

FirstUA Medicare Part D Silver

Prescription Drug Coverage

2008 Formulary List of Covered Drugs

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

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

This document includes First UA Medicare Part D Silver's partial formulary as of January 1, 2008. For a complete, updated formulary, please visit our Web site at 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.

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.

This document is a partial formulary and includes only some of the drugs covered by First UA Medicare Part D Silver. For a complete listing of all prescription drugs covered by First UA Medicare Part D Silver, please visit our Web site at 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.

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 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 32. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

First UA Medicare Part D 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. This document includes only a partial list of covered drugs, so First UA Medicare Part D Silver may cover your drug. 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.

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.

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.

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 32. Remember: This is only a partial list of drugs covered by First UA Medicare Part D Silver. If your prescription is not in this partial formulary, please visit our Web site at www.firstuamedicarepartd.com or 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 for additional help.

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

The information in the Requirements/Limits column tells you if First UA Medicare Part D 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.**

Drug Tier	Retail In-Network Pharmacy Co-payment/ Coinsurance (34-day supply)	Retail In-Network Pharmacy Co-payment/ Coinsurance (90-day supply)	Retail Out-of-Network Pharmacy Co-payment/ Coinsurance (34-day supply)	Mail Order Co-payment/ Coinsurance (90-day supply)
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.

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COMMONLY PRESCRIBED THERAPEUTIC DRUG CATEGORIES

ANTI - INFECTIVES

Antifungal Agents

Drug Name	Drug Tier	Req./ Limits
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Generics

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

Brands

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

Antivirals

Drug Name	Drug Tier	Req./ Limits
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Generics

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

Brands

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

Key:

QL = Quantity Limitations may apply

PA = Prior Approval may be required

ST = Step Therapy rules may apply

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

HIV/AIDS THERAPY

Generics

<i>zidovudine</i>	1
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Brands

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

Cephalosporins

Drug Name	Drug Tier	Req./ Limits
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Generics

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

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

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

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

Drug Name	Drug Tier	Req./ Limits
Urinary Tract Agents		
Drug Name	Drug Tier	Req./ Limits
Brands		
PRIMSOL	3	
Vancomycin		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>vancomycin HCl</i>	1	
Brands		
VANCOGIN HCl	2	
VANCOMYCIN HCl 10GM VIAL	2	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
Adjunctive Agents		
Drug Name	Drug Tier	Req./ Limits
Generics		
<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	
Brands		
LEUCOVORIN CALCIUM 10MG TABLET	2	
LEUCOVORIN CALCIUM 10MG/ML	2	

Key:

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ST = Step Therapy rules may apply

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

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

Key:

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PA = Prior Approval may be required

ST = Step Therapy rules may apply

Drug Name	Drug Tier	Req./ Limits
SOLTAMOX	2	
SPRYCEL	4	QL,PA
SUTENT	4	QL,PA
TARCEVA	4	QL,PA
TARGRETIN	2	PA
TESLAC	3	
THIOTEPA	3	
TYKERB	4	QL
VIDAZA	4	QL,PA
ZOLADEX	3	
ZOLINZA	4	
IMMUNOSUPPRESSANT DRUGS		
Generics		
<i>azathioprine</i>	1	PA
<i>cyclosporine</i>	1	PA
<i>gengraf</i>	1	PA
Brands		
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
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
Anticonvulsants		
Generics		
<i>carbamazepine</i>	1	
<i>phenytoin</i>	1	
<i>valproic acid capsule</i>	1	
<i>valproic acid syrup</i>	1	
Brands		
CARBATROL	2	
DEPAKOTE	2	
DEPAKOTE ER	2	
KEPPRA	2	
LAMICTAL	2	
LYRICA	2	QL
PHENYTEK	3	
TEGRETOL XR	2	
TOPAMAX	2	
VALPROIC ACID LIQUID	2	
Antiparkinsonism Agents		
Generics		
<i>carbidopa/levodopa</i>	1	
<i>selegiline HCl</i>	1	
Brands		
APOKYN	2	PA
COMTAN	2	
MIRAPEX	2	
REQUIP	2	

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Req./ Limits
<i>pravastatin</i>	1	QL
<i>simvastatin</i>	1	QL
Brands		
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
Miscellaneous Cardiovascular Agents		
Drug Name	Drug Tier	Req./ Limits
Brands		
RANEXA	2	QL,ST
Nitrates		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>nitro-bid</i>	1	
<i>nitroglycerin CR</i>	1	
<i>nitroglycerin injection</i>	1	PA
<i>nitroglycerin patch</i>	1	
Brands		
NITROLINGUAL	2	
NITROSTAT	2	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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<i>dipyridamole</i> -----	17
DOVONEX -----	18
<i>doxazosin mesylate</i> -----	15
<i>doxepin HCl</i> -----	13
<i>doxorubicin HCl</i> -----	10
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ELIGARD -----	10
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EMLA -----	18
ENABLEX -----	30
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ENBREL -----	25
ENGERIX-B -----	24
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<i>fentanyl patch</i>	13
<i>fexofenadine HCl</i>	29
FINACEA	18
<i>finasteride</i>	30
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FLOVENT HFA	29
FLOXIN	20
FLOXURIDINE	10
<i>fluconazole suspension</i>	7
<i>fluconazole</i>	7
<i>flunisolide</i>	29
<i>fluocinolone acetonide</i>	19

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

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<i>gemfibrozil</i>	17
<i>gengraf</i>	11
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<i>glipizide/metformin</i>	21
<i>glipizide</i>	21
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<i>glyburide</i>	21
<i>glycopyrrolate</i>	23
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<i>halobetasol propionate cream</i>	19
<i>halobetasol propionate ointment</i>	19
<i>haloperidol</i>	14
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HEPARIN SODIUM 10000 U/5ML -----	17
HEPARIN SODIUM 25000U/10ML -----	17
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<i>hydrochlorothiazide</i> -----	16
<i>hydrocortisone butyrate cream</i> -----	19
<i>hydrocortisone butyrate ointment</i> -----	19
<i>hydrocortisone butyrate solution</i> -----	19
<i>hydrocortisone</i> -----	19, 21
<i>hydromorphone HCl</i> -----	13
<i>hydroxyurea</i> -----	10
<i>hydroxyzine HCl</i> -----	29
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<i>ibuprofen suspension</i> -----	13
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<i>ifosfamide/mesna</i> -----	10
IFOSFAMIDE -----	10
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IMOVAX RABIES VACCINE -----	24
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<i>isoniazid</i> -----	8
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<i>leena</i> -----	26
<i>leflunomide</i> -----	25
<i>leucovorin calcium 100mg vial</i> -----	9
LEUCOVORIN CALCIUM 10MG TABLET	9
LEUCOVORIN CALCIUM 10MG/ML -----	9
LEUCOVORIN CALCIUM 15MG TABLET	10
<i>leucovorin calcium 200mg vial</i> -----	9
<i>leucovorin calcium 25mg tablet</i> -----	9
<i>leucovorin calcium 350mg vial</i> -----	9
LEUCOVORIN CALCIUM 500MG VIAL --	10
<i>leucovorin calcium 50mg vial</i> -----	9
<i>leucovorin calcium 5mg tablet</i> -----	9
LEUKERAN -----	10
LEUKINE -----	24
LEVAQUIN -----	9
LEVEMIR -----	22
<i>levora-28</i> -----	26
<i>levorphanol tartrate</i> -----	13
<i>levothyroxine sodium</i> -----	22
LEXIVA -----	7
LIALDA -----	23
<i>lidocaine HCl</i> -----	18
<i>liothyronine sodium</i> -----	22
LIPITOR -----	17
<i>lisinopril/hydrochlorothiazide</i> -----	16
<i>lisinopril</i> -----	15

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MAXALT -----	12
MAXIPIME -----	8
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<i>medroxyprogesterone acetate</i> -----	25
<i>mefloquine HCl</i> -----	8
<i>megestrol acetate</i> -----	10
<i>meloxicam</i> -----	13
MENACTRA -----	24
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<i>meperidine HCl</i> -----	13
MEPRON -----	8
<i>mercaptapurine</i> -----	10
MESNEX -----	10
METADATE CD -----	14
<i>metadate ER</i> -----	14
<i>metaproterenol sulfate inhalation</i> -----	29
<i>metformin HCl ER</i> -----	21
<i>metformin HCl</i> -----	21
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<i>methimazole</i> -----	21
<i>methotrexate injection</i> -----	10
<i>methotrexate tablet</i> -----	10
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<i>methylin ER</i> -----	14
METHYLIN SOLUTION -----	14
<i>methylin tablet</i> -----	14
<i>methylphenidate ER</i> -----	14
<i>methylphenidate HCl</i> -----	14
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<i>methylprednisolone</i> -----	21
<i>metoclopramide HCl</i> -----	23
<i>metolazone</i> -----	16
<i>metoprolol ER</i> -----	16
<i>metoprolol tartrate</i> -----	16
METROGEL -----	18
<i>metronidazole vaginal</i> -----	26
<i>metronidazole</i> -----	8, 18
<i>mexiletine HCl</i> -----	15
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MICARDIS HCT -----	15
MICARDIS -----	15
<i>microgestin FE</i> -----	26
<i>microgestin</i> -----	26
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<i>minoxidil</i> -----	16
MIRAPEX -----	11
<i>misoprostol</i> -----	23
<i>mitomycin</i> -----	10
<i>moexipril HCl</i> -----	15
<i>moexipril/hydrochlorothiazide</i> -----	16
<i>mononessa</i> -----	26
MORPHINE SULFATE 10MG/ML AMPULE -----	13
MORPHINE SULFATE 250MG/10ML VIAL -----	13
MORPHINE SULFATE 8MG INJECTION -	13
<i>morphine sulfate solution</i> -----	13
<i>morphine sulfate</i> -----	13
MOVIPREP -----	23
<i>mupirocin</i> -----	18
MUSTARGEN -----	10
MYFORTIC -----	11
MYLOTARG -----	10

N

<i>nafcillin sodium 10gm vial</i> -----	9
NAFCILLIN SODIUM 1GM VIAL -----	9
NAGLAZYME -----	22
<i>naloxone HCl</i> -----	12
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NAMENDA SOLUTION -----	12
NAMENDA -----	12
NARDIL -----	14
<i>narvox</i> -----	13
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NEBUPENT	8
<i>necon</i>	26
<i>neomycin sulfate</i>	8
<i>neomycin/polymyxin/ dexamethasone</i>	28
<i>neomycin/polymyxin/bacitracin/ hydrocortisone</i>	28
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NEUMEGA	24
NEUPOGEN	24
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NEVANAC	27
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NEXIUM	24
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NICOTROL	20
<i>nifedipine ER</i>	16
<i>nifedipine</i>	16
NIMOTOP	16
<i>nitro-bid</i>	17
<i>nitroglycerin CR</i>	17
<i>nitroglycerin injection</i>	17
<i>nitroglycerin patch</i>	17
NITROLINGUAL	17
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<i>norethindrone acetate</i>	25
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O

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

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PANDEL	19
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<i>paroxetine HCl suspension</i>	13
<i>paroxetine HCl</i>	13
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PEGASYS	24
<i>pentamidine isethionate</i>	8
PENTASA	23
<i>pentoxifylline</i>	17
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<i>phenytoin</i> -----	11
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<i>pravastatin</i> -----	17
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<i>prednicarbate ointment</i> -----	19
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<i>prednisone</i> -----	21
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PREVACID -----	24
<i>previfem</i> -----	26
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PREZISTA -----	7
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PRIMAXIN -----	8
PRIMSOL -----	9
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RELEASE -----	15
<i>procainamide HCl</i> -----	15
<i>prochlorperazine edisylate</i> -----	23
<i>prochlorperazine maleate suppository</i> -----	23
<i>prochlorperazine maleate tablet</i> -----	23
PROCRIT -----	24

<i>procto-pak</i> -----	23
PROGRAF -----	11
PROLASTIN -----	20
PROLEUKIN -----	24
<i>promethazine HCl</i> -----	29
<i>proparacaine HCl</i> -----	27
<i>propoxyphene hcl/acetaminophen</i> -----	13
<i>propoxyphene HCl</i> -----	13
<i>propranolol HCl ER</i> -----	16
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<i>quinidine sulfate</i> -----	15
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<i>ranitidine HCl</i> -----	23
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RAZADYNE ER -----	12
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RAZADYNE -----	12
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REVLIMID	10
REYATAZ	7
RHEUMATREX TABLET	10
RHINOCORT AQUA	29
<i>ribapak</i>	7
<i>ribasphere</i>	7
<i>ribavirin</i>	7
RIDAURA	25
<i>rifampin</i>	8
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RITUXAN	10
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ROZEREM	14
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SANCTURA	30
SANDIMMUNE	11
<i>selegiline HCl</i>	11
SENSIPAR	22
SEREVENT DISKUS	29
SEROQUEL 400MG	14
SEROQUEL 50MG	14
SEROQUEL	14
<i>sertraline concentrate</i>	14
<i>sertraline HCl concentrate</i>	14
<i>sertraline HCl</i>	14
<i>silver sulfadiazine</i>	18
<i>simvastatin</i>	17
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<i>sodium sulfacetamide</i>	18
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<i>solu-medrol 500mg/4ml</i>	21
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SOMAVERT	22
SONATA	14
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<i>sprintec</i>	26
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<i>sronyx</i>	26
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<i>sucralfate</i>	23
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<i>sulfacetamide/prednisolone</i>	28
<i>sulfadiazine</i>	9
SUSTIVA	7
SUTENT	11
SYMBICORT	30
SYMLIN	22
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TAMIFLU	7
<i>tamoxifen citrate</i>	10
TARCEVA	11
TARGRETIN	11
TAZORAC	18
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TEKTURNA	15
<i>terazosin HCl</i>	15
<i>terbinafine</i>	7
<i>terbutaline sulfate</i>	29
<i>terconazole</i>	26
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<i>testosterone cypionate</i>	22
<i>testosterone enanthate</i>	22
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<i>tetanus toxoid</i>	24
<i>tetracycline HCl</i>	9
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THALOMID	20
<i>theophylline</i>	30
THIOTEPA	11
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<i>ticlopidine HCl</i>	17
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<i>tizanidine HCl</i>	12
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<i>tolazamide</i> -----	21
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<i>tranylcypromine sulfate</i> -----	14
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<i>tretinoin cream</i> -----	18
<i>tretinoin</i> -----	10
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<i>valproic acid syrup</i> -----	11
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<i>vancomycin HCl</i> -----	9

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<i>velivet</i> -----	26
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<i>verapamil HCl</i> -----	16
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VIDAZA -----	11
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VIDEX -----	7
VIGAMOX -----	27
<i>vinblastine sulfate</i> -----	10
<i>vincristine sulfate</i> -----	10
VIVELLE -----	26
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