



**Commonwealth Care Alliance Senior Care Options Program
2012 Formulary for MassHealth Only Members
(List of Covered Drugs)**

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

Commonwealth Care Alliance Member Services:

For help or information, please call Member Services or go to our plan website at:

www.commonwealthcare.org

1-866-610-2273, TTY: 1-866-322-7357

Hours of Operation:

24 hour a day, 7 days a week

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.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network may change on January 1, 2012.

A Coordinated Care plan with a Medicare Advantage contract and a contract with the Commonwealth of Massachusetts/Executive Office of Health and Human Services Medicaid program.

Enrollment is voluntary.

This information is available in a different format. Please call Member Services at the number listed above if you need plan information in another format or language.

What is the Commonwealth Care Alliance Senior Care Options Program Formulary?

A formulary is a list of covered drugs selected by Commonwealth Care Alliance Senior Care Options Program 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. Commonwealth Care Alliance Senior Care Options Program will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at our plan's network pharmacy, and other plan rules are followed. You will not be charged a premium, copayment, and coinsurance for covered prescriptions drugs and over-the-counter medications you receive. 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 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 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 the formulary, or add prior authorizations, quantity limits and/or step therapy restrictions on a drug, and you are taking the drug affected by the change, we will notify you of the change. However, 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 notify our members about the change as soon as possible.

The enclosed formulary is current as of January 2012. To get updated information about the drugs covered by our plan please visit our website at www.commonwealthcare.org or call Member Services at 1-866-610-2273, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-322-7357.

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 Medications". If you know what your drug is used for, look for the category name in the list that begins on page number 52. 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 37. 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?

Commonwealth Care Alliance Senior Care Options Program 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:** Commonwealth Care Alliance Senior Care Options Program requires your physician or prescribing provider to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, Commonwealth Care Alliance Senior Care Options Program may not cover the drug.
- **Quantity Limits:** For certain drugs, Commonwealth Care Alliance Senior Care Options Program limits the amount of the drug that our plan will cover. For example, Commonwealth Care Alliance Senior Care Options Program will provide up to 30 doses of Aetos for a 30-day prescription.
- **Step Therapy:** In some cases, Commonwealth Care Alliance Senior Care Options Program 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, Commonwealth Care Alliance Senior Care Options Program may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan 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.commonwealthcare.org.

You can ask us to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Commonwealth Care Alliance Senior Care Options Program formulary?" on page iii for information about how to request an exception.

What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs. Commonwealth Care Alliance Senior Care Options Program covers certain OTC drugs under your MassHealth Standard benefit. Our plan will provide these OTC drugs at no cost to you.

What if my drug is not on the Formulary?

If your drug is not included in this list formulary, you should first contact Member Services and confirm that your drug is not covered. You can contact Member Services at 1-866-610-2273, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-322-7357.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by the Senior Care Options Program. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Commonwealth Care Alliance Senior Care Options Program Formulary?

You can ask Commonwealth Care Alliance Senior Care Options Program 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, Commonwealth Care Alliance Senior Care Options Program 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.

Generally, Commonwealth Care Alliance Senior Care Options Program will only approve your request for an exception if the alternative drugs included on the plan's formulary, 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 ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you are requesting a formulary or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we 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 prescriber's or prescribing physician's supporting statement.

For more information

For more detailed information about your Commonwealth Care Alliance Senior Care Options Program prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our program, please call Member Services at 1-866-610-2273, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-322-7357. Or visit www.commonwealthcare.org.

Commonwealth Care Alliance Senior Care Options Program Formulary

The formulary that begins on the next page provides coverage information about drugs covered by Commonwealth Care Alliance Senior Care Options Program. If you have trouble finding your drug in the list, turn to the Index that begins on page 37.

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

The information in the Requirements/Limits column tells you if Commonwealth Care Alliance Senior Care Options Program has any special requirements for coverage of your drug.

List of Abbreviations

B/D: This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-866-610-2273, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-322-7357.

MO: Mail Order. Certain drugs are available through mail order service. For more information, please call Member Services at 1-866-610-2273, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-322-7357.

PA: Prior Authorization. Senior Care Options Program requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Senior Care Options Program before you fill your prescriptions. If you don't get approval, Senior Care Options Program may not cover the drug.

QL: Quantity Limit. For certain drugs, Senior Care Options Program limits the amount of the drug that Senior Care Options Program will cover. For example, Senior Care Options Program provides 30 tablets per prescription for Abilify. This may be in addition to a standard one month or three month supply.

ST: Step Therapy. In some cases, Senior Care Options Program 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, Senior Care Options Program may not cover drug B unless you try Drug A first. If Drug A does not work for you, Senior Care Options Program will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits			
" NUTRITION,BLOOD MODIFIERS,ELECTROLYTES"					
" ELECTROLYTES, IRRIGATING SOLUTIONS, ETC."					
AMINOSYN	2				
AMINOSYN 8.5%/ELECTROLYTES	2				
AMINOSYN II	2				
AMINOSYN II 3.5%/DEXTROSE25%	2				
AMINOSYN II 3.5%/DEXTROSE5%	2				
AMINOSYN II 3.5/DEXTROSE 25%	2				
AMINOSYN II 4.25/DEXTROSE10%	2				
AMINOSYN II 4.25/DEXTROSE20%	2				
AMINOSYN II 4.25/DEXTROSE25%	2				
AMINOSYN II 5/DEXTROSE 25	2				
AMINOSYN II 8.5%/ELECTROLYTES	2				
AMINOSYN II M 3.5%/DEXTROSE 5%	2				
AMINOSYN M	2				
AMINOSYN-HBC	2				
AMINOSYN-HF	2				
AMINOSYN-PF	2				
AMINOSYN-PF 7%	2				
AMMONIUM CHLORIDE	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 4.25%/DEXTROSE 5%	2				
CLINIMIX 5%/DEXTROSE 15%	2				
CLINIMIX 5%/DEXTROSE 20%	2				
CLINIMIX 5%/DEXTROSE 25%	2				
CLINIMIX E 2.75%/DEXTROSE 10%	2				
CLINIMIX E 2.75%/DEXTROSE 5%	2				
CLINIMIX E 4.25%/DEXTROSE 25%	2				
CLINIMIX E 4.25%/DEXTROSE 5%	2				
CLINIMIX E 5%/DEXTROSE 15%	2				
CLINIMIX E 5%/DEXTROSE 20%	2				
CLINIMIX E 5%/DEXTROSE 25%	2				
CLINISOL SF 15%	2				
CYSTAGON	2	LA			
<i>dextrose 10%/nacl 0.45%</i>	1				
<i>dextrose 5% /electrolyte #48 viaflex</i>	1				
<i>dextrose 10% flex container</i>	1				
<i>dextrose 10%/nacl 0.2%</i>	1				
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1				
<i>dextrose 5%</i>	1				
<i>dextrose 5%/nacl 0.2%</i>	1				
<i>dextrose 5%/nacl 0.225%</i>	1				
<i>dextrose 5%/nacl 0.33%</i>	1				
<i>dextrose 5%/nacl 0.45%</i>	1				
<i>dextrose 5%/nacl 0.9%</i>	1				

Drug Name	Drug Tier	Requirements/Limits
FREAMINE III	2	
HEPATAMINE	2	
HEPATASOL	2	
IONOSOL-B/DEXTROSE 5%	2	
IONOSOL-MB/DEXTROSE 5%	2	
IONOSOL-T/DEXTROSE 5%	2	
ISOLYTE-H/DEXTROSE 5%	2	
ISOLYTE-M/DEXTROSE 5%	2	
ISOLYTE-P/DEXTROSE 5%	2	
ISOLYTE-S	2	
ISOLYTE-S/DEXTROSE 5%	2	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.15%/d10w/nacl 0.2%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.225%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	1	
<i>lactated ringers</i>	1	
<i>magnesium sulfate</i>	1	
MAGNESIUM SULFATE IN D5W	2	
NEPHRAMINE	2	
NORMOSOL-M IN D5W	2	
NORMOSOL-R	2	
NORMOSOL-R IN D5W	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-148	2	
PLASMA-LYTE-148/D5W	2	
PLASMA-LYTE-56/D5W	2	
<i>potassium chloride 0.075%/d5w/nacl 0.225%</i>	1	
<i>potassium chloride 0.15% /nacl 0.45% viaflex</i>	1	
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	1	
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	1	
<i>potassium chloride 0.15% nacl 0.9%</i>	1	
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	1	
<i>potassium chloride 0.224%/d5w</i>	1	
<i>potassium chloride 0.3%/ nacl 0.9%</i>	1	
PREMASOL	2	
PROCALAMINE	2	
<i>ringers injection</i>	1	
<i>sodium bicarbonate</i>	1	
<i>sodium chloride</i>	1	
<i>sodium chloride 0.9%</i>	1	
<i>sodium chloride 0.45% viaflex</i>	1	
<i>sodium lactate</i>	1	
TRAVASOL	2	
TROPHAMINE	2	

Drug Name	Drug Tier	Requirements/Limits
" ORAL ANTICOAGULANTS, VITAMIN K"		
<i>jantoven</i>	1	
PRADAXA	2	
<i>warfarin sodium</i>	1	
ANTIPLATELET DRUGS		
AGGRENEX	2	
<i>cilostazol</i>	1	
<i>dipyridamole</i>	1	
EFFIENT	2	
PLAVIX	2	
BLOOD DETOXICANTS		
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>lactulose</i>	1	
RENVELA	2	
FLUORIDE PRODUCTS		
<i>sodium fluoride</i>	1	
INJECTABLE ANTICOAGULANTS		
ARIXTRA INJ 2.5MG/0.5ML	2	
ARIXTRA INJ 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	3	
<i>enoxaparin sodium inj 100mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	1	
<i>enoxaparin sodium inj 120mg/0.8ml, 150mg/ml</i>	3	
<i>heparin sodium</i>	1	B/D
<i>heparin sodium/d5w</i>	1	B/D
<i>heparin sodium/nacl 0.45%</i>	1	B/D
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	B/D
POTASSIUM REMOVING RESINS		
<i>sodium polystyrene sulfonate</i>	1	
POTASSIUM SUPPLEMENTS		
<i>kcl 0.15%/d5w/lr</i>	1	
<i>kcl 0.3%/d5w/lr iv lac ring</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>potassium chloride</i>	1	
<i>potassium chloride 0.15%/d5w</i>	1	
<i>potassium chloride 0.3%/d5w</i>	1	
<i>potassium chloride er</i>	1	
THERAPEUTIC VITAMINS AND MINERALS		
<i>calcitriol</i>	1	B/D
<i>calcium acetate</i>	1	
<i>eliphos</i>	1	
<i>levocarnitine</i>	1	B/D
ZEMPLAR	2	B/D
VITAMINS AND MINERALS AND RELATED PRODUCTS		
INTRALIPID	2	

Drug Name	Drug Tier	Requirements/Limits
LIPOSYN II	2	
<i>liposyn iii</i>	1	
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl</i>	1	
TOPICAL ANESTHETICS		
<i>lidocaine</i>	1	
<i>lidocaine hcl</i>	1	
<i>lidocaine hcl jelly</i>	1	
<i>lidocaine viscous</i>	1	
<i>lidocaine/prilocaine</i>	1	
LIDODERM	2	PA
ANTIINFECTIVES		
AMEBICIDES		
<i>paromomycin sulfate</i>	1	
AMINOGLYCOSIDES		
<i>amikacin sulfate</i>	1	
<i>gentamicin sulfate</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride</i>	1	
<i>gentamicin sulfate/sodium chloride</i>	1	
<i>kanamycin sulfate</i>	1	
<i>neomycin sulfate</i>	1	
TOBI	3	QL (56 per 28 days) B/D
<i>tobramycin sulfate</i>	1	
<i>tobramycin sulfate/sodium chloride</i>	1	
ANTHELMINTICS		
ALBENZA	2	
<i>mebendazole</i>	1	
STROMEKTOL	2	
ANTIINFECTIVES SPECIALIZED INDICATIONS		
DAPSONE	2	
<i>metronidazole</i>	1	
<i>metronidazole in nacl 0.79%</i>	1	
ANTIRETROVIRALS AND PROTEASE INH		
APTIVUS	3	
ATRIPLA	3	
COMBIVIR	3	
CRIXIVAN	2	
<i>didanosine</i>	1	
EDURANT	3	
EMTRIVA	2	
EPIVIR	2	
EPZICOM	3	
FUZEON	3	
INTELENCE	3	
INVIRASE CAPS	2	
INVIRASE TABS	3	
ISENTRESS	3	

Drug Name	Drug Tier	Requirements/Limits
KALETRA SOLN	3	
KALETRA TABS 100MG; 25MG	2	
KALETRA TABS 200MG; 50MG	3	
LEXIVA SUSP	2	
LEXIVA TABS	3	
NORVIR	2	
PREZISTA TABS 150MG, 75MG	2	
PREZISTA TABS 400MG, 600MG	3	
RESCRIPTOR	2	
RETROVIR IV INFUSION	2	
REYATAZ CAPS 100MG	2	
REYATAZ CAPS 150MG, 200MG, 300MG	3	
SELZENTRY	3	
<i>stavudine</i>	1	
SUSTIVA	2	
TRIZIVIR	3	
TRUVADA	3	
VICTRELIS	3	PA
VIDEX PEDIATRIC	2	
VIRACEPT POWD	2	
VIRACEPT TABS 250MG	2	
VIRACEPT TABS 625MG	3	
VIRAMUNE	2	
VIRAMUNE XR	2	
VIREAD	3	
ZIAGEN	2	
<i>zidovudine</i>	1	
ANTITUBERCULOSIS DRUGS		
CAPASTAT SULFATE	2	
<i>ethambutol hcl</i>	1	
<i>isonarif</i>	1	
<i>isoniazid</i>	1	
MYCOBUTIN	2	
PASER	2	
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
SEROMYCIN	2	
TRECTOR	2	
CEPHALOSPORINS		
<i>cefaclor</i>	1	
<i>cefaclor er</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium</i>	1	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
<i>cefotaxime sodium</i>	1	
<i>cefotetan</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefoxitin sodium</i>	1	
<i>cefepodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i>	1	
<i>ceftriaxone sodium</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
<i>cephalexin</i>	1	
SUPRAX	2	
CHLORAMPHENICOLS		
<i>chloramphenicol sodium succinate</i>	1	
CLINDAMYCINS		
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate add-vantage</i>	1	
ERYTHROMYCINS		
E.E.S. GRANULES	2	
ERY-TAB	2	
ERYPED 200	2	
ERYPED 400	2	
ERYTHROCIN LACTOBIONATE	2	
<i>erythrocin stearate</i>	1	
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
ORAL ANTIFUNGAL DRUGS		
ANCOBON	3	
<i>clotrimazole</i>	1	
<i>fluconazole susr</i>	1	
<i>fluconazole tabs 100mg, 200mg, 50mg</i>	1	
<i>fluconazole tabs 150mg</i>	1	QL (2 per 7 days)
GRIFULVIN V	2	
GRIS-PEG	2	
<i>griseofulvin microsize</i>	1	
<i>itraconazole</i>	1	QL (136 per 34 days)
<i>ketoconazole</i>	1	
LAMISIL	2	
NOXAFIL	3	
<i>nystatin</i>	1	
SPORANOX	2	
<i>terbinafine hcl</i>	1	
VFEND	3	PA
<i>voriconazole tabs 50mg</i>	1	PA
<i>voriconazole tabs 200mg</i>	3	PA
OTHER ANTIINFECTIVE DRUGS		
ALINIA	2	
<i>aztreonam</i>	1	
<i>baciim</i>	1	
<i>bacitracin</i>	1	
CAYSTON	3	QL (84 per 28 days) LA

Drug Name	Drug Tier	Requirements/Limits
<i>colistimethate sodium</i>	1	
CUBICIN	3	B/D
DORIBAX	2	
INVANZ	2	
MEPRON	3	
<i>meropenem</i>	1	
<i>polymyxin b sulfate</i>	1	
PRIMAXIN I.M.	2	
PRIMAXIN IV	2	
SYNERCID	3	
TYGACIL	2	
VANCOCIN HCL	3	
<i>vancomycin hcl</i>	1	B/D
XIFAXAN TABS 200MG	2	
XIFAXAN TABS 550MG	3	
ZYVOX INJ	3	
ZYVOX SUSR, TABS	3	PA
OTHER ANTIVIRAL DRUGS		
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	
<i>amantadine hcl</i>	1	
BARACLUDE SOLN	2	
BARACLUDE TABS	3	
DENAVIR	2	
EPIVIR HBV	2	
<i>famciclovir tabs 125mg</i>	1	QL (21 per 10 days)
<i>famciclovir tabs 500mg</i>	1	QL (21 per 7 days)
<i>famciclovir tabs 250mg</i>	1	QL (60 per 30 days)
<i>foscarnet sodium</i>	1	
<i>ganciclovir caps 250mg</i>	1	
<i>ganciclovir caps 500mg</i>	3	
<i>ganciclovir inj</i>	1	
HEPSERA	3	
RELENZA DISKHALER	2	QL (60 per 180 days)
<i>ribapak</i>	3	
<i>ribasphere caps</i>	1	
<i>ribasphere tabs 200mg</i>	1	
<i>ribasphere tabs 400mg, 600mg</i>	3	
<i>ribavirin</i>	1	
<i>rimantadine hcl</i>	1	
TAMIFLU SUSR	2	QL (900 per 180 days)
TAMIFLU CAPS 45MG, 75MG	2	QL (42 per 180 days)
TAMIFLU CAPS 30MG	2	QL (84 per 180 days)
TYZEKA	3	
<i>valacyclovir hcl</i>	1	QL (30 per 30 days)
VALCYTE	3	
VIRAZOLE	2	
ZOVIRAX	2	

Drug Name	Drug Tier	Requirements/Limits
OTHER MACROLIDES		
<i>azithromycin inj</i>	1	
<i>azithromycin susr 100mg/5ml</i>	1	QL (30 per 5 days)
<i>azithromycin susr 200mg/5ml</i>	1	QL (90 per 5 days)
<i>azithromycin tabs 600mg</i>	1	
<i>azithromycin tabs 500mg</i>	1	QL (4 per 4 days)
<i>azithromycin tabs 250mg</i>	1	QL (8 per 7 days)
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	1	
OTHER TOPICAL ANTIFUNGALS		
<i>ciclopirox</i>	1	
<i>ciclopirox nail lacquer</i>	1	
<i>ciclopirox olamine</i>	1	
<i>clotrimazole</i>	1	
<i>econazole nitrate</i>	1	
<i>ketoconazole</i>	1	
<i>nyamyc</i>	1	
<i>nystatin</i>	1	
<i>nystop</i>	1	
<i>pedi-dri</i>	1	
PARENTERAL ANTIFUNGALS		
ABELCET	3	
AMBISOME	3	
<i>amphotericin b</i>	1	
CANCIDAS	3	
<i>fluconazole in dextrose</i>	1	
MYCAMINE	3	
VFEND IV	2	
PENICILLINS		
<i>amoxicillin</i>	1	
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>amoxicillin/potassium clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium</i>	1	
<i>ampicillin-sulbactam</i>	1	
<i>bactocill in dextrose inj 0; 1gm/50ml</i>	1	
<i>bactocill in dextrose inj 0; 2gm/50ml</i>	3	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium inj 1gm</i>	1	
<i>nafcillin sodium inj 10gm</i>	3	
<i>nallpen/dextrose</i>	3	
<i>oxacillin sodium inj 1gm</i>	1	
<i>oxacillin sodium inj 10gm</i>	3	
<i>penicillin g potassium</i>	1	
<i>penicillin g procaine</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sodium</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	
PLASMODICIDES		
<i>chloroquine phosphate</i>	1	
COARTEM	2	
DARAPRIM	2	
<i>hydroxychloroquine sulfate</i>	1	
MALARONE	2	
<i>mefloquine hcl</i>	1	
PRIMAQUINE PHOSPHATE	2	
QUALAQUIN	2	
QUINOLONES		
AVELOX	2	
AVELOX ABC PACK	2	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin er</i>	1	
<i>ciprofloxacin extended-release</i>	1	
<i>ciprofloxacin hcl</i>	1	
LEVAQUIN	2	
<i>ofloxacin</i>	1	
SULFONAMIDES		
<i>erythromycin/sulfisoxazole</i>	1	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole/trimethoprim</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
TETRACYCLINES		
<i>demeclocycline hcl</i>	1	
<i>doxycycline hyclate</i>	1	
<i>doxycycline monohydrate</i>	1	
<i>minocycline hcl</i>	1	
<i>minocycline hcl er</i>	1	
<i>tetracycline hcl</i>	1	
TOPICAL ANTIBACTERIAL DRUGS		
<i>gentamicin sulfate</i>	1	
<i>mupirocin</i>	1	
<i>silver sulfadiazine</i>	1	
ssd	1	
SULFAMYLON	2	
<i>thermazene</i>	1	
TOPICAL ANTIFUNGAL-CORTICOSTEROID COMB.		
<i>clotrimazole/betamethasone dipropionate</i>	1	
<i>nystatin/triamcinolone</i>	1	
URINARY ANTIINFECTIVES		
<i>methenamine hippurate</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystalline</i>	1	
<i>nitrofurantoin monohydrate</i>	1	
PRIMSOL	2	

Drug Name	Drug Tier	Requirements/Limits
<i>trimethoprim</i>	1	
VAGINAL ANTIFUNGALS		
<i>miconazole 3</i>	1	QL (3 per 3 days)
<i>terconazole crea 0.8%</i>	1	QL (20 per 3 days)
<i>terconazole crea 0.4%</i>	1	QL (45 per 7 days)
<i>terconazole supp</i>	1	QL (3 per 3 days)
ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS		
ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS		
AFINITOR	3	
ALIMTA	3	
AMEVIVE	3	PA LA
<i>amifostine</i>	3	
<i>anagrelide hydrochloride</i>	1	
<i>anastrozole</i>	1	
AVASTIN	2	
AZASAN	2	B/D
<i>azathioprine</i>	1	B/D
<i>azathioprine sodium</i>	1	B/D
<i>bicalutamide</i>	1	
CAMPATH	3	
CEENU	2	
CELLCEPT	3	B/D
CELLCEPT INTRAVENOUS	2	B/D
<i>cyclophosphamide</i>	1	B/D
<i>cyclosporine</i>	1	B/D
<i>cyclosporine modified</i>	1	B/D
DACOGEN	3	
DEPO-PROVERA	2	
DROXIA	2	
ELIGARD	2	PA
ELITEK	3	
EMCYT	2	
ENBREL	3	QL (10 per 30 days) PA
<i>exemestane</i>	1	
FARESTON	2	
FASLODEX	3	
<i>flutamide</i>	1	
<i>gengraf</i>	1	B/D
GLEEVEC	3	PA
HALAVEN	3	
HEXALEN	3	
HUMIRA	3	QL (5 per 30 days) PA
HUMIRA PEN-CROHNS DISEASESTARTER	3	QL (6 per 180 days) PA
<i>hydroxyurea</i>	1	
IRESSA	3	LA
<i>leflunomide</i>	1	QL (30 per 30 days)
<i>letrozole</i>	1	
<i>leucovorin calcium</i>	1	

Drug Name	Drug Tier	Requirements/Limits
LEUKERAN	2	
LYSODREN	2	
MATULANE	3	
MEGACE ES	2	
<i>megestrol acetate</i>	1	
<i>mercaptopurine</i>	1	
<i>mesna</i>	1	
MESNEX	2	
<i>methotrexate</i>	1	B/D
<i>methotrexate sodium</i>	1	B/D
<i>mitoxantrone hcl</i>	1	B/D
<i>mycophenolate mofetil</i>	1	B/D
MYFORTIC	2	B/D
NEXAVAR	3	LA
NILANDRON	2	
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	1	
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	3	
ORENCIA	3	PA
ORTHOCLONE OKT3	2	B/D
PROGRAF	2	B/D
RAPAMUNE SOLN	2	B/D
RAPAMUNE TABS 0.5MG, 1MG	2	B/D
RAPAMUNE TABS 2MG	3	B/D
REMICADE	3	PA
REVLIMID	3	LA
RITUXAN	3	PA
SANDOSTATIN LAR DEPOT INJ 10MG, 30MG	3	QL (1 per 28 days)
SANDOSTATIN LAR DEPOT INJ 20MG	3	QL (2 per 28 days)
SIMULECT	2	B/D
SPRYCEL	3	PA
SUTENT	3	
TABLOID	2	
<i>tacrolimus caps 0.5mg, 1mg</i>	1	B/D
<i>tacrolimus caps 5mg</i>	3	B/D
<i>tamoxifen citrate</i>	1	
TARCEVA	3	
TARGRETIN	3	
TASIGNA	3	PA
TRELSTAR DEPOT MIXJECT	3	
TRELSTAR LA MIXJECT	3	
TRELSTAR MIXJECT	3	
<i>tretinoin</i>	3	
TYKERB	3	PA
TYSABRI	3	PA LA
VANDETANIB	3	LA
VELCADE	3	
VIDAZA	3	
VOTRIENT	3	

Drug Name	Drug Tier	Requirements/Limits
ZOLINZA	3	
ZORTRESS TABS 0.25MG	2	B/D
ZORTRESS TABS 0.5MG, 0.75MG	3	B/D
ZYTIGA	3	
AUTONOMIC AND CNS MEDICATIONS		
ANALGESICS		
<i>buprenorphine hcl</i>	1	
<i>butorphanol tartrate</i>	1	
<i>nalbuphine hcl</i>	1	
<i>tramadol hcl</i>	1	QL (240 per 30 days)
<i>tramadol hcl er</i>	1	QL (30 per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	1	QL (240 per 30 days)
ANTIDEMENTIA DRUGS		
<i>donepezil hcl</i>	1	
EXELON	2	
<i>galantamine hydrobromide</i>	1	
NAMENDA	2	
NAMENDA TITRATION PAK	2	
<i>rivastigmine tartrate</i>	1	
ANTIMANIA DRUGS		
<i>lithium carbonate</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium citrate</i>	1	
ANTIPARKINSON ANTICHOLINERGIC DRUGS		
<i>benztropine mesylate</i>	1	
<i>trihexyphenidyl hcl</i>	1	
ANTIPSYCHOTIC DRUGS		
ABILIFY DISCMELT	2	QL (60 per 30 days)
ABILIFY INJ, ORAL SOLN	2	
ABILIFY TABS 10MG, 15MG, 2MG, 5MG	2	QL (30 per 30 days)
ABILIFY TABS 20MG, 30MG	3	QL (30 per 30 days)
<i>chlorpromazine hcl</i>	1	
<i>clozapine</i>	1	
FANAPT	2	QL (60 per 30 days)
FANAPT TITRATION PACK	2	QL (1 per 30 days)
FAZACLO	2	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
GEODON INJ	2	
GEODON CAPS	2	QL (60 per 30 days)
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
INVEGA SUSTENNA INJ 39MG/0.25ML, 78MG/0.5ML	2	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	3	
INVEGA TB24 1.5MG, 3MG, 9MG	2	QL (30 per 30 days)
INVEGA TB24 6MG	2	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
LATUDA	2	QL (30 per 30 days)
<i>loxapine succinate</i>	1	
ORAP	2	
<i>perphenazine</i>	1	
RISPERDAL CONSTA INJ 12.5MG, 25MG	2	
RISPERDAL CONSTA INJ 37.5MG, 50MG	3	
<i>risperidone odt</i>	1	QL (60 per 30 days)
<i>risperidone soln</i>	1	QL (544 per 30 days)
<i>risperidone tabs</i>	1	QL (60 per 30 days)
SAPHRIS	2	QL (60 per 30 days)
SEROQUEL XR TB24 150MG, 200MG	2	QL (30 per 30 days)
SEROQUEL XR TB24 300MG, 400MG, 50MG	2	QL (60 per 30 days)
SEROQUEL TABS 300MG, 400MG	2	QL (60 per 30 days)
SEROQUEL TABS 100MG, 200MG, 25MG, 50MG	2	QL (90 per 30 days)
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
ZYPREXA ZYDIS TBDP 10MG, 5MG	2	QL (30 per 30 days)
ZYPREXA ZYDIS TBDP 15MG, 20MG	3	QL (30 per 30 days)
ZYPREXA INJ	2	
ZYPREXA TABS 10MG, 2.5MG, 5MG, 7.5MG	2	QL (30 per 30 days)
ZYPREXA TABS 15MG, 20MG	3	QL (30 per 30 days)
ANTIVERTIGO AND ANTIEMETIC DRUGS		
ALOXI	3	QL (10 per 30 days)
CESAMET	3	QL (30 per 5 days) B/D
<i>compro</i>	1	
<i>dronabinol caps 2.5mg, 5mg</i>	1	B/D
<i>dronabinol caps 10mg</i>	3	B/D
EMEND CAPS 125MG, 40MG	2	QL (1 per 1 days) B/D
EMEND CAPS 80MG	2	QL (2 per 2 days) B/D
EMEND CAPS 0	2	QL (3 per 3 days) B/D
<i>granisetron hcl inj</i>	1	
<i>granisetron hcl tabs</i>	1	QL (2 per 1 days) B/D
<i>granisol</i>	1	QL (30 per 3 days) B/D
<i>meclizine hcl</i>	1	
<i>ondansetron hcl inj</i>	1	
<i>ondansetron hcl oral soln</i>	1	QL (150 per 5 days) B/D
<i>ondansetron hcl tabs 24mg</i>	1	QL (1 per 1 days) B/D
<i>ondansetron hcl tabs 4mg, 8mg</i>	1	QL (12 per 5 days) B/D
<i>ondansetron odt</i>	1	QL (12 per 5 days) B/D
<i>phenadoz</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl</i>	1	
<i>promethegan</i>	1	
<i>trimethobenzamide hcl</i>	1	
ANXIOLYTICS		

Drug Name	Drug Tier	Requirements/Limits
<i>buspirone hcl</i>	1	
<i>meprobamate</i>	1	
CARBAMAZEPINES		
<i>carbamazepine</i>	1	
<i>carbamazepine er</i>	1	
<i>epitol</i>	1	
<i>oxcarbazepine</i>	1	
TEGRETOL-XR	2	
CLASS II NARCOTICS		
<i>codeine sulfate</i>	1	
<i>endocet</i>	1	
<i>endodan</i>	1	
<i>fentanyl</i>	1	
<i>fentanyl citrate</i>	1	
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	1	QL (120 per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	3	QL (120 per 30 days) PA
<i>hydromorphone hcl</i>	1	
<i>levorphanol tartrate</i>	1	
<i>meperidine hcl</i>	1	
<i>methadone hcl</i>	1	
<i>methadose</i>	1	
<i>morphine sulfate</i>	1	
<i>morphine sulfate er</i>	1	QL (120 per 30 days)
OPANA ER TB12 10MG, 20MG, 30MG, 5MG	2	QL (90 per 30 days) ST
OPANA ER TB12 40MG	3	QL (90 per 30 days) ST
<i>oxycodone hcl</i>	1	
<i>oxycodone/acetaminophen</i>	1	
<i>oxycodone/aspirin</i>	1	
<i>oxycodone/ibuprofen</i>	1	
OXYCONTIN TB12 10MG, 15MG, 20MG, 30MG, 40MG, 60MG	2	QL (90 per 30 days) ST
OXYCONTIN TB12 80MG	3	QL (90 per 30 days) ST
<i>oxymorphone hydrochloride</i>	1	
<i>roxicet</i>	1	
CLASS III NARCOTICS		
<i>acetaminophen/caffeine/dihydrocodeine bitartrate</i>	1	
<i>acetaminophen/codeine</i>	1	
<i>acetaminophen/codeine #3</i>	1	
<i>acetaminophen/codeine #4</i>	1	
<i>buprenorphine hcl</i>	1	
<i>co-gesic</i>	1	
<i>hydrocodone bitartrate/acetaminophen</i>	1	
<i>hydrocodone/acetaminophen</i>	1	
<i>hydrocodone/ibuprofen</i>	1	
<i>margesic-h</i>	1	
<i>reprexain</i>	1	
<i>stagesic</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE	2	QL (90 per 30 days)
<i>zamicet</i>	1	
CNS STIMULANT DRUGS		
<i>amphetamine/dextroamphetamine</i>	1	
<i>dexmethylphenidate hcl</i>	1	
<i>dextroamphetamine sulfate</i>	1	
<i>dextroamphetamine sulfate er</i>	1	
METADATE CD	2	
<i>metadate er</i>	1	
<i>methamphetamine hcl</i>	1	
<i>methylin</i>	1	
<i>methylin er</i>	1	
<i>methylphenidate hcl</i>	1	
<i>methylphenidate hcl sr</i>	1	
<i>methylphenidate hydrochloride</i>	1	
PROVIGIL	2	PA
DRUGS TO PREVENT AND TREAT HEADACHES		
<i>ascomp/codeine</i>	1	
<i>butalbital/acetaminophen/caffeine/codeine</i>	1	
<i>butorphanol tartrate</i>	1	QL (5 per 3 days)
<i>dihydroergotamine mesylate</i>	1	
ERGOMAR	2	
<i>ergotamine tartrate/caffeine</i>	1	
FROVA	2	QL (27 per 28 days)
MAXALT	2	QL (36 per 28 days)
MAXALT-MLT	2	QL (36 per 28 days)
<i>migergot</i>	1	
<i>naratriptan hcl</i>	1	QL (18 per 28 days)
<i>sumatriptan succinate inj</i>	1	QL (16 per 28 days)
<i>sumatriptan succinate tabs</i>	1	QL (18 per 28 days)
ZOMIG	2	QL (18 per 28 days)
HYDANTOINS		
DILANTIN	2	
DILANTIN INFATABS	2	
<i>fosphenytoin sodium</i>	1	
PEGANONE	2	
<i>phenytoin</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	
MAO INHIBITORS		
EMSAM	2	
MARPLAN	2	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
OTHER ANTICONVULSANTS		
BANZEL SUSP	2	
BANZEL TABS 200MG	2	
BANZEL TABS 400MG	3	

Drug Name	Drug Tier	Requirements/Limits
FELBATOL	2	
<i>gabapentin</i>	1	
GABITRIL	2	
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	
LYRICA	2	
<i>primidone</i>	1	
SABRIL	3	LA
<i>topiramate</i>	1	PA
VIMPAT INJ	2	
VIMPAT ORAL SOLN, TABS	2	PA
<i>zonisamide</i>	1	PA
OTHER ANTIDEPRESSANTS		
<i>budeprion sr</i>	1	QL (60 per 30 days)
<i>budeprion xl</i>	1	QL (30 per 30 days)
<i>bupropion hcl</i>	1	
<i>bupropion hcl sr tb12 100mg, 200mg</i>	1	QL (60 per 30 days)
<i>bupropion hcl sr tb12 150mg</i>	1	QL (68 per 30 days)
CYMBALTA CPEP 30MG	2	QL (30 per 30 days) ST
CYMBALTA CPEP 20MG, 60MG	2	QL (60 per 30 days) ST
<i>maprotiline hcl</i>	1	
<i>mirtazapine</i>	1	
<i>mirtazapine odt</i>	1	
<i>nefazodone hcl</i>	1	
<i>perphenazine/amitriptyline</i>	1	
PRISTIQ	2	QL (30 per 30 days) ST
SAVELLA	2	QL (60 per 30 days) ST
SAVELLA TITRATION PACK	2	QL (1 per 30 days) ST
<i>trazodone hcl</i>	1	
<i>venlafaxine hcl</i>	1	QL (90 per 30 days)
<i>venlafaxine hcl er cp24 150mg, 37.5mg</i>	1	QL (30 per 30 days)
<i>venlafaxine hcl er cp24 75mg</i>	1	QL (90 per 30 days)
OTHER ANTIPARKINSON DRUGS		
APOKYN	3	LA
AZILECT	2	
<i>bromocriptine mesylate</i>	1	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa cr</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa/levodopa sr</i>	1	
COMTAN	2	
LODOSYN	2	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole hcl</i>	1	
<i>selegiline hcl</i>	1	
STALEVO 100	2	
STALEVO 125	2	
STALEVO 150	2	

Drug Name	Drug Tier	Requirements/Limits
STALEVO 200	2	
STALEVO 50	2	
STALEVO 75	2	
TASMAR	3	
OTHER CNS/AUTONOMIC DRUGS		
ANTABUSE	2	
<i>atropine sulfate</i>	1	
<i>depade</i>	1	
<i>guanidine hcl</i>	1	
MESTINON	2	
MESTINON TIMESPAN	2	
<i>naloxone hcl</i>	1	
<i>naltrexone hcl</i>	1	
NUDEXTA	2	PA
<i>pyridostigmine bromide</i>	1	
STRATTERA	2	
XENAZINE	3	PA LA
XYREM	3	LA
SECONDARY AMINES		
<i>amoxapine</i>	1	
<i>desipramine hcl</i>	1	
<i>nortriptyline hcl</i>	1	
<i>protriptyline hcl</i>	1	
SEDATIVE/HYPNOTIC DRUGS		
ROZEREM	2	QL (30 per 30 days) ST
<i>zaleplon caps 5mg</i>	1	QL (30 per 30 days)
<i>zaleplon caps 10mg</i>	1	QL (60 per 30 days)
<i>zolpidem tartrate</i>	1	QL (30 per 30 days)
<i>zolpidem tartrate er</i>	1	QL (30 per 30 days)
SELECTIVE SEROTONIN REUPTAKE INHIBITORS		
<i>citalopram hydrobromide soln</i>	1	
<i>citalopram hydrobromide tabs</i>	1	QL (30 per 30 days)
<i>fluoxetine dr</i>	1	QL (5 per 30 days)
<i>fluoxetine hcl caps 20mg</i>	1	
<i>fluoxetine hcl caps 10mg</i>	1	QL (30 per 30 days)
<i>fluoxetine hcl caps 40mg</i>	1	QL (60 per 30 days)
<i>fluoxetine hcl soln</i>	1	
<i>fluoxetine hcl tabs 20mg</i>	1	
<i>fluoxetine hcl tabs 10mg</i>	1	QL (30 per 30 days)
<i>fluvoxamine maleate tabs 25mg</i>	1	QL (30 per 30 days)
<i>fluvoxamine maleate tabs 50mg</i>	1	QL (60 per 30 days)
<i>fluvoxamine maleate tabs 100mg</i>	1	QL (90 per 30 days)
<i>paroxetine hcl er</i>	1	QL (60 per 30 days)
<i>paroxetine hcl susp</i>	1	
<i>paroxetine hcl tabs 10mg, 40mg</i>	1	QL (30 per 30 days)
<i>paroxetine hcl tabs 20mg, 30mg</i>	1	QL (60 per 30 days)
<i>rapiflux</i>	1	
<i>selfemra caps 20mg</i>	1	QL (140 per 14 days)

Drug Name	Drug Tier	Requirements/Limits
<i>selfemra caps 10mg</i>	1	QL (35 per 14 days)
<i>sertraline hcl conc</i>	1	
<i>sertraline hcl tabs 25mg</i>	1	QL (30 per 30 days)
<i>sertraline hcl tabs 100mg, 50mg</i>	1	QL (60 per 30 days)
VIIBRYD	2	QL (30 per 30 days) ST
SMOKING CESSATION PRODUCTS		
<i>buproban</i>	1	
CHANTIX	2	
NICOTROL INHALER	2	
NICOTROL NS	2	
SUCCINIMIDES		
CELONTIN	2	
<i>ethosuximide</i>	1	
TERTIARY AMINES		
<i>amitriptyline hcl</i>	1	
<i>clomipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
SURMONTIL	2	
VALPROIC ACID AND DERIVATIVES		
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
CARDIOVASCULAR MEDICATIONS		
AMIODARONES		
<i>amiodarone hcl</i>	1	
<i>pacerone</i>	1	
ANGIOTENSIN CONVERTING ENZYME INHIBITORS		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
DIOVAN	2	
<i>losartan potassium</i>	1	
MICARDIS	2	
ANTIDYSRHYTHMIC DRUGS		
<i>flecainide acetate</i>	1	
<i>mexiletine hcl</i>	1	
<i>procainamide hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine gluconate er</i>	1	
<i>quinidine sulfate</i>	1	
<i>quinidine sulfate er</i>	1	
BETA-ADRENERGIC ANTAGONIST DRUGS		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>labetalol hcl</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate</i>	1	
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl</i>	1	
<i>propranolol hcl er</i>	1	
<i>timolol maleate</i>	1	
CALCIUM ANTAGONISTS		
<i>afeditab cr</i>	1	
<i>amlodipine besylate</i>	1	
<i>cartia xt</i>	1	
<i>dilt-cd</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem cd</i>	1	
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl er</i>	1	
<i>diltzac</i>	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
<i>matzim la</i>	1	
<i>nicardipine hcl</i>	1	
<i>nifediac cc</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
<i>nisoldipine er</i>	1	
<i>taztia xt</i>	1	
<i>verapamil hcl</i>	1	
<i>verapamil hcl er</i>	1	
CARDIAC GLYCOSIDES		
<i>digoxin</i>	1	
CENTRALLY ACTING ANTIHYPERTENSIVES		
<i>clonidine hcl tabs</i>	1	
<i>clonidine hcl ptwk</i>	1	QL (5 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>guanabenz acetate</i>	1	
<i>guanfacine hcl</i>	1	
<i>methyldopa</i>	1	
<i>methyldopate hcl</i>	1	
DRUGS FOR PHEOCHROMOCYTOMA		
DEMSEER	2	
DIBENZYLIN	2	
ENDOTHELIN RECPTR ANTAGONIST		
LETAIRIS	3	PA LA
TRACLEER	3	PA LA
HMG-COA REDUCTASE INHIBITORS		
ADVICOR TB24 20MG; 500MG	2	QL (30 per 30 days)
ADVICOR TB24 20MG; 1000MG, 20MG; 750MG, 40MG; 1000MG	2	QL (60 per 30 days)
CRESTOR	2	QL (30 per 30 days)
LIPITOR	2	QL (34 per 30 days)
<i>lovastatin tabs 10mg</i>	1	QL (30 per 30 days)
<i>lovastatin tabs 20mg, 40mg</i>	1	QL (60 per 30 days)
<i>pravastatin sodium</i>	1	QL (30 per 30 days)
SIMCOR TB24 1000MG; 40MG, 500MG; 20MG, 500MG; 40MG	2	QL (30 per 30 days)
SIMCOR TB24 750MG; 20MG	2	QL (60 per 30 days)
<i>simvastatin</i>	1	QL (30 per 30 days)
VYTORIN	2	QL (30 per 30 days)
HYPOLIPOPROTEINEMICS		
<i>cholestyramine light</i>	1	
<i>colestipol hcl</i>	1	
<i>fenofibrate</i>	1	
<i>fenofibrate micronized</i>	1	
<i>gemfibrozil</i>	1	
LIPOFEN	2	ST
LOVAZA	2	
NIASPAN	2	
<i>prevalite</i>	1	
WELCHOL	2	
ZETIA	2	
LOOP DIURETICS		
<i>bumetanide</i>	1	
<i>furosemide</i>	1	
<i>toremide</i>	1	
NITRATES		
<i>isosorbide dinitrate</i>	1	
<i>isosorbide dinitrate er</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>nitro-bid</i>	1	
<i>nitroglycerin</i>	1	
<i>nitroglycerin transdermal</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NITROSTAT	2	
OTHER ANTIARRHYTHMICS		
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
TIKOSYN	2	
OTHER ANTIHYPERTENSIVES		
<i>amlodipine besylate/benazepril hcl</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
AMTURNIDE	2	
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hcl/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	
DIOVAN HCT	2	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
EXFORGE	2	
EXFORGE HCT	2	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>methyldopa/hydrochlorothiazide</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	
MICARDIS HCT	2	
<i>moexipril/hydrochlorothiazide</i>	1	
<i>nadolol/bendroflumethiazide</i>	1	
<i>propranolol/hydrochlorothiazide</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>reserpine</i>	1	
TEKAMLO	2	
TEKTURNA	2	
TEKTURNA HCT	2	
TWYNSTA	2	
OTHER CARDIOVASCULAR DRUGS		
<i>midodrine hcl</i>	1	
<i>pentopak</i>	1	
<i>pentoxifylline er</i>	1	
RANEXA	2	
OTHER VASODILATING DRUGS		
ADCIRCA	3	QL (60 per 30 days) PA
REMODULIN	3	PA LA
REVATIO INJ	3	
REVATIO TABS	3	QL (90 per 30 days) PA
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene/hydrochlorothiazide</i>	1	
THIAZIDE AND RELATED DRUGS		
<i>chlorothiazide</i>	1	
<i>chlorothiazide sodium</i>	3	
<i>chlorthalidone</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
VASODILATOR ANTIHYPERTENSIVES		
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg</i>	1	QL (30 per 30 days)
<i>doxazosin mesylate tabs 8mg</i>	1	QL (60 per 30 days)
<i>hydralazine hcl</i>	1	
<i>minoxidil</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl caps 1mg, 2mg, 5mg</i>	1	QL (30 per 30 days)
<i>terazosin hcl caps 10mg</i>	1	QL (60 per 30 days)
DERMATOLOGICAL MEDICATIONS		
ANTIACNE DRUGS		
<i>adapalene</i>	1	PA
<i>clindamycin phosphate</i>	1	
<i>clindamycin/benzoyl peroxide</i>	1	
<i>ery</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin/benzoyl peroxide</i>	1	
<i>metronidazole</i>	1	
<i>tretinoin</i>	1	
ANTIPRURITIC DRUGS		
<i>hydroxyzine hcl inj</i>	1	
<i>hydroxyzine hcl syrp, tabs</i>	1	PA
<i>hydroxyzine pamoate</i>	1	PA
ANTIPSORIASIS AND ANTIECZEMA DRUGS		
<i>calcipotriene</i>	1	
DOVONEX	2	
<i>selenium sulfide</i>	1	
<i>sodium sulfacetamide</i>	1	
SORIATANE	3	
TAZORAC	2	PA
KERATOLYTIC DRUGS		
<i>podofilox</i>	1	
ORAL DERMATOLOGICAL DRUGS		
8-MOP	3	
<i>amnesteam</i>	1	
<i>claravis</i>	1	
OXSORALEN ULTRA	3	
<i>sotret</i>	1	
SCABICIDES		
<i>acticin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
EURAX	2	
LINDANE	2	
malathion	1	
permethrin	1	
TOPICAL CORTICOSTEROID DRUGS		
alclometasone dipropionate	1	
amcinonide	1	
augmented betamethasone dipropionate	1	
betamethasone dipropionate	1	
betamethasone valerate	1	
clobetasol propionate	1	
clobetasol propionate e	1	
desonide	1	
desoximetasone	1	
diflorasone diacetate	1	
fluocinolone acetonide	1	
fluocinonide	1	
fluocinonide emollient base	1	
fluticasone propionate	1	
halobetasol propionate	1	
hydrocortisone	1	
hydrocortisone butyrate	1	
hydrocortisone valerate	1	
mometasone furoate	1	
prednicarbate	1	
triamcinolone acetonide	1	
triamcinolone acetonide in absorbbase	1	
triderm	1	
TOPICAL DERMATOLOGICAL DRUGS		
ammonium lactate	1	
ELIDEL	2	ST
FLUOROPLEX	2	
fluorouracil	1	
imiquimod	1	
OXSORALEN	2	
PANRETIN	3	
PROTOPIC	2	ST
REGRANEX	2	QL (30 per 30 days) PA
SANTYL	2	
SOLARAZE	2	PA
ZONALON	2	
ZYCLARA	2	
DIAGNOSTIC AND MISCELLANEOUS MEDICATIONS		
DIAGNOSTIC PRODUCTS		
CHEMET	2	
EXJADE TBSO 125MG	2	LA
EXJADE TBSO 250MG, 500MG	3	LA
MISCELLANEOUS DRUGS		

Drug Name	Drug Tier	Requirements/Limits
ADAGEN	3	LA
AMPYRA	3	PA LA
BUPHENYL	3	
COPAXONE	3	QL (30 per 30 days) PA
CYKLOKAPRON	2	
<i>ergoloid mesylates</i>	1	
<i>fomepizole</i>	1	
GILENYA	3	PA
ORFADIN	3	LA
THALOMID	3	
EAR-NOSE-THROAT MEDICATIONS		
DRUGS AFFECTING THE EAR		
<i>acetazol hc</i>	1	
<i>acetic acid</i>	1	
CIPRODEX	2	
<i>cortomycin</i>	1	
DERMOTIC	2	
<i>hydrocortisone/acetic acid</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone</i>	1	
<i>ofloxacin</i>	1	
DRUGS AFFECTING THE NOSE		
<i>azelastine hcl</i>	1	QL (60 per 30 days)
<i>flunisolide</i>	1	QL (75 per 30 days)
<i>fluticasone propionate</i>	1	QL (32 per 30 days)
<i>ipratropium bromide nasal soln 0.06%</i>	1	QL (30 per 30 days)
<i>ipratropium bromide nasal soln 0.03%</i>	1	QL (60 per 30 days)
TYZINE	2	
TYZINE PEDIATRIC NASAL DROPS	2	
DRUGS AFFECTING THE THROAT AND MOUTH		
<i>chlorhexidine gluconate oral rinse</i>	1	
<i>doxycycline hyclate</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>triamcinolone in orabase</i>	1	
ENDOCRINE MEDICATIONS		
AMYLIN ANALOGUES		
SYMLIN	2	QL (35 per 30 days) PA
SYMLINPEN 120	2	QL (22 per 30 days) PA
SYMLINPEN 60	2	QL (12 per 30 days) PA
ANTITHYROID DRUGS		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
DIPEPTIDYL PEPTIDASE-IV INHIB AND COMBOS		
JANUMET	2	QL (60 per 30 days)
JANUVIA	2	QL (30 per 30 days)
KOMBIGLYZE XR TB24 1000MG; 5MG, 500MG; 5MG	2	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
KOMBIGLYZE XR TB24 1000MG; 2.5MG	2	QL (60 per 30 days)
ONGLYZA	2	QL (30 per 30 days)
GLUCOCORTICOID DRUGS		
<i>a-methapred</i>	1	
<i>cortisone acetate</i>	1	
<i>dexamethasone</i>	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>hydrocortisone</i>	1	
<i>methylprednisolone</i>	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sodiumsuccinate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
<i>prednisone intensol</i>	1	
<i>veripred 20</i>	1	
GLUCOSE ELEVATING DRUGS		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM	2	
INCRETIN MIMETICS		
BYETTA INJ 5MCG/0.02ML	2	QL (2 per 30 days)
BYETTA INJ 10MCG/0.04ML	2	QL (5 per 30 days) PA
VICTOZA	2	
INSULIN		
HUMALOG	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 75/25	2	
HUMULIN 70/30	2	
HUMULIN N	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
LANTUS	2	
LEVEMIR	2	
NOVOLIN 70/30	2	
NOVOLIN N	2	
NOVOLIN R	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	
MINERALOCORTICOID DRUGS		
<i>fludrocortisone acetate</i>	1	
ORAL HYPOGLYCEMICS AND COMBOS		
<i>acarbose</i>	1	
ACTOPLUS MET	2	QL (90 per 30 days)
ACTOPLUS MET XR	2	QL (30 per 30 days)
ACTOS	2	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
AVANDAMET	2	QL (60 per 30 days)
AVANDARYL	2	QL (30 per 30 days)
AVANDIA TABS 8MG	2	QL (30 per 30 days)
AVANDIA TABS 2MG, 4MG	2	QL (60 per 30 days)
DUETACT	2	QL (30 per 30 days)
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide er</i>	1	
<i>glipizide/metformin hcl</i>	1	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hcl</i>	1	
<i>glycron</i>	1	
<i>metformin hcl</i>	1	
<i>metformin hcl er</i>	1	
<i>nateglinide</i>	1	
RIOMET	2	
<i>tolazamide</i>	1	
<i>tolbutamide</i>	1	
OTHER ENDOCRINE DRUGS		
ALDURAZYME	3	LA
<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	1	QL (30 per 30 days)
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL (5 per 30 days)
BONIVA	2	QL (1 per 30 days) ST
<i>cabergoline</i>	1	QL (20 per 30 days)
<i>calcitonin-salmon</i>	1	
CEREZYME	3	LA
<i>desmopressin acetate</i>	1	
ELAPRASE	3	LA
<i>etidronate disodium</i>	1	
FABRAZYME	3	LA
FORTEO	3	QL (1 per 28 days) PA
<i>fortical</i>	1	
FOSAMAX PLUS D	2	QL (5 per 30 days)
KUVAN	3	LA
MIACALCIN	2	B/D
MYOZYME	3	LA
NAGLAZYME	3	LA
<i>pamidronate disodium</i>	1	B/D
RECLAST	2	PA
SAMSCA	3	QL (60 per 30 days) PA
SENSIPAR TABS 30MG	2	
SENSIPAR TABS 60MG, 90MG	3	
SOMAVERT	3	LA
VPRIV	3	
XGEVA	3	
ZAVESCA	3	LA
ZOMETA	3	

Drug Name	Drug Tier	Requirements/Limits
THYROID SUPPLEMENTS		
<i>levothroid</i>	1	
<i>levothyroxine sodium</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium</i>	1	
THYROLAR-1	2	
THYROLAR-1/4	2	
THYROLAR-2	2	
THYROLAR-3	2	
<i>unithroid</i>	1	
GASTROINTESTINAL MEDICATIONS		
ANTIDIARRHEAL DRUGS		
<i>diphenoxylate/atropine</i>	1	
<i>loperamide hcl</i>	1	
ANTISPASMODICS/DRUGS AFFECT GI MOTILITY		
<i>glycopyrrolate</i>	1	
<i>metoclopramide hcl</i>	1	
ANTIULCER DRUGS		
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
<i>famotidine</i>	1	
<i>famotidine premixed</i>	1	
<i>nizatidine</i>	1	
<i>ranitidine hcl</i>	1	
IRRITABLE BOWEL DRUGS		
AMITIZA	2	
LOTRONEX	3	
LAXATIVES AND CATHARTICS		
<i>polyethylene glycol 3350</i>	1	
VISICOL	2	
OTHER ANTIULCER DRUGS		
CARAFATE	2	
<i>misoprostol</i>	1	
<i>sucralfate</i>	1	
OTHER GI DRUGS		
APRISO	2	
<i>balsalazide disodium</i>	1	
CANASA	2	
CORTIFOAM	2	
CREON	2	
ENTOCORT EC	3	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>hydrocortisone</i>	1	
<i>mesalamine</i>	1	
PENTASA	2	
<i>procto-pak</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
RELISTOR	2	
<i>sulfasalazine</i>	1	
<i>sulfazine ec</i>	1	
<i>trilyte</i>	1	
<i>ursodiol</i>	1	
ZENPEP	2	
PROTON PUMP INHIBITORS		
<i>lansoprazole odt tbdp 30mg</i>	1	
<i>lansoprazole odt tbdp 15mg</i>	1	QL (30 per 30 days)
<i>lansoprazole cpdr 30mg</i>	1	
<i>lansoprazole cpdr 15mg</i>	1	QL (30 per 30 days)
NEXIUM I.V.	2	
NEXIUM CPDR 20MG	2	QL (30 per 30 days) ST
NEXIUM CPDR 40MG	2	ST
NEXIUM PACK 10MG, 20MG	2	QL (30 per 30 days) ST
NEXIUM PACK 40MG	2	ST
<i>omeprazole/sodium bicarbonate caps 40mg; 1100mg</i>	1	
<i>omeprazole/sodium bicarbonate caps 20mg; 1100mg</i>	1	QL (30 per 30 days)
<i>omeprazole cpdr 40mg</i>	1	
<i>omeprazole cpdr 10mg, 20mg</i>	1	QL (30 per 30 days)
<i>pantoprazole sodium tbec 40mg</i>	1	
<i>pantoprazole sodium tbec 20mg</i>	1	QL (30 per 30 days)
IMMUNOLOGICALS AND VACCINES		
GROWTH HORMONES AND RELATED DRUGS		
EGRIFTA	3	PA
OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML	2	PA
OMNITROPE INJ 5.8MG	3	PA
TEV-TROPIN	2	PA
HEMATOPOIETIC AGENTS		
MOZOBIL	3	
IMMUNOLOGICALS AND VACCINES		
ACTHIB	2	
ADACEL	2	
ATGAM	3	B/D
BOOSTRIX	2	
CARIMUNE NANOFILTERED	3	B/D
CERVARIX	2	
COMVAX	2	
DAPTACEL	2	
DECAVAC	2	
DIPHThERIA/TETANUS TOXOID PEDIATRIC	2	
ENGERIX-B	2	
GAMASTAN S/D	2	
GAMUNEX	3	B/D
GARDASIL	2	
HAVRIX	2	

Drug Name	Drug Tier	Requirements/Limits
HIZENTRA	2	PA
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
JE-VAX	2	
KEPIVANCE	3	LA
M-M-R II W/DILUENT 10 DOSE	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MENVEO	2	
PEDVAX HIB	2	
PRIVIGEN	3	B/D
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	3	PA
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	
ROTATEQ	2	
<i>tetanus toxoid adsorbed</i>	1	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	2	
TRIPEDIA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	
INSULIN LIKE GROWTH FACTORS-1		
INCRELEX	3	PA LA
INTERFERONS		
ACTIMMUNE	3	LA
AVONEX	3	QL (4 per 28 days) PA
BETASERON	3	QL (15 per 30 days) PA
INFERGEN	3	
INTRON-A W/DILUENT	2	
INTRON-A INJ 3MU/0.2ML, 6000000UNIT/ML	2	
INTRON-A INJ 10MU/0.2ML, 5MU/0.2ML	3	
PEGASYS	3	QL (4 per 28 days) PA
REBIF	3	QL (8 per 30 days) PA
REBIF TITRATION PACK	3	QL (12 per 28 days) PA
INTERLEUKIN RECPT R ANTAGONIST		
ACTEMRA	3	PA
ARCALYST	3	PA LA
KINERET	3	PA
INTERLEUKINS		

Drug Name	Drug Tier	Requirements/Limits
NEUMEGA	3	QL (21 per 21 days)
PROLEUKIN	3	
MYELOID STIMULANTS		
LEUKINE	3	
NEULASTA	3	QL (2 per 30 days) PA
NEUPOGEN	3	PA
THROMBOPOIETIC AGENTS		
PROMACTA	3	PA LA
MEDICAL (MISCELLANEOUS) SUPPLIES		
DIABETIC SUPPLIES		
ALCOHOL PREPS	2	
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 PEN NEEDLE/ULTRAFINE/29G X 12.7MM	2	
CURITY GAUZE PADS 2"X2"	2	
MUSCULOSKELETAL MEDICATIONS		
CNS MUSCLE RELAXANTS		
<i>chlorzoxazone</i>	1	PA
<i>metaxalone</i>	1	PA
<i>methocarbamol</i>	1	PA
<i>orphenadrine citrate</i>	1	
<i>orphenadrine citrate er</i>	1	PA
<i>orphenadrine compound ds</i>	1	PA
<i>orphenadrine/asa/caffeine</i>	1	PA
RILUTEK	3	
DIRECT MUSCLE RELAXANTS		
<i>baclofen</i>	1	
<i>dantrolene sodium</i>	1	
<i>tizanidine hcl</i>	1	
DRUGS TO PREVENT AND TREAT GOUT		
<i>allopurinol</i>	1	
<i>allopurinol sodium</i>	1	
COLCRYS	2	
<i>probenecid</i>	1	
<i>probenecid/colchicine</i>	1	
ULORIC	2	ST
NON-STEROIDAL ANTIINFLAMMATORY AGENTS		
CELEBREX	2	
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>diclofenac sodium ec</i>	1	
<i>diclofenac sodium xr</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>fenoprofen calcium</i>	1	
<i>flurbiprofen</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1	
<i>indomethacin er</i>	1	
<i>ketoprofen</i>	1	
<i>ketoprofen er</i>	1	
<i>ketorolac tromethamine inj</i>	1	
<i>ketorolac tromethamine tabs</i>	1	QL (20 per 5 days)
<i>meclofenamate sodium</i>	1	
<i>mefenamic acid</i>	1	
<i>meloxicam susp</i>	1	
<i>meloxicam tabs 15mg</i>	1	
<i>meloxicam tabs 7.5mg</i>	1	QL (30 per 30 days)
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	
OTHER DRUGS FOR ARTHRITIS		
CUPRIMINE	2	
RIDAURA	2	
SYPRINE	3	
SALICYLATES AND RELATED DRUGS		
<i>diflunisal</i>	1	
OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS		
ANDROGEN DRUGS		
ANADROL-50	3	PA
ANDROXY	2	
<i>danazol</i>	1	
FORTESTA	2	PA
METHITEST	2	
<i>oxandrolone</i>	1	PA
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
CONTRACEPTIVES		
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aviane</i>	1	
<i>balziva</i>	1	
<i>cesia</i>	1	
<i>cryselle-28</i>	1	
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	
<i>enpresse-28</i>	1	
<i>gianvi</i>	1	
<i>junel 1.5/30</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>leena</i>	1	
<i>lessina-28</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>mononessa</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>necon 1/35-28</i>	1	
<i>necon 10/11-28</i>	1	
<i>necon 7/7/7</i>	1	
<i>next choice</i>	1	QL (2 per 1 days)
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>ocella</i>	1	
<i>ogestrel</i>	1	
<i>portia-28</i>	1	
<i>previfem</i>	1	
<i>quasense</i>	1	
<i>reclipsen</i>	1	
<i>solia</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>trinessa</i>	1	
<i>trivora-28</i>	1	
<i>velivet</i>	1	
<i>zeosa</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
ESTROGEN DRUGS		
ESTRACE	2	
<i>estradiol valerate</i>	1	
<i>estradiol tabs</i>	1	
<i>estradiol ptwk</i>	1	QL (5 per 30 days)
<i>estropipate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MENEST	2	
PREMARIN W/APPLICATOR	2	
VAGIFEM	2	
ESTROGEN/PROGESTIN COMBINATIONS		
<i>estradiol/norethindrone acetate</i>	1	
<i>jinteli</i>	1	
PREMPHASE	2	
PREMPRO	2	
OB/GYN TOPICAL ANTIINFECTIVES		
<i>clindamycin phosphate</i>	1	
<i>metronidazole vaginal</i>	1	
<i>vandazole</i>	1	
OXYTOCICS		
METHERGINE	2	
PRENATAL VITAMINS		
<i>prenatabs obn</i>	1	
PROGESTIN DRUGS		
<i>camila</i>	1	
<i>errin</i>	1	
<i>jolivette</i>	1	
<i>medroxyprogesterone acetate tabs</i>	1	
<i>medroxyprogesterone acetate inj</i>	1	QL (1 per 90 days)
<i>nora-be</i>	1	
<i>norethindrone acetate</i>	1	
PROMETRIUM	2	
SELECTIVE ESTROGEN RECEPTOR MODULATOR		
EVISTA	2	
SPECIALIZED OB/GYN DRUGS		
<i>chorionic gonadotropin</i>	1	QL (3 per 30 days) PA
<i>leuprolide acetate</i>	1	
LUPRON DEPOT-PED	3	PA
LUPRON DEPOT INJ 11.25MG, 22.5MG, 3.75MG, 30MG	2	PA
LUPRON DEPOT INJ 7.5MG	3	PA
<i>novarel</i>	1	PA
SYNAREL	3	
OPHTHALMIC MEDICATIONS		
ANTIGLAUCOMA DRUGS		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	
ALPHAGAN P	2	
<i>apraclonidine</i>	1	
<i>betaxolol hcl</i>	1	
<i>brimonidine tartrate</i>	1	
<i>carteolol hcl</i>	1	
COMBIGAN	2	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl/timolol maleate</i>	1	

Drug Name	Drug Tier	Requirements/Limits				
<i>latanoprost</i>	1					
<i>levobunolol hcl</i>	1					
LUMIGAN	2					
<i>methazolamide</i>	1					
<i>metipranolol</i>	1					
PHOSPHOLINE IODIDE	2					
<i>timolol maleate</i>	1					
<i>timolol maleate ophthalmic gel forming</i>	1					
OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS						
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1					
<i>neomycin/polymyxin/dexamethasone</i>	1					
<i>neomycin/polymyxin/hydrocortisone</i>	1					
<i>poly-dex</i>	1					
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1					
<i>tobramycin/dexamethasone</i>	1					
ZYLET	2					
OPHTHALMIC CORTICOSTEROID DRUGS						
<i>dexamethasone sodium phosphate</i>	1					
<i>fluorometholone</i>	1					
FML	2					
PRED MILD	2					
<i>prednisolone acetate</i>	1					
<i>prednisolone sodium phosphate</i>	1					
OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS						
<i>ak-tob</i>	1					
AZASITE	2					
<i>bacitracin</i>	1					
<i>bacitracin/polymyxin b</i>	1					
<i>ciprofloxacin hcl</i>	1					
<i>erythromycin</i>	1					
<i>gentak</i>	1					
<i>gentamicin sulfate</i>	1					
<i>gentasol</i>	1					
<i>levofloxacin</i>	1					
MOXEZA	2					
<i>neomycin/bacitracin/polymyxin</i>	1					
<i>neomycin/polymyxin/gramicidin</i>	1					
<i>ofloxacin</i>	1					
<i>romycin</i>	1					
<i>sodium sulfacetamide</i>	1					
<i>tobramycin sulfate</i>	1					
<i>tobrasol</i>	1					
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1					
VIGAMOX	2					
OPHTHALMIC TOPICAL ANTIVIRAL DRUGS						
<i>trifluridine</i>	1					
OTHER OPHTHALMIC DRUGS						
<i>ak-con</i>	1					

Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hcl</i>	1	
BOTOX	2	PA
<i>bromfenac</i>	1	
<i>cromolyn sodium</i>	1	
<i>diclofenac sodium</i>	1	
<i>epinastine hcl</i>	1	
<i>flurbiprofen sodium</i>	1	
<i>ketorolac tromethamine</i>	1	
NATACYN	2	
<i>parcaine</i>	1	
PATANOL	2	
<i>proparacaine hcl</i>	1	
RESTASIS	2	QL (60 per 30 days)
<i>tropicamide</i>	1	
ZIRGAN	2	
RESPIRATORY MEDICATIONS		
ANTIHISTAMINES		
<i>carbinoxamine maleate</i>	1	
<i>cetirizine hcl</i>	1	
<i>clemastine fumarate</i>	1	
<i>cyproheptadine hcl</i>	1	PA
<i>dexchlorpheniramine maleate</i>	1	PA
<i>diphenhydramine hcl inj</i>	1	
<i>diphenhydramine hcl caps, elix</i>	1	PA
<i>fexofenadine hcl tabs 180mg</i>	1	QL (30 per 30 days)
<i>fexofenadine hcl tabs 30mg, 60mg</i>	1	QL (60 per 30 days)
<i>levocetirizine dihydrochloride</i>	1	QL (30 per 30 days)
<i>palgic</i>	1	
<i>promethazine hcl inj</i>	1	
<i>promethazine hcl syrp, tabs</i>	1	PA
BETA-2 ADRENERGIC DRUGS		
<i>albuterol sulfate er</i>	1	
<i>albuterol sulfate syrp, tabs</i>	1	
<i>albuterol sulfate nebu</i>	1	B/D
FORADIL AEROLIZER	2	QL (90 per 30 days)
<i>metaproterenol sulfate</i>	1	
PROAIR HFA	2	QL (26 per 30 days)
PROVENTIL HFA	2	QL (20 per 30 days)
SEREVENT DISKUS	2	QL (120 per 34 days)
<i>terbutaline sulfate</i>	1	
LEUKOTRIENE MODIFIERS		
SINGULAIR	2	
<i>zafirlukast</i>	1	
ZYFLO CR	2	
METHYL XANTHINE DRUGS		
<i>aminophylline</i>	1	
<i>theochron</i>	1	
<i>theophylline er</i>	1	

Drug Name	Drug Tier	Requirements/Limits
OTHER DRUGS FOR ASTHMA		
ADVAIR DISKUS	2	QL (120 per 30 days)
ADVAIR HFA	2	QL (24 per 30 days)
ASMANEX 120 METERED DOSES	2	QL (240 per 30 days)
ASMANEX 14 METERED DOSES	2	QL (14 per 14 days)
ASMANEX 30 METERED DOSES	2	QL (60 per 30 days)
ASMANEX 60 METERED DOSES	2	QL (120 per 30 days)
ATROVENT HFA	2	QL (26 per 30 days)
COMBIVENT	2	QL (44 per 30 days)
<i>cromolyn sodium</i>	1	B/D
<i>epinephrine hcl</i>	1	
EIPEN 2-PAK	2	QL (4 per 2 days)
EIPEN-JR 2-PAK	2	QL (4 per 2 days)
FLOVENT HFA AERO 110MCG/ACT	2	QL (12 per 30 days)
FLOVENT HFA AERO 44MCG/ACT	2	QL (21 per 30 days)
FLOVENT HFA AERO 220MCG/ACT	2	QL (36 per 30 days)
GASTROCROM	2	
<i>ipratropium bromide</i>	1	B/D
QVAR	2	QL (22 per 30 days)
SPIRIVA HANDIHALER	2	QL (60 per 30 days)
SYMBICORT	2	QL (20 per 30 days)
XOLAIR	3	QL (6 per 28 days) PA LA
OTHER RESPIRATORY DRUGS		
ARALAST NP	3	PA LA
PROLASTIN	3	PA LA
PROLASTIN-C	3	PA LA
PULMOZYME	3	B/D
UROLOGICAL MEDICATIONS		
ANTICHOLINERGIC ANTISPASMODICS		
DETROL	2	
DETROL LA	2	
ENABLEX	2	ST
<i>flavoxate hcl</i>	1	
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	1	
<i>oxybutynin chloride er tb24 5mg</i>	1	QL (30 per 30 days)
SANCTURA XR	2	ST
<i>tropium chloride</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	1	
OTHER GENITOURINARY PRODUCTS		
CYSTADANE	2	
ELMIRON	2	
<i>finasteride</i>	1	
<i>neomycin/polymyxin b sulfates</i>	1	
<i>potassium citrate extended-release</i>	1	
<i>tamsulosin hcl</i>	1	

Index

Drug Name	Page #
8-MOP	23
ABELCET	9
ABILIFY	13
ABILIFY DISCMELT	13
acarbose	26
acebutolol hcl	20
acetaminophen/caffeine/dihydrocodeine bitartrate	15
acetaminophen/codeine	15
acetaminophen/codeine #3	15
acetaminophen/codeine #4	15
acetazol hc	25
acetazolamide	34
acetazolamide sodium	34
acetic acid	25
ACTEMRA	30
ACTHIB	29
acticin	23
ACTIMMUNE	30
ACTOPLUS MET	26
ACTOPLUS MET XR	26
ACTOS	26
acyclovir	8
acyclovir sodium	8
ADACEL	29
ADAGEN	25
adapalene	23
ADCIRCA	22
ADVAIR DISKUS	37
ADVAIR HFA	37
ADVICOR	21
afeditab cr	20
AFINITOR	11
AGGRENOX	4
ak-con	35
ak-tob	35
ALBENZA	5
albuterol sulfate	36
albuterol sulfate er	36
alclometasone dipropionate	24
ALCOHOL PREPS	31
ALDURAZYME	27
alendronate sodium	27
ALIMTA	11
ALINIA	7
allopurinol	31
allopurinol sodium	31

Drug Name	Page #
ALOXI	14
ALPHAGAN P	34
amantadine hcl	8
AMBISOME	9
amcinonide	24
a-methapred	26
AMEVIVE	11
amifostine	11
amikacin sulfate	5
amiloride hcl	22
amiloride/hydrochlorothiazide	22
aminophylline	36
AMINOSYN	2
AMINOSYN 8.5%/ELECTROLYTES	2
AMINOSYN II	2
AMINOSYN II 3.5%/DEXTROSE25%	2
AMINOSYN II 3.5%/DEXTROSE5%	2
AMINOSYN II 3.5/DEXTROSE 25%	2
AMINOSYN II 4.25/DEXTROSE10%	2
AMINOSYN II 4.25/DEXTROSE20%	2
AMINOSYN II 4.25/DEXTROSE25%	2
AMINOSYN II 5/DEXTROSE 25	2
AMINOSYN II 8.5%/ELECTROLYTES	2
AMINOSYN II M 3.5%/DEXTROSE 5%	2
AMINOSYN M	2
AMINOSYN-HBC	2
AMINOSYN-HF	2
AMINOSYN-PF	2
AMINOSYN-PF 7%	2
amiodarone hcl	19
AMITIZA	28
amitriptyline hcl	19
amlodipine besylate	20
amlodipine besylate/benazepril hcl	22
amlodipine besylate/benazepril hydrochloride	22
AMMONIUM CHLORIDE	2
ammonium lactate	24
amnestem	23
amoxapine	18
amoxicillin	9
amoxicillin/clavulanate potassium	9
amoxicillin/clavulanate potassium er	9
amoxicillin/potassium clavulanate	9
amphetamine/dextroamphetamine	16
amphotericin b	9
ampicillin	9
ampicillin sodium	9
ampicillin-sulbactam	9
AMPYRA	25
AMTURNIDE	22

Drug Name	Page #
ANADROL-50	32
<i>anagrelide hydrochloride</i>	11
<i>anastrozole</i>	11
ANCOBON	7
ANDROXY	32
ANTABUSE	18
APOKYN	17
<i>apraclonidine</i>	34
<i>apri</i>	32
APRISO	28
APTIVUS	5
ARALAST NP	37
<i>aranelle</i>	32
ARCALYST	30
ARIXTRA	4
<i>ascomp/codeine</i>	16
ASMANEX 120 METERED DOSES	37
ASMANEX 14 METERED DOSES	37
ASMANEX 30 METERED DOSES	37
ASMANEX 60 METERED DOSES	37
<i>atenolol</i>	20
<i>atenolol/chlorthalidone</i>	22
ATGAM	29
ATRIPLA	5
<i>atropine sulfate</i>	18
ATROVENT HFA	37
<i>augmented betamethasone dipropionate</i>	24
AVANDAMET	27
AVANDARYL	27
AVANDIA	27
AVASTIN	11
AVELOX	10
AVELOX ABC PACK	10
<i>aviane</i>	32
AVONEX	30
AZASAN	11
AZASITE	35
<i>azathioprine</i>	11
<i>azathioprine sodium</i>	11
<i>azelastine hcl</i>	25
<i>azelastine hcl</i>	36
AZILECT	17
<i>azithromycin</i>	9
<i>aztreonam</i>	7
<i>baciim</i>	7
<i>bacitracin</i>	7
<i>bacitracin</i>	35
<i>bacitracin/polymyxin b</i>	35
<i>baclofen</i>	31
<i>bactocill in dextrose</i>	9

Drug Name	Page #
<i>balsalazide disodium</i>	28
<i>balziva</i>	32
BANZEL	16
BARACLUDGE	8
BD INSULIN SYRINGE	31
SAFETYGLIDE/1ML/29G X 1/2"	
BD INSULIN SYRINGE	31
ULTRAFINE/0.3ML/31G X 5/16"	
BD INSULIN SYRINGE	31
ULTRAFINE/0.5ML/30G X 1/2"	
BD INSULIN SYRINGE	31
ULTRAFINE/1ML/31G X 5/16"	
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	31
<i>benazepril hcl</i>	19
<i>benazepril hcl/hydrochlorothiazide</i>	22
<i>benztropine mesylate</i>	13
<i>betamethasone dipropionate</i>	24
<i>betamethasone valerate</i>	24
BETASERON	30
<i>betaxolol hcl</i>	20
<i>betaxolol hcl</i>	34
<i>bethanechol chloride</i>	37
<i>bicalutamide</i>	11
<i>bisoprolol fumarate</i>	20
<i>bisoprolol fumarate/hydrochlorothiazide</i>	22
BONIVA	27
BOOSTRIX	29
BOTOX	36
<i>brimonidine tartrate</i>	34
<i>bromfenac</i>	36
<i>bromocriptine mesylate</i>	17
<i>budeprion sr</i>	17
<i>budeprion xl</i>	17
<i>bumetanide</i>	21
BUPHENYL	25
<i>buprenorphine hcl</i>	13
<i>buprenorphine hcl</i>	15
<i>buproban</i>	19
<i>bupropion hcl</i>	17
<i>bupropion hcl sr</i>	17
<i>buspirone hcl</i>	15
<i>butalbital/acetaminophen/caffeine/codeine</i>	16
<i>butorphanol tartrate</i>	13
<i>butorphanol tartrate</i>	16
BYETTA	26
<i>cabergoline</i>	27
<i>calcipotriene</i>	23
<i>calcitonin-salmon</i>	27
<i>calcitriol</i>	4

Drug Name	Page #
<i>calcium acetate</i>	4
<i>camila</i>	34
CAMPATH	11
CANASA	28
CANCIDAS	9
CAPASTAT SULFATE	6
<i>captopril</i>	19
<i>captopril/hydrochlorothiazide</i>	22
CARAFATE	28
<i>carbamazepine</i>	15
<i>carbamazepine er</i>	15
<i>carbidopa/levodopa</i>	17
<i>carbidopa/levodopa cr</i>	17
<i>carbidopa/levodopa odt</i>	17
<i>carbidopa/levodopa sr</i>	17
<i>carbinoxamine maleate</i>	36
CARIMUNE NANOFILTERED	29
<i>carteolol hcl</i>	34
<i>cartia xt</i>	20
<i>carvedilol</i>	20
CAYSTON	7
CEENU	11
<i>cefaclor</i>	6
<i>cefaclor er</i>	6
<i>cefadroxil</i>	6
<i>cefazolin sodium</i>	6
<i>cefdinir</i>	6
<i>cefepime</i>	6
<i>cefotaxime sodium</i>	6
<i>cefotetan</i>	6
<i>cefoxitin sodium</i>	7
<i>cefpodoxime proxetil</i>	7
<i>cefprozil</i>	7
<i>ceftazidime</i>	7
<i>ceftriaxone sodium</i>	7
<i>cefuroxime axetil</i>	7
<i>cefuroxime sodium</i>	7
CELEBREX	31
CELLCEPT	11
CELLCEPT INTRAVENOUS	11
CELONTIN	19
<i>cephalexin</i>	7
CEREZYME	27
CERVARIX	29
CESAMET	14
<i>cesia</i>	32
<i>cetirizine hcl</i>	36
CHANTIX	19
CHEMET	24
<i>chloramphenicol sodium succinate</i>	7
<i>chlorhexidine gluconate oral rinse</i>	25

Drug Name	Page #
<i>chloroquine phosphate</i>	10
<i>chlorothiazide</i>	23
<i>chlorothiazide sodium</i>	23
<i>chlorpromazine hcl</i>	13
<i>chlorthalidone</i>	23
<i>chlorzoxazone</i>	31
<i>cholestyramine light</i>	21
<i>chorionic gonadotropin</i>	34
<i>ciclopirox</i>	9
<i>ciclopirox nail lacquer</i>	9
<i>ciclopirox olamine</i>	9
<i>cilostazol</i>	4
<i>cimetidine</i>	28
<i>cimetidine hcl</i>	28
CIPRODEX	25
<i>ciprofloxacin</i>	10
<i>ciprofloxacin er</i>	10
<i>ciprofloxacin extended-release</i>	10
<i>ciprofloxacin hcl</i>	10
<i>ciprofloxacin hcl</i>	35
<i>citalopram hydrobromide</i>	18
<i>claravis</i>	23
<i>clarithromycin</i>	9
<i>clarithromycin er</i>	9
<i>clemastine fumarate</i>	36
<i>clindamycin hcl</i>	7
<i>clindamycin phosphate</i>	23
<i>clindamycin phosphate</i>	34
<i>clindamycin phosphate add-vantage</i>	7
<i>clindamycin/benzoyl peroxide</i>	23
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 4.25%/DEXTROSE 5%	2
CLINIMIX 5%/DEXTROSE 15%	2
CLINIMIX 5%/DEXTROSE 20%	2
CLINIMIX 5%/DEXTROSE 25%	2
CLINIMIX E 2.75%/DEXTROSE 10%	2
CLINIMIX E 2.75%/DEXTROSE 5%	2
CLINIMIX E 4.25%/DEXTROSE 25%	2
CLINIMIX E 4.25%/DEXTROSE 5%	2
CLINIMIX E 5%/DEXTROSE 15%	2
CLINIMIX E 5%/DEXTROSE 20%	2
CLINIMIX E 5%/DEXTROSE 25%	2
CLINISOL SF 15%	2
<i>clobetasol propionate</i>	24
<i>clobetasol propionate e</i>	24
<i>clomipramine hcl</i>	19
<i>clonidine hcl</i>	20
<i>clotrimazole</i>	7

Drug Name	Page #
<i>clotrimazole</i>	9
<i>clotrimazole/betamethasone</i>	10
<i>dipropionate</i>	
<i>clozapine</i>	13
COARTEM	10
<i>codeine sulfate</i>	15
<i>co-gesic</i>	15
COLCRYS	31
<i>colestipol hcl</i>	21
<i>colistimethate sodium</i>	8
COMBIGAN	34
COMBIVENT	37
COMBIVIR	5
<i>compro</i>	14
COMTAN	17
COMVAX	29
<i>constulose</i>	4
COPAXONE	25
CORTIFOAM	28
<i>cortisone acetate</i>	26
<i>cortomycin</i>	25
CREON	28
CRESTOR	21
CRIXIVAN	5
<i>cromolyn sodium</i>	36
<i>cromolyn sodium</i>	37
<i>cryselle-28</i>	32
CUBICIN	8
CUPRIMINE	32
CURITY GAUZE PADS 2"X2"	31
<i>cyclafem 1/35</i>	32
<i>cyclafem 7/7/7</i>	32
<i>cyclophosphamide</i>	11
<i>cyclosporine</i>	11
<i>cyclosporine modified</i>	11
CYKLOKAPRON	25
CYMBALTA	17
<i>cyproheptadine hcl</i>	36
CYSTADANE	37
CYSTAGON	2
DACOGEN	11
<i>danazol</i>	32
<i>dantrolene sodium</i>	31
DAPSONE	5
DAPTACEL	29
DARAPRIM	10
DECAVAC	29
<i>demeclocycline hcl</i>	10
DEMSEER	21
DENAVIR	8
<i>depade</i>	18

Drug Name	Page #
DEPO-PROVERA	11
DERMOTIC	25
<i>desipramine hcl</i>	18
<i>desmopressin acetate</i>	27
<i>desonide</i>	24
<i>desoximetasone</i>	24
DETROL	37
DETROL LA	37
<i>dexamethasone</i>	26
<i>dexamethasone intensol</i>	26
<i>dexamethasone sodium phosphate</i>	26
<i>dexamethasone sodium phosphate</i>	35
<i>dexchlorpheniramine maleate</i>	36
<i>dexmethylphenidate hcl</i>	16
<i>dextroamphetamine sulfate</i>	16
<i>dextroamphetamine sulfate er</i>	16
<i>dextrose 10%/nacl 0.45%</i>	2
<i>dextrose 5% /electrolyte #48 viaflex</i>	2
<i>dextrose 10% flex container</i>	2
<i>dextrose 10%/nacl 0.2%</i>	2
<i>dextrose 2.5%/sodium chloride 0.45%</i>	2
<i>dextrose 5%</i>	2
<i>dextrose 5%/nacl 0.2%</i>	2
<i>dextrose 5%/nacl 0.225%</i>	2
<i>dextrose 5%/nacl 0.33%</i>	2
<i>dextrose 5%/nacl 0.45%</i>	2
<i>dextrose 5%/nacl 0.9%</i>	2
DIBENZYLINE	21
<i>diclofenac potassium</i>	31
<i>diclofenac sodium</i>	31
<i>diclofenac sodium</i>	36
<i>diclofenac sodium ec</i>	31
<i>diclofenac sodium xr</i>	31
<i>dicloxacillin sodium</i>	9
<i>didanosine</i>	5
<i>diflorasone diacetate</i>	24
<i>diflunisal</i>	32
<i>digoxin</i>	20
<i>dihydroergotamine mesylate</i>	16
DILANTIN	16
DILANTIN INFATABS	16
<i>dilt-cd</i>	20
<i>diltiazem cd</i>	20
<i>diltiazem hcl</i>	20
<i>diltiazem hcl er</i>	20
<i>dilt-xr</i>	20
<i>diltzac</i>	20
DIOVAN	19
DIOVAN HCT	22
<i>diphenhydramine hcl</i>	36
<i>diphenoxylate/atropine</i>	28

Drug Name	Page #
DIPHTHERIA/TETANUS TOXOID	29
PEDIATRIC	
<i>dipyridamole</i>	4
<i>divalproex sodium</i>	19
<i>divalproex sodium er</i>	19
<i>donepezil hcl</i>	13
DORIBAX	8
<i>dorzolamide hcl</i>	34
<i>dorzolamide hcl/timolol maleate</i>	34
DOVONEX	23
<i>doxazosin mesylate</i>	23
<i>doxepin hcl</i>	19
<i>doxycycline hyclate</i>	10
<i>doxycycline hyclate</i>	25
<i>doxycycline monohydrate</i>	10
<i>dronabinol</i>	14
DROXIA	11
DUETACT	27
E.E.S. GRANULES	7
<i>econazole nitrate</i>	9
EDURANT	5
EFFIENT	4
EGRIFTA	29
ELAPRASE	27
ELIDEL	24
ELIGARD	11
<i>eliphos</i>	4
ELITEK	11
ELMIRON	37
EMCYT	11
EMEND	14
EMSAM	16
EMTRIVA	5
ENABLEX	37
<i>enalapril maleate</i>	19
<i>enalapril maleate/hydrochlorothiazide</i>	22
ENBREL	11
<i>endocet</i>	15
<i>endodan</i>	15
ENGERIX-B	29
<i>enoxaparin sodium</i>	4
<i>enpresse-28</i>	32
ENTOCORT EC	28
<i>enulose</i>	4
<i>epinastine hcl</i>	36
<i>epinephrine hcl</i>	37
EPIPEN 2-PAK	37
EPIPEN-JR 2-PAK	37
<i>epitol</i>	15
EPIVIR	5
EPIVIR HBV	8

Drug Name	Page #
<i>eplerenone</i>	22
EPZICOM	5
<i>ergoloid mesylates</i>	25
ERGOMAR	16
<i>ergotamine tartrate/cafeine</i>	16
<i>errin</i>	34
<i>ery</i>	23
ERYPED 200	7
ERYPED 400	7
ERY-TAB	7
ERYTHROCIN LACTOBIONATE	7
<i>erythrocin stearate</i>	7
<i>erythromycin</i>	23
<i>erythromycin</i>	35
<i>erythromycin base</i>	7
<i>erythromycin ethylsuccinate</i>	7
<i>erythromycin/benzoyl peroxide</i>	23
<i>erythromycin/sulfisoxazole</i>	10
ESTRACE	33
<i>estradiol</i>	33
<i>estradiol valerate</i>	33
<i>estradiol/norethindrone acetate</i>	34
<i>estropipate</i>	33
<i>ethambutol hcl</i>	6
<i>ethosuximide</i>	19
<i>etidronate disodium</i>	27
<i>etodolac</i>	31
<i>etodolac er</i>	31
EURAX	24
EVISTA	34
EXELON	13
<i>exemestane</i>	11
EXFORGE	22
EXFORGE HCT	22
EXJADE	24
FABRAZYME	27
<i>famciclovir</i>	8
<i>famotidine</i>	28
<i>famotidine premixed</i>	28
FANAPT	13
FANAPT TITRATION PACK	13
FARESTON	11
FASLODEX	11
FAZACLO	13
FELBATOL	17
<i>felodipine er</i>	20
<i>fenofibrate</i>	21
<i>fenofibrate micronized</i>	21
<i>fenoprofen calcium</i>	31
<i>fentanyl</i>	15
<i>fentanyl citrate</i>	15

Drug Name	Page #
<i>fentanyl citrate oral transmucosal</i>	15
<i>fexofenadine hcl</i>	36
<i>finasteride</i>	37
<i>flavoxate hcl</i>	37
<i>flecainide acetate</i>	19
FLOVENT HFA	37
<i>fluconazole</i>	7
<i>fluconazole in dextrose</i>	9
<i>fludrocortisone acetate</i>	26
<i>flunisolide</i>	25
<i>fluocinolone acetonide</i>	24
<i>fluocinonide</i>	24
<i>fluocinonide emollient base</i>	24
<i>fluorometholone</i>	35
FLUOROPLEX	24
<i>fluorouracil</i>	24
<i>fluoxetine dr</i>	18
<i>fluoxetine hcl</i>	18
<i>fluphenazine decanoate</i>	13
<i>fluphenazine hcl</i>	13
<i>flurbiprofen</i>	31
<i>flurbiprofen sodium</i>	36
<i>flutamide</i>	11
<i>fluticasone propionate</i>	24
<i>fluticasone propionate</i>	25
<i>fluvoxamine maleate</i>	18
FML	35
<i>fomepizole</i>	25
FORADIL AEROLIZER	36
FORTEO	27
FORTESTA	32
<i>fortical</i>	27
FOSAMAX PLUS D	27
<i>foscarnet sodium</i>	8
<i>fosinopril sodium</i>	19
<i>fosinopril sodium/hydrochlorothiazide</i>	22
<i>fosphenytoin sodium</i>	16
FREAMINE III	3
FROVA	16
<i>furosemide</i>	21
FUZEON	5
<i>gabapentin</i>	17
GABITRIL	17
<i>galantamine hydrobromide</i>	13
GAMASTAN S/D	29
GAMUNEX	29
<i>ganciclovir</i>	8
GARDASIL	29
GASTROCROM	37
<i>gavilyte-c</i>	28
<i>gavilyte-g</i>	28

Drug Name	Page #
<i>gavilyte-n/flavor pack</i>	28
<i>gemfibrozil</i>	21
<i>gengraf</i>	11
<i>gentak</i>	35
<i>gentamicin sulfate</i>	5
<i>gentamicin sulfate</i>	10
<i>gentamicin sulfate</i>	35
<i>gentamicin sulfate/0.9% sodium chloride</i>	5
<i>gentamicin sulfate/sodium chloride</i>	5
<i>gentasol</i>	35
GEODON	13
<i>gianvi</i>	32
GILENYA	25
GLEEVEC	11
<i>glimepiride</i>	27
<i>glipizide</i>	27
<i>glipizide er</i>	27
<i>glipizide/metformin hcl</i>	27
GLUCAGEN HYPOKIT	26
GLUCAGON EMERGENCY KIT	26
<i>glyburide</i>	27
<i>glyburide micronized</i>	27
<i>glyburide/metformin hcl</i>	27
<i>glycopyrrolate</i>	28
<i>glycron</i>	27
<i>granisetron hcl</i>	14
<i>granisol</i>	14
GRIFULVIN V	7
<i>griseofulvin microsize</i>	7
GRIS-PEG	7
<i>guanabenz acetate</i>	21
<i>guanfacine hcl</i>	21
<i>guanidine hcl</i>	18
HALAVEN	11
<i>halobetasol propionate</i>	24
<i>haloperidol</i>	13
<i>haloperidol decanoate</i>	13
<i>haloperidol lactate</i>	13
HAVRIX	29
<i>heparin sodium</i>	4
<i>heparin sodium/d5w</i>	4
<i>heparin sodium/nacl 0.45%</i>	4
<i>heparin sodium/sodium chloride 0.9% premix</i>	4
HEPATAMINE	3
HEPATASOL	3
HEPSERA	8
HEXALEN	11
HIZENTRA	30
HUMALOG	26
HUMALOG MIX 50/50	26

Drug Name	Page #	Drug Name	Page #
HUMALOG MIX 75/25	26	ISOLYTE-H/DEXTROSE 5%	3
HUMIRA	11	ISOLYTE-M/DEXTROSE 5%	3
HUMIRA PEN-CROHNS	11	ISOLYTE-P/DEXTROSE 5%	3
DISEASESTARTER		ISOLYTE-S	3
HUMULIN 70/30	26	ISOLYTE-S/DEXTROSE 5%	3
HUMULIN N	26	<i>isonarif</i>	6
HUMULIN R	26	<i>isoniazid</i>	6
HUMULIN R U-500 (CONCENTRATED)	26	<i>isosorbide dinitrate</i>	21
<i>hydralazine hcl</i>	23	<i>isosorbide dinitrate er</i>	21
<i>hydrochlorothiazide</i>	23	<i>isosorbide mononitrate</i>	21
<i>hydrocodone bitartrate/acetaminophen</i>	15	<i>isosorbide mononitrate er</i>	21
<i>hydrocodone/acetaminophen</i>	15	<i>isradipine</i>	20
<i>hydrocodone/ibuprofen</i>	15	<i>itraconazole</i>	7
<i>hydrocortisone</i>	24	IXIARO	30
<i>hydrocortisone</i>	26	<i>jantoven</i>	4
<i>hydrocortisone</i>	28	JANUMET	25
<i>hydrocortisone butyrate</i>	24	JANUVIA	25
<i>hydrocortisone valerate</i>	24	JE-VAX	30
<i>hydrocortisone/acetic acid</i>	25	<i>jinteli</i>	34
<i>hydromorphone hcl</i>	15	<i>jolivet</i>	34
<i>hydroxychloroquine sulfate</i>	10	<i>junel 1.5/30</i>	32
<i>hydroxyurea</i>	11	<i>junel 1/20</i>	33
<i>hydroxyzine hcl</i>	23	<i>junel fe 1.5/30</i>	33
<i>hydroxyzine pamoate</i>	23	<i>junel fe 1/20</i>	33
<i>ibuprofen</i>	32	KALETRA	6
<i>imipramine hcl</i>	19	<i>kanamycin sulfate</i>	5
<i>imipramine pamoate</i>	19	<i>kariva</i>	33
<i>imiquimod</i>	24	<i>kcl 0.075%/d5w/nacl 0.45%</i>	3
IMOVAX RABIES (H.D.C.V.)	30	<i>kcl 0.15%/d10w/nacl 0.2%</i>	3
INCRELEX	30	<i>kcl 0.15%/d5w/lr</i>	4
<i>indapamide</i>	23	<i>kcl 0.15%/d5w/nacl 0.2%</i>	3
<i>indomethacin</i>	32	<i>kcl 0.15%/d5w/nacl 0.225%</i>	3
<i>indomethacin er</i>	32	<i>kcl 0.15%/d5w/nacl 0.9%</i>	3
INFANRIX	30	<i>kcl 0.3%/d5w/lr iv lac ring</i>	4
INFERGEN	30	<i>kcl 0.3%/d5w/nacl 0.2%</i>	3
INTELENCE	5	<i>kcl 0.3%/d5w/nacl 0.45%</i>	3
INTRALIPID	4	<i>kcl 0.3%/d5w/nacl 0.9%</i>	3
INTRON-A	30	<i>kelnor 1/35</i>	33
INTRON-A W/DILUENT	30	KEPIVANCE	30
INVANZ	8	<i>ketoconazole</i>	7
INVEGA	13	<i>ketoconazole</i>	9
INVEGA SUSTENNA	13	<i>ketoprofen</i>	32
INVIRASE	5	<i>ketoprofen er</i>	32
IONOSOL-B/DEXTROSE 5%	3	<i>ketorolac tromethamine</i>	32
IONOSOL-MB/DEXTROSE 5%	3	<i>ketorolac tromethamine</i>	36
IONOSOL-T/DEXTROSE 5%	3	KINERET	30
IPOL INACTIVATED IPV	30	<i>klor-con 10</i>	4
<i>ipratropium bromide</i>	25	<i>klor-con 8</i>	4
<i>ipratropium bromide</i>	37	<i>klor-con m15</i>	4
IRESSA	11	<i>klor-con m20</i>	4
ISENTRESS	5	KOMBIGLYZE XR	25

Drug Name	Page #
KUVAN	27
<i>labetalol hcl</i>	20
<i>lactated ringers</i>	3
<i>lactulose</i>	4
LAMISIL	7
<i>lamotrigine</i>	17
<i>lansoprazole</i>	29
<i>lansoprazole odt</i>	29
LANTUS	26
<i>latanoprost</i>	35
LATUDA	14
<i>leena</i>	33
<i>leflunomide</i>	11
<i>lessina-28</i>	33
LETAIRIS	21
<i>letrozole</i>	11
<i>leucovorin calcium</i>	11
LEUKERAN	12
LEUKINE	31
<i>leuprolide acetate</i>	34
LEVAQUIN	10
LEVEMIR	26
<i>levetiracetam</i>	17
<i>levobunolol hcl</i>	35
<i>levocarnitine</i>	4
<i>levocetirizine dihydrochloride</i>	36
<i>levofloxacin</i>	35
<i>levora 0.15/30-28</i>	33
<i>levorphanol tartrate</i>	15
<i>levothroid</i>	28
<i>levothyroxine sodium</i>	28
<i>levoxyl</i>	28
LEXIVA	6
<i>lidocaine</i>	5
<i>lidocaine hcl</i>	5
<i>lidocaine hcl</i>	5
<i>lidocaine hcl jelly</i>	5
<i>lidocaine viscous</i>	5
<i>lidocaine/prilocaine</i>	5
LIDODERM	5
LINDANE	24
<i>liothyronine sodium</i>	28
LIPITOR	21
LIPOFEN	21
LIPOSYN II	5
<i>liposyn iii</i>	5
<i>lisinopril</i>	19
<i>lisinopril/hydrochlorothiazide</i>	22
<i>lithium carbonate</i>	13
<i>lithium carbonate er</i>	13
<i>lithium citrate</i>	13

Drug Name	Page #
LODOSYN	17
<i>loperamide hcl</i>	28
<i>losartan potassium</i>	19
<i>losartan potassium/hydrochlorothiazide</i>	22
LOTRONEX	28
<i>lovastatin</i>	21
LOVAZA	21
<i>low-ogestrel</i>	33
<i>loxapine succinate</i>	14
LUMIGAN	35
LUPRON DEPOT	34
LUPRON DEPOT-PED	34
<i>lutea</i>	33
LYRICA	17
LYSODREN	12
<i>magnesium sulfate</i>	3
MAGNESIUM SULFATE IN D5W	3
MALARONE	10
<i>malathion</i>	24
<i>maprotiline hcl</i>	17
<i>margesic-h</i>	15
MARPLAN	16
MATULANE	12
<i>matzim la</i>	20
MAXALT	16
MAXALT-MLT	16
<i>mebendazole</i>	5
<i>meclizine hcl</i>	14
<i>meclofenamate sodium</i>	32
<i>medroxyprogesterone acetate</i>	34
<i>mefenamic acid</i>	32
<i>mefloquine hcl</i>	10
MEGACE ES	12
<i>megestrol acetate</i>	12
<i>meloxicam</i>	32
MENACTRA	30
MENEST	34
MENOMUNE-A/C/Y/W-135	30
MENVEO	30
<i>meperidine hcl</i>	15
<i>meprobamate</i>	15
MEPRON	8
<i>mercaptopurine</i>	12
<i>meropenem</i>	8
<i>mesalamine</i>	28
<i>mesna</i>	12
MESNEX	12
MESTINON	18
MESTINON TIMESPAN	18
METADATE CD	16
<i>metadate er</i>	16

Drug Name	Page #
<i>metaproterenol sulfate</i>	36
<i>metaxalone</i>	31
<i>metformin hcl</i>	27
<i>metformin hcl er</i>	27
<i>methadone hcl</i>	15
<i>methadose</i>	15
<i>methamphetamine hcl</i>	16
<i>methazolamide</i>	35
<i>methenamine hippurate</i>	10
METHERGINE	34
<i>methimazole</i>	25
METHITEST	32
<i>methocarbamol</i>	31
<i>methotrexate</i>	12
<i>methotrexate sodium</i>	12
<i>methyclothiazide</i>	23
<i>methyl dopa</i>	21
<i>methyl dopa/hydrochlorothiazide</i>	22
<i>methyl dopate hcl</i>	21
<i>methylin</i>	16
<i>methylin er</i>	16
<i>methylphenidate hcl</i>	16
<i>methylphenidate hcl sr</i>	16
<i>methylphenidate hydrochloride</i>	16
<i>methylprednisolone</i>	26
<i>methylprednisolone acetate</i>	26
<i>methylprednisolone sodiumsuccinate</i>	26
<i>metipranolol</i>	35
<i>metoclopramide hcl</i>	28
<i>metolazone</i>	23
<i>metoprolol succinate er</i>	20
<i>metoprolol tartrate</i>	20
<i>metoprolol/hydrochlorothiazide</i>	22
<i>metronidazole</i>	5
<i>metronidazole</i>	23
<i>metronidazole in nacl 0.79%</i>	5
<i>metronidazole vaginal</i>	34
<i>mexiletine hcl</i>	19
MIACALCIN	27
MICARDIS	19
MICARDIS HCT	22
<i>miconazole 3</i>	11
<i>microgestin 1.5/30</i>	33
<i>microgestin 1/20</i>	33
<i>microgestin fe</i>	33
<i>microgestin fe 1.5/30</i>	33
<i>midodrine hcl</i>	22
<i>migergot</i>	16
<i>minocycline hcl</i>	10
<i>minocycline hcl er</i>	10
<i>minoxidil</i>	23

Drug Name	Page #
<i>mirtazapine</i>	17
<i>mirtazapine odt</i>	17
<i>misoprostol</i>	28
<i>mitoxantrone hcl</i>	12
M-M-R II W/DILUENT 10 DOSE	30
<i>moexipril hcl</i>	19
<i>moexipril/hydrochlorothiazide</i>	22
<i>mometasone furoate</i>	24
<i>mononessa</i>	33
<i>morphine sulfate</i>	15
<i>morphine sulfate er</i>	15
MOXEZA	35
MOZOBIL	29
<i>mupirocin</i>	10
MYCAMINE	9
MYCOBUTIN	6
<i>mycophenolate mofetil</i>	12
MYFORTIC	12
MYOZYME	27
<i>nabumetone</i>	32
<i>nadolol</i>	20
<i>nadolol/bendroflumethiazide</i>	22
<i>nafcillin sodium</i>	9
NAGLAZYME	27
<i>nalbuphine hcl</i>	13
<i>nallpen/dextrose</i>	9
<i>naloxone hcl</i>	18
<i>naltrexone hcl</i>	18
NAMENDA	13
NAMENDA TITRATION PAK	13
<i>naproxen</i>	32
<i>naproxen dr</i>	32
<i>naproxen sodium</i>	32
<i>naratriptan hcl</i>	16
NATACYN	36
<i>nateglinide</i>	27
<i>necon 0.5/35-28</i>	33
<i>necon 1/35-28</i>	33
<i>necon 10/11-28</i>	33
<i>necon 7/7/7</i>	33
<i>nefazodone hcl</i>	17
<i>neomycin sulfate</i>	5
<i>neomycin/bacitracin/polymyxin</i>	35
<i>neomycin/polymyxin b sulfates</i>	37
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	35
<i>neomycin/polymyxin/dexamethasone</i>	35
<i>neomycin/polymyxin/gramicidin</i>	35
<i>neomycin/polymyxin/hc</i>	25
<i>neomycin/polymyxin/hydrocortisone</i>	25
<i>neomycin/polymyxin/hydrocortisone</i>	35

Drug Name	Page #
NEPHRAMINE	3
NEULASTA	31
NEUMEGA	31
NEUPOGEN	31
NEXAVAR	12
NEXIUM	29
NEXIUM I.V.	29
<i>next choice</i>	33
NIASPAN	21
<i>nicardipine hcl</i>	20
NICOTROL INHALER	19
NICOTROL NS	19
<i>nifediac cc</i>	20
<i>nifedical xl</i>	20
<i>nifedipine er</i>	20
NILANDRON	12
<i>nimodipine</i>	20
<i>nisoldipine</i>	20
<i>nisoldipine er</i>	20
<i>nitro-bid</i>	21
<i>nitrofurantoin</i>	10
<i>nitrofurantoin macrocrystalline</i>	10
<i>nitrofurantoin monohydrate</i>	10
<i>nitroglycerin</i>	21
<i>nitroglycerin transdermal</i>	21
NITROSTAT	22
<i>nizatidine</i>	28
<i>nora-be</i>	34
<i>norethindrone acetate</i>	34
NORMOSOL-M IN D5W	3
NORMOSOL-R	3
NORMOSOL-R IN D5W	3
<i>nortrel 0.5/35 (28)</i>	33
<i>nortrel 1/35 (21)</i>	33
<i>nortrel 1/35 (28)</i>	33
<i>nortrel 7/7/7</i>	33
<i>nortriptyline hcl</i>	18
NORVIR	6
<i>novarel</i>	34
NOVOLIN 70/30	26
NOVOLIN N	26
NOVOLIN R	26
NOVOLOG	26
NOVOLOG FLEXPEN	26
NOVOLOG MIX 70/30	26
NOVOLOG MIX 70/30 PREFILLED	26
FLEXPEN	
NOXAFIL	7
NUEDEXTA	18
<i>nyamyc</i>	9
<i>nystatin</i>	7

Drug Name	Page #
<i>nystatin</i>	9
<i>nystatin/triamcinolone</i>	10
<i>nystop</i>	9
<i>ocella</i>	33
<i>octreotide acetate</i>	12
<i>ofloxacin</i>	10
<i>ofloxacin</i>	25
<i>ofloxacin</i>	35
<i>ogestrel</i>	33
<i>omeprazole</i>	29
<i>omeprazole/sodium bicarbonate</i>	29
OMNITROPE	29
<i>ondansetron hcl</i>	14
<i>ondansetron odt</i>	14
ONGLYZA	26
OPANA ER	15
ORAP	14
ORENCIA	12
ORFADIN	25
<i>orphenadrine citrate</i>	31
<i>orphenadrine citrate er</i>	31
<i>orphenadrine compound ds</i>	31
<i>orphenadrine/asa/caffeine</i>	31
ORTHOCLONE OKT3	12
<i>oxacillin sodium</i>	9
<i>oxandrolone</i>	32
<i>oxaprozin</i>	32
<i>oxcarbazepine</i>	15
OXSORALEN	24
OXSORALEN ULTRA	23
<i>oxybutynin chloride</i>	37
<i>oxybutynin chloride er</i>	37
<i>oxycodone hcl</i>	15
<i>oxycodone/acetaminophen</i>	15
<i>oxycodone/aspirin</i>	15
<i>oxycodone/ibuprofen</i>	15
OXYCONTIN	15
<i>oxymorphone hydrochloride</i>	15
<i>pacerone</i>	19
<i>palgic</i>	36
<i>pamidronate disodium</i>	27
PANRETIN	24
<i>pantoprazole sodium</i>	29
<i>parcaine</i>	36
<i>paromomycin sulfate</i>	5
<i>paroxetine hcl</i>	18
<i>paroxetine hcl er</i>	18
PASER	6
PATANOL	36
<i>pedi-dri</i>	9
PEDVAX HIB	30

Drug Name	Page #
PEGANONE	16
PEGASYS	30
<i>penicillin g potassium</i>	9
<i>penicillin g procaine</i>	9
<i>penicillin g sodium</i>	9
<i>penicillin v potassium</i>	9
PENTASA	28
<i>pentopak</i>	22
<i>pentoxifylline er</i>	22
<i>perindopril erbumine</i>	19
<i>periogard</i>	25
<i>permethrin</i>	24
<i>perphenazine</i>	14
<i>perphenazine/amitriptyline</i>	17
<i>phenadoz</i>	14
<i>phenelzine sulfate</i>	16
<i>phenytoin</i>	16
<i>phenytoin sodium</i>	16
<i>phenytoin sodium extended</i>	16
PHOSPHOLINE IODIDE	35
<i>pilocarpine hcl</i>	25
<i>pilocarpine hydrochloride</i>	25
<i>pindolol</i>	20
<i>piperacillin sodium</i>	10
<i>piperacillin sodium/tazobactam sodium</i>	10
<i>piroxicam</i>	32
PLASMA-LYTE A	3
PLASMA-LYTE-148	3
PLASMA-LYTE-148/D5W	3
PLASMA-LYTE-56/D5W	3
PLAVIX	4
<i>podofilox</i>	23
<i>poly-dex</i>	35
<i>polyethylene glycol 3350</i>	28
<i>polymyxin b sulfate</i>	8
<i>portia-28</i>	33
<i>potassium chloride</i>	4
<i>potassium chloride 0.075%/d5w/nacl</i>	3
<i>0.225%</i>	
<i>potassium chloride 0.15% /nacl 0.45%</i>	3
<i>viaflex</i>	
<i>potassium chloride 0.15% d5w/nacl</i>	3
<i>0.33%</i>	
<i>potassium chloride 0.15% d5w/nacl</i>	3
<i>0.45% viaflex</i>	
<i>potassium chloride 0.15% nacl 0.9%</i>	3
<i>potassium chloride 0.15%/d5w</i>	4
<i>potassium chloride 0.22% d5w/nacl</i>	3
<i>0.45%</i>	
<i>potassium chloride 0.224%/d5w</i>	3
<i>potassium chloride 0.3%/ nacl 0.9%</i>	3

Drug Name	Page #
<i>potassium chloride 0.3%/d5w</i>	4
<i>potassium chloride er</i>	4
<i>potassium citrate extended-release</i>	37
PRADAXA	4
<i>pramipexole dihydrochloride</i>	17
<i>pravastatin sodium</i>	21
<i>prazosin hcl</i>	23
PRED MILD	35
<i>prednicarbate</i>	24
<i>prednisolone acetate</i>	35
<i>prednisolone sodium phosphate</i>	26
<i>prednisolone sodium phosphate</i>	35
<i>prednisone</i>	26
<i>prednisone intensol</i>	26
PREMARIN W/APPLICATOR	34
PREMASOL	3
PREMPHASE	34
PREMPRO	34
<i>prenatabs obn</i>	34
<i>prevalite</i>	21
<i>previfem</i>	33
PREZISTA	6
PRIFTIN	6
PRIMAQUINE PHOSPHATE	10
PRIMAXIN I.M.	8
PRIMAXIN IV	8
<i>primidone</i>	17
PRIMSOL	10
PRISTIQ	17
PRIVIGEN	30
PROAIR HFA	36
<i>probenecid</i>	31
<i>probenecid/colchicine</i>	31
<i>procainamide hcl</i>	19
PROCALAMINE	3
<i>prochlorperazine</i>	14
<i>prochlorperazine edisylate</i>	14
<i>prochlorperazine maleate</i>	14
PROCRIT	30
<i>procto-pak</i>	28
<i>proctosol hc</i>	29
<i>proctozone-hc</i>	29
PROGLYCEM	26
PROGRAF	12
PROLASTIN	37
PROLASTIN-C	37
PROLEUKIN	31
PROMACTA	31
<i>promethazine hcl</i>	14
<i>promethazine hcl</i>	36
<i>promethegan</i>	14

Drug Name	Page #
PROMETRIUM	34
<i>propafenone hcl</i>	20
<i>propafenone hcl er</i>	20
<i>propracaine hcl</i>	36
<i>propranolol hcl</i>	20
<i>propranolol hcl er</i>	20
<i>propranolol/hydrochlorothiazide</i>	22
<i>propylthiouracil</i>	25
PROQUAD	30
PROTOPIC	24
<i>protriptyline hcl</i>	18
PROVENTIL HFA	36
PROVIGIL	16
PULMOZYME	37
<i>pyrazinamide</i>	6
<i>pyridostigmine bromide</i>	18
QUALAQUIN	10
<i>quasense</i>	33
<i>quinapril hcl</i>	19
<i>quinapril/hydrochlorothiazide</i>	22
<i>quinidine gluconate</i>	20
<i>quinidine gluconate er</i>	20
<i>quinidine sulfate</i>	20
<i>quinidine sulfate er</i>	20
QVAR	37
RABAVERT	30
<i>ramipril</i>	19
RANEXA	22
<i>ranitidine hcl</i>	28
RAPAMUNE	12
<i>rapiflux</i>	18
REBIF	30
REBIF TITRATION PACK	30
RECLAST	27
<i>reclipsen</i>	33
RECOMBIVAX HB	30
REGRANEX	24
RELENZA DISKHALER	8
RELISTOR	29
REMICADE	12
REMODULIN	22
REVELA	4
<i>reprexain</i>	15
RESCRIPTOR	6
<i>reserpine</i>	22
RESTASIS	36
RETROVIR IV INFUSION	6
REVATIO	22
REVLIMID	12
REYATAZ	6
<i>ribapak</i>	8

Drug Name	Page #
<i>ribasphere</i>	8
<i>ribavirin</i>	8
RIDAURA	32
<i>rifampin</i>	6
RILUTEK	31
<i>rimantadine hcl</i>	8
<i>ringers injection</i>	3
RIOMET	27
RISPERDAL CONSTA	14
<i>risperidone</i>	14
<i>risperidone odt</i>	14
RITUXAN	12
<i>rivastigmine tartrate</i>	13
<i>romycin</i>	35
<i>ropinirole hcl</i>	17
ROTATEQ	30
<i>roxicet</i>	15
ROZEREM	18
SABRIL	17
SAMSCA	27
SANCTURA XR	37
SANDOSTATIN LAR DEPOT	12
SANTYL	24
SAPHRIS	14
SAVELLA	17
SAVELLA TITRATION PACK	17
<i>selegiline hcl</i>	17
<i>selenium sulfide</i>	23
<i>selfemra</i>	18
SELZENTRY	6
SENSIPAR	27
SEREVENT DISKUS	36
SEROMYCIN	6
SEROQUEL	14
SEROQUEL XR	14
<i>sertraline hcl</i>	19
<i>silver sulfadiazine</i>	10
SIMCOR	21
SIMULECT	12
<i>simvastatin</i>	21
SINGULAIR	36
<i>sodium bicarbonate</i>	3
<i>sodium chloride</i>	3
<i>sodium chloride 0.9%</i>	3
<i>sodium chloride 0.45% viaflex</i>	3
<i>sodium fluoride</i>	4
<i>sodium lactate</i>	3
<i>sodium polystyrene sulfonate</i>	4
<i>sodium sulfacetamide</i>	23
<i>sodium sulfacetamide</i>	35
SOLARAZE	24

Drug Name	Page #
<i>solia</i>	33
SOMAVERT	27
SORIATANE	23
<i>sorine</i>	22
<i>sotalol hcl</i>	22
<i>sotret</i>	23
SPIRIVA HANDIHALER	37
<i>spironolactone</i>	22
<i>spironolactone/hydrochlorothiazide</i>	22
SPORANOX	7
<i>sprintec 28</i>	33
SPRYCEL	12
<i>sronyx</i>	33
<i>ssd</i>	10
<i>stagesic</i>	15
STALEVO 100	17
STALEVO 125	17
STALEVO 150	17
STALEVO 200	18
STALEVO 50	18
STALEVO 75	18
<i>stavudine</i>	6
STRATTERA	18
STROMECTOL	5
SUBOXONE	16
<i>sucrafate</i>	28
<i>sulfacetamide sodium/prednisolone</i>	35
<i>sodium phosphate</i>	
<i>sulfadiazine</i>	10
<i>sulfamethoxazole/trimethoprim</i>	10
<i>sulfamethoxazole/trimethoprim ds</i>	10
SULFAMYLON	10
<i>sulfasalazine</i>	29
<i>sulfazine ec</i>	29
<i>sulindac</i>	32
<i>sumatriptan succinate</i>	16
SUPRAX	7
SURMONTIL	19
SUSTIVA	6
SUTENT	12
SYMBICORT	37
SYMLIN	25
SYMLINPEN 120	25
SYMLINPEN 60	25
SYNAREL	34
SYNERCID	8
SYPRINE	32
TABLOID	12
<i>tacrolimus</i>	12
TAMIFLU	8
<i>tamoxifen citrate</i>	12

Drug Name	Page #
<i>tamsulosin hcl</i>	37
TARCEVA	12
TARGRETIN	12
TASIGNA	12
TASMAR	18
TAZORAC	23
<i>taztia xt</i>	20
TEGRETOL-XR	15
TEKAMLO	22
TEKTURNA	22
TEKTURNA HCT	22
<i>terazosin hcl</i>	23
<i>terbinafine hcl</i>	7
<i>terbutaline sulfate</i>	36
<i>terconazole</i>	11
<i>testosterone cypionate</i>	32
<i>testosterone enanthate</i>	32
<i>tetanus toxoid adsorbed</i>	30
TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT	30
<i>tetracycline hcl</i>	10
TEV-TROPIN	29
THALOMID	25
<i>theochron</i>	36
<i>theophylline er</i>	36
<i>thermazene</i>	10
<i>thioridazine hcl</i>	14
<i>thiothixene</i>	14
THYROLAR-1	28
THYROLAR-1/4	28
THYROLAR-2	28
THYROLAR-3	28
TIKOSYN	22
<i>timolol maleate</i>	20
<i>timolol maleate</i>	35
<i>timolol maleate ophthalmic gel forming</i>	35
<i>tizanidine hcl</i>	31
TOBI	5
<i>tobramycin sulfate</i>	5
<i>tobramycin sulfate</i>	35
<i>tobramycin sulfate/sodium chloride</i>	5
<i>tobramycin/dexamethasone</i>	35
<i>tobrasol</i>	35
<i>tolazamide</i>	27
<i>tolbutamide</i>	27
<i>tolmetin sodium</i>	32
<i>topiramate</i>	17
<i>toremide</i>	21
TRACLEER	21
<i>tramadol hcl</i>	13
<i>tramadol hcl er</i>	13

Drug Name	Page #
<i>tramadol hydrochloride/acetaminophen</i>	13
<i>trandolapril</i>	19
<i>tranylcypromine sulfate</i>	16
TRAVASOL	3
<i>trazodone hcl</i>	17
TRECATOR	6
TRELSTAR DEPOT MIXJECT	12
TRELSTAR LA MIXJECT	12
TRELSTAR MIXJECT	12
<i>tretinoin</i>	12
<i>tretinoin</i>	23
<i>triamcinolone acetonide</i>	24
<i>triamcinolone acetonide in absorbase</i>	24
<i>triamcinolone in orabase</i>	25
<i>triamterene/hydrochlorothiazide</i>	23
<i>triderm</i>	24
<i>trifluoperazine hcl</i>	14
<i>trifluridine</i>	35
<i>trihexyphenidyl hcl</i>	13
<i>tri-legest fe</i>	33
<i>trilyte</i>	29
<i>trimethobenzamide hcl</i>	14
<i>trimethoprim</i>	11
<i>trimethoprim sulfate/polymyxin b sulfate</i>	35
<i>trinessa</i>	33
TRIPEDIA	30
<i>tri-previfem</i>	33
<i>tri-sprintec</i>	33
<i>trivora-28</i>	33
TRIZIVIR	6
TROPHAMINE	3
<i>tropicamide</i>	36
<i>trospium chloride</i>	37
TRUVADA	6
TWINRIX	30
TWYNSTA	22
TYGACIL	8
TYKERB	12
TYPHIM VI	30
TYSABRI	12
TYZEKA	8
TYZINE	25
TYZINE PEDIATRIC NASAL DROPS	25
ULORIC	31
<i>unithroid</i>	28
<i>ursodiol</i>	29
VAGIFEM	34
<i>valacyclovir hcl</i>	8
VALCYTE	8
<i>valproate sodium</i>	19
<i>valproic acid</i>	19

Drug Name	Page #
VANCOGIN HCL	8
<i>vancomycin hcl</i>	8
<i>vandazole</i>	34
VANDETANIB	12
VAQTA	30
VARIVAX	30
VELCADE	12
<i>velivet</i>	33
<i>venlafaxine hcl</i>	17
<i>venlafaxine hcl er</i>	17
<i>verapamil hcl</i>	20
<i>verapamil hcl er</i>	20
<i>veripred 20</i>	26
VFEND	7
VFEND IV	9
VICTOZA	26
VICTRELIS	6
VIDAZA	12
VIDEX PEDIATRIC	6
VIGAMOX	35
VIIBRYD	19
VIMPAT	17
VIRACEPT	6
VIRAMUNE	6
VIRAMUNE XR	6
VIRAZOLE	8
VIREAD	6
VISICOL	28
<i>voriconazole</i>	7
VOTRIENT	12
VPRIV	27
VYTORIN	21
<i>warfarin sodium</i>	4
WELCHOL	21
XENAZINE	18
XGEVA	27
XIFAXAN	8
XOLAIR	37
XYREM	18
YF-VAX	30
<i>zafirlukast</i>	36
<i>zaleplon</i>	18
<i>zamicet</i>	16
ZAVESCA	27
ZEMPLAR	4
ZENPEP	29
<i>zeosa</i>	33
ZETIA	21
ZIAGEN	6
<i>zidovudine</i>	6
ZIRGAN	36

Drug Name	Page #
ZOLINZA	13
<i>zolpidem tartrate</i>	18
<i>zolpidem tartrate er</i>	18
ZOMETA	27
ZOMIG	16
ZONALON	24
<i>zonisamide</i>	17
ZORTRESS	13
ZOSTAVAX	30
<i>zovia 1/35e</i>	33
<i>zovia 1/50e</i>	33
ZOVIRAX	8
ZYCLARA	24
ZYFLO CR	36
ZYLET	35
ZYPREXA	14
ZYPREXA ZYDIS	14
ZYTIGA	13
ZYVOX	8

Drug Category

Drug Category	Page #
ANESTHETICS	4
ANTIINFECTIVES	5
ANTINEOPLASTIC/IMMUNOSUPPRES SANT DRUGS	10
AUTONOMIC AND CNS MEDICATIONS	12
CARDIOVASCULAR MEDICATIONS	18
DERMATOLOGICAL MEDICATIONS	22
DIAGNOSTIC AND MISCELLANEOUS MEDICATIONS	23
EAR-NOSE-THROAT MEDICATIONS	24
ENDOCRINE MEDICATIONS	24
GASTROINTESTINAL MEDICATIONS	27
IMMUNOLOGICALS AND VACCINES	28
MEDICAL (MISCELLANEOUS) SUPPLIES	30
MUSCULOSKELETAL MEDICATIONS	30
NUTRITION, BLOOD MODIFIERS, ELECTROYTES	2
OBSTETRICAL AND GYNEOLOGICAL MEDICATIONS	31
OPHTHALMIC MEDICATIONS	33
RESPIRATORY MEDICATIONS	34
UROLOGICAL MEDICATIONS	36