



## Medicare Advantage



**Please read:** This document contains information about the drugs we cover in these plans.

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

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## Formulary for Medicare HMO Blue<sup>SM</sup>, Medicare PPO Blue<sup>SM</sup>, and Blue Medicare PFFS<sup>SM</sup> Medicare Advantage Plans

**Complete List of Covered Drugs**

Effective October 1, 2009

To get updated information about the drugs covered by our Medicare Advantage plans, please visit our website at [www.bluecrossma.com/medicare](http://www.bluecrossma.com/medicare).



## What is our Medicare Advantage plans formulary?

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

## Can the formulary change?

Generally, if you are taking a drug on our 2009 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2009 coverage year except when a new, less expensive generic drug becomes available, or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, 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 October 1, 2009. To get updated information about the drugs covered by our Medicare Advantage plans, please visit our website at [www.bluecrossma.com/medicare](http://www.bluecrossma.com/medicare) or call Member Service at **1-800-200-4255**, Monday through Friday, 8:00 a.m. to 8:00 p.m. TTY users should call **1-800-522-1254**, Monday through Friday, 8:00 a.m. to 6:00 p.m.



## How do I use the formulary?

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

- **Medical Condition.** The formulary begins on page 9. The drugs in this formulary are grouped into categories depending on the type of medical condition 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 9. 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 51. 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?

Our Medicare Advantage plans cover 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.

## How much will I pay for my Medicare Advantage plan's covered drugs?

If you qualified for extra help with your drug costs, your costs for your drugs may be different than those described on the next page. Please refer to your Evidence of Coverage or call Member Service to find out what your costs are.

The amount you pay depends on which drug tier your drug is in under our plan and whether you fill your prescription at a preferred network pharmacy. (You can find out which drug tier your drug is in by looking in the formulary that begins on page 9.) See the next page for the copayment amount for each type of drug.



For the Medicare HMO Blue PlusRx, the Medicare PPO Blue PlusRx, and the Blue Medicare PFFS PlusRx options you will pay the copayment amount below for your drugs until your total drug costs (the amount you paid, plus the amount Medicare HMO Blue PlusRx, Medicare PPO Blue PlusRx, or Blue Medicare PFFS PlusRx has paid) reach \$2,700. Once your total drug costs reach \$2,700 there is a gap in your coverage. This means you have to pay the full amount for your drugs. You pay the full amount until you have paid \$4,350 out of pocket. After you have paid \$4,350 out of pocket, you will generally pay the greater of \$2.40 for a generic or a drug treated like a generic and \$6.00 for all other drugs, or 5% co-insurance.

For the Medicare HMO Blue PremierRx and the Medicare PPO Blue PremierRx options you will pay the copayment amount below for your drugs until your total drug costs (the amount you paid, plus the amount Medicare HMO Blue PremierRx or Medicare PPO Blue PremierRx has paid) reach \$2,700. Once your total drug costs reach \$2,700 you will pay \$10 for each generic drug. However, you will have to pay the full amount for your preferred brand drugs and non-preferred brand drugs. After you have paid \$4,350 out of pocket, you will generally pay the greater of \$2.40 for a generic or a drug treated like a generic and \$6.00 for all other drugs, or 5% co-insurance.

You can ask your Medicare Advantage plan to make an exception to your drug’s tier placement. See the section, “How do I request an exception to the Medicare Advantage plan Formulary?” on page 6 for information about how to request an exception.

Drug Tier	Retail Preferred pharmacy copayment/co-insurance (30-day supply)		Retail Non-Preferred pharmacy copayment/co-insurance (30-day supply)		Mail-Order copayment/co-insurance (90-day supply)	
	PlusRx	PremierRx*	PlusRx	PremierRx*	PlusRx	PremierRx*
Generic	\$10	\$10	\$10	\$10	\$20	\$20
Preferred Brand	\$35	\$28	\$35	\$28	\$70	\$56
Non-Preferred Brand	\$65	\$58	\$65	\$58	\$130	\$116
Specialty Medication	25%	33%	25%	33%	25%	33%

\* For Medicare HMO Blue and Medicare PPO Blue plans only

## 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 (PA):** Our Medicare Advantage plans require you to get prior authorization for certain drugs. This means that you will need to get approval from your Medicare Advantage plan before you fill your prescriptions. If you don't get approval, your Medicare Advantage plan may not cover the drug.

**Quality Care Dosing (QCD):** To help ensure that the quantity and dosage of your medications remain consistent with manufacturer, clinical, and Food and Drug Administration (FDA) recommendations, we maintain a list of medications subject to Quality Care Dosing (QCD). When you fill a prescription for a medication subject to QCD, your prescription is reviewed for:

- **Dose Consolidation.** Dose consolidation checks to see whether you're taking two or more daily doses of medicine that could be replaced with one daily dose providing the same total amount of medication.
- **Recommended Monthly Dosing Level.** This process checks to see that your monthly dosage of medication is consistent with both the manufacturer's and the FDA's monthly dosing recommendations and clinical information. Your doctor can also apply for an exception to QCD guidelines when medically necessary.

**Quantity Limits:** For certain drugs, our Medicare Advantage plans limit the amount of the drug that the plans will cover. For example, our Medicare Advantage plans provide up to nine tablets per prescription for Imitrex.<sup>®</sup>

**Step Therapy (ST):** In some cases, our Medicare Advantage plans require 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, our Medicare Advantage plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our Medicare Advantage plans will then cover Drug B.

**Excluded Part D Drugs (EPD):** These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for these drugs does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs.

**Home Infusion Therapy (HIT):** These prescription drugs may be covered under our medical benefit.

**Limited Pharmacy Availability (LPA):** These prescriptions may be available only at certain pharmacies.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 9.

You can ask your Medicare Advantage plan to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Medicare Advantage plans Formulary?” on page 6 for information about how to request an exception. For more information consult your pharmacy directory or call Member Service at **1-800-200-4255**, Monday through Friday, 8:00 a.m. to 8:00 p.m. TTY/TDD users should call **1-800-522-1254**, Monday through Friday, 8:00 a.m. to 6:00 p.m.

### What if my drug is not in the formulary?

If your drug is not included in this formulary, you should first contact Member Service and confirm that your drug is not covered.

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

- You can ask Member Service for a list of similar drugs that are covered by your Medicare Advantage 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 your Medicare Advantage plan.
- You can ask your Medicare Advantage plan to make an exception and cover your drug. See the next page for information about how to request an exception.



Note: Due to a change in Medicare, most Medicare drug plans will no longer cover erectile dysfunction (ED) drugs like Viagra,<sup>®</sup> Cialis,<sup>®</sup> Levitra,<sup>®</sup> and Caverject.<sup>®</sup> For more information, you can contact Member Service.

If your drug is not included in this formulary, you should first contact Member Service and confirm that your drug is not covered.



## How do I request an exception to the Medicare Advantage plan's formulary?

You can ask your Medicare Advantage 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, your Medicare Advantage 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 brand tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred brand 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.

Generally, our Medicare Advantage plans will only approve your request for an exception if the alternative drugs included on the plan's formulary, or 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 may 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 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 temporary 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 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.

### For more information

For more detailed information about your Medicare Advantage plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our Medicare Advantage plans, please call Member Service at **1-800-200-4255**, Monday through Friday, 8:00 a.m. to 8:00 p.m. TTY users should call **1-800-522-1254**, Monday through Friday, 8:00 am to 6:00 p.m. Or, visit [www.bluecrossma.com/medicare](http://www.bluecrossma.com/medicare).

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](http://www.medicare.gov).



## Medicare Advantage Plans' Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by our Medicare Advantage plans. If you have trouble finding your drug in the list, turn to the Index, which begins on page 51.

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

The second column lists the drug tier placement. The amount you pay depends on which drug tier your drug is in under our plan. For Medicare HMO Blue PremierRx and Medicare PPO Blue PremierRx plans, coverage for generic drugs is available at the Tier 1 copay level through the coverage gap.

The information in the Notes column tells you if your Medicare Advantage plans have any special requirements for coverage of your drug. For example, “QCD” stands for Quality Care Dosing. See page 4 for an explanation of restrictions.

Analgesics		
Drug Name	Tier*	Notes
<i>acetaminophen / codeine</i>	1	
<i>americet</i>	1	EPD
<i>amigesic</i>	1	
<i>anexsia</i>	1	
<i>anolor-300</i>	1	EPD
<i>ascomp</i>	1	
<i>ascomp / codeine</i>	1	
<i>aspirin / codeine</i>	1	
<i>bupap</i>	1	EPD
<i>butalbital / acetaminophen</i>	1	EPD
<i>butalbital / acetaminophen / caffeine</i>	1	EPD
<i>butalbital / acetaminophen / caffeine / codeine</i>	1	
<i>butalbital / aspirin / caffeine</i>	1	EPD
<i>butalbital / aspirin / caffeine / codeine</i>	1	
<i>butalbital comp / codeine</i>	1	
<i>butalbital compound</i>	1	EPD
<i>butorphanol</i>	1	QCD, HIT
<i>carisoprodol / aspirin / codeine</i>	1	
<i>cephadyn</i>	1	EPD
<i>choline magnesium trisalate</i>	1	
<i>codeine phosphate</i>	1	
<i>codeine sulfate</i>	1	
<i>co-gesic</i>	1	
DOLAGESIC	2	
DOLOPHINE	2	

Analgesics (continued)		
Drug Name	Tier*	Notes
<i>endocet</i>	1	
<i>endodan</i>	1	
<i>eth-oxydose</i>	1	
<i>farbital</i>	1	EPD
<i>fentanyl</i>	1	HIT
<i>fentanyl citrate lozenge</i>	4	
FENTORA	4	
FLECTOR PATCH	3	
<i>fortabs</i>	1	EPD
<i>genecar</i>	1	
<i>geone</i>	1	EPD
<i>hydrocodone / acetaminophen</i>	1	
<i>hydrocodone / ibuprofen</i>	1	
<i>hydromorphone</i>	1	HIT
<i>hyflex</i>	1	
<i>levorphanol</i>	1	
<i>mag-phen</i>	1	
<i>magsal</i>	1	
<i>margesic h</i>	1	EPD
<i>meperidine</i>	1	HIT
<i>meperitab</i>	1	
<i>methadone</i>	1	HIT
<i>methadose</i>	1	
<i>morphine</i>	1	HIT
<i>nalbuphine</i>	1	HIT
<i>oxycodone</i>	1	

\*For Medicare HMO Blue PremierRx and Medicare PPO Blue PremierRx plans we provide coverage for the tier-1 drugs through the coverage gap. \ QCD: Quality care dosing limits apply \ PA: Prior authorization required \ ST: Step therapy required \ EPD: Excluded Part D drugs \ LPA: Limited Pharmacy Availability \ HIT: Home Infusion Therapy

Analgesics (continued)		
Drug Name	Tier*	Notes
<i>oxycodone / acetaminophen</i>	1	
<i>oxycodone / aspirin</i>	1	
<i>oxycodone / ibuprofen</i>	1	
OXYCONTIN	2	
<i>pentazocine / acetaminophen</i>	1	
<i>pentazocine / naloxone</i>	1	
<i>perloxx</i>	1	
<i>propoxyphene</i>	1	
<i>propoxyphene / acetaminophen</i>	1	
<i>propoxyphene-n / acetaminophen</i>	1	
Reprexain tablet	1	
<i>rms-suppository</i>	1	
ROXICET CAPSULE	2	
ROXICET SOLUTION	2	
<i>roxicet tablet</i>	1	
<i>salsalate</i>	1	
<i>stagesic</i>	1	
SUBOXONE	2	
SUBUTEX	2	
<i>tetra-mag</i>	1	
<i>tramadol</i>	1	
<i>tramadol / acetaminophen</i>	1	
<i>trezix</i>	1	

Anesthetics		
Drug Name	Tier*	Notes
<i>bupivacaine</i>	1	
<i>bupivacaine / epinephrine</i>	1	
<i>chloroprocaine</i>	1	
<i>lidocaine</i>	1	HIT
<i>lidocaine solution</i>	1	
<i>lidocaine cream</i>	1	
<i>lidocaine ointment</i>	1	
<i>lidocaine lotion</i>	1	
<i>lidocaine jelly</i>	1	
<i>lidocaine / epinephrine</i>	1	
<i>lidocaine / prilocaine</i>	1	
LIDODERM PATCH	2	
<i>procaine</i>	1	

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Antibacterials		
Drug Name	Tier*	Notes
<i>amikacin</i>	1	HIT
<i>amoclan</i>	1	
<i>amoxicillin</i>	1	
<i>amoxicillin / tr-potassium / clavulanic Acid</i>	1	
<i>ampicillin</i>	1	HIT
<i>ampicillin / sulbactam</i>	1	HIT
AVELOX	2	
AZACTAM	4	HIT
<i>azithromycin</i>	1	HIT
<i>bacitracin</i>	1	
<i>cefaclor</i>	1	
<i>cefaclor er</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin</i>	1	HIT
<i>cefdinir</i>	1	
<i>cefepime 1 gm vial</i>	1	HIT
<i>cefepime 2 gm vial</i>	4	HIT
<i>cefotaxime</i>	1	HIT
<i>cefotetan</i>	1	HIT
<i>cefoxitin</i>	1	HIT
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
CEFTIN SUSPENSION	2	
<i>ceftriaxone</i>	1	HIT
<i>cefuroxime</i>	1	HIT
<i>cephalexin</i>	1	

Antibacterials (continued)		
Drug Name	Tier*	Notes
<i>chloramphenicol</i>	1	HIT
<i>ciprofloxacin</i>	1	HIT
<i>ciprofloxacin er</i>	1	
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	1	
CLEOCIN VAGINAL OVULE	2	
<i>clindamycin</i>	1	HIT
<i>colistimethate</i>	4	HIT
CUBICIN	4	HIT
<i>demeclocycline</i>	1	
<i>dicloxacillin</i>	1	
DORIBAX	2	HIT
<i>doxycycline hyclate</i>	1	HIT
<i>doxycycline monohydrate</i>	1	
<i>ed doxy-caps</i>	1	
<i>ery-tab</i>	1	
<i>erythrocin</i>	1	HIT
<i>erythromycin / sulfisoxazole</i>	1	
<i>erythromycin base</i>	1	
<i>erythromycin estolate</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
<i>erythromycin stearate</i>	1	
FURADANTIN	2	
GANTRISIN PED	2	
<i>gentamicin</i>	1	HIT
GEOCILLIN	3	

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Antibacterials (continued)		
Drug Name	Tier*	Notes
INVANZ	2	HIT
ISO GENTAMICIN	2	HIT
ISOTON GENTAMICIN	2	HIT
<i>kanamycin</i>	1	HIT
KETEK	2	
LEVAQUIN	2	HIT
MAXIPIME 500mg INJ SOLUTION	2	HIT
MAXIPIME	4	HIT
<i>methenamine</i>	1	
<i>metronidazole</i>	1	HIT
<i>minocycline</i>	1	
<i>myrac</i>	1	
<i>nafcillin</i>	4	HIT
NEBCIN	2	
<i>neomycin</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macro</i>	1	
<i>ofloxacin</i>	1	
<i>oxacillin</i>	4	HIT
<i>oxacillin 1 gm injection</i>	1	HIT
<i>oxacillin 1 gm IV solution</i>	1	HIT
<i>paromomycin</i>	1	
<i>penicillin g potassium</i>	1	HIT
<i>penicillin g sodium</i>	1	HIT
<i>penicillin v potassium</i>	1	
PIPERACILLIN	2	HIT

Antibacterials (continued)		
Drug Name	Tier*	Notes
PRIMAXIN	4	HIT
<i>sulfamethoxazole / trimethoprim ds</i>	1	
<i>sulfamethoxazole / trimethoprim ss</i>	1	
<i>sulfamethoxazole / trimethoprim suspension</i>	1	
SULFAMYLON	2	
<i>sulfatrim</i>	1	
<i>sulfisoxazole</i>	1	
<i>tetracycline</i>	1	
TOBI	3	
<i>tobramycin</i>	1	HIT
<i>trimethoprim</i>	1	
<i>trimox</i>	1	
TYGACIL	4	HIT
VANCOGIN	4	
VANCOGIN 500 MG/100ML IV	2	
<i>vancomycin</i>	1	HIT
<i>vandazole vaginal</i>	1	
<i>veetids</i>	1	
ZOSYN	3	HIT
ZYVOX	4	HIT

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Anticonvulsants		
Drug Name	Tier*	Notes
BANZEL	2	
<i>carbamazepine</i>	1	
CELONTIN	2	
<i>clonazepam</i>	1	
<i>diazepam</i>	1	
DILANTIN	2	
<i>divalproex capsule</i>	1	
<i>divalproex er tablet</i>	1	
<i>divalproex sodium</i>	1	
<i>epitol</i>	1	
<i>ethosuximide</i>	1	
FELBATOL	2	
<i>fosphenytoin</i>	1	HIT
<i>gabapentin</i>	1	
GABITRIL	2	
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	HIT
LYRICA	3	
NEURONTIN SOLUTION	3	
<i>oxcarbazepine</i>	1	
PEGANONE	2	
<i>phenytoin</i>	1	HIT
<i>phenytoin sodium er</i>	1	
<i>primidone</i>	1	
TEGRETOL	2	
TEGRETOL XR	2	

Anticonvulsants (continued)		
Drug Name	Tier*	Notes
<i>topiramate</i>	1	
TRILEPTAL SUSPENSION	2	
<i>valproate sodium</i>	1	HIT
<i>valproic acid</i>	1	
<i>zonisamide</i>	1	

Antidementia Agents		
Drug Name	Tier*	Notes
ARICEPT	2	
ARICEPT ODT	2	
<i>ergoloid mesylates</i>	1	
EXELON	2	
EXELON PATCH	2	
<i>galantamine</i>	1	
<i>galantamine er</i>	1	
NAMENDA	2	

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Antidepressants		
Drug Name	Tier*	Notes
<i>amitriptyline</i>	1	
<i>amoxapine</i>	1	
<i>budeprion sr</i>	1	QCD
<i>budeprion xl</i>	1	QCD
<i>buproban</i>	1	
<i>bupropion</i>	1	
<i>bupropion er</i>	1	QCD
<i>bupropion sr</i>	1	QCD
<i>citalopram</i>	1	QCD
<i>clomipramine</i>	1	
CYMBALTA	3	ST
<i>desipramine</i>	1	
<i>doxepin</i>	1	
EFFEXOR XR	3	QCD, ST
EMSAM	3	
<i>fluoxetine</i>	1	QCD
<i>fluvoxamine</i>	1	QCD
<i>imipramine</i>	1	
<i>maprotiline</i>	1	
MARPLAN	2	
<i>mirtazapine</i>	1	QCD
NARDIL	2	
<i>nefazodone</i>	1	QCD
<i>nortriptyline</i>	1	
<i>paroxetine</i>	1	QCD
<i>paroxetine er</i>	1	QCD

Antidepressants (continued)		
Drug Name	Tier*	Notes
<i>protriptyline</i>	1	
<i>selfemra</i>	1	QCD
<i>sertraline</i>	1	QCD
<i>tranylcypromine</i>	1	
<i>trazodone</i>	1	
<i>trimipramine</i>	1	
<i>venlafaxine</i>	1	

Antidotes, Deterrents and Toxicologic Agents		
Drug Name	Tier*	Notes
ANTABUSE	2	
CAMPRAL	2	
CHANTIX	2	QCD
CHEMET	2	
<i>depade</i>	1	
<i>fomepizole</i>	1	HIT
<i>naloxone</i>	1	HIT
<i>naltrexone</i>	1	
NICOTROL	2	QCD
<i>sodium polystyrene sulfonate</i>	1	
<i>sps suspension</i>	1	
SYPRINE	2	

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Antiemetics		
Drug Name	Tier*	Notes
COMPAZINE SYRUP	3	
<i>compro</i>	1	
<i>dronabinol</i>	1	
EMEND	2	QCD
<i>granisetron</i>	1	QCD, HIT
<i>granisol solution</i>	1	QCD
<i>hydroxyzine</i>	1	HIT
<i>meclizine</i>	1	
<i>metoclopramide</i>	1	HIT
<i>ondansetron</i>	1	QCD, HIT
<i>phenadoz</i>	1	
<i>prochlorperazine</i>	1	HIT
PROCHLORPERAZINE SUPPOSITORIES	2	
<i>promethazine</i>	1	HIT
<i>promethegan</i>	1	
PROMETHEGAN SUPPOSITORY	2	
TRANSDERM-SCOP	3	

Antifungals		
Drug Name	Tier*	Notes
<i>amphotericin b</i>	1	HIT
ANCOBON 250 MG CAPSULE	2	
ANCOBON 500 MG CAPSULE	4	
CANCIDAS	4	HIT
<i>ciclopirox 8% topical nail lacquer</i>	1	QCD, PA
<i>ciclopirox</i>	1	
<i>clotrimazole</i>	1	
<i>econazole</i>	1	
<i>fluconazole</i>	1	QCD, HIT
<i>fungizone iv</i>	1	
<i>griseofulvin</i>	1	
<i>griseofulvin ultra</i>	1	
GRIS-PEG	2	
<i>itraconazole</i>	1	QCD, PA
<i>ketoconazole</i>	1	
LAMISIL GRANUALES	3	QCD, PA
<i>miconazole</i>	1	
MYCAMINE	4	HIT
NOXAFIL	4	
<i>nyamyc</i>	1	
<i>nystatin</i>	1	
<i>terbinafine</i>	1	QCD, PA
<i>terconazole</i>	1	
VFEND	4	HIT

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Antigout Agents		
Drug Name	Tier*	Notes
<i>allopurinol</i>	1	HIT
<i>colchicine</i>	1	
<i>colchicine / probenecid</i>	1	
<i>probenecid</i>	1	

Anti-Inflammatories Agents		
Drug Name	Tier*	Notes
<i>bubbli-pred</i>	1	
CELEBREX	3	QCD, ST
<i>dexamethasone</i>	1	HIT
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
<i>fenoprofen</i>	1	
<i>flurbiprofen</i>	1	
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1	
<i>ketoprofen</i>	1	
<i>ketorolac</i>	1	HIT
<i>meclofenamate</i>	1	
<i>mefenamic acid</i>	1	
<i>meloxicam</i>	1	QCD
<i>methylprednisolone</i>	1	HIT
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
PONSTEL	3	
<i>prednisolone</i>	1	
<i>prednisone</i>	1	
<i>sulindac</i>	1	
<i>tolmetin</i>	1	

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### Anti-Inflammatories Agents (continued)

Drug Name	Tier*	Notes
<i>tricosal</i>	1	

### Antimigraine Agents

Drug Name	Tier*	Notes
DEPAKOTE ER	2	
<i>dihydroergotamine</i>	1	HIT
<i>ergoloid mesylates</i>	1	
<i>ergotamine / caffeine</i>	1	
<i>migergot</i>	1	
<i>migratine</i>	1	
<i>migrazone</i>	1	
<i>propranolol</i>	1	HIT
<i>propranolol er</i>	1	
<i>sumatriptan</i>	1	QCD
<i>timolol</i>	1	
TOPAMAX	3	
ZOMIG	2	QCD
ZOMIG ZMT	2	QCD

### Antimyasthenic Agents

Drug Name	Tier*	Notes
<i>guanidine</i>	1	
MESTINON	2	
<i>neostigmine</i>	1	
<i>physostigmine</i>	1	
PROSTIGMIN	2	
<i>pyridostigmine</i>	1	

### Antimycobacterials

Drug Name	Tier*	Notes
DAPSONE	2	
<i>ethambutol</i>	1	
<i>isonarif</i>	1	
<i>isoniazid</i>	1	HIT
MYCOBUTIN	2	
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifampin capsule</i>	1	
<i>rifampin 600 mg vial</i>	4	HIT
<i>rifampin / isoniazid</i>	1	
<i>rimactane</i>	1	

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Antineoplastics		
Drug Name	Tier*	Notes
<i>adriamycin</i>	1	HIT
<i>adrucil</i>	1	
AFINITOR	4	
ALKERAN	4	HIT
<i>amifostine</i>	1	
ARIMIDEX	2	
AROMASIN	2	
ARRANON	4	HIT
AVASTIN	4	HIT
<i>bleomycin</i>	4	HIT
CAMPATH	4	HIT
<i>carboplatin</i>	1	HIT
CEENU	2	
<i>cerubidine</i>	1	HIT
<i>cisplatin</i>	1	HIT
<i>cladribine</i>	4	HIT
<i>cyclophosphamide</i>	1	HIT
<i>cytarabine</i>	1	HIT
<i>dacarbazine</i>	1	HIT
<i>daunorubicin</i>	1	HIT
<i>daunorubicin 20 mg vial</i>	4	HIT
DEGARELIX	2	
<i>dexrazoxane</i>	4	HIT
DOXIL	4	HIT
<i>doxorubicin</i>	1	HIT
EFUDEX	2	

Antineoplastics (continued)		
Drug Name	Tier*	Notes
ELITEK	4	HIT
ELOXATIN	4	HIT
ELSPAR	4	HIT
ERBITUX	4	HIT
ETOPOPHOS	4	HIT
<i>etoposide</i>	1	HIT
FARESTON	2	
FASLODEX	4	
FEMARA	2	
<i>floxuridine</i>	1	
FLUDARABINE	4	HIT
FLUOROPLEX	2	
<i>fluoroplex</i>	1	
<i>fluorouracil</i>	1	HIT
<i>fudr</i>	1	
GLEEVEC	4	
HERCEPTIN	4	HIT
HEXALEN	4	
<i>hydroxyurea</i>	1	
<i>idarubicin</i>	4	HIT
<i>ifosfamide</i>	1	HIT
<i>ifosfamide 1 gm vial</i>	4	HIT
<i>ifosfamide 3 gm vial</i>	4	HIT
<i>ifosfamide / mesna</i>	4	HIT
IRESSA	4	
<i>irinotecan</i>	1	HIT

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Antineoplastics (continued)		
Drug Name	Tier*	Notes
IXEMPRA	2	HIT
<i>leucovorin calcium</i>	1	HIT
LEUKERAN	2	
MATULANE	4	
<i>mercaptopurine</i>	1	
MESNEX 100 MG/ML VIAL	2	HIT
MESNEX 400 MG TABLET	4	
<i>methotrexate</i>	1	PA, HIT
<i>mitomycin</i>	1	HIT
<i>mitoxantrone</i>	4	HIT
MOZOBIL	2	
MYLOTARG	2	
NEXAVAR	4	
ONTAK	4	HIT
<i>onxol</i>	4	HIT
<i>paclitaxel</i>	4	HIT
<i>paclitaxel 6 mg/ml vial</i>	1	HIT
<i>pentostatin</i>	1	HIT
PROLEUKIN	4	
RITUXAN	4	HIT
SOLTAMOX	3	
SPRYCEL	4	
SUTENT	4	
<i>tamoxifen</i>	1	
TARCEVA	4	
TARGRETIN	4	

Antineoplastics (continued)		
Drug Name	Tier*	Notes
TASIGNA	4	
TESLAC	2	
THIOGUANINE TABLOID	2	
<i>thiotepa</i>	4	HIT
<i>toposar</i>	1	HIT
TORISEL	4	HIT
TREANDA	2	HIT
<i>tretinoin capsule</i>	4	
TRISENOX	4	HIT
TYKERB	4	
VECTIBIX	4	HIT
VELCADE	4	HIT
VESANOID	2	
VIDAZA	4	HIT
<i>vinblastine</i>	1	HIT
<i>vincristine</i>	1	HIT
<i>vinorelbine</i>	1	HIT
ZOLINZA	4	

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Antiparasitics		
Drug Name	Tier*	Notes
<i>acticin</i>	1	
ALBENZA	2	
ALINIA	2	
<i>chloroquine</i>	1	
DARAPRIM	2	
EURAX	2	
<i>hydroxychloroquine</i>	1	
LINDANE	2	
MALARONE	2	
<i>mebendazole</i>	1	
<i>mefloquine</i>	1	
MEPRON	4	
MINTEZOL	2	
NEBUPENT	2	
NEUTREXIN	2	HIT
PENTAM	4	HIT
<i>pentamidine</i>	1	
<i>permethrin</i>	1	
<i>Qualaquin</i>	3	QCD
STROMECTOL	2	

Antiparkinson Agents		
Drug Name	Tier*	Notes
AZILECT	2	
<i>benztropine</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa / levodopa tablet</i>	1	
<i>carbidopa / levodopa odt</i>	1	
COMTAN	2	
LODOSYN	2	
MIRAPEX	2	
<i>pergolide</i>	1	
<i>ropinirole</i>	1	
<i>selegiline</i>	1	
STALEVO	2	
TASMAR	2	
<i>trihexyphenidyl</i>	1	
ZELAPAR	3	

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Antipsychotics		
Drug Name	Tier*	Notes
ABILIFY	2	
ABILIFY DISKMELT	3	
<i>chlorpromazine</i>	1	HIT
<i>clozapine tablet</i>	1	
CLOZAPINE 12.5mg TABLET	2	
CLOZAPINE 50mg TABLET	2	
COMPAZINE SYRUP	3	
FAZACLO	3	
<i>fluphenazine</i>	1	
GEODON	2	
<i>haloperidol</i>	1	
INVEGA	3	
<i>loxapine</i>	1	
MOBAN	2	
ORAP	2	
<i>perphenazine</i>	1	
<i>prochlorperazine</i>	1	HIT
<i>risperidone tablet</i>	1	
<i>risperidone odt</i>	1	
RISPERDAL CONSTA 25 MG SYRINGE	2	
RISPERDAL CONSTA 37.5 MG SYRINGE	4	
RISPERDAL CONSTA 50 MG SYRINGE	4	
RISPERDAL 0.5mg M-TAB	2	
RISPERDAL 1mg M-TAB	2	
RISPERDAL 2mg M-TAB	2	
SEROQUEL	2	

Antipsychotics (continued)		
Drug Name	Tier*	Notes
SEROQUEL XR	2	
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine</i>	1	
ZYPREXA	2	
ZYPREXA ZYDIS	2	

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Antivirals		
Drug Name	Tier*	Notes
<i>acyclovir</i>	1	HIT
AGENERASE	2	
<i>amantadine</i>	1	
APTIVUS	4	
ATRIPLA	4	
BARACLUDE	4	
COMBIVIR	4	
COPEGUS	2	
CRIXIVAN	2	
DENAVIR	2	
<i>didanosine</i>	1	
EMTRIVA	2	
EPIVIR	2	
EPIVIR HBV	2	
EPZICOM	4	
FORTOVASE	2	
<i>foscarnet</i>	1	HIT
FUZEON	4	
<i>ganciclovir</i>	4	
INTELENCE	2	
INVIRASE	4	
ISENTRESS	4	
KALETRA	4	
LEXIVA	4	
NORVIR 100 MG CAPSULE	2	
NORVIR 80 MG/ML SOLUTION	4	

Antivirals (continued)		
Drug Name	Tier*	Notes
PREZISTA	4	
RELENZA	2	QCD
RESCRIPTOR	2	
RETROVIR	2	HIT
REYATAZ	4	
<i>ribapak</i>	4	
<i>ribasphere</i>	4	
<i>ribavirin</i>	4	
<i>rimantadine</i>	1	
SELZENTRY	4	
<i>stavudine</i>	1	
SUSTIVA	2	
TAMIFLU	2	QCD
TRIZIVIR	4	
TRUVADA	4	
TYZEKA	2	
VALCYTE	2	
VIDEX PEDIATRIC SOLUTION	2	
VIRACEPT	2	
VIRAMUNE	2	
VIREAD	2	
ZIAGEN	2	
<i>zidovudine</i>	1	
ZOVIRAX CREAM	2	
ZOVIRAX OINTMENT	2	

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Anxiolytics		
Drug Name	Tier*	Notes
<i>alprazolam</i>	1	EPD
<i>alprazolam er</i>	1	EPD
<i>alprazolam xr</i>	1	EPD
<i>bupirone</i>	1	
<i>chlordiazepoxide</i>	1	EPD
<i>citalopram</i>	1	QCD
<i>clonazepam</i>	1	EPD
<i>clorazepate</i>	1	EPD
<i>diazepam</i>	1	EPD
<i>doxepin</i>	1	
<i>lorazepam</i>	1	EPD
<i>meprobamate</i>	1	
<i>oxazepam</i>	1	EPD
<i>paroxetine</i>	1	QCD

Bipolar Agents		
Drug Name	Tier*	Notes
DEPAKOTE ER	2	
DEPAKOTE SPRINKLE	2	
<i>divalproex Sodium</i>	1	
ESKALITH	2	
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	1	
LITHOBID	2	
<i>valproic acid</i>	1	

Blood Glucose Regulators		
Drug Name	Tier*	Notes
<i>acarbose</i>	1	
ACCUSURE INSULIN NEEDLE / SYRINGE	2	
ACTOS	2	QCD
ALCOHOL SWABS	2	
AVANDAMET	2	QCD
AVANDIA	2	QCD
BD INSULIN NEEDLE / SYRINGE	2	
BYETTA	2	
<i>chlorpropamide</i>	1	
DUETACT	3	
EASY TOUCH INSULIN NEEDLE / SYRINGE	2	
EQL INSULIN NEEDLE / SYRINGE	2	
<i>gauze pads</i>	1	
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide / metformin</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glucagon</i>	1	
<i>glyburide</i>	1	
<i>glyburide / metformin</i>	1	
<i>glyburide micro</i>	1	
<i>glycron</i>	1	
GNP INSULIN NEEDLE / SYRINGE	2	
HUMALOG	2	

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Blood Glucose Regulators (continued)		
Drug Name	Tier*	Notes
HUMULIN	2	
INSULIN NEEDLE / SYRINGE	2	
JANUMET	2	ST
JANUVIA	2	ST
LANTUS	2	
LEADER INSULIN NEEDLE / SYRINGE	2	
LEVEMIR	2	
<i>metformin</i>	1	
<i>metformin er</i>	1	
MONOJECT INSULIN NEEDLE / SYRINGE	2	
NOVOFINE INSULIN NEEDLE / SYRINGE	2	
NOVOLIN	2	
NOVOLOG	2	
PRANDIN	2	
RA INSULIN NEEDLE / SYRINGE	2	
RELION	2	
RELION INSULIN NEEDLE / SYRINGE	2	
SURE COMFORT INSULIN NEEDLE / SYRINGE	2	
SYMLIN	2	
<i>tolazamide</i>	1	
<i>tolbutamide</i>	1	
ULTICARE INSULIN NEEDLE / SYRINGE	2	
ULTRA COMFORT INSULIN NEEDLE / SYRINGE	2	
UNIFINE INSULIN NEEDLE / SYRINGE	2	

Blood Products/Modifiers/Volume Expanders		
Drug Name	Tier*	Notes
AGGRENOX	3	
<i>aminocaproic acid</i>	1	
<i>anagrelide</i>	4	
ARANESP	4	QCD, PA
ARANESP 25 MCG/0.42ML INJECTION	2	QCD, PA
ARANESP 25 MCG/ML INJECTION	2	QCD, PA
ARIXTRA	4	QCD
<i>cilostazol</i>	1	
<i>dipyridamole</i>	1	
EPOGEN 2, 000 UNITS/ML VIAL	2	QCD, PA
EPOGEN 3, 000 UNITS/ML VIAL	2	QCD, PA
EPOGEN 4, 000 UNITS/ML VIAL	2	QCD, PA
EPOGEN 10, 000 UNITS/ML VIAL	4	QCD, PA
EPOGEN 20, 000 UNITS/ML VIAL	4	QCD, PA
EPOGEN 40, 000 UNITS/ML VIAL	4	QCD, PA
EXJADE	4	
FRAGMIN 2, 500 UNITS/0.2ML INJECTION	2	QCD
FRAGMIN 5, 000 UNITS/0.2ML INJECTION	2	QCD
FRAGMIN 7, 500 UNITS/0.3ML INJECTION	4	QCD
FRAGMIN 10, 000 UNITS/ML INJECTION	4	QCD
FRAGMIN 25, 000 UNITS/ML INJECTION	4	QCD
<i>heparin</i>	1	HIT
<i>jantoven</i>	1	
LEUKINE	4	
LOVENOX	4	QCD
LOVENOX 30 MG SYRINGE	2	QCD

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Blood Products/Modifiers/Volume Expanders (continued)		
Drug Name	Tier*	Notes
LOVENOX 40 MG SYRINGE	2	QCD
NEULASTA	4	QCD
NEUMEGA	4	
NEUPOGEN	4	QCD
<i>pentopak</i>	1	
<i>pentoxifylline</i>	1	
<i>pentoxil</i>	1	
PLAVIX	2	
PROCRIT	2	QCD, PA
PROMACTA	2	
<i>ticlopidine</i>	1	
<i>warfarin sodium</i>	1	

Cardiovascular Agents		
Drug Name	Tier*	Notes
<i>acebutolol</i>	1	
<i>acetazolamide</i>	1	HIT
<i>afeditab cr</i>	1	
<i>amiloride</i>	1	
<i>amiloride / hctz</i>	1	
<i>amiodarone</i>	1	HIT
<i>amlodipine</i>	1	QCD
<i>amlodipine / benazepril</i>	1	
<i>atenolol</i>	1	
<i>atenolol / chlorthalidone</i>	1	
<i>atropine</i>	1	
AVALIDE	2	ST
AVAPRO	2	ST
<i>benazepril</i>	1	
<i>benazepril / hctz</i>	1	
<i>betaxolol</i>	1	
<i>bisoprolol</i>	1	
<i>bisoprolol / hctz</i>	1	
<i>bumetanide</i>	1	HIT
<i>captopril</i>	1	
<i>captopril / hctz</i>	1	
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone 50mg tablet</i>	1	
<i>cholestyramine</i>	1	

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Cardiovascular Agents (continued)		
Drug Name	Tier*	Notes
<i>clonidine</i>	1	
<i>colestipol</i>	1	
CRESTOR	2	QCD, ST
DEMSER	2	
<i>digitek</i>	1	
<i>digoxin</i>	1	HIT
<i>diltia xt</i>	1	
<i>diltiazem</i>	1	HIT
<i>diltiazem er</i>	1	
<i>diltiazem sr</i>	1	
<i>diltiazem xr</i>	1	
<i>diltzac er</i>	1	
DIOVAN	2	ST
DIOVAN HCT	2	ST
<i>disopyramide</i>	1	
<i>doxazosin</i>	1	QCD
<i>enalapril</i>	1	
<i>enalapril / hctz</i>	1	
EXFORGE	3	ST
<i>felodipine er</i>	1	
<i>fenofibrate</i>	1	
FENOGLIDE ODT	2	
<i>flecainide</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril / hctz</i>	1	
<i>furosemide</i>	1	HIT

Cardiovascular Agents (continued)		
Drug Name	Tier*	Notes
<i>gemfibrozil</i>	1	
<i>guanabenz</i>	1	
<i>guanfacine</i>	1	
<i>hydralazine</i>	1	HIT
<i>hydra-zide</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
INDERAL LA	2	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isradipine</i>	1	
<i>labetalol</i>	1	HIT
LIPITOR	3	QCD, ST
LIPITOR 80mg	3	QCD
<i>lisinopril</i>	1	
<i>lisinopril / hctz</i>	1	
LOTREL 5mg/40mg CAPSULE	2	
LOTREL 10mg/40mg CAPSULE	2	
<i>lovastatin</i>	1	QCD
LOVAZA	3	
<i>methazolamide</i>	1	
<i>methylothiazide</i>	1	
<i>methyldopa</i>	1	
<i>methyldopa / hctz</i>	1	
<i>methyldopate</i>	1	HIT
<i>metolazone</i>	1	

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Cardiovascular Agents (continued)		
Drug Name	Tier*	Notes
<i>metoprolol</i>	1	HIT
<i>metoprolol / hctz</i>	1	
<i>metoprolol er</i>	1	
<i>mexiletine</i>	1	
<i>midodrine</i>	1	
<i>minoxidil</i>	1	
<i>moexipril</i>	1	
<i>moexipril / hctz</i>	1	
<i>nadolol</i>	1	
NIASPAN	2	
<i>nicardipine</i>	1	
<i>nifediac cc</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine</i>	4	
<i>nitrek</i>	1	
<i>nitro-bid</i>	1	
<i>nitroglycerin</i>	1	HIT
<i>nitroglycerin transdermal</i>	1	
<i>nitroquick</i>	1	
<i>nitrotab</i>	1	
OMACOR	3	
PACERONE	2	
<i>pindolol</i>	1	
<i>pravastatin</i>	1	QCD

Cardiovascular Agents (continued)		
Drug Name	Tier*	Notes
<i>prazosin</i>	1	
<i>prevalite</i>	1	
<i>procainamide</i>	1	HIT
<i>propafenone</i>	1	
<i>propranolol</i>	1	HIT
<i>propranolol / hctz</i>	1	
<i>quinapril</i>	1	
<i>quinapril / hctz</i>	1	
<i>quinaretic</i>	1	
<i>quinidine gluconate</i>	1	HIT
<i>quinidine sulfate</i>	1	
<i>ramipril</i>	1	
RANEXA	2	
REMODULIN	4	HIT
<i>reserpine</i>	1	
REVATIO	2	PA
RYTHMOL SR	3	
<i>simvastatin</i>	1	QCD
<i>sorine</i>	1	
<i>sotalol</i>	1	
<i>sotalol af</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone / hctz</i>	1	
<i>taztia xt</i>	1	
TEKTURNA	3	
<i>terazosin</i>	1	QCD

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## Cardiovascular Agents (continued)

Drug Name	Tier*	Notes
TIKOSYN	2	
<i>timolol</i>	1	
<i>torseamide</i>	1	
TRACLEER	4	PA, LPA
<i>trandolapril</i>	1	
<i>triamterene / hctz</i>	1	
VENTAVIS	2	
<i>verapamil</i>	1	HIT
VYTORIN	3	QCD, ST
ZETIA	2	QCD, ST

## Central Nervous System Agents

Drug Name	Tier*	Notes
<i>amphetamine salts</i>	1	ST
CONCERTA	2	QCD
DESOXYN	2	ST
<i>dexmethylphenidate</i>	1	
<i>dextroamphetamine</i>	1	ST
<i>dextroamphetamine sr</i>	1	ST
METADATE 10mg ER	2	
<i>metadate 20mg er</i>	1	
METADATE CD	2	
<i>methamphetamine</i>	1	ST
METHYLIN CHEWABLE TABLET	2	
<i>methylin er</i>	1	
METHYLIN SOLUTION	2	
<i>methylin tablet</i>	1	
<i>methylphenidate</i>	1	
<i>methylphenidate er</i>	1	
PROVIGIL	2	ST
RILUTEK	4	
STRATTERA	2	QCD, ST
XENAZINE	2	
XYREM	4	PA, LPA

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Dental and Oral Agents		
Drug Name	Tier*	Notes
<i>chlorhexidine rinse</i>	1	QCD
<i>denta 5000 plus</i>	1	
<i>dentagel</i>	1	
<i>dental 1100 plus</i>	1	
<i>easygel</i>	1	
<i>ethedent</i>	1	
KEPIVANCE	4	HIT
MUCOTROL	3	
<i>perfect</i>	1	
<i>perio</i>	1	
<i>periogard</i>	1	
<i>perisol</i>	1	
<i>pilocarpine hcl</i>	1	
<i>stannous fluor</i>	1	

Dermatological Agents		
Drug Name	Tier*	Notes
8-MOP	4	
<i>alclometasone dipropionate</i>	1	
ALDARA	2	
<i>allanderm-t ointment</i>	1	
<i>allanfil</i>	1	
<i>allanzyme</i>	1	
<i>aluminum acetate</i>	1	
<i>amcinonide</i>	1	
<i>ammonium lactate</i>	1	
<i>amnesteam</i>	1	
<i>anthralin</i>	1	
<i>bacitracin</i>	1	
<i>bacitracin / polymyxin</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone dp augmented</i>	1	
<i>betamethasone valerate</i>	1	
<i>beta-val</i>	1	
<i>calcipotriene solution</i>	1	
<i>cerovel</i>	1	
<i>claravis</i>	1	
<i>clearplex x</i>	1	
CLENIA	2	
<i>clinda-derm</i>	1	
<i>clindamycin</i>	1	
<i>clobetasol</i>	1	
<i>clobetasol e</i>	1	

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Dermatological Agents (continued)		
Drug Name	Tier*	Notes
<i>clobetasol propionate</i>	1	
<i>clotrimazole</i>	1	
<i>clotrimazole / betamethasone</i>	1	
CONDYLOX	2	
<i>del-beta</i>	1	
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
<i>diflorasone diacetate</i>	1	
DOVONEX CREAM	2	
DOVONEX OINTMENT	2	
<i>econazole nitrate</i>	1	
ELIDEL	3	ST
<i>embeline</i>	1	
<i>embeline e</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin / benzoyl peroxide</i>	1	
<i>fluocinolone</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide-e</i>	1	
<i>fluticasone</i>	1	
<i>gentamicin</i>	1	
<i>halobetasol</i>	1	
<i>hc pramoxine</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone acetate</i>	1	
<i>hydrocortisone butyrate</i>	1	

Dermatological Agents (continued)		
Drug Name	Tier*	Notes
<i>hydrocortisone valerate</i>	1	
KERALYT	2	
<i>keratol</i>	1	
<i>keratol plus</i>	1	
<i>ketoconazole</i>	1	
LAMISIL TOPICAL SOLUTION	2	PA
<i>lodocortisone aloe</i>	1	
<i>metronidazole</i>	1	
<i>mexar wash</i>	1	
<i>miconazole</i>	1	
<i>mometasone</i>	1	
<i>mupirocin</i>	1	
<i>nutracort</i>	1	
<i>nyamyc</i>	1	
<i>nystatin</i>	1	
<i>nystatin / triamcinolone</i>	1	
<i>nystop</i>	1	
PANRETIN	4	
<i>pedi-dri</i>	1	
<i>podofilox</i>	1	
<i>prednicarbate</i>	1	
RAPTIVA	4	
<i>re</i>	1	
<i>re urea</i>	1	
REGRANEX	2	
<i>re-sa lotion</i>	1	

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Dermatological Agents (continued)		
Drug Name	Tier*	Notes
SANTYL	2	
<i>scalp</i>	1	
<i>selenium sulfide</i>	1	
<i>senatec</i>	1	
<i>silver sulfadiazine</i>	1	
<i>sodium sulfacet-sulfur</i>	1	
SOLARAZE	2	
SORIATANE	2	
SORIATANE CK	2	
<i>sotret</i>	1	
<i>ssd</i>	1	
<i>ssd af</i>	1	
<i>sulfacetamide</i>	1	
SULFAMYLON	2	
TACLONEX	3	
TACLONEX SCALP	3	
<i>terconazole</i>	1	
<i>thermazene</i>	1	
<i>tretinoin</i>	1	PA
<i>triamcinolone</i>	1	
<i>triderm</i>	1	
TRIDESILON	2	
<i>u-kera</i>	1	
<i>x-viate</i>	1	
ZONALON	2	

Enzyme Replacements/Modifiers		
Drug Name	Tier*	Notes
ADAGEN	4	
ALDURAZYME	4	PA, HIT
ARCALYST	3	PA
BUPHENYL	4	
CEREDASE	4	PA, HIT
CEREZYME	4	PA, HIT
CYSTADANE	2	
CYSTAGON	2	
<i>dygase</i>	1	
<i>enzycap</i>	1	
FABRAZYME	4	PA, HIT
KUVAN	2	
<i>lapase</i>	1	
<i>lipram</i>	1	
<i>lipram cr</i>	1	
<i>lipram pn</i>	1	
<i>lipram ul</i>	1	
NAGLAZYME	4	PA, HIT
ORFADIN	4	
<i>palcaps</i>	1	
<i>pancrelipase</i>	1	
<i>pancron</i>	1	
<i>pangestyme</i>	1	
<i>pangestyme cn</i>	1	
<i>pangestyme mt</i>	1	
<i>pangestyme ul</i>	1	

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Enzyme Replacements/Modifiers (continued)		
Drug Name	Tier*	Notes
<i>panocaps</i>	1	
<i>panocaps mt</i>	1	
<i>panokase</i>	1	
SUCRAID	4	
<i>ultracaps mt</i>	1	
ZAVESCA	4	

Gastrointestinal Agents		
Drug Name	Tier*	Notes
<i>atreza</i>	1	
CARAFATE SUSPENSION	2	
<i>cimetidine</i>	1	HIT
<i>constulose</i>	1	
<i>dicyclomine</i>	1	
<i>diphenoxylate / atropine</i>	1	
<i>enulose</i>	1	
<i>famotidine</i>	1	HIT
<i>generlac</i>	1	
<i>glycolax</i>	1	
<i>glycopyrrolate</i>	1	HIT
<i>hyosphen</i>	1	EPD
<i>hyospaz</i>	1	
<i>lactulose</i>	1	
<i>lonox</i>	1	
<i>loperamide</i>	1	
LOTRONEX	2	QCD
<i>maldemar</i>	1	
<i>methscopolamine br</i>	1	
<i>mhp-a</i>	1	
<i>misoprostol</i>	1	
<i>neosol</i>	1	
<i>nizatidine</i>	1	
<i>omeprazole</i>	1	QCD
OSMOPREP	3	
<i>pantoprazole</i>	1	QCD

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Gastrointestinal Agents (continued)		
Drug Name	Tier*	Notes
<i>peg 3350 / electrolytes</i>	1	
<i>polyethylene glycol</i>	1	
PREVACID CAPSULE	2	QCD, ST
PREVACID SOLUTAB	2	QCD, ST
PREVPAC	2	QCD
<i>propantheline</i>	1	
PROTONIX GRANULES	2	QCD, ST
PROTONIX IV SOLUTION	2	
<i>ranitidine</i>	1	HIT
RELISTOR	2	
<i>spasdel</i>	1	
<i>sucralfate</i>	1	
TRANSDERM-SCOP	3	
<i>ursodiol</i>	1	
VISICOL	3	
ZANTAC SYRUP	2	
ZELNORM	2	QCD

Genitourinary Agents		
Drug Name	Tier*	Notes
<i>bethanechol</i>	1	
<i>calcium acetate</i>	1	
DETROL	2	ST
DETROL LA	3	ST
<i>doxazosin</i>	1	QCD
<i>fem ph vaginal jelly</i>	1	
<i>finasteride</i>	1	
<i>flavoxate</i>	1	
FLOMAX	2	
FOSRENOL	2	
<i>hyospaz</i>	1	
<i>oxybutynin</i>	1	
<i>oxybutynin sa</i>	1	
RENAGEL	2	
REVELA	2	
<i>spastrin</i>	1	
<i>terazosin</i>	1	QCD
THIOLA	2	
<i>trellium</i>	1	
<i>urelief</i>	1	
<i>urelief plus</i>	1	EPD
<i>urimar-t</i>	1	
<i>urinary</i>	1	
<i>uriseptic</i>	1	
URITACT	2	
<i>uritact-ec</i>	1	

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Genitourinary Agents (continued)		
Drug Name	Tier*	Notes
<i>urogesic-blue</i>	1	
UROXATRAL	2	
<i>usept</i>	1	
<i>utira</i>	1	
<i>utrona</i>	1	

Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal)		
Drug Name	Tier*	Notes
<i>cortisone</i>	1	
<i>dexamethasone</i>	1	HIT
<i>fludrocortisone</i>	1	
<i>methylprednisolone</i>	1	HIT
<i>prednisone</i>	1	

Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary)		
Drug Name	Tier*	Notes
DDAVP NASAL SPRAY	2	
DDAVP INJECTION	2	
<i>desmopressin</i>	1	HIT
GENOTROPIN	3	PA
GENOTROPIN 5.8 MG CARTRIDGE	4	PA
GENOTROPIN 13.8 MG CARTRIDGE	4	PA
INCRELEX	4	PA
IPILEX	4	PA
NORDITROPIN	4	PA
<i>novarel</i>	1	PA
NUTROPIN	4	PA
<i>oxytocin</i>	1	
SAIZEN	4	PA
SOMAVERT	4	PA
STIMATE	4	
TEV-TROPIN	4	PA
ZORBTIVE	4	PA

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## Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Drug Name	Tier*	Notes
ANDROXY	2	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aviane</i>	1	
<i>balziva</i>	1	
BREVICON	2	
<i>camila</i>	1	
<i>cesia</i>	1	
<i>cryselle</i>	1	
<i>danazol</i>	1	
EMCYT	2	
<i>enpresse</i>	1	
<i>errin</i>	1	
ESTRACE CREAM	2	
<i>estradiol</i>	1	
<i>estradiol transdermal patch</i>	1	QCD
<i>estropipate</i>	1	
EVISTA	2	
FEMHRT	2	
<i>jolessa</i>	1	
<i>jolivette</i>	1	
<i>junel</i>	1	
<i>junel fe</i>	1	
<i>kariva</i>	1	
<i>kelnor</i>	1	

## Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) (continued)

Drug Name	Tier*	Notes
<i>kestrone</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levora</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>medroxyprogesterone</i>	1	
<i>megestrol</i>	1	
MENEST	2	
<i>microgestin</i>	1	
<i>microgestin fe</i>	1	
<i>mononessa</i>	1	
NANDROLONE	2	
<i>necon</i>	1	
<i>next choice</i>	1	
<i>nora-be</i>	1	
<i>norethindrone</i>	1	
<i>nortrel</i>	1	
<i>ogestrel</i>	1	
ORTHO EVRA	3	
<i>oxandrolone</i>	1	
<i>portia</i>	1	
PREMARIN	3	
PREMARIN VAGINAL CREAM	3	
<i>previfem</i>	1	

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### Hormonal Agents, Stimulant/Replacement/ Modifying (Sex Hormones/Modifiers) (continued)

Drug Name	Tier*	Notes
<i>quasense</i>	1	
<i>reclipsen</i>	1	
<i>solia</i>	1	
<i>sprintec</i>	1	
<i>sronyx</i>	1	
TESTIM	2	
<i>testosterone</i>	1	
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
<i>testosterone propionate</i>	1	
<i>tri-legest fe</i>	1	
<i>trinessa</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>trivora</i>	1	
VAGIFEM	2	
<i>velivet</i>	1	
<i>zenchent</i>	1	
<i>zovia</i>	1	

### Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid)

Drug Name	Tier*	Notes
<i>levothroid</i>	1	
<i>levothyroxine</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine injection</i>	1	HIT
<i>liothyronine tablets</i>	1	
SYNTHROID	2	
<i>thyroid</i>	1	
<i>unithroid</i>	1	
<i>westhroid</i>	1	

### Hormonal Agents, Suppressant (Adrenal)

Drug Name	Tier*	Notes
CYTADREN	2	
LYSODREN	4	

### Hormonal Agents, Suppressant (Parathyroid)

Drug Name	Tier*	Notes
SENSIPAR	2	

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### Hormonal Agents, Suppressant (Pituitary)

Drug Name	Tier*	Notes
<i>bromocriptine</i>	1	
<i>cabergoline</i>	1	QCD
ELIGARD	2	
<i>leuprolide</i>	1	
<i>leuprolide 1 mg/0.2ml vial</i>	4	
LUPRON	4	
LUPRON 3.75 MG KIT	2	
LUPRON 11.25 MG KIT	2	
<i>octreotide</i>	4	
<i>pergolide</i>	1	
PLENAXIS	2	
SANDOSTATIN LAR	4	
SOMATULINE	4	PA
TRELSTAR DEPOT	2	
TRELSTAR LA	2	
VANTAS	2	
ZOLADEX	2	

### Hormonal Agents, Suppressant (Thyroid)

Drug Name	Tier*	Notes
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	

### Hormonal Agents, Suppressant (Sex Hormones/Modifiers)

Drug Name	Tier*	Notes
CASODEX	2	
<i>flutamide</i>	1	
NILANDRON	2	

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Immunological Agents (Stimulants/Vaccines)		
Drug Name	Tier*	Notes
ACTHIB	2	
ATTENUVAX	2	
BOOSTRIX	2	
COMVAX	2	
DECAVAC	2	
DIPHTHERIA/TETANUS	2	
ENGERIX-B	2	
GAMASTAN SD	2	PA, HIT
GAMMAGARD	4	PA, HIT
GAMUNEX	4	PA, HIT
GARDASIL	2	
HAVRIX	2	
HIBTITER	2	
<i>immune globulin</i>	1	PA
IMOVAX	2	
INFANRIX	2	
IPOL	2	
JE-VAX	2	
MENACTRA	2	
MENOMUNE	2	
MERUVAX	2	
M-M-R	2	
OCTAGAM	4	PA, HIT
PEDIARIX	2	
PEDVAXHIB	2	
PROQUAD	2	

Immunological Agents (Stimulants/Vaccines) (continued)		
Drug Name	Tier*	Notes
RABAVERT	2	
RECOMBIVAX HB	2	
ROTATEQ	2	
TETANUS	2	
TETANUS / DIPHTHERIA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VIVOTIF BERNA	2	
YF-VAX	2	
ZOSTAVAX	2	

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Immunological Agents (Suppressants)		
Drug Name	Tier*	Notes
<i>azathioprine</i>	1	PA
CELLCEPT	4	PA, HIT
CELLCEPT 250 MG CAPSULE	2	PA
COPAXONE	4	QCD
CUPRIMINE	2	
<i>cyclosporine</i>	1	PA, HIT
<i>cyclosporine 50 mg/ml ampule</i>	4	PA, HIT
ENBREL	4	QCD, ST
<i>gengraf</i>	1	PA
<i>methotrexate</i>	1	PA, HIT
MYFORTIC	2	PA
ORENCIA	4	PA
PROGRAF	4	PA
RAPAMUNE	2	PA
REMICADE	4	PA, HIT
ZENAPAX	2	PA

Immunological Agents (Immunomodulators)		
Drug Name	Tier*	Notes
ACTIMMUNE	4	PA
ALFERON N	4	PA
AVONEX	4	QCD
BETASERON	4	QCD
HEPSERA	4	
HUMIRA	4	QCD, ST
INFERGEN	4	QCD, PA
INTRON A 3MM UNIT PEN INJECTION	2	PA
INTRON A	4	PA
KINERET	4	ST
<i>leflunomide</i>	1	QCD
PEGASYS	4	QCD, PA
PEG-INTRON	4	QCD, PA
REBETRON	2	QCD, PA
REBIF	4	QCD
REVLIMID	4	PA, LPA
RIDAURA	2	
THALOMID	4	

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Inflammatory Bowel Disease Agents		
Drug Name	Tier*	Notes
ASACOL	2	
<i>balsalazide</i>	1	
<i>dexamethasone</i>	1	HIT
DIPENTUM	2	
ENTOCORT EC	2	
LIALDA	2	
<i>mesalamine</i>	1	
<i>methylprednisolone</i>	1	HIT
PENTASA	2	
<i>prednisone</i>	1	
<i>sulfadiazine</i>	1	
<i>sulfasalazine</i>	1	
<i>sulfazine</i>	1	
<i>sulfazine ec</i>	1	

Metabolic Bone Disease Agents		
Drug Name	Tier*	Notes
ACTONEL	2	QCD, ST
ACTONEL PLUS CALCIUM	2	QCD, ST
<i>alendronate</i>	1	QCD
<i>calcitriol</i>	1	HIT
<i>etidronate disodium</i>	1	
FORTEO	4	QCD, PA
<i>fortical</i>	1	
FOSAMAX SOLUTION	2	QCD
HECTOROL	2	HIT
MIACALCIN	3	HIT
<i>pamidronate</i>	1	HIT
ZEMPLAR	2	

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Ophthalmic Agents		
Drug Name	Tier*	Notes
<i>ak-con</i>	1	
<i>ak-dilate</i>	1	
<i>ak-poly-bac</i>	1	
<i>ak-pred</i>	1	
<i>ak-taine</i>	1	
<i>aktob</i>	1	
<i>ak-trol</i>	1	
<i>allersol</i>	1	
<i>altafrin</i>	1	
<i>atropine</i>	1	
<i>bacitracin</i>	1	
<i>bacitracin / polymyxin</i>	1	
<i>betaxolol</i>	1	
<b>BOTOX</b>	3	PA
<i>brimonidine</i>	1	
<i>carboptic</i>	1	
<i>carteolol</i>	1	
<i>ciprofloxacin</i>	1	
<i>cortomycin</i>	1	
<i>cromolyn sodium</i>	1	QCD
<i>dexasol</i>	1	
<i>dexasporin</i>	1	
<i>diclofenac ophth soln</i>	1	
<i>dipivefrin</i>	1	
<i>dorzolamide</i>	1	
<i>dorzolamide / timolol</i>	1	

Ophthalmic Agents (continued)		
Drug Name	Tier*	Notes
<i>erythromycin</i>	1	
<i>fluorometholone</i>	1	
<i>flurbiprofen</i>	1	
<i>flurox</i>	1	
<i>gentak</i>	1	
<i>gentamicin</i>	1	
<i>gentasol</i>	1	
<i>homatropaire</i>	1	
<i>ketotifen</i>	1	QCD
<b>LACRISERT</b>	2	
<i>levobunolol</i>	1	
<b>LUMIGAN</b>	2	
<i>metipranolol</i>	1	
<i>mydral</i>	1	
<i>mydriacyl</i>	1	
<i>naphazole</i>	1	
<i>naphazoline</i>	1	
<b>NATACYN</b>	2	
<i>neocidin</i>	1	
<i>neofrin</i>	1	
<i>neomycin / bacitracin / polymyxin</i>	1	
<i>neomycin / bacitracin / polymyxin / hc</i>	1	
<i>neomycin / polymyxin / dexamethasone</i>	1	
<i>neomycin / polymyxin / gramicidin</i>	1	
<i>neomycin / polymyxin / hc</i>	1	
<i>ocusulf-10</i>	1	

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Ophthalmic Agents (continued)		
Drug Name	Tier*	Notes
<i>ocutricin</i>	1	
<i>ofloxacin</i>	1	
<i>parcaine</i>	1	
<i>phenoptic</i>	1	
<i>phenylephrine</i>	1	
PHOSPHOLINE IODIDE	2	
<i>pilocarpine</i>	1	
<i>piloptic</i>	1	
<i>polycin-b</i>	1	
<i>poly-dex</i>	1	
<i>polymyxin b sul/trimethoprim</i>	1	
PRED MILD	2	
<i>prednisol</i>	1	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>proparacaine</i>	1	
RESTASIS	2	QCD
<i>romycin</i>	1	
<i>solurex la</i>	1	
<i>sulfac</i>	1	
<i>sulfacetamide</i>	1	
<i>sulfacetamide / prednisolone</i>	1	
<i>sulf-pred</i>	1	
<i>timolol</i>	1	
<i>tobramycin</i>	1	
<i>tobrasol</i>	1	

Ophthalmic Agents (continued)		
Drug Name	Tier*	Notes
<i>trifluridine</i>	1	
<i>triple antibiotic</i>	1	
<i>tropicacyl</i>	1	
<i>tropicamide</i>	1	
XALATAN	2	

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Otic Agents		
Drug Name	Tier*	Notes
<i>a/b otic</i>	1	
<i>acetasol hc</i>	1	
<i>acetic acid</i>	1	
<i>acetic acid / aluminum</i>	1	
<i>allergen</i>	1	
<i>antiben</i>	1	
<i>antibiotic ear solution</i>	1	
<i>antipyrine / benzocaine</i>	1	
<i>aurodex ear drops</i>	1	
<i>auroguard</i>	1	
<i>auroto</i>	1	
<i>balagan</i>	1	
<b>CIPRO HC OTIC</b>	2	
<b>CIPRODEX</b>	2	
<i>cortane-b</i>	1	
<i>cortic</i>	1	
<i>cortic-nd</i>	1	
<i>cortomycin</i>	1	
<i>dolotic</i>	1	
<i>neomycin / polymyxin / hc</i>	1	
<i>ofloxacin otic</i>	1	
<i>oticin hc</i>	1	
<i>otimar</i>	1	
<i>otirx</i>	1	
<i>otomar</i>	1	
<i>otomar-hc</i>	1	

Otic Agents (continued)		
Drug Name	Tier*	Notes
<i>otomax-hc</i>	1	
<i>otomycet-hc</i>	1	
<i>otozone</i>	1	
<i>otra nr</i>	1	
<i>pro-otic</i>	1	
<i>tri-otic</i>	1	
<i>zolene hc</i>	1	
<i>zotane hc</i>	1	

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Respiratory Tract Agents		
Drug Name	Tier*	Notes
ACCOLATE	3	ST
ACCUNEB	2	
<i>acetylcysteine</i>	1	
ADVAIR	3	QCD, ST
ADVAIR HFA	3	QCD, ST
ALBUTEROL 1.25MG/3ML SOLUTION	2	
<i>albuterol er tablet</i>	1	
ALBUTEROL HFA INHALER	2	QCD
<i>albuterol inhaler</i>	1	QCD
<i>albuterol tablet</i>	1	
<i>ambi 45-800 tablet</i>	1	
<i>ambi 60-580 tablet</i>	1	
<i>ambi 80-780 tablet</i>	1	
<i>aminophylline</i>	1	HIT
<i>ami-tex</i>	1	
<i>ami-tex pse</i>	1	
<i>andehist</i>	1	
ARALAST	4	PA, HIT
ASTELIN	3	QCD
ATROVENT HFA	2	QCD
ATROVENT INHALER	2	QCD
<i>ben-tann</i>	1	
<i>bromdec</i>	1	
<i>centex-pse</i>	1	
<i>clemastine</i>	1	
<i>coldmist</i>	1	

Respiratory Tract Agents (continued)		
Drug Name	Tier*	Notes
COMBIVENT	2	QCD
<i>copd</i>	1	
<i>cophene</i>	1	
<i>crantex</i>	1	
<i>cromolyn sodium</i>	1	
<i>cyproheptadine</i>	1	
<i>decon-e</i>	1	
<i>de-congestine</i>	1	
<i>denaze</i>	1	
<i>dexaphen</i>	1	
<i>dexchlorpheniramine</i>	1	
<i>dg</i>	1	
<i>dilor</i>	1	
<i>dilor-g</i>	1	
<i>diphenhydramine</i>	1	HIT
<i>diphenmax</i>	1	
<i>diphentann-d</i>	1	
<i>drexophed</i>	1	
<i>drixomed</i>	1	
<i>d-tann</i>	1	
<i>duomax</i>	1	
DUONEB	2	
<i>duotan</i>	1	
<i>durasal</i>	1	
<i>dyflex-g</i>	1	
<i>dy-g</i>	1	

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Respiratory Tract Agents (continued)		
Drug Name	Tier*	Notes
<i>dylix</i>	1	
<i>dynahist</i>	1	
<i>dyphyllin</i>	1	
<i>dyphylline</i>	1	
<i>dytuss</i>	1	
<i>ed</i>	1	
<i>ed-bron</i>	1	
<i>epinephrine</i>	1	
EIPEN	2	
EIPEN JR	2	
<i>exefen-pd</i>	1	
<i>fexofenadine</i>	1	QCD
FLOVENT DISKUS	2	QCD
FLOVENT HFA	2	QCD
<i>flunisolide</i>	1	QCD
<i>flunisolide nasal spray</i>	1	QCD
<i>fluticasone nasal spray</i>	1	QCD
FORADIL	2	QCD
<i>ganidin nr</i>	1	
GASTROCROM	2	
<i>generic entex la</i>	1	
<i>gfn</i>	1	
<i>gfn / phenylephrine</i>	1	
<i>gfn / pse</i>	1	
<i>g-phed</i>	1	
<i>g-phed-pd</i>	1	

Respiratory Tract Agents (continued)		
Drug Name	Tier*	Notes
<i>guaifen pse</i>	1	
<i>guaifen/p-ephed</i>	1	
<i>guaifenesin</i>	1	
<i>guaifenesin / phenylephrine</i>	1	
<i>guaifenesin / pseudoephedrine</i>	1	
<i>guaifenesin er</i>	1	
<i>guaifenex</i>	1	
<i>guaifenex pse</i>	1	
<i>guaiphen-d</i>	1	
<i>guaiphen-pd</i>	1	
<i>guapetex</i>	1	
<i>guiadex</i>	1	
<i>hca</i>	1	
<i>histade</i>	1	
<i>hydroxyzine</i>	1	HIT
<i>hyzine</i>	1	
INTAL	2	QCD
<i>iophen</i>	1	
<i>iosal</i>	1	
<i>iotex pse</i>	1	
<i>ipratropium nasal spray</i>	1	QCD
<i>ipratropium solution</i>	1	
<i>jay-phyl</i>	1	
<i>k-tan</i>	1	
LETAIRIS	4	
<i>lev/pse/gg</i>	1	

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Respiratory Tract Agents (continued)		
Drug Name	Tier*	Notes
<i>metaproterenol</i>	1	
<i>mintex</i>	1	
<i>miraphen</i>	1	
<i>mucomyst</i>	1	
<i>nasatab</i>	1	
<i>nasex</i>	1	
<i>nasex-g</i>	1	
NASONEX	2	QCD
<i>nd-stat</i>	1	
<i>nescon-pd</i>	1	
<i>organ-i nr</i>	1	
<i>palgic</i>	1	
PANFIL G CAPSULE	2	
<i>panfil g syrup</i>	1	
<i>pendex</i>	1	
<i>p-epd</i>	1	
<i>p-ephed</i>	1	
<i>p-ephedrine-guaifen</i>	1	
<i>phenavent</i>	1	
<i>phenydryl</i>	1	
<i>phenylephrine</i>	1	
<i>phenylephrine/gg</i>	1	
<i>phenyl-guaifen</i>	1	
PROAIR HFA INHALER	2	QCD
PROLASTIN	4	PA, HIT
<i>promethazine</i>	1	HIT

Respiratory Tract Agents (continued)		
Drug Name	Tier*	Notes
<i>proset</i>	1	
PROVENTIL HFA INHALER	2	QCD
<i>pse</i>	1	
<i>pseudatex</i>	1	
<i>pseudoephedrine</i>	1	
<i>pseudoephedrine / guaifenesin</i>	1	
<i>pseudovent</i>	1	
PULMICORT	2	QCD
PULMOZYME	2	PA
<i>pyrilafen</i>	1	
<i>quintex</i>	1	
QVAR	2	QCD
<i>re2+30</i>	1	
<i>relera</i>	1	
REVATIO	2	PA
<i>rhinabid</i>	1	
<i>rhinaclear</i>	1	
<i>rondex</i>	1	
<i>ru-hist</i>	1	
SEREVENT DISKUS	2	QCD
<i>sildec</i>	1	
<i>sil-tex</i>	1	
<i>simuc</i>	1	
SINGULAIR	2	ST
<i>sinuvent</i>	1	
SLO-BID	2	

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Respiratory Tract Agents (continued)		
Drug Name	Tier*	Notes
SPIRIVA	2	QCD
<i>stamoist</i>	1	
<i>sudatex</i>	1	
SYMBICORT	2	QCD, ST
<i>tana</i>	1	
<i>tanatan</i>	1	
<i>tanavan</i>	1	
<i>terbutaline</i>	1	
<i>theochron</i>	1	
<i>theophylline</i>	1	
<i>theophylline er</i>	1	
<i>time-hist</i>	1	
<i>triple</i>	1	
<i>tusnel</i>	1	
<i>tussbid</i>	1	
TYZINE NASAL SOLN	2	
<i>uni-hist</i>	1	
<i>uni-tex</i>	1	
<i>v-tann</i>	1	
<i>we</i>	1	
<i>wellbid-d</i>	1	
XEDEC	2	
<i>xiral</i>	1	
XOLAIR	4	PA
XOPENEX	2	
XOPENEX HFA	2	

Respiratory Tract Agents (continued)		
Drug Name	Tier*	Notes
<i>xpect-pe</i>	1	
ZYFLO	3	ST

Sedatives/Hypnotics		
Drug Name	Tier*	Notes
<i>amitriptyline / chlordiazepoxide</i>	1	
<i>chloral hydrate</i>	1	
<i>estazolam</i>	1	EPD
<i>flurazepam</i>	1	EPD
<i>lorazepam</i>	1	EPD
LUNESTA	3	QCD, ST
<i>midazolam</i>	1	EPD
<i>phenobarbital</i>	1	EPD
<i>temazepam</i>	1	EPD
<i>triazolam</i>	1	EPD
<i>zaleplon</i>	1	QCD
<i>zolpidem</i>	1	QCD

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Skeletal Muscle Relaxants		
Drug Name	Tier*	Notes
<i>baclofen</i>	1	
<i>carisoprodol</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine</i>	1	
<i>dantrolene</i>	1	
<i>diazepam</i>	1	EPD
<i>methocarbamol</i>	1	
<i>orphenadrine</i>	1	HIT
<i>orphengesic</i>	1	
SKELAXIN	3	
<i>tizanidine</i>	1	

Therapeutic Nutrients/Minerals/Electrolytes		
Drug Name	Tier*	Notes
<i>advanced natalcare</i>	1	
<i>advanced-rf natalcare</i>	1	
<i>aminat w/90mg iron</i>	1	
AMINESS	2	HIT
<i>cal-nate</i>	1	
<i>carenatal dha</i>	1	
<i>carenate 600</i>	1	
<i>citracal prenatal</i>	1	
<i>cytra-2</i>	1	
<i>cytra-3</i>	1	
<i>cytra-k</i>	1	
<i>ed k + 10</i>	1	
<i>effer-k</i>	1	
<i>ethedent</i>	1	
<i>fluor-a-day</i>	1	
FLUOR-A-DAY DROPS	2	
<i>fluoritab</i>	1	
FLUORITAB DROPS	2	
<i>inatal advance</i>	1	
<i>inatal gt</i>	1	
<i>inatal ultra</i>	1	
INTRALIPID	2	HIT
<i>k effervescent</i>	1	
<i>k+ potassium</i>	1	
<i>kaon-cl</i>	1	
<i>karigel</i>	1	

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### Therapeutic Nutrients/Minerals/Electrolytes (continued)

Drug Name	Tier*	Notes
<i>karigel/n</i>	1	
<i>kcl / d5w</i>	1	HIT
<i>kcl / d5w / nacl</i>	1	HIT
<i>kcl / nacl</i>	1	HIT
<i>klor-con</i>	1	
<i>klor-con effervescent</i>	1	
K-PHOS	2	
<i>k-vescent</i>	1	
<i>lactated ringers</i>	1	HIT
<i>levocarnitine</i>	1	HIT
<i>lozi-flur</i>	1	
<i>lypholyte</i>	1	
<i>lypholyte-ii</i>	1	
<i>magnesium sulfate</i>	1	HIT
<i>maternity</i>	1	
<i>mynatal</i>	1	
<i>mynatal advance</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal ultra</i>	1	
<i>mynatal-z</i>	1	
<i>mynate</i>	1	
<i>natafolic-ob</i>	1	
<i>natafolic-pn</i>	1	
<i>natacare</i>	1	
<i>natacare cfe</i>	1	
<i>natacare pic</i>	1	

### Therapeutic Nutrients/Minerals/Electrolytes (continued)

Drug Name	Tier*	Notes
<i>natacare pic forte</i>	1	
<i>natacare plus</i>	1	
<i>natacare three</i>	1	
<i>natatab</i>	1	
<i>natatab cfe</i>	1	
<i>natatab fa</i>	1	
<i>neutragard</i>	1	
<i>nu-natal</i>	1	
<i>nutrinate</i>	1	
<i>nutrispire</i>	1	
<i>pharmaflur</i>	1	
<i>phospha 250 neutral</i>	1	
<i>potassium chloride</i>	1	HIT
<i>potassium citrate er</i>	1	
<i>prenafirst</i>	1	
<i>prenatabs cbf</i>	1	
<i>prenatabs fa</i>	1	
<i>prenatabs obn</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal 1 plus 1</i>	1	
<i>prenatal 1+1</i>	1	
<i>prenatal 19</i>	1	
<i>prenatal ad</i>	1	
<i>prenatal formula 3</i>	1	
<i>prenatal low iron</i>	1	
<i>prenatal mr 90 fe</i>	1	

\*For Medicare HMO Blue PremierRx and Medicare PPO Blue PremierRx plans we provide coverage for the tier-1 drugs through the coverage gap. \ QCD: Quality care dosing limits apply \ PA: Prior authorization required \ ST: Step therapy required \ EPD: Excluded Part D drugs \ LPA: Limited Pharmacy Availability \ HIT: Home Infusion Therapy

Therapeutic Nutrients/Minerals/Electrolytes (continued)		
Drug Name	Tier*	Notes
<i>prenatal mtr</i>	1	
<i>prenatal optima advance</i>	1	
<i>prenatal plus</i>	1	
<i>prenatal plus nf</i>	1	
<i>prenatal rx</i>	1	
<i>prenatal rx 1</i>	1	
<i>prenatal start</i>	1	
<i>prenatal z</i>	1	
<i>prenatal-folic</i>	1	
<i>prenatal-h</i>	1	
<i>prenatal-u</i>	1	
RENAMIN	2	HIT
<i>sodium acetate</i>	1	
<i>sodium bicarbonate</i>	1	
<i>sodium chloride</i>	1	
<i>sodium fluoride</i>	1	
<i>sodium fluoride drops</i>	1	
<i>sodium fluoride tabs</i>	1	
<i>tis-u-sol</i>	1	
<i>tricitrates</i>	1	
<i>trinate</i>	1	
<i>ultra</i>	1	
<i>ultra-natal</i>	1	
<i>ultra-natalcare</i>	1	
<i>uni-rex 600</i>	1	
URO-KP-NEUTRAL	2	

Therapeutic Nutrients/Minerals/Electrolytes (continued)		
Drug Name	Tier*	Notes
<i>vinate 90</i>	1	
<i>vinate advanced</i>	1	
<i>vinate gt</i>	1	
<i>vinate ii</i>	1	
<i>vinate-m</i>	1	
<i>vitafol-ob</i>	1	
<i>vitafol-pn</i>	1	
<i>vynatal-fa</i>	1	

\*For Medicare HMO Blue PremierRx and Medicare PPO Blue PremierRx plans we provide coverage for the tier-1 drugs through the coverage gap. \ QCD: Quality care dosing limits apply \ PA: Prior authorization required \ ST: Step therapy required \ EPD: Excluded Part D drugs \ LPA: Limited Pharmacy Availability \ HIT: Home Infusion Therapy

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doxepin . . . . .	14, 23	ELIGARD . . . . .	37	EPOGEN 40, 000 UNITS/ML		EXELON . . . . .	13
DOXIL . . . . .	18	ELITEK . . . . .	18	VIAL . . . . .	24	EXELON PATCH . . . . .	13
doxorubicin . . . . .	18	ELOXATIN . . . . .	18	EPZICOM . . . . .	22	EXFORGE . . . . .	26

EXJADE . . . . .	24	fluor-a-day . . . . .	48	FRAGMIN 10, 000 UNITS/ML INJECTION . . . . .	24	GEOCILLIN . . . . .	11
<b>F</b>		FLUOR-A-DAY DROPS. . . . .	48	FRAGMIN 25, 000 UNITS/ML INJECTION . . . . .	24	GEODON . . . . .	21
FABRAZYME . . . . .	31	fluoritab . . . . .	48	fudr. . . . .	18	geone. . . . .	9
famotidine . . . . .	32	FLUORITAB DROPS. . . . .	48	fungizone iv . . . . .	15	gfn . . . . .	45
farbital . . . . .	9	fluorometholone . . . . .	41	FURADANTIN. . . . .	11	gfn / phenylephrine. . . . .	45
FARESTON . . . . .	18	fluoroplex. . . . .	18	furosemide. . . . .	26	gfn / pse . . . . .	45
FASLODEX . . . . .	18	FLUOROPLEX. . . . .	18	FUZEON . . . . .	22	GLEEVEC. . . . .	18
FAZACLO . . . . .	21	fluorouracil. . . . .	18	<b>G</b>		glimepiride. . . . .	23
FELBATOL . . . . .	13	fluoxetine . . . . .	14	gabapentin. . . . .	13	glipizide . . . . .	23
felodipine er. . . . .	26	fluphenazine . . . . .	21	GABITRIL . . . . .	13	glipizide er . . . . .	23
FEMARA . . . . .	18	flurazepam . . . . .	47	galantamine. . . . .	13	glipizide / metformin . . . . .	23
FEMHRT . . . . .	35	flurbiprofen . . . . .	16, 41	galantamine er. . . . .	13	glipizide xl . . . . .	23
fem ph vaginal jelly . . . . .	33	flurox. . . . .	41	GAMASTAN SD . . . . .	38	glucagon . . . . .	23
fenofibrate . . . . .	26	flutamide . . . . .	37	GAMMAGARD. . . . .	38	glyburide . . . . .	23
FENOGLIDE ODT . . . . .	26	fluticasone . . . . .	30	GAMUNEX . . . . .	38	glyburide / metformin . . . . .	23
fenoprofen . . . . .	16	fluticasone nasal spray. . . . .	45	ganciclovir . . . . .	22	glyburide micro . . . . .	23
fentanyl . . . . .	9	fluvoxamine . . . . .	14	ganidin nr. . . . .	45	glycolax . . . . .	32
fentanyl citrate lozenge. . . . .	9	fomepizole . . . . .	14	GANTRISIN PED. . . . .	11	glycopyrrolate . . . . .	32
FENTORA . . . . .	9	FORADIL. . . . .	45	GARDASIL . . . . .	38	glycron. . . . .	23
fexofenadine . . . . .	45	fortabs . . . . .	9	gaucze pads . . . . .	23	GNP INSULIN NEEDLE / SYRINGE. . . . .	23
finasteride . . . . .	33	FORTEO . . . . .	40	gemfibrozil . . . . .	26	g-phed . . . . .	45
flavoxate . . . . .	33	fortical . . . . .	40	genecar . . . . .	9	g-phed-pd . . . . .	45
flecainide . . . . .	26	FORTOVASE . . . . .	22	generic entex la. . . . .	45	granisetron. . . . .	15
FLECTOR PATCH . . . . .	9	FOSAMAX SOLUTION. . . . .	40	generlac . . . . .	32	granisol solution . . . . .	15
FLOMAX . . . . .	33	foscarnet . . . . .	22	gengraf. . . . .	39	griseofulvin . . . . .	15
FLOVENT DISKUS. . . . .	45	fosinopril . . . . .	26	GENOTROPIN. . . . .	34	griseofulvin ultra . . . . .	15
FLOVENT HFA . . . . .	45	fosinopril / hctz . . . . .	26	GENOTROPIN 5.8 MG CARTRIDGE . . . . .	34	GRIS-PEG . . . . .	15
floxuridine. . . . .	18	fosphenytoin . . . . .	13	GENOTROPIN 13.8 MG CARTRIDGE . . . . .	34	guaifenesin . . . . .	45
fluconazole. . . . .	15	FOSRENOL . . . . .	33	gentak . . . . .	41	guaifenesin er . . . . .	45
FLUDARABINE . . . . .	18	FRAGMIN 2, 500 UNITS/0.2ML INJECTION . . . . .	24	gentamicin. . . . .	11, 30, 41	guaifenesin / phenylephrine. . . . .	45
fludrocortisone . . . . .	34	FRAGMIN 5, 000 UNITS/0.2ML INJECTION . . . . .	24	gentasol. . . . .	41	guaifenesin / pseudoephedrine. . . . .	45
flunisolide. . . . .	45	FRAGMIN 7, 500 UNITS/0.3ML INJECTION . . . . .	24			guaifenex . . . . .	45
flunisolide nasal spray . . . . .	45					guaifenex pse . . . . .	45
fluocinolone . . . . .	30					guaifen/p-ephed . . . . .	45
fluocinonide. . . . .	30						
fluocinonide-e . . . . .	30						

guaifen pse . . . . .	45	hydroxyurea . . . . .	18	iophen . . . . .	45	kariva . . . . .	35
guaiphen-d . . . . .	45	hydroxyzine . . . . .	15, 45	iosal . . . . .	45	kcl / d5w . . . . .	49
guaiphen-pd . . . . .	45	hyflex . . . . .	9	iotex pse . . . . .	45	kcl / d5w / nacl . . . . .	49
guanabenz . . . . .	26	hyosphen . . . . .	32	IPLEX . . . . .	34	kcl / nacl . . . . .	49
guanfacine . . . . .	26	hyospaz . . . . .	32, 33	IPOL . . . . .	38	k effervescent . . . . .	48
guanidine . . . . .	17	hyzine . . . . .	45	ipratropium nasal spray . . . . .	45	kelnor . . . . .	35
guapetex . . . . .	45	<b>I</b>		ipratropium solution . . . . .	45	KEPIVANCE . . . . .	29
guiadex . . . . .	45	ibuprofen . . . . .	16	IRESSA . . . . .	18	KERALYT . . . . .	30
<b>H</b>		idarubicin . . . . .	18	irinotecan . . . . .	18	keratol . . . . .	30
halobetasol . . . . .	30	ifosfamide . . . . .	18	ISENTRESS . . . . .	22	keratol plus . . . . .	30
haloperidol . . . . .	21	ifosfamide 1 gm vial . . . . .	18	ISO GENTAMICIN . . . . .	12	kestrone . . . . .	35
HAVRIX . . . . .	38	ifosfamide 3 gm vial . . . . .	18	isonarif . . . . .	17	KETEK . . . . .	12
hca . . . . .	45	ifosfamide / mesna . . . . .	18	isoniazid . . . . .	17	ketoconazole . . . . .	15, 30
hc pramoxine . . . . .	30	imipramine . . . . .	14	isosorbide dinitrate . . . . .	26	ketoprofen . . . . .	16
HECTOROL . . . . .	40	immune globulin . . . . .	38	isosorbide mononitrate . . . . .	26	ketorolac . . . . .	16
heparin . . . . .	24	IMOVAX . . . . .	38	ISOTON GENTAMICIN . . . . .	12	ketotifen . . . . .	41
HEPSERA . . . . .	39	inatal advance . . . . .	48	isradipine . . . . .	26	KINERET . . . . .	39
HERCEPTIN . . . . .	18	inatal gt . . . . .	48	itraconazole . . . . .	15	klor-con . . . . .	49
HEXALEN . . . . .	18	inatal ultra . . . . .	48	IXEMPRA . . . . .	19	klor-con effervescent . . . . .	49
HIBTITER . . . . .	38	INCRELEX . . . . .	34	<b>J</b>		K-PHOS . . . . .	49
histade . . . . .	45	indapamide . . . . .	26	jantoven . . . . .	24	k+ potassium . . . . .	48
homatropaire . . . . .	41	INDERAL LA . . . . .	26	JANUMET . . . . .	24	k-tan . . . . .	45
HUMALOG . . . . .	23	indomethacin . . . . .	16	JANUVIA . . . . .	24	KUVAN . . . . .	31
HUMIRA . . . . .	39	INFANRIX . . . . .	38	jay-phyl . . . . .	45	k-vescent . . . . .	49
HUMULIN . . . . .	24	INFERGEN . . . . .	39	JE-VAX . . . . .	38	<b>L</b>	
hydralazine . . . . .	26	INSULIN NEEDLE /		jolessa . . . . .	35	labetalol . . . . .	26
hydra-zide . . . . .	26	SYRINGE . . . . .	24	jolivette . . . . .	35	LACRISERT . . . . .	41
hydrochlorothiazide . . . . .	26	INTAL . . . . .	45	junel . . . . .	35	lactated ringers . . . . .	49
hydrocodone / acetaminophen . . . . .	9	INTELENCE . . . . .	22	junel fe . . . . .	35	lactulose . . . . .	32
hydrocodone / ibuprofen . . . . .	9	INTRALIPID . . . . .	48	<b>K</b>		LAMISIL GRANUALES . . . . .	15
hydrocortisone . . . . .	30	INTRON A . . . . .	39	KALETRA . . . . .	22	LAMISIL TOPICAL	
hydrocortisone acetate . . . . .	30	INTRON A 3MM UNIT PEN		kanamycin . . . . .	12	SOLUTION . . . . .	30
hydrocortisone butyrate . . . . .	30	INJECTION . . . . .	39	kaon-cl . . . . .	48	lamotrigine . . . . .	13
hydrocortisone valerate . . . . .	30	INVANZ . . . . .	12	karigel . . . . .	48	LANTUS . . . . .	24
hydromorphone . . . . .	9	INVEGA . . . . .	21	karigel/n . . . . .	49	lapase . . . . .	31
hydroxychloroquine . . . . .	20	INVIRASE . . . . .	22				

LEADER INSULIN NEEDLE / SYRINGE.....	24	LIPITOR.....	26	lutera.....	35	mesalamine.....	40
leena.....	35	LIPITOR 80mg.....	26	lypholyte.....	49	MESNEX 100 MG/ML VIAL	19
leflunomide.....	39	lipram.....	31	lypholyte-ii.....	49	MESNEX 400 MG TABLET	19
lessina.....	35	lipram cr.....	31	LYRICA.....	13	MESTINON.....	17
LETAIRIS.....	45	lipram pn.....	31	LYSODREN.....	36	METADATE 10mg ER.....	28
leucovorin calcium.....	19	lipram ul.....	31	<b>M</b>		metadate 20mg er.....	28
LEUKERAN.....	19	lisinopril.....	26	magnesium sulfate.....	49	METADATE CD.....	28
LEUKINE.....	24	lisinopril / hctz.....	26	mag-phen.....	9	metaproterenol.....	46
leuprolide.....	37	lithium carbonate.....	23	magsal.....	9	metformin.....	24
leuprolide 1 mg/0.2ml vial ..	37	lithium citrate.....	23	MALARONE.....	20	metformin er.....	24
LEVAQUIN.....	12	LITHOBID.....	23	maldemar.....	32	methadone.....	9
LEVEMIR.....	24	lodocortisone aloe.....	30	maprotiline.....	14	methadose.....	9
levetiracetam.....	13	LODOSYN.....	20	margesic h.....	9	methamphetamine.....	28
levobunolol.....	41	lonox.....	32	MARPLAN.....	14	methazolamide.....	26
levocarnitine.....	49	loperamide.....	32	maternity.....	49	methenamine.....	12
levora.....	35	lorazepam.....	23, 47	MATULANE.....	19	methimazole.....	37
levorphanol.....	9	LOTREL 5mg/40mg CAPSULE.....	26	MAXIPIME.....	12	methocarbamol.....	48
levothroid.....	36	LOTREL 10mg/40mg CAPSULE.....	26	MAXIPIME 500mg INJ SOLUTION.....	12	methotrexate.....	19, 39
levothyroxine.....	36	LOTRONEX.....	32	mebendazole.....	20	methscopolamine br.....	32
levoxyl.....	36	lovastatin.....	26	meclizine.....	15	methylclothiazide.....	26
lev/pse/gg.....	45	LOVAZA.....	26	meclofenamate.....	16	methyldopa.....	26
LEXIVA.....	22	LOVENOX.....	24	medroxyprogesterone.....	35	methyldopa / hctz.....	26
LIALDA.....	40	LOVENOX 30 MG SYRINGE.....	24	mefenamic acid.....	16	methyldopate.....	26
lidocaine.....	10	LOVENOX 40 MG SYRINGE.....	25	mefloquine.....	20	METHYLIN CHEWABLE TABLET.....	28
lidocaine cream.....	10	low-ogestrel.....	35	megestrol.....	35	methylin er.....	28
lidocaine / epinephrine.....	10	loxapine.....	21	meloxicam.....	16	METHYLIN SOLUTION.....	28
lidocaine jelly.....	10	lozi-flur.....	49	MENACTRA.....	38	methylin tablet.....	28
lidocaine lotion.....	10	LUMIGAN.....	41	MENEST.....	35	methylphenidate.....	28
lidocaine ointment.....	10	LUNESTA.....	47	MENOMUNE.....	38	methylphenidate er.....	28
lidocaine / prilocaine.....	10	LUPRON.....	37	meperidine.....	9	methylprednisolone. 16, 34,	40
lidocaine solution.....	10	LUPRON 3.75 MG KIT....	37	meperitab.....	9	metipranolol.....	41
LIDODERM PATCH.....	10	LUPRON 11.25 MG KIT...	37	meprobamate.....	23	metoclopramide.....	15
LINDANE.....	20			MEPRON.....	20	metolazone.....	26
liothyronine injection.....	36			mercaptapurine.....	19	metoprolol.....	27
liothyronine tablets.....	36			MERUVAX.....	38	metoprolol er.....	27

metoprolol / hctz	27	mupirocin	30	natacare cfe	49	next choice	35
metronidazole	12, 30	MYCAMINE	15	natacare pic	49	NIASPAN	27
mexar wash	30	MYCOBUTIN	17	natacare pic forte	49	nicardipine	27
mexiletine	27	mydral	41	natacare plus	49	NICOTROL	14
mhp-a	32	mydriacyl	41	natacare three	49	nifediac cc	27
MIACALCIN	40	MYFORTIC	39	natatab	49	nifedical xl	27
miconazole	15, 30	MYLOTARG	19	natatab cfe	49	nifedipine	27
microgestin	35	mynatal	49	natatab fa	49	nifedipine er	27
microgestin fe	35	mynatal advance	49	nd-stat	46	NILANDRON	37
midazolam	47	mynatal plus	49	NEBCIN	12	nimodipine	27
midodrine	27	mynatal ultra	49	NEBUPENT	20	nitrek	27
migergot	17	mynatal-z	49	necon	35	nitro-bid	27
migratine	17	mynate	49	nefazodone	14	nitrofurantoin	12
migrazone	17	myrac	12	neocidin	41	nitrofurantoin macro	12
minocycline	12	<b>N</b>		neofrin	41	nitroglycerin	27
minoxidil	27	nabumetone	16	neomycin	12	nitroglycerin transdermal	27
mintex	46	nadolol	27	neomycin / bacitracin / polymyxin	41	nitroquick	27
MINTEZOL	20	nafcillin	12	neomycin / bacitracin / polymyxin / hc	41	nitrotab	27
MIRAPEX	20	NAGLAZYME	31	neomycin / polymyxin / dexamethasone	41	nizatidine	32
miraphen	46	nalbuphine	9	neomycin / polymyxin / gramicidin	41	nora-be	35
mirtazapine	14	naloxone	14	neomycin / polymyxin / hc	41, 43	NORDITROPIN	34
misoprostol	32	naltrexone	14	neosol	32	norethindrone	35
mitomycin	19	NAMENDA	13	neostigmine	17	nortrel	35
mitoxantrone	19	NANDROLONE	35	nescon-pd	46	nortriptyline	14
M-M-R	38	naphazole	41	NEULASTA	25	NORVIR 80 MG/ML SOLUTION	22
MOBAN	21	naphazoline	41	NEUMEGA	25	NORVIR 100 MG CAPSULE	22
moexipril	27	naproxen	16	NEUPOGEN	25	novarel	34
moexipril / hctz	27	NARDIL	14	NEURONTIN SOLUTION	13	NOVOFINE INSULIN NEEDLE / SYRINGE	24
mometasone	30	nasatab	46	neutragard	49	NOVOLIN	24
MONOJECT INSULIN NEEDLE / SYRINGE	24	nasex	46	NEUTREXIN	20	NOVOLOG	24
mononessa	35	nasex-g	46	NEXAVAR	19	NOXAFIL	15
morphine	9	NASONEX	46			nu-natal	49
MOZOBIL	19	NATACYN	41			nutracort	30
mucomyst	46	natafolic-ob	49				
MUCOTROL	29	natafolic-pn	49				
		natacare	49				

nutrinate . . . . .	49	otra nr. . . . .	43	parcaine . . . . .	42	pharmaflur . . . . .	49
nutrispire . . . . .	49	oxacillin . . . . .	12	paromomycin . . . . .	12	phenadoz . . . . .	15
NUTROPIN . . . . .	34	oxacillin 1 gm injection . . . . .	12	paroxetine . . . . .	14, 23	phenavent . . . . .	46
nyamyc . . . . .	15, 30	oxacillin 1 gm IV solution . . . . .	12	paroxetine er . . . . .	14	phenobarbital . . . . .	47
nystatin . . . . .	15, 30	oxandrolone . . . . .	35	PEDIARIX . . . . .	38	phenoptic . . . . .	42
nystatin / triamcinolone . . . . .	30	oxaprozin . . . . .	16	pedi-dri . . . . .	30	phenydril . . . . .	46
nystop . . . . .	30	oxazepam . . . . .	23	PEDVAXHIB . . . . .	38	phenylephrine . . . . .	42, 46
<b>O</b>		oxcarbazepine . . . . .	13	peg 3350 / electrolytes . . . . .	33	phenylephrine/gg . . . . .	46
OCTAGAM . . . . .	38	oxybutynin . . . . .	33	PEGANONE . . . . .	13	phenyl-guaifen . . . . .	46
octreotide . . . . .	37	oxybutynin sa . . . . .	33	PEGASYS . . . . .	39	phenytoin . . . . .	13
ocusulf-10 . . . . .	41	oxycodone . . . . .	9	PEG-INTRON . . . . .	39	phenytoin sodium er . . . . .	13
ocutricin . . . . .	42	oxycodone / acetaminophen . . . . .	10	pendex . . . . .	46	phospha 250 neutral . . . . .	49
ofloxacin . . . . .	12, 42	oxycodone / aspirin . . . . .	10	penicillin g potassium . . . . .	12	PHOSPHOLINE IODIDE . . . . .	42
ofloxacin otic . . . . .	43	oxycodone / ibuprofen . . . . .	10	penicillin g sodium . . . . .	12	physostigmine . . . . .	17
ogestrel . . . . .	35	OXYCONTIN . . . . .	10	penicillin v potassium . . . . .	12	pilocarpine . . . . .	42
OMACOR . . . . .	27	oxytocin . . . . .	34	PENTAM . . . . .	20	pilocarpine hcl . . . . .	29
omeprazole . . . . .	32	<b>P</b>		pentamidine . . . . .	20	piloptic . . . . .	42
ondansetron . . . . .	15	PACERONE . . . . .	27	PENTASA . . . . .	40	pindolol . . . . .	27
ONTAK . . . . .	19	paclitaxel . . . . .	19	pentazocine /		PIPERACILLIN . . . . .	12
onxol . . . . .	19	paclitaxel 6 mg/ml vial . . . . .	19	acetaminophen . . . . .	10	piroxicam . . . . .	16
ORAP . . . . .	21	palcaps . . . . .	31	pentazocine / naloxone . . . . .	10	PLAVIX . . . . .	25
ORENCIA . . . . .	39	palgic . . . . .	46	pentopak . . . . .	25	PLENAXIS . . . . .	37
ORFADIN . . . . .	31	pamidronate . . . . .	40	pentostatin . . . . .	19	podofilox . . . . .	30
organ-i nr . . . . .	46	pancrelipase . . . . .	31	pentoxifylline . . . . .	25	polycin-b . . . . .	42
orphenadrine . . . . .	48	pancron . . . . .	31	pentoxil . . . . .	25	poly-dex . . . . .	42
orphengesic . . . . .	48	PANFIL G CAPSULE . . . . .	46	p-epd . . . . .	46	polyethylene glycol . . . . .	33
ORTHO EVRA . . . . .	35	panfil g syrup . . . . .	46	p-ephed . . . . .	46	polymyxin b sul/trimethoprim . . . . .	42
OSMOPREP . . . . .	32	pangestyme . . . . .	31	p-ephedrine-guaifen . . . . .	46	PONSTEL . . . . .	16
oticin hc . . . . .	43	pangestyme cn . . . . .	31	perfect . . . . .	29	portia . . . . .	35
otimar . . . . .	43	pangestyme mt . . . . .	31	pergolide . . . . .	20, 37	potassium chloride . . . . .	49
otirx . . . . .	43	pangestyme ul . . . . .	31	perio . . . . .	29	potassium citrate er . . . . .	49
otomar . . . . .	43	panocaps . . . . .	32	periogard . . . . .	29	PRANDIN . . . . .	24
otomar-hc . . . . .	43	panocaps mt . . . . .	32	perisol . . . . .	29	pravastatin . . . . .	27
otomax-hc . . . . .	43	panokase . . . . .	32	perloxx . . . . .	10	prazosin . . . . .	27
otomycet-hc . . . . .	43	PANRETIN . . . . .	30	permethrin . . . . .	20	PRED MILD . . . . .	42
otozone . . . . .	43	pantoprazole . . . . .	32	perphenazine . . . . .	21	prednicarbate . . . . .	30

prednisol	42	PREVPAC	33	PROSTIGMIN	17	RAPTIVA	30
prednisolone	16	PREZISTA	22	PROTONIX GRANULES	33	re	30
prednisolone acetate	42	PRIFTIN	17	PROTONIX IV SOLUTION	33	re2+30	46
prednisolone sodium phosphate	42	PRIMAXIN	12	protriptyline	14	REBETRON	39
prednisone	16, 34, 40	primidone	13	PROVENTIL HFA INHALER	46	REBIF	39
PREMARIN	35	PROAIR HFA INHALER	46	PROVIGIL	28	reclipsen	36
PREMARIN VAGINAL CREAM	35	probenecid	16	pse	46	RECOMBIVAX HB	38
prenafirst	49	procainamide	27	pseudatex	46	REGRANEX	30
prenatabs cbf	49	procaine	10	pseudoephedrine	46	RELENZA	22
prenatabs fa	49	prochlorperazine	15, 21	pseudoephedrine / guaifenesin	46	relera	46
prenatabs obn	49	PROCHLORPERAZINE SUPPOSITORIES	15	pseudovent	46	RELION	24
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