

# UAMedicare Part D

Prescription Drug Coverage (PDP)

## 2010 Comprehensive 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.

## Formulario integral de medicamentos aprobados para 2010

(Lista de medicamentos cubiertos)

**POR FAVOR LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE LOS MEDICAMENTOS CUBIERTOS POR ESTE PLAN**

**Nota a los miembros actuales:** El formulario no es el mismo del año pasado. Revise este documento para asegurarse de que todavía contiene los medicamentos que usted toma.



## What is the UA Medicare Part D Formulary?

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

## Can the Formulary change?

Generally, if you are taking a drug on our 2010 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2010 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2010. To get updated information about the drugs covered by UA Medicare Part D, please visit our Web site at [www.uamedicarepartd.com](http://www.uamedicarepartd.com) or call Customer Service at 1-866-524-4169, weekdays from 8:00am to 8:00pm in your local time zone. TTY/TDD users should call 1-866-524-4170.

In order to keep your formulary current, we will update the page on which the affected drug(s) is listed and send you a copy to keep with your formulary.

## How do I use the Formulary?

There are two ways to find your drug within the formulary:

### **Medical Condition**

The formulary begins on page 1. 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/Hypertensive/Lipids". 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?**

UA Medicare Part D covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** UA Medicare Part D requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from UA Medicare Part D before you fill your prescriptions. If you don't get approval, UA Medicare Part D may not cover the drug.
- **Quantity Limits:** For certain drugs, UA Medicare Part D limits the amount of the drug that UA Medicare Part D will cover. For example, UA Medicare Part D provides 34 pills per prescription for Lipitor. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, UA Medicare Part D requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, UA Medicare Part D may not cover drug B unless you try Drug A first. If Drug A does not work for you, UA Medicare Part D will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at [www.uamedicarepartd.com](http://www.uamedicarepartd.com).

You can ask UA Medicare Part D to make an exception to these restrictions or limits. See the section, "How do I request an exception to the UA Medicare Part D's formulary?" on page ii 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 confirm that your drug is not covered. If you learn that UA Medicare Part D does not cover your drug, you have two options:

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

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

You can ask UA Medicare Part D to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, UA Medicare Part D limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the specialty drug tier.

Generally, UA Medicare Part D will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

## **What do I do before I can talk to my doctor about changing my drugs or requesting an exception?**

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will cover a temporary 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.

## **For more information**

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

If you have questions about UA Medicare Part D, please call Customer Service at 1-866-524-4169, weekdays from 8:00am to 8:00pm in your local time zone. TTY/TDD users should call 1-866-524-4170. Or visit [www.uamedicarepartd.com](http://www.uamedicarepartd.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).

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

The formulary that begins on page 1 provides coverage information about some of the drugs covered by UA Medicare Part D. If you have trouble finding your drug in the list, turn to the Index that begins on page 26. 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 Notes column tells you if UA Medicare Part D has any special requirements for coverage of your drug.

## List of Abbreviations

Below is a list of abbreviations that may appear on the following pages in the Requirement/Limits column that tells you if there are any special requirements for coverage of your drug.

- QL: Quantity Limit.** For certain drugs, the **Plan** limits the amount of the drug that we will cover. For example, the Plan provides 34 tablets per prescription for CRESTOR®.
- ST: Step Therapy.** In some cases, the **Plan** 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
- PA: Prior Authorization.** The **Plan** requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- HI: Home Infusion.** This prescription drug may be covered under our medical benefit. For more information, call Customer Service.
- GC: Gap Coverage.** We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.
- LA: Limited Availability.** This prescription may be available only at certain pharmacies. For more information, call Customer Service.
- FF: Free First Fill.** This prescription drug may be provided at a reduced cost-sharing amount the first time you fill it.
- ED: Enhanced Drug.** This prescription drug is not normally covered in a Medicare prescription drug plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
- CB: Capped Benefit.** This prescription drug has a capped benefit limit.
- MO: Mail Order Drug.** This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

## ¿Qué es el formulario de UA Medicare Part D?

Un formulario de medicamentos aprobados es una lista de medicamentos cubiertos, seleccionados por la cobertura para recetas médicas (PDP) de UA Medicare Part D con el asesoramiento de un equipo de proveedores de atención médica, que representa las terapias con medicamentos consideradas parte necesaria de un programa de tratamiento de calidad. En general UA Medicare Part D cubrirá los medicamentos incluidos en nuestro formulario de medicamentos aprobados siempre que los mismos sean médicamente necesarios, se adquieran en una farmacia de la red de UA Medicare Part D y se sigan otras normas del plan. Para obtener más información sobre cómo adquirir sus medicamentos con receta, consulte su Evidencia de cobertura.

## ¿Puede cambiar el formulario de medicamentos aprobados?

En general, si está tomando un medicamento en nuestro formulario de 2010, que estaba cubierto a principios de año, no descontinuaremos ni reduciremos la cobertura de dicho medicamento durante 2010, excepto cuando exista un medicamento genérico nuevo, más económico o cuando se haya publicado información negativa respecto a la efectividad o seguridad del medicamento. Otros tipos de cambios en el formulario, como cuando se elimina un producto, no afectarán a los miembros que actualmente estén tomando dicho medicamento. Seguirá disponible al mismo costo compartido para aquellos miembros que lo tomen durante el resto del año de la cobertura. Consideramos que es importante que tenga acceso continuo durante el resto del año de la cobertura, a los medicamentos del formulario que estaban disponibles cuando eligió nuestro plan, excepto en los casos en los que pueda ahorrar dinero adicional o en los que podamos garantizar su seguridad.

Si quitamos medicamentos de nuestro formulario de medicamentos aprobados, o agregamos autorizaciones previas, límites de cantidad y/o restricciones de tratamiento escalonado para un medicamento o pasamos un medicamento a una categoría de costo compartido superior, debemos notificar de esta situación a los afiliados afectados, al menos 60 días antes de que el cambio entre en vigencia, o en cuanto el afiliado solicite una reposición del medicamento, en cuyo momento el miembro recibirá un suministro de 60 días del mismo. Si la Administración de Alimentos y Medicamentos considera que un medicamento de nuestro formulario de medicamentos aprobados no es seguro o el fabricante del medicamento lo retira del mercado, quitaremos el medicamento de nuestro formulario de medicamentos aprobados de inmediato y notificaremos el cambio a los afiliados que toman el medicamento. El formulario de medicamentos aprobados que se adjunta entra en vigencia a partir del 1 de enero de 2010. Para obtener información actualizada acerca de los medicamentos cubiertos por UA Medicare Part D, visite nuestro sitio web en [www.uamedicarepartd.com](http://www.uamedicarepartd.com) o llame a Servicio al cliente al 1-866-524-4169, de lunes a viernes, de 8:00 am a 8:00 pm, en su horario local. Los usuarios de TTY/TDD deben comunicarse al 1-866-524-4170.

Con el objeto de mantener su formulario al corriente, actualizaremos la página en la que se listen los medicamentos afectados y le enviaremos una copia para que la guarde en su formulario.

## ¿Cómo utilizo el formulario de medicamentos aprobados?

Hay dos maneras de encontrar su medicamento dentro del formulario de medicamentos aprobados:

### **Afección**

El formulario de medicamentos aprobados comienza en la página 1. Los medicamentos incluidos en este formulario de medicamentos aprobados están agrupados en categorías dependiendo de los tipos de afecciones que tratan. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca incluidos en la categoría "Cardiovascular/Hipertenso/Lípidos". Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la página 1. Luego busque su medicamento bajo el nombre de la categoría.

### **Listado alfabético**

Si no está seguro en qué categoría buscar, debe buscar su medicamento en el Índice que comienza en la página 32. El Índice presenta una lista por orden alfabético de todos los medicamentos incluidos en este documento. En el Índice se incluyen tanto medicamentos de marca como medicamentos genéricos.

Busque en el Índice para encontrar su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información sobre la cobertura. Diríjase a la página indicada en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

### **¿Qué son los medicamentos genéricos?**

UA Medicare Part D cubrirá tanto medicamentos genéricos como de marca. Un medicamento genérico es un medicamento que ha sido aprobado por la FDA, quien ha declarado que contiene el mismo ingrediente o ingredientes activos que el medicamento de marca. Generalmente, los medicamentos genéricos cuestan menos que los de marca.

### **¿Hay alguna restricción en mi cobertura?**

Algunos medicamentos cubiertos pueden tener requisitos adicionales o límites de cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** UA Medicare Part D requiere que usted [o su médico] obtenga una autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de UA Medicare Part D antes de adquirir su medicamento. Si no obtiene la aprobación, puede ser que UA Medicare Part D no cubra el medicamento.
- **Límites de cantidad:** En el caso de ciertos medicamentos, UA Medicare Part D limita la cantidad de medicamento que cubriremos. Por ejemplo, UA Medicare Part D suministra 34 pastillas de Lipitor por receta. Esto puede ser además del suministro estándar de uno a tres meses.
- **Tratamiento escalonado:** En algunos casos, UA Medicare Part D requiere que usted primero pruebe ciertos medicamentos para tratar su afección médica antes de cubrir otro medicamento para esa afección. Por ejemplo, si tanto el Medicamento A como el Medicamento B tratan su afección, UA Medicare Part D puede no cubrir el Medicamento B a menos que usted pruebe primero el Medicamento A. Si el Medicamento A no le sirve, UA Medicare Part D cubrirá el Medicamento B.

Puede averiguar si su medicamento tiene algún requisito o límite adicional buscándolo en el formulario de medicamentos con receta que comienza en la página 1. También puede obtener más información sobre las restricciones que se aplican a medicamentos específicos cubiertos visitando nuestro sitio web en [www.uamedicarepartd.com](http://www.uamedicarepartd.com).

Puede solicitarle a UA Medicare Part D que haga una excepción a estas restricciones o límites. Consulte la sección “¿Cómo solicito una excepción al formulario de medicamentos aprobados de UA Medicare Part D?” en la página ii para obtener información sobre cómo solicitar una excepción.

### **¿Qué sucede si mi medicamento no aparece en el formulario de medicamentos aprobados?**

Si su medicamento no está incluido en este formulario de medicamentos aprobados, debe comunicarse primero con Servicio al cliente y confirmar que su medicamento no está cubierto. Si se entera que UA Medicare Part D no cubre su medicamento, tiene dos opciones:

- Puede pedirle a Servicio al cliente una lista de medicamentos similares que estén cubiertos por UA Medicare Part D. Cuando reciba la lista, muéstrasela a su médico y pídale que le recete un medicamento similar que esté cubierto por UA Medicare Part D.
- Puede pedirle a UA Medicare Part D que haga una excepción y cubra su medicamento. Consulte las secciones que siguen para obtener información sobre cómo solicitar una excepción.

### **¿Cómo solicito una excepción al formulario de medicamentos aprobados de UA Medicare Part D?**

Puede solicitarle a UA Medicare Part D que haga una excepción a nuestras normas de cobertura. Existen varios tipos de excepciones que puede solicitarnos que hagamos.

- Puede pedirnos que cubramos su medicamento aunque no esté incluido en nuestro formulario de medicamentos aprobados.

- Puede pedirnos que no apliquemos las restricciones o límites de cobertura sobre su medicamento. Por ejemplo, para ciertos medicamentos, UA Medicare Part D limita la cantidad de medicamento que cubriremos. Si su medicamento tiene un límite de cantidad puede pedirnos que no apliquemos el límite y cubramos más.
- Puede pedirnos que proporcionemos un nivel de cobertura superior para su medicamento. Si su medicamento está contenido en nuestra categoría de no preferidos, puede pedirnos que lo cubramos con la cantidad de costo compartido que se aplica a los medicamentos en la categoría de preferidos. Esto bajará el monto que debe pagar por su medicamento. Tenga en cuenta que si aceptamos su solicitud de cubrir un medicamento que no está incluido en nuestro formulario de medicamentos aprobados, no puede pedirnos que proporcionemos un nivel de cobertura superior para dicho medicamento. Además, tampoco puede pedirnos que proporcionemos un nivel de cobertura más alto para medicamentos que estén en la categoría de medicamentos especializados.

En general, UA Medicare Part D sólo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario de medicamentos aprobados del Plan, el medicamento de categoría inferior o las restricciones de utilización adicionales no son eficaces para el tratamiento de su afección y/o le causaran algún efecto médico adverso.

Debe comunicarse con nosotros para solicitarnos una decisión de cobertura inicial para una excepción al formulario de medicamentos aprobados, la categorización, o la restricción de utilización. Cuando solicita una excepción al formulario de medicamentos aprobados, la categorización, o la restricción de utilización, debe enviar un certificado médico que respalde su solicitud. En general, debemos tomar una decisión dentro de las 72 horas posteriores a recepción del certificado médico. Puede solicitar una excepción acelerada (rápida) si usted o su médico consideran que su salud podría verse seriamente afectada por esperar 72 horas una decisión. Si su solicitud de aceleración se acepta, le daremos una decisión a más tardar en 24 horas, después de recibir el certificado de su médico en apoyo al uso del medicamento.

## **¿Qué puedo hacer antes de hablar con mi médico acerca de cambiar mis medicamentos o de solicitar una excepción?**

Como miembro nuevo o continuo de nuestro plan, es posible que esté tomando medicamentos que no se encuentren en nuestro formulario. O podría estar tomando un medicamento que sí esté comprendido en el formulario, pero su habilidad para obtenerlo podría estar limitada. Por ejemplo, es posible que necesite una autorización previa nuestra antes de adquirir su medicamento. Debe hablar con su médico para decidir si debe cambiar a un medicamento apropiado que se encuentre cubierto o solicitar una excepción del formulario para que podamos cubrir el medicamento que está tomando. Mientras habla con su médico para determinar el curso de acción adecuado para usted, podemos proporcionarle el medicamento, en ciertos casos, durante los primeros 90 días en los que sea miembro del plan.

Para cada uno de sus medicamentos que no se encuentre en el formulario o si su habilidad para obtener los medicamentos está limitada, cubriremos un suministro temporal de 30 días (a menos que cuente con una receta que establezca menos días) cuando acuda a una farmacia de la red. Después de su primer suministro por 30 días, no le pagaremos por estos medicamentos, incluso si ha sido miembro del plan durante menos de 90 días.

Si es residente de una institución de cuidados a largo plazo, cubriremos un suministro de transición temporal de 34 días (a menos que tenga una receta por menos días). Cubriremos más de una renovación de este medicamento durante los primeros 90 días en que sea miembro de nuestro plan. Si necesita un medicamento que no se encuentra en nuestro formulario o si su habilidad para obtenerlo es limitada, pero ya han pasado los primeros 90 días de su afiliación al plan, cubriremos un suministro de emergencia del medicamento, por 34 días (a menos que tenga una receta por menos días) mientras solicita una excepción al formulario.

## **Para más información**

Para obtener información más detallada acerca de la cobertura de medicamentos con receta de UA Medicare Part D, consulte su Evidencia de cobertura y otros materiales del plan.

Si tiene alguna pregunta acerca de UA Medicare Part D, llame entre semana al Servicio al cliente, al 1-866-524-4169, de las 8:00 am a las 8:00 pm en su horario local. Los usuarios de TTY/TDD deben comunicarse al 1-866-524-4170. O visite [www.uamedicarepartd.com](http://www.uamedicarepartd.com).

Si tiene preguntas generales acerca de la cobertura de Medicare de medicamentos con receta, llame a Medicare al 1-800-MEDICARE (1-800-633-4227) las 24 horas los 7 días de la semana. Los usuarios de TTY/TDD deben comunicarse al 1-877-486-2048. O, visite [www.medicare.gov](http://www.medicare.gov).

## **Formulario de medicamentos aprobados de UA Medicare Part D**

El formulario de medicamentos aprobados que comienza en la página 1 brinda información de cobertura sobre algunos de los medicamentos cubiertos por UA Medicare Part D. Si tiene algún problema para encontrar su medicamento en la lista, diríjase al Índice que comienza en la página 26.

El nombre del medicamento se encuentra en la primera columna de la tabla. Los medicamentos de marca aparecen en mayúscula (por ej., PRILOSEC) y los medicamentos genéricos aparecen en letra cursiva minúscula (por ej., omeprazole).

La información en la columna Notas le informa si UA Medicare Part D tiene algún requisito especial para la cobertura de su medicamento.

## Lista de abreviaturas

A continuación se encuentra una lista de abreviaturas que podrían aparecer en las siguientes páginas en la columna Requisitos/Límites que le dice si existen requisitos especiales para la cobertura de su medicamento.

- QL: Límite de cantidad.** Para ciertos productos, el **Plan** limita la cantidad de medicamento que cubriremos. Por ejemplo, el Plan suministra 34 pastillas de CRESTOR® por receta.
- ST: Tratamiento escalonado.** En algunos casos, el **Plan** requiere que usted primero pruebe ciertos medicamentos para tratar su afección médica antes de cubrir otro medicamento para esa afección. Por ejemplo, si tanto el Medicamento A como el Medicamento B tratan su afección, podríamos no cubrir el Medicamento B a menos que usted pruebe primero el Medicamento A. Si el Medicamento A no le sirve, entonces cubriremos el Medicamento B.
- PA: Autorización previa.** El **Plan** requiere que usted o su médico obtengan una autorización previa para ciertos medicamentos. Esto significa que deberá obtener nuestra aprobación antes de adquirir sus medicamentos. Si no obtiene la aprobación, es posible ser que no cubramos el medicamento.
- HI: Infusión en el hogar.** Este medicamento con receta podría estar cubierto bajo nuestros beneficios médicos. Para obtener más información, comuníquese con Servicio al cliente.
- GC: Vacío de cobertura.** Le proporcionamos cobertura de este medicamento con receta durante el vacío de cobertura. Consulte nuestra Evidencia de cobertura para obtener más información sobre esta cobertura.
- LA: Disponibilidad limitada.** Este medicamento con receta podría estar disponible únicamente en ciertas farmacias. Para obtener más información, comuníquese con Servicio al cliente.
- FF: Primera compra gratis.** Este medicamento con receta podría proporcionársele a un precio de costo compartido reducido la primera vez que lo adquiera.
- ED: Medicamento mejorado.** Este medicamento con receta no está cubierto normalmente en el Plan de recetas médicas de Medicare. La cantidad que paga cuando compra este medicamento no cuenta para sus costos totales en medicamentos (es decir, la cantidad que paga no le ayuda a calificar para la cobertura en caso de situaciones catastróficas). Además, si está recibiendo ayuda extra para pagar por sus medicamentos con receta, no obtendrá ninguna ayuda extra para pagar por este medicamento.
- CB: Beneficio con tope.** Este medicamento tiene un límite de beneficio con tope.
- MO: Medicamento que puede adquirirse por correo.** Este medicamento está disponible a través de nuestro servicio de pedidos por correo, así como a través de nuestra red de farmacias. Considere el uso del correo para recibir sus medicamentos de cuidados a largo plazo (de mantenimiento), como serían los medicamentos para tratar la presión alta, por ejemplo. Las farmacias de ventas al menudeo podrían ser más apropiadas para adquirir medicamentos que se utilizan a corto plazo, como serían los antibióticos.



# **COMMONLY PRESCRIBED THERAPUTIC DRUG CATEGORIES**

**CATEGORÍAS DE MEDICAMENTOS  
TERAPÉUTICOS QUE SE PRESCRIBEN  
COMÚNMENTE**



DRUG NAME	DRUG TIER	REQ./LIMITS
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
<i>generic</i>		
<i>amphotericin b</i>	1	PA MO
<i>clotrimazole</i>		
10mg	1	MO
<i>fluconazole</i>	1	MO
<i>fluconazole in dextrose</i>		
400mg/200ml	1	MO
<i>griseofulvin microsize</i>	1	MO
<i>itraconazole</i>	1	MO
<i>ketoconazole</i>	1	MO
<i>nystatin</i>		
100000unit/ml 500000unit	1	MO
<i>terbinafine</i>		
tabs 250mg	1	MO
<b>BRAND</b>		
ANCOBON	2	MO
DIFLUCAN IN NAACL		
200MG/100ML; 0.9%	2	MO
ERAXIS		
100MG	2	MO
GRIS-PEG	3	MO
NOXAFIL	2	MO
SPORANOX		
ORAL SOLN 10MG/ML	2	MO
VFEND	2	MO
VFEND IV	2	MO
<b>ANTIVIRALS</b>		
<i>generic</i>		
<i>acyclovir</i>		
inj 500mg	1	MO
<i>amantadine</i>		
caps 100mg tabs 100mg	1	MO
<i>didanosine</i>	1	MO
<i>famciclovir</i>	1	MO
<i>foscarnet sodium</i>	1	PA MO
<i>ribasphere</i>		
tabs 200mg	1	PA MO
<i>ribavirin</i>		
200mg	1	PA MO
<i>rimantadine hcl</i>	1	MO
<i>stavudine</i>	1	MO
<i>zidovudine</i>	1	MO
<b>BRAND</b>		
APTIVUS	4	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
ATRIPLA	4	MO
BARACLUDE		
ORAL SOLN 0.05MG/ML	2	MO
BARACLUDE		
TABS 0.5MG;1MG	4	MO
COMBIVIR	4	MO
CRIXIVAN	2	MO
CYTOVENE	2	PA MO
EMTRIVA	2	MO
EPIVIR	2	MO
EPIVIR HBV	2	MO
EPZICOM	4	MO
FUZEON	4	MO
HEPSERA	4	MO
INTELENCE	4	MO
INVIRASE	2	MO
ISENTRESS	4	MO
KALETRA	2	MO
LEXIVA		
SUSP 50MG/ML	2	MO
LEXIVA		
TABS 700MG	4	MO
NORVIR	2	MO
PREZISTA		
75MG	2	MO
PREZISTA		
600MG;400MG	4	MO
REBETOL		
ORAL SOLN 40MG/ML	2	PA MO
RELENZA DISKHALER	2	MO
RESCRIPTOR	3	MO
RETROVIR IV INFUSION	2	MO
REYATAZ	4	MO
RIBAPAK	4	PA MO
RIBASPHERE		
CAPS 200MG TABS 600MG;400MG	4	PA MO
RIBAVIRIN		
200MG	4	PA MO
SELZENTRY	4	MO
SUSTIVA	2	MO
TAMIFLU		
CAPS 75MG SUSR 12MG/ML	2	
TAMIFLU		
CAPS 45MG;30MG	2	MO
TRIZIVIR	4	MO
TRUVADA	4	MO
TYZEKA	4	MO
VALCYTE	4	MO
VALTREX	2	MO
VIDEX PEDIATRIC		
2GM	2	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
VIRACEPT	2	MO
VIRAMUNE	2	MO
VIREAD	2	MO
ZIAGEN	2	MO

## CEPHALOSPORINS

### generic

<i>cefaclor</i>	1	MO
<i>cefadroxil</i>	1	MO
<i>cefazolin</i> 1gm; 5%;500mg;1gm	1	MO
<i>cefdinir</i>	1	MO
<i>cefepime</i> inj 2gm;1gm	1	MO
<i>cefotaxime sodium</i> 10gm	1	
<i>cefotaxime sodium</i> 2gm;1gm;500mg	1	MO
<i>cefoxitin sodium</i> 1gm;10gm;2gm	1	MO
<i>cefpodoxime proxetil</i>	1	MO
<i>ceftriaxone sodium</i> 10gm	1	
<i>ceftriaxone sodium</i> 250mg;500mg	1	MO
<i>cefuroxime axetil</i>	1	MO
<i>cefuroxime sodium</i> 7.5gm	1	
<i>cefuroxime sodium</i> 1.5gm;750mg	1	MO
<i>cephalexin</i>	1	MO

### BRAND

CEFAZOLIN 20GM;500MG; 5%	2	MO
CEFTRIAZONE/DEXTROSE	2	MO
CEFUROXIME/DEXTROSE	2	MO
FORTAZ 1GM/50ML; 5%;2GM/50ML; 5%;1GM;6GM	2	MO
MAXIPIME 2GM	3	MO
SUPRAX	3	MO
TAZICEF INJ 6GM;2GM;1GM	2	MO
ZINACEF 750MG;1.5GM	2	MO
ZINACEF IN ISO-OSMOTIC DEXTROSE	2	MO
ZINACEF IN ISO-OSMOTIC DILUENT	2	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		

### generic

<i>azithromycin</i> inj 500mg susr 200mg/5ml;100mg/5ml tabs 250mg;500mg;600mg	1	MO
<i>clarithromycin</i>	1	MO
<i>clarithromycin er</i>	1	MO
<i>e.e.s. 400</i>	1	MO
<i>ery-tab</i> tbec 333mg;250mg	1	MO
<i>erythrocin stearate</i>	1	MO
<i>erythromycin / sulfisoxazole</i>	1	MO

### BRAND

E.E.S. GRANULES	2	MO
ERY-TAB TBEC 500MG	2	MO
ERYTHROCIN LACTOBIONATE 500MG	2	MO
ERYTHROMYCIN BASE	2	MO
ZMAX	2	MO

## MISCELLANEOUS ANTIINFECTIVES

### generic

<i>amikacin sulfate</i>	1	MO
<i>amikin</i> 250mg/ml	1	MO
<i>chloroquine</i>	1	MO
<i>clindamycin hcl</i>	1	MO
<i>clindamycin phosphate add-vantage</i>	1	MO
<i>colistimethate sodium</i>	1	MO
<i>ethambutol</i>	1	MO
<i>gentamicin sulfate</i> 40mg/ml	1	MO
<i>gentamicin sulfate/0.9% sodium chloride</i>	1	MO
<i>gentamicin sulfate/sodium chloride</i> 1.2mg/ml; 0.9%	1	MO
<i>hydroxychloroquine</i>	1	MO
<i>isonarif</i>	1	MO
<i>isoniazid</i> tabs 300mg;100mg	1	MO
<i>isotonic gentamicin</i> 0.6mg/ml; 0.9%;0.8mg/ml; 0.9%	1	MO
<i>mebendazole</i>	1	MO
<i>mefloquine hcl</i>	1	MO
<i>metronidazole</i>	1	MO
<i>metronidazole in nacl 0.79%</i>	1	MO
<i>neomycin sulfate</i>	1	MO
<i>paromomycin</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>pyrazinamide</i>	1	MO
<i>rifampin</i>		
caps 300mg;150mg	1	MO
<i>tobramycin</i>		
inj 80mg/2ml;10mg/ml	1	MO
<b>BRAND</b>		
ALBENZA	2	MO
ALINIA	2	MO
AZACTAM		
2GM	2	MO
AZACTAM IN DEXTROSE	2	MO
BILTRICIDE	2	MO
CAPASTAT SULFATE	3	MO
CLEOCIN GALAXY	2	MO
CLEOCIN PEDIATRIC GRANULES	2	MO
CUBICIN	2	MO
DAPSONE	2	MO
DARAPRIM	2	MO
FANSIDAR	2	MO
GENTAMICIN SULFATE		
10MG/ML	2	MO
GENTAMICIN SULFATE/0.9%		
SODIUM CHLORIDE	2	MO
ISONIAZID		
SYRP 50MG/5ML	2	MO
KETEK	2	MO
MALARONE	2	MO
MEPRON	4	MO
MYCOBUTIN	2	MO
NEBUPENT	2	PA MO
NEUTREXIN	2	MO
PASER	2	MO
PRIMAQUINE	2	MO
PRIMAXIN I.M.	2	MO
PRIMAXIN IV	2	MO
QUALAQUIN	2	MO
SEROMYCIN	2	MO
STREPTOMYCIN SULFATE	2	MO
STROMECTOL	2	MO
TOBI	4	PA MO
TOBRAMYCIN SULFATE / SODIUM CHLORIDE	2	MO
TRECTOR	2	MO
TYGACIL	2	MO
XIFAXAN	3	MO
ZYVOX	2	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<b>PENICILLINS</b>		
<i>generic</i>		
<i>amoclan</i>		
200mg/5ml; 28.5mg/5ml;400mg/5ml; 57mg/5ml	1	MO
<i>amoxicillin</i>	1	MO
<i>amoxicillin/clavulanate potassium</i>	1	MO
<i>amoxicillin/potassium clavulanate</i>		
tabs 875mg; 125mg	1	MO
<i>amoxil</i>		
500mg;250mg/5ml	1	MO
<i>ampicillin</i>		
1gm;10gm	1	MO
<i>ampicillin-sulbactam</i>		
10gm; 5gm;2gm; 1gm	1	MO
<i>dicloxacillin sodium</i>	1	MO
<i>nafcillin sodium</i>		
10gm	1	
<i>nafcillin sodium</i>		
1gm	1	MO
<i>penicillin g potassium</i>	1	MO
<i>penicillin v potassium</i>	1	MO
<i>pfizerpen-g</i>		
20mu	1	MO
<i>veetids</i>		
oral soln 125mg/5ml	1	MO
<b>BRAND</b>		
AMPICILLIN		
125MG	2	MO
AUGMENTIN XR	2	MO
BICILLIN C-R	2	MO
BICILLIN L-A	2	MO
NALLPEN/DEXTROSE	2	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	2	MO
PENICILLIN G PROCAINE	2	MO
PENICILLIN G SODIUM	2	MO
ZOSYN		
5%; 3GM/50ML; 0.375GM/50ML	2	
ZOSYN		
3GM; 0.375GM;5%; 2GM/50ML; 0.25GM/50ML	2	MO
<b>QUINOLONES</b>		
<i>generic</i>		
<i>ciprofloxacin</i>	1	MO
<i>ofloxacin</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<b>BRAND</b>		
AVELOX	2	MO
AVELOX ABC PACK	2	MO
LEVAQUIN		
25MG/ML 250MG;500MG;750MG;25MG/ML	2	MO
LEVAQUIN PREMIX	2	MO
NOROXIN	3	MO

### SULFA'S / RELATED AGENTS

#### generic

<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole / trimethoprim</i>	1	MO
<i>sulfamethoxazole / trimethoprim ds</i>	1	MO
<i>sulfatrim</i>	1	MO

#### BRAND

GANTRISIN PEDIATRIC	2	MO
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### TETRACYCLINES

#### generic

<i>demeclocycline hcl</i>	1	MO
<i>doxycycline hyclate</i>		
<i>caps 50mg;100mg inj 100mg tabs</i>		
<i>20mg;100mg</i>	1	MO
<i>doxycycline monohydrate</i>		
<i>susr 25mg/5ml tabs 50mg;75mg;150mg</i>	1	MO
<i>minocycline hcl</i>	1	MO
<i>tetracycline hcl</i>	1	MO

#### BRAND

VIBRAMYCIN		
SYRP 50MG/5ML	2	MO

### URINARY TRACT AGENTS

#### generic

<i>methenamine hippurate</i>	1	MO
<i>nitrofurantoin macrocrystalline</i>		
<i>50mg</i>	1	MO
<i>nitrofurantoin monohydrate</i>	1	MO
<i>trimethoprim</i>	1	MO

#### BRAND

FURADANTIN	2	MO
MACRODANTIN		
25MG	2	MO
PRIMSOL	3	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<b>VANCOMYCIN</b>		
<i>generic</i>		
<i>vancomycin inj</i>		
<i>1000mg</i>	1	MO
<b>BRAND</b>		
VANCOCIN ORAL	2	MO
VANCOMYCIN HCL ISO-OSMOTIC DEXTROSE	2	
VANCOMYCIN INJ		
10GM	2	

### ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

#### ADJUNCTIVE AGENTS

#### generic

<i>leucovorin calcium</i>		
<i>inj 350mg;100mg tabs 25mg;5mg</i>	1	MO
<i>mesna</i>	1	MO

#### BRAND

ELITEK		
1.5MG	4	MO
LEUCOVORIN CALCIUM		
TABS 10MG;15MG	2	MO
MESNEX		
TABS 400MG	2	MO

### ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

#### generic

<i>adriamycin</i>		
<i>inj 2mg/ml</i>	1	
<i>azathioprine</i>	1	PA MO
<i>azathioprine sodium</i>	1	PA MO
<i>bicalutamide</i>	1	MO
<i>bleomycin sulfate</i>		
<i>30unit</i>	1	MO
<i>carboplatin</i>		
<i>inj 150mg/15ml</i>	1	MO
<i>cisplatin</i>	1	MO
<i>cyclophosphamide</i>		
<i>500mg;1gm</i>	1	MO
<i>cyclophosphamide</i>		
<i>25mg;50mg</i>	1	PA MO
<i>cyclosporine</i>		
<i>50mg/ml</i>	1	PA

DRUG NAME	DRUG TIER	REQ./LIMITS	DRUG NAME	DRUG TIER	REQ./LIMITS
<i>cyclosporine</i> 100mg/ml;25mg;100mg	1	PA MO	ALIMTA 500MG	3	MO
<i>cytarabine</i> inj 500mg	1	MO	ALKERAN INJ 50MG	3	MO
<i>cytarabine aqueous</i> 20mg/ml	1	MO	ARIMIDEX	2	MO
<i>dacarbazine</i> 200mg	1	MO	AROMASIN	2	MO
<i>doxorubicin hcl</i> inj 50mg	1	MO	ARRANON	3	MO
<i>epirubicin hcl</i> inj 50mg/25ml	1	MO	AVASTIN	3	MO
<i>etoposide</i> inj 20mg/ml	1	MO	BICNU	3	MO
<i>fludarabine phosphate</i> inj 50mg	1	MO	CAMPATH	3	MO
<i>fluorouracil</i>	1	MO	CEENU	2	MO
<i>flutamide</i>	1	MO	CELLCEPT	2	PA MO
<i>gengraf</i>	1	PA MO	CELLCEPT INTRAVENOUS	2	PA MO
<i>hydroxyurea</i>	1	MO	CLADRIBINE	2	MO
<i>idarubicin hcl</i>	1	MO	CLOLAR	3	MO
<i>ifosfamide/mesna kit</i>	1	MO	COSMEGEN	3	MO
<i>irinotecan</i>	1	MO	CYCLOSPORINE 50MG	2	PA MO
<i>leuprolide acetate</i>	1	MO	CYTARABINE AQUEOUS 100MG/ML	3	MO
<i>megestrol acetate</i>	1	MO	CYTOXAN 500MG	3	MO
<i>melphalan hydrochloride</i>	1	MO	DAUNORUBICIN HCL INJ 5MG/ML	3	MO
<i>mercaptopurine</i>	1	MO	DAUNOXOME	3	MO
<i>methotrexate</i>	1	PA MO	DOXIL	3	MO
<i>methotrexate sodium</i> 25mg/ml	1	MO	DROXIA	2	MO
<i>mitomycin</i> 20mg	1	MO	ELIGARD	3	MO
<i>mitoxantrone hcl</i>	1	MO	ELLECE	3	MO
<i>mycophenolate mofetil</i>	1	PA MO	ELOXATIN	3	MO
<i>octreotide</i>	1	MO	ELSPAR	3	MO
<i>onxol</i>	1	MO	EMCYT	2	MO
<i>oxaliplatin</i>	1	MO	ERBITUX	3	MO
<i>paclitaxel</i>	1	MO	ETOPHOS	3	MO
<i>pentostatin</i>	1	MO	FARESTON	3	MO
<i>tamoxifen citrate</i>	1	MO	FASLODEX	4	MO
<i>thiotepa</i>	1	MO	FEMARA	2	MO
<i>tretinoin</i>	1	MO	FLUDARABINE PHOSPHATE INJ 50MG/2ML	2	MO
<i>vinblastine sulfate</i> inj 10mg	1	MO	GEMZAR 1GM	3	MO
<i>vincasar pfs</i>	1	MO	GLEEVEC	4	MO
<i>vincristine sulfate</i>	1	MO	HERCEPTIN	3	MO
<i>vinorelbine tartrate</i>	1	MO	HEXALEN	4	MO
<b>BRAND</b>			HYCAMTIN INJ 4MG	3	MO
ABRAXANE	3	MO	IFEX 3GM	3	MO
AFINITOR	4	PA MO	IFOSFAMIDE INJ 1GM	3	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
IFOSFAMIDE/MESNA KIT 3000MG; 1000MG	3	MO
LEUKERAN	2	MO
LEUSTATIN	2	MO
LUPRON DEPOT	2	MO
LUPRON DEPOT-PED 11.25MG;15MG	3	MO
LYSODREN	2	MO
MATULANE	4	MO
MEGACE ES	3	MO
METHOTREXATE SODIUM 1GM	3	MO
MUSTARGEN	3	MO
MYFORTIC	2	PA MO
MYLOTARG	3	MO
NEORAL	2	PA MO
NEXAVAR	4	LA PA MO
NILANDRON	3	MO
NIPENT	3	MO
ONCASPAR	3	MO
ONTAK	3	MO
PHOTOFRIN	3	MO
PROGRAF INJ 5MG/ML	2	PA
PROGRAF CAPS 0.5MG;1MG;5MG	2	PA MO
RAPAMUNE	2	PA MO
REVLIMID	4	LA MO
RHEUMATREX	3	PA MO
RITUXAN	2	PA MO
SANDIMMUNE INJ 50MG/ML	2	PA
SANDIMMUNE ORAL SOLN 100MG/ML CAPS 25MG;100MG	2	PA MO
SANDOSTATIN LAR DEPOT	3	MO
SOMATULINE DEPOT 90MG/0.3ML;120MG/0.5ML	4	MO
SPRYCEL	4	MO
SUTENT	4	PA MO
TABLOID	2	MO
TARCEVA	4	PA MO
TARGRETIN	2	MO
TASIGNA	4	MO
TAXOTERE	3	MO
THALOMID	4	PA MO
TRELSTAR DEPOT	3	MO
TRELSTAR LA	3	MO
TRISENOX	2	MO
TYKERB	4	LA MO
VELCADE	3	MO
VIDAZA	4	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
ZANOSAR	3	MO
ZOLINZA	4	MO

## AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

### ANTICONVULSANTS

#### generic

<i>carbamazepine</i>	1	MO
<i>carbamazepine er</i>	1	MO
<i>divalproex sodium</i>	1	MO
<i>epitol</i>	1	MO
<i>ethosuximide</i>	1	MO
<i>fosphenytoin sodium</i>	1	MO
<i>gabapentin</i>	1	MO
<i>lamotrigine</i>	1	MO
<i>levetiracetam</i>	1	MO
<i>oxcarbazepine</i>	1	MO
<i>phenytoin</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>primidone</i>	1	MO
<i>topiramate</i>	1	MO
<i>valproate sodium</i>	1	MO
<i>valproic acid</i>	1	MO
<i>zonisamide</i>	1	MO

#### BRAND

BANZEL	2	MO
CARBATROL	2	MO
CELONTIN	2	MO
DILANTIN CAPS 30MG	2	MO
DILANTIN INFATABS	2	MO
EQUETRO	2	MO
FELBATOL	2	MO
GABITRIL	2	MO
KEPPRA INJ 500MG/5ML	2	MO
LAMICTAL STARTER NOT TAKING CARBAMAZEPINE	2	MO
LAMICTAL STARTER TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	2	MO
LAMICTAL STARTER TAKING VALPROATE	2	MO
LYRICA	2	MO
NEURONTIN ORAL SOLN 250MG/5ML	2	MO
PEGANONE	2	MO
PHENYTEK	3	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
PHENYTOIN SODIUM	2	
TEGRETOL-XR		
100MG	2	MO
TRILEPTAL		
SUSP 300MG/5ML	3	MO
VIMPAT	2	MO

## ANTIPARKINSONISM AGENTS

### generic

<i>benztropine mesylate</i>		
<i>inj 1mg/ml</i>	1	
<i>benztropine mesylate</i>		
<i>tabs 0.5mg;1mg;2mg</i>	1	MO
<i>bromocriptine mesylate</i>	1	MO
<i>carbidopa / levodopa</i>	1	MO
<i>carbidopa / levodopa cr</i>	1	MO
<i>carbidopa / levodopa odt</i>	1	MO
<i>carbidopa / levodopa sr</i>		
<i>50mg; 200mg</i>	1	MO
<i>ropinirole</i>	1	MO
<i>selegiline</i>	1	MO
<i>trihexyphenidyl</i>	1	MO

### BRAND

APOKYN	2	LA PA MO
COGENTIN	2	MO
COMTAN	2	MO
LODOSYN	2	MO
MIRAPEX	2	MO
REQUIP XL	2	MO
STALEVO 100	2	MO
STALEVO 125	2	MO
STALEVO 150	2	MO
STALEVO 200	2	MO
STALEVO 50	2	MO
STALEVO 75	2	MO
TASMAR	3	MO
ZELAPAR	2	MO

## MIGRAINE / CLUSTER HEADACHE THERAPY

### generic

<i>dihydroergotamine mesylate</i>	1	MO
<i>ergotamine tartrate / caffeine</i>	1	MO
<i>migergot</i>	1	MO
<i>sumatriptan succinate</i>		
<i>inj 6mg/0.5ml tabs 100mg;25mg;50mg</i>	1	MO

### BRAND

AMERGE	2	MO
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DRUG NAME	DRUG TIER	REQ./LIMITS
IMITREX		
INJ 6MG/0.5ML	2	MO
MAXALT	2	MO
MAXALT-MLT	2	MO
MIGRANAL	3	MO
RELPAX	2	MO
ZOMIG	2	MO
ZOMIG ZMT	2	MO

## MISCELLANEOUS NEUROLOGICAL THERAPY

### generic

<i>galantamine hydrobromide</i>	1	MO
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### BRAND

ARICEPT	2	MO
ARICEPT ODT	2	MO
COPAXONE	4	PA MO
EXELON	2	MO
MYTELASE	2	MO
NAMENDA	3	MO
NAMENDA TITRATION PAK	3	MO
RAZADYNE		
ORAL SOLN 4MG/ML	2	MO
XENAZINE	4	LA MO

## MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

### generic

<i>baclofen</i>	1	MO
<i>carisoprodol</i>	1	MO
<i>carisoprodol / aspirin</i>	1	MO
<i>chlorzoxazone</i>	1	MO
<i>cyclobenzaprine hcl</i>	1	MO
<i>dantrolene sodium</i>		
<i>caps 100mg;25mg;50mg</i>	1	MO
<i>methocarbamol</i>	1	MO
<i>orphenadrine / asa / caffeine</i>	1	MO
<i>orphenadrine citrate</i>	1	MO
<i>orphenadrine citrate er</i>	1	MO
<i>orphenadrine compound ds</i>	1	MO
<i>pyridostigmine bromide</i>	1	MO
<i>regonol</i>	1	MO
<i>tizanidine hcl</i>	1	MO

### BRAND

MESTINON		
SYRP 60MG/5ML	2	MO
MESTINON TIMESPAN	2	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<b>NARCOTIC ANALGESICS</b>		
<i>generic</i>		
acetaminophen / codeine 120mg/5ml; 12mg/5ml;300mg; 15mg	1	MO
acetaminophen / codeine #3	1	MO
acetaminophen / codeine #4	1	MO
buprenorphine hcl inj 0.3mg/ml	1	MO
codeine sulfate	1	MO
duramorph	1	MO
endocet	1	MO
fentanyl citrate	1	MO
fentanyl citrate oral transmucosal	1	PA MO
fentanyl patches	1	MO
hydrocodone / acetaminophen	1	MO
hydrocodone / ibuprofen	1	MO
hydrocodone / acetaminophen-hs	1	MO
hydrocodone bitartrate / acetaminophen	1	MO
hydromorphone hcl inj 10mg/ml tabs 8mg;4mg;2mg	1	MO
levorphanol tartrate	1	MO
margesic-h	1	MO
meperidine hcl 10mg/ml;25mg/ml;50mg/ml 50mg/5ml;50mg;100mg	1	MO
methadone hcl conc 10mg/ml inj 10mg/ml tabs 5mg;10mg	1	MO
methadose tabs 10mg;5mg	1	MO
morphine sulfate inj 5mg/ml;0.5mg/ml;1mg/ml oral soln 10mg/5ml;20mg/5ml tabs 30mg;15mg	1	MO
morphine sulfate er	1	MO
oxycodone / acetaminophen 500mg; 5mg;325mg; 5mg;325mg; 2.5mg	1	MO
oxycodone / apap 500mg; 7.5mg	1	MO
oxycodone / aspirin	1	MO
oxycodone hcl tabs 30mg;15mg;5mg	1	MO
oxycodone hcl er	1	MO
oxycodone-apap	1	MO
reprexain 10mg; 200mg	1	MO
roxicet 325mg; 5mg	1	MO
stagesic	1	MO
trezix	1	MO
zerlor	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<b>BRAND</b>		
BUPRENEX DILAUDID INJ 1MG/ML;2MG/ML;4MG/ML	2	MO
DILAUDID-5	2	MO
INFUMORPH 200	2	MO
INFUMORPH 500	2	MO
KADIAN	2	MO
LEVO DROMORAN	2	MO
MEPERIDINE HCL 75MG/ML	2	MO
METHADONE HCL ORAL SOLN 10MG/5ML;5MG/5ML	2	MO
OPANA ER	2	MO
OXYCONTIN	2	MO
ROXICET 325MG/5ML; 5MG/5ML	2	MO
SUBUTEX	2	MO
<b>NON-NARCOTIC ANALGESICS</b>		
<i>generic</i>		
butorphanol tartrate inj 2mg/ml;1mg/ml	1	MO
butorphanol tartrate nasal soln 10mg/ml	1	PA MO
depade	1	MO
diclofenac potassium	1	MO
diclofenac sodium	1	MO
diclofenac sodium ec	1	MO
diclofenac sodium xr	1	MO
diflunisal	1	MO
etodolac	1	MO
fenoprofen calcium	1	MO
flurbiprofen	1	MO
ibu 600mg	1	MO
ibuprofen susp 100mg/5ml tabs 800mg;400mg	1	MO
indomethacin	1	MO
indomethacin er	1	MO
ketoprofen	1	MO
ketoprofen er	1	MO
meclofenamate sodium	1	MO
meloxicam	1	MO
nabumetone	1	MO
naloxone	1	MO
naltrexone	1	MO
naproxen 125mg/5ml;375mg	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>naproxen sodium</i>		
550mg;275mg	1	MO
<i>oxaprozin</i>	1	MO
<i>piroxicam</i>	1	MO
<i>sulindac</i>	1	MO
<i>tolmetin sodium</i>	1	MO
<i>tramadol</i>	1	MO

#### BRAND

ARTHROTEC 50	3	MO
ARTHROTEC 75	3	MO
CELEBREX	2	MO
SUBOXONE	2	MO
VOLTAREN		
GEL 1%	2	MO

### PROPOXYPHENE

#### generic

<i>balacet 325</i>	1	MO
<i>propoxyphene / acetaminophen</i>	1	MO
<i>propoxyphene hcl</i>	1	MO
<i>propoxyphene-n / acetaminophen</i>	1	MO

### PSYCHOTHERAPEUTIC DRUGS

#### generic

<i>amitriptyline</i>	1	MO
<i>amoxapine</i>	1	MO
<i>amphetamine / dextroamphetamine tabs</i>	1	PA MO
<i>amphetamine salt combo</i>	1	PA MO
<i>budeprion sr</i>	1	MO
<i>budeprion xl</i>	1	MO
<i>bupropion hcl</i>	1	MO
<i>bupropion hcl sr</i>		
100mg;200mg	1	MO
<i>bupirone hcl</i>	1	MO
<i>chlordiazepoxide / amitriptyline</i>	1	MO
<i>chlorpromazine</i>		
<i>inj 25mg/ml tabs 50mg;100mg;200mg</i>	1	MO
<i>chlorpromazine</i>		
<i>tabs 25mg;10mg</i>	1	PA MO
<i>citalopram</i>	1	MO
<i>clomipramine</i>	1	MO
<i>clozapine</i>		
<i>tabs 100mg;25mg</i>	1	
<i>clozapine</i>		
<i>tabs 50mg</i>	1	MO
<i>desipramine</i>	1	MO
<i>dexmethylphenidate</i>	1	PA MO
<i>dextroamphetamine sulfate</i>	1	PA MO
<i>dextroamphetamine sulfate er</i>	1	PA MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>doxepin</i>	1	MO
<i>fluoxetine</i>	1	MO
<i>fluphenazine</i>	1	MO
<i>fluphenazine decanoate inj</i>	1	MO
<i>fluvoxamine</i>	1	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate inj</i>	1	MO
<i>haloperidol lactate inj</i>	1	MO
<i>imipramine</i>	1	MO
<i>lithium carbonate</i>	1	MO
<i>lithium carbonate er</i>	1	MO
<i>lithium citrate</i>	1	MO
<i>loxapine</i>	1	MO
<i>maprotiline</i>	1	MO
<i>metadate er</i>	1	PA MO
<i>methylin</i>		
<i>tabs 20mg;5mg;10mg</i>	1	PA MO
<i>methylin er</i>	1	PA MO
<i>methylphenidate hcl</i>	1	PA MO
<i>methylphenidate hcl sr</i>	1	PA MO
<i>mirtazapine</i>	1	MO
<i>mirtazapine odt</i>		
30mg;45mg	1	MO
<i>nefazodone</i>	1	MO
<i>nortriptyline</i>	1	MO
<i>paroxetine</i>	1	MO
<i>paroxetine er</i>		
12.5mg;25mg	1	MO
<i>perphenazine</i>		
<i>tabs 2mg;16mg</i>	1	MO
<i>perphenazine</i>		
<i>tabs 4mg;8mg</i>	1	PA MO
<i>protriptyline hcl</i>	1	MO
<i>risperidone</i>	1	MO
<i>risperidone odt</i>		
0.25mg;0.5mg;2mg;3mg;4mg	1	MO
<i>selfemra</i>	1	MO
<i>sertraline</i>	1	MO
<i>thioridazine</i>	1	MO
<i>thiothixene</i>	1	MO
<i>tranlycypromine</i>	1	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	1	MO
<i>trimipramine maleate</i>	1	MO
<i>venlafaxine hcl</i>	1	MO
<i>zaleplon</i>	1	MO
<i>zolpidem</i>	1	MO

#### BRAND

ABILIFY	3	MO
ABILIFY DISCMELT	3	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
AMBIEN CR	2	MO
CLOZAPINE TABS 200MG	2	MO
CYMBALTA	2	MO
EFFEXOR XR	3	MO
EMSAM	3	MO
FAZACLO	3	
FOCALIN	3	PA MO
FOCALIN XR	2	PA MO
GEODON	2	MO
HALDOL DECANOATE	2	MO
INVEGA 3MG;6MG;9MG	2	MO
LEXAPRO	2	MO
LUNESTA	2	MO
MARPLAN	2	MO
METADATE CD	3	PA MO
METHYLIN CHEW 2.5MG;5MG;10MG ORAL SOLN 10MG/5ML;5MG/5ML	3	PA MO
MOBAN	2	MO
NARDIL	2	MO
ORAP	2	MO
PRISTIQ	2	MO
PROVIGIL	2	PA MO
RISPERDAL CONSTA	2	MO
RISPERDAL M-TAB 1MG	2	MO
RITALIN LA	3	PA MO
ROZEREM	3	MO
SEROQUEL	2	MO
SEROQUEL XR	2	MO
STRATTERA	2	MO
SURMONTIL 100MG	3	MO
SYMBYAX	3	MO
VENLAFAXINE HCL ER	3	MO
XYREM	4	PA
ZYPREXA	2	MO
ZYPREXA ZYDIS	2	MO

## CARDIOVASCULAR, HYPERTENSION / LIPIDS

### ANTIARRHYTHMIC AGENTS

#### generic

<i>amiodarone</i>	1	MO
<i>disopyramide phosphate</i>	1	MO
<i>flecainide acetate</i>	1	MO
<i>mexiletine</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>pacerone 200mg</i>	1	MO
<i>procainamide inj 100mg/ml</i>	1	
<i>procainamide inj 500mg/ml</i>	1	MO
<i>propafenone hcl</i>	1	MO
<i>quinidine gluconate cr</i>	1	MO
<i>quinidine sulfate</i>	1	MO
<i>quinidine sulfate er</i>	1	MO
<i>sorine</i>	1	MO
<i>sotalol</i>	1	MO
<b>BRAND</b>		
NORPACE CR 100MG	2	MO
PACERONE 300MG;100MG	2	MO
RYTHMOL SR	2	MO
TIKOSYN	3	MO

### ANTIHYPERTENSIVE THERAPY

#### generic

<i>acebutolol</i>	1	MO
<i>afeditab cr</i>	1	MO
<i>amiloride</i>	1	MO
<i>amiloride / hydrochlorothiazide</i>	1	MO
<i>amlodipine / benazepril</i>	1	MO
<i>amlodipine besylate</i>	1	MO
<i>atenolol</i>	1	MO
<i>atenolol / chlorthalidone</i>	1	MO
<i>benazepril</i>	1	MO
<i>benazepril / hydrochlorothiazide</i>	1	MO
<i>betaxolol hcl</i>	1	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol fumarate / hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	1	MO
<i>captopril</i>	1	MO
<i>captopril / hydrochlorothiazide</i>	1	MO
<i>cartia xt</i>	1	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide</i>	1	MO
<i>chlorthalidone 25mg;50mg</i>	1	MO
<i>clonidine</i>	1	MO
<i>dilt-cd 180mg;120mg;300mg</i>	1	MO
<i>diltiazem cd 120mg;240mg;300mg</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS	DRUG NAME	DRUG TIER	REQ./LIMITS
<i>diltiazem hcl</i>			<i>propranolol hcl</i>	1	MO
25mg/5ml 90mg;60mg;120mg;30mg;360mg	1	MO	<i>propranolol hcl er</i>	1	MO
<i>diltiazem hcl er</i>			<i>quinapril</i>	1	MO
90mg;120mg;60mg;420mg	1	MO	<i>quinapril / hydrochlorothiazide</i>	1	MO
<i>dilt-xr</i>			<i>quinaretic</i>	1	MO
240mg;180mg	1	MO	<i>ramipril</i>	1	MO
<i>diltzac</i>	1	MO	<i>reserpine</i>	1	MO
<i>doxazosin</i>	1	MO	<i>spironolactone</i>	1	MO
<i>enalapril</i>	1	MO	<i>spironolactone / hydrochlorothiazide</i>	1	MO
<i>enalapril / hydrochlorothiazide</i>	1	MO	<i>taztia xt</i>	1	MO
<i>eplerenone</i>	1	MO	<i>terazosin hcl</i>	1	MO
<i>felodipine er</i>	1	MO	<i>timolol maleate</i>	1	MO
<i>fosinopril</i>	1	MO	<i>torseamide</i>	1	MO
<i>fosinopril / hydrochlorothiazide</i>	1	MO	<i>trandolapril</i>	1	MO
<i>furosemide</i>			<i>triamterene / hydrochlorothiazide</i>	1	MO
<i>inj 10mg/ml oral soln 10mg/ml tabs</i>			<i>verapamil</i>	1	MO
80mg;40mg;20mg	1	MO	<i>verapamil er</i>	1	MO
<i>guanfacine hcl</i>	1	MO			
<i>hydralazine</i>	1	MO	<b>BRAND</b>		
<i>hydrochlorothiazide</i>	1	MO	ACEON	2	MO
<i>indapamide</i>	1	MO	ATACAND	2	MO
<i>isradipine</i>	1	MO	ATACAND HCT	2	MO
<i>labetalol</i>			AVALIDE	2	MO
<i>inj 5mg/ml</i>	1		AVAPRO	2	MO
<i>labetalol</i>			BIDIL	2	MO
<i>tabs 200mg;300mg;100mg</i>	1	MO	BYSTOLIC		
<i>lisinopril</i>	1	MO	5MG;10MG;2.5MG	2	MO
<i>lisinopril / hydrochlorothiazide</i>	1	MO	CATAPRES-TTS	2	MO
<i>methylothiazide</i>	1	MO	COREG CR	2	MO
<i>metolazone</i>	1	MO	COZAAR	2	MO
<i>metoprolol / hydrochlorothiazide</i>	1	MO	DEMSE	2	MO
<i>metoprolol succinate er</i>	1	MO	DIBENZYLIN	3	MO
<i>metoprolol tartrate</i>			DILTIAZEM HCL		
<i>tabs 100mg;50mg;25mg</i>	1	MO	100MG	2	MO
<i>minoxidil</i>			DIOVAN	2	MO
<i>tabs 10mg;2.5mg</i>	1	MO	DIOVAN HCT	2	MO
<i>moexipril</i>	1	MO	EDECIN	2	MO
<i>moexipril / hydrochlorothiazide</i>	1	MO	EXFORGE	2	MO
<i>nadolol</i>	1	MO	EXFORGE HCT	2	MO
<i>nadolol / bendroflumethiazide</i>	1	MO	FUROSEMIDE		
<i>nicardipine</i>			ORAL SOLN 8MG/ML	2	MO
<i>caps 20mg;30mg</i>	1	MO	HYZAAR	2	MO
<i>nifediac cc</i>	1	MO	LOTREL	2	MO
<i>nifedical xl</i>	1	MO	METOPROLOL TARTRATE		
<i>nifedipine</i>	1	MO	INJ 1MG/ML	2	MO
<i>nifedipine er</i>			MICARDIS	2	MO
<i>30mg;90mg;60mg</i>	1	MO	MICARDIS HCT	2	MO
<i>nisoldipine</i>	1	MO	NIMODIPINE	4	MO
<i>pindolol</i>	1	MO	SODIUM EDECIN	2	MO
<i>prazosin</i>	1	MO	SULAR	2	MO
<i>propranolol /hydrochlorothiazide</i>	1	MO	TEKTURNA	2	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
TEKTURNA HCT	2	MO
TOPROL XL	3	MO

### CARDIAC GLYCOSIDES

#### generic

<i>digoxin</i> inj 0.25mg/ml	1	
<i>digoxin</i> oral soln 0.05mg/ml tabs 0.25mg;0.125mg	1	MO

#### BRAND

LANOXIN INJ 0.1MG/ML	2	MO
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### COAGULATION THERAPY

#### generic

<i>cilostazol</i>	1	MO
<i>dipyridamole</i> tabs 25mg;50mg;75mg	1	MO
<i>heparin sodium</i> inj 5000unit/ml;1000unit/ml;10000unit/ml	1	MO
<i>heparin sodium dcu</i>	1	MO
<i>heparin sodium / d5w</i>	1	MO
<i>heparin sodium / nacl 0.9%</i>	1	MO
<i>heparin sodium / sodium chloride 0.9% premix</i>	1	MO
<i>jantoven</i>	1	MO
<i>pentopak</i>	1	MO
<i>pentoxifylline er</i>	1	MO
<i>pentoxil</i>	1	MO
<i>ticlopidine hcl</i>	1	MO
<i>warfarin</i>	1	MO

#### BRAND

AGGRENOX	2	MO
ARIXTRA	2	MO
CYKLOKAPRON	2	MO
FRAGMIN	2	MO
HEPARIN SODIUM INJ 2500UNIT/ML;2000UNIT/ML	2	MO
HEPARIN SODIUM / NACL 0.45%	2	MO
LOVENOX	2	MO
PLAVIX	2	MO
PROMACTA	4	LA PA MO

### LIPID/CHOLESTEROL LOWERING AGENTS

#### generic

<i>cholestyramine</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>colestipol</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>fenofibrate</i>	1	MO
<i>fenofibrate micronized</i>	1	MO
<i>gemfibrozil</i>	1	MO
<i>lovastatin</i>	1	MO
<i>pravastatin</i>	1	MO
<i>prevalite</i>	1	MO
<i>simvastatin</i>	1	MO

#### BRAND

ADVICOR	3	MO
ANTARA	2	MO
CADUET	2	MO
CRESTOR	2	MO
LIPITOR	2	MO
LOVAZA	2	MO
NIASPAN	2	MO
SIMCOR	2	MO
TRICOR	2	MO
TRIGLIDE	2	MO
TRILIPIX	2	MO
VYTORIN	2	MO
ZETIA	2	MO

### MISCELLANEOUS CARDIOVASCULAR AGENTS

#### BRAND

RANEXA	2	MO
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### NITRATES

#### generic

<i>isosorbide dinitrate</i>	1	MO
<i>isosorbide dinitrate er</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO
<i>nitro-bid</i>	1	MO
<i>nitroglycerin</i> pt24 0.4mg/hr;0.2mg/hr;0.6mg/hr	1	MO
<i>nitroglycerin</i> inj 5mg/ml	1	PA MO
<i>nitroglycerin transdermal</i> 0.1mg/hr	1	MO

#### BRAND

IMDUR 120MG;30MG	3	MO
MONOKET 10MG	3	MO
NITROLINGUAL PUMPSPRAY	2	MO
NITROSTAT	2	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
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## DERMATOLOGICALS/TOPICAL THERAPY

### ANTIPSORIATIC / ANTISEBORRHEIC

#### generic

<i>calcipotriene</i>	1	MO
<i>selenium sulfide</i>		
<i>lotn 2.5%</i>	1	MO

#### BRAND

DOVONEX		
CREA 0.005%	2	MO
SORIATANE CK	2	MO

### BURN THERAPY

#### generic

<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO
<i>thermazene</i>	1	MO

#### BRAND

SULFAMYLON	2	MO
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### MISCELLANEOUS DERMATOLOGICALS

#### generic

<i>ammonium lactate</i>	1	MO
<i>fluorouracil</i>	1	MO
<i>lactotion</i>	1	MO
<i>podofilox</i>	1	MO

#### BRAND

8-MOP	2	MO
ALDARA	3	MO
CARAC	2	MO
CARMOL-HC	2	MO
CONDYLOX		
GEL 0.5%	2	MO
ELIDEL	3	MO
FLUOROPLEX	2	MO
OXSORALEN ULTRA	4	MO
PANRETIN	2	MO
PROTOPIC	3	MO
REGRANEX	2	PA MO
SOLARAZE	2	MO
ULESFIA	3	
ZONALON	2	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
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## THERAPY FOR ACNE

#### generic

<i>amneesteem</i>	1	
<i>avita</i>		
<i>crea 0.025%</i>	1	MO
<i>claravis</i>	1	
<i>clindamycin phosphate</i>	1	MO
<i>clindamycin / benzoyl peroxide</i>	1	MO
<i>ery</i>	1	MO
<i>erythromycin</i>		
<i>gel 2% external soln 2%</i>	1	MO
<i>erythromycin / benzoyl peroxide</i>	1	MO
<i>metronidazole</i>	1	MO
<i>sotret</i>	1	
<i>tretinoin</i>	1	MO

#### BRAND

AZELEX	2	MO
DIFFERIN	2	MO
FINACEA	2	MO
METROGEL	2	MO
TAZORAC	2	MO

## TOPICAL ANESTHETICS

#### generic

<i>lidocaine</i>		
<i>0.5%;1%</i>	1	
<i>lidocaine</i>		
<i>4%;2% oint 5%</i>	1	MO
<i>lidocaine / prilocaine</i>	1	MO

#### BRAND

LIDODERM	3	PA MO
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## TOPICAL ANTIBACTERIALS

#### generic

<i>gentamicin sulfate</i>		
<i>0.1%;0.1%</i>	1	MO
<i>mupirocin</i>	1	MO
<i>sodium sulfacetamide</i>	1	MO

#### BRAND

ALTABAX	2	MO
BACTROBAN		
CREA 2%	2	MO
PHISOHEX	2	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<b>TOPICAL ANTIFUNGALS</b>		
<i>generic</i>		
<i>ciclopirox</i>		
gel 0.77% susp 0.77%	1	MO
<i>ciclopirox nail lacquer</i>	1	MO
<i>ciclopirox olamine</i>	1	MO
<i>clotrimazole</i>		
1%;1%	1	MO
<i>clotrimazole / betamethasone</i>	1	MO
<i>econazole nitrate</i>	1	MO
<i>ketoconazole</i>	1	MO
<i>kuric</i>	1	MO
<i>nyamyc</i>	1	MO
<i>nystatin</i>	1	MO
<i>nystatin / triamcinolone</i>	1	MO
<i>nystop</i>	1	MO
<i>pedi-dri</i>	1	MO
<b>BRAND</b>		
ERTACZO	2	MO
NAFTIN	2	MO
XOLEGEL	2	MO
<b>TOPICAL ANTIVIRALS</b>		
<b>BRAND</b>		
DENAVIR	2	MO
ZOVIRAX		
CREA 5% OINT 5%	3	MO
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>generic</i>		
<i>ala cort</i>	1	MO
<i>ala-cort</i>	1	MO
<i>alclometasone dipropionate</i>	1	MO
<i>amcinonide</i>	1	MO
<i>augmented betamethasone dipropionate</i>	1	MO
<i>betamethasone dipropionate</i>		
crea 0.05% gel 0.05% oint 0.05%	1	MO
<i>betamethasone valerate</i>	1	MO
<i>beta-val</i>	1	MO
<i>clobetasol propionate</i>		
foam 0.05% gel 0.05% oint 0.05%		
external soln 0.05%	1	MO
<i>clobetasol propionate e</i>	1	MO
<i>cormax</i>		
crea 0.05%	1	MO
<i>del-beta</i>	1	MO
<i>desonide</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>desoximetasone</i>	1	MO
<i>diflorasone diacetate</i>	1	MO
<i>fluocinolone acetonide</i>	1	MO
<i>fluocinonide</i>		
gel 0.05% oint 0.05% external soln 0.05%	1	MO
<i>fluocinonide emollient base</i>	1	MO
<i>fluticasone propionate</i>	1	MO
<i>halobetasol propionate</i>	1	MO
<i>hydrocortisone</i>	1	MO
<i>hydrocortisone butyrate</i>	1	MO
<i>hydrocortisone valerate</i>	1	MO
<i>mometasone furoate</i>	1	MO
<i>prednicarbate</i>	1	MO
<i>triamcinolone acetonide</i>		
crea 0.5%;0.1%;0.025% lotn		
0.025%;0.1% oint 0.5%;0.1%;0.025%	1	MO
<i>triderm</i>	1	MO
<b>BRAND</b>		
CAPEX	2	MO
CLOBEX		
LOTN 0.05% SHAM 0.05%	2	MO
CORDRAN TAPE	2	MO
LOCOID		
LOTN 0.1%	2	MO
LUXIQ	2	MO
PANDEL	2	MO
<b>TOPICAL ENZYMES</b>		
<b>BRAND</b>		
SANTYL	2	MO
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>generic</i>		
<i>acticin</i>	1	MO
<i>malathion</i>	1	
<i>permethrin</i>		
crea 5%	1	MO
<b>BRAND</b>		
EURAX	2	MO
LINDANE	2	MO
OVIDE	2	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<i>generic</i>		
alcohol 5% / dextrose 5%	1	MO
alendronate sodium		
tabs 40mg	1	PA MO
anagrelide hydrochloride	1	MO
dextrose 10% flex container	1	MO
dextrose 2.5% / sodium chloride 0.45%	1	MO
dextrose 5%	1	MO
dextrose 5% / nacl 0.2%	1	MO
dextrose 5% / nacl 0.225%	1	MO
dextrose 5% / nacl 0.45%	1	MO
dextrose 5% / nacl 0.9%	1	MO
etidronate disodium	1	MO
kionex		
powd;	1	MO
levocarnitine		
1gm/10ml;330mg	1	MO
midodrine	1	MO
pilocarpine hcl		
tabs 7.5mg	1	MO
sodium chloride		
inj 0.9%	1	MO
sodium chloride 0.9%	1	MO
<b>BRAND</b>		
ACTONEL		
TABS 30MG	2	PA MO
ADAGEN	4	LA MO
ANTABUSE		
250MG	2	MO
BUPHENYL	2	MO
CAMPRAL	2	MO
CARNITOR		
INJ 200MG/ML	2	MO
CHEMET	2	MO
CLINIMIX / DEXTROSE	2	MO
DEXTROSE 10% / NACL 0.45%	2	MO
DEXTROSE 10% / NACL 0.2%	2	MO
DEXTROSE 5% / NACL 0.33%	2	MO
EVOXAC	2	MO
EXJADE	4	LA MO
FOSRENOL	2	MO
INCRELEX	4	LA PA MO
ORFADIN	4	LA MO
PROLASTIN		
INJ 500MG	4	LA

DRUG NAME	DRUG TIER	REQ./LIMITS
REVELA		
PACK 2.4GM;0.8GM	2	
REVELA		
TABS 800MG	2	MO
RILUTEK	4	MO
SKELID	3	PA MO
SYPRINE	2	MO
THIOLA	2	MO
<b>SMOKING DETERRENTS</b>		
<i>generic</i>		
buproban	1	PA MO
bupropion hcl		
sr 150mg	1	PA MO
<b>BRAND</b>		
CHANTIX	2	PA MO
NICOTROL INHALER	3	PA MO
NICOTROL NASAL	3	PA MO
<b>EAR, NOSE / THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<i>generic</i>		
chlorhexidine gluconate		
oral rinse	1	MO
ipratropium bromide		
nasal soln 0.03%;0.06%	1	MO
periogard	1	MO
triamcinolone in orabase	1	MO
<b>BRAND</b>		
ASTELIN	3	MO
ASTEPRO		
137MCG/SPRAY	3	MO
BACTROBAN NASAL	2	MO
TYZINE	2	MO
TYZINE PEDIATRIC NASAL DROPS	2	MO
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>generic</i>		
acetasol hc	1	MO
acetic acid	1	MO
acetic acid / hydrocortisone	1	MO
borofair	1	MO
ofloxacin	1	MO
<b>BRAND</b>		
DERMOTIC	2	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<b>OTIC STEROID / ANTIBIOTIC</b>		
<i>generic</i>		
<i>cortomycin</i>	1	MO
<i>neomycin / polymyxin / hc</i>	1	MO
<i>neomycin / polymyxin / hydrocortisone susp;</i>	1	MO
<b>BRAND</b>		
CIPRO HC	3	MO
CIPRODEX	2	MO
COLY-MYCIN S	2	MO
CORTISPORIN-TC	2	MO
PEDIOTIC	2	MO

## ENDOCRINE/DIABETES

### ADRENAL HORMONES

<i>generic</i>		
<i>a-hydrocort</i>	1	MO
<i>a-methapred</i>	1	PA MO
<i>cortisone acetate</i>	1	MO
<i>dexamethasone</i>		
<i>4mg/ml elix 0.5mg/5ml tabs</i>		
<i>0.5mg;1.5mg;4mg;0.75mg;6mg</i>	1	MO
<i>fludrocortisone acetate</i>	1	MO
<i>hydrocortisone</i>		
<i>20mg;5mg;10mg</i>	1	MO
<i>methylprednisolone</i>		
<i>4mg;8mg;16mg;32mg</i>	1	PA MO
<i>methylprednisolone acetate</i>	1	PA MO
<i>methylprednisolone sodiumsuccinate</i>		
<i>40mg;125mg</i>	1	PA MO
<i>prednisolone sodium phosphate</i>		
<i>oral soln 15mg/5ml;5mg/5ml</i>	1	PA MO
<i>prednisone</i>	1	PA MO
<i>solu-medrol</i>		
<i>500mg</i>	1	PA MO
<b>BRAND</b>		
DEPO-MEDROL	2	PA MO
DEXAMETHASONE TABS 1MG;2MG	2	MO
DEXAMETHASONE INTENSOL	2	MO
METHYLPREDNISOLONE SODIUMSUCCINATE		
<i>1000MG</i>	2	PA MO
PREDNISONE INTENSOL	2	PA MO
SOLU-CORTEF		
<i>100MG;250MG</i>	2	MO
SOLU-MEDROL		
<i>2GM;40MG</i>	2	PA MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<b>ANTITHYROID AGENTS</b>		
<i>generic</i>		
<i>methimazole</i>	1	MO
<i>propylthiouracil</i>	1	MO
<b>DIABETES THERAPY</b>		
<i>generic</i>		
<i>acarbose</i>	1	MO
<i>glimepiride</i>	1	MO
<i>glipizide</i>	1	MO
<i>glipizide / metformin</i>	1	MO
<i>glipizide er</i>		
<i>2.5mg</i>	1	MO
<i>glipizide xl</i>		
<i>10mg;5mg</i>	1	MO
<i>glyburide</i>	1	MO
<i>glyburide / metformin</i>	1	MO
<i>glyburide micronized</i>	1	MO
<i>glycron</i>		
<i>1.5mg;3mg</i>	1	MO
<i>metformin hcl</i>	1	MO
<i>metformin hcl er</i>	1	MO
<i>tolazamide</i>	1	MO
<i>tolbutamide</i>	1	MO

<b>BRAND</b>		
ACTOPLUS MET	2	MO
ACTOS	2	MO
ALCOHOL PREPS	2	MO
APIDRA		
<i>100UNIT/ML</i>	2	MO
AVANDAMET	2	MO
AVANDARYL	2	MO
AVANDIA	2	MO
BD INSULIN SYRINGE		
<i>SAFETYGLIDE / 1ML / 29G X 1/2"</i>	2	
BD INSULIN SYRINGE		
<i>ULTRAFINE / 0.3ML / 31G X 5/16"</i>	2	
BD INSULIN SYRINGE		
<i>ULTRAFINE / 0.5ML / 30G X 1/2"</i>	2	
BD INSULIN SYRINGE		
<i>ULTRAFINE / 1ML / 31G X 5/16"</i>	2	
BD ULTRA-FINE		
<i>ORIGINAL PEN NEEDLES / 29G X 12.7MM</i>	2	
BYETTA	3	ST MO
CURITY GAUZE PADS 2"X2"	2	
DUETACT	2	MO
FORTAMET	2	MO
GLUCAGEN HYPOKIT	2	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
GLUCAGON EMERGENCY KIT	2	MO
GLYCRON		
4.5MG	2	MO
GLYSET	3	MO
HUMALOG	2	MO
HUMALOG MIX 50/50	2	MO
HUMALOG MIX 50/50 PEN	2	MO
HUMALOG MIX 75/25	2	MO
HUMALOG MIX 75/25 PEN	2	MO
HUMALOG PEN	2	MO
HUMULIN 50/50	2	MO
HUMULIN 70/30	2	MO
HUMULIN 70/30 PEN	2	MO
HUMULIN N	2	MO
HUMULIN N U-100 PEN	2	MO
HUMULIN R	2	MO
HUMULIN R U-500 CONCENTRATED	2	MO
JANUMET	2	MO
JANUVIA	2	MO
LANTUS	2	MO
LANTUS SOLOSTAR	2	MO
LEVEMIR	2	MO
LEVEMIR FLEXPEN	2	MO
NOVOLIN 70/30	2	MO
NOVOLIN 70/30 INNOLET	2	MO
NOVOLIN N	2	MO
NOVOLIN N INNOLET	2	MO
NOVOLIN R	2	MO
NOVOLIN R INNOLET	2	MO
NOVOLOG	2	MO
NOVOLOG FLEXPEN	2	MO
NOVOLOG MIX 70/30	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	MO
PRANDIN	2	MO
PROGLYCEM	2	MO
RELION 70/30	2	MO
RELION N	2	MO
RELION R	2	MO
STARLIX	2	MO
SYMLIN	3	MO
SYMLINPEN 60	3	MO

### MISCELLANEOUS HORMONES

#### generic

<i>androxy</i>	1	PA MO
<i>cabergoline</i>	1	MO
<i>calcitonin-salmon</i>	1	MO
<i>calcitriol</i>		
1mcg/ml 1mcg/ml;0.5mcg;0.25mcg	1	MO
<i>danazol</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>desmopressin acetate</i>		
4mcg/ml 0.01% 0.1mg;0.2mg	1	MO
<i>fortical</i>	1	MO
<i>oxandrolone</i>	1	PA MO
<i>testosterone cypionate</i>		
100mg/ml	1	PA MO
<i>testosterone enanthate</i>	1	PA MO

#### BRAND

ALDURAZYME	4	LA PA MO
ANADROL-50	3	PA MO
ANDRODERM	2	PA MO
ANDROGEL	2	PA MO
CEREZYME		
200UNIT	4	LA PA MO
FABRAZYME		
35MG	4	LA PA MO
HECTOROL	2	MO
KUVAN	4	LA MO
MIACALCIN		
200UNIT/ML	2	MO
NAGLAZYME	4	LA MO
SENSIPAR	2	MO
SOMAVERT	2	PA MO
STIMATE	2	MO
SYNAREL	3	MO
TESTIM	3	PA MO
ZAVESCA	2	LA
ZEMPLAR	2	MO

### THYROID HORMONES

#### generic

<i>levothyroxine</i>		
<i>tabs;</i>	1	MO
<i>levoxyl</i>	1	MO
<i>liothyronine sodium</i>	1	MO
<i>unithroid</i>	1	MO

#### BRAND

CYTOMEL	2	MO
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### GASTROENTEROLOGY

#### ANTIDIARRHEALS / ANTISPASMODICS

#### generic

<i>atropine sulfate</i>		
<i>inj 0.1mg/ml</i>	1	MO
<i>dicyclomine hcl</i>		
10mg;10mg/5ml;20mg	1	MO
<i>diphenoxylate / atropine</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>glycopyrrolate</i>	1	MO
<i>lonox</i>	1	MO
<i>loperamide hcl caps 2mg</i>	1	MO
<b>BRAND</b>		
ATROPINE SULFATE INJ 0.05MG/ML	2	MO

## MISCELLANEOUS GASTROINTESTINAL AGENTS

### generic

<i>balsalazide</i>	1	MO
<i>compro</i>	1	MO
<i>constulose</i>	1	MO
<i>dronabinol</i>	1	PA MO
<i>enulose</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>generlac</i>	1	MO
<i>granisetron inj 1mg/ml;0.1mg/ml</i>	1	MO
<i>granisetron tabs 1mg</i>	1	PA MO
<i>hydrocortisone 100mg/60ml</i>	1	MO
<i>lactulose 10gm/15ml</i>	1	MO
<i>meclizine hcl</i>	1	MO
<i>mesalamine enem 4gm</i>	1	MO
<i>metoclopramide</i>	1	MO
<i>ondansetron hcl 4mg/2ml</i>	1	MO
<i>ondansetron hcl 4mg/5ml 4mg;8mg;24mg</i>	1	PA MO
<i>ondansetron odt</i>	1	PA MO
<i>pancrelipase</i>	1	MO
<i>pancrelipase mst</i>	1	MO
<i>pancron 10</i>	1	MO
<i>pancron 20</i>	1	MO
<i>peg 3350 / electrolytes</i>	1	MO
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine edisylate</i>	1	MO
<i>prochlorperazine maleate</i>	1	PA MO
<i>procto-pak</i>	1	MO
<i>proctosol hc</i>	1	MO
<i>proctozone-hc</i>	1	MO
<i>sulfasalazine tabs 500mg</i>	1	MO
<i>sulfazine</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>sulfazine ec</i>	1	MO
<i>ursodiol</i>	1	MO

### BRAND

AMITIZA	2	MO
ASACOL	2	MO
ASACOL HD	2	MO
CANASA	2	MO
CORTIFOAM	2	MO
CYSTADANE	2	MO
DIPENTUM	3	MO
EMEND CAPS 40MG;80MG;125MG	2	PA MO
ENTOCORT EC	2	MO
GASTROCROM	2	MO
LIALDA	2	MO
LOTRONEX	2	MO
MOVIPREP	2	MO
NULYTELY / FLAVOR PACKS	3	MO
PANCREASE MT	3	MO
PANCRECARB MS	3	MO
PENTASA	2	MO
RELISTOR INJ 12MG/0.6ML	2	MO
REMICADE	4	PA MO
SUCRAID	4	
TRANSDERM-SCOP	3	MO
ULTRASE	2	MO
ULTRASE MT 12	2	MO
ULTRASE MT 18	2	MO
ULTRASE MT 20	2	MO
URSO 250	2	MO
URSO FORTE	2	MO
VIKASE	2	MO
VIKASE 16	2	MO

## ULCER THERAPY

### generic

<i>famotidine 10mg/ml 20mg;40mg</i>	1	MO
<i>famotidine premixed</i>	1	MO
<i>misoprostol</i>	1	MO
<i>nizatidine</i>	1	MO
<i>omeprazole cldr 10mg;20mg;40mg</i>	1	MO
<i>pantoprazole</i>	1	MO
<i>ranitidine hcl caps 150mg;300mg syrup 15mg/ml tabs 300mg;150mg</i>	1	MO
<i>sucralfate</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<b>BRAND</b>		
CARAFATE SUSP 1GM/10ML	2	MO
KAPIDEX	3	ST MO
NEXIUM	2	MO
NEXIUM I.V.	2	MO
PEPCID SUSR 40MG/5ML	2	MO
PREVACID	2	MO
PREVACID SOLUTAB	2	MO
PREVPAC	3	MO
PYLERA	2	MO
ZANTAC INJ 50MG/50ML; 0.45%	2	MO

## IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

### BIOTECHNOLOGY DRUGS

#### generic

<i>omnitrope</i> <i>inj 5mg/1.5ml</i>	1	PA MO
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#### BRAND

ACTIMMUNE	4	LA PA MO
ARANESP	2	PA MO
ARCALYST	4	LA MO
AVONEX	4	PA MO
BETASERON	4	PA MO
EPOGEN	3	PA MO
INTRON-A	2	PA MO
INTRON-A WITH DILUENT 10MU	2	PA MO
LEUKINE	4	PA MO
NEULASTA	3	PA MO
NEUMEGA	4	PA MO
NEUPOGEN	4	PA MO
NORDITROPIN CARTRIDGE	4	PA MO
NORDITROPIN NORDIFLEX PEN	2	PA MO
PEGASYS KIT 180MCG/0.5ML	4	PA MO
PEG-INTRON 50MCG/0.5ML	4	PA MO
PEG-INTRON REDIPEN	4	PA MO
PEG-INTRON REDIPEN PAK 4	4	PA MO
PROCRIT	2	PA MO
PROLEUKIN	4	MO
REBIF	4	PA MO
REBIF TITRATION PACK	4	PA MO
TEV-TROPIN	4	PA MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		

#### generic

<i>tetanus toxoid adsorbed</i>	1	MO
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#### BRAND

ACTHIB	2	MO
ADACEL	2	MO
ATTENUVAX	2	MO
BOOSTRIX	2	MO
COMVAX	2	PA MO
DAPTACEL	2	MO
DECAVAC	2	MO
DIPHTHERIA / TETANUS TOXOID PEDIATRIC	2	MO
ENGERIX-B	2	PA MO
GARDASIL	2	PA MO
HAVRIX	2	MO
IMOVAX RABIES H.D.C.V.	2	
INFANRIX	2	MO
IPOL INACTIVATED IPV	2	MO
JE-VAX	2	MO
MENACTRA	2	MO
MENOMUNE-A/C/Y/W-135	2	MO
MERUVAX II W/DILUENT 10 DOSE	2	MO
M-M-R II W/DILUENT 10 DOSE	2	MO
PEDIARIX	2	PA MO
PEDVAX HIB	2	MO
PROQUAD	2	MO
RABAVERT	2	MO
RECOMBIVAX HB	2	PA MO
ROTATEQ	2	MO
TETANUS / DIPHTHERIA TOXOIDS- ADSORBED ADULT	2	MO
THYMOGLOBULIN	2	PA MO
TRIHIBIT	2	MO
TRIPEDIA	2	MO
TWINRIX	2	PA MO
TYPHIM VI	2	MO
VAQTA	2	MO
VARIVAX	2	
VIVOTIF BERNA	2	MO
YF-VAX	2	
ZOSTAVAX	2	PA

## MUSCULOSKELETAL / RHEUMATOLOGY

### GOUT THERAPY

#### generic

<i>allopurinol</i>	1	MO
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DRUG NAME	DRUG TIER	REQ./LIMITS
<i>probenecid</i>	1	MO
<i>probenecid / colchicine</i>	1	MO
<b>BRAND</b>		
COLCRYS	2	
ULORIC	2	MO

## OSTEOPOROSIS THERAPY

### generic

<i>alendronate sodium</i> tabs 5mg;10mg;35mg;70mg	1	MO
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### BRAND

ACTONEL TABS 5MG;35MG;75MG;150MG	2	ST MO
ACTONEL WITH CALCIUM	2	ST MO
BONIVA TABS 2.5MG;150MG	2	MO
EVISTA	2	MO
FORTEO	2	MO
FOSAMAX ORAL SOLN 70MG/75ML	3	MO

## OTHER RHEUMATOLOGICALS

### generic

<i>leflunomide</i>	1	MO
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### BRAND

CUPRIMINE	2	MO
DEPEN TITRATABS	2	MO
ENBREL	4	PA MO
HUMIRA 40MG/0.8ML	4	PA MO
HUMIRA PEN-CROHNS DISEASE STARTER	4	PA MO
RIDAURA	3	MO

## OBSTETRICS / GYNECOLOGY

### ESTROGENS / PROGESTINS

#### generic

<i>camila</i>	1	MO
<i>errin</i>	1	MO
<i>estradiol</i>	1	MO
<i>estradiol / norethindrone acetate</i>	1	MO
<i>estropipate</i>	1	MO
<i>gynodiol</i> tabs 1mg;2mg;0.5mg	1	MO
<i>jolivet</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>medroxyprogesterone acetate</i>	1	MO
<i>nora-be</i>	1	MO
<i>norethindrone</i>	1	MO
<i>ortho-est</i>	1	MO

### BRAND

ACTIVELLA 0.5MG; 0.1MG	2	MO
ALORA	2	MO
CENESTIN	2	MO
CLIMARA PRO	2	MO
COMBIPATCH	2	MO
CRINONE	2	MO
DEPO-PROVERA	2	MO
DEPO-SUBQ PROVERA 104	3	MO
DIVIGEL	2	MO
ENJUVIA	2	MO
ESTRADERM	2	MO
ESTRASORB	3	MO
ESTRING	3	MO
ESTROGEL	3	MO
FEMHRT 1/5	3	MO
FEMHRT LOW DOSE	3	MO
GYNODIOL TABS 1.5MG	3	MO
MENEST	3	MO
MENOSTAR	3	MO
PREFEST	3	MO
PREMARIN TABS;	3	MO
PREMARIN W/APPLICATOR	2	MO
PREMPHASE	2	MO
PREMPRO	2	MO
PROMETRIUM	2	MO
VAGIFEM	2	MO
VIVELLE-DOT	2	MO

## MISCELLANEOUS OB/GYN

### generic

<i>clindamycin phosphate 2%</i>	1	MO
<i>metronidazole vaginal</i>	1	MO
<i>miconazole 3</i>	1	MO
<i>terconazole</i>	1	MO
<i>vandazole</i>	1	MO
<i>zazole 0.4%;</i> 80mg	1	MO

### BRAND

CLEOCIN SUPP 100MG	2	MO
GNAZOLE-1	2	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
NUVARING	3	MO
ORTHO EVRA	3	

## ORAL CONTRACEPTIVES / RELATED AGENTS

### generic

<i>apri</i>	1	MO
<i>aranelle</i>	1	MO
<i>aviane</i>	1	MO
<i>balziva</i>	1	MO
<i>cesia</i>	1	MO
<i>cryselle-28</i>	1	MO
<i>enpresse-28</i>	1	MO
<i>junel</i>	1	MO
<i>junel fe 1.5/30</i>	1	MO
<i>junel fe 1/20</i>	1	MO
<i>kariva</i>	1	MO
<i>kelnor 1/35</i>	1	MO
<i>leena</i>	1	MO
<i>lessina-28</i>	1	MO
<i>levora</i>	1	MO
<i>low-ogestrel</i>	1	MO
<i>lutera</i>	1	MO
<i>microgestin 1.5/30</i>	1	MO
<i>microgestin 1/20</i>	1	MO
<i>microgestin fe</i>	1	MO
<i>microgestin fe 1.5/30</i>	1	MO
<i>mononessa</i>	1	MO
<i>necon 0.5/35-28</i>	1	MO
<i>necon 1/35-28</i>	1	MO
<i>necon 1/50-28</i>	1	MO
<i>necon 10/11-28</i>	1	MO
<i>necon 7/7/7</i>	1	MO
<i>next choice</i>	1	
<i>nortrel 0.5/35 28</i>	1	MO
<i>nortrel 1/35 21</i>	1	MO
<i>nortrel 1/35 28</i>	1	MO
<i>nortrel 7/7/7</i>	1	MO
<i>ogestrel</i>	1	MO
<i>portia-28</i>	1	MO
<i>previfem</i>	1	MO
<i>quasense</i>	1	MO
<i>reclipsen</i>	1	MO
<i>solia</i>	1	MO
<i>sprintec 28</i>	1	MO
<i>sronyx</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>trinessa</i>	1	MO
<i>tri-previfem</i>	1	MO
<i>tri-sprintec</i>	1	MO
<i>trivora-28</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>velivet</i>	1	MO
<i>zovia 1/35e</i>	1	MO
<i>zovia 1/50e</i>	1	MO

### BRAND

PLAN B	2	
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## OXYTOCICS

### BRAND

METHERGINE TABS 0.2MG	2	
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## OPHTHALMOLOGY

### ANTIBIOTICS

#### generic

<i>ak-poly-bac</i>	1	MO
<i>ak-tob</i>	1	MO
<i>bacitracin</i>		
<i>oint 500unit/gm</i>	1	MO
<i>bacitracin / polymyxin b</i>	1	MO
<i>ciprofloxacin</i>	1	MO
<i>erythromycin</i>		
<i>oint 5mg/gm</i>	1	MO
<i>gentak</i>	1	MO
<i>gentamicin sulfate</i>		
<i>0.3%;0.3%</i>	1	MO
<i>gentasol</i>	1	MO
<i>neomycin / bacitracin / polymyxin</i>	1	MO
<i>neomycin / polymyxin / gramicidin</i>	1	MO
<i>ofloxacin</i>	1	MO
<i>polycin b</i>	1	MO
<i>tobramycin</i>		
<i>ophthalmic soln 0.3%</i>	1	MO
<i>tobrasol</i>	1	MO
<i>trimethoprim sulfate / polymyxin b sulfate</i>	1	MO

### BRAND

AZASITE	2	MO
CILOXAN		
OINT 0.3%	2	MO
NATACYN	2	MO
TOBREX		
OINT 0.3%	2	MO
VIGAMOX	2	MO
ZYMAR	2	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
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### ANTIVIRALS

#### generic

<i>trifluridine</i>	1	MO
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### BETA-BLOCKERS

#### generic

<i>betaxolol hcl</i>	1	MO
<i>carteolol hcl</i>	1	MO
<i>levobunolol hcl</i>	1	MO
<i>metipranolol</i>	1	MO
<i>timolol maleate</i>	1	MO

#### BRAND

BETOPTIC-S	3	MO
ISTALOL	2	MO
TIMOPTIC OCUDOSE	2	MO

### CYCLOPLEGIC MYDRIATICS

#### generic

<i>mydral</i>	1	MO
<i>tropicacyl</i>	1	MO
<i>tropicamide</i>	1	MO

### DIRECT ACTING MIOTICS

#### BRAND

PILOPINE HS	2	MO
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### MISCELLANEOUS OPHTHALMOLOGICS

#### generic

<i>cromolyn sodium ophthalmic soln 4%</i>	1	MO
<i>parcaine</i>	1	MO
<i>proparacaine hcl</i>	1	MO

#### BRAND

ALAMAST	2	MO
ALOCRIAL	3	MO
ELESTAT	2	MO
LACRISERT	2	MO
OPTIVAR	2	MO
PATADAY	2	MO
PATANOL	2	MO
RESTASIS	2	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
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### NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

#### generic

<i>diclofenac sodium</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO

#### BRAND

ACULAR	2	MO
ACULAR LS	2	MO
NEVANAC	2	MO
XIBROM	2	MO

### ORAL DRUGS FOR GLAUCOMA

#### generic

<i>acetazolamide</i>	1	MO
<i>acetazolamide sodium</i>	1	MO
<i>methazolamide</i>	1	MO

### OTHER GLAUCOMA DRUGS

#### generic

<i>dorzolamide hcl</i>	1	MO
<i>dorzolamide hcl / timolol maleate</i>	1	MO

#### BRAND

AZOPT	2	MO
COMBIGAN	2	MO
LUMIGAN	2	MO
TRAVATAN Z	2	MO
XALATAN	2	MO

### STEROID-ANTIBIOTIC COMBINATIONS

#### generic

<i>bac / poly / neomy / hc</i>	1	MO
<i>neomycin / polymyxin / dexamethasone</i>	1	MO
<i>neomycin / polymyxin / hydrocortisone susp;</i>	1	MO
<i>poly-dex</i>	1	MO
<i>tobramycin / dexamethasone</i>	1	MO

#### BRAND

TOBRADEX OINT 0.1%; 0.3%	2	MO
ZYLET	2	MO

### STERIODS

#### generic

<i>dexamethasone 0.1%</i>	1	MO
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DRUG NAME	DRUG TIER	REQ./ LIMITS
<i>fluorometholone</i>	1	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	1	MO
<b>BRAND</b>		
ALREX	3	MO
FML	2	MO
FML FORTE	2	MO
LOTEMAX	2	MO

### STEROID-SULFONAMIDE COMBINATIONS

#### generic

<i>sulfacetamide sodium / prednisolone sodium phospho</i>	1	MO
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### SULFONAMIDES

#### generic

<i>sodium sulfacetamide</i>	1	MO
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### SYMPATHOMIMETICS

#### generic

<i>apraclonidine</i>	1	MO
<i>brimonidine tartrate 0.2%</i>	1	MO
<i>dipivefrin hcl</i>	1	MO

#### BRAND

ALPHAGAN P	2	MO
IOPIDINE	3	MO

### VASOCONSTRICTOR DECONGESTANTS

#### generic

<i>ak-con</i>	1	MO
<i>naphazoline hcl</i>	1	MO

### RESPIRATORY AND ALLERGY

#### ANTIHISTAMINE / ANTIALLERGENIC AGENTS

#### generic

<i>carbinoxamine maleate</i>	1	MO
<i>cetirizine hcl syrup 5mg/5ml</i>	1	MO
<i>clemastine fumarate 0.67mg/5ml;2.68mg</i>	1	MO
<i>diphenhydramine hcl caps 50mg;25mg inj 50mg/ml</i>	1	MO

DRUG NAME	DRUG TIER	REQ./ LIMITS
<i>epinephrine hcl 0.1mg/ml</i>	1	MO
<i>fexofenadine hcl</i>	1	MO
<i>hydroxyzine hcl inj 50mg/ml;25mg/ml</i>	1	MO
<i>hydroxyzine hcl syrup 10mg/5ml tabs 10mg;25mg;50mg</i>	1	PA MO
<i>palgic liqd 4mg/5ml</i>	1	MO
<i>phenadoz</i>	1	MO
<i>promethazine hcl 50mg/ml 25mg;12.5mg</i>	1	MO
<i>promethazine hcl 6.25mg/5ml;25mg;50mg;12.5mg</i>	1	PA MO
<i>promethegan 25mg;50mg</i>	1	MO

#### BRAND

ALLEGRA-D 12 HOUR	3	MO
ALLEGRA-D 24 HOUR	3	MO
CLARINEX-D 12 HOUR	2	MO
CLARINEX-D 24 HOUR	2	MO
CLARINEX	2	MO
CLARINEX REDITABS	2	MO
EPIPEN	2	MO
EPIPEN-JR	2	MO
TWINJECT	2	MO

### PULMONARY AGENTS

#### generic

<i>acetylcysteine</i>	1	PA MO
<i>albuterol sulfate syrup 2mg/5ml tabs 4mg;2mg</i>	1	MO
<i>albuterol sulfate nebu 0.5%;0.083%;1.25mg/3ml;0.63mg/3ml</i>	1	PA MO
<i>albuterol sulfate er</i>	1	MO
<i>aminophylline</i>	1	MO
<i>cromolyn sodium nebu 20mg/2ml</i>	1	PA MO
<i>flunisolide 0.025%</i>	1	MO
<i>fluticasone propionate</i>	1	MO
<i>ipratropium bromide inhalation soln 0.02%</i>	1	PA MO
<i>ipratropium bromide / albuterol sulfate</i>	1	PA MO
<i>metaproterenol sulfate</i>	1	MO
<i>terbutaline sulfate</i>	1	MO
<i>theochron</i>	1	MO
<i>theophylline cr 200mg;300mg</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>theophylline er</i>	1	MO
<b>BRAND</b>		
ACCOLATE	3	MO
ADVAIR DISKUS	2	MO
ADVAIR HFA	2	MO
ASMANEX 120 METERED DOSES	2	MO
ASMANEX 14 METERED DOSES	2	MO
ASMANEX 30 METERED DOSES		
220MCG/INH	2	MO
ASMANEX 60 METERED DOSES	2	MO
ATROVENT HFA	2	MO
AZMACORT	3	MO
BRETHINE		
INJ 1MG/ML	2	MO
BROVANA	3	PA MO
COMBIVENT	2	MO
ELIXOPHYLLIN	3	MO
FLOVENT DISKUS	2	MO
FLOVENT HFA	2	MO
FORADIL AEROLIZER	2	MO
LETAIRIS	4	LA MO
NASACORT AQ	2	MO
NASONEX	2	MO
PROAIR HFA	2	MO
PROVENTIL HFA	2	MO
PULMICORT	2	PA MO
PULMICORT FLEXHALER	2	MO
PULMOZYME	4	PA MO
QVAR	2	MO
REVATIO	4	MO
RHINOCORT AQUA	3	MO
SEREVENT DISKUS	2	MO
SINGULAIR	2	MO
SPIRIVA HANDIHALER	2	MO
SYMBICORT	2	MO
THEO-24	3	MO
TRACLEER	4	LA PA MO
VENTOLIN HFA	2	MO
VERAMYST	2	MO
ZYFLO CR	3	MO

## UROLOGICALS

### ANTICHOLINERGICS / ANTISPASMODICS

#### generic

<i>flavoxate hcl</i>	1	MO
<i>oxybutynin</i>	1	MO
<i>oxybutynin er</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<b>BRAND</b>		
DETROL	2	MO
DETROL LA	2	MO
ENABLEX	2	MO
OXYTROL	2	MO
SANCTURA	2	MO
SANCTURA XR	2	MO
VESICARE	2	MO

### BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

#### generic

<i>finasteride</i>	1	MO
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#### BRAND

AVODART	2	MO
FLOMAX	2	MO
UROXATRAL	2	MO

### CHOLINERGIC STIMULANTS

#### generic

<i>bethanechol chloride</i>	1	MO
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### MISCELLANEOUS UROLOGICALS

#### generic

<i>potassium citrate extended-release</i>	1	MO
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#### BRAND

CYSTAGON	2	LA
ELMIRON	2	MO

### VITAMINS, HEMATINICS / ELECTROLYTES

#### ELECTROLYTES

#### generic

<i>calcium acetate</i>	1	MO
<i>eliphos</i>	1	MO
<i>kcl 0.075% / d5w / nacl 0.45%</i>	1	MO
<i>kcl 0.15% / d5w / lr</i>	1	MO
<i>kcl 0.15% / d5w / nacl 0.9%</i>	1	MO
<i>kcl 0.3% / d5w / lr iv lac ring</i>	1	MO
<i>kcl 0.3% / d5w / nacl 0.45%</i>	1	MO
<i>kcl 0.3% / d5w / nacl 0.9%</i>	1	MO
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m20</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>potassium chloride inj 2meq/ml</i>	1	
<i>potassium chloride inj 10meq/50ml;10meq/100ml</i>	1	MO
<i>potassium chloride 0.15% d5w / nacl 0.33%</i>	1	MO
<i>potassium chloride 0.15% d5w / nacl 0.45% viaflex</i>	1	MO
<i>potassium chloride 0.15% nacl 0.9%</i>	1	MO
<i>potassium chloride 0.224% / d5w</i>	1	MO
<i>potassium chloride 0.224% d5w / nacl 0.33%</i>	1	MO
<i>potassium chloride 0.3% / d5w</i>	1	MO
<i>potassium chloride cr 10meq</i>	1	MO
<i>potassium chloride er 8meq;10meq;8meq;20meq</i>	1	MO
<i>ringers injection</i>	1	MO
<i>sodium bicarbonate inj 7.5%</i>	1	MO
<i>sodium chloride inj 3%</i>	1	
<i>sodium chloride inj 5%;2.5meq/ml</i>	1	MO
<i>sodium chloride 0.45% viaflex</i>	1	MO
<b>BRAND</b>		
DEXTROSE 5% / POTASSIUM CHLORIDE 0.075%	2	MO
KAON-CL-10	3	MO
KCL 0.15% / D5W / NACL 0.2%	2	MO
KCL 0.15% / D5W / NACL 0.225%	2	MO
KCL 0.224% / D5W / NACL 0.2%	2	MO
KCL 0.3% / D5W / NACL 0.2%	2	MO
KLOR-CON M15	3	MO
K-TABS	3	MO
LACTATED RINGERS VIAFLEX	2	MO
MAGNESIUM SULFATE IN D5W 5%; 10MG/ML	2	MO
NORMOSOL	2	MO
POTASSIUM CHLORIDE INJ 30MEQ/100ML;0.4MEQ/ML	3	MO
POTASSIUM CHLORIDE 0.075% / D5W / NACL 0.225%	2	MO
POTASSIUM CHLORIDE 0.15% / NACL 0.45% VIAFLEX	2	MO
POTASSIUM CHLORIDE 0.15% / D5W	2	MO
POTASSIUM CHLORIDE 0.22% D5W / NACL 0.45%	2	MO
POTASSIUM CHLORIDE 0.3% / NACL 0.9%	2	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
<b>generic</b>		
<i>aminosyn ii inj;</i>	1	MO
<i>intralipid emul 2.25%; 20%</i>	1	MO
<i>novamine</i>	1	MO
<i>premasol inj;</i>	1	MO
<i>travasol</i>	1	MO
<b>BRAND</b>		
AMINOSYN	2	MO
AMINOSYN II INJ	2	MO
AMINOSYN-HBC	2	MO
AMINOSYN-HF	2	MO
AMINOSYN-PF	2	MO
AMINOSYN-PF 7%	2	MO
CLINIMIX / DEXTROSE	2	MO
DEXTROSE 5% / ELECTROLYTE #48 VIAFLEX	2	MO
FREAMINE HBC	2	MO
FREAMINE III	2	MO
HEPATAMINE	2	MO
HEPATASOL	2	MO
INTRALIPID EMUL 1.7%; 30%	2	MO
IONOSOL	2	MO
ISOLYTE	2	MO
KCL 0.15% / D10W / NACL 0.2%	2	MO
NEPHRAMINE	2	MO
NORMOSOL	2	MO
PLASMA-LYTE	2	MO
PREMASOL INJ	2	MO
RENAMIN	2	MO
TRAVASOL	2	MO
TRAVASOL 8.5% / DEXTROSE 10%	2	MO
TRAVASOL 8.5% / DEXTROSE 20%	2	MO
TRAVASOL 8.5% / DEXTROSE 50%	2	MO
TROPHAMINE	2	MO
<b>VITAMINS / HEMATINICS</b>		
<b>generic</b>		
<i>prenatabs obn</i>	1	MO
<i>sodium fluoride tabs 1mg</i>	1	MO

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aminosyn-hf **25**

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aminosyn-pf **25**

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amlodipine / benazepril **10**

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ATACAND	11	bd insulin syringe ultrafine / 0.3ml		BUPROBAN	15
atacand hct	11	/ 31g x 5/16"	16	BUPROPION HCL	15
ATENOLOL	10	bd insulin syringe ultrafine / 0.5ml		BUSPIRONE HCL	9
atenolol / chlorthalidone	10	/ 30g x 1/2"	16	BUTORPHANOL TARTRATE	8
ATRIPLA	1	bd insulin syringe ultrafine / 1ml /		BYETTA	16
ATROPINE SULFATE	17, 18	31g x 5/16"	16	BYSTOLIC	11
ATROVENT HFA	24	BD ULTRA-FINE ORIGINAL PEN NEEDLES			
ATTENUVAX	19	bd ultra-fine original pen needles /		C	
AUGMENTED BETAMETHASONE		29g x 12.7mm	16	CABERGOLINE	17
DIPROPIONATE	14	BENAZEPRIL	10	CADUET	12
AUGMENTIN XR	3	benazepril / hydrochlorothiazide	10	CALCIPOTRIENE	13
AVALIDE	11	BENZTROPINE		CALCITONIN-SALMON	17
AVANDAMET	16	benztropine mesylate	7	CALCITRIOL	17
AVANDARYL	16	BETAMETHASONE		CALCIUM ACETATE	24
AVANDIA	16	betamethasone dipropionate	14	CAMILA	20
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AVIANE	21	BETHANECHOL CHLORIDE	24	CAPEX	14
AVITA	13	BETOPTIC-S	22	CAPTOPRIL	10
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azathioprine sodium	4	BILTRICIDE	3	CARBIDOPA / LEVODOPA	7
AZELEX	13	BISOPROLOL FUMARATE	10	carbidopa / levodopa cr	7
AZITHROMYCIN	2	bisoprolol fumarate /		carbidopa / levodopa odt	7
AZMACORT	24	hydrochlorothiazide	10	carbidopa / levodopa sr	7
AZOPT	22	BLEOMYCIN SULFATE	4	CARBINOXAMINE MALEATE	23
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B		BOOSTRIX	19	CARISOPRODOL	7
BACITRACIN	21	BOROFAIR	15	carisoprodol / aspirin	7
bacitracin / polymyxin b	21	BRETHINE	24	CARMOL-HC	13
BACLOFEN	7	BRIMONIDINE TARTRATE	23	CARNITOR	15
BAC / POLY / NEOMY / HC	22	BROMOCRIPTINE MESYLATE	7	CARTEOLOL HCL	22
BACTROBAN	13	BROVANA	24	CARTIA XT	10
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BALZIVA	21	bupropion hcl	9	CEFACTOR	2
BANZEL	6	bupropion hcl sr	9	CEFADROXIL	2
BARACLUDE	1	BUMETANIDE	10	CEFAZOLIN	2
BD INSULIN SYRINGE		BUPHENYL	15	CEFDINIR	2
bd insulin syringe safetyglide / 1ml		BUPRENEX	8	CEFEPIME	2
/ 29g x 1/2"	16	BUPRENORPHINE HCL	8	CEFOTAXIME SODIUM	2

CEFOXITIN SODIUM	2	CLEOCIN	20	CRIVAN	1
CEFPODOXIME PROXETIL	2	cleocin galaxy	3	CROMOLYN SODIUM	22, 23
CEFTRIAZONE/DEXTROSE	2	cleocin pediatric granules	3	CRYSSELLE-28	21
CEFTRIAZONE SODIUM	2	CLIMARA PRO	20	CUBICIN	3
CEFUROXIME AXETIL	2	CLINDAMYCIN		CUPRIMINE	20
CEFUROXIME/DEXTROSE	2	clindamycin / benzoyl peroxide	13	CURITY GAUZE PADS 2"X2"	16
CEFUROXIME SODIUM	2	clindamycin phosphate	13	CYCLOBENZAPRINE HCL	7
CELEBREX	9	CLINDAMYCIN HCL	2	CYCLOPHOSPHAMIDE	4
CELLCEPT	5	CLINDAMYCIN PHOSPHATE	2	CYCLOSPORINE	4, 5
cellcept intravenous	5	clindamycin phosphate add-vantage	2	CYKLOKAPRON	12
CELONTIN	6	CLINDAMYCIN PHOSPHATE 2%	20	CYMBALTA	10
CENESTIN	20	CLINIMIX / DEXTROSE	15, 25	CYSTADANE	18
CEPHALEXIN	2	CLOBETASOL PROPIONATE	14	CYSTAGON	24
CEREZYME	17	clobetasol propionate e	14	CYTARABINE	5
CESIA	21	CLOBEX	14	cytarabine aqueous	5
CETIRIZINE HCL	23	CLOLAR	5	CYTARABINE AQUEOUS	5
CHANTIX	15	CLOMIPRAMINE	9	CYTOMEL	17
CHEMET	15	CLONIDINE	10	CYTOVENE	1
CHLORDIAZEPOXIDE / AMITRIPTYLINE	9	CLOTRIMAZOLE	1, 14	CYTOXAN	5
CHLORHEXIDINE GLUCONATE	15	clotrimazole / betamethasone	14		
CHLOROQUINE	2	CLOZAPINE	9, 10	<b>D</b>	
CHLOROTHIAZIDE	10	CODEINE SULFATE	8	DACARBAZINE	5
CHLORPROMAZINE	9	COGENTIN	7	DANAZOL	17
CHLORTHALIDONE	10	COLCRYS	20	DANTROLENE SODIUM	7
CHLORZOXAZONE	7	COLESTIPOL	12	DAPSONE	3
CHOLESTYRAMINE	12	COLISTIMETHATE SODIUM	2	DAPTACEL	19
cholestyramine light	12	COLY-MYCIN S	16	DARAPRIM	3
CICLOPIROX	14	COMBIGAN	22	DAUNORUBICIN HCL	5
ciclopirox nail lacquer	14	COMBIPATCH	20	DAUNOXOME	5
ciclopirox olamine	14	COMBIVENT	24	DECAVAC	19
CILOSTAZOL	12	COMBIVIR	1	DEL-BETA	14
CILOXAN	21	COMPRO	18	DEMECLOCYCLINE HCL	4
CIPRODEX	16	COMTAN	7	DEMSEER	11
CIPROFLOXACIN	3, 21	COMVAX	19	DENAVIR	14
CIPRO HC	16	CONDYLOX	13	DEPADE	8
CISPLATIN	4	CONSTULOSE	18	DEPEN TITRATABS	20
CITALOPRAM	9	COPAXONE	7	DEPO-MEDROL	16
CLADRIBINE	5	CORDRAN TAPE	14	DEPO-PROVERA	20
CLARAVIS	13	COREG CR	11	DEPO-SUBQ PROVERA 104	20
CLARINEX	23	CORMAX	14	DERMOTIC	15
clarinex reditabs	23	CORTIFOAM	18	DESIPRAMINE	9
CLARINEX-D		CORTISONE ACETATE	16	DESMOPRESSIN ACETATE	17
clarinex-d 12 hour	23	CORTISPORIN-TC	16	DESONIDE	14
clarinex-d 24 hour	23	CORTOMYCIN	16	DESOXIMETASONE	14
CLARITHROMYCIN	2	COSMEGEN	5	DETROL	24
clarithromycin er	2	COZAAR	11	detrol la	24
CLEMASTINE FUMARATE	23	CRESTOR	IV, IX, 12	DEXAMETHASONE	16, 22
		CRINONE	20	dexamethasone intensol	16

DESMETHYLPHENIDATE	9	DIOVAN	11	EMTRIVA	1
DEXTROAMPHETAMINE SULFATE	9	diovan hct	11	ENABLEX	24
dextroamphetamine sulfate er	9	DIPENTUM	18	ENALAPRIL	11
DEXTROSE		DIPHENHYDRAMINE HCL	23	enalapril / hydrochlorothiazide	11
dextrose 2.5% / sodium chloride		DIPHENOXYLATE / ATROPINE	17	ENBREL	20
0.45%	15	DIPHThERIA / TETANUS TOXOID		ENDOCET	8
dextrose 5%	15	PEDIATRIC	19	ENGERIX-B	19
dextrose 5% / nacl 0.2%	15	DIPIVEFRIN HCL	23	ENJUVA	20
dextrose 5% / nacl 0.9%	15	DIPYRIDAMOLE	12	ENPRESSE-28	21
dextrose 5% / nacl 0.33%	15	DISOPYRAMIDE PHOSPHATE	10	ENTOCORT EC	18
dextrose 5% / nacl 0.45%	15	DIVALPROEX SODIUM	6	ENULOSE	18
dextrose 5% / nacl 0.225%	15	DIVIGEL	20	EPINEPHRINE HCL	23
dextrose 10% flex container	15	DORZOLAMIDE		EPIPEN	23
dextrose 10% / nacl 0.2%	15	dorzolamide hcl	22	epipen-jr	23
dextrose 10% / nacl 0.45%	15	dorzolamide hcl / timolol maleate	22	EPIRUBICIN HCL	5
DEXTROSE 5% / ELECTROLYTE #48		DOVONEX	13	EPITOL	6
VIAFLEX	25	DOXAZOSIN	11	EPIVIR	1
DEXTROSE 5% / POTASSIUM		DOXEPIN	9	epivir hbv	1
CHLORIDE 0.075%	25	DOXIL	5	EPLERENONE	11
DIBENZYLIN	11	DOXORUBICIN HCL	5	EPOGEN	19
DICLOFENAC		DOXYCYCLINE		EPZICOM	1
diclofenac potassium	8	doxycycline hyclate	4	EQUETRO	6
diclofenac sodium	8	doxycycline monohydrate	4	ERAXIS	1
diclofenac sodium ec	8	DRONABINOL	18	ERBITUX	5
diclofenac sodium xr	8	DROXIA	5	ERGOTAMINE TARTRATE / CAFFEINE	7
DICLOFENAC SODIUM	22	DUETACT	16	ERRIN	20
DICLOXACILLIN SODIUM	3	DURAMORPH	8	ERTACZO	14
DICYCLOMINE HCL	17			ERY	2, 13
DIDANOSINE	1	<b>E</b>		ery-tab	2
DIFFERIN	13	ECONAZOLE NITRATE	14	ERYTHROCIN LACTOBIONATE	2
DIFLORASONE DIACETATE	14	EDECIN	11	ERYTHROCIN STEARATE	2
DIFLUCAN IN NACL	1	E.E.S.		ERYTHROMYCIN	2, 13, 21
DIFLUNISAL	8	e.e.s. 400	2	erythromycin base	2
DIGOXIN	12	e.e.s. granules	2	erythromycin / benzoyl peroxide	13
DIHYDROERGOTAMINE MESYLATE	7	EFFEXOR XR	10	erythromycin / sulfisoxazole	2
DILANTIN	6	ELESTAT	22	ESTRADERM	20
dilantin infatabs	6	ELIDEL	13	ESTRADIOL	20
DILAUID	8	ELIGARD	5	estradiol / norethindrone acetate	20
dilauid-5	8	ELIPHOS	24	ESTRASORB	20
DILT-CD	10	ELITEK	4	ESTRING	20
DILTIAZEM		ELIXOPHYLLIN	24	ESTROGEL	20
diltiazem cd	10	ELLECE	5	ESTROPIPATE	20
diltiazem hcl	11	ELMIRON	24	ETHAMBUTOL	2
diltiazem hcl er	11	ELOXATIN	5	ETHOSUXIMIDE	6
DILTIAZEM HCL	11	ELSPAR	5	ETIDRONATE DISODIUM	15
DILT-XR	11	EMCYT	5	ETODOLAC	8
DILTZAC	11	EMEND	18	ETOPHOS	5
		EMSAM	10	ETOPOSIDE	5

EURAX	14	FLUOROURACIL	5, 13	gentamicin sulfate/sodium chloride	2
EVISTA	20	FLUOXETINE	9	GENTASOL	21
EVOXAC	15	FLUPHENAZINE	9	GEODON	10
EXELON	7	fluphenazine decanoate	9	GLEEVEC	5
EXFORGE	11	FLURBIPROFEN	8	GLIMEPIRIDE	16
exforge hct	11	FLURBIPROFEN SODIUM	22	GLIPIZIDE	16
EXJADE	15	FLUTAMIDE	5	glipizide er	16
<hr/>		FLUTICASONE PROPIONATE	14, 23	glipizide / metformin	16
<b>F</b>		FLUVOXAMINE	9	glipizide xl	16
FABRAZYME	17	FML	23	GLUCAGEN HYPOKIT	16
FAMCICLOVIR	1	FML FORTE	23	GLUCAGON EMERGENCY KIT	17
FAMOTIDINE	18	FOCALIN	10	GLYBURIDE	16
famotidine premixed	18	focalin xr	10	glyburide / metformin	16
FANSIDAR	3	FORADIL AEROLIZER	24	glyburide micronized	16
FARESTON	5	FORTAMET	16	GLYCOPYRROLATE	18
FASLODEX	5	FORTAZ	2	GLYCRON	16, 17
FAZACLO	10	FORTEO	20	GLYSET	17
FELBATOL	6	FORTICAL	17	GRANISETRON	18
FELODIPINE ER	11	FOSAMAX	20	GRISEOFULVIN MICROSIZE	1
FEMARA	5	FOSCARNET SODIUM	1	GRIS-PEG	1
FEMHRT		FOSINOPRIL	11	GUANFACINE HCL	11
femhrt 1/5	20	fosinopril / hydrochlorothiazide	11	GYNAZOLE-1	20
femhrt low dose	20	FOSPHENYTOIN SODIUM	6	GYNODIOL	20
FENOFIBRATE	12	FOSRENOL	15	<hr/>	
fenofibrate micronized	12	FRAGMIN	12	<b>H</b>	
FENOPROFEN CALCIUM	8	FREAMINE		HALDOL DECANOATE	10
FENTANYL CITRATE	8	freamine hbc	25	HALOBETASOL PROPIONATE	14
fentanyl citrate oral transmucosal	8	freamine iii	25	HALOPERIDOL	9
FENTANYL PATCHES	8	FURADANTIN	4	haloperidol decanoate	9
FEXOFENADINE HCL	23	FUROSEMIDE	11	haloperidol lactate	9
FINACEA	13	FUZEON	1	HAVRIX	19
FINASTERIDE	24	<hr/>		HECTOROL	17
FLAVOXATE HCL	24	<b>G</b>		HEPARIN SODIUM	12
FLECAINIDE ACETATE	10	GABAPENTIN	6	heparin sodium / d5w	12
FLOMAX	24	GABITRIL	6	heparin sodium dcu	12
FLOVENT		GALANTAMINE HYDROBROMIDE	7	heparin sodium / nacl 0.9%	12
flovent diskus	24	GANTRISIN PEDIATRIC	4	heparin sodium / nacl 0.45%	12
flovent hfa	24	GARDASIL	19	heparin sodium / sodium chloride	
FLUCONAZOLE	1	GASTROCROM	18	0.9% premix	12
fluconazole in dextrose	1	GAVILYTE-G	18	HEPATAMINE	25
FLUDARABINE PHOSPHATE	5	GEMFIBROZIL	12	HEPATASOL	25
FLUDROCORTISONE ACETATE	16	GEMZAR	5	HEPSERA	1
FLUNISOLIDE	23	GENERLAC	18	HERCEPTIN	5
FLUOCINOLONE ACETONIDE	14	GENGRAF	5	HEXALEN	5
FLUOCINONIDE	14	GENTAK	21	HUMALOG	17
fluocinonide emollient base	14	GENTAMICIN SULFATE	2, 3, 13, 21	humalog mix 50/50	17
FLUOROMETHOLONE	23	gentamicin sulfate/0.9% sodium		humalog mix 50/50 pen	17
FLUOROPLEX	13	chloride	2, 3	humalog mix 75/25	17

humalog mix 75/25 pen	<b>17</b>	INTELENCE	<b>1</b>	kcl 0.15% / d5w / lr	<b>24</b>
humalog pen	<b>17</b>	INTRALIPID	<b>25</b>	kcl 0.15% / d5w / nacl 0.2%	<b>25</b>
<b>HUMIRA</b>	<b>20</b>	INTRON-A	<b>19</b>	kcl 0.15% / d5w / nacl 0.9%	<b>24</b>
<b>HUMULIN</b>		intron-a with diluent 10mu	<b>19</b>	kcl 0.15% / d5w / nacl 0.225%	<b>25</b>
humulin 50/50	<b>17</b>	INVEGA	<b>10</b>	kcl 0.15% / d10w / nacl 0.2%	<b>25</b>
humulin 70/30	<b>17</b>	INVIRASE	<b>1</b>	kcl 0.075% / d5w / nacl 0.45%	<b>24</b>
humulin 70/30 pen	<b>17</b>	IONOSOL	<b>25</b>	kcl 0.224% / d5w / nacl 0.2%	<b>25</b>
humulin n	<b>17</b>	IOPIDINE	<b>23</b>	<b>KELNOR 1/35</b>	<b>21</b>
humulin n u-100 pen	<b>17</b>	IPOL INACTIVATED IPV	<b>19</b>	<b>KEPPRA</b>	<b>6</b>
humulin r	<b>17</b>	IPRATROPIUM BROMIDE	<b>15, 23</b>	<b>KETEK</b>	<b>3</b>
humulin r u-500 concentrated	<b>17</b>	ipratropium bromide / albuterol		<b>KETOCONAZOLE</b>	<b>1, 14</b>
<b>HYCANTIN</b>	<b>5</b>	sulfate	<b>23</b>	<b>KETOPROFEN</b>	<b>8</b>
<b>HYDRALAZINE</b>	<b>11</b>	<b>IRINOTECAN</b>	<b>5</b>	ketoprofen er	<b>8</b>
<b>HYDROCHLOROTHIAZIDE</b>	<b>11</b>	<b>ISENTRESS</b>	<b>1</b>	<b>KIONEX</b>	<b>15</b>
<b>HYDROCODONE</b>		<b>ISOLYTE</b>	<b>25</b>	<b>KLOR-CON</b>	
hydrocodone / acetaminophen	<b>8</b>	<b>ISONARIF</b>	<b>2</b>	klor-con 8	<b>24</b>
hydrocodone / acetaminophen-hs	<b>8</b>	<b>ISONIAZID</b>	<b>2, 3</b>	klor-con 10	<b>24</b>
hydrocodone bitartrate /		<b>ISOSORBIDE</b>		klor-con m20	<b>24</b>
acetaminophen	<b>8</b>	isosorbide dinitrate	<b>12</b>	<b>KLOR-CON M15</b>	<b>25</b>
hydrocodone / ibuprofen	<b>8</b>	isosorbide dinitrate er	<b>12</b>	<b>K-TABS</b>	<b>25</b>
<b>HYDROCORTISONE</b>	<b>14, 16, 18</b>	isosorbide mononitrate	<b>12</b>	<b>KURIC</b>	<b>14</b>
hydrocortisone butyrate	<b>14</b>	isosorbide mononitrate er	<b>12</b>	<b>KUVAN</b>	<b>17</b>
hydrocortisone valerate	<b>14</b>	<b>ISOTONIC GENTAMICIN</b>	<b>2</b>		
<b>HYDROMORPHONE HCL</b>	<b>8</b>	<b>ISRADIPINE</b>	<b>11</b>	<b>L</b>	
<b>HYDROXYCHLOROQUINE</b>	<b>2</b>	<b>ISTALOL</b>	<b>22</b>	<b>LABETALOL</b>	<b>11</b>
<b>HYDROXYUREA</b>	<b>5</b>	<b>ITRACONAZOLE</b>	<b>1</b>	<b>LACLOTION</b>	<b>13</b>
<b>HYDROXYZINE HCL</b>	<b>23</b>			<b>LACRISERT</b>	<b>22</b>
<b>HYZAAR</b>	<b>11</b>	<b>J</b>		<b>LACTATED RINGERS VIAFLEX</b>	<b>25</b>
		<b>JANTOVEN</b>	<b>12</b>	<b>LACTULOSE</b>	<b>18</b>
		<b>JANUMET</b>	<b>17</b>	<b>LAMICTAL STARTER</b>	
		<b>JANUVIA</b>	<b>17</b>	taking carbamazepine/not taking	
		<b>JE-VAX</b>	<b>19</b>	valproate	<b>6</b>
		<b>JOLIVETTE</b>	<b>20</b>	taking valproate	<b>6</b>
		<b>JUNEL</b>	<b>21</b>	<b>LAMOTRIGINE</b>	<b>6</b>
		junel fe 1.5/30	<b>21</b>	<b>LANOXIN</b>	<b>12</b>
		junel fe 1/20	<b>21</b>	<b>LANTUS</b>	<b>17</b>
				lantus solostar	<b>17</b>
		<b>K</b>		<b>LEENA</b>	<b>21</b>
		<b>KADIAN</b>	<b>8</b>	<b>LEFLUNOMIDE</b>	<b>20</b>
		<b>KALETRA</b>	<b>1</b>	<b>LESSINA-28</b>	<b>21</b>
		<b>KAON-CL-10</b>	<b>25</b>	<b>LETAIRIS</b>	<b>24</b>
		<b>KAPIDEX</b>	<b>19</b>	<b>LEUCOVORIN CALCIUM</b>	<b>4</b>
		<b>KARIVA</b>	<b>21</b>	<b>LEUKERAN</b>	<b>6</b>
		<b>KCL</b>		<b>LEUKINE</b>	<b>19</b>
		kcl 0.3% / d5w / lr iv lac ring	<b>24</b>	<b>LEUPROLIDE ACETATE</b>	<b>5</b>
		kcl 0.3% / d5w / nacl 0.2%	<b>25</b>	<b>LEUSTATIN</b>	<b>6</b>
		kcl 0.3% / d5w / nacl 0.9%	<b>24</b>	<b>LEVAQUIN</b>	<b>4</b>
		kcl 0.3% / d5w / nacl 0.45%	<b>24</b>	levaquin premix	<b>4</b>

LEVEMIR	17	MAGNESIUM SULFATE IN D5W 5%	25	METHYLCLOTHIAZIDE	11
levemir flexpen	17	MALARONE	3	METHYLIN	9, 10
LEVETIRACETAM	6	MALATHION	14	methylin er	9
LEVOBUNOLOL HCL	22	MAPROTILINE	9	METHYLPHENIDATE	
LEVOCARNITINE	15	MARGESIC-H	8	methylphenidate hcl	9
LEVO DROMORAN	8	MARPLAN	10	methylphenidate hcl sr	9
LEVORA	21	MATULANE	6	METHYLPREDNISOLONE	16
LEVORPHANOL TARTRATE	8	MAXALT	7	methylprednisolone acetate	16
LEVOTHYROXINE	17	maxalt-mlt	7	methylprednisolone sodiumsuccinate	16
LEVOXYL	17	MAXIPIME	2	METIPRANOLOL	22
LEXAPRO	10	MEBENDAZOLE	2	METOCLOPRAMIDE	18
LEXIVA	1	MECLIZINE HCL	18	METOLAZONE	11
LIALDA	18	MECLOFENAMATE SODIUM	8	METOPROLOL	
LIDOCAINE	13	MEDROXYPROGESTERONE ACETATE	20	metoprolol / hydrochlorothiazide	11
lidocaine / prilocaine	13	MEFLOQUINE HCL	2	metoprolol succinate er	11
LIDODERM	13	MEGACE ES	6	metoprolol tartrate	11
LINDANE	14	MEGESTROL ACETATE	5	METOPROLOL TARTRATE	11
LIOTHYRONINE SODIUM	17	MELOXICAM	8	METROGEL	13
LIPITOR	12	MELPHALAN HYDROCHLORIDE	5	METRONIDAZOLE	2, 13
LISINAPRIL	11	MENACTRA	19	metronidazole in nacl 0.79%	2
lisinopril / hydrochlorothiazide	11	MENEST	20	METRONIDAZOLE VAGINAL	20
LITHIUM		MENOMUNE-A/C/Y/W-135	19	MEXILETINE	10
lithium carbonate	9	MENOSTAR	20	MIACALCIN	17
lithium carbonate er	9	MEPERIDINE HCL	8	MICARDIS	11
lithium citrate	9	MEPRON	3	micardis hct	11
LOCOID	14	MERCAPTOPYRINE	5	MICONAZOLE 3	20
LODOSYN	7	MERUVAX II W/DILUENT 10 DOSE	19	MICROGESTIN	
LONOX	18	MESALAMINE	18	microgestin 1.5/30	21
LOPERAMIDE HCL	18	MESNA	4	microgestin 1/20	21
LOTEMAX	23	MESNEX	4	microgestin fe	21
LOTREL	11	MESTINON	7	microgestin fe 1.5/30	21
LOTRONEX	18	mestinon timespan	7	MIDODRINE	15
LOVASTATIN	12	METADATE CD	10	MIGERGOT	7
LOVAZA	12	METADATE ER	9	MIGRANAL	7
LOVENOX	12	METAPROTERENOL SULFATE	23	MINOCYCLINE HCL	4
LOW-OGESTREL	21	METFORMIN		MINOXIDIL	11
LOXAPINE	9	metformin hcl	16	MIRAPEX	7
LUMIGAN	22	metformin hcl er	16	MIRTAZAPINE	9
LUNESTA	10	METHADONE HCL	8	mirtazapine odt	9
LUPRON DEPOT	6	METHADOSE	8	MISOPROSTOL	18
lupron depot-ped	6	METHAZOLAMIDE	22	MITOMYCIN	5
LUTERA	21	METHENAMINE HIPPURATE	4	MITOXANTRONE HCL	5
LUXIQ	14	METHERGINE	21	M-M-R II W/DILUENT 10 DOSE	19
LYRICA	6	METHIMAZOLE	16	MOBAN	10
LYSODREN	6	METHOCARBAMOL	7	MOEXIPRIL	11
		METHOTREXATE	5	moexipril / hydrochlorothiazide	11
<b>M</b>		methotrexate sodium	5	MOMETASONE FUROATE	14
MACRODANTIN	4	METHOTREXATE SODIUM	6	MONOKET	12

MONONESSA	21	NEOMYCIN SULFATE	2	NORTRIPTYLINE	9
MORPHINE SULFATE	8	NEORAL	6	NORVIR	1
morphine sulfate er	8	NEPHRAMINE	25	NOVAMINE	25
MOVIPREP	18	NEULASTA	19	NOVOLIN	
MUPIROCIIN	13	NEUMEGA	19	novolin 70/30	17
MUSTARGEN	6	NEUPOGEN	19	novolin 70/30 innolet	17
MYCOBUTIN	3	NEURONTIN	6	novolin n	17
MYCOPHENOLATE MOFETIL	5	NEUTREXIN	3	novolin n innolet	17
MYDRAL	22	NEVANAC	22	novolin r	17
MYFORTIC	6	NEXAVAR	6	novolin r innolet	17
MYLOTARG	6	NEXIUM	19	NOVOLOG	
MYTELASE	7	nexium i.v.	19	novolog	17
<b>N</b>		NEXT CHOICE	21	novolog flexpen	17
NABUMETONE	8	NIASPAN	12	novolog mix 70/30	17
NADOLOL	11	NICARDIPINE	11	novolog mix 70/30 prefilled flexpen	17
nadolol / bendroflumethiazide	11	NICOTROL		prandin	17
NAFILLIN SODIUM	3	nicotrol inhaler	15	proglycem	17
NAFTIN	14	nicotrol nasal	15	NOXAFIL	1
NAGLAZYME	17	NIFEDIAC CC	11	NULYTELY / FLAVOR PACKS	18
NALLPEN/DEXTROSE	3	NIFEDICAL XL	11	NUVARING	21
NALOXONE	8	NIFEDIPINE	11	NYAMYC	14
NALTREXONE	8	nifedipine er	11	NYSTATIN	1, 14
NAMENDA	7	NILANDRON	6	nystatin / triamcinolone	14
namenda titration pak	7	NIMODIPINE	11	NYSTOP	14
NAPHAZOLINE HCL	23	NIPENT	6	<b>0</b>	
NAPROXEN	8	NISOLDIPINE	11	OCTREOTIDE	5
naproxen sodium	9	NITRO-BID	12	OFLOXACIN	3, 15, 21
NARDIL	10	NITROFURANTOIN		OGESTREL	21
NASACORT AQ	24	nitrofurantoin macrocrystalline	4	OMEPRAZOLE	18
NASONEX	24	nitrofurantoin monohydrate	4	OMNITROPE	19
NATACYN	21	NITROGLYCERIN	12	ONCASPAR	6
NEBUPENT	3	nitroglycerin transdermal	12	ONDANSETRON	
NECON		NITROLINGUAL	12	ondansetron hcl	18
necon 0.5/35-28	21	NITROSTAT	12	ondansetron odt	18
necon 1/35-28	21	NIZATIDINE	18	ONTAK	6
necon 1/50-28	21	NORA-BE	20	ONXOL	5
necon 7/7/7	21	NORDITROPIN		OPANA ER	8
necon 10/11-28	21	norditropin cartridge	19	OPTIVAR	22
NEFAZODONE	9	norditropin nordiflex pen	19	ORAP	10
NEOMYCIN		NORETHINDRONE	20	ORFADIN	15
neomycin / bacitracin / polymyxin	21	NORMOSOL	25	ORPHENADRINE	
neomycin / polymyxin /		NOROXIN	4	orphenadrine / asa / caffeine	7
dexamethasone	22	NORPACE CR	10	orphenadrine citrate	7
neomycin / polymyxin / gramicidin	21	NORTREL		orphenadrine citrate er	7
neomycin / polymyxin / hc	16	nortrel 0.5/35 28	21	orphenadrine compound ds	7
neomycin / polymyxin /		nortrel 1/35 21	21	ORTHO-EST	20
hydrocortisone	16, 22	nortrel 1/35 28	21	ORTHO EVRA	21
		nortrel 7/7/7	21		

OXIDE	14	peg-intron redipen pak 4	19	potassium chloride 0.22% d5w / nacl 0.45%	25
OXALIPLATIN	5	PENICILLIN		potassium chloride 0.075% / d5w / nacl 0.225%	25
OXANDROLONE	17	penicillin g potassium	3	potassium chloride 0.224% / d5w	25
OXAPROZIN	9	penicillin g potassium in iso-osmotic dextrose	3	potassium chloride 0.224% d5w / nacl 0.33%	25
OXCARBAZEPINE	6	penicillin g procaine	3	potassium chloride cr	25
OXSORALEN ULTRA	13	penicillin g sodium	3	potassium chloride er	25
OXYBUTYNIN	24	penicillin v potassium	3	POTASSIUM CITRATE EXTENDED-RELEASE	24
oxybutynin er	24	PENTASA	18	PRAVASTATIN	12
OXYCODONE		PENTOPAK	12	PRAZOSIN	11
oxycodone / acetaminophen	8	PENTOSTATIN	5	PREDNICARBATE	14
oxycodone / apap	8	PENTOXIFYLLINE ER	12	PREDNISOLONE ACETATE	23
oxycodone-apap	8	PENTOXIL	12	PREDNISOLONE SODIUM PHOSPHATE	16, 23
oxycodone / aspirin	8	PEPCID	19	PREDNISON	16
oxycodone hcl	8	PERIOGARD	15	PREDNISON INTENSOL	16
oxycodone hcl er	8	PERMETHRIN	14	PREFEST	20
OXYCONTIN	8	PERPHENAZINE	9	PREMARIN	20
OXYTROL	24	PFIZERPEN-G	3	premarin w/applicator	20
<b>P</b>					
PACERONE	10	PHENADOZ	23	PREMASOL	25
PACLITAXEL	5	PHENYTEK	6	PREMPHASE	20
PALGIC	23	PHENYTOIN	6	PREMPRO	20
PANCREASE MT	18	phenytoin sodium extended	6	PRENATABS OBN	25
PANCRECARB MS	18	PHENYTOIN SODIUM	7	PREVACID	19
PANCRELIPASE	18	PHISOHEX	13	prevacid solutab	19
pancrelipase mst	18	PHOTOFRIN	6	PREVALITE	12
PANCRON		PILOCARPINE HCL	15	PREVIFEM	21
pancron 10	18	PILOPINE HS	22	PREVPAC	19
pancron 20	18	PINDOLOL	11	PREZISTA	1
PANDEL	14	PIROXICAM	9	PRIMAQUINE	3
PANRETIN	13	PLAN B	21	PRIMAXIN	
PANTOPRAZOLE	18	PLASMA-LYTE	25	primaxin i.m.	3
PARCAINE	22	PLAVIX	12	primaxin iv	3
PAROMOMYCIN	2	PODOFILOX	13	PRIMIDONE	6
PAROXETINE	9	POLY-CIN B	21	PRIMSOL	4
paroxetine er	9	POLY-DEX	22	PRISTIQ	10
PASER	3	PORTIA-28	21	PROAIR HFA	24
PATADAY	22	POTASSIUM CHLORIDE	25	PROBENECID	20
PATANOL	22	potassium chloride 0.3% / d5w	25	PROBENECID / COLCHICINE	20
PEDIARIX	19	potassium chloride 0.3% / nacl 0.9%	25	PROCAINAMIDE	10
PEDI-DRI	14	potassium chloride 0.15% / d5w	25	PROCHLORPERAZINE	18
PEDIOTIC	16	potassium chloride 0.15% d5w / nacl 0.33%	25	prochlorperazine edisylate	18
PEDVAX HIB	19	potassium chloride 0.15% d5w / nacl 0.45% viaflex	25	prochlorperazine maleate	18
PEG 3350 / ELECTROLYTES	18	potassium chloride 0.15% nacl 0.9%	25	PROCRIT	19
PEGANONE	6	potassium chloride 0.15% / nacl 0.45% viaflex	25	PROCTO-PAK	18
PEGASYS	19				
PEG-INTRON	19				
peg-intron redipen	19				

PROCTOSOL HC	18	RANITIDINE HCL	18	ROXICET	8
PROCTOZONE-HC	18	RAPAMUNE	6	ROZEREM	10
PROGRAF	6	RAZADYNE	7	RYTHMOL SR	10
PROLASTIN	15	REBETOL	1	<hr/>	
PROLEUKIN	19	REBIF	19	S	
PROMACTA	12	rebif titration pack	19	SANCTURA	24
PROMETHAZINE HCL	23	RECLIPSEN	21	sanctura xr	24
PROMETHEGAN	23	RECOMBIVAX HB	19	SANDIMMUNE	6
PROMETRIUM	20	REGONOL	7	SANDOSTATIN LAR DEPOT	6
PROPAFENONE HCL	10	REGRANEX	13	SANTYL	14
PROPARACAINE HCL	22	RELENZA DISKHALER	1	SELEGILINE	7
PROPOXYPHENE		RELION		SELENIUM SULFIDE	13
propoxyphene / acetaminophen	9	relion 70/30	17	SELFEMRA	9
propoxyphene hcl	9	relion n	17	SELZENTRY	1
propoxyphene-n / acetaminophen	9	relion r	17	SENSIPAR	17
PROPRANOLOL		RELISTOR	18	SEREVENT DISKUS	24
propranolol hcl	11	RELPAK	7	SEROMYCIN	3
propranolol hcl er	11	REMICADE	18	SEROQUEL	10
propranolol /hydrochlorothiazide	11	RENAMIN	25	seroquel xr	10
PROPYLTHIOURACIL	16	REVELA	15	SERTRALINE	9
PROQUAD	19	REPREXAIN	8	SILVER SULFADIAZINE	13
PROTOPIC	13	REQUIP XL	7	SIMCOR	12
PROTRIPTYLINE HCL	9	RESCRIPTOR	1	SIMVASTATIN	12
PROVENTIL HFA	24	RESERPINE	11	SINGULAIR	24
PROVIGIL	10	RESTASIS	22	SKELID	15
PULMICORT	24	RETROVIR IV INFUSION	1	SODIUM BICARBONATE	25
pulmicort flexhaler	24	REVATIO	24	SODIUM CHLORIDE	15, 25
PULMOZYME	24	REVLIMID	6	sodium chloride 0.9%	15
PYLERA	19	REYATAZ	1	sodium chloride 0.45% viaflex	25
PYRAZINAMIDE	3	RHEUMATREX	6	SODIUM EDECRIN	11
PYRIDOSTIGMINE BROMIDE	7	RHINOCORT AQUA	24	SODIUM FLUORIDE	25
<hr/>		RIBAPAK	1	SODIUM SULFACETAMIDE	13, 23
Q		RIBASPHERE	1	SOLARAZE	13
QUALAQUIN	3	RIBAVIRIN	1	SOLIA	21
QUASENSE	21	RIDAURA	20	SOLU-CORTEF	16
QUINAPRIL	11	RIFAMPIN	3	SOLU-MEDROL	16
quinapril / hydrochlorothiazide	11	RILUTEK	15	SOMATULINE DEPOT	6
QUINARETIC	11	RIMANTADINE HCL	1	SOMAVERT	17
QUINIDINE		RINGERS INJECTION	25	SORIATANE CK	13
quinidine gluconate cr	10	RISPERDAL		SORINE	10
quinidine sulfate	10	risperdal consta	10	SOTALOL	10
quinidine sulfate er	10	risperdal m-tab	10	SOTRET	13
QVAR	24	RISPERIDONE	9	SPIRIVA HANDIHALER	24
<hr/>		risperidone odt	9	SPIRONOLACTONE	11
R		RITALIN LA	10	spironolactone / hydrochlorothiazide	11
RABAVERT	19	RITUXAN	6	SPORANOX	1
RAMIPRIL	11	ROPINIROLE	7	SPRINTEC 28	21
RANEXA	12	ROTATEQ	19	SPRYCEL	6

SRONYX	21	TAMIFLU	1	TOLAZAMIDE	16
SSD	13	TAMOXIFEN CITRATE	5	TOLBUTAMIDE	16
STAGESIC	8	TARCEVA	6	TOLMETIN SODIUM	9
STALEVO		TARGRETIN	6	TOPIRAMATE	6
stalevo 50	7	TASIGNA	6	TOPROL XL	12
stalevo 75	7	TASMAR	7	TORSEMIDE	11
stalevo 100	7	TAXOTERE	6	TRACLEER	24
stalevo 125	7	TAZORAC	13	TRAMADOL	9
stalevo 150	7	TAZTIA XT	11	TRANDOLAPRIL	11
stalevo 200	7	TEGRETOL-XR	7	TRANSDERM-SCOP	18
STARLIX	17	TEKTURNA	11	TRANLYCYPROMINE	9
STAVUDINE	1	tekturna hct	12	TRAVASOL	25
STIMATE	17	TERAZOSIN HCL	11	travasol 8.5% / dextrose 10%	25
STRATTERA	10	TERBINAFINE	1	travasol 8.5% / dextrose 20%	25
STREPTOMYCIN SULFATE	3	TERBUTALINE SULFATE	23	travasol 8.5% / dextrose 50%	25
STROMEKTOL	3	TERCONAZOLE	20	TRAVATAN Z	22
SUBOXONE	9	TESTIM	17	TRAZODONE	9
SUBUTEX	8	TESTOSTERONE CYPIONATE	17	TRECTOR	3
SUCRAID	18	TESTOSTERONE ENANTHATE	17	TRELSTAR	
SUCRALFATE	18	TETANUS / DIPHTHERIA TOXOIDS-		trelstar depot	6
SULAR	11	ADSORBED ADULT	19	trelstar la	6
SULFACETAMIDE SODIUM /		TETANUS TOXOID ADSORBED	19	TRETINOIN	5, 13
PREDNISOLONE SODIUM		TETRACYCLINE HCL	4	TREXIZ	8
PHOSPHA	23	TEV-TROPIN	19	TRIAMCINOLONE ACETONIDE	14
SULFADIAZINE	4	THALOMID	6	TRIAMCINOLONE IN ORABASE	15
SULFAMETHOXAZOLE		THEO-24	24	TRIAMTERENE /	
sulfamethoxazole / trimethoprim	4	THEOCHRON	23	HYDROCHLOROTHIAZIDE	11
sulfamethoxazole / trimethoprim ds	4	THEOPHYLLINE		TRICOR	12
SULFAMYLON	13	theophylline cr	23	TRIDERM	14
SULFASALAZINE	18	theophylline er	24	TRIFLUOPERAZINE	9
SULFATRIM	4	THERMAZENE	13	TRIFLURIDINE	22
SULFAZINE	18	THIOLA	15	TRIGLIDE	12
sulfazine ec	18	THIORIDAZINE	9	TRIHENXYPHENIDYL	7
SULINDAC	9	THIOTEPA	5	TRIHIBIT	19
SUMATRIPTAN SUCCINATE	7	THIOTHIXENE	9	TRI-LEGEST FE	21
SUPRAX	2	THYMOGLOBULIN	19	TRILEPTAL	7
SURMONTIL	10	TICLOPIDINE HCL	12	TRILIPIX	12
SUSTIVA	1	TIKOSYN	10	TRIMETHOPRIM	4
SUTENT	6	TIMOLOL MALEATE	11, 22	TRIMETHOPRIM SULFATE /	
SYMBICORT	24	TIMOPTIC OCUDOSE	22	POLYMYXIN B SULFATE	21
SYMBYAX	10	TIZANIDINE HCL	7	TRIMIPRAMINE MALEATE	9
SYMLIN	17	TOBI	3	TRINESSA	21
SYMLINPEN 60	17	TOBRADEX	22	TRIPEDIA	19
SYNAREL	17	TOBRAMYCIN	3, 21	TRI-PREVFEM	21
SYPRINE	15	tobramycin sulfate / sodium chloride	3	TRISENOX	6
		TOBRAMYCIN / DEXAMETHASONE	22	TRI-SPRINTEC	21
T		TOBRASOL	21	TRIVORA-28	21
TABLOID	6	TOBRESX	21	TRIZIVIR	1

TROPHAMINE	25	VERAPAMIL	11	ZIAGEN	2
TROPICACYL	22	verapamil er	11	ZIDOVUDINE	1
TROPICAMIDE	22	VESICARE	24	ZINACEF	2
TRUVADA	1	VFEND	1	zinacef in iso-osmotic dextrose	2
TWINJECT	23	vfend iv	1	zinacef in iso-osmotic diluent	2
TWINRIX	19	VIBRAMYCIN	4	ZMAX	2
TYGACIL	3	VIDAZA	6	ZOLINZA	6
TYKERB	6	VIDEX PEDIATRIC	1	ZOLPIDEM	9
TYPHIM VI	19	VIGAMOX	21	ZOMIG	7
TYZEKA	1	VIMPAT	7	zomig zmt	7
TYZINE	15	VINBLASTINE SULFATE	5	ZONALON	13
tyzine pediatric nasal drops	15	VINCASAR PFS	5	ZONISAMIDE	6
<hr/>		VINCRISTINE SULFATE	5	ZOSTAVAX	19
<b>U</b>		VINORELBINE TARTRATE	5	ZOSYN	3
ULESFIA	13	VIKASE	18	ZOVIA	
ULORIC	20	viokase 16	18	zovia 1/35e	21
ULTRASE	18	VIRACEPT	2	zovia 1/50e	21
ultrase mt 12	18	VIRAMUNE	2	ZOVIRAX	14
ultrase mt 18	18	VIREAD	2	ZYFLO CR	24
ultrase mt 20	18	VIVELLE-DOT	20	ZYLET	22
UNITHROID	17	VIVOTIF BERNA	19	ZYMAR	21
UROXATRAL	24	VOLTAREN	9	ZYPREXA	10
URSO		VYTORIN	12	zyprexa zydis	10
urso 250	18	<hr/>		ZYVOX	3
urso forte	18	<b>W</b>			
URSODIOL	18	WARFARIN	12		
<hr/>		<b>X</b>			
<b>V</b>		XALATAN	22		
VAGIFEM	20	XENAZINE	7		
VALCYTE	1	XIBROM	22		
VALPROATE SODIUM	6	XIFAXAN	3		
VALPROIC ACID	6	XOLEGEL	14		
VALTREX	1	XYREM	10		
VANCOCCIN ORAL	4	<hr/>			
VANCOMYCIN		<b>Y</b>			
vancomycin hcl iso-osmotic dextrose	4	YF-VAX	19		
vancomycin inj	4	<hr/>			
VANDA ZOLE	20	<b>Z</b>			
VAQTA	19	ZALEPLON	9		
VARIVAX	19	ZANOSAR	6		
VEETIDS	3	ZANTAC	19		
VELCADE	6	ZAVESCA	17		
VELIVET	21	ZAZOLE 0.4%	20		
VENLAFAXINE HCL	9	ZELAPAR	7		
VENLAFAXINE HCL ER	10	ZEMPLAR	17		
VENTOLIN HFA	24	ZERLOR	8		
VERAMYST	24	ZETIA	12		

