

*EnvisionRxplus*SM

A Medicare Approved Prescription Drug Plan

MedicareRx
Prescription Drug Coverage

EnvisionRx Plus Gold (PDP)

2010 Formulary

(List of Covered Drugs)

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

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

This document includes *EnvisionRx Plus Gold's* partial formulary as of January 1, 2010. For a complete, updated formulary, please visit our Web site at www.envisionrxplus.com or call 1-866-250-2005, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-763-9630.

Last Updated September 9, 2009

What is the *EnvisionRx Plus* Formulary?

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

This document is a partial formulary and includes only some of the drugs covered by *EnvisionRx Plus*. For a complete listing of all prescription drugs covered by *EnvisionRx Plus*, please visit our Web site at www.envisionrxplus.com or call 1-866-250-2005, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-763-9630.

Can the Formulary change?

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

If we remove drugs from our formulary, 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, 2010. To get updated information about the drugs covered by *EnvisionRx Plus*, please visit our Web site at www.envisionrxplus.com or call Member Services at 1-866-250-2005, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-763-9630. If we make certain non-routine changes to coverage for drugs, we will send members an errata sheet to update the formulary they received.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. 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 1. 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 17. 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?

EnvisionRx Plus 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:** *EnvisionRx Plus* requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from *EnvisionRx Plus* before you fill your prescriptions. If you don't get approval, *EnvisionRx Plus* may not cover the drug.
- **Quantity Limits:** For certain drugs, *EnvisionRx Plus* limits the amount of the drug that *EnvisionRx Plus* will cover. For example, *EnvisionRx Plus* provides 30 capsules per prescription for a 30 day-supply of Cymbalta 60 MG. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, *EnvisionRx Plus* 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, *EnvisionRx Plus* may not cover drug B unless you try Drug A first. If Drug A does not work for you, *EnvisionRx Plus* 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.envisionrxplus.com.

You can ask *EnvisionRx Plus* to make an exception to these restrictions or limits. See the section, "How do I request an exception to the *EnvisionRx Plus*'s formulary?" on page iv 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 list of covered drugs, you should first contact Member Services and ask if your drug is covered. This document includes only a partial list of covered drugs, so *EnvisionRx Plus* may cover your drug. You can contact Member Services at 1-866-250-2005, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-763-9630.

If you learn that *EnvisionRx Plus* does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by *EnvisionRx Plus*. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by *EnvisionRx Plus*.
- You can ask *EnvisionRx Plus* 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 *EnvisionRx Plus*'s Formulary?

You can ask *EnvisionRx Plus* 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, *EnvisionRx Plus* limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty Drug Tier (Tier 5).

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by

waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

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

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

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

If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Current members experiencing level of care changes will follow the transition policy as outlined above.

For more information

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

If you have questions about *EnvisionRx Plus*, please call Member Services at 1-866-250-2005, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-763-9630.) Or visit www.envisionrxplus.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.

EnvisionRx Plus's Formulary

The abridged formulary that begins on the next page provides coverage information about some of the drugs covered by ***EnvisionRx Plus***. If you have trouble finding your drug in the list, turn to the Index that begins on page 17. Remember: This is only a partial list of drugs covered by ***EnvisionRx Plus***. If your prescription is not in this partial formulary, please visit our Web site at www.envisionrxplus.com or call Member Services at 1-866-250-2005, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-763-9630 for additional help.

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

The information in the Notes column tells you if ***EnvisionRx Plus*** has any special requirements for coverage of your drug.

ST *Step Therapy*

PA *Prior Authorization*

QL *Quantity Limit*

SP *This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-866-250-2005, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-763-9630.*

**All drugs in Tiers 1 through 4 are available via mail-order with a 90-day supply prescription. Specialty Drugs (Tier 5) are limited to a 30-day supply at mail-order.*

Below is a chart showing your co-payment/co-insurance by drug tier after you have met your deductible but prior to entering the coverage gap for the Gold Plan.

Formulary Drug Tier	Co-payment/Co-insurance at retail pharmacies	Co-payment/Co-insurance at Mail Order and 90 day at retail pharmacies
Tier 1	\$4	\$12
Tier 2	\$30	\$90
Tier 3	\$25	\$75
Tier 4	25%	25%
Tier 5	25%	25%, limited to 30-day supply

Drug Name	Tier	Notes	Drug Name	Tier	Notes
ANALGESICS					
Non-opioid Analgesics					
<i>diflunisal</i>	1		<i>fenoprofen calcium</i>	1	
EQUAGESIC	4		FLECTOR	4	
Opioid Analgesics			<i>ibuprofen</i>	1	
<i>apap / oxycodone 325mg/2.5mg</i>	2		<i>indomethacin</i>	1	
<i>apap/codeine</i>	1		<i>ketoprofen</i>	1	
<i>duramorph</i>	1		<i>meloxicam</i>	2	
<i>endocet</i>	1		<i>meloxicam 1.5mg/ml</i>	3	
<i>hydrocodone/apap</i>	1		<i>nabumetone</i>	1	
<i>hydrocodone/ibuprofen</i>	1		<i>naproxen</i>	1	
<i>hydromorphone hcl</i>	2		<i>piroxicam</i>	1	
KADIAN	3		<i>sulindac</i>	1	
<i>methadone</i>	1		VOLTAREN GEL	4	
<i>morphine sulfate</i>	1		ANTIBACTERIALS		
OPANA	3		Aminoglycosides		
OPANA ER	3		<i>gentamicin sulfate</i>	1	
<i>oxycodone hcl</i>	2		<i>kanamycin sulfate</i>	1	
<i>oxycodone hcl er</i>	2		<i>tobramycin sulfate</i>	1	
<i>oxycodone/apap</i>	1		Antibacterials, Other		
<i>oxycodone/aspirin</i>	1		<i>clindamycin hcl</i>	1	
<i>oxycodone/ibuprofen</i>	2		<i>colistimethate sodium</i>	1	
OXYCONTIN	4		LINCOCIN	4	
SUBUTEX	4		<i>trimethoprim</i>	1	
<i>tramadol</i>	1	QL	VANCOMYCIN HCL	4	
<i>tramadol/apap</i>	1	QL	ZYVOX	4	
ANESTHETICS			Beta-lactam, Cephalosporins		
Local Anesthetics			<i>cefaclor</i>	1	
<i>lidocaine hcl</i>	1		<i>cefdinir</i>	1	
ANTI-INFLAMMATORY AGENTS			<i>ceftriaxone sodium</i>	2	
Nonsteroidal Anti-inflammatory Drugs			<i>cefuroxime axetil</i>	1	
<i>diclofenac</i>	1		<i>cephalexin</i>	1	
<i>etodolac</i>	1		ZINACEF	4	
<i>etodolac er</i>	2		Beta-lactam, Other		
			AZACTAM	5	
			MERREM	4	
			Beta-lactam, Penicillins		

Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>amoxicillin</i>	1		Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>amoxicillin/clavulanate</i>	1		<i>divalproex sodium</i>	1	
<i>ampicillin</i>	1		<i>gabapentin</i>	1	
<i>dicloxacillin sodium</i>	1		GABITRIL	4	
<i>nafcillin sodium</i>	1		<i>valproate sodium</i>	1	
<i>penicillin v potassium</i>	1		<i>valproic acid</i>	1	
<i>piperacillin sodium</i>	4		Glutamate Reducing Agents		
Macrolides			FELBATOL	4	
<i>azithromycin</i>	1		<i>lamotrigine</i>	2	
<i>erythrocin stearate</i>	1		<i>topiramate</i>	2	
<i>erythromycin/sulfisoxazol</i>	1		Sodium Channel Inhibitors		
KETEK	4		BANZEL	4	
Quinolones			<i>carbamazepine</i>	1	
<i>ciprofloxacin</i>	1		<i>carbamazepine er</i>	2	
LEVAQUIN	3		CARBATROL	4	
<i>ofloxacin</i>	1		DILANTIN INFATABS	4	
Sulfonamides			<i>epitol</i>	1	
<i>sulfadiazine</i>	4		<i>fosphenytoin sodium</i>	2	
<i>sulfamethoxazole/trimethoprim</i>	1		<i>oxcarbazepine</i>	2	
<i>sulfatrim</i>	1		PEGANONE	4	
Tetracyclines			<i>phenytoin</i>	1	
<i>doxycycline</i>	1		ANTIDEMENTIA AGENTS		
<i>myrac</i>	2		Cholinesterase Inhibitors		
<i>tetracycline</i>	1		ARICEPT	4	
ANTICONVULSANTS			ARICEPT ODT	4	
Anticonvulsants, Other			EXELON (ALL FORMS)	3	
KEPPRA 100MG/ML	3		<i>galantamine hydrobromide</i>	2	
<i>levetiracetam</i>	2		Glutamate Pathway Modifiers		
<i>primidone</i>	1		NAMENDA	3	
VIMPAT	4		ANTIDEPRESSANTS		
Calcium Channel Modifying Agents			Antidepressants, Other		
CELONTIN	4		APLENZIN	4	
<i>ethosuximide</i>	1		<i>budeprion xl 300mg</i>	2	
LYRICA	4		<i>bupropion</i>	1	
<i>zonisamide</i>	1				

Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>maprotiline</i>	1		ANTIDOTES, DETERRENTS, AND TOXICOLOGIC AGENTS		
<i>mirtazapine</i>	1		Antidotes		
<i>nefazodone</i>	1		EXJADE	5	
SYMBYAX	4		<i>sodium polystyrene</i>	1	
<i>trazodone</i>	1		Deterrents		
Monoamine Oxidase Inhibitors			ANTABUSE	4	
EMSAM	4		<i>bupropion hcl sr</i>	1	
MARPLAN	4		CHANTIX	4	QL
NARDIL	3		NICOTROL INHALER	4	QL
<i>tranylcypromine sulfate</i>	1		Toxicologic Agents		
Serotonin/ Norepinephrine Reuptake Inhibitors			<i>naloxone</i>	1	
<i>citalopram</i>	1		<i>naltrexone</i>	1	
CYMBALTA	4	QL	ANTIEMETICS		
<i>fluoxetine</i>	1		Antiemetics		
<i>fluvoxamine</i>	1		EMEND	4	QL
LEXAPRO	3		<i>granisetron</i>	2	PA
<i>paroxetine</i>	1		<i>meclizine</i>	1	
PRISTIQ	4		<i>ondansetron</i>	2	PA QL
SAVELLA	4		SANCUSO	4	PA
<i>sertraline</i>	1		ANTIFUNGALS		
<i>venlafaxine</i>	2		Antifungals		
Tricyclics			ANCOBON	5	
<i>amitriptyline</i>	1		ERAXIS	4	
<i>amoxapine</i>	1		<i>fluconazole</i>	2	
<i>chlordiazepox/amitriptyline</i>	1		GRIFULVIN V	4	
<i>clomipramine</i>	1		<i>ketoconazole</i>	1	
<i>desipramine</i>	1		MYCAMINE	5	
<i>doxepin</i>	1		NAFTIN	4	
<i>imipramine</i>	1		<i>nystatin</i>	1	
<i>nortriptyline</i>	1		Antifungals (Other)		
<i>perphenazine/amitriptyline</i>	1		<i>ciclopirox</i>	2	
<i>protriptyline</i>	2		<i>griseofulvin microsize</i>	1	
SURMONTIL	4		ANTIGOUT AGENTS		
<i>trimipramine maleate</i>	1				

Drug Name	Tier	Notes	Drug Name	Tier	Notes
Antigout Agents			CEENU	4	
<i>allopurinol</i>	1		CYTOXAN	4	
<i>colchicine</i>	1		HEXALEN	4	
<i>probenecid</i>	1		LEUKERAN	3	
<i>probenecid/colchicine</i>	1		MATULANE	4	
ANTIMIGRAINE AGENTS			Antiangiogenic Agents		
Abortive			REVLIMID	5	SP
<i>dihydroergotamine</i>	1		THALOMID	5	
ERGOMAR	4		Antiestrogens/Modifiers		
RELPAX	3	QL	EMCYT	4	
<i>sumatriptan</i>	1	QL	FARESTON	4	
<i>sumatriptan 8 mg/ml</i>	2		<i>tamoxifen citrate</i>	1	
ANTIMYASTHENIC AGENTS			Antimetabolites		
Parasympathomimetics			<i>fludarabine phosphate</i>	5	
MESTINON	4		<i>hydroxyurea</i>	1	
MYTELASE	4		<i>mercaptopurine</i>	1	
<i>pyridostigmine bromide</i>	1		TABLOID	4	
ANTIMYCOBACTERIALS			Antineoplastics, Other		
Antimycobacterials, Other			<i>bleomycin sulfate</i>	2	
<i>dapsone</i>	4		ELITEK	5	
MYCOBUTIN	3		MESNEX	4	
Antituberculars			<i>mitoxantrone hcl</i>	1	
CAPASTAT SULFATE	5		ONTAK	5	
<i>ethambutol hcl</i>	1		PROLEUKIN	5	
<i>isonarif</i>	1		TASIGNA	5	
<i>isoniazid</i>	1		TRISENOX	4	
PASER	4		VELCADE	5	
PRIFTIN	4		VIDAZA	5	
<i>pyrazinamide</i>	3		ZOLINZA	5	
<i>rifampin</i>	1		Aromatase Inhibitors, 3rd Generation		
<i>seromycin</i>	4		ARIMIDEX	3	
TRECTOR	4		AROMASIN	4	
ANTINEOPLASTICS			FEMARA	3	
Alkylating Agents			Molecular Target Inhibitors		
			AFINITOR	5	

Drug Name	Tier	Notes	Drug Name	Tier	Notes
GLEEVEC	5		<i>carbidopa/levodopa</i>	1	
IRESSA	5		<i>carbidopa/levodopa odt</i>	2	
NEXAVAR	5	SP	<i>carbidopa/levodopa sr</i>	1	
SPRYCEL	5		COMTAN	3	
SUTENT	5		MIRAPEX	4	
TARCEVA	5		<i>ropinirole hcl</i>	1	
TYKERB	5		<i>selegiline hcl</i>	1	
Monoclonal Antibodies			STALEVO	3	
CAMPATH	5		<i>trihexyphenidyl hcl</i>	1	
RITUXAN	5		ANTIPSYCHOTICS		
Retinoids			Atypicals		
PANRETIN	4		ABILIFY	4	
<i>tretinoin 10mg</i>	1		ABILIFY DISCMELT	4	
ANTIPARASITICS			<i>clozapine</i>	2	
Anthelmintics			FAZACLO	4	
<i>mebendazole</i>	1		GEODON	4	
STROMEKTOL	4		INVEGA	4	
Antiprotozoals			RISPERDAL CONSTA	4	
<i>chloroquine phosphate</i>	1		<i>risperidone</i>	2	
DARAPRIM	4		SEROQUEL	3	
<i>hydroxychloroquine</i>	1		SEROQUEL XR	3	
MEPRON	4		ZYPREXA	4	
NEBUPENT	3		ZYPREXA ZYDIS	4	
Pediculicides/ Scabicides			Conventional		
<i>acticin</i>	1		<i>chlorpromazine</i>	1	
EURAX	4		<i>compro</i>	1	
<i>lindane</i>	3		<i>fluphenazine hcl</i>	1	
<i>permethrin</i>	1		<i>fluphenazine hcl 5mg/ml</i>	4	
ANTIPARKINSON AGENTS			<i>haloperidol</i>	1	
Antiparkinson Agents			<i>loxapine succinate</i>	2	
<i>amantadine hcl</i>	1		MOBAN	4	
AZILECT	4		ORAP	4	
<i>benztropine mesylate</i>	1		<i>perphenazine</i>	1	
<i>bromocriptine mesylate</i>	2		<i>prochlorperazine</i>	1	
			<i>thioridazine</i>	1	

Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>thiothixene</i>	1		Anti-HIV Agents, Protease Inhibitors		
<i>trifluoperazine</i>	1		APTIVUS	4	
ANTISPASTICITY AGENTS			CRIXIVAN	3	
Antispasticity Agents			INVIRASE	3	
<i>baclofen</i>	1		ISENTRESS	5	
<i>tizanidine</i>	1		KALETRA	3	
ANTIVIRALS			LEXIVA	3	
Anti-cytomegalovirus (CMV) Agents			NORVIR	3	
<i>foscarnet sodium</i>	4		PREZISTA	5	
<i>ganciclovir</i>	1		REYATAZ	3	
VALCYTE	5		SELZENTRY	5	
Anti-HIV Agents, Fusion Inhibitors			VIRACEPT	3	
FUZEON	5		Anti-influenza Agents		
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors			<i>rimantadine</i>	1	
ATRIPLA	3		TAMIFLU	4	
INTELENCE	4		Antihepatitis Agents		
RESCRIPTOR	3		BARACLUDGE	5	
SUSTIVA	3		HEPSERA	5	
VIRAMUNE	4		<i>ribavirin</i>	2	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors			TYZEKA	4	
COMBIVIR	3		Antiherpetic Agents		
<i>didanosine</i>	2		<i>acyclovir</i>	1	
EMTRIVA	3		<i>famciclovir</i>	2	
EPIVIR	3		ANXIOLYTICS		
EPZICOM	4		Anxiolytics, Other		
RETROVIR IV INFUSION	3		<i>buspirone</i>	1	
<i>stavudine</i>	2		<i>meprobamate</i>	1	
TRIZIVIR	4		BIPOLAR AGENTS		
TRUVADA	4		Bipolar Agents		
VIDEX	3		<i>lithium carbonate</i>	1	
VIREAD	4		<i>lithium citrate</i>	1	
ZIAGEN	4		BLOOD GLUCOSE REGULATORS		
<i>zidovudine</i>	1		Antidiabetic Agents		
			<i>acarbose</i>	1	

Drug Name	Tier	Notes	Drug Name	Tier	Notes
ACTOPLUS MET	3		NOVOLIN PEN	3	
ACTOS	3		NOVOLOG	3	
<i>alcohol swabs</i>	1		NOVOLOG MIX	3	
AVANDAMET	4		NOVOLOG MIX PEN	3	
AVANDARYL	4		NOVOLOG PEN	3	
AVANDIA	4		BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS		
BYETTA	4		Anticoagulants		
<i>diabetic supplies, gauze pads</i>	1		ARIXTRA	4	
DIABETIC SUPPLIES, PEN NEEDLE	3		<i>heparin sodium</i>	1	
DIABETIC SUPPLIES, SYRINGES	3		LOVENOX	4	
<i>glimepiride</i>	1		<i>warfarin</i>	1	
<i>glipizide</i>	1		Blood Formation Products		
<i>glipizide/metformin</i>	1		NEUPOGEN	5	
<i>glyburide</i>	1		PROCRT	5	PA
<i>glyburide/metformin</i>	1		Coagulants		
JANUMET	3		CYKLOKAPRON	3	
JANUVIA	3		Platelet Aggregation Inhibitors		
<i>metformin</i>	1		AGGRENOX	4	
PRANDIN	4		<i>cilostazol</i>	1	
SYMLIN	4		<i>dipyridamole</i>	1	
Glycemic Agents			PLAVIX	4	
PROGLYCEM	3		<i>ticlopidine hcl</i>	1	
Insulins			CARDIOVASCULAR AGENTS		
APIDRA	3		Alpha-adrenergic Agonists		
HUMALOG	3		<i>clonidine hcl</i>	1	
HUMALOG MIX	3		<i>methyldopa</i>	1	
HUMALOG MIX PEN	3		<i>methyldopa/hctz</i>	1	
HUMALOG PEN	3		<i>reserpine</i>	1	
HUMULIN	3		Alpha-adrenergic Blocking Agents		
HUMULIN PEN	3		<i>doxazosin mesylate</i>	1	
LANTUS	3		<i>prazosin hcl</i>	1	
LANTUS PEN	3		<i>terazosin hcl</i>	1	
LEVEMIR	3		Antiarrhythmics		
LEVEMIR PEN	3				
NOVOLIN	3				

Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>amiodarone hcl</i>	1		<i>verapamil</i>	1	
<i>disopyramide phosphate</i>	1		<i>verapamil er</i>	2	
<i>flecainide acetate</i>	1		Cardiovascular Agents, Others		
<i>mexiletine hcl</i>	1		<i>amlodipine/benazapril</i>	1	
<i>pacerone</i>	1		<i>digoxin</i>	1	
<i>procainamide hcl</i>	1		RANEXA	3	
<i>propafenone hcl</i>	1		Diuretics		
<i>quinidine</i>	1		<i>acetazolamide</i>	2	
<i>sorine</i>	1		<i>amiloride hcl</i>	1	
<i>sotalol</i>	1		<i>amiloride/hctz</i>	1	
TIKOSYN	3		<i>bumetanide</i>	1	
Beta-adrenergic Blocking Agents			<i>chlorothiazide</i>	1	
<i>acebutolol hcl</i>	1		<i>chlorthalidone</i>	1	
<i>atenolol</i>	1		DYRENIUM	4	
<i>atenolol/chlorthalidone</i>	1		<i>furosemide</i>	1	
<i>bisoprolol</i>	1		<i>hydrochlorothiazide</i>	1	
<i>bisoprolol/hctz</i>	1		<i>indapamide</i>	1	
BYSTOLIC	3		<i>methazolamide</i>	1	
<i>carvedilol</i>	1		<i>methyclothiazide</i>	1	
<i>labetalol</i>	1		<i>metolazone</i>	1	
<i>metoprolol</i>	1		<i>spironolactone</i>	1	
<i>metoprolol/hctz</i>	1		<i>spironolactone/hctz</i>	1	
<i>nadolol</i>	1		<i>toremide</i>	1	
<i>pindolol</i>	1		<i>triamterene/hctz</i>	1	
<i>propranolol</i>	1		Dyslipidemics		
<i>propranolol/hctz</i>	1		<i>cholestyramine</i>	1	
Calcium Channel Blocking Agents			<i>colestipol hcl</i>	1	
<i>amlodipine</i>	1		<i>gemfibrozil</i>	1	
<i>diltiazem</i>	1		LOVAZA	4	
<i>felodipine er</i>	1		NIASPAN	4	
<i>isradipine</i>	1		<i>pravastatin sodium</i>	1	
<i>nicardipine</i>	1		<i>prevalite</i>	1	
<i>nifedipine er</i>	1		<i>simvastatin</i>	1	
<i>nimodipine</i>	2		ZETIA	4	
<i>nisoldipine</i>	1		Renin-angiotensin-aldosterone System Inhibitors		

Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>benazepril</i>	1		Non-amphetamines, ADHD		
<i>benazepril/hctz</i>	1		<i>methylphenidate</i>	1	
<i>captopril</i>	1		STRATTERA	4	
<i>captopril/hctz</i>	1		Non-amphetamines, Other		
DIOVAN	3		PROVIGIL	3	PA
DIOVAN HCT	3		XYREM	4	SP
<i>enalapril</i>	1		DENTAL AND ORAL AGENTS		
<i>enalapril/hctz</i>	1		Dental and Oral Agents		
<i>eplerenone</i>	2		<i>chlorhexadine gluconate</i>	1	
<i>fosinopril</i>	1		<i>pilocarpine</i>	1	
<i>fosinopril /hctz</i>	1		<i>triamcinolone in orabase</i>	1	
<i>lisinopril</i>	1		DERMATOLOGICAL AGENTS		
<i>lisinopril/hctz</i>	1		Dermatological Agents		
MICARDIS	3		8-MOP	4	
MICARDIS HCT	3		<i>alclometasone dipropionate</i>	1	
<i>moexipril hcl</i>	1		ALDARA	3	
<i>moexipril/hctz</i>	1		<i>amcinonide</i>	1	
<i>quinapril</i>	1		<i>aug betamethasone dip</i>	1	
<i>quinapril/hctz</i>	1		<i>betamethasone diprop</i>	1	
<i>ramipril</i>	1		<i>betamethasone valerate</i>	1	
TEKTURNA	3		<i>calcipotriene</i>	2	
<i>trandolapril</i>	1		<i>clindamycin phosphate</i>	1	
Vasodilators			<i>clobetasol propionate</i>	1	
<i>hydralazine hcl</i>	1		<i>clotrimazole</i>	1	
<i>isosorbide</i>	1		<i>clotrimazole/betamethasone</i>	1	
<i>minitran</i>	1		CONDYLOX	4	
<i>minoxidil</i>	1		<i>desonide</i>	1	
<i>nitroglycerin</i>	1		<i>desoximetasone</i>	1	
<i>nitroglycerin transdermal</i>	1		<i>diflorasone diacetate</i>	1	
NITROLINGUAL PUMPSPRAY	3		DOVONEX	3	
NITROSTAT	4		<i>econazole nitrate</i>	1	
CENTRAL NERVOUS SYSTEM AGENTS			<i>erythromycin</i>	1	
Amphetamines, ADHD			<i>fluocinolonone acetamide</i>	1	
<i>amphetamine salts combo</i>	1		<i>fluocinonide</i>	1	
<i>dextroamphetamine sulfate</i>	2				

Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>fluorouracil</i>	2		ADAGEN	5	SP
<i>gentamicin sulfate</i>	1		ALDURAZYME	5	SP
<i>halobetasol propionate</i>	1		BUPHENYL	4	
<i>hydrocortisone</i>	1		CEREDASE	5	
<i>isovate</i>	1		CEREZYME	5	SP
<i>ketoconazole</i>	1		CYSTADANE	3	
<i>laclotion</i>	1		CYSTAGON	3	
<i>lidocaine</i>	1		ELAPRASE	5	
<i>lidocaine/prilocaine</i>	1		FABRAZYME	5	SP
LIDODERM	4		NAGLAZYME	5	
LIDODERM 0	4		ORFADIN	5	SP
<i>lokara</i>	1		SUCRAID	5	
<i>metronidazole</i>	1		ZAVESCA	5	
<i>mometasone furoate</i>	1		GASTROINTESTINAL AGENTS		
<i>mupirocin</i>	1		Antispasmodics, Gastrointestinal		
<i>nystatin</i>	1		<i>atropine sulfate</i>	1	
<i>nystatin/triamcinolone</i>	1		<i>dicyclomine hcl</i>	1	
<i>nystop</i>	1		Gastrointestinal Agents, Others		
OXSORALEN ULTRA	4		<i>constulose</i>	1	
<i>pedi-dri</i>	1		<i>diphenoxylate/atropine</i>	1	
<i>podofilox</i>	1		<i>enulose</i>	1	
<i>prednicarbate</i>	1		<i>lactulose</i>	1	
PROTOPIC	3		<i>loperamide hcl</i>	1	
REGRANEX	3		<i>metoclopramide hcl</i>	1	
SANTYL	3		<i>pancrelipase</i>	2	
<i>selenium sulfide</i>	1		<i>peg 3350/electrolytes</i>	1	
<i>silver sulfadiazine</i>	1		ULTRASE	3	
SOLARAZE	3		ULTRASE MT	3	
<i>ssd</i>	1		<i>ursodeoxycholate</i>	2	
TARGRETIN	4		Histamine2 (H2) Blocking Agents		
<i>texacort</i>	1		<i>famotidine</i>	1	
<i>thermazene</i>	1		<i>nizatidine</i>	1	
<i>triamcinolone acetonide</i>	1		<i>ranitidine</i>	1	
ENZYME REPLACEMENTS/ MODIFIERS			Irritable Bowel Syndrome Agents		
Enzyme Replacements/ Modifiers			LOTROXEX	3	

Drug Name	Tier	Notes	Drug Name	Tier	Notes
Protectants			HORMONAL AGENTS, STIMULANT (ADRENAL)		
CARAFATE	3		Glucocorticoids/ Mineralocorticoids		
<i>misoprostol</i>	1		<i>dexamethasone</i>	1	
<i>sucralfate</i>	1		<i>hydrocortisone</i>	1	
Proton Pump Inhibitors			<i>methylprednisolone</i>	1	
<i>omeprazole</i>	2		<i>prednisone</i>	1	
<i>omeprazole 20 mg</i>	1		<i>proctocream-hc</i>	1	
<i>pantoprazole sodium</i>	2		HORMONAL AGENTS, STIMULANT (THYROID)		
GENITOURINARY AGENTS			Hormonal Agents, Stimulant (Thyroid)		
Antispasmodics, Urinary			<i>levothyroxine sodium</i>	1	
DETROL	4		<i>triiodothyronine</i>	2	
DETROL LA	4		<i>unithroid</i>	1	
<i>oxybutynin chloride</i>	1		HORMONAL AGENTS, STIMULANTS (SEX HORMONES/ MODIFIERS)		
Benign Prostatic Hypertrophy Agents			Anabolic Steroids		
<i>finasteride</i>	1		ANADROL-50	4	
FLOMAX	3		<i>oxandrolone</i>	1	
Genitourinary Agents, Others			Androgens		
CUPRIMINE	3		ANDRODERM	4	
ESTRACE VAGINAL CREAM	4		<i>danazol</i>	2	
<i>miconazole 3</i>	1		<i>megestrol acetate</i>	2	
<i>neomycin/polymyxin b sulf</i>	1		<i>testosterone</i>	1	
<i>nitrofurantoin</i>	1		Estrogens		
<i>potassium citrate</i>	1		<i>estradiol</i>	1	
<i>terconazole</i>	1		PREMARIN	3	
THIOLA	4		PREMPHASE	3	
<i>vandazole</i>	1		PREMPRO	3	
<i>zazole</i>	1		Progestins		
Phosphate Binders			<i>medroxyprogesterone acetate</i>	1	
<i>calcium acetate</i>	1		<i>norethindrone acetate</i>	1	
FOSRENOL	4		Selective Estrogen Receptor Modifying Agents		
HORMONAL AGENTS, (PITUITARY)			EVISTA	3	
Hormonal Agents, Stimulant (Pituitary)			HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
<i>chorionic gonadotropin</i>	3		Hormonal Agents, Suppressant (Adrenal)		
<i>desmopressin acetate</i>	2				

Drug Name	Tier	Notes	Drug Name	Tier	Notes
LYSODREN	3		GARDASIL	4	
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)			HAVRIX	4	
Hormonal Agents, Suppressant (Parathyroid)			HIBTITER	4	
SENSIPAR	3		IMOVAX RABIES (H.D.C.V.)	4	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)			INFANRIX	4	
Hormonal Agents, Suppressant (Pituitary)			IPOL INACTIVATED IPV	3	
<i>leuprolide acetate</i>	2		JE-VAX	4	
LUPRON DEPOT	3		M-M-R II W/DILUENT 10 DOS	3	
<i>octreotide acetate</i>	5		MENACTRA	4	
SANDOSTATIN LAR DEPOT	5		MENOMUNE-A/C/Y/W-135	4	
SOMAVERT	5	SP	MERUVAX II W/DILUENT 10 D	4	
HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/ MODIFIERS)			PEDIARIX	4	
Antiandrogens			PEDVAX HIB	4	
<i>bicalutamide</i>	2		PROQUAD	4	
<i>flutamide</i>	2		RABAVERT	4	
NILANDRON	4		RECOMBIVAX HB	4	
HORMONAL AGENTS, SUPPRESSANT (THYROID)			ROTATEQ	3	
Antithyroid Agents			TETANUS TOXOID ADSORBED	3	
<i>methimazole</i>	1		TETANUS/DIPHThERIA TOXOID	4	
<i>propylthiouracil</i>	1		TRIHIBIT	4	
IMMUNOLOGICAL AGENTS			TRIPEDIA	4	
Immune Stimulants			TWINRIX	4	
ACTHIB	4		TYPHIM VI	4	
ADACEL	4		VAQTA	4	
ATTENUVAX	4		VARIVAX	4	
BOOSTRIX	3		VIVOTIF BERNA	4	
COMVAX	4		YF-VAX	4	
DAPTACEL	4		ZOSTAVAX	4	
DECAVAC	4		Immune Suppressants		
DIPHThERIA/TETANUS TOXOID	4		<i>azathioprine</i>	1	PA
ENGERIX-B	4		CELLCEPT 200MG/ML	3	PA
			<i>cyclosporine</i>	2	PA
			<i>cyclosporine, modified 0</i>	4	
			<i>engraf</i>	2	PA
			<i>methotrexate</i>	1	PA

Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>mycophenolate mofetil</i>	2	PA	<i>sulfazine</i>	1	
ORTHOCLONE OKT3	5	PA	METABOLIC BONE DISEASE AGENTS		
PROGRAF	4	PA	Metabolic Bone Disease Agents		
RAPAMUNE	3	PA	<i>alendronate sodium</i>	1	
Immunizing Agents, Passive			<i>calcitonin-salmon</i>	1	
ATGAM	5	PA	FORTEO	5	
CARIMUNE NANOFILTERED	5	PA	FOSAMAX PLUS D	3	
GAMASTAN S/D	4	PA	ZEMPLAR	3	
GAMMAGARD LIQUID	5	PA	ZOMETA	5	
OCTAGAM	5	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
POLYGAM S/D	5	PA	Miscellaneous Therapeutic Agents		
THYMOGLOBULIN	5	PA	<i>levocarnitine</i>	1	
VIVAGLOBIN	5	PA	<i>pentoxifylline er</i>	1	
Immunomodulators			<i>pentoxil</i>	1	
ACTIMMUNE	5	SP	XENAZINE	5	
ARCALYST	5		OPHTHALMIC AGENTS		
AVONEX	5		Ophthalmic Agents, Other		
BETASERON	5		<i>bac/poly/neomy/hc</i>	1	
COPAXONE	5		<i>bacitracin</i>	1	
ENBREL	5		<i>bacitracin/neomycin/polym</i>	1	
HUMIRA	5		<i>bacitracin/polymyxin b</i>	1	
INTRON-A	5		<i>ciprofloxacin hcl</i>	1	
KINERET	5		<i>dorzolamide/timolol</i>	2	
<i>leflunomide</i>	1		<i>gentamicin sulfate</i>	1	
ORENCIA	5		<i>gentasol</i>	1	
PEGASYS	5		LACRISERT	4	
REMICADE	5		<i>mydral</i>	1	
INFLAMMATORY BOWEL DISEASE AGENTS			<i>naphazoline hcl</i>	1	
Salicylates			<i>neomycin/polymyxin/gramic</i>	1	
APRISO	4		<i>ocusulf-10</i>	1	
ASACOL	3		<i>parcaine</i>	1	
<i>balsalazide disodium</i>	2		<i>polycin b</i>	1	
<i>mesalamine</i>	1		RESTASIS	3	
Sulfonamides			<i>romycin</i>	1	
<i>sulfasalazine</i>	1				

Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>sodium sulfacetamide</i>	1		Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>tobramycin sulfate</i>	1		TRAVATAN Z	3	
<i>tobrasol</i>	1		XALATAN	3	
<i>trifluridine</i>	1		OTIC AGENTS		
<i>trimethoprim/polymyxin</i>	1		Otic Agents		
<i>tropicacyl</i>	1		<i>acetazol hc</i>	1	
<i>tropicamide</i>	1		<i>acetic acid</i>	1	
Ophthalmic Anti-allergy Agents			<i>acetic acid/hydrocortisone</i>	1	
PATADAY	4		<i>borofair</i>	1	
PATANOL	4		<i>cortomycin</i>	1	
Ophthalmic Anti-inflammatories			DERMOTIC	3	
ACULAR	4		<i>neomycin/polymyxin/hydrocort</i>	1	
ACULAR LS	4		RESPIRATORY TRACT AGENTS		
<i>dexamethasone sodium phos</i>	1		Anti-inflammatories, Inhaled Corticosteroids		
<i>dexasporin</i>	1		AZMACORT	3	
<i>diclofenac sodium</i>	2		QVAR	3	
<i>fluorometholone</i>	1		Antihistamines		
<i>neomycin/polymyxin/dexame</i>	1		ALLEGRA-D	3	
NEVANAC	4		ASTELIN	4	
<i>poly-dex</i>	1		ASTEPRO	3	
<i>prednisolone acetate</i>	1		<i>cetirizine 1 mg/ml</i>	1	
<i>sulfacetamide/prednisolone</i>	1		<i>clemastine fumarate</i>	1	
<i>tobramycin/dexamethasone</i>	1		<i>dexchlorpheniramine</i>	1	
Ophthalmic Antiglaucoma Agents			<i>diphenhydramine</i>	1	
AZOPT	4		<i>fexofenadine</i>	1	
<i>betaxolol hcl</i>	1		<i>hydroxyzine</i>	1	
<i>brimonidine tartrate</i>	1		<i>palgic</i>	1	
<i>carteolol hcl</i>	1		Antileukotrienes		
COMBIGAN	4		ACCOLATE	3	
<i>dipivefrin hcl</i>	1		SINGULAIR	4	PA ST
<i>dorzolamide</i>	1		ZYFLO CR	4	
<i>levobunolol hcl</i>	1		Bronchodilators, Anticholinergic		
<i>metipranolol</i>	1		ATROVENT HFA	3	
PILOPINE HS	3		SPIRIVA HANDIHALER	4	
<i>timolol maleate</i>	1				

Drug Name	Tier	Notes	Drug Name	Tier	Notes
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)			SKELETAL MUSCLE RELAXANTS		
<i>aminophylline</i>	1		Skeletal Muscle Relaxants		
<i>theochron</i>	1		<i>cyclobenzaprine hcl</i>	1	
<i>theophylline er</i>	2		<i>methocarbamol</i>	1	
Bronchodilators, Sympathomimetic			<i>orphenadrine</i>	1	
ADVAIR DISKUS	4	QL	THERAPEUTIC NUTRIENTS/ MINERALS/ ELECTROLYTES		
ADVAIR HFA	4	QL	Electrolytes/ Minerals		
<i>albuterol sulfate</i>	1		AMINOSYN	4	PA
<i>albuterol sulfate 0.21 mg/ml</i>	2	PA	AMINOSYN II	4	PA
<i>albuterol sulfate/ipratropium</i>	2	PA	AMINOSYN II/DEXTROSE	4	PA
PROAIR HFA	1	QL	AMINOSYN/ELECTROLYTES	4	PA
PROVENTIL HFA	4	QL	<i>calcitriol</i>	1	
SEREVENT DISKUS	3		CLIMIMIX E 4.25%/DEXTROSE	3	PA
SYMBICORT	3		CLINIMIX/DEXTROSE	3	PA
<i>terbutaline sulfate</i>	1		<i>clinisol sf 15%</i>	1	PA
Mast Cell Stabilizers			<i>dextrose</i>	1	
<i>cromolyn sodium</i>	1	PA	FREAMINE	3	PA
INTAL INHALER	3	QL	<i>hepatamine</i>	1	PA
Pulmonary Antihypertensives			<i>intralipid</i>	1	
LETAIRIS	5		ISOLYTE-S	3	
REVATIO	5	PA	ISOLYTE/DEXTROSE	3	
TRACLEER	5	SP	<i>kaon-cl-10</i>	1	
Respiratory Tract Agents, Other			<i>kcl/d5w/nacl</i>	1	
<i>flunisolide</i>	1		<i>klor-con</i>	1	
<i>fluticasone propionate</i>	1	QL	<i>lactated ringer's irrigat</i>	1	
<i>ipratropium bromide</i>	1		<i>magnesium sulfate</i>	1	
PROLASTIN	3	SP	NEPHRAMINE	3	PA
RHINOCORT AQUA	3	QL	<i>niacor</i>	1	
TYZINE	4		NORMOSOL IN D5W	3	
TYZINE PEDIATRIC NASAL DROPS	4		<i>novamine</i>	1	PA
XOLAIR	5	SP	<i>physiolyte</i>	1	
SEDATIVES/ HYPNOTICS			<i>physiosol irrigation</i>	1	
Sedatives/ Hypnotics			PLASMA-LYTE	3	
<i>zaleplon</i>	2				
<i>zolpidem tartrate</i>	1				

Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>potassium chloride</i>	1				
<i>premasol</i>	1	PA			
PROCALAMINE	3	PA			
RENAMIN	3	PA			
<i>ringer's sol</i>	1				
<i>sodium bicarbonate</i>	1				
<i>sodium chloride</i>	1				
<i>sodium lactate</i>	1				
<i>sterile water irrigation</i>	1				
<i>tis-u-sol</i>	1				
<i>tpn electrolytes fty</i>	1				
TRAVASOL	3	PA			
TRAVASOL/DEXTROSE	3	PA			
<i>travasol/electrolyte</i>	1	PA			
<i>vitamin/mineral, fluoride</i>	1				
Vitamins					
VITAMIN/MINERAL, DUETACT	3				
<i>vitamin/mineral, prenatal</i>	1				

8		
8-mop	9	
A		
abilify	5	
abilify discmelt.....	5	
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androderm	11	
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budeprion xl 300mg	2	cetirizine 1 mg/ml	14	copaxone	13
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dicloxacillin sodium	2
dicyclomine hcl	10
didanosine	6
diflorasone diacetate	9
diflunisal	1
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dihydroergotamine	4
dilantin infatabs	2
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diovan	9
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diphenhydramine	14
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ethosuximide	2
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eurax	5
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famciclovir	6
famotidine	10
fareston	4
fazaclo	5
felbatol	2

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femara	4
fenoprofen calcium	1
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flecainide acetate	8
flector	1
flomax	11
fluconazole	3
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flunisolide	15
fluocinolone acetonide	9
fluocinonide	9
fluorometholone	14
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fluoxetine	3
fluphenazine hcl	5
fluphenazine hcl 5mg/ml	5
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morphine sulfate.....	1
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