

UAMedicare Part D Silver

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 Silver Formulary?

A formulary is a list of covered drugs selected by UA Medicare Part D Silver 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 Silver 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 Silver network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary change?

Generally, if you are taking a drug on our 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 Silver, please visit our Web site at www.uamedicarepartd.com or call Customer Service at 1-866-299-3406, seven days a week 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 31. 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 Silver 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 Silver 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 Silver before you fill your prescriptions. If you don't get approval, UA Medicare Part D Silver may not cover the drug.
- **Quantity Limits:** For certain drugs, UA Medicare Part D Silver limits the amount of the drug that UA Medicare Part D Silver will cover. For example, UA Medicare Part D Silver 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 Silver requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, UA Medicare Part D Silver may not cover drug B unless you try Drug A first. If Drug A does not work for you, UA Medicare Part D Silver will then cover Drug B.

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

You can ask UA Medicare Part D Silver to make an exception to these restrictions or limits. See the section, "How do I request an exception to UA Medicare Part D Silver'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 Silver does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by UA Medicare Part D Silver. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by UA Medicare Part D Silver.
- You can ask UA Medicare Part D Silver 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 UA Medicare Part D Silver's Formulary?

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

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, UA Medicare Part D Silver limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our 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 Silver will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 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 Silver prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about UA Medicare Part D Silver, please call Customer Service at 1-866-299-3406, seven days a week 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.

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.

UA Medicare Part D Silver's Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by UA Medicare Part D Silver. 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 Silver 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 Silver?

Un formulario de medicamentos aprobados es una lista de medicamentos cubiertos, seleccionados por la cobertura para recetas médicas (PDP) de UA Medicare Part D Silver 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 Silver cubrirá los medicamentos incluidos en nuestro formulario de medicamentos aprobados siempre que los mismos sean medicamento necesarios, se adquieran en una farmacia de la red de UA Medicare Part D Silver 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 Silver, visite nuestro sitio web en www.uamedicarepartd.com o llame a Servicio al cliente al 1-866-299-3406, los siete días de la semana, 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 31. 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 Silver 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 Silver 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 Silver antes de adquirir su medicamento. Si no obtiene la aprobación, puede ser que UA Medicare Part D Silver no cubra el medicamento.
- **Límites de cantidad:** En el caso de ciertos medicamentos, UA Medicare Part D Silver limita la cantidad de medicamento que cubriremos. Por ejemplo, UA Medicare Part D Silver 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 Silver 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 Silver 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 Silver 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.

Puede solicitarle a UA Medicare Part D Silver 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 Silver?" 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 Silver 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 Silver. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por UA Medicare Part D Silver.
- Puede pedirle a UA Medicare Part D Silver 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 Silver?

Puede solicitarle a UA Medicare Part D Silver que haga una excepción a nuestras normas de cobertura. Existen varios tipos de excepciones que puede solicitar 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 Silver 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 Silver 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 Silver, consulte su Evidencia de cobertura y otros materiales del plan.

Si tiene alguna pregunta acerca de UA Medicare Part D Silver, llame los siete días de la semana, al Servicio al cliente, al 1-866-299-3406, 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.

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.

Formulario de UA Medicare Part D Silver:

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 Silver. 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 Silver 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
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<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>		
100,000 unit / ml 500,000 unit	1	MO
<i>terbinafine</i>		
tabs 250mg	1	MO
BRAND		
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
ANTIVIRALS		
<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
BRAND		
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	4	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

cefaclor	1	MO
cefadroxil	1	MO
cefazolin		
1gm; 5%;500mg;1gm	1	MO
cefдинир	1	MO
cefepime		
inj 2gm;1gm	1	MO
cefotaxime sodium		
10gm	1	
cefotaxime sodium		
2gm;1gm;500mg	1	MO
cefoxitin sodium		
1gm;10gm;2gm	1	MO
cefподoxime proxitel	1	MO
ceftriaxone sodium		
10gm	1	
ceftriaxone sodium		
250mg;500mg	1	MO
cefuroxime axetil	1	MO
cefuroxime sodium		
7.5gm	1	
cefuroxime sodium		
1.5gm;750mg	1	MO
cephalexin	1	MO

BRAND

CEFAZOLIN		
20GM;500MG; 5%	2	MO
CEFTRIAXONE / 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
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ERYTHROMYCINS / OTHER MACROLIDES

generic

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

amikacin sulfate	1	MO
amikin		
250mg/ml	1	MO
chloroquine	1	MO
clindamycin hcl	1	MO
clindamycin phosphate add-vantage	1	MO
colistimethate sodium	1	MO
ethambutol	1	MO
gentamicin sulfate		
40mg/ml	1	MO
gentamicin sulfate / 0.9% sodium chloride	1	MO
gentamicin sulfate / sodium chloride		
1.2mg/ml; 0.9%	1	MO
hydroxychloroquine	1	MO
isonarif	1	MO
isoniazid		
tabs 300mg;100mg	1	MO
isotonic gentamicin		
0.6mg/ml; 0.9%;0.8mg/ml; 0.9%	1	MO
mebendazole	1	MO
mefloquine hcl	1	MO
metronidazole	1	MO
metronidazole in nacl 0.79%	1	MO
neomycin sulfate	1	MO
paromomycin	1	MO
pyrazinamide	1	MO
rifampin		
caps 300mg;150mg	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>tobramycin</i> <i>inj 80mg/2ml;10mg/ml</i>	1	MO
BRAND		
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
STROMEKTOL	2	MO
TOBI	4	PA MO
TOBRAMYCIN SULFATE / SODIUM CHLORIDE	2	MO
TRECTOR	2	MO
TYGACIL	2	MO
XIFAXAN	3	MO
ZYVOX	2	MO

PENICILLINS

generic

<i>amoclan</i> <i>200mg/5ml; 28.5mg/5ml;400mg/5ml;</i> <i>57mg/5ml</i>	1	MO
<i>amoxicillin</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>amoxicillin / clavulanate potassium</i> <i>amoxicillin / potassium clavulanate</i> <i>tabs 875mg; 125mg</i>	1	MO
<i>amoxil</i> <i>500mg;250mg/5ml</i>	1	MO
<i>ampicillin 1gm;10gm</i> <i>ampicillin-sulbactam</i> <i>10gm; 5gm;2gm; 1gm</i>	1	MO
<i>dicloxacillin sodium</i> <i>nafcillin sodium</i> <i>10gm</i>	1	MO
<i>nafcillin sodium</i> <i>1gm</i>	1	MO
<i>penicillin g potassium</i>	1	MO
<i>penicillin v potassium</i>	1	MO
<i>pfizerpen-g</i> <i>20mu</i>	1	MO
<i>veetids</i> <i>oral soln 125mg/5ml</i>	1	MO

BRAND

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

QUINOLONES

generic

<i>ciprofloxacin</i>	1	MO
<i>ofloxacin</i>	1	MO

BRAND

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

DRUG NAME	DRUG TIER	REQ./LIMITS
SULFA'S / RELATED AGENTS		
<i>generic</i>		
<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
TETRACYCLINES		
<i>generic</i>		
<i>demeclocycline hcl</i>	1	MO
<i>doxycycline hyclate</i>		
<i>caps 50mg;100mg inj 100mg tabs 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		
<i>generic</i>		
<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		
<i>25MG</i>	2	MO
PRIMSOL	3	MO
VANCOMYCIN		
<i>generic</i>		
<i>vancomycin inj 1000mg</i>	1	MO
BRAND		
VANCOICIN ORAL	2	MO
VANCOMYCIN HCL ISO-OSMOTIC DEXTROSE	2	

DRUG NAME	DRUG TIER	REQ./LIMITS
VANCOMYCIN INJ 10GM	2	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>generic</i>		
<i>leucovorin calcium 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		
<i>generic</i>		
<i>adriamycin 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 30unit</i>	1	MO
<i>carboplatin inj 150mg/15ml</i>	1	MO
<i>cisplatin</i>	1	MO
<i>cyclophosphamide 500mg;1gm</i>	1	MO
<i>cyclophosphamide 25mg;50mg</i>	1	PA MO
<i>cyclosporine 50mg/ml</i>	1	PA
<i>cyclosporine 100mg/ml;25mg;100mg</i>	1	PA MO
<i>cytarabine inj 500mg</i>	1	MO
<i>cytarabine aqueous 20mg/ml</i>	1	MO
<i>dacarbazine 200mg</i>	1	MO
<i>doxorubicin hcl inj 50mg</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS	DRUG NAME	DRUG TIER	REQ./LIMITS
<i>epirubicin hcl</i>			CAMPATH	3	MO
<i>inj 50mg/25ml</i>	1	MO	CEENU	2	MO
<i>etoposide</i>			CELLCEPT	2	PA MO
<i>inj 20mg/ml</i>	1	MO	CELLCEPT INTRAVENOUS	2	PA MO
<i>fludarabine phosphate</i>			CLADRIBINE	2	MO
<i>inj 50mg</i>	1	MO	CLOLAR	3	MO
<i>fluorouracil</i>	1	MO	COSMEGEN	3	MO
<i>flutamide</i>	1	MO	CYCLOSPORINE		
<i>gengraf</i>	1	PA MO	50MG	2	PA MO
<i>hydroxyurea</i>	1	MO	CYTARABINE AQUEOUS		
<i>idarubicin hcl</i>	1	MO	100MG/ML	3	MO
<i>ifosfamide / mesna</i>			CYTOXAN		
<i>kit</i>	1	MO	500MG	3	MO
<i>irinotecan</i>	1	MO	DAUNORUBICIN HCL		
<i>leuprolide acetate</i>	1	MO	INJ 5MG/ML	3	MO
<i>megestrol acetate</i>	1	MO	DAUNOXOME	3	MO
<i>melphalan hydrochloride</i>	1		DOXIL	3	MO
<i>mercaptopurine</i>	1	MO	DROXIA	2	MO
<i>methotrexate</i>	1	PA MO	ELIGARD	3	MO
<i>methotrexate sodium</i>			ELLECE	3	MO
<i>25mg/ml</i>	1		ELOXATIN	3	MO
<i>mitomycin</i>			ELSPAR	3	MO
<i>20mg</i>	1	MO	EMCYT	2	MO
<i>mitoxantrone hcl</i>	1	MO	ERBITUX	3	MO
<i>mycophenolate mofetil</i>	1	PA MO	ETOPHOS	3	MO
<i>octreotide</i>	1	MO	FARESTON	3	MO
<i>onxol</i>	1	MO	FASLODEX	4	MO
<i>oxaliplatin</i>	1	MO	FEMARA	2	MO
<i>paclitaxel</i>	1	MO	FLUDARABINE PHOSPHATE		
<i>pentostatin</i>	1	MO	INJ 50MG/2ML	2	MO
<i>tamoxifen citrate</i>	1	MO	GEMZAR		
<i>thiotepa</i>	1	MO	1GM	3	MO
<i>tretinoin</i>	1	MO	GLEEVEC	4	MO
<i>vinblastine sulfate</i>			HERCEPTIN	3	MO
<i>inj 10mg</i>	1	MO	HEXALEN	4	MO
<i>vincasar pfs</i>	1	MO	HYCAMTIN		
<i>vincristine sulfate</i>	1	MO	INJ 4MG	3	MO
<i>vinorelbine tartrate</i>	1	MO	IFEX 3GM	3	MO
BRAND			IFOSFAMIDE INJ 1GM	3	MO
ABRAXANE	3	MO	IFOSFAMIDE / MESNA		
AFINITOR	4	PA MO	KIT 3000MG; 1000MG	3	MO
ALIMTA			LEUKERAN	2	MO
500MG	3	MO	LEUSTATIN	2	MO
ALKERAN			LUPRON DEPOT	2	MO
INJ 50MG	3	MO	LUPRON DEPOT-PED		
ARIMIDEX	2	MO	11.25MG;15MG	3	MO
AROMASIN	2	MO	LYSODREN	2	MO
ARRANON	3	MO	MATULANE	4	MO
AVASTIN	3	MO	MEGACE ES	3	MO
BICNU	3	MO	METHOTREXATE SODIUM		
			1GM	3	MO

DRUG NAME	DRUG TIER	REQ./ LIMITS
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
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

DRUG NAME	DRUG TIER	REQ./ LIMITS
<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	3	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
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

DRUG NAME	DRUG TIER	REQ./LIMITS
<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> 50mg; 200mg	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	3	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> inj 6mg/0.5ml tabs 100mg;25mg;50mg	1	MO

BRAND

AMERGE	2	MO
IMITREX INJ 6MG/0.5ML	2	MO
MAXALT	2	MO
MAXALT-MLT	2	MO
MIGRANAL	3	MO
RELPAK	2	MO
ZOMIG	3	MO
ZOMIG ZMT	3	MO

MISCELLANEOUS NEUROLOGICAL THERAPY

generic

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

ARICEPT	2	MO
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DRUG NAME	DRUG TIER	REQ./LIMITS
ARICEPT ODT	2	MO
COPAXONE	4	PA MO
EXELON	3	MO
MYTELASE	2	MO
NAMENDA	3	MO
NAMENDA TITRATION PAK	3	MO
RAZADYNE		
ORAL SOLN 4MG/ML	3	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> caps 100mg;25mg;50mg	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

NARCOTIC ANALGESICS

generic

<i>acetaminophen / codeine</i> 120mg/5ml; 12mg/5ml;300mg; 15mg	1	MO
<i>acetaminophen / codeine #3</i>	1	MO
<i>acetaminophen / codeine #4</i>	1	MO
<i>buprenorphine hcl</i> inj 0.3mg/ml	1	MO
<i>codeine sulfate</i>	1	MO
<i>duramorph</i>	1	MO
<i>endocet</i>	1	MO
<i>fentanyl citrate</i>	1	MO
<i>fentanyl citrate oral transmucosal</i>	1	PA MO
<i>fentanyl patches</i>	1	MO
<i>hydrocodone / acetaminophen</i>	1	MO
<i>hydrocodone / ibuprofen</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>hydrocodone / acetaminophen-hs</i>	1	MO
<i>hydrocodone bitartrate / acetaminophen</i>	1	MO
<i>hydromorphone hcl</i>		
<i>inj 10mg/ml tabs 8mg;4mg;2mg</i>	1	MO
<i>levorphanol tartrate</i>	1	MO
<i>margesic-h</i>	1	MO
<i>meperidine hcl</i>		
10mg/ml;25mg/ml;50mg/ml		
50mg/5ml;50mg;100mg	1	MO
<i>methadone hcl</i>		
<i>conc 10mg/ml inj 10mg/ml tabs 5mg;10mg</i>	1	MO
<i>methadose</i>		
<i>tabs 10mg;5mg</i>	1	MO
<i>morphine sulfate</i>		
<i>inj 5mg/ml;0.5mg/ml;1mg/ml oral soln</i>		
10mg/5ml;20mg/5ml tabs 30mg;15mg	1	MO
<i>morphine sulfate er</i>	1	MO
<i>oxycodone / acetaminophen</i>		
500mg; 5mg;325mg; 5mg;325mg; 2.5mg	1	MO
<i>oxycodone / apap</i>		
500mg; 7.5mg	1	MO
<i>oxycodone / aspirin</i>	1	MO
<i>oxycodone hcl</i>		
<i>tabs 30mg;15mg;5mg</i>	1	MO
<i>oxycodone hcl er</i>	1	MO
<i>oxycodone-apap</i>	1	MO
<i>reprexain</i>		
10mg; 200mg	1	MO
<i>roxicet</i>		
325mg; 5mg	1	MO
<i>stagesic</i>	1	MO
<i>trezix</i>	1	MO
<i>zerlor</i>	1	MO
BRAND		
BUPRENEX	2	MO
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

DRUG NAME	DRUG TIER	REQ./LIMITS
SUBUTEX	2	MO
NON-NARCOTIC ANALGESICS		
<i>generic</i>		
<i>butorphanol tartrate</i>		
<i>inj 2mg/ml;1mg/ml</i>	1	MO
<i>butorphanol tartrate</i>		
<i>nasal soln 10mg/ml</i>	1	PA MO
<i>depade</i>	1	MO
<i>diclofenac potassium</i>	1	MO
<i>diclofenac sodium</i>	1	MO
<i>diclofenac sodium ec</i>	1	MO
<i>diclofenac sodium xr</i>	1	MO
<i>diflunisal</i>	1	MO
<i>etodolac</i>	1	MO
<i>fenoprofen calcium</i>	1	MO
<i>flurbiprofen</i>	1	MO
<i>ibu</i>		
600mg	1	MO
<i>ibuprofen</i>		
<i>susp 100mg/5ml tabs 800mg;400mg</i>	1	MO
<i>indomethacin</i>	1	MO
<i>indomethacin er</i>	1	MO
<i>ketoprofen</i>	1	MO
<i>ketoprofen er</i>	1	MO
<i>meclufenamate sodium</i>	1	MO
<i>meloxicam</i>	1	MO
<i>nabumetone</i>	1	MO
<i>naloxone</i>	1	MO
<i>naltrexone</i>	1	MO
<i>naproxen</i>		
125mg/5ml;375mg;;	1	MO
<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

DRUG NAME	DRUG TIER	REQ./LIMITS
LEXAPRO	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
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
<i>pacerone</i>		
200mg	1	MO
<i>procainamide</i>		
inj 100mg/ml	1	
<i>procainamide</i>		
inj 500mg/ml	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

DRUG NAME	DRUG TIER	REQ./LIMITS
BRAND		
NORPACE CR		
100MG	2	MO
PACERONE		
300MG;100MG	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</i>		
25mg;50mg	1	MO
<i>clonidine</i>	1	MO
<i>dilt-cd</i>		
180mg;120mg;300mg	1	MO
<i>diltiazem cd</i>		
120mg;240mg;300mg	1	MO
<i>diltiazem hcl</i>		
25mg/5ml 360mg;90mg;60mg;120mg;30mg	1	MO
<i>diltiazem hcl er</i>		
90mg;120mg;60mg;420mg	1	MO
<i>dilt-xr 240mg;180mg</i>	1	MO
<i>diltzac</i>	1	MO
<i>doxazosin</i>	1	MO
<i>enalapril</i>	1	MO
<i>enalapril / hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	1	MO
<i>felodipine er</i>	1	MO
<i>fosinopril</i>	1	MO
<i>fosinopril / hydrochlorothiazide</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>furosemide</i>		
<i>inj 10mg/ml oral soln 10mg/ml tabs</i>		
<i>80mg;40mg;20mg</i>	1	MO
<i>guanfacine hcl</i>	1	MO
<i>hydralazine</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>isradipine</i>	1	MO
<i>labetalol</i>		
<i>inj 5mg/ml</i>	1	
<i>labetalol</i>		
<i>tabs 200mg;300mg;100mg</i>	1	MO
<i>lisinopril</i>	1	MO
<i>lisinopril / hydrochlorothiazide</i>	1	MO
<i>methylothiazide</i>	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol / hydrochlorothiazide</i>	1	MO
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate</i>		
<i>tabs 100mg;50mg;25mg</i>	1	MO
<i>minoxidil</i>		
<i>tabs 10mg;2.5mg</i>	1	MO
<i>moexipril</i>	1	MO
<i>moexipril / hydrochlorothiazide</i>	1	MO
<i>nadolol</i>	1	MO
<i>nadolol / bendroflumethiazide</i>	1	MO
<i>nicardipine</i>		
<i>caps 20mg;30mg</i>	1	MO
<i>nifediac cc</i>	1	MO
<i>nifedical xl</i>	1	MO
<i>nifedipine</i>	1	MO
<i>nifedipine er</i>		
<i>30mg;90mg;60mg</i>	1	MO
<i>nisoldipine</i>	1	MO
<i>pindolol</i>	1	MO
<i>prazosin</i>	1	MO
<i>propranolol / hydrochlorothiazide</i>	1	MO
<i>propranolol hcl</i>	1	MO
<i>propranolol hcl er</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinapril / hydrochlorothiazide</i>	1	MO
<i>quinaretic</i>	1	MO
<i>ramipril</i>	1	MO
<i>reserpine</i>	1	MO
<i>spironolactone</i>	1	MO
<i>spironolactone / hydrochlorothiazide</i>	1	MO
<i>taztia xt</i>	1	MO
<i>terazosin hcl</i>	1	MO
<i>timolol maleate</i>	1	MO
<i>toremide</i>	1	MO
<i>trandolapril</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>triamterene / hydrochlorothiazide</i>	1	MO
<i>verapamil</i>	1	MO
<i>verapamil er</i>	1	MO
BRAND		
ACEON	2	MO
ATACAND	2	MO
ATACAND HCT	2	MO
BIDIL	3	MO
BYSTOLIC		
<i>5MG;10MG;2.5MG</i>	2	MO
CATAPRES-TTS	2	MO
COREG CR	2	MO
COZAAR	2	MO
DEMSEER	2	MO
DIBENZYLINE	3	MO
DILTIAZEM HCL		
<i>100MG</i>	2	MO
EDECIN	2	MO
EXFORGE HCT	2	MO
FUROSEMIDE		
<i>ORAL SOLN 8MG/ML</i>	2	MO
HYZAAR	2	MO
LOTREL	2	MO
METOPROLOL TARTRATE		
<i>INJ 1MG/ML</i>	2	MO
MICARDIS	2	MO
MICARDIS HCT	2	MO
NIMODIPINE	4	MO
SODIUM EDECIN	2	MO
SULAR	2	MO
TEKURNA	2	MO
TEKURNA HCT	2	MO
TOPROL XL	3	MO

CARDIAC GLYCOSIDES

generic

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

BRAND

LANOXIN		
<i>INJ 0.1MG/ML</i>	2	MO

COAGULATION THERAPY

generic

<i>cilostazol</i>	1	MO
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DRUG NAME	DRUG TIER	REQ./LIMITS
<i>dipyridamole</i>		
<i>tabs 25mg;50mg;75mg</i>	1	MO
<i>heparin sodium</i>		
<i>inj 5000unit/ml;1000unit/ml;10000unit/ml</i>	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
<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

CRESTOR	2	MO
LOVAZA	2	MO
NIASPAN	2	MO
SIMCOR	2	MO
TRICOR	2	MO
TRIGLIDE	3	MO
TRILIPIX	2	MO
ZETIA	2	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
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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>		
<i>pt24 0.4mg/hr;0.2mg/hr;0.6mg/hr</i>	1	MO
<i>nitroglycerin</i>		
<i>inj 5mg/ml</i>	1	PA MO
<i>nitroglycerin transdermal</i>		
<i>0.1mg/hr</i>	1	MO

BRAND

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

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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DRUG NAME	DRUG TIER	REQ./LIMITS
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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

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

DRUG NAME	DRUG TIER	REQ./LIMITS
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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

TOPICAL ANTIFUNGALS

generic

<i>ciclopirox</i>		
<i>gel 0.77% susp 0.77%</i>	1	MO
<i>ciclopirox nail lacquer</i>	1	MO
<i>ciclopirox olamine</i>	1	MO
<i>clotrimazole</i>		
<i>1%;1%</i>	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

TOPICAL ANTIVIRALS

BRAND

DENAVIR	2	MO
ZOVIRAX		
CREA 5% OINT 5%	3	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
TOPICAL CORTICOSTEROIDS		
<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>		
<i>crea 0.05% gel 0.05% oint 0.05%</i>	1	MO
<i>betamethasone valerate</i>	1	MO
<i>beta-val</i>	1	MO
<i>clobetasol propionate</i>		
<i>foam 0.05% gel 0.05% oint 0.05%</i>		
<i>external soln 0.05%</i>	1	MO
<i>clobetasol propionate e</i>	1	MO
<i>cormax</i>		
<i>crea 0.05%</i>	1	MO
<i>del-beta</i>	1	MO
<i>desonide</i>	1	MO
<i>desoximetasone</i>	1	MO
<i>diflorasone diacetate</i>	1	MO
<i>fluocinolone acetonide</i>	1	MO
<i>fluocinonide</i>		
<i>gel 0.05% oint 0.05% external soln 0.05%</i>	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>		
<i>crea 0.5%;0.1%;0.025% lotn</i>		
<i>0.025%;0.1% oint 0.5%;0.1%;0.025%</i>	1	MO
<i>triderm</i>	1	MO
BRAND		
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

DRUG NAME	DRUG TIER	REQ./LIMITS
TOPICAL ENZYMES		
BRAND		
SANTYL	2	MO
TOPICAL SCABICIDES / PEDICULICIDES		
<i>generic</i>		
<i>acticin</i>	1	MO
<i>malathion</i>	1	
<i>permethrin</i>		
<i>crea 5%</i>	1	MO
BRAND		
EURAX	2	MO
LINDANE	2	MO
OVIDE	2	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>generic</i>		
<i>alcohol 5% / dextrose 5%</i>	1	MO
<i>alendronate sodium</i>		
<i>tabs 40mg</i>	1	PA MO
<i>anagrelide hydrochloride</i>	1	MO
<i>dextrose 10% flex container</i>	1	MO
<i>dextrose 2.5% / sodium chloride 0.45%</i>	1	MO
<i>dextrose 5%</i>	1	MO
<i>dextrose 5% / nacl 0.2%</i>	1	MO
<i>dextrose 5% / nacl 0.225%</i>	1	MO
<i>dextrose 5% / nacl 0.45%</i>	1	MO
<i>dextrose 5% / nacl 0.9%</i>	1	MO
<i>etidronate disodium</i>	1	MO
<i>kionex</i>		
<i>powd;</i>	1	MO
<i>levocarnitine</i>		
<i>1gm/10ml;330mg</i>	1	MO
<i>midodrine</i>	1	MO
<i>pilocarpine hcl</i>		
<i>tabs 7.5mg</i>	1	MO
<i>sodium chloride</i>		
<i>inj 0.9%</i>	1	MO
<i>sodium chloride 0.9%</i>	1	MO
BRAND		
ACTONEL		
TABS 30MG	3	PA MO
ADAGEN	4	LA MO

DRUG NAME	DRUG TIER	REQ./LIMITS
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% / NAACL 0.45%	2	MO
DEXTROSE 10% / NAACL 0.2%	2	MO
DEXTROSE 5% / NAACL 0.33%	2	MO
EVOXAC	3	MO
EXJADE	4	LA MO
FOSRENOL	2	MO
INCRELEX	4	LA PA MO
ORFADIN	4	LA MO
PROLASTIN		
INJ 500MG	4	LA
RENVELA		
PACK 2.4GM;0.8GM	2	
RENVELA		
TABS 800MG	2	MO
RILUTEK	4	MO
SKELID	3	PA MO
SYPRINE	2	MO
THIOLA	2	MO

SMOKING DETERRENTS

generic

<i>buproban</i>	1	PA MO
<i>bupropion hcl sr</i>		
150mg	1	PA MO

BRAND

CHANTIX	2	PA MO
NICOTROL INHALER	3	PA MO
NICOTROL NASAL	3	PA MO

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

generic

<i>chlorhexidine gluconate</i>		
oral rinse	1	MO
<i>ipratropium bromide</i>		
nasal soln 0.03%;0.06%	1	MO
<i>periogard</i>	1	MO
<i>triamcinolone in orabase</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
BRAND		
ASTELIN	3	MO
ASTEPRO		
137MCG/SPRAY	3	MO
BACTROBAN NASAL	2	MO
TYZINE	2	MO
TYZINE PEDIATRIC NASAL DROPS	2	MO

MISCELLANEOUS OTIC PREPARATIONS

generic

<i>acetazol hc</i>	1	MO
<i>acetic acid</i>	1	MO
<i>acetic acid / hydrocortisone</i>	1	MO
<i>borofair</i>	1	MO
<i>ofloxacin</i>	1	MO

BRAND

DERMOTIC	2	MO
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OTIC STEROID / ANTIBIOTIC

generic

<i>cortomycin</i>	1	MO
<i>neomycin / polymyxin / hc</i>	1	MO
<i>neomycin / polymyxin / hydrocortisone</i>		
<i>susp;</i>	1	MO

BRAND

CIPRO HC	3	MO
CIPRODEX	2	MO
COLY-MYCIN S	2	MO
CORTISPORIN-TC	2	MO
PEDIOTIC	2	MO

ENDOCRINE/DIABETES

ADRENAL HORMONES

generic

<i>a-hydrocort</i>	1	MO
<i>a-methapred</i>	1	PA MO
<i>cortisone acetate</i>	1	MO
<i>dexamethasone</i>		
4mg/ml elix 0.5mg/5ml tabs		
0.5mg;1.5mg;4mg;0.75mg;6mg	1	MO
<i>fludrocortisone acetate</i>	1	MO
<i>hydrocortisone</i>		
20mg;5mg;10mg	1	MO
<i>methylprednisolone</i>		
4mg;8mg;16mg;32mg	1	PA MO
<i>methylprednisolone acetate</i>	1	PA MO

DRUG NAME	DRUG TIER	REQ./ LIMITS
<i>methylprednisolone sodiumsuccinate</i> 40mg;125mg	1	PA MO
<i>prednisolone sodium phosphate</i> oral soln 15mg/5ml;5mg/5ml	1	PA MO
<i>prednisone</i> <i>solu-medrol</i> 500mg	1	PA MO

BRAND

DEPO-MEDROL	2	PA MO
DEXAMETHASONE TABS 1MG;2MG	2	MO
DEXAMETHASONE INTENSOL	2	MO
METHYLPREDNISOLONE SODIUMSUCCINATE 1000MG	2	PA MO
PREDNISONE INTENSOL	2	PA MO
SOLU-CORTEF 100MG;250MG	2	MO
SOLU-MEDROL 2GM;40MG	2	PA MO

ANTITHYROID AGENTS

generic

<i>methimazole</i>	1	MO
<i>propylthiouracil</i>	1	MO

DIABETES THERAPY

generic

<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> 2.5mg	1	MO
<i>glipizide xl</i> 10mg;5mg	1	MO
<i>glyburide</i>	1	MO
<i>glyburide / metformin</i>	1	MO
<i>glyburide micronized</i>	1	MO
<i>glycron</i> 1.5mg;3mg	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

BRAND

ACTOPLUS MET	2	MO
ACTOS	2	MO
ALCOHOL PREPS	2	MO

DRUG NAME	DRUG TIER	REQ./ LIMITS
AVANDAMET	2	MO
AVANDARYL	2	MO
AVANDIA	2	MO
BD INSULIN SYRINGE SAFETYGLIDE / 1ML / 29G X 1/2"		2
BD INSULIN SYRINGE ULTRAFINE / 0.3ML / 31G X 5/16"		2
BD INSULIN SYRINGE ULTRAFINE / 0.5ML / 30G X 1/2"		2
BD INSULIN SYRINGE ULTRAFINE / 1ML / 31G X 5/16"		2
BD ULTRA-FINE ORIGINAL PEN NEEDLES / 29G X 12.7MM		2
BYETTA	3	ST MO
CURITY GAUZE PADS 2"X2"	2	
DUETACT	2	MO
GLUCAGEN HYPOKIT	2	MO
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

DRUG NAME	DRUG TIER	REQ./LIMITS
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
<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

DRUG NAME	DRUG TIER	REQ./LIMITS
BRAND		
CYTOMEL	2	MO

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
<i>glycopyrrolate</i>	1	MO
<i>lonox</i>	1	MO
<i>loperamide hcl</i> <i>caps 2mg</i>	1	MO

BRAND

ATROPINE SULFATE INJ 0.05MG/ML	2	MO
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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</i> <i>inj 1mg/ml;0.1mg/ml</i>	1	MO
<i>granisetron</i> <i>tabs 1mg</i>	1	PA MO
<i>hydrocortisone</i> 100mg/60ml	1	MO
<i>lactulose</i> 10gm/15ml	1	MO
<i>meclizine hcl</i>	1	MO
<i>mesalamine</i> <i>enem 4gm</i>	1	MO
<i>metoclopramide</i>	1	MO
<i>ondansetron hcl</i> 4mg/2ml	1	MO
<i>ondansetron hcl</i> 4mg/5ml 4mg;8mg;24mg	1	PA MO
<i>ondansetron odt</i>	1	PA MO
<i>pancrelipase</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<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
<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
LOTRONEX	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

DRUG NAME	DRUG TIER	REQ./LIMITS
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ULCER THERAPY

generic

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

BRAND

CARAFATE		
SUSP 1GM/10ML	2	MO
KAPIDEX	3	ST MO
NEXIUM	2	MO
NEXIUM I.V.	2	MO
PEPCID		
SUSR 40MG/5ML	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>		
inj 5mg/1.5ml	1	PA MO

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

DRUG NAME	DRUG TIER	REQ./LIMITS
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

VACCINES / MISCELLANEOUS IMMUNOLOGICALS

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 WITH DILUENT 10 DOSE	2	MO
M-M-R II WITH 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

DRUG NAME	DRUG TIER	REQ./LIMITS
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
<i>probenecid</i>	1	MO
<i>probenecid / colchicine</i>	1	MO

BRAND

COLCRYS	2	
ULORIC	2	MO

OSTEOPOROSIS THERAPY

generic

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

BRAND

ACTONEL		
TABS 5MG;35MG;75MG;150MG	3	ST MO
ACTONEL WITH CALCIUM	3	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

DRUG NAME	DRUG TIER	REQ./LIMITS
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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>		
<i>tabs 1mg;2mg;0.5mg</i>	1	MO
<i>jolivette</i>	1	MO
<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
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
PREMPRO	2	MO
PROMETRIUM	2	MO
VAGIFEM	2	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
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MISCELLANEOUS OB/GYN

generic

<i>clindamycin phosphate</i>		
2%	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</i>		
0.4%;80mg	1	MO

BRAND

CLEOCIN		
SUPP 100MG	2	MO
GYNAZOLE-1	2	MO
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

DRUG NAME	DRUG TIER	REQ./LIMITS
<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
<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 ophthalmic</i>		
<i>soln 0.3%</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<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
ZYMAR	2	MO

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

BRAND

ALOCRIIL	3	MO
LACRISERT	2	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
OPTIVAR	2	MO
PATADAY	2	MO
PATANOL	2	MO
RESTASIS	2	MO

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

DRUG NAME	DRUG TIER	REQ./LIMITS
STERIODS		

generic

<i>dexamethasone</i>		
0.1%	1	MO
<i>fluorometholone</i>	1	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	1	MO

BRAND

ALREX	3	MO
FML	2	MO
FML FORTE	2	MO
LOTEMAX	2	MO

STERIOD-SULFONAMIDE COMBINATIONS

generic

<i>sulfacetamide sodium / prednisolone sodium phosphate</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</i>		
0.2%	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
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DRUG NAME	DRUG TIER	REQ./LIMITS
<i>cetirizine hcl</i>		
<i>syrp 5mg/5ml</i>	1	MO
<i>clemastine fumarate</i>		
<i>0.67mg/5ml;2.68mg</i>	1	MO
<i>diphenhydramine hcl</i>		
<i>caps 50mg;25mg inj 50mg/ml</i>	1	MO
<i>epinephrine hcl</i>		
<i>0.1mg/ml</i>	1	MO
<i>fexofenadine hcl</i>	1	MO
<i>hydroxyzine hcl</i>		
<i>inj 50mg/ml;25mg/ml</i>	1	MO
<i>hydroxyzine hcl</i>		
<i>syrp 10mg/5ml tabs 10mg;25mg;50mg</i>	1	PA MO
<i>palgic</i>		
<i>liqd 4mg/5ml</i>	1	MO
<i>phenadoz</i>	1	MO
<i>promethazine hcl</i>		
<i>50mg/ml 25mg;12.5mg</i>	1	MO
<i>promethazine hcl</i>		
<i>6.25mg/5ml;25mg;50mg;12.5mg</i>	1	PA MO
<i>promethegan</i>		
<i>25mg;50mg</i>	1	MO
BRAND		
CLARINEX	2	MO
CLARINEX REDITABS	2	MO
EPIPEN	2	MO
EPIPEN-JR	2	MO
TWINJECT	2	MO
ALLEGRA-D 12 HOUR	3	MO
ALLEGRA-D 24 HOUR	3	MO
CLARINEX-D 12 HOUR	2	MO
CLARINEX-D 24 HOUR	2	MO
PULMONARY AGENTS		
<i>generic</i>		
<i>acetylcysteine</i>	1	PA MO
<i>albuterol sulfate</i>		
<i>syrp 2mg/5ml tabs 4mg;2mg</i>	1	MO
<i>albuterol sulfate</i>		
<i>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</i>		
<i>nebu 20mg/2ml</i>	1	PA MO
<i>flunisolide</i>		
<i>0.025%</i>	1	MO
<i>fluticasone propionate</i>	1	MO
<i>ipratropium bromide</i>		
<i>inhalation soln 0.02%</i>	1	PA MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<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</i>		
<i>200mg;300mg</i>	1	MO
<i>theophylline er</i>	1	MO
BRAND		
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		
<i>220MCG/INH</i>	2	MO
ASMANEX 60 METERED DOSES	2	MO
ATROVENT HFA	2	MO
BRETHINE		
<i>INJ 1MG/ML</i>	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
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

DRUG NAME	DRUG TIER	REQ./LIMITS
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<i>generic</i>		
<i>flavoxate hcl</i>	1	MO
<i>oxybutynin</i>	1	MO
<i>oxybutynin er</i>	1	MO
BRAND		
DETROL	2	MO
DETROL LA	2	MO
ENABLEX	2	MO
OXYTROL	3	MO
SANCTURA	2	MO
SANCTURA XR	2	MO
VESICARE	2	MO
BENIGN PROSTATIC HYPERPLASIA/BPH THERAPY		
<i>generic</i>		
<i>finasteride</i>	1	MO
BRAND		
AVODART	2	MO
FLOMAX	2	MO
UROXATRAL	2	MO
CHOLINERGIC STIMULANTS		
<i>generic</i>		
<i>bethanechol chloride</i>	1	MO
MISCELLANEOUS UROLOGICALS		
<i>generic</i>		
<i>potassium citrate extended-release</i>	1	MO
BRAND		
CYSTAGON	2	LA
ELMIRON	2	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>generic</i>		
<i>calcium acetate</i>	1	MO
<i>eliphos</i>	1	MO
<i>kcl 0.075% / d5w / nacl 0.45%</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<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
<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
BRAND		
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

DRUG NAME	DRUG TIER	REQ./LIMITS
POTASSIUM CHLORIDE 0.15% / D5W	2	MO
POTASSIUM CHLORIDE 0.22% D5W / NAACL 0.45%	2	MO
POTASSIUM CHLORIDE 0.3% / NAACL 0.9%	2	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>sodium fluoride tabs 1mg</i>	1	MO

MISCELLANEOUS NUTRITION PRODUCTS

generic

<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

BRAND

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 / NAACL 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

VITAMINS / HEMATINICS

generic

<i>prenatabs obn</i>	1	MO
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diclofenac potassium	8	DUETACT	16	ERY	13
diclofenac sodium	8, 22	DURAMORPH	7	ery-tab	2
diclofenac sodium ec	8			ERYTHROCIN	
diclofenac sodium xr	8	E		erythrocin lactobionate	2
DICYCLOMINE HCL	17	ECONAZOLE NITRATE	13	erythrocin stearate	2
DIDANOSINE	1	EDECIN	11	ERYTHROMYCIN	13, 21
DIFFERIN	13	E.E.S.		erythromycin base	2
DIFLORASONE DIACETATE	14	e.e.s. 400	2	erythromycin / benzoyl peroxide	13
DIFLUCAN IN NACL	1	e.e.s. granules	2	erythromycin / sulfisoxazole	2
DIFLUNISAL	8	EFFEXOR XR	9	ESTRADIOL	20
DIGOXIN	11	ELIDEL	13	estradiol / norethindrone acetate	20
DIHYDROERGOTAMINE MESYLATE	7	ELIGARD	5	ESTRASORB	20
DILANTIN	6	ELIPHOS	24	ESTRING	20
dilantin infatabs	6	ELITEK	4	ESTROGEL	20
DILAUDID	8	ELIXOPHYLLIN	23	ESTROPIPATE	20
dilaudid-5	8	ELLECE	5	ETHAMBUTOL	2
DILT		ELMIRON	24	ETHOSUXIMIDE	6
dilt-cd	10	ELOXATIN	5	ETIDRONATE DISODIUM	14
dilt-xr	10	ELSPAR	5	ETODOLAC	8
DILTIAZEM		EMCYT	5	ETOPOPHOS	5
diltiazem cd	10	EMEND	18	ETOPOSIDE	5
diltiazem hcl	10, 11	EMSAM	9	EURAX	14
diltiazem hcl er	10	EMTRIVA	1	EVISTA	19
DILTZAC	10	ENABLEX	24	EVOXAC	15
DIPENTUM	18	ENALAPRIL	10	EXELON	7
DIPHENHYDRAMINE HCL	23	enalapril / hydrochlorothiazide	10	EXFORGE HCT	11
DIPHENOXYLATE / ATROPINE	17	ENBREL	19	EXJADE	15
DIPHThERIA / TETANUS		ENDOCET	7		
toxoid pediatric	19	ENGERIX-B	19	F	
toxoids adsorbed adult	19	ENJUVA	20	FABRAZYME	17
DIPIVEFRIN HCL	22	ENPRESSE-28	20	FAMCICLOVIR	1
DIPYRIDAMOLE	12	ENTOCORT EC	18	FAMOTIDINE	18
DISOPYRAMIDE PHOSPHATE	10	ENULOSE	17	famotidine premixed	18
DIVALPROEX SODIUM	6	EPINEPHRINE HCL	23	FANSIDAR	3
DIVIGEL	20	EPIPEN	23	FARESTON	5
DORZOLAMIDE HCL	22	epipen-jr	23	FASLODEX	5
dorzolamide hcl / timolol maleate	22	EPIRUBICIN HCL	5	FAZACLO	9
DOVONEX	12	EPITOL	6	FELBATOL	6
DOXAZOSIN	10	EPIVIR	1	FELODIPINE ER	10
		epivir hbv	1	FEMARA	5

FEMHRT		FOSINOPRIL	10	GUANFACINE HCL	11
femhrt 1/5	20	fosinopril / hydrochlorothiazide	10	GYNAZOLE-1	20
femhrt low dose	20	FOSPHENYTOIN SODIUM	6	GYNODIOL	20
FENOFIBRATE	12	FOSRENOL	15	<hr/>	
fenofibrate micronized	12	FRAGMIN	12	H	
FENOPROFEN CALCIUM	8	FREAMINE		HALDOL DECANOATE	9
FENTANYL		freamine hbc	25	HALOBETASOL PROPIONATE	14
fentanyl citrate	7	freamine iii	25	HALOPERIDOL	9
fentanyl citrate oral transmucosal	7	FURADANTIN	4	haloperidol decanoate	9
fentanyl patches	7	FUROSEMIDE	11	haloperidol lactate	9
FEXOFENADINE HCL	23	FUZEON	1	HAVRIX	19
FINACEA	13	<hr/>		HECTOROL	17
FINASTERIDE	24	G		HEPARIN SODIUM	12
FLAVOXATE HCL	24	GABAPENTIN	6	heparin sodium / d5w	12
FLECAINIDE ACETATE	10	GABITRIL	6	heparin sodium dcu	12
FLOMAX	24	GALANTAMINE HYDROBROMIDE	7	heparin sodium / nacl 0.9%	12
FLOVENT		GANTRISIN PEDIATRIC	4	heparin sodium / nacl 0.45%	12
flovent diskus	23	GARDASIL	19	heparin sodium / sodium chloride	
flovent hfa	23	GASTROCROM	18	0.9% premix	12
FLUCONAZOLE	1	GAVILYTE-G	17	HEPATAMINE	25
fluconazole in dextrose	1	GEMFIBROZIL	12	HEPATASOL	25
FLUDARABINE PHOSPHATE	5	GEMZAR	5	HEPSERA	1
FLUDROCORTISONE ACETATE	15	GENERLAC	17	HERCEPTIN	5
FLUNISOLIDE	23	GENGRAF	5	HEXALEN	5
FLUOCINOLONE ACETONIDE	14	GENTAK	21	HUMALOG	16
FLUOCINONIDE	14	GENTAMICIN SULFATE	2, 3, 13, 21	humalog mix 50/50	16
fluocinonide emollient base	14	gentamicin sulfate / 0.9% sodium		humalog mix 50/50 pen	16
FLUOROMETHOLONE	22	chloride	2, 3	humalog mix 75/25	16
FLUOROPLEX	13	gentamicin sulfate / sodium chloride	2	humalog mix 75/25 pen	16
FLUOROURACIL	5, 13	GENTASOL	21	humalog pen	16
FLUOXETINE	9	GEODON	9	HUMIRA	19
FLUPHENAZINE	9	GLEEVEC	5	humira pen-crohns disease starter	19
fluphenazine decanoate	9	GLIMEPIRIDE	16	HUMULIN	
FLURBIPROFEN	8	GLIPIZIDE	16	humulin 50/50	16
flurbiprofen sodium	22	glipizide er	16	humulin 70/30	16
FLUTAMIDE	5	glipizide / metformin	16	humulin 70/30 pen	16
FLUTICASONE PROPIONATE	14, 23	glipizide xl	16	humulin n	16
FLUVOXAMINE	9	GLUCAGEN HYPOKIT	16	humulin n u-100 pen	16
FML	22	GLUCAGON EMERGENCY KIT	16	humulin r	16
fml forte	22	GLYBURIDE	16	humulin r u-500 concentrated	16
FOCALIN	9	glyburide / metformin	16	HYCANTIN	5
focalin xr	9	glyburide micronized	16	HYDRALAZINE	11
FORADIL AEROLIZER	23	GLYCOPYRROLATE	17	HYDROCHLOROTHIAZIDE	11
FORTAZ	2	GLYCRON	16	HYDROCODONE	
FORTEO	19	GLYSET	16	hydrocodone / acetaminophen	7
FORTICAL	17	GRANISETRON	17	hydrocodone / acetaminophen-hs	8
FOSAMAX	19	GRISEOFULVIN MICROSIZED	1	hydrocodone bitartrate /	
FOSCARNET SODIUM	1	GRIS-PEG	1	acetaminophen	8

hydrocodone / ibuprofen	7	isosorbide dinitrate er	12	KURIC	13
HYDROCORTISONE	14, 15, 17	isosorbide mononitrate	12	KUVAN	17
hydrocortisone butyrate	14	isosorbide mononitrate er	12	<hr/>	
hydrocortisone valerate	14	ISOTONIC GENTAMICIN	2	L	
HYDROMORPHONE HCL	8	ISRADIPINE	11	LABETALOL	11
HYDROXYCHLOROQUINE	2	ITRACONAZOLE	1	LACLOTION	13
HYDROXYUREA	5	<hr/>			
HYDROXYZINE HCL	23	J			
HYZAAR	11	JANTOVEN	12	LACTATED RINGERS VIAFLEX	24
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I					
IBU	8	JANUMET	16	LACTULOSE	17
IBUPROFEN	8	JANUVIA	16	LAMICTAL STARTER	
IDARUBICIN HCL	5	JE-VAX	19	not taking carbamazepine	6
IFEX	5	JOLIVETTE	20	taking carbamazepine / not taking	
IFOSFAMIDE	5	JUNEL	20	valproate	6
ifosfamide / mesna	5	junel fe 1.5/30	20	taking valproate	6
IMDUR	12	junel fe 1/20	20	LAMOTRIGINE	6
IMIPRAMINE	9	<hr/>			
IMITREX	7	K			
IMOVAX RABIES H.D.C.V.	19	KADIAN	8	LANOXIN	11
INCRELEX	15	KALETRA	1	LANTUS	16
INDAPAMIDE	11	KAON-CL-10	24	lantus solostar	16
INDOMETHACIN	8	KAPIDEX	18	LEENA	20
indomethacin er	8	KARIVA	20	LEFLUNOMIDE	19
INFANRIX	19	KCL		LESSINA-28	20
INFUMORPH		kcl 0.3% / d5w / lr iv lac ring	24	LETAIRIS	23
infumorph 200	8	kcl 0.3% / d5w / nacl 0.2%	24	LEUCOVORIN CALCIUM	4
infumorph 500	8	kcl 0.3% / d5w / nacl 0.9%	24	LEUKERAN	5
INTELENCE	1	kcl 0.3% / d5w / nacl 0.45%	24	LEUKINE	18
INTRALIPID	25	kcl 0.15% / d5w / lr	24	LEUPROLIDE ACETATE	5
INTRON-A	18	kcl 0.15% / d5w / nacl 0.2%	24	LEUSTATIN	5
intron-a with diluent	18	kcl 0.15% / d5w / nacl 0.9%	24	LEVAQUIN	3
INVEGA	9	kcl 0.15% / d5w / nacl 0.225%	24	levaquin premix	3
INVIRASE	1	kcl 0.15% / d10w / nacl 0.2%	25	LEVEMIR	16
IONOSOL	25	kcl 0.075% / d5w / nacl 0.45%	24	levemir flexpen	16
IOPIDINE	22	kcl 0.224% / d5w / nacl 0.2%	24	LEVETIRACETAM	6
IPOL INACTIVATED IPV	19	KELNOR 1/35	20	LEVOBUNOLOL HCL	21
IPRATROPIUM BROMIDE	15, 23	KEPPRA	6	LEVOCARNITINE	14
ipratropium bromide / albuterol		KETEK	3	LEVO DROMORAN	8
sulfate	23	KETOCONAZOLE	1, 13	LEVORA	20
IRINOTECAN	5	KETOPROFEN	8	LEVORPHANOL TARTRATE	8
ISENTRESS	1	ketoprofen er	8	LEVOTHYROXINE	17
ISOLYTE	25	KIONEX	14	LEVOXYL	17
ISONARIF	2	KLOR-CON		LEXAPRO	10
ISONIAZID	2, 3	klor-con 8	24	LEXIVA	1
ISOSORBIDE		klor-con 10	24	LIDOCAINE	13
isosorbide dinitrate	12	klor-con m15	24	lidocaine / prilocaine	13
		klor-con m20	24	LIDODERM	13
		K-TABS	24	LINDANE	14
				LIOTHYRONINE SODIUM	17
				LISINOPRIL	11
				lisinopril / hydrochlorothiazide	11

LITHIUM		MENOSTAR	20	MICARDIS	11
lithium carbonate	9	MEPERIDINE HCL	8	micardis hct	11
lithium carbonate er	9	MEPRON	3	MICONAZOLE 3	20
lithium citrate	9	MERCAPTOPYRINE	5	MICROGESTIN	
LOCOID	14	MERUVAX II WITH DILUENT 10 DOSE	19	microgestin 1.5/30	20
LODOSYN	7	MESALAMINE	17	microgestin 1/20	20
LONOX	17	MESNEX	4	microgestin fe	20
LOPERAMIDE HCL	17	MESTINON	7	microgestin fe 1.5/30	20
LOTEMAX	22	mestinon timespan	7	MIDODRINE	14
LOTREL	11	METADATE		MIGERGOT	7
LOTRONEX	18	metadate cd	10	MIGRANAL	7
LOVASTATIN	12	metadate er	9	MINOCYCLINE HCL	4
LOVAZA	12	METAPROTERENOL SULFATE	23	MINOXIDIL	11
LOVENOX	12	METFORMIN		MIRAPEX	7
LOW-OGESTREL	20	metformin hcl	16	MIRTAZAPINE	9
LOXAPINE	9	metformin hcl er	16	mirtazapine odt	9
LUMIGAN	22	METHADONE HCL	8	MISOPROSTOL	18
LUPRON DEPOT	5	METHADOSE	8	MITOMYCIN	5
lupron depot-ped	5	METHAZOLAMIDE	22	MITOXANTRONE HCL	5
LUTERA	20	METHENAMINE HIPPURATE	4	M-M-R II WITH DILUENT 10 DOSE	19
LUXIQ	14	METHERGINE	21	MOBAN	10
LYRICA	6	METHIMAZOLE	16	MOEXIPRIL	11
LYSODREN	5	METHOCARBAMOL	7	moexipril / hydrochlorothiazide	11
		METHOTREXATE	5	MOMETASONE FUROATE	14
M		methotrexate sodium	5	MONOKET	12
MACRODANTIN	4	METHYLCLOTHIAZIDE	11	MONONESSA	20
MAGNESIUM SULFATE IN D5W	24	METHYLIN	9, 10	MORPHINE SULFATE	8
MALARONE	3	methylin er	9	morphine sulfate er	8
MALATHION	14	METHYLPHENIDATE HCL		MUPIROICIN	13
MAPROTILINE	9	methylphenidate hcl	9	MUSTARGEN	6
MARGESIC-H	8	methylphenidate hcl sr	9	MYCOBUTIN	3
MARPLAN	10	METHYLPREDNISOLONE	15	MYCOPHENOLATE MOFETIL	5
MATULANE	5	methylprednisolone acetate	15	MYDRAL	21
MAXALT	7	methylprednisolone sodiumsuccinate	16	MYFORTIC	6
maxalt-mlt	7	METIPRANOLOL	21	MYLOTARG	6
MAXIPIME	2	METOCLOPRAMIDE	17	MYTELASE	7
MEBENDAZOLE	2	METOLAZONE	11		
MECLIZINE HCL	17	METOPROLOL		N	
MECLOFENAMATE SODIUM	8	metoprolol / hydrochlorothiazide	11	NABUMETONE	8
MEDROXYPROGESTERONE ACETATE	20	metoprolol succinate er	11	NADOLOL	11
MEFLOQUINE HCL	2	metoprolol tartrate	11	nadolol / bendroflumethiazide	11
MEGACE ES	5	METROGEL	13	NAFCILLIN SODIUM	3
MEGESTROL ACETATE	5	METRONIDAZOLE	2, 13	NAGLAZYME	17
MELOXICAM	8	metronidazole in nacl 0.79%	2	NALLPEN / DEXTROSE	3
MELPHALAN HYDROCHLORIDE	5	METRONIDAZOLE VAGINAL	20	NALOXONE	8
MENACTRA	19	MEXILETINE	10	NALTREXONE	8
MENEST	20	MIACALCIN	17	NAMENDA	7
MENOMUNE-A/C/Y/W-135	19			namenda titration pak	7

NAPHAZOLINE HCL	22	NIMODIPINE	11	0	
NAPROXEN	8	NIPENT	6	OCTREOTIDE	5
naproxen sodium	8	NISOLDIPINE	11	OFLOXACIN	3, 15, 21
NARDIL	10	NITRO-BID	12	OGESTREL	21
NASACORT AQ	23	NITROFURANTOIN		OMEPRAZOLE	18
NASONEX	23	nitrofurantoin macrocrystalline	4	OMNITROPE	18
NATACYN	21	nitrofurantoin monohydrate	4	ONCASPAR	6
NEBUPENT	3	NITROGLYCERIN	12	ONDANSETRON	
NECON		nitroglycerin transdermal	12	ondansetron hcl	17
necon 0.5/35-28	20	NITROLINGUAL PUMPSPRAY	12	ondansetron odt	17
necon 1/35-28	20	NITROSTAT	12	ONTAK	6
necon 1/50-28	20	NIZATIDINE	18	ONXOL	5
necon 7/7/7	20	NORA-BE	20	OPANA ER	8
necon 10/11-28	20	NORDITROPIN		OPTIVAR	22
NEFAZODONE	9	norditropin cartridge	19	ORAP	10
NEOMYCIN		norditropin nordiflex pen	19	ORFADIN	15
neomycin / bacitracin / polymyxin	21	NORETHINDRONE	20	ORPHENADRINE	
neomycin / polymyxin /		NORMOSOL	24, 25	orphenadrine / asa / caffeine	7
dexamethasone	22	NOROXIN	3	orphenadrine citrate	7
neomycin / polymyxin / gramicidin	21	NORPACE CR	10	orphenadrine citrate er	7
neomycin / polymyxin / hc	15	NORTREL		orphenadrine compound ds	7
neomycin / polymyxin /		nortrel 0.5/35 28	20	ORTHO-EST	20
hydrocortisone	15	nortrel 1/35 21	21	ORTHO EVRA	20
neomycin / polymyxin /		nortrel 1/35 28	21	OVIDE	14
hydrocortisone susp	22	nortrel 7/7/7	21	OXALIPLATIN	5
neomycin sulfate	2	NORTRIPTYLINE	9	OXANDROLONE	17
NEORAL	6	NORVIR	1	OXAPROZIN	8
NEPHRAMINE	25	NOVAMINE	25	OXCARBAZEPINE	6
NEULASTA	18	NOVOLIN		OXSORALEN ULTRA	13
NEUMEGA	18	novolin 70/30	16	OXYBUTYNIN	24
NEUPOGEN	19	novolin 70/30 innolet	16	oxybutynin er	24
NEURONTIN	6	novolin n	16	OXYCODONE	
NEUTREXIN	3	novolin n innolet	16	oxycodone / acetaminophen	8
NEVANAC	22	novolin r	16	oxycodone / apap	8
NEXAVAR	6	novolin r innolet	16	oxycodone-apap	8
NEXIUM	18	NOVOLOG	16	oxycodone / aspirin	8
nexium i.v.	18	novolog flexpen	16	oxycodone hcl	8
NEXT CHOICE	20	novolog mix 70/30	16	oxycodone hcl er	8
NIASPAN	12	novolog mix 70/30 prefilled flexpen	16	OXYCONTIN	8
NICARDIPINE	11	NOXAFIL	1	OXYTROL	24
NICOTROL		NULYTELY / FLAVOR PACKS	18		
nicotrol inhaler	15	NUVARING	20	P	
nicotrol nasal	15	NYAMYC	13	PACERONE	10
NIFEDIAC CC	11	NYSTATIN	1, 13	PACLITAXEL	5
NIFEDICAL XL	11	nystatin / triamcinolone	13	PALGIC	23
NIFEDIPINE	11	NYSTOP	13	PANCREASE MT	18
nifedipine er	11			PANCRECARB MS	18
NILANDRON	6				

PANCRELIPASE	17	PHOTOFRIN	6	PREMASOL	25
pancrelipase mst	18	PILOCARPINE HCL	14	PREMPRO	20
PANCRON		PILOPINE HS	21	PRENATABS OBN	25
pancron 10	18	PINDOLOL	11	PREVALITE	12
pancron 20	18	PIROXICAM	8	PREVIFEM	21
PANDEL	14	PLAN B	21	PREVPAC	18
PANRETIN	13	PLASMA-LYTE	25	PREZISTA	1
PANTOPRAZOLE	18	PLAVIX	12	PRIMAQUINE	3
PARCAINE	21	PODOFILOX	13	PRIMAXIN	
PAROMOMYCIN	2	POLYCIN B	21	primaxin i.m.	3
PAROXETINE	9	POLY-DEX	22	primaxin iv	3
paroxetine er	9	PORTIA-28	21	PRIMIDONE	6
PASER	3	POTASSIUM CHLORIDE	24	PRIMSOL	4
PATADAY	22	potassium chloride 0.3% / d5w	24	PRISTIQ	10
PATANOL	22	potassium chloride 0.3% / nacl 0.9%	25	PROAIR HFA	23
PEDIARIX	19	potassium chloride 0.15% / d5w	25	PROBENECID	19
PEDI-DRI	13	potassium chloride 0.15% d5w /		probenecid / colchicine	19
PEDIOTIC	15	nacl 0.33%	24	PROCAINAMIDE	10
PEDVAX HIB	19	potassium chloride 0.15% d5w /		PROCHLORPERAZINE	18
PEG 3350 / ELECTROLYTES	18	nacl 0.45% viaflex	24	prochlorperazine edisylate	18
PEGANONE	6	potassium chloride 0.15% nacl 0.9%	24	prochlorperazine maleate	18
PEGASYS	19	potassium chloride 0.15% / nacl		PROCRIT	19
PEG-INTRON	19	0.45% viaflex	24	PROCTO-PAK	18
peg-intron redipen	19	potassium chloride 0.22% d5w /		PROCTOSOL HC	18
peg-intron redipen pak 4	19	nacl 0.45%	25	PROCTOZONE-HC	18
PENICILLIN		potassium chloride 0.075% / d5w		PROGLYCEM	16
penicillin g potassium	3	/ nacl 0.225%	24	PROGRAF	6
penicillin g potassium in iso-		potassium chloride 0.224% / d5w	24	PROLASTIN	15
osmotic dextrose	3	potassium chloride 0.224% d5w /		PROLEUKIN	19
penicillin g procaine	3	nacl 0.33%	24	PROMACTA	12
penicillin g sodium	3	potassium chloride cr	24	PROMETHAZINE HCL	23
penicillin v potassium	3	potassium chloride er	24	PROMETHEGAN	23
PENTASA	18	POTASSIUM CITRATE EXTENDED-		PROMETRIUM	20
PENTOPAK	12	RELEASE	24	PROPAFENONE HCL	10
PENTOSTATIN	5	PRANDIN	16	PROPARACAINE HCL	21
PENTOXIFYLLINE ER	12	PRAVASTATIN	12	PROPOXYPHENE	
PENTOXIL	12	PRAZOSIN	11	propoxyphene / acetaminophen	9
PEPCID	18	PREDNICARBATE	14	propoxyphene hcl	9
PERIOGARD	15	PREDNISOLONE		propoxyphene-n / acetaminophen	9
PERMETHRIN	14	prednisolone acetate	22	PROPRANOLOL	
PERPHENAZINE	9	prednisolone sodium phosphate	16	propranolol hcl	11
PFIZERPEN-G	3	prednisolone sodium phosphate		propranolol hcl er	11
PHENADOZ	23	ophthalmic soln 1%	22	propranolol / hydrochlorothiazide	11
PHENYTEK	6	PREDNISONE	16	PROPYLTHIOURACIL	16
PHENYTOIN	6	prednisone intensol	16	PROQUAD	19
phenytoin sodium	6	PREFEST	20	PROTOPIC	13
phenytoin sodium extended	6	PREMARIN	20	PROTRIPTYLINE HCL	9
PHISOHEX	13	premarin w/applicator	20	PROVENTIL HFA	23

PROVIGIL	10	RETROVIR IV INFUSION	1	SODIUM CHLORIDE	14, 24
PULMICORT	23	REVATIO	23	sodium chloride 0.9%	14
pulmicort flexhaler	23	REVLIMID	6	sodium chloride 0.45% viaflex	24
PULMOZYME	23	REYATAZ	1	SODIUM EDECIN	11
PYLERA	18	RHEUMATREX	6	SODIUM FLUORIDE	25
PYRAZINAMIDE	2	RHINOCORT AQUA	23	SODIUM SULFACETAMIDE	13, 22
PYRIDOSTIGMINE BROMIDE	7	RIBAPAK	1	SOLARAZE	13
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Q		RIBASPHERE	1	SOLIA	21
QUALAQUIN	3	RIBAVIRIN	1	SOLU-CORTEF	16
QUASENSE	21	RIDAURA	19	SOLU-MEDROL	16
QUINAPRIL	11	RIFAMPIN	2	SOMATULINE DEPOT	6
quinapril / hydrochlorothiazide	11	RILUTEK	15	SOMAVERT	17
QUINARETIC	11	RIMANTADINE HCL	1	SORIATANE CK	12
QUINIDINE		RINGERS INJECTION	24	SORINE	10
quinidine gluconate cr	10	RISPERDAL		SOTALOL	10
quinidine sulfate	10	risperdal consta	10	SOTRET	13
quinidine sulfate er	10	risperdal m-tab	10	SPIRIVA HANDIHALER	23
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R		RISPERIDONE	9	SPIRONOLACTONE	11
RABAVERT	19	risperidone odt	9	spironolactone / hydrochlorothiazide	11
RAMIPRIL	11	RITALIN LA	10	SPORANOX	1
RANEXA	12	RITUXAN	6	SPRINTEC 28	21
RANITIDINE HCL	18	ROPINIROLE	7	SPRYCEL	6
RAPAMUNE	6	ROTATEQ	19	SRONYX	21
RAZADYNE	7	ROXICET	8	SSD	12
REBETOL	1	<hr/>			
REBIF	19	S		STAGESIC	8
rebif titration pack	19	SANCTURA	24	STALEVO	
RECLIPSEN	21	sanctura xr	24	stalevo 50	7
RECOMBIVAX HB	19	SANDIMMUNE	6	stalevo 75	7
REGONOL	7	SANDOSTATIN LAR DEPOT	6	stalevo 100	7
REGRANEX	13	SANTYL	14	stalevo 125	7
RELENZA DISKHALER	1	SELEGILINE	7	stalevo 150	7
RELION		SELENIUM SULFIDE	12	stalevo 200	7
relion 70/30	16	SELFEMRA	9	STAVUDINE	1
relion n	16	SELZENTRY	1	STIMATE	17
relion r	16	SENSIPAR	17	STRATTERA	10
RELISTOR	18	SEREVENT DISKUS	23	STREPTOMYCIN SULFATE	3
RELPAK	7	SEROMYCIN	3	STROMECTOL	3
REMICADE	18	SEROQUEL	10	SUBOXONE	8
RENAMIN	25	seroquel xr	10	SUBUTEX	8
REVELA	15	SERTRALINE	9	SUCRAID	18
REPREXAIN	8	SILVER SULFADIAZINE	12	SUCRALFATE	18
REQUIP XL	7	SIMCOR	12	SULAR	11
RESCRIPTOR	1	SIMVASTATIN	12	SULFACETAMIDE SODIUM /	
RESERPINE	11	SINGULAIR	23	PREDNISOLONE SODIUM	
RESTASIS	22	SKELID	15	PHOSPHATE	22
		SODIUM BICARBONATE	24	SULFADIAZINE	4
				SULFAMETHOXAZOLE / TRIMETHOPRIM	4
				sulfamethoxazole / trimethoprim ds	4

SULFAMYLON	12	THEOCHRON	23	triamcinolone in orabase	15
SULFASALAZINE	18	THEOPHYLLINE		TRIAMTERENE /	
SULFATRIM	4	theophylline cr	23	HYDROCHLOROTHIAZIDE	11
SULFAZINE	18	theophylline er	23	TRICOR	12
sulfazine ec	18	THERMAZENE	12	TRIDERM	14
SULINDAC	8	THIOLA	15	TRIFLUOPERAZINE	9
SUMATRIPTAN SUCCINATE	7	THIORIDAZINE	9	TRIFLURIDINE	21
SUPRAX	2	THIOTEPA	5	TRIGLIDE	12
SURMONTIL	10	THIOTHIXENE	9	TRIHENXYPHENIDYL	7
SUSTIVA	1	THYMOGLOBULIN	19	TRIHIBIT	19
SUTENT	6	TICLOPIDINE HCL	12	TRI-LEGEST FE	21
SYMBICORT	23	TIKOSYN	10	TRILEPTAL	6
SYMBYAX	10	TIMOLOL MALEATE	11, 21	TRILIPIX	12
SYMLIN	17	TIMOPTIC OCUDOSE	21	TRIMETHOPRIM	4
SYMLINPEN 60	17	TIZANIDINE HCL	7	trimethoprim sulfate / polymyxin b	
SYNAREL	17	TOBI	3	sulfate	21
SYPRINE	15	TOBRADEX	22	TRIMIPRAMINE MALEATE	9
		TOBRAMYCIN	3	TRINESSA	21
T		tobramycin / dexamethasone	22	TRIPEDIA	19
TABLOID	6	tobramycin ophthalmic	21	TRI-PREVFEM	21
TAMIFLU	1	tobramycin sulfate / sodium chloride	3	TRISENOX	6
TAMOXIFEN CITRATE	5	TOBRASOL	21	TRI-SPRINTEC	21
TARCEVA	6	TOBREX	21	TRIVORA-28	21
TARGRETIN	6	TOLAZAMIDE	16	TRIZIVIR	1
TASIGNA	6	TOLBUTAMIDE	16	TROPHAMINE	25
TASMAR	7	TOLMETIN SODIUM	8	TROPICACYL	21
TAXOTERE	6	TOPIRAMATE	6	TROPICAMIDE	21
TAZICEF	2	TOPROL XL	11	TRUVADA	1
TAZTIA XT	11	TORSEMIDE	11	TWINJECT	23
TEGRETOL-XR	6	TRACLEER	23	TWINRIX	19
TEKTRUNA	11	TRAMADOL	8	TYGACIL	3
TEKTRUNA HCT	11	TRANDOLAPRIL	11	TYKERB	6
TERAZOSIN HCL	11	TRANSDERM-SCOP	18	TYPHIM VI	19
TERBINAFINE	1	TRANLYCYPROMINE	9	TYZEKA	1
TERBUTALINE SULFATE	23	TRAVASOL	25	TYZINE	15
TERCONAZOLE	20	travasol 8.5% / dextrose 10%	25	tyzine pediatric nasal drops	15
TESTIM	17	travasol 8.5% / dextrose 20%	25		
TESTOSTERONE		travasol 8.5% / dextrose 50%	25	U	
testosterone cypionate	17	TRAVATAN Z	22	ULESFIA	13
testosterone enanthate	17	TRAZODONE	9	ULORIC	19
TETANUS / DIPHTHERIA		TRECTOR	3	ULTRASE	18
toxoid pediatric	19	TRELSTAR		ultrase mt 12	18
toxoids adsorbed adult	19	trelstar depot	6	ultrase mt 18	18
TETANUS TOXOID ADSORBED	19	trelstar la	6	ultrase mt 20	18
TETRACYCLINE HCL	4	TRETINOIN	5, 13	UNITHROID	17
TEV-TROPIN	19	TREZIX	8	UROXATRAL	24
THALOMID	6	TRIAMCINOLONE		URSO	
THEO-24	23	triamcinolone acetonide	14	urso 250	18

urso forte	18
URSODIOL	18
V	
VAGIFEM	20
VALCYTE	1
VALPROATE SODIUM	6
VALPROIC ACID	6
VALTREX	1
VANCOCIN	4
VANCOMYCIN	4
vancomycin hcl iso-osmotic dextrose	4
VANDAZOLE	20
VAQTA	19
VARIVAX	19
VEETIDS	3
VELCADE	6
VELIVET	21
VENLAFAXINE	
venlafaxine hcl	9
venlafaxine hcl er	10
VENTOLIN HFA	23
VERAMYST	23
VERAPAMIL	11
verapamil er	11
VESICARE	24
VFEND	1
vfend iv	1
VIBRAMYCIN	4
VIDAZA	6
VIDEX PEDIATRIC	1
VIMPAT	6
VINBLASTINE SULFATE	5
VINCASAR PFS	5
VINCRISTINE SULFATE	5
VINORELBINE TARTRATE	5
VIKASE	18
viokase 16	18
VIRACEPT	2
VIRAMUNE	2
VIREAD	2
VIVOTIF BERNA	19
VOLTAREN	8
W	
WARFARIN	12

X	
XALATAN	22
XENAZINE	7
XIBROM	22
XIFAXAN	3
XYREM	10
Y	
YF-VAX	19
Z	
ZALEPLON	9
ZANOSAR	6
ZANTAC	18
ZAVESCA	17
ZAZOLE	20
ZELAPAR	7
ZEMPLAR	17
ZERLOR	8
ZETIA	12
ZIAGEN	2
ZIDOVUDINE	1
ZINACEF	2
zinacef in iso-osmotic dextrose	2
zinacef in iso-osmotic diluent	2
ZMAX	2
ZOLINZA	6
ZOLPIDEM	9
ZOMIG	7
zomig zmt	7
ZONALON	13
ZONISAMIDE	6
ZOSTAVAX	19
ZOSYN	3
ZOVIA	
zovia 1/35e	21
zovia 1/50e	21
ZOVIRAX	13
ZYFLO CR	23
ZYLET	22
ZYMAR	21
ZYPREXA	10
zyprexa zydis	10
ZYVOX	3

