



Dean
HEALTH INSURANCE

DeanCareRx Classic

2009 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.

What is the DeanCareRx Classic Formulary?

A formulary is a list of covered drugs selected by DeanCareRx Classic 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. DeanCareRx Classic will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a DeanCareRx Classic 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, 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 January 1, 2009. To get updated information about the drugs covered by DeanCareRx Classic please visit our Web site at www.deancarerx.com or call Customer Service at 1-888-422-3326, Monday through Friday, 8:00 a.m. to 8:00 p.m. TTY/TDD users should call 1-877-733-6456.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 6. 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 6. 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 21. 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?

DeanCareRx Classic 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:** DeanCareRx Classic requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from DeanCareRx Classic before you fill your prescriptions. If you don't get approval, DeanCareRx Classic may not cover the drug.
- **Quantity Limits:** For certain drugs, DeanCareRx Classic limits the amount of the drug that DeanCareRx Classic will cover. For example, DeanCareRx Classic provides 9 tablets per prescription for *sumatriptan*. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, DeanCareRx Classic requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, DeanCareRx Classic may not cover drug B unless you try Drug A first. If Drug A does not work for you, DeanCareRx Classic will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 6.

You can ask DeanCareRx Classic to make an exception to these restrictions or limits. See the section, "How do I request an exception to the DeanCareRx Classic formulary?" on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

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

- You can ask Customer Service for a list of similar drugs that are covered by DeanCareRx Classic. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by DeanCareRx Classic.
- You can ask DeanCareRx Classic 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 DeanCareRx Classic Formulary?

You can ask DeanCareRx Classic 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, DeanCareRx Classic 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 our highest tier subject to the tiering exceptions process, you can ask us to cover it at the cost-sharing amount that applies to drugs in the lowest tier subject to the tiering exceptions process 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 tier designated as the high-cost tier.

Generally, DeanCareRx Classic 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 90-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 180 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.

For more information

For more detailed information about your DeanCareRx Classic prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about DeanCareRx Classic, please call Customer Service at 1-888-422-3326, Monday through Friday, 8:00 a.m. to 8:00 p.m. TTY/TDD users should call 1-877-733-6456. Or visit www.deancarerx.com.

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.

DeanCareRx Classic Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by DeanCareRx Classic. If you have trouble finding your drug in the list, turn to the Index that begins on page 21.

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

The information in the Notes column tells you if DeanCareRx Classic has any special requirements for coverage of your drug. In this column you will find either the term “PA” (prior authorization), “QL” (quantity limit), “ST” (step therapy), or “RS” (restricted to specialists). If the column is blank, the drug does not have any special requirements/limitations.

Drug Name	Drug Tier	Notes
Analgesics		
<i>acetaminophen/codeine</i>	1	
AVINZA	2	QL
<i>aspirin/codeine</i>	1	
<i>butalbital/asa/caff/codeine</i>	1	
<i>butalbital/apap/caff/codeine</i>	1	
<i>butorphanol nasal solution</i>	2	QL
<i>carisoprodol/aspirin</i>	1	
<i>carisoprodol/aspirin/codeine</i>	1	
<i>codeine sulfate tab</i>	1	
DARVON-N	2	
DIFLUNISAL	1	
<i>endocet</i>	1	
FENTANYL LOLLIPOP	2	PA/QL
<i>fentanyl patch</i>	2	
<i>hydrocodone/acetaminophen</i>	1	
<i>hydrocodone/ibuprofen</i>	1	
<i>hydromorphone</i>	1	
<i>meperidine</i>	1	
METHADONE SOLUTION	2	
<i>methadone tab</i>	1	
<i>morphine sulfate tab</i>	1	
<i>morphine sulfate er</i>	1	QL
<i>morphine sulfate inj.</i>	1	
<i>oxycodone</i>	1	
<i>oxycodone er</i>	2	QL
<i>oxycodone/acetaminophen</i>	1	
<i>oxycodone/aspirin</i>	1	
OXYCONTIN	2	QL
<i>pentazocine/acetaminophen</i>	1	
<i>pentazocin/naloxone</i>	1	
<i>propoxyphene</i>	1	
<i>propoxyphene/acetaminophen</i>	1	
<i>propoxyphene-n/acetaminophen</i>	1	
<i>roxicet 5mg/325mg tab</i>	1	
ROXICET SOLUTION	2	
SUBOXONE	2	
<i>tramadol</i>	1	
<i>tramadol/acetaminophen</i>	1	
Anesthetics		
<i>lidocaine gel/solution</i>	1	
<i>lidocaine inj.</i>	1	
<i>lidocaine ointment</i>	2	
<i>lidocaine/prilocaine cream</i>	1	
Antibacterials		
<i>amikacin inj.</i>	1	
<i>amoxicillin</i>	1	

Drug Name	Drug Tier	Notes
<i>amoxicillin/clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin/sulbactam</i>	1	
AUGMENTIN XR	2	
AVELOX	2	
AZACTAM	2	
<i>azithromycin</i>	1	
BICILLIN C-R	2	
BICILLIN LA	2	
<i>cefaclor (er)</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin inj.</i>	1	
<i>cefdinir</i>	1	
<i>cefepime inj.</i>	1	
<i>cefotaxime inj.</i>	1	
<i>cefotetan inj.</i>	1	
<i>cefoxitin</i>	1	
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>ceftriaxone inj.</i>	1	
<i>cefuroxime</i>	1	
<i>cephalexin</i>	1	
CIPRO IV	2	
CIPRO SUSPENSION	2	
<i>ciprofloxacin</i>	1	
<i>clarithromycin (er)</i>	1	
CLEOCIN SOLUTION	2	
<i>clindamycin cap</i>	1	
<i>clindamycin inj.</i>	1	
CUBICIN	2	
<i>demeclocycline</i>	1	
<i>dicloxacillin</i>	1	
<i>doxy-cap</i>	1	
<i>doxycycline hyclate</i>	1	
<i>doxycycline monohydrate</i>	1	
<i>e.e.s</i>	1	
ERY-TAB	1	
ERYTHROCIN INJ.	2	
<i>erythrocin stearate</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
<i>erythromycin/sulfisoxazole</i>	1	
FORTAZ	2	
GANTRISIN PEDIATRIC	2	
<i>gentamicin inj.</i>	1	
LEVAQUIN	2	
LEVAQUIN INJ.	2	

Notes = Requirements/Limitations, if any. See page 3 for more information.

Drug Name	Drug Tier	Notes
MAXIPIME	2	
<i>methenamine hippurate</i>	1	
<i>metronidazole tab/cap</i>	1	
<i>metronidazole vaginal gel</i>	1	
<i>minocycline</i>	1	
<i>nafcillin inj.</i>	1	
NALLPEN IN DEXTROSE	1	
<i>nitrofurantoin macrocrystalline</i>	1	
<i>nitrofurantoin monohydrate</i>	1	
<i>ofloxacin tab</i>	1	
OXACILLIN	1	
PENICILLIN G SODIUM	1	
<i>penicillin g potassium</i>	1	
<i>penicillin v potassium</i>	1	
PIPERACILLIN	1	
<i>piperacillin/tazobactam inj.</i>	1	
PRIMAXIN	2	
SULFADIAZINE	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim</i>	1	
<i>sulfatrim</i>	1	
<i>tazicef</i>	2	
<i>tetracycline</i>	1	
TIMENTIN	2	
<i>tobramycin inj.</i>	1	
<i>trimethoprim</i>	1	
<i>trimox</i>	1	
TYGACIL	2	
VANCOCIN CAP	2	
<i>vancomycin inj.</i>	1	
<i>veetids</i>	1	
XIFAXAN	2	
ZOSYN	2	
ZYVOX	2	PA
Anti-Convulsants		
BANZEL	2	
<i>carbamazepine</i>	1	
<i>carbamazepine er</i>	2	
CARBATROL	2	
CELONTIN CAP 300MG	2	
CEREBYX INJ.	2	
DEPAKENE SOLN.	2	
DILANTIN	2	
<i>divalproex</i>	1	
<i>divalproex er</i>	2	
<i>divalproex sprinkles</i>	1	
<i>ethosuximide</i>	1	

Drug Name	Drug Tier	Notes
FELBATOL	2	
<i>fosphenytoin inj.</i>	1	
<i>gabapentin</i>	1	
GABITRIL	2	
KEPPRA XR	2	PA
LAMICTAL CHEW	2	
<i>lamotrigine</i>	1	
<i>lamotrigine chew 5&25mg</i>	2	
<i>lamotrigine starter kit</i>	2	
<i>levetiracetam</i>	2	
LYRICA	2	PA
NEURONTIN SUSPENSION	2	
<i>oxcarbazepine</i>	1	
PEGANONE	2	
PHENYTEK	1	
<i>phenytoin extended</i>	1	
<i>primidone</i>	1	
SABRIL POWDER	2	PA
SABRIL TAB	2	PA
TEGRETOL	2	
TEGRETOL-XR	2	
TOPAMAX	2	
TOPAMAX SPRINKLE	2	
<i>topiramate</i>	1	
<i>topiramate sprinkle</i>	1	
TRILEPTAL SUSP.	2	
<i>valproate</i>	1	
<i>valproic acid</i>	1	
VIMPAT	2	PA
VIMPAT INJ.	2	PA
<i>zonisamide</i>	1	
Antidementia Agents		
ARICEPT	2	
ARICEPT ODT	2	
EXELON	2	
EXELON PATCH	2	
<i>galantamine</i>	1	
<i>galantamine er</i>	2	
<i>galantamine oral soln.</i>	2	
NAMENDA	2	
NAMENDA ORAL SOLN	2	
Antidepressants		
<i>amitriptyline</i>	1	
<i>amoxapine</i>	1	
<i>budeprion</i>	2	
<i>budeprion xl</i>	2	
<i>bupropion</i>	2	

Notes = Requirements/Limitations, if any. See page 3 for more information.

Drug Name	Drug Tier	Notes
<i>bupropion sr</i>	2	
<i>chlordiazepoxide/amitriptyline</i>	1	
<i>citalopram</i>	1	
<i>clomipramine</i>	1	
CYMBALTA	2	
<i>desipramine</i>	1	
<i>doxepin</i>	1	
EFFEXOR XR	2	
EMSAM	2	
<i>fluoxetine</i>	1	
<i>fluvoxamine</i>	1	
<i>imipramine</i>	1	
<i>Imipramine pamoate</i>	1	
LEXAPRO	2	
LUVOX CR	2	PA
MAPROTILINE	1	
MARPLAN	2	
<i>mirtazapine</i>	1	
<i>mirtazapine odt</i>	1	
NARDIL	2	
<i>Nefazodone</i>	2	PA
<i>nortriptyline</i>	1	
<i>Paroxetine</i>	1	
<i>paroxetine cr</i>	1	
<i>perphenazine/amitriptyline</i>	1	
PRISTIQ	2	PA
<i>protriptyline</i>	1	
<i>Sertraline</i>	1	
SURMONTIL 100MG CAP	2	
TOFRANIL	3	
TOFRANIL PM	3	
<i>tranylcypromine</i>	1	
<i>Trazodone</i>	1	
<i>trimipramine</i>	1	
<i>Venlafaxine</i>	1	
VENLAFAXINE ER	2	
VIVACTIL	2	
Antiemetics		
CESAMET	2	
<i>dronabinol</i>	1	
EMEND	2	QL
<i>granisetron</i>	1	QL
<i>granisetron inj.</i>	1	
<i>meclizine tab</i>	1	
<i>ondansetron</i>	1	
<i>ondansetron odt</i>	1	
<i>prochlorperazine</i>	1	

Drug Name	Drug Tier	Notes
<i>trimethobenzamide</i>	1	
Antifungals		
<i>amphotericin inj.</i>	1	
AMPHOTEC	2	
ANCOBON	2	
CANCIDAS INJ.	2	
<i>ciclopirox</i>	1	
<i>clotrimazole troche</i>	1	
<i>clotrimazole betamethasone topical</i>	1	
ERAXIS	2	
<i>fluconazole</i>	1	
<i>griseofulvin suspension</i>	1	
GRIFULVIN-V	2	
GRIS-PEG	2	
<i>itraconazole</i>	2	PA
<i>ketoconazole tab</i>	1	
<i>ketoconazole topical</i>	1	
MYCAMINE INJ.	2	
NOXAFIL	2	
<i>nystatin tab</i>	1	
<i>nystatin/triamcinolone topical</i>	1	
<i>terbinafine</i>	1	
<i>terconazole cream/suppository</i>	1	
VFEND	2	PA
Antigout Agents		
<i>allopurinol</i>	1	
<i>colchicine</i>	1	
<i>probenecid</i>	1	
<i>probenecid/colchicine</i>	1	
ULORIC	2	ST
Anti-Inflammatories		
CELEBREX	2	ST
CORTEF	1	
<i>dexamethasone</i>	1	
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium ec</i>	1	
<i>etodolac</i>	1	
<i>fenopufen</i>	1	
<i>flurbiprofen</i>	1	
<i>hydrocortisone</i>	1	
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1	
<i>indomethacin er</i>	1	
<i>ketoprofen (er)</i>	1	
<i>ketorolac</i>	1	QL
<i>meclofenamate</i>	2	
<i>meloxicam</i>	1	

Notes = Requirements/Limitations, if any. See page 3 for more information.

Drug Name	Drug Tier	Notes
<i>methylprednisolone</i>	1	
<i>methylprednisolone dosepak</i>	1	
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>naproxen sodium</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>prednisolone</i>	1	
<i>prednisone</i>	1	
RIDAURA	2	
<i>sulindac</i>	1	
TOLMETIN	1	
Antimigraine Agents		
AMERGE	2	QL
AXERT	2	QL
<i>dihydroergotamine inj.</i>	1	
ERGOMAR	2	
<i>ergotamine/caffeine</i>	1	
IMITREX NASAL SPRAY	2	QL
MAXALT	2	QL
MAXALT-MLT	2	QL
MIGRANAL	2	
<i>sumatriptan inj.</i>	1	QL
SUMATRIPTAN NASAL SPRAY	2	QL
<i>sumatriptan tab</i>	1	QL
ZOMIG	2	QL
ZOMIG ZMT	2	QL
Antimycobacterials		
DAPSONE	1	
<i>ethambutol</i>	1	
<i>isoniazid</i>	1	
MYCOBUTIN	2	
<i>pyrazinamide</i>	1	
PRIFTIN	2	
<i>rifampin</i>	1	
Antineoplastics		
ABRAXANE	2	PA
<i>adriamycin</i>	1	PA
AFINITOR	3	PA
ALIMTA	2	PA
ALKERAN	2	PA
ARRANON	2	PA
AVASTIN	3	PA
<i>bleomycin</i>	1	PA
BICNU	2	PA
BUSULFEX	2	PA
CAMPATH	3	PA

Drug Name	Drug Tier	Notes
CAMPTOSAR	2	PA
<i>carboplatin</i>	1	PA
CEENU	2	
<i>cisplatin (aq)</i>	2	PA
COSMEGEN	2	PA
<i>cyclophosphamide inj.</i>	1	PA
<i>cyclophosphamide tab</i>	2	PA
<i>cytarabine</i>	1	PA
<i>dacarbazine</i>	2	PA
<i>daunorubicin inj.</i>	1	PA
<i>doxorubicin</i>	1	PA
ELOXATIN	2	PA
ELSPAR	2	PA
<i>epirubicin inj.</i>	1	PA
<i>etoposide</i>	2	PA
GEMZAR	2	PA
GLEEVEC	3	PA
HERCEPTIN	3	PA
HEXALEN	2	
<i>hydroxyurea cap 500mg</i>	1	
<i>idarubicin</i>	1	PA
<i>ifosfamide inj.</i>	1	PA
INVANZ	2	
IRESSA	3	
IXEMPRA	2	PA
<i>leucovorin inj.</i>	1	PA
<i>leucovorin tab</i>	1	
LEUKERAN	2	
<i>melphalan inj.</i>	2	PA
MATULANE	2	
<i>mercaptopurine</i>	1	
MESNEX TAB	2	
<i>methotrexate inj.</i>	1	
<i>methotrexate tab</i>	1	PA
<i>mitomycin</i>	1	PA
MUSTARGEN	2	PA
MYLOTARG	2	PA
NEXAVAR	3	PA
ONCASPAR	2	PA
ONTAK	2	PA
<i>oxaliplatin inj.</i>	2	PA
<i>paclitaxel</i>	2	PA
PROLEUKIN	3	PA
RITUXAN	3	PA
SPRYCEL	3	PA
SUTENT	3	PA
TABLOID	1	

Notes = Requirements/Limitations, if any. See page 3 for more information.

Drug Name	Drug Tier	Notes
TARCEVA	3	PA
TARGRETIN	2	
TASIGNA	3	PA
<i>thiotepa</i>	1	
TORISEL	3	PA
<i>tretinoin cap</i>	1	
TYKERB	3	PA
<i>vinblastine</i>	2	PA
<i>vincristine inj</i>	2	PA
<i>vinorelbine</i>	2	PA
VELCADE	2	PA
ZANOSAR	2	PA
ZOLINZA	3	
Antiparasitics		
<i>chloroquine</i>	2	
DARAPRIM	2	
FANSIDAR	2	
<i>hydroxychloroquine</i>	1	
<i>lindane lotion</i>	2	
<i>lindane shampoo</i>	1	
MALARONE	2	
<i>mebendazole</i>	2	
<i>mefloquine</i>	2	
MEPRON	2	
NEBUPENT	2	
NEUTREXIN	2	
<i>permethrin</i>	1	
PRIMAQUINE	2	
STROMEKTOL	2	
Antiparkinson Agents		
<i>amantadine</i>	1	
APOKYN	3	
AZILECT	2	
<i>benztropine</i>	1	
<i>benztropine inj.</i>	1	
<i>bromocriptin</i>	1	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa ODT</i>	1	
COGENTIN	2	
COGENTIN INJ.	2	
COMTAN	2	
EMSAM	2	PA
MIRAPEX	2	
<i>ropinirole</i>	1	
<i>selegiline</i>	1	
STALEVO	2	

Drug Name	Drug Tier	Notes
TASMAR	2	
<i>trihexyphenidyl</i>	1	
Antipsychotics		
ABILIFY	2	
ABILIFY DISCMELT	2	
<i>chlorpromazine</i>	1	
<i>clozapine</i>	2	
CLOZARIL	2	
<i>compro</i>	1	
EQUETRO	2	
FAZACLO	2	
<i>fluphenazine</i>	1	
GEODON	2	
<i>haloperidol</i>	1	
INVEGA	2	PA
INVEGA SUSTENNA INJ.	2	PA
<i>loxapine</i>	1	
MOBAN	2	
ORAP	2	
<i>perphenazine</i>	1	
<i>prochlorperazine</i>	1	
RISPERDAL INJ.	2	
RISPERDAL M-TAB	2	
<i>risperidone</i>	1	
<i>risperidone odt</i>	2	
SAPHRIS TAB	2	PA
SEROQUEL	2	
SEROQUEL XR	2	
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine</i>	1	
ZYPREXA	2	
ZYPREXA ZYDIS	2	
Antivirals		
<i>acyclovir</i>	1	
APTIVUS	2	
APTIVUS ORAL SOLN.	2	
ATRIPLA	2	
BARACLUDE	2	
COMBIVIR	2	
CRIXIVAN	2	
CYTOVENE	2	
<i>didanosine</i>	2	
EMTRIVA	2	
EPIVIR	2	
EPIVIR HBV	2	
EPZICOM	2	

Notes = Requirements/Limitations, if any. See page 3 for more information.

Drug Name	Drug Tier	Notes
<i>famciclovir</i>	1	
FUZEON	3	
<i>ganciclovir</i>	2	
HEPSERA	2	
INVIRASE	2	
INTELENCE	2	
ISENTRESS	2	
KALETRA	2	
LEXIVA	2	
NORVIR	2	
PREZISTA	2	
RELENZA	2	
RESCRIPTOR	2	
RETROVIR INJ.	2	
REYATAZ	2	
<i>ribapak</i>	2	
<i>ribasphere</i>	2	
<i>ribavirin</i>	2	
<i>rimantadine</i>	1	
SELZENTRY	2	
<i>stavudine</i>	2	
SUSTIVA	2	
TAMIFLU	2	QL
TRIZIVIR	2	
TRUVADA	2	
TYZEKA	2	PA
VALCYTE	2	
VALTREX	2	
VIDEX SOLUTION	2	
VIRACEPT	2	
VIRAMUNE	2	
VIREAD	2	
VISTID	3	PA
ZIAGEN	2	
<i>zidovudine</i>	2	
ZOVIRAX	2	
Anxiolytics		
<i>buspirone</i>	1	
<i>meprobamate</i>	1	
Autonomic Agents		
EPIPEN	2	
EPIPEN-JR	2	
<i>glycopyrrolate</i>	1	
GUANIDINE	2	
<i>pyridostigmine</i>	1	
Bipolar Agents		
<i>lithium carbonate</i>	1	

Drug Name	Drug Tier	Notes
<i>lithium carbonate er</i>	1	
<i>lithium citrate</i>	1	
SYMBYAX	2	
Blood Glucose Regulators		
<i>acarbose</i>	1	
ACTOPLUS MET	2	
ACTOS	2	
ALCOHOL PAD	1	
AVANDAMET	2	
AVANDARYL	2	
AVANDIA	2	
B-D INSULIN SYRINGES	2	
B-D PEN NEEDLES	2	
BYETTA	2	
<i>chlorpropamide</i>	1	
DUETACT	2	
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide er</i>	1	
<i>glipizide/metformin</i>	1	
GLUCAGEN HYPOKIT	2	
GLUCAGON KIT	2	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin</i>	1	
<i>glycron</i>	1	
GLYSET	2	PA
HUMALOG	2	
HUMALOG MIX	2	
HUMALOG PENFILL	2	
HUMULIN 50/50	2	
HUMULIN 70/30	2	
HUMULIN PENFILL 70/30	2	
HUMULIN N	2	
HUMULIN N PENFILL	2	
HUMULIN R	2	
JANUMET	2	
JANUVIA	2	
LANTUS	2	
LANTUS OPTICLIK	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
<i>metformin</i>	1	
<i>metformin er</i>	1	
NOVOFINE 30 PEN NEEDLE	2	
NOVOLIN 70/30	2	

Notes = Requirements/Limitations, if any. See page 3 for more information.

Drug Name	Drug Tier	Notes
NOVOLIN 70/30 INNOLET	2	
NOVOLIN 70/30 PENFILL	2	
NOVOLIN N	2	
NOVOLIN N INNOLET	2	
NOVOLIN N PENFILL	2	
NOVOLIN R	2	
NOVOLIN R INNOLET	2	
NOVOLIN R PENFILL	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG PENFILL	2	
NOVOLOG MIX 70/30	2	
NOVOLOG 70/30 MIX FLEXPEN	2	
NOVOLOG 70/30 MIX PENFILL	2	
PRANDIN	2	PA
STARLIX	2	PA
SYMLIN	2	
SYMLIN PEN	2	
<i>tolazamide</i>	1	
TOLBUTAMIDE	1	
Blood Products/Modifiers/Volume Expanders		
AGGRENOX	2	
<i>anagrelide</i>	1	
ARANESP	3	PA
ARIXTRA	3	
<i>cilostazol</i>	1	
COUMADIN	2	
<i>dipyridamole</i>	1	
EPOGEN	3	PA
FRAGMIN	3	PA
<i>heparin</i>	1	
<i>jantoven</i>	1	
LEUKINE	3	PA
LOVENOX	3	PA
NEULASTA	3	PA
NEUMEGA	3	PA
NEUPOGEN	3	PA
<i>pentoxifylline er</i>	1	
PLAVIX	2	
PROCRIT	3	PA
PROMACTA	2	PA
<i>ticlopidine</i>	1	
<i>warfarin</i>	1	
Cardiovascular Agents		
<i>acebutolol</i>	1	
ACEON	2	
<i>acetazolamide cap.</i>	1	

Drug Name	Drug Tier	Notes
<i>acetazolamide inj.</i>	2	
<i>acetazolamide tab</i>	1	
ADVICOR	2	
<i>afeditab</i>	1	
<i>amiloride</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>amiodarone</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine/benazepril</i>	1	
ANTARA	1	
<i>atenolol</i>	1	
<i>atenolol/chlorthalidone</i>	1	
AVALIDE	2	
AVAPRO	2	
<i>benazepril</i>	1	
<i>benazepril/hydrochlorothiazide</i>	1	
<i>betaxolol</i>	1	
<i>bisoprolol</i>	1	
<i>bisoprolol/hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
BYSTOLIC	2	
CADUET	2	PA
<i>captopril</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	
CARDIZEM LA	2	
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
CATAPRES-TTS	2	
<i>chlorthalidone</i>	1	
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>chlorothiazide</i>	1	
<i>clonidine</i>	1	
<i>colestipol granules/tab</i>	1	
COREG CR	2	
COZAAR	2	
CRESTOR	2	ST
DIGITEK	1	
<i>digoxin</i>	1	
<i>dilt-cd</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem</i>	1	
<i>diltiazem er</i>	1	
<i>diltzac</i>	1	
DIOVAN	2	
DIOVAN HCT	2	
<i>disopyramide</i>	1	

Notes = Requirements/Limitations, if any. See page 3 for more information.

Drug Name	Drug Tier	Notes
<i>disopyramide er</i>	1	
DIURIL	2	
<i>doxazosin</i>	1	
DYRENIUM	2	
<i>enalapril/hydrochlorothiazide</i>	1	
<i>enalapril</i>	1	
EXFORGE	2	
EXFORGE HCT	2	
<i>felodipine er</i>	1	
<i>flecainide</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril/hydrochlorothiazide</i>	1	
<i>furosemide</i>	1	
<i>gemfibrozil</i>	1	
<i>guanfacine</i>	1	
<i>hydralazine</i>	1	
<i>hydrochlorothiazide</i>	1	
HYZAAR	2	
<i>indapamide</i>	1	
INNOPRAN XL	2	
<i>isosorbide dinitrate (er)</i>	1	
<i>isosorbide mononitrate (er)</i>	1	
<i>isradipine</i>	1	
<i>labetalol</i>	1	
LANOXIN	2	
LIPITOR	2	PA
<i>lisinopril</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
LOFIBRA	1	
LOTREL CAP 5-40mg & 10-40mg	2	
<i>lovastatin</i>	1	
LOVAZA	2	
<i>methazolamide</i>	1	
<i>methyl dopa</i>	1	
<i>methyl dopa/ hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<i>metoprolol</i>	1	
<i>metoprolol er</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>mexiletine</i>	1	
<i>midodrine</i>	1	
<i>minitran</i>	1	
<i>minoxidil</i>	1	
<i>moexipril</i>	1	
<i>moexipril/hydrochlorothiazide</i>	1	
<i>nadolol</i>	1	

Drug Name	Drug Tier	Notes
NIASPAN ER	2	
<i>nicardipine</i>	1	
<i>nifedical XL</i>	1	
<i>nifedipine</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine</i>	1	
<i>nitroglycerin patch</i>	1	
NITROSTAT	2	
NORPACE CR	2	
PACERONE	2	
<i>pindolol</i>	1	
<i>pravastatin</i>	1	
<i>prazosin</i>	1	
<i>prevalite</i>	1	
<i>procainamide</i>	1	
<i>propafenone</i>	1	
<i>propranolol</i>	1	
<i>propranolol er</i>	1	
<i>propranolol /hydrochlorothiazide</i>	1	
<i>quinapril</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>quinaretic</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
<i>quinidine sulfate er</i>	1	
<i>ramipril</i>	1	
RANEXA	2	
REMODULIN	3	PA
RESERPINE	1	
<i>simvastatin</i>	1	
<i>sotalol</i>	1	
<i>sotalol AF</i>	1	
<i>sorine</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone /hydrochlorothiazide</i>	1	
<i>taztia-xt</i>	1	
<i>terazosin</i>	1	
TIKOSYN	2	
<i>timolol maleate tab</i>	1	
<i>torseamide</i>	1	
TRACLEER	3	
<i>trandolapril</i>	1	
<i>triamterene/hydrochlorothiazide</i>	1	
<i>verapamil</i>	1	
<i>verapamil er</i>	1	
WELCHOL	2	

Notes = Requirements/Limitations, if any. See page 3 for more information.

Drug Name	Drug Tier	Notes
ZETIA	2	
Central Nervous System Agents		
<i>amphetamine salt combo</i>	1	
CHANTIX	2	
CHANTIX PAK	2	
CONCERTA	2	
DAYTRANA	2	
<i>dexmethylphenidate</i>	1	
<i>dextroamphetamine</i>	1	
<i>dextroamphetamine cr</i>	1	
DEXTROSTAT TAB 5MG	1	
FOCALIN XR	2	
<i>metadate er 20mg tab</i>	1	
METHYLIN TAB	1	
<i>methylin er</i>	1	
<i>methylphenidate</i>	1	
<i>methylphenidate sr</i>	1	
NICOTROL INHALER	2	
NICOTROL NASAL SPRAY	2	
SAVELLA	2	PA
STRATTERA	2	QL
VYVANSE	2	
XENAZINE	2	PA
XYREM	3	
Dental and Oral Agents		
<i>chlorhexidine gluconate</i>	1	
EVOXAC	2	
<i>lidomar viscous</i>	1	
<i>nystatin susp.</i>	1	
<i>perlogard</i>	1	
<i>pilocarpine tab</i>	1	
<i>triamcinolone in orabase</i>	1	
Dermatological Agents		
8-MOP	2	
<i>acticin cream</i>	1	
AKNE-MYCIN OINT	2	
<i>alclometasone cream/oint</i>	1	
ALDARA	2	
<i>amcinonide cream/oint</i>	1	
<i>amcinonide lotion</i>	2	
<i>ammonium lactate</i>	1	
<i>amnestem</i>	2	
<i>augmented betamethasone</i>	1	
<i>avita cream/gel</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
<i>calcipotriene</i>	1	

Drug Name	Drug Tier	Notes
CARAC	2	
<i>ciclopirox cream/susp/gel</i>	1	
<i>claravis</i>	2	
<i>clindamycin topical</i>	1	
<i>clobetasol (E)</i>	1	
<i>clotrimazole/betamethasone</i>	1	
<i>clotrimazole cream/soln</i>	1	
CONDYLOX	2	
CORTISPORIN CREAM	2	
DENAVIR	2	
DESONATE GEL	2	
<i>desonide</i>	1	
<i>desoximetasone gel/cream/oint</i>	1	
DIFFERIN CREAM/GEL	2	PA
<i>diflorasone</i>	1	
DOVONEX CREAM	2	
<i>econazole cream</i>	1	
<i>erythromycin topical</i>	1	
EURAX	2	
FINACEA	2	
FLUOCIN	1	
<i>fluocinonide (E)</i>	1	
FLUOROPLEX CREAM	2	
<i>Fluorouracil cream/soln.</i>	1	
<i>fluticasone cream/oint</i>	1	
<i>gentamicin cream/oint</i>	1	
<i>halobetasol cream/oint</i>	1	
<i>hc butyrate</i>	1	
<i>hc valerate</i>	1	
<i>hydrocortisone cream/lotion/oint</i>	1	
<i>ketoconazole cream/shampoo</i>	1	
LAMISIL SPRAY	2	
LIDODERM	2	PA
LOCOID	1	
METROGEL 1%	2	
<i>metronidazole cream</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole lotion</i>	1	
<i>mometasone</i>	1	
<i>mupirocin oint</i>	1	
NORITATE	2	
<i>nystatin powder/cream/oint</i>	1	
<i>nystatin/triamcinolone topical</i>	1	
OXISTAT	2	
OXSORALEN ULTRA	2	
PANRETIN	2	
PHISOHEX	2	

Notes = Requirements/Limitations, if any. See page 3 for more information.

Drug Name	Drug Tier	Notes
<i>podofilox</i>	2	
<i>prednicarbate</i>	1	
REGRANEX	2	
RETIN-A MICRO	2	
SANTYL	2	
<i>selenium sulfide shampoo</i>	1	
<i>silver sulfadiazine cream</i>	1	
<i>sodium sulfacetamide</i>	1	
SOLARAZE	2	
SORIATANE CK KIT	2	
<i>sotret</i>	2	
<i>sulfacetamide 10% lotion</i>	1	
SULFAMYLON	2	
TARGRETIN GEL	2	
TEXACORT SOLN. 1%	1	
<i>thermazene</i>	1	
<i>tretinoin cream/gel</i>	1	
<i>triamcinolone</i>	1	
<i>urea cream/oint 40%</i>	1	
VECTICAL	2	
ZOVIRAX CREAM/OINT	2	
Deterrents/Replacements		
ANTABUSE	2	
CAMPRAL	2	
Enzyme Replacements/Modifiers		
CEREDASE	3	PA
CEREZYME	3	PA
CYSTAGON	2	
FABRAZYME	3	PA
<i>levocarnitine</i>	1	
ORFADIN	2	
ZAVESCA	2	
Gastrointestinal Agents		
AMITIZA	2	ST
<i>calcium acetate cap 667mg</i>	1	
<i>cimetidine</i>	1	
CREON	2	
<i>dicyclomine</i>	1	
<i>diphenoxylate/atropine</i>	1	
<i>enulose</i>	1	
ENZYMAX	2	
<i>famotidine</i>	1	
FOSRENOL	2	
GOLYTELY PACKET	1	
HECTOROL	2	
KAPIDEX	2	ST/QL
<i>lactulose</i>	1	

Drug Name	Drug Tier	Notes
LIPRAM	2	
<i>loperamide</i>	1	
LOTRONEX	2	
<i>methscopolamine</i>	1	
<i>metoclopramide</i>	1	
<i>misoprostol</i>	1	
NEXIUM	NC	
NEXIUM IV	2	
<i>nizatidine</i>	1	
<i>octreotide</i>	3	
<i>omeprazole</i>	1	
PANCREASE MT	2	
PANCRELIPASE	2	
PANCRON	2	
PANOCAP	2	
<i>peg 3350/electrolytes</i>	1	
<i>polyethylene glycol 3350</i>	1	
PREVACID	2	ST
PREVACID NAP KIT	2	ST
PREVACID SOLUTAB	2	ST
<i>ranitidine</i>	1	
RELISTOR	2	PA
SANDOSTATIN	3	
SANDOSTATIN LAR	3	
SUCRAID	3	
<i>sucralfate</i>	1	
TRILYTE	1	
ULTRASE (MT)	2	
URSO	2	
URSO FORTE	2	
<i>ursodiol</i>	1	
<i>ursodiol tab</i>	2	
VIOKASE	2	
ZEMPLAR	2	
Genitourinary Agents		
AVODART	2	
<i>bethanechol</i>	1	
<i>colocort</i>	1	
DETROL	2	
DETROL LA	2	
ELMIRON	2	
ENABLEX	2	
<i>finasteride</i>	1	
<i>flavoxate</i>	1	
FLOMAX	2	
<i>hydrocortisone enema</i>	1	
LITHOSTAT	2	

Notes = Requirements/Limitations, if any. See page 3 for more information.

Drug Name	Drug Tier	Notes
<i>oxybutynin</i>	1	
<i>oxybutynin er</i>	1	
OXYTROL	2	
<i>proctocream</i>	1	
THIOLA	2	
UROXATRAL	2	
VESICARE	2	
Hormonal Agents, Stimulant/Replacement/Modifying		
ACTONEL	2	ST
ACTONEL W/ CALCIUM	2	ST
<i>alendronate tab</i>	1	
ANDROGEL	2	
<i>apri</i>	1	
<i>aranelle</i>	1	
ARMOUR THYROID	1	
<i>aviane</i>	1	
<i>balziva</i>	1	
<i>camila</i>	1	
<i>cesia</i>	1	
CLIMARA	2	
COMBIPATCH	2	
CRINONE	2	
<i>cryselle-28</i>	1	
CYTOMEL	2	
<i>danazol</i>	1	
<i>desmopressin</i>	1	
ENDOMETRIN	2	
<i>enpresse-28</i>	1	
<i>errin</i>	1	
<i>estra/noreth tab</i>	1	
<i>estradiol</i>	1	
ESTRING	2	
<i>estropipate</i>	1	
<i>etidronate</i>	1	
EVISTA	2	
<i>fludrocortisone</i>	1	
FORTEO	3	PA
FORTICAL NASAL SPRAY	2	
<i>gynodiol</i>	1	
INCRELEX	3	PA
<i>jolivette</i>	1	
<i>junel (fe)</i>	1	
<i>kariva</i>	1	
<i>kelnor</i>	1	
KUVAN	3	PA
<i>leena</i>	1	

Drug Name	Drug Tier	Notes
<i>lessina-28</i>	1	
<i>levora -28</i>	1	
<i>levothroid</i>	1	
<i>levothyroxine</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine</i>	2	
<i>liothyronine inj.</i>	1	
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	
LYBREL	2	
<i>medroxyprogesterone</i>	1	
MEGACE ES	2	
<i>megestrol</i>	1	
METHERGINE	2	
<i>microgestin (FE)</i>	1	
<i>mononessa</i>	1	
<i>necon</i>	1	
<i>next choice tab</i>	2	
<i>nora-be</i>	1	
NORDITROPIN	3	PA
<i>norethindrone</i>	1	
<i>nortrel</i>	1	
NUVARING	2	
<i>ocella</i>	1	
OGESTREL	1	
ORTHO EVRA	2	
ORTHO TRI-CYCLEN LO	2	
<i>ortho-est</i>	1	
PLAN B	2	
<i>portia</i>	1	
PREMARIN	2	
PREMARIN VAGINAL CREAM	2	
PREMPHASE	2	
PREMPRO	2	
<i>previfem</i>	1	
PROCHIEVE	2	
PROMETRIUM	2	
<i>propylthiouracil</i>	1	
<i>quasense</i>	1	
<i>reclipsen</i>	1	
<i>solia</i>	1	
SOMATULINE	2	PA
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
SYNTHROID	2	
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	

Notes = Requirements/Limitations, if any. See page 3 for more information.

Drug Name	Drug Tier	Notes
<i>thyroid</i>	1	
THYROLAR	2	
<i>trinessa</i>	1	
<i>tri-legest FE</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>trivora 28</i>	1	
<i>unithroid</i>	1	
VANTUS	2	PA
<i>velivet</i>	1	
VIVELLE	2	
VIVELLE-DOT	2	
YAZ	2	
<i>zovia</i>	1	
Hormonal Agents, Suppressant		
ARIMIDEX	2	
AROMASIN	2	
<i>bicalutamide</i>	2	
<i>bromocriptine</i>	1	
<i>cabergoline</i>	1	
CASODEX	2	
DEPO-PROVERA	2	
ELIGARD	2	PA
EMCYT	2	
EXJADE	2	
FARESTON	2	
FASLODEX	3	PA
FEMARA	2	
<i>flutamide</i>	1	
<i>leuprolide inj</i>	1	PA
LUPRON DEPOT PEDIATRIC	3	PA
LUPRON DEPOT INJ	2	PA
LUPRON DEPOT INJ 7.5mg, 22.5mg, 30 mg	3	PA
LYSODREN	2	
<i>methimazole</i>	1	
NILANDRON	2	
<i>propylthiouracil</i>	1	
SENSIPAR	2	
SOLTAMOX	2	
SOMAVERT	3	
STIMATE	2	
SYNAREL	2	
<i>tamoxifen</i>	1	
TRELSTAR	2	PA
Immunological Agents		
ACTHIB	2	

Drug Name	Drug Tier	Notes
ACTIMMUNE	3	
ADACEL	2	
ALDARA	2	
ALFERON N	3	
AMINOSYN	2	
ARALAST	3	PA
ATGAM	3	
ATTENUVAX	2	
AVONEX	3	QL
<i>azathioprine</i>	1	PA
BETASERON	3	QL
BOOSTRIX	2	
<i>carboplatin</i>	1	PA
CARIMUNE	3	PA
CELLCEPT	2	PA
CLINIMIX	2	
COMVAX	2	
COPAXONE	3	QL
<i>cyclosporine</i>	2	PA
DAPTACEL	2	
DECAVAC	2	
DEPEN TITRATABS	2	
DIPHThERIA-TETANUS TOX	2	
ELIDEL	2	
ENBREL	3	PA
ENGERIX-B	2	PA
FLEBOGAMMA	3	PA
GAMASTAN	3	PA
GAMMAGARD	3	PA
GAMUNEX	3	PA
GARDASIL	2	PA
GENGRAF	2	PA
HAVRIX	2	
HIBTITER	2	
HUMIRA	3	PA
<i>immune globulin</i>	3	PA
IMOVAX	2	
INFANRIX	2	
INFERGEN	3	
INTRON-A	3	
IPOLE INACTIVATED IPV	2	
IVEEGAM	3	PA
JE-VAX	2	
KINERET	3	PA
<i>leflunomide</i>	2	
MENACTRA	2	
MENOMUNE	2	

Notes = Requirements/Limitations, if any. See page 3 for more information.

Drug Name	Drug Tier	Notes
MERUVAX II	2	
M-M-R II VACCINE	2	
<i>mycophenolate</i>	2	PA
MYFORTIC	2	PA
NEORAL	2	PA
OCTAGAM	3	PA
PANGLOBULIN	3	PA
PEDIARIX	2	
PEDVAX HIB	2	
PEGASYS	3	
PEG-INTRON	3	
POLYGAM	3	PA
PROGRAF	2	PA
PROLASTIN	3	PA
PROQUAD	2	
PROTOPIC	2	
RABAVERT	2	
RAPAMUNE	2	PA
REBIF	3	QL
RECOMBIVA HB	2	PA
REMICADE	3	PA
REVLIMID	3	
RIDAURA	2	
ROTATEQ	2	
SANDIMMUNE	2	PA
SIMULECT	3	PA
SOLU-CORTEF	2	
SYNAGIS	3	PA
SYPRINE	2	
<i>tacrolimus</i>	2	PA
TETANUS TOXOID	2	
THALOMID	3	
TRIHIBIT	2	
TRIPEDIA	2	
TWINRIX	2	
TYPHIM VI	2	
TYSABRI	3	PA
VAQTA	2	
VARIVAX	2	
VIVAGLOBULIN	3	PA
VIVOTIF BERNA	2	
YF-VAX	2	
ZEMAIRA	3	PA
ZOSTAVAX	2	PA
Inflammatory Bowel Disease Agents		
ASACOL	2	
ASACOL HD	2	

Drug Name	Drug Tier	Notes
<i>balsalazide</i>	1	
CANASA	2	
LIALDA	2	
<i>mesalamine enema</i>	1	
PENTASA	2	
<i>sulfasalazine</i>	1	
Ophthalmic Agents		
ACULAR	2	
ACULAR LS	2	
ACULAR PF	2	
ALAMAST	2	
ALOCRIAL	2	
ALOMIDE	2	
ALPHAGAN P	2	
AZASITE	2	
AZOPT	2	
<i>bacitracin ophth.</i>	1	
<i>bacitracin/polymyxin/neomycin ophth</i>	1	
<i>bacitracin/polymyxin ophth</i>	1	
BETAGAN	2	
BETAXOLOL	1	
BETIMOL	2	
BETOPTIC-S	2	
BLEPHAMIDE	2	
<i>brimonidine</i>	1	
<i>carteolol</i>	1	
CILOXAN OINTMENT	2	
<i>ciprofloxacin ophth.</i>	1	
COMBIGAN	2	
<i>cromolyn</i>	1	
<i>dexamethasone ophth.</i>	1	
<i>diclofenac ophth soln</i>	1	
<i>dipivefrin</i>	1	
<i>dorzolamide ophth soln</i>	1	
<i>dorzolamide/timolol ophth soln</i>	1	
DUREZOL	2	
ELESTAT	2	
<i>erythromycin oint ophth.</i>	1	
<i>fluorometholone</i>	1	
<i>flurbiprofen</i>	1	
<i>genoptic</i>	1	
<i>gentak</i>	1	
<i>gentamicin ophth.</i>	1	
ISTALOL	2	
LACRISERT	2	
<i>levobunolol</i>	1	

Notes = Requirements/Limitations, if any. See page 3 for more information.

Drug Name	Drug Tier	Notes
LOTEMAX	2	
LUMIGAN	2	QL
<i>metipranolol</i>	1	
<i>mydral</i>	1	
<i>naphazoline</i>	1	
NATACYN	2	
<i>neomycin/polymyxin/ dexamethasone ophth</i>	1	
<i>neomycin/polymyxin/ gramicidin</i>	1	
<i>neomycin/polymyxin/hc ophth.</i>	1	
NEVANAC	2	
<i>ofloxacin</i>	1	
<i>parcaine</i>	1	
PATADAY	2	
PATANOL	2	
PHOSPHOLINE	2	
<i>pilocarpine ophth.</i>	1	
PILOPINE HS GEL	2	
<i>poly-dex</i>	1	
POLY-PRED	2	
PRED MILD	2	
<i>prednisolone ophth.</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>proparacaine</i>	1	
RESTASIS	2	RS
<i>romycin</i>	1	
<i>sulfacet sodium oint ophth.</i>	2	
<i>sulfacet sodium solution ophth.</i>	1	
<i>sulfacetamide sod./prednisolone sod. phosphate</i>	1	
<i>timolol maleate</i>	1	
<i>timolol maleate gel forming</i>	1	
<i>tobramycin ophth</i>	1	
<i>tobramycin/dex ophth soln</i>	1	
<i>tobrasol</i>	1	
TOBEX OINT	2	
TRAVATAN	2	QL
TRAVATAN Z	2	QL
<i>trimethoprim/polymyxin b</i>	1	
<i>trifluridine</i>	1	
<i>tropicamide</i>	1	
VIGAMOX	2	
VOLTAREN OPHTH.	2	
XALATAN	2	QL
XIBROM	2	
ZYLET	2	QL
ZYMAR	2	

Drug Name	Drug Tier	Notes
Otic Agents		
<i>acetic acid otic</i>	1	
<i>acetic acid/hydrocortisone</i>	1	
<i>borofair</i>	1	
CIPRODEX	2	
COLY-MYCIN S	2	
CORTISPORIN-TC OTIC	2	
<i>cortomycin</i>	1	
DERMOTIC	2	
<i>neomycin/polymyxin/hc otic</i>	1	
<i>ofloxacin otic</i>	1	
Respiratory Tract Agents		
ACCOLATE	2	PA
<i>acetylcysteine</i>	1	
ADVAIR DISKUS	2	QL
ADVAIR HFA	2	QL
<i>albuterol tab (er)</i>	1	
<i>albuterol nebulizer</i>	1	PA
<i>albuterol syrup</i>	1	
<i>albuterol/ipratropium neb</i>	1	PA
ALLEGRA-D	2	PA
<i>aminophylline</i>	1	
ASMANEX	2	QL
ASTELIN	2	
ASTEPRO	2	
ATROVENT HFA	2	
<i>carbinoxamine</i>	1	
<i>clemastine</i>	1	
COMBIVENT	2	
<i>cromolyn nebulizer</i>	1	PA
<i>cyproheptadine</i>	1	
<i>diphenhydramine</i>	1	
<i>fexofenadine</i>	1	
FLOVENT HFA	2	QL
FLOVENT ROTADISK	2	QL
<i>flunisolide nasal spray</i>	1	
<i>fluticasone nasal spray</i>	1	
FORADIL AEROLIZER	2	
<i>hydroxyzine</i>	1	
INTAL INHALER	2	
<i>ipratropium nebulizer</i>	1	PA
<i>ipratropium nasal spray</i>	1	
LETAIRIS	3	
MAXAIR AUTOHALER	2	
<i>metaproterenol nebulizer</i>	1	PA
<i>metaproterenol syrup</i>	1	
NASONEX	2	

Notes = Requirements/Limitations, if any. See page 3 for more information.

Drug Name	Drug Tier	Notes
PATANASE	2	
<i>phenadoz</i>	1	
PROAIR HFA	2	
<i>promethazine</i>	1	
<i>promethazine suppository</i>	1	
<i>promethazine syrup</i>	1	
PROVENTIL HFA	2	
PULMICORT INHALER	2	
PULMICORT INH. SUSP.	2	QL/PA
PULMOZYME	3	PA
REVATIO	3	PA
RHINOCORT AQUA	2	
SEREVENT DISKUS	2	
SINGULAIR	2	
SPIRIVA HANDIHALER	2	
SYMBICORT	2	
<i>terbutaline</i>	1	
<i>theophylline er</i>	1	
<i>theophylline td</i>	1	
TOBI	3	PA
TRACLEER	3	
TYZINE	2	
UNIPHYL	2	
VENTAVIS	3	
VENTOLIN HFA	2	
XOLAIR	3	PA
XYZAL	2	PA
Sedatives/Hypnotics		
LUNESTA	2	PA
ROZEREM	2	PA
<i>zolpidem</i>	1	
Skeletal Muscle Relaxants		
<i>baclofen</i>	1	
<i>carisoprodol</i>	1	

Drug Name	Drug Tier	Notes
<i>carisoprodol/asa/codeine</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine</i>	1	
<i>dantrolene</i>	1	
<i>methocarbamol</i>	1	
<i>orphenadrine/aspirin/caffeine</i>	1	
SKELAXIN	2	
<i>tizanidine</i>	1	
Therapeutic Nutrients/Minerals/Electrolytes		
<i>ammonium chloride inj.</i>	1	
<i>calcitriol cap/soln</i>	1	
<i>lactated ringers</i>	1	
KLOR-CON	1	
KLOR-CON M15	2	
<i>magnesium sulfate inj</i>	2	
MICRO-K 8MEQ	2	
PLASMA-LYTE	2	
<i>potassium chloride</i>	1	
<i>potassium chloride er</i>	1	
<i>potassium citrate</i>	1	
<i>prenatal vitamin</i>	1	
<i>sodium bicarbonate inj.</i>	1	
<i>sodium chloride inj.</i>	1	
<i>sodium fluoride</i>	1	
<i>sodium lactate inj.</i>	1	
Toxicologic Agents		
CHEMET	2	
<i>depade</i>	1	
<i>naloxone</i>	1	
<i>naltrexone</i>	1	
<i>sodium polystyrene</i>	1	

Notes = Requirements/Limitations, if any. See page 3 for more information.

ALPHABETICAL LISTING OF DRUGS

8		<i>alendronate tab</i>	16	ARICEPT ODT	7
		ALFERON N	17	ARIMIDEX	17
8-MOP	14	ALIMTA	9	ARIXTRA	12
		ALKERAN	9	ARMOUR THYROID	16
A		ALLEGRA-D	19	AROMASIN	17
		<i>allopurinol</i>	8	ARRANON	9
ABILIFY	10	ALOCRIAL	18	ASACOL	18
ABILIFY DISCMELT	10	ALOMIDE	18	ASACOL HD	18
ABRAXANE	9	ALPHAGAN P	18	ASMANEX	19
<i>acarbose</i>	11	<i>amantadine</i>	10	<i>aspirin/codeine</i>	6
ACCOLATE	19	<i>amcinonide cream/oint</i>	14	ASTELIN	19
<i>acebutolol</i>	12	<i>amcinonide lotion</i>	14	ASTEPRO	19
ACEON	12	AMERGE	9	<i>atenolol</i>	12
<i>acetaminophen/codeine</i>	6	<i>amikacin inj.</i>	6	<i>atenolol/chlorthalidone</i>	12
<i>acetazolamide cap.</i>	12	<i>amiloride</i>	12	ATGAM	17
<i>acetazolamide inj.</i>	12	<i>amiloride/hydrochlorothiazide</i>	12	ATRIPLA	10
<i>acetazolamide tab</i>	12	<i>aminophylline</i>	19	ATROVENT HFA	19
<i>acetic acid otic</i>	19	AMINOSYN	17	ATTENUVAX	17
<i>acetic acid/hydrocortisone</i>	19	<i>amiodarone</i>	12	<i>augmented betamethasone</i>	14
<i>acetylcysteine</i>	19	AMITIZA	15	AUGMENTIN XR	6
ACTHIB	17	<i>amitriptyline</i>	7	AVALIDE	12
<i>acticin cream</i>	14	<i>amlodipine</i>	12	AVANDAMET	11
ACTIMMUNE	17	<i>amlodipine/benazepril</i>	12	AVANDARYL	11
ACTONEL	16	<i>ammonium chloride inj.</i>	20	AVANDIA	11
ACTONEL W/ CALCIUM	16	<i>ammonium lactate</i>	14	AVAPRO	12
ACTOPLUS MET	11	<i>amnesteem</i>	14	AVASTIN	9
ACTOS	11	<i>amoxapine</i>	7	AVELOX	6
ACULAR	18	<i>amoxicillin</i>	6	<i>aviane</i>	16
ACULAR LS	18	<i>amoxicillin/clavulanate</i>	6	AVINZA	6
ACULAR PF	18	<i>amphetamine salt combo</i>	14	<i>avita cream/gel</i>	14
<i>acyclovir</i>	10	AMPHOTEC	8	AVODART	15
ADACEL	17	<i>amphotericin inj.</i>	8	AVONEX	17
<i>adriamycin</i>	9	<i>ampicillin</i>	6	AXERT	9
ADVAIR DISKUS	19	<i>ampicillin/sulbactam</i>	6	AZACTAM	6
ADVAIR HFA	19	<i>anagrelide</i>	12	AZASITE	18
ADVICOR	12	ANCOBON	8	<i>azathioprine</i>	17
<i>afeditab</i>	12	ANDROGEL	16	AZILECT	10
AFINITOR	9	ANTABUSE	15	<i>azithromycin</i>	6
AGGRENEX	12	ANTARA	12	AZOPT	18
AKNE-MYCIN OINT	14	APOKYN	10		
ALAMAST	18	<i>apri</i>	16	B	
<i>albuterol nebulizer</i>	19	APTIVUS	10	<i>bacitracin/polymyxin ophth</i>	18
<i>albuterol syrup</i>	19	APTIVUS ORAL SOLN.	10	<i>bacitracin ophth.</i>	18
<i>albuterol/ipratropium neb</i>	19	ARALAST	17	<i>bacitracin/polymyxin/neomycin</i>	
<i>alclometasone cream/oint</i>	14	<i>aranelle</i>	16	<i>ophth</i>	18
ALCOHOL PAD	11	ARANESP	12	<i>baclofen</i>	20
ALDARA	14, 17	ARICEPT	7		

ALPHABETICAL LISTING OF DRUGS

<i>balsalazide</i>	18	<i>calcitriol cap/soln</i>	20	<i>cesia</i>	16
<i>balziva</i>	16	<i>calcium acetate cap 667mg</i>	15	CHANTIX	14
BANZEL	7	<i>camila</i>	16	CHANTIX PAK	14
BARACLUDE	10	CAMPATH	9	CHEMET	20
B-D INSULIN SYRINGES	11	CAMPRAL	15	<i>chlordiazepoxide/amitriptyline</i>	8
B-D PEN NEEDLES	11	CAMPTOSAR	9	<i>chlorhexidine gluconate</i>	14
<i>benazepril</i>	12	CANASA	18	<i>chloroquine</i>	10
<i>benazepril/hydrochlorothiazide</i>	12	CANCIDAS INJ.	8	<i>chlorothiazide</i>	12
<i>benztropine</i>	10	<i>captopril</i>	12	<i>chlorpromazine</i>	10
<i>benztropine inj.</i>	10	<i>captopril/hydrochlorothiazide</i>	12	<i>chlorpropamide</i>	11
BETAGAN	18	CARAC	14	<i>chlorthalidone</i>	12
<i>betamethasone dipropionate</i>	14	<i>carbamazepine</i>	7	<i>chlorzoxazone</i>	20
<i>betamethasone valerate</i>	14	<i>carbamazepine er</i>	7	<i>cholestyramine</i>	12
BETASERON	17	CARBATROL	7	<i>cholestyramine light</i>	12
<i>betaxolol</i>	12	<i>carbidopa/levodopa</i>	10	<i>ciclopirox</i>	8
BETAXOLOL	18	<i>carbidopa/levodopa er</i>	10	<i>ciclopirox cream/susp/gel</i>	14
<i>bethanechol</i>	15	<i>carbidopa/levodopa ODT</i>	10	<i>cilostazol</i>	12
BETIMOL	18	<i>carbinoxamine</i>	19	CILOXAN OINTMENT	18
BETOPTIC-S	18	<i>carboplatin</i>	9, 17	<i>cimetidine</i>	15
<i>bicalutamide</i>	17	CARDIZEM LA	12	CIPRO IV	6
BICILLIN C-R	6	CARIMUNE	17	CIPRO SUSPENSION	6
BICILLIN LA	6	<i>carisoprodol</i>	20	CIPRODEX	19
BICNU	9	<i>carisoprodol/asa/codeine</i>	20	<i>ciprofloxacin</i>	6
<i>bisoprolol</i>	12	<i>carisoprodol/aspirin</i>	6	<i>ciprofloxacin ophth.</i>	18
<i>bisoprolol/hydrochlorothiazide</i>	12	<i>carisoprodol/aspirin/codeine</i>	6	<i>cisplatin (aq)</i>	9
<i>bleomycin</i>	9	<i>carteolol</i>	18	<i>citalopram</i>	8
BLEPHAMIDE	18	<i>cartia xt</i>	12	<i>claravis</i>	14
BOOSTRIX	17	<i>carvedilol</i>	12	<i>clarithromycin (er)</i>	6
<i>borofair</i>	19	CASODEX	17	<i>clemastine</i>	19
<i>brimonidine</i>	18	CATAPRES-TTS	12	CLEOCIN SOLUTION	6
<i>bromocriptin</i>	10	CEENU	9	CLIMARA	16
<i>bromocriptine</i>	17	<i>cefaclor (er)</i>	6	<i>clindamycin cap</i>	6
<i>budeprion</i>	7	<i>cefadroxil</i>	6	<i>clindamycin inj</i>	6
<i>budeprion xl 300mg</i>	7	<i>cefazolin inj</i>	6	<i>clindamycin topical</i>	14
<i>bumetanide</i>	12	<i>cefдинир</i>	6	CLINIMIX	17
<i>bupropion</i>	7	<i>cefepime inj.</i>	6	<i>clobetasol (E)</i>	14
<i>bupropion sr</i>	8	<i>cefotaxime inj.</i>	6	<i>clomipramine</i>	8
<i>bupirone</i>	11	<i>cefotetan inj.</i>	6	<i>clonidine</i>	12
BUSULFEX	9	<i>cefoxitin</i>	6	<i>clotrimazole betamethasone topical</i>	8
<i>butalbital/apap/caff/codeine</i>	6	<i>cefpodoxime</i>	6	<i>clotrimazole cream/soln</i>	14
<i>butalbital/asa/caff/codeine</i>	6	<i>cefprozil</i>	6	<i>clotrimazole troche</i>	8
<i>butorphanol nasal solution</i>	6	<i>ceftriaxone inj.</i>	6	<i>clotrimazole/betamethasone</i>	14
BYETTA	11	<i>cefuroxime</i>	6	<i>clozapine</i>	10
BYSTOLIC	12	CELEBREX	8	CLOZARIL	10
		CELLCEPT	17	<i>codeine sulfate tab</i>	6
C		CELONTIN CAP 300MG	7	COGENTIN	10
		<i>cephalexin</i>	6	COGENTIN INJ.	10
<i>cabergoline</i>	17	CEREBYX INJ.	7	<i>colchicine</i>	8
CADUET	12	CEREDASE	15	<i>colestipol granules/tab</i>	12
<i>calcipotriene</i>	14	CEREZYME	15	<i>colestipol powder/tab</i>	12
		CESAMET	8	<i>colocort</i>	15

ALPHABETICAL LISTING OF DRUGS

COLY-MYCIN S	19	<i>demeclocycline</i>	6	<i>dorzolamide ophth soln</i>	18
COMBIGAN	18	DENAVIR	14	<i>dorzolamide/timolol ophth soln</i>	18
COMBIPATCH	16	<i>depade</i>	20	DOVONEX CREAM	14
COMBIVENT	19	DEPAKENE SOLN.	7	<i>doxazosin</i>	13
COMBIVIR	10	DEPEN TITRATABS	17	<i>doxepin</i>	8
<i>compro</i>	10	DEPO-PROVERA	17	<i>doxorubicin</i>	9
COMTAN	10	DERMOTIC	19	<i>doxy-cap</i>	6
COMVAX	17	<i>desipramine</i>	8	<i>doxycycline hyclate</i>	6
CONCERTA	14	<i>desmopressin</i>	16	<i>doxycycline monohydrate</i>	6
CONDYLOX	14	DESONATE GEL	14	<i>dronabinol</i>	8
COPAXONE	17	<i>desonide</i>	14	DUETACT	11
COREG CR	12	<i>desoximetasone gel/cream/oint</i>	14	DUREZOL	18
CORTEF	8	DETROL	15	DYRENIUM	13
CORTISPORIN CREAM	14	DETROL LA	15		
CORTISPORIN-TC OTIC	19	<i>dexamethasone</i>	8	E	
<i>cortomycin</i>	19	<i>dexamethasone ophth.</i>	18	<i>e.e.s</i>	6
COSMEGEN	9	<i>dexmethylphenidate</i>	14	<i>econazole cream</i>	14
COUMADIN	12	<i>dextroamphetamine</i>	14	EFFEXOR XR	8
COZAAR	12	<i>dextroamphetamine cr</i>	14	ELESTAT	18
CREON	15	DEXTROSTAT TAB 5MG	14	ELIDEL	17
CRESTOR	12	<i>diclofenac ophth soln</i>	18	ELIGARD	17
CRINONE	16	<i>diclofenac potassium</i>	8	ELMIRON	15
CRIXIVAN	10	<i>diclofenac sodium ec</i>	8	ELOXATIN	9
<i>cromolyn</i>	18	<i>dicloxacillin</i>	6	ELSPAR	9
<i>cromolyn nebulizer</i>	19	<i>dicyclomine</i>	15	EMCYT	17
<i>cryselle-28</i>	16	<i>didanosine</i>	10	EMEND	8
CUBICIN	6	DIFFERIN CREAM/GEL	14	EMSAM	8, 10
<i>cyclobenzaprine</i>	20	<i>diflorasone</i>	14	EMTRIVA	10
<i>cyclophosphamide inj.</i>	9	DIFLUNISAL	6	ENABLEX	15
<i>cyclophosphamide tab</i>	9	DIGITEK	12	<i>enalapril</i>	13
<i>cyclosporine</i>	17	<i>digoxin</i>	12	<i>enalapril/hydrochlorothiazide</i>	13
CYMBALTA	8	<i>dihydroergotamine inj.</i>	9	ENBREL	17
<i>cyproheptadine</i>	19	DILANTIN	7	<i>endocet</i>	6
CYSTAGON	15	<i>dilt-cd</i>	12	ENDOMETRIN	16
<i>cytarabine</i>	9	<i>diltiazem</i>	12	ENGERIX-B	17
CYTOMEL	16	<i>diltiazem er</i>	12	<i>enpresse-28</i>	16
CYTOVENE	10	<i>dilt-xr</i>	12	<i>enulose</i>	15
		<i>diltzac</i>	12	ENZYMAX	15
D		DIOVAN	12	EPIPEN	11
<i>dacarbazine</i>	9	DIOVAN HCT	12	EPIPEN-JR	11
<i>danazol</i>	16	<i>diphenhydramine</i>	19	<i>epirubicin inj.</i>	9
<i>dantrolene</i>	20	<i>diphenoxylate/atropine</i>	15	EPIVIR	10
DAPSONE	9	DIPHThERIA-TETANUS TOX	17	EPIVIR HBV	10
DAPTACEL	17	<i>dipivefrin</i>	18	EPOGEN	12
DARAPRIM	10	<i>dipyridamole</i>	12	EPZICOM	10
DARVON-N	6	<i>disopyramide</i>	12	EQUETRO	10
<i>daunorubicin inj.</i>	9	<i>disopyramide er</i>	13	ERAXIS	8
DAYTRANA	14	DIURIL	13	ERGOMAR	9
DECAVAC	17	<i>divalproex</i>	7	<i>ergotamine/caffeine</i>	9
		<i>divalproex er</i>	7		
		<i>divalproex sprinkles</i>	7		

ALPHABETICAL LISTING OF DRUGS

<i>errin</i>	16	FLOVENT ROTADISK	19	GEODON	10
ERY-TAB	6	<i>fluconazole</i>	8	GLEEVEC	9
ERYTHROCIN INJ.	6	<i>fludrocortisone</i>	16	<i>glimepiride</i>	11
<i>erythrocin stearate</i>	6	<i>flunisolide nasal spray</i>	19	<i>glipizide</i>	11
<i>erythromycin</i>	6	FLUOCIN	14	<i>glipizide er</i>	11
<i>erythromycin ethylsuccinate</i>	6	<i>fluocinonide (E)</i>	14	<i>glipizide/metformin</i>	11
<i>erythromycin oint ophth</i>	18	<i>fluorometholone</i>	18	GLUCAGEN HOPOKIT	11
<i>erythromycin topical</i>	14	FLUOROPLEX CREAM	14	GLUCAGEN HYPOKIT	11
<i>erythromycin/sulfisoxazole</i>	6	<i>fluorouracil cream/soln.</i>	14	GLUCAGON KIT	11
<i>estra/noreth tab</i>	16	<i>fluoxetine</i>	8	<i>glyburide</i>	11
<i>estradiol</i>	16	<i>fluphenazine</i>	10	<i>glyburide micronized</i>	11
ESTRING	16	<i>flurbiprofen</i>	8, 18	<i>glyburide/metformin</i>	11
<i>estropipate</i>	16	<i>flutamide</i>	17	<i>glycopyrrolate</i>	11
<i>ethambutol</i>	9	<i>fluticasone cream/oint</i>	14	<i>glycron</i>	11
<i>ethosuximide</i>	7	<i>fluticasone nasal spray</i>	19	GLYSET	11
<i>etidronate</i>	16	<i>fluvoxamine</i>	8	GOLYTELY PACKET	15
<i>etodolac</i>	8	FOCALIN XR	14	<i>granisetron</i>	8
<i>etoposide</i>	9	FORADIL AEROLIZER	19	<i>granisetron inj.</i>	8
EURAX	14	FORTAZ	6	GRIFULVIN-V	8
EVISTA	16	FORTEO	16	<i>griseofulvin suspension</i>	8
EVOXAC	14	FORTICAL NASAL SPRAY	16	GRIS-PEG	8
EXELON	7	<i>fosinopril</i>	13	<i>guanfacine</i>	13
EXELON PATCH	7	<i>fosinopril/hydrochlorothiazide</i>	13	GUANIDINE	11
EXFORGE	13	<i>fosphenytoin inj.</i>	7	<i>gynodiol</i>	16
EXFORGE HCT	13	FOSRENOL	15		
EXJADE	17	FRAGMIN	12		
		<i>furosemide</i>	13		
		FUZEON	11		
F				H	
FABRAZYME	15			<i>halobetasol cream/oint</i>	14
<i>famciclovir</i>	11			<i>haloperidol</i>	10
<i>famotidine</i>	15	G		HAVRIX	17
FANSIDAR	10	<i>gabapentin</i>	7	<i>hc butyrate</i>	14
FARESTON	17	GABITRIL	7	<i>hc valerate</i>	14
FASLODEX	17	<i>galantamine</i>	7	HECTOROL	15
FAZACLO	10	<i>galantamine er</i>	7	<i>heparin</i>	12
FELBATOL	7	<i>galantamine oral soln.</i>	7	HEPSERA	11
<i>felodipine er</i>	13	GAMASTAN	17	HERCEPTIN	9
FEMARA	17	GAMMAGARD	17	HEXALEN	9
<i>fenoprofen</i>	8	GAMUNEX	17	HIBTITER	17
FENTANYL LOLLIPOPOP	6	<i>ganciclovir</i>	11	HUMALOG	11
<i>fentanyl patch</i>	6	GANTRISIN PEDIATRIC	6	HUMALOG MIX	11
<i>fexofenadine</i>	19	GARDASIL	17	HUMALOG PENFILL	11
FINACEA	14	<i>gemfibrozil</i>	13	HUMIRA	17
<i>finasteride</i>	15	GEMZAR	9	HUMULIN 50/50	11
<i>flavoxate</i>	15	GENGRAF	17	HUMULIN 70/30	11
FLEBOGAMMA	17	<i>genoptic</i>	18	HUMULIN N	11
<i>flecainide</i>	13	<i>gentak</i>	18	HUMULIN N PENFILL	11
FLOMAX	15	<i>gentamicin cream/oint</i>	14	HUMULIN PENFILL 70/30	11
FLOVENT HFA	19	<i>gentamicin inj.</i>	6	HUMULIN R	11
		<i>gentamicin ophth.</i>	18	<i>hydralazine</i>	13
				<i>hydrochlorothiazide</i>	13

ALPHABETICAL LISTING OF DRUGS

<i>hydrocodone/acetaminophen</i>	6	J	LEVAQUIN	6	
<i>hydrocodone/ibuprofen</i>	6		LEVAQUIN INJ.	6	
<i>hydrocortisone</i>	8	<i>jantoven</i>	12	LEVEMIR	11
<i>hydrocortisone cream/lotion/oint</i>	14	JANUMET	11	LEVEMIR FLEXPEN	11
<i>hydrocortisone enema</i>	15	JANUVIA	11	<i>levetiracetam</i>	7
<i>hydromorphone</i>	6	JE-VAX	17	<i>levobunolol</i>	18
<i>hydroxychloroquine</i>	10	<i>jolivette</i>	16	<i>levocarnitine</i>	15
<i>hydroxyurea cap 500mg</i>	9	<i>junel (fe)</i>	16	<i>levora -28</i>	16
<i>hydroxyzine</i>	19			<i>levothroid</i>	16
HYZAAR	13			<i>levothyroxine</i>	16
		K		<i>levoxyl</i>	16
I		KALETRA	11	LEXAPRO	8
<i>ibuprofen</i>	8	KAPIDEX	15	LEXIVA	11
<i>idarubicin</i>	9	<i>kariva</i>	16	LIALDA	18
<i>ifosfamide inj.</i>	9	<i>kelnor</i>	16	<i>lidocaine gel/solution</i>	6
<i>imipramine</i>	8	KEPPRA XR	7	<i>lidocaine inj.</i>	6
<i>imipramine pamoate</i>	8	<i>ketoconazole cream/shampoo</i>	14	<i>lidocaine ointment</i>	6
IMITREX NASAL SPRAY	9	<i>ketoconazole tab</i>	8	<i>lidocaine/prilocaine cream</i>	6
<i>immune globulin</i>	17	<i>ketoconazole topical</i>	8	LIDODERM	14
IMOVAX	17	<i>ketoprofen (er)</i>	8	<i>lidomar viscous</i>	14
INCRELEX	16	<i>ketorolac</i>	8	<i>lindane lotion</i>	10
<i>indapamide</i>	13	KINERET	17	<i>lindane shampoo</i>	10
<i>indomethacin</i>	8	KLOR-CON	20	<i>liothyronine</i>	16
<i>indomethacin er</i>	8	KLOR-CON M15	20	<i>liothyronine inj.</i>	16
INFANRIX	17	KUVAN	16	LIPITOR	13
INFERGEN	17			LIPRAM	15
INNOPRAN XL	13	L		<i>lisinopril</i>	13
INTAL INHALER	19	<i>labetalol</i>	13	<i>lisinopril/hydrochlorothiazide</i>	13
INTELENCE	11	LACRISERT	18	<i>lithium carbonate</i>	11
INTRON-A	17	<i>lactated ringers</i>	20	<i>lithium carbonate er</i>	11
INVANZ	9	<i>lactulose</i>	15	<i>lithium citrate</i>	11
INVEGA	10	LAMICTAL CHEW	7	LITHOSTAT	15
INVEGA SUSTENNA INJ.	10	LAMISIL SPRAY	14	LOCOID	14
INVIRASE	11	<i>lamotrigine</i>	7	LOFIBRA	13
IPOL INACTIVATED IPV	17	<i>lamotrigine chew 5&25mg</i>	7	<i>loperamide</i>	15
<i>ipratropium nasal spray</i>	19	<i>lamotrigine starter kit</i>	7	LOTEMAX	19
<i>ipratropium nebulizer</i>	19	LANOXIN	13	LOTREL CAP 5-40mg & 10-40mg	13
IRESSA	9	LANTUS	11	LOTRONEX	15
ISENTRESS	11	LANTUS OPTICLIK	11	<i>lovastatin</i>	13
<i>isoniazid</i>	9	LANTUS SOLOSTAR	11	LOVAZA	13
<i>isosorbide dinitrate (er)</i>	13	<i>leena</i>	16	LOVENOX	12
<i>isosorbide mononitrate (er)</i>	13	<i>leflunomide</i>	17	<i>low-ogestrel</i>	16
<i>isradipine</i>	13	<i>lessina-28</i>	16	<i>loxapine</i>	10
ISTALOL	18	LETAIRIS	19	LUMIGAN	19
<i>itraconazole</i>	8	<i>leucovorin inj</i>	9	LUNESTA	20
IVEEGAM	17	<i>leucovorin tab</i>	9	LUPRON DEPOT INJ	17
IXEMPRA	9	LEUKERAN	9	LUPRON DEPOT INJ 7.5mg, 22.5mg, 30 mg	17
		LEUKINE	12	LUPRON DEPOT PEDIATRIC	17
		<i>leuprolide inj</i>	17	<i>luter</i>	16

ALPHABETICAL LISTING OF DRUGS

LYBREL	16	<i>methylin er</i>	14	N	
LYRICA	7	METHYLIN TAB	14		
LYSODREN	17	<i>methylphenidate</i>	14	<i>nabumetone</i>	9
		<i>methylphenidate sr</i>	14	<i>nadolol</i>	13
		<i>methylprednisolone</i>	9	<i>nafacillin inj.</i>	7
		<i>methylprednisolone dosepak</i>	9	NALLPEN IN DEXTROSE	7
		<i>metipranolol</i>	19	<i>naloxone</i>	20
<i>magnesium sulfate inj</i>	20	<i>metoclopramide</i>	15	<i>naltrexone</i>	20
MALARONE	10	<i>metolazone</i>	13	NAMENDA	7
MAPROTILINE	8	<i>metoprolol</i>	13	NAMENDA ORAL SOLN	7
MARPLAN	8	<i>metoprolol er</i>	13	<i>naphazoline</i>	19
MATULANE	9	<i>metoprolol/hydrochlorothiazide</i>	13	<i>naproxen</i>	9
MAXAIR AUTOHALER	19	METROGEL 1%	14	<i>naproxen sodium</i>	9
MAXALT	9	<i>metronidazole cream</i>	14	NARDIL	8
MAXALT-MLT	9	<i>metronidazole gel 0.75%</i>	14	NASONEX	19
MAXIPIME	7	<i>metronidazole lotion</i>	14	NATACYN	19
<i>mebendazole</i>	10	<i>metronidazole tab/cap</i>	7	NEBUPENT	10
<i>meclizine tab</i>	8	<i>metronidazole vaginal gel</i>	7	<i>necon</i>	16
<i>meclofenamate</i>	8	<i>mexiletine</i>	13	<i>nefazodone</i>	8
<i>medroxyprogesterone</i>	16	<i>microgestin (FE</i>	16	<i>neomycin/polymyxin/</i>	
<i>mefloquine</i>	10	MICRO-K 8MEQ	20	<i>dexamethasone ophth</i>	19
MEGACE ES	16	<i>midodrine</i>	13	<i>neomycin/polymyxin/gramicidin</i>	19
<i>megestrol</i>	16	MIGRANAL	9	<i>neomycin/polymyxin/hc otic</i>	19
<i>meloxicam</i>	8	<i>minitran</i>	13	NEORAL	18
<i>melphalan inj.</i>	9	<i>minocycline</i>	7	NEULASTA	12
MENACTRA	17	<i>minoxidil</i>	13	NEUMEGA	12
MENOMUNE	17	MIRAPEX	10	NEUPOGEN	12
<i>mepерidine</i>	6	<i>mirtazapine</i>	8	NEURONTIN SUSPENSION	7
<i>meprobamate</i>	11	<i>mirtazapine odt</i>	8	NEUTREXIN	10
MEPRON	10	<i>misoprostol</i>	15	NEVANAC	19
<i>mercaptapurine</i>	9	<i>mitomycin</i>	9	NEXAVAR	9
MERUVAX II	18	M-M-R II VACCINE	18	NEXIUM	15
<i>mesalamine enema</i>	18	MOBAN	10	NEXIUM IV	15
MESNEX TAB	9	<i>moexipril</i>	13	<i>next choice tab</i>	16
<i>metadate er 20mg tab</i>	14	<i>moexipril/hydrochlorothiazide</i>	13	NIASPAN ER	13
<i>metaproterenol nebulizer</i>	19	<i>mometasone</i>	14	<i>nicardipine</i>	13
<i>metaproterenol syrup</i>	19	<i>mononessa</i>	16	NICOTROL INHALER	14
<i>metformin</i>	11	<i>morphine sulfate er</i>	6	NICOTROL NASAL SPRAY	14
<i>metformin er</i>	11	<i>morphine sulfate inj</i>	6	<i>nifedical XL</i>	13
METHADONE SOLUTION	6	<i>morphine sulfate tab</i>	6	<i>nifedipine</i>	13
<i>methadone tab</i>	6	<i>mupirocin oint</i>	14	<i>nifedipine er</i>	13
<i>methazolamide</i>	13	MUSTARGEN	9	NILANDRON	17
<i>methenamine hippurate</i>	7	MYCAMINE INJ.	8	<i>nimodipine</i>	13
METHERGINE	16	MYCOBUTIN	9	<i>nitrofurantoin macrocrystalline</i>	7
<i>methimazole</i>	17	<i>mycophenolate</i>	18	<i>nitrofurantoin monohydrate</i>	7
<i>methocarbamol</i>	20	<i>mydral</i>	19	<i>nitroglycerin patch</i>	13
<i>methotrexate inj.</i>	9	MYFORTIC	18	NITROSTAT	13
<i>methotrexate tab</i>	9	MYLOTARG	9	<i>nizatidine</i>	15
<i>methscopolamine</i>	15			<i>nora-be</i>	16
<i>methyl dopa</i>	13			NORDITROPIN	16
<i>methyl dopa/hydrochlorothiazide</i>	13			<i>norethindrone</i>	16

ALPHABETICAL LISTING OF DRUGS

NORITATE	14	OXACILLIN	7	<i>phenytoin extended</i>	7
NORPACE CR	13	<i>oxaliplatin inj.</i>	9	PHISOHEX	14
<i>nortrel</i>	16	<i>oxaprozin</i>	9	PHOSPHOLINE	19
<i>nortriptyline</i>	8	<i>oxcarbazepine</i>	7	<i>pilocarpine ophth</i>	19
NORVIR	11	OXISTAT	14	<i>pilocarpine tab</i>	14
NOVOFINE 30 PEN NEEDLE	11	OXSORALEN ULTRA	14	PILOPINE HS GEL	19
NOVOLIN 70/30	11	<i>oxybutynin</i>	16	<i>pindolol</i>	13
NOVOLIN 70/30 INNOLET	12	<i>oxybutynin er</i>	16	PIPERACILLIN	7
NOVOLIN 70/30 PENFILL	12	<i>oxycodone</i>	6	<i>piperacillin/tazobactam inj.</i>	7
NOVOLIN N	12	<i>oxycodone er</i>	6	<i>piroxicam</i>	9
NOVOLIN N INNOLET	12	<i>oxycodone/acetaminophen</i>	6	PLAN B	16
NOVOLIN N PENFILL	12	<i>oxycodone/aspirin</i>	6	PLASMA-LYTE	20
NOVOLIN R	12	OXYCONTIN	6	PLAVIX	12
NOVOLIN R INNOLET	12	OXYTROL	16	<i>podofilox</i>	15
NOVOLIN R PENFILL	12			<i>poly-dex</i>	19
NOVOLOG	12			<i>polyethylene glycol 3350</i>	15
NOVOLOG 70/30 MIX		P		POLYGAM	18
FLEXPEN	12	PACERONE	13	POLY-PRED	19
NOVOLOG 70/30 MIX		<i>paclitaxel</i>	9	<i>portia</i>	16
PENFILL	12	PANCREASE MT	15	<i>potassium chloride</i>	20
NOVOLOG FLEXPEN	12	PANCRELIPASE	15	<i>potassium chloride er</i>	20
NOVOLOG MIX 70/30	12	PANCRON	15	<i>potassium citrate</i>	20
NOVOLOG PENFILL	12	PANGLOBULIN	18	PRANDIN	12
NOXAFIL	8	PANOCAP	15	<i>pravastatin</i>	13
NUVARING	16	PANRETIN	14	<i>prazosin</i>	13
<i>nystatin powder/cream/oint</i>	14	<i>parcaine</i>	19	PRED MILD	19
<i>nystatin susp.</i>	14	<i>paroxetine</i>	8	<i>prednicarbate</i>	15
<i>nystatin tab</i>	8	<i>paroxetine cr</i>	8	<i>prednisolone</i>	9
<i>nystatin/triamcinolone topical</i>	8, 14	PATADAY	19	<i>prednisolone ophth.</i>	19
		PATANASE	20	<i>prednisolone sodium phosphate</i>	19
		PATANOL	19	<i>prednisone</i>	9
O		PEDIARIX	18	PREMARIN	16
<i>ocella</i>	16	PEDVAX HIB	18	PREMARIN VAGINAL CREAM	16
OCTAGAM	18	<i>peg 3350/electrolytes</i>	15	PREMPHASE	16
<i>octreotide</i>	15	PEGANONE	7	PREMPRO	16
<i>ofloxacin</i>	19	PEGASYS	18	<i>prenatal vitamin</i>	20
<i>ofloxacin otic</i>	19	PEG-INTRON	18	PREVACID	15
<i>ofloxacin tab</i>	7	<i>penicillin g potassium</i>	7	PREVACID NAP KIT	15
OGESTREL	16	PENICILLIN G SODIUM	7	PREVACID SOLUTAB	15
<i>omeprazole</i>	15	<i>penicillin v potassium</i>	7	<i>prevalite</i>	13
ONCASPAR	9	PENTASA	18	<i>previfem</i>	16
<i>ondansetron</i>	8	<i>pentazocin/naloxone</i>	6	PREZISTA	11
<i>ondansetron odt</i>	8	<i>pentazocine/acetaminophen</i>	6	PRIFTIN	9
ONTAK	9	<i>pentoxifylline er</i>	12	PRIMAQUINE	10
ORAP	10	<i>periogard</i>	14	PRIMAXIN	7
ORFADIN	15	<i>permethrin</i>	10	<i>primidone</i>	7
<i>orphenadrine/aspirin/caffeine</i>	20	<i>perphenazine</i>	10	PROAIR HFA	20
ORTHO EVRA	16	<i>perphenazine/amitriptyline</i>	8	<i>probenecid</i>	8
ORTHO TRI-CYCLEN LO	16	<i>phenadoz</i>	20	<i>probenecid/colchicine</i>	8
<i>ortho-est</i>	16	PHENYTEK	7	<i>procainamide</i>	13
				PROCHIEVE	16

ALPHABETICAL LISTING OF DRUGS

<i>prochlorperazine</i>	8, 10	REGRANEX	15	<i>silver sulfadiazine cream</i>	15
PROCRIT	12	RELENZA	11	SIMULECT	18
<i>proctocream</i>	16	RELISTOR	15	<i>simvastatin</i>	13
PROGRAF	18	REMICADE	18	SINGULAIR	20
PROLASTIN	18	REMODULIN	13	SKELAXIN	20
PROLEUKIN	9	RESCRIPTOR	11	<i>sodium bicarbonate inj.</i>	20
PROMACTA	12	RESERPINE	13	<i>sodium chloride inj.</i>	20
<i>promethazine</i>	20	RESTASIS	19	<i>sodium fluoride</i>	20
<i>promethazine suppository</i>	20	RETIN-A MICRO	15	<i>sodium lactate inj.</i>	20
<i>promethazine syrup</i>	20	RETROVIR INJ.	11	<i>sodium polystyrene</i>	20
PROMETRIUM	16	REVATIO	20	<i>sodium sulfacetamide</i>	15
<i>propafenone</i>	13	REVLIMID	18	SOLARAZE	15
<i>proparacaine</i>	19	REYATAZ	11	<i>solia</i>	16
<i>propoxyphene</i>	6	RHINOCORT AQUA	20	SOLTAMOX	17
<i>propoxyphene/acetaminophen</i>	6	<i>ribapak</i>	11	SOLU-CORTEF	18
<i>propoxyphene-n/acetaminophen</i>	6	<i>ribasphere</i>	11	SOMATULINE	16
<i>propranolol</i>	13	<i>ribavirin</i>	11	SOMAVERT	17
<i>propranolol er</i>	13	RIDAURA	9, 18	SORIATANE CK KIT	15
<i>propranolol/hydrochlorothiazide</i>	13	<i>rifampin</i>	9	<i>sorine</i>	13
<i>propylthiouracil</i>	16, 17	<i>rimantadine</i>	11	<i>sotalol</i>	13
PROQUAD	18	RISPERDAL INJ.	10	<i>sotalol AF</i>	13
PROTOPIC	18	RISPERDAL M-TAB	10	<i>sotret</i>	15
<i>protriptyline</i>	8	<i>risperidone</i>	10	SPIRIVA HANDIHALER	20
PROVENTIL HFA	20	<i>risperidone odt</i>	10	<i>spironolactone</i>	13
PULMICORT INH. SUSP.	20	RITUXAN	9	<i>spironolactone/ hydrochlorothiazide</i>	13
PULMICORT INHALER	20	<i>romycin</i>	19	<i>sprintec 28</i>	16
PULMOZYME	20	<i>ropinirole</i>	10	SPRYCEL	9
<i>pyrazinamide</i>	9	ROTATEQ	18	<i>sronyx</i>	16
<i>pyridostigmine</i>	11	<i>roxicet 5mg/325mg tab</i>	6	STALEVO	10
		ROXICET SOLUTION	6	STARLIX	12
		ROZEREM	20	<i>stavudine</i>	11
Q				STIMATE	17
<i>quasense</i>	16	S		STRATTERA	14
<i>quinapril</i>	13	SABRIL POWDER	7	STROMECTOL	10
<i>quinapril/hydrochlorothiazide</i>	13	SABRIL TAB	7	SUBOXONE	6
<i>quinaretic</i>	13	SANDIMMUNE	18	SUCRAID	15
<i>quinidine gluconate</i>	13	SANDOSTATIN	15	<i>sucralfate</i>	15
<i>quinidine sulfate</i>	13	SANDOSTATIN LAR	15	<i>sulfacet sodium oint ophth.</i>	19
<i>quinidine sulfate er</i>	13	SANTYL	15	<i>sulfacet sodium solution ophth</i>	19
		SAPHRIS TAB	10	<i>sulfacetamide 10% lotion</i>	15
R		SAVELLA	14	<i>sulfacetamide sod./prednisolone sod. phosphate</i>	19
RABAVERT	18	<i>selegiline</i>	10	SULFADIAZINE	7
<i>ramipril</i>	13	<i>selenium sulfide shampoo</i>	15	<i>sulfamethoxazole/trimethoprim</i>	7
RANEXA	13	SELZENTRY	11	<i>sulfamethoxazole/trimethoprim ds</i>	7
<i>ranitidine</i>	15	SENSIPAR	17	SULFAMYLON	15
RAPAMUNE	18	SEREVENT DISKUS	20	<i>sulfasalazine</i>	18
REBIF	18	SEROQUEL	10	<i>sulfatrim</i>	7
<i>reclipsen</i>	16	SEROQUEL XR	10	<i>sulindac</i>	9
RECOMBIVA HB	18	<i>sertraline</i>	8	<i>sumatriptan inj.</i>	9

ALPHABETICAL LISTING OF DRUGS

SUMATRIPTAN NASAL SPRAY	9	<i>timolol maleate</i>	19	<i>trivora 28</i>	17
<i>sumatriptan tab</i>	9	<i>timolol maleate gel forming</i>	19	TRIZIVIR	11
SURMONTIL 100MG CAP	8	<i>timolol maleate tab</i>	13	<i>tropicamide</i>	19
SUSTIVA	11	<i>tizanidine</i>	20	TRUVADA	11
SUTENT	9	TOBI	20	TWINRIX	18
SYMBICORT	20	<i>tobramycin inj.</i>	7	TYGACIL	7
SYMBYAX	11	<i>tobramycin ophth</i>	19	TYKERB	10
SYMLIN	12	<i>tobramycin/dex ophth soln</i>	19	TYPHIM VI	18
SYMLIN PEN	12	<i>tobrasol</i>	19	TYSABRI	18
SYNAGIS	18	TOBREX OINT	19	TYZEKA	11
SYNAREL	17	TOFRANIL	8	TYZINE	20
SYNTHROID	16	TOFRANIL PM	8		
SYPRINE	18	<i>tolazamide</i>	12	<hr/>	
<hr/>		TOLBUTAMIDE	12	<i>U</i>	
<i>T</i>		TOLMETIN	9	ULORIC	8
TABLOID	9	TOPAMAX	7	ULTRASE (MT)	15
<i>tacrolimus</i>	18	TOPAMAX SPRINKLE	7	UNIPHYL	20
TAMIFLU	11	<i>topiramate</i>	7	<i>unithroid</i>	17
<i>tamoxifen</i>	17	<i>topiramate sprinkle</i>	7	<i>urea cream/oint 40%</i>	15
TARCEVA	10	TORISEL	10	UROXATRAL	16
TARGRETIN	10	<i>torseamide</i>	13	URSO	15
TARGRETIN GEL	15	TRACLEER	13, 20	URSO FORTE	15
TASIGNA	10	<i>tramadol</i>	6	<i>ursodiol</i>	15
TASMAR	10	<i>tramadol/acetaminophen</i>	6	<i>ursodiol tab</i>	15
<i>tazicef</i>	7	<i>trandolapril</i>	13	<hr/>	
TEGRETOL	7	<i>tranylcypromine</i>	8	<i>V</i>	
TEGRETOL-XR	7	TRAVATAN	19	VALCYTE	11
<i>terazosin</i>	13	TRAVATAN Z	19	<i>valproate</i>	7
<i>terbinafine</i>	8	<i>trazodone</i>	8	<i>valproic acid</i>	7
<i>terbutaline</i>	20	TRELSTAR	17	VALTREX	11
<i>terconazole cream/suppository</i>	8	<i>tretinoin cap</i>	10	VANCOCIN CAP	7
<i>testosterone cypionate</i>	16	<i>tretinoin cream/gel</i>	15	<i>vancomycin inj.</i>	7
<i>testosterone enanthate</i>	16	<i>triamcinolone</i>	15	<i>vancomycin inj.</i>	7
TETANUS TOXOID	18	<i>triamcinolone in orabase</i>	14	VANTUS	17
<i>tetracycline</i>	7	<i>triamterene/hydrochlorothiazide</i>	13	VAQTA	18
TEXACORT SOLN. 1%	15	<i>trifluoperazine</i>	10	VARIVAX	18
THALOMID	18	<i>trifluridine</i>	19	VECTICAL	15
<i>theophylline er</i>	20	<i>trihexyphenidyl</i>	10	<i>veetids</i>	7
<i>theophylline td</i>	20	TRIHIBIT	18	VELCADE	10
<i>thermazene</i>	15	<i>tri-legest FE</i>	17	<i>velivet</i>	17
THIOLA	16	TRILEPTAL SUSP.	7	<i>venlafaxine</i>	8
<i>thioridazine</i>	10	TRILYTE	15	VENLAFAXINE ER	8
<i>thiotepa</i>	10	<i>trimethobenzamide</i>	8	VENTAVIS	20
<i>thiothixene</i>	10	<i>trimethoprim</i>	7	VENTOLIN HFA	20
<i>thyroid</i>	17	<i>trimethoprim/polymyxin b</i>	19	<i>verapamil</i>	13
THYROLAR	17	<i>trimipramine</i>	8	<i>verapamil er</i>	13
<i>ticlopidine</i>	12	<i>trimox</i>	7	VESICARE	16
TIKOSYN	13	<i>trinessa</i>	17	VFEND	8
TIMENTIN	7	TRIPEDIA	18	VIDEX SOLUTION	11
		<i>tri-previfem</i>	17	VIGAMOX	19
		<i>tri-sprintec</i>	17		

ALPHABETICAL LISTING OF DRUGS

VIMPAT	7	ZOMIG ZMT	9
VIMPAT INJ.	7	<i>zonisamide</i>	7
<i>vinblastine</i>	10	ZOSTAVAX	18
<i>vincristine inj</i>	10	ZOSYN	7
<i>vinorelbine</i>	10	<i>zovia</i>	17
VIOKASE	15	ZOVIRAX	11
VIRACEPT	11	ZOVIRAX CREAM/OINT	15
VIRAMUNE	11	ZYLET	19
VIREAD	11	ZYMAR	19
VISTID	11	ZYPREXA	10
VIVACTIL	8	ZYPREXA ZYDIS	10
VIVAGLOBULIN	18	ZYVOX	7
VIVELLE	17		
VIVELLE-DOT	17		
VIVOTIF BERNA	18		
VOLTAREN OPHTH.	19		
VYVANSE	14		
<hr/>			
W			
<i>warfarin</i>	12		
WELCHOL	13		
<hr/>			
X			
XALATAN	19		
XENAZINE	14		
XIBROM	19		
XIFAXAN	7		
XOLAIR	20		
XYREM	14		
XYZAL	20		
<hr/>			
Y			
YAZ	17		
YF-VAX	18		
<hr/>			
Z			
ZANOSAR	10		
ZAVESCA	15		
ZEMAIRA	18		
ZEMPLAR	15		
ZETIA	14		
ZIAGEN	11		
<i>zidovudine</i>	11		
ZOLINZA	10		
<i>zolpidem</i>	20		
ZOMIG	9		