

**HealthChoice**  
**Comprehensive**  
**Medicare Formulary**

*Complete List of Prescribed Drugs*

**High and Low Option Medicare**  
**Supplement Plans**  
**With and Without Part D**

**Plan Year 2012**

**(Updated for January 1, 2012)**

**PLEASE READ: This document contains information  
about the drugs covered under this plan.**

**MedicareRx**  
Prescription Drug Coverage

Comprehensive Formulary

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## **What is the HealthChoice Medicare Formulary?**

The formulary is a list of drugs that are covered by HealthChoice. It includes both brand-name and generic drugs. Generic drugs are approved by the FDA as having the same active ingredient as brand-name drugs, but usually at a lower cost. This formulary list represents the prescription therapies believed to be a necessary part of a quality treatment program. Due to the Centers for Medicare and Medicaid Services (CMS) regulations, a few differences can be noted between the formulary for active and pre-Medicare members and the formulary for Medicare members.

**Note:** This formulary has changed since last year. Please review this document to make sure the drugs you take are still listed.

## **What is a tier?**

CMS requires each covered drug be placed in a tier. The HealthChoice tiers are:

Tier 1 — Generics (all covered generics are Preferred)

Tier 2 — Preferred brand-name

Tier 3 — non-Preferred brand-name

Tier 4 — Preferred, very high cost, and unique formulary drugs

Tier 5 — Tobacco cessation drugs

## **Can the formulary change?**

Yes. HealthChoice may add or remove drugs from its formulary during the year. When formulary changes occur, HealthChoice must notify members affected by the change:

- ◆ At least 60 days before the date the change becomes effective, or
- ◆ At the time you request a refill of the drug. If you are notified of a formulary change when refilling a prescription, you will be able to receive a 60-day supply of the drug.

## How do I use the HealthChoice Medicare Formulary?

There are two ways to find your drugs within the formulary, by medical condition or by drug name. Brand-name drugs appear in all capital letters (e.g., PROTONIX) and generic drugs appear in lowercase italics (e.g., *pantoprazole*).

### Locating your drug by medical condition

Drugs listed in this formulary are grouped by categories based on the medical condition they treat. For example, drugs used to treat a heart condition are listed under Cardiovascular Agents. If you know the condition your drug treats, you can look for it under that category name.

### Locating your drug by alphabetical listing

If you are not sure what category your drug falls under, you can look for it in the *Index* located in the back of this formulary guide. The *Index* provides an alphabetical list of all the brand-name and generic drugs included in this document. Turn to the page listed in the *Index* to find your drug.

### Are there any restrictions on coverage?

Some covered drugs have additional requirements or limits on coverage. Drugs that are subject to additional requirements or limits are indicated by a two letter code and can include:

- ◆ **Quantity Limits (QL):** For certain drugs, there are limits on the quantity covered. The limit is an exception to the Plans' standard benefit of a 34-day supply or 100 units, whichever is greater.
- ◆ **Step Therapy (ST):** In some cases, HealthChoice requires you to try plan Preferred drugs to treat your medical condition before we will cover

another drug that treats the same condition. If you try drug A to treat your medical condition and it does not work for you, the Plan may then cover another drug for your condition.

- ◆ **Prior Authorization (PA):** Certain drugs require prior authorization. In some cases, you must get prior authorization for drugs that are listed in the HealthChoice Medicare Formulary. Drugs that are not listed in the formulary also require prior authorization for coverage. If you don't receive approval of your prior authorization request, HealthChoice will not cover your drug.
- ◆ **Limited Availability (LA):** Certain drugs may only be available at certain pharmacies. For more information, call Medco Member Services toll-free at 1-800-590-6828. TTY/TDD users call toll-free 1-800-716-3231.
- ◆ **Enhanced Drug (ED):** These drugs are not normally covered by Medicare prescription drug plans but, HealthChoice may cover the drugs designated as ED drugs in this formulary. In some instances, a prior authorization review may be required. The amounts you pay do not count toward your total drug costs (i.e., the amounts you pay do not help you qualify for catastrophic coverage). If you receive extra help paying for your prescriptions, you will not receive help paying for an ED drug.
- ◆ **Part B versus Part D Drug (B/D):** These drugs may be covered under Medicare Part B or Medicare Part D depending on the circumstances. Prior authorization is required to determine how the drug must be billed. Your physician must provide information about the use and setting of the administration of the drug.

## What if my drug is not listed in the HealthChoice Medicare Formulary?

If your drug is not listed in this formulary, you should first contact Medco Member Services and ask if your drug is covered. If you learn that HealthChoice does not cover your drug, you have two options:

- ◆ You can ask Medco for a list of similar drugs that are covered by HealthChoice. When you receive this list, you can show it to your doctor and ask him/her to prescribe a drug that is covered by HealthChoice.
- ◆ You can ask HealthChoice to make an exception and cover your drug.

## How do I request an exception to the HealthChoice Medicare Formulary?

You can ask HealthChoice to make certain exceptions to its coverage rules. When you or your doctor ask for an exception, it is called asking for a prior authorization/exception. There are several types of exceptions you can ask us to make.

- ◆ Certain drugs listed in the HealthChoice Medicare Formulary require a **Step Therapy** prior authorization exception before they are covered. You must first try a designated drug to treat your medical condition. If the designated drug fails to treat your medical condition, you can request a Step Therapy prior authorization exception. Your doctor must contact Medco toll-free at 1-800-753-2851 and provide information to support your request.
- ◆ You can ask us to cover your drug even if it is **non-Formulary** and not listed in this guide. Please note, if we grant your request to cover a drug that is not in our formulary, **it will be covered at the non-Preferred copay**. To request a prior authorization/exception for a non-formulary

drug, your doctor must contact Medco toll-free at 1-800-753-2851 and provide information to support your request.

- ◆ Due to approved therapy guidelines, certain medications have set **quantity limits**. Quantity limits also apply if the drug form is other than a tablet or capsule. To request a prior authorization/exception to the quantity limitation rules, your doctor must contact Medco toll-free at 1-800-753-2851 and provide information to support your request.
- ◆ Certain drugs listed in the HealthChoice Medicare Formulary require a **general prior authorization/exception** before they are covered. Generally, these drugs are very high cost, have specific prescribing guidelines, are usually used for cosmetic purposes, or might be covered under Medicare Part B. To request a prior authorization/exception for a covered drug, your doctor must contact Medco toll-free at 1-800-753-2851 and provide information to support your request.
- ◆ If you choose a **non-Preferred** medication when a Preferred medication is available, you must pay the non-Preferred copay unless you request a prior authorization/exception to receive a lower copay (a tier exception). Be aware that medical guidelines must be met, and information supplied by your doctor must justify your request. To request a prior authorization/exception for a tier exception to receive a lower copay, your doctor must contact Medco and provide information to support your request. Your doctor can contact Medco toll-free at 1-800-841-5409.

When requesting an exception, your doctor must submit a statement supporting the request. Generally, we must make our decision within 72 hours of receiving 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 receive your prescriber's or prescribing physician's supporting statement.

### **What do I do before I 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 listed in our formulary; or you may be taking a drug that is listed in our formulary, but your ability to get it is limited. For example, you may need a prior authorization before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug 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, HealthChoice may cover your drug in certain cases.

For each of your drugs that is not listed in 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 HealthChoice Network Pharmacy. After you receive your first 34-day supply, you will need to get a prior authorization/exception before HealthChoice will continue to cover this medication.

If you are a resident of a long-term care (LTC) facility, we will cover a temporary 34-day transition supply (unless you have a prescription written for fewer days). If you need a drug that is not listed in our formulary or if your ability to get your drug is limited, 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. We will cover up to two refills of these medications.

HealthChoice covers a transition supply if you have a level of care change such as when you:

- ◆ Enter LTC facilities from hospitals or other settings;

- ◆ Leave LTC facilities and return to the community;
- ◆ Are discharged from a hospital to a home;
- ◆ End a skilled nursing facility (SNF) stay covered under Medicare Part A (where all pharmacy charges are covered), and must revert to coverage under your Part D plan formulary;
- ◆ Revert from hospice status to standard Medicare Part A and B benefits;  
or
- ◆ Are discharged from a psychiatric hospital with medication regimens that are highly individualized.

### **For more information**

For more detailed information about your prescription drug coverage, please review your HealthChoice Medicare Supplement Handbook and other plan materials or visit the HealthChoice website at **[www.healthchoiceok.com](http://www.healthchoiceok.com)** or **[www.sib.ok.gov](http://www.sib.ok.gov)**.

This Comprehensive Formulary is effective beginning January 1, 2012. If you have questions about the prescription drug program, visit the HealthChoice website or call Medco Member Services toll-free at 1-800-590-6828, 24 hours a day, 7 days a week. TTY/TDD users call toll-free 1-800-716-3231.

If you have general questions about Medicare prescription drug coverage, please call Medicare toll-free at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week or visit Medicare's website at **[www.medicare.gov](http://www.medicare.gov)**. TTY/TDD users can call toll-free 1-877-486-2048.

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## Commonly Prescribed Therapeutic Drug Categories

### ANTI - INFECTIVES

#### ANTIFUNGAL AGENTS

Drug Name	Drug Tier	Requirements/ Limits
<i>amphotericin b</i>	1	B/D PA
ANCOBON	2	
<i>clotrimazole troc</i>	1	
DIFLUCAN IN NACL	2	
ERAXIS INJ 100MG	2	
<i>fluconazole in dextrose inj 0; 400mg/200ml</i>	1	
<i>fluconazole susr</i>	1	
<i>fluconazole tabs</i>	1	
GRIS-PEG	3	
<i>griseofulvin microsize</i>	1	
<i>itraconazole</i>	1	
<i>ketoconazole</i>	1	
NOXAFIL	2	
<i>nystatin susp</i>	1	
<i>nystatin tabs</i>	1	
ORAVIG	2	
SPORANOX ORAL SOLN	2	
<i>terbinafine tabs</i>	1	
VFEND IV	2	
VFEND SUSR	2	
<i>voriconazole</i>	1	

#### ANTIVIRALS

<i>acyclovir caps</i>	1	
<i>acyclovir inj 500mg</i>	1	
<i>acyclovir susp</i>	1	
<i>acyclovir tabs</i>	1	
<i>amantadine</i>	1	
APTIVUS	4	
ATRIPLA	4	
BARACLUDE	2	
COMBIVIR	4	
CRIXIVAN	2	
<i>didanosine</i>	1	
EDURANT	4	
EMTRIVA	2	

Drug Name	Drug Tier	Requirements/ Limits
EPIVIR	2	
EPIVIR HBV	2	
EPZICOM	4	
<i>famciclovir</i>	1	
<i>foscarnet sodium</i>	1	B/D PA
FUZEON	4	
<i>ganciclovir caps</i>	1	
HEPSERA	4	
INTELENCE	4	
INVIRASE CAPS	3	
INVIRASE TABS	4	
ISENTRESS	4	
KALETRA ORAL SOLN	4	
KALETRA TABS 200MG; 50MG	4	
KALETRA TABS 100MG; 25MG	2	
LEXIVA SUSP	2	
LEXIVA TABS	4	
NORVIR	2	
PREZISTA TABS 150MG, 75MG	2	
PREZISTA TABS 400MG, 600MG	4	
REBETOL ORAL SOLN	2	
RELENZA DISKHALER	2	QL(300 per 365 days)
RESCRIPTOR	3	
RETROVIR IV INFUSION	2	
REYATAZ	2	
<i>ribapak</i>	4	
<i>ribasphere caps</i>	1	
<i>ribasphere tabs 200mg</i>	1	
<i>ribasphere tabs 400mg, 600mg</i>	4	
<i>ribavirin</i>	1	
<i>rimantadine hcl</i>	1	
SELZENTRY	4	
<i>stavudine</i>	1	
SUSTIVA	2	
TAMIFLU CAPS 45MG, 75MG	2	QL(60 per 365 days)
TAMIFLU CAPS 30MG	2	QL(120 per 365 days)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TAMIFLU SUSR 12MG/ML	2		<i>azithromycin inj 500mg</i>	1	
TRIZIVIR	4		<i>azithromycin susr</i>	1	
TRUVADA	4		<i>azithromycin tabs</i>	1	
TYZEKA	4		<i>clarithromycin</i>	1	
<i>valacyclovir hcl</i>	1		<i>clarithromycin er</i>	1	
VALCYTE	4		<i>e.e.s. 400</i>	1	
VIDEX PEDIATRIC ORAL SOLN 2GM	2		E.E.S. GRANULES	2	
VIRACEPT POWD	2		ERY-TAB TBEC 500MG	2	
VIRACEPT TABS	4		<i>ery-tab tbec 250mg, 333mg</i>	1	
VIRAMUNE	2		ERYTHROCIN	2	
VIREAD	2		LACTOBIONATE INJ 500MG		
ZIAGEN	2		<i>erythrocin stearate</i>	1	
<i>zidovudine</i>	1		ERYTHROMYCIN BASE	2	
<b>CEPHALOSPORINS</b>			<i>erythromycin ethylsuccinate</i>	1	
<i>cefaclor</i>	1		<i>erythromycin/sulfisoxazole</i>	1	
<i>cefadroxil</i>	1		ZMAX	2	
<i>cefazolin inj 1gm, 1gm; 5%, 20gm, 500mg</i>	1		<b>MISCELLANEOUS ANTIINFECTIVES</b>		
<i>cefдинир</i>	1		ALBENZA	2	
<i>cefepime inj 1gm, 2gm</i>	1		ALINIA	2	
<i>cefotaxime sodium</i>	1		<i>amikacin sulfate inj 500mg/2ml, 50mg/ml</i>	1	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	1		AZACTAM IN ISO-OSMOTIC DEXTROSE	2	
<i>cefподoxime proxetil</i>	1		AZACTAM INJ 2GM	2	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	1		<i>aztreonam inj 1gm</i>	1	
<i>ceftriaxone sodium</i>	1		BILTRICIDE	2	
<i>cefuroxime axetil</i>	1		CAPASTAT SULFATE	3	
<i>cefuroxime sodium inj 1.5gm, 7.5gm, 750mg</i>	1		CAYSTON	4	LA
<i>cephalexin</i>	1		<i>chloroquine</i>	1	
FORTAZ INJ 1GM/50ML; 5%, 2GM/50ML; 5%, 6GM	2		CLEOCIN GALAXY	2	
SUPRAX SUSR	3		CLEOCIN PEDIATRIC GRANULES	2	
TAZICEF INJ 1GM, 2GM, 6GM	2		<i>clindamycin hcl</i>	1	
TEFLARO	2		<i>clindamycin phosphate advantage</i>	1	
ZINACEF IN ISO-OSMOTIC DEXTROSE	2		COARTEM	2	
ZINACEF IN ISO-OSMOTIC DILUENT	2		<i>colistimethate sodium</i>	1	
ZINACEF INJ 1.5GM, 750MG	2		CUBICIN	2	B/D PA
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>			DAPSONE	2	
			DARAPRIM	2	
			<i>ethambutol</i>	1	
			<i>gentamicin sulfate inj</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
gentamicin sulfate/0.9% sodium chloride	1		amoxicillin	1	
gentamicin sulfate/sodium chloride inj 1.2mg/ml; 0.9%	1		amoxicillin/clavulanate potassium	1	
hydroxychloroquine	1		amoxicillin/clavulanate potassium er	1	
isonarif	1		amoxicillin/potassium clavulanate tabs	1	
ISONIAZID SYRP	2		ampicillin caps	1	
isoniazid tabs	1		ampicillin inj 10gm, 1gm	1	
isotonic gentamicin inj 0.6mg/ml; 0.9%, 0.8mg/ml; 0.9%	1		AMPICILLIN INJ 125MG	2	
KETEK	2		ampicillin susr	1	
MALARONE	2		ampicillin-sulbactam inj 10gm; 5gm, 2gm; 1gm	1	
mebendazole	1		BICILLIN C-R	2	
mefloquine hcl	1		BICILLIN L-A	2	
MEPRON	4		dicloxacillin sodium	1	
meropenem inj 500mg	1		nafcillin sodium inj 10gm, 1gm	1	
metronidazole	1		NALLPEN/DEXTROSE INJ 0; 1GM/50ML	2	
metronidazole in nacl 0.79%	1		PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	2	
MYCOBUTIN	2		penicillin g potassium inj 5mu	1	
NEBUPENT	2	B/D PA	PENICILLIN G PROCAINE	2	
neomycin sulfate	1		PENICILLIN G SODIUM	2	
paromomycin	1		penicillin v potassium	1	
PASER	2		pfizerpen-g inj 20mu	1	
PRIMAQUINE	2		piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm	1	
PRIMAXIN I.M.	2		ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML	2	
PRIMAXIN IV	2				
pyrazinamide	1				
QUALAQUIN	2				
rifampin	1				
SEROMYCIN	2				
STREPTOMYCIN SULFATE	2				
STROMECTOL	2				
TOBI	4	B/D PA			
tobramycin inj 10mg/ml, 80mg/2ml	1				
TOBRAMYCIN SULFATE / SODIUM CHLORIDE	2				
TRECTOR	2				
TYGACIL	2				
XIFAXAN	2				
ZYVOX	2				
<b>PENICILLINS</b>			<b>QUINOLONES</b>		
			AVELOX	2	
			AVELOX ABC PACK	2	
			CIPRO I.V.-IN D5W INJ 200MG; 5%	2	
			ciprofloxacin inj 400mg/40ml	1	
			ciprofloxacin tabs	1	
			LEVAQUIN INJ 25MG/ML, 5%; 750MG/150ML	3	
			LEVAQUIN ORAL SOLN	3	
			LEVAQUIN TABS	3	
			NOROXIN	3	
			ofloxacin	1	
			<b>SULFA'S / RELATED AGENTS</b>		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sulfadiazine</i>	1		MESNEX TABS	2	
<i>sulfamethoxazole/trimethoprim</i>	1		XGEVA	4	
<i>sulfamethoxazole/trimethoprim ds</i>	1		ZINECARD INJ 250MG	2	
<b>TETRACYCLINES</b>			<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<i>demeclocycline hcl</i>	1		ABRAXANE	3	
<i>doxycycline hyclate caps</i>	1		<i>adriamycin inj 2mg/ml</i>	1	
<i>doxycycline hyclate inj</i>	1		AFINITOR TABS 10MG	4	PA QL(180 per 90 days)
<i>doxycycline hyclate tabs</i>	1		AFINITOR TABS 2.5MG, 5MG	4	PA QL(270 per 90 days)
<i>doxycycline hyclate tbc</i>	1		ALIMTA INJ 500MG	3	
<i>doxycycline monohydrate tabs 150mg, 50mg, 75mg</i>	1		ALKERAN INJ	3	
<i>minocycline hcl</i>	1		<i>anastrozole</i>	1	
<i>minocycline hcl er</i>	1		ARRANON	3	
<i>tetracycline hcl</i>	1		ARZERRA	2	
VIBRAMYCIN SYRP	2		AVASTIN INJ 100MG/4ML	3	
<b>URINARY TRACT AGENTS</b>			<i>azathioprine</i>	1	B/D PA
MACRODANTIN CAPS 25MG	2		<i>azathioprine sodium</i>	1	B/D PA
<i>methenamine hippurate</i>	1		<i>bicalutamide</i>	1	
<i>nitrofurantoin</i>	1		BICNU	3	
<i>nitrofurantoin macrocrystalline caps 50mg</i>	1		<i>bleomycin sulfate inj 30unit</i>	1	
<i>nitrofurantoin monohydrate</i>	1		BUSULFEX	2	
PRIMSOL	3		CAMPATH	3	
<i>trimethoprim</i>	1		<i>carboplatin inj 150mg/15ml</i>	1	
<b>VANCOMYCIN</b>			CEENU	2	
VANCOCIN ORAL	2		CELLCEPT INTRAVENOUS	2	
<i>vancomycin inj 1000mg, 10gm, 500mg</i>	1	B/D PA	CELLCEPT SUSR	2	B/D PA
VIBATIV INJ 250MG	2		<i>cisplatin inj 100mg/100ml</i>	1	
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>			<i>cladribine</i>	1	
<b>ADJUNCTIVE AGENTS</b>			CLOLAR	3	
<i>amifostine</i>	4		COSMEGEN	3	
<i>dexrazoxane inj 500mg</i>	1		<i>cyclophosphamide tabs</i>	1	B/D PA
ELITEK INJ 1.5MG	4		<i>cyclosporine caps 100mg, 25mg</i>	1	B/D PA
<i>leucovorin calcium inj 100mg, 350mg</i>	1		CYCLOSPORINE CAPS 50MG	2	B/D PA
<i>leucovorin calcium tabs 25mg, 5mg</i>	1		<i>cyclosporine inj</i>	1	B/D PA
LEUCOVORIN CALCIUM TABS 10MG, 15MG	2		<i>cyclosporine oral soln</i>	1	B/D PA
<i>mesna</i>	1		CYTARABINE AQUEOUS INJ 100MG/ML	2	
			<i>cytarabine aqueous inj 20mg/ml</i>	1	
			<i>cytarabine inj 500mg</i>	1	
			<i>dacarbazine inj 200mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DACOGEN	2		LUPRON DEPOT INJ 3.75MG	2	
<i>daunorubicin hcl inj 20mg</i>	1		LUPRON DEPOT INJ 11.25MG, 22.5MG, 30MG, 7.5MG	4	
DAUNOXOME	3		LUPRON DEPOT-PED INJ 11.25MG, 15MG	4	
DOCETAXEL INJ 80MG/8ML	2		LYSODREN	2	
DOXIL	2		MATULANE	4	
<i>doxorubicin hcl</i>	1		MEGACE ES	2	
DROXIA	2		<i>megestrol acetate</i>	1	
ELLENCES INJ 200MG/100ML	3		<i>melphalan hydrochloride</i>	1	
ELOXATIN INJ 100MG/20ML	3		<i>mercaptopurine</i>	1	
ELSPAR	3		<i>methotrexate</i>	1	B/D PA
EMCYT	2		<i>methotrexate sodium inj 25mg/ml</i>	1	
<i>epirubicin hcl inj 50mg/25ml</i>	1		METHOTREXATE SODIUM INJ 1GM	3	
ERBITUX INJ 100MG/50ML	3		<i>mitomycin inj 20mg</i>	1	
ETOPOPHOS	3		<i>mitoxantrone hcl</i>	1	
<i>etoposide inj</i>	1		MUSTARGEN	3	
<i>exemestane</i>	1		<i>mycophenolate mofetil</i>	1	B/D PA
FARESTON	3		MYFORTIC	2	B/D PA
FASLODEX	4		NEORAL	2	B/D PA
FIRMAGON INJ 120MG	4		NEXAVAR	4	LA PA
FIRMAGON INJ 80MG	2				QL(360 per 90 days)
<i>fludarabine phosphate inj 50mg</i>	1		NILANDRON	3	
<i>fluorouracil inj 500mg/10ml</i>	1		NIPENT	3	
<i>flutamide</i>	1		<i>octreotide inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	1	
<i>gemcitabine hcl inj 1gm</i>	4		<i>octreotide inj 1000mcg/ml, 500mcg/ml</i>	4	
<i>gengraf</i>	1	B/D PA	ONTAK	3	
GLEEVEC	4		<i>oxaliplatin inj 100mg/20ml</i>	4	
HALAVEN	4		<i>paclitaxel inj 300mg/50ml</i>	1	
HERCEPTIN	3		<i>pentostatin</i>	1	
HEXALEN	4		PHOTOFRIN	3	
<i>hydroxyurea</i>	1		PROGRAF INJ	2	B/D PA
<i>idarubicin hcl inj 10mg/10ml</i>	1		RAPAMUNE	2	B/D PA
IFEX INJ 3GM	3		REVLIMID CAPS 15MG, 25MG	4	LA QL(21 per 28 days)
<i>ifosfamide inj 1gm</i>	1		REVLIMID CAPS 10MG, 5MG	4	LA QL(30 per 30 days)
<i>ifosfamide/mesna</i>	4		RHEUMATREX	3	B/D PA
<i>irinotecan inj 100mg/5ml</i>	4		RITUXAN	2	PA
ISTODAX	2		SANDIMMUNE	2	B/D PA
IXEMPRA KIT INJ 45MG	4				
JEVTANA	4				
<i>letrozole</i>	1				
LEUKERAN	2				
<i>leuprolide acetate</i>	1				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN LAR DEPOT	3		<i>vincristine sulfate</i>	1	
SIMULECT INJ 20MG	2		<i>vinorelbine tartrate inj 50mg/5ml</i>	1	
SOMATULINE DEPOT	4		VOTRIENT	4	QL(360 per 90 days)
SPRYCEL TABS 100MG, 140MG, 50MG, 70MG, 80MG	4	QL(90 per 90 days)	ZANOSAR	3	
SPRYCEL TABS 20MG	4	QL(180 per 90 days)	ZOLINZA	4	QL(360 per 90 days)
SUTENT	4	PA QL(90 per 90 days)	ZORTRESS TABS 0.5MG, 0.75MG	4	B/D PA
TABLOID	2		ZORTRESS TABS 0.25MG	2	B/D PA
<i>tacrolimus</i>	1	B/D PA	ZYTIGA	4	PA QL(360 per 90 days)
<i>tamoxifen citrate</i>	1		<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b>		
TARCEVA TABS 100MG, 150MG	4	PA QL(90 per 90 days)	<b>ANTICONVULSANTS</b>		
TARCEVA TABS 25MG	4	PA QL(180 per 90 days)	BANZEL	2	
TARGRETIN	2		<i>carbamazepine</i>	1	
TASIGNA CAPS 200MG	4	QL(336 per 84 days)	<i>carbamazepine er tb12</i>	1	
TAXOTERE INJ 80MG/2ML, 80MG/4ML	4		CARBATROL	2	
THALOMID	4	PA	CELONTIN	2	
<i>thiotepa</i>	1		<i>clonazepam</i>	1	ED
<i>toposar</i>	1		DILANTIN CAPS 30MG	2	
<i>topotecan hcl inj 4mg</i>	1		DILANTIN INFATABS	2	
TORISEL	4	PA	<i>divalproex sodium cpsp</i>	1	
TREANDA INJ 100MG	4		<i>divalproex sodium er</i>	1	
TRELSTAR DEPOT MIXJECT	3		<i>divalproex sodium tbec</i>	1	
TRELSTAR LA MIXJECT	3		<i>epitol</i>	1	
TRELSTAR MIXJECT	3		EQUETRO	2	
<i>tretinoin</i>	1		<i>ethosuximide</i>	1	
TRISENOX	2		FELBATOL	2	
TYKERB	4	LA QL(540 per 90 days)	<i>gabapentin</i>	1	
VANDETANIB TABS 300MG	4	QL(90 per 90 days)	GABITRIL	2	
VANDETANIB TABS 100MG	4	QL(180 per 90 days)	LAMICTAL ODT TBDP	2	
VECTIBIX INJ 100MG/5ML	4		LAMICTAL XR KIT	2	
VELCADE	3		LAMICTAL XR TB24 100MG, 200MG, 25MG, 50MG	2	
VIDAZA	4	QL(4200 per 90 days)	<i>lamotrigine</i>	1	
<i>vinblastine sulfate inj 10mg</i>	1		<i>levetiracetam</i>	1	
<i>vincasar pfs</i>	1		LYRICA	2	
			<i>oxcarbazepine</i>	1	
			PEGANONE	2	
			<i>phenobarbital tabs</i>	1	ED

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin</i>	1		<b>HYPNOTIC AGENTS</b>		
PHENYTOIN SODIUM	2		<i>temazepam</i>	1	ED
<i>phenytoin sodium extended</i>	1		<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
<i>primidone</i>	1		<i>dihydroergotamine mesylate</i>	1	
SABRIL	2		<i>ergotamine tartrate / caffeine</i>	1	
TEGRETOL-XR TB12 100MG	2		MAXALT	3	QL(36 per 90 days)
<i>topiramate</i>	1		MAXALT-MLT	3	QL(36 per 90 days)
<i>valproate sodium</i>	1		<i>migergot</i>	1	
<i>valproic acid</i>	1		MIGRANAL	3	QL(24 per 90 days)
VIMPAT	2		<i>naratriptan hcl tabs 2.5mg</i>	1	QL(24 per 90 days)
<i>zonisamide</i>	1		<i>naratriptan hcl tabs 1mg</i>	1	QL(36 per 90 days)
<b>ANTIPARKINSONISM AGENTS</b>			RELPAK	3	QL(24 per 90 days)
APOKYN	2	LA	<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL(12 per 90 days)
AZILECT	2		<i>sumatriptan succinate tabs 100mg</i>	1	QL(27 per 90 days)
<i>benztropine mesylate</i>	1		<i>sumatriptan succinate tabs 25mg, 50mg</i>	1	QL(54 per 90 days)
<i>bromocriptine mesylate</i>	1		ZOMIG NASAL SOLN	3	QL(24 per 90 days)
<i>carbidopa / levodopa</i>	1		ZOMIG TABS 5MG	3	QL(24 per 90 days)
<i>carbidopa/levodopa cr</i>	1		ZOMIG TABS 2.5MG	3	QL(36 per 90 days)
<i>carbidopa/levodopa odt</i>	1		ZOMIG ZMT TBDP 5MG	3	QL(24 per 90 days)
<i>carbidopa/levodopa sr tbc 50mg; 200mg</i>	1		ZOMIG ZMT TBDP 2.5MG	3	QL(36 per 90 days)
COMTAN	2		<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
LODOSYN	2		ARICEPT ODT	2	
MIRAPEX ER TB24 0.375MG, 0.75MG, 1.5MG, 3MG, 4.5MG	2		ARICEPT TABS 23MG	2	
<i>pramipexole dihydrochloride</i>	1		COPAXONE	4	PA QL(90 per 90 days)
REQUIP XL	2		<i>donepezil hcl</i>	1	
<i>ropinirole</i>	1		EXELON ORAL SOLN	2	
<i>selegiline</i>	1		EXELON PT24	2	
STALEVO 100	2		<i>galantamine hydrobromide</i>	1	
STALEVO 125	2		<b>ANXIOLYTICS</b>		
STALEVO 150	2		<i>alprazolam</i>	1	ED
STALEVO 200	2		<i>diazepam tabs</i>	1	ED
STALEVO 50	2		<i>lorazepam tabs 1mg, 2mg</i>	1	ED
STALEVO 75	2		<i>oxazepam</i>	1	ED
<i>trihexyphenidyl</i>	1				
ZELAPAR	2				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GILENYA	4	PA QL(28 per 28 days)	<i>fentanyl patches</i>	1	QL(45 per 90 days)
MYTELASE	2		<i>hydrocodone</i>	1	
NAMENDA	2		<i>bitartrate/acetaminophen tabs</i>		
NAMENDA TITRATION PAK	2		<i>hydrocodone/acetaminophen oral soln 500mg/15ml; 7.5mg/15ml</i>	1	
NUEDEXTA	2		<i>hydrocodone/acetaminophen tabs</i>	1	
<i>rivastigmine tartrate</i>	1		<i>hydrocodone/ibuprofen</i>	1	
XENAZINE	4	LA	<i>hydromorphone hcl inj 10mg/ml</i>	1	
<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>			<i>hydromorphone hcl tabs</i>	1	
<i>baclofen</i>	1		INFUMORPH 200	2	
<i>cyclobenzaprine hcl</i>	1		INFUMORPH 500	2	
<i>dantrolene sodium caps</i>	1		KADIAN	2	
MESTINON SYRP	2		<i>levorphanol tartrate</i>	1	
MESTINON TIMESPAN	2		<i>margesic-h</i>	1	
<i>pyridostigmine bromide</i>	1		<i>methadone hcl conc</i>	1	
<i>regonol</i>	1		<i>methadone hcl inj</i>	1	
<i>tizanidine hcl</i>	1		<i>methadone hcl oral soln 5mg/5ml</i>	1	
<b>NARCOTIC ANALGESICS</b>			METHADONE HCL ORAL SOLN 10MG/5ML	2	
<i>acetaminophen / codeine oral soln</i>	1		<i>methadone hcl tabs</i>	1	
<i>acetaminophen / codeine tabs 300mg; 15mg</i>	1		<i>methadose tabs</i>	1	
<i>acetaminophen/codeine #3</i>	1		<i>morphine sulfate er</i>	1	
<i>acetaminophen/codeine #4</i>	1		<i>morphine sulfate inj 0.5mg/ml, 1mg/ml</i>	1	
<i>ascomp/codeine</i>	1		<i>morphine sulfate oral soln</i>	1	
BUPRENEX	2		<i>morphine sulfate tabs</i>	1	
<i>buprenorphine hcl</i>	1		ONSOLIS	2	
<i>codeine sulfate</i>	1		OPANA ER	2	
DILAUDID INJ	2		<i>oxycodone / acetaminophen</i>	1	
DILAUDID-5	2		<i>oxycodone hcl caps</i>	1	
DILAUDID-HP INJ 10MG/ML	2		<i>oxycodone hcl conc</i>	1	
<i>duramorph</i>	1		<i>oxycodone hcl tabs 15mg, 30mg, 5mg</i>	1	
EMBEDA	3		<i>oxycodone/aspirin</i>	1	
<i>endocet</i>	1		OXYCONTIN	3	ST
EXALGO	3		<i>oxymorphone hydrochloride</i>	1	
<i>fentanyl citrate</i>	1		<i>reprexain tabs 10mg; 200mg</i>	1	
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	1		ROXICET ORAL SOLN	2	
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	4		<i>roxicet tabs 325mg; 5mg</i>	1	
			<i>stagesic</i>	1	
			<i>zerlor</i>	1	
			<b>NON-NARCOTIC ANALGESICS</b>		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ARTHROTEC 50	3		VOLTAREN GEL	2	
ARTHROTEC 75	3		<b>PSYCHOTHERAPEUTIC DRUGS</b>		
<i>butorphanol tartrate nasal soln</i>	1	QL(30 per 90 days) PA	ABILIFY	2	
CELEBREX	2		ABILIFY DISCMELT	2	
<i>depade</i>	1		<i>amitriptyline</i>	1	
<i>diclofenac potassium</i>	1		<i>amoxapine</i>	1	
<i>diclofenac sodium</i>	1		<i>budeprion sr</i>	1	
<i>diclofenac sodium ec</i>	1		<i>budeprion xl</i>	1	
<i>diclofenac sodium xr</i>	1		<i>bupropion hcl</i>	1	
<i>diflunisal</i>	1		<i>bupropion hcl sr</i>	1	
<i>etodolac</i>	1		<i>bupirone hcl</i>	1	
<i>fenoprofen calcium</i>	1		<i>chlordiazepoxide/amitriptyline</i>	1	
FLECTOR	3		<i>chlorpromazine</i>	1	
<i>flurbiprofen</i>	1		<i>citalopram</i>	1	
<i>ibuprofen susp</i>	1		<i>clomipramine</i>	1	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1		<i>clozapine tabs 100mg, 25mg, 50mg</i>	1	
<i>indomethacin caps</i>	1		CLOZAPINE TABS 200MG	2	
<i>indomethacin er</i>	1		CYMBALTA	2	
<i>ketoprofen</i>	1		<i>desipramine</i>	1	PA
<i>ketoprofen er</i>	1		<i>dextroamphetamine sulfate</i>	1	PA
<i>meclofenamate sodium</i>	1		<i>dextroamphetamine sulfate er</i>	1	PA
<i>mefenamic acid</i>	1		<i>doxepin</i>	1	
<i>meloxicam</i>	1		EMSAM	3	QL(90 per 90 days)
<i>nabumetone</i>	1		FANAPT	3	
<i>naloxone</i>	1		FANAPT TITRATION PACK	3	
<i>naltrexone</i>	1		FAZACLO	3	
<i>naproxen sodium tabs 275mg, 550mg</i>	1		<i>fluoxetine</i>	1	
<i>naproxen susp</i>	1		<i>fluoxetine dr</i>	1	
<i>naproxen tabs 250mg, 375mg</i>	1		<i>fluphenazine</i>	1	
<i>naproxen tbec</i>	1		<i>fluphenazine decanoate inj</i>	1	
<i>oxaprozin</i>	1		<i>flvoxamine</i>	1	
PENNSAID	2		FOCALIN XR	2	PA
<i>piroxicam</i>	1		GEODON	2	
SUBOXONE	2		HALDOL	2	
<i>sulindac</i>	1		HALDOL DECANOATE 100	2	
<i>tolmetin sodium</i>	1		HALDOL DECANOATE 50	2	
<i>tramadol</i>	1		<i>haloperidol</i>	1	
<i>tramadol hcl er</i>	1		<i>haloperidol decanoate inj</i>	1	
VIMOVO	2		<i>haloperidol lactate inj</i>	1	
			<i>imipramine</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>imipramine pamoate</i>	1		<i>tranylcypromine</i>	1	
INVEGA	2		<i>trazodone</i>	1	
INVEGA SUSTENNA	2		<i>trifluoperazine</i>	1	
LATUDA	2		<i>venlafaxine hcl</i>	1	
<i>lithium carbonate</i>	1		<i>venlafaxine hcl er cp24</i>	1	
<i>lithium carbonate er</i>	1		VIIBRYD	3	
<i>lithium citrate</i>	1		XYREM	4	
<i>loxapine</i>	1		<i>zaleplon</i>	1	QL(180 per 365 days)
<i>maprotiline</i>	1		<i>zolpidem</i>	1	QL(180 per 365 days)
MARPLAN	2		<i>zolpidem tartrate er tbc 6.25mg</i>	1	
METADATE CD CPR 20MG, 30MG, 40MG, 50MG, 60MG	3	PA	<i>zolpidem tartrate er tbc 12.5mg</i>	1	QL(180 per 365 days)
<i>methylphenidate hcl</i>	1	PA	ZYPREXA	2	
<i>methylphenidate hydrochloride</i>	1	PA	ZYPREXA ZYDIS	2	
<i>mirtazapine</i>	1		<b>CARDIOVASCULAR, HYPERTENSION / LIPIDS</b>		
<i>mirtazapine odt tbdp 30mg, 45mg</i>	1		<b>ANTIARRHYTHMIC AGENTS</b>		
<i>nefazodone</i>	1		<i>amiodarone inj 50mg/ml</i>	1	
<i>nortriptyline</i>	1		<i>amiodarone tabs</i>	1	
ORAP	2		<i>disopyramide phosphate</i>	1	
<i>paroxetine</i>	1		<i>flecainide acetate</i>	1	
<i>paroxetine er</i>	1		<i>mexiletine</i>	1	
PAXIL SUSP	2		MULTAQ	2	
<i>perphenazine</i>	1		NORPACE CR CP12 100MG	2	
<i>phenelzine sulfate</i>	1		PACERONE TABS 100MG	2	
PRISTIQ	2		<i>pacerone tabs 200mg</i>	1	
<i>protriptyline hcl</i>	1		<i>procainamide</i>	1	
PROVIGIL	2	PA QL(90 per 90 days)	<i>propafenone hcl</i>	1	
RISPERDAL CONSTA	2		<i>propafenone hcl er</i>	1	
<i>risperidone</i>	1		<i>quinidine gluconate er</i>	1	
<i>risperidone odt</i>	1		<i>quinidine sulfate</i>	1	
RITALIN LA	3	PA	<i>quinidine sulfate er</i>	1	
SAPHRIS	2		<i>sorine</i>	1	
SEROQUEL	2		<i>sotalol</i>	1	
SEROQUEL XR	2		TIKOSYN	3	
<i>sertraline</i>	1		<b>ANTIHYPERTENSIVE THERAPY</b>		
SILENOR	3		<i>acebutolol</i>	1	
STRATTERA	2		<i>afeditab cr</i>	1	
SURMONTIL	3		<i>amiloride</i>	1	
SYMBYAX	3		<i>amiloride/hydrochlorothiazide</i>	1	
<i>thioridazine</i>	1				
<i>thiothixene</i>	1				

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine</i>	1		<i>doxazosin</i>	1	
<i>amlodipine / benazepril</i>	1		EDECIN	2	
AMTURNIDE	2		<i>enalapril</i>	1	
<i>atenolol</i>	1		<i>enalapril / hydrochlorothiazide</i>	1	
<i>atenolol / chlorthalidone</i>	1		<i>eplerenone</i>	1	
<i>benazepril</i>	1		EXFORGE	2	
<i>benazepril / hydrochlorothiazide</i>	1		EXFORGE HCT	2	
BENICAR	2		<i>felodipine er</i>	1	
BENICAR HCT	2		<i>fosinopril</i>	1	
<i>betaxolol hcl</i>	1		<i>fosinopril / hydrochlorothiazide</i>	1	
BIDIL	2		<i>furosemide inj</i>	1	
<i>bisoprolol fumarate</i>	1		<i>furosemide oral soln 10mg/ml</i>	1	
<i>bisoprolol fumarate / hydrochlorothiazide</i>	1		FUROSEMIDE ORAL SOLN 8MG/ML	2	
<i>bumetanide</i>	1		<i>furosemide tabs</i>	1	
BYSTOLIC	2		<i>guanfacine hcl</i>	1	
<i>captopril</i>	1		<i>hydralazine</i>	1	
<i>captopril/hydrochlorothiazide</i>	1		<i>hydrochlorothiazide</i>	1	
<i>cartia xt</i>	1		<i>indapamide</i>	1	
<i>carvedilol</i>	1		<i>isradipine</i>	1	
<i>chlorothiazide</i>	1		<i>labetalol</i>	1	
<i>chlorothiazide sodium</i>	1		<i>lisinopril</i>	1	
<i>chlorthalidone tabs 25mg, 50mg</i>	1		<i>lisinopril/hydrochlorothiazide</i>	1	
<i>clonidine ptwk</i>	1		<i>losartan potassium</i>	1	
<i>clonidine tabs</i>	1		<i>losartan</i>	1	
COREG CR	2		<i>potassium/hydrochlorothiazide</i>		
DEMSER	2		<i>matzim la</i>	1	
DIBENZYLINE	3		<i>methyclothiazide</i>	1	
<i>dilt-cd cp24 120mg, 300mg</i>	1		<i>metolazone</i>	1	
<i>dilt-xr cp24 180mg, 240mg</i>	1		<i>metoprolol succinate er</i>	1	
<i>diltiazem cd cp24 120mg, 240mg, 300mg</i>	1		<i>metoprolol tartrate</i>	1	
<i>diltiazem hcl er cp12</i>	1		<i>metoprolol/hydrochlorothiazide</i>	1	
<i>diltiazem hcl er cp24 360mg, 420mg</i>	1		<i>minoxidil tabs</i>	1	
<i>diltiazem hcl inj 25mg/5ml</i>	1		<i>moexipril</i>	1	
DILTIAZEM HCL INJ 100MG	2		<i>moexipril/hydrochlorothiazide</i>	1	
<i>diltiazem hcl tabs</i>	1		<i>nadolol</i>	1	
<i>diltzac cp24 120mg, 180mg, 240mg, 300mg</i>	1		<i>nadolol/bendroflumethiazide</i>	1	
DIOVAN	2		<i>nicardipine caps</i>	1	
DIOVAN HCT	2		<i>nifediac cc</i>	1	
			<i>nifedical xl</i>	1	
			<i>nifedipine</i>	1	
			<i>nifedipine er</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>nimodipine</i>	1		<i>enoxaparin sodium inj</i>	1	
<i>nisoldipine</i>	1		<i>30mg/0.3ml, 40mg/0.4ml,</i>		
<i>nisoldipine er</i>	1		<i>60mg/0.6ml, 80mg/0.8ml</i>		
<i>perindopril erbumine</i>	1		<i>enoxaparin sodium inj 100mg/ml,</i>	4	
<i>pindolol</i>	1		<i>120mg/0.8ml, 150mg/ml</i>		
<i>prazosin</i>	1		FRAGMIN	2	
<i>propranolol hcl</i>	1		HEPARIN SODIUM INJ	2	
<i>propranolol hcl er</i>	1		2000UNIT/ML		
<i>propranolol/hydrochlorothiazide</i>	1		<i>heparin sodium inj 10000unit/ml,</i>	1	
<i>quinapril</i>	1		<i>1000unit/ml, 20000unit/ml,</i>		
<i>quinapril/hydrochlorothiazide</i>	1		<i>5000unit/ml</i>		
<i>ramipril</i>	1		<i>heparin sodium/d5w inj 5%;</i>	1	
REMODULIN	4	PA	<i>40unit/ml</i>		
<i>reserpine</i>	1		HEPARIN SODIUM/NACL	2	
SODIUM EDECRIN	2		0.45%		
<i>spironolactone</i>	1		<i>heparin sodium/sodium chloride</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1		<i>0.9% premix</i>		
<i>taztia xt</i>	1		<i>jantoven</i>	1	
TEKAMLO	2		LOVENOX INJ 300MG/3ML	2	
TEKTURNA	2		<i>pentopak</i>	1	
TEKTURNA HCT	2		<i>pentoxifylline er</i>	1	
<i>terazosin hcl</i>	1		PLAVIX	2	
<i>timolol maleate</i>	1		PRADAXA	2	
<i>torseamide tabs</i>	1		PROMACTA	4	LA
<i>trandolapril</i>	1		<i>ticlopidine hcl</i>	1	
<i>triamterene/hydrochlorothiazide</i>	1		<i>warfarin</i>	1	
TWYNSTA	2		<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
VALTURNA	2		CADUET	2	
<i>verapamil</i>	1		<i>cholestyramine light pack</i>	1	
<i>verapamil er</i>	1		<i>colestipol</i>	1	
<b>CARDIAC GLYCOSIDES</b>			<i>fenofibrate</i>	1	
<i>digoxin</i>	1		<i>fenofibrate micronized</i>	1	
LANOXIN	2		<i>gemfibrozil</i>	1	
<b>COAGULATION THERAPY</b>			LIPITOR	2	
AGGRENOX	2		<i>lovastatin</i>	1	
ARIXTRA	2		LOVAZA	2	
<i>cilostazol</i>	1		NIASPAN	2	
CYKLOKAPRON	2		<i>pravastatin</i>	1	
EFFIENT	2		<i>prevalite powd</i>	1	
			<i>simvastatin</i>	1	
			TRICOR	2	
			TRILIPIX	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WELCHOL	2		OXSORALEN ULTRA	4	
ZETIA	2		PANRETIN	2	
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>			<i>podofilox</i>	1	
RANEXA	2		PROTOPIC	3	
<b>NITRATES</b>			REGRANEX	2	
<i>isosorbide dinitrate</i>	1		SOLARAZE	2	
<i>isosorbide dinitrate er</i>	1		UVADEX	3	
<i>isosorbide mononitrate</i>	1		VEREGEN	3	
<i>isosorbide mononitrate er</i>	1		ZONALON	2	
<i>nitro-bid</i>	1		<b>THERAPY FOR ACNE</b>		
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	2		<i>adapalene</i>	1	
<i>nitroglycerin inj</i>	1	B/D PA	<i>amnesteem</i>	1	
<i>nitroglycerin pt24</i>	1		<i>avita crea</i>	1	
<i>nitroglycerin transdermal pt24 0.1mg/hr</i>	1		AZELEX	2	
NITROLINGUAL PUMPSPRAY	2		<i>claravis caps 10mg, 20mg, 40mg</i>	1	
NITROSTAT	2		<i>claravis caps 30mg</i>	4	
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>			<i>clindamycin phosphate external soln</i>	1	
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>			<i>clindamycin phosphate foam</i>	1	
<i>calcipotriene</i>	1		<i>clindamycin phosphate gel</i>	1	
<i>selenium sulfide lotn 2.5%</i>	1		<i>clindamycin phosphate lotn</i>	1	
SORIATANE	2		<i>clindamycin phosphate swab</i>	1	
<b>BURN THERAPY</b>			<i>clindamycin/benzoyl peroxide</i>	1	
<i>silver sulfadiazine</i>	1		DIFFERIN LOTN	2	
<i>ssd</i>	1		<i>ery</i>	1	
<i>thermazene</i>	1		<i>erythromycin / benzoyl peroxide</i>	1	
<b>MISCELLANEOUS DERMATOLOGICALS</b>			<i>erythromycin external soln</i>	1	
8-MOP	2		<i>erythromycin gel</i>	1	
<i>ammonium lactate</i>	1		FINACEA	2	
CARAC	2		METROGEL	2	
CARMOL-HC	2		<i>metronidazole</i>	1	
CONDYLOX GEL	2		<i>sotret</i>	1	
ELIDEL	3		TAZORAC	2	
FLUOROPLEX	2		<i>tretinoin</i>	1	
<i>fluorouracil crea</i>	1		<b>TOPICAL ANESTHETICS</b>		
<i>fluorouracil external soln</i>	1		<i>lidocaine / prilocaine crea</i>	1	
<i>imiquimod</i>	1		<i>lidocaine external soln</i>	1	
<i>laclotion</i>	1		<i>lidocaine gel</i>	1	
			<i>lidocaine inj 0.5%, 1%</i>	1	
			<i>lidocaine oint</i>	1	
			<i>lidocaine viscous</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
LIDODERM	2	QL(270 per 90 days)	<i>betamethasone dipropionate</i>	1	
<b>TOPICAL ANTIBACTERIALS</b>			<i>betamethasone valerate</i>	1	
ALTABAX	2		CAPEX	2	
BACTROBAN CREA	2		<i>clobetasol propionate e</i>	1	
<i>gentamicin sulfate crea</i>	1		<i>clobetasol propionate external soln</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1		<i>clobetasol propionate gel</i>	1	
<i>mupirocin</i>	1		<i>clobetasol propionate oint</i>	1	
PHISOHEX	2		CLOBEX LOTN	2	
<i>sodium sulfacetamide</i>	1		CLOBEX SHAM	2	
SULFAMYLON	2		CORDRAN TAPE	2	
<b>TOPICAL ANTIFUNGALS</b>			DERMA-SMOOTHIE / FS BODY OIL	2	
<i>ciclopirox</i>	1		<i>desonide</i>	1	
<i>ciclopirox nail lacquer</i>	1		<i>desoximetasone</i>	1	
<i>ciclopirox olamine</i>	1		<i>diflorasone diacetate</i>	1	
<i>clotrimazole / betamethasone</i>	1		<i>fluocinolone acetonide</i>	1	
<i>clotrimazole external crea</i>	1		<i>fluocinonide emollient base</i>	1	
<i>clotrimazole external soln</i>	1		<i>fluocinonide external soln</i>	1	
<i>econazole nitrate</i>	1		<i>fluocinonide gel</i>	1	
<i>ketoconazole</i>	1		<i>fluocinonide oint</i>	1	
NAFTIN	2		<i>fluticasone propionate crea</i>	1	
<i>nyamyc</i>	1		<i>fluticasone propionate oint</i>	1	
<i>nystatin / triamcinolone</i>	1		<i>halobetasol propionate</i>	1	
<i>nystatin crea</i>	1		<i>hydrocortisone butyrate</i>	1	
<i>nystatin external powd</i>	1		<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>nystatin oint</i>	1		<i>hydrocortisone lotn 2.5%</i>	1	
<i>nystop</i>	1		<i>hydrocortisone oint 1%, 2.5%</i>	1	
<i>pedi-dri</i>	1		<i>hydrocortisone valerate</i>	1	
<b>TOPICAL ANTIVIRALS</b>			LOCOID LOTN	2	
DENAVIR	2		LUXIQ	2	
ZOVIRAX CREA	3		<i>mometasone furoate</i>	1	
ZOVIRAX OINT	3		PANDEL	2	
<b>TOPICAL CORTICOSTEROIDS</b>			<i>prednicarbate</i>	1	
<i>ala cort</i>	1		<i>triamcinolone acetonide crea</i>	1	
<i>alclometasone dipropionate</i>	1		<i>triamcinolone acetonide lotn</i>	1	
<i>amcinonide</i>	1		<i>triamcinolone acetonide oint</i>	1	
<i>augmented betamethasone dipropionate crea</i>	1		<i>triderm</i>	1	
<i>augmented betamethasone dipropionate lotn</i>	1		<b>TOPICAL ENZYMES</b>		
<i>augmented betamethasone dipropionate oint</i>	1		SANTYL	2	
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>			<i>acticin</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EURAX	2		<i>pilocarpine hcl tabs</i>	1	
LINDANE	2		PROLASTIN INJ 500MG	4	LA
<i>malathion</i>	1		PROLASTIN-C	4	LA
<i>permethrin crea</i>	1		RENAGEL	2	
ULESFIA	3		REVELA	2	
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>			RILUTEK	4	
<b>MISCELLANEOUS AGENTS</b>			SKELID	3	
ACTONEL TABS 30MG	3		<i>sodium chloride 0.9%</i>	1	
ADAGEN	4	LA	<i>sodium chloride inj 0.9%</i>	1	
<i>alendronate sodium tabs 40mg</i>	1	QL(90 per 90 days)	<i>sodium polystyrene sulfonate</i>	1	
<i>anagrelide hydrochloride</i>	1		SYPRINE	2	
ANTABUSE TABS 250MG	2		<b>SMOKING DETERRENTS</b>		
ARALAST NP INJ 400MG	4	LA	BUPROBAN	5	QL(180 per 90 days)
BUPHENYL	2		CHANTIX TABS	5	
CAMPRAL	2		CHANTIX TABS 0.5MG, 1MG	5	QL(336 per 365 days)
CHEMET	2		NICOTROL INHALER	5	QL(2688 per 365 days)
CLINIMIX / DEXTROSE	2		NICOTROL NASAL	5	QL(7200 per 365 days)
DEXTROSE 10%/NACL 0.45%	2		<b>EAR, NOSE / THROAT MEDICATIONS</b>		
<i>dextrose 10% flex container</i>	1		<b>MISCELLANEOUS AGENTS</b>		
DEXTROSE 10%/NACL 0.2%	2		ASTEPRO	2	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1		<i>azelastine hcl</i>	1	
<i>dextrose 5%</i>	1		BACTROBAN NASAL	2	
<i>dextrose 5%/nacl 0.2%</i>	1		<i>chlorhexidine gluconate oral rinse</i>	1	
<i>dextrose 5%/nacl 0.225%</i>	1		<i>ipratropium bromide nasal soln</i>	1	
DEXTROSE 5%/NACL 0.33%	2		<i>perigard</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1		<i>triamcinolone in orabase</i>	1	
<i>dextrose 5%/nacl 0.9%</i>	1		TYZINE	2	
<i>etidronate disodium</i>	1		TYZINE PEDIATRIC NASAL DROPS	2	
EVOXAC	3		<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
EXJADE TBSO 125MG	2	LA	<i>acetasol hc</i>	1	
EXJADE TBSO 250MG, 500MG	4	LA	<i>acetic acid</i>	1	
FOSRENOL	2		DERMOTIC	2	
INCRELEX	4	LA	<i>hydrocortisone/acetic acid</i>	1	
<i>kionex powd</i>	1				
<i>levocarnitine oral soln</i>	1	B/D PA			
<i>levocarnitine tabs</i>	1	B/D PA			
<i>midodrine</i>	1				
ORFADIN	4	LA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin</i>	1		<i>propylthiouracil</i>	1	
<b>OTIC STEROID / ANTIBIOTIC</b>			<b>DIABETES THERAPY</b>		
CIPRO HC	3		<i>acarbose</i>	1	
CIPRODEX	2		ACTOPLUS MET	2	
COLY-MYCIN S	2		ACTOS	2	
CORTISPORIN-TC	2		ALCOHOL PREPS	2	
<i>cortomycin</i>	1		APIDRA	2	QL(120 per 90 days)
<i>neomycin/polymyxin/hc</i>	1		APIDRA SOLOSTAR	2	QL(120 per 90 days)
<i>neomycin/polymyxin/hydrocortisone otic susp</i>	1		AVANDAMET	2	
<b>ENDOCRINE/DIABETES</b>			AVANDARYL	2	
<b>ADRENAL HORMONES</b>			AVANDIA	2	
<i>a-hydrocort</i>	1		BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL(600 per 90 days)
<i>a-methapred</i>	1	B/D PA	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	QL(600 per 90 days)
<i>cortisone acetate</i>	1		BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	QL(600 per 90 days)
DEPO-MEDROL	2	B/D PA	BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	2	QL(600 per 90 days)
<i>dexamethasone elix</i>	1		BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	2	QL(600 per 90 days)
<i>dexamethasone inj 4mg/ml</i>	1		BYETTA	3	QL(7.2 per 90 days)
DEXAMETHASONE INTENSOL	2		DUETACT	2	
DEXAMETHASONE TABS 1MG, 2MG	2		GAUZE PADS 2"X2"	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 4mg, 6mg</i>	1		<i>glimepiride</i>	1	
<i>fludrocortisone acetate</i>	1		<i>glipizide</i>	1	
<i>hydrocortisone tabs</i>	1		<i>glipizide / metformin</i>	1	
<i>methylprednisolone</i>	1	B/D PA	<i>glipizide er</i>	1	
<i>methylprednisolone acetate</i>	1	B/D PA	GLUCAGEN HYPOKIT	2	
<i>methylprednisolone sodiumsuccinate inj 125mg, 40mg</i>	1	B/D PA	GLUCAGON EMERGENCY KIT	2	
METHYLPREDNISOLONE SODIUMSUCCINATE INJ 1000MG	2	B/D PA	<i>glyburide</i>	1	
<i>prednisolone sodium phosphate oral soln</i>	1	B/D PA	<i>glyburide / metformin</i>	1	
<i>prednisone</i>	1	B/D PA	<i>glyburide micronized</i>	1	
PREDNISONE INTENSOL	2	B/D PA	<i>glycron tabs 1.5mg</i>	1	
SOLU-CORTEF INJ 100MG, 250MG	2		GLYCRON TABS 4.5MG	2	
SOLU-MEDROL INJ 125MG, 2GM, 40MG, 500MG	2	B/D PA	HUMALOG	2	QL(120 per 90 days)
<b>ANTITHYROID AGENTS</b>					
<i>methimazole</i>	1				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMALOG KWIKPEN	2	QL(120 per 90 days)	NOVOLOG MIX 70/30	2	QL(120 per 90 days)
HUMALOG MIX 50/50	2	QL(120 per 90 days)	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	QL(135 per 90 days)
HUMALOG MIX 50/50 KWIKPEN	2	QL(135 per 90 days)	ONGLYZA	2	
HUMALOG MIX 75/25	2	QL(120 per 90 days)	PRANDIN	2	
HUMALOG MIX 75/25 KWIKPEN	2	QL(135 per 90 days)	PROGLYCEM	2	
HUMULIN 70/30	2	QL(120 per 90 days)	SYMLIN	3	QL(60 per 90 days)
HUMULIN 70/30 PEN	2	QL(135 per 90 days)	SYMLINPEN 120	3	QL(33 per 90 days)
HUMULIN N	2	QL(120 per 90 days)	SYMLINPEN 60	3	QL(33 per 90 days)
HUMULIN N U-100 PEN	2	QL(135 per 90 days)	<i>tolazamide</i>	1	
HUMULIN R	2	QL(120 per 90 days)	<i>tolbutamide</i>	1	
HUMULIN R U-500 (CONCENTRATED)	2		<b>MISCELLANEOUS HORMONES</b>		
JANUMET	2		ALDURAZYME	4	B/D LA PA
JANUVIA	2		ANADROL-50	3	PA
KOMBIGLYZE XR	2		ANDRODERM	2	PA QL(180 per 90 days)
LANTUS	2	QL(120 per 90 days)	ANDROGEL GEL 50MG/5GM	2	PA QL(900 per 90 days)
LANTUS SOLOSTAR	2	QL(120 per 90 days)	ANDROGEL PUMP GEL 1.62%	2	PA
LEVEMIR	2	QL(120 per 90 days)	ANDROID	2	PA
LEVEMIR FLEXPEN	2	QL(135 per 90 days)	<i>androxy</i>	1	PA
<i>metformin hcl</i>	1		<i>cabergoline</i>	1	
<i>metformin hcl er</i>	1		<i>calcitonin-salmon</i>	1	QL(12 per 90 days)
<i>nateglinide</i>	1		<i>calcitriol</i>	1	B/D PA
NOVOLIN 70/30	2	QL(120 per 90 days)	CEREZYME INJ 200UNIT	4	B/D LA PA
NOVOLIN N	2	QL(120 per 90 days)	<i>danazol</i>	1	
NOVOLIN R	2	QL(120 per 90 days)	<i>desmopressin acetate</i>	1	
NOVOLOG	2	QL(120 per 90 days)	FABRAZYME INJ 35MG	4	B/D LA PA
NOVOLOG FLEXPEN	2	QL(135 per 90 days)	<i>fortical</i>	1	QL(12 per 90 days)
			HECTOROL	2	
			KUVAN	4	LA
			NAGLAZYME	4	LA
			<i>oxandrolone tabs 10mg</i>	4	
			<i>oxandrolone tabs 2.5mg</i>	1	
			SAMSCA	4	
			SENSIPAR TABS 60MG, 90MG	4	
			SENSIPAR TABS 30MG	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SOMAVERT	2	PA QL(90 per 90 days)	CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	
STIMATE	2		CYSTADANE	2	
SYNAREL	3		DIPENTUM	3	
<i>testosterone cypionate inj 100mg/ml</i>	1	PA	<i>dronabinol</i>	1	B/D PA
<i>testosterone enanthate</i>	1	PA	EMEND CAPS 40MG	2	B/D PA
ZAVESCA	2	LA			QL(3 per 90 days)
ZEMPLAR	2	B/D PA	EMEND CAPS 125MG	2	B/D PA
ZOMETA	4				QL(6 per 90 days)
<b>THYROID HORMONES</b>			EMEND CAPS	2	B/D PA
<i>levothyroxine tabs</i>	1				QL(18 per 90 days)
<i>levoxyl</i>	1		EMEND CAPS 80MG	2	B/D PA
<i>liothyronine sodium tabs</i>	1				QL(24 per 90 days)
SYNTHROID	2		ENTOCORT EC	2	
<i>unithroid tabs 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1		<i>enulose</i>	1	
<b>GASTROENTEROLOGY</b>			GASTROCROM	2	
<b>ANTIDIARRHEALS / ANTISPASMODICS</b>			<i>gavilyte-c</i>	1	
<i>atropine sulfate inj 0.1mg/ml</i>	1		<i>gavilyte-g</i>	1	
ATROPINE SULFATE INJ 0.05MG/ML	2		<i>gavilyte-n/ flavor pack</i>	1	
<i>dicyclomine hcl</i>	1		<i>granisetron inj 0.1mg/ml, 1mg/ml</i>	1	
<i>glycopyrrolate</i>	1		<i>granisetron tabs</i>	1	B/D PA
<i>loperamide hcl caps</i>	1		<i>hydrocortisone enem</i>	1	
<i>propantheline bromide</i>	1		<i>lactulose</i>	1	
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>			LOTROXEX	2	
AMITIZA	2		<i>meclizine hcl</i>	1	
ASACOL	2		<i>mesalamine enem</i>	1	
ASACOL HD	2		<i>metoclopramide</i>	1	
<i>balsalazide</i>	1		<i>ondansetron hcl inj 4mg/2ml</i>	1	
CANASA	2		<i>ondansetron hcl oral soln</i>	1	B/D PA
CIMZIA	4	PA QL(6 per 28 days)	<i>ondansetron hcl tabs 24mg</i>	1	B/D PA
<i>compro</i>	1				QL(21 per 90 days)
<i>constulose</i>	1		<i>ondansetron hcl tabs 4mg, 8mg</i>	1	B/D PA
CORTIFOAM	2				QL(135 per 90 days)
			<i>ondansetron odt</i>	1	B/D PA
					QL(135 per 90 days)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PENTASA	2		<b>IMMUNOLOGY, VACCINES / BIOTECHNOLOGY</b>		
<i>polyethylene glycol 3350 powd</i>	1		<b>BIOTECHNOLOGY DRUGS</b>		
<i>prochlorperazine</i>	1		ACTIMMUNE	4	LA
<i>prochlorperazine edisylate</i>	1		ARANESP INJ 100MCG/0.5ML,	2	PA
<i>prochlorperazine maleate</i>	1		100MCG/ML, 150MCG/0.3ML,		
<i>procto-pak</i>	1		200MCG/0.4ML, 200MCG/ML,		
<i>proctosol hc</i>	1		25MCG/0.42ML, 25MCG/ML,		
<i>proctozone-hc</i>	1		300MCG/0.6ML, 300MCG/ML,		
RELISTOR	2		40MCG/0.4ML, 40MCG/ML,		
REMICADE	4	PA	500MCG/ML, 60MCG/0.3ML,		
SANCUSO	2	QL(6 per 90 days)	60MCG/ML		
<i>sulfasalazine tabs</i>	1		ARCALYST	4	LA
<i>sulfazine ec</i>	1		AVONEX	4	PA QL(12 per 90 days)
TRANSDERM-SCOP	3		BETASERON	4	PA QL(45 per 90 days)
<i>trilyte</i>	1		EPOGEN	3	PA
<i>ursodiol</i>	1		INTRON-A INJ 3MU/0.2ML,	2	
ZENPEP	2		6000000UNIT/ML		
ZUPLENZ	2	B/D PA QL(135 per 90 days)	INTRON-A INJ 10MU/0.2ML,	4	
<b>ULCER THERAPY</b>			5MU/0.2ML		
CARAFATE SUSP	2		INTRON-A WITH DILUENT	4	
<i>famotidine inj</i>	1		INJ 10MU		
<i>famotidine premixed</i>	1		LEUKINE	4	PA
<i>famotidine susr</i>	1		MOZOBIL	4	
<i>famotidine tabs 20mg, 40mg</i>	1		NEULASTA	3	PA
<i>lansoprazole</i>	1		NEUMEGA	4	PA
<i>lansoprazole odt</i>	1		NEUPOGEN INJ	4	PA
<i>misoprostol</i>	1		300MCG/0.5ML,		
NEXIUM I.V.	2		480MCG/0.8ML,		
<i>nizatidine</i>	1		480MCG/1.6ML		
<i>omeprazole cpdr</i>	1		NORDITROPIN FLEXPOR	4	PA
<i>pantoprazole</i>	1		NORDITROPIN NORDIFLEX	4	PA
PREVPAC	3		PEN		
PYLERA	2		<i>omnitrope inj 5mg/1.5ml</i>	1	PA
<i>ranitidine hcl caps</i>	1		PEG-INTRON INJ	4	
<i>ranitidine hcl syrup</i>	1		50MCG/0.5ML		
<i>ranitidine hcl tabs</i>	1		PEG-INTRON REDIPEN	4	
<i>sucralfate</i>	1		PEGASYS	4	
ZANTAC INJ 50MG/50ML;	2		PROCRIT	2	PA
0.45%			PROLEUKIN	4	
			REBIF	4	PA QL(18 per 90 days)
			REBIF TITRATION PACK	4	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TEV-TROPIN	2	PA	VIVAGLOBIN	4	PA
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>			<b>MUSCULOSKELETAL / RHEUMATOLOGY</b>		
ACTHIB	2		<b>GOUT THERAPY</b>		
ADACEL	2		<i>allopurinol</i>	1	
BOOSTRIX	2		COLCRYS	2	
CERVARIX	2		<i>probenecid</i>	1	
COMVAX	2		<i>probenecid / colchicine</i>	1	
DAPTACEL	2		ULORIC	2	
DECAVAC	2		<b>OSTEOPOROSIS THERAPY</b>		
DIPHThERIA/TETANUS TOXOID PEDIATRIC	2		<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL(12 per 90 days)
ENGERIX-B	2	B/D PA	<i>alendronate sodium tabs 10mg, 5mg</i>	1	QL(90 per 90 days)
GARDASIL	2		BONIVA INJ	2	
HAVRIX	2		BONIVA TABS	3	B/D PA QL(3 per 90 days)
HIZENTRA INJ 1GM/5ML	4	PA	EVISTA	2	
IMOVAX RABIES (H.D.C.V.)	2		FORTEO	2	QL(7.2 per 90 days)
INFANRIX	2		<b>OTHER RHEUMATOLOGICALS</b>		
IPOLE INACTIVATED IPV	2		CUPRIMINE	2	
IXIARO	2		DEPEN TITRATABS	2	
JE-VAX	2		ENBREL	4	PA QL(600 per 90 days)
M-M-R II W/DILUENT 10 DOSE	2		HUMIRA INJ 20MG/0.4ML	4	PA QL(2.4 per 90 days)
MENACTRA	2		HUMIRA INJ 40MG/0.8ML	4	PA QL(4.8 per 90 days)
MENOMUNE-A/C/Y/W-135	2		HUMIRA PEN-CROHNS DISEASE STARTER	4	PA
MENVEO	2		<i>leflunomide</i>	1	QL(90 per 90 days)
PEDVAX HIB	2		RIDAURA	3	
PRIVIGEN INJ 20GM/200ML	4	PA	SAVELLA	2	
PROQUAD	2		SAVELLA TITRATION PACK	2	
RABAVERT	2		SIMPONI	4	PA QL(1 per 30 days)
RECOMBIVAX HB INJ 10MCG/ML, 40MCG/ML	2	B/D PA	<b>OBSTETRICS / GYNECOLOGY</b>		
ROTATEQ	2		<b>ESTROGENS / PROGESTINS</b>		
TETANUS / DIPHTHERIA TOXOIDS-ADSORBED ADULT	2				
TETANUS TOXOID ADSORBED	2				
THYMOGLOBULIN	2				
TRIPEDIA	2				
TWINRIX	2	B/D PA			
TYPHIM VI	2				
VAQTA	2				
VARIVAX	2				

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
ALORA	2	QL(24 per 90 days)	<i>metronidazole vaginal</i>	1	
<i>camila</i>	1		<i>miconazole 3</i>	1	
CLIMARA PRO	2	QL(12 per 90 days)	NUVARING	3	
COMBIPATCH	2	QL(24 per 90 days)	ORTHO EVRA	3	
CRINONE	2		<i>terconazole</i>	1	
DEPO-PROVERA	2		<i>vandazole</i>	1	
DEPO-SUBQ PROVERA 104	3		<i>zazole crea 0.4%</i>	1	
DIVIGEL GEL 1MG/GM	2	QL(90 per 90 days)	<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
<i>errin</i>	1		<i>apri</i>	1	
ESTRADERM	2	QL(24 per 90 days)	<i>aranelle</i>	1	
<i>estradiol / norethindrone acetate tabs 1mg; 0.5mg</i>	1		<i>aviane</i>	1	
<i>estradiol ptwk</i>	1	QL(12 per 90 days)	<i>balziva</i>	1	
<i>estradiol tabs</i>	1		<i>cesia</i>	1	
ESTRING	3		<i>cryselle-28</i>	1	
<i>estropipate</i>	1		<i>cyclafem 1/35</i>	1	
<i>jinteli</i>	1		<i>cyclafem 7/7/7</i>	1	
<i>jolivette</i>	1		ELLA	2	
<i>medroxyprogesterone acetate</i>	1		<i>enpresse-28</i>	1	
MENOSTAR	3	QL(12 per 90 days)	<i>gianvi</i>	1	
<i>nora-be</i>	1		<i>junel</i>	1	
<i>norethindrone tabs 5mg</i>	1		<i>junel fe 1.5/30</i>	1	
<i>ortho-est</i>	1		<i>junel fe 1/20</i>	1	
PREFEST	3		<i>kariva</i>	1	
PREMARIN TABS	2		<i>kelnor 1/35</i>	1	
PREMARIN W/APPLICATOR	2		<i>leena</i>	1	
PREMPHASE	2		<i>lessina-28</i>	1	
PREMPRO	2		<i>levora</i>	1	
PROMETRIUM	2		<i>low-ogestrel</i>	1	
VAGIFEM	2		<i>lutra</i>	1	
VIVELLE-DOT	2	QL(24 per 90 days)	<i>microgestin 1.5/30</i>	1	
<b>MISCELLANEOUS OB/GYN</b>			<i>microgestin 1/20</i>	1	
CLEOCIN SUPP	2		<i>microgestin fe</i>	1	
<i>clindamycin phosphate crea</i>	1		<i>microgestin fe 1.5/30</i>	1	
GYNAZOLE-1	2		<i>mononessa</i>	1	
LYSTEDA	3		<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	
			<i>nortrel 0.5/35 (28)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nortrel 1/35 (21)</i>	1		<i>neomycin/polymyxin/gramicidin</i>	1	
<i>nortrel 1/35 (28)</i>	1		<i>ofloxacin</i>	1	
<i>nortrel 7/7/7</i>	1		<i>romycin</i>	1	
<i>ocella</i>	1		<i>tobramycin ophthalmic soln</i>	1	
<i>ogestrel</i>	1		<i>tobrasol</i>	1	
<i>portia-28</i>	1		TOBEX OINT	2	
<i>previfem</i>	1		<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
<i>quasense</i>	1		VIGAMOX	2	
<i>reclipsen</i>	1		ZYMAR	2	
<i>solia</i>	1		ZYMAXID	2	
<i>sprintec 28</i>	1				
<i>sronyx</i>	1		<b>ANTIVIRALS</b>		
<i>tri-legest fe</i>	1		<i>trifluridine</i>	1	
<i>tri-previfem</i>	1		ZIRGAN	3	
<i>tri-sprintec</i>	1		<b>BETA-BLOCKERS</b>		
<i>trinessa</i>	1		<i>betaxolol hcl</i>	1	
<i>trivora-28</i>	1		BETOPTIC-S	2	
<i>velivet</i>	1		<i>carteolol hcl</i>	1	
<i>zeosa</i>	1		ISTALOL	2	
<i>zovia 1/35e</i>	1		<i>levobunolol hcl</i>	1	
<i>zovia 1/50e</i>	1		<i>metipranolol</i>	1	
<b>OXYTOCICS</b>			<i>timolol maleate</i>	1	
METHERGINE TABS	2		<i>timolol maleate ophthalmic gel forming</i>	1	
<b>OPHTHALMOLOGY</b>			TIMOPTIC OCUDOSE	2	
<b>ANTIBIOTICS</b>			<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>ak-tob</i>	1		<i>tropicamide</i>	1	
AZASITE	2		<b>DIRECT ACTING MIOTICS</b>		
<i>bacitracin / polymyxin b</i>	1		PILOPINE HS	2	
<i>bacitracin ophthalmic oint</i>	1		<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
BESIVANCE	2		ALOCRI	3	
CILOXAN OINT	2		<i>azelastine hcl</i>	1	
<i>ciprofloxacin ophthalmic soln</i>	1		BEPREVE	2	
<i>erythromycin oint</i>	1		<i>cromolyn sodium ophthalmic soln</i>	1	
<i>gentak</i>	1		<i>epinastine hcl</i>	1	
<i>gentamicin sulfate ophthalmic soln</i>	1		LACRISERT	2	
<i>gentasol</i>	1		PATADAY	2	
<i>levofloxacin ophthalmic soln</i>	1		PATANOL	2	
MOXEZA	2		RESTASIS	2	QL(192 per 90 days)
NATACYN	2				
<i>neomycin/bacitracin/polymyxin</i>	1				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>			<b>fluorometholone</b>		
ACUVAIL	2			1	
BROMDAY	2		FML	2	
<i>bromfenac</i>	1		FML FORTE	2	
<i>diclofenac sodium</i>	1		LOTEMAX	2	
<i>flurbiprofen sodium</i>	1		<i>prednisolone acetate</i>	1	
<i>ketorolac tromethamine</i>	1		<i>prednisolone sodium phosphate ophthalmic soln</i>	1	
<i>ophthalmic soln</i>			<b>SULFONAMIDES</b>		
NEVANAC	2		BLEPH-10	2	
<b>ORAL DRUGS FOR GLAUCOMA</b>			<i>sodium sulfacetamide</i>	1	
<i>acetazolamide</i>	1		<b>SYMPATHOMIMETICS</b>		
<i>acetazolamide sodium</i>	1		ALPHAGAN P	2	
<i>methazolamide</i>	1		<i>apraclonidine</i>	1	
<b>OTHER GLAUCOMA DRUGS</b>			<i>brimonidine tartrate ophthalmic soln 0.2%</i>	1	
AZOPT	2		IOPIDINE OPHTHALMIC SOLN 1%	3	
COMBIGAN	2		<b>VASOCONSTRICTOR DECONGESTANTS</b>		
<i>dorzolamide hcl</i>	1		<i>ak-con</i>	1	
<i>dorzolamide hcl/timolol maleate</i>	1		<b>RENAL / GENITOURINARY</b>		
<i>latanoprost</i>	1		<b>IMPOTENCE AGENTS</b>		
LUMIGAN	2		CAVERJECT	2	ED PA QL(6 per 30 days)
TRAVATAN Z	2		CAVERJECT IMPULSE	2	ED PA QL(6 per 30 days)
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>			CIALIS	3	ED PA QL(6 per 30 days)
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1		LEVITRA	2	ED PA QL(6 per 30 days)
<i>neomycin/polymyxin/dexamethasone</i>	1		MUSE	2	ED PA QL(6 per 30 days)
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp</i>	1		VIAGRA	2	ED PA QL(6 per 30 days)
<i>poly-dex</i>	1		<b>RESPIRATORY AND ALLERGY</b>		
TOBRADEX OINT	2		<b>ANTIHISTAMINE / ANTIALLERGENIC AGENTS</b>		
TOBRADEX ST	2		<i>carbinoxamine maleate</i>	1	
<i>tobramycin/dexamethasone</i>	1		<i>cetirizine hcl syrp</i>	1	
ZYLET	2		<b>STEROID-SULFONAMIDE COMBINATIONS</b>		
<i>sulfacetamide sodium / prednisolone sodium phospho</i>	1		<b>STERIODS</b>		
ALREX	2		<b>ALREX</b>		
<i>dexamethasone ophthalmic soln</i>	1		<b>dexamethasone ophthalmic soln</b>		
DUREZOL	2		<b>DUREZOL</b>		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLARINEX	3		<i>flunisolide nasal soln 0.025%</i>	1	QL(200 per 90 days)
CLARINEX REDITABS	3		<i>fluticasone propionate susp</i>	1	QL(48 per 90 days)
CLARINEX-D 12 HOUR	3		FORADIL AEROLIZER	2	
CLARINEX-D 24 HOUR	3		<i>ipratropium bromide inhalation soln</i>	1	B/D PA
<i>clemastine fumarate syrup</i>	1		<i>ipratropium bromide/albuterol sulfate</i>	1	B/D PA
<i>clemastine fumarate tabs 2.68mg</i>	1		LETAIRIS	4	LA
<i>epinephrine hcl inj 0.1mg/ml</i>	1		<i>metaproterenol sulfate</i>	1	
EPIPEN	2		PERFOROMIST	2	B/D PA
EPIPEN-JR	2		PROAIR HFA	2	
<i>fexofenadine hcl</i>	1		PROVENTIL HFA	3	
<i>hydroxyzine hcl</i>	1		PULMICORT FLEXHALER	2	
<i>levocetirizine dihydrochloride palgic liqd</i>	1		PULMICORT SUSP 1MG/2ML	2	B/D PA
<i>phenadoz</i>	1		PULMOZYME	4	B/D PA
<i>promethazine hcl</i>	1		QVAR	2	
<i>promethegan supp 25mg, 50mg</i>	1		REVATIO	4	
TWINJECT	2		SEREVENT DISKUS	2	
<b>PULMONARY AGENTS</b>			SINGULAIR	2	
<i>acetylcysteine</i>	1	B/D PA	SPIRIVA HANDIHALER	2	
ADVAIR DISKUS	2		SYMBICORT	2	
ADVAIR HFA	2		<i>terbutaline sulfate</i>	1	
<i>albuterol sulfate er</i>	1		THEO-24	3	
<i>albuterol sulfate nebu</i>	1	B/D PA	<i>theochron tb12 100mg, 300mg</i>	1	
<i>albuterol sulfate syrup</i>	1		<i>theophylline er</i>	1	
<i>albuterol sulfate tabs</i>	1		TRACLEER	4	LA
<i>aminophylline</i>	1		VENTOLIN HFA	2	
ASMANEX 120 METERED DOSES	2		XOLAIR	4	PA QL(7.2 per 30 days)
ASMANEX 14 METERED DOSES	2		<i>zafirlukast</i>	1	
ASMANEX 30 METERED DOSES	2		ZYFLO CR	3	
ASMANEX 60 METERED DOSES	2		<b>UROLOGICALS</b>		
ATROVENT HFA	2		<b>ANTICHOLINERGICS / ANTISPASMODICS</b>		
<i>budesonide susp</i>	1	B/D PA	DETROL	2	
COMBIVENT	2		DETROL LA	2	
<i>cromolyn sodium nebu</i>	1	B/D PA	ENABLEX	2	
DULERA	3		<i>flavoxate hcl</i>	1	
ELIXOPHYLLIN	3		GELNIQUE	2	
FLOVENT DISKUS	2		<i>oxybutynin</i>	1	
FLOVENT HFA	2				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin er</i>	1		MAGNESIUM SULFATE IN	2	
OXYTROL	2	QL(48 per 90 days)	D5W INJ 5%; 10MG/ML		
TOVIAZ	2		MAGNESIUM SULFATE INJ	2	
<i>trospium chloride</i>	1		NORMOSOL	2	
VESICARE	2		POTASSIUM CHLORIDE	2	
<b>BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY</b>			0.075%/D5W/NACL 0.225%		
AVODART	2		POTASSIUM CHLORIDE 0.15% /NACL 0.45% VIAFLEX	2	
<i>finasteride</i>	1		<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	1	
JALYN	2		<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	1	
RAPAFLO	2		<i>potassium chloride 0.15% nacl 0.9%</i>	1	
<i>tamsulosin hcl</i>	1		POTASSIUM CHLORIDE	2	
UROXATRAL	2		0.15%/D5W		
<b>CHOLINERGIC STIMULANTS</b>			POTASSIUM CHLORIDE 0.22% D5W/NACL 0.45%	2	
<i>bethanechol chloride</i>	1		<i>potassium chloride 0.224%/d5w</i>	1	
<b>MISCELLANEOUS UROLOGICALS</b>			POTASSIUM CHLORIDE 0.3%/NACL 0.9%	2	
CYSTAGON	2	LA	<i>potassium chloride 0.3%/d5w</i>	1	
ELMIRON	2		<i>potassium chloride er cpcr</i>	1	
<i>potassium citrate extended-release</i>	1		<i>potassium chloride er tbcr 10meq, 20meq</i>	1	
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>			<i>potassium chloride inj 10meq/100ml, 10meq/50ml, 2meq/ml</i>	1	
<b>ELECTROLYTES</b>			POTASSIUM CHLORIDE INJ	2	
<i>calcium acetate</i>	1		0.4MEQ/ML, 30MEQ/100ML		
<i>eliphos</i>	1		<i>ringers injection</i>	1	
K-TABS	3		<i>sodium bicarbonate inj 7.5%, 8.4%</i>	1	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1		<i>sodium chloride 0.45% viaflex</i>	1	
<i>kcl 0.15%/d5w/lr</i>	1		<i>sodium chloride inj 2.5meq/ml, 3%, 5%</i>	1	
KCL 0.15%/D5W/NACL 0.2%	2		<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
KCL 0.15%/D5W/NACL 0.225%	2		AMINOSYN	2	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1		AMINOSYN II	2	
<i>kcl 0.3%/d5w/lr iv lac ring</i>	1		AMINOSYN II M	2	
KCL 0.3%/D5W/NACL 0.2%	2		AMINOSYN-HBC	2	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1		AMINOSYN-HF	2	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	1		AMINOSYN-PF	2	
<i>klor-con 10</i>	1		AMINOSYN-PF 7%	2	
<i>klor-con 8</i>	1				
KLOR-CON M15	3				
<i>klor-con m20</i>	1				
LACTATED RINGERS	2				

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
CLINIMIX / DEXTROSE	2	
CLINISOL SF	2	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2	
FREAMINE III	2	
HEPATAMINE	2	
HEPATASOL	2	
INTRALIPID INJ 1.7%; 30%	2	
<i>intralipid inj 2.25%; 20%</i>	1	
IONOSOL	2	
ISOLYTE	2	
KCL 0.15%/D10W/NACL 0.2%	2	
LIPOSYN III INJ 1.8%; 2.5%; 30%	2	
NEPHRAMINE	2	
NORMOSOL	2	
PLASMA-LYTE	2	
PREMASOL INJ 56MEQ/L; 320MG/100ML; 730MG/100ML; 190MG/100ML; 3MEQ/L; 20MG/100ML; 300MG/100ML; 220MG/100ML; 290MG/100ML; 490MG/100ML; 840MG/100ML; 490MG/100ML; 200MG/100ML; 290MG/100ML; 410MG/100ML; 230MG/100ML; 5MEQ/L; 15MG/100ML; 250MG/100ML; 120MG/100ML; 140MG/100ML; 470MG/100ML	2	
<i>premasol inj 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/100ml; 356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml</i>	1	
TRAVASOL	2	
TROPHAMINE	2	
<b>VITAMINS / HEMATINICS</b>		
<i>prenatal vitamins (generic)</i>	1	
<i>sodium fluoride tabs</i>	1	

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ANDROGEL PUMP.....	17	AVODART.....	25
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<i>androxy</i> .....	17	AZACTAM.....	2
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APIDRA.....	16	AZASITE.....	22
APIDRA SOLOSTAR.....	16	<i>azathioprine</i> .....	4
APOKYN.....	7	<i>azathioprine sodium</i> .....	4
<i>apraclonidine</i> .....	23	<i>azelastine hcl</i> .....	15, 22
<i>apri</i> .....	21	AZELEX.....	13
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<i>aranelle</i> .....	21	AZOPT.....	23
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ARICEPT ODT.....	7	<i>bacitracin / polymyxin b</i> .....	22
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ASMANEX 120 METERED DOSES.....	24	SAFETYGLIDE/1ML/29G X 1/2.....	16
ASMANEX 14 METERED DOSES.....	24	BD INSULIN SYRINGE	
ASMANEX 30 METERED DOSES.....	24	ULTRAFINE/0.3ML/31G X 5/16.....	16
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ASTEPRO.....	15	ULTRAFINE/0.5ML/30G X 1/2.....	16
<i>atenolol</i> .....	11	BD INSULIN SYRINGE ULTRAFINE/1ML/31G	
<i>atenolol / chlorthalidone</i> .....	11	X 5/16.....	16
ATRIPLA.....	1	BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	
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<i>augmented betamethasone dipropionate</i> .....	14		

<i>benazepril / hydrochlorothiazide</i> .....	11
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<i>betamethasone valerate</i> .....	14
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BICILLIN L-A .....	3
BICNU .....	4
BIDIL .....	11
BILTRICIDE .....	2
<i>bisoprolol fumarate</i> .....	11
<i>bisoprolol fumarate / hydrochlorothiazide</i> .....	11
<i>bleomycin sulfate</i> .....	4
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BOOSTRIX .....	20
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<i>bromfenac</i> .....	23
<i>bromocriptine mesylate</i> .....	7
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<i>budeprion xl</i> .....	9
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BUPHENYL .....	15
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BUPROBAN .....	15
<i>bupropion hcl</i> .....	9
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<i>butorphanol tartrate</i> .....	9
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<i>calcipotriene</i> .....	13
<i>calcitonin-salmon</i> .....	17
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<i>camila</i> .....	21
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<i>captopril</i> .....	11
<i>captopril/hydrochlorothiazide</i> .....	11
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<i>carbamazepine</i> .....	6
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<i>carbidopa/levodopa cr</i> .....	7
<i>carbidopa/levodopa odt</i> .....	7
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<i>cefotaxime sodium</i> .....	2
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<i>ceftriaxone sodium</i> .....	2	<i>clemastine fumarate</i> .....	24
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<i>chlorhexidine gluconate oral rinse</i> .....	15	<i>clomipramine</i> .....	9
<i>chloroquine</i> .....	2	<i>clonazepam</i> .....	6
<i>chlorothiazide</i> .....	11	<i>clonidine</i> .....	11
<i>chlorothiazide sodium</i> .....	11	<i>clotrimazole</i> .....	1, 14
<i>chlorpromazine</i> .....	9	<i>clotrimazole / betamethasone</i> .....	14
<i>chlorthalidone</i> .....	11	<i>clozapine</i> .....	9
<i>cholestyramine light</i> .....	12	COARTEM.....	2
CIALIS .....	23	<i>codeine sulfate</i> .....	8
<i>ciclopirox</i> .....	14	COLCRYS .....	20
<i>ciclopirox nail lacquer</i> .....	14	<i>colestipol</i> .....	12
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<i>cilostazol</i> .....	12	COLY-MYCIN S.....	16
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CIMZIA.....	18	COMBIPATCH .....	21
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CIPRODEX.....	16	<i>compro</i> .....	18
<i>ciprofloxacin</i> .....	3, 22	COMTAN .....	7
<i>cisplatin</i> .....	4	COMVAX.....	20
<i>citalopram</i> .....	9	CONDYLOX .....	13
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<i>claravis</i> .....	13	COPAXONE.....	7
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<i>clarithromycin er</i> .....	2	<i>cortomycin</i> .....	16

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CREON .....	18	<i>desoximetasone</i> .....	14
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<i>cromolyn sodium</i> .....	22, 24	<i>dexamethasone</i> .....	16, 23
<i>cryselle-28</i> .....	21	DEXAMETHASONE INTENSOL .....	16
CUBICIN .....	2	<i>dexrazoxane</i> .....	4
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<i>cyclafem 1/35</i> .....	21	<i>dextroamphetamine sulfate er</i> .....	9
<i>cyclafem 7/7/7</i> .....	21	DEXTROSE 10%/NACL 0.45%.....	15
<i>cyclobenzaprine hcl</i> .....	8	DEXTROSE 5% /ELECTROLYTE #48	
<i>cyclophosphamide</i> .....	4	VIAFLEX .....	26
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CYKLOKAPRON.....	12	DEXTROSE 10%/NACL 0.2%.....	15
CYMBALTA .....	9	<i>dextrose 2.5%/sodium chloride 0.45%</i> .....	15
CYSTADANE.....	18	<i>dextrose 5%</i> .....	15
CYSTAGON.....	25	<i>dextrose 5%/nacl 0.2%</i> .....	15
<i>cytarabine</i> .....	4	<i>dextrose 5%/nacl 0.225%</i> .....	15
CYTARABINE AQUEOUS.....	4	DEXTROSE 5%/NACL 0.33%.....	15
<b>D</b>		<i>dextrose 5%/nacl 0.45%</i> .....	15
<i>dacarbazine</i> .....	4	<i>dextrose 5%/nacl 0.9%</i> .....	15
DACOGEN .....	5	<i>diazepam</i> .....	7
<i>danazol</i> .....	17	DIBENZYLINE .....	11
<i>dantrolene sodium</i> .....	8	<i>diclofenac potassium</i> .....	9
DAPSONE .....	2	<i>diclofenac sodium</i> .....	9, 23
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DARAPRIM.....	2	<i>diclofenac sodium xr</i> .....	9
<i>daunorubicin hcl</i> .....	5	<i>dicloxacillin sodium</i> .....	3
DAUNOXOME.....	5	<i>dicyclomine hcl</i> .....	18
DECAVAC.....	20	<i>didanosine</i> .....	1
<i>demeclocycline hcl</i> .....	4	DIFFERIN.....	13
DEMSER.....	11	<i>diflorasone diacetate</i> .....	14
DENAVIR.....	14	DIFLUCAN IN NACL .....	1
<i>depade</i> .....	9	<i>diflunisal</i> .....	9
DEPEN TITRATABS .....	20	<i>digoxin</i> .....	12
DEPO-MEDROL .....	16	<i>dihydroergotamine mesylate</i> .....	7
DEPO-PROVERA .....	21	DILANTIN .....	6
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DERMOTIC .....	15	DILAUDID-5.....	8
<i>desipramine</i> .....	9	DILAUDID-HP.....	8
<i>desmopressin acetate</i> .....	17	<i>dilt-cd</i> .....	11
		<i>diltiazem cd</i> .....	11

<i>diltiazem hcl</i> .....	11	ELMIRON .....	25
<i>diltiazem hcl er</i> .....	11	ELOXATIN .....	5
<i>dilt-xr</i> .....	11	ELSPAR .....	5
<i>diltzac</i> .....	11	EMBEDA .....	8
DIOVAN .....	11	EMCYT .....	5
DIOVAN HCT .....	11	EMEND .....	18
DIPENTUM .....	18	EMSAM .....	9
DIPHThERIA/TETANUS TOXOID PEDIATRIC .....	20	EMTRIVA .....	1
<i>disopyramide phosphate</i> .....	10	ENABLEX .....	24
<i>divalproex sodium</i> .....	6	<i>enalapril</i> .....	11
<i>divalproex sodium er</i> .....	6	<i>enalapril / hydrochlorothiazide</i> .....	11
DIVIGEL .....	21	ENBREL .....	20
DOCETAXEL .....	5	<i>endocet</i> .....	8
<i>donepezil hcl</i> .....	7	ENGERIX-B .....	20
<i>dorzolamide hcl</i> .....	23	<i>enoxaparin sodium</i> .....	12
<i>dorzolamide hcl/timolol maleate</i> .....	23	<i>enpresse-28</i> .....	21
<i>doxazosin</i> .....	11	ENTOCORT EC .....	18
<i>doxepin</i> .....	9	<i>enulose</i> .....	18
DOXIL .....	5	<i>epinastine hcl</i> .....	22
<i>doxorubicin hcl</i> .....	5	<i>epinephrine hcl</i> .....	24
<i>doxycycline hyclate</i> .....	4	EPIPEN .....	24
<i>doxycycline monohydrate</i> .....	4	EPIPEN-JR .....	24
<i>dronabinol</i> .....	18	<i>epirubicin hcl</i> .....	5
DROXIA .....	5	<i>epitol</i> .....	6
DUETACT .....	16	EPIVIR .....	1
DULERA .....	24	EPIVIR HBV .....	1
<i>duramorph</i> .....	8	<i>eplerenone</i> .....	11
DUREZOL .....	23	EPOGEN .....	19
<b>E</b>		EPZICOM .....	1
<i>e.e.s. 400</i> .....	2	EQUETRO .....	6
E.E.S. GRANULES .....	2	ERAXIS .....	1
<i>econazole nitrate</i> .....	14	ERBITUX .....	5
EDECRIN .....	11	<i>ergotamine tartrate / caffeine</i> .....	7
EDURANT .....	1	<i>errin</i> .....	21
EFFIENT .....	12	<i>ery</i> .....	13
ELIDEL .....	13	ERY-TAB .....	2
<i>eliphos</i> .....	25	ERYTHROCIN LACTOBIONATE .....	2
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ELIXOPHYLLIN .....	24	<i>erythromycin</i> .....	13, 22
ELLA .....	21	<i>erythromycin / benzoyl peroxide</i> .....	13
ELLENCÉ .....	5	ERYTHROMYCIN BASE .....	2
		<i>erythromycin ethylsuccinate</i> .....	2
		<i>erythromycin/sulfisoxazole</i> .....	2

ESTRADERM.....	21	<i>flavoxate hcl</i> .....	24
<i>estradiol</i> .....	21	<i>flecainide acetate</i> .....	10
<i>estradiol / norethindrone acetate</i> .....	21	FLECTOR.....	9
ESTRING.....	21	FLOVENT DISKUS.....	24
<i>estropipate</i> .....	21	FLOVENT HFA.....	24
<i>ethambutol</i> .....	2	<i>fluconazole</i> .....	1
<i>ethosuximide</i> .....	6	<i>fluconazole in dextrose</i> .....	1
<i>etidronate disodium</i> .....	15	<i>fludarabine phosphate</i> .....	5
<i>etodolac</i> .....	9	<i>fludrocortisone acetate</i> .....	16
ETOPOPHOS.....	5	<i>flunisolide</i> .....	24
<i>etoposide</i> .....	5	<i>fluocinolone acetonide</i> .....	14
EURAX.....	15	<i>fluocinonide</i> .....	14
EVISTA.....	20	<i>fluocinonide emollient base</i> .....	14
EVOXAC.....	15	<i>fluorometholone</i> .....	23
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<i>exemestane</i> .....	5	<i>fluoxetine</i> .....	9
EXFORGE.....	11	<i>fluoxetine dr</i> .....	9
EXFORGE HCT.....	11	<i>fluphenazine</i> .....	9
EXJADE.....	15	<i>fluphenazine decanoate inj</i> .....	9
<b>F</b>		<i>flurbiprofen</i> .....	9
FABRAZYME.....	17	<i>flurbiprofen sodium</i> .....	23
<i>famciclovir</i> .....	1	<i>flutamide</i> .....	5
<i>famotidine</i> .....	19	<i>fluticasone propionate</i> .....	14, 24
<i>famotidine premixed</i> .....	19	<i>fluvoxamine</i> .....	9
FANAPT.....	9	FML.....	23
FANAPT TITRATION PACK.....	9	FML FORTE.....	23
FARESTON.....	5	FOCALIN XR.....	9
FASLODEX.....	5	FORADIL AEROLIZER.....	24
FAZACLO.....	9	FORTAZ.....	2
FELBATOL.....	6	FORTEO.....	20
<i>felodipine er</i> .....	11	<i>fortical</i> .....	17
<i>fenofibrate</i> .....	12	<i>foscarnet sodium</i> .....	1
<i>fenofibrate micronized</i> .....	12	<i>fosinopril</i> .....	11
<i>fenoprofen calcium</i> .....	9	<i>fosinopril / hydrochlorothiazide</i> .....	11
<i>fentanyl citrate</i> .....	8	FOSRENOL.....	15
<i>fentanyl citrate oral transmucosal</i> .....	8	FRAGMIN.....	12
<i>fentanyl patches</i> .....	8	FREAMINE III.....	26
<i>fexofenadine hcl</i> .....	24	<i>furosemide</i> .....	11
FINACEA.....	13	FUZEON.....	1
<i>finasteride</i> .....	25	<b>G</b>	
FIRMAGON.....	5	<i>gabapentin</i> .....	6

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<i>galantamine hydrobromide</i> .....	7	<i>halobetasol propionate</i> .....	14
<i>ganciclovir</i> .....	1	<i>haloperidol</i> .....	9
GARDASIL.....	20	<i>haloperidol decanoate inj</i> .....	9
GASTROCROM.....	18	<i>haloperidol lactate inj</i> .....	9
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<i>gavilyte-c</i> .....	18	HECTOROL .....	17
<i>gavilyte-g</i> .....	18	HEPARIN SODIUM .....	12
<i>gavilyte-n/flavor pack</i> .....	18	<i>heparin sodium/d5w</i> .....	12
GELNIQUE.....	24	HEPARIN SODIUM/NACL 0.45%.....	12
<i>gemcitabine hcl</i> .....	5	<i>heparin sodium/sodium chloride 0.9% premix</i> ....	12
<i>gemfibrozil</i> .....	12	HEPATAMINE.....	26
<i>gengraf</i> .....	5	HEPATASOL .....	26
<i>gentak</i> .....	22	HEPSERA.....	1
<i>gentamicin sulfate</i> .....	2, 14, 22	HERCEPTIN.....	5
<i>gentamicin sulfate/0.9% sodium chloride</i> .....	3	HEXALEN.....	5
<i>gentamicin sulfate/sodium chloride</i> .....	3	HIZENTRA.....	20
<i>gentasol</i> .....	22	HUMALOG .....	16
GEODON .....	9	HUMALOG KWIKPEN.....	17
<i>gianvi</i> .....	21	HUMALOG MIX 50/50 .....	17
GILENYA.....	8	HUMALOG MIX 50/50 KWIKPEN.....	17
GLEEVEC.....	5	HUMALOG MIX 75/25 .....	17
<i>glimepiride</i> .....	16	HUMALOG MIX 75/25 KWIKPEN.....	17
<i>glipizide</i> .....	16	HUMIRA .....	20
<i>glipizide / metformin</i> .....	16	HUMIRA PEN-CROHNS DISEASE STARTER	
<i>glipizide er</i> .....	16	.....	20
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GLUCAGON EMERGENCY KIT .....	16	HUMULIN 70/30 PEN .....	17
<i>glyburide</i> .....	16	HUMULIN N.....	17
<i>glyburide / metformin</i> .....	16	HUMULIN N U-100 PEN .....	17
<i>glyburide micronized</i> .....	16	HUMULIN R.....	17
<i>glycopyrrolate</i> .....	18	HUMULIN R U-500 (CONCENTRATED).....	17
<i>glycron</i> .....	16	<i>hydralazine</i> .....	11
<i>granisetron</i> .....	18	<i>hydrochlorothiazide</i> .....	11
<i>griseofulvin microsize</i> .....	1	<i>hydrocodone bitartrate/acetaminophen</i> .....	8
GRIS-PEG.....	1	<i>hydrocodone/acetaminophen</i> .....	8
<i>guanfacine hcl</i> .....	11	<i>hydrocodone/ibuprofen</i> .....	8
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<b>H</b>		<i>hydrocortisone butyrate</i> .....	14
HALAVEN.....	5	<i>hydrocortisone valerate</i> .....	14
HALDOL .....	9	<i>hydrocortisone/acetic acid</i> .....	15
HALDOL DECANOATE 100 .....	9	<i>hydromorphone hcl</i> .....	8
		<i>hydroxychloroquine</i> .....	3

<i>hydroxyurea</i> .....	5
<i>hydroxyzine hcl</i> .....	24
<b>I</b>	
<i>ibuprofen</i> .....	9
<i>idarubicin hcl</i> .....	5
IFEX.....	5
<i>ifosfamide</i> .....	5
<i>ifosfamide/mesna</i> .....	5
<i>imipramine</i> .....	9
<i>imipramine pamoate</i> .....	10
<i>imiquimod</i> .....	13
IMOVAX RABIES (H.D.C.V.).....	20
INCRELEX.....	15
<i>indapamide</i> .....	11
<i>indomethacin</i> .....	9
<i>indomethacin er</i> .....	9
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SINGULAIR	24	<i>phospha</i>	23
SKELID	15	<i>sulfadiazine</i>	4
<i>sodium bicarbonate</i>	25	<i>sulfamethoxazole/trimethoprim</i>	4
<i>sodium chloride</i>	15, 25	<i>sulfamethoxazole/trimethoprim ds</i>	4
<i>sodium chloride 0.9%</i>	15	SULFAMYLON	14
<i>sodium chloride 0.45% viaflex</i>	25	<i>sulfasalazine</i>	19
SODIUM EDECRIN	12	<i>sulfazine ec</i>	19
<i>sodium fluoride</i>	26	<i>sulindac</i>	9
<i>sodium polystyrene sulfonate</i>	15	<i>sumatriptan succinate</i>	7
<i>sodium sulfacetamide</i>	14, 23	SUPRAX	2
SOLARAZE	13	SURMONTIL	10
<i>solia</i>	22	SUSTIVA	1
SOLU-CORTEF	16	SUTENT	6
SOLU-MEDROL	16	SYMBICORT	24
SOMATULINE DEPOT	6	SYMBYAX	10
SOMAVERT	18	SYMLIN	17
SORIATANE	13	SYMLINPEN 120	17
<i>sorine</i>	10	SYMLINPEN 60	17
<i>sotalol</i>	10	SYNAREL	18
<i>sotret</i>	13	SYNTHROID	18
SPIRIVA HANDIHALER	24	SYPRINE	15
<i>spironolactone</i>	12	<b>T</b>	
<i>spironolactone/hydrochlorothiazide</i>	12	TABLOID	6
SPORANOX	1	<i>tacrolimus</i>	6
<i>sprintec 28</i>	22	TAMIFLU	1,2
SPRYCEL	6	<i>tamoxifen citrate</i>	6
<i>sronyx</i>	22	<i>tamsulosin hcl</i>	25
<i>ssd</i>	13	TARCEVA	6
<i>stagesic</i>	8	TARGRETIN	6
STALEVO 100	7	TASIGNA	6
STALEVO 125	7	TAXOTERE	6
STALEVO 150	7	TAZICEF	2
STALEVO 200	7	TAZORAC	13
STALEVO 50	7	<i>taztia xt</i>	12
STALEVO 75	7		

TEFLARO.....	2	<i>tolmetin sodium</i> .....	9
TEGRETOL-XR.....	7	<i>topiramate</i> .....	7
TEKAMLO.....	12	<i>toposar</i> .....	6
TEKTURNA.....	12	<i>topotecan hcl</i> .....	6
TEKTURNA HCT.....	12	TORISEL.....	6
<i>temazepam</i> .....	7	<i>torse mide</i> .....	12
<i>terazosin hcl</i> .....	12	TOVIAZ.....	25
<i>terbinafine</i> .....	1	TRACLEER.....	24
<i>terbutaline sulfate</i> .....	24	<i>tramadol</i> .....	9
<i>terconazole</i> .....	21	<i>tramadol hcl er</i> .....	9
<i>testosterone cypionate</i> .....	18	<i>trandolapril</i> .....	12
<i>testosterone enanthate</i> .....	18	TRANSDERM-SCOP.....	19
TETANUS / DIPHTHERIA TOXOIDS- ADSORBED ADULT.....	20	<i>tranylcypromine</i> .....	10
TETANUS TOXOID ADSORBED.....	20	TRAVASOL.....	26
<i>tetracycline hcl</i> .....	4	TRAVATAN Z.....	23
TEV-TROPIN.....	20	<i>trazodone</i> .....	10
THALOMID.....	6	TREANDA.....	6
THEO-24.....	24	TRECTOR.....	5
<i>theochron</i> .....	24	TRELSTAR DEPOT MIXJECT.....	6
<i>theophylline er</i> .....	24	TRELSTAR LA MIXJECT.....	6
<i>thermazene</i> .....	13	TRELSTAR MIXJECT.....	6
<i>thioridazine</i> .....	10	<i>tretinoin</i> .....	6, 13
<i>thiotepa</i> .....	6	<i>triamcinolone acetonide</i> .....	14
<i>thiothixene</i> .....	10	<i>triamcinolone in orabase</i> .....	15
THYMOGLOBULIN.....	20	<i>triamterene/hydrochlorothiazide</i> .....	12
<i>ticlopidine hcl</i> .....	12	TRICOR.....	12
TIKOSYN.....	10	<i>triderm</i> .....	14
<i>timolol maleate</i> .....	12, 22	<i>trifluoperazine</i> .....	10
<i>timolol maleate ophthalmic gel forming</i> .....	22	<i>trifluridine</i> .....	22
TIMOPTIC OCUDOSE.....	22	<i>trihexyphenidyl</i> .....	7
<i>tizanidine hcl</i> .....	8	<i>tri-legest fe</i> .....	22
TOBI.....	3	TRILIPIX.....	12
TOBRADEX.....	23	<i>trilyte</i> .....	19
TOBRADEX ST.....	23	<i>trimethoprim</i> .....	4
<i>tobramycin</i> .....	3, 22	<i>trimethoprim sulfate/polymyxin b sulfate</i> .....	22
TOBRAMYCIN SULFATE / SODIUM CHLORIDE.....	3	<i>trinessa</i> .....	22
<i>tobramycin/dexamethasone</i> .....	23	TRIPEDIA.....	20
<i>tobrasol</i> .....	22	<i>tri-previfem</i> .....	22
TOBREX.....	22	TRISENOX.....	6
<i>tolazamide</i> .....	17	<i>tri-sprintec</i> .....	22
<i>tolbutamide</i> .....	17	<i>trivora-28</i> .....	22
		TRIZIVIR.....	2
		TROPHAMINE.....	26

<i>tropicamide</i> .....	22	VFEND .....	1
<i>trospium chloride</i> .....	25	VFEND IV .....	1
TRUVADA .....	2	VIAGRA.....	23
TWINJECT .....	24	VIBATIV .....	4
TWINRIX.....	20	VIBRAMYCIN.....	4
TWYNSTA .....	12	VIDAZA .....	6
TYGACIL .....	3	VIDEX PEDIATRIC .....	2
TYKERB.....	6	VIGAMOX .....	22
TYPHIM VI .....	20	VIIBRYD.....	10
TYZEKA.....	2	VIMOVO .....	9
TYZINE .....	15	VIMPAT .....	7
TYZINE PEDIATRIC NASAL DROPS .....	15	<i>vinblastine sulfate</i> .....	6
<b>U</b>			
ULESFIA .....	15	<i>vincasar pfs</i> .....	6
ULORIC .....	20	<i>vincristine sulfate</i> .....	6
<i>unithroid</i> .....	18	<i>vinorelbine tartrate</i> .....	6
UROXATRAL .....	25	VIRACEPT .....	2
<i>ursodiol</i> .....	19	VIRAMUNE.....	2
UVADEX.....	13	VIREAD .....	2
<b>V</b>			
VAGIFEM.....	21	VIVAGLOBIN .....	20
<i>valacyclovir hcl</i> .....	2	VIVELLE-DOT .....	21
VALCYTE .....	2	VOLTAREN.....	9
<i>valproate sodium</i> .....	7	<i>voriconazole</i> .....	1
<i>valproic acid</i> .....	7	VOTRIENT.....	6
VALTURNA.....	12	<b>W</b>	
VANCOGIN ORAL.....	4	<i>warfarin</i> .....	12
<i>vancomycin</i> .....	4	WELCHOL.....	13
<i>vandazole</i> .....	21	<b>X</b>	
VANDETANIB.....	6	XENAZINE .....	8
VAQTA.....	20	XGEVA.....	4
VARIVAX .....	20	XIFAXAN.....	3
VECTIBIX .....	6	XOLAIR .....	24
VELCADE .....	6	XYREM .....	10
<i>velivet</i> .....	22	<b>Y</b>	
<i>venlafaxine hcl</i> .....	10	YF-VAX .....	20
<i>venlafaxine hcl er</i> .....	10	<b>Z</b>	
VENTOLIN HFA.....	24	<i>zafirlukast</i> .....	24
<i>verapamil</i> .....	12	<i>zaleplon</i> .....	10
<i>verapamil er</i> .....	12	ZANOSAR.....	6
VEREGEN .....	13	ZANTAC .....	19
VESICARE .....	25	ZAVESCA .....	18

<i>zazole</i> .....	21	ZOMIG .....	7
ZELAPAR.....	7	ZOMIG ZMT .....	7
ZEMPLAR .....	18	ZONALON .....	13
ZENPEP .....	19	<i>zonisamide</i> .....	7
<i>zeosa</i> .....	22	ZORTRESS.....	6
<i>zerlor</i> .....	8	ZOSTAVAX.....	20
ZETIA .....	13	ZOSYN .....	3
ZIAGEN .....	2	<i>zovia 1/35e</i> .....	22
<i>zidovudine</i> .....	2	<i>zovia 1/50e</i> .....	22
ZINACEF .....	2	ZOVIRAX.....	14
ZINACEF IN ISO-OSMOTIC DEXTROSE .....	2	ZUPLENZ.....	19
ZINACEF IN ISO-OSMOTIC DILUENT .....	2	ZYFLO CR .....	24
ZINECARD.....	4	ZYLET .....	23
ZIRGAN.....	22	ZYMAR .....	22
ZMAX .....	2	ZYMAXID.....	22
ZOLINZA.....	6	ZYPREXA .....	10
<i>zolpidem</i> .....	10	ZYPREXA ZYDIS .....	10
<i>zolpidem tartrate er</i> .....	10	ZYTIGA.....	6
ZOMETA .....	18	ZYVOX.....	3

