UA Medicare Group Part D

Prescription Drug Coverage

2009 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.

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What is the UA Medicare Group Part D Formulary?

A formulary is a list of covered drugs selected by UA Medicare Group Part D in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. UA Medicare Group Part D will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a UA Medicare Group Part D network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary change?

Generally, if you are taking a drug on our 2009 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2009 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, 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, 2009. To get updated information about the drugs covered by UA Medicare Group Part D, please visit our Website at www.uagrouppartd.com or call Customer Service at 1-866-524-4199, weekdays from 8:00am to 8:00pm in your local time zone. TTY/TDD users should call 1-866-524-4170.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 2. 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 25. 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 Group Part D covers both brand name drugs and generic drugs. A generic drug has the same active-ingredient as the brand name drug. Generic drugs usually cost less than brand name drugs and are approved by the Food and Drug Administration (FDA).

Are there any restrictions on my coverage?

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

- **Prior Authorization:** UA Medicare Group Part D requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from UA Medicare Group Part D before you fill your prescriptions. If you don't get approval, UA Medicare Group Part D may not cover the drug.

- **Quantity Limits:** For certain drugs, UA Medicare Group Part D limits the amount of the drug that UA Medicare Group Part D will cover. For example, UA Medicare Group Part D provides 34 tablets per prescription for LIPITOR. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, UA Medicare Group Part D requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, UA Medicare Group Part D may not cover Drug B unless you try Drug A first. If Drug A does not work for you, UA Medicare Group Part D will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can ask UA Medicare Group Part D to make an exception to these restrictions or limits. See the section, "How do I request an exception to the UA Medicare Group Part D formulary?" below for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this list of covered drugs, you should first contact Customer Service and ask if your drug is covered.

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

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

NOTE: Due to a change in Medicare, most Medicare Drug Plans no longer cover erectile dysfunction (ED) drugs like Viagra, Cialis, Levitra, and Caverject. For more information, you can contact Customer Service at 1-866-524-4199, weekdays from 8:00am to 8:00pm in your local time zone. TTY/TDD users should call 1-866-524-4170.

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

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

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, UA Medicare Group Part D limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our Tier 3, you can ask us to cover it at the cost-sharing amount that applies to drugs in Tier 2 instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for specialty drugs that are in Tier 4.

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 34-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 34-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long term care facility, we will cover a temporary 34-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

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

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

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

For more information

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

If you have questions about UA Medicare Group Part D, please call Customer Service at 1-866-524-4199, weekdays from 8:00am to 8:00pm in your local time zone. TTY/TDD users should call 1-866-524-4170. Or visit www.uagrouppartd.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 Group Part D's Formulary

The formulary that begins on page 2 provides coverage information about some of the drugs covered by UA Medicare Group Part D. If you have trouble finding your drug in the list, turn to the Index that begins on page 25.

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 Group Part D has any special requirements for coverage of your drug.

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.

List of Abbreviations

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.

.Commonly Prescribed Therapeutic Drug Categories

Anti - Infectives

Antifungal Agents

Drug Name	Drug Tier	Reqs./ Limits
Generics		
amphotericin b	1	PA
clotrimazole	1	
fluconazole in dextrose	1	
fluconazole in nacl	1	
fluconazole susr	1	
fluconazole tabs	1	QL
griseofulvin microsize	1	
itraconazole	1	QL
ketoconazole	1	
nystatin	1	
terbinafine hcl	1	QL
Brands		
ANCOBON CAPS 250MG	2	
ANCOBON CAPS 500MG	4	
DIFLUCAN IN NACL INJ 200MG/100ML; 0.9%	2	
ERAXIS	4	
GRIS-PEG	3	
NOXAFIL	2	QL
SPORANOX SOLN	2	
VFEND	2	QL
VFEND IV	2	

Antivirals

Drug Name	Drug Tier	Reqs./ Limits
Generics		
acyclovir sodium	1	
acyclovir susp	1	
acyclovir caps, tabs	1	QL
amantadine hcl	1	
didanosine	1	
famciclovir	1	QL
foscarnet sodium	1	PA
rimantadine hcl	1	
zidovudine	1	
Brands		
APTIVUS	4	
ATRIPLA	4	
BARACLUDE	4	QL
COMBIVIR	4	
CRIXIVAN	2	
CYTOVENE	2	PA
EMTRIVA	2	
EPIVIR	2	
EPIVIR HBV	2	
EPZICOM	4	
FUZEON	4	
HEPSERA	4	QL
INTELENCE	4	
INVIRASE	2	
ISENTRESS	4	
KALETRA	2	
LEXIVA	4	
NORVIR	2	
PREZISTA	4	
REBETOL	2	PA QL
RELENZA DISKHALER	2	QL
RESCRIPTOR	3	
RETROVIR IV INFUSION	2	
REYATAZ	4	
RIBAPAK	4	PA
RIBASPHERE CAPS	4	PA QL
RIBASPHERE TABS 400MG, 600MG	4	PA
RIBASPHERE TABS 200MG	4	PA QL
RIBAVIRIN	4	PA QL
SELZENTRY	4	
SUSTIVA	2	
TAMIFLU SUSR	2	
TAMIFLU CAPS	2	QL
TRIZIVIR	4	
TRUVADA	4	
VALCYTE	4	
VALTREX	2	QL
VIDEX EC CPDR 125MG	2	
VIDEX PEDIATRIC	2	
VIRACEPT	2	
VIRAMUNE	2	
VIREAD	2	
ZERIT	2	
ZIAGEN	2	

Cephalosporins

Drug Name	Drug Tier	Reqs./ Limits
Generics		
cefaclor	1	
cefadroxil	1	
cefazolin sodium INJ 1gm	1	
cefazolin sodium INJ 10gm, 1gm; 5%, 500mg	1	

Drug Name	Drug Tier	Reqs./ Limits
cefdinir	1	
cefotaxime sodium	1	
cefoxitin sodium	1	
cefpodoxime proxetil	1	
ceftriaxone in iso-osmotic dextrose	1	
ceftriaxone sodium	1	
cefuroxime axetil	1	
cefuroxime sodium	1	
cephalexin	1	
Brands		
CEFAZOLIN SODIUM	2	
CEFOTAXIME SODIUM	2	
CEFTRIAXONE/DEXTROSE	2	
CEFUROXIME/DEXTROSE	2	
FORTAZ	2	
MAXIPIME	3	
MEFOXIN	2	
MEFOXIN ADD-VANTAGE	2	
MEFOXIN IN DEXTROSE 2.2%	2	
MEFOXIN IN DEXTROSE 3.9%	2	
OMNI-PAC	2	
TAZICEF INJ 1GM, 2GM, 6GM	2	
ZINACEF IN ISO-OSMOTIC DEXTROSE	2	
ZINACEF IN ISO-OSMOTIC DILUENT	2	
ZINACEF INJ 750MG	2	
ZINACEF INJ 1.5GM	2	

Erythromycins / Other Macrolides

Drug Name	Drug Tier	Reqs./ Limits
Generics		
azithromycin	1	
clarithromycin	1	
clarithromycin er	1	
e.e.s. 200	1	
e.e.s. 400	1	
ery-tab	1	
erythrocin stearate	1	
erythromycin	1	
erythromycin /sulfisoxazole	1	
erythromycin ethylsuccinate	1	
Brands		
ERY-TAB	2	
ERYTHROCIN LACTOBIONATE	2	
ERYTHROMYCIN	2	
ZITHROMAX PACK	2	
ZMAX	2	

Miscellaneous Anti - Infectives

Drug Name	Drug Tier	Reqs./ Limits
Generics		
amikacin sulfate	1	
amikin	1	
chloroquine phosphate	1	
clindamycin hcl	1	
clindamycin phosphate	1	
colistimethate sodium	1	
ethambutol hcl	1	
gentamicin sulfate	1	
gentamicin sulfate/0.9% sodium chloride	1	
hydroxychloroquine sulfate	1	
isonarif	1	
isoniazid tabs	1	
isotonic gentamicin	1	
mebendazole	1	
mefloquine hcl	1	
metronidazole	1	
metronidazole in nacl 0.79%	1	
neomycin sulfate	1	
paromomycin sulfate	1	
pyrazinamide	1	
rifampin caps	1	
tobramycin sulfate	1	
Brands		
ALBENZA	2	
ALINIA	2	
AZACTAM	2	
AZACTAM IN DEXTROSE	2	
BILTRICIDE	2	
CLEOCIN GALAXY	2	
CLEOCIN PEDIATRIC GRANULES	2	
CUBICIN	2	
DAPSONE	2	
DARAPRIM	2	
FANSIDAR	2	
GENTAMICIN SULFATE	2	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	2	
ISONIAZID	2	
ISOTONIC GENTAMICIN	2	
KETEK	2	QL
MALARONE	2	
MEPRON	4	
MINTEZOL	2	
MYCOBUTIN	2	

Drug Name	Drug Tier	Reqs./ Limits
NEBUPENT	2	PA QL
NEUTREXIN	2	
PASER	2	
PRIMAQUINE PHOSPHATE	2	
PRIMAXIN I.M.	2	
PRIMAXIN IV	2	
PRIMAXIN IV ADD-VANTAGE	2	
QUALAQUIN	2	
SEROMYCIN	2	
STREPTOMYCIN SULFATE	2	
STROMECTOL TABS 3MG	2	
TOBI	4	PA
TOBRAMYCIN SULFATE	2	
TOBRAMYCIN SULFATE/SODIUM CHLORIDE	2	
TRECATOR	2	
TYGACIL	2	
XIFAXAN	3	QL
ZYVOX INJ	2	PA
ZYVOX SUSR, TABS	2	PA QL

Penicillins

Drug Name	Drug Tier	Reqs./ Limits
Generics		
amoclan	1	
amoxicillin	1	
amoxicillin/potassium clavulanate	1	
amoxil	1	
ampicillin	1	
ampicillin sodium	1	
ampicillin-sulbactam	1	
dicloxacillin sodium	1	
nafcillin sodium	1	
penicillin g potassium	1	
penicillin v potassium	1	
pfizerpen-g INJ 20mu	1	
veetids solr	1	
Brands		
AMPICILLIN SODIUM	2	
AUGMENTIN XR	2	
BICILLIN C-R	2	
BICILLIN L-A	2	
NALLPEN ISO-OSMOTIC IN DEXTROSE	2	
NALLPEN/DEXTROSE	2	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	2	
PENICILLIN G PROCAINE	2	
PENICILLIN G SODIUM	2	
UNASYN INJ 1GM; 0.5GM	2	
UNASYN INJ 2GM; 1GM	2	
ZOSYN	2	

Quinolones

Drug Name	Drug Tier	Reqs./ Limits
Generics		
ciprofloxacin	1	
ciprofloxacin hcl	1	
ofloxacin	1	
Brands		
AVELOX	2	
AVELOX ABC PACK	2	
CIPRO I.V.-IN D5W	2	
CIPRO I.V. INJ 200MG	2	
LEVAQUIN LEVA-PAK	3	
LEVAQUIN ORAL SOLN, TABS	3	
LEVAQUIN INJ 25MG/ML	3	
NOROXIN	3	

Sulfa's / Related Agents

Drug Name	Drug Tier	Reqs./ Limits
Generics		
sulfadiazine	1	
sulfamethoxazole /trimethoprim	1	
sulfatrim	1	
Brands		
GANTRISIN PEDIATRIC	2	

Tetracyclines

Drug Name	Drug Tier	Reqs./ Limits
Generics		
demeclocycline hcl	1	
doxycycline hyclate caps, INJ, tabs	1	
doxycycline monohydrate caps, tabs	1	
minocycline hcl	1	
myrac	1	
tetracycline hcl	1	
Brands		
VIBRAMYCIN SUSR, SYRP	2	

Urinary Tract Agents

Drug Name	Drug Tier	Reqs./ Limits
Generics		
methenamine hippurate	1	
nitrofurantoin macrocrystalline	1	
nitrofurantoin monohydrate	1	
trimethoprim	1	
Brands		
FURADANTIN	2	
MACRODANTIN CAPS 25MG	2	

Drug Name	Drug Tier	Reqs./ Limits
PRIMSOL	3	

Vancomycin

Generics		
vancomycin hcl	1	
Brands		
VANCOCIN HCL	2	
VANCOMYCIN HCL	2	
VANCOMYCIN HCL ISO-OSMOTIC DEXTROSE	2	

Antineoplastic / Immunosuppressant Drugs

Adjunctive Agents

Generics		
leucovorin calcium	1	
mesna	1	
Brands		
ELITEK	4	
LEUCOVORIN CALCIUM	2	
MESNEX TABS	2	

Antineoplastic / Immunosuppressant Drugs

Generics		
adriamycin	1	
azathioprine	1	PA
azathioprine sodium	1	PA
bleomycin sulfate	1	
carboplatin	1	
cisplatin	1	
cyclophosphamide INJ	1	
cyclophosphamide tabs	1	PA
cyclosporine	1	PA
cyclosporine modified	1	PA
cytarabine	1	
dacarbazine	1	
daunorubicin hcl	1	
doxorubicin hcl	1	
etoposide	1	
fludarabine phosphate	1	
fluorouracil	1	
flutamide	1	
gengraf	1	PA
hydroxyurea	1	
idarubicin hcl	1	
ifosfamide/mesna	1	
irinotecan	1	
leuprolide acetate	1	
megestrol acetate	1	
mercaptopurine	1	
methotrexate	1	PA
methotrexate sodium	1	
mitomycin	1	
mitoxantrone hcl	1	
octreotide acetate	1	
onxol	1	
paclitaxel	1	
pentostatin	1	
tamoxifen citrate	1	
thiotepa	1	
tretinoin	1	
vinblastine sulfate	1	
vincasar pfs	1	
vincristine sulfate	1	
vinorelbine tartrate	1	
Brands		
ABRAXANE	3	
ADRIAMYCIN	3	
ALIMTA INJ 500MG	3	
ALKERAN	3	
ARIMIDEX	2	
AROMASIN	2	
ARRANON	3	
AVASTIN	3	
BICNU	3	
CAMPATH	3	
CASODEX	2	
CEENU	2	
CELLCEPT	2	PA
CELLCEPT INTRAVENOUS	2	PA
CLADRIBINE	2	
CLOLAR	3	
COSMEGEN	3	
CYCLOSPORINE MODIFIED	2	PA
CYTARABINE	3	
CYTOXAN INJ 500MG	3	
DAUNORUBICIN HCL	3	
DAUNOXOME	3	
DOXIL	3	
DROXIA	2	
ELIGARD	3	
ELLENCE	3	
ELOXATIN	3	
ELSPAR	3	
EMCYT	2	

Drug Name	Drug Tier	Reqs./ Limits
EPIRUBICIN HCL	3	
ERBITUX	3	
ETOPOPHOS	3	
FARESTON	3	
FASLODEX	4	PA
FEMARA	2	
FLUDARABINE PHOSPHATE	2	
GEMZAR	3	
GLEEVEC	4	
HERCEPTIN	3	
HEXALEN	4	
HYCAMTIN	3	
IFEX	3	
IFOSFAMIDE	3	
IFOSFAMIDE/MESNA	3	
LEUKERAN	2	
LEUSTATIN	2	
LUPRON 6-PACK	2	
LUPRON DEPOT	2	
LUPRON DEPOT-PED	3	
LYSODREN	2	
MATULANE	4	
MEGACE ES	3	
METHOTREXATE SODIUM	3	
MUSTARGEN	3	
MYFORTIC	2	PA
MYLOTARG	3	
NEORAL	2	PA
NEXAVAR	4	PA LA QL
NILANDRON	3	
NIPENT	3	
ONCASPAR	3	
ONTAK	3	
PHOTOFRIN	3	
PROGRAF	2	PA
RAPAMUNE	2	PA
REVLIMID	4	LA
RHEUMATREX	3	PA
RITUXAN	2	PA
SANDIMMUNE	2	PA
SANDOSTATIN LAR DEPOT	3	
SANDOSTATIN INJ 100MCG/ML, 500MCG/ML, 50MCG/ML	4	
SOLTAMOX	2	
SOMATULINE DEPOT	4	
SPRYCEL	4	QL
SUTENT	4	PA QL
TABLOID	2	
TARCEVA	4	PA QL
TARGRETIN CAPS	2	
TARGRETIN GEL	2	PA
TASIGNA	4	
TAXOTERE	3	
TRELSTAR DEPOT	3	
TRELSTAR LA	3	
TRISENOX	2	
TYKERB	4	QL
VANTAS	3	
VELCADE	3	
VIDAZA	4	QL
VINBLASTINE SULFATE	3	
ZANOSAR	3	
ZOLINZA	4	

Autonomic / CNS Drugs, Neurology / Psych

Anticonvulsants

Generics		
carbamazepine	1	
epitol	1	
ethosuximide	1	
fosphenytoin sodium	1	
gabapentin	1	
lamotrigine	1	
lamotrigine chewable dispersible	1	
oxcarbazepine	1	
phenytoin	1	
phenytoin sodium extended	1	
primidone	1	
valproate sodium	1	
zonisamide	1	
Brands		
CARBATROL	2	
CELONTIN	2	
DEPAKOTE	2	
DEPAKOTE ER	2	
DEPAKOTE SPRINKLES	2	
DILANTIN INFATABS	2	
DILANTIN CAPS 30MG	2	
EQUETRO	2	
FELBATOL	2	
GABITRIL	2	
KEPPRA	2	

Drug Name	Drug Tier	Reqs./ Limits
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	2	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	2	
LAMICTAL STARTER/TAKING VALPROATE	2	
LYRICA	2	QL
NEURONTIN SOLN	2	
PEGANONE	2	
PHENYTEK	3	
PHENYTOIN SODIUM	2	
TEGRETOL-XR	2	
TOPAMAX	2	
TOPAMAX SPRINKLE	2	
TRILEPTAL SUSP	3	

Antiparkinsonism Agents

Drug Name	Drug Tier	Reqs./ Limits
Generics		
benztropine mesylate	1	
bromocriptine mesylate	1	
carbidopa/levodopa	1	
carbidopa/levodopa er	1	
ropinirole hcl	1	
selegiline hcl	1	
trihexyphenidyl hcl	1	
Brands		
APOKYN	2	PA
COGENTIN	2	
COMTAN	2	
KEMADRIN	2	
LODOSYN	2	
MIRAPEX	2	
PARCOPA	2	
STALEVO 100	2	
STALEVO 150	2	
STALEVO 200	2	
STALEVO 50	2	
TASMAR	3	
ZELAPAR	2	

Migraine / Cluster Headache Therapy

Drug Name	Drug Tier	Reqs./ Limits
Generics		
dihydroergotamine mesylate	1	
ergotamine tartrate/caffeine	1	
migergot	1	
Brands		
AMERGE	2	QL
IMITREX	2	QL
IMITREX STATDOSE REFILL	2	QL
MAXALT	2	QL
MAXALT-MLT	2	QL
MIGRANAL	3	QL
RELPAX	2	QL
ZOMIG	2	QL
ZOMIG ZMT	2	QL

Miscellaneous Neurological Therapy

Drug Name	Drug Tier	Reqs./ Limits
Brands		
ARICEPT	2	QL
ARICEPT ODT	2	QL
COPAXONE	4	PA QL
EXELON SOLN	2	
EXELON CAPS, PT24	2	QL
MYTELASE	2	
NAMENDA TITRATION PAK	3	
NAMENDA SOLN	3	
NAMENDA TABS	3	QL
RAZADYNE ER	2	QL
RAZADYNE SOLN	2	
RAZADYNE TABS	2	QL

Muscle Relaxants / Antispasmodic Therapy

Drug Name	Drug Tier	Reqs./ Limits
Generics		
baclofen	1	
carisoprodol	1	
carisoprodol/aspirin	1	
chlorzoxazone	1	
cyclobenzaprine hcl	1	
dantrolene sodium	1	
methocarbamol	1	
orphenadrine /asa /caffeine tabs 385mg; 30mg; 25mg	1	
orphenadrine citrate	1	
orphenadrine citrate er	1	
orphenadrine compound ds	1	
pyridostigmine bromide	1	
regonol	1	
tizanidine hcl	1	
Brands		
MESTINON TIMESPAN	2	
MESTINON SYRP	2	

Narcotic Analgesics

Drug Name	Drug Tier	Reqs./ Limits
Generics		

Drug Name	Drug Tier	Reqs./ Limits
acetaminophen/codeine	1	
buprenorphine hcl	1	
dolorex forte	1	
duramorph	1	
endocet	1	
fentanyl	1	
fentanyl citrate INJ	1	
fentanyl citrate lpop	1	PA QL
hydrocodone /acetaminophen	1	
hydrocodone /ibuprofen	1	
hydromorphone hcl INJ	1	
hydromorphone hcl tabs 2mg, 8mg	1	
levorphanol tartrate	1	
margesic-h	1	
meperidine hcl	1	
methadone hcl	1	
methadose	1	
morphine sulfate	1	
morphine sulfate er	1	
narvox	1	
oxycodone hcl	1	
oxycodone/acetaminophen	1	
oxycodone/aspirin	1	
perloxx	1	
roxicet	1	
stagesic	1	
trezix	1	
zerlor	1	
Brands		
BUPRENEX	2	
DILAUDID-5	2	
DILAUDID-HP	2	
INFUMORPH 200	2	
INFUMORPH 500	2	
KADIAN CP24 100MG, 10MG, 200MG, 20MG, 50MG, 80MG	2	
LEVO DROMORAN	2	
LEVO-DROMORAN	2	
MEPERIDINE HCL	2	
METHADONE HCL	2	
OXYCONTIN	2	
ROXICET SOLN	2	
SUBUTEX	2	

Non-Narcotic Analgesics

Drug Name	Drug Tier	Reqs./ Limits
Generics		
butorphanol tartrate INJ	1	
butorphanol tartrate nasal soln	1	PA QL
depade	1	
diclofenac potassium	1	
diclofenac sodium	1	
diclofenac sodium dr	1	
diclofenac sodium ec	1	
diclofenac sodium er	1	
diclofenac sodium xr	1	
diflunisal	1	
etodolac	1	
etodolac er	1	
fenoprofen calcium	1	
flurbiprofen	1	
ibuprofen	1	
indomethacin	1	
indomethacin er	1	
ketoprofen	1	
ketoprofen er	1	
meclofenamate sodium	1	
meloxicam	1	
nabumetone	1	
naloxone hcl	1	
naltrexone hcl	1	
naproxen	1	
naproxen dr	1	
naproxen sodium	1	
oxaprozin	1	
piroxicam	1	
sulindac	1	
tolmetin sodium	1	
tramadol hcl	1	
Brands		
ARTHROTEC 50	3	
ARTHROTEC 75	3	
CELEBREX	2	QL
SUBOXONE	2	

Propoxyphene

Drug Name	Drug Tier	Reqs./ Limits
Generics		
balacet 325	1	
propoxyphene /acetaminophen	1	
propoxyphene hcl	1	
propoxyphene-n /acetaminophen	1	

Psychotherapeutic Drugs

Drug Name	Drug Tier	Reqs./ Limits
Generics		
amitriptyline hcl	1	
amoxapine	1	
amphetamine salt combo	1	PA

Drug Name	Drug Tier	Reqs./ Limits
budeprion sr	1	QL
budeprion xl tb24 300mg	1	QL
bupropion hcl tabs	1	
bupropion hcl tb12	1	QL
buspirone hcl	1	
chlordiazepoxide /amitriptyline	1	
chlorpromazine hcl INJ	1	
chlorpromazine hcl tabs	1	PA
citalopram hydrobromide soln	1	
citalopram hydrobromide tabs	1	QL
clomipramine hcl	1	
clozapine	1	
desipramine hcl	1	
dexmethylphenidate hcl	1	PA
dextroamphetamine sulfate	1	PA
dextroamphetamine sulfatecr	1	PA
dextrostat	1	PA
doxepin hcl	1	
fluoxetine hcl soln	1	
fluoxetine hcl caps, tabs	1	QL
fluphenazine decanoate	1	
fluphenazine hcl	1	
fluvoxamine maleate	1	QL
haloperidol	1	
haloperidol decanoate	1	
haloperidol lactate	1	
imipramine hcl	1	
lithium carbonate er	1	
lithium carbonate caps	1	
lithium carbonate tabs	1	
lithium citrate	1	
loxapine succinate	1	
maprotiline hcl	1	
metadate er	1	PA
methylin	1	PA
methylin er	1	PA
methylphenidate hcl	1	PA
methylphenidate hcl er	1	PA
mirtazapine	1	QL
mirtazapine odt	1	QL
nefazodone hcl	1	QL
nortriptyline hcl	1	
paroxetine hcl er	1	QL
paroxetine hcl susp	1	
paroxetine hcl tabs	1	QL
perphenazine	1	PA
risperidone	1	QL
sertraline hcl conc	1	
sertraline hcl tabs	1	QL
thioridazine hcl	1	
thiothixene	1	
tranylcypromine sulfate	1	
trazodone hcl	1	
trifluoperazine hcl	1	
trimipramine maleate	1	
venlafaxine hcl	1	QL
zaleplon	1	QL
zolpidem tartrate	1	QL
Brands		
ABILIFY DISCMELT	3	QL
ABILIFY INJ, ORAL SOLN	3	
ABILIFY TABS	3	QL
ADDERALL XR	2	PA
AMBIEN CR	2	QL
CLOZAPINE	2	
CYMBALTA	2	QL
EFFEXOR XR	3	QL
EMSAM	3	QL
FAZACLO	3	
FOCALIN XR	2	PA
GEODON	2	QL
HALDOL DECANOATE-100	2	
HALDOL DECANOATE-50	2	
INVEGA	2	
LEXAPRO SOLN	2	
LEXAPRO TABS	2	QL
LITHIUM CARBONATE 600MG	2	
LUNESTA	2	QL
MARPLAN	2	
METADATE CD	3	PA
METHYLIN	3	PA
MOBAN	2	
NARDIL	2	
ORAP	2	
PAXIL CR TB24 37.5MG	2	QL
PRISTIQ	2	QL
PROVIGIL	2	PA QL
RISPERDAL CONSTA	2	
RISPERDAL M-TAB	2	QL
RISPERDAL SOLN	2	QL
RITALIN LA	3	PA
ROZEREM	3	QL
SEROQUEL XR	2	QL
SEROQUEL TABS 400MG, 50MG	2	

Drug Name	Drug Tier	Reqs./ Limits
SEROQUEL TABS 100MG, 200MG, 25MG, 300MG	2	QL
STRATTERA	2	
SURMONTIL CAPS 100MG	3	
SYMBYAX	3	QL
VIVACTIL	3	
WELLBUTRIN XL TB24 150MG	2	QL
XYREM	4	LA
ZYPREXA	2	QL
ZYPREXA ZYDIS	2	QL

Cardiovascular, Hypertension / Lipids

Antiarrhythmic Agents

Generics		
amiodarone hcl	1	
disopyramide phosphate	1	
disopyramide phosphate er	1	
flecainide acetate	1	
mexiletine hcl	1	
pacerone	1	
procainamide hcl	1	
propafenone hcl	1	
quinidine gluconate er	1	
quinidine gluconate tbcr	1	
quinidine sulfate	1	
quinidine sulfate er	1	
sorine	1	
sotalol hcl	1	
sotalol hcl (af)	1	
Brands		
NORPACE CR CP12 100MG	2	
PACERONE	2	
PROCANBID	3	
PRONESTYL CAPS 375MG	2	
RYTHMOL SR	2	
TIKOSYN	3	

Antihypertensive Therapy

Generics		
acebutolol hcl	1	
afeditab cr	1	
amiloride /hydrochlorothiazide	1	
amiloride hcl	1	
amlodipine besylate	1	
amlodipine besylate/benazepril hydrochloride	1	QL
atenolol	1	
atenolol/chlorthalidone	1	
benazepril hcl	1	QL
benazepril hcl/hydrochlorothiazide	1	QL
betaxolol hcl	1	
bisoprolol fumarate	1	
bisoprolol fumarate/hydrochlorothiazide	1	
bumetanide	1	
captopril	1	QL
captopril /hydrochlorothiazide	1	QL
cartia xt	1	
carvedilol	1	
chlorothiazide	1	
chlorthalidone	1	
clonidine hcl	1	
dilt-cd	1	
dilt-xr	1	
diltiazem cd	1	
diltiazem hcl	1	
diltiazem hcl er	1	
doxazosin mesylate	1	QL
enalapril maleate	1	QL
enalapril maleate/hydrochlorothiazide	1	QL
felodipine er	1	
fosinopril sodium	1	QL
fosinopril sodium/hydrochlorothiazide	1	QL
furosemide	1	
guanfacine hcl	1	
hydralazine hcl	1	
hydrochlorothiazide	1	
indapamide	1	
isradipine	1	
labetalol hcl	1	
lisinopril	1	QL
lisinopril /hydrochlorothiazide	1	QL
methyclothiazide	1	
metolazone	1	
metoprolol /hydrochlorothiazide	1	
metoprolol succinate er	1	
metoprolol tartrate	1	
minoxidil	1	
moexipril /hydrochlorothiazide	1	QL
moexipril hcl	1	QL
nadolol	1	
nadolol /bendroflumethiazide	1	
nicardipine hcl	1	

Drug Name	Drug Tier	Reqs./ Limits
nifediac cc	1	
nifedical xl	1	
nifedipine	1	
nifedipine er	1	
pindolol	1	
prazosin hcl	1	QL
propranolol /hydrochlorothiazide	1	
propranolol hcl	1	
propranolol hcl er	1	
quinapril /hydrochlorothiazide	1	QL
quinapril hcl	1	QL
quinaretic	1	QL
ramipril	1	QL
reserpine	1	
spironolactone	1	
spironolactone /hydrochlorothiazide	1	
taztia xt	1	
terazosin hcl	1	QL
timolol maleate	1	
torsemide	1	
trandolapril	1	QL
triamterene /hydrochlorothiazide	1	
verapamil hcl	1	
verapamil hcl er	1	
Brands		
ACEON	2	QL
ATACAND	2	QL
ATACAND HCT	2	QL
AVALIDE	2	QL
AVAPRO	2	QL
BIDIL	2	QL
BYSTOLIC	2	
CATAPRES-TTS-1	2	
CATAPRES-TTS-2	2	
CATAPRES-TTS-3	2	
COREG CR	2	
COZAAR	2	QL
DEMSER	2	
DIBENZYLINE	4	
DILTIAZEM HCL	2	
DIOVAN	2	QL
DIOVAN HCT	2	QL
EDECRIN	2	
EXFORGE	2	QL
FUROSEMIDE	2	
HYZAAR	2	QL
LOTREL CAPS 10MG; 40MG, 5MG; 40MG	2	QL
METOPROLOL TARTRATE INJ.	2	
MICARDIS	2	QL
MICARDIS HCT	2	QL
NIMODIPINE	4	
PLENDIL	3	
SODIUM EDECRIN	2	
SULAR	2	
TEKTURNA	2	QL
TEKTURNA HCT	2	QL
ZESTORETIC	3	QL
ZESTRIL	3	QL

Cardiac Glycosides

Generics		
digitek	1	
digoxin	1	
Brands		
LANOXIN	2	

Coagulation Therapy

Generics		
cilostazol	1	QL
dipyridamole	1	
heparin sodium	1	
heparin sodium/d5w	1	
heparin sodium/nacl 0.9%	1	
heparin sodium/sodium chloride 0.9% premix	1	
jantoven	1	
pentopak	1	
pentoxifylline er	1	
pentoxil	1	
ticlopidine hcl	1	QL
warfarin sodium	1	
Brands		
AGGRENOX	2	QL
ARIXTRA	2	
CYKLOKAPRON	2	
FRAGMIN	2	
HEPARIN SODIUM	2	
HEPARIN SODIUM/NACL 0.45%	2	
LOVENOX	2	
PLAVIX	2	QL

Lipid/Cholesterol Lowering Agents

Generics

Drug Name	Drug Tier	Reqs./ Limits
cholestyramine	1	
cholestyramine light	1	
colestipol hcl	1	
fenofibrate	1	
gemfibrozil	1	
lovastatin	1	QL
pravastatin sodium	1	QL
prevalite	1	
simvastatin	1	QL
Brands		
ADVICOR	3	
ANTARA	2	
CADUET	2	QL
COLESTID FLAVORED	2	
CRESTOR	2	QL
LIPITOR	2	QL
LOVAZA	2	QL
NIASPAN	2	
SIMCOR	2	QL
TRICOR	2	
TRIGLIDE	2	
VYTORIN	2	QL
ZETIA	2	QL

Miscellaneous Cardiovascular Agents

Brands		
RANEXA	2	ST QL

Nitrates

Generics		
isosorbide dinitrate	1	
isosorbide dinitrate er	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
nitroglycerin transdermal	1	
nitroglycerin pt24	1	
nitroglycerin INJ	1	PA
Brands		
NITROLINGUAL PUMPSPRAY	2	
NITROSTAT	2	

Dermatologicals/Topical Therapy

Antipsoriatic / Antiseborrheic

Generics		
calcipotriene	1	
selenium sulfide	1	
Brands		
DOVONEX CREA	2	
RAPTIVA	4	PA LA QL
SORIATANE CK	2	

Burn Therapy

Generics		
silver sulfadiazine	1	
ssd	1	
ssd af	1	
thermazene	1	

Miscellaneous Dermatologicals

Generics		
ammonium lactate	1	
fluorouracil	1	
laclotion	1	
podofilox	1	
Brands		
8-MOP	2	
ALDARA	3	
CARAC	2	
CARMOL-HC	2	
CONDYLOX	2	
ELIDEL	3	
FLUOROPLEX	2	
OXSORALEN ULTRA	4	
PANRETIN	2	
PROTOPIC	3	
REGRANEX	2	PA
SOLARAZE	2	
ZONALON	2	

Therapy For Acne

Generics		
amnesteem	1	
avita crea	1	
claravis	1	
clindamycin phosphate	1	
ery	1	
erythromycin	1	
erythromycin/benzoyl peroxide	1	
metronidazole	1	
sotret	1	
tretinoin	1	
Brands		
AZELEX	2	
DIFFERIN	2	

Drug Name	Drug Tier	Reqs./ Limits
FINACEA	2	
METROGEL	2	
TAZORAC	2	

Topical Anesthetics

Generics		
lidocaine	1	
lidocaine hcl	1	
lidocaine hcl jelly	1	
lidocaine/prilocaine	1	
Brands		
EMLA /TEGADERM	3	
LIDODERM	3	PA

Topical Antibacterials

Generics		
gentamicin sulfate	1	
mupirocin	1	
sodium sulfacetamide	1	
Brands		
ALTABAX	2	
PHISOHEX	2	
SULFAMYLON	2	

Topical Antifungals

Generics		
ciclopirox	1	
ciclopirox nail lacquer	1	
clotrimazole	1	
clotrimazole/betamethasone dipropionate	1	
econazole nitrate	1	
ketoconazole	1	
kuric	1	
nyamyc	1	
nystatin	1	
nystatin/triamcinolone	1	
nystop	1	
pedi-dri	1	
Brands		
ERTACZO	2	
NAFTIN	2	
NAFTIN-MP	2	
XOLEGEL	2	

Topical Antivirals

Brands		
DENAVIR	2	
ZOVIRAX	3	

Topical Corticosteroids

Generics		
ala-cort	1	
alclometasone dipropionate	1	
amcinonide	1	
augmented betamethasone dipropionate	1	
beta-val	1	
betamethasone dipropionate	1	
betamethasone valerate	1	
clobetasol propionate e	1	
clobetasol propionate emollient	1	
clobetasol propionate crea, gel, oint, soln	1	
cormax	1	
del-beta	1	
desonide	1	
desoximetasone	1	
diflorasone diacetate	1	
fluocinolone acetonide	1	
fluocinonide	1	
fluocinonide-e	1	
fluticasone propionate	1	
halobetasol propionate	1	
hydrocortisone	1	
hydrocortisone butyrate	1	
hydrocortisone valerate	1	
mometasone furoate	1	
prednicarbate	1	
triamcinolone acetonide	1	
triderm	1	
Brands		
CAPEX	2	
CLOBEX LOTN, SHAM	2	
CORDRAN TAPE	2	
LUXIQ	2	
PANDEL	2	
PSORCON E	2	

Topical Enzymes

Brands		
SANTYL	2	

Topical Scabicides / Pediculicides

Generics		
acticin	1	

Drug Name	Drug Tier	Reqs./ Limits
permethrin	1	
Brands		
EURAX	2	
LINDANE	2	
OVIDE	2	

Diagnostics / Miscellaneous Agents

Miscellaneous Agents

Drug Name	Drug Tier	Reqs./ Limits
Generics		
alcohol 5%/dextrose 5%	1	
alendronate sodium	1	PA QL
anagrelide hydrochloride	1	QL
dextrose 10% flex container	1	
dextrose 2.5%/nacl 0.45%	1	
dextrose 2.5%/sodium chloride 0.45%	1	
dextrose 5%	1	
dextrose 5%/lactated ringer's	1	
dextrose 5%/nacl 0.2%	1	
dextrose 5%/nacl 0.225%	1	
dextrose 5%/nacl 0.45%	1	
dextrose 5%/nacl 0.9%	1	
dextrose 5%/sodium chloride 0.2%	1	
dextrose 5%/sodium chloride 0.45%	1	
dextrose 5%/sodium chloride 0.9%	1	
etidronate disodium	1	QL
kionex	1	
lactated ringer's dextrose 5% viaflex	1	
levocarnitine soln, tabs	1	
midodrine hcl	1	
pilocarpine hcl	1	
sodium chloride	1	
sodium chloride 0.9%	1	
sodium chloride 0.9%	1	
sodium polystyrene sulfonate powd, susp	1	
sps	1	
Brands		
ACTONEL	2	PA QL
ADAGEN	4	
ANTABUSE TABS 250MG	2	
BUPHENYL	2	
CAMPRAL	2	QL
CARNITOR INJ, ORAL SOLN	2	
CHEMET	2	
CLINIMIX 4.25%/DEXTROSE 5%	2	
DEXTROSE 10%/NACL 0.45%	2	
DEXTROSE 10%/NACL 0.2%	2	
DEXTROSE 5%/NACL 0.33%	2	
DEXTROSE 5%/SODIUM CHLORIDE 0.33%	2	
EVOXAC	2	
EXJADE	4	LA
FOSRENOL	2	
INCRELEX	4	PA
ORFADIN	4	LA
PROLASTIN	4	PA LA
RENAGEL	2	
RENVELA	2	
RILUTEK	4	
SKELID	3	PA QL
SODIUM POLYSTYRENE SULFONATE	2	
SYPRINE	2	
THALOMID	4	PA
THIOLA	2	

Smoking Deterrents

Drug Name	Drug Tier	Reqs./ Limits
Generics		
buproban	1	PA QL
bupropion hcl	1	PA QL
nicotine	1	PA
Brands		
CHANTIX	2	PA
NICOTROL INHALER	3	PA QL
NICOTROL NS	3	PA

Ear, Nose / Throat Medications

Miscellaneous Agents

Drug Name	Drug Tier	Reqs./ Limits
Generics		
chlorhexidine gluconate	1	
ipratropium bromide	1	
periogard	1	
triamcinolone in orabase	1	
Brands		
BACTROBAN NASAL	2	
TYZINE	2	
TYZINE PEDIATRIC NASAL DROPS	2	

Miscellaneous Otic Preparations

Drug Name	Drug Tier	Reqs./ Limits
Generics		
acetic acid	1	
acetic acid/hydrocortisone	1	
borofair	1	
ofloxacin	1	
Brands		
DERMOTIC	2	
FLOXIN OTIC SINGLES	2	

Otic Steroid / Antibiotic

Generics		
cortomycin	1	
neomycin /polymyxin /hydrocortisone	1	
oticin hc	1	
Brands		
CIPRO HC	3	
CIPRODEX	2	
COLY-MYCIN-S	2	
CORTISPORIN-TC	2	
PEDIOTIC	2	

Endocrine/Diabetes

Adrenal Hormones

Generics		
a-hydrocort	1	
a-methapred	1	PA
cortisone acetate	1	
dexamethasone	1	
dexamethasone sodium phosphate	1	
fludrocortisone acetate	1	
hydrocortisone	1	
methylprednisolone	1	PA
methylprednisolone acetate	1	PA
methylprednisolone sodiumsuccinate	1	PA
prednisolone	1	PA
prednisolone sodium phosphate	1	PA
prednisone	1	PA
solu-medrol act-o-vial	1	PA
Brands		
DEPO-MEDROL	2	PA
DEXAMETHASONE	2	
DEXAMETHASONE INTENSOL	2	
METHYLPREDNISOLONE SODIUMSUCCINATE	2	PA
PREDNISONE INTENSOL	2	PA
SOLU-CORTEF	2	
SOLU-MEDROL INJ 1000MG, 2GM, 40MG, 500MG	2	PA

Antithyroid Agents

Generics		
methimazole	1	
propylthiouracil	1	

Diabetes Therapy

Generics		
acarbose	1	QL
glimepiride	1	QL
glipizide	1	QL
glipizide er	1	QL
glipizide xl	1	QL
glipizide/metformin hcl	1	QL
glyburide	1	
glyburide micronized	1	QL
glyburide/metformin hcl	1	QL
glycron tabs 1.5mg, 3mg	1	
metformin hcl	1	QL
metformin hcl er	1	QL
tolazamide	1	
tolbutamide	1	
Brands		
ACTOPLUS MET	2	QL
ACTOS	2	QL
ALCOHOL PREPS	2	
APIDRA	2	
AVANDAMET	2	QL
AVANDARYL	2	QL
AVANDIA	2	QL
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	QL
CURITY GAUZE PADS 2"X2"	2	
DUETACT	2	QL
FORTAMET	2	QL
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	

Drug Name	Drug Tier	Reqs./ Limits
GLYCRON	2	
GLYSET	3	
HUMALOG	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 PEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 PEN	2	
HUMALOG PEN	2	
HUMULIN 50/50	2	
HUMULIN 70/30	2	
HUMULIN 70/30 PEN	2	
HUMULIN N	2	
HUMULIN N U-100 PEN	2	
HUMULIN R	2	
JANUMET	2	QL
JANUVIA	2	QL
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 INNOLET	2	
NOVOLIN 70/30 PENFILL	2	
NOVOLIN N	2	
NOVOLIN N INNOLET	2	
NOVOLIN N U-100 PENFILL	2	
NOVOLIN R	2	
NOVOLIN R INNOLET	2	
NOVOLIN R U-100 PENFILL	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PENFILL	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	
NOVOLOG PENFILL	2	
PRANDIN	2	QL
PROGLYCEM	2	
RELION 70/30	2	
RELION 70/30 INNOLET	2	
RELION N	2	
RELION N INNOLET	2	
RELION R	2	
STARLIX	2	QL
SYMLIN	3	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL

Drug Name	Drug Tier	Reqs./ Limits
Miscellaneous Hormones		
Generics		
androxy	1	PA
cabergoline	1	QL
calcitriol	1	
danazol	1	
desmopressin acetate	1	
fortical	1	QL
oxandrolone	1	PA
testosterone cypionate	1	PA
testosterone enanthate	1	PA
Brands		
ALDURAZYME	4	PA LA
ANADROL-50	3	PA
ANDRODERM	2	PA QL
ANDROGEL	2	PA
ANDROGEL PUMP	2	PA
CEREZYME	4	PA LA
FABRAZYME	4	PA LA
HECTOROL	2	
KUVAN	4	
MIACALCIN INJ	2	
MIACALCIN NASAL SOLN	2	QL
NAGLAZYME	4	LA
SENSIPAR	2	PA QL
SOMAVERT	2	PA LA QL
STIMATE	2	
SYNAREL	3	
TESTIM	3	PA
ZAVESCA	2	
ZEMPLAR	2	
Thyroid Hormones		
Generics		
levothyroxine sodium	1	
levoxyl	1	
liothyronine sodium	1	
unithroid	1	
Brands		
CYTOMEL	2	
SYNTHROID	2	
Gastroenterology		
Antidiarrheals / Antispasmodics		
Generics		
atropine sulfate	1	
dicyclomine hcl caps, soln, tabs	1	

Drug Name	Drug Tier	Reqs./ Limits
diphenoxylate/atropine	1	
glycopyrrolate	1	
lofene	1	
lonox	1	
loperamide hcl	1	
Brands		
ATROPINE SULFATE	2	

Miscellaneous Gastrointestinal Agents

Drug Name	Drug Tier	Reqs./ Limits
Generics		
balsalazide disodium	1	
compro	1	
constulose	1	
dronabinol	1	PA
dygase	1	
enulose	1	
hydrocortisone	1	
lactulose	1	
lapase	1	
meclizine hcl	1	
mesalamine	1	
metoclopramide hcl	1	
ondansetron hcl INJ	1	
ondansetron hcl oral soln	1	PA
ondansetron hcl tabs	1	PA QL
ondansetron odt	1	PA QL
palcaps 10	1	
palcaps 20	1	
pancrelipase	1	
pancrelipase mst-16	1	
pancron 10	1	
pancron 20	1	
pangestyme cn 10	1	
pangestyme cn 20	1	
pangestyme ec	1	
pangestyme mt 16	1	
pangestyme ul 12	1	
pangestyme ul 18	1	
pangestyme ul 20	1	
panocaps	1	
panocaps mt 16	1	
panocaps mt 20	1	
panokase	1	
panokase-16	1	
peg 3350/electrolytes	1	
plaretase 8000	1	
polyethylene glycol 3350	1	
prochlorperazine	1	PA
prochlorperazine edisylate	1	
prochlorperazine maleate	1	PA
procto-pak	1	
proctosol hc	1	
proctozone-hc	1	
sulfasalazine	1	
sulfazine	1	
sulfazine ec	1	
ultracaps mt 20	1	
ursodiol	1	
Brands		
AMITIZA CAPS 24MCG	2	QL
ASACOL	2	
CANASA	2	
CORTIFOAM	2	
CREON 5	2	
CREON 10	2	
CREON 20	2	
CYSTADANE	2	
DIPENTUM	3	
EMEND	2	PA QL
ENTOCORT EC	2	
GASTROCROM	2	
KU-ZYME	3	
KU-ZYME HP	3	
KUTRASE	3	
LIALDA	2	
LOTRONEX	2	QL
MOVIPREP	2	
NULYTELY	3	
PANCREASE MT 10	3	
PANCREASE MT 16	3	
PANCREASE MT 20	3	
PANCREASE MT 4	3	
PANCRECARB MS-16	3	
PANCRECARB MS-4	3	
PANCRECARB MS-8	3	
PENTASA	2	
REMICADE	4	PA
SUCRAID	4	
TRANSDERM-SCOP	3	
ULTRASE	2	
ULTRASE MT 12	2	
ULTRASE MT 18	2	
ULTRASE MT 20	2	
URSO 250	2	
URSO FORTE	2	
VIOKASE	2	

Drug Name	Drug Tier	Reqs./ Limits
VIOKASE 16	2	
VIOKASE 8	2	

Ulcer Therapy

Generics		
famotidine premixed	1	
famotidine INJ	1	
famotidine tabs	1	QL
misoprostol	1	
nizatidine	1	QL
omeprazole	1	QL
pantoprazole sodium	1	QL
ranitidine hcl syrp	1	
ranitidine hcl caps, tabs	1	QL
sucralfate	1	
Brands		
CARAFATE SUSP	2	
NEXIUM I.V.	2	
NEXIUM CPDR	2	QL
NEXIUM PACK 20MG, 40MG	2	QL
PEPCID SUSR	2	
PREVACID	2	QL
PREVACID SOLUTAB	2	QL
PREVPAC	3	
PRILOSEC CPDR 40MG	3	QL
PYLERA	2	
ZANTAC INJ 50MG/50ML; 0.45%	2	

Immunology, Vaccines / Biotechnology

Biotechnology Drugs

Brands		
ACTIMMUNE	4	PA LA
ARANESP ALBUMIN FREE	2	PA QL
ARANESP ALBUMIN FREE SURECLICK	2	PA QL
AVONEX	4	PA QL
BETASERON	4	PA QL
EPOGEN	3	PA QL
INTRON-A	2	PA
INTRON-A W/DILUENT	2	PA
LEUKINE	4	PA
NEULASTA	3	PA QL
NEUMEGA	4	PA QL
NEUPOGEN	4	PA QL
NORDITROPIN CARTRIDGE	2	PA
NORDITROPIN NORDIFLEX PEN	2	PA
PEG-INTRON	4	PA QL
PEG-INTRON REDIPEN	4	PA QL
PEG-INTRON REDIPEN PAK 4	4	PA QL
PEGASYS	4	PA QL
PROCRIT	2	PA QL
PROLEUKIN	4	
REBIF	4	PA QL
REBIF TITRATION PACK	4	PA QL
TEV-TROPIN	4	PA

Vaccines / Miscellaneous Immunologicals

Generics		
tetanus toxoid adsorbed	1	
Brands		
ACTHIB	2	
ADACEL	2	
ATTENUVAX	2	
BOOSTRIX	2	
COMVAX	2	PA
DAPTACEL	2	
DECAVAC	2	
DIPTHERIA/TETANUS TOXOID PEDIATRIC	2	
ENGERIX-B	2	PA
GARDASIL	2	PA
HAVRIX	2	
HIBTITER	2	
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
IPOL INACTIVATED IPV	2	
JE-VAX	2	
M-M-R II W/DILUENT 10 DOSE	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MERUVAX II W/DILUENT 10 DOSE	2	
PEDIARIX	2	PA
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	PA
ROTATEQ	2	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	2	
THYMOGLOBULIN	2	PA

Drug Name	Drug Tier	Reqs./ Limits
TRIHIBIT	2	
TRIPEDIA	2	
TWINRIX	2	PA
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VIVOTIF BERNA	2	
YF-VAX	2	
ZOSTAVAX	2	PA

Musculoskeletal / Rheumatology

Gout Therapy

Generics		
allopurinol	1	
colchicine	1	
probenecid	1	
probenecid/colchicine	1	

Osteoporosis Therapy

Generics		
alendronate sodium	1	QL
Brands		
ACTONEL WITH CALCIUM	2	QL
ACTONEL TABS 150MG	2	
ACTONEL TABS 35MG, 5MG, 75MG	2	QL
BONIVA TABS	2	QL
EVISTA	2	QL
FORTEO	2	QL
FOSAMAX SOLN	3	QL

Other Rheumatologicals

Generics		
leflunomide	1	PA QL
Brands		
CUPRIMINE	2	
DEPEN TITRATABS	2	
ENBREL	4	PA QL
ENBREL SURECLICK	4	PA QL
HUMIRA	4	PA QL
HUMIRA PEN	4	PA QL
RIDAURA	3	

Obstetrics / Gynecology

Estrogens / Progestins

Generics		
camila	1	
errin	1	
estradiol	1	QL
estropipate	1	QL
gynodiol	1	QL
jolivette	1	
medroxyprogesterone acetate	1	
nora-be	1	
norethindrone acetate	1	
ortho-est	1	QL
Brands		
ACTIVELLA	2	QL
ALORA	2	QL
CENESTIN	2	QL
CLIMARA PRO	2	QL
COMBIPATCH	2	QL
CRINONE	2	
DEPO-PROVERA	2	
DEPO-SUBQ PROVERA 104	3	
DIVIGEL	2	
ENJUVIA	2	QL
ESTRADERM	2	QL
ESTRASORB	3	QL
ESTRING	3	QL
ESTROGEL	3	QL
FEMHRT 1/5	3	QL
FEMHRT LOW DOSE	3	QL
GYNODIOL	3	QL
MENEST	3	QL
MENOSTAR	3	QL
PREFEST	3	QL
PREMARIN W/APPLICATOR	2	
PREMARIN TABS	3	QL
PREMPHASE	2	QL
PREMPRO	2	QL
PROMETRIUM	2	
VAGIFEM	2	
VIVELLE-DOT	2	QL

Miscellaneous Ob/Gyn

Generics		
clindamycin phosphate	1	
metronidazole vaginal	1	
miconazole 3	1	
terconazole	1	
vandazole	1	
zazole crea 0.4%	1	
zazole supp	1	
Brands		

Drug Name	Drug Tier	Reqs./ Limits
CLEOCIN SUPP	2	
GYNAZOLE-1	2	
NUVARING	3	
ORTHO EVRA	3	

Oral Contraceptives / Related Agents

Generics		
apri	1	
aranelle	1	
aviane	1	
balziva	1	
cesia	1	
cryselle-28	1	
enpresse-28	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
kariva	1	
kelnor 1/35	1	
leena	1	
lessina-28	1	
levora 0.15/30-28	1	
low-ogestrel	1	
lutera	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe	1	
microgestin fe 1.5/30	1	
mononessa	1	
necon 0.5/35-28	1	
necon 1/35-28	1	
necon 1/50-28	1	
necon 10/11-28	1	
necon 7/7/7	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	
ogestrel	1	
portia-28	1	
previfem	1	
quasense	1	
reclipsen	1	
solia	1	
sprintec 28	1	
sronyx	1	
tri-legest fe	1	
tri-previfem	1	
tri-sprintec	1	
trinessa	1	
trivora-28	1	
velivet	1	
zovia 1/35e	1	
zovia 1/50e	1	
Brands		
PLAN B	2	

Oxytocics

Brands		
METHERGINE	2	

Ophthalmology

Antibiotics

Generics		
ak-poly-bac	1	
ak-tob	1	
bacitracin	1	
bacitracin /neomycin /polymyxin	1	
bacitracin/polymyxin b	1	
ciprofloxacin hcl	1	
erythromycin	1	
gentak	1	
gentamicin sulfate	1	
gentasol	1	
neomycin /polymyxin /gramicidin	1	
ofloxacin	1	
polycin b	1	
polymyxin b sulfate/trimethoprim sulfate	1	
tobramycin sulfate	1	
tobrasol	1	
Brands		
AZASITE	2	
CILOXAN OINT	2	
NATACYN	2	
TOBREX OINT	2	
VIGAMOX	2	
ZYMAR	2	

Antivirals

Generics		
trifluridine	1	

Beta-Blockers

Generics		

Drug Name	Drug Tier	Reqs./ Limits
betaxolol hcl	1	
carteolol hcl	1	
levobunolol hcl	1	
metipranolol	1	
timolol maleate	1	
Brands		
BETOPTIC-S	3	
ISTALOL	2	
TIMOPTIC OCUDOSE	2	

Cycloplegic Mydriatics

Drug Name	Drug Tier	Reqs./ Limits
Generics		
mydral	1	
tropicacyl	1	
tropicamide	1	

Direct Acting Miotics

Drug Name	Drug Tier	Reqs./ Limits
Brands		
PILOPINE HS	2	

Miscellaneous Ophthalmologics

Drug Name	Drug Tier	Reqs./ Limits
Generics		
cromolyn sodium	1	
parcaine	1	
proparacaine hcl	1	
Brands		
ALAMAST	2	
ALOCRIL	3	
ELESTAT	2	
LACRISERT	2	
OPTIVAR	2	
PATANOL	2	
RESTASIS	2	

Non-Steroidal Anti-Inflammatory Agents

Drug Name	Drug Tier	Reqs./ Limits
Generics		
diclofenac sodium	1	
flurbiprofen sodium	1	
Brands		
ACULAR	2	
ACULAR LS	2	
ACULAR PF	2	
NEVANAC	2	
XIBROM	2	

Oral Drugs For Glaucoma

Drug Name	Drug Tier	Reqs./ Limits
Generics		
acetazolamide	1	
acetazolamide sodium	1	
methazolamide	1	
Brands		
DIAMOX	3	

Other Glaucoma Drugs

Drug Name	Drug Tier	Reqs./ Limits
Brands		
AZOPT	2	
COMBIGAN	2	
COSOPT	2	
LUMIGAN	2	
TRAVATAN	2	
TRAVATAN Z	2	
TRUSOPT	2	
XALATAN	2	

Steroid-Antibiotic Combinations

Drug Name	Drug Tier	Reqs./ Limits
Generics		
neo /poly /bac /hc	1	
neomycin /polymyxin /dexamethasone	1	
neomycin /polymyxin /hydrocortisone	1	
poly-dex	1	
Brands		
TOBRADEX	2	
ZYLET	2	

Steroid-Sulfonamide Combinations

Drug Name	Drug Tier	Reqs./ Limits
Generics		
sulfacetamide sodium/prednisolone sodium phosphate	1	

Steroids

Drug Name	Drug Tier	Reqs./ Limits
Generics		
dexamethasone sodium phosphate	1	
fluorometholone	1	
prednisolone acetate	1	
prednisolone sodium phosphate	1	
Brands		
ALREX	3	
FML FORTE	2	
FML S.O.P.	2	
LOTEMAX	2	

Sulfonamides

Drug Name	Drug Tier	Reqs./ Limits
Generics		

Drug Name	Drug Tier	Reqs./ Limits
sulfacetamide sodium	1	

Sympathomimetics

Generics		
brimonidine tartrate	1	
dipivefrin hcl	1	
Brands		
ALPHAGAN P	2	
IOPIDINE	3	

Vasoconstrictor Decongestants

Generics		
ak-con	1	
naphazoline hcl	1	

Respiratory And Allergy

Antihistamine / Antiallergenic Agents

Generics		
cetirizine hcl	1	
clemastine fumarate	1	
diphenhydramine hcl caps, INJ	1	
epinephrine hcl	1	
fexofenadine hcl	1	QL
hydroxyzine hcl INJ	1	
hydroxyzine hcl syrp, tabs	1	PA
palgic	1	
phenadoz	1	
promethazine hcl plain	1	PA
promethazine hcl supp, syrp, tabs	1	PA
promethazine hcl INJ 50mg/ml	1	
promethegan	1	
Brands		
ALLEGRA-D 12 HOUR	3	QL
ALLEGRA-D 24 HOUR	3	QL
ASTELIN	3	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
PALGIC	3	
TWINJECT	2	

Pulmonary Agents

Generics		
acetylcysteine	1	PA
albuterol sulfate er	1	
albuterol sulfate syrp, tabs	1	
albuterol sulfate nebu	1	PA
aminophylline	1	
cromolyn sodium	1	PA
flunisolide	1	QL
fluticasone propionate	1	QL
ipratropium bromide	1	PA
ipratropium bromide/albuterol sulfate	1	PA
metaproterenol sulfate syrp, tabs	1	
metaproterenol sulfate nebu	1	PA
terbutaline sulfate	1	
theochron	1	
theophylline	1	
theophylline er	1	
Brands		
ACCOLATE	3	QL
ADVAIR DISKUS	2	QL
ADVAIR HFA	2	QL
ASMANEX 120 METERED DOSES	2	QL
ASMANEX 30 METERED DOSES	2	QL
ASMANEX 60 METERED DOSES	2	QL
ATROVENT HFA	2	QL
AZMACORT	3	QL
BRETHINE INJ	2	
BROVANA	3	PA QL
COMBIVENT	2	QL
ELIXOPHYLLIN	3	
FLOVENT HFA	2	QL
FORADIL AEROLIZER	2	QL
INTAL INHALER	2	QL
LETAIRIS	4	
NASACORT AQ	2	QL
NASONEX	2	QL
PROAIR HFA	2	QL
PROVENTIL HFA	2	QL
PULMICORT FLEXHALER	2	QL
PULMICORT SUSP 0.25MG/2ML, 0.5MG/2ML	2	PA
PULMOZYME	4	PA
QVAR	2	QL
REVATIO	4	QL
RHINOCORT AQUA	3	QL
SEREVENT DISKUS	2	QL
SINGULAIR	2	QL
SPIRIVA HANDIHALER	2	QL
SYMBICORT	2	QL
THEO-24	3	
TRACLEER	4	PA LA

Drug Name	Drug Tier	Reqs./ Limits
VENTOLIN HFA	2	QL
VERAMYST	2	

Urologicals

Anticholinergics / Antispasmodics

Generics		
flavoxate hcl	1	
oxybutynin chloride	1	
oxybutynin chloride er	1	QL
Brands		
DETROL	2	QL
DETROL LA	2	QL
ENABLEX	2	QL
OXYTROL	2	QL
SANCTURA	2	QL
SANCTURA XR	2	QL
VESICARE	2	QL

Benign Prostatic Hyperplasia(BPH) Therapy

Generics		
finasteride	1	QL
Brands		
AVODART	2	QL
FLOMAX	2	QL
UROXATRAL	2	QL

Cholinergic Stimulants

Generics		
bethanechol chloride	1	

Miscellaneous Urologicals

Generics		
potassium citrate extended-release	1	
Brands		
CYSTAGON	2	LA
ELMIRON	2	

Vitamins, Hematinics / Electrolytes

Electrolytes

Generics		
kcl 0.075%/d5w/nacl 0.45%	1	
kcl 0.15%/d5w/ nacl 0.3%	1	
kcl 0.15%/d5w/lr	1	
kcl 0.15%/d5w/nacl 0.45%	1	
kcl 0.15%/d5w/nacl 0.9%	1	
kcl 0.3%/d5w/lr	1	
kcl 0.3%/d5w/lr iv lac ring	1	
kcl 0.3%/d5w/nacl 0.45%	1	
kcl 0.3%/d5w/nacl 0.9%	1	
klor-con 10	1	
klor-con 8	1	
klor-con m10	1	
klor-con m20	1	
potassium chloride	1	
potassium chloride 0.15% d5w/nacl 0.33%	1	
potassium chloride 0.15% d5w/nacl 0.45% viaflex	1	
potassium chloride 0.15% nacl 0.9%	1	
potassium chloride 0.15%/nacl 0.9%	1	
potassium chloride 0.224%/d5w	1	
potassium chloride 0.224%d5w/nacl 0.33%	1	
potassium chloride 0.3%/d5w	1	
potassium chloride er cpcr 10meq	1	
potassium chloride er tbcr	1	
ringer's injection	1	
sodium bicarbonate	1	
sodium chloride	1	
sodium chloride 0.45% viaflex	1	
Brands		
DEXTROSE 5%/POTASSIUM CHLORIDE 0.075%	2	
DEXTROSE 5%/POTASSIUM CHLORIDE 0.15%	2	
K-TABS	3	
KAON-CL-10	3	
KCL 0.075%/D5W/NACL 0.2%	2	
KCL 0.15%/D5W/NACL 0.2%	2	
KCL 0.15%/D5W/NACL 0.225%	2	
KCL 0.224%/D5W/NACL 0.2%	2	
KCL 0.3%/D5W/NACL 0.2%	2	
KLOR-CON M15	3	
KLOTRIX	3	
LACTATED RINGER'S VIAFLEX	2	
MAGNESIUM SULFATE IN D5W	2	
NORMOSOL-R IN D5W	2	
PHOSLO	2	
POTASSIUM CHLORIDE	3	

Drug Name	Drug Tier	Reqs./ Limits
POTASSIUM CHLORIDE 0.075%/D5W/NACL 0.225%	2	
POTASSIUM CHLORIDE 0.15% /NACL 0.45% VIAFLEX	2	
POTASSIUM CHLORIDE 0.15%/D5W	2	
POTASSIUM CHLORIDE 0.22% D5W/NACL 0.45%	2	
POTASSIUM CHLORIDE 0.224%/D5W/NACL 0.45%	2	
POTASSIUM CHLORIDE 0.3%/ NACL 0.9%	2	
POTASSIUM CHLORIDE 0.3%/NACL 0.9%/VIAFLEX	2	

Miscellaneous Nutrition Products

Generics		
aminosyn ii	1	
aminosyn ii 4.25/dextrose25%	1	
intralipid	1	
intralipid 20%	1	
novamine	1	
premasol	1	
travasol	1	

Brands		
AMINOSYN	2	
AMINOSYN II	2	
AMINOSYN II 3.5%/DEXTROSE25%	2	
AMINOSYN II 3.5%/DEXTROSE5%	2	
AMINOSYN II 4.25/DEXTROSE10%	2	
AMINOSYN II 4.25/DEXTROSE20%	2	
AMINOSYN-HBC	2	
AMINOSYN-HF	2	
AMINOSYN-PF	2	
AMINOSYN-PF 7%	2	
CLINIMIX 2.75%/DEXTROSE 5%	2	
CLINIMIX 4.25%/DEXTROSE 10%	2	
CLINIMIX 4.25%/DEXTROSE 20%	2	
CLINIMIX 4.25%/DEXTROSE 25%	2	
CLINIMIX 5%/DEXTROSE 15%	2	
CLINIMIX 5%/DEXTROSE 20%	2	
CLINIMIX 5%/DEXTROSE 25%	2	
CLINISOL SF 15%	2	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2	
DEXTROSE 5% /ELECTROLYTE #75 VIAFLEX	2	
FREAMINE HBC 6.9%	2	
FREAMINE III	2	
HEPATAMINE	2	
HEPATASOL	2	
INTRALIPID	2	
IONOSOL-B/DEXTROSE 5%	2	
IONOSOL-MB/DEXTROSE 5%	2	
IONOSOL-T/DEXTROSE 5%	2	
ISOLYTE-H/DEXTROSE 5%	2	
ISOLYTE-P/DEXTROSE 5%	2	
ISOLYTE-S	2	
ISOLYTE-S PH 7.4	2	
ISOLYTE-S/DEXTROSE 5%	2	
KCL 0.15%/D10W/NACL 0.2%	2	
NEPHRAMINE	2	
NORMOSOL-R	2	
PLASMA-LYTE 56	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-148	2	
PLASMA-LYTE-148/D5W	2	
PLASMA-LYTE-56/D5W	2	
PREMASOL	2	
RENAMIN	2	
TRAVASOL	2	
TRAVASOL 5.5%/DEXTROSE 20%	2	
TRAVASOL 8.5%/DEXTROSE 10%	2	
TRAVASOL 8.5%/DEXTROSE 20%	2	
TRAVASOL 8.5%/DEXTROSE 50%	2	
TROPHAMINE	2	

Vitamins / Hematinics

Generics		
prenatal rx 1	1	
sodium fluoride	1	

8
8-MOP 12

A
ABILIFY 9
ABILIFY DISCMELT 9
ABRAXANE 5
acarbose 15
ACCOLATE 22
acebutolol hcl 10
ACEON 11
acetaminophen/codeine 8
acetazolamide 21
acetazolamide sodium 21
acetic acid 15
acetic acid/hydrocortisone 15
acetylcysteine 22
ACTHIB 18
acticin 13
ACTIMMUNE 18
ACTIVELLA 19
ACTONEL 14
ACTONEL 19
ACTONEL WITH CALCIUM 19
ACTOPLUS MET 15
ACTOS 15
ACULAR 21
ACULAR LS 21
ACULAR PF 21
acyclovir 2
acyclovir sodium 2
ADACEL 18
ADAGEN 14
ADDERALL XR 9
adriamycin 5
ADVAIR DISKUS 22
ADVAIR HFA 22
ADVICOR 12
afeditab cr 10
AGGRENOX 11
a-hydrocort 15
ak-con 22
ak-poly-bac 20
ak-tob 20
ala-cort 13
ALAMAST 21
ALBENZA 3
albuterol sulfate 22
albuterol sulfate er 22
alclometasone dipropionate 13
alcohol 5%/dextrose 5% 14
ALCOHOL PREPS 15
ALDARA 12
ALDURAZYME 16
alendronate sodium 14
alendronate sodium 19
ALIMTA 5
ALINIA 3
ALKERAN 5
ALLEGRA-D 12 HOUR 22
ALLEGRA-D 24 HOUR 22
allopurinol 19
ALOCRIL 21
ALORA 19
ALPHAGAN P 22
ALREX 21
ALTABAX 13
amantadine hcl 2
AMBIEN CR 9
amcinonide 13
AMERGE 7
a-methapred 15
amikacin sulfate 3
amikin 3
amiloride /hydrochlorothiazide 10
amiloride hcl 10
aminophylline 22
AMINOSYN 24
aminosyn ii 24
AMINOSYN II 3.5%/DEXTROSE25% 24
AMINOSYN II 3.5%/DEXTROSE5% 24
AMINOSYN II 4.25/DEXTROSE10% 24
AMINOSYN II 4.25/DEXTROSE20% 24
aminosyn ii 4.25/dextrose25% 24
AMINOSYN-HBC 24
AMINOSYN-HF 24
AMINOSYN-PF 24
AMINOSYN-PF 7% 24
amiodarone hcl 10
AMITIZA 17
amitriptyline hcl 8
amlodipine besylate 10
amlodipine besylate/benazepril hydrochloride 10
ammonium lactate 12
amnesteem 12
amoclan 4
amoxapine 8
amoxicillin 4
amoxicillin/potassium clavulanate 4
amoxil 4

amphetamine salt combo 8
amphotericin b 2
ampicillin 4
ampicillin sodium 4
ampicillin-sulbactam 4
ANADROL-50 16
anagrelide hydrochloride 14
ANCOBON 2
ANDRODERM 16
ANDROGEL 16
ANDROGEL PUMP 16
androxy 16
ANTABUSE 14
ANTARA 12
APIDRA 15
APOKYN 7
apri 20
APTIVUS 2
aranelle 20
ARANESP ALBUMIN FREE 18
ARANESP ALBUMIN FREE SURECLICK 18
ARICEPT 7
ARICEPT ODT 7
ARIMIDEX 5
ARIXTRA 11
AROMASIN 5
ARRANON 5
ARTHROTEC 50 8
ARTHROTEC 75 8
ASACOL 17
ASMANEX 120 METERED DOSES 22
ASMANEX 30 METERED DOSES 22
ASMANEX 60 METERED DOSES 22
ASTELIN 22
ATACAND 11
ATACAND HCT 11
atenolol 10
atenolol/chlorthalidone 10
ATRIPLA 2
atropine sulfate 16
ATROVENT HFA 22
ATTENUVAX 18
augmented betamethasone dipropionate 13
AUGMENTIN XR 4
AVALIDE 11
AVANDAMET 15
AVANDARYL 15
AVANDIA 15
AVAPRO 11
AVASTIN 5
AVELOX 4
AVELOX ABC PACK 4
aviane 20
avita 12
AVODART 23
AVONEX 18
AZACTAM 3
AZACTAM IN DEXTROSE 3
AZASITE 20
azathioprine 5
azathioprine sodium 5
AZELEX 12
azithromycin 3
AZMACORT 22
AZOPT 21

B

bacitracin 20
bacitracin /neomycin /polymyxin 20
bacitracin/polymyxin b 20
baclofen 7
BACTROBAN NASAL 14
balacet 325 8
balsalazide disodium 17
balziva 20
BARACLUDE 2
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" 15
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" 15
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" 15
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16" 15
BD ULTRA-FINE ORIGINAL PEN NEEDLES/29G X 12.7MM 15
benazepril hcl 10
benazepril hcl/hydrochlorothiazide 10
benztropine mesylate 7
betamethasone dipropionate 13
betamethasone valerate 13
BETASERON 18
beta-val 13
betaxolol hcl 10
betaxolol hcl 21
bethanechol chloride 23
BETOPTIC-S 21
BICILLIN C-R 4
BICILLIN L-A 4
BICNU 5
BIDIL 11

BILTRICIDE 3
bisoprolol fumarate 10
bisoprolol fumarate/hydrochlorothiazide 10
bleomycin sulfate 5
BONIVA 19
BOOSTRIX 18
borofair 15
BRETHINE 22
brimonidine tartrate 22
bromocriptine mesylate 7
BROVANA 22
budeprion sr 9
budeprion xl 9
bumetanide 10
BUPHENYL 14
BUPRENEX 8
buprenorphine hcl 8
buproban 14
bupropion hcl 9
bupropion hcl 14
buspirone hcl 9
butorphanol tartrate 8
BYETTA 15
BYSTOLIC 11

C

cabergoline 16
CADUET 12
calcipotriene 12
calcitriol 16
camila 19
CAMPATH 5
CAMPRAL 14
CANASA 17
CAPEX 13
captopril 10
captopril /hydrochlorothiazide 10
CARAC 12
CARAFATE 18
carbamazepine 6
CARBATROL 6
carbidopa/levodopa 7
carbidopa/levodopa er 7
carboplatin 5
carisoprodol 7
carisoprodol/aspirin 7
CARMOL-HC 12
CARNITOR 14
carteolol hcl 21
cartia xt 10
carvedilol 10
CASODEX 5
CATAPRES-TTS-1 11
CATAPRES-TTS-2 11
CATAPRES-TTS-3 11
CEENU 5
cefaclor 2
cefadroxil 2
cefazolin sodium 2
cefdinir 3
cefotaxime sodium 3
cefoxitin sodium 3
cefpodoxime proxetil 3
ceftriaxone in iso-osmotic dextrose 3
ceftriaxone sodium 3
CEFTRIAXONE/DEXTROSE 3
cefuroxime axetil 3
cefuroxime sodium 3
CEFUROXIME/DEXTROSE 3
CELEBREX 8
CELLCEPT 5
CELLCEPT INTRAVENOUS 5
CELONTIN 6
CENESTIN 19
cephalexin 3
CEREZYME 16
cesia 20
cetirizine hcl 22
CHANTIX 14
CHEMET 14
chlordiazepoxide /amitriptyline 9
chlorhexidine gluconate 14
chloroquine phosphate 3
chlorothiazide 10
chlorpromazine hcl 9
chlorthalidone 10
chlorzoxazone 7
cholestyramine 12
cholestyramine light 12
ciclopirox 13
ciclopirox nail lacquer 13
cilostazol 11
CILOXAN 20
CIPRO HC 15
CIPRO I.V. 4
CIPRO I.V.-IN D5W 4
CIPRODEX 15
ciprofloxacin 4
ciprofloxacin hcl 4
ciprofloxacin hcl 20
cisplatin 5

citalopram hydrobromide 9
CLADRIBINE 5
claravis 12
clarithromycin 3
clarithromycin er 3
clemastine fumarate 22
CLEOCIN 20
CLEOCIN GALAXY 3
CLEOCIN PEDIATRIC GRANULES 3
CLIMARA PRO 19
clindamycin hcl 3
clindamycin phosphate 3
clindamycin phosphate 12
clindamycin phosphate 19
CLINIMIX 2.75%/DEXTROSE 5% 24
CLINIMIX 4.25%/DEXTROSE 10% 24
CLINIMIX 4.25%/DEXTROSE 20% 24
CLINIMIX 4.25%/DEXTROSE 25% 24
CLINIMIX 4.25%/DEXTROSE 5% 14
CLINIMIX 5%/DEXTROSE 15% 24
CLINIMIX 5%/DEXTROSE 20% 24
CLINIMIX 5%/DEXTROSE 25% 24
CLINISOL SF 15% 24
clobetasol propionate 13
clobetasol propionate e 13
clobetasol propionate emollient 13
CLOBEX 13
CLOLAR 5
clomipramine hcl 9
clonidine hcl 10
clotrimazole 2
clotrimazole 13
clotrimazole/betamethasone dipropionate 13
clozapine 9
COGENTIN 7
colchicine 19
COLESTID FLAVORED 12
colestipol hcl 12
colistimethate sodium 3
COLY-MYCIN-S 15
COMBIGAN 21
COMBIPATCH 19
COMBIVENT 22
COMBIVIR 2
compro 17
COMTAN 7
COMVAX 18
CONDYLOX 12
constulose 17
COPAXONE 7
CORDRAN TAPE 13
COREG CR 11
cormax 13
CORTIFOAM 17
cortisone acetate 15
CORTISPORIN-TC 15
cortomycin 15
COSMEGEN 5
COSOPT 21
COZAAR 11
CREON 5 17
CREON 10 17
CREON 20 17
CRESTOR 12
CRINONE 19
CRIXIVAN 2
cromolyn sodium 21
cromolyn sodium 22
cryselle-28 20
CUBICIN 3
CUPRIMINE 19
CURITY GAUZE PADS 2"X2" 15
cyclobenzaprine hcl 7
cyclophosphamide 5
cyclosporine 5
cyclosporine modified 5
CYKLOKAPRON 11
CYMBALTA 9
CYSTADANE 17
CYSTAGON 23
cytarabine 5
CYTOMEL 16
CYTOVENE 2
CYTOXAN 5

D

dacarbazine 5
danazol 16
dantrolene sodium 7
DAPSONE 3
DAPTACEL 18
DARAPRIM 3
daunorubicin hcl 5
DAUNOXOME 5
DECAVAC 18
del-beta 13
demeclocycline hcl 4
DEMSER 11
DENAVIR 13
depade 8
DEPAKOTE 6

DEPAKOTE ER 6
DEPAKOTE SPRINKLES 6
DEPEN TITRATABS 19
DEPO-MEDROL 15
DEPO-PROVERA 19
DEPO-SUBQ PROVERA 104 19
DERMOTIC 15
desipramine hcl 9
desmopressin acetate 16
desonide 13
desoximetasone 13
DETROL 23
DETROL LA 23
dexamethasone 15
DEXAMETHASONE INTENSOL 15
dexamethasone sodium phosphate 15
dexamethasone sodium phosphate 21
dexmethylphenidate hcl 9
dextroamphetamine sulfate 9
dextroamphetamine sulfatecr 9
DEXTROSE 10%/NACL 0.45% 14
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX 24
DEXTROSE 5% /ELECTROLYTE #75 VIAFLEX 24
dextrose 10% flex container 14
DEXTROSE 10%/NACL 0.2% 14
dextrose 2.5%/nacl 0.45% 14
dextrose 2.5%/sodium chloride 0.45% 14
dextrose 5% 14
dextrose 5%/lactated ringer's 14
dextrose 5%/nacl 0.2% 14
dextrose 5%/nacl 0.225% 14
DEXTROSE 5%/NACL 0.33% 14
dextrose 5%/nacl 0.45% 14
dextrose 5%/nacl 0.9% 14
DEXTROSE 5%/POTASSIUM CHLORIDE 0.075% 23
DEXTROSE 5%/POTASSIUM CHLORIDE 0.15% 23
dextrose 5%/sodium chloride 0.2% 14
DEXTROSE 5%/SODIUM CHLORIDE 0.33% 14
dextrose 5%/sodium chloride 0.45% 14
dextrose 5%/sodium chloride 0.9% 14
dextrostat 9
DIAMOX 21
DIBENZYLINE 11
diclofenac potassium 8
diclofenac sodium 8
diclofenac sodium 21
diclofenac sodium dr 8
diclofenac sodium ec 8
diclofenac sodium er 8
diclofenac sodium xr 8
dicloxacillin sodium 4
dicyclomine hcl 16
didanosine 2
DIFFERIN 12
diflorasone diacetate 13
DIFLUCAN IN NACL 2
diflunisal 8
digitek 11
digoxin 11
dihydroergotamine mesylate 7
DILANTIN 6
DILANTIN INFATABS 6
DILAUDID-5 8
DILAUDID-HP 8
dilt-cd 10
diltiazem cd 10
diltiazem hcl 10
diltiazem hcl er 10
dilt-xr 10
DIOVAN 11
DIOVAN HCT 11
DIPENTUM 17
diphenhydramine hcl 22
diphenoxylate/atropine 17
dipivefrin hcl 22
DIPTHERIA/TETANUS TOXOID PEDIATRIC 18
dipyridamole 11
disopyramide phosphate 10
disopyramide phosphate er 10
DIVIGEL 19
dolorex forte 8
DOVONEX 12
doxazosin mesylate 10
doxepin hcl 9
DOXIL 5
doxorubicin hcl 5
doxycycline hyclate 4
doxycycline monohydrate 4
dronabinol 17
DROXIA 5
DUETACT 15
duramorph 8
dygase 17

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e.e.s. 200 3

e.e.s. 400 ... 3
econazole nitrate ... 13
EDECRIN ... 11
EFFEXOR XR ... 9
ELESTAT ... 21
ELIDEL ... 12
ELIGARD ... 5
ELITEK ... 5
ELIXOPHYLLIN ... 22
ELLENCE ... 5
ELMIRON ... 23
ELOXATIN ... 5
ELSPAR ... 5
EMCYT ... 5
EMEND ... 17
EMLA /TEGADERM ... 13
EMSAM ... 9
EMTRIVA ... 2
ENABLEX ... 23
enalapril maleate ... 10
enalapril maleate/hydrochlorothiazide ... 10
ENBREL ... 19
ENBREL SURECLICK ... 19
endocet ... 8
ENGERIX-B ... 18
ENJUVIA ... 19
enpresse-28 ... 20
ENTOCORT EC ... 17
enulose ... 17
epinephrine hcl ... 22
EPIPEN 2-PAK ... 22
EPIPEN-JR 2-PAK ... 22
EPIRUBICIN HCL ... 6
epitol ... 6
EPIVIR ... 2
EPIVIR HBV ... 2
EPOGEN ... 18
EPZICOM ... 2
EQUETRO ... 6
ERAXIS ... 2
ERBITUX ... 6
ergotamine tartrate/caffeine ... 7
errin ... 19
ERTACZO ... 13
ery ... 12
ery-tab ... 3
ERYTHROCIN LACTOBIONATE ... 3
erythrocin stearate ... 3
erythromycin ... 3
erythromycin ... 12
erythromycin ... 20
erythromycin /sulfisoxazole ... 3
erythromycin ethylsuccinate ... 3
erythromycin/benzoyl peroxide ... 12
ESTRADERM ... 19
estradiol ... 19
ESTRASORB ... 19
ESTRING ... 19
ESTROGEL ... 19
estropipate ... 19
ethambutol hcl ... 3
ethosuximide ... 6
etidronate disodium ... 14
etodolac ... 8
etodolac er ... 8
ETOPOPHOS ... 6
etoposide ... 5
EURAX ... 14
EVISTA ... 19
EVOXAC ... 14
EXELON ... 7
EXFORGE ... 11
EXJADE ... 14

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FABRAZYME ... 16
famciclovir ... 2
famotidine ... 18
famotidine premixed ... 18
FANSIDAR ... 3
FARESTON ... 6
FASLODEX ... 6
FAZACLO ... 9
FELBATOL ... 6
felodipine er ... 10
FEMARA ... 6
FEMHRT 1/5 ... 19
FEMHRT LOW DOSE ... 19
fenofibrate ... 12
fenoprofen calcium ... 8
fentanyl ... 8
fentanyl citrate ... 8
fexofenadine hcl ... 22
FINACEA ... 13
finasteride ... 23
flavoxate hcl ... 23
flecainide acetate ... 10
FLOMAX ... 23
FLOVENT HFA ... 22
FLOXIN OTIC SINGLES ... 15
fluconazole ... 2

fluconazole in dextrose ... 2
fluconazole in nacl ... 2
fludarabine phosphate ... 5
fludrocortisone acetate ... 15
flunisolide ... 22
fluocinolone acetonide ... 13
fluocinonide ... 13
fluocinonide-e ... 13
fluorometholone ... 21
FLUOROPLEX ... 12
fluorouracil ... 5
fluorouracil ... 12
fluoxetine hcl ... 9
fluphenazine decanoate ... 9
fluphenazine hcl ... 9
flurbiprofen ... 8
flurbiprofen sodium ... 21
flutamide ... 5
fluticasone propionate ... 13
fluticasone propionate ... 22
fluvoxamine maleate ... 9
FML FORTE ... 21
FML S.O.P. ... 21
FOCALIN XR ... 9
FORADIL AEROLIZER ... 22
FORTAMET ... 15
FORTAZ ... 3
FORTEO ... 19
fortical ... 16
FOSAMAX ... 19
foscarnet sodium ... 2
fosinopril sodium ... 10
fosinopril sodium/hydrochlorothiazide ... 10
fosphenytoin sodium ... 6
FOSRENOL ... 14
FRAGMIN ... 11
FREAMINE HBC 6.9% ... 24
FREAMINE III ... 24
FURADANTIN ... 4
furosemide ... 10
FUZEON ... 2

G

gabapentin ... 6
GABITRIL ... 6
GANTRISIN PEDIATRIC ... 4
GARDASIL ... 18
GASTROCROM ... 17
gemfibrozil ... 12
GEMZAR ... 6
gengraf ... 5
gentak ... 20
gentamicin sulfate ... 3
gentamicin sulfate ... 13
gentamicin sulfate ... 20
gentamicin sulfate/0.9% sodium chloride ... 3
gentasol ... 20
GEODON ... 9
GLEEVEC ... 6
glimepiride ... 15
glipizide ... 15
glipizide er ... 15
glipizide xl ... 15
glipizide/metformin hcl ... 15
GLUCAGEN HYPOKIT ... 15
GLUCAGON EMERGENCY KIT ... 15
glyburide ... 15
glyburide micronized ... 15
glyburide/metformin hcl ... 15
glycopyrrolate ... 17
glycron ... 15
GLYSET ... 16
griseofulvin microsize ... 2
GRIS-PEG ... 2
guanfacine hcl ... 10
GYNAZOLE-1 ... 20
gynodiol ... 19

H

HALDOL DECANOATE-100 ... 9
HALDOL DECANOATE-50 ... 9
halobetasol propionate ... 13
haloperidol ... 9
haloperidol decanoate ... 9
haloperidol lactate ... 9
HAVRIX ... 18
HECTOROL ... 16
heparin sodium ... 11
heparin sodium/d5w ... 11
HEPARIN SODIUM/NACL 0.45% ... 11
heparin sodium/nacl 0.9% ... 11
heparin sodium/sodium chloride 0.9% premix ... 11
HEPATAMINE ... 24
HEPATASOL ... 24
HEPSERA ... 2
HERCEPTIN ... 6
HEXALEN ... 6
HIBTITER ... 18
HUMALOG ... 16
HUMALOG MIX 50/50 ... 16
HUMALOG MIX 50/50 PEN ... 16
HUMALOG MIX 75/25 ... 16

HUMALOG MIX 75/25 PEN 16
HUMALOG PEN 16
HUMIRA 19
HUMIRA PEN 19
HUMULIN 50/50 16
HUMULIN 70/30 16
HUMULIN 70/30 PEN 16
HUMULIN N 16
HUMULIN N U-100 PEN 16
HUMULIN R 16
HYCAMTIN 6
hydralazine hcl 10
hydrochlorothiazide 10
hydrocodone /acetaminophen 8
hydrocodone /ibuprofen 8
hydrocortisone 13
hydrocortisone 15
hydrocortisone 17
hydrocortisone butyrate 13
hydrocortisone valerate 13
hydromorphone hcl 8
hydroxychloroquine sulfate 3
hydroxyurea 5
hydroxyzine hcl 22
HYZAAR 11

I

ibuprofen 8
idarubicin hcl 5
IFEX 6
IFOSFAMIDE 6
ifosfamide/mesna 5
imipramine hcl 9
IMITREX 7
IMITREX STATDOSE REFILL 7
IMOVAX RABIES (H.D.C.V.) 18
INCRELEX 14
indapamide 10
indomethacin 8
indomethacin er 8
INFANRIX 18
INFUMORPH 200 8
INFUMORPH 500 8
INTAL INHALER 22
INTELENCE 2
intralipid 24
intralipid 20% 24
INTRON-A 18
INTRON-A W/DILUENT 18
INVEGA 9
INVIRASE 2
IONOSOL-B/DEXTROSE 5% 24
IONOSOL-MB/DEXTROSE 5% 24
IONOSOL-T/DEXTROSE 5% 24
IOPIDINE 22
IPOL INACTIVATED IPV 18
ipratropium bromide 14
ipratropium bromide 22
ipratropium bromide/albuterol sulfate 22
irinotecan 5
ISENTRESS 2
ISOLYTE-H/DEXTROSE 5% 24
ISOLYTE-P/DEXTROSE 5% 24
ISOLYTE-S 24
ISOLYTE-S PH 7.4 24
ISOLYTE-S/DEXTROSE 5% 24
isonarif 3
isoniazid 3
isosorbide dinitrate 12
isosorbide dinitrate er 12
isosorbide mononitrate 12
isosorbide mononitrate er 12
isotonic gentamicin 3
isradipine 10
ISTALOL 21
itraconazole 2

J

jantoven 11
JANUMET 16
JANUVIA 16
JE-VAX 18
jolivette 19
junel 1.5/30 20
junel 1/20 20
junel fe 1.5/30 20
junel fe 1/20 20

K

KADIAN 8
KALETRA 2
KAON-CL-10 23
kariva 20
KCL 0.075%/D5W/NACL 0.2% 23
kcl 0.075%/d5w/nacl 0.45% 23
KCL 0.15%/D10W/NACL 0.2% 24
kcl 0.15%/d5w/ nacl 0.3% 23
kcl 0.15%/d5w/lr 23
KCL 0.15%/D5W/NACL 0.2% 23
KCL 0.15%/D5W/NACL 0.225% 23
kcl 0.15%/d5w/nacl 0.45% 23
kcl 0.15%/d5w/nacl 0.9% 23

KCL 0.224%/D5W/NACL 0.2% 23
kcl 0.3%/d5w/lr 23
kcl 0.3%/d5w/lr iv lac ring 23
KCL 0.3%/D5W/NACL 0.2% 23
kcl 0.3%/d5w/nacl 0.45% 23
kcl 0.3%/d5w/nacl 0.9% 23
kelnor 1/35 20
KEMADRIN 7
KEPPRA 6
KETEK 3
ketoconazole 2
ketoconazole 13
ketoprofen 8
ketoprofen er 8
kionex 14
klor-con 10 23
klor-con 8 23
klor-con m10 23
KLOR-CON M15 23
klor-con m20 23
KLOTRIX 23
K-TABS 23
kuric 13
KUTRASE 17
KUVAN 16
KU-ZYME 17
KU-ZYME HP 17

L
labetalol hcl 10
laclotion 12
LACRISERT 21
lactated ringer's dextrose 5% viaflex 14
LACTATED RINGER'S VIAFLEX 23
lactulose 17
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE 7
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE 7
LAMICTAL STARTER/TAKING VALPROATE 7
lamotrigine 6
lamotrigine chewable dispersible 6
LANOXIN 11
LANTUS 16
LANTUS SOLOSTAR 16
lapase 17
leena 20
leflunomide 19
lessina-28 20
LETAIRIS 22
leucovorin calcium 5
LEUKERAN 6
LEUKINE 18
leuprolide acetate 5
LEUSTATIN 6
LEVAQUIN 4
LEVAQUIN LEVA-PAK 4
LEVEMIR 16
LEVEMIR FLEXPEN 16
LEVO DROMORAN 8
levobunolol hcl 21
levocarnitine 14
LEVO-DROMORAN 8
levora 0.15/30-28 20
levorphanol tartrate 8
levothyroxine sodium 16
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necon 1/35-28 20
necon 1/50-28 20
necon 10/11-28 20
necon 7/7/7 20
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neo /poly /bac /hc 21
neomycin /polymyxin /dexamethasone 21
neomycin /polymyxin /gramicidin 20
neomycin /polymyxin /hydrocortisone 15
neomycin /polymyxin /hydrocortisone 21
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