

SeniorCare (Cost)



Texas Friendly

2011 Formulary (List of Covered Drugs)

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

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2011.

“A Health Plan with a Medicare Contract”

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

Esta información está disponible en un formato diferente, incluyendo el español. Por favor llame a Servicio al Cliente al número que aparece por encima de si usted necesita información del plan en otro formato o idioma.

What is the Scott & White Health Plan Formulary?

A formulary is a list of covered drugs selected by Scott & White Health Plan 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. Scott & White Health Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Scott & White Health Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary change?

Generally, if you are taking a drug on our 2011 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2011 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of May 2011. To get updated information about the drugs covered by Scott & White Health Plan, please visit our Web site at www.swhp.org or call Customer Services at 800-334-3141, Monday – Friday, 7:00 AM – 9:00 PM CST. TTY/TDD users should call 800-735-2989. Any changes made to the 2011 formulary will be inserted into the formulary. This insert will appear toward the beginning of the formulary and will be titled "2011 Formulary Changes".

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins 8. 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 55. 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?

Scott & White Health Plan 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:** Scott & White Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Scott & White Health Plan before you fill your prescriptions. If you don't get approval, Scott & White Health Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Scott & White Health Plan limits the amount of the drug that Scott & White Health Plan will cover. For example, Scott & White Health Plan provides 18 tablets per prescription for sumatriptan tablets. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Scott & White Health Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Scott & White Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Scott & White Health 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 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.swhp.org.

You can ask Scott & White Health Plan to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Scott & White Health Plan's formulary?" on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Services and confirm that your drug is not covered. If you learn that Scott & White Health Plan does not cover your drug, you have two options:

- You can ask Customer Services for a list of similar drugs that are covered by Scott & White Health Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Scott & White Health Plan.
- You can ask Scott & White Health Plan 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 Scott & White Health Plan's Formulary?

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's or 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.

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

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

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

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

If you experience a change in your setting of care (such as being discharged or admitted to a long term-care facility), your physician or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 34-day supply) for the applicable drug(s) and cost-sharing.

For more information

For more detailed information about your Scott & White Health Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Scott & White Health Plan, please call Customer Services at 800-334-3141, Monday – Friday, 7:00 AM – 9:00 PM CST. TTY/TDD users should call 800-735-2989. Or visit www.swhp.org.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

Scott & White Health Plan's Formulary

The formulary below provides coverage information about some of the drugs covered by Scott & White Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 55.

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

The information in the Notes column tells you if Scott & White Health Plan has any special requirements for coverage of your drug.

Column 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.
GC	Gap Coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.
LA	Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Services at 866-334-3141, Monday – Friday, 8:00 AM – 8:00 PM CST. TTY/TDD users should call 800-735-2989.
M	Maintenance Medication
PA	Prior Authorization Required
QL	Quantity Limit
ST	Step Therapy

Drug Tier Copayments:

	SeniorCare Rx VALUE	SeniorCare Rx BASIC	SeniorCare Rx ENHANCED
Tier 1 (Preferred Generic)	25%	\$7	\$0
Tier 2 (Preferred Brand)	25%	\$35	\$35
Tier 3 (Non-Preferred Brand or Generic)	25%	\$64	\$65
Tier 4 (Specialty)	25%	33%	33%

DRUG NAME	DRUG TIER	NOTES
ANALGESICS		
<i>acetaminophen/codeine</i>	1	GC
<i>acetaminophen/codeine #3</i>	1	GC
<i>acetaminophen/codeine #4</i>	1	GC
<i>buprenorphine hcl</i>	1	GC
<i>butorphanol tartrate</i>	1	GC
<i>codeine sulfate</i>	1	GC
<i>endocet</i>	1	GC
<i>fentanyl</i>	3	
<i>hydrocodone bitartrate/acetaminophen</i>	1	GC
<i>hydrocodone/acetaminophen tablet</i>	1	GC
<i>hydrocodone/acetaminophen solution 500mg/15ml; 7.5mg/15ml</i>	1	GC
<i>hydrocodone/ibuprofen</i>	1	GC
<i>hydromorphone hcl</i>	1	GC
<i>levorphanol tartrate</i>	1	GC
<i>methadone hcl</i>	1	GC
<i>morphine sulfate</i>	1	GC
<i>morphine sulfate er</i>	1	GC
<i>oxycodone hcl</i>	1	GC
<i>oxycodone/acetaminophen</i>	1	GC
<i>oxycodone/aspirin</i>	1	GC
OXYCONTIN	3	
SAVELLA	3	M
SAVELLA TITRATION PACK	3	
SUBOXONE	2	
<i>tramadol hcl</i>	1	GC
<i>tramadol hydrochloride/acetaminophen</i>	1	GC
ANESTHETICS		

GC - We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

LA - This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Services at 866-334-3141, Monday – Friday, 7:00 AM – 9:00 PM CST. TTY/TDD users should call 800-735-2989.

B/D - Part B versus D Prior Authorization; **M** – Maintenance Medication; **PA** – Prior Authorization; **QL** – Quantity Limit; **ST** – Step Therapy

DRUG NAME	DRUG TIER	NOTES
<i>lidocaine</i>	1	B/D, GC
<i>lidocaine hcl</i>	1	GC
<i>lidocaine hcl jelly</i>	1	GC
<i>lidocaine viscous</i>	1	GC
<i>lidocaine/prilocaine</i>	1	B/D, GC
LIDODERM	3	
ANTI-INFLAMMATORY AGENTS		
CELEBREX	3	ST, M
<i>diclofenac potassium</i>	1	GC
<i>diclofenac sodium</i>	1	GC, M
<i>diclofenac sodium ec</i>	1	GC, M
<i>diclofenac sodium xr</i>	1	GC, M
<i>diflunisal</i>	1	GC, M
<i>etodolac</i>	1	GC, M
<i>etodolac er</i>	1	GC, M
<i>fenoprofen calcium</i>	1	GC, M
<i>flurbiprofen</i>	1	GC, M
<i>ibuprofen</i>	1	GC, M
<i>indomethacin</i>	1	GC
<i>indomethacin er</i>	1	GC
<i>ketoprofen</i>	1	GC, M
<i>ketoprofen er</i>	1	GC, M
<i>meclofenamate sodium</i>	1	GC, M
<i>meloxicam</i>	1	GC, M
<i>nabumetone</i>	1	GC, M
<i>naproxen</i>	1	GC, M
<i>naproxen dr</i>	1	GC, M
<i>naproxen sodium</i>	1	GC, M
<i>oxaprozin</i>	1	GC, M

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DRUG NAME	DRUG TIER	NOTES
<i>piroxicam</i>	1	GC, M
<i>sulindac</i>	1	GC, M
<i>tolmetin sodium</i>	1	GC, M
ANTIBACTERIALS		
<i>amikacin sulfate</i>	3	
<i>amoxicillin</i>	1	GC
<i>amoxicillin/clavulanate potassium</i>	1	GC
<i>amoxicillin/potassium clavulanate</i>	1	GC
<i>ampicillin</i>	1	GC
<i>ampicillin sodium</i>	1	GC
<i>ampicillin-sulbactam</i>	1	GC
AVELOX	3	
AVELOX ABC PACK	3	
<i>azithromycin suspension reconstituted, tablet</i>	1	GC
<i>azithromycin injection</i>	3	
BACTROBAN	2	
BACTROBAN NASAL	2	
CEDAX	2	
<i>cefaclor</i>	1	GC
<i>cefaclor er</i>	1	GC
<i>cefadroxil</i>	1	GC
<i>cefazolin sodium</i>	1	GC
<i>cefdinir</i>	1	GC
<i>cefepime</i>	3	
<i>cefotaxime sodium</i>	1	GC
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	1	GC
<i>cefpodoxime proxetil</i>	1	GC
<i>cefprozil</i>	1	GC
<i>ceftazidime</i>	3	

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DRUG NAME	DRUG TIER	NOTES
<i>ceftriaxone sodium</i>	1	GC
<i>cefuroxime axetil</i>	1	GC
CEFUROXIME SODIUM	3	
CEFUROXIME/DEXTROSE	3	
<i>cephalexin</i>	1	GC
<i>ciprofloxacin</i>	1	GC
<i>ciprofloxacin hcl</i>	1	GC
<i>clarithromycin</i>	1	GC
<i>clarithromycin er</i>	1	GC
<i>clindamycin hcl</i>	1	GC
<i>clindamycin phosphate add-vantage</i>	1	GC
<i>clindamycin phosphate cream</i>	1	GC
<i>colistimethate sodium</i>	3	
CORTISPORIN	2	
CUBICIN	4	B/D
<i>demeclocycline hcl</i>	3	
<i>dicloxacillin sodium</i>	1	GC
<i>doxycycline hyclate capsule delayed release particles 75mg</i>	1	GC
<i>doxycycline hyclate capsule, tablet</i>	1	GC
<i>doxycycline hyclate injection 100mg</i>	1	GC
<i>doxycycline monohydrate tablet 50mg, 75mg</i>	1	GC
<i>e.e.s. 400</i>	1	GC
<i>ery</i>	1	GC
ERY-TAB	2	
ERYPED 200	2	
ERYPED 400	2	
<i>erythrocin lactobionate</i>	1	GC
<i>erythrocin stearate</i>	1	GC

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<i>erythromycin</i>	1	GC
<i>erythromycin base</i>	1	GC
<i>erythromycin/sulfisoxazole</i>	1	GC
FORTAZ	3	
FURADANTIN	2	
<i>gentamicin sulfate</i>	1	GC
<i>gentamicin sulfate/0.9% sodium chloride</i>	1	GC
<i>gentamicin sulfate/sodium chloride</i>	1	GC
INVANZ	2	
<i>isotonic gentamicin</i>	1	GC
KETEK	3	
LEVAQUIN	3	
<i>methenamine hippurate</i>	1	GC
METROGEL	2	
<i>metronidazole</i>	1	GC
<i>metronidazole in nacl 0.79%</i>	1	GC
<i>metronidazole vaginal</i>	1	GC
<i>minocycline hcl</i>	1	GC
<i>mupirocin</i>	1	GC
<i>nafcillin sodium</i>	1	GC
<i>neomycin sulfate</i>	1	GC
<i>neomycin/polymyxin/gramicidin</i>	1	GC
<i>nitrofurantoin macrocrystalline</i>	1	GC
<i>nitrofurantoin monohydrate</i>	1	GC
<i>ofloxacin</i>	1	GC
<i>penicillin g potassium</i>	1	GC
<i>penicillin g potassium in iso-osmotic dextrose</i>	1	GC
<i>penicillin g procaine</i>	1	GC
<i>penicillin g sodium</i>	1	GC

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<i>penicillin v potassium</i>	1	GC
<i>piperacillin sodium</i>	1	GC
<i>piperacillin sodium/ tazobactam sodium</i>	1	GC
<i>polymyxin b sulfate</i>	1	GC
PRIMAXIN I.M.	3	
PRIMAXIN IV	3	
<i>silver sulfadiazine</i>	1	GC
<i>sodium sulfacetamide</i>	1	GC
<i>ssd</i>	1	GC
<i>sulfadiazine</i>	1	GC
<i>sulfamethoxazole/trimethoprim</i>	1	GC
<i>sulfamethoxazole/trimethoprim ds</i>	1	GC
SUPRAX	2	
<i>tazicef</i>	3	
<i>tetracycline hcl</i>	1	GC
TIMENTIN	3	
<i>tobramycin sulfate</i>	1	GC
<i>tobramycin sulfate/sodium chloride</i>	1	GC
<i>trimethoprim</i>	1	GC
TYGACIL	3	
VANCOCIN HCL	3	
<i>vancomycin hcl</i>	1	B/D, GC
<i>vandazole</i>	1	GC
XIFAXAN	3	PA
ZOSYN	3	
ZYVOX	4	
ANTICONVULSANTS		
BANZEL	3	M
<i>carbamazepine</i>	1	GC, M

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DRUG NAME	DRUG TIER	NOTES
<i>carbamazepine er</i>	1	GC, M
CARBATROL	2	M
CELONTIN	2	M
DEPAKENE	2	M
DEPAKOTE	2	M
DEPAKOTE ER	2	M
DEPAKOTE SPRINKLES	2	M
DILANTIN INFATABS	2	M
DILANTIN SUSPENSION	2	M
DILANTIN CAPSULE	2	M
<i>divalproex sodium</i>	1	GC, M
<i>divalproex sodium er</i>	1	GC, M
<i>ethosuximide</i>	1	GC, M
FELBATOL	2	M
<i>gabapentin capsule, oral solution, tablet</i>	1	GC, M
GABITRIL	2	M
KEPPRA INJECTION	2	
KEPPRA ORAL SOLUTION, TABLET	2	M
LAMICTAL	3	M
LAMICTAL CHEWABLE DISPERSIBLE	3	M
<i>lamotrigine</i>	1	GC, M
<i>levetiracetam injection</i>	1	GC
<i>levetiracetam oral solution, tablet</i>	1	GC, M
LYRICA	3	M
NEURONTIN SOLUTION	2	M
<i>oxcarbazepine</i>	1	GC, M
PEGANONE	2	
<i>phenytoin</i>	1	GC, M
<i>phenytoin sodium</i>	1	GC

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<i>phenytoin sodium extended</i>	1	GC, M
<i>primidone</i>	1	GC, M
SABRIL TABLET	4	LA
SABRIL PACKET	4	LA, M
TEGRETOL	2	M
TEGRETOL-XR	2	M
<i>topiramate</i>	1	GC, M
TRILEPTAL	3	M
<i>valproate sodium</i>	1	GC
<i>valproic acid</i>	1	GC, M
VIMPAT INJECTION	3	
VIMPAT ORAL SOLUTION, TABLET	3	M
<i>zonisamide</i>	1	GC, M
ANTIDEMENTIA AGENTS		
ARICEPT ODT	2	M
ARICEPT TABLET 10MG, 5MG	2	M
<i>donepezil hcl</i>	1	GC, M
<i>ergoloid mesylates</i>	1	GC, M
EXELON	2	M
NAMENDA	2	M
NAMENDA TITRATION PAK	2	
<i>rivastigmine tartrate</i>	1	M, GC
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i>	1	GC, M
<i>amoxapine</i>	1	GC, M
<i>budeprion sr</i>	1	GC, M
<i>budeprion xl</i>	1	GC, M
<i>buproban</i>	1	GC
<i>bupropion hcl</i>	1	GC, M

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DRUG NAME	DRUG TIER	NOTES
<i>bupropion hcl sr</i>	1	GC, M
<i>chlordiazepoxide/amitriptyline</i>	1	GC, M
<i>citalopram hydrobromide</i>	1	GC, M
<i>clomipramine hcl</i>	1	GC, M
CYMBALTA	3	M
<i>desipramine hcl</i>	1	GC, M
<i>doxepin hcl capsule</i>	1	GC, M
<i>doxepin hcl concentrate</i>	1	GC, M
EFFEXOR XR	2	M
EMSAM	3	
<i>fluoxetine hcl</i>	1	GC, M
<i>fluvoxamine maleate</i>	1	GC, M
<i>imipramine hcl</i>	1	GC, M
<i>maprotiline hcl</i>	1	GC, M
MARPLAN	2	M
<i>mirtazapine</i>	1	GC, M
<i>mirtazapine odt</i>	1	GC, M
NARDIL	2	M
<i>nefazodone hcl</i>	1	GC, M
<i>nortriptyline hcl</i>	1	GC, M
<i>paroxetine hcl</i>	1	GC, M
<i>paroxetine hcl er</i>	1	GC, M
PRISTIQ	3	M
<i>protriptyline hcl</i>	1	GC, M
<i>sertraline hcl</i>	1	GC, M
SURMONTIL	3	M
<i>tranylcypromine sulfate</i>	1	GC, M
<i>trazodone hcl</i>	1	GC, M
<i>venlafaxine hcl</i>	1	GC, M

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DRUG NAME	DRUG TIER	NOTES
<i>venlafaxine hcl er capsule extended release 24 hour</i>	1	GC, M
ANTIDOTES, DETERRENDS, AND TOXICOLOGIC AGENTS		
ANTABUSE	2	M
ANTIZOL	4	
CAMPRAL	2	
CHANTIX	2	
EXJADE	4	PA LA, M
<i>naloxone hcl</i>	1	GC
<i>naltrexone hcl</i>	1	GC
NICOTROL INHALER	3	
NICOTROL NS	3	
<i>sodium polystyrene sulfonate</i>	1	GC
SUBOXONE TABLET SUBLINGUAL	2	
SYPRINE	2	
ANTIEMETICS		
DRONABINOL	3	
EMEND CAPSULE 125MG, 40MG, 80MG	3	QL (12 per 30 days)
EMEND CAPSULE 0	3	QL (6 per 30 days)
<i>granisetron hcl injection</i>	1	GC
<i>granisetron hcl tablet</i>	1	QL (60 per 30 days) GC
<i>metoclopramide hcl</i>	1	GC
<i>ondansetron hcl injection</i>	1	GC
<i>ondansetron hcl oral solution</i>	1	QL (900 per 30 days) GC
<i>ondansetron hcl tablet 24mg</i>	1	QL (20 per 30 days) GC
<i>ondansetron hcl tablet 4mg, 8mg</i>	1	QL (90 per 30 days) GC
<i>ondansetron odt</i>	1	QL (90 per 30 days) GC
<i>prochlorperazine</i>	1	GC
<i>prochlorperazine edisylate</i>	1	GC
<i>prochlorperazine maleate</i>	1	GC

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DRUG NAME	DRUG TIER	NOTES
TRANSDERM-SCOP	2	
<i>trimethobenzamide hcl capsule</i>	1	GC
ANTIFUNGALS		
ANCOBON	3	
CANCIDAS	4	
<i>ciclopirox</i>	1	GC
<i>ciclopirox olamine</i>	1	GC
<i>clotrimazole/betamethasone dipropionate</i>	1	GC
<i>clotrimazole solution, troche</i>	1	GC
<i>econazole nitrate</i>	1	GC
EXELDERM	2	
<i>fluconazole</i>	1	GC
<i>fluconazole in dextrose</i>	1	GC
GRIS-PEG	2	
<i>griseofulvin microsize</i>	1	GC
<i>itraconazole</i>	1	GC
<i>ketoconazole</i>	1	GC
NOXAFIL	2	PA
<i>nyamyc</i>	1	GC
<i>nystatin</i>	1	GC
<i>nystatin/triamcinolone</i>	1	GC
<i>nystop</i>	1	GC
OXISTAT	2	
<i>terbinafine hcl</i>	1	GC
<i>terconazole</i>	1	GC
ANTIGOUT AGENTS		
<i>allopurinol</i>	1	GC, M
COLCRYS	3	M
<i>probenecid</i>	1	GC, M

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DRUG NAME	DRUG TIER	NOTES
<i>probenecid/colchicine</i>	1	GC
ANTIMIGRAINE AGENTS		
<i>ergotamine tartrate/caffeine</i>	1	GC
IMITREX SOLUTION	2	QL (6 per 30 days)
MAXALT-MLT TABLET DISPERSIBLE 10MG	3	QL (12 per 30 days)
MAXALT-MLT TABLET DISPERSIBLE 5MG	3	QL (24 per 30 days)
MAXALT TABLET 10MG	3	QL (12 per 30 days)
MAXALT TABLET 5MG	3	QL (24 per 30 days)
MIGRANAL	2	QL (8 per 30 days)
<i>sumatriptan succinate tablet</i>	1	QL (18 per 30 days) GC
<i>sumatriptan succinate injection</i>	1	QL (5 per 30 days) GC
ANTIMYASTHENIC AGENTS		
<i>guanidine hcl</i>	1	GC
<i>pyridostigmine bromide</i>	1	GC, M
ANTIMYCOBACTERIALS		
CAPASTAT SULFATE	3	
<i>dapsone</i>	1	GC, M
<i>ethambutol hcl</i>	1	GC, M
<i>isoniazid syrup, tablet</i>	1	GC, M
MYCOBUTIN	3	
PASER	3	M
PRIFTIN	3	
<i>pyrazinamide</i>	1	GC, M
<i>rifampin</i>	1	GC
SEROMYCIN	3	
TRECTOR	3	
ANTINEOPLASTICS		
AFINITOR TABLET	4	M
ALIMTA	4	B/D

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DRUG NAME	DRUG TIER	NOTES
AMIFOSTINE	4	B/D
<i>anastrozole</i>	1	GC, M
ARIMIDEX	2	M
AROMASIN	3	M
AVASTIN	4	B/D
<i>bleomycin sulfate</i>	1	B/D, GC
CAMPATH	4	B/D
CEENU	3	
<i>cyclophosphamide</i>	3	B/D
ELITEK	4	
EMCYT	2	
FARESTON	3	M
FEMARA	2	M
GLEEVEC	4	PA, M
HEXALEN	4	
<i>hydroxyurea</i>	1	GC, M
LEUKERAN	2	
MATULANE	4	
<i>mercaptopurine</i>	1	GC
MESNEX TABLET	4	
MITOXANTRONE HCL	3	B/D, M
NEXAVAR	4	LA
ONTAK	4	
PANRETIN	4	
PROLEUKIN	4	B/D
REVLIMID	4	LA, M
RITUXAN	4	B/D
SPRYCEL TABLET	4	PA, M
SUTENT	4	

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DRUG NAME	DRUG TIER	NOTES
TABLOID	3	
<i>tamoxifen citrate</i>	1	GC, M
TARCEVA	4	PA, M
TARGRETIN GEL	4	
TARGRETIN CAPSULE	4	M
TASIGNA	4	M
THALOMID	4	M
<i>tretinoin</i>	4	
TRISENOX	3	B/D
TYKERB	4	LA, M
VELCADE	4	B/D
VIDAZA	4	B/D
VOTRIENT	4	
ZOLINZA	4	
ANTIPARASITICS		
ALBENZA	2	
<i>chloroquine phosphate</i>	1	GC, M
DARAPRIM	2	
<i>hydroxychloroquine sulfate</i>	1	GC, M
<i>lindane</i>	1	GC
MALARONE	2	
<i>mebendazole</i>	1	GC
<i>mefloquine hcl</i>	1	GC, M
MEPRON	3	
<i>permethrin</i>	1	GC
<i>primaquine phosphate</i>	1	GC, M
STROMECTOL	2	
ANTIPARKINSON AGENTS		
<i>amantadine hcl</i>	1	GC, M

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DRUG NAME	DRUG TIER	NOTES
APOKYN	3	LA, M
<i>benztropine mesylate tablet</i>	1	GC, M
<i>bromocriptine mesylate</i>	1	GC, M
<i>carbidopa/levodopa</i>	1	GC, M
<i>carbidopa/levodopa cr</i>	1	GC, M
<i>carbidopa/levodopa sr</i>	1	GC, M
COMTAN	2	M
<i>pramipexole dihydrochloride tablet</i>	1	GC, M
<i>ropinirole hcl</i>	1	GC, M
<i>selegiline hcl</i>	1	GC, M
<i>trihexyphenidyl hcl</i>	1	GC, M
ANTIPSYCHOTICS		
ABILIFY DISCMELT	3	M
ABILIFY INJECTION	3	
ABILIFY ORAL SOLUTION, TABLET	3	M
<i>chlorpromazine hcl injection</i>	1	GC
<i>chlorpromazine hcl tablet</i>	1	GC, M
<i>clozapine</i>	1	GC, M
FANAPT	3	M
FANAPT TITRATION PACK	3	
FAZACLO TABLET DISPERSIBLE	3	M
<i>fluphenazine decanoate</i>	1	GC
<i>fluphenazine hcl concentrate, injection</i>	1	GC
<i>fluphenazine hcl elixir, tablet</i>	1	GC, M
GEODON INJECTION	3	
GEODON CAPSULE	3	M
<i>haloperidol</i>	1	GC, M
<i>haloperidol decanoate</i>	1	GC, M
<i>haloperidol lactate</i>	1	GC

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DRUG NAME	DRUG TIER	NOTES
INVEGA	3	M
INVEGA SUSTENNA INJECTION 39MG/0.25ML, 78MG/0.5ML	3	M
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	4	M
LATUDA	3	M
<i>loxapine succinate</i>	1	GC, M
ORAP	2	M
<i>perphenazine</i>	1	GC, M
RISPERDAL CONSTA	3	M
<i>risperidone</i>	1	GC, M
<i>risperidone odt</i>	1	GC, M
SAPHRIS	3	M
SEROQUEL	2	M
SEROQUEL XR	2	M
<i>thioridazine hcl</i>	1	GC, M
<i>thiothixene</i>	1	GC, M
<i>trifluoperazine hcl</i>	1	GC, M
ZYPREXA ZYDIS	3	M
ZYPREXA INJECTION	3	
ZYPREXA TABLET	3	M
ANTISPASTICITY AGENTS		
<i>baclofen</i>	1	GC, M
<i>tizanidine hcl</i>	1	GC, M
ANTIVIRALS		
<i>acyclovir</i>	1	GC, M
<i>amantadine hcl</i>	1	GC, M
APTIVUS	2	M
ATRIPLA	3	M

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DRUG NAME	DRUG TIER	NOTES
BARACLUDE SOLUTION	3	M
BARACLUDE TABLET	4	M
COMBIVIR	3	M
CRIXIVAN	2	M
DENAVIR	2	
<i>didanosine</i>	1	GC, M
EMTRIVA	2	M
EPIVIR	2	M
EPIVIR HBV	2	M
EPZICOM	3	M
<i>famciclovir</i>	1	GC
FUZEON	2	M
<i>ganciclovir capsule</i>	1	GC
HEPSERA	3	
INTELENCE TABLET	3	M
INVIRASE	2	M
ISENTRESS	3	M
KALETRA	3	M
LEXIVA	2	M
NORVIR	2	M
PREZISTA TABLET	2	M
RESCRIPTOR	2	M
RETROVIR IV INFUSION	3	
REYATAZ	2	M
<i>ribavirin capsule</i>	1	PA GC
<i>ribavirin tablet 200mg</i>	1	PA GC
<i>rimantadine hcl</i>	1	GC
SELZENTRY	3	M
<i>stavudine</i>	1	GC, M

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DRUG NAME	DRUG TIER	NOTES
SUSTIVA	2	M
TAMIFLU SUSPENSION RECONSTITUTED	2	QL (1050 per 365 days)
TAMIFLU CAPSULE 30MG	2	QL (112 per 365 days)
TAMIFLU CAPSULE 45MG, 75MG	2	QL (56 per 365 days)
TRIZIVIR	3	M
TRUVADA	3	M
TYZEKA	3	M
<i>valacyclovir hcl</i>	1	GC, M
VALCYTE	4	PA, M
VIDEX PEDIATRIC	2	M
VIRACEPT	2	M
VIRAMUNE	2	M
VIREAD	2	M
ZIAGEN	2	M
<i>zidovudine</i>	1	GC, M
ANXIOLYTICS		
<i>bupirone hcl</i>	1	GC, M
<i>meprobamate</i>	1	GC
BIPOLAR AGENTS		
<i>lithium carbonate</i>	1	GC, M
<i>lithium carbonate er</i>	1	GC, M
<i>lithium citrate</i>	1	GC, M
BLOOD GLUCOSE REGULATORS		
<i>acarbose</i>	1	GC, M
ACTOPLUS MET	3	M
ACTOS	3	M
APIDRA	3	M
APIDRA SOLOSTAR	3	M
BYETTA INJECTION	3	PA, M

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DRUG NAME	DRUG TIER	NOTES
<i>chlorpropamide</i>	1	GC, M
DUETACT	3	M
<i>glimepiride</i>	1	GC, M
<i>glipizide</i>	1	GC, M
<i>glipizide er</i>	1	GC, M
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
<i>glyburide</i>	1	GC, M
<i>glyburide micronized</i>	1	GC, M
<i>glyburide/metformin hcl</i>	1	GC, M
HUMALOG	2	M
HUMALOG KWIKPEN	2	M
HUMALOG MIX 50/50	2	M
HUMALOG MIX 50/50 KWIKPEN	2	M
HUMALOG MIX 75/25	2	M
HUMALOG MIX 75/25 KWIKPEN	2	M
HUMULIN 70/30	2	M
HUMULIN 70/30 PEN	2	M
HUMULIN N	2	M
HUMULIN N U-100 PEN	2	M
HUMULIN R	2	M
HUMULIN R U-500 (CONCENTRATED)	2	M
JANUMET	3	M
JANUVIA	3	M
LANTUS	2	M
LANTUS SOLOSTAR	2	M
LEVEMIR	3	M
LEVEMIR FLEXPEN	3	M
<i>metformin hcl</i>	1	GC, M

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DRUG NAME	DRUG TIER	NOTES
<i>metformin hcl er</i>	1	GC, M
<i>nateglinide</i>	1	GC, M
NOVOLIN 70/30	2	M
NOVOLIN 70/30 INNOLET	2	M
NOVOLIN N	2	M
NOVOLIN N INNOLET	2	M
NOVOLIN R	2	M
NOVOLOG	2	M
NOVOLOG FLEXPEN	2	M
NOVOLOG MIX 70/30	2	M
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	M
ONGLYZA	3	M
PROGLYCEM	2	M
RELION R	2	M
STARLIX	3	M
SYMLIN	3	M
SYMLINPEN 120	3	M
SYMLINPEN 60	3	M
<i>tolazamide</i>	1	GC, M
<i>tolbutamide</i>	1	GC, M
BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS		
AGGRENOX	3	M
<i>anagrelide hydrochloride</i>	1	GC, M
ARANESP ALBUMIN FREE INJECTION 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML	3	B/D, M
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 300MCG/ML, 500MCG/ML, 60MCG/0.3ML, 60MCG/ML	4	B/D, M
ARIXTRA INJECTION 5MG/0.4ML	3	QL (12 per 30 days)

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DRUG NAME	DRUG TIER	NOTES
ARIXTRA INJECTION 2.5MG/0.5ML	3	QL (15 per 30 days)
ARIXTRA INJECTION 7.5MG/0.6ML	3	QL (18 per 30 days)
ARIXTRA INJECTION 10MG/0.8ML	3	QL (24 per 30 days)
<i>cilostazol</i>	1	GC, M
COUMADIN INJECTION	2	
COUMADIN TABLET	2	M
CYKLOKAPRON	2	
<i>dipyridamole</i>	1	GC, M
EFFIENT	3	M
<i>enoxaparin sodium injection 40mg/0.4ml</i>	1	QL (12 per 30 days), GC
<i>enoxaparin sodium injection 60mg/0.6ml</i>	1	QL (36 per 30 days), GC
<i>enoxaparin sodium injection 120mg/0.8ml, 80mg/0.8ml</i>	1	QL (48 per 30 days), GC
<i>enoxaparin sodium injection 100mg/ml, 150mg/ml</i>	1	QL (60 per 30 days), GC
<i>enoxaparin sodium injection 30mg/0.3ml</i>	1	QL (9 per 30 days), GC
FRAGMIN INJECTION 10000UNIT/ML	3	QL (30 per 30 days)
FRAGMIN INJECTION 2500UNIT/0.2ML, 5000UNIT/0.2ML	3	QL (6 per 30 days)
FRAGMIN INJECTION 7500UNIT/0.3ML	3	QL (9 per 30 days)
<i>heparin sodium</i>	1	GC
<i>heparin sodium/d5w</i>	1	GC
<i>heparin sodium/nacl 0.45%</i>	1	GC
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	GC
LEUKINE	4	B/D
LOVENOX INJECTION 40MG/0.4ML	2	QL (12 per 30 days)
LOVENOX INJECTION 60MG/0.6ML	2	QL (36 per 30 days)
LOVENOX INJECTION 120MG/0.8ML, 80MG/0.8ML	2	QL (48 per 30 days)
LOVENOX INJECTION 100MG/ML, 150MG/ML	2	QL (60 per 30 days)
LOVENOX INJECTION 30MG/0.3ML	2	QL (9 per 30 days)
LOVENOX INJECTION 300MG/3ML	2	QL (90 per 30 days)

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DRUG NAME	DRUG TIER	NOTES
MOZOBIL	4	QL (9.6 per 30 days) PA
NEULASTA	4	B/D
NEUMEGA	4	B/D
NEUPOGEN	4	B/D
<i>pentoxifylline er</i>	1	GC, M
PLAVIX TABLET 75MG	3	M
PROCRIT INJECTION 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	B/D, M
PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	3	B/D, M
PROMACTA TABLET	4	LA, M
<i>ticlopidine hcl</i>	1	GC, M
<i>warfarin sodium</i>	1	GC, M
CARDIOVASCULAR AGENTS		
<i>acebutolol hcl</i>	1	GC, M
<i>acetazolamide</i>	1	GC, M
ADVICOR	2	M
<i>afeditab cr</i>	1	GC, M
ALDACTAZIDE TABLET 50MG; 50MG	2	M
<i>amiloride hcl</i>	1	GC, M
<i>amiloride/hydrochlorothiazide</i>	1	GC, M
<i>amiodarone hcl injection</i>	1	GC
<i>amiodarone hcl tablet</i>	1	GC, M
<i>amlodipine besylate</i>	1	GC, M
<i>amlodipine besylate/benazepril hydrochloride</i>	1	GC, M
<i>atenolol</i>	1	GC, M
<i>atenolol/chlorthalidone</i>	1	GC, M
AZOR	2	M
<i>benazepril hcl</i>	1	GC, M

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DRUG NAME	DRUG TIER	NOTES
<i>benazepril hcl/hydrochlorothiazide</i>	1	GC, M
BENICAR	2	M
BENICAR HCT	2	M
<i>betaxolol hcl</i>	1	GC, M
<i>bisoprolol fumarate</i>	1	GC, M
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	GC, M
<i>bumetanide injection</i>	1	GC
<i>bumetanide tablet</i>	1	GC, M
BYSTOLIC	3	M
<i>captopril</i>	1	GC, M
<i>captopril/hydrochlorothiazide</i>	1	GC, M
<i>cartia xt</i>	1	GC, M
<i>carvedilol</i>	1	GC, M
<i>chlorothiazide</i>	1	GC, M
<i>chlorthalidone</i>	1	GC, M
<i>cholestyramine light</i>	1	GC, M
<i>clonidine hcl</i>	1	GC, M
<i>colestipol hcl</i>	1	GC, M
CRESTOR	2	M
DIBENZYLIN	2	
<i>digoxin injection</i>	1	GC
<i>digoxin oral solution, tablet</i>	1	GC, M
<i>dilt-cd</i>	1	GC, M
<i>dilt-xr</i>	1	GC, M
<i>diltiazem cd</i>	1	GC, M
<i>diltiazem hcl er</i>	1	GC, M
<i>diltiazem hcl injection</i>	1	GC
<i>diltiazem hcl tablet</i>	1	GC, M
<i>diltzac</i>	1	GC, M

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DRUG NAME	DRUG TIER	NOTES
DIOVAN	2	M
DIOVAN HCT	2	M
<i>disopyramide phosphate</i>	1	GC, M
<i>enalapril maleate</i>	1	GC, M
<i>enalapril maleate/hydrochlorothiazide</i>	1	GC, M
EXFORGE	2	M
EXFORGE HCT	2	M
<i>felodipine er</i>	1	GC, M
<i>fenofibrate</i>	1	GC, M
<i>fenofibrate micronized</i>	1	GC, M
<i>flecainide acetate</i>	1	GC, M
<i>fosinopril sodium</i>	1	GC, M
<i>fosinopril sodium/hydrochlorothiazide</i>	1	GC, M
<i>furosemide injection</i>	1	GC
<i>furosemide oral solution, tablet</i>	1	GC, M
<i>gemfibrozil</i>	1	GC, M
<i>guanabenz acetate</i>	1	GC, M
<i>guanfacine hcl</i>	1	GC, M
<i>hydralazine hcl injection</i>	1	GC
<i>hydralazine hcl tablet</i>	1	GC, M
<i>hydrochlorothiazide</i>	1	GC, M
IMDUR	2	M
<i>indapamide</i>	1	GC, M
<i>isosorbide dinitrate</i>	1	GC, M
<i>isosorbide dinitrate er</i>	1	GC, M
<i>isosorbide mononitrate</i>	1	GC, M
<i>isosorbide mononitrate er</i>	1	GC, M
<i>labetalol hcl injection</i>	1	GC
<i>labetalol hcl tablet</i>	1	GC, M

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DRUG NAME	DRUG TIER	NOTES
LANOXIN INJECTION	2	
LANOXIN TABLET	2	M
LIPITOR	3	M
<i>lisinopril/hydrochlorothiazide</i>	1	GC, M
<i>lisinopril tablet 5mg</i>	1	GC
<i>lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg</i>	1	GC, M
<i>losartan potassium</i>	1	GC, M
<i>losartan potassium/hydrochlorothiazide</i>	1	GC, M
LOTREL CAPSULE 10MG; 40MG, 5MG; 40MG	2	M
<i>lovastatin</i>	1	GC, M
LOVAZA	3	M
<i>methyclothiazide</i>	1	GC, M
<i>methyldopa</i>	1	GC, M
<i>methyldopa/hydrochlorothiazide</i>	1	GC, M
<i>metolazone</i>	1	GC, M
<i>metoprolol succinate er</i>	1	GC, M
<i>metoprolol tartrate injection</i>	1	GC
<i>metoprolol tartrate tablet</i>	1	GC, M
<i>metoprolol/hydrochlorothiazide</i>	1	GC, M
<i>mexiletine hcl</i>	1	GC, M
<i>midodrine hcl</i>	3	
<i>minoxidil</i>	1	GC, M
MULTAQ	2	M
<i>nadolol</i>	1	GC, M
<i>nadolol/bendroflumethiazide</i>	1	GC, M
NIASPAN	2	M
<i>nifediac cc</i>	1	GC, M
<i>nifedical xl</i>	1	GC, M
<i>nifedipine</i>	1	GC, M

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DRUG NAME	DRUG TIER	NOTES
<i>nifedipine er</i>	1	GC, M
<i>nimodipine</i>	1	GC
NITRO-BID	2	M
NITRO-DUR PATCH 24 HOUR 0.3MG/HR	2	M
<i>nitroglycerin transdermal</i>	1	GC, M
<i>nitroglycerin injection</i>	1	GC
<i>nitroglycerin patch 24 hour</i>	1	GC, M
NITROLINGUAL PUMPSPRAY	2	M
<i>nitrostat</i>	1	GC, M
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 150MG	2	M
<i>pacerone</i>	1	GC, M
<i>pindolol</i>	1	GC, M
<i>pravastatin sodium</i>	1	GC, M
<i>prevalite</i>	1	GC, M
<i>procainamide hcl</i>	1	GC
<i>propafenone hcl</i>	1	GC, M
<i>propranolol hcl er</i>	1	GC, M
<i>propranolol hcl injection</i>	1	GC
<i>propranolol hcl oral solution, tablet</i>	1	GC, M
<i>propranolol/hydrochlorothiazide</i>	1	GC, M
<i>quinapril hcl</i>	1	GC, M
<i>quinapril/hydrochlorothiazide</i>	1	GC, M
<i>quinidine gluconate cr</i>	1	GC, M
<i>quinidine sulfate</i>	1	GC, M
<i>quinidine sulfate er</i>	1	GC, M
<i>ramipril</i>	1	GC, M
RANEXA	3	M
<i>reserpine</i>	1	GC, M

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DRUG NAME	DRUG TIER	NOTES
SIMCOR TABLET EXTENDED RELEASE 24 HOUR	2	M
<i>simvastatin</i>	1	GC, M
<i>sotalol hcl</i>	1	GC, M
<i>spironolactone</i>	1	GC, M
<i>spironolactone/hydrochlorothiazide</i>	1	GC, M
<i>taztia xt</i>	1	GC, M
TEKTURNA	3	M
TEKTURNA HCT	3	M
TIKOSYNA	3	M
TOPROL XL	2	M
<i>toremide injection</i>	1	GC
<i>toremide tablet</i>	1	GC, M
<i>triamterene/hydrochlorothiazide</i>	1	GC, M
TRIBENZOR	2	M
TRICOR	3	M
TRILIPIX	3	M
VALTURNA	3	M
<i>verapamil hcl er</i>	1	GC, M
<i>verapamil hcl injection</i>	1	GC
<i>verapamil hcl tablet</i>	1	GC, M
VYTORIN	2	M
WELCHOL	3	M
ZETIA	2	M
CENTRAL NERVOUS SYSTEM AGENTS		
<i>amphetamine/dextroamphetamine</i>	1	GC, M
<i>dextroamphetamine sulfate</i>	1	GC, M
<i>dextroamphetamine sulfate er</i>	1	GC, M
<i>methylin</i>	1	GC, M
<i>methylin er</i>	1	GC, M

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DRUG NAME	DRUG TIER	NOTES
<i>methylphenidate hcl</i>	1	GC, M
<i>methylphenidate hcl sr</i>	1	GC, M
NUVIGIL	2	M
PROVIGIL	2	M
RILUTEK	4	M
STRATTERA	2	M
VYVANSE	2	M
XYREM	3	LA
DENTAL AND ORAL AGENTS		
<i>chlorhexidine gluconate oral rinse</i>	1	GC
<i>pilocarpine hcl</i>	1	GC
<i>pilocarpine hydrochloride</i>	1	GC
<i>triamcinolone in orabase</i>	1	GC
DERMATOLOGICAL AGENTS		
<i>calcipotriene</i>	1	GC
CARAC	2	
<i>clindamycin phosphate</i>	1	GC
DOVONEX	2	
EFUDEX	2	
ELIDEL	3	
<i>fluorouracil</i>	1	GC
<i>imiquimod</i>	1	GC
OXSORALEN ULTRA	2	
<i>podofilox</i>	1	GC
PROTOPIC	3	
REGRANEX	3	
RETIN-A MICRO	2	PA
SANTYL	2	
<i>selenium sulfide</i>	1	GC

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DRUG NAME	DRUG TIER	NOTES
<i>sodium sulfacetamide</i>	1	GC
SOLARAZE	3	
SORIATANE	3	
STELARA	4	PA, M
TACLONEX	3	
TACLONEX SCALP	3	
TAZORAC	3	PA
<i>tretinoin</i>	1	PA GC
ZYCLARA	3	
ENZYME REPLACEMENTS/ MODIFIERS		
ADAGEN	4	
ALDURAZYME	4	
BUPHENYL TABLET	4	
CEREZYME	4	M
CREON	2	M
CYSTADANE	3	
CYSTAGON	3	M
ELAPRASE	4	LA, M
FABRAZYME	4	
KUVAN	4	M
NAGLAZYME	4	LA, M
ORFADIN	4	M
ZAVESCA	4	LA, M
ZENPEP	3	M
GASTROINTESTINAL AGENTS		
AMITIZA	3	M
BENTYL SYRUP	2	
<i>cimetidine hcl injection</i>	1	GC
<i>cimetidine hcl oral solution</i>	1	GC, M

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DRUG NAME	DRUG TIER	NOTES
<i>cimetidine tablet 300mg, 400mg, 800mg</i>	1	GC, M
<i>constulose</i>	1	GC, M
<i>dicyclomine hcl</i>	1	GC
<i>diphenoxylate/atropine</i>	1	GC
<i>enulose</i>	1	GC, M
GASTROCROM	3	
<i>gavilyte-c</i>	1	GC
<i>gavilyte-g</i>	1	GC
<i>gavilyte-n/flavor pack</i>	1	GC
<i>generlac</i>	1	GC, M
<i>glycopyrrolate tablet</i>	1	GC
GOLYTELY	2	
HALFLYTELY BOWEL PREP	2	
<i>lactulose</i>	1	GC, M
LOTRONEX	2	M
<i>misoprostol</i>	1	GC, M
NEXIUM	2	M
NEXIUM I.V.	2	
<i>nizatidine capsule</i>	1	GC, M
<i>omeprazole capsule delayed release 20mg</i>	1	GC
<i>omeprazole capsule delayed release 10mg, 40mg</i>	1	GC, M
<i>pantoprazole sodium</i>	1	GC, M
<i>polyethylene glycol 3350</i>	1	GC
<i>ranitidine hcl injection</i>	1	GC
<i>ranitidine hcl capsule, syrup, tablet</i>	1	GC, M
<i>sucrafate</i>	1	GC, M
<i>trilyte</i>	1	GC
<i>ursodiol</i>	1	GC, M
GENITOURINARY AGENTS		

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DRUG NAME	DRUG TIER	NOTES
AVODART	3	M
<i>bethanechol chloride</i>	1	GC
<i>calcium acetate</i>	1	GC, M
CUPRIMINE	3	M
<i>doxazosin mesylate tablet 2mg, 8mg</i>	1	GC
<i>doxazosin mesylate tablet 1mg, 4mg</i>	1	GC, M
ELMIRON	2	
ENABLEX	3	M
<i>finasteride</i>	1	GC, M
<i>flavoxate hcl</i>	1	GC, M
<i>oxybutynin chloride</i>	1	GC, M
<i>oxybutynin chloride er</i>	1	GC, M
<i>prazosin hcl</i>	1	GC, M
RENAGEL	3	M
RENVELA	3	M
<i>tamsulosin hcl</i>	1	GC, M
<i>terazosin hcl</i>	1	GC, M
UROXATRAL	2	M
VESICARE	3	M
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
<i>alclometasone dipropionate</i>	1	GC
<i>amcinonide</i>	1	GC
<i>augmented betamethasone dipropionate</i>	1	GC
<i>betamethasone dipropionate</i>	1	GC
<i>betamethasone valerate</i>	1	GC
<i>clobetasol propionate e</i>	1	GC
<i>clobetasol propionate gel, ointment, solution</i>	1	GC
DERMA-SMOOTH/FS BODY OIL	2	

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DRUG NAME	DRUG TIER	NOTES
<i>desonide</i>	1	GC
<i>desoximetasone</i>	1	GC
<i>dexamethasone</i>	1	GC
<i>dexamethasone sodium phosphate</i>	1	GC
<i>diflorasone diacetate</i>	1	GC
<i>fludrocortisone acetate</i>	1	GC, M
<i>fluocinolone acetonide</i>	1	GC
<i>fluocinonide</i>	1	GC
<i>fluocinonide emollient base</i>	1	GC
<i>fluticasone propionate</i>	1	GC
<i>halobetasol propionate</i>	1	GC
<i>hydrocortisone butyrate</i>	1	GC
<i>hydrocortisone valerate</i>	1	GC
<i>hydrocortisone cream 2.5%</i>	1	GC
<i>hydrocortisone tablet</i>	1	GC, M
<i>hydrocortisone lotion 2.5%</i>	1	GC
<i>hydrocortisone ointment 2.5%</i>	1	GC
<i>methylprednisolone</i>	1	GC
<i>methylprednisolone acetate</i>	1	GC
<i>methylprednisolone sodiumsuccinate</i>	1	GC
<i>millipred tablet</i>	1	GC
<i>mometasone furoate</i>	1	GC
<i>prednisolone sodium phosphate</i>	1	GC
<i>prednisone</i>	1	GC
<i>proctocream-hc</i>	1	GC
<i>proctosol hc</i>	1	GC
<i>proctozone-hc</i>	1	GC
SOLU-CORTEF	2	
<i>triamcinolone acetonide</i>	1	GC

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DRUG NAME	DRUG TIER	NOTES
<i>triamcinolone acetate in absorbase</i>	1	GC
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
<i>desmopressin acetate injection</i>	1	GC
<i>desmopressin acetate nasal solution, tablet</i>	1	GC, M
INCRELEX	3	LA
NORDITROPIN NORDIFLEX PEN INJECTION 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML, 30MG/3ML	4	PA, M
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
ACTIVELLA TABLET 0.5MG; 0.1MG	2	M
ANADROL-50	3	
ANDRODERM	3	M
ANDROXY	2	M
<i>apri</i>	1	GC, M
<i>aviane</i>	1	GC, M
AYGESTIN	2	M
<i>cesia</i>	1	GC, M
<i>cryselle-28</i>	1	GC, M
<i>cyclafem</i>	1	M, GC
CYCLESSA	2	M
<i>danazol</i>	1	GC
DEPO-TESTOSTERONE	2	
<i>enpresse-28</i>	1	GC, M
ESTRACE CREAM	2	M
ESTRADERM	2	M
<i>estradiol</i>	1	GC, M
<i>estradiol valerate</i>	1	GC
<i>estradiol/norethindrone acetate</i>	1	GC, M
<i>estropiate</i>	1	GC, M

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DRUG NAME	DRUG TIER	NOTES
EVISTA	2	M
<i>kariva</i>	1	GC, M
<i>lessina-28</i>	1	GC, M
<i>levora 0.15/30-28</i>	1	GC, M
LO/OVRAL-28	2	M
<i>low-ogestrel</i>	1	GC, M
<i>lutera</i>	1	GC, M
<i>medroxyprogesterone acetate</i>	1	GC, M
<i>megestrol acetate tablet</i>	1	GC
<i>megestrol acetate suspension</i>	1	PA GC, M
MENEST	2	M
<i>microgestin 1.5/30</i>	1	GC, M
<i>microgestin 1/20</i>	1	GC, M
<i>microgestin fe</i>	1	GC, M
<i>microgestin fe 1.5/30</i>	1	GC, M
<i>necon 0.5/35-28</i>	1	GC, M
<i>necon 1/35-28</i>	1	GC, M
<i>necon 10/11-28</i>	1	GC, M
<i>necon 7/7/7</i>	1	GC, M
<i>norethindrone acetate</i>	1	GC, M
<i>nortrel 0.5/35 (28)</i>	1	GC, M
<i>nortrel 1/35 (21)</i>	1	GC, M
<i>nortrel 1/35 (28)</i>	1	GC, M
<i>nortrel 7/7/7</i>	1	GC, M
<i>ocella</i>	1	GC, M
<i>ogestrel</i>	1	GC, M
<i>oxandrolone</i>	1	GC, M
PREMARIN W/APPLICATOR	2	M
PREMARIN INJECTION	2	

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PREMARIN TABLET	2	M
PREMPHASE	2	M
PREMPRO	2	M
<i>sronyx</i>	1	GC, M
TESTIM	3	M
<i>testosterone cypionate</i>	1	GC
<i>testosterone enanthate</i>	1	GC
<i>tri-legest fe</i>	1	GC, M
<i>trivora-28</i>	1	GC, M
<i>velivet</i>	1	GC, M
VIVELLE-DOT	2	M
<i>zovia 1/35e</i>	1	GC, M
<i>zovia 1/50e</i>	1	GC, M
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
LEVOTHROID	2	M
<i>levothyroxine sodium</i>	1	GC, M
LEVOXYL	2	M
<i>liothyronine sodium tablet</i>	1	GC, M
SYNTHROID	2	M
THYROLAR-1	2	M
THYROLAR-1/4	2	M
THYROLAR-2	2	M
THYROLAR-3	2	M
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
LYSODREN	2	
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)		
SENSIPAR	2	M
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		

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DRUG NAME	DRUG TIER	NOTES
<i>cabergoline</i>	1	GC, M
<i>leuprolide acetate</i>	1	PA GC
<i>octreotide acetate injection 50mcg/ml</i>	3	
<i>octreotide acetate injection 1000mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml</i>	4	
SANDOSTATIN	4	
SOMATULINE DEPOT	4	B/D, M
SOMAVERT INJECTION 20MG	4	LA, M
SOMAVERT INJECTION 10MG, 15MG	4	M
SYNAREL	4	
HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)		
<i>bicalutamide</i>	1	GC, M
<i>flutamide</i>	1	GC, M
NILANDRON	3	M
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
<i>methimazole</i>	1	GC, M
<i>propylthiouracil</i>	1	GC, M
IMMUNOLOGICAL AGENTS		
ACTHIB	2	
ACTIMMUNE	4	
ADACEL	2	
ARCALYST	4	LA, M
ATGAM	4	
ATTENUVAX	2	
AVONEX	4	M
<i>azathioprine</i>	1	B/D, GC, M
<i>azathioprine sodium</i>	1	B/D, GC
BETASERON	4	QL (15 per 30 days), M

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DRUG NAME	DRUG TIER	NOTES
BOOSTRIX	2	
CARIMUNE NANOFILTERED	4	B/D
CELLCEPT	3	B/D, M
CERVARIX	2	
CIMZIA	4	PA, M
COMVAX	2	
COPAXONE	4	QL (30 per 30 days), M
<i>cyclosporine modified capsule 50mg</i>	1	B/D, GC
<i>cyclosporine modified capsule 100mg</i>	1	B/D, GC, M
<i>cyclosporine modified solution</i>	1	B/D, GC, M
<i>cyclosporine injection</i>	1	B/D, GC
<i>cyclosporine capsule</i>	1	B/D, GC, M
DAPTACEL	2	
DECAVAC	2	
<i>diphtheria/tetanus toxoid pediatric</i>	1	GC
ENBREL	4	PA, M
ENGERIX-B	2	B/D
GAMMAGARD LIQUID	4	B/D
GAMUNEX	2	B/D
GARDASIL	2	
<i>gengraf</i>	1	B/D, GC, M
HAVRIX	2	
HUMIRA	4	PA, M
HUMIRA PEN-CROHNS DISEASESTARTER	4	PA, M
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
INTRON-A W/DILUENT	3	
INTRON-A INJECTION 6000000UNIT/ML	3	

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DRUG NAME	DRUG TIER	NOTES
INTRON-A INJECTION 10MU/0.2ML, 3MU/0.2ML, 5MU/0.2ML	3	M
IPOL INACTIVATED IPV	2	
IXIARO	3	
JE-VAX	2	
KINERET	4	PA, M
<i>leflunomide</i>	1	GC, M
M-M-R II W/DILUENT 10 DOSE	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MENVEO	2	
MERUVAX II W/DILUENT 10 DOSE	2	
<i>methotrexate</i>	1	GC, M
<i>methotrexate sodium</i>	1	GC
<i>mycophenolate mofetil</i>	1	B/D, GC, M
MYFORTIC	3	B/D, M
NEORAL	2	B/D, M
ORENCIA	4	B/D, M
PEDIARIX	2	
PEDVAX HIB	2	
PEG-INTRON	4	PA
PEG-INTRON REDIPEN	4	PA
PEGASYS	4	PA
PROGRAF INJECTION	3	B/D
PROGRAF CAPSULE	3	B/D, M
PROQUAD	2	
RABAVERT	2	
RAPAMUNE SOLUTION	3	B/D, M
RAPAMUNE TABLET	3	B/D, M

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DRUG NAME	DRUG TIER	NOTES
RECOMBIVAX HB	2	B/D
REMICADE	4	B/D, M
RIDAURA	3	M
ROTATEQ	2	
SIMPONI	4	PA, M
<i>tacrolimus</i>	1	B/D, GC, M
<i>tetanus toxoid adsorbed</i>	1	B/D, GC
<i>tetanus/diphtheria toxoids-adsorbed adult</i>	1	GC
TRIHIBIT	2	
TRIPEDIA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VIVAGLOBIN	4	B/D, M
YF-VAX	2	
ZORTRESS TABLET 0.25MG	3	M, B/D
ZORTRESS TABLET 0.5MG, 0.75MG	4	M, B/D
ZOSTAVAX	2	
INFLAMMATORY BOWEL DISEASE AGENTS		
ASACOL	2	M
AZULFIDINE EN-TABS	2	M
<i>balsalazide disodium</i>	1	GC
CANASA	3	M
CORTIFOAM	2	
DIPENTUM	2	M
ENTOCORT EC	3	
<i>hydrocortisone</i>	1	GC
LIALDA	3	M

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DRUG NAME	DRUG TIER	NOTES
<i>mesalamine</i>	1	GC, M
PENTASA	2	M
ROWASA	2	M
<i>sulfasalazine</i>	1	GC, M
<i>sulfazine ec</i>	1	GC, M
METABOLIC BONE DISEASE AGENTS		
ACTONEL TABLET 30MG	2	
ACTONEL TABLET 150MG, 35MG, 5MG	2	M
<i>alendronate sodium</i>	1	GC, M
<i>calcitonin-salmon</i>	1	GC, M
<i>calcitriol injection</i>	1	B/D, GC
<i>calcitriol capsule, oral solution</i>	1	B/D, GC, M
<i>etidronate disodium</i>	3	M
FORTEO	4	PA, M
FORTICAL	2	M
HECTOROL	3	B/D, M
<i>pamidronate disodium</i>	3	B/D
ZEMPLAR INJECTION	3	B/D
ZEMPLAR CAPSULE	3	B/D, M
ZOMETA	4	B/D
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>alcohol preps</i>	1	GC
<i>anagrelide hydrochloride</i>	1	GC, M
<i>BD insulin syringes and needles</i>	1	GC, M
<i>gauze pads 2"x2"</i>	1	GC
<i>insulin needles</i>	1	GC, M
<i>insulin pen needles</i>	1	GC, M
<i>insulin syringes</i>	1	GC, M
LIPOSYN II	3	

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LIPOSYN III	3	
XENAZINE	4	LA, M
OPHTHALMIC AGENTS		
ALOCRIIL	2	
ALOMIDE	2	
ALPHAGAN P	2	M
AZOPT	2	M
<i>bacitracin</i>	1	GC
<i>bacitracin/polymyxin b</i>	1	GC
<i>betaxolol hcl</i>	1	GC, M
BETOPTIC-S	2	M
<i>brimonidine tartrate</i>	1	GC, M
<i>carteolol hcl</i>	1	GC, M
COMBIGAN	2	M
<i>cromolyn sodium</i>	1	GC
<i>dexamethasone sodium phosphate</i>	1	GC
<i>dorzolamide hcl</i>	1	GC, M
<i>dorzolamide hcl/timolol maleate</i>	1	GC, M
<i>fluorometholone</i>	1	GC
<i>flurbiprofen sodium</i>	1	GC
FML	2	
FML FORTE	2	
FML LIQUIFILM	2	
<i>gentak</i>	1	GC
IOPIDINE	2	
ISTALOL	2	M
<i>ketorolac tromethamine</i>	1	GC
LACRISERT	2	
<i>levobunolol hcl solution 0.5%</i>	1	GC

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<i>levobunolol hcl solution 0.25%</i>	1	GC, M
LOTEMAX	2	
LUMIGAN SOLUTION 0.03%	3	M
<i>methazolamide</i>	1	GC, M
<i>metipranolol</i>	1	GC, M
NATACYN	2	
<i>neomycin/bacitracin/polymyxin</i>	1	GC
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	GC
<i>neomycin/polymyxin/dexamethasone</i>	1	GC
<i>neomycin/polymyxin/hydrocortisone</i>	1	GC
<i>ofloxacin</i>	1	GC
PATANOL	2	
PHOSPHOLINE IODIDE	2	M
POLYTRIM	2	
<i>prednisolone acetate</i>	1	GC
<i>prednisolone sodium phosphate</i>	1	GC
RESTASIS	3	M
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	GC
<i>timolol maleate</i>	1	GC, M
<i>timolol maleate ophthalmic gel forming</i>	1	GC, M
TOBRADEX OINTMENT	2	
<i>tobramycin/dexamethasone</i>	1	GC
<i>trifluridine</i>	1	GC
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	GC
VEXOL	2	
VIGAMOX	3	
XALATAN	2	M
ZYMAR	2	
ZYMAXID	2	

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OTIC AGENTS		
<i>acetasol hc</i>	1	GC
<i>acetic acid</i>	1	GC
<i>acetic acid/hydrocortisone</i>	1	GC
CIPRO HC	2	
CIPRODEX	2	
CORTISPORIN	2	
DERMOTIC	2	
<i>neomycin/polymyxin/hc</i>	1	GC
<i>neomycin/polymyxin/hydrocortisone</i>	1	GC
<i>ofloxacin</i>	1	GC
RESPIRATORY TRACT AGENTS		
ACCOLATE	2	M
ADVAIR DISKUS	3	M
ADVAIR HFA	3	M
AEROBID-M	2	M
<i>albuterol sulfate</i>	1	GC, M
<i>aminophylline tablet</i>	1	GC, M
ASMANEX 120 METERED DOSES	2	M
ASMANEX 14 METERED DOSES	2	M
ASMANEX 30 METERED DOSES	2	M
ASMANEX 60 METERED DOSES	2	M
ATROVENT HFA	2	M
<i>azelastine hcl</i>	1	GC, M
BECONASE AQ	2	M
COMBIVENT	2	M
<i>cromolyn sodium</i>	1	B/D, GC, M
<i>diphenhydramine hcl capsule, injection</i>	1	GC
<i>epinephrine hcl</i>	1	GC

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DRUG NAME	DRUG TIER	NOTES
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
<i>fexofenadine hcl</i>	3	M
FLOVENT DISKUS	2	M
FLOVENT HFA	2	M
<i>flunisolide</i>	1	GC, M
<i>fluticasone propionate</i>	1	GC, M
FORADIL AEROLIZER	2	M
<i>hydroxyzine hcl</i>	1	GC
<i>hydroxyzine pamoate</i>	1	GC
<i>ipratropium bromide solution</i>	1	GC, M
LETAIRIS	4	PA LA, M
<i>phenadoz</i>	1	GC
PROAIR HFA	2	M
PROLASTIN	2	LA, M
<i>promethazine hcl</i>	1	GC
<i>promethegan</i>	1	GC
QVAR	2	M
REVATIO	4	
SEREVENT DISKUS	2	M
SINGULAIR	3	M
SPIRIVA HANDIHALER	2	M
SYMBICORT	3	M
<i>terbutaline sulfate tablet</i>	1	GC, M
<i>theophylline er</i>	1	GC, M
TRACLEER	4	PA LA, M
TYZINE	2	
<i>ventolin hfa</i>	1	GC, M
XOLAIR	4	PA LA, M

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<i>zafirlukast</i>	1	GC, M
ZYFLO CR	3	M
SEDATIVES/HYPNOTICS		
LUNESTA	3	
<i>zaleplon</i>	1	GC
<i>zolpidem tartrate</i>	1	GC
SKELETAL MUSCLE RELAXANTS		
<i>carisoprodol</i>	1	GC
<i>carisoprodol/aspirin</i>	1	GC
<i>chlorzoxazone</i>	1	GC
<i>cyclobenzaprine hcl</i>	1	GC
<i>metaxalone</i>	1	GC
<i>methocarbamol</i>	1	GC
<i>orphenadrine citrate er</i>	1	GC
THERAPEUTIC NUTRIENTS/MINERALS/ ELECTROLYTES		
AMINOSYN	3	
AMINOSYN 7%/ELECTROLYTES	3	
AMINOSYN 8.5%/ELECTROLYTES	3	
AMINOSYN II	3	
AMINOSYN II 3.5%/DEXTROSE25%	3	
AMINOSYN II 3.5%/DEXTROSE5%	3	
AMINOSYN II 3.5/DEXTROSE 25%	3	
AMINOSYN II 4.25/DEXTROSE10%	3	
AMINOSYN II 4.25/DEXTROSE20%	3	
AMINOSYN II 4.25/DEXTROSE25%	3	
AMINOSYN II 5/DEXTROSE 25	3	
AMINOSYN II 8.5%/ELECTROLYTES	3	
AMINOSYN II M 3.5%/DEXTROSE 5%	3	
AMINOSYN M	3	

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AMINOSYN-HBC	3	
AMINOSYN-HF	3	
AMINOSYN-PF	3	
AMINOSYN-PF 7%	3	
<i>dextrose 10%/nacl 0.45%</i>	3	
<i>dextrose 10% flex container</i>	3	
<i>dextrose 10%/nacl 0.2%</i>	3	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	3	
<i>dextrose 5%</i>	3	
<i>dextrose 5%/nacl 0.2%</i>	3	
<i>dextrose 5%/nacl 0.225%</i>	3	
<i>dextrose 5%/nacl 0.33%</i>	3	
<i>dextrose 5%/nacl 0.45%</i>	3	
<i>dextrose 5%/nacl 0.9%</i>	3	
INTRALIPID	3	
<i>kcl 0.3%/d5w/lr iv lac ring</i>	3	
<i>klor-con 10</i>	1	GC, M
<i>klor-con 8</i>	1	GC, M
<i>klor-con m15</i>	1	GC, M
<i>klor-con m20</i>	1	GC, M
<i>lactated ringers</i>	3	
<i>lactated ringers irrigation</i>	3	
<i>potassium chloride</i>	3	
<i>potassium chloride er</i>	1	GC, M
<i>potassium chloride sr</i>	1	GC, M
<i>potassium citrate extended-release</i>	1	GC, M
<i>prenatal vitamins</i>	1	GC
<i>sodium chloride</i>	3	
<i>sodium chloride 0.9%</i>	3	

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<i>sodium chloride 0.45% viaflex</i>	3	
<i>sodium fluoride</i>	1	GC, M
<i>sterile water irrigation</i>	3	
<i>tpn electrolytes ftv</i>	3	

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<i>amantadine hcl</i>	23		

<i>anastrozole</i>	20	AZULFIDINE EN-TABS	46
ANCOBON	18	<i>bacitracin</i>	48
ANDRODERM	40	<i>bacitracin/polymyxin b</i>	48
ANDROXY	40	<i>baclofen</i>	23
ANTABUSE	17	BACTROBAN	10
ANTIZOL	17	BACTROBAN NASAL	10
APIDRA	25	<i>balsalazide disodium</i>	46
APIDRA SOLOSTAR	25	BANZEL	13
APOKYN	22	BARACLUDE	24
<i>apri</i>	40	<i>BD insulin syringes and needles</i>	47
APTIVUS	23	BECONASE AQ	50
ARANESP ALBUMIN FREE	27	<i>benazepril hcl</i>	29
ARCALYST	43	<i>benazepril hcl/hydrochlorothiazide</i>	30
ARICEPT	15	BENICAR	30
ARICEPT ODT	15	BENICAR HCT	30
ARIMIDEX	20	BENTYL	36
ARIXTRA	27	<i>benztropine mesylate</i>	22
AROMASIN	20	<i>betamethasone dipropionate</i>	38
ASACOL	46	<i>betamethasone valerate</i>	38
ASMANEX 120 METERED DOSES	50	BETASERON	43
ASMANEX 14 METERED DOSES	50	<i>betaxolol hcl</i>	30
ASMANEX 30 METERED DOSES	50	<i>betaxolol hcl</i>	48
ASMANEX 60 METERED DOSES	50	<i>bethanechol chloride</i>	38
<i>atenolol</i>	29	BETOPTIC-S	48
<i>atenolol/chlorthalidone</i>	29	<i>bicalutamide</i>	43
ATGAM	43	<i>bisoprolol fumarate</i>	30
ATRIPLA	23	<i>bisoprolol</i>	30
ATROVENT HFA	50	<i>fumarate/hydrochlorothiazide</i>	
ATTENUVAX	43	<i>bleomycin sulfate</i>	20
<i>augmented betamethasone dipropionate</i>	38	BOOSTRIX	44
AVASTIN	20	<i>brimonidine tartrate</i>	48
AVELOX	10	<i>bromocriptine mesylate</i>	22
AVELOX ABC PACK	10	<i>budeprion sr</i>	15
<i>aviane</i>	40	<i>budeprion xl</i>	15
AVODART	38	<i>bumetanide</i>	30
AVONEX	43	BUPHENYL	36
AYGESTIN	40	<i>buprenorphine hcl</i>	8
<i>azathioprine</i>	43	<i>buproban</i>	15
<i>azathioprine sodium</i>	43	<i>bupropion hcl</i>	15
<i>azelastine hcl</i>	50	<i>bupropion hcl sr</i>	16
<i>azithromycin</i>	10	<i>buspironone hcl</i>	25
AZOPT	48	<i>butorphanol tartrate</i>	8
AZOR	29	BYSTOLIC	30
		<i>cabergoline</i>	43

<i>calcipotriene</i>	35	<i>cephalexin</i>	11
<i>calcitonin-salmon</i>	47	CEREZYME	36
<i>calcitriol</i>	47	CERVARIX	44
<i>calcium acetate</i>	38	<i>cesia</i>	40
CAMPATH	20	CHANTIX	17
CAMPRAL	17	<i>chlordiazepoxide/amitriptyline</i>	16
CANASA	46	<i>chlorhexidine gluconate oral rinse</i>	35
CANCIDAS	18	<i>chloroquine phosphate</i>	21
CAPASTAT SULFATE	19	<i>chlorothiazide</i>	30
<i>captopril</i>	30	<i>chlorpromazine hcl</i>	22
<i>captopril/hydrochlorothiazide</i>	30	<i>chlorpropamide</i>	26
CARAC	35	<i>chlorthalidone</i>	30
<i>carbamazepine</i>	13	<i>chlorzoxazone</i>	52
<i>carbamazepine er</i>	14	<i>cholestyramine light</i>	30
CARBATROL	14	<i>ciclopirox</i>	18
<i>carbidopa/levodopa</i>	22	<i>ciclopirox olamine</i>	18
<i>carbidopa/levodopa cr</i>	22	<i>cilostazol</i>	28
<i>carbidopa/levodopa sr</i>	22	<i>cimetidine</i>	37
CARIMUNE NANOFILTERED	44	<i>cimetidine hcl</i>	36
<i>carisoprodol</i>	52	CIMZIA	44
<i>carisoprodol/aspirin</i>	52	CIPRO HC	50
<i>carteolol hcl</i>	48	CIPRODEX	50
<i>cartia xt</i>	30	<i>ciprofloxacin</i>	11
<i>carvedilol</i>	30	<i>ciprofloxacin hcl</i>	11
CEDAX	10	<i>citalopram hydrobromide</i>	16
CEENU	20	<i>clarithromycin</i>	11
<i>cefaclor</i>	10	<i>clarithromycin er</i>	11
<i>cefaclor er</i>	10	<i>clindamycin hcl</i>	11
<i>cefadroxil</i>	10	<i>clindamycin phosphate</i>	11
<i>cefazolin sodium</i>	10	<i>clindamycin phosphate</i>	35
<i>cefdinir</i>	10	<i>clindamycin phosphate add-vantage</i>	11
<i>cefepime</i>	10	<i>clobetasol propionate</i>	38
<i>cefotaxime sodium</i>	10	<i>clobetasol propionate e</i>	38
<i>cefoxitin sodium</i>	10	<i>clomipramine hcl</i>	16
<i>cefpodoxime proxetil</i>	10	<i>clonidine hcl</i>	30
<i>cefprozil</i>	10	<i>clotrimazole</i>	18
<i>ceftazidime</i>	10	<i>clotrimazole/betamethasone dipropionate</i>	18
<i>ceftriaxone sodium</i>	11	<i>clozapine</i>	22
<i>cefuroxime axetil</i>	11	<i>codeine sulfat</i>	8
CEFUROXIME SODIUM	11	COLCRYS	18
CEFUROXIME/DEXTROSE	11	<i>colestipol hcl</i>	30
CELEBREX	9	<i>colistimethate sodium</i>	11
CELLCEPT	44	COMBIGAN	48
CELONTIN	14		

COMBIVENT	50	<i>desonide</i>	39
COMBIVIR	24	<i>desoximetasone</i>	39
COMTAN	22	<i>dexamethasone</i>	39
COMVAX	44	<i>dexamethasone sodium phosphate</i>	39
<i>constulose</i>	37	<i>dexamethasone sodium phosphate</i>	48
COPAXONE	44	<i>dextroamphetamine sulfate</i>	34
CORTIFOAM	46	<i>dextroamphetamine sulfate er</i>	34
CORTISPORIN	11	<i>dextrose 10%/nacl 0.45%</i>	53
CORTISPORIN	50	<i>dextrose 10% flex container</i>	53
COUMADIN	28	<i>dextrose 10%/nacl 0.2%</i>	53
CREON	36	<i>dextrose 2.5%/sodium chloride 0.45%</i>	53
CRESTOR	30	<i>dextrose 5%</i>	53
CRIXIVAN	24	<i>dextrose 5%/nacl 0.2%</i>	53
<i>cromolyn sodium</i>	48	<i>dextrose 5%/nacl 0.225%</i>	53
<i>cromolyn sodium</i>	50	<i>dextrose 5%/nacl 0.33%</i>	53
<i>cryselle-28</i>	40	<i>dextrose 5%/nacl 0.45%</i>	53
CUBICIN	11	<i>dextrose 5%/nacl 0.9%</i>	53
CUPRIMINE	38	DIBENZYLIN	30
<i>cyclafem 1/35</i>	40	<i>diclofenac potassium</i>	9
CYCLESSA	40	<i>diclofenac sodium</i>	9
<i>cyclobenzaprine hcl</i>	52	<i>diclofenac sodium ec</i>	9
<i>cyclophosphamide</i>	20	<i>diclofenac sodium xr</i>	9
<i>cyclosporine</i>	44	<i>dicloxacillin sodium</i>	11
<i>cyclosporine modified</i>	44	<i>dicyclomine hcl</i>	37
CYKLOKAPRON	28	<i>didanosine</i>	24
CYMBALTA	16	<i>diflorasone diacetate</i>	39
CYSTADANE	36	<i>diflunisal</i>	9
CYSTAGON	36	<i>digoxin</i>	30
<i>danazol</i>	40	DILANTIN	14
<i>dapsone</i>	19	DILANTIN INFATABS	14
DAPTACEL	44	<i>dilt-cd</i>	30
DARAPRIM	21	<i>diltiazem cd</i>	30
DECAVAC	44	<i>diltiazem hcl</i>	30
<i>demeclocycline hcl</i>	11	<i>diltiazem hcl er</i>	30
DENAVIR	24	<i>dilt-xr</i>	30
DEPAKENE	14	<i>diltzac</i>	30
DEPAKOTE	14	DIOVAN	31
DEPAKOTE ER	14	DIOVAN HCT	31
DEPAKOTE SPRINKLES	14	DIPENTUM	46
DEPO-TESTOSTERONE	40	<i>diphenhydramine hcl</i>	50
DERMA-SMOOTH/FS BODY OIL	38	<i>diphenoxylate/atropine</i>	37
DERMOTIC	50	<i>diphtheria/tetanus toxoid pediatric</i>	44
<i>desipramine hcl</i>	16	<i>dipyridamole</i>	28
<i>desmopressin acetate</i>	40	<i>disopyramide phosphate</i>	31

<i>divalproex sodium</i>	14	ERYPED 400	11
<i>divalproex sodium er</i>	14	ERY-TAB	11
<i>donepezil hcl</i>	15	<i>erythrocin lactobionate</i>	11
<i>dorzolamide hcl</i>	48	<i>erythrocin stearate</i>	11
<i>dorzolamide hcl/timolol maleate</i>	48	<i>erythromycin</i>	12
DOVONEX	35	<i>erythromycin base</i>	12
<i>doxazosin mesylate</i>	38	<i>erythromycin/sulfisoxazole</i>	12
<i>doxycycline hyclate</i>	11	ESTRACE	40
<i>doxycycline monohydrate</i>	11	ESTRADERM	40
DRONABINOL	17	<i>estradiol</i>	40
DUETACT	26	<i>estradiol valerate</i>	40
<i>e.e.s. 400</i>	11	<i>estradiol/norethindrone acetate</i>	40
<i>econazole nitrate</i>	18	<i>estropipate</i>	40
EFFEXOR XR	16	<i>ethambutol hcl</i>	19
EFFIENT	28	<i>ethosuximide</i>	14
EFUDEX	35	<i>etidronate disodium</i>	47
ELAPRASE	36	<i>etodolac</i>	9
ELIDEL	35	<i>etodolac er</i>	9
ELITEK	20	EVISTA	41
ELMIRON	38	EXELDERM	18
EMCYT	20	EXELON	15
EMEND	17	EXFORGE	31
EMSAM	16	EXFORGE HCT	31
EMTRIVA	24	EXJADE	17
ENABLEX	38	FABRAZYME	36
<i>enalapril maleate</i>	31	<i>famciclovir</i>	24
<i>enalapril maleate/hydrochlorothiazide</i>	31	FANAPT	22
ENBREL	44	FANAPT TITRATION PACK	22
<i>endocet</i>	8	FARESTON	20
ENGERIX-B	44	FELBATOL	14
<i>enoxaparin sodium</i>	28	<i>felodipine er</i>	31
<i>enpresse-28</i>	40	FEMARA	20
ENTOCORT EC	46	<i>fenofibrate</i>	31
<i>enulose</i>	37	<i>fenofibrate micronized</i>	31
<i>epinephrine hcl</i>	50	<i>fenopropfen calcium</i>	9
EPIPEN 2-PAK	51	<i>fentanyl</i>	8
EPIPEN-JR 2-PAK	51	<i>fexofenadine hcl</i>	51
EPIVIR	24	<i>finasteride</i>	38
EPIVIR HBV	24	<i>flavoxate hcl</i>	38
EPZICOM	24	<i>flecainide acetate</i>	31
<i>ergoloid mesylates</i>	15	FLOVENT DISKUS	51
<i>ergotamine tartrate/caffeine</i>	19	FLOVENT HFA	51
<i>ery</i>	11	<i>fluconazole</i>	18
ERYPED 200	11	<i>fluconazole in dextrose</i>	18

<i>fludrocortisone acetate</i>	39	<i>gentamicin sulfate</i>	12
<i>flunisolide</i>	51	<i>gentamicin sulfate/0.9% sodium chloride</i>	12
<i>fluocinolone acetonide</i>	39	<i>gentamicin sulfate/sodium chloride</i>	12
<i>fluocinonide</i>	39	GEODON	22
<i>fluocinonide emollient base</i>	39	GLEEVEC	20
<i>fluorometholone</i>	48	<i>glimepiride</i>	26
<i>fluorouracil</i>	35	<i>glipizide</i>	26
<i>fluoxetine hcl</i>	16	<i>glipizide er</i>	26
<i>fluphenazine decanoate</i>	22	GLUCAGEN HYPOKIT	26
<i>fluphenazine hcl</i>	22	GLUCAGON EMERGENCY KIT	26
<i>flurbiprofen</i>	9	<i>glyburide</i>	26
<i>flurbiprofen sodium</i>	48	<i>glyburide micronized</i>	26
<i>flutamide</i>	43	<i>glyburide/metformin hcl</i>	26
<i>fluticasone propionate</i>	39	<i>glycopyrrolate</i>	37
<i>fluticasone propionate</i>	51	GOLYTELY	37
<i>fluvoxamine maleate</i>	16	<i>granisetron hcl</i>	17
FML	48	<i>griseofulvin microsize</i>	18
FML FORTE	48	GRIS-PEG	18
FML LIQUIFILM	48	<i>guanabenz acetate</i>	31
FORADIL AEROLIZER	51	<i>guanfacine hcl</i>	31
FORTAZ	12	<i>guanidine hcl</i>	19
FORTEO	47	HALFLYTELY BOWEL PREP	37
FORTICAL	47	<i>halobetasol propionate</i>	39
<i>fosinopril sodium</i>	31	<i>haloperidol</i>	22
<i>fosinopril sodium/hydrochlorothiazide</i>	31	<i>haloperidol decanoate</i>	22
FRAGMIN	28	<i>haloperidol lactate</i>	22
FURADANTIN	12	HAVRIX	44
<i>furosemide</i>	31	HECTOROL	47
FUZEON	24	<i>heparin sodium</i>	28
<i>gabapentin</i>	14	<i>heparin sodium/d5w</i>	28
GABITRIL	14	<i>heparin sodium/nacl 0.45%</i>	28
GAMMAGARD LIQUID	44	<i>heparin sodium/sodium chloride 0.9% premix</i>	28
GAMUNEX	44	HEPSERA	24
<i>ganciclovir</i>	24	HEXALEN	20
GARDASIL	44	HUMALOG	26
GASTROCROM	37	HUMALOG KWIKPEN	26
<i>gauze pads 2"x2"</i>	47	HUMALOG MIX 50/50	26
<i>gavilyte-c</i>	37	HUMALOG MIX 50/50 KWIKPEN	26
<i>gavilyte-g</i>	37	HUMALOG MIX 75/25	26
<i>gavilyte-n/flavor pack</i>	37	HUMALOG MIX 75/25 KWIKPEN	26
<i>gemfibrozil</i>	31	HUMIRA	44
<i>generlac</i>	37	HUMIRA PEN-CROHNS	44
<i>gengraf</i>	44		
<i>gentak</i>	48		

DISEASESTARTER		IOPIDINE	48
HUMULIN 70/30	26	IPOL INACTIVATED IPV	45
HUMULIN 70/30 PEN	26	<i>ipratropium bromide</i>	51
HUMULIN N	26	ISENTRESS	24
HUMULIN N U-100 PEN	26	<i>isoniazid</i>	19
HUMULIN R	26	<i>isosorbide dinitrate</i>	31
HUMULIN R U-500 (CONCENTRATED)	26	<i>isosorbide dinitrate er</i>	31
<i>hydralazine hcl</i>	31	<i>isosorbide mononitrate</i>	31
<i>hydrochlorothiazide</i>	31	<i>isosorbide mononitrate er</i>	31
<i>hydrocodone</i>	8	<i>isotonic gentamicin</i>	12
<i>bitartrate/acetaminophen</i>		ISTALOL	48
<i>hydrocodone/acetaminophen</i>	8	<i>itraconazole</i>	18
<i>hydrocodone/ibuprofen</i>	8	IXIARO	45
<i>hydrocortisone</i>	39	JANUMET	26
<i>hydrocortisone</i>	46	JANUVIA	26
<i>hydrocortisone butyrate</i>	39	JE-VAX	45
<i>hydrocortisone valerate</i>	39	KALETRA	24
<i>hydromorphone hcl</i>	8	<i>kariva</i>	41
<i>hydroxychloroquine sulfate</i>	21	<i>kcl 0.3%/d5w/lr iv lac ring</i>	53
<i>hydroxyurea</i>	20	KEPPRA	14
<i>hydroxyzine hcl</i>	51	KETEK	12
<i>hydroxyzine pamoate</i>	51	<i>ketoconazole</i>	18
<i>ibuprofen</i>	9	<i>ketoprofen</i>	9
IMDUR	31	<i>ketoprofen er</i>	9
<i>imipramine hcl</i>	16	<i>ketorolac tromethamine</i>	48
<i>imiquimod</i>	35	KINERET	45
IMITREX	19	<i>klor-con 10</i>	53
IMOVAX RABIES (H.D.C.V.)	44	<i>klor-con 8</i>	53
INCRELEX	40	<i>klor-con m15</i>	53
<i>indapamide</i>	31	<i>klor-con m20</i>	53
<i>indomethacin</i>	9	KUVAN	36
<i>indomethacin er</i>	9	<i>labetalol hcl</i>	31
INFANRIX	44	LACRISERT	48
<i>insulin needles</i>	47	<i>lactated ringers</i>	53
<i>insulin pen needles</i>	47	<i>lactated ringers irrigation</i>	53
<i>insulin syringes</i>	47	<i>lactulose</i>	37
INTELENCE	24	LAMICTAL	14
INTRALIPID	53	LAMICTAL CHEWABLE DISPERSIBLE	14
INTRON-A	44	<i>lamotrigine</i>	14
INTRON-A W/DILUENT	44	LANOXIN	32
INVANZ	12	LANTUS	26
INVEGA	23	LANTUS SOLOSTAR	26
INVEGA SUSTENNA	23	LATUDA	23
INVIRASE	24	<i>leflunomide</i>	45

<i>lessina-28</i>	41	<i>loxapine succinate</i>	23
LETAIRIS	51	LUMIGAN	49
LEUKERAN	20	LUNESTA	52
LEUKINE	28	<i>lutera</i>	41
<i>leuprolide acetate</i>	43	LYRICA	14
LEVAQUIN	12	LYSODREN	42
LEVEMIR	26	MALARONE	21
LEVEMIR FLEXPEN	26	<i>maprotiline hcl</i>	16
<i>levetiracetam</i>	14	MARPLAN	16
<i>levobunolol hcl</i>	48	MATULANE	20
<i>levora 0.15/30-28</i>	41	MAXALT	19
<i>levorphanol tartrate</i>	8	MAXALT-MLT	19
LEVOTHROID	42	<i>mebendazole</i>	21
<i>levothyroxine sodium</i>	42	<i>meclofenamate sodium</i>	9
LEVOXYL	42	<i>medroxyprogesterone acetate</i>	41
LEXIVA	24	<i>mefloquine hcl</i>	21
LIALDA	46	<i>megestrol acetate</i>	41
<i>lidocaine</i>	9	<i>meloxicam</i>	9
<i>lidocaine hcl</i>	9	MENACTRA	45
<i>lidocaine hcl jelly</i>	9	MENEST	41
<i>lidocaine viscous</i>	9	MENOMUNE-A/C/Y/W-135	45
<i>lidocaine/prilocaine</i>	9	MENVEO	45
LIDODERM	9	<i>meprobamate</i>	25
<i>lindane</i>	21	MEPRON	21
<i>liothyronine sodium</i>	42	<i>mercaptapurine</i>	20
LIPITOR	32	MERUVAX II W/DILUENT 10 DOSE	45
LIPOSYN II	47	<i>mesalamine</i>	47
LIPOSYN III	48	MESNEX	20
<i>lisinopril</i>	32	<i>metaxalone</i>	52
<i>lisinopril/hydrochlorothiazide</i>	32	<i>metformin hcl</i>	26
<i>lithium carbonate</i>	25	<i>metformin hcl er</i>	27
<i>lithium carbonate er</i>	25	<i>methadone hcl</i>	8
<i>lithium citrate</i>	25	<i>methazolamide</i>	49
LO/OVRAL-28	41	<i>methenamine hippurate</i>	12
<i>losartan potassium</i>	32	<i>methimazole</i>	43
<i>losartan</i>	32	<i>methocarbamol</i>	52
<i>potassium/hydrochlorothiazide</i>		<i>methotrexate</i>	45
LOTEMAX	49	<i>methotrexate sodium</i>	45
LOTREL	32	<i>methyclothiazide</i>	32
LOTRONEX	37	<i>methyldopa</i>	32
<i>lovastatin</i>	32	<i>methyldopa/hydrochlorothiazide</i>	32
LOVAZA	32	<i>methylin</i>	34
LOVENOX	28	<i>methylin er</i>	34
<i>low-ogestrel</i>	41	<i>methylphenidate hcl</i>	35

<i>methylphenidate hcl sr</i>	35	<i>naltrexone hcl</i>	17
<i>methylprednisolone</i>	39	NAMENDA	15
<i>methylprednisolone acetate</i>	39	NAMENDA TITRATION PAK	15
<i>methylprednisolone sodiumsuccinate</i>	39	<i>naproxen</i>	9
<i>metipranolol</i>	49	<i>naproxen dr</i>	9
<i>metoclopramide hcl</i>	17	<i>naproxen sodium</i>	9
<i>metolazone</i>	32	NARDIL	16
<i>metoprolol succinate er</i>	32	NATACYN	49
<i>metoprolol tartrate</i>	32	<i>nateglinide</i>	27
<i>metoprolol/hydrochlorothiazide</i>	32	<i>necon 0.5/35-28</i>	41
METROGEL	12	<i>necon 1/35-28</i>	41
<i>metronidazole</i>	12	<i>necon 10/11-28</i>	41
<i>metronidazole in nacl 0.79%</i>	12	<i>necon 7/7/7</i>	41
<i>metronidazole vaginal</i>	12	<i>nefazodone hcl</i>	16
<i>mexiletine hcl</i>	32	<i>neomycin sulfate</i>	12
<i>microgestin 1.5/30</i>	41	<i>neomycin/bacitracin/polymyxin</i>	49
<i>microgestin 1/20</i>	41	<i>neomycin/polymyxin/bacitracin/hydroc</i>	49
<i>microgestin fe</i>	41	<i>ortisone</i>	
<i>microgestin fe 1.5/30</i>	41	<i>neomycin/polymyxin/dexamethasone</i>	49
<i>midodrine hcl</i>	32	<i>neomycin/polymyxin/gramicidin</i>	12
MIGRANAL	19	<i>neomycin/polymyxin/hc</i>	50
<i>millipred</i>	39	<i>neomycin/polymyxin/hydrocortisone</i>	49
<i>minocycline hcl</i>	12	<i>neomycin/polymyxin/hydrocortisone</i>	50
<i>minoxidil</i>	32	NEORAL	45
<i>mirtazapine</i>	16	NEULASTA	29
<i>mirtazapine odt</i>	16	NEUMEGA	29
<i>misoprostol</i>	37	NEUPOGEN	29
MITOXANTRONE HCL	20	NEURONTIN	14
M-M-R II W/DILUENT 10 DOSE	45	NEXAVAR	20
<i>mometasone furoate</i>	39	NEXIUM	37
<i>morphine sulfate</i>	8	NEXIUM I.V.	37
<i>morphine sulfate er</i>	8	NIASPAN	32
MOZOBIL	29	NICOTROL INHALER	17
MULTAQ	32	NICOTROL NS	17
<i>mupirocin</i>	12	<i>nifediac cc</i>	32
MYCOBUTIN	19	<i>nifedical xl</i>	32
<i>mycophenolate mofetil</i>	45	<i>nifedipine</i>	32
MYFORTIC	45	<i>nifedipine er</i>	33
<i>nabumetone</i>	9	NILANDRON	43
<i>nadolol</i>	32	<i>nimodipine</i>	33
<i>nadolol/bendroflumethiazide</i>	32	NITRO-BID	33
<i>nafcillin sodium</i>	12	NITRO-DUR	33
NAGLAZYME	36	<i>nitrofurantoin macrocrystalline</i>	12
<i>naloxone hcl</i>	17	<i>nitrofurantoin monohydrate</i>	12

<i>nitroglycerin</i>	33	<i>oxandrolone</i>	41
<i>nitroglycerin transdermal</i>	33	<i>oxaprozin</i>	9
NITROLINGUAL PUMPSPRAY	33	<i>oxcarbazepine</i>	14
<i>nitrostat</i>	33	OXISTAT	18
<i>nizatidine</i>	37	OXSORALEN ULTRA	35
<i>norethindrone acetate</i>	41	<i>oxybutynin chloride</i>	38
NORPACE CR	33	<i>oxybutynin chloride er</i>	38
<i>nortrel 0.5/35 (28)</i>	41	<i>oxycodone hcl</i>	8
<i>nortrel 1/35 (21)</i>	41	<i>oxycodone/acetaminophen</i>	8
<i>nortrel 1/35 (28)</i>	41	<i>oxycodone/aspirin</i>	8
<i>nortrel 7/7/7</i>	41	OXYCONTIN	8
<i>nortriptyline hcl</i>	16	<i>pacerone</i>	33
NORVIR	24	<i>pamidronate disodium</i>	47
NOVOLIN 70/30	27	PANRETIN	20
NOVOLIN 70/30 INNOLET	27	<i>pantoprazole sodium</i>	37
NOVOLIN N	27	<i>paroxetine hcl</i>	16
NOVOLIN N INNOLET	27	<i>paroxetine hcl er</i>	16
NOVOLIN R	27	PASER	19
NOVOLOG	27	PATANOL	49
NOVOLOG FLEXPEN	27	PEDIARIX	45
NOVOLOG MIX 70/30	27	PEDVAX HIB	45
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	27	PEGANONE	14
NOXAFIL	18	PEGASYS	45
NUVIGIL	35	PEG-INTRON	45
<i>nyamyc</i>	18	PEG-INTRON REDIPEN	45
<i>nystatin</i>	18	<i>penicillin g potassium</i>	12
<i>nystatin/triamcinolone</i>	18	<i>penicillin g potassium in iso-osmotic dextrose</i>	12
<i>nystop</i>	18	<i>penicillin g procaine</i>	12
<i>ocella</i>	41	<i>penicillin g sodium</i>	12
<i>octreotide acetate</i>	43	<i>penicillin v potassium</i>	13
<i>ofloxacin</i>	12	PENTASA	47
<i>ofloxacin</i>	49	<i>pentoxifylline er</i>	29
<i>ofloxacin</i>	50	<i>permethrin</i>	21
<i>ogestrel</i>	41	<i>perphenazine</i>	23
<i>omeprazole</i>	37	<i>phenadoz</i>	51
<i>ondansetron hcl</i>	17	<i>phenytoin</i>	14
<i>ondansetron odt</i>	17	<i>phenytoin sodium</i>	14
ONGLYZA	27	<i>phenytoin sodium extended</i>	15
ONTAK	20	PHOSPHOLINE IODIDE	49
ORAP	23	<i>pilocarpine hcl</i>	35
ORENCIA	45	<i>pilocarpine hydrochloride</i>	35
ORFADIN	36	<i>pindolol</i>	33
<i>orphenadrine citrate er</i>	52	<i>piperacillin sodium</i>	13

<i>piperacillin sodium/ tazobactam sodium</i>	13
<i>piroxicam</i>	10
PLAVIX	29
<i>podofilox</i>	35
<i>polyethylene glycol 3350</i>	37
<i>polymyxin b sulfate</i>	13
POLYTRIM	49
<i>potassium chloride</i>	53
<i>potassium chloride er</i>	53
<i>potassium chloride sr</i>	53
<i>potassium citrate extended-release</i>	53
<i>pravastatin sodium</i>	33
<i>prazosin hcl</i>	38
<i>prednisolone acetate</i>	49
<i>prednisolone sodium phosphate</i>	39
<i>prednisolone sodium phosphate</i>	49
<i>prednisone</i>	39
PREMARIN	41
PREMARIN W/APPLICATOR	41
PREMPHASE	42
PREMPRO	42
<i>prenatal vitamins</i>	53
<i>prevalite</i>	33
PRIFTIN	19
<i>primaquine phosphate</i>	21
PRIMAXIN I.M.	13
PRIMAXIN IV	13
<i>primidone</i>	15
PRISTIQ	16
PROAIR HFA	51
<i>probenecid</i>	18
<i>probenecid/colchicine</i>	19
<i>procainamide hcl</i>	33
<i>prochlorperazine</i>	17
<i>prochlorperazine edisylate</i>	17
<i>prochlorperazine maleate</i>	17
PROCRIT	29
<i>proctocream-hc</i>	39
<i>proctosol hc</i>	39
<i>proctozone-hc</i>	39
PROGLYCEM	27
PROGRAF	45
PROLASTIN	51

PROLEUKIN	20
<i>promethazine hcl</i>	51
<i>promethegan</i>	51
<i>propafenone hcl</i>	33
<i>propranolol hcl</i>	33
<i>propranolol hcl er</i>	33
<i>propranolol/hydrochlorothiazide</i>	33
<i>propylthiouracil</i>	43
PROQUAD	45
PROTOPIC	35
<i>protriptyline hcl</i>	16
PROVIGIL	35
<i>pyrazinamide</i>	19
<i>pyridostigmine bromide</i>	19
<i>quinapril hcl</i>	33
<i>quinapril/hydrochlorothiazide</i>	33
<i>quinidine gluconate cr</i>	33
<i>quinidine sulfate</i>	33
<i>quinidine sulfate er</i>	33
QVAR	51
RABAVERT	45
<i>ramipril</i>	33
RANEXA	33
<i>ranitidine hcl</i>	37
RAPAMUNE	45
RECOMBIVAX HB	46
REGANEX	35
RELION R	27
REMICADE	46
RENAGEL	38
REVELA	38
RESCRIPTOR	24
<i>reserpine</i>	33
RESTASIS	49
RETIN-A MICRO	35
RETROVIR IV INFUSION	24
REVATIO	51
REVLIMID	20
REYATAZ	24
<i>ribavirin</i>	24
RIDAURA	46
<i>rifampin</i>	19
RILUTEK	35
<i>rimantadine hcl</i>	24

RISPERDAL CONSTA	23	<i>sronyx</i>	42
<i>risperidone</i>	23	<i>ssd</i>	13
<i>risperidone odt</i>	23	STARLIX	27
RITUXAN	20	<i>stavudine</i>	24
<i>rivastigmine tartrate</i>	15	STELARA	36
<i>ropinirole hcl</i>	22	<i>sterile water irrigation</i>	54
ROTATEQ	46	STRATTERA	35
ROWASA	47	STROMECTOL	21
SABRIL	15	SUBOXONE	8
SANDOSTATIN	43	SUBOXONE	17
SANTYL	35	<i>sucalfate</i>	37
SAPHRIS	23	<i>sulfacetamide sodium/prednisolone</i>	49
SAVELLA	8	<i>sodium phosphate</i>	
SAVELLA TITRATION PACK	8	<i>sulfadiazine</i>	13
<i>selegiline hcl</i>	22	<i>sulfamethoxazole/trimethoprim</i>	13
<i>selenium sulfide</i>	35	<i>sulfamethoxazole/trimethoprim ds</i>	13
SELZENTRY	24	<i>sulfasalazine</i>	47
SENSIPAR	42	<i>sulfazine ec</i>	47
SEREVENT DISKUS	51	<i>sulindac</i>	10
SEROMYCIN	19	<i>sumatriptan succinate</i>	19
SEROQUEL	23	SUPRAX	13
SEROQUEL XR	23	SURMONTIL	16
<i>sertraline hcl</i>	16	SUSTIVA	25
<i>silver sulfadiazine</i>	13	SUTENT	20
SIMPONI	46	SYMBICORT	51
<i>simvastatin</i>	34	SYMLIN	27
SINGULAIR	51	SYMLINPEN 120	27
<i>sodium chloride</i>	53	SYMLINPEN 60	27
<i>sodium chloride 0.9%</i>	53	SYNAREL	43
<i>sodium chloride 0.45% viaflex</i>	54	SYNTHROID	42
<i>sodium fluoride</i>	54	SYPRINE	17
<i>sodium polystyrene sulfonate</i>	17	TABLOID	21
<i>sodium sulfacetamide</i>	13	TACLONEX	36
<i>sodium sulfacetamide</i>	36	TACLONEX SCALP	36
SOLARAZE	36	<i>tacrolimus</i>	46
SOLU-CORTEF	39	TAMIFLU	25
SOMATULINE DEPOT	43	<i>tamoxifen citrate</i>	21
SOMAVERT	43	<i>tamsulosin hcl</i>	38
SORIATANE	36	TARCEVA	21
<i>sotalol hcl</i>	34	TARGETIN	21
SPIRIVA HANDIHALER	51	TASIGNA	21
<i>spironolactone</i>	34	<i>tazicef</i>	13
<i>spironolactone/hydrochlorothiazide</i>	34	TAZORAC	36
SPRYCEL	20	<i>taztia xt</i>	34

TEGRETOL	15	<i>hydrochloride/acetaminophen</i>	
TEGRETOL-XR	15	TRANSDERM-SCOP	18
TEKTURNA	34	<i>tranylcypromine sulfate</i>	16
TEKTURNA HCT	34	<i>trazodone hcl</i>	16
<i>terazosin hcl</i>	38	TRECATOR	19
<i>terbinafine hcl</i>	18	<i>tretinoin</i>	21
<i>terbutaline sulfate</i>	51	<i>tretinoin</i>	36
<i>terconazole</i>	18	<i>triamcinolone acetonide</i>	39
TESTIM	42	<i>triamcinolone acetonide in absorbase</i>	40
<i>testosterone cypionate</i>	42	<i>triamcinolone in orabase</i>	35
<i>testosterone enanthate</i>	42	<i>triamterene/hydrochlorothiazide</i>	34
<i>tetanus toxoid adsorbed</i>	46	TRIBENZOR	34
<i>tetanus/diphtheria toxoids-adsorbed adult</i>	46	TRICOR	34
<i>tetracycline hcl</i>	13	<i>trifluoperazine hcl</i>	23
THALOMID	21	<i>trifluridine</i>	49
<i>theophylline er</i>	51	<i>trihexyphenidyl hcl</i>	22
<i>thioridazine hcl</i>	23	TRIHIBIT	46
<i>thiothixene</i>	23	<i>tri-legest fe</i>	42
THYROLAR-1	42	TRILEPTAL	15
THYROLAR-1/4	42	TRILIPIX	34
THYROLAR-2	42	<i>trilyte</i>	37
THYROLAR-3	42	<i>trimethobenzamide hcl</i>	18
<i>ticlopidine hcl</i>	29	<i>trimethoprim</i>	13
TIKOSYN	34	<i>trimethoprim sulfate/polymyxin b sulfate</i>	49
TIMENTIN	13	TRIPEDIA	46
<i>timolol maleate</i>	49	TRISENOX	21
<i>timolol maleate ophthalmic gel forming</i>	49	<i>trivora-28</i>	42
<i>tizanidine hcl</i>	23	TRIZIVIR	25
TOBRADEX	49	TRUVADA	25
<i>tobramycin sulfate</i>	13	TWINRIX	46
<i>tobramycin sulfate/sodium chloride</i>	13	TYGACIL	13
<i>tobramycin/dexamethasone</i>	49	TYKERB	21
<i>tolazamide</i>	27	TYPHIM VI	46
<i>tolbutamide</i>	27	TYZEKA	25
<i>tolmetin sodium</i>	10	TYZINE	51
<i>topiramate</i>	15	UROXATRAL	38
TOPROL XL	34	<i>ursodiol</i>	37
<i>toremide</i>	34	<i>valacyclovir hcl</i>	25
<i>tpn electrolytes ftv</i>	54	VALCYTE	25
TRACLEER	51	<i>valproate sodium</i>	15
<i>tramadol hcl</i>	8	<i>valproic acid</i>	15
<i>tramadol</i>	8	VALTURNAL	34
		VANCOCIN HCL	13

<i>vancomycin hcl</i>	13	<i>zonisamide</i>	15
<i>vandazole</i>	13	ZORTRESS	46
VAQTA	46	ZOSTAVAX	46
VARIVAX	46	ZOSYN	13
VELCADE	21	<i>zovia 1/35e</i>	42
<i>velivet</i>	42	<i>zovia 1/50e</i>	42
<i>venlafaxine hcl</i>	16	ZYCLARA	36
<i>venlafaxine hcl er</i>	17	ZYFLO CR	52
<i>ventolin hfa</i>	51	ZYMAR	49
<i>verapamil hcl</i>	34	ZYMAXID	49
<i>verapamil hcl er</i>	34	ZYPREXA	23
VESICARE	38	ZYPREXA ZYDIS	23
VEXOL	49	ZYVOX	13
VIDAZA	21		
VIDEX PEDIATRIC	25		
VIGAMOX	49		
VIMPAT	15		
VIRACEPT	25		
VIRAMUNE	25		
VIREAD	25		
VIVAGLOBIN	46		
VIVELLE-DOT	42		
VOTRIENT	21		
VYTORIN	34		
VYVANSE	35		
<i>warfarin sodium</i>	29		
WELCHOL	34		
XALATAN	49		
XENAZINE	48		
XIFAXAN	13		
XOLAIR	51		
XYREM	35		
YF-VAX	46		
<i>zafirlukast</i>	52		
<i>zaleplon</i>	52		
ZAVESCA	36		
ZEMPLAR	47		
ZENPEP	36		
ZETIA	34		
ZIAGEN	25		
<i>zidovudine</i>	25		
ZOLINZA	21		
<i>zolpidem tartrate</i>	52		
ZOMETA	47		