

Fallon Senior Plan Basic Rx

2010 Formulary

(List of Covered Drugs)

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

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

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What is the Fallon Senior Plan Basic Rx Formulary?

A formulary is a list of covered drugs selected by Fallon Community 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. Fallon Community 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 Fallon Senior 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 2010 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2010 coverage year except when a new, less-expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization and/or quantity limits 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 September 14, 2009. To get updated information about the drugs covered by Fallon Senior Plan, please visit our Web site at www.fchp.org/Seniors/OnlineDrugFormulary or call Customer Service at 1-800-868-5200, seven days a week from 8 a.m. to 8 p.m. TDD/TTY users should call 1-877-608-7677.

Non-maintenance formulary changes, which include changing preferred or non-preferred formulary drugs, adding utilization management, increasing cost sharing on preferred drugs, removing dosage forms or exchanging therapeutic alternatives (either by formulary addition/removal or tier exchanges), are not implemented until receipt of notification of approval from CMS. Notification of such changes to affected members, practitioners and other entities as required by CMS occurs after approval has been obtained and is sent at least 60 days in advance of the change. Notifications occur by direct mailings, practitioner's manuals, newsletters, e-mail, FCHP Web site and through the FCHP pharmacy benefit manager (CVS Caremark). All members will be mailed an update to their printed formulary that details all non-maintenance formulary changes when they occur.

How do I use the Formulary?

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

Medical condition

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page 2. Then look under the category name for your drug.

Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 42. 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?

Fallon Senior 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:** Fallon Community Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Fallon Community Health Plan before you fill your prescriptions. If you don't get approval, Fallon Community Health Plan may not cover the drug.
- **Quantity limits:** For certain drugs, Fallon Community Health Plan limits the amount of the drug that Fallon Senior Plan will cover. For example, Fallon Community Health Plan provides 30 tablets per 30-day supply per prescription for ACTOS. This may be in addition to a standard one-month or three-month supply.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.fchp.org.

You can ask Fallon Community Health Plan to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Fallon Senior Plan Basic Rx formulary?" on page ii for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and confirm that your drug is not covered. If you learn that Fallon Senior Plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Fallon Senior 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 Fallon Senior Plan.
- You can ask Fallon Community 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 Fallon Senior Plan Basic Rx Formulary?

You can ask Fallon Community 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, Fallon Senior Plan may limit 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 the highest tier subject to the tiering exceptions process tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in a lower tier subject to the tiering exceptions process 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 designated high-cost tier.

Generally, Fallon Community 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 prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

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

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

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

If you are a resident of a long-term care facility, we will cover a temporary 31-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 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you are a new member who has been on a medication that is not on our formulary or needs a prior authorization, Fallon Community Health Plan ensures that you will be able to receive a 30-day supply of this medication within the first 90 days of your membership, as of your effective date of coverage. However, this 30-day supply will be considered a "transitional supply" of the medication. You will need to either have your provider prescribe a medication that is on our formulary or request a formulary exception.

When you pick up your prescription, the pharmacist may tell you that the prescription is a transitional supply. Within three business days, you will receive a notice from Fallon Community Health Plan confirming that you

received a transitional supply. You also will receive information about how to work with your prescribing provider and Fallon Community Health Plan to identify alternative medications that are on our formulary, an explanation of your right to request a formulary exception (that is, prior authorization approval to continue with the current medication), and the procedures for requesting a formulary exception.

If the pharmacist fills your transitional supply of medication for less than the prescribed amount (due to a plan limitation such as a quantity limit), Fallon Community Health Plan will allow refills of this medication up to the prescribed amount while you are pursuing a formulary exception.

Copayment amounts for transitional supplies are based on approved cost-sharing tiers and are consistent with cost-sharing amounts that Fallon Community Health Plan charges for non-formulary drugs approved under a coverage exception. If you receive extra help for your Medicare prescription drug coverage, the copayments for transitional supplies of medication will not exceed the current statutory maximum copayment amounts.

For more information

For more detailed information about your Fallon Senior Plan prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Fallon Senior Plan, please call Customer Service at 1-800-868-5200, seven days a week from 8 a.m. to 8 p.m. TDD/TTY users should call 1-877-608-7677. Or visit www.fchp.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. TDD/TTY users should call 1-877-486-2048. Or, visit www.medicare.gov.

Fallon Senior Plan Basic Rx **Formulary**

The formulary that begins on the next page provides coverage information about some of the drugs covered by Fallon Senior Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 42.

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

The information in the Requirements/Limits column tells you if Fallon Community Health Plan has any special requirements for coverage of your drug. The following is an explanation the codes that may appear in this column.

Code	Explanation
PA	Prior authorization is required. Your health care provider must contact Fallon Community Health Plan to arrange this.
QL	Quantity limits may be set for certain drugs depending upon available safety data. For example, only nine tablets of AMBIEN per 30 days.
ND	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
LA	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-868-5200, seven days a week from 8 a.m. to 8 p.m. TDD/TTY users should call 1-877-608-7677.

Drug Name	Drug Tier	Requirements / Needs
Analgesics		
<i>acetaminophen/codeine #3</i>	1	
<i>acetaminophen/codeine #4</i>	1	
<i>acetaminophen/codeine tabs</i>	1	
<i>buprenorphine hcl</i>	1	PA
<i>butorphanol tartrate soln</i>	1	PA
<i>co-gesic</i>	1	
DARVON	3	
DARVON-N	3	
DEMEROL TABS	3	
DILAUDID-5	3	
DILAUDID TABS	3	
DOLOPHINE	3	
DOLOPHINE HCL	3	
DURAGESIC	3	
<i>endocet tabs 325mg; 5mg</i>	1	
<i>fentanyl</i>	1	
<i>fentanyl citrate</i>	1	PA
<i>hydrocodone /acetaminophen-hs</i>	1	
<i>hydrocodone /acetaminophen tabs</i>	1	
<i>hydrocodone /acetaminophen soln 500mg/15ml; 7.5mg/15ml</i>	1	
<i>hydrocodone /ibuprofen</i>	1	
<i>hydrocodone bitartrate/acetaminophen</i>	1	
<i>hydromorphone hcl tabs</i>	1	
<i>ibu</i>	1	
<i>ibuprofen</i>	1	
<i>levorphanol tartrate</i>	1	
<i>mepredine hcl soln, tabs</i>	1	
METHADONE HCL SOLN	3	
<i>methadone hcl conc, tabs</i>	1	
<i>methadose</i>	1	
<i>morphine sulfate er</i>	1	
<i>morphine sulfate tabs</i>	1	
<i>morphine sulfate inj 1mg/ml, 5mg/ml</i>	1	PA
<i>naproxen</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium</i>	1	
<i>oxycodone /acetaminophen caps</i>	1	
<i>oxycodone /acetaminophen tabs 325mg; 2.5mg, 325mg; 5mg</i>	1	
<i>oxycodone /apap</i>	1	
<i>oxycodone /aspirin</i>	1	
<i>oxycodone /ibuprofen</i>	1	
<i>oxycodone hcl er</i>	1	QL PA
OXYCODONE HCL TABS 10MG, 20MG	3	
<i>oxycodone hcl tabs 15mg, 30mg, 5mg</i>	1	

Drug Name	Drug Tier	Requirements / Needs
<i>oxycodone-apap</i>	1	
OXYCONTIN TB12 40MG	3	QL PA
OXYCONTIN TB12	3	QL PA
<i>pentazocine /acetaminophen</i>	1	
<i>pentazocine/naloxone hcl</i>	1	
<i>propoxyphene hcl</i>	1	
ROXICET SOLN	3	
<i>roxicet tabs 325mg; 5mg</i>	1	
ROXICODONE	3	
SUBOXONE	3	PA
SUBUTEX	3	PA
TALWIN NX	3	
<i>tramadol hcl</i>	1	
<i>tramadol hydrochloride/acetaminophen</i>	1	
TYLENOL/CODEINE #3	3	
TYLENOL/CODEINE #4	3	
<i>vanacet</i>	1	
<i>vicodin hp</i>	1	
VOLTAREN GEL	3	
Anesthetics		
EMLA	3	
<i>lidocaine</i>	1	
<i>lidocaine hcl jelly</i>	1	
<i>lidocaine hcl soln</i>	1	
<i>lidocaine viscous</i>	1	
<i>lidocaine/prilocaine</i>	1	
LIDODERM	3	QL
XYLOCAINE JELLY	3	
XYLOCAINE SOLN	3	
Anti-inflammatory Agents		
CELEBREX	2	PA
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>diclofenac sodium ec</i>	1	
<i>diclofenac sodium xr</i>	1	
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>fenoprofen calcium</i>	1	
<i>flurbiprofen</i>	1	
<i>indomethacin</i>	1	
<i>indomethacin er</i>	1	
<i>ketoprofen</i>	1	
<i>ketoprofen er</i>	1	
<i>meclofenamate sodium</i>	1	
MELOXICAM SUSP	3	
<i>meloxicam tabs</i>	1	
<i>nabumetone</i>	1	

Drug Name	Drug Tier	Requirements / Needs
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
<i>tolmetin sodium caps</i>	1	
Antibacterials		
AKNE-MYCIN	2	
<i>amikacin sulfate inj 250mg/ml</i>	1	PA
<i>amoxicillin</i>	1	
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/potassium clavulanate</i>	1	
<i>amoxil caps</i>	1	
AMOXIL SUSR 400MG/5ML	3	
<i>amoxil susr 250mg/5ml</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium inj 1gm</i>	1	PA
AVELOX ABC PACK	2	
AVELOX TABS	2	
AZACTAM IN DEXTROSE	2	PA
<i>azithromycin susr, tabs</i>	1	
<i>azithromycin inj</i>	1	PA
BACTROBAN	3	
<i>cefaclor</i>	1	
CEFACLOR ER	3	
<i>cefadroxil</i>	1	
<i>cefazolin sodium inj 1gm, 20gm</i>	1	PA
<i>cefdinir</i>	1	
<i>cefepime</i>	1	PA
<i>cefotaxime sodium inj 500mg</i>	1	PA
<i>cefoxitin sodium inj 1gm</i>	1	PA
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftriaxone sodium inj 500mg</i>	1	PA
<i>cefuroxime axetil</i>	1	
<i>cephalexin caps, susr</i>	1	
CIPRO I.V.-IN D5W	3	PA
CIPRO SUSR	2	
<i>ciprofloxacin er</i>	1	
<i>ciprofloxacin extended-release</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	1	
CLEOCIN PEDIATRIC GRANULES	2	
CLEOCIN SUPP	3	
CLEOCIN CAPS 75MG	3	
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate</i>	1	
<i>clindamycin phosphate add-vantage</i>	1	PA
<i>colistimethate sodium</i>	1	PA

Drug Name	Drug Tier	Requirements / Needs
CORTISPORIN	3	
CUBICIN	4	PA
<i>dicloxacillin sodium</i>	1	
<i>doxy-caps</i>	1	
<i>doxycycline hyclate caps, tabs</i>	1	
<i>doxycycline hyclate inj 100mg</i>	1	PA
<i>doxycycline monohydrate susr</i>	1	
<i>doxycycline monohydrate tabs 50mg, 75mg</i>	1	
<i>e.e.s. 400</i>	1	
E.E.S. GRANULES	3	
<i>ery</i>	1	
ERY-TAB	2	
ERYPED 200	3	
ERYPED 400	2	
ERYTHROCIN LACTOBIONATE	3	PA
<i>erythrocin stearate</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin /sulfisoxazole</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
FLAGYL ER	3	
FURADANTIN	2	
GANTRISIN PEDIATRIC	3	
<i>gentamicin sulfate crea, external oint, ophthalmic oint, ophthalmic soln</i>	1	
<i>gentamicin sulfate inj 10mg/ml</i>	1	PA
HIPREX	3	
IQUIX	3	
KEFLEX CAPS 750MG	3	
KETEK	3	
LEVAQUIN SOLN, TABS	3	
MACROBID	3	
MACRODANTIN CAPS 25MG	2	
MACRODANTIN CAPS 100MG, 50MG	3	
MAXIPIME	2	PA
MERREM	3	PA
<i>methenamine hippurate</i>	1	
METROCREAM	3	
<i>metronidazole</i>	1	
<i>metronidazole vaginal</i>	1	
<i>minocycline hcl</i>	1	
<i>mupirocin</i>	1	
NAFCILLIN SODIUM	3	PA
NEO-FRADIN	3	
<i>neomycin /bacitracin /polymyxin</i>	1	
<i>neomycin sulfate</i>	1	
NEUTREXIN	4	PA
<i>nitrofurantoin macrocrystalline</i>	1	
<i>nitrofurantoin monohydrate</i>	1	

Drug Name	Drug Tier	Requirements / Needs
NORITATE	3	
NOROXIN	3	
<i>ofloxacin</i>	1	
OMNICEF CAPS	3	
ORACEA	3	PA
<i>paromomycin sulfate</i>	1	
<i>penicillin g potassium</i>	1	PA
<i>penicillin v potassium</i>	1	
PHISOHEX	3	
PIPERACILLIN SODIUM	3	PA
PRIMAXIN IV INJ 250MG; 250MG	3	PA
PRIMAXIN IV INJ 500MG; 500MG	4	PA
PRIMSOL	3	
PROQUIN XR	3	QL
QUIXIN	2	
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
<i>sodium sulfacetamide</i>	1	
<i>ssd</i>	1	
SULFADIAZINE	3	
<i>sulfamethoxazole /trimethoprim susp, tabs</i>	1	
<i>sulfamethoxazole /trimethoprim inj</i>	1	PA
<i>sulfamethoxazole/trimethoprim ds</i>	1	
SULFAMYLON	3	
<i>sulfatrim</i>	1	
SUPRAX	3	
<i>tetracycline hcl</i>	1	
<i>thermazene</i>	1	
TOBI	4	
<i>tobramycin sulfate soln</i>	1	
<i>trimethoprim</i>	1	
<i>trimox</i>	1	
TYGACIL	3	PA
UREX	3	
VANCOCIN HCL	4	PA
VANCOMYCIN HCL INJ 10GM	3	PA
<i>vancomycin hcl inj 1000mg</i>	1	PA
<i>vandazole</i>	1	
<i>veetids</i>	1	
XIFAXAN	3	QL
ZITHROMAX SUSR 100MG/5ML	3	
ZMAX	3	QL
ZYMAR	3	QL
ZYVOX	4	PA
Anticonvulsants		
BANZEL TABS 200MG	3	PA
BANZEL TABS 400MG	4	PA
<i>carbamazepine</i>	1	

Drug Name	Drug Tier	Requirements / Needs
<i>carbamazepine er</i>	1	
CARBATROL	3	
CELONTIN	3	
<i>clonazepam</i>	1	ND
DEPACON	3	
DEPAKENE SYRP	3	
DEPAKOTE	2	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	2	
DIASTAT ACUDIAL	3	ND
DIASTAT PEDIATRIC	3	ND
DILANTIN	2	
DILANTIN INFATABS	2	
<i>divalproex sodium</i>	1	
<i>epitol</i>	1	
EQUETRO	3	
<i>ethosuximide</i>	1	
FELBATOL	3	
<i>gabapentin</i>	1	
GABITRIL	3	
KEPPRA ORAL SOLN, TABS	3	
KEPPRA INJ	3	PA
LAMICTAL	3	
LAMICTAL CHEWABLE DISPERSIBLE	3	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	2	
LAMICTAL STARTER/TAKING VALPROATE	2	
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	
LYRICA	3	PA
MEBARAL	3	ND
NEURONTIN SOLN	3	
<i>oxcarbazepine</i>	1	
PEGANONE	3	
<i>phenobarbital</i>	1	ND
PHENYTEK	2	
<i>phenytoin</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>primidone</i>	1	
TEGRETOL-XR	2	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
<i>topiramate</i>	1	
TRILEPTAL SUSP	3	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
VIMPAT TABS	3	PA
<i>zonisamide</i>	1	

Drug Name	Drug Tier	Requirements / Needs
Antidementia Agents		
ARICEPT	2	
ARICEPT ODT	2	
<i>ergoloid mesylates</i>	1	
<i>galantamine hydrobromide</i>	1	
NAMENDA	2	
NAMENDA TITRATION PAK	2	
Antidepressants		
<i>amitriptyline hcl</i>	1	
AMOXAPINE	3	
<i>budeprion sr</i>	1	
<i>budeprion xl tb24 150mg</i>	1	
<i>budeprion xl tb24 300mg</i>	1	QL
<i>bupropion hcl</i>	1	
<i>bupropion hcl sr</i>	1	
<i>chlordiazepoxide /amitriptyline</i>	1	
<i>citalopram hydrobromide</i>	1	
<i>clomipramine hcl</i>	1	
CYMBALTA	3	
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
EFFEXOR XR	2	
EMSAM	3	PA
<i>fluoxetine hcl caps 10mg, 20mg</i>	1	
<i>fluoxetine hcl caps 40mg</i>	1	PA
<i>fluoxetine hcl soln, tabs</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>imipramine hcl</i>	1	
LEXAPRO	2	
LIMBITROL	3	
<i>maprotiline hcl</i>	1	
MARPLAN	2	
<i>mirtazapine</i>	1	
<i>mirtazapine odt</i>	1	
NARDIL	2	
<i>nefazodone hcl</i>	1	
<i>nortriptyline hcl</i>	1	
PARNATE	3	
<i>paroxetine hcl</i>	1	
<i>paroxetine hcl er</i>	1	
PAXIL CR TB24 12.5MG, 37.5MG	3	
<i>perphenazine /amitriptyline</i>	1	
PRISTIQ	3	PA
<i>protriptyline hcl</i>	1	
PROZAC WEEKLY	3	QL PA
<i>sertraline hcl</i>	1	
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl</i>	1	

Drug Name	Drug Tier	Requirements / Needs
<i>trimipramine maleate</i>	1	
<i>venlafaxine hcl</i>	1	
Antidotes, Deterrents, and Toxicologic Agents		
ANTABUSE	2	
CAMPRAL	3	PA
CHANTIX	3	
CUPRIMINE	3	
<i>depade</i>	1	
<i>kionex</i>	1	
<i>naltrexone hcl</i>	1	
NICOTROL INHALER	3	PA
<i>sodium polystyrene sulfonate</i>	1	
SUBOXONE	3	PA
Antiemetics		
<i>compro</i>	1	
<i>dronabinol</i>	1	PA
EMEND	3	PA
GRANISETRON HCL TABS	4	PA
GRANISOL	3	PA
<i>metoclopramide hcl tabs</i>	1	
<i>ondansetron hcl inj, tabs</i>	1	PA
<i>ondansetron hcl oral soln</i>	4	PA
<i>ondansetron odt</i>	1	PA
<i>phenadoz</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl supp, syrp, tabs</i>	1	
<i>promethazine hcl inj</i>	1	PA
<i>promethegan</i>	1	
TIGAN CAPS	3	
TRANSDERM-SCOP	2	QL
<i>trimethobenzamide hcl caps</i>	1	
Antifungals		
CANCIDAS	4	PA
<i>ciclopirox</i>	1	
<i>ciclopirox nail lacquer</i>	1	PA
<i>ciclopirox olamine</i>	1	
<i>clotrimazole</i>	1	
<i>clotrimazole/betamethasone dipropionate</i>	1	
DIFLUCAN SUSR	3	
DIFLUCAN TABS 100MG, 50MG	3	
DIFLUCAN TABS 150MG, 200MG	3	QL
<i>econazole nitrate</i>	1	
ERTACZO	3	
EXELDERM	2	
<i>fluconazole in dextrose</i>	1	PA
<i>fluconazole susr</i>	1	

Drug Name	Drug Tier	Requirements / Needs
<i>fluconazole tabs 100mg, 50mg</i>	1	
<i>fluconazole tabs 150mg, 200mg</i>	1	QL
GRIFULVIN V	2	
GRIS-PEG	3	
<i>griseofulvin microsize</i>	1	
<i>itraconazole</i>	1	PA
<i>ketoconazole</i>	1	
<i>kuric</i>	1	
LAMISIL SOLN	3	
LOPROX	3	
LOPROX SHAMPOO	2	
LOTRISONE	3	
<i>miconazole 3</i>	1	
MYCOSTATIN	3	
NAFTIN	3	
NIZORAL	3	
<i>nystatin</i>	1	
<i>nystatin/triamcinolone</i>	1	
<i>nystop</i>	1	
OXISTAT	2	
<i>pedi-dri</i>	1	
PENLAC NAIL LACQUER	3	PA
<i>selenium sulfide</i>	1	
SELSUN SHAMPOO	3	
<i>terbinafine hcl</i>	1	
<i>terconazole</i>	1	
VFEND	4	PA
XOLEGEL	3	
<i>zazole</i>	1	
Antigout Agents		
<i>allopurinol</i>	1	
<i>colchicine</i>	1	
<i>probenecid</i>	1	
<i>probenecid/colchicine</i>	1	
ZYLOPRIM	3	
Antimigraine Agents		
<i>butal/asa/caff</i>	1	ND
<i>butalbital /acetaminophen /caffeine</i>	1	ND
<i>butalbital /aspirin /caffeine</i>	1	ND
<i>butalbital/apap/caffeine</i>	1	ND
D.H.E. 45	3	
<i>dihydroergotamine mesylate</i>	1	
<i>divalproex sodium</i>	1	
ERGOMAR	2	
MIGRANAL	3	
<i>propranolol hcl tabs</i>	1	
RELPAK	2	QL
<i>sumatriptan succinate tabs</i>	2	QL PA

Drug Name	Drug Tier	Requirements / Needs
<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	QL PA
<i>timolol maleate</i>	1	
ZOMIG	3	QL
ZOMIG ZMT	3	QL
Antimyasthenic Agents		
<i>bethanechol chloride</i>	1	
GUANIDINE HCL	3	
MESTINON TIMESPAN	2	
MESTINON SYRP	2	
MESTINON TABS	3	
MYTELASE	2	
<i>pyridostigmine bromide</i>	1	
Antimycobacterials		
CAPASTAT SULFATE	3	PA
DAPSONE	3	
<i>ethambutol hcl</i>	1	
<i>isonarif</i>	1	
ISONIAZID SYRP	3	
<i>isoniazid tabs</i>	1	
MYAMBUTOL	3	
MYCOBUTIN	2	
PASER	3	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
RIFADIN CAPS	3	
RIFAMATE	3	
<i>rifampin caps</i>	1	
RIFATER	3	
SEROMYCIN	3	
TRECTOR	3	
Antineoplastics		
AFINITOR	4	PA
ARIMIDEX	2	
AROMASIN	3	
AVASTIN	4	
BLEOMYCIN SULFATE	4	PA
CAMPATH	4	PA
CEENU	3	
CYCLOPHOSPHAMIDE TABS	3	
ELITEK	4	PA
EMCYT	3	
FARESTON	3	
FASLODEX	4	PA
FEMARA	3	
GLEEVEC	4	
HERCEPTIN	4	PA
HEXALEN	4	
HYDREA	3	

Drug Name	Drug Tier	Requirements / Needs
<i>hydroxyurea</i>	1	
IRESSA	4	
LEUKERAN	2	
MATULANE	4	
<i>mercaptopurine</i>	1	
MESNEX TABS	4	
<i>mitoxantrone hcl</i>	4	PA
NEXAVAR	4	PA LA
PANRETIN	3	
PROLEUKIN	4	PA
PURINETHOL	3	
REVLIMID	4	PA LA
RITUXAN	4	PA
SPRYCEL	4	PA
SUTENT	4	PA
TABLOID	3	
<i>tamoxifen citrate</i>	1	
TARCEVA	4	PA
TARGRETIN GEL	2	
TARGRETIN CAPS	4	
TASIGNA	4	PA
THALOMID	4	PA
<i>tretinoin</i>	4	
TRISENOX	3	PA
TYKERB	4	PA LA
VELCADE	4	PA
VESANOID	4	
VIDAZA	4	PA
ZOLINZA	4	PA
Antiparasitics		
<i>acticin</i>	1	
ALBENZA	3	
ALINIA	3	
ARALEN	3	
BILTRICIDE	3	
<i>chloroquine phosphate</i>	1	
DARAPRIM	3	
ELIMITE	3	
EURAX	3	
FANSIDAR	3	
<i>hydroxychloroquine sulfate</i>	1	
LARIAM	3	
LINDANE SHAM	3	
<i>lindane lotn</i>	1	
MALARONE	2	
<i>mebendazole</i>	1	
<i>mefloquine hcl</i>	1	
MEPRON	4	

Drug Name	Drug Tier	Requirements / Needs
NEBUPENT	3	
OVIDE	3	
<i>permethrin</i>	1	
PLAQUENIL	3	
PRIMAQUINE PHOSPHATE	3	
STROMECTOL	3	
Antiparkinson Agents		
<i>amantadine hcl</i>	1	
APOKYN	4	PA LA
<i>atamet</i>	1	
AZILECT	3	
<i>benztropine mesylate</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa cr</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa/levodopa sr</i>	1	
COMTAN	2	
LODOSYN	3	
MIRAPEX	3	
PARLODEL	3	
<i>ropinirole hcl</i>	1	
<i>selegiline hcl caps</i>	1	
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
TASMAR	3	
<i>trihexyphenidyl hcl</i>	1	
ZELAPAR	3	PA
Antipsychotics		
ABILIFY DISCMELT	3	QL
ABILIFY INJ	3	PA
ABILIFY TABS	3	QL
CHLORPROMAZINE HCL INJ	3	
<i>chlorpromazine hcl tabs</i>	1	
CLOZAPINE TABS 200MG	3	
<i>clozapine tabs 100mg, 25mg, 50mg</i>	1	
FAZACLO	3	
<i>fluphenazine decanoate</i>	1	
FLUPHENAZINE HCL CONC, ELIX, INJ	3	
<i>fluphenazine hcl tabs</i>	1	
GEODON	3	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	

Drug Name	Drug Tier	Requirements / Needs
INVEGA	3	PA
<i>loxapine succinate</i>	1	
MOBAN	2	
ORAP	2	
<i>perphenazine</i>	1	
RISPERDAL CONSTA INJ 25MG, 37.5MG	3	
RISPERDAL CONSTA INJ 50MG	4	
RISPERDAL M-TAB	3	QL
<i>risperidone</i>	1	QL
<i>risperidone odt</i>	1	QL
SEROQUEL	3	
SEROQUEL XR	3	QL
SYMBYAX	3	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
ZYPREXA	3	
ZYPREXA ZYDIS	3	
Antispasticity Agents		
<i>baclofen</i>	1	
<i>dantrolene sodium</i>	1	
<i>tizanidine hcl</i>	1	
Antivirals		
<i>acyclovir</i>	1	
APTIVUS	4	
ATRIPLA	4	
BARACLUDE SOLN	3	PA
BARACLUDE TABS	4	PA
COMBIVIR	4	
COPEGUS	4	PA
CRIXIVAN	2	
DENAVIR	3	
<i>didanosine</i>	1	
EMTRIVA	3	
EPIVIR	2	
EPIVIR HBV	2	
EPZICOM	4	
<i>famciclovir</i>	1	
FLUMADINE	3	
FUZEON	4	
GANCICLOVIR	4	
HEPSERA	3	PA
INTELENCE	3	
INVIRASE	4	
ISENTRESS	4	
KALETRA SOLN	4	
KALETRA TABS 100MG; 25MG	3	
KALETRA TABS 200MG; 50MG	4	

Drug Name	Drug Tier	Requirements / Needs
LEXIVA SUSP	3	
LEXIVA TABS	4	
NORVIR CAPS	3	
NORVIR SOLN	4	
PREZISTA TABS 75MG	3	
PREZISTA TABS 400MG, 600MG	4	
REBETOL	4	PA
RESCRIPTOR	2	
RETROVIR	3	
RETROVIR IV INFUSION	2	
REYATAZ	4	
<i>ribasphere caps</i>	4	PA
<i>ribasphere tabs 200mg</i>	1	PA
<i>ribasphere tabs 400mg, 600mg</i>	4	PA
<i>ribavirin caps</i>	4	PA
<i>ribavirin tabs 200mg</i>	1	PA
<i>rimantadine hcl</i>	1	
SELZENTRY	4	
<i>stavudine</i>	1	
SUSTIVA	2	
TAMIFLU	3	
TRIZIVIR	4	
TRUVADA	4	
TYZEKA	2	
VALCYTE	4	PA
VALTREX	2	
VIDEX EC	3	
VIDEX PEDIATRIC	3	
VIRACEPT POWD	3	
VIRACEPT TABS 250MG	3	
VIRACEPT TABS 625MG	4	
VIRAMUNE	2	
VIRAZOLE	4	
VIREAD	2	
ZERIT	3	
ZIAGEN	2	
<i>zidovudine</i>	1	
ZOVIRAX CREA, OINT	3	
Anxiolytics		
<i>alprazolam</i>	1	ND
<i>alprazolam er</i>	1	QL ND
ALPRAZOLAM INTENSOL	3	ND
<i>bupirone hcl</i>	1	
<i>chlordiazepoxide hcl</i>	1	ND
<i>clorazepate dipotassium</i>	1	ND
<i>diazepam</i>	1	ND
<i>lorazepam</i>	1	ND
<i>meprobamate</i>	1	

Drug Name	Drug Tier	Requirements / Needs
<i>oxazepam</i>	1	ND
Bipolar Agents		
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	2	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate caps</i>	1	
<i>lithium citrate</i>	1	
SYMBYAX	3	
Blood Glucose Regulators		
<i>acarbose</i>	1	QL
ACTOPLUS MET	2	
ACTOS	2	
AMARYL	3	
APIDRA	3	
AVANDAMET	2	
AVANDARYL	2	
AVANDIA	2	
BYETTA	3	PA
<i>chlorpropamide</i>	1	
DIABETA	3	
DUETACT	2	
FORTAMET	3	
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hcl</i>	1	
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
GLUCOPHAGE	3	
GLUCOPHAGE XR	3	
GLUCOTROL	3	
GLUCOTROL XL	3	
GLUCOVANCE	3	QL
GLUMETZA	3	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hcl</i>	1	QL
GLYCRON TABS 4.5MG	3	
<i>glycron tabs 1.5mg, 3mg, 6mg</i>	1	
GLYNASE	3	
GLYSET	2	
HUMALOG	2	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 PEN	3	PA
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 PEN	3	PA
HUMALOG PEN	3	PA
HUMULIN 50/50	2	

Drug Name	Drug Tier	Requirements / Needs
HUMULIN 70/30	2	
HUMULIN 70/30 PEN	3	PA
HUMULIN N	2	
HUMULIN N U-100 PEN	3	PA
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
JANUMET	3	
JANUVIA	3	
LANTUS	2	
LANTUS SOLOSTAR	3	PA
LEVEMIR	3	
LEVEMIR FLEXPEN	3	PA
METAGLIP	3	
<i>metformin hcl</i>	1	
<i>metformin hcl er</i>	1	
NOVOLIN 70/30	3	
NOVOLIN 70/30 INNOLET	3	PA
NOVOLIN N	3	
NOVOLIN N INNOLET	3	PA
NOVOLIN R	3	
NOVOLIN R INNOLET	3	PA
NOVOLOG	3	PA
NOVOLOG FLEXPEN	3	PA
NOVOLOG MIX 70/30	3	PA
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	PA
PRANDIN	2	QL
PRECOSE	3	QL
PROGLYCEM	3	
RELION 70/30	2	
RELION N	2	
RELION R	2	
RIOMET	3	
STARLIX	3	
SYMLIN	3	PA
SYMLINPEN 60	3	PA
<i>tolazamide</i>	1	
TOLBUTAMIDE	3	
Blood Products/Modifiers/ Volume Expanders		
AGGRENOX	3	
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML	3	PA
ARANESP ALBUMIN FREE INJ 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	PA
ARIXTRA INJ 2.5MG/0.5ML	2	
ARIXTRA INJ 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	4	
<i>cilostazol</i>	1	

Drug Name	Drug Tier	Requirements / Needs
COUMADIN TABS	3	
CYKLOKAPRON	4	PA
<i>dipyridamole</i>	1	
EPOGEN INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
EPOGEN INJ 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	4	PA
FRAGMIN INJ 2500UNIT/0.2ML, 5000UNIT/0.2ML	3	
FRAGMIN INJ 10000UNIT/ML, 25000UNIT/ML, 7500UNIT/0.3ML	4	
HEPARIN SODIUM DCU	3	
<i>heparin sodium/nacl 0.9%</i>	1	
HEPARIN SODIUM INJ 2500UNIT/ML	3	
<i>heparin sodium inj 1000unit/ml, 5000unit/ml</i>	1	
<i>jantoven</i>	1	
LOVENOX INJ 30MG/0.3ML, 40MG/0.4ML	2	
LOVENOX INJ 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 60MG/0.6ML, 80MG/0.8ML	4	
NEULASTA	4	PA
NEUPOGEN	4	PA
PLAVIX TABS 75MG	2	
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	4	PA
<i>ticlopidine hcl</i>	1	
<i>warfarin sodium</i>	1	
Cardiovascular Agents		
ACCUPRIL	3	QL
ACCURETIC	3	QL
<i>acebutolol hcl</i>	1	
ACEON	3	
<i>acetazolamide</i>	1	
ADALAT CC	3	QL
<i>afeditab cr</i>	1	QL
ALDACTAZIDE	3	
ALDACTONE	3	
ALTACE CAPS	3	
<i>amiloride /hydrochlorothiazide</i>	1	
<i>amiloride hcl</i>	1	
<i>amiodarone hcl tabs</i>	1	
<i>amlodipine besylate</i>	1	QL
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
ATACAND	3	
<i>atenolol</i>	1	
<i>atenolol/chlorthalidone</i>	1	
AVALIDE	3	
AVAPRO	3	
AZOR	3	QL

Drug Name	Drug Tier	Requirements / Needs
<i>benazepril hcl</i>	1	
<i>benazepril hcl/hydrochlorothiazide</i>	1	
BENICAR	2	
BENICAR HCT	2	
BETAPACE	3	
<i>betaxolol hcl</i>	1	
BIDIL	3	PA
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>bumetanide tabs</i>	1	
BUMEX	3	
CADUET	3	QL
CALAN	3	
CALAN SR	3	
CAPOTEN TABS 12.5MG, 25MG, 50MG	3	
<i>captopril</i>	1	
<i>captopril /hydrochlorothiazide</i>	1	
CARDENE SR	3	
CARDIZEM	3	
CARDIZEM CD	3	
CARDIZEM LA	3	
<i>cartia xt</i>	1	
CARTROL	3	
<i>carvedilol</i>	1	
CATAPRES-TTS-1	3	
CATAPRES-TTS-2	3	
CATAPRES-TTS-3	3	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>clonidine hcl</i>	1	
COLESTID	3	
<i>colestipol hcl</i>	1	
COREG	3	
COREG CR	2	
CORGARD	3	
CORZIDE	3	
COVERA-HS	3	
COZAAR	3	
CRESTOR	3	QL
DEMADEX TABS	3	
DEMSEER	3	
DIAMOX	3	
DIBENZYLINE	3	
<i>digoxin soln, tabs</i>	1	
DILACOR XR	3	
DILATRATE SR	2	

Drug Name	Drug Tier	Requirements / Needs
<i>dilt-cd cp24 180mg</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem cd</i>	1	
<i>diltiazem hcl er</i>	1	
<i>diltiazem hcl cp24, tabs</i>	1	
<i>diltzac cp24 240mg</i>	1	
DIOVAN	2	
DIOVAN HCT	2	
<i>disopyramide phosphate</i>	1	
<i>disopyramide phosphate er</i>	1	
DIURIL	3	
DYAZIDE	3	
DYNACIRC CR	3	
DYNACIRC-CR	3	
DYRENIUM	3	
EDECIN	2	
<i>enalapril maleate</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	PA
EXFORGE	3	QL
EXFORGE HCT	3	QL
<i>felodipine er</i>	1	
<i>fenofibrate</i>	1	
<i>fenofibrate micronized</i>	1	
<i>flecainide acetate</i>	1	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>furosemide tabs</i>	1	
<i>furosemide inj</i>	1	PA
FUROSEMIDE ORAL SOLN 8MG/ML	3	
<i>furosemide oral soln 10mg/ml</i>	1	
<i>gemfibrozil</i>	1	
<i>guanfacine hcl</i>	1	
<i>hydralazine hcl tabs</i>	1	
<i>hydrochlorothiazide</i>	1	
HYZAAR	3	QL
IMDUR	3	
<i>indapamide</i>	1	
INDERAL LA	3	
INNOPRAN XL	3	
INVERSINE	3	
ISMO	3	
<i>isochron</i>	1	
ISOPTIN SR	3	
ISORDIL TITRADOSE	3	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide dinitrate er</i>	1	
<i>isosorbide mononitrate</i>	1	

Drug Name	Drug Tier	Requirements / Needs
<i>isosorbide mononitrate er</i>	1	
<i>isradipine</i>	1	
KERLONE	3	
<i>labetalol hcl tabs</i>	1	
LANOXIN TABS	3	
LASIX	3	
LESCOL	2	
LESCOL XL	2	
LEVATOL	3	PA
LIPITOR	2	
<i>lisinopril</i>	1	QL
<i>lisinopril /hydrochlorothiazide</i>	1	
LOPRESSOR HCT	3	
LOPRESSOR TABS	3	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	3	
<i>lovastatin</i>	1	
MAVIK	3	
MAXZIDE	3	
MAXZIDE-25	3	
METHYCLOTHIAZIDE	3	
<i>methyldopa</i>	1	
<i>methyldopa /hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<i>metoprolol /hydrochlorothiazide</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tabs</i>	1	
<i>mexiletine hcl</i>	1	
MICARDIS	3	
MICARDIS HCT	3	
MICROZIDE	3	
<i>midodrine hcl</i>	1	
MINIPRESS	3	
<i>minitran</i>	1	
<i>minoxidil</i>	1	
<i>moexipril /hydrochlorothiazide</i>	1	
<i>moexipril hcl</i>	1	
MONOKET	3	
MONOPRIL	3	
MONOPRIL HCT	3	
<i>nadolol</i>	1	
<i>nadolol /bendroflumethiazide</i>	1	
<i>niacor</i>	1	
NIASPAN	3	
<i>nicardipine hcl caps</i>	1	
<i>nifediac cc</i>	1	QL
<i>nifedical xl</i>	1	QL

Drug Name	Drug Tier	Requirements / Needs
<i>nifedipine</i>	1	
<i>nifedipine er</i>	1	QL
<i>nimodipine</i>	4	
NITRO-BID	3	
NITRO-DUR	3	
<i>nitroglycerin transdermal</i>	1	
<i>nitroglycerin pt24</i>	1	
NITROLINGUAL PUMPSPRAY	2	
NITROSTAT	3	
NORPACE CR CP12 100MG	2	
NORVASC	3	QL
PACERONE TABS 100MG, 300MG	3	
<i>pacerone tabs 200mg</i>	1	
<i>pindolol</i>	1	
<i>pravastatin sodium</i>	1	QL
<i>prazosin hcl</i>	1	
<i>prevalite</i>	1	
PRINIVIL	3	
PROCARDIA	3	
PROCARDIA XL	3	QL
<i>propafenone hcl</i>	1	
<i>propranolol /hydrochlorothiazide</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl soln</i>	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
<i>quinapril /hydrochlorothiazide</i>	1	QL
<i>quinapril hcl</i>	1	QL
<i>quinaretic</i>	1	QL
<i>quinidine gluconate cr</i>	1	
<i>quinidine sulfate</i>	1	
QUINIDINE SULFATE ER	3	
<i>ramipril</i>	1	
RANEXA	2	PA
RESERPINE	3	
RYTHMOL SR	3	
SECTRAL	3	
<i>simvastatin</i>	1	QL
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone /hydrochlorothiazide</i>	1	
TARKA	3	
<i>taztia xt</i>	1	
TEKTURNA	3	PA
TENORETIC 100	3	
TENORETIC 50	3	
TENORMIN	3	

Drug Name	Drug Tier	Requirements / Needs
TEVETEN	3	
TEVETEN HCT	3	
THALITONE	3	
TIAZAC	3	
TIKOSYN	3	
TIMOLIDE 10/25	3	
TOPROL XL	3	
<i>torseamide</i>	1	
TRANDATE	3	
<i>trandolapril</i>	1	
<i>triamterene /hydrochlorothiazide</i>	1	
TRICOR	3	
TRIGLIDE TABS 160MG	3	
UNIRETIC	3	
UNIVASC	3	
VASERETIC	3	
VENTAVIS	4	PA LA
<i>verapamil hcl er</i>	1	
<i>verapamil hcl tabs</i>	1	
VERELAN	3	
VERELAN PM	3	
VYTORIN	3	
WELCHOL	3	
ZAROXOLYN	3	
ZEBETA	3	
ZESTORETIC	3	
ZESTRIL	3	QL
ZETIA	3	
ZIAC	3	
Central Nervous System Agents		
ADDERALL	3	
ADDERALL XR	3	QL
<i>amphetamine salt combo</i>	1	
CONCERTA	3	QL
DESOXYN	3	
DEXEDRINE	3	
<i>dexmethylphenidate hcl</i>	1	
<i>dextroamphetamine sulfate</i>	1	
<i>dextroamphetamine sulfate er</i>	1	
FOCALIN	3	
FOCALIN XR	3	
METADATE CD CPCR 10MG, 20MG, 30MG	3	
<i>metadate er</i>	1	
<i>methylin er</i>	1	
METHYLIN CHEW, SOLN	3	
<i>methylin tabs</i>	1	
<i>methylphenidate hcl</i>	1	
<i>methylphenidate hcl sr</i>	1	

Drug Name	Drug Tier	Requirements / Needs
PROVIGIL	2	QL PA
RILUTEK	4	
RITALIN	3	
RITALIN LA	3	
RITALIN SR	3	
STRATTERA	3	PA
XYREM	4	LA
Dental and Oral Agents		
APHTHASOL	3	
<i>chlorhexidine gluconate oral rinse</i>	1	
EVOXAC	3	
PERIDEX ORAL RINSE	3	
<i>periogard</i>	1	
<i>pilocarpine hcl</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>triamcinolone in orabase</i>	1	
Dermatological Agents		
ALDARA	3	
<i>ammonium lactate</i>	1	
<i>amnesteem</i>	1	
<i>avita</i>	1	
AZELEX	3	
<i>calcipotriene</i>	1	
CARAC	3	
<i>claravis</i>	1	
CLINDAGEL	3	
<i>clindamycin phosphate</i>	1	
CONDYLOX	3	
DIFFERIN	2	
DOVONEX CREA	2	
EFUDEX SOLN	3	
<i>erythromycin/benzoyl peroxide</i>	1	
FINACEA	3	
FLUOROPLEX	3	
<i>fluorouracil</i>	1	
LAC-HYDRIN	3	
<i>laclotion</i>	1	
OXSORALEN ULTRA	4	
<i>podofilox</i>	1	
PROTOPIC	2	
REGRANEX	4	PA
RETIN-A MICRO	3	
SANTYL	2	
SORIATANE CK KIT 10MG; 0; 0	3	
SORIATANE CK KIT 25MG; 0; 0	4	
<i>sotret</i>	1	
<i>tretinoin</i>	1	

Drug Name	Drug Tier	Requirements / Needs
Enzyme Replacements/ Modifiers		
ADAGEN	4	PA
ALDURAZYME	4	PA LA
BUPHENYL TABS	4	
CEREZYME	4	PA LA
CREON	2	
CYSTADANE	3	
CYSTAGON	3	
FABRAZYME	4	PA LA
LIPRAM 4500	3	
LIPRAM-PN10	3	
LIPRAM-PN16	3	
LIPRAM-PN20	3	
LIPRAM-UL12	3	
LIPRAM-UL18	3	
LIPRAM-UL20	3	
NAGLAZYME	4	PA LA
ORFADIN	4	PA
PANCREASE MT 10	3	
PANCREASE MT 16	3	
PANCREASE MT 20	3	
PANCREASE MT 4	3	
PANCRECARB MS-16	3	
PANCRECARB MS-4	3	
PANCRECARB MS-8	3	
PANCRELIPASE	3	
PANCRELIPASE MST-16	3	
PANCRON 10	3	
PANCRON 20	3	
PULMOZYME	4	
SUCRAID	4	
ULTRASE	3	
ULTRASE MT 12	3	
ULTRASE MT 18	3	
ULTRASE MT 20	3	
VIOKASE	2	
VIOKASE 16	2	
VIOKASE 8	2	
ZAVESCA	4	
Gastrointestinal Agents		
ACIPHEX	3	QL PA
ACTIGALL	3	
BENTYL CAPS, SYRP, TABS	3	
CANTIL	3	
CARAFATE SUSP	3	
<i>cimetidine</i>	1	
<i>cimetidine hcl soln</i>	1	
COLYTE	3	

Drug Name	Drug Tier	Requirements / Needs
<i>constulose</i>	1	
<i>dicyclomine hcl caps, soln, tabs</i>	1	
DIPENTUM	2	
<i>diphenoxylate/atropine</i>	1	
<i>enulose</i>	1	
<i>famotidine tabs 40mg</i>	1	
GASTROCROM	3	
<i>gavilyte-g</i>	1	
<i>glycopyrrolate tabs</i>	1	
GOLYTELY	3	
HALFLYTELY BOWEL PREP	3	
KRISTALOSE	2	
<i>lactulose</i>	1	
LOMOTIL	3	
<i>lonox</i>	1	
<i>loperamide hcl</i>	1	
LOTRONEX	3	QL PA
<i>methscopolamine bromide</i>	1	
<i>metoclopramide hcl</i>	1	
<i>misoprostol</i>	1	
MOTOFEN	3	
MOVIPREP	3	
NEXIUM I.V. INJ 20MG	3	PA
NEXIUM CPDR	3	QL PA
NULYTELY/FLAVOR PACKS	3	
<i>omeprazole cpdr 10mg</i>	2	QL
<i>omeprazole cpdr 40mg</i>	2	QL PA
PAMINE	3	
PAMINE FORTE	3	
<i>peg 3350/electrolytes</i>	1	
PEPCID SUSR	3	
<i>polyethylene glycol 3350</i>	1	
PREVACID	3	
PREVACID SOLUTAB	3	
PRILOSEC CPDR 10MG, 40MG	3	QL PA
PROPANTHELINE BROMIDE	3	
<i>ranitidine hcl caps, syrp, tabs</i>	1	
ROBINUL FORTE	3	
ROBINUL TABS	3	
<i>sucralfate</i>	1	
<i>trilyte</i>	1	
URSO 250	3	
URSO FORTE	3	
<i>ursodiol</i>	1	
VISICOL	3	
Genitourinary Agents		
AVODART	2	
<i>calcium acetate</i>	1	

Drug Name	Drug Tier	Requirements / Needs
CARDURA	3	QL
CARDURA XL	3	QL
CLINDESSE	3	
DETROL	3	
DETROL LA	3	
DITROPAN XL	3	
<i>doxazosin mesylate</i>	1	QL
ELMIRON	2	
ENABLEX	3	QL
<i>finasteride</i>	1	QL
<i>flavoxate hcl</i>	1	
FLOMAX	3	
FOSRENOL	3	PA
LITHOSTAT	3	
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride er</i>	1	
PHOSLO	3	
PROSCAR	3	QL
REVELA	2	
SANCTURA	3	
SANCTURA XR	3	
<i>terazosin hcl</i>	1	
THIOLA	3	
URECHOLINE	3	
UROXATRAL	3	QL
VESICARE	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACLOVATE	3	
<i>ala-cort</i>	1	
ALA-SCALP	3	
<i>alclometasone dipropionate</i>	1	
AMCINONIDE OINT	3	
<i>amcinonide crea, lotn</i>	1	
ANUSOL-HC	3	
<i>augmented betamethasone dipropionate crea, lotn, oint</i>	1	
<i>beta-val</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
CAPEX	3	
CARMOL-HC	3	
CELESTONE	3	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate gel, oint, soln</i>	1	
CLODERM	3	
CORDRAN	3	
CORDRAN SP	3	
CORDRAN TAPE	3	

Drug Name	Drug Tier	Requirements / Needs
<i>cormax</i>	1	
CORTEF	3	
CORTIFOAM	2	
<i>cortisone acetate</i>	1	
CUTIVATE LOTN	2	
CUTIVATE CREA, OINT	3	
<i>del-beta</i>	1	
DERMA-SMOOTH/FS BODY OIL	2	
DERMATOP	3	
<i>desonide</i>	1	
DESOWEN CREAM/CETAPHIL LOTION	3	
DESOWEN LOTION/CETAPHIL CREAM	3	
DESOWEN OINTMENT/CETAPHIL LOTION	3	
<i>desoximetasone</i>	1	
DEXAMETHASONE INTENSOL	3	
<i>dexamethasone sodium phosphate</i>	1	PA
DEXAMETHASONE ELIX	3	
DEXAMETHASONE TABS 1MG, 2MG	3	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 4mg, 6mg</i>	1	
DEXPAK 13 DAY	3	
<i>diflorasone diacetate</i>	1	
DIPROLENE	3	
DIPROLENE AF	3	
ELOCON	3	
<i>fludrocortisone acetate</i>	1	
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide emollient base</i>	1	
<i>fluticasone propionate</i>	1	
<i>halobetasol propionate</i>	1	
HALOG	2	
<i>hydrocortisone</i>	1	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone in absorbase</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>isovate</i>	1	
KENALOG	3	
<i>lokara</i>	1	
MEDROL	3	
MEDROL DOSEPAK	3	
<i>methylprednisolone tabs 4mg</i>	1	
<i>methylprednisolone tabs 16mg, 32mg, 8mg</i>	1	
<i>mometasone furoate</i>	1	
ORAPRED	3	
ORAPRED ODT	3	
PEDIAPRED	3	
<i>prednicarbate</i>	1	
<i>prednisolone sodium phosphate</i>	1	

Drug Name	Drug Tier	Requirements / Needs
PREDNISONONE INTENSOL	3	
PREDNISONONE SOLN	3	
PREDNISONONE TABS 50MG	3	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 5mg</i>	1	
PRELONE	3	
<i>procto-pak</i>	1	
PROCTOCORT	3	
<i>proctocream-hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
STERAPRED 12 DAY	3	
STERAPRED DS 12 DAY	3	
TEMOVATE	3	
TEXACORT SOLN 2.5%	3	
<i>texacort soln 1%</i>	1	
TOPICORT	3	
TOPICORT LP	3	
<i>triamcinolone acetonide</i>	1	
TRIAMCINOLONE ACETONIDE IN ABSORBABLE	3	
<i>triderm</i>	1	
<i>u-cort</i>	1	
ULTRAVATE	3	
VANOS	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
DDAVP INJ, TABS	3	
DDAVP NASAL SOLN 0.01%	3	
<i>desmopressin acetate inj, tabs</i>	1	
<i>desmopressin acetate nasal soln 0.01%</i>	1	
INCRELEX	4	PA LA
METHERGINE	3	
SAIZEN	4	PA LA
SAIZEN CLICK.EASY	4	PA LA
STIMATE	3	
TEV-TROPIN	4	PA LA
ZORBTIVE	4	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ABILIFY	3	QL
ACTIVELLA	3	
ALORA	3	QL
ANADROL-50	4	PA
ANDRODERM	3	QL
ANDROGEL	3	
ANDROID	3	PA
ANDROXY	3	
ANGELIQ	3	
<i>apri</i>	1	

Drug Name	Drug Tier	Requirements / Needs
<i>aranelle</i>	1	
<i>aviane</i>	1	
AYGESTIN	3	
<i>balziva</i>	1	
BREVICON-28	3	
<i>camila</i>	1	
CENESTIN	3	
<i>cesia</i>	1	
CLIMARA	3	
CLIMARA PRO	3	
COMBIPATCH	3	
CRINONE	3	PA
<i>cryselle-28</i>	1	
CYCLESSA	3	
<i>danazol</i>	1	
DEPO-PROVERA CONTRACEPTIVE	3	QL
DEPO-SUBQ PROVERA 104	2	QL
DEPO-TESTOSTERONE	2	PA
DESOGEN	3	
ENJUVIA	3	
<i>enpresse-28</i>	1	
<i>errin</i>	1	
ESTRACE CREA	2	
ESTRACE TABS	3	
ESTRADERM	2	QL
<i>estradiol</i>	1	
<i>estradiol/norethindrone acetate</i>	1	
ESTRASORB	3	
ESTRING	3	
ESTROGEL	3	
<i>estropipate</i>	1	
ESTROSTEP FE	3	
EVISTA	2	QL
FEMHRT 1/5	3	
FEMHRT LOW DOSE	3	
FEMRING	3	
FEMTRACE	3	
GYNODIOL TABS 1.5MG	3	
<i>gynodiol tabs 0.5mg, 1mg, 2mg</i>	1	
<i>jolivette</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>leena</i>	1	
<i>lessina-28</i>	1	

Drug Name	Drug Tier	Requirements / Needs
<i>levora 0.15/30-28</i>	1	
LO/OVRAL-28	3	
LOESTRIN 1.5/30-21	3	
LOESTRIN 1/20-21	3	
LOESTRIN 24 FE	3	
LOESTRIN FE 1.5/30	3	
LOESTRIN FE 1/20	3	
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	
<i>medroxyprogesterone acetate tabs</i>	1	
<i>medroxyprogesterone acetate inj</i>	1	QL
MEGACE ES	3	
MEGACE ORAL	3	
<i>megestrol acetate</i>	1	
MENEST	2	
MENOSTAR	3	
METHITEST	3	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
MODICON-28	3	
<i>mononessa</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>necon 1/35-28</i>	1	
<i>necon 1/50-28</i>	1	
NECON 10/11-28	3	
<i>necon 7/7/7</i>	1	
NOR-QD	3	
<i>nora-be</i>	1	
NORDETTE-28	3	
<i>norethindrone acetate</i>	1	
NORINYL 1+35	3	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
NUVARING	3	
<i>ocella</i>	1	
OGEN	3	
OGESTREL	3	
ORTHO EVRA	3	
ORTHO MICRONOR	3	
ORTHO TRI-CYCLEN LO	3	
ORTHO-CEPT-28	3	
ORTHO-CYCLEN	3	
<i>ortho-est</i>	1	
ORTHO-NOVUM 7/7/7-28	3	

Drug Name	Drug Tier	Requirements / Needs
OVCON-35	3	
OVCON-50 28	3	
OXANDRIN TABS 2.5MG	3	PA
<i>oxandrin tabs 10mg</i>	4	PA
OXANDROLONE TABS 10MG	4	PA
<i>oxandrolone tabs 2.5mg</i>	1	PA
PLAN B	3	
<i>portia-28</i>	1	
PREFEST	3	
PREMARIN W/APPLICATOR	2	
PREMARIN TABS	3	
PREMPHASE	3	
PREMPRO	3	
<i>previfem</i>	1	
PROCHIEVE	3	
PROMETRIUM	2	
PROVERA	3	
<i>quasense</i>	1	
<i>reclipsen</i>	1	
SEASONALE	3	
SEASONIQUE	3	
<i>solia</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
STRIANT	3	PA
TESTIM	3	PA
<i>testosterone enanthate</i>	1	PA
TESTRED	3	
<i>tri-legest fe</i>	1	
<i>tri-lo-sprintec</i>	1	
TRI-NORINYL 28	3	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>trinessa</i>	1	
<i>trivora-28</i>	1	
VAGIFEM	3	
<i>velivet</i>	1	
VIVELLE-DOT	3	QL
YASMIN 28	3	
YAZ	3	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
CYTOMEL	3	
<i>levothroid</i>	1	
<i>levothyroxine sodium</i>	1	
<i>levoxyl</i>	1	

Drug Name	Drug Tier	Requirements / Needs
<i>liothyronine sodium tabs</i>	1	
SYNTHROID	3	
THYROLAR-1	2	
THYROLAR-1/2	2	
THYROLAR-1/4	2	
THYROLAR-2	2	
THYROLAR-3	2	
<i>unithroid</i>	1	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	2	
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR	2	PA
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	1	QL
ELIGARD	3	PA
<i>leuprolide acetate</i>	1	
LUPRON 2 WEEK SUPPLY	3	
OCTREOTIDE ACETATE INJ 1000MCG/ML, 100MCG/ML, 200MCG/ML, 500MCG/ML	4	PA
<i>octreotide acetate inj 50mcg/ml</i>	1	PA
SANDOSTATIN	4	PA
SOMAVERT	4	PA LA
Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)		
<i>bicalutamide</i>	1	
CASODEX	2	
<i>flutamide</i>	1	
NILANDRON	3	
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
TAPAZOLE	3	
Immunological Agents		
ACTHIB	2	
ACTIMMUNE	4	PA LA
ADACEL	3	
ALFERON N	4	
ATTENUVAX	3	
AVONEX	4	
AZASAN	3	PA
<i>azathioprine</i>	1	PA
AZATHIOPRINE SODIUM	3	PA
BETASERON	4	
BOOSTRIX	3	
CELLCEPT CAPS	3	PA
CELLCEPT SUSR, TABS	4	PA
COMVAX	2	
COPAXONE	4	
<i>cyclosporine</i>	1	PA

Drug Name	Drug Tier	Requirements / Needs
CYCLOSPORINE MODIFIED CAPS 50MG	3	PA
<i>cyclosporine modified soln</i>	1	PA
DAPTACEL	2	
DECAVAC	3	
DIPHTHERIA/TETANUS TOXOID PEDIATRIC	3	
ENBREL	4	QL
ENBREL SURECLICK	4	QL
ENGERIX-B INJ 10MCG/0.5ML	3	PA
GAMMAGARD LIQUID	4	PA
GARDASIL	3	
<i>gengraf</i>	1	PA
HAVRIX INJ 1440ELU/ML	3	
HIBTITER	3	
HUMIRA	4	QL
HUMIRA PEN-CROHNS DISEASESTARTER	4	QL
IMOVAX RABIES (H.D.C.V.)	3	
IMURAN	3	PA
INFANRIX	3	
INFERGEN	4	
INTRON-A W/DILUENT	3	PA
INTRON-A INJ 3MU/0.2ML	3	PA
INTRON-A INJ 10MU/0.2ML, 5MU/0.2ML, 6000000UNIT/ML	4	PA
IPOL INACTIVATED IPV	2	
JE-VAX	3	
<i>leflunomide</i>	1	
M-M-R II W/DILUENT 10 DOSE	2	
MENACTRA	3	
MENOMUNE-A/C/Y/W-135	2	
MERUVAX II W/DILUENT 10 DOSE	3	
<i>methotrexate</i>	1	
<i>mycophenolate mofetil</i>	1	PA
MYFORTIC	3	PA
NEORAL	3	PA
PEDIARIX	3	
PEDVAX HIB	3	
PEG-INTRON	4	PA
PEG-INTRON REDIPEN	4	PA
PEG-INTRON REDIPEN PAK 4	4	PA
PEGASYS	4	PA
POLYGAM S/D	4	PA
PROGRAF CAPS 0.5MG, 1MG	3	PA
PROGRAF CAPS 5MG	4	PA
PROQUAD	3	
RABAVERT	3	
RAPAMUNE	3	PA
REBIF	4	PA
REBIF TITRATION PACK	4	PA

Drug Name	Drug Tier	Requirements / Needs
RECOMBIVAX HB INJ 40MCG/ML	2	
RECOMBIVAX HB INJ 10MCG/ML	2	PA
REMICADE	4	PA
RHEUMATREX	3	
RIDAURA	2	
ROTATEQ	3	
SANDIMMUNE CAPS, SOLN	3	PA
TETANUS TOXOID ADSORBED	3	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	3	
THYMOGLOBULIN	4	PA
TREXALL	3	PA
TRIHIBIT	3	
TRIPEDIA	2	
TWINRIX	2	
TYPHIM VI	3	
VAQTA	2	
VARIVAX	2	
VIVOTIF BERNA	3	
YF-VAX	3	
ZOSTAVAX	3	
Inflammatory Bowel Disease Agents		
ASACOL	2	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
<i>balsalazide disodium</i>	1	
CANASA	2	
COLAZAL	3	
<i>colocort</i>	1	
CORTENEMA	3	
ENTOCORT EC	3	QL
<i>hydrocortisone</i>	1	
<i>mesalamine</i>	1	
PENTASA	3	
ROWASA	3	
<i>sulfasalazine</i>	1	
<i>sulfazine</i>	1	
<i>sulfazine ec</i>	1	
Metabolic Bone Disease Agents		
ACTONEL	3	QL
ACTONEL WITH CALCIUM	3	QL
<i>alendronate sodium</i>	1	QL
BONIVA TABS	3	QL
<i>calcitriol caps, soln</i>	1	
DIDRONEL	3	
<i>etidronate disodium</i>	1	
FORTEO	4	PA
<i>fortical</i>	1	

Drug Name	Drug Tier	Requirements / Needs
FOSAMAX PLUS D	2	QL
FOSAMAX SOLN	2	
HECTOROL CAPS	3	
MIACALCIN	3	
ROCALTROL	3	
SKELID	3	
ZEMPLAR CAPS	3	PA
Miscellaneous Therapeutic Agents		
ALCOHOL PREPS	3	
<i>anagrelide hydrochloride</i>	1	PA
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	3	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	3	
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	3	
BD ULTRA-FINE ORIGINAL PEN NEEDLES/29G X 12.7MM	3	
CARNITOR SOLN, TABS	3	
CURITY GAUZE PADS 2"X2"	3	
<i>dextrose 10% flex container</i>	1	PA
<i>dextrose 5%</i>	1	PA
INTRALIPID INJ 1.7%; 30%	3	
<i>levocarnitine soln, tabs</i>	1	
ONTAK	4	PA
<i>pentopak</i>	1	
<i>pentoxifylline er</i>	1	
<i>pentoxil</i>	1	
TRENTAL	3	
Ophthalmic Agents		
<i>acetazolamide</i>	1	
ACULAR	3	
ACULAR LS	3	
<i>ak-con</i>	1	
<i>ak-poly-bac</i>	1	
<i>ak-tob</i>	1	
ALAMAST	3	
ALCAINE	3	
ALOCRIAL	3	
ALOMIDE	3	
ALPHAGAN P	2	
ALREX	2	
AZASITE	3	
AZOPT	3	
<i>bac /poly /neomy /hc</i>	1	
<i>bacitracin</i>	1	
<i>bacitracin/polymyxin b</i>	1	
BETAGAN	3	
BETAGAN WITHOUT C CAP	3	
BETAXOLOL HCL	3	

Drug Name	Drug Tier	Requirements / Needs
BETIMOL	2	
BETOPTIC-S	2	
BLEPH-10	3	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
<i>brimonidine tartrate</i>	1	
<i>carteolol hcl</i>	1	
CILOXAN OINT	2	
CILOXAN SOLN	3	
COMBIGAN	3	
COSOPT	3	
CROLOM	3	
<i>cromolyn sodium</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>dexasporin</i>	1	
<i>diclofenac sodium</i>	1	
<i>dipivefrin hcl</i>	1	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl/timolol maleate</i>	1	
ELESTAT	3	
EMADINE	3	
FLAREX	3	
<i>fluor-op</i>	1	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	
FML LIQUIFILM	3	
<i>genoptic</i>	1	
<i>gentak</i>	1	
<i>gentasol</i>	1	
IOPIDINE	2	
ISTALOL	3	
LACRISERT	3	
<i>levobunolol hcl</i>	1	
LOTEMAX	3	
LUMIGAN	3	
MAXIDEX	2	
MAXITROL	3	
<i>methazolamide</i>	1	
<i>metipranolol</i>	1	
<i>mydral</i>	1	
MYDRIACYL	3	
<i>naphazoline hcl</i>	1	
NATACYN	2	
<i>neomycin /polymyxin /dexamethasone</i>	1	
<i>neomycin /polymyxin /gramicidin</i>	1	
<i>neomycin /polymyxin /hydrocortisone</i>	1	

Drug Name	Drug Tier	Requirements / Needs
NEOSPORIN	3	
NEVANAC	3	
OCUFEN	3	
OCUFLOX	3	
<i>ocusulf-10</i>	1	
<i>ofloxacin</i>	1	
OPTIPRANOLOL	3	
<i>parcaine</i>	1	
PATANOL	3	
PHOSPHOLINE IODIDE	3	
PILOPINE HS	2	
<i>poly-dex</i>	1	
POLY-PRED	3	
<i>polycin b</i>	1	
POLYTRIM	3	
PRED FORTE	3	
PRED MILD	3	
PRED-G	2	
PRED-G S.O.P.	2	
<i>prednisolone acetate</i>	1	
PREDNISOLONE SODIUM PHOSPHATE	3	
<i>proparacaine hcl</i>	1	
PROPINE	3	
RESTASIS	2	PA
<i>romycin</i>	1	
<i>sodium sulfacetamide</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
<i>timolol maleate</i>	1	
TIMOPTIC OCUDOSE	3	
TIMOPTIC-XE	3	
TOBRADEX OINT	2	
TOBRADEX SUSP	3	
<i>tobramycin /dexamethasone</i>	1	
<i>tobrasol</i>	1	
TOBREX OINT	2	
TOBREX SOLN	3	
TRAVATAN Z	2	
<i>trifluridine</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
<i>tropicacyl</i>	1	
<i>tropicamide</i>	1	
TRUSOPT	3	
VEXOL	2	
VIGAMOX	3	QL
VIROPTIC	3	
VOLTAREN	3	
XALATAN	2	
XIBROM	3	

Drug Name	Drug Tier	Requirements / Needs
ZYLET	3	
Otic Agents		
<i>acetazol hc</i>	1	
<i>acetic acid</i>	1	
<i>borofair</i>	1	
CIPRO HC	2	
CIPRODEX	3	
COLY-MYCIN S	3	
CORTISPORIN	3	
CORTISPORIN-TC	3	
<i>cortomycin</i>	1	
DERMOTIC	3	
FLOXIN OTIC	3	
<i>neomycin /polymyxin /hc</i>	1	
<i>neomycin /polymyxin /hydrocortisone</i>	1	
PEDIOTIC	3	
Respiratory Tract Agents		
ACCOLATE	3	QL
ACCUNEB	3	
<i>acetylcysteine</i>	1	
ADVAIR DISKUS	2	
ADVAIR HFA	2	
AEROBID-M	3	
<i>albuterol sulfate</i>	1	
<i>albuterol sulfate er</i>	1	
<i>aminophylline tabs</i>	1	
ARALAST	4	PA LA
ASMANEX 120 METERED DOSES	3	
ASMANEX 14 METERED DOSES	3	
ASMANEX 30 METERED DOSES	3	
ASMANEX 60 METERED DOSES	3	
ASTELIN	3	
ATROVENT	3	
ATROVENT HFA	2	
AZMACORT	3	
BRETHINE TABS	3	
<i>carbinoxamine maleate</i>	1	
<i>clemastine fumarate tabs</i>	1	
COMBIVENT	2	
<i>cromolyn sodium</i>	1	
<i>cyproheptadine hcl</i>	1	
<i>diphenhydramine hcl caps</i>	1	
<i>diphenhydramine hcl inj</i>	1	PA
ELIXOPHYLLIN	3	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
<i>fexofenadine hcl</i>	2	QL
FLOVENT HFA	2	

Drug Name	Drug Tier	Requirements / Needs
<i>flunisolide</i>	1	
<i>fluticasone propionate</i>	1	
FORADIL AEROLIZER	2	
<i>hydroxyzine hcl syrp, tabs</i>	1	
<i>hydroxyzine pamoate</i>	1	
INTAL INHALER	3	
<i>ipratropium bromide</i>	1	
<i>ipratropium bromide/albuterol sulfate</i>	1	
LUFYLLIN	3	
<i>meclizine hcl</i>	1	
METAPROTERENOL SULFATE TABS	3	
<i>metaproterenol sulfate syrp</i>	1	
NASONEX	2	
PALGIC	3	
PROAIR HFA	2	
PROVENTIL HFA	3	
PULMICORT	3	
PULMICORT FLEXHALER	2	
QVAR	2	
REVATIO	4	PA
SEREVENT DISKUS	2	
SINGULAIR	2	
SPIRIVA HANDIHALER	3	
SYMBICORT	3	
<i>terbutaline sulfate tabs</i>	1	
THEO-24	2	
<i>theochron</i>	1	
<i>theophylline cr</i>	1	
<i>theophylline er tb12</i>	1	
TRACLEER	4	PA LA
TYZINE	2	
TYZINE PEDIATRIC NASAL DROPS	2	
VENTOLIN HFA	3	
VOSPIRE ER	3	
XOLAIR	4	PA LA
XOPENEX	3	
XOPENEX HFA	3	PA
ZYFLO CR	3	QL
Sedatives/Hypnotics		
BUTISOL SODIUM	2	ND
<i>estazolam</i>	1	QL ND
<i>flurazepam hcl</i>	1	ND
<i>midazolam hcl</i>	1	ND
ROZEREM	3	PA
<i>temazepam</i>	1	ND
<i>triazolam</i>	1	ND
<i>zaleplon</i>	1	QL
<i>zolpidem tartrate</i>	1	QL

Drug Name	Drug Tier	Requirements / Needs
Skeletal Muscle Relaxants		
<i>carisoprodol</i>	1	
<i>carisoprodol /aspirin</i>	1	
<i>carisoprodol /aspirin /codeine</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine hcl</i>	1	
FLEXERIL	3	
<i>methocarbamol</i>	1	
<i>orphenadrine /asa /caffeine</i>	1	
<i>orphenadrine citrate er</i>	1	
ORPHENADRINE COMPOUND DS	3	
PARAFON FORTE DSC	3	
SKELAXIN	3	
Therapeutic Nutrients/Minerals/ Electrolytes		
AMINESS	3	
<i>dextrose 10%/nacl 0.2%</i>	1	PA
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	PA
<i>dextrose 5%/nacl 0.2%</i>	1	PA
<i>ed k+10</i>	1	
K-TABS	3	
<i>kaon-cl-10</i>	1	
KCL 0.3%/D5W/LR IV LAC RING	3	PA
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
KLOR-CON M15	3	
<i>klor-con m20</i>	1	
<i>lactated ringer's viaflex</i>	1	PA
<i>leucovorin calcium inj</i>	1	PA
LEUCOVORIN CALCIUM TABS 10MG, 15MG	3	
<i>leucovorin calcium tabs 25mg, 5mg</i>	1	
OSMOPREP	3	
<i>potassium chloride cr</i>	1	
<i>potassium chloride er</i>	1	
<i>potassium chloride inj 0.4meq/ml, 10meq/50ml</i>	1	PA
<i>potassium citrate extended-release</i>	1	
PRENATABS OBN	3	
<i>sodium chloride 0.9%</i>	1	
<i>sodium chloride inj 0.9%, 5%</i>	1	PA
SODIUM FLUORIDE	3	
<i>tpn electrolytes ftv</i>	1	PA
UROKIT-K 10	3	
UROKIT-K 5	3	

Index

Drug Name	Page #
ABILIFY	13
ABILIFY	29
ABILIFY DISCMELT	13
<i>acarbose</i>	16
ACCOLATE	39
ACCUNEB	39
ACCUPRIL	18
ACCURETIC	18
<i>acebutolol hcl</i>	18
ACEON	18
<i>acetaminophen/codeine</i>	2
<i>acetaminophen/codeine #3</i>	2
<i>acetaminophen/codeine #4</i>	2
<i>acetasol hc</i>	39
<i>acetazolamide</i>	18
<i>acetazolamide</i>	36
<i>acetic acid</i>	39
<i>acetylcysteine</i>	39
ACIPHEX	25
ACLOVATE	27
ACTHIB	33
<i>acticin</i>	12
ACTIGALL	25
ACTIMMUNE	33
ACTIVELLA	29
ACTONEL	35
ACTONEL WITH CALCIUM	35
ACTOPLUS MET	16
ACTOS	16
ACULAR	36
ACULAR LS	36
<i>acyclovir</i>	14
ADACEL	33
ADAGEN	25
ADALAT CC	18
ADDERALL	23
ADDERALL XR	23
ADVAIR DISKUS	39
ADVAIR HFA	39
AEROBID-M	39
<i>afeditab cr</i>	18
AFINITOR	11
AGGRENEX	17
<i>ak-con</i>	36
AKNE-MYCIN	4
<i>ak-poly-bac</i>	36

Drug Name	Page #
<i>ak-tob</i>	36
<i>ala-cort</i>	27
ALAMAST	36
ALA-SCALP	27
ALBENZA	12
<i>albuterol sulfate</i>	39
<i>albuterol sulfate er</i>	39
ALCAINE	36
<i>alclometasone dipropionate</i>	27
ALCOHOL PREPS	36
ALDACTAZIDE	18
ALDACTONE	18
ALDARA	24
ALDURAZYME	25
<i>alendronate sodium</i>	35
ALFERON N	33
ALINIA	12
<i>allopurinol</i>	10
ALOCRIL	36
ALOMIDE	36
ALORA	29
ALPHAGAN P	36
<i>alprazolam</i>	15
<i>alprazolam er</i>	15
ALPRAZOLAM INTENSOL	15
ALREX	36
ALTACE	18
<i>amantadine hcl</i>	13
AMARYL	16
AMCINONIDE	27
<i>amikacin sulfate</i>	4
<i>amiloride /hydrochlorothiazide</i>	18
<i>amiloride hcl</i>	18
AMINESS	41
<i>aminophylline</i>	39
<i>amiodarone hcl</i>	18
<i>amitriptyline hcl</i>	8
<i>amlodipine besylate</i>	18
<i>amlodipine besylate/benazepril hydrochloride</i>	18
<i>ammonium lactate</i>	24
<i>amnestem</i>	24
AMOXAPINE	8
<i>amoxicillin</i>	4
<i>amoxicillin/clavulanate potassium</i>	4
<i>amoxicillin/potassium clavulanate</i>	4
<i>amoxil</i>	4
<i>amphetamine salt combo</i>	23
<i>ampicillin</i>	4

Drug Name	Page #
<i>ampicillin sodium</i>	4
ANADROL-50	29
<i>anagrelide hydrochloride</i>	36
ANDRODERM	29
ANDROGEL	29
ANDROID	29
ANDROXY	29
ANGELIQ	29
ANTABUSE	9
ANUSOL-HC	27
APHTHASOL	24
APIDRA	16
APOKYN	13
<i>apri</i>	29
APTIVUS	14
ARALAST	39
ARALEN	12
<i>aranelle</i>	30
ARANESP ALBUMIN FREE	17
ARICEPT	8
ARICEPT ODT	8
ARIMIDEX	11
ARIXTRA	17
AROMASIN	11
ASACOL	35
ASMANEX 120 METERED DOSES	39
ASMANEX 14 METERED DOSES	39
ASMANEX 30 METERED DOSES	39
ASMANEX 60 METERED DOSES	39
ASTELIN	39
ATACAND	18
<i>atamet</i>	13
<i>atenolol</i>	18
<i>atenolol/chlorthalidone</i>	18
ATRIPLA	14
ATROVENT	39
ATROVENT HFA	39
ATTENUVAX	33
<i>augmented betamethasone dipropionate</i>	27
AVALIDE	18
AVANDAMET	16
AVANDARYL	16
AVANDIA	16
AVAPRO	18
AVASTIN	11
AVELOX	4
AVELOX ABC PACK	4
<i>aviane</i>	30

Drug Name	Page #
<i>avita</i>	24
AVODART	26
AVONEX	33
AYGESTIN	30
AZACTAM IN DEXTROSE	4
AZASAN	33
AZASITE	36
<i>azathioprine</i>	33
AZATHIOPRINE SODIUM	33
AZELEX	24
AZILECT	13
<i>azithromycin</i>	4
AZMACORT	39
AZOPT	36
AZOR	18
AZULFIDINE	35
AZULFIDINE EN-TABS	35
<i>bac /poly /neomy /hc</i>	36
<i>bacitracin</i>	36
<i>bacitracin/polymyxin b</i>	36
<i>baclofen</i>	14
BACTROBAN	4
<i>balsalazide disodium</i>	35
<i>balziva</i>	30
BANZEL	6
BARACLUDE	14
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	36
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	36
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	36
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	36
BD ULTRA-FINE ORIGINAL PEN NEEDLES/29G X 12.7MM	36
<i>benazepril hcl</i>	19
<i>benazepril hcl/hydrochlorothiazide</i>	19
BENICAR	19
BENICAR HCT	19
BENTYL	25
<i>benztropine mesylate</i>	13
BETAGAN	36
BETAGAN WITHOUT C CAP	36
<i>betamethasone dipropionate</i>	27
<i>betamethasone valerate</i>	27
BETAPACE	19
BETASERON	33
<i>beta-val</i>	27

Drug Name	Page #
<i>betaxolol hcl</i>	19
BETAXOLOL HCL	36
<i>bethanechol chloride</i>	11
BETIMOL	37
BETOPTIC-S	37
<i>bicalutamide</i>	33
BIDIL	19
BILTRICIDE	12
<i>bisoprolol fumarate</i>	19
<i>bisoprolol fumarate/hydrochlorothiazide</i>	19
BLEOMYCIN SULFATE	11
BLEPH-10	37
BLEPHAMIDE	37
BLEPHAMIDE S.O.P.	37
BONIVA	35
BOOSTRIX	33
<i>borofair</i>	39
BRETHINE	39
BREVICON-28	30
<i>brimonidine tartrate</i>	37
<i>bromocriptine mesylate</i>	13
<i>budeprion sr</i>	8
<i>budeprion xl</i>	8
<i>bumetanide</i>	19
BUMEX	19
BUPHENYL	25
<i>buprenorphine hcl</i>	2
<i>bupropion hcl</i>	8
<i>bupropion hcl sr</i>	8
<i>bupirone hcl</i>	15
<i>butal/asa/caff</i>	10
<i>butalbital /acetaminophen /caffeine</i>	10
<i>butalbital /aspirin /caffeine</i>	10
<i>butalbital/apap/caffeine</i>	10
BUTISOL SODIUM	40
<i>butorphanol tartrate</i>	2
BYETTA	16
<i>cabergoline</i>	33
CADUET	19
CALAN	19
CALAN SR	19
<i>calcipotriene</i>	24
<i>calcitriol</i>	35
<i>calcium acetate</i>	26
<i>camila</i>	30
CAMPATH	11
CAMPRAL	9
CANASA	35
CANCIDAS	9

Drug Name	Page #
CANTIL	25
CAPASTAT SULFATE	11
CAPEX	27
CAPOTEN	19
<i>captopril</i>	19
<i>captopril /hydrochlorothiazide</i>	19
CARAC	24
CARAFATE	25
<i>carbamazepine</i>	6
<i>carbamazepine er</i>	7
CARBATROL	7
<i>carbidopa/levodopa</i>	13
<i>carbidopa/levodopa cr</i>	13
<i>carbidopa/levodopa odt</i>	13
<i>carbidopa/levodopa sr</i>	13
<i>carbinoxamine maleate</i>	39
CARDENE SR	19
CARDIZEM	19
CARDIZEM CD	19
CARDIZEM LA	19
CARDURA	27
CARDURA XL	27
<i>carisoprodol</i>	41
<i>carisoprodol /aspirin</i>	41
<i>carisoprodol /aspirin /codeine</i>	41
CARMOL-HC	27
CARNITOR	36
<i>carteolol hcl</i>	37
<i>cartia xt</i>	19
CARTROL	19
<i>carvedilol</i>	19
CASODEX	33
CATAPRES-TTS-1	19
CATAPRES-TTS-2	19
CATAPRES-TTS-3	19
CEENU	11
<i>cefaclor</i>	4
CEFACTOR ER	4
<i>cefadroxil</i>	4
<i>cefazolin sodium</i>	4
<i>cefdinir</i>	4
<i>cefepime</i>	4
<i>cefotaxime sodium</i>	4
<i>cefoxitin sodium</i>	4
<i>cefpodoxime proxetil</i>	4
<i>cefprozil</i>	4
<i>ceftriaxone sodium</i>	4
<i>cefuroxime axetil</i>	4
CELEBREX	3

Drug Name	Page #
CELESTONE	27
CELLCEPT	33
CELONTIN	7
CENESTIN	30
<i>cephalexin</i>	4
CEREZYME	25
<i>cesia</i>	30
CHANTIX	9
<i>chlordiazepoxide /amitriptyline</i>	8
<i>chlordiazepoxide hcl</i>	15
<i>chlorhexidine gluconate oral rinse</i>	24
<i>chloroquine phosphate</i>	12
<i>chlorothiazide</i>	19
CHLORPROMAZINE HCL	13
<i>chlorpropamide</i>	16
<i>chlorthalidone</i>	19
<i>chlorzoxazone</i>	41
<i>cholestyramine</i>	19
<i>cholestyramine light</i>	19
<i>ciclopirox</i>	9
<i>ciclopirox nail lacquer</i>	9
<i>ciclopirox olamine</i>	9
<i>cilostazol</i>	17
CILOXAN	37
<i>cimetidine</i>	25
<i>cimetidine hcl</i>	25
CIPRO	4
CIPRO HC	39
CIPRO I.V.-IN D5W	4
CIPRODEX	39
<i>ciprofloxacin er</i>	4
<i>ciprofloxacin extended-release</i>	4
<i>ciprofloxacin hcl</i>	4
<i>citalopram hydrobromide</i>	8
<i>claravis</i>	24
<i>clarithromycin</i>	4
<i>clarithromycin er</i>	4
<i>clemastine fumarate</i>	39
CLEOCIN	4
CLEOCIN PEDIATRIC GRANULES	4
CLIMARA	30
CLIMARA PRO	30
CLINDAGEL	24
<i>clindamycin hcl</i>	4
<i>clindamycin phosphate</i>	4
<i>clindamycin phosphate</i>	24
<i>clindamycin phosphate add-vantage</i>	4
CLINDESSE	27
<i>clobetasol propionate</i>	27

Drug Name	Page #
<i>clobetasol propionate e</i>	27
CLODERM	27
<i>clomipramine hcl</i>	8
<i>clonazepam</i>	7
<i>clonidine hcl</i>	19
<i>clorazepate dipotassium</i>	15
<i>clotrimazole</i>	9
<i>clotrimazole/betamethasone dipropionate</i>	9
CLOZAPINE	13
<i>co-gesic</i>	2
COLAZAL	35
<i>colchicine</i>	10
COLESTID	19
<i>colestipol hcl</i>	19
<i>colistimethate sodium</i>	4
<i>colocort</i>	35
COLY-MYCIN S	39
COLYTE	25
COMBIGAN	37
COMBIPATCH	30
COMBIVENT	39
COMBIVIR	14
<i>compro</i>	9
COMTAN	13
COMVAX	33
CONCERTA	23
CONDYLOX	24
<i>constulose</i>	26
COPAXONE	33
COPEGUS	14
CORDRAN	27
CORDRAN SP	27
CORDRAN TAPE	27
COREG	19
COREG CR	19
CORGARD	19
<i>cormax</i>	28
CORTEF	28
CORTENEMA	35
CORTIFOAM	28
<i>cortisone acetate</i>	28
CORTISPORIN	5
CORTISPORIN	39
CORTISPORIN-TC	39
<i>cortomycin</i>	39
CORZIDE	19
COSOPT	37
COUMADIN	18

Drug Name	Page #
COVERA-HS	19
COZAAR	19
CREON	25
CRESTOR	19
CRINONE	30
CRIXIVAN	14
CROLOM	37
<i>cromolyn sodium</i>	37
<i>cromolyn sodium</i>	39
<i>cryselle-28</i>	30
CUBICIN	5
CUPRIMINE	9
CURITY GAUZE PADS 2"X2"	36
CUTIVATE	28
CYCLESSA	30
<i>cyclobenzaprine hcl</i>	41
CYCLOPHOSPHAMIDE	11
<i>cyclosporine</i>	33
CYCLOSPORINE MODIFIED	34
CYKLOKAPRON	18
CYMBALTA	8
<i>cyproheptadine hcl</i>	39
CYSTADANE	25
CYSTAGON	25
CYTOMEL	32
D.H.E. 45	10
<i>danazol</i>	30
<i>dantrolene sodium</i>	14
DAPSONE	11
DAPTACEL	34
DARAPRIM	12
DARVON	2
DARVON-N	2
DDAVP	29
DECAVAC	34
<i>del-beta</i>	28
DEMADEX	19
DEMEROL	2
DEMSER	19
DENAVIR	14
DEPACON	7
<i>depade</i>	9
DEPAKENE	7
DEPAKOTE	7
DEPAKOTE ER	7
DEPAKOTE SPRINKLES	7
DEPO-PROVERA CONTRACEPTIVE	30
DEPO-SUBQ PROVERA 104	30
DEPO-TESTOSTERONE	30

Drug Name	Page #
DERMA-SMOOTH/FS BODY OIL	28
DERMATOP	28
DERMOTIC	39
<i>desipramine hcl</i>	8
<i>desmopressin acetate</i>	29
DESOGEN	30
<i>desonide</i>	28
DESOWEN CREAM/CETAPHIL LOTION	28
DESOWEN LOTION/CETAPHIL CREAM	28
DESOWEN OINTMENT/CETAPHIL LOTION	28
<i>desoximetasone</i>	28
DESOXYN	23
DETROL	27
DETROL LA	27
DEXAMETHASONE	28
DEXAMETHASONE INTENSOL	28
<i>dexamethasone sodium phosphate</i>	28
<i>dexamethasone sodium phosphate</i>	37
<i>dexasporin</i>	37
DEXEDRINE	23
<i>dexmethylphenidate hcl</i>	23
DEXPAK 13 DAY	28
<i>dextroamphetamine sulfate</i>	23
<i>dextroamphetamine sulfate er</i>	23
<i>dextrose 10% flex container</i>	36
<i>dextrose 10%/nacl 0.2%</i>	41
<i>dextrose 2.5%/sodium chloride 0.45%</i>	41
<i>dextrose 5%</i>	36
<i>dextrose 5%/nacl 0.2%</i>	41
DIABETA	16
DIAMOX	19
DIASTAT ACUDIAL	7
DIASTAT PEDIATRIC	7
<i>diazepam</i>	15
DIBENZYLINE	19
<i>diclofenac potassium</i>	3
<i>diclofenac sodium</i>	3
<i>diclofenac sodium</i>	37
<i>diclofenac sodium ec</i>	3
<i>diclofenac sodium xr</i>	3
<i>dicloxacillin sodium</i>	5
<i>dicyclomine hcl</i>	26
<i>didanosine</i>	14
DIDRONEL	35
DIFFERIN	24
<i>diflorasone diacetate</i>	28

Drug Name	Page #
DIFLUCAN	9
<i>diflunisal</i>	3
<i>digoxin</i>	19
<i>dihydroergotamine mesylate</i>	10
DILACOR XR	19
DILANTIN	7
DILANTIN INFATABS	7
DILATRATE SR	19
DILAUDID	2
DILAUDID-5	2
<i>dilt-cd</i>	20
<i>diltiazem cd</i>	20
<i>diltiazem hcl</i>	20
<i>diltiazem hcl er</i>	20
<i>dilt-xr</i>	20
<i>diltzac</i>	20
DIOVAN	20
DIOVAN HCT	20
DIPENTUM	26
<i>diphenhydramine hcl</i>	39
<i>diphenoxylate/atropine</i>	26
<i>dipivefrin hcl</i>	37
DIPROLENE	28
DIPROLENE AF	28
DIPHTHERIA/TETANUS TOXOID PEDIATRIC	34
<i>dipyridamole</i>	18
<i>disopyramide phosphate</i>	20
<i>disopyramide phosphate er</i>	20
DITROPAN XL	27
DIURIL	20
<i>divalproex sodium</i>	7
<i>divalproex sodium</i>	10
DOLOPHINE	2
DOLOPHINE HCL	2
<i>dorzolamide hcl</i>	37
<i>dorzolamide hcl/timolol maleate</i>	37
DOVONEX	24
<i>doxazosin mesylate</i>	27
<i>doxepin hcl</i>	8
<i>doxy-caps</i>	5
<i>doxycycline hyclate</i>	5
<i>doxycycline monohydrate</i>	5
<i>dronabinol</i>	9
DUETACT	16
DURAGESIC	2
DYAZIDE	20
DYNACIRC CR	20
DYNACIRC-CR	20

Drug Name	Page #
DYRENIUM	20
<i>e.e.s. 400</i>	5
E.E.S. GRANULES	5
<i>econazole nitrate</i>	9
<i>ed k+10</i>	41
EDECIN	20
EFFEXOR XR	8
EFUDEX	24
ELESTAT	37
ELIGARD	33
ELIMITE	12
ELITEK	11
ELIXOPHYLLIN	39
ELMIRON	27
ELOCON	28
EMADINE	37
EMCYT	11
EMEND	9
EMLA	3
EMSAM	8
EMTRIVA	14
ENABLEX	27
<i>enalapril maleate</i>	20
<i>enalapril maleate/hydrochlorothiazide</i>	20
ENBREL	34
ENBREL SURECLICK	34
<i>endocet</i>	2
ENGERIX-B	34
ENJUVIA	30
<i>enpresse-28</i>	30
ENTOCORT EC	35
<i>enulose</i>	26
EPIPEN 2-PAK	39
EPIPEN-JR 2-PAK	39
<i>epitol</i>	7
EPIVIR	14
EPIVIR HBV	14
<i>eplerenone</i>	20
EPOGEN	18
EPZICOM	14
EQUETRO	7
<i>ergoloid mesylates</i>	8
ERGOMAR	10
<i>errin</i>	30
ERTACZO	9
<i>ery</i>	5
ERYPED 200	5
ERYPED 400	5
ERY-TAB	5

Drug Name	Page #
ERYTHROCIN LACTOBIONATE	5
<i>erythrocin stearate</i>	5
<i>erythromycin</i>	5
<i>erythromycin /sulfisoxazole</i>	5
<i>erythromycin ethylsuccinate</i>	5
<i>erythromycin/benzoyl peroxide</i>	24
<i>estazolam</i>	40
ESTRACE	30
ESTRADERM	30
<i>estradiol</i>	30
<i>estradiol/norethindrone acetate</i>	30
ESTRASORB	30
ESTRING	30
ESTROGEL	30
<i>estropipate</i>	30
ESTROSTEP FE	30
<i>ethambutol hcl</i>	11
<i>ethosuximide</i>	7
<i>etidronate disodium</i>	35
<i>etodolac</i>	3
<i>etodolac er</i>	3
EURAX	12
EVISTA	30
EVOXAC	24
EXELDERM	9
EXFORGE	20
EXFORGE HCT	20
FABRAZYME	25
<i>famciclovir</i>	14
<i>famotidine</i>	26
FANSIDAR	12
FARESTON	11
FASLODEX	11
FAZACLO	13
FELBATOL	7
<i>felodipine er</i>	20
FEMARA	11
FEMHRT 1/5	30
FEMHRT LOW DOSE	30
FEMRING	30
FEMTRACE	30
<i>fenofibrate</i>	20
<i>fenofibrate micronized</i>	20
<i>fenoprofen calcium</i>	3
<i>fentanyl</i>	2
<i>fentanyl citrate</i>	2
<i>fexofenadine hcl</i>	39
FINACEA	24
<i>finasteride</i>	27

Drug Name	Page #
FLAGYL ER	5
FLAREX	37
<i>flavoxate hcl</i>	27
<i>flecainide acetate</i>	20
FLEXERIL	41
FLOMAX	27
FLOVENT HFA	39
FLOXIN OTIC	39
<i>fluconazole</i>	9
<i>fluconazole in dextrose</i>	9
<i>fludrocortisone acetate</i>	28
FLUMADINE	14
<i>flunisolide</i>	40
<i>fluocinolone acetonide</i>	28
<i>fluocinonide</i>	28
<i>fluocinonide emollient base</i>	28
<i>fluorometholone</i>	37
<i>fluor-op</i>	37
FLUOROPLEX	24
<i>fluorouracil</i>	24
<i>fluoxetine hcl</i>	8
<i>fluphenazine decanoate</i>	13
FLUPHENAZINE HCL	13
<i>flurazepam hcl</i>	40
<i>flurbiprofen</i>	3
<i>flurbiprofen sodium</i>	37
<i>flutamide</i>	33
<i>fluticasone propionate</i>	28
<i>fluticasone propionate</i>	40
<i>fluvoxamine maleate</i>	8
FML	37
FML FORTE	37
FML LIQUIFILM	37
FOCALIN	23
FOCALIN XR	23
FORADIL AEROLIZER	40
FORTAMET	16
FORTEO	35
<i>fortical</i>	35
FOSAMAX	36
FOSAMAX PLUS D	36
<i>fosinopril sodium</i>	20
<i>fosinopril sodium/hydrochlorothiazide</i>	20
FOSRENOL	27
FRAGMIN	18
FURADANTIN	5
<i>furosemide</i>	20
FUZEON	14
<i>gabapentin</i>	7

Drug Name	Page #
GABITRIL	7
<i>galantamine hydrobromide</i>	8
GAMMAGARD LIQUID	34
GANCICLOVIR	14
GANTRISIN PEDIATRIC	5
GARDASIL	34
GASTROCROM	26
<i>gavilyte-g</i>	26
<i>gemfibrozil</i>	20
<i>gengraf</i>	34
<i>genoptic</i>	37
<i>gentak</i>	37
<i>gentamicin sulfate</i>	5
<i>gentasol</i>	37
GEODON	13
GLEEVEC	11
<i>glimepiride</i>	16
<i>glipizide</i>	16
<i>glipizide er</i>	16
<i>glipizide xl</i>	16
<i>glipizide/metformin hcl</i>	16
GLUCAGEN HYPOKIT	16
GLUCAGON EMERGENCY KIT	16
GLUCOPHAGE	16
GLUCOPHAGE XR	16
GLUCOTROL	16
GLUCOTROL XL	16
GLUCOVANCE	16
GLUMETZA	16
<i>glyburide</i>	16
<i>glyburide micronized</i>	16
<i>glyburide/metformin hcl</i>	16
<i>glycopyrrolate</i>	26
GLYCRON	16
GLYNASE	16
GLYSET	16
GOLYTELY	26
GRANISETRON HCL	9
GRANISOL	9
GRIFULVIN V	10
<i>griseofulvin microsize</i>	10
GRIS-PEG	10
<i>guanfacine hcl</i>	20
GUANIDINE HCL	11
GYNODIOL	30
HALFLYTELY BOWEL PREP	26
<i>halobetasol propionate</i>	28
HALOG	28
<i>haloperidol</i>	13

Drug Name	Page #
<i>haloperidol decanoate</i>	13
<i>haloperidol lactate</i>	13
HAVRIX	34
HECTOROL	36
HEPARIN SODIUM	18
HEPARIN SODIUM DCU	18
<i>heparin sodium/nacl 0.9%</i>	18
HEPSERA	14
HERCEPTIN	11
HEXALEN	11
HIBTITER	34
HIPREX	5
HUMALOG	16
HUMALOG MIX 50/50	16
HUMALOG MIX 50/50 PEN	16
HUMALOG MIX 75/25	16
HUMALOG MIX 75/25 PEN	16
HUMALOG PEN	16
HUMIRA	34
HUMIRA PEN-CROHNS DISEASESTARTER	34
HUMULIN 50/50	16
HUMULIN 70/30	17
HUMULIN 70/30 PEN	17
HUMULIN N	17
HUMULIN N U-100 PEN	17
HUMULIN R	17
HUMULIN R U-500 (CONCENTRATED)	17
<i>hydralazine hcl</i>	20
HYDREA	11
<i>hydrochlorothiazide</i>	20
<i>hydrocodone /acetaminophen</i>	2
<i>hydrocodone /acetaminophen-hs</i>	2
<i>hydrocodone /ibuprofen</i>	2
<i>hydrocodone bitartrate/acetaminophen</i>	2
<i>hydrocortisone</i>	28
<i>hydrocortisone</i>	35
<i>hydrocortisone butyrate</i>	28
<i>hydrocortisone in absorbbase</i>	28
<i>hydrocortisone valerate</i>	28
<i>hydromorphone hcl</i>	2
<i>hydroxychloroquine sulfate</i>	12
<i>hydroxyurea</i>	12
<i>hydroxyzine hcl</i>	40
<i>hydroxyzine pamoate</i>	40
HYZAAR	20
<i>ibu</i>	2
<i>ibuprofen</i>	2
IMDUR	20

Drug Name	Page #
<i>imipramine hcl</i>	8
IMOVAX RABIES (H.D.C.V.)	34
IMURAN	34
INCRELEX	29
<i>indapamide</i>	20
INDERAL LA	20
<i>indomethacin</i>	3
<i>indomethacin er</i>	3
INFANRIX	34
INFERGEN	34
INNOPRAN XL	20
INTAL INHALER	40
INTELENCE	14
INTRALIPID	36
INTRON-A	34
INTRON-A W/DILUENT	34
INVEGA	14
INVERSINE	20
INVIRASE	14
IOPIDINE	37
IPOL INACTIVATED IPV	34
<i>ipratropium bromide</i>	40
<i>ipratropium bromide/albuterol sulfate</i>	40
IQUIX	5
IRESSA	12
ISENTRESS	14
ISMO	20
<i>isochron</i>	20
<i>isonarif</i>	11
ISONIAZID	11
ISOPTIN SR	20
ISORDIL TITRADOSE	20
<i>isosorbide dinitrate</i>	20
<i>isosorbide dinitrate er</i>	20
<i>isosorbide mononitrate</i>	20
<i>isosorbide mononitrate er</i>	21
<i>isovate</i>	28
<i>isradipine</i>	21
ISTALOL	37
<i>itraconazole</i>	10
<i>jantoven</i>	18
JANUMET	17
JANUVIA	17
JE-VAX	34
<i>jolivette</i>	30
<i>junel 1.5/30</i>	30
<i>junel 1/20</i>	30
<i>junel fe 1.5/30</i>	30
<i>junel fe 1/20</i>	30

Drug Name	Page #
KALETRA	14
<i>kaon-cl-10</i>	41
<i>kariva</i>	30
KCL 0.3%/D5W/LR IV LAC RING	41
KEFLEX	5
<i>kelnor 1/35</i>	30
KENALOG	28
KEPPRA	7
KERLONE	21
KETEK	5
<i>ketoconazole</i>	10
<i>ketoprofen</i>	3
<i>ketoprofen er</i>	3
<i>kionex</i>	9
<i>klor-con 10</i>	41
<i>klor-con 8</i>	41
KLOR-CON M15	41
<i>klor-con m20</i>	41
KRISTALOSE	26
K-TABS	41
<i>kuric</i>	10
<i>labetalol hcl</i>	21
LAC-HYDRIN	24
<i>laclotion</i>	24
LACRISERT	37
<i>lactated ringer's viaflex</i>	41
<i>lactulose</i>	26
LAMICTAL	7
LAMICTAL CHEWABLE DISPERSIBLE	7
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	16
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	7
LAMICTAL STARTER/TAKING VALPROATE	7
LAMISIL	10
<i>lamotrigine</i>	7
LANOXIN	21
LANTUS	17
LANTUS SOLOSTAR	17
LARIAM	12
LASIX	21
<i>leena</i>	30
<i>leflunomide</i>	34
LESCOL	21
LESCOL XL	21
<i>lessina-28</i>	30
<i>leucovorin calcium</i>	41

Drug Name	Page #
LEUKERAN	12
<i>leuprolide acetate</i>	33
LEVAQUIN	5
LEVATOL	21
LEVEMIR	17
LEVEMIR FLEXPEN	17
<i>levetiracetam</i>	7
<i>levobunolol hcl</i>	37
<i>levocarnitine</i>	36
<i>levora 0.15/30-28</i>	31
<i>levorphanol tartrate</i>	2
<i>levothroid</i>	32
<i>levothyroxine sodium</i>	32
<i>levoxyl</i>	32
LEXAPRO	8
LEXIVA	15
<i>lidocaine</i>	3
<i>lidocaine hcl</i>	3
<i>lidocaine hcl jelly</i>	3
<i>lidocaine viscous</i>	3
<i>lidocaine/prilocaine</i>	3
LIDODERM	3
LIMBITROL	8
LINDANE	12
<i>liothyronine sodium</i>	33
LIPITOR	21
LIPRAM 4500	25
LIPRAM-PN10	25
LIPRAM-PN16	25
LIPRAM-PN20	25
LIPRAM-UL12	25
LIPRAM-UL18	25
LIPRAM-UL20	25
<i>lisinopril</i>	21
<i>lisinopril /hydrochlorothiazide</i>	21
<i>lithium carbonate</i>	16
<i>lithium carbonate er</i>	16
<i>lithium citrate</i>	16
LITHOSTAT	27
LO/OVRAL-28	31
LODOSYN	13
LOESTRIN 1.5/30-21	31
LOESTRIN 1/20-21	31
LOESTRIN 24 FE	31
LOESTRIN FE 1.5/30	31
LOESTRIN FE 1/20	31
<i>lokara</i>	28
LOMOTIL	26
<i>lonox</i>	26

Drug Name	Page #
<i>loperamide hcl</i>	26
LOPRESSOR	21
LOPRESSOR HCT	21
LOPROX	10
LOPROX SHAMPOO	10
<i>lorazepam</i>	15
LOTEMAX	37
LOTENSIN	21
LOTENSIN HCT	21
LOTREL	21
LOTRISONE	10
LOTRONEX	26
<i>lovastatin</i>	21
LOVENOX	18
<i>low-ogestrel</i>	31
<i>loxapine succinate</i>	14
LUFYLLIN	40
LUMIGAN	37
LUPRON 2 WEEK SUPPLY	33
<i>lutea</i>	31
LYRICA	7
LYSODREN	33
MACROBID	5
MACRODANTIN	5
MALARONE	12
<i>maprotiline hcl</i>	8
MARPLAN	8
MATULANE	12
MAVIK	21
MAXIDEX	37
MAXIPIME	5
MAXITROL	37
MAXZIDE	21
MAXZIDE-25	21
MEBARAL	7
<i>mebendazole</i>	12
<i>meclizine hcl</i>	40
<i>meclofenamate sodium</i>	3
MEDROL	28
MEDROL DOSEPAK	28
<i>medroxyprogesterone acetate</i>	31
<i>mefloquine hcl</i>	12
MEGACE ES	31
MEGACE ORAL	31
<i>megestrol acetate</i>	31
MELOXICAM	3
MENACTRA	34
MENEST	31
MENOMUNE-A/C/Y/W-135	34

Drug Name	Page #
MENOSTAR	31
<i>meperidine hcl</i>	2
<i>meprobamate</i>	15
MEPRON	12
<i>mercaptapurine</i>	12
MERREM	5
MERUVAX II W/DILUENT 10 DOSE	34
<i>mesalamine</i>	35
MESNEX	12
MESTINON	11
MESTINON TIMESPAN	11
METADATE CD	23
<i>metadate er</i>	23
METAGLIP	17
METAPROTERENOL SULFATE	40
<i>metformin hcl</i>	17
<i>metformin hcl er</i>	17
METHADONE HCL	2
<i>methadose</i>	2
<i>methazolamide</i>	37
<i>methenamine hippurate</i>	5
METHERGINE	29
<i>methimazole</i>	33
METHITEST	31
<i>methocarbamol</i>	41
<i>methotrexate</i>	34
<i>methscopolamine bromide</i>	26
METHYCLOTHIAZIDE	21
<i>methyl dopa</i>	21
<i>methyl dopa /hydrochlorothiazide</i>	21
METHYLIN	23
<i>methylin er</i>	23
<i>methylphenidate hcl</i>	23
<i>methylphenidate hcl sr</i>	23
<i>methylprednisolone</i>	28
<i>metipranolol</i>	37
<i>metoclopramide hcl</i>	9
<i>metoclopramide hcl</i>	26
<i>metolazone</i>	21
<i>metoprolol /hydrochlorothiazide</i>	21
<i>metoprolol succinate er</i>	21
<i>metoprolol tartrate</i>	21
METROCREAM	5
<i>metronidazole</i>	5
<i>metronidazole vaginal</i>	5
<i>mexiletine hcl</i>	21
MIACALCIN	36
MICARDIS	21
MICARDIS HCT	21

Drug Name	Page #
<i>miconazole 3</i>	10
<i>microgestin 1.5/30</i>	31
<i>microgestin 1/20</i>	31
<i>microgestin fe</i>	31
<i>microgestin fe 1.5/30</i>	31
MICROZIDE	21
<i>midazolam hcl</i>	40
<i>midodrine hcl</i>	21
MIGRANAL	10
MINIPRESS	21
<i>minitran</i>	21
<i>minocycline hcl</i>	5
<i>minoxidil</i>	21
MIRAPEX	13
<i>mirtazapine</i>	8
<i>mirtazapine odt</i>	8
<i>misoprostol</i>	26
<i>mitoxantrone hcl</i>	12
M-M-R II W/DILUENT 10 DOSE	34
MOBAN	14
MODICON-28	31
<i>moexipril /hydrochlorothiazide</i>	21
<i>moexipril hcl</i>	21
<i>mometasone furoate</i>	28
MONOKET	21
<i>mononessa</i>	31
MONOPRIL	21
MONOPRIL HCT	21
<i>morphine sulfate</i>	2
<i>morphine sulfate er</i>	2
MOTOFEN	26
MOVIPREP	26
<i>mupirocin</i>	5
MYAMBUTOL	11
MYCOBUTIN	11
<i>mycophenolate mofetil</i>	34
MYCOSTATIN	10
<i>mydral</i>	37
MYDRIACYL	37
MYFORTIC	34
MYTELASE	11
<i>nabumetone</i>	3
<i>nadolol</i>	21
<i>nadolol /bendroflumethiazide</i>	21
NAFCILLIN SODIUM	5
NAFTIN	10
NAGLAZYME	25
<i>naltrexone hcl</i>	9
NAMENDA	8

Drug Name	Page #
NAMENDA TITRATION PAK	8
<i>naphazoline hcl</i>	37
<i>naproxen</i>	2
<i>naproxen dr</i>	2
<i>naproxen sodium</i>	2
NARDIL	8
NASONEX	40
NATACYN	37
NEBUPENT	13
<i>necon 0.5/35-28</i>	31
<i>necon 1/35-28</i>	31
<i>necon 1/50-28</i>	31
NECON 10/11-28	31
<i>necon 7/7/7</i>	31
<i>nefazodone hcl</i>	8
NEO-FRADIN	5
<i>neomycin /bacitracin /polymyxin</i>	5
<i>neomycin /polymyxin /dexamethasone</i>	37
<i>neomycin /polymyxin /gramicidin</i>	37
<i>neomycin /polymyxin /hc</i>	39
<i>neomycin /polymyxin /hydrocortisone</i>	37
<i>neomycin /polymyxin /hydrocortisone</i>	39
<i>neomycin sulfate</i>	5
NEORAL	34
NEOSPORIN	38
NEULASTA	18
NEUPOGEN	18
NEURONTIN	7
NEUTREXIN	5
NEVANAC	38
NEXAVAR	12
NEXIUM	26
NEXIUM I.V.	26
<i>niacor</i>	21
NIASPAN	21
<i>nicardipine hcl</i>	21
NICOTROL INHALER	9
<i>nifediac cc</i>	21
<i>nifedical xl</i>	21
<i>nifedipine</i>	22
<i>nifedipine er</i>	22
NILANDRON	33
<i>nimodipine</i>	22
NITRO-BID	22
NITRO-DUR	22
<i>nitrofurantoin macrocrystalline</i>	5
<i>nitrofurantoin monohydrate</i>	5
<i>nitroglycerin</i>	22
<i>nitroglycerin transdermal</i>	22

Drug Name	Page #
NITROLINGUAL PUMPSPRAY	22
NITROSTAT	22
NIZORAL	10
<i>nora-be</i>	31
NORDETTE-28	31
<i>norethindrone acetate</i>	31
NORINYL 1+35	31
NORITATE	6
NOROXIN	6
NORPACE CR	22
NOR-QD	31
<i>nortrel 0.5/35 (28)</i>	31
<i>nortrel 1/35 (21)</i>	31
<i>nortrel 1/35 (28)</i>	31
<i>nortrel 7/7/7</i>	31
<i>nortriptyline hcl</i>	8
NORVASC	22
NORVIR	15
NOVOLIN 70/30	17
NOVOLIN 70/30 INNOLET	17
NOVOLIN N	17
NOVOLIN N INNOLET	17
NOVOLIN R	17
NOVOLIN R INNOLET	17
NOVOLOG	17
NOVOLOG FLEXPEN	17
NOVOLOG MIX 70/30	17
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	17
NULYTELY/FLAVOR PACKS	26
NUVARING	31
<i>nystatin</i>	10
<i>nystatin/triamcinolone</i>	10
<i>nystop</i>	10
<i>ocella</i>	31
OCTREOTIDE ACETATE	33
OCUFEN	38
OCUFLOX	38
<i>ocusulf-10</i>	38
<i>ofloxacin</i>	6
<i>ofloxacin</i>	38
OGEN	31
OGESTREL	31
<i>omeprazole</i>	26
OMNICEF	6
<i>ondansetron hcl</i>	9
<i>ondansetron odt</i>	9
ONTAK	36
OPTIPRANOLOL	38

Drug Name	Page #
ORACEA	6
ORAP	14
ORAPRED	28
ORAPRED ODT	28
ORFADIN	25
<i>orphenadrine /asa /caffeine</i>	41
<i>orphenadrine citrate er</i>	41
ORPHENADRINE COMPOUND DS	41
ORTHO EVRA	31
ORTHO MICRONOR	31
ORTHO TRI-CYCLEN LO	31
ORTHO-CEPT-28	31
ORTHO-CYCLEN	31
<i>ortho-est</i>	31
ORTHO-NOVUM 7/7/7-28	31
OSMOPREP	41
OVCON-35	32
OVCON-50 28	32
OVIDE	13
OXANDRIN	32
OXANDROLONE	32
<i>oxaprozin</i>	4
<i>oxazepam</i>	16
<i>oxcarbazepine</i>	7
OXISTAT	10
OXSORALEN ULTRA	24
<i>oxybutynin chloride</i>	27
<i>oxybutynin chloride er</i>	27
<i>oxycodone /acetaminophen</i>	2
<i>oxycodone /apap</i>	2
<i>oxycodone /aspirin</i>	2
<i>oxycodone /ibuprofen</i>	2
OXYCODONE HCL	2
<i>oxycodone hcl er</i>	2
<i>oxycodone-apap</i>	3
OXYCONTIN	3
PACERONE	22
PALGIC	40
PAMINE	26
PAMINE FORTE	26
PANCREASE MT 10	25
PANCREASE MT 16	25
PANCREASE MT 20	25
PANCREASE MT 4	25
PANCRECARB MS-16	25
PANCRECARB MS-4	25
PANCRECARB MS-8	25
PANCRELIPASE	25
PANCRELIPASE MST-16	25

Drug Name	Page #
PANCRON 10	25
PANCRON 20	25
PANRETIN	12
PARAFON FORTE DSC	41
<i>parcaine</i>	38
PARLODEL	13
PARNATE	8
<i>paromomycin sulfate</i>	6
<i>paroxetine hcl</i>	8
<i>paroxetine hcl er</i>	8
PASER	11
PATANOL	38
PAXIL CR	8
PEDIAPRED	28
PEDIARIX	34
<i>pedi-dri</i>	10
PEDIOTIC	39
PEDVAX HIB	34
<i>peg 3350/electrolytes</i>	26
PEGANONE	7
PEGASYS	34
PEG-INTRON	34
PEG-INTRON REDIPEN	34
PEG-INTRON REDIPEN PAK 4	34
<i>penicillin g potassium</i>	6
<i>penicillin v potassium</i>	6
PENLAC NAIL LACQUER	10
PENTASA	35
<i>pentazocine /acetaminophen</i>	3
<i>pentazocine/naloxone hcl</i>	3
<i>pentopak</i>	36
<i>pentoxifylline er</i>	36
<i>pentoxil</i>	36
PEPCID	26
PERIDEX ORAL RINSE	24
<i>periogard</i>	24
<i>permethrin</i>	13
<i>perphenazine</i>	14
<i>perphenazine /amitriptyline</i>	8
<i>phenadoz</i>	9
<i>phenobarbital</i>	7
PHENYTEK	7
<i>phenytoin</i>	7
<i>phenytoin sodium extended</i>	7
PHISOHEX	6
PHOSLO	27
PHOSPHOLINE IODIDE	38
<i>pilocarpine hcl</i>	24
<i>pilocarpine hydrochloride</i>	24

Drug Name	Page #
PILOPINE HS	38
<i>pindolol</i>	22
PIPERACILLIN SODIUM	6
<i>piroxicam</i>	4
PLAN B	32
PLAQUENIL	13
PLAVIX	18
<i>podofilox</i>	24
<i>polycin b</i>	38
<i>poly-dex</i>	38
<i>polyethylene glycol 3350</i>	26
POLYGAM S/D	34
POLY-PRED	38
POLYTRIM	38
<i>portia-28</i>	32
<i>potassium chloride</i>	41
<i>potassium chloride cr</i>	41
<i>potassium chloride er</i>	41
<i>potassium citrate extended-release</i>	41
PRANDIN	17
<i>pravastatin sodium</i>	22
<i>prazosin hcl</i>	22
PRECOSE	17
PRED FORTE	38
PRED MILD	38
PRED-G	38
PRED-G S.O.P.	38
<i>prednicarbate</i>	28
<i>prednisolone acetate</i>	38
<i>prednisolone sodium phosphate</i>	28
PREDNISOLONE SODIUM PHOSPHATE	38
PREDNISON	29
PREDNISON INTENSOL	29
PREFEST	32
PRELONE	29
PREMARIN	32
PREMARIN W/APPLICATOR	32
PREMPHASE	32
PREMPRO	32
PRENATABS OBN	41
PREVACID	26
PREVACID SOLUTAB	26
<i>prevalite</i>	22
<i>previfem</i>	32
PREZISTA	15
PRIFTIN	11
PRILOSEC	26
PRIMAQUINE PHOSPHATE	13

Drug Name	Page #
PRIMAXIN IV	6
<i>primidone</i>	7
PRIMSOL	6
PRINIVIL	22
PRISTIQ	8
PROAIR HFA	40
<i>probenecid</i>	10
<i>probenecid/colchicine</i>	10
PROCARDIA	22
PROCARDIA XL	22
PROCHIEVE	32
<i>prochlorperazine</i>	9
<i>prochlorperazine edisylate</i>	9
<i>prochlorperazine maleate</i>	9
PROCRIT	18
PROCTOCORT	29
<i>proctocream-hc</i>	29
<i>procto-pak</i>	29
<i>proctosol hc</i>	29
<i>proctozone-hc</i>	29
PROGLYCEM	17
PROGRAF	34
PROLEUKIN	12
<i>promethazine hcl</i>	9
<i>promethegan</i>	9
PROMETRIUM	32
<i>propafenone hcl</i>	22
PROPANTHELINE BROMIDE	26
<i>proparacaine hcl</i>	38
PROPINE	38
<i>propoxyphene hcl</i>	3
<i>propranolol /hydrochlorothiazide</i>	22
<i>propranolol hcl</i>	10
<i>propranolol hcl</i>	22
<i>propranolol hcl er</i>	22
<i>propylthiouracil</i>	33
PROQUAD	34
PROQUIN XR	6
PROSCAR	27
PROTOPIC	24
<i>protriptyline hcl</i>	8
PROVENTIL HFA	40
PROVERA	32
PROVIGIL	24
PROZAC WEEKLY	8
PULMICORT	40
PULMICORT FLEXHALER	40
PULMOZYME	25
PURINETHOL	12

Drug Name	Page #
<i>pyrazinamide</i>	11
<i>pyridostigmine bromide</i>	11
<i>quasense</i>	32
QUESTRAN	22
QUESTRAN LIGHT	22
<i>quinapril /hydrochlorothiazide</i>	22
<i>quinapril hcl</i>	22
<i>quinaretic</i>	22
<i>quinidine gluconate cr</i>	22
<i>quinidine sulfate</i>	22
QUINIDINE SULFATE ER	22
QUIXIN	6
QVAR	40
RABAVERT	34
<i>ramipril</i>	22
RANEXA	22
<i>ranitidine hcl</i>	26
RAPAMUNE	34
REBETOL	15
REBIF	34
REBIF TITRATION PACK	34
<i>reclipsen</i>	32
RECOMBIVAX HB	35
REGRANEX	24
RELION 70/30	17
RELION N	17
RELION R	17
RELPAX	10
REMICADE	35
REVELA	27
RESCRIPTOR	15
RESERPINE	22
RESTASIS	38
RETIN-A MICRO	24
RETROVIR	15
RETROVIR IV INFUSION	15
REVATIO	40
REVLIMID	12
REYATAZ	15
RHEUMATREX	35
<i>ribasphere</i>	15
<i>ribavirin</i>	15
RIDAURA	35
RIFADIN	11
RIFAMATE	11
<i>rifampin</i>	11
RIFATER	11
RILUTEK	24
<i>rimantadine hcl</i>	15

Drug Name	Page #
RIOMET	17
RISPERDAL CONSTA	14
RISPERDAL M-TAB	14
<i>risperidone</i>	14
<i>risperidone odt</i>	14
RITALIN	24
RITALIN LA	24
RITALIN SR	24
RITUXAN	12
ROBINUL	26
ROBINUL FORTE	26
ROCALTROL	36
<i>romycin</i>	38
<i>ropinirole hcl</i>	13
ROTATEQ	35
ROWASA	35
ROXICET	3
ROXICODONE	3
ROZEREM	40
RYTHMOL SR	22
SAIZEN	29
SAIZEN CLICK.EASY	29
SANCTURA	27
SANCTURA XR	27
SANDIMMUNE	35
SANDOSTATIN	33
SANTYL	24
SEASONALE	32
SEASONIQUE	32
SECTRAL	22
<i>selegiline hcl</i>	13
<i>selenium sulfide</i>	10
SELSUN SHAMPOO	10
SELZENTRY	15
SENSIPAR	33
SEREVENT DISKUS	40
SEROMYCIN	11
SEROQUEL	14
SEROQUEL XR	14
<i>sertraline hcl</i>	8
SILVADENE	6
<i>silver sulfadiazine</i>	6
<i>simvastatin</i>	22
SINGULAIR	40
SKELAXIN	41
SKELID	36
<i>sodium chloride</i>	41
<i>sodium chloride 0.9%</i>	41
SODIUM FLUORIDE	41

Drug Name	Page #
<i>sodium polystyrene sulfonate</i>	9
<i>sodium sulfacetamide</i>	6
<i>sodium sulfacetamide</i>	38
<i>solia</i>	32
SOMAVERT	33
SORIATANE CK	24
<i>sorine</i>	22
<i>sotalol hcl</i>	22
<i>sotret</i>	24
SPIRIVA HANDIHALER	40
<i>spironolactone</i>	22
<i>spironolactone /hydrochlorothiazide</i>	22
<i>sprintec 28</i>	32
SPRYCEL	12
<i>sronyx</i>	32
<i>ssd</i>	6
STALEVO 100	13
STALEVO 125	13
STALEVO 150	13
STALEVO 200	13
STALEVO 50	13
STALEVO 75	13
STARLIX	17
<i>stavudine</i>	15
STERAPRED 12 DAY	29
STERAPRED DS 12 DAY	29
STIMATE	29
STRATTERA	24
STRIANT	32
STROMEKTOL	13
SUBOXONE	3
SUBOXONE	9
SUBUTEX	3
SUCRAID	25
<i>sucralfate</i>	26
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	38
SULFADIAZINE	6
<i>sulfamethoxazole /trimethoprim</i>	6
<i>sulfamethoxazole/trimethoprim ds</i>	6
SULFAMYLON	6
<i>sulfasalazine</i>	35
<i>sulfatrim</i>	6
<i>sulfazine</i>	35
<i>sulfazine ec</i>	35
<i>sulindac</i>	4
<i>sumatriptan succinate</i>	10
SUPRAX	6
SUSTIVA	15

Drug Name	Page #
SUTENT	12
SYMBICORT	40
SYMBYAX	14
SYMBYAX	16
SYMLIN	17
SYMLINPEN 60	17
SYNTHROID	33
TABLOID	12
TALWIN NX	3
TAMIFLU	15
<i>tamoxifen citrate</i>	12
TAPAZOLE	33
TARCEVA	12
TARGRETIN	12
TARKA	22
TASIGNA	12
TASMAR	13
<i>taztia xt</i>	22
TEGRETOL-XR	7
TEKTURNA	22
<i>temazepam</i>	40
TEMOVATE	29
TENORETIC 100	22
TENORETIC 50	22
TENORMIN	22
<i>terazosin hcl</i>	27
<i>terbinafine hcl</i>	10
<i>terbutaline sulfate</i>	40
<i>terconazole</i>	10
TESTIM	32
<i>testosterone enanthate</i>	32
TESTRED	32
TETANUS TOXOID ADSORBED	35
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	35
<i>tetracycline hcl</i>	6
TEVETEN	23
TEVETEN HCT	23
TEV-TROPIN	29
TEXACORT	29
THALITONE	23
THALOMID	12
THEO-24	40
<i>theochron</i>	40
<i>theophylline cr</i>	40
<i>theophylline er</i>	40
<i>thermazene</i>	6
THIOLA	27
<i>thioridazine hcl</i>	14

Drug Name	Page #
<i>thiothixene</i>	14
THYMOGLOBULIN	35
THYROLAR-1	33
THYROLAR-1/2	33
THYROLAR-1/4	33
THYROLAR-2	33
THYROLAR-3	33
TIAZAC	23
<i>ticlopidine hcl</i>	18
TIGAN	9
TIKOSYN	23
TIMOLIDE 10/25	23
<i>timolol maleate</i>	11
<i>timolol maleate</i>	38
TIMOPTIC OCUDOSE	38
TIMOPTIC-XE	38
<i>tizanidine hcl</i>	14
TOBI	6
TOBRADEX	38
<i>tobramycin /dexamethasone</i>	38
<i>tobramycin sulfate</i>	6
<i>tobrasol</i>	38
TOBREX	38
<i>tolazamide</i>	17
TOLBUTAMIDE	17
<i>tolmetin sodium</i>	4
TOPAMAX	7
TOPAMAX SPRINKLE	7
TOPICORT	29
TOPICORT LP	29
<i>topiramate</i>	7
TOPROL XL	23
<i>toremide</i>	23
<i>tpn electrolytes ftv</i>	41
TRACLEER	40
<i>tramadol hcl</i>	3
<i>tramadol hydrochloride/acetaminophen</i>	3
TRANDATE	23
<i>trandolapril</i>	23
TRANSDERM-SCOP	9
<i>tranylcypromine sulfate</i>	8
TRAVATAN Z	38
<i>trazodone hcl</i>	8
TRECATOR	11
TRENTAL	36
<i>tretinoin</i>	12
<i>tretinoin</i>	24
TREXALL	35
<i>triamcinolone acetonide</i>	29

Drug Name	Page #
TRIAMCINOLONE ACETONIDE IN ABSORBASE	29
<i>triamcinolone in orabase</i>	24
<i>triamterene /hydrochlorothiazide</i>	23
<i>triazolam</i>	40
TRICOR	23
<i>triderm</i>	29
<i>trifluoperazine hcl</i>	14
<i>trifluridine</i>	38
TRIGLIDE	23
<i>trihexyphenidyl hcl</i>	13
TRIHIBIT	35
<i>tri-legest fe</i>	32
TRILEPTAL	7
<i>tri-lo-sprintec</i>	32
<i>trilyte</i>	26
<i>trimethobenzamide hcl</i>	9
<i>trimethoprim</i>	6
<i>trimethoprim sulfate/polymyxin b sulfate</i>	38
<i>trimipramine maleate</i>	9
<i>trimox</i>	6
<i>trinessa</i>	32
TRI-NORINYL 28	32
TRIPEDIA	35
<i>tri-previfem</i>	32
TRISENOX	12
<i>tri-sprintec</i>	32
<i>trivora-28</i>	32
TRIZIVIR	15
<i>tropicacyl</i>	38
<i>tropicamide</i>	38
TRUSOPT	38
TRUVADA	15
TWINRIX	35
TYGACIL	6
TYKERB	12
TYLENOL/CODEINE #3	3
TYLENOL/CODEINE #4	3
TYPHIM VI	35
TYZEKA	15
TYZINE	40
TYZINE PEDIATRIC NASAL DROPS	40
<i>u-cort</i>	29
ULTRASE	25
ULTRASE MT 12	25
ULTRASE MT 18	25
ULTRASE MT 20	25
ULTRAVATE	29
UNIRETIC	23

Drug Name	Page #
<i>unithroid</i>	33
UNIVASC	23
URECHOLINE	27
UREX	6
UROCIT-K 10	41
UROCIT-K 5	41
UROXATRAL	27
URSO 250	26
URSO FORTE	26
<i>ursodiol</i>	26
VAGIFEM	32
VALCYTE	15
<i>valproate sodium</i>	7
<i>valproic acid</i>	7
VALTREX	15
<i>vanacet</i>	3
VANCOCIN HCL	6
VANCOMYCIN HCL	6
<i>vandazole</i>	6
VANOS	29
VAQTA	35
VARIVAX	35
VASERETIC	23
<i>veetids</i>	6
VELCADE	12
<i>velivet</i>	32
<i>venlafaxine hcl</i>	9
VENTAVIS	23
VENTOLIN HFA	40
<i>verapamil hcl</i>	23
<i>verapamil hcl er</i>	23
VERELAN	23
VERELAN PM	23
VESANOID	12
VESICARE	27
VEXOL	38
VFEND	10
<i>vicodin hp</i>	3
VIDAZA	12
VIDEX EC	15
VIDEX PEDIATRIC	15
VIGAMOX	38
VIMPAT	7
VIOKASE	25
VIOKASE 16	25
VIOKASE 8	25
VIRACEPT	15
VIRAMUNE	15
VIRAZOLE	15

Drug Name	Page #
VIREAD	15
VIROPTIC	38
VISICOL	26
VIVELLE-DOT	32
VIVOTIF BERNA	35
VOLTAREN	3
VOLTAREN	38
VOSPIRE ER	40
VYTORIN	23
<i>warfarin sodium</i>	18
WELCHOL	23
XALATAN	38
XIBROM	38
XIFAXAN	6
XOLAIR	40
XOLEGEL	10
XOPENEX	40
XOPENEX HFA	40
XYLOCAINE	3
XYLOCAINE JELLY	3
XYREM	24
YASMIN 28	32
YAZ	32
YF-VAX	35
<i>zaleplon</i>	40
ZAROXOLYN	23
ZAVESCA	25
<i>zazole</i>	10
ZEBETA	23
ZELAPAR	13
ZEMPLAR	36
ZERIT	15
ZESTORETIC	23
ZESTRIL	23
ZETIA	23
ZIAC	23
ZIAGEN	15
<i>zidovudine</i>	15
ZITHROMAX	6
ZMAX	6
ZOLINZA	12
<i>zolpidem tartrate</i>	40
ZOMIG	11
ZOMIG ZMT	11
<i>zonisamide</i>	7
ZORBTIVE	29
ZOSTAVAX	35
<i>zovia 1/35e</i>	32
<i>zovia 1/50e</i>	32

Drug Name	Page #
ZOVIRAX	15
ZYFLO CR	40
ZYLET	39
ZYLOPRIM	10
ZYMAR	6
ZYPREXA	14
ZYPREXA ZYDIS	14
ZYVOX	6



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