylcysteine* ----- 39

ACTHIB ----- 32

*acticin* ----- 25

ACTIMMUNE ----- 31

ACTIVELLA ----- 34

ACTONEL 30MG ----- 25

ACTONEL WITH CALCIUM ----- 33

ACTONEL ----- 33

ACTOPLUS MET ----- 28

ACTOS ----- 28

ACULAR LS ----- 37

ACULAR PF ----- 37

ACULAR ----- 37

*acyclovir sodium injection* ----- 7

*acyclovir suspension* ----- 7

*acyclovir* ----- 7

ADAGEN ----- 25

ADDERALL XR ----- 18

ADRENALIN CHLORIDE NASAL ----- 26

*adrenalin chloride* ----- 38

ADRIAMYCIN 20MG VIAL ----- 12

*adriamycin* ----- 11

ADVAIR DISKUS ----- 39

ADVAIR HFA ----- 39

ADVICOR ----- 22

*afeditab CR* ----- 20

AGENERASE ----- 7

AGGRENOX ----- 22

ALAMAST ----- 36

ALBENZA ----- 9

*albuterol inhaler* ----- 39

*albuterol sulfate ER* ----- 40

ALBUTEROL SULFATE FOR  
NEBULIZATION 0.42MG/ML ----- 39

*albuterol sulfate for nebulization* ----- 39

*albuterol sulfate solution* ----- 39

*albuterol sulfate* ----- 40

*alclometasone dipropionate cream* ----- 24

*alclometasone dipropionate ointment* ----- 24

*alcohol in dextrose 5%-5%* ----- 26

ALCOHOL SWABS ----- 28

ALDARA ----- 23

ALDURAZYME ----- 29

ALIMTA ----- 12

ALINIA ----- 9

ALKERAN INJECTION ----- 12

ALLEGRA-D ----- 38

*allopurinol* ----- 33

ALOCRIL ----- 36

ALORA ----- 34

ALPHAGAN P ----- 38

ALREX ----- 37

ALTABAX ----- 24

ALTACE ----- 19

*amantadine HCl* ----- 7

AMBIEN CR ----- 18

*amcinonide cream* ----- 24

*amcinonide lotion* ----- 24

*amcinonide ointment* ----- 24

AMERGE ----- 15

*amikacin sulfate* ----- 9

*amikin* ----- 9

*amiloride HCl* ----- 21

*amiloride/hydrochlorothiazide* ----- 21

*aminess* ----- 32

*aminophylline* ----- 40

*aminosyn II 15%* ----- 32

AMINOSYN II 3.5%/DEXTROSE 25% ----- 33

AMINOSYN II 3.5%/DEXTROSE 5% ----- 33

*aminosyn II 4.25%/dextrose 25%* ----- 32

AMINOSYN II IN DEXTROSE ----- 33

AMINOSYN II ----- 33

AMINOSYN-HF -----	33	ASACOL -----	30
AMINOSYN -----	33	ASMANEX -----	39
<i>amiodarone HCl</i> -----	19	<i>aspirin/codeine</i> -----	16
AMITIZA -----	30	ASTELIN -----	38
<i>amitriptyline HCl</i> -----	17	ATACAND HCT -----	20
<i>amitriptyline/chlordiazepoxide</i> -----	19	ATACAND -----	20
<i>amlodipine besylate/benazepril 10mg-20mg</i> -	20	<i>atenolol</i> -----	20
<i>amlodipine besylate/benazepril 2.5mg-10mg</i> -	20	ATRIPLA -----	7
<i>amlodipine besylate/benazepril 5mg-10mg</i> --	20	ATROPINE SULFATE 0.05MG/ML	
<i>amlodipine besylate/benazepril 5mg-20mg</i> --	20	SYRINGE -----	29
<i>amlodipine besylate</i> -----	20	<i>atropine sulfate</i> -----	29, 36
<i>ammonium lactate</i> -----	23	ATROVENT HFA -----	39
<i>amnestem</i> -----	23	ATTENUVAX -----	32
AMOXAPINE 25MG TABLET -----	17	<i>augmented betamethasone dipropionate</i> -----	24
<i>amoxapine</i> -----	17	AUGMENTIN XR -----	10
<i>amoxicillin/clavulanate</i> -----	10	AVALIDE -----	20
<i>amoxicillin</i> -----	10	AVANDAMET -----	28
<i>amphetamine salt combo</i> -----	18	AVANDARYL -----	28
AMPICILLIN SODIUM VIAL -----	10	AVANDIA -----	28
<i>ampicillin-sulbactam</i> -----	10	AVAPRO -----	20
<i>ampicillin</i> -----	10	AVASTIN -----	12
ANADROL-50 -----	29	AVELOX -----	10
<i>anagrelide hydrochloride</i> -----	25	<i>aviane</i> -----	35
ANCOBON -----	7	<i>avita</i> -----	23
ANDRODERM -----	29	AVODART -----	40
ANDROGEL -----	29	AVONEX ADMINISTRATION PACK -----	31
<i>androxy</i> -----	29	AZACTAM -----	9
ANTABUSE -----	25	<i>azathioprine</i> -----	13
ANTARA -----	22	AZELEX -----	23
<i>antibiotic ear solution</i> -----	27	<i>azithromycin suspension</i> -----	8
ANZEMET INJECTION -----	30	<i>azithromycin</i> -----	8
ANZEMET -----	30	AZMACORT -----	39
APIDRA -----	28	AZOPT -----	37
APOKYN -----	14	<b>B</b>	
<i>apri</i> -----	35	<i>bacitracin/polymyxin B</i> -----	35
APTIVUS -----	7	<i>bacitracin</i> -----	35
<i>aranelle</i> -----	35	<i>baclofen tablet</i> -----	15
ARANESP -----	31	BACTROBAN NASAL -----	26
ARICEPT ODT -----	15	<i>balacet 325</i> -----	17
ARICEPT -----	15	<i>balziva</i> -----	35
ARIMIDEX -----	12	BARACLUDGE -----	7
ARIXTRA -----	22	BD ALCOHOL SWABS -----	28
AROMASIN -----	12	BD INSULIN PEN NEEDLES -----	28
ARRANON -----	12	BD INSULIN SYRINGE -----	28
ARTHROTEC -----	17	BD SAFETYGLIDE -----	28

<i>benazepril hcl/hydrochlorothiazide</i> -----	20
<i>benazepril HCl</i> -----	19
<i>benztropine mesylate</i> -----	14
<i>betamethasone dipropionate lotion</i> -----	24
<i>betamethasone dipropionate</i> -----	24
<i>betamethasone valerate</i> -----	24
BETASERON -----	31
<i>betaxolol HCl</i> -----	20, 36
<i>bethanechol chloride</i> -----	40
BETOPTIC S -----	36
BICILLIN C-R -----	10
BICILLIN L-A -----	10
BICNU -----	12
BIDIL -----	21
BILTRICIDE -----	9
<i>bisoprolol fumarate/hydrochlorothiazide</i> ----	20
<i>bisoprolol fumarate</i> -----	20
<i>bleomycin sulfate</i> -----	11
BONIVA -----	33
BRETHINE AMPULE -----	39
<i>brimonidine tartrate</i> -----	38
<i>bromocriptine mesylate</i> -----	14
BROVANA -----	39
<i>budeprion SR</i> -----	17
<i>budeprion XL 300mg</i> -----	17
<i>bumetanide</i> -----	21
BUPHENYL -----	25
BUPRENEX -----	16
BUPRENORPHINE HCl -----	16
<i>buproban 150mg</i> -----	26
<i>bupropion HCl ER</i> -----	26
<i>bupropion HCl SR</i> -----	26
<i>bupropion HCl</i> -----	17
<i>bupirone HCl</i> -----	18
<i>butorphanol tartrate</i> -----	16
BYETTA -----	28
<b>C</b>	
<i>cabergoline</i> -----	29
CADUET -----	22
<i>calcitriol</i> -----	29
CAMPATH -----	12
CAMPRAL -----	25
CAMPTOSAR -----	12
CANASA -----	30
CAPEX SHAMPOO -----	25

<i>captopril/hydrochlorothiazide</i> -----	20
<i>captopril</i> -----	19
CARAC -----	23
CARAFATE SUSPENSION -----	31
<i>carbamazepine</i> -----	14
CARBATROL -----	14
<i>carbidopa/levodopa</i> -----	14
<i>carboplatin</i> -----	12
<i>carisoprodol</i> -----	15
CARMOL HC -----	23
CARNITOR -----	25
<i>carteolol HCl</i> -----	36
CARTROL -----	20
<i>carvedilol</i> -----	20
CASODEX -----	12
CATAPRES-TTS 1 -----	19
CEENU -----	12
<i>cefaclor</i> -----	8
<i>cefadroxil</i> -----	8
CEFAZOLIN SODIUM 20GM VIAL -----	8
CEFAZOLIN SODIUM 500MG/50ML -----	8
<i>cefazolin sodium</i> -----	8
<i>cefdinir</i> -----	8
CEFOTAXIME SODIUM 20GM VIAL -----	8
<i>cefotaxime sodium</i> -----	8
<i>cefoxitin 10gm vial</i> -----	8
<i>cefpodoxime proxetil</i> -----	8
CEFTIN SUSPENSION -----	8
CEFTRIAXONE IV PIGGYBACK -----	8
<i>ceftriaxone</i> -----	8
CEFUROXIME 1.5GM/50ML -----	8
<i>cefuroxime axetil</i> -----	8
CEFUROXIME SODIUM 750MG/50ML ---	8
<i>cefuroxime sodium</i> -----	8
CELEBREX -----	17
CELLCEPT -----	13
CELONTIN -----	14
CENESTIN -----	34
CEREZYME -----	29
<i>cesia</i> -----	35
CHANTIX -----	26
CHEMET -----	26
<i>chlorhexadine gluconate</i> -----	26
<i>chloroquine phosphate</i> -----	9
<i>chlorothiazide</i> -----	21

<i>chlorpromazine HCl</i> -----	17	<i>col-probenecid</i> -----	33
<i>chlorthalidone</i> -----	21	COLAZAL -----	30
<i>chlorzoxazone</i> -----	15	COLCHICINE VIAL -----	33
<i>cholestyramine light</i> -----	22	<i>colchicine</i> -----	33
<i>cholestyramine</i> -----	22	COLESTID -----	22
<i>ciclopirox</i> -----	24	<i>colestipol HCl</i> -----	22
<i>cilostazol</i> -----	21	<i>colistimethate sodium</i> -----	9
CILOXAN -----	36	COMBIPATCH -----	34
CIPRO HC -----	27	COMBIVENT -----	39
CIPRODEX -----	27	COMBIVIR -----	7
<i>ciprofloxacin HCl</i> -----	10, 35	COMTAN -----	14
<i>ciprofloxacin i.v.</i> -----	10	COMVAX -----	32
<i>cisplatin AQ</i> -----	12	CONDYLOX -----	23
<i>cisplatin</i> -----	12	COPAXONE -----	15
<i>citalopram hydrobromide solution</i> -----	17	CORDRAN -----	25
<i>citalopram hydrobromide</i> -----	17	COREG CR -----	20
CLADRIBINE -----	12	COREG -----	20
<i>claravis</i> -----	23	CORTEF -----	27
CLARINEX SYRUP -----	38	CORTIFOAM -----	30
CLARINEX-D 12 HOUR -----	38	<i>cortisone acetate</i> -----	27
CLARINEX-D 24 HOUR -----	39	CORTISPORIN-TC -----	27
CLARINEX -----	38	COSMEGEN -----	12
<i>clarithromycin ER</i> -----	8	COSOPT -----	37
<i>clarithromycin</i> -----	8	COZAAR -----	20
<i>clemastine fumarate</i> -----	38	CREON -----	30
CLEOCIN PALMITATE -----	9	CRESTOR -----	22
CLEOCIN PHOSPHATE IN DEXTROSE --	9	CRINONE 8% GEL -----	34
CLEOCIN SUPPOSITORY -----	34	CRIXIVAN -----	7
CLIMARA PRO -----	34	<i>cromolyn sodium</i> -----	36, 39
<i>clindamycin HCl</i> -----	9	CUBICIN -----	9
<i>clindamycin phosphate cream</i> -----	34	CUPRIMINE -----	34
<i>clindamycin phosphate</i> -----	9, 23	<i>cyclobenzaprine HCl</i> -----	15
CLINIMIX -----	26, 33	<i>cyclophosphamide injection</i> -----	12
CLINISOL -----	33	<i>cyclophosphamide tablet</i> -----	12
<i>clobetasol E</i> -----	24	CYCLOSPORINE AMPULE -----	13
<i>clobetasol propionate</i> -----	24	<i>cyclosporine</i> -----	13
CLOBEX -----	25	CYKLOKAPRON -----	22
CLOLAR -----	12	CYMBALTA -----	17
<i>clomipramine HCl</i> -----	17	CYSTADANE -----	30
<i>clonidine HCl</i> -----	19	CYSTAGON -----	40
<i>clotrimazole/betamethasone</i> -----	24	CYTARABINE 100MG/ML INJECTION ---	12
<i>clotrimazole</i> -----	7, 24	<i>cytarabine</i> -----	12
CLOZAPINE 200MG -----	18	CYTOMEL -----	29
<i>clozapine</i> -----	17	CYTOVENE -----	7
COGENTIN INJECTION -----	14	CYTOXAN 500MG VIAL -----	12

**D**

<i>dacarbazine</i> -----	12
<i>danazol</i> -----	29
<i>dantrolene sodium</i> -----	15
DAPSONE -----	9
DAPTACEL -----	32
DARAPRIM -----	9
<i>daunorubicin HCl</i> -----	12
DAUNOXOME -----	12
<i>demeclocycline HCl</i> -----	10
DEMSER -----	21
DENAVIR -----	24
DEPAKOTE ER -----	14
DEPAKOTE SPRINKLE -----	14
DEPAKOTE -----	14
DEPEN -----	34
DEPO-MEDROL -----	27
DEPO-PROVERA -----	34
DEPO-SUBQ PROVERA 104 -----	34
DEPO-TESTOSTERONE -----	29
DERMOTIC -----	27
<i>desipramine HCl</i> -----	17
<i>desmopressin acetate tablet</i> -----	29
<i>desmopressin acetate vial</i> -----	29
<i>desonide</i> -----	24
<i>desoximetasone</i> -----	24
DETROL LA -----	40
DETROL -----	40
DEXAMETHASONE 1MG TABLET -----	27
DEXAMETHASONE 2MG TABLET -----	27
DEXAMETHASONE DROPS -----	27
<i>dexamethasone elixir</i> -----	27
<i>dexamethasone sodium phosphate</i> -----	27, 37
DEXAMETHASONE SOLUTION -----	27
<i>dexamethasone</i> -----	27
<i>dexasol</i> -----	37
<i>dexasporin</i> -----	37
<i>dexmethylphenidate HCl</i> -----	18
<i>dextroamphetamine sulfate</i> -----	18
DEXTROSE 10%-1/4NS -----	26
<i>dextrose in lactated ringers 2.5%-1/2</i> -----	26
<i>dextrose in lactated ringers</i> -----	26
<i>dextrose in water 10%</i> -----	26
DEXTROSE IN WATER 2.5% -----	26
<i>dextrose with sodium chloride 2.5%-0.45%</i> --	26
<i>dextrose with sodium chloride 5%-0.45%</i> ----	26
<i>dextrose with sodium chloride 5%-0.9%</i> ----	26
DEXTROSE WITH SODIUM CHLORIDE -	26
DEXTROSE-ELECTROLYTE -----	33
<i>dextrose/lactated ringers/potassium chloride</i>	41
<i>dextrostat</i> -----	18
DIAMOX SEQUELS -----	37
DIBENZYLINE -----	21
<i>diclofenac potassium</i> -----	16
<i>diclofenac sodium</i> -----	16
<i>dicloxacillin sodium</i> -----	10
<i>dicyclomine HCl</i> -----	29
<i>didanosine</i> -----	7
<i>diflorasone diacetate</i> -----	24
<i>digitek</i> -----	21
<i>digoxin</i> -----	21
<i>dihydroergotamine mesylate</i> -----	14
DILANTIN 30MG CAPSULE -----	14
DILANTIN 50MG CHEWABLE -----	14
DILAUDID-HP -----	16
<i>diltiazem HCl ER</i> -----	21
DILTIAZEM HCl VIAL -----	21
<i>diltiazem HCl</i> -----	20
DIOVAN HCT -----	20
DIOVAN -----	20
DIPENTUM -----	30
<i>diphenhydramine HCl elixir</i> -----	38
<i>diphenhydramine HCl</i> -----	38
<i>diphenoxylate/atropine</i> -----	29
DIPHThERIA/TETANUS TOXOIDS -----	32
<i>dipivefrin HCl</i> -----	38
DIPROLENE -----	25
<i>dipyridamole</i> -----	21
<i>disopyramide phosphate</i> -----	19
DOVONEX -----	23
<i>doxazosin mesylate</i> -----	19
<i>doxepin HCl</i> -----	17
DOXIL -----	12
<i>doxorubicin HCl</i> -----	12
<i>doxycycline hyclate</i> -----	10
<i>doxycycline monohydrate</i> -----	11
DROXIA -----	12
DUETACT -----	28
DUONEB -----	39
<i>dygase</i> -----	30

DYNABAC D5-PAK -----	8
<b>E</b>	
<i>econazole nitrate</i> -----	24
EDECRIN -----	21
EFFEXOR XR -----	17
EFUDEX -----	23
ELESTAT -----	36
ELIDEL -----	23
ELIGARD -----	12
ELIXOPHYLLIN -----	40
ELLENCE -----	12
ELMIRON -----	40
ELOXATIN -----	12
ELSPAR -----	12
EMCYT -----	12
EMEND -----	30
EMLA -----	24
EMSAM -----	17
EMTRIVA -----	7
ENABLEX -----	40
<i>enalapril maleate/hydrochlorothiazide</i> -----	20
<i>enalapril maleate</i> -----	19
ENBREL -----	34
ENGERIX-B -----	32
ENJUVIA -----	34
ENLON-PLUS -----	16
ENTOCORT EC -----	30
<i>enzycap</i> -----	30
<i>epinephrine HCl 1mg/ml vial</i> -----	38
EPINEPHRINE HCl -----	38
EPIPEN JR. -----	38
EPIPEN -----	38
EPIRUBICIN HCl -----	12
<i>epitol</i> -----	14
EPIVIR HBV -----	7
EPIVIR -----	7
EPOGEN -----	31
EPZICOM -----	7
ERAXIS -----	7
ERBITUX -----	12
<i>ergotamine-caffeine</i> -----	14
ERTACZO -----	24
ERYTHROCIN LACTOBIONATE -----	8
<i>erythrocine stearate</i> -----	8
<i>erythromycin/benzoyl peroxide gel</i> -----	23

<i>erythromycin/sulfisoxazole</i> -----	8
<i>erythromycin</i> -----	23, 35
<i>estradiol transdermal patch</i> -----	34
<i>estradiol</i> -----	34
ESTRASORB -----	34
ESTRING -----	34
ESTROGEL -----	34
<i>estropipate</i> -----	34
<i>ethambutol HCl</i> -----	9
ETHMOZINE -----	19
<i>ethosuximide</i> -----	14
<i>etidronate disodium</i> -----	25
<i>etodolac</i> -----	16
ETOPOPHOS INJECTION -----	12
<i>etoposide injection</i> -----	12
EURAX -----	25
EVISTA -----	33
EVOCLIN -----	23
EVOXAC -----	26
EXELON SOLUTION -----	15
EXELON -----	15
EXFORGE -----	20
EXJADE -----	26
EXUBERA COMBINATION PACK 15 -----	28
EXUBERA KIT -----	28
<b>F</b>	
FABRAZYME -----	29
<i>famotidine injection</i> -----	31
<i>famotidine premixed</i> -----	31
<i>famotidine</i> -----	31
FAMVIR -----	7
FANSIDAR -----	9
FARESTON -----	12
FASLODEX -----	12
FAZACLO -----	18
FELBATOL -----	14
<i>felodipine ER</i> -----	21
FEMARA -----	12
FEMHRT -----	34
<i>fenofibrate</i> -----	22
<i>fenopropfen calcium</i> -----	16
FENTANYL INJECTION -----	16
<i>fentanyl lollipop</i> -----	16
<i>fentanyl patch</i> -----	16
<i>fexofenadine HCl</i> -----	38

FINACEA -----	23
<i>finasteride</i> -----	40
<i>flavoxate HCl</i> -----	40
<i>flecainide acetate</i> -----	19
FLOMAX -----	40
FLOVENT HFA -----	39
FLOXIN -----	27
FLOXURIDINE -----	12
<i>fluconazole in dextrose</i> -----	7
<i>fluconazole in saline</i> -----	7
<i>fluconazole suspension</i> -----	7
<i>fluconazole</i> -----	7
FLUDARABINE PHOSPHATE -----	12
FLUDARA -----	12
<i>fludrocortisone acetate</i> -----	27
<i>flunisolide</i> -----	39
<i>fluocinolone acetonide</i> -----	25
<i>fluocinonide</i> -----	25
<i>fluor-op</i> -----	37
<i>fluorometholone</i> -----	37
FLUOROPLEX -----	23
<i>fluorouracil</i> -----	12, 23
<i>fluoxetine HCl solution</i> -----	17
<i>fluoxetine HCl</i> -----	17
<i>fluphenazine decanoate</i> -----	17
<i>fluphenazine HCl</i> -----	17
<i>flurbiprofen sodium</i> -----	37
<i>flurbiprofen</i> -----	16
<i>flutamide</i> -----	12
<i>fluticasone propionate cream</i> -----	25
<i>fluticasone propionate ointment</i> -----	25
<i>fluticasone propionate</i> -----	39
<i>fluvoxamine maleate</i> -----	17
FML FORTE -----	37
FML S.O.P. -----	38
FOCALIN XR -----	18
FORADIL -----	39
FORTAMET -----	28
FORTAZ -----	8
FORTEO -----	33
FOSAMAX 40MG -----	26
FOSAMAX -----	33
<i>foscarnet sodium</i> -----	7
<i>fosinopril sodium</i> -----	19
<i>fosinopril/hydrochlorothiazide</i> -----	20

FOSRENOL -----	26
FRAGMIN -----	22
FREAMINE HBC -----	33
FREAMINE III -----	33
FUDR -----	12
FURADANTIN -----	11
<i>furosemide solution 10mg/ml</i> -----	21
FUROSEMIDE SOLUTION -----	21
<i>furosemide</i> -----	21
FUZEON -----	7
<b>G</b>	
<i>gabapentin</i> -----	14
GABITRIL -----	14
GANTRISIN -----	10
GARDASIL -----	32
GASTROCROM -----	30
GAUZE 2"X 2" -----	28
<i>gemfibrozil</i> -----	22
GEMZAR -----	12
<i>gengraf</i> -----	13
GENTAMICIN SULFATE 70MG/50ML ----	9
GENTAMICIN SULFATE 80MG VIAL ----	9
GENTAMICIN SULFATE 90MG/50ML ----	9
<i>gentamicin sulfate in saline</i> -----	9
<i>gentamicin sulfate</i> -----	9, 24, 35
GEODON -----	18
GLEEVEC -----	13
<i>glimepiride</i> -----	28
<i>glipizide ER</i> -----	28
<i>glipizide XL</i> -----	28
<i>glipizide/metformin</i> -----	28
<i>glipizide</i> -----	28
GLUCAGEN -----	28
GLUCAGON EMERGENCY KIT -----	28
<i>glyburide micronized</i> -----	28
<i>glyburide/metformin HCl</i> -----	28
<i>glyburide</i> -----	28
<i>glycolax</i> -----	30
<i>glycopyrrolate</i> -----	29
GLYCRON 4.5MG -----	28
<i>glycron</i> -----	28
GLYSET -----	28
GRIS-PEG -----	7
<i>griseofulvin</i> -----	7
<i>guanfacine HCl</i> -----	19

GYNAZOLE-1 -----	34
GYNODIOL 1.5MG TABLET -----	34
<i>gynodiol</i> -----	34
<b>H</b>	
HALDOL DECANOATE AMPULE -----	18
HALFLYTELY -----	31
<i>halobetasol propionate cream</i> -----	25
<i>halobetasol propionate ointment</i> -----	25
<i>haloperidol decanoate vial</i> -----	18
<i>haloperidol lactate</i> -----	18
<i>haloperidol</i> -----	18
HAVRIX -----	32
HECTOROL -----	29
HEPARIN SODIUM 10000 U/5ML -----	22
HEPARIN SODIUM 25000U/10ML -----	22
HEPARIN SODIUM IN 0.45% NAACL -----	22
<i>heparin sodium in 0.9% nacl</i> -----	22
<i>heparin sodium in 5% dextrose</i> -----	22
<i>heparin sodium</i> -----	22
HEPATAMINE -----	33
HEPATASOL -----	33
HEPSERA -----	7
HERCEPTIN -----	13
HEXALEN -----	13
HIBTITER -----	32
HUMALOG MIX 50/50 -----	28
HUMALOG MIX 75/25 -----	28
HUMALOG -----	28
HUMIRA -----	34
HUMULIN 50/50 -----	28
HUMULIN 70/30 -----	28
HUMULIN N -----	28
HUMULIN R -----	28
HYCAMTIN -----	13
<i>hydralazine HCl</i> -----	21
<i>hydrochlorothiazide</i> -----	21
<i>hydrocodone bitartrate/ibuprofen</i> -----	16
<i>hydrocortisone butyrate cream</i> -----	25
<i>hydrocortisone butyrate ointment</i> -----	25
<i>hydrocortisone butyrate solution</i> -----	25
<i>hydrocortisone valerate</i> -----	25
<i>hydrocortisone</i> -----	25, 27, 30
<i>hydromorphone HCl</i> -----	16
<i>hydroxychloroquine sulfate</i> -----	9

<i>hydroxyurea</i> -----	12
<i>hydroxyzine HCl</i> -----	38
HYZAAR -----	20
<b>I</b>	
<i>ibuprofen suspension</i> -----	16
<i>idarubicin</i> -----	12
IFEX/MESNEX -----	13
IFEX -----	13
IFOSFAMIDE/MESNA 3-1G -----	13
<i>ifosfamide/mesna</i> -----	12
IFOSFAMIDE -----	13
<i>imipramine HCl</i> -----	17
IMITREX INJECTION -----	15
IMITREX NASAL SPRAY -----	15
IMITREX TABLET -----	15
IMMUNE GLOBULIN -----	32
IMOVAX RABIES VACCINE -----	32
INCRELEX -----	26
<i>indapamide</i> -----	21
<i>indomethacin</i> -----	16
INFANRIX -----	32
INFUMORPH -----	16
INSULIN SYRINGE (DISP) U-100 0.3 ML -	28
INSULIN SYRINGE (DISP) U-100 1 ML ---	28
INSULIN SYRINGE (DISP) U-100 1/2 ML -	29
INTAL INHALER -----	39
INTRALIPID 30% -----	33
<i>intralipid</i> -----	33
INTRON A -----	31
INVEGA -----	18
INVIRASE -----	7
IONOSOL B W/DEXTROSE 5% -----	33
IONOSOL MB W/DEXTROSE -----	33
IONOSOL T W/DEXTROSE -----	33
IOPIDINE -----	38
IPOL -----	32
<i>ipratropium bromide nasal spray</i> -----	26
<i>ipratropium bromide</i> -----	39
<i>ipratropium-albuterol</i> -----	39
ISOLYTE H W/DEXTROSE -----	33
ISOLYTE S W/DEXTROSE -----	33
ISOLYTE S -----	33
<i>isonarif</i> -----	9
ISONIAZID SYRUP -----	10
<i>isoniazid</i> -----	10

<i>isosorbide dinitrate</i> -----	22
<i>isosorbide mononitrate</i> -----	22
<i>isotonic gentamicin sulfate</i> -----	9
<i>isradipine</i> -----	21
ISTALOL -----	36
<i>itraconazole</i> -----	7

**J**

<i>jantoven</i> -----	22
JANUMET -----	28
JANUVIA -----	28
JE-VAX -----	32
<i>jolessa</i> -----	35
<i>junel FE</i> -----	35
<i>junel</i> -----	35

**K**

K-TAB -----	41
KADIAN -----	16
KALETRA -----	7
KAON-CL 10 -----	41
<i>kariva</i> -----	35
<i>kelnor 1/35</i> -----	35
KEMADRIN -----	14
KEPPRA -----	14
KETEK -----	9
<i>ketoconazole</i> -----	7, 24
<i>ketoprofen</i> -----	16
<i>ketotifen fumarate</i> -----	36
<i>kionex</i> -----	25
KLARON -----	24
KLOR-CON M15 -----	41
KLOTRIX -----	41
KU-ZYME -----	30
KUTRASE -----	30

**L**

<i>labetalol HCl</i> -----	20
LACRISERT -----	36
LACTATED RINGERS -----	26
<i>lactulose</i> -----	30
LAMICTAL -----	14
<i>lamotrigine</i> -----	14
LANOXICAPS -----	21
LANOXIN INJECTION -----	21
LANOXIN -----	21
LANTUS -----	28

<i>lapase</i> -----	30
<i>leena</i> -----	35
<i>leflunomide</i> -----	34
<i>lessina</i> -----	35
<i>leucovorin calcium 100mg vial</i> -----	11
LEUCOVORIN CALCIUM 10MG TABLET	11
LEUCOVORIN CALCIUM 10MG/ML -----	11
LEUCOVORIN CALCIUM 15MG TABLET	11
<i>leucovorin calcium 200mg vial</i> -----	11
<i>leucovorin calcium 25mg tablet</i> -----	11
<i>leucovorin calcium 350mg vial</i> -----	11
LEUCOVORIN CALCIUM 500MG VIAL --	11
<i>leucovorin calcium 50mg vial</i> -----	11
<i>leucovorin calcium 5mg tablet</i> -----	11
LEUKERAN -----	13
LEUKINE -----	31
<i>leuprolide acetate</i> -----	12
LEUSTATIN -----	13
LEVAQUIN -----	10
LEVEMIR -----	28
LEVO-DROMORAN -----	16
<i>levobunolol HCl</i> -----	36
<i>levocarnitine</i> -----	25
<i>levora-28</i> -----	35
<i>levorphanol tartrate</i> -----	16
<i>levothyroxine sodium</i> -----	29
<i>levoxyl</i> -----	29
LEVULAN -----	23
LEXIVA -----	7
LIALDA -----	30
<i>lidocaine HCl</i> -----	24
<i>lidocaine-prilocaine</i> -----	24
<i>lidomar viscous</i> -----	24
LINDANE -----	25
<i>liothyronine sodium</i> -----	29
LIPITOR -----	22
<i>lisinopril/hydrochlorothiazide</i> -----	20
<i>lisinopril</i> -----	19
LITHIUM CARBONATE 150MG CAPSULE -----	18
LITHIUM CARBONATE 600MG CAPSULE -----	18
<i>lithium carbonate</i> -----	18
<i>lithium citrate</i> -----	18
LODOSYN -----	14

<i>lofene</i> -----	29
<i>lonox</i> -----	29
<i>loperamide HCl</i> -----	29
LOPROX -----	24
LOTEMAX -----	38
LOTRONEX -----	30
<i>lovastatin</i> -----	22
LOVAZA -----	22
LOVENOX -----	22
<i>low-ogestrel</i> -----	35
<i>loxapine succinate</i> -----	18
LUMIGAN -----	37
LUNESTA -----	18
LUPRON DEPOT-PED -----	13
LUPRON DEPOT -----	13
<i>lutea</i> -----	35
LUXIQ -----	25
LYRICA -----	14
LYSODREN -----	13

**M**

M-M-R II VACCINE W/DILUENT -----	32
M-R-VAX II -----	32
MACRODANTIN -----	11
MAGNESIUM SULFATE IN DEXTROSE -	41
MALARONE -----	9
<i>maprotiline HCl</i> -----	17
MARINOL -----	30
MARPLAN -----	17
MATULANE -----	13
MAXALT MLT -----	15
MAXALT -----	15
MAXIPIME -----	8
<i>mebendazole</i> -----	9
<i>meclizine HCl</i> -----	30
<i>meclofenamate sodium</i> -----	16
<i>medroxyprogesterone acetate</i> -----	34
<i>mefloquine HCl</i> -----	9
MEFOXIN -----	8
MEGACE ES -----	13
<i>megestrol acetate</i> -----	12
<i>meloxicam</i> -----	16
MENACTRA -----	32
MENEST -----	34
MENOMUNE-A/C/Y/W-135 -----	32
MENOSTAR -----	34

<i>meperidine HCl</i> -----	16
<i>meperitab</i> -----	16
MEPRON -----	9
<i>mercaptopurine</i> -----	12
MERUVAX II VACCINE W/DILUENT ----	32
<i>mesalamine</i> -----	30
<i>mesna</i> -----	11
MESNEX -----	11
MESTINON -----	16
METADATE CD -----	18
<i>metadate ER</i> -----	18
<i>metaproterenol sulfate inhalation</i> -----	39
<i>metaproterenol sulfate</i> -----	40
<i>metformin HCl ER</i> -----	28
<i>metformin HCl</i> -----	28
METHADONE HCl SOLUTION -----	16
<i>methadone HCl</i> -----	16
<i>methazolamide</i> -----	37
METHERGINE -----	35
<i>methimazole</i> -----	27
<i>methocarbamol</i> -----	15
<i>methotrexate injection</i> -----	12
<i>methotrexate tablet</i> -----	12
<i>methyclothiazide</i> -----	21
METHYLIN CHEWABLE -----	18
<i>methylin ER</i> -----	18
METHYLIN SOLUTION -----	18
<i>methylin tablet</i> -----	18
<i>methylphenidate ER</i> -----	18
<i>methylphenidate HCl</i> -----	18
METHYLPREDNISOLONE 100MG VIAL -	27
<i>methylprednisolone</i> -----	27
<i>metipranolol</i> -----	36
<i>metoclopramide HCl</i> -----	30
<i>metolazone</i> -----	21
<i>metoprolol ER</i> -----	20
<i>metoprolol tartrate</i> -----	20
<i>metoprolol/hydrochlorothiazide</i> -----	20
METROGEL -----	23
<i>metronidazole vaginal</i> -----	34
<i>metronidazole</i> -----	9, 23
<i>mexiletine HCl</i> -----	19
MIACALCIN NASAL SPRAY -----	29
MIACALCIN -----	29
MICARDIS HCT -----	20

MICARDIS -----	20	<i>nafcillin sodium 10gm vial</i> -----	10
<i>miconazole 3</i> -----	34	NAFCILLIN SODIUM 1GM VIAL -----	10
<i>microgestin FE</i> -----	35	<i>nafcillin sodium 2gm vial</i> -----	10
<i>microgestin</i> -----	35	NAGLAZYME -----	29
<i>midodrine HCl</i> -----	25	NALLPEN/ISO-OSMOTIC DEXTROSE ----	10
MIGRANAL -----	15	<i>naloxone HCl</i> -----	15
<i>minocycline HCl</i> -----	11	<i>naltrexone HCl</i> -----	15
<i>minoxidil</i> -----	21	NAMENDA DOSE PACK -----	15
MINTEZOL -----	9	NAMENDA SOLUTION -----	15
<i>miostat</i> -----	37	NAMENDA -----	15
MIRAPEX -----	14	<i>naproxen</i> -----	16
MIRTAZAPINE 7.5MG TABLET -----	17	<i>narcan</i> -----	15
<i>mirtazapine</i> -----	17	NARDIL -----	17
<i>misoprostol</i> -----	31	<i>narvox</i> -----	16
<i>mitomycin</i> -----	12	NASACORT AQ -----	39
<i>mitoxantrone</i> -----	12	NASAREL -----	39
MOBAN -----	18	NASONEX -----	39
<i>moexipril HCl</i> -----	19	NATACYN -----	36
<i>moexipril/hydrochlorothiazide</i> -----	20	NEBUPENT -----	9
<i>mometasone furoate</i> -----	25	<i>necon</i> -----	35
<i>mononessa</i> -----	35	<i>nefazodone HCl</i> -----	17
MORPHINE SULFATE 10MG/ML		<i>neomycin sulfate</i> -----	9
AMPULE -----	16	<i>neomycin/bacitracin/polymyxin</i> -----	35
MORPHINE SULFATE 250MG/10ML		<i>neomycin/polymyxin/ dexamethasone</i> -----	37
VIAL -----	16	<i>neomycin/polymyxin/bacitracin/</i>	
MORPHINE SULFATE 8MG INJECTION -	16	<i>hydrocortisone</i> -----	37
<i>morphine sulfate solution</i> -----	16	<i>neomycin/polymyxin/gramicidin</i> -----	35
<i>morphine sulfate syringe</i> -----	16	<i>neomycin/polymyxin/hydrocortisone</i> -----	27, 37
<i>morphine sulfate</i> -----	16	NEORAL -----	13
MOVIPREP -----	31	NEPHRAMINE -----	33
<i>mst 600</i> -----	16	NEULASTA -----	31
MUMPSVAX VACCINE W/DILUENT ----	32	NEUMEGA -----	31
<i>mupirocin</i> -----	24	NEUPOGEN -----	31
MUSTARGEN -----	13	NEURONTIN SOLUTION -----	14
MUTAMYCIN -----	13	NEUTREXIN -----	9
MYCOBUTIN -----	10	NEVANAC -----	37
<i>mydral</i> -----	36	NEXAVAR -----	13
MYFORTIC -----	13	NEXIUM I.V. -----	31
MYLOTARG -----	13	NEXIUM -----	31
<i>myrac</i> -----	11	NIASPAN -----	22
MYTELASE -----	15	<i>nicardipine HCl</i> -----	21
<b>N</b>		<i>nicotine patch</i> -----	26
<i>nabumetone</i> -----	16	NICOTROL NS -----	26
<i>nadolol</i> -----	20	NICOTROL -----	26
NAFCILL IN DEXTROSE -----	10	<i>nifediac CC</i> -----	21

<i>nifedical XL</i> -----	21
<i>nifedipine ER</i> -----	21
<i>nifedipine</i> -----	21
NILANDRON -----	13
<i>nimodipine</i> -----	21
NIMOTOP -----	21
NIPENT -----	13
<i>nitro-bid</i> -----	22
<i>nitroglycerin CR</i> -----	22
<i>nitroglycerin injection</i> -----	22
<i>nitroglycerin patch</i> -----	23
NITROLINGUAL -----	23
NITROSTAT -----	23
<i>nizatidine</i> -----	31
NORDITROPIN NORDIFLEX -----	31
NORDITROPIN -----	31
<i>norethindrone acetate</i> -----	34
NORMOSOL-R AND DEXTROSE -----	41
NORMOSOL-R PH 7.4 -----	33
NOROXIN -----	10
NORPACE CR -----	19
<i>nortrel 1/35 (21)</i> -----	35
<i>nortrel</i> -----	35
<i>nortriptyline HCl</i> -----	17
NORVIR -----	8
<i>novamine</i> -----	33
NOVOLIN 70/30 -----	28
NOVOLIN N INNOLET -----	28
NOVOLIN N -----	28
NOVOLIN R -----	28
NOVOLOG MIX 70/30 -----	28
NOVOLOG -----	28
NOXAFIL -----	7
NULYTELY -----	31
NUVARING -----	34
<i>nystatin/triamcinolone</i> -----	24
<i>nystatin</i> -----	7, 24, 34
<b>O</b>	
<i>octreotide acetate 1000mcg/ml</i> -----	12
OCTREOTIDE ACETATE 100MCG/ML ---	13
<i>octreotide acetate 200mcg/ml</i> -----	12
OCTREOTIDE ACETATE 500MCG/ML ---	13
OCTREOTIDE ACETATE 50MCG/ML ----	13
<i>ocusulf-10</i> -----	38
<i>ofloxacin</i> -----	10, 35

<i>ogestrel</i> -----	35
OLUX -----	25
<i>omeprazole</i> -----	31
ONCASPAR -----	13
<i>ondansetron HCl in dextrose</i> -----	30
<i>ondansetron HCl solution</i> -----	30
<i>ondansetron HCl tablet</i> -----	30
ONTAK -----	13
<i>onxol</i> -----	12
OPIUM -----	29
OPTIVAR -----	37
<i>oramorph SR</i> -----	16
ORAP -----	18
ORFADIN -----	26
<i>orphenadrine citrate</i> -----	15
<i>orphenadrine compound forte</i> -----	15
<i>orphenadrine compound</i> -----	15
<i>orphenadrine/aspirin/caffeine</i> -----	15
<i>orphengesic forte</i> -----	15
<i>orphengesic</i> -----	15
ORTHO EVRA -----	35
<i>ortho-est</i> -----	34
OVIDE -----	25
<i>oxandrolone</i> -----	29
<i>oxaprozin</i> -----	16
OXSORALEN ULTRA -----	23
<i>oxybutynin chloride ER</i> -----	40
<i>oxybutynin chloride</i> -----	40
<i>oxycodone HCl</i> -----	16
<i>oxycodone/aspirin</i> -----	16
OXYCONTIN -----	16
OXYFAST -----	16
OXYTROL -----	40
<b>P</b>	
PACERONE -----	19
<i>paclitaxel</i> -----	12
<i>palcaps</i> -----	30
<i>palgic liquid</i> -----	38
PALGIC -----	38
<i>palipase MT</i> -----	30
<i>palipase</i> -----	30
<i>paltrase v8</i> -----	30
PANCREASE MT -----	30
PANCRECARB MS -----	30
<i>pancrelipase MT</i> -----	30

<i>pancrelipase</i> -----	30	PHOTOFRIN -----	13
<i>pancron</i> -----	30	<i>pilocarpine HCl</i> -----	25
PANDEL -----	25	<i>pilocarpine hydrochloride</i> -----	25
<i>pangestyme CN</i> -----	30	PILOPINE HS -----	36
<i>pangestyme EC</i> -----	30	<i>pindolol</i> -----	20
<i>pangestyme MT 16</i> -----	30	<i>piroxicam</i> -----	16
<i>panocaps</i> -----	30	PLAN B -----	35
<i>panokase</i> -----	30	<i>plaretase 8000</i> -----	30
PANRETIN -----	23	PLASMA-LYTE 148 -----	33
<i>parcaine</i> -----	36	PLASMA-LYTE 56 -----	33
PARCOPA -----	14	PLASMA-LYTE A PH 7.4 -----	33
<i>paregoric</i> -----	29	PLAVIX -----	22
<i>paromomycin sulfate</i> -----	9	PLENAXIS -----	13
<i>paroxetine HCl suspension</i> -----	17	<i>podofilox</i> -----	23
<i>paroxetine HCl</i> -----	17	<i>polycin-b</i> -----	35
PASER -----	10	<i>polyethylene glycol</i> -----	31
PATANOL -----	37	<i>polymyxin B sulfate/trimethoprim</i> -----	35
PAXIL CR -----	17	<i>portia</i> -----	35
PEDIARIX -----	32	POTASSIUM CHLORIDE IV PIGGYBACK	41
PEDIOTIC -----	27	<i>potassium chloride mini-v</i> -----	41
PEDVAXHIB -----	32	<i>potassium chloride/dextrose 30meq/l</i> -----	41
<i>peg 3350/electrolyte</i> -----	31	<i>potassium chloride/dextrose/normal saline</i> --	41
PEG-INTRON REDIPEN -----	32	POTASSIUM CHLORIDE/DEXTROSE/NS	33, 41
PEG-INTRON -----	32	POTASSIUM CHLORIDE/DEXTROSE ----	41
PEGANONE -----	14	POTASSIUM CHLORIDE/NORMAL	
PEGASYS -----	31	SALINE 40MEQ/L -----	41
<i>penicillin G potassium 5mmu vial</i> -----	10	POTASSIUM CHLORIDE/NORMAL	
PENICILLIN G POTASSIUM -----	10	SALINE -----	41
PENICILLIN G PROCAINE -----	10	<i>potassium chloride</i> -----	41
PENICILLIN G SODIUM -----	10	<i>potassium citrate</i> -----	40
<i>penicillin V potassium</i> -----	10	PRANDIN -----	28
<i>pentamidine isethionate</i> -----	9	<i>pravastatin</i> -----	22
PENTASA -----	30	<i>prazosin HCl</i> -----	19
<i>pentostatin</i> -----	12	<i>prednicarbate cream</i> -----	25
<i>pentoxifylline</i> -----	22	<i>prednicarbate ointment</i> -----	25
PEPCID SUSPENSION -----	31	<i>prednisolone acetate</i> -----	37
<i>permethrin</i> -----	25	<i>prednisolone sodium phosphate</i> -----	37
<i>perphenazine</i> -----	18	<i>prednisolone</i> -----	27
PFIZERPEN -----	10	<i>prednisol</i> -----	37
<i>phenadoz</i> -----	38	PREDNISONE CONCENTRATE -----	27
<i>phenazopyridine HCl</i> -----	40	<i>prednisone</i> -----	27
PHENYTEK -----	14	PREFEST -----	34
<i>phenytoin</i> -----	14	PREMARIN CREAM -----	34
PHOSLO -----	26	PREMARIN -----	34
PHOSPHOLINE IODIDE -----	36	<i>premasol 10%</i> -----	33

PREMASOL 6% -----	33
PREMPHASE -----	34
PREMPRO -----	34
<i>prenatal RX</i> -----	41
PREVACID IV -----	31
PREVACID SUSPENSION -----	31
PREVACID -----	31
<i>prevalite</i> -----	22
<i>previfem</i> -----	35
PREVPAC -----	31
PREZISTA -----	8
PRILOSEC 40MG -----	31
PRIMAQUINE -----	9
PRIMAXIN I.M. -----	9
PRIMAXIN I.V. -----	9
PRIMAXIN -----	9
<i>primidone</i> -----	14
PRIMSOL -----	11
PROAIR HFA -----	39
<i>probenecid</i> -----	33
PROCAINAMIDE HCl SUSTAINED RELEASE -----	19
<i>procainamide HCl</i> -----	19
PROCANBID -----	19
<i>prochlorperazine edisylate</i> -----	30
<i>prochlorperazine maleate suppository</i> -----	30
<i>prochlorperazine maleate tablet</i> -----	30
PROCRIT -----	32
PROCTO-KIT -----	30
<i>procto-pak</i> -----	30
<i>proctosol-HC</i> -----	30
PROGLYCEM -----	29
PROGRAF -----	13
PROLASTIN -----	26
PROLEUKIN -----	32
<i>promethazine HCl</i> -----	38
PROMETRIUM -----	34
PRONESTYL -----	19
<i>propafenone HCl</i> -----	19
<i>proparacaine HCl</i> -----	36
<i>propoxyphene hcl/acetaminophen</i> -----	17
<i>propoxyphene HCl</i> -----	17
<i>propoxyphene napsylate/acetaminophen</i> -----	17
<i>propranolol HCl ER</i> -----	20
<i>propranolol hcl/hydrochlorothiazide</i> -----	20

<i>propranolol HCl</i> -----	20
<i>propylthiouracil</i> -----	27
PROQUAD -----	32
PROTONIX IV -----	31
PROTONIX -----	31
PROTOPIC -----	23
PROVENTIL HFA -----	39
PROVIGIL -----	18
PSORCON E -----	25
PULMICORT FOR NEBULIZATION -----	39
PULMICORT INHALER -----	39
PULMOZYME -----	39
<i>pyrazinamide</i> -----	10
<i>pyridostigmine bromide</i> -----	16
<b>Q</b>	
QUALAQUIN -----	9
<i>quasense</i> -----	35
<i>quinapril</i> -----	19
<i>quinaretic</i> -----	20
<i>quinidine gluconate ER</i> -----	19
<i>quinidine gluconate</i> -----	19
<i>quinidine sulfate</i> -----	19
QVAR -----	39
<b>R</b>	
RABAVERT -----	32
RANEXA -----	22
<i>ranitidine HCl syrup</i> -----	31
<i>ranitidine HCl</i> -----	31
RAPAMUNE -----	13
RAPTIVA -----	23
RAZADYNE ER -----	15
RAZADYNE SOLUTION -----	15
RAZADYNE -----	15
REBETOL -----	7
REBIF -----	32
<i>reclipsen</i> -----	35
RECOMBIVAX HB -----	32
<i>regonol</i> -----	16
REGANEX -----	23
RELENZA -----	7
RELPAK -----	15
REMICADE -----	30
RENAGEL -----	26
RENAMIN -----	33

REQUIP -----	14	<i>sertraline HCl concentrate</i> -----	17
RESCRIPTOR -----	8	<i>sertraline HCl</i> -----	17
<i>reserpine</i> -----	19	<i>silver sulfadiazine</i> -----	23
RESTASIS -----	37	<i>simvastatin</i> -----	22
RETROVIR IV -----	8	SINGULAIR -----	39
REVATIO -----	39	SKELID -----	26
REVEX -----	15	SODIUM BICARBONATE -----	41
REVLIMID -----	13	<i>sodium chloride</i> -----	25, 41
REYATAZ -----	8	<i>sodium polystyrene sulfonate</i> -----	25
RHEUMATREX TABLET -----	13	<i>sodium sulfacetamide</i> -----	24
RHINOCORT AQUA -----	39	SOLARAZE -----	23
<i>ribapak</i> -----	7	<i>solia</i> -----	35
<i>ribasphere</i> -----	7	SOLTAMOX -----	13
<i>ribavirin</i> -----	7	SOLU-CORTEF -----	27
RIDAURA -----	34	<i>solu-medrol 500mg/4ml</i> -----	27
<i>rifampin</i> -----	10	SOLU-MEDROL -----	27
RILUTEK -----	26	SOMAVERT -----	29
<i>rimantadine HCl</i> -----	7	SONATA -----	18
<i>ringers</i> -----	41	SORIATANE -----	23
RISPERDAL CONSTA -----	18	<i>sotalol HCl (af)</i> -----	19
RISPERDAL SOLUTION -----	18	<i>sotalol</i> -----	19
RISPERDAL -----	18	<i>sotret</i> -----	23
RITALIN LA -----	18	SPIRIVA -----	39
RITUXAN -----	13	<i>spironolactone/hctz</i> -----	21
<i>rms-suppository</i> -----	16	<i>spironolactone</i> -----	21
ROCALTROL -----	29	SPORANOX SOLUTION -----	7
ROFERON-A -----	32	<i>sprintec</i> -----	35
ROTATEQ -----	32	SPRYCEL -----	13
ROXICET SOLUTION -----	16	<i>sronyx</i> -----	35
ROZEREM -----	18	STALEVO -----	14
RYTHMOL SR -----	19	STARLIX -----	28
<b>S</b>		STIMATE -----	29
SANCTURA -----	40	STRATTERA -----	19
SANDIMMUNE -----	13	STREPTOMYCIN SULFATE -----	10
SANDOSTATIN -----	13	STROMECTOL -----	9
SANTYL -----	25	SUBOXONE -----	15
<i>selegiline HCl</i> -----	14	SUBUTEX -----	16
SENSIPAR -----	29	SUCRAID -----	30
SEREVENT DISKUS -----	39	<i>sucralfate</i> -----	31
SEROMYCIN -----	10	SULAR -----	21
SEROQUEL 400MG -----	18	<i>sulf-10</i> -----	38
SEROQUEL 50MG -----	18	<i>sulfacetamide sodium</i> -----	38
SEROQUEL XR -----	18	<i>sulfacetamide/prednisolone</i> -----	38
SEROQUEL -----	18	<i>sulfadiazine</i> -----	10
<i>sertraline concentrate</i> -----	17	<i>sulfamethoxazole/trimethoprim</i> -----	10

SULFAMYLON -----	24
<i>sulfasalazine</i> -----	30
<i>sulfatrim</i> -----	10
<i>sulfazine</i> -----	30
<i>sulindac</i> -----	17
SURMONTIL -----	17
SUSTIVA -----	8
SUTENT -----	13
SYMBICORT -----	39
SYMBYAX -----	19
SYMLIN -----	28
SYNAREL -----	29
SYNTHROID -----	29
SYPRINE -----	26
<b>T</b>	
TAMIFLU -----	7
<i>tamoxifen citrate</i> -----	12
TARCEVA -----	13
TARGRETIN -----	13
TASMAR -----	14
TAXOTERE -----	13
TAZICEF -----	8
TAZORAC -----	23
TEGRETOL XR -----	14
TEKTRUNA -----	20
<i>terazosin HCl</i> -----	19
<i>terbinafine</i> -----	7
<i>terbutaline sulfate</i> -----	39
<i>terconazole</i> -----	34
TESLAC -----	13
TESTIM -----	29
<i>testosterone cypionate</i> -----	29
<i>testosterone enanthate</i> -----	29
TETANUS DIPHTHERIA TOXOIDS -----	32
<i>tetanus toxoid</i> -----	32
<i>tetracycline HCl</i> -----	11
TEV-TROPIN -----	32
THALOMID -----	26
THEO-24 -----	40
<i>theophylline anhydrous</i> -----	40
<i>theophylline</i> -----	40
THIOGUANINE -----	13
THIOLA -----	26
<i>thioridazine HCl</i> -----	18
THIOTEPA -----	13

<i>thiothixene</i> -----	18
THYMOGLOBULIN -----	32
TICE BCG -----	32
<i>ticlopidine HCl</i> -----	22
TIKOSYN -----	19
TILADE -----	39
<i>timolol maleate</i> -----	20, 36
TIMOPTIC SINGLE USE DROPPERETTE -----	36
<i>tizanidine HCl</i> -----	16
TOBI -----	9
TOBRADEX -----	37
TOBRAMYCIN SULFATE 80MG/8ML VIAL -----	9
TOBRAMYCIN SULFATE IN SALINE -----	9
<i>tobramycin sulfate</i> -----	9, 35
TOBREX -----	36
<i>tolazamide</i> -----	28
<i>tolbutamide</i> -----	28
<i>tolmetin sodium</i> -----	17
TOPAMAX -----	14
<i>torseamide</i> -----	21
TRACLEER -----	39
<i>tramadol HCl</i> -----	15
<i>trandolapril</i> -----	19
TRANSDERM-SCOP -----	30
<i>tranylcypromine sulfate</i> -----	17
TRAVASOL W/DEXTROSE -----	33
TRAVASOL -----	33
TRAVATAN Z -----	37
TRAVATAN -----	37
TRAVERT IN NORMAL SALINE -----	33
TRAVERT-1/2NORMAL SALINE W/KCL -----	33
TRAVERT-ELECTROLYTE -----	33
TRAVERT -----	33
<i>trazodone HCl</i> -----	17
TRECTOR -----	10
TRELSTAR DEPOT -----	13
TRELSTAR LA -----	13
<i>tretinoin cream</i> -----	23
<i>tretinoin</i> -----	12, 23
<i>tri-previfem</i> -----	35
<i>tri-sprintec</i> -----	35
<i>triamcinolone acetonide</i> -----	25, 26
<i>triamterene/hydrochlorothiazide</i> -----	21
TRICOR -----	22

<i>trifluoperazine HCl</i> -----	18
<i>trifluridine</i> -----	36
TRIGLIDE -----	22
<i>trihexyphenidyl HCl</i> -----	14
TRIHIBIT -----	32
TRILEPTAL -----	14
<i>trimethoprim</i> -----	11
<i>trimipramine maleate</i> -----	17
<i>trinessa</i> -----	35
TRIPEDIA -----	32
TRISENOX -----	13
<i>trivora-28</i> -----	35
TRIZIVIR -----	8
TROPHAMINE -----	33
<i>tropicacyl</i> -----	36
<i>tropicamide</i> -----	36
TRUSOPT -----	37
TRUVADA -----	8
TWINRIX -----	32
TYGACIL -----	9
TYKERB -----	13
TYPHIM VI -----	32
TYZINE -----	26
<b>U</b>	
<i>ultracaps MT 20</i> -----	30
ULTRASE -----	30
UNIFINE PENTIPS -----	29
UNIPHYL -----	40
<i>unithroid</i> -----	29
UROXATRAL -----	40
URSO FORTE -----	30
<i>ursodiol</i> -----	30
URSO -----	30
<b>V</b>	
VAGIFEM -----	34
VALCYTE -----	7
<i>valproate sodium</i> -----	14
<i>valproic acid capsule</i> -----	14
VALPROIC ACID LIQUID -----	14
<i>valproic acid syrup</i> -----	14
VALTREX -----	7
VANCOCIN HCl -----	11
VANCOMYCIN HCl 10GM VIAL -----	11
<i>vancomycin HCl</i> -----	11

<i>vandazole</i> -----	34
VANTAS -----	13
VAQTA -----	32
VARIVAX -----	32
VELCADE -----	13
<i>velivet</i> -----	35
<i>venlafaxine HCl</i> -----	17
VENTOLIN HFA -----	39
VERAMYST -----	39
<i>verapamil ER</i> -----	21
<i>verapamil HCl</i> -----	21
VESICARE -----	40
VEXOL -----	38
VFEND IV -----	7
VFEND -----	7
VIADUR -----	13
VIBRAMYCIN SUSPENSION -----	11
VIBRAMYCIN SYRUP -----	11
VIDAZA -----	13
VIDEX EC -----	8
VIDEX -----	8
VIGAMOX -----	36
<i>vinblastine sulfate</i> -----	12
<i>vincristine sulfate</i> -----	12
<i>vinorelbine tartrate</i> -----	12
VIOKASE -----	30
VIRACEPT -----	8
VIRAMUNE -----	8
VIREAD -----	8
VIVACTIL -----	17
VIVELLE -----	34
VIVOTIF BERNA -----	32
VOLTAREN -----	37
VUMON -----	13
VYTORIN -----	22
<b>W</b>	
<i>warfarin sodium</i> -----	22
WELLBUTRIN XL 150MG -----	17
<b>X</b>	
XALATAN -----	37
XIBROM -----	37
XIFAXAN -----	9
XYREM -----	19
<b>Y</b>	

YF-VAX -----	32
<b>Z</b>	
ZANOSAR -----	13
ZANTAC INJECTION -----	31
ZANTAC RX -----	31
ZAVESCA -----	29
<i>zazole</i> -----	34
ZELAPAR -----	14
ZEMPLAR -----	29
ZERIT -----	8
<i>zerlor</i> -----	16
ZESTORETIC -----	20
ZESTRIL -----	19
ZETIA -----	22
ZIAGEN -----	8
<i>zidovudine</i> -----	7
ZINACEF -----	8
ZITHROMAX PACKET -----	8
ZMAX -----	8
ZOLADEX -----	13
ZOLINZA -----	13
<i>zolpidem tartrate</i> -----	18
ZOMIG NASAL SPRAY -----	15
ZOMIG ZMT -----	15
ZOMIG -----	15
ZONALON -----	23
<i>zonisamide</i> -----	14
ZOSTAVAX -----	32
ZOSYN -----	10
<i>zovia 1/35e</i> -----	35
<i>zovia 1/50e</i> -----	35
ZOVIRAX CREAM -----	24
ZOVIRAX OINTMENT -----	24
ZYFLO -----	40
ZYLET -----	37
ZYMAR -----	36
ZYPREXA ZYDIS -----	18
ZYPREXA -----	18
ZYVOX INJECTION -----	9
ZYVOX -----	9



