



## MedicareRx Rewards Plus (PDP)

# 2012 Formulary (List of Covered Drugs)

**Please read: This document contains information about the drugs we cover in this plan.**

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

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

A stand-alone prescription drug plan with a Medicare contract.

This plan is a PDP with a Medicare contract. UniCare is the legal entity who has contracted with the Centers for Medicare and Medicaid Services (CMS) to offer the Medicare Prescription Drug plan(s) (PDP) noted. UniCare is the risk-bearing entity licensed under applicable state law to offer the PDP plan(s) noted. UniCare has retained the services of its related companies and the authorized brokers to provide administrative services and/or to make the PDP plan(s) available in this region. Coverage is provided by one of the following companies: UniCare Life & Health Insurance Company, UniCare Health Insurance Company of the Midwest (IN & IL only), UniCare Health Plans of the Midwest, Inc. (HMO in IN & IL only), UniCare Health Insurance Company of Texas (TX only) or UniCare Health Plans of Texas, Inc. (HMO in TX only). ® Registered mark of WellPoint, Inc.

**This information is available for free in other languages. Please call our Customer Service number at 1-800-928-6201 for additional information.**

Esta información está disponible sin costo en otros idiomas. Comuníquese con nuestro servicio al cliente al número **1-800-928-6201**, 8 a.m. to 8 p.m., 7 days a week, para obtener más información. Los usuarios de TTY deben llamar al **1-877-247-1657**, 8 a.m. to 8 p.m., 7 days a week.

Call Customer Service at **1-800-928-6201**, 8 a.m. to 8 p.m., 7 days a week. TTY/TDD users should call **1-877-247-1657** for an alternate format or language.

## What is the MedicareRx Rewards Plus (PDP) formulary?

A formulary is a list of covered drugs selected by MedicareRx Rewards Plus (PDP) 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. MedicareRx Rewards Plus (PDP) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a MedicareRx Rewards Plus (PDP) 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 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.

Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step-therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug.

If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

The enclosed formulary is current as of January 1, 2012. To get updated information about the drugs covered by MedicareRx Rewards Plus (PDP), please visit our website at [www.unicare.com/medicare](http://www.unicare.com/medicare) or call Customer Service at **1-800-928-6201**, 8 a.m. to 8 p.m., 7 days a week. TTY/TDD users should call **1-877-247-1657**.

If any other type of approved formulary change (non-maintenance change) is made during the year, we will notify you by sending you a list of these changes, or by sending you an updated formulary.

## 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 Medications." 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 38. 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?

MedicareRx Rewards Plus (PDP) 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:** MedicareRx Rewards Plus (PDP) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from MedicareRx Rewards Plus (PDP) before you fill your prescriptions. If you don't get approval, MedicareRx Rewards Plus (PDP) may not cover the drug.
- **Quantity Limits:** For certain drugs, MedicareRx Rewards Plus (PDP) limits the amount of the drug that MedicareRx Rewards Plus (PDP) will cover. For example, MedicareRx Rewards Plus (PDP) provides 30 tablets per prescription for LEXAPRO. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, MedicareRx Rewards Plus (PDP) 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, MedicareRx Rewards Plus (PDP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MedicareRx Rewards Plus (PDP) 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 website at [www.unicare.com/medicare](http://www.unicare.com/medicare).

You can ask MedicareRx Rewards Plus (PDP) to make an exception to these restrictions or limits. See the section, "How do I request an exception to the MedicareRx Rewards Plus (PDP)'s formulary?" on page iii 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 MedicareRx Rewards Plus (PDP) does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by MedicareRx Rewards Plus (PDP). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by MedicareRx Rewards Plus (PDP).
- You can ask MedicareRx Rewards Plus (PDP) 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 MedicareRx Rewards Plus (PDP)'s formulary?

You can ask MedicareRx Rewards Plus (PDP) 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, MedicareRx Rewards Plus (PDP) 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 injectable or non-preferred brand tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred brand tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the specialty tier.

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting a formulary, tiering or utilization restriction exception, you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's or prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescriber's or prescribing physician's supporting statement.

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

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

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

If you are a resident of a long-term-care facility, we will allow you to refill your prescription until we have provided you with a 91-day transition supply, consistent with the dispensing increment, (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.

During the time when you are getting a temporary supply of a drug, you should talk to your prescriber or prescribing physician to decide what to do when your supply runs out. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition. This list can help your doctor find a covered drug that might work for you while you pursue a formulary exception. Please refer to the *Evidence of Coverage* for more information about exceptions.

## For more information

For more detailed information about your MedicareRx Rewards Plus (PDP) prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about MedicareRx Rewards Plus (PDP), please call Customer Service at **1-800-928-6201**, 8 a.m. to 8 p.m., 7 days a week. TTY/TDD users should call **1-877-247-1657**. Or visit **[www.unicare.com/medicare](http://www.unicare.com/medicare)**.

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

## MedicareRx Rewards Plus (PDP)'s formulary

The formulary on page 1 provides coverage information about some of the drugs covered by MedicareRx Rewards Plus (PDP). If you have trouble finding your drug in the list, turn to the Index that begins on page 38.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LEXAPRO) and generic drugs are listed in lowercase italics (e.g., *enalapril*).

The information in the Requirements/Limits column tells you if MedicareRx Rewards Plus (PDP) has any special requirements for coverage of your drug.

**QLL – Quantity Limits:** Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled (most often set on a monthly basis).

**PAR – Prior Authorization:** The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.

**ST – Step Therapy:** The process of first trying a certain drug or drugs to determine if that drug or those drugs will treat your medical condition before your plan will cover another drug for that condition.

**B/D – Part B vs. Part D:** This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.

**LA – Limited Access:** This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at **1-800-928-6201**, 8 a.m. to 8 p.m., 7 days a week. TTY/TDD users should call **1-877-247-1657**.

**INJ – Injectable:** The drug is available in injectable form.

**CG – Coverage Gap:** We provide additional coverage of this prescription drug in the coverage gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

**MO – Mail Orders:** Prescription drugs available through mail order.

## Cost-sharing amounts during the Initial Coverage Stage

	Network Retail Pharmacy (up to a 30-day supply) Out-of-Network Pharmacy* (up to a 30-day supply) Long-Term-Care Pharmacy (up to a 34-day supply)	Network Retail Pharmacy (up to a 90-day supply) <i>Note: not applicable to Specialty Tier Drugs</i>	Mail-Order Pharmacy (up to a 90-day supply; Specialty Tier Drugs (up to a 30-day supply)**
Tier 1 Preferred Generic Drugs	\$4.00	\$12.00	\$6.00
Tier 2 Non-Preferred Generic Drugs	\$7.00	\$21.00	\$10.50
Tier 3 Preferred Brand Drugs	\$45.00	\$135.00	\$112.50
Tier 4 Non-Preferred Brand Drugs	\$90.00	\$270.00	\$225.00
Tier 5 Injectable Drugs	33%	33%	33%
Tier 6 Specialty Tier Drugs	33%	N/A	33%

\* Generally, we only cover drugs filled at out-of-network pharmacies in limited, nonroutine circumstances, when a network pharmacy is not available. If your cost sharing is a set copayment amount rather than a coinsurance (a percentage of the costs), in addition to your copayment at an out-of-network pharmacy, you pay the difference between the actual charge and what we would have paid at a network pharmacy. So, amounts you pay may vary at out-of-network pharmacies.

\*\* EXCEPTION for Specialty Tier Drugs: Mail-order and retail pharmacies will dispense up to a 30-day supply – or up to a 34-day supply if requested by a long-term-care facility.

Note: MedicareRx Rewards Plus (PDP) provides coverage of Tier 1 preferred generic drugs in the coverage gap. You also have additional generic gap coverage and a discount on brand drugs, as mandated by Medicare. Please refer to our *Evidence of Coverage* for more information about gap coverage.

# Covered Medications by Therapeutic Category

## Legend

Generic drugs are shown in lower-case italic (e.g. *enalapril*)

Brand name drugs are shown in capital letters (e.g. LEXAPRO)

**QLL** = Drugs with Quantity Limits

**PAR** = Drugs with Prior Authorization

**ST** = Drugs requiring Step Therapy

**B/D** = This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.

**LA** = This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at **1-800-928-6201**, 8 a.m. to 8 p.m., 7 days a week. TTY/TDD users should call **1-877-247-1657**.

**INJ** = This drug is available in injectable form.

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

**MO** = Prescription drugs available through Mail Order.

Drug Name	Drug Tier	Requirements/ Limits
<b>ANESTHETICS</b>		
<i>lidocaine hcl 0.5% vial, -1% ampul, -1% syringe, -1% vial, -1.5% ampul, -2% abboject, -2% ampul, -2% luer-jet, -2% syringe, -4% ampul, -1% abboject, -2% vial</i> INJ	5	MO
<i>lidocaine hcl jel, -ointment, -solution non-oral</i>	1	CG, MO
<i>lidocaine hcl viscous</i>	1	CG, MO
<i>lidocaine-prilocaine</i>	2	MO
LIDODERM	3	MO
XYLOCAINE INJECTION INJ	5	MO
XYLOCAINE IV INJ	5	MO
XYLOCAINE-MPF INJ	5	MO
<b>ANTIINFECTIVES</b>		
ABELCET INJ	6	MO
<i>acyclovir capsule, -suspension oral, -tablet</i>	2	MO
<i>acyclovir sodium</i> INJ	5	MO
ALBENZA	4	MO
<i>amantadine</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
AMBISOME INJ	6	MO
<i>amikacin sulfate injection</i> INJ	5	MO
<i>amox tr-potassium clavulanate</i>	2	MO
<i>amoxicillin</i>	1	CG, MO
<i>amoxicillin-clavulanate er</i>	2	MO
AMPHOTEC INJ	5	MO
<i>amphotericin b injection</i> INJ	5	MO
<i>ampicillin sodium</i> INJ	5	MO
<i>ampicillin trihydrate</i>	1	CG, MO
<i>ampicillin-sulbactam</i> INJ	5	MO
ANCOBON	6	MO
APTIVUS	6	MO
ATRIPLA	6	MO
AVELOX IV INJ	5	MO
AZACTAM INJ	5	MO
AZACTAM-ISO-OSMOTIC DEXTROSE INJ	5	MO
<i>azithromycin 100 mg/5 ml susp</i>	2	MO, QLL (15 ml/1)
<i>azithromycin 200 mg/5 ml susp</i>	2	MO, QLL (46 ml/1)
<i>azithromycin 250 mg tablet</i>	2	MO, QLL (6/1)

Drug Name	Drug Tier	Requirements/ Limits
<i>azithromycin 500 mg tablet</i>	2	MO, QLL (3/1)
<i>azithromycin 600 mg tablet</i>	2	MO, QLL (8/1)
<i>azithromycin injection INJ</i>	5	MO
<i>azithromycin packet</i>	2	MO
<i>aztreonam 1 gm vial INJ</i>	5	
<i>aztreonam 2 gm vial INJ</i>	5	MO
<i>bacim INJ</i>	5	MO
<i>bacitracin injection INJ</i>	5	MO
BARACLUDE SOLUTION	4	MO
BARACLUDE TABLET	6	MO
BICILLIN C-R INJ	5	MO
BICILLIN L-A INJ	5	MO
CANCIDAS INJ	6	MO
CAPASTAT SULFATE INJ	5	MO
CAYSTON	6	LA
<i>cefaclor</i>	2	MO
<i>cefaclor er</i>	2	MO
<i>cefadroxil</i>	2	MO
<i>cefazolin 20 gm bulk vial, -500 mg vial, -1 gm add-van vial, -1 gm vial, -1 gm-d5w bag, -10 gm vial INJ</i>	5	MO
<i>cefdinir</i>	2	MO
<i>cefepime INJ</i>	5	MO
<i>cefepime hcl INJ</i>	5	MO
<i>cefotaxime sodium INJ</i>	5	MO
<i>cefotetan INJ</i>	5	MO
<i>cefoxitin INJ</i>	5	MO
<i>cefoxitin sodium INJ</i>	5	MO
<i>cefpodoxime proxetil</i>	2	MO
<i>cefprozil</i>	2	MO
<i>ceftazidime INJ</i>	5	MO
<i>ceftriaxone INJ</i>	5	MO
<i>cefuroxime axetil</i>	2	MO
<i>cefuroxime injection INJ</i>	5	MO
<i>cefuroxime sod 750 mg vial, -sod 1.5 gm vial, -sod 7.5 gm vial INJ</i>	5	MO
<i>cefuroxime tablet</i>	2	MO
<i>cephalexin</i>	1	CG, MO

Drug Name	Drug Tier	Requirements/ Limits
<i>chloramphenicol sod succinate INJ</i>	5	MO
<i>chloroquine phosphate tablet</i>	2	MO
<i>ciclopirox cream, -gel, -shampoo, -suspension topical</i>	2	MO
<i>ciclopirox solution non-oral</i>	2	MO, PAR
CIPRO I.V. INJ	5	MO
<i>ciprofloxacin INJ</i>	5	MO
<i>ciprofloxacin er 1,000 mg tab</i>	2	MO, QLL (14/1)
<i>ciprofloxacin er 500 mg tablet</i>	2	MO, QLL (3/1)
<i>ciprofloxacin hcl 100 mg tab</i>	2	MO
<i>ciprofloxacin hcl 250 mg tab, -500 mg tab, -750 mg tab</i>	2	MO
<i>ciprofloxacin-d5w INJ</i>	5	MO
CLAFORAN INJ	5	MO
<i>clarithromycin 125 mg/5 ml sus</i>	2	MO
<i>clarithromycin 250 mg tablet</i>	2	MO, QLL (42/1)
<i>clarithromycin 250 mg/5 ml sus</i>	2	MO
<i>clarithromycin 500 mg tablet</i>	2	MO, QLL (28/1)
<i>clarithromycin er</i>	2	MO, QLL (28/1)
CLEOCIN PHOSPHATE INJ	5	MO
CLEOCIN PHOSPHATE IN D5W INJ	5	MO
<i>clindamycin hcl capsule</i>	2	MO
<i>clindamycin phosphate injection INJ</i>	5	MO
<i>clotrimazole cream, -solution non-oral, -troche</i>	2	MO
<i>clotrimazole-betamethasone</i>	2	MO
COARTEM	4	MO
<i>colistimethate 150 mg vial INJ</i>	5	MO
COLY-MYCIN M PARENTERAL INJ	6	MO
COMBIVIR	6	MO
COPEGUS	6	MO, PAR
CRIXIVAN	3	MO



Drug Name	Drug Tier	Requirements/ Limits
CUBICIN INJ	6	MO, B/D
CYTOVENE INJ	5	
DAPSONE	4	MO
DARAPRIM	3	MO
<i>demeclocycline hcl</i>	2	MO
DENAVIR	3	MO, QLL (2/1)
<i>dicloxacillin sodium</i>	1	CG, MO
<i>didanosine</i>	2	MO
DIFLUCAN IN SALINE INJ	5	MO
DORIBAX INJ	6	MO
<i>doxycycline</i>	2	MO
<i>doxycycline hyclate capsule, - capsule enteric coated, -100 mg tab</i>	1	CG, MO
<i>doxycycline hyclate injection INJ</i>	5	MO
<i>doxycycline mono 50 mg cap, -mono 100 mg cap, -tablet</i>	2	MO
<i>econazole nitrate cream</i>	2	MO
EDURANT	6	MO
EMTRIVA	4	MO
EPIVIR	4	MO
EPIVIR HBV	3	MO
EPZICOM	6	MO
ERYTHROCIN LACTOBIONATE INJ	5	MO
<i>erythrocin stearate</i>	1	CG, MO
<i>erythromycin capsule enteric coated</i>	2	MO
<i>erythromycin ethylsuccinate tablet</i>	2	
<i>erythromycin tablet</i>	1	CG, MO
<i>erythromycin-sulfisoxazole</i>	2	MO
<i>ethambutol hcl</i>	2	MO
<i>famciclovir</i>	2	MO
<i>fluconazole in dextrose INJ</i>	5	MO
<i>fluconazole in saline INJ</i>	5	MO
<i>fluconazole suspension, - tablet</i>	2	MO
FORTAZ INJ	5	MO
FORTAZ IN ISO-OSMOTIC DEXTROSE INJ	5	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>foscarnet sodium INJ</i>	5	MO
FUZEON INJ	6	MO, QLL (1/1)
<i>ganciclovir</i>	2	MO
<i>ganciclovir sodium INJ</i>	5	
<i>gentamicin sulfate cream, - 0.1% ointment</i>	1	CG, MO
<i>gentamicin sulfate in ns INJ</i>	5	MO
GENTAMICIN SULFATE IN NS INJ	5	MO
<i>gentamicin sulfate injection INJ</i>	5	MO
<i>griseofulvin suspension oral</i>	2	MO
GRIS-PEG	3	MO
HEPSERA	6	MO
<i>hydroxychloroquine sulfate tablet</i>	2	MO
INTELENCE 100 MG TABLET	6	MO
INTELENCE 200 MG TABLET	6	
INVANZ INJ	5	MO
INVIRASE CAPSULE	4	MO
INVIRASE TABLET	6	MO
ISENTRESS	6	MO
<i>isonarif</i>	2	MO
<i>isoniazid injection INJ</i>	5	MO
<i>isoniazid syrup, -tablet</i>	1	CG, MO
<i>itraconazole capsule</i>	2	MO, PAR
KALETRA 100-25 MG TABLET	4	MO
KALETRA SOLUTION, - 200-50 MG TABLET	6	MO
<i>kanamycin sulfate injection INJ</i>	5	MO
KETEK	3	MO, QLL (20/1)
<i>ketconazole cream, - shampoo, -tablet</i>	2	MO
LEVAQUIN INJECTION INJ	5	MO
LEVAQUIN SOLUTION	4	MO
LEVAQUIN TABLET	4	MO, QLL (14/1)

Drug Name	Drug Tier	Requirements/ Limits
<i>levofloxacin tablet</i>	2	MO, QLL (14/1)
LEXIVA SUSPENSION ORAL	4	MO
LEXIVA TABLET	6	MO
LINCOCIN INJ	5	MO
<i>mebendazole tablet chewable</i>	1	CG, MO
<i>mefloquine hcl</i>	2	MO
MEFOXIN INJ	5	MO
MEPRON	6	MO
<i>meropenem iv 1 gm vial</i> INJ	5	MO
<i>meropenem iv 500 mg vial</i> INJ	5	
MERREM INJ	5	MO
<i>methenamine hippurate</i>	2	MO
<i>methenamine mandelate tablet</i>	2	MO
<i>metro iv</i> INJ	5	MO
<i>metronidazole capsule, -tablet</i>	1	CG, MO
<i>metronidazole injection</i> INJ	5	MO
<i>miconazole 3 suppository</i> <i>vaginal</i>	2	MO, QLL (6/30)
<i>minocycline hcl capsule, - tablet</i>	2	MO
<i>minocycline hcl tablet</i> <i>sustained release 24hr</i>	2	
<i>mupirocin ointment</i>	2	MO
MYCAMINE INJ	6	MO
MYCOBUTIN	3	MO
<i>nafcillin</i> INJ	5	MO
<i>nafcillin sodium</i> INJ	5	MO
NALLPEN INJ	5	MO
NALLPEN-ISO-OSMOTIC DEXTROSE INJ	5	MO
NEBUPENT	3	MO, B/D
<i>neomycin sulfate tablet</i>	2	MO
<i>nitrofurantoin macrocrystal</i> <i>capsule</i>	2	MO
<i>nitrofurantoin mono-macro</i>	2	MO
NORVIR CAPSULE, - TABLET	4	MO
NORVIR SOLUTION	6	MO
<i>nyamyc</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin 50,000,000 units pwd, - 150,000,000 units pwd, - 500,000,000 units pwd, - 100,000 unit/gm powd, - vaginal tablet</i>	2	MO
<i>nystatin cream, -ointment, - suspension oral, -500,000 unit oral tab</i>	1	CG, MO
<i>nystatin-triamcinolone</i>	1	CG, MO
<i>nystop</i>	2	MO
<i>ofloxacin tablet</i>	2	MO
<i>oxacillin</i> INJ	5	MO
<i>oxacillin sodium</i> INJ	5	MO
<i>paromomycin sulfate</i>	2	MO
PASER	4	MO
<i>pedi-dri</i>	2	MO
<i>penicillin g potassium</i> INJ	5	MO
<i>penicillin g procaine</i> INJ	5	MO
<i>penicillin g sodium</i> INJ	5	MO
PENICILLIN GK-ISO-OSM DEXTROSE INJ	5	MO
<i>penicillin v potassium</i>	1	CG, MO
PENTAM 300 INJ	5	MO
<i>pentamidine isethionate</i> INJ	5	MO
PFIZERPEN INJ	5	MO
<i>piperacillin</i> INJ	5	MO
<i>piperacillin-tazobactam</i> INJ	5	MO
<i>polymyxin b sulfate injection</i> INJ	5	MO
PREZISTA 150 MG TABLET	6	
PREZISTA 400 MG TABLET, -600 MG TABLET	6	MO
PREZISTA 75 MG TABLET	4	MO
PRIFTIN	3	MO
PRIMAQUINE	3	MO
PRIMAXIN INJ	5	MO
PRIMAXIN I.M. INJ	5	MO
<i>pyrazinamide</i>	2	MO
REBETOL CAPSULE	6	MO, PAR
REBETOL SOLUTION	4	MO, PAR

Drug Name	Drug Tier	Requirements/ Limits
RELENZA	3	MO, QLL (60 inhalations/180)
RESCRIPTOR	4	MO
RETROVIR INJECTION INJ	5	MO
REYATAZ	6	MO
<i>ribapak</i>	6	MO, PAR
RIBASPHERE 200 MG TABLET	4	MO, PAR
<i>ribaspHERE 400 mg tablet, - 600 mg tablet</i>	6	MO, PAR
RIBASPHERE CAPSULE	4	MO, PAR
RIBAVIRIN CAPSULE	3	MO, PAR
RIBAVIRIN TABLET	4	MO, PAR
RIFADIN INJECTION INJ	5	MO
<i>rifampin capsule</i>	2	MO
<i>rifampin injection</i> INJ	5	MO
RIFATER	3	MO
<i>rimantadine hcl</i>	2	MO
ROCEPHIN INJ	5	MO
SELZENTRY	6	MO
SEROMYCIN	4	MO
<i>silver sulfadiazine cream</i>	1	CG, MO
SPORANOX	4	MO
<i>ssd</i>	1	CG, MO
<i>ssd af</i>	1	CG, MO
<i>stavudine</i>	2	MO
STREPTOMYCIN SULFATE INJECTION INJ	5	MO
STROMEKTOL	3	MO
<i>sulfadiazine tablet</i>	2	MO
<i>sulfamethoxazole-trimethoprim injection</i> INJ	5	MO
<i>sulfamethoxazole-trimethoprim suspension oral, -tablet</i>	1	CG, MO
SUPRAX	4	MO
SUSTIVA	3	MO
TAMIFLU 30 MG GELCAP	3	MO, QLL (84/1)
TAMIFLU 45 MG GELCAP	3	MO, QLL (42/1)

Drug Name	Drug Tier	Requirements/ Limits
TAMIFLU 75 MG GELCAP	3	MO, QLL (56/365)
TAMIFLU SUSPENSION	3	MO, QLL (175 ml/180)
TAZICEF INJ	5	MO
<i>terbinafine hcl</i>	2	MO
<i>terconazole 0.4% cream</i>	1	CG, MO, QLL (90 gm/30)
<i>terconazole 0.8% cream</i>	1	CG, MO, QLL (40 gm/30)
<i>terconazole suppository vaginal</i>	1	CG, MO
<i>tetracycline hcl capsule</i>	1	CG, MO
<i>thermazene</i>	1	CG, MO
TIMENTIN INJ	5	MO
TOBI	6	MO, B/D
<i>tobramycin sulfate in ns</i> INJ	5	MO
<i>tobramycin sulfate injection</i> INJ	5	MO
TRECTOR	4	MO
<i>trimethoprim tablet</i>	1	CG, MO
TRIZIVIR	6	MO
TRUVADA	6	MO
TYGACIL INJ	6	MO
TYZEKA	6	MO, PAR
UNASYN INJ	5	MO
<i>valacyclovir</i>	2	MO, QLL (30/1)
VALCYTE	6	MO
VANCOCIN HCL 125 MG PULVULE	6	MO, PAR, QLL (40/1)
VANCOCIN HCL 250 MG PULVULE	6	MO, PAR, QLL (80/1)
<i>vancomycin hcl injection</i> INJ	5	MO, B/D
<i>vancomycin hcl injection</i> INJ	5	MO, B/D
VANCOMYCIN-D5W INJ	5	MO, B/D
VFEND IV INJ	6	MO
VFEND SUSPENSION	6	MO
VFEND TABLET	6	MO, PAR
VIBATIV INJ	5	MO, PAR
VIDEX	3	MO

Drug Name	Drug Tier	Requirements/ Limits
VIRACEPT 625 MG TABLET	6	MO
VIRACEPT POWDER, -250 MG TABLET	4	MO
VIRAMUNE	4	MO
VIRAMUNE XR	4	MO
VIRAZOLE INJ	6	MO, PAR
VIREAD	4	MO
VISTIDE INJ	6	MO
<i>voriconazole</i>	6	PAR
ZIAGEN	4	MO
<i>zidovudine</i>	2	MO
ZINACEF 750 MG ADD-VANT VIAL, -750 MG VIAL, -1.5 GM ADD-VANT VIAL, -1.5 GM VIAL, -7.5 GM VIAL INJ	5	MO
ZINACEF IN ISO-OSMOTIC WATER INJ	5	MO
ZINACEF ISO-OSMOTIC DEXTROSE INJ	5	MO
ZITHROMAX INJECTION INJ	5	MO
ZMAX ADULT-PEDIATRIC	3	MO
ZOSYN INJ	5	MO
ZOVIRAX CREAM	3	MO, QLL (5/1)
ZOVIRAX OINTMENT	3	MO, QLL (15/1)
ZYVOX INJECTION INJ	6	MO
ZYVOX SUSPENSION RECONSTITUTED ORAL	6	MO, PAR, QLL (1800/1)
ZYVOX TABLET	6	MO, PAR, QLL (28/1)
<b>ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS</b>		
ABRAXANE INJ	6	B/D
<i>adriamycin 10 mg vial, -20 mg vial, -50 mg vial</i> INJ	5	MO, B/D
<i>adriamycin 2 mg/ml vial</i> INJ	5	B/D
<i>adrucil</i> INJ	5	MO, B/D
AFINITOR 2.5 MG TABLET	6	PAR

Drug Name	Drug Tier	Requirements/ Limits
AFINITOR 5 MG TABLET, -10 MG TABLET	6	MO, PAR
ALIMTA INJ	6	MO
ALKERAN INJECTION INJ	6	B/D
AMEVIVE INJ	6	LA, PAR
<i>amifostine</i> INJ	6	MO
<i>anagrelide hcl</i>	2	MO
<i>anastrozole tablet</i>	2	
ARRANON INJ	5	B/D
ARZERRA INJ	6	B/D
AVASTIN INJ	6	MO, PAR
<i>azathioprine sodium</i> INJ	5	MO, B/D
<i>azathioprine tablet</i>	2	MO, B/D
<i>bicalutamide</i>	2	MO
BICNU INJ	5	B/D
<i>bleomycin sulfate 15 unit vial</i> INJ	5	MO, B/D
<i>bleomycin sulfate 30 unit vial</i> INJ	5	MO, B/D
BUSULFEX INJ	5	B/D
CAMPATH INJ	6	MO
CAMPTOSAR 100 MG/5 ML VIAL INJ	5	MO, B/D
CAMPTOSAR 300 MG/15 ML VIAL, -40 MG/2 ML VIAL INJ	5	MO, B/D
<i>carboplatin 150 mg/15 ml vial</i> INJ	5	B/D
<i>carboplatin 450 mg/45 ml vial, -600 mg/60 ml vial, -50 mg vial, -150 mg vial, -450 mg vial</i> INJ	5	MO, B/D
<i>carboplatin 50 mg/5 ml vial</i> INJ	5	B/D
CEENU	3	MO
CELLCEPT INJECTION INJ	5	MO, B/D
CELLCEPT SUSPENSION RECONSTITUTED ORAL, -TABLET	6	MO, B/D
<i>cerubidine</i> INJ	5	B/D
CIMZIA INJ	6	MO, PAR, QLL (6/28)
<i>cisplatin</i> INJ	5	B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>cladribine</i> INJ	6	B/D
CLOLAR INJ	6	B/D
COSMEGEN INJ	6	B/D
<i>cyclophosphamide injection</i> INJ	5	MO, B/D
<i>cyclophosphamide tablet</i>	2	MO, B/D
<i>cyclosporine capsule, - solution, -unknown</i>	2	MO, B/D
<i>cyclosporine injection</i> INJ	5	MO, B/D
<i>cyclosporine modified</i>	2	MO, B/D
<i>cytarabine 100 mg vial, -1 gm vial, -2 gm vial</i> INJ	5	MO, B/D
<i>cytarabine 20 mg/ml vial, - 100 mg/ml vial, -500 mg vial</i> INJ	5	MO, B/D
<i>dacarbazine 100 mg vial</i> INJ	5	MO, B/D
<i>dacarbazine 200 mg vial</i> INJ	5	B/D
DACOGEN INJ	6	
<i>daunorubicin 20 mg vial</i> INJ	5	MO, B/D
<i>daunorubicin 50 mg/10 ml vial, -20 mg/4 ml vial</i> INJ	5	MO, B/D
DAUNOXOME INJ	6	B/D
DEPO-PROVERA 400 MG/ML VIAL INJ	5	MO
<i>dexrazoxane 250 mg vial</i> INJ	6	MO, B/D
<i>dexrazoxane 500 mg vial</i> INJ	6	B/D
<i>docetaxel 80 mg/4 ml vial</i> INJ	6	MO, B/D
<i>docetaxel 80 mg/8 ml vial</i> INJ	6	MO, B/D
DOXIL INJ	5	B/D
<i>doxorubicin 10 mg/5 ml vial, - 20 mg/10 ml vial, -50 mg/25 ml vial, -10 mg vial, -50 mg vial</i> INJ	5	MO, B/D
<i>doxorubicin 200 mg/100 ml vial</i> INJ	5	B/D
DTIC-DOME IV INJ	5	MO, B/D
ELIGARD INJ	5	MO, PAR
ELITEK INJ	6	MO
ELLENCEN INJ	5	B/D
ELOXATIN 100 MG/20 ML VIAL INJ	6	B/D

Drug Name	Drug Tier	Requirements/ Limits
ELOXATIN 50 MG/10 ML VIAL, -200 MG/40 ML VIAL INJ	6	MO, B/D
ELSPAR INJ	5	MO, B/D
EMCYT	4	MO
ENBREL 25 MG KIT, -50 MG/ML SURECLICK SYR, - 50 MG/ML SYRINGE INJ	6	MO, PAR, QLL (8/28)
ENBREL 25 MG/0.5 ML SYRINGE INJ	6	MO, PAR, QLL (4/28)
<i>epirubicin 200 mg/100 ml vial, -50 mg vial, -150 mg/75 ml vial, -200 mg vial</i> INJ	5	MO, B/D
<i>epirubicin 50 mg/25 ml vial</i> INJ	5	B/D
ERBITUX 100 MG/50 ML VIAL INJ	6	PAR
ERBITUX 200 MG/100 ML VIAL INJ	6	MO, PAR
ETHYOL INJ	6	MO, PAR
ETOPOPHOS INJ	5	B/D
<i>etoposide injection</i> INJ	5	B/D
EXEMESTANE	3	
FARESTON	3	MO
FASLODEX INJ	6	MO
FIRMAGON 2 X 120 MG VIALS INJ	6	MO, B/D
FIRMAGON 80 MG VIAL INJ	5	MO, B/D
<i>floxuridine</i> INJ	5	MO
FLUDARA INJ	6	B/D
<i>fludarabine 50 mg vial</i> INJ	6	B/D
<i>fludarabine 50 mg/2 ml vial</i> INJ	6	MO, B/D
<i>fluorouracil 1,000 mg/20 ml vl, -2,500 mg/50 ml vl, -5,000 mg/100 ml</i> INJ	5	MO, B/D
<i>fluorouracil 500 mg/10 ml vial</i> INJ	5	B/D
<i>flutamide</i>	2	MO
<i>fudr</i> INJ	5	MO
FUSILEV INJ	5	MO, B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>gemcitabine hcl 1 gram vial</i> INJ	6	B/D
<i>gemcitabine hcl 200 mg vial, - 2 gram vial</i> INJ	6	MO, B/D
GEMZAR 1 GRAM VIAL INJ	6	B/D
GEMZAR 200 MG VIAL INJ	6	MO, B/D
<i>gengraf</i>	2	MO, B/D
GLEEVEC	6	MO, PAR
HALAVEN INJ	6	
HERCEPTIN INJ	6	PAR
HEXALEN	6	MO
HUMIRA 20 MG/0.4 ML SYRINGE INJ	6	MO, PAR, QLL (2 syringes/28)
HUMIRA 40 MG/0.8 ML PEN, -CROHN'S STARTER PACK, -PSORIASIS STARTER PACK INJ	6	MO, PAR, QLL (6 syringes/365)
HUMIRA 40 MG/0.8 ML SYRINGE INJ	6	MO, PAR, QLL (6 syringes/28)
HYCANTIN INJECTION INJ	6	B/D
<i>hydroxyurea capsule</i>	2	MO
IDAMYCIN PFS INJ	6	B/D
<i>idarubicin hcl 10 mg/10 ml vl</i> INJ	6	B/D
<i>idarubicin hcl 20 mg/20 ml vl, -5 mg/5 ml vial</i> INJ	6	MO, B/D
IFEX 1 GM VIAL INJ	5	MO, B/D
IFEX 3 GM VIAL INJ	5	B/D
<i>ifosfamide 1 gm vial</i> INJ	5	B/D
<i>ifosfamide 1 gm/ 20 ml vial, -3 gm vial, -3 gm/ 60 ml vial</i> INJ	5	MO, B/D
<i>ifosfamide-mesna</i> INJ	6	B/D
IRESSA	6	LA
<i>irinotecan hcl 100 mg/5 ml vl</i> INJ	5	B/D
<i>irinotecan hcl 40 mg/2 ml vial</i> INJ	5	MO, B/D
ISTODAX INJ	6	PAR
IXEMPRA 15 MG KIT INJ	6	MO, B/D

Drug Name	Drug Tier	Requirements/ Limits
IXEMPRA 45 MG KIT INJ	6	B/D
<i>leflunomide</i>	2	MO
LETROZOLE	3	MO
<i>leucovorin calcium injection</i> INJ	5	MO
<i>leucovorin calcium tablet</i>	2	MO
LEUKERAN	3	MO
LEUSTATIN INJ	6	B/D
LYSODREN	3	MO
MATULANE	6	MO
<i>megestrol acetate suspension oral, -tablet</i>	2	MO
<i>melfalan hcl</i> INJ	5	B/D
<i>mercaptapurine tablet</i>	2	MO
<i>mesna</i> INJ	5	B/D
MESNEX INJECTION INJ	5	B/D
MESNEX TABLET	3	MO
<i>methotrexate injection</i> INJ	5	MO
<i>methotrexate tablet</i>	2	MO
<i>mitomycin 20 mg vial</i> INJ	5	B/D
<i>mitomycin 5 mg vial</i> INJ	5	MO, B/D
<i>mitoxantrone hcl</i> INJ	5	MO, B/D
MUSTARGEN INJ	5	MO, B/D
<i>mycophenolate mofetil</i>	2	MO, B/D
NAVELBINE INJ	5	MO, B/D
NEXAVAR	6	LA, PAR
NILANDRON	3	MO
NIPENT INJ	6	B/D
NOVANTRONE INJ	5	MO, B/D
<i>octreotide acet 100 mcg/ml amp, -acet 100 mcg/ml vl, -acet 200 mcg/ml vl, -acet 500 mcg/ml amp, -acet 500 mcg/ml vl, -1,000 mcg/ml vial</i> INJ	6	MO
<i>octreotide acet 50 mcg/ml amp, -acet 50 mcg/ml vial</i> INJ	5	MO
ONTAK INJ	6	MO, B/D
<i>onxol</i> INJ	5	MO, B/D
ORENCIA INJ	6	MO, PAR
ORTHOCLONE OKT-3 INJ	6	MO, B/D
<i>oxaliplatin 100 mg/20 ml vial</i> INJ	6	B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>oxaliplatin 50 mg/10 ml vial, -100 mg vial</i> INJ	6	MO, B/D
<i>paclitaxel 100 mg/16.7 ml vial, -30 mg/5 ml vial</i> INJ	5	MO, B/D
<i>paclitaxel 300 mg/50 ml vial</i> INJ	5	B/D
<i>pentostatin</i> INJ	6	B/D
PHOTOFRIN INJ	6	B/D
PROGRAF INJ	5	MO, B/D
RAPAMUNE 0.5 MG TABLET	3	B/D
RAPAMUNE SOLUTION, -1 MG TABLET, -2 MG TABLET	3	MO, B/D
REMICADE INJ	6	MO, PAR
REVLIMID	6	LA, PAR, QLL (30/30)
RITUXAN INJ	6	MO, PAR
SANDIMMUNE INJ	5	MO, B/D
SANDOSTATIN INJ	6	MO, ST
SANDOSTATIN LAR INJ	6	MO
SIMPONI INJ	6	MO, PAR, QLL (1/28)
SIMULECT INJ	6	MO, B/D
SPRYCEL 20 MG TABLET, -50 MG TABLET, -70 MG TABLET, -100 MG TABLET	6	MO, PAR
SPRYCEL 80 MG TABLET, -140 MG TABLET	6	PAR
STELARA INJ	6	MO, PAR, QLL (1/28)
SUTENT	6	MO, PAR
TABLOID	4	MO
<i>tacrolimus capsule</i>	2	MO, B/D
<i>tamoxifen citrate tablet</i>	2	MO
TARCEVA	6	MO, PAR
TARGRETIN CAPSULE	6	MO, PAR
TARGRETIN GEL	6	MO
TASIGNA	6	MO, PAR
TAXOTERE 20 MG/ML VIAL, -20 MG/0.5 ML VIAL	6	MO, B/D

Drug Name	Drug Tier	Requirements/ Limits
TAXOTERE 80 MG/4 ML VIAL, -80 MG/2 ML VIAL	6	B/D
<i>thiotepa injection</i> INJ	5	MO, B/D
<i>toposar</i> INJ	5	B/D
<i>topotecan hcl</i> INJ	6	B/D
TORISEL INJ	6	B/D
TOTECT INJ	6	MO, B/D
TREANDA 100 MG VIAL	6	B/D
TREANDA 25 MG VIAL INJ	6	MO, B/D
<i>tretinoin capsule</i>	2	MO
TRISENOX INJ	5	MO, B/D
TYKERB	6	MO, PAR
UVADEX INJ	5	MO, B/D
VANDETANIB	6	MO, PAR
VECTIBIX 100 MG/5 ML VIAL INJ	6	PAR
VECTIBIX 400 MG/20 ML VIAL INJ	6	MO, PAR
VELCADE INJ	6	MO
VIDAZA INJ	6	MO
<i>vinblastine 1 mg/ml vial</i> INJ	5	MO, B/D
<i>vinblastine sulf 10 mg vial</i> INJ	5	B/D
<i>vincristine 1 mg/ml vial</i> INJ	5	B/D
<i>vincristine 2 mg/2 ml vial</i> INJ	5	MO, B/D
<i>vinorelbine 10 mg/ml vial</i> INJ	5	MO, B/D
<i>vinorelbine 50 mg/5 ml vial</i> INJ	5	B/D
VOTRIENT	6	MO, PAR
ZANOSAR INJ	5	B/D
ZINECARD 250 MG VIAL	6	MO, B/D
ZINECARD 500 MG VIAL	6	MO, B/D
ZOLINZA	6	MO, PAR
ZORTRESS 0.25 MG TABLET	4	B/D
ZORTRESS 0.5 MG TABLET, -0.75 MG TABLET	6	B/D

Drug Name	Drug Tier	Requirements/ Limits
<b>AUTONOMIC AND CNS MEDICATIONS</b>		
ABILIFY 2 MG TABLET, -5 MG TABLET, -10 MG TABLET, -15 MG TABLET	4	MO, QLL (30/30)
ABILIFY 20 MG TABLET	6	MO, QLL (60/30)
ABILIFY 30 MG TABLET	6	MO, QLL (30/30)
ABILIFY DISCMELT	4	MO, QLL (60/30)
ABILIFY INJECTION INJ	5	MO
ABILIFY SOLUTION	4	MO, QLL (900/30)
ABSTRAL	6	MO, PAR, QLL (120/30)
<i>acetaminoph-caff-dihydrocodein</i>	2	MO, QLL (180/30)
<i>acetaminophen-codeine elixir</i>	2	MO, QLL (4500/30)
<i>acetaminophen-codeine tablet</i>	2	MO, QLL (390/30)
<i>acetaminophen-tramadol</i>	2	MO, QLL (240/30)
ACTIQ	6	MO, PAR, QLL (120/30)
ALOXI INJ	5	MO
<i>amitriptyline hcl tablet</i>	2	MO
<i>amoxapine</i>	2	MO
<i>amphetamine salts 12.5 mg tb</i>	2	MO, QLL (120/30)
<i>amphetamine salts 20 mg tab</i>	2	MO, QLL (90/30)
<i>amphetamine salts 5 mg tab, -salts 10 mg tab, -salts 15 mg tab</i>	2	MO, QLL (30/30)
<i>amphetamine salts 7.5 mg tab, -salts 30 mg tab</i>	2	MO, QLL (60/30)
ANTABUSE	3	MO
ANZEMET INJECTION INJ	5	MO
APOKYN INJ	6	LA
ARICEPT 23 MG TABLET	3	QLL (30/30), ST
<i>ascomp with codeine</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
ASTRAMORPH-PF INJ	5	MO
<i>atropine sulfate injection</i> INJ	5	MO
BANZEL SUSPENSION ORAL	4	
BANZEL TABLET	4	MO
<i>benztropine mesylate injection</i> INJ	5	MO
<i>benztropine mesylate tablet</i>	1	CG, MO
<i>bromocriptine mesylate capsule, -tablet</i>	2	MO
<i>budeprion sr</i>	2	MO, QLL (60/30)
<i>budeprion xl 150 mg tablet</i>	2	MO, QLL (90/30)
<i>budeprion xl 300 mg tablet</i>	2	MO, QLL (30/30)
BUPRENEX INJ	5	MO
<i>buprenorphine 2 mg tablet sl</i>	2	MO, PAR, QLL (240/30)
<i>buprenorphine 8 mg tablet sl</i>	2	MO, PAR, QLL (60/30)
<i>buprenorphine hcl injection</i> INJ	5	MO
<i>buproban</i>	2	MO, QLL (60/30)
<i>bupropion hcl sr</i>	2	MO, QLL (60/30)
<i>bupropion hcl tablet</i>	2	MO, QLL (120/30)
<i>bupropion hcl xl 150 mg tablet</i>	2	MO, QLL (90/30)
<i>bupropion hcl xl 300 mg tablet</i>	2	MO, QLL (30/30)
<i>buspironone hcl tablet</i>	2	MO
<i>butalb-caff-acetaminoph-codein</i>	2	MO, QLL (180/30)
<i>butalbital compound-codeine</i>	2	MO
<i>butorphanol tartrate aerosol spray</i>	2	MO
<i>butorphanol tartrate injection</i> INJ	5	MO
<i>carbamazepine suspension oral, -tablet, -tablet chewable</i>	1	CG, MO



Drug Name	Drug Tier	Requirements/ Limits
<i>carbamazepine xr</i>	2	MO
<i>carbidopa-levodopa</i>	2	MO
CELONTIN	3	MO
CHANTIX	4	MO
<i>chlordiazepoxide-amitriptyline</i>	2	MO
<i>chlorpromazine hcl injection</i> INJ	5	MO
<i>chlorpromazine hcl tablet</i>	2	MO
<i>citalopram</i>	2	MO, QLL (600/30)
<i>citalopram hbr 10 mg tablet, -20 mg tablet</i>	2	MO, QLL (45/30)
<i>citalopram hbr 40 mg tablet</i>	2	MO, QLL (30/30)
<i>clomipramine hcl capsule</i>	2	MO
<i>clozapine 100 mg tablet</i>	2	MO, QLL (270/30)
<i>clozapine 200 mg tablet</i>	2	MO, QLL (120/30)
<i>clozapine 25 mg tablet, -50 mg tablet</i>	2	MO, QLL (90/30)
<i>codeine phosphate injection</i> INJ	5	MO
<i>codeine sulfate 15 mg tablet</i>	2	
<i>codeine sulfate 30 mg tablet, -60 mg tablet</i>	2	MO
COGENTIN INJ	5	MO
<i>co-gesic</i>	2	MO, QLL (240/30)
<i>compro</i>	2	MO
COMTAN	4	MO
CYMBALTA	3	MO, QLL (60/30)
D.H.E.45 INJ	5	MO
DEMEROL INJECTION INJ	5	MO
DEPACON INJ	5	MO
<i>depade</i>	2	MO
<i>desipramine hcl tablet</i>	2	MO
<i>dexmethylphenidate 10 mg tab</i>	2	MO, QLL (120/30)
<i>dexmethylphenidate 2.5 mg tab, -5 mg tab</i>	2	MO, QLL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>dextroamphetamine sulfate</i>	2	MO
<i>dihydroergotamine mesylate injection</i> INJ	5	MO
DILANTIN 30 MG CAPSULE	3	
DILANTIN 50 MG INFATAB	3	MO
DILAUDID INJECTION INJ	5	MO
DILAUDID-HP INJ	5	MO
<i>diskets</i>	2	MO
<i>disulfiram tablet</i>	3	MO
<i>divalproex sodium</i>	2	MO
<i>divalproex sodium er</i>	2	MO
<i>donepezil hcl tablet</i>	2	QLL (30/30)
DONEPEZIL HCL TABLET DISPERSIBLE LINGUAL	3	QLL (30/30)
<i>doxepin 10 mg capsule, -25 mg capsule, -50 mg capsule, -75 mg capsule, -100 mg capsule, -solution</i>	2	MO
<i>doxepin 150 mg capsule</i>	2	
<i>dronabinol</i>	2	MO, B/D
DURAMORPH INJ	5	MO
EMEND 125 MG CAPSULE	3	MO, B/D, QLL (4/30)
EMEND 40 MG CAPSULE	3	MO, B/D, QLL (1/1)
EMEND 80 MG CAPSULE	3	MO, B/D, QLL (8/30)
EMEND TRIFOLD PACK	3	MO, B/D, QLL (12/30)
EMSAM	4	MO, QLL (30/30)
<i>endocet 10-650 mg tablet</i>	2	MO, QLL (180/30)
<i>endocet 5-325 tablet, -7.5-325 mg tablet, -10-325 mg tablet</i>	2	MO, QLL (360/30)
<i>endocet 7.5-500 mg tablet</i>	2	MO, QLL (240/30)
<i>endodan</i>	2	MO
<i>epitol</i>	1	CG, MO

Drug Name	Drug Tier	Requirements/ Limits
EQUETRO 100 MG CAPSULE, -200 MG CAPSULE	3	MO, QLL (240/30)
EQUETRO 300 MG CAPSULE	3	MO
<i>ergotamine-caffeine</i>	2	MO
<i>ethosuximide capsule, -syrup</i>	2	MO
EXELON PATCH TRANSDERMAL 24 HOURS	3	MO, QLL (30/30)
EXELON SOLUTION	3	MO, QLL (180/30)
FANAPT TABLET	4	MO, QLL (60/30)
FANAPT TABLET DOSE PACK	4	MO, QLL (8/30)
FAZACLO 100 MG ODT	4	MO, QLL (270/30)
FAZACLO 12.5 MG ODT	4	MO, QLL (60/30)
FAZACLO 150 MG ODT	4	QLL (180/30)
FAZACLO 200 MG ODT	4	QLL (120/30)
FAZACLO 25 MG ODT	4	MO, QLL (90/30)
FELBATOL	3	MO
FENTANYL	3	MO, QLL (15/30)
<i>fentanyl citrate injection INJ</i>	5	MO
<i>fentanyl citrate lozenge</i>	6	MO, PAR, QLL (120/30)
FENTORA	6	MO, PAR, QLL (120/30)
<i>fluoxetine hcl 10 mg capsule</i>	2	MO, QLL (45/30)
<i>fluoxetine hcl 10 mg tablet</i>	2	MO, QLL (240/30)
<i>fluoxetine hcl 20 mg capsule, -20 mg tablet</i>	2	MO, QLL (120/30)
<i>fluoxetine hcl 40 mg capsule</i>	2	MO, QLL (60/30)
<i>fluoxetine hcl solution</i>	2	MO, QLL (600/30)
<i>fluphenazine decanoate INJ</i>	5	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>fluphenazine hcl elixir, -solution, -tablet</i>	2	MO
<i>fluphenazine hcl injection INJ</i>	5	MO
<i>fluvoxamine maleate 100 mg tab</i>	2	MO, QLL (90/30)
<i>fluvoxamine maleate 25 mg tab, -50 mg tab</i>	2	MO, QLL (30/30)
<i>fosphephenytoin sodium INJ</i>	5	MO
<i>gabapentin 100 mg capsule, -300 mg capsule, -tablet</i>	2	MO, QLL (180/30)
<i>gabapentin 400 mg capsule</i>	2	MO, QLL (270/30)
GABAPENTIN SOLUTION	3	QLL (2160/30)
GABITRIL	3	MO
<i>galantamine hbr capsule 24hr sustained release pellets</i>	2	MO, QLL (30/30)
<i>galantamine hbr tablet</i>	2	MO, QLL (60/30)
<i>galantamine hydrobromide</i>	2	MO, QLL (180/30)
GEODON 20 MG CAPSULE, -40 MG CAPSULE	4	MO, QLL (60/30)
GEODON 60 MG CAPSULE, -80 MG CAPSULE	4	MO, QLL (90/30)
GEODON INJECTION INJ	5	MO
<i>granisetron hcl injection INJ</i>	5	MO
<i>granisetron hcl tablet</i>	2	MO, B/D, QLL (30/30)
<i>guanidine hcl</i>	2	MO
HALDOL INJ	5	MO
HALDOL DECANOATE 100 INJ	5	MO
HALDOL DECANOATE 50 INJ	5	MO
<i>haloperidol decanoate INJ</i>	5	MO
<i>haloperidol lactate injection INJ</i>	5	MO
<i>haloperidol lactate solution</i>	2	MO
<i>haloperidol tablet</i>	2	MO
<i>hydrocodon-acetaminoph 7.5-750, -hydrocodon-acetaminophn 10-750</i>	2	MO, QLL (150/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodon-acetaminophen 5-325, -hydrocodon-acetaminoph 7.5-325, -hydrocodon-acetaminophn 10-325</i>	2	MO, QLL (360/30)
<i>hydrocodon-acetaminophn 10-650, -hydrocodon-acetaminoph 7.5-650, -hydrocodon-acetaminophn 10-660</i>	2	MO, QLL (180/30)
<i>hydrocodone bit-ibuprofen</i>	2	MO, QLL (480/30)
<i>hydrocodone-acetaminophen capsule, -hydrocodon-acetaminoph 2.5-500, -hydrocodon-acetaminoph 7.5-500, -hydrocodon-acetaminophn 10-500</i>	2	MO, QLL (240/30)
<i>hydrocodone-acetaminophen solution</i>	2	MO, QLL (3600/30)
<i>hydrogesic</i>	2	MO, QLL (240/30)
<i>hydromorphone hcl injection INJ</i>	5	MO
<i>hydromorphone hcl suppository rectal, -tablet</i>	2	MO
<i>imipramine hcl tablet</i>	2	MO
<i>imipramine pamoate</i>	2	MO
IMITREX INJECTION INJ	5	MO, QLL (4 vials/30)
INFUMORPH INJ	5	MO
INVEGA ER 1.5 MG TABLET, -ER 3 MG TABLET, -ER 9 MG TABLET	4	MO, QLL (30/30)
INVEGA ER 6 MG TABLET	4	MO, QLL (60/30)
INVEGA SUSTENNA INJ	5	MO, QLL (2/28)
KEPPRA INJECTION INJ	5	MO
LAMICTAL ODT 100 MG TABLET	4	MO
LAMICTAL ODT 200 MG TABLET	4	MO, QLL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL ODT 25 MG TABLET, -50 MG TABLET	4	MO, QLL (90/30)
LAMICTAL XR (BLUE)	4	MO, PAR, QLL (28/28)
LAMICTAL XR (GREEN)	4	MO, PAR, QLL (35/35)
LAMICTAL XR (ORANGE)	4	MO, PAR, QLL (35/35)
LAMICTAL XR 100 MG TABLET	4	MO, PAR
LAMICTAL XR 200 MG TABLET	4	MO, PAR, QLL (60/30)
LAMICTAL XR 25 MG TABLET, -50 MG TABLET	4	MO, PAR, QLL (90/30)
<i>lamotrigine 150 mg tablet, -200 mg tablet</i>	2	MO, QLL (60/30)
<i>lamotrigine 25 mg tablet, -100 mg tablet, -tablet dispersible</i>	2	MO
LATUDA	4	QLL (30/30)
<i>levetiracetam injection INJ</i>	5	
<i>levetiracetam solution, -tablet</i>	2	MO
<i>levorphanol tartrate tablet</i>	2	MO
LEXAPRO 20 MG TABLET	3	MO, QLL (30/30)
LEXAPRO 5 MG TABLET, -10 MG TABLET	3	MO, QLL (45/30)
LEXAPRO SOLUTION	3	MO, QLL (600/30)
<i>lithium</i>	2	MO
<i>lithium carbonate capsule, -tablet, -tablet sustained action</i>	1	CG, MO
<i>loxapine</i>	2	MO
LUNESTA	4	MO, PAR, QLL (30/30)
LYRICA 225 MG CAPSULE, -300 MG CAPSULE	4	MO, PAR, QLL (60/30)
LYRICA 25 MG CAPSULE, -50 MG CAPSULE, -75 MG CAPSULE, -100 MG CAPSULE, -150 MG CAPSULE, -200 MG CAPSULE	4	MO, PAR, QLL (90/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>maprotiline 25 mg tablet, -50 mg tablet</i>	2	MO, QLL (90/30)
<i>maprotiline 75 mg tablet</i>	2	MO
<i>margesic h</i>	2	MO, QLL (240/30)
MARPLAN	3	MO
MAXALT	3	MO, QLL (12/30), ST
MAXALT MLT	3	MO, QLL (12/30), ST
<i>meclizine hcl tablet</i>	1	CG, MO
<i>mepерidine hcl injection INJ</i>	5	MO
<i>mepерidine hcl solution, -tablet</i>	2	MO
<i>mepерitab</i>	2	MO
<i>meprobamate 200 mg tablet</i>	2	MO, QLL (120/30)
<i>meprobamate 400 mg tablet</i>	2	MO, QLL (180/30)
MESTINON SYRUP, -TABLET SUSTAINED ACTION	3	MO
<i>methadone hcl injection INJ</i>	5	MO
<i>methadone hcl solution, -tablet, -tablet soluble</i>	2	MO
<i>methadone intensol</i>	2	MO
<i>methadose</i>	2	MO
<i>methylin er</i>	2	MO, QLL (90/30)
<i>methylin tablet</i>	2	MO, QLL (90/30)
<i>methylphenidate er</i>	2	MO, QLL (90/30)
<i>methylphenidate hcl tablet</i>	2	MO, QLL (90/30)
<i>methylphenidate sr</i>	2	MO, QLL (90/30)
<i>migergot</i>	2	MO
<i>mirtazapine</i>	2	MO, QLL (30/30)
MOBAN 10 MG TABLET, -25 MG TABLET	3	MO, QLL (120/30)
MOBAN 50 MG TABLET	3	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulf er 100 mg tab, -sulf er 200 mg tab</i>	2	MO, QLL (180/30)
<i>morphine sulf er 15 mg tablet, -sulf er 30 mg tablet, -sulf er 60 mg tablet</i>	2	MO, QLL (120/30)
<i>morphine sulfate in dextrose INJ</i>	5	MO
<i>morphine sulfate injection INJ</i>	5	MO
<i>morphine sulfate solution, -suppository rectal, -tablet</i>	2	MO
<i>nalbuphine hcl injection INJ</i>	5	MO
<i>naloxone hcl injection INJ</i>	5	MO
<i>naltrexone hcl tablet</i>	2	MO
NAMENDA SOLUTION	3	MO, QLL (300/30)
NAMENDA TABLET, -TABLET DOSE PACK	3	MO, QLL (60/30)
<i>naratriptan hcl</i>	2	QLL (9/30)
<i>nefazodone hcl</i>	2	MO, QLL (60/30)
NICOTROL NS	3	MO
<i>nortriptyline hcl capsule, -solution</i>	2	MO
NUVIGIL 150 MG TABLET, -250 MG TABLET	3	MO, PAR, QLL (30/30)
NUVIGIL 50 MG TABLET	3	MO, PAR, QLL (60/30)
<i>ondansetron hcl 24 mg tablet</i>	2	MO, B/D, QLL (30/30)
<i>ondansetron hcl 4 mg tablet, -8 mg tablet</i>	2	MO, B/D, QLL (90/30)
<i>ondansetron hcl in dextrose INJ</i>	5	MO
<i>ondansetron hcl injection INJ</i>	5	MO
<i>ondansetron hcl solution</i>	2	MO, B/D, QLL (450 ml/30)
<i>ondansetron odt</i>	2	MO, B/D, QLL (90/30)
ONSOLIS	6	LA, PAR, QLL (120/30)
ORAP	3	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>oxcarbazepine 150 mg tablet, -300 mg tablet</i>	2	MO, QLL (60/30)
<i>oxcarbazepine 600 mg tablet</i>	2	MO
OXCARBAZEPINE SUSPENSION	3	MO
<i>oxycodon-acetaminophen 7.5-500</i>	2	MO, QLL (240/30)
<i>oxycodone concentrate</i>	2	
<i>oxycodone hcl capsule, -solution, -tablet</i>	2	MO
<i>oxycodone hcl-aspirin</i>	2	MO
<i>oxycodone hcl-ibuprofen</i>	2	MO
<i>oxycodone-acetaminophen 10-325</i>	2	MO, QLL (360/30)
<i>oxycodone-acetaminophen 10-650</i>	2	MO, QLL (180/30)
<i>oxycodone-acetaminophen capsule</i>	2	MO, QLL (240/30)
<i>oxycodone-acetaminophen tablet</i>	2	MO, QLL (360/30)
<i>oxycodone-aspirin</i>	2	MO
OXYCONTIN 10 MG TABLET, -15 MG TABLET, -20 MG TABLET, -30 MG TABLET, -40 MG TABLET, -60 MG TABLET	4	MO, QLL (90/30), ST
OXYCONTIN 80 MG TABLET	6	MO, QLL (120/30), ST
<i>paroxetine cr 25 mg tablet</i>	2	MO, QLL (90/30)
<i>paroxetine hcl 10 mg tablet</i>	2	MO, QLL (45/30)
<i>paroxetine hcl 20 mg tablet, -cr 12.5 mg tablet</i>	2	MO, QLL (30/30)
<i>paroxetine hcl 30 mg tablet, -40 mg tablet, -cr 37.5 mg tablet, -er 37.5 mg tablet</i>	2	MO, QLL (60/30)
<i>paroxetine hcl suspension oral</i>	2	MO, QLL (1200/30)
PEGANONE	3	MO
<i>pentazocine-acetaminophen</i>	2	MO, QLL (180/30)
<i>perphenazine</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>perphenazine-amitriptyline</i>	2	MO
<i>phenadoz</i>	2	MO
PHENELZINE SULFATE TABLET	3	
<i>phenytoin sod ext 100 mg cap</i>	1	CG, MO
PHENYTOIN SOD EXT 200 MG CAP, -SOD EXT 300 MG CAP	3	MO
<i>phenytoin sodium injection INJ</i>	5	MO
<i>phenytoin suspension oral</i>	1	CG, MO
<i>pramipexole 0.125 mg tablet, -0.25 mg tablet, -0.5 mg tablet, -1 mg tablet, -1.5 mg tablet</i>	2	MO
<i>pramipexole 0.75 mg tablet</i>	2	
<i>primidone tablet</i>	2	MO
PRISTIQ	4	MO, PAR, QLL (30/30)
<i>prochlorperazine edisylate INJ</i>	5	MO
<i>prochlorperazine maleate suppository rectal, -tablet</i>	2	MO
<i>promethazine hcl suppository rectal</i>	2	MO
<i>promethegan</i>	2	MO
<i>protriptyline hcl</i>	2	MO
PROVIGIL 100 MG TABLET	3	MO, PAR, QLL (30/30)
PROVIGIL 200 MG TABLET	3	MO, PAR, QLL (60/30)
<i>pyridostigmine bromide</i>	2	MO
REGONOL INJ	5	MO
RISPERDAL CONSTA 12.5 MG SYR, -25 MG SYR, -37.5 MG SYR INJ	5	MO, QLL (2/28)
RISPERDAL CONSTA 50 MG SYR INJ	6	MO
RISPERIDONE 0.25 MG ODT, -0.5 MG ODT, -1 MG ODT, -2 MG ODT, -3 MG ODT	3	MO, QLL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
RISPERIDONE 4 MG ODT	3	MO, QLL (120/30)
<i>risperidone m-tab 0.5 mg odt, -1 mg odt, -2 mg odt, -3 mg odt</i>	3	MO, QLL (60/30)
<i>risperidone m-tab 4 mg odt</i>	3	MO, QLL (120/30)
<i>risperidone solution</i>	2	MO, QLL (480 ml/30)
<i>risperidone tablet</i>	2	MO, QLL (60/30)
<i>rivastigmine</i>	2	QLL (60/30)
<i>ropinirole hcl</i>	2	MO
<i>roxicet 5/500 caplet</i>	2	MO, QLL (240/30)
<i>roxicet 5-325 tablet</i>	2	MO, QLL (360/30)
SABRIL	4	LA
SANCUSO	6	MO, PAR, QLL (4/28)
SAPHRIS	4	MO, QLL (60/30)
SAVELLA TABLET	3	MO, QLL (60/30)
SAVELLA TABLET DOSE PACK	3	MO, QLL (1/365)
<i>selegiline hcl capsule, -tablet</i>	2	MO
<i>selfemra 10 mg capsule</i>	2	MO, QLL (30/30)
<i>selfemra 20 mg capsule</i>	2	MO, QLL (120/30)
SEROQUEL 25 MG TABLET, -50 MG TABLET, -100 MG TABLET, -200 MG TABLET	4	MO, QLL (90/30)
SEROQUEL 300 MG TABLET, -400 MG TABLET	4	MO, QLL (120/30)
SEROQUEL XR 300 MG TABLET	3	MO, QLL (90/30)
SEROQUEL XR 400 MG TABLET	3	MO, QLL (120/30)
SEROQUEL XR 50 MG TABLET, -150 MG TABLET, -200 MG TABLET	3	MO, QLL (30/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>sertraline hcl 100 mg tablet</i>	2	MO, QLL (90/30)
<i>sertraline hcl 25 mg tablet, -50 mg tablet</i>	2	MO, QLL (60/30)
<i>sertraline hcl solution</i>	2	MO, QLL (300/30)
STADOL INJ	5	MO
<i>stagesic</i>	2	MO, QLL (240/30)
STALEVO 100	3	MO
STALEVO 125	3	MO
STALEVO 150	3	MO
STALEVO 200	3	MO
STALEVO 50	3	MO
STALEVO 75	3	MO
STAVZOR DR 125 MG CAPSULE, -DR 250 MG CAPSULE	4	MO, QLL (60/30)
STAVZOR DR 500 MG CAPSULE	4	MO
STRATTERA 10 MG CAPSULE, -18 MG CAPSULE, -25 MG CAPSULE, -40 MG CAPSULE	4	MO, PAR, QLL (60/30)
STRATTERA 60 MG CAPSULE, -80 MG CAPSULE, -100 MG CAPSULE	4	MO, PAR, QLL (30/30)
SUBOXONE 2 MG-0.5 MG SL FILM	3	PAR, QLL (360/30)
SUBOXONE 2 MG-0.5 MG TABLET SL	3	MO, PAR, QLL (360/30)
SUBOXONE 8 MG-2 MG SL FILM	3	PAR, QLL (90/30)
SUBOXONE 8 MG-2 MG TABLET SL	3	MO, PAR, QLL (90/30)
SUMATRIPTAN 20 MG NASAL SPRAY	3	MO, QLL (8/30)
<i>sumatriptan 4 mg/0.5 ml kit, -4 mg/0.5 ml refill, -6 mg/0.5 ml kit, -6 mg/0.5 ml refill, -6 mg/0.5 ml syrng INJ</i>	5	MO, QLL (4/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan 4 mg/0.5 ml vial, -6 mg/0.5 ml vial INJ</i>	5	MO, QLL (4 ml/30)
SUMATRIPTAN 5 MG NASAL SPRAY	3	MO, QLL (16/30)
<i>sumatriptan succinate tablet</i>	2	MO, QLL (9/30)
SURMONTIL	4	MO
TALWIN INJ	5	MO
TASMAR	6	MO
<i>thioridazine hcl</i>	2	MO
<i>thiothixene</i>	2	MO
TIGAN INJECTION INJ	5	MO
<i>topiragen</i>	2	MO, PAR, QLL (60/30)
<i>topiramate capsule sprinkle</i>	2	MO, PAR
<i>topiramate tablet</i>	2	MO, PAR, QLL (60/30)
<i>tramadol hcl tablet</i>	2	MO, QLL (240/30)
<i>tramadol hcl tablet sustained release 24hr</i>	2	QLL (30/30)
<i>tramadol hcl-acetaminophen</i>	2	MO, QLL (240/30)
<i>tranlycypromine sulfate</i>	2	MO
<i>trazodone hcl tablet</i>	1	CG, MO
<i>trifluoperazine hcl</i>	2	MO
<i>trihexyphenidyl hcl</i>	1	CG, MO
<i>trimethobenzamide hcl capsule</i>	2	MO
<i>trimethobenzamide hcl injection INJ</i>	5	MO
<i>valproate sodium injection INJ</i>	5	MO
<i>valproic acid capsule, -syrup</i>	2	MO
<i>venlafaxine hcl 25 mg tablet, -37.5 mg tablet, -75 mg tablet, -100 mg tablet</i>	2	MO, QLL (90/30)
<i>venlafaxine hcl 50 mg tablet</i>	2	MO
VIMPAT INJECTION INJ	5	MO
VIMPAT SOLUTION, - TABLET	4	MO
XENAZINE	6	LA, PAR

Drug Name	Drug Tier	Requirements/ Limits
XYREM	6	LA, PAR, QLL (540/30)
<i>zaleplon 10 mg capsule</i>	2	MO, QLL (60/30)
<i>zaleplon 5 mg capsule</i>	2	MO, QLL (30/30)
<i>zamicet</i>	2	QLL (5540/30)
ZOFRAN INJECTION INJ	5	MO
<i>zolpidem tartrate tablet</i>	2	MO, QLL (30/30)
ZOLPIDEM TARTRATE TABLET MULTIPHASIC RELEASE	4	QLL (30/30)
<i>zonisamide</i>	2	MO
ZYPREXA 10 MG TABLET, -15 MG TABLET	4	MO, QLL (60/30)
ZYPREXA 2.5 MG TABLET, -5 MG TABLET, -7.5 MG TABLET	4	MO, QLL (30/30)
ZYPREXA 20 MG TABLET	4	MO, QLL (90/30)
ZYPREXA INJECTION INJ	5	MO
ZYPREXA RELPREVV 210 MG VIAL, -300 MG VIAL INJ	6	MO, QLL (2/28)
ZYPREXA RELPREVV 405 MG VIAL INJ	6	MO, QLL (1/28)
ZYPREXA ZYDIS 10 MG TABLET, -15 MG TABLET	4	MO, QLL (60/30)
ZYPREXA ZYDIS 20 MG TABLET	4	MO, QLL (90/30)
ZYPREXA ZYDIS 5 MG TABLET	4	MO, QLL (30/30)
<b>CARDIOVASCULAR MEDICATIONS</b>		
<i>acebutolol hcl capsule</i>	2	MO
ADCIRCA	6	PAR, QLL (60/30)
<i>afeditab cr</i>	2	MO
<i>amiloride hcl tablet</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	1	CG, MO
<i>amiodarone hcl injection INJ</i>	5	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>amiodarone hcl tablet</i>	2	MO
<i>amlodipine besylate 2.5 mg tab, -10 mg tab</i>	1	CG, MO, QLL (30/30)
<i>amlodipine besylate 5 mg tab</i>	1	CG, MO, QLL (45/30)
<i>amlodipine-benazepril 2.5-10, --benazepril 10-20 mg, --benazepril 5-10 mg, --benazepril 5-20 mg</i>	2	MO
<i>amlodipine-benazepril 5-40 mg, --benazepril 10-40 mg</i>	2	
<i>atenolol tablet</i>	1	CG, MO
<i>atenolol-chlorthalidone</i>	2	MO
<i>benazepril hcl</i>	2	MO
<i>benazepril-hydrochlorothiazide</i>	2	MO
<i>betaxolol hcl tablet</i>	2	MO
BIDIL	3	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	2	MO
<i>bumetanide injection INJ</i>	5	MO
<i>bumetanide tablet</i>	1	CG, MO
BYSTOLIC	3	MO
<i>captopril tablet</i>	2	MO
<i>captopril-hydrochlorothiazide</i>	2	MO
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	2	MO
<i>chlorothiazide</i>	1	CG, MO
<i>chlorothiazide sodium INJ</i>	5	MO
<i>chlorthalidone</i>	1	CG, MO
<i>cholestyramine</i>	2	MO
<i>cholestyramine light</i>	2	MO
<i>clonidine</i>	2	MO, QLL (4/28)
<i>clonidine hcl tablet</i>	2	MO
<i>colestipol hcl</i>	2	MO
CRESTOR	3	MO, QLL (30/30), ST
<i>digoxin injection INJ</i>	5	MO
<i>digoxin solution, -tablet</i>	2	MO
<i>dilt-cd</i>	2	MO
<i>diltia xt</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem 24hr er capsule sustained release 24 hr</i>	2	MO
<i>diltiazem er</i>	2	MO
<i>diltiazem hcl injection INJ</i>	5	MO
<i>diltiazem hcl tablet</i>	2	MO
<i>dilt-xr</i>	2	MO
<i>diltzac er</i>	2	MO
DIOVAN 160 MG TABLET	3	MO, QLL (60/30)
DIOVAN 320 MG TABLET	3	MO, QLL (30/30)
DIOVAN 40 MG TABLET, -80 MG TABLET	3	MO, QLL (90/30)
DIOVAN HCT	3	MO, QLL (30/30)
<i>disopyramide phosphate</i>	2	MO
DIURIL SODIUM INJ	5	MO
<i>dobutamine 250 mg-d5w 500 ml, -250 mg/d5w 250 ml, -500 mg-d5w 500 ml, -500 mg-d5w 250 ml INJ</i>	5	MO
<i>dobutamine hcl INJ</i>	5	MO
<i>dopamine hcl INJ</i>	5	MO
<i>dopamine hcl in 5% dextrose INJ</i>	5	MO
<i>doxazosin mesylate</i>	2	MO
<i>enalapril maleate tablet</i>	2	MO
<i>enalapril-hydrochlorothiazide</i>	2	MO
<i>eplerenone</i>	2	MO
EXFORGE	3	MO, QLL (30/30)
EXFORGE HCT	3	MO, QLL (30/30)
<i>felodipine er</i>	2	MO
<i>fenofibrate</i>	2	MO
<i>flecainide acetate</i>	2	MO
<i>fosinopril sodium</i>	2	MO
<i>fosinopril-hydrochlorothiazide</i>	2	MO
<i>furosemide injection INJ</i>	5	MO
<i>furosemide solution, -tablet</i>	1	CG, MO
<i>gemfibrozil tablet</i>	2	MO
<i>guanabenz acetate tablet</i>	2	MO



Drug Name	Drug Tier	Requirements/ Limits
<i>guanfacine hcl</i>	2	MO
<i>hydralazine hcl injection</i> INJ	5	MO
<i>hydralazine hcl tablet</i>	2	MO
<i>hydrochlorothiazide capsule, - tablet</i>	1	CG, MO
<i>indapamide</i>	1	CG, MO
<i>isosorbide dinitrate</i>	1	CG, MO
<i>isosorbide mononitrate</i>	1	CG, MO
<i>isradipine</i>	2	MO
<i>labetalol hcl injection</i> INJ	5	MO
<i>labetalol hcl tablet</i>	2	MO
LANOXIN INJECTION INJ	5	MO
LANOXIN PEDIATRIC INJ	5	MO
LANOXIN TABLET	3	MO
LETAIRIS	6	LA, PAR
LIPOFEN	3	MO
<i>lisinopril tablet</i>	1	CG, MO
<i>lisinopril-hydrochlorothiazide</i>	2	MO
LOPRESSOR INJECTION INJ	5	MO, PAR
<i>losartan potassium 100 mg tab</i>	2	MO, QLL (30/30)
<i>losartan potassium 25 mg tab, -50 mg tab</i>	2	MO, QLL (60/30)
<i>losartan-hydrochlorothiazide</i>	2	MO, QLL (30/30)
<i>lovastatin 10 mg tablet, -20 mg tablet</i>	2	MO, QLL (30/30)
<i>lovastatin 40 mg tablet</i>	2	MO, QLL (60/30)
LOVAZA	3	MO
<i>methyclothiazide</i>	2	MO
<i>methyldopa</i>	2	MO
<i>methyldopa- hydrochlorothiazide</i>	1	CG, MO
<i>methyldopate hcl</i> INJ	5	MO
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	2	MO
<i>metoprolol tartrate injection</i> INJ	5	MO
<i>metoprolol tartrate tablet</i>	1	CG, MO
<i>metoprolol- hydrochlorothiazide</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>mexiletine hcl capsule</i>	2	MO
MICARDIS 20 MG TABLET, -40 MG TABLET	3	MO, QLL (30/30)
MICARDIS 80 MG TABLET	3	MO, QLL (60/30)
MICARDIS HCT 40-12.5 MG TABLET, -80-25 MG TABLET	3	MO, QLL (30/30)
MICARDIS HCT 80-12.5 MG TABLET	3	MO, QLL (60/30)
<i>midodrine hcl</i>	2	MO
<i>minoxidil tablet</i>	2	MO
<i>moexipril hcl</i>	2	MO
<i>moexipril-hydrochlorothiazide</i>	2	MO
<i>nadolol tablet</i>	2	MO
<i>nadolol-bendroflumethiazide</i>	2	MO
NIACOR	3	MO
NIASPAN	3	MO
<i>nicardipine hcl capsule</i>	2	MO
<i>nicardipine hcl injection</i> INJ	5	MO
<i>nifediac cc</i>	2	MO
<i>nifedical xl</i>	2	MO
<i>nifedipine capsule</i>	2	MO
<i>nifedipine er</i>	2	MO
<i>nimodipine</i>	2	MO
NIMOTOP	6	MO
<i>nisoldipine er 20 mg tablet, - er 30 mg tablet, -er 40 mg tablet</i>	2	MO
<i>nitro-bid</i>	2	MO
<i>nitroglycerin injection</i> INJ	5	MO
<i>nitroglycerin patch</i>	2	MO
NITROSTAT	3	MO
PACERONE 100 MG TABLET	3	MO
<i>pacerone 200 mg tablet</i>	2	MO
<i>pentopak</i>	2	MO
<i>pentoxifylline tablet sustained action</i>	2	MO
<i>perindopril erbumine</i>	2	MO
<i>pindolol</i>	2	MO
<i>pravastatin sodium</i>	2	MO, QLL (30/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>prazosin hcl</i>	1	CG, MO
<i>prevalite</i>	2	MO
<i>procainamide hcl injection</i> INJ	5	MO
<i>propafenone hcl tablet</i>	2	MO
<i>propranolol hcl capsule</i> <i>sustained action, -solution, -</i> <i>tablet</i>	2	MO
<i>propranolol hcl injection</i> INJ	5	MO
<i>propranolol-</i> <i>hydrochlorothiazid</i>	1	CG, MO
<i>quinapril hcl</i>	2	MO
<i>quinapril-hydrochlorothiazide</i>	2	MO
<i>quinidine gluconate injection</i> INJ	5	MO
<i>quinidine gluconate tablet</i> <i>sustained action</i>	2	MO
<i>quinidine sulfate tablet, -</i> <i>tablet sustained action</i>	2	MO
<i>ramipril</i>	2	MO
RANEXA	3	MO
REMODULIN INJ	6	LA, PAR
<i>reserpine tablet</i>	2	MO
REVATIO INJECTION INJ	6	MO, PAR, QLL (1125/30)
REVATIO TABLET	6	MO, PAR, QLL (90/30)
SIMCOR 500-20 MG TABLET, -750-20 MG TABLET, -1,000-20 MG TABLET	3	MO, QLL (60/30)
SIMCOR 500-40 MG TABLET, -1,000-40 MG TABLET	3	QLL (30/30)
<i>simvastatin</i>	1	CG, MO, QLL (30/30)
SODIUM EDECIN INJ	5	MO
<i>sorine</i>	2	MO
<i>sotalol</i>	2	MO
<i>sotalol af</i>	2	MO
SOTALOL HCL INJ	5	MO
<i>spironolactone tablet</i>	1	CG, MO

Drug Name	Drug Tier	Requirements/ Limits
<i>spironolactone-hctz</i>	1	CG, MO
<i>taztia xt</i>	2	MO
TEKTURNA	3	MO, QLL (30/30)
TEKTURNA HCT	3	MO, QLL (30/30)
<i>terazosin hcl</i>	2	MO
THALITONE	3	MO
TIKOSYN	4	MO
<i>timolol maleate tablet</i>	2	MO
<i>torseamide injection</i> INJ	5	MO
<i>torseamide tablet</i>	2	MO
TRACLEER	6	LA
<i>trandolapril</i>	2	MO
<i>triamterene-hctz</i>	1	CG, MO
<i>triamterene-</i> <i>hydrochlorothiazid</i>	1	CG, MO
VALTURNA	3	QLL (30/30)
VENTAVIS	6	MO, PAR
<i>verapamil er</i>	2	MO
<i>verapamil er pm</i>	2	MO
<i>verapamil hcl capsule 24hr</i> <i>sustained release pellets, -</i> <i>tablet, -tablet sustained action</i>	2	MO
<i>verapamil hcl injection</i> INJ	5	MO
ZETIA	3	MO, PAR, QLL (30/30)
<b>DERMATOLOGICAL MEDICATIONS</b>		
<i>acticin</i>	1	CG, MO
<i>alclometasone dipropionate</i>	1	CG, MO
<i>amcinonide</i>	2	MO
<i>ammonium lactate cream, -</i> <i>lotion</i>	1	CG, MO
<i>amnesteam</i>	2	MO
<i>betamethasone dipropionate</i> <i>cream, -gel, -dp aug 0.05%</i> <i>lot, -ointment</i>	2	MO
<i>betamethasone dp 0.05% lot</i>	2	
<i>betamethasone valerate</i> <i>cream, -lotion, -ointment</i>	1	CG, MO
<i>betanate</i>	2	MO
<i>calcipotriene ointment</i>	2	QLL (200/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>calcipotriene solution</i>	2	MO, QLL (60/30)
CARAC	4	MO
<i>claravis</i>	2	MO
<i>clinda-derm</i>	2	MO
<i>clindamycin phosphate gel, -lotion, -solution non-oral, -swab medicated</i>	2	MO
<i>clindamycin-benzoyl peroxide</i>	2	MO, QLL (60/30)
<i>clobetasol emollient</i>	2	MO
<i>clobetasol propionate cream, -foam, -gel, -ointment, -solution non-oral</i>	2	MO
<i>cormax</i>	2	MO
<i>del-beta</i>	2	MO
<i>desonide cream, -lotion, -ointment</i>	2	MO
<i>desoximetasone cream, -gel, -ointment</i>	2	MO
<i>diflorasone diacetate</i>	2	MO
DOVONEX CREAM	3	MO, QLL (200/30)
ELIDEL	4	MO, PAR
<i>ery</i>	2	MO
<i>erythromycin gel, -solution non-oral</i>	1	CG, MO
<i>erythromycin swab medicated</i>	2	MO
<i>erythromycin-benzoyl peroxide</i>	2	MO
<i>fluocinolone acetonide cream, -ointment, -solution non-oral</i>	1	CG, MO
<i>fluocinonide cream</i>	2	MO
<i>fluocinonide emollient</i>	2	MO
<i>fluocinonide gel, -ointment, -solution non-oral</i>	1	CG, MO
<i>fluocinonide-e</i>	2	MO
<i>fluorouracil cream, -solution non-oral</i>	2	MO
<i>fluticasone propionate cream, -ointment</i>	2	MO
<i>halobetasol propionate</i>	2	MO
<i>hydrocortisone 1% cream</i>	1	CG, MO

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone 1% cream, -plus 1% cream, --aloe 1% cream, -2.5% cream, -lotion, -1% absorbbase, -1% oint, -1% ointment, -2.5% ointment</i>	1	CG, MO
<i>hydrocortisone butyrate</i>	1	CG, MO
<i>hydrocortisone valerate</i>	1	CG, MO
<i>hydroxyzine hcl injection INJ</i>	5	MO
<i>hydroxyzine hcl syrup, -tablet</i>	2	MO
<i>hydroxyzine pamoate capsule</i>	2	MO
<i>imiquimod cream</i>	2	MO
LEVULAN	3	MO
LINDANE	4	MO
<i>malathion</i>	2	MO
<i>metronidazole cream, -gel, -lotion</i>	1	CG, MO
<i>mometasone furoate cream, -ointment, -solution non-oral</i>	2	MO
OXSORALEN-ULTRA	6	MO
PANRETIN	6	MO
<i>permethrin cream</i>	1	CG, MO
<i>podofilox</i>	2	MO
<i>prednicarbate</i>	2	MO
REGRANEX	6	MO, PAR
SANTYL	3	MO
<i>selenium sulfide shampoo, -2.5% lotion</i>	1	CG, MO
SOLARAZE	3	MO, PAR, QLL (100/30)
SORIATANE 10 MG CAPSULE	4	
SORIATANE 17.5 MG CAPSULE	6	MO
SORIATANE 25 MG CAPSULE	6	
<i>sotret</i>	2	MO
<i>sulfacetamide sodium lotion, -suspension topical</i>	1	CG, MO
TAZORAC	4	MO
<i>tretinoin 0.025% cream, -0.05% cream, -0.1% cream, -gel</i>	2	MO, QLL (90/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide cream, -lotion, -ointment</i>	1	CG, MO
<i>triderm</i>	1	CG, MO
<i>vitazol</i>	2	MO
VOLTAREN GEL	3	MO, QLL (800/30)
<b>DIAGNOSTIC AND MISCELLANEOUS MEDICATIONS</b>		
ADAGEN INJ	6	LA
<i>aminocaproic acid solution oral, -tablet</i>	2	MO
AMPYRA	6	LA, PAR, QLL (60/30)
ANTIZOL INJ	6	MO
BUPHENYL	6	MO, PAR
COPAXONE INJ	6	MO, PAR
CYKLOKAPRON INJ	5	MO
<i>ergoloid mesylates tablet</i>	2	MO
EXJADE 125 MG TABLET	4	LA, PAR
EXJADE 250 MG TABLET, -500 MG TABLET	6	LA, PAR
<i>fomepizole INJ</i>	6	MO
GILENYA	6	MO, PAR
ORFADIN	6	LA
THALOMID	6	MO, PAR
<b>EAR-NOSE-THROAT MEDICATIONS</b>		
<i>acetasol hc</i>	2	MO
<i>acetic acid solution non-oral</i>	1	CG, MO
<i>acetic acid-aluminum</i>	2	MO
<i>acetic acid-hydrocortisone</i>	2	MO
ASTEPRO	3	MO, QLL (30 ml/25)
<i>azelastine hcl aerosol spray w/pump</i>	2	MO, QLL (30 ml/25)
BECONASE AQ	4	MO, QLL (50/30), ST
<i>chlorhexidine gluconate mouthwash</i>	1	CG, MO
CIPRODEX	3	MO
<i>cortomycin</i>	1	CG, MO
DERMOTIC	3	MO
<i>doxycycline hyclate 20 mg tab</i>	1	CG, MO

Drug Name	Drug Tier	Requirements/ Limits
FLONASE	4	MO, QLL (16 gm/30), ST
<i>flunisolide 0.025% spray</i>	2	MO, QLL (50 ml/30)
<i>flunisolide 29 mcg-0.025% spr</i>	2	MO, QLL (50/30)
<i>fluticasone propionate nasal inhaled steroids</i>	2	MO, QLL (16 gm/30)
<i>ipratropium 0.03% spray</i>	2	MO, QLL (30 ml/30)
<i>ipratropium 0.06% spray</i>	2	MO, QLL (15 ml/30)
NASACORT AQ	4	MO, QLL (34/30), ST
NASONEX	4	MO, QLL (34 gm/30), ST
<i>neomycin-polymixin-hc ear susp, -ear susp</i>	1	CG, MO
<i>neomycin-polymyxin-hydrocort</i>	1	CG, MO
<i>ofloxacin 0.3% ear drops</i>	2	MO
OMNARIS	4	MO, QLL (13 gm/30), ST
<i>oticin hc</i>	2	MO
<i>otomycet-hc</i>	2	MO
PATANASE	4	MO, QLL (31 gm/30)
<i>periogard</i>	1	CG, MO
<i>pilocarpine hcl tablet</i>	2	MO
RHINOCORT AQUA	4	MO, QLL (18 gm/30), ST
<i>triamcinolone acetonide paste</i>	1	CG, MO
TYZINE AEROSOL SPRAY, -0.1% NOSE DROPS	3	MO
TYZINE PEDIATRIC 0.05% DROP	4	MO
VERAMYST	4	MO, QLL (10 gm/30), ST
<b>ENDOCRINE MEDICATIONS</b>		
<i>acarbose</i>	2	MO
ACTHAR H.P. INJ	6	MO, PAR
ACTONEL 150 MG TABLET	4	MO, QLL (1/30), ST

Drug Name	Drug Tier	Requirements/ Limits
ACTONEL 35 MG TABLET	4	MO, QLL (4/28), ST
ACTONEL 5 MG TABLET, - 30 MG TABLET	4	MO, QLL (30/30), ST
ACTOPLUS MET	4	MO, QLL (90/30)
ACTOPLUS MET XR 15-1,000 MG TB	4	MO, QLL (60/30)
ACTOPLUS MET XR 30-1,000 MG TB	4	MO, QLL (30/30)
ACTOS	4	MO, QLL (30/30)
A-HYDROCORT INJ	5	MO
ALDURAZYME INJ	6	LA, PAR
<i>alendronate sodium 35 mg tab, -70 mg tab</i>	1	CG, MO, QLL (4/28)
<i>alendronate sodium 5 mg tablet, -10 mg tab, -40 mg tab</i>	1	CG, MO, QLL (30/30)
<i>a-methapred</i> INJ	5	MO
AREDIA INJ	5	MO, B/D
ARISTOSPAN INJ	5	MO
ARMOUR THYROID	3	MO
AVANDAMET 2 MG-500 MG TABLET	4	MO, PAR, QLL (120/30)
AVANDAMET 4 MG-1,000 MG TABLET, -4 MG-500 MG TABLET, -2 MG-1,000 MG TAB	4	MO, PAR, QLL (60/30)
AVANDARYL 4 MG-1 MG TABLET, -4 MG-2 MG TABLET	4	MO, PAR, QLL (60/30)
AVANDARYL 4 MG-4 MG TABLET, -8 MG-2 MG TABLET, -8 MG-4 MG TABLET	4	MO, PAR, QLL (30/30)
AVANDIA 2 MG TABLET, - 4 MG TABLET	4	MO, PAR, QLL (60/30)
AVANDIA 8 MG TABLET	4	MO, PAR, QLL (30/30)
<i>baycadron</i>	2	MO
BONIVA INJECTION INJ	5	MO, B/D
BONIVA TABLET	4	MO, QLL (1/28), ST

Drug Name	Drug Tier	Requirements/ Limits
BYETTA 10 MCG DOSE PEN INJ INJ	3	MO, QLL (3 ml/30), ST
BYETTA 5 MCG DOSE PEN INJ INJ	3	MO, QLL (2 ml/30), ST
<i>cabergoline</i>	2	MO
<i>calcitonin-salmon</i>	2	MO, QLL (4/30)
CEREDASE INJ	6	LA, PAR
CEREZYME INJ	6	LA, PAR
<i>chlorpropamide</i>	2	MO
<i>cortisone acetate tablet</i>	1	CG, MO
DDAVP INJECTION INJ	5	MO
DEPO-MEDROL INJ	5	MO
<i>desmopressin acetate aerosol spray w/pump, -solution</i>	2	MO
<i>desmopressin acetate injection</i> INJ	5	MO
<i>desmopressin acetate tablet</i>	2	MO
<i>dexamethasone elixir, -tablet</i>	1	CG, MO
<i>dexamethasone intensol</i>	2	
<i>dexamethasone sodium phosphate injection</i> INJ	5	MO
<i>dexamethasone solution oral</i>	2	MO
DUETACT	4	MO, QLL (30/30)
ELAPRASE INJ	6	LA, PAR
<i>etidronate disodium</i>	2	MO
FABRAZYME INJ	6	LA, PAR
<i>fludrocortisone acetate tablet</i>	1	CG, MO
FORTEO INJ	5	MO, PAR, QLL (3 pens/28)
<i>fortical</i>	2	MO, QLL (4/30)
FOSAMAX 35 MG TABLET, -70 MG TABLET	4	MO, QLL (4/28), ST
FOSAMAX 5 MG TABLET, -10 MG TABLET, -40 MG TABLET	4	MO, QLL (30/30), ST
FOSAMAX PLUS D	4	MO, QLL (4/28), ST

Drug Name	Drug Tier	Requirements/ Limits
FOSAMAX SOLUTION	4	MO, QLL (300 ml/28), ST
<i>glimepiride</i>	2	MO
<i>glipizide er</i>	1	CG, MO
<i>glipizide tablet</i>	1	CG, MO
<i>glipizide xl</i>	2	MO
<i>glipizide-metformin</i>	2	MO
GLUCAGEN INJ	5	MO
GLUCAGON EMERGENCY KIT INJ	5	MO
<i>glyburide</i>	2	MO
<i>glyburide micronized</i>	2	MO
<i>glyburide-metformin hcl</i>	2	MO
<i>glycron</i>	2	MO
HUMALOG INJ	3	MO
HUMALOG MIX 50-50 INJ	3	MO
HUMALOG MIX 75-25 INJ	3	MO
HUMULIN 70-30 INJ	3	MO
HUMULIN N INJ	3	MO
HUMULIN R INJ	3	MO
<i>hydrocortisone tablet</i>	1	CG, MO
JANUMET	3	MO, QLL (60/30)
JANUVIA	3	MO, QLL (30/30)
KENALOG-10 INJ	5	MO
KENALOG-40 INJ	5	MO
KOMBIGLYZE XR 2.5-1,000 MG TAB	3	QLL (60/30)
KOMBIGLYZE XR 5-1,000 MG TAB, -5-500 MG TABLET	3	QLL (30/30)
KUVAN	6	LA
LANTUS INJ	3	MO
LANTUS SOLOSTAR INJ	3	MO
LEVEMIR INJ	3	MO
<i>levothroid</i>	1	CG, MO
<i>levothyroxine sodium injection</i> INJ	5	MO
<i>levothyroxine sodium tablet</i>	1	CG, MO
<i>levoxyl</i>	1	CG, MO

Drug Name	Drug Tier	Requirements/ Limits
<i>liothyronine sodium injection</i> INJ	6	MO
<i>liothyronine sodium tablet</i>	2	MO
<i>metformin hcl</i>	1	CG, MO
<i>metformin hcl er</i>	2	MO
<i>methimazole tablet</i>	1	CG, MO
<i>methylprednisolone acetate injection</i> INJ	5	MO
<i>methylprednisolone sod succ</i> INJ	5	MO
<i>methylprednisolone tablet, -tablet dose pack</i>	1	CG, MO
MIACALCIN INJECTION INJ	5	MO, B/D
NAGLAZYME INJ	6	LA, PAR
<i>nateglinide</i>	2	MO
NOVOLIN 70-30 INJ	3	MO
NOVOLIN N INJ	3	MO
NOVOLIN R INJ	3	MO
NOVOLOG INJ	3	MO
NOVOLOG MIX 70-30 INJ	3	MO
ONGLYZA	3	MO, QLL (30/30)
<i>pamidronate disodium</i> INJ	5	MO, B/D
<i>prednisolone sodium phosphate solution</i>	1	CG, MO
<i>prednisolone solution oral</i>	1	CG, MO
<i>prednisone intensol</i>	2	MO
<i>prednisone solution, -tablet</i>	1	CG, MO
PROGLYCEM	6	MO
PROLIA INJ	5	PAR, QLL (2/365)
<i>propylthiouracil</i>	1	CG, MO
SAMSCA 15 MG TABLET	6	MO, PAR, QLL (30/30)
SAMSCA 30 MG TABLET	6	MO, PAR, QLL (60/30)
SENSIPAR 30 MG TABLET	3	MO
SENSIPAR 60 MG TABLET, -90 MG TABLET	6	MO
SOLU-CORTEF INJ	5	MO
SOLU-CORTEF (PF) INJ	5	MO
SOLU-MEDROL INJ	5	MO

Drug Name	Drug Tier	Requirements/ Limits
SOLU-MEDROL (PF) INJ	5	MO
SOMAVERT INJ	6	LA, PAR
STIMATE	4	MO
SYMLIN INJ	4	MO, PAR
SYMLINPEN 120 INJ	4	MO, PAR
SYMLINPEN 60 INJ	4	MO, PAR
SYNTHROID	3	MO
THYROLAR-1	3	MO
THYROLAR-1/2	3	MO
THYROLAR-1/4	3	MO
THYROLAR-2	3	MO
THYROLAR-3	3	MO
<i>tolazamide</i>	2	MO
<i>tolbutamide</i>	1	CG, MO
<i>triamcinolone acetonide injection</i> INJ	5	MO
TRIOSTAT INJ	6	MO
<i>unithroid</i>	1	CG, MO
<i>veripred 20</i>	1	CG
VICTOZA 2-PAK INJ	3	MO, QLL (9/30), ST
VICTOZA 3-PAK INJ	3	QLL (9 pens/30), ST
VPRIV INJ	6	MO, PAR
XGEVA INJ	6	PAR, QLL (1.7/28)
ZAVESCA	6	LA, PAR
<i>zema-pak</i>	2	MO
ZOMETA INJ	6	MO
<b>GASTROINTESTINAL MEDICATIONS</b>		
APRISO	3	MO
ASACOL	3	MO
ASACOL HD	3	MO
<i>balsalazide disodium</i>	2	MO
BENTYL INJECTION INJ	5	MO
<i>budesonide ec</i>	3	MO
CANASA	3	MO
<i>cimetidine 300 mg tablet, -400 mg tablet, -800 mg tablet</i>	1	CG
<i>cimetidine injection</i> INJ	5	MO
<i>cimetidine solution, -200 mg tablet</i>	2	MO
CREON	3	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>dicyclomine hcl capsule, -syrup, -tablet</i>	2	MO
<i>dicyclomine hcl injection</i> INJ	5	MO
<i>diphenoxylate-atropine</i>	2	MO
ENTOCORT EC	6	MO
<i>famotidine 20 mg tablet, -40 mg tablet</i>	2	MO
<i>famotidine injection</i> INJ	5	MO
<i>famotidine suspension oral</i>	2	
<i>gavilyte-c</i>	1	CG, MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>glycopyrrolate injection</i> INJ	5	MO
<i>glycopyrrolate tablet</i>	2	MO
HALFLYTELY-BISACODYL	3	MO
<i>hydrocortisone enema</i>	1	CG, MO
<i>lactulose</i>	2	MO
LANSOPRAZOLE CAPSULE ENTERIC COATED	3	MO, QLL (30/30)
LANSOPRAZOLE TABLET	3	QLL (30/30)
LIALDA	3	
<i>loperamide capsule</i>	2	MO
LOTRONEX	3	MO, PAR, QLL (60/30)
<i>mesalamine enema</i>	2	MO
<i>methscopolamine bromide tablet</i>	2	MO
<i>metoclopramide hcl injection</i> INJ	5	MO
<i>metoclopramide hcl solution oral, -tablet</i>	1	CG, MO
<i>misoprostol</i>	2	MO
NEXIUM	3	MO, QLL (30/30)
NEXIUM I.V. INJ	5	MO
<i>nizatidine</i>	2	MO
<i>omeprazole capsule enteric coated</i>	2	MO, QLL (30/30)
OSMOPREP	4	MO
<i>pantoprazole sodium</i>	2	MO, QLL (30/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>paregoric</i>	2	MO
<i>peg 3350-electrolyte</i>	2	MO
<i>peg-3350 and electrolytes</i>	2	MO
<i>peg-3350 with flavor packs</i>	2	MO
PENTASA	3	MO
<i>polyethylene glycol 3350</i>	1	CG, MO
<i>procto-pak</i>	1	CG, MO
<i>proctosol-hc</i>	1	CG, MO
<i>proctozone-hc</i>	1	CG, MO
<i>propantheline bromide tablet</i>	2	MO
PROTONIX IV INJ	5	MO
<i>ranitidine hcl capsule, -syrup, -150 mg tablet, -300 mg tablet</i>	2	MO
<i>ranitidine hcl injection</i> INJ	5	MO
REGLAN INJECTION INJ	5	MO
RELISTOR INJ	5	MO, PAR
ROBINUL INJECTION INJ	5	MO
<i>sucralfate suspension oral, -tablet</i>	2	MO
<i>sulfasalazine dr</i>	2	MO
<i>sulfasalazine tablet</i>	2	MO
<i>sulfazine</i>	2	MO
<i>sulfazine ec</i>	2	MO
<i>trilyte with flavor packets</i>	2	MO
<i>ursodiol capsule, -tablet</i>	2	MO
ZANTAC INJECTION INJ	5	MO
<b>IMMUNOLOGICALS AND VACCINES</b>		
ACTEMRA INJ	6	MO, PAR
ACTHIB INJ	3	MO
ACTIMMUNE INJ	6	LA, PAR
ADACEL INJ	3	MO
ARANESP 25 MCG/0.42 ML SYRINGE, -25 MCG/ML VIAL, -40 MCG/0.4 ML SYRINGE, -40 MCG/ML VIAL, -60 MCG/0.3 ML SYRINGE INJ	5	MO, PAR

Drug Name	Drug Tier	Requirements/ Limits
ARANESP 60 MCG/ML VIAL, -100 MCG/0.5 ML SYRINGE, -100 MCG/ML VIAL, -200 MCG/0.4 ML SYRINGE, -150 MCG/0.3 ML SYRINGE, -200 MCG/ML VIAL, -300 MCG/0.6 ML SYRINGE, -300 MCG/ML VIAL, -500 MCG/1 ML SYRINGE, -150 MCG/0.75 ML VIAL INJ	6	MO, PAR
ARCALYST INJ	6	LA, PAR
AVONEX INJ	6	MO, PAR
AVONEX ADMINISTRATION PACK INJ	6	MO, PAR
BETASERON INJ	6	MO, PAR
BOOSTRIX INJ	3	MO
CARIMUNE NF NANOFILTERED INJ	6	MO, PAR
CERVARIX INJ	3	MO
COMVAX INJ	3	MO
DAPTACEL INJ	3	MO
DECAVAC INJ	3	MO
DIPHThERIA-TETANUS TOXOID INJ	3	MO
ENGERIX-B 10 MCG/0.5 ML PED VL, -10 MCG/0.5 ML SYRN, -20 MCG/ML SYRINGE, -20 MCG/ML VIAL INJ	3	MO
ENGERIX-B 10 MCG/0.5 ML PEDI INJ	3	MO
EPOGEN 10,000 UNITS/ML VIAL, -20,000 UNITS/ML VIAL INJ	6	MO, PAR
EPOGEN 2,000 UNITS/ML VIAL, -3,000 UNITS/ML VIAL, -4,000 UNITS/ML VIAL, -20,000 UNITS/2 ML VIAL INJ	5	MO, PAR
EXTAVIA INJ	6	MO, PAR
GAMASTAN S-D INJ	5	MO, PAR
GAMMAGARD LIQUID INJ	6	MO, PAR



Drug Name	Drug Tier	Requirements/ Limits
GAMMAGARD S-D INJ	6	MO, PAR
GAMMAPLEX INJ	6	PAR
GAMUNEX INJ	6	MO, PAR
GAMUNEX-C INJ	6	MO, PAR
GARDASIL INJ	3	MO
GENOTROPIN MINIQUICK 0.2 MG INJ	5	MO, PAR
GENOTROPIN MINIQUICK 0.4 MG, -MINIQUICK 0.6 MG, -MINIQUICK 0.8 MG, -MINIQUICK 1 MG, -MINIQUICK 1.2 MG, -MINIQUICK 1.4 MG, -MINIQUICK 1.6 MG, -MINIQUICK 1.8 MG, -MINIQUICK 2 MG, -5 MG CARTRIDGE, -12 MG CARTRIDGE INJ	6	MO, PAR
HAVRIX INJ	3	MO
HIBERIX INJ	3	MO
HIZENTRA 1 GRAM/5 ML VIAL INJ	6	PAR
HIZENTRA 2 GRAM/10 ML VIAL, -4 GRAM/20 ML VIAL INJ	6	MO, PAR
HUMATROPE INJ	6	MO, PAR
ILARIS INJ	6	MO, PAR
IMOVAX RABIES VACCINE INJ	3	MO
INCRELEX INJ	6	LA, PAR
INFANRIX INJ	3	MO
INFANRIX PF INJ	3	MO
INFERGEN INJ	6	MO, PAR
INTRON A 3 MILLION UNIT/ML PEN, -10 MILLION UNITS VIAL INJ	5	MO, PAR
INTRON A 5 MILLION UNIT/ML PEN, -6 MILLION UNIT/ML VL, -10 MILLION UNIT PEN, -10 MILLION UNIT/ML, -18 MILLION UNITS VIAL, -50 MILLION UNITS VIAL INJ	6	MO, PAR
IPOLE INJ	3	MO

Drug Name	Drug Tier	Requirements/ Limits
IXIARO INJ	3	MO
JE-VAX INJ	3	MO
KEPIVANCE INJ	6	LA
KINERET INJ	6	MO, PAR, QLL (28/28)
KINRIX INJ	3	MO
LEUKINE INJ	6	MO, PAR
MENACTRA INJ	3	MO
MENOMUNE-A-C-Y-W-135 INJ	3	MO
MENVEO A-C-Y-W-135-DIP	3	
M-M-R II VACCINE INJ	3	MO
NEULASTA INJ	6	MO, PAR, QLL (2 syringes/28)
NEUMEGA INJ	6	MO, PAR, QLL (21 vials/21)
NEUPOGEN INJ	6	MO, PAR
NORDITROPIN FLEXPIN INJ	6	MO, PAR
NORDITROPIN NORDIFLEX 30 MG/3 INJ	6	PAR
NORDITROPIN NORDIFLEX 5 MG/1.5, -NORDIFLEX 10 MG/1.5, -NORDIFLEX 15 MG/1.5 INJ	6	MO, PAR
NUTROPIN INJ	6	MO, PAR
NUTROPIN AQ INJ	6	MO, PAR
NUTROPIN AQ NUSPIN 10 PEN CART, -20 PEN CART INJ	6	MO, PAR
NUTROPIN AQ NUSPIN 5 PEN CART INJ	6	PAR
OMNITROPE INJ	6	MO, PAR
PEDIARIX INJ	3	MO
PEDVAXHIB INJ	3	MO
PEGASYS 180 MCG/0.5 ML CONV.PK INJ	6	MO, PAR
PEGASYS 180 MCG/ML VIAL INJ	6	PAR
PEGINTRON INJ	6	MO, PAR

Drug Name	Drug Tier	Requirements/ Limits
PEGINTRON REDIPEN INJ	6	MO, PAR
PRIVIGEN INJ	6	MO, PAR
PROCRIT 2,000 UNITS/ML VIAL, -3,000 UNITS/ML VIAL, -4,000 UNITS/ML VIAL, -10,000 UNITS/ML VIAL INJ	5	MO, PAR
PROCRIT 20,000 UNITS/ML VIAL, -40,000 UNITS/ML VIAL INJ	6	MO, PAR
PROLEUKIN INJ	6	MO
PROMACTA	6	LA, PAR
PROQUAD INJ	3	MO
RABAVERT INJ	3	MO
REBIF INJ	6	MO, PAR
RECOMBIVAX HB INJ	3	MO
ROTATEQ	3	MO
SAIZEN INJ	6	MO, PAR
SEROSTIM INJ	6	LA, PAR
TETANUS DIPHTHERIA TOXOIDS INJ	3	MO
<i>tetanus toxoid adsorbed</i> INJ	1	CG, MO
TETANUS-DIPHTHERIA-DECAVAC INJ	3	MO
THYMOGLOBULIN INJ	6	MO, B/D
TRIPEDIA INJ	3	MO
TWINRIX INJ	3	MO
TYPHIM VI INJ	3	MO
VAQTA INJ	3	MO
VARIVAX VACCINE INJ	3	MO
VIVAGLOBIN INJ	6	MO, PAR
YF-VAX INJ	3	MO
ZORBTIVE INJ	6	LA, PAR
ZOSTAVAX INJ	3	MO
<b>MEDICAL (MISCELLANEOUS) SUPPLIES</b>		
<i>alcohol swabs</i>	1	CG, MO
<i>curad gauze pads</i>	2	MO, QLL (200/30)
INSULIN SYRINGE	3	MO, QLL (200/30)
PEN NEEDLE	3	MO, QLL (200/30)

Drug Name	Drug Tier	Requirements/ Limits
<b>MUSCULOSKELETAL MEDICATIONS</b>		
<i>allopurinol sodium</i> INJ	5	MO
<i>allopurinol tablet</i>	1	CG, MO
ALOPRIM INJ	5	MO
<i>baclofen tablet</i>	2	MO
<i>carisoprodol 350 mg tablet</i>	2	MO
<i>carisoprodol compound</i>	2	MO
<i>carisoprodol compound-codeine</i>	2	MO
<i>carisoprodol-aspirin</i>	2	MO
<i>chlorzoxazone</i>	2	MO
COLCRYS	4	MO, PAR
CUPRIMINE	3	MO
<i>cyclobenzaprine hcl tablet</i>	2	MO
<i>dantrolene sodium capsule</i>	2	MO
DEPEN	3	MO
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium tablet enteric coated, -tablet sustained release 24hr</i>	2	MO
<i>diflunisal</i>	2	MO
DYSPORT INJ	5	MO, PAR
<i>etodolac</i>	2	MO
<i>fenoprofen calcium</i>	2	MO
<i>flurbiprofen tablet</i>	2	MO
<i>ibuprofen suspension oral, -400 mg tablet, -600 mg tablet, -800 mg tablet</i>	1	CG, MO
<i>indomethacin capsule, -capsule sustained action</i>	2	MO
<i>ketoprofen capsule, -capsule 24hr sustained release pellets</i>	2	MO
<i>ketorolac tromethamine injection</i> INJ	5	MO
<i>ketorolac tromethamine tablet</i>	2	MO, QLL (20/30)
<i>meclofenamate sodium capsule</i>	2	MO
<i>meloxicam 15 mg tablet</i>	2	MO, QLL (30/30)
<i>meloxicam 7.5 mg tablet</i>	2	MO, QLL (60/30)
<i>meloxicam suspension oral</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>metaxalone</i>	2	MO
<i>methocarbamol tablet</i>	2	MO
<i>nabumetone</i>	2	MO
<i>naproxen sodium 275 mg tab, -550 mg tab</i>	2	MO
<i>naproxen suspension oral, -tablet, -tablet enteric coated</i>	2	MO
NORFLEX INJ	5	MO
<i>orphenadrine citrate injection INJ</i>	5	MO
<i>orphenadrine citrate tablet sustained action</i>	2	MO
<i>orphenadrine compound</i>	2	MO
<i>orphenadrine compound forte</i>	2	MO
<i>oxaprozin</i>	2	MO
<i>piroxicam capsule</i>	2	MO
<i>probenecid</i>	2	MO
<i>probenecid-colchicine</i>	2	MO
RILUTEK	6	MO
ROBAXIN INJECTION INJ	5	MO
<i>sulindac tablet</i>	2	MO
SYPRINE	3	MO
<i>tizanidine hcl tablet</i>	2	MO
<i>tolmetin sodium</i>	2	MO
ULORIC	4	MO, ST
XEOMIN 100 UNITS VIAL INJ	5	MO, PAR
XEOMIN 50 UNITS VIAL INJ	5	PAR
<b>NUTRITION,BLOOD MODIFIERS,ELECTROLYTES</b>		
AGGRENOX	3	MO, QLL (60/30)
AMINOSYN INJ	5	MO
AMINOSYN II INJ	5	MO
AMINOSYN II 3.5% M-DEXTROSE 5% INJ	5	MO
AMINOSYN II 3.5%-DEXTROSE 25% INJ	5	MO
AMINOSYN II 3.5%-DEXTROSE 5% INJ	5	MO
AMINOSYN II 4.25% M-DEXT 10% INJ	5	MO

Drug Name	Drug Tier	Requirements/ Limits
AMINOSYN II 4.25%-DEXTROSE 25% INJ	5	MO
AMINOSYN II 5% IN 25% DEXTROSE INJ	5	MO
AMINOSYN II IN DEXTROSE INJ	5	MO
AMINOSYN II WITH LYLES-CA-DW INJ	5	MO
AMINOSYN M INJ	5	MO
AMINOSYN-HBC INJ	5	MO
AMINOSYN-HF INJ	5	MO
AMINOSYN-PF INJ	5	MO
AMINOSYN-RF INJ	5	MO
AMMONIUM CHLORIDE INJECTION INJ	5	MO
ARIXTRA 2.5 MG SYRINGE INJ	5	MO, ST
ARIXTRA 5 MG SYRINGE, -7.5 MG SYRINGE, -10 MG SYRINGE INJ	6	MO, ST
<i>calcitriol capsule, -solution</i>	2	MO, B/D
<i>calcitriol injection INJ</i>	5	MO, B/D
<i>calcium acetate</i>	2	MO
CARNITOR INJECTION INJ	5	MO, B/D
<i>cilostazol</i>	2	MO
CLINIMIX INJ	5	MO
CLINIMIX E INJ	5	MO
CLINISOL INJ	5	MO
<i>constulose</i>	2	MO
COUMADIN INJ	5	MO
CYSTAGON	3	LA
<i>cytra-2</i>	2	MO
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
<i>dextrose 10%-1/4ns INJ</i>	5	MO
<i>dextrose 10%-1/4ns-kcl INJ</i>	5	MO
<i>dextrose 5%-1/2ns-kcl INJ</i>	5	MO
<i>dextrose 5%-1/3ns-kcl INJ</i>	5	MO
<i>dextrose 5%-1/4ns-kcl INJ</i>	5	MO
<i>dextrose 5%-electrolyte #48 INJ</i>	5	MO
<i>dextrose 5%-electrolyte #75 INJ</i>	5	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>dextrose 5%-ns-kcl</i> INJ	5	MO
<i>dextrose 5%-potassium chloride</i> INJ	5	MO
<i>dextrose in lactated ringers</i> INJ	5	MO
<i>dextrose in ringers injection</i> INJ	5	MO
<i>dextrose in water</i> INJ	5	MO
<i>dextrose with sodium chloride</i> INJ	5	MO
<i>dipyridamole tablet</i>	2	MO
<i>ed k+10</i>	1	CG, MO
<i>effe-k 25 meq tablet eff</i>	2	MO
EFFIENT	3	MO, QLL (30/30)
<i>enoxaparin 120 mg/0.8 ml syr, -150 mg/ml syr</i> INJ	6	
<i>enoxaparin 30 mg/0.3 ml syr, -40 mg/0.4 ml syr, -60 mg/0.6 ml syr, -80 mg/0.8 ml syr, -100 mg/ml syr</i> INJ	5	
<i>enulose</i>	2	MO
<i>epiflur</i>	2	MO
<i>epiklor</i>	2	MO
<i>fluor-a-day tablet chewable</i>	2	MO
<i>fluoritab</i>	2	MO
FRAGMIN 12,500 UNITS SYRINGE, -15,000 UNITS SYRINGE, -18,000 UNITS SYRINGE INJ	6	ST
FRAGMIN 2,500 UNITS SYRINGE, -5,000 UNITS SYRINGE INJ	5	MO, ST
FRAGMIN 7,500 UNITS SYRINGE, -10,000 UNITS SYRINGE, -25,000 UNITS/ML VIAL INJ	6	MO, ST
FREAMINE III INJ	5	MO
FREAMINE III WITH ELECTROLYTES INJ	5	MO
HECTOROL INJ	5	MO, B/D
<i>heparin sodium in 0.45% nacl</i> INJ	5	MO, B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>heparin sodium in 5% dextrose</i> INJ	5	MO, B/D
<i>heparin sodium injection</i> INJ	5	MO, B/D
<i>heparin sodium-ns</i> INJ	5	MO, B/D
HEPATAMINE INJ	5	MO
HEPATASOL INJ	5	MO
HYPERLYTE CR INJ	5	MO
INNOHEP INJ	5	MO, ST
INTRALIPID INJ	5	MO
IONOSOL B WITH DEXTROSE 5% INJ	5	MO
IONOSOL MB-DEXTROSE 5% INJ	5	MO
IONOSOL T-DEXTROSE 5% INJ	5	MO
ISOLYTE H WITH DEXTROSE INJ	5	MO
ISOLYTE M WITH DEXTROSE INJ	5	MO
ISOLYTE P WITH DEXTROSE INJ	5	MO
ISOLYTE S INJ	5	MO
ISOLYTE S WITH DEXTROSE INJ	5	MO
<i>jantoven</i>	1	CG, MO
<i>k effervescent</i>	2	MO
<i>kalexate</i>	2	MO
<i>kionex suspension oral</i>	2	MO
<i>klor-con 10</i>	1	CG, MO
<i>klor-con 20 meq packet</i>	1	CG, MO
<i>klor-con 8</i>	1	CG, MO
<i>klor-con m10</i>	1	CG, MO
<i>klor-con m15</i>	1	CG, MO
<i>klor-con m20</i>	1	CG, MO
<i>klor-con-ef</i>	1	CG, MO
<i>lactated ringers injection</i> INJ	5	MO
<i>lactated ringers solution</i>	5	B/D
<i>levocarnitine injection</i> INJ	5	MO, B/D
<i>levocarnitine solution, -tablet</i>	2	MO, B/D
LIPOSYN II INJ	5	MO
<i>liposyn iii</i> INJ	5	MO

Drug Name	Drug Tier	Requirements/ Limits
LOVENOX 30 MG PREFILLED SYRN, -40 MG PREFILLED SYRN, -300 MG VIAL, -300 MG/3 ML VIAL INJ	5	MO, ST
LOVENOX 60 MG PREFILLED SYRN, -80 MG PREFILLED SYRN, -100 MG PREFILLED SYR, -120 MG PREFILLED SYR, -150 MG PREFILLED SYR INJ	6	MO, ST
<i>lozi-flur</i>	2	MO
<i>ludent fluoride</i>	2	MO
<i>magnesium sulfate injection</i> INJ	5	MO
MAGNESIUM SULFATE- D5W INJ	5	MO
NEPHRAMINE INJ	5	MO
NORMOSOL-M AND DEXTROSE INJ	5	MO
NORMOSOL-R INJ	5	MO
NORMOSOL-R AND DEXTROSE INJ	5	MO
NORMOSOL-R PH 7.4 INJ	5	MO
NOVAMINE INJ	5	MO
<i>nutrilyte</i> INJ	5	MO
<i>nutrilyte ii</i> INJ	5	MO
<i>phospha 250 neutral</i>	2	MO
PHYSIOLYTE	5	B/D
PHYSIOSOL	5	B/D
PLASMA-LYTE 148 INJ	5	MO
PLASMA-LYTE 148 IN DEXTROSE INJ	5	MO
PLASMA-LYTE 56 INJ	5	MO
PLASMA-LYTE 56 IN DEXTROSE INJ	5	MO
PLASMA-LYTE A PH 7.4 INJ	5	MO
PLASMA-LYTE R INJ	5	MO
PLAVIX 300 MG TABLET	3	MO
PLAVIX 75 MG TABLET	3	MO, QLL (30/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium bicarbonate tablet</i> <i>effervescent</i>	2	MO
<i>potassium chl-normal saline</i> INJ	5	MO
<i>potassium chloride capsule</i> <i>sustained action, -tablet</i> <i>effervescent, -tablet</i> <i>sust.releaseparticles/crystals,</i> <i>-tablet sustained action</i>	1	CG, MO
<i>potassium chloride in d5lr</i> INJ	5	MO
<i>potassium chloride injection</i> INJ	5	MO
<i>potassium chloride-nacl</i> INJ	5	MO
<i>potassium cl 10 meq/50 ml</i> <i>sol, -cl 20 meq/50 ml sol</i>	5	MO
<i>potassium cl 10% (20 meq/15</i> <i>ml, -cl 10% (40 meq/30 ml, -cl</i> <i>20% (40 meq/15 ml</i>	2	MO
PREMASOL INJ	5	MO
PROCALAMINE INJ	5	MO
PROSOL INJ	5	MO
RENVELA	3	MO
<i>ringers injection</i> INJ	5	MO
<i>ringers irrigation</i>	5	B/D
<i>saline 0.45% soln-excel con, -</i> <i>0.45% soln, -saline 0.9%</i> <i>soln-excel cont, -0.9% soln, -</i> <i>0.9% solution, -cl 2.5 meq/ml</i> <i>vial, -3% iv soln, -5% iv soln</i> INJ	5	MO
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>sodium bicarbonate injection</i> INJ	5	MO
<i>sodium chloride solution</i>	5	MO
<i>sodium citrate &amp; citric acid</i>	2	MO
<i>sodium fluoride drops, -</i> <i>solution non-oral, -tablet, -</i> <i>tablet chewable</i>	2	MO
<i>sodium lactate injection</i> INJ	5	MO
<i>sodium polystyrene sulfonate</i>	2	MO
<i>sps</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>sterile water for irrigation, - sterile water, irrigation</i>	5	B/D
<i>ticlopidine hcl</i>	2	MO
<i>tis-u-sol</i>	5	B/D
TPN ELECTROLYTES INJ	5	MO
TPN ELECTROLYTES II INJ	5	MO
TRAVASOL 10% SOLN VIAFLEX INJ	5	MO
TRAVASOL WITH ELECTROLYTES INJ	5	MO
TROPHAMINE INJ	5	MO
<i>warfarin sodium tablet</i>	1	CG, MO
ZEMPLAR	3	MO, B/D
<b>OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS</b>		
ALORA	3	MO, QLL (8/28)
ANADROL-50	6	MO, PAR
ANDROGEL 1% GEL PUMP, -GEL IN PACKET	3	MO, PAR, QLL (300/30)
ANDROGEL 1.62% GEL PUMP	3	MO, PAR, QLL (150/30)
ANDROXY	3	MO, PAR
<i>apri</i>	2	MO, QLL (28/28)
<i>aranelle</i>	2	MO, QLL (28/28)
<i>aviane</i>	2	MO, QLL (28/28)
<i>azurette</i>	2	MO, QLL (28/28)
<i>balziva</i>	2	MO, QLL (28/28)
<i>camila</i>	2	MO, QLL (28/28)
<i>caziant</i>	2	MO, QLL (28/28)
<i>cesia</i>	2	MO, QLL (28/28)
<i>clindamycin phosphate cream with applicator</i>	2	MO
<i>co-natal fa</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>cryselle</i>	2	MO, QLL (28/28)
<i>cyclafem</i>	2	QLL (28/28)
<i>danazol capsule</i>	2	MO
DELESTROGEN INJ	5	MO
DEPO-ESTRADIOL INJ	5	MO
DEPO-PROVERA 150 MG/ML SYRN, -150 MG/ML VIAL INJ	5	MO
DEPO-SUBQ PROVERA 104 INJ	5	MO
DEPO-TESTOSTERONE INJ	5	MO
<i>docosavit</i>	2	MO
<i>dualvit ob</i>	2	MO
<i>enpresse</i>	2	MO, QLL (28/28)
<i>errin</i>	2	MO, QLL (28/28)
<i>estradiol patch transdermal weekly</i>	1	CG, MO, QLL (4/28)
<i>estradiol tablet</i>	1	CG, MO
<i>estradiol valerate injection</i>	5	MO
<i>estradiol-noreth 1-0.5 mg tab</i>	2	MO
<i>estropipate</i>	2	MO
EVISTA	3	MO, QLL (30/30)
FEMTRACE	3	MO, ST
<i>folbecal</i>	2	MO
<i>gildess fe</i>	2	MO, QLL (28/28)
<i>heather</i>	2	MO, QLL (28/28)
<i>inatal advance</i>	2	MO
<i>inatal gt</i>	2	MO
<i>inatal ultra</i>	2	MO
<i>introvale</i>	2	MO, QLL (91/91)
JINTELI	4	MO
<i>jolessa</i>	2	MO, QLL (91/91)
<i>jolivette</i>	2	MO, QLL (28/28)

Drug Name	Drug Tier	Requirements/ Limits
<i>junel</i>	2	MO, QLL (21/21)
<i>junel fe</i>	2	MO, QLL (28/28)
<i>kariva</i>	2	MO, QLL (28/28)
<i>kelnor 1-35</i>	2	MO, QLL (28/28)
<i>leena</i>	2	MO, QLL (28/28)
<i>lessina</i>	2	MO, QLL (28/28)
<i>leuprolide acetate injection</i> INJ	5	MO, PAR
<i>levora-28</i>	2	MO, QLL (28/28)
<i>low-ogestrel</i>	2	MO, QLL (28/28)
LUPRON DEPOT 3.75 MG KIT, -7.5 MG KIT, -11.25 MG 3MO KIT, -22.5 MG 3MO KIT INJ	5	MO, PAR
LUPRON DEPOT-4 MONTH KIT INJ	6	MO, PAR
LUPRON DEPOT-PED INJ	6	MO, PAR
<i>lutera</i>	2	MO, QLL (28/28)
<i>maternity</i>	2	MO
<i>medroxyprogesterone acetate</i> <i>injection</i> INJ	5	MO
<i>medroxyprogesterone acetate</i> <i>tablet</i>	1	CG, MO
<i>methylergonovine maleate</i> <i>injection</i> INJ	5	MO
<i>metronidazole gel with</i> <i>applicator</i>	1	CG, MO
<i>microgestin</i>	2	MO, QLL (21/21)
<i>microgestin fe</i>	2	MO, QLL (28/28)
<i>mimvey</i>	2	MO
<i>mononessa</i>	2	MO, QLL (28/28)

Drug Name	Drug Tier	Requirements/ Limits
<i>necon</i>	2	MO, QLL (28/28)
<i>nora-be</i>	2	MO, QLL (28/28)
<i>norethindrone</i>	2	MO, QLL (28/28)
<i>norethindrone acetate tablet</i>	2	MO
<i>norgestrel-ethiny estra</i>	2	MO, QLL (28/28)
<i>nortrel</i>	2	MO, QLL (28/28)
<i>ob-natal one</i>	2	MO
<i>ocella</i>	2	MO, QLL (28/28)
<i>ogestrel</i>	2	MO, QLL (28/28)
<i>oxandrolone tablet</i>	2	MO
<i>portia</i>	2	MO, QLL (28/28)
PREMARIN CREAM WITH APPLICATOR	4	MO
PREMARIN INJECTION INJ	5	MO
PREMARIN TABLET	3	MO, ST
PREMPHASE	3	MO
PREMPRO	3	MO
<i>prenafirst</i>	2	MO
<i>prenatabs obn</i>	2	MO
<i>prenatal-u</i>	2	MO
<i>previfem</i>	2	MO, QLL (28/28)
<i>quasense</i>	2	MO, QLL (91/91)
<i>reclipsen</i>	2	MO, QLL (28/28)
<i>re-nata 29 ob</i>	2	MO
<i>solia</i>	2	MO, QLL (28/28)
<i>sprintec</i>	2	MO, QLL (28/28)
<i>sronyx</i>	2	MO, QLL (28/28)
SYNAREL	6	MO, PAR

Drug Name	Drug Tier	Requirements/ Limits
TESTIM	3	MO, PAR, QLL (300/30)
<i>testosterone cypionate injection</i> INJ	5	MO
<i>testosterone enanthate</i> INJ	5	MO
<i>tilia fe</i>	2	MO, QLL (28/28)
<i>tri-legest fe</i>	2	MO, QLL (28/28)
<i>trinessa</i>	2	MO, QLL (28/28)
<i>tri-previfem</i>	2	MO, QLL (28/28)
<i>tri-sprintec</i>	2	MO, QLL (28/28)
<i>trivora-28</i>	2	MO, QLL (28/28)
VAGIFEM	4	MO
<i>vandazole</i>	1	CG, MO
<i>velivet</i>	2	MO, QLL (28/28)
VIVELLE-DOT	3	MO, QLL (8/28)
<i>zarah</i>	2	MO, QLL (28/28)
<i>zenchent</i>	2	MO, QLL (28/28)
<i>zovia 1-35e</i>	2	MO, QLL (28/28)
<i>zovia 1-50e</i>	2	MO, QLL (28/28)
<b>OPHTHALMIC MEDICATIONS</b>		
<i>acetazolamide capsule sustained action, -tablet</i>	2	MO
<i>acetazolamide sodium</i> INJ	5	MO
<i>ak-con</i>	1	CG, MO
<i>ak-dilate</i>	2	MO
<i>ak-poly-bac</i>	2	MO
<i>aktob</i>	1	CG, MO
ALPHAGAN P 0.1% DROPS	3	MO
<i>altafrin</i>	2	MO
<i>apraclonidine hcl</i>	2	MO
<i>atropine care</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>atropine sulfate drops, - ointment</i>	2	MO
<i>azelastine hcl drops</i>	2	MO, QLL (6/30)
<i>bacitracin 500 unit/gm ointmnt</i>	2	MO
<i>bacitracin-polymyxin eye oint</i>	1	CG, MO
<i>betaxolol hcl drops</i>	2	MO
BOTOX INJ	5	MO, PAR
<i>brimonidine tartrate</i>	2	MO
<i>carteolol hcl</i>	1	CG, MO
<i>ciprofloxacin hcl drops</i>	2	MO
COMBIGAN	3	MO
<i>cromolyn sodium drops</i>	1	CG, MO
<i>dexamethasone sodium phosphate drops</i>	1	CG, MO
<i>diclofenac sodium drops</i>	2	MO
<i>dorzolamide hcl</i>	2	MO, QLL (20/30)
<i>dorzolamide-timolol</i>	2	MO, QLL (20/30)
<i>erythromycin ointment</i>	1	CG, MO
<i>fluorometholone suspension drops</i>	1	CG, MO
<i>flurbiprofen sodium</i>	1	CG, MO
<i>gentak</i>	1	CG, MO
<i>gentamicin 3 mg/gm eye oint</i>	2	MO
<i>gentamicin sulfate drops</i>	1	CG, MO
<i>gentasol</i>	1	CG, MO
<i>homatropaire</i>	2	MO
<i>ketorolac tromethamine drops</i>	2	MO
LACRISERT	3	MO
LATANOPROST	3	
<i>levobunolol hcl</i>	1	CG, MO, QLL (30/30)
<i>levofloxacin drops</i>	2	MO
LUMIGAN 0.01% EYE DROPS	3	
LUMIGAN 0.03% EYE DROPS	3	MO
<i>methazolamide tablet</i>	2	MO
<i>metipranolol</i>	1	CG, MO
NATACYN	3	MO



Drug Name	Drug Tier	Requirements/ Limits
<i>neofrin</i>	2	MO
<i>neomycin-bacitracin-poly-hc</i>	1	CG, MO
<i>neomycin-bacitracin-polymyxin</i>	1	CG, MO
<i>neomycin-poly-hc eye drops</i>	1	CG, MO
<i>neomycin-polymyxin-dexameth</i>	1	CG, MO
<i>neomycin-polymyxin-gramicidin</i>	1	CG, MO
NEVANAC	3	MO
<i>ofloxacin 0.3% eye drops</i>	2	MO
<i>parcaine</i>	1	CG, MO
PATADAY	3	MO, QLL (5/30)
PATANOL	3	MO, QLL (5/30)
<i>phenylephrine hcl drops</i>	2	MO
<i>pilocarpine hcl drops</i>	2	MO
PILOPINE HS	4	MO
<i>poly-dex</i>	1	CG, MO
<i>polymyxin b sul-trimethoprim</i>	1	CG, MO
<i>prednisol</i>	2	MO
<i>prednisolone acetate suspension drops</i>	1	CG, MO
<i>prednisolone sodium phosphate drops</i>	1	CG, MO
<i>proparacaine hcl drops</i>	1	CG, MO
RESTASIS	3	MO, QLL (60 vials/30)
<i>romycin</i>	1	CG, MO
<i>sulfacetamide sodium drops</i>	1	CG, MO
<i>sulfacetamide-prednisolone</i>	1	CG, MO
<i>sulfamide</i>	2	MO
<i>timolol maleate drops</i>	1	CG, MO, QLL (30/30)
<i>timolol maleate gel-forming solution</i>	1	CG, MO
TOBRADEX OINTMENT	3	MO, QLL (8/30)
<i>tobramycin sulfate drops</i>	1	CG, MO
<i>tobramycin-dexamethasone</i>	2	MO
<i>tobrasol</i>	1	CG, MO
TRAVATAN Z	3	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>trifluridine</i>	2	MO
<i>tropicacyl</i>	2	MO
<i>tropicamide drops</i>	1	CG, MO
VIGAMOX	3	MO
ZIRGAN	4	MO
<b>RESPIRATORY MEDICATIONS</b>		
<i>acetylcysteine vial</i>	2	MO, B/D
ADRENACLICK INJ	5	MO, QLL (2/1)
ADRENALIN CHLORIDE INJECTION INJ	5	MO
ADVAIR DISKUS	3	MO, QLL (60 doses/30)
ADVAIR HFA	3	MO, QLL (12 gm/30)
<i>albuterol sulfate nebs, - solution non-oral</i>	2	MO, B/D, QLL (60/30)
<i>albuterol sulfate syrup, - tablet, -tablet sustained release 12hr</i>	2	MO
<i>albuterol sulfate vial nebulizer</i>	2	MO, B/D, QLL (360/30)
<i>aminophylline injection INJ</i>	5	MO
<i>aminophylline tablet</i>	2	MO
ARALAST NP 1,000 MG VIAL INJ	5	MO, LA
ARALAST NP 500 MG VIAL INJ	5	LA
ATROVENT HFA	4	MO, QLL (39 gm/30)
BROVANA	4	MO, B/D, QLL (120/30)
BUDESONIDE	4	MO, B/D, QLL (120/30)
<i>carbinoxamine maleate</i>	1	CG, MO
<i>cetirizine hcl solution oral</i>	2	MO, QLL (300/30)
<i>clemastine fumarate syrup, - fum 2.68 mg tab</i>	2	MO
COMBIVENT	4	MO, QLL (45 gm/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>cromolyn sodium ampul for nebulization</i>	1	CG, MO, B/D, QLL (240/30)
<i>cyproheptadine hcl syrup, -tablet</i>	2	MO
<i>dexchlorpheniramine maleate</i>	2	MO
<i>diphenhydramine 50 mg capsule, -elixir</i>	2	MO
<i>diphenhydramine hcl injection</i> INJ	5	MO
DULERA	4	MO, QLL (13 gm/30)
ELIXOPHYLLIN	3	MO
<i>epinephrine 0.1 mg/ml syringe, -1 mg/ml ampul, -1 mg/ml vial</i> INJ	5	MO
EPINEPHRINE 0.15 MG AUTO-INJECT, -0.3 MG AUTO-INJECT INJ	5	MO, QLL (2/1)
EPIPEN INJ	5	MO, QLL (2 pens/1)
EPIPEN JR INJ	5	MO, QLL (2 pens/1)
FLOVENT 100 MCG DISKUS	3	MO, QLL (60 doses/30)
FLOVENT 50 MCG DISKUS, -250 MCG DISKUS	3	MO, QLL (240 doses/30)
FLOVENT HFA 110 MCG INHALER	3	MO, QLL (12 gm/30)
FLOVENT HFA 220 MCG INHALER	3	MO, QLL (24 gm/30)
FLOVENT HFA 44 MCG INHALER	3	MO, QLL (11 gm/30)
FORADIL	3	MO, QLL (60/30)
GASTROCROM	3	MO
GLASSIA INJ	6	LA
<i>ipratropium bromide solution non-oral</i>	2	MO, B/D
<i>ipratropium-albuterol</i>	2	MO, B/D, QLL (540/30)
LEVALBUTEROL CONCENTRATE	3	MO, B/D, QLL (45/30)

Drug Name	Drug Tier	Requirements/ Limits
LEVOCETIRIZINE DIHYDROCHLORIDE	3	MO, QLL (30/30)
<i>metaproterenol sulfate syrup, -tablet</i>	2	MO
<i>palgic</i>	1	CG, MO
PERFOROMIST	4	MO, B/D, QLL (120/30)
PHENERGAN INJ	5	MO
PROAIR HFA	3	MO, QLL (27 gm/30)
PROLASTIN 1,000 MG VIAL INJ	6	MO, LA
PROLASTIN 500 MG VIAL INJ	6	LA
PROLASTIN C INJ	6	LA
<i>promethazine hcl injection</i> INJ	5	MO
<i>promethazine hcl syrup, -tablet</i>	2	MO
PROVENTIL HFA	3	MO, QLL (21 gm/30)
PULMOZYME	6	MO, B/D
QVAR	3	MO, QLL (24 gm/30)
SEREVENT DISKUS	3	MO, QLL (60 doses/30)
SINGULAIR	3	MO, QLL (30/30)
SPIRIVA	3	MO, QLL (30 capsules/30)
SYMBICORT	3	MO, QLL (11 gm/30)
<i>terbutaline sulfate injection</i> INJ	5	MO
<i>terbutaline sulfate tablet</i>	1	CG, MO
<i>theochron</i>	2	MO
<i>theophylline</i>	2	MO
<i>theophylline anhydrous tablet sustained release 12hr</i>	2	MO
TWINJECT INJ	5	MO, QLL (2 pens/1)
VENTOLIN HFA	4	MO, QLL (54 gm/30), ST

Drug Name	Drug Tier	Requirements/ Limits
XOLAIR INJ	6	LA, PAR, QLL (6 vials/28)
XOPENEX	4	MO, B/D, QLL (270/30)
XOPENEX HFA	4	MO, QLL (45 gm/30), ST
ZAFIRLUKAST	4	QLL (60/30)
ZEMAIRA INJ	5	LA
ZYFLO CR	4	MO, QLL (120/30)
<b>UROLOGICAL MEDICATIONS</b>		
<i>acetic acid 0.25% irrig soln</i>	2	MO
AVODART	3	MO
<i>bethanechol chloride tablet</i>	2	MO
CYSTADANE	3	MO
<i>cytra-3</i>	2	MO
<i>cytra-k</i>	2	MO
DETROL 1 MG TABLET	3	MO, QLL (30/30)
DETROL 2 MG TABLET	3	MO, QLL (60/30)
DETROL LA	3	MO, QLL (30/30)
ENABLEX	3	MO, QLL (30/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>finasteride</i>	2	MO
<i>flavoxate hcl</i>	2	MO
JALYN	3	
<i>neomycin-polymyxin b INJ</i>	5	MO
NEOSPORIN GU IRR 40 MG/ML AMP	5	MO
NEOSPORIN GU IRR 40 MG/ML AMP, -GU IRR 40 MG/ML VIAL INJ	5	MO
<i>oxybutynin chloride syrup</i>	2	MO
<i>oxybutynin chloride tablet</i>	2	MO, QLL (120/30)
<i>oxybutynin cl er 10 mg tablet, -cl er 15 mg tablet</i>	2	MO, QLL (60/30)
<i>oxybutynin cl er 5 mg tablet</i>	2	MO, QLL (30/30)
<i>potassium citrate TABLET SUSTAINED ACTION</i>	2	MO
<i>potassium citrate-citric acid</i>	2	MO
<i>tamsulosin hcl</i>	2	MO
TOVIAZ	3	MO, QLL (30/30)
<i>tricitrates</i>	2	MO
VESICARE	3	MO, QLL (30/30)

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<i>aranelle</i>	32	AVASTIN	6
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ARANESP 60 MCG/ML VIAL, -100 MCG/0.5 ML SYRINGE, -100 MCG/ML VIAL, -200 MCG/0.4 ML SYRINGE, -150 MCG/0.3 ML SYRINGE, -200 MCG/ML VIAL, -300 MCG/0.6 ML SYRINGE, -300 MCG/ML VIAL, -500 MCG/1 ML SYRINGE, -150 MCG/0.75 ML VIAL	26	<i>aviane</i>	32
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ARIXTRA 2.5 MG SYRINGE	29	AZACTAM-ISO-OSMOTIC DEXTROSE	1
ARIXTRA 5 MG SYRINGE, -7.5 MG SYRINGE, -10 MG SYRINGE	29	<i>azathioprine sodium</i>	6
ARMOUR THYROID	23	<i>azathioprine tablet</i>	6
ARRANON	6	<i>azelastine hcl aerosol spray w/pump</i>	22
ARZERRA	6	<i>azelastine hcl drops</i>	34
ASACOL	25	<i>azithromycin 100 mg/5 ml susp</i>	1
ASACOL HD	25	<i>azithromycin 200 mg/5 ml susp</i>	1
<i>ascomp with codeine</i>	10	<i>azithromycin 250 mg tablet</i>	1
ASTEPRO	22	<i>azithromycin 500 mg tablet</i>	2
ASTRAMORPH-PF	10	<i>azithromycin 600 mg tablet</i>	2
<i>atenolol tablet</i>	18	<i>azithromycin injection</i>	2
<i>atenolol-chlorthalidone</i>	18	<i>azithromycin packet</i>	2
ATRIPLA	1	<i>aztreonam 1 gm vial</i>	2
<i>atropine care</i>	34	<i>aztreonam 2 gm vial</i>	2
		<i>azurette</i>	32
		<i>baciim</i>	2
		<i>bacitracin 500 unit/gm ointmnt</i>	34
		<i>bacitracin injection</i>	2
		<i>bacitracin-polymyxin eye oint</i>	34
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<i>baycadron</i>	23	<i>buprenorphine 2 mg tablet sl</i>	10
BECONASE AQ	22	<i>buprenorphine 8 mg tablet sl</i>	10
<i>benazepril hcl</i>	18	<i>buprenorphine hcl injection</i>	10
<i>benazepril-hydrochlorothiazide</i>	18	<i>buproban</i>	10
BENTYL INJECTION	25	<i>bupropion hcl sr</i>	10
<i>benztropine mesylate injection</i>	10	<i>bupropion hcl tablet</i>	10
<i>benztropine mesylate tablet</i>	10	<i>bupropion hcl xl 150 mg tablet</i>	10
<i>betamethasone dipropionate cream, -gel, -dp</i>		<i>bupropion hcl xl 300 mg tablet</i>	10
<i>aug 0.05% lot, -ointment</i>	20	<i>bupirone hcl tablet</i>	10
<i>betamethasone dp 0.05% lot</i>	20	BUSULFEX	6
<i>betamethasone valerate cream, -lotion, -</i>		<i>butalb-caff-acetaminoph-codein</i>	10
<i>ointment</i>	20	<i>butalbital compound-codeine</i>	10
<i>betanate</i>	20	<i>butorphanol tartrate aerosol spray</i>	10
BETASERON	26	<i>butorphanol tartrate injection</i>	10
<i>betaxolol hcl drops</i>	34	BYETTA 10 MCG DOSE PEN INJ	23
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<i>bicalutamide</i>	6	<i>cabergoline</i>	23
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BICILLIN L-A	2	<i>calcipotriene solution</i>	21
BICNU	6	<i>calcitonin-salmon</i>	23
BIDIL	18	<i>calcitriol capsule, -solution</i>	29
<i>bisoprolol fumarate</i>	18	<i>calcitriol injection</i>	29
<i>bisoprolol-hydrochlorothiazide</i>	18	<i>calcium acetate</i>	29
<i>bleomycin sulfate 15 unit vial</i>	6	<i>camila</i>	32
<i>bleomycin sulfate 30 unit vial</i>	6	CAMPATH	6
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BOOSTRIX	26	ML VIAL	6
BOTOX	34	CANASA	25
<i>brimonidine tartrate</i>	34	CANCIDAS	2
<i>bromocriptine mesylate capsule, -tablet</i>	10	CAPASTAT SULFATE	2
BROVANA	35	<i>captopril tablet</i>	18
<i>budeprion sr</i>	10	<i>captopril-hydrochlorothiazide</i>	18
<i>budeprion xl 150 mg tablet</i>	10	CARAC	21
<i>budeprion xl 300 mg tablet</i>	10	<i>carbamazepine suspension oral, -tablet, -</i>	
BUDESONIDE	35	<i>tablet chewable</i>	10

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<i>carbidopa-levodopa</i>	11	CELLCEPT INJECTION	6
<i>carbinoxamine maleate</i>	35	CELLCEPT SUSPENSION RECONSTITUTED	
<i>carboplatin 150 mg/15 ml vial</i>	6	ORAL, -TABLET	6
<i>carboplatin 450 mg/45 ml vial, -600 mg/60 ml vial, -50 mg vial, -150 mg vial, -450 mg vial</i>	6	CELONTIN	11
<i>carboplatin 50 mg/5 ml vial</i>	6	<i>cephalexin</i>	2
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<i>carisoprodol compound</i>	28	CERVARIX	26
<i>carisoprodol compound-codeine</i>	28	<i>cesia</i>	32
<i>carisoprodol-aspirin</i>	28	<i>cetirizine hcl solution oral</i>	35
CARNITOR INJECTION	29	CHANTIX	11
<i>carteolol hcl</i>	34	<i>chloramphenicol sod succinate</i>	2
<i>cartia xt</i>	18	<i>chlordiazepoxide-amitriptyline</i>	11
<i>carvedilol</i>	18	<i>chlorhexidine gluconate mouthwash</i>	22
CAYSTON	2	<i>chloroquine phosphate tablet</i>	2
<i>caziant</i>	32	<i>chlorothiazide</i>	18
CEENU	6	<i>chlorothiazide sodium</i>	18
<i>cefaclor</i>	2	<i>chlorpromazine hcl injection</i>	11
<i>cefaclor er</i>	2	<i>chlorpromazine hcl tablet</i>	11
<i>cefadroxil</i>	2	<i>chlorpropamide</i>	23
<i>cefazolin 20 gm bulk vial, -500 mg vial, -1 gm add-van vial, -1 gm vial, -1 gm-d5w bag, -10 gm vial</i>	2	<i>chlorthalidone</i>	18
<i>cefdinir</i>	2	<i>chlorzoxazone</i>	28
<i>cefepime</i>	2	<i>cholestyramine</i>	18
<i>cefepime hcl</i>	2	<i>cholestyramine light</i>	18
<i>cefotaxime sodium</i>	2	<i>ciclopirox cream, -gel, -shampoo, -suspension topical</i>	2
<i>cefotetan</i>	2	<i>ciclopirox solution non-oral</i>	2
<i>cefoxitin</i>	2	<i>cilostazol</i>	29
<i>cefoxitin sodium</i>	2	<i>cimetidine 300 mg tablet, -400 mg tablet, -800 mg tablet</i>	25
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<i>cefprozil</i>	2	<i>cimetidine solution, -200 mg tablet</i>	25
<i>ceftazidime</i>	2	CIMZIA	6
<i>ceftriaxone</i>	2	CIPRO I.V.	2
<i>cefuroxime axetil</i>	2	CIPRODEX	22
<i>cefuroxime injection</i>	2	<i>ciprofloxacin</i>	2
<i>cefuroxime sod 750 mg vial, -sod 1.5 gm vial, -sod 7.5 gm vial</i>	2	<i>ciprofloxacin er 1,000 mg tab</i>	2
		<i>ciprofloxacin er 500 mg tablet</i>	2
		<i>ciprofloxacin hcl 100 mg tab</i>	2



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<i>ciprofloxacin hcl 250 mg tab, -500 mg tab, -750 mg tab</i>	2	<i>clozapine 200 mg tablet</i>	11
<i>ciprofloxacin hcl drops</i>	34	<i>clozapine 25 mg tablet, -50 mg tablet</i>	11
<i>ciprofloxacin-d5w</i>	2	COARTEM	2
<i>cisplatin</i>	6	<i>codeine phosphate injection</i>	11
<i>citalopram</i>	11	<i>codeine sulfate 15 mg tablet</i>	11
<i>citalopram hbr 10 mg tablet, -20 mg tablet</i>	11	<i>codeine sulfate 30 mg tablet, -60 mg tablet</i>	11
<i>citalopram hbr 40 mg tablet</i>	11	COGENTIN	11
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<i>claravis</i>	21	<i>colestipol hcl</i>	18
<i>clarithromycin 125 mg/5 ml sus</i>	2	<i>colistimethate 150 mg vial</i>	2
<i>clarithromycin 250 mg tablet</i>	2	COLY-MYCIN M PARENTERAL	2
<i>clarithromycin 250 mg/5 ml sus</i>	2	COMBIGAN	34
<i>clarithromycin 500 mg tablet</i>	2	COMBIVENT	35
<i>clarithromycin er</i>	2	COMBIVIR	2
<i>clemastine fumarate syrup, -fum 2.68 mg tab</i>	35	<i>compro</i>	11
CLEOCIN PHOSPHATE	2	COMTAN	11
CLEOCIN PHOSPHATE IN D5W	2	COMVAX	26
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<i>clindamycin phosphate cream with applicator</i>	32	COPAXONE	22
<i>clindamycin phosphate gel, -lotion, -solution non-oral, -swab medicated</i>	21	COPEGUS	2
<i>clindamycin phosphate injection</i>	2	<i>cormax</i>	21
<i>clindamycin-benzoyl peroxide</i>	21	<i>cortisone acetate tablet</i>	23
CLINIMIX	29	<i>cortomycin</i>	22
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CLINISOL	29	COUMADIN	29
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<i>clobetasol propionate cream, -foam, -gel, -ointment, -solution non-oral</i>	21	CRESTOR	18
CLOLAR	7	CRIXIVAN	2
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<i>clonidine</i>	18	<i>cromolyn sodium drops</i>	34
<i>clonidine hcl tablet</i>	18	<i>cryselle</i>	32
<i>clotrimazole cream, -solution non-oral, -troche</i>	2	CUBICIN	3
<i>clotrimazole-betamethasone</i>	2	CUPRIMINE	28
<i>clozapine 100 mg tablet</i>	11	<i>curad gauze pads</i>	28
		<i>cyclafem</i>	32
		<i>cyclobenzaprine hcl tablet</i>	28
		<i>cyclophosphamide injection</i>	7
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		<i>cyclosporine capsule, -solution, -unknown</i>	7

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<i>cyclosporine modified</i>	7	MG/ML VIAL	32
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<i>cytarabine 20 mg/ml vial, -100 mg/ml vial, -500 mg vial</i>	7	<i>desmopressin acetate aerosol spray w/pump, -solution</i>	23
CYTOVENE	3	<i>desmopressin acetate injection</i>	23
<i>cytra-2</i>	29	<i>desmopressin acetate tablet</i>	23
<i>cytra-3</i>	37	<i>desonide cream, -lotion, -ointment</i>	21
<i>cytra-k</i>	37	<i>desoximetasone cream, -gel, -ointment</i>	21
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<i>dacarbazine 100 mg vial</i>	7	DETROL 2 MG TABLET	37
<i>dacarbazine 200 mg vial</i>	7	DETROL LA	37
DACOGEN	7	<i>dexamethasone elixir, -tablet</i>	23
<i>danazol capsule</i>	32	<i>dexamethasone intensol</i>	23
<i>dantrolene sodium capsule</i>	28	<i>dexamethasone sodium phosphate drops</i>	34
DAPSONE	3	<i>dexamethasone sodium phosphate injection</i>	23
DAPTACEL	26	<i>dexamethasone solution oral</i>	23
DARAPRIM	3	<i>dexchlorpheniramine maleate</i>	36
<i>daunorubicin 20 mg vial</i>	7	<i>dexmethylphenidate 10 mg tab</i>	11
<i>daunorubicin 50 mg/10 ml vial, -20 mg/4 ml vial</i>	7	<i>dexmethylphenidate 2.5 mg tab, -5 mg tab</i>	11
DAUNOXOME	7	<i>dexrazoxane 250 mg vial</i>	7
DDAVP INJECTION	23	<i>dexrazoxane 500 mg vial</i>	7
DECAVAC	26	<i>dextroamphetamine sulfate</i>	11
<i>del-beta</i>	21	<i>dextrose 10%-1/4ns</i>	29
DELESTROGEN	32	<i>dextrose 10%-1/4ns-kcl</i>	29
<i>demeclocycline hcl</i>	3	<i>dextrose 5%-1/2ns-kcl</i>	29
DEMEROL INJECTION	11	<i>dextrose 5%-1/3ns-kcl</i>	29
DENAVIR	3	<i>dextrose 5%-1/4ns-kcl</i>	29
<i>denta 5000 plus</i>	29	<i>dextrose 5%-electrolyte #48</i>	29
<i>dentagel</i>	29	<i>dextrose 5%-electrolyte #75</i>	29
DEPACON	11	<i>dextrose 5%-ns-kcl</i>	30
<i>depade</i>	11	<i>dextrose 5%-potassium chloride</i>	30
DEPEN	28	<i>dextrose in lactated ringers</i>	30
DEPO-ESTRADIOL	32	<i>dextrose in ringers injection</i>	30
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		<i>dextrose with sodium chloride</i>	30

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<i>diclofenac sodium drops</i>	34	<i>dobutamine 250 mg-d5w 500 ml, -250</i>	
<i>diclofenac sodium tablet enteric coated, -</i>		<i>mg/d5w 250 ml, -500 mg-d5w 500 ml, -</i>	
<i>tablet sustained release 24hr</i>	28	<i>500 mg-d5w 250 ml</i>	18
<i>dicloxacillin sodium</i>	3	<i>dobutamine hcl</i>	18
<i>dicyclomine hcl capsule, -syrup, -tablet</i>	25	<i>docetaxel 80 mg/4 ml vial</i>	7
<i>dicyclomine hcl injection</i>	25	<i>docetaxel 80 mg/8 ml vial</i>	7
<i>didanosine</i>	3	<i>docosavit</i>	32
<i>diflorasone diacetate</i>	21	<i>donepezil hcl tablet</i>	11
DIFLUCAN IN SALINE	3	DONEPEZIL HCL TABLET DISPERSIBLE	
<i>diflunisal</i>	28	LINGUAL	11
<i>digoxin injection</i>	18	<i>dopamine hcl</i>	18
<i>digoxin solution, -tablet</i>	18	<i>dopamine hcl in 5% dextrose</i>	18
<i>dihydroergotamine mesylate injection</i>	11	DORIBAX	3
DILANTIN 30 MG CAPSULE	11	<i>dorzolamide hcl</i>	34
DILANTIN 50 MG INFATAB	11	<i>dorzolamide-timolol</i>	34
DILAUDID INJECTION	11	DOVONEX CREAM	21
DILAUDID-HP	11	<i>doxazosin mesylate</i>	18
<i>dilt-cd</i>	18	<i>doxepin 10 mg capsule, -25 mg capsule, -50</i>	
<i>diltia xt</i>	18	<i>mg capsule, -75 mg capsule, -100 mg</i>	
<i>diltiazem 24hr er capsule sustained release</i>		<i>capsule, -solution</i>	11
<i>24 hr</i>	18	<i>doxepin 150 mg capsule</i>	11
<i>diltiazem er</i>	18	DOXIL	7
<i>diltiazem hcl injection</i>	18	<i>doxorubicin 10 mg/5 ml vial, -20 mg/10 ml</i>	
<i>diltiazem hcl tablet</i>	18	<i>vial, -50 mg/25 ml vial, -10 mg vial, -50</i>	
<i>dilt-xr</i>	18	<i>mg vial</i>	7
<i>diltzac er</i>	18	<i>doxorubicin 200 mg/100 ml vial</i>	7
DIOVAN 160 MG TABLET	18	<i>doxycycline</i>	3
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DIOVAN HCT	18	<i>coated, -100 mg tab</i>	3
<i>diphenhydramine 50 mg capsule, -elixir</i>	36	<i>doxycycline hyclate injection</i>	3
<i>diphenhydramine hcl injection</i>	36	<i>doxycycline mono 50 mg cap, -mono 100 mg</i>	
<i>diphenoxylate-atropine</i>	25	<i>cap, -tablet</i>	3
DIPHThERIA-TETANUS TOXOID	26	<i>dronabinol</i>	11
<i>dipyridamole tablet</i>	30	DTIC-DOME IV	7
<i>diskets</i>	11	<i>dualvit ob</i>	32
<i>disopyramide phosphate</i>	18	DUETACT	23
<i>disulfiram tablet</i>	11	DULERA	36
DIURIL SODIUM	18	DURAMORPH	11
		DYSPOrt	28

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<i>econazole nitrate cream</i>	3	<i>enpresse</i>	32
<i>ed k+10</i>	30	ENTOCORT EC	25
EDURANT	3	<i>enulose</i>	30
<i>effe-k 25 meq tablet eff</i>	30	<i>epiflur</i>	30
EFFIENT	30	<i>epiklor</i>	30
ELAPRASE	23	<i>epinephrine 0.1 mg/ml syringe, -1 mg/ml ampul, -1 mg/ml vial</i>	36
ELIDEL	21	EPINEPHRINE 0.15 MG AUTO-INJECT, -0.3 MG AUTO-INJECT	36
ELIGARD	7	EPIPEN	36
ELITEK	7	EPIPEN JR	36
ELIXOPHYLLIN	36	<i>epirubicin 200 mg/100 ml vial, -50 mg vial, -150 mg/75 ml vial, -200 mg vial</i>	7
ELLECE	7	<i>epirubicin 50 mg/25 ml vial</i>	7
ELOXATIN 100 MG/20 ML VIAL	7	<i>epitol</i>	11
ELOXATIN 50 MG/10 ML VIAL, -200 MG/40 ML VIAL	7	EPIVIR	3
ELSPAR	7	EPIVIR HBV	3
EMCYT	7	<i>eplerenone</i>	18
EMEND 125 MG CAPSULE	11	EPOGEN 10,000 UNITS/ML VIAL, -20,000 UNITS/ML VIAL	26
EMEND 40 MG CAPSULE	11	EPOGEN 2,000 UNITS/ML VIAL, -3,000 UNITS/ML VIAL, -4,000 UNITS/ML VIAL, -20,000 UNITS/2 ML VIAL	26
EMEND 80 MG CAPSULE	11	EPZICOM	3
EMEND TRIFOLD PACK	11	EQUETRO 100 MG CAPSULE, -200 MG CAPSULE	12
EMSAM	11	EQUETRO 300 MG CAPSULE	12
EMTRIVA	3	ERBITUX 100 MG/50 ML VIAL	7
ENABLEX	37	ERBITUX 200 MG/100 ML VIAL	7
<i>enalapril maleate tablet</i>	18	<i>ergoloid mesylates tablet</i>	22
<i>enalapril-hydrochlorothiazide</i>	18	<i>ergotamine-caffeine</i>	12
ENBREL 25 MG KIT, -50 MG/ML SURECLICK SYR, -50 MG/ML SYRINGE	7	<i>errin</i>	32
ENBREL 25 MG/0.5 ML SYRINGE	7	<i>ery</i>	21
<i>endocet 10-650 mg tablet</i>	11	ERYTHROCIN LACTOBIONATE	3
<i>endocet 5-325 tablet, -7.5-325 mg tablet, -10-325 mg tablet</i>	11	<i>erythrocin stearate</i>	3
<i>endocet 7.5-500 mg tablet</i>	11	<i>erythromycin capsule enteric coated</i>	3
ENDOCRINE MEDICATIONS	22	<i>erythromycin ethylsuccinate tablet</i>	3
<i>endodan</i>	11	<i>erythromycin gel, -solution non-oral</i>	21
ENGERIX-B 10 MCG/0.5 ML PED VL, -10 MCG/0.5 ML SYRN, -20 MCG/ML SYRINGE, -20 MCG/ML VIAL	26	<i>erythromycin ointment</i>	34
ENGERIX-B 10 MCG/0.5 ML PEDI	26		
<i>enoxaparin 120 mg/0.8 ml syr, -150 mg/ml syr</i>	30		

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<i>erythromycin swab medicated</i>	21	<i>fenofibrate</i>	18
<i>erythromycin tablet</i>	3	<i>fenoprofen calcium</i>	28
<i>erythromycin-benzoyl peroxide</i>	21	FENTANYL	12
<i>erythromycin-sulfisoxazole</i>	3	<i>fentanyl citrate injection</i>	12
<i>estradiol patch transdermal weekly</i>	32	<i>fentanyl citrate lozenge</i>	12
<i>estradiol tablet</i>	32	FENTORA	12
<i>estradiol valerate injection</i>	32	<i>finasteride</i>	37
<i>estradiol-noreth 1-0.5 mg tab</i>	32	FIRMAGON 2 X 120 MG VIALS	7
<i>estropipate</i>	32	FIRMAGON 80 MG VIAL	7
<i>ethambutol hcl</i>	3	<i>flavoxate hcl</i>	37
<i>ethosuximide capsule, -syrup</i>	12	<i>flecainide acetate</i>	18
ETHYOL	7	FLONASE	22
<i>etidronate disodium</i>	23	FLOVENT 100 MCG DISKUS	36
<i>etodolac</i>	28	FLOVENT 50 MCG DISKUS, -250 MCG DISKUS	36
ETOPOPHOS	7	FLOVENT HFA 110 MCG INHALER	36
<i>etoposide injection</i>	7	FLOVENT HFA 220 MCG INHALER	36
EVISTA	32	FLOVENT HFA 44 MCG INHALER	36
EXELON PATCH TRANSDERMAL 24 HOURS	12	<i>floxuridine</i>	7
EXELON SOLUTION	12	<i>fluconazole in dextrose</i>	3
EXEMESTANE	7	<i>fluconazole in saline</i>	3
EXFORGE	18	<i>fluconazole suspension, -tablet</i>	3
EXFORGE HCT	18	FLUDARA	7
EXJADE 125 MG TABLET	22	<i>fludarabine 50 mg vial</i>	7
EXJADE 250 MG TABLET, -500 MG TABLET	22	<i>fludarabine 50 mg/2 ml vial</i>	7
EXTAVIA	26	<i>fludrocortisone acetate tablet</i>	23
FABRAZYME	23	<i>flunisolide 0.025% spray</i>	22
<i>famciclovir</i>	3	<i>flunisolide 29 mcg-0.025% spr</i>	22
<i>famotidine 20 mg tablet, -40 mg tablet</i>	25	<i>fluocinolone acetonide cream, -ointment, -solution non-oral</i>	21
<i>famotidine injection</i>	25	<i>fluocinonide cream</i>	21
<i>famotidine suspension oral</i>	25	<i>fluocinonide emollient</i>	21
FANAPT TABLET	12	<i>fluocinonide gel, -ointment, -solution non-oral</i>	21
FANAPT TABLET DOSE PACK	12	<i>fluocinonide-e</i>	21
FARESTON	7	<i>fluor-a-day tablet chewable</i>	30
FASLODEX	7	<i>fluritab</i>	30
FAZACLO 100 MG ODT	12	<i>fluorometholone suspension drops</i>	34
FAZACLO 12.5 MG ODT	12	<i>fluorouracil 1,000 mg/20 ml vl, -2,500 mg/50 ml vl, -5,000 mg/100 ml</i>	7
FAZACLO 150 MG ODT	12	<i>fluorouracil 500 mg/10 ml vial</i>	7
FAZACLO 200 MG ODT	12	<i>fluorouracil cream, -solution non-oral</i>	21
FAZACLO 25 MG ODT	12		
FELBATOL	12		
<i>felodipine er</i>	18		
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<i>fluoxetine hcl 10 mg capsule</i>	12	FREAMINE III	30
<i>fluoxetine hcl 10 mg tablet</i>	12	FREAMINE III WITH ELECTROLYTES	30
<i>fluoxetine hcl 20 mg capsule, -20 mg tablet</i>	12	<i>fudr</i>	7
<i>fluoxetine hcl 40 mg capsule</i>	12	<i>furosemide injection</i>	18
<i>fluoxetine hcl solution</i>	12	<i>furosemide solution, -tablet</i>	18
<i>fluphenazine decanoate</i>	12	FUSILEV	7
<i>fluphenazine hcl elixir, -solution, -tablet</i>	12	FUZEON	3
<i>fluphenazine hcl injection</i>	12	<i>gabapentin 100 mg capsule, -300 mg capsule, -tablet</i>	12
<i>flurbiprofen sodium</i>	34	<i>gabapentin 400 mg capsule</i>	12
<i>flurbiprofen tablet</i>	28	GABAPENTIN SOLUTION	12
<i>flutamide</i>	7	GABITRIL	12
<i>fluticasone propionate cream, -ointment</i>	21	<i>galantamine hbr capsule 24hr sustained release pellets</i>	12
<i>fluticasone propionate nasal inhaled steroids</i>	22	<i>galantamine hbr tablet</i>	12
<i>fluvoxamine maleate 100 mg tab</i>	12	<i>galantamine hydrobromide</i>	12
<i>fluvoxamine maleate 25 mg tab, -50 mg tab</i>	12	GAMASTAN S-D	26
<i>folbecal</i>	32	GAMMAGARD LIQUID	26
<i>fomepizole</i>	22	GAMMAGARD S-D	27
FORADIL	36	GAMMAPLEX	27
FORTAZ	3	GAMUNEX	27
FORTAZ IN ISO-OSMOTIC DEXTROSE	3	GAMUNEX-C	27
FORTEO	23	<i>ganciclovir</i>	3
<i>fortical</i>	23	<i>ganciclovir sodium</i>	3
FOSAMAX 35 MG TABLET, -70 MG TABLET	23	GARDASIL	27
FOSAMAX 5 MG TABLET, -10 MG TABLET, -40 MG TABLET	23	GASTROCROM	36
FOSAMAX PLUS D	23	GASTROINTESTINAL MEDICATIONS	25
FOSAMAX SOLUTION	24	<i>gavilyte-c</i>	25
<i>foscarnet sodium</i>	3	<i>gavilyte-g</i>	25
<i>fosinopril sodium</i>	18	<i>gavilyte-n</i>	25
<i>fosinopril-hydrochlorothiazide</i>	18	<i>gemcitabine hcl 1 gram vial</i>	8
<i>fosphenytoin sodium</i>	12	<i>gemcitabine hcl 200 mg vial, -2 gram vial</i>	8
FRAGMIN 12,500 UNITS SYRINGE, -15,000 UNITS SYRINGE, -18,000 UNITS SYRINGE	30	<i>gemfibrozil tablet</i>	18
FRAGMIN 2,500 UNITS SYRINGE, -5,000 UNITS SYRINGE	30	GEMZAR 1 GRAM VIAL	8
FRAGMIN 7,500 UNITS SYRINGE, -10,000 UNITS SYRINGE, -25,000 UNITS/ML VIAL	30	GEMZAR 200 MG VIAL	8
		<i>gengraf</i>	8
		GENOTROPIN MINIQUICK 0.2 MG	27
		GENOTROPIN MINIQUICK 0.4 MG, -MINIQUICK 0.6 MG, -MINIQUICK 0.8 MG, -MINIQUICK 1 MG, -MINIQUICK 1.2 MG, -MINIQUICK 1.4 MG, -MINIQUICK 1.6 MG, -	

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MINIQUICK 1.8 MG, -MINIQUICK 2 MG, -5 MG CARTRIDGE, -12 MG CARTRIDGE	27	HALDOL DECANOATE 50	12
<i>gentak</i>	34	HALFLYTELY-BISACODYL	25
<i>gentamicin 3 mg/gm eye oint</i>	34	<i>halobetasol propionate</i>	21
<i>gentamicin sulfate cream, -0.1% ointment</i>	3	<i>haloperidol decanoate</i>	12
<i>gentamicin sulfate drops</i>	34	<i>haloperidol lactate injection</i>	12
<i>gentamicin sulfate in ns</i>	3	<i>haloperidol lactate solution</i>	12
GENTAMICIN SULFATE IN NS	3	<i>haloperidol tablet</i>	12
<i>gentamicin sulfate injection</i>	3	HAVRIX	27
<i>gentasol</i>	34	<i>heather</i>	32
GEODON 20 MG CAPSULE, -40 MG CAPSULE	12	HECTOROL	30
GEODON 60 MG CAPSULE, -80 MG CAPSULE	12	<i>heparin sodium in 0.45% nacl</i>	30
GEODON INJECTION	12	<i>heparin sodium in 5% dextrose</i>	30
<i>gildess fe</i>	32	<i>heparin sodium injection</i>	30
GILENYA	22	<i>heparin sodium-ns</i>	30
GLASSIA	36	HEPATAMINE	30
GLEEVEC	8	HEPATASOL	30
<i>glimepiride</i>	24	HEPSERA	3
<i>glipizide er</i>	24	HERCEPTIN	8
<i>glipizide tablet</i>	24	HEXALEN	8
<i>glipizide xl</i>	24	HIBERIX	27
<i>glipizide-metformin</i>	24	HIZENTRA 1 GRAM/5 ML VIAL	27
GLUCAGEN	24	HIZENTRA 2 GRAM/10 ML VIAL, -4 GRAM/20 ML VIAL	27
GLUCAGON EMERGENCY KIT	24	<i>homatropaire</i>	34
<i>glyburide</i>	24	HUMALOG	24
<i>glyburide micronized</i>	24	HUMALOG MIX 50-50	24
<i>glyburide-metformin hcl</i>	24	HUMALOG MIX 75-25	24
<i>glycopyrrolate injection</i>	25	HUMATROPE	27
<i>glycopyrrolate tablet</i>	25	HUMIRA 20 MG/0.4 ML SYRINGE	8
<i>glycron</i>	24	HUMIRA 40 MG/0.8 ML PEN, -CROHN'S STARTER PACK, -PSORIASIS STARTER PACK	8
<i>granisetron hcl injection</i>	12	HUMIRA 40 MG/0.8 ML SYRINGE	8
<i>granisetron hcl tablet</i>	12	HUMULIN 70-30	24
<i>griseofulvin suspension oral</i>	3	HUMULIN N	24
GRIS-PEG	3	HUMULIN R	24
<i>guanabenz acetate tablet</i>	18	HYCAMTIN INJECTION	8
<i>guanfacine hcl</i>	19	<i>hydralazine hcl injection</i>	19
<i>guanidine hcl</i>	12	<i>hydralazine hcl tablet</i>	19
HALAVEN	8	<i>hydrochlorothiazide capsule, -tablet</i>	19
HALDOL	12	<i>hydrocodon-acetaminoph 7.5-750, - hydrocodon-acetaminophn 10-750</i>	12
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<i>hydrocodon-acetaminophen 5-325, -</i>		<i>ifosfamide-mesna</i>	8
<i>hydrocodon-acetaminoph 7.5-325, -</i>		ILARIS	27
<i>hydrocodon-acetaminophn 10-325</i>	13	<i>imipramine hcl tablet</i>	13
<i>hydrocodon-acetaminophn 10-650, -</i>		<i>imipramine pamoate</i>	13
<i>hydrocodon-acetaminoph 7.5-650, -</i>		<i>imiquimod cream</i>	21
<i>hydrocodon-acetaminophn 10-660</i>	13	IMITREX INJECTION	13
<i>hydrocodone bit-ibuprofen</i>	13	IMMUNOLOGICALS AND VACCINES	26
<i>hydrocodone-acetaminophen capsule, -</i>		IMOVAX RABIES VACCINE	27
<i>hydrocodon-acetaminoph 2.5-500, -</i>		<i>inatal advance</i>	32
<i>hydrocodon-acetaminoph 7.5-500, -</i>		<i>inatal gt</i>	32
<i>hydrocodon-acetaminophn 10-500</i>	13	<i>inatal ultra</i>	32
<i>hydrocodone-acetaminophen solution</i>	13	INCRELEX	27
<i>hydrocortisone 1% cream</i>	21	<i>indapamide</i>	19
<i>hydrocortisone 1% cream, -plus 1% cream, -</i>		<i>indomethacin capsule, -capsule sustained</i>	
<i>-aloe 1% cream, -2.5% cream, -lotion, -</i>		<i>action</i>	28
<i>1% absorbase, -1% oint, -1% ointment, -</i>		INFANRIX	27
<i>2.5% ointment</i>	21	INFANRIX PF	27
<i>hydrocortisone butyrate</i>	21	INFERGEN	27
<i>hydrocortisone enema</i>	25	INFUMORPH	13
<i>hydrocortisone tablet</i>	24	INNOHEP	30
<i>hydrocortisone valerate</i>	21	INSULIN SYRINGE	28
<i>hydrogesic</i>	13	INTELENCE 100 MG TABLET	3
<i>hydromorphone hcl injection</i>	13	INTELENCE 200 MG TABLET	3
<i>hydromorphone hcl suppository rectal, -tablet</i>		INTRALIPID	30
	13	INTRON A 3 MILLION UNIT/ML PEN, -10	
<i>hydroxychloroquine sulfate tablet</i>	3	MILLION UNITS VIAL	27
<i>hydroxyurea capsule</i>	8	INTRON A 5 MILLION UNIT/ML PEN, -6	
<i>hydroxyzine hcl injection</i>	21	MILLION UNIT/ML VL, -10 MILLION UNIT	
<i>hydroxyzine hcl syrup, -tablet</i>	21	PEN, -10 MILLION UNIT/ML, -18 MILLION	
<i>hydroxyzine pamoate capsule</i>	21	UNITS VIAL, -50 MILLION UNITS VIAL	27
HYPERLYTE CR	30	<i>introvale</i>	32
<i>ibuprofen suspension oral, -400 mg tablet, -</i>		INVANZ	3
<i>600 mg tablet, -800 mg tablet</i>	28	INVEGA ER 1.5 MG TABLET, -ER 3 MG	
IDAMYCIN PFS	8	TABLET, -ER 9 MG TABLET	13
<i>idarubicin hcl 10 mg/10 ml vl</i>	8	INVEGA ER 6 MG TABLET	13
<i>idarubicin hcl 20 mg/20 ml vl, -5 mg/5 ml vial</i>		INVEGA SUSTENNA	13
	8	INVIRASE CAPSULE	3
IFEX 1 GM VIAL	8	INVIRASE TABLET	3
IFEX 3 GM VIAL	8	IONOSOL B WITH DEXTROSE 5%	30
<i>ifosfamide 1 gm vial</i>	8	IONOSOL MB-DEXTROSE 5%	30
<i>ifosfamide 1 gm/ 20 ml vial, -3 gm vial, -3</i>		IONOSOL T-DEXTROSE 5%	30
<i>gm/ 60 ml vial</i>	8	IPOL	27



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<i>ipratropium 0.03% spray</i>	22	KENALOG-40	24
<i>ipratropium 0.06% spray</i>	22	KEPIVANCE	27
<i>ipratropium bromide solution non-oral</i>	36	KEPPRA INJECTION	13
<i>ipratropium-albuterol</i>	36	KETEK	3
IRESSA	8	<i>ketoconazole cream, -shampoo, -tablet</i>	3
<i>irinotecan hcl 100 mg/5 ml v1</i>	8	<i>ketoprofen capsule, -capsule 24hr sustained</i>	
<i>irinotecan hcl 40 mg/2 ml vial</i>	8	<i>release pellets</i>	28
ISENTRESS	3	<i>ketorolac tromethamine drops</i>	34
ISOLYTE H WITH DEXTROSE	30	<i>ketorolac tromethamine injection</i>	28
ISOLYTE M WITH DEXTROSE	30	<i>ketorolac tromethamine tablet</i>	28
ISOLYTE P WITH DEXTROSE	30	KINERET	27
ISOLYTE S	30	KINRIX	27
ISOLYTE S WITH DEXTROSE	30	<i>kionex suspension oral</i>	30
<i>isonarif</i>	3	<i>klor-con 10</i>	30
<i>isoniazid injection</i>	3	<i>klor-con 20 meq packet</i>	30
<i>isoniazid syrup, -tablet</i>	3	<i>klor-con 8</i>	30
<i>isosorbide dinitrate</i>	19	<i>klor-con m10</i>	30
<i>isosorbide mononitrate</i>	19	<i>klor-con m15</i>	30
<i>isradipine</i>	19	<i>klor-con m20</i>	30
ISTODAX	8	<i>klor-con-ef</i>	30
<i>itraconazole capsule</i>	3	KOMBIGLYZE XR 2.5-1,000 MG TAB	24
IXEMPRA 15 MG KIT	8	KOMBIGLYZE XR 5-1,000 MG TAB, -5-500	
IXEMPRA 45 MG KIT	8	MG TABLET	24
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JALYN	37	<i>labetalol hcl injection</i>	19
<i>jantoven</i>	30	<i>labetalol hcl tablet</i>	19
JANUMET	24	LACRISERT	34
JANUVIA	24	<i>lactated ringers injection</i>	30
JE-VAX	27	<i>lactated ringers solution</i>	30
JINTELI	32	<i>lactulose</i>	25
<i>jolessa</i>	32	LAMICTAL ODT 100 MG TABLET	13
<i>jolivette</i>	32	LAMICTAL ODT 200 MG TABLET	13
<i>junel</i>	33	LAMICTAL ODT 25 MG TABLET, -50 MG	
<i>junel fe</i>	33	TABLET	13
<i>k effervescent</i>	30	LAMICTAL XR (BLUE)	13
KALETRA 100-25 MG TABLET	3	LAMICTAL XR (GREEN)	13
KALETRA SOLUTION, -200-50 MG TABLET	3	LAMICTAL XR (ORANGE)	13
<i>kalexate</i>	30	LAMICTAL XR 100 MG TABLET	13
<i>kanamycin sulfate injection</i>	3	LAMICTAL XR 200 MG TABLET	13
<i>kariva</i>	33	LAMICTAL XR 25 MG TABLET, -50 MG	
<i>kelnor 1-35</i>	33	TABLET	13
KENALOG-10	24	<i>lamotrigine 150 mg tablet, -200 mg tablet</i>	13

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LANOXIN INJECTION	19	LEXAPRO 20 MG TABLET	13
LANOXIN PEDIATRIC	19	LEXAPRO 5 MG TABLET, -10 MG TABLET	13
LANOXIN TABLET	19	LEXAPRO SOLUTION	13
LANSOPRAZOLE CAPSULE ENTERIC COATED	25	LEXIVA SUSPENSION ORAL	4
LANSOPRAZOLE TABLET	25	LEXIVA TABLET	4
LANTUS	24	LIALDA	25
LANTUS SOLOSTAR	24	<i>lidocaine hcl 0.5% vial, -1% ampul, -1% syringe, -1% vial, -1.5% ampul, -2% abboject, -2% ampul, -2% luer-jet, -2% syringe, -4% ampul, -1% abboject, -2% vial</i>	1
LATANOPROST	34	<i>lidocaine hcl jel, -ointment, -solution non-oral</i>	1
LATUDA	13	<i>lidocaine hcl viscous</i>	1
<i>leena</i>	33	<i>lidocaine-prilocaine</i>	1
<i>leflunomide</i>	8	LIDODERM	1
<i>lessina</i>	33	LINCOCIN	4
LETAIRIS	19	LINDANE	21
LETROZOLE	8	<i>liothyronine sodium injection</i>	24
<i>leucovorin calcium injection</i>	8	<i>liothyronine sodium tablet</i>	24
<i>leucovorin calcium tablet</i>	8	LIPOFEN	19
LEUKERAN	8	LIPOSYN II	30
LEUKINE	27	<i>liposyn iii</i>	30
<i>leuprolide acetate injection</i>	33	<i>lisinopril tablet</i>	19
LEUSTATIN	8	<i>lisinopril-hydrochlorothiazide</i>	19
LEVALBUTEROL CONCENTRATE	36	<i>lithium</i>	13
LEVAQUIN INJECTION	3	<i>lithium carbonate capsule, -tablet, -tablet sustained action</i>	13
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LEVAQUIN TABLET	3	LOPRESSOR INJECTION	19
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<i>levetiracetam injection</i>	13	<i>losartan potassium 25 mg tab, -50 mg tab</i>	19
<i>levetiracetam solution, -tablet</i>	13	<i>losartan-hydrochlorothiazide</i>	19
<i>levobunolol hcl</i>	34	LOTRONEX	25
<i>levocarnitine injection</i>	30	<i>lovastatin 10 mg tablet, -20 mg tablet</i>	19
<i>levocarnitine solution, -tablet</i>	30	<i>lovastatin 40 mg tablet</i>	19
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<i>levofloxacin drops</i>	34	LOVENOX 30 MG PREFILLED SYRN, -40 MG PREFILLED SYRN, -300 MG VIAL, -300 MG/3 ML VIAL	31
<i>levofloxacin tablet</i>	4		
<i>levora-28</i>	33		
<i>levorphanol tartrate tablet</i>	13		
<i>levothroid</i>	24		
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<i>low-ogestrel</i>	33	<i>meloxicam 7.5 mg tablet</i>	28
<i>loxapine</i>	13	<i>meloxicam suspension oral</i>	28
<i>lozi-flur</i>	31	<i>melphalan hcl</i>	8
<i>ludent fluoride</i>	31	MENACTRA	27
LUMIGAN 0.01% EYE DROPS	34	MENOMUNE-A-C-Y-W-135	27
LUMIGAN 0.03% EYE DROPS	34	MENVEO A-C-Y-W-135-DIP	27
LUNESTA	13	<i>meperidine hcl injection</i>	14
LUPRON DEPOT 3.75 MG KIT, -7.5 MG KIT, - 11.25 MG 3MO KIT, -22.5 MG 3MO KIT	33	<i>meperidine hcl solution, -tablet</i>	14
LUPRON DEPOT-4 MONTH KIT	33	<i>meperitab</i>	14
LUPRON DEPOT-PED	33	<i>meprobamate 200 mg tablet</i>	14
<i>luter</i>	33	<i>meprobamate 400 mg tablet</i>	14
LYRICA 225 MG CAPSULE, -300 MG CAPSULE	13	MEPRON	4
LYRICA 25 MG CAPSULE, -50 MG CAPSULE, - 75 MG CAPSULE, -100 MG CAPSULE, -150 MG CAPSULE, -200 MG CAPSULE	13	<i>mercaptapurine tablet</i>	8
LYSODREN	8	<i>meropenem iv 1 gm vial</i>	4
<i>magnesium sulfate injection</i>	31	<i>meropenem iv 500 mg vial</i>	4
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<i>maprotiline 25 mg tablet, -50 mg tablet</i>	14	<i>mesna</i>	8
<i>maprotiline 75 mg tablet</i>	14	MESNEX INJECTION	8
<i>margesic h</i>	14	MESNEX TABLET	8
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<i>maternity</i>	33	<i>metaproterenol sulfate syrup, -tablet</i>	36
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<i>mebendazole tablet chewable</i>	4	<i>methadone hcl injection</i>	14
<i>meclizine hcl tablet</i>	14	<i>methadone hcl solution, -tablet, -tablet soluble</i>	14
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Drug	Page	Drug	Page
<i>spironolactone-hctz</i>	20	<i>sulfadiazine tablet</i>	5
SPORANOX	5	<i>sulfamethoxazole-trimethoprim injection</i>	5
<i>sprintec</i>	33	<i>sulfamethoxazole-trimethoprim suspension</i>	
SPRYCEL 20 MG TABLET, -50 MG TABLET, -70 MG TABLET, -100 MG TABLET	9	<i>oral, -tablet</i>	5
SPRYCEL 80 MG TABLET, -140 MG TABLET	9	<i>sulfamide</i>	35
<i>sps</i>	31	<i>sulfasalazine dr</i>	26
<i>sronyx</i>	33	<i>sulfasalazine tablet</i>	26
<i>ssd</i>	5	<i>sulfazine</i>	26
<i>ssd af</i>	5	<i>sulfazine ec</i>	26
STADOL	16	<i>sulindac tablet</i>	29
<i>stagesic</i>	16	SUMATRIPTAN 20 MG NASAL SPRAY	16
STALEVO 100	16	<i>sumatriptan 4 mg/0.5 ml kit, -4 mg/0.5 ml refill, -6 mg/0.5 ml kit, -6 mg/0.5 ml refill, -6 mg/0.5 ml syrng</i>	16
STALEVO 125	16	<i>sumatriptan 4 mg/0.5 ml vial, -6 mg/0.5 ml vial</i>	17
STALEVO 150	16	SUMATRIPTAN 5 MG NASAL SPRAY	17
STALEVO 200	16	<i>sumatriptan succinate tablet</i>	17
STALEVO 50	16	SUPRAX	5
STALEVO 75	16	SURMONTIL	17
<i>stavudine</i>	5	SUSTIVA	5
STAVZOR DR 125 MG CAPSULE, -DR 250 MG CAPSULE	16	SUTENT	9
STAVZOR DR 500 MG CAPSULE	16	SYMBICORT	36
STELARA	9	SYMLIN	25
<i>sterile water for irrigation, -sterile water, irrigation</i>	32	SYMLINPEN 120	25
STIMATE	25	SYMLINPEN 60	25
STRATTERA 10 MG CAPSULE, -18 MG CAPSULE, -25 MG CAPSULE, -40 MG CAPSULE	16	SYNAREL	33
STRATTERA 60 MG CAPSULE, -80 MG CAPSULE, -100 MG CAPSULE	16	SYNTHROID	25
STREPTOMYCIN SULFATE INJECTION	5	SYPRINE	29
STROMEKTOL	5	TABLOID	9
SUBOXONE 2 MG-0.5 MG SL FILM	16	<i>tacrolimus capsule</i>	9
SUBOXONE 2 MG-0.5 MG TABLET SL	16	TALWIN	17
SUBOXONE 8 MG-2 MG SL FILM	16	TAMIFLU 30 MG GELCAP	5
SUBOXONE 8 MG-2 MG TABLET SL	16	TAMIFLU 45 MG GELCAP	5
<i>sucralfate suspension oral, -tablet</i>	26	TAMIFLU 75 MG GELCAP	5
<i>sulfacetamide sodium drops</i>	35	TAMIFLU SUSPENSION	5
<i>sulfacetamide sodium lotion, -suspension topical</i>	21	<i>tamoxifen citrate tablet</i>	9
<i>sulfacetamide-prednisolone</i>	35	<i>tamsulosin hcl</i>	37
		TARCEVA	9
		TARGRETIN CAPSULE	9
		TARGRETIN GEL	9
		TASIGNA	9

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TASMAR	17	TIKOSYN	20
TAXOTERE 20 MG/ML VIAL, -20 MG/0.5 ML VIAL	9	<i>tilia fe</i>	34
TAXOTERE 80 MG/4 ML VIAL, -80 MG/2 ML VIAL	9	TIMENTIN	5
TAZICEF	5	<i>timolol maleate drops</i>	35
TAZORAC	21	<i>timolol maleate gel-forming solution</i>	35
<i>taztia xt</i>	20	<i>timolol maleate tablet</i>	20
TEKURNA	20	<i>tis-u-sol</i>	32
TEKURNA HCT	20	<i>tizanidine hcl tablet</i>	29
<i>terazosin hcl</i>	20	TOBI	5
<i>terbinafine hcl</i>	5	TOBRADEX OINTMENT	35
<i>terbutaline sulfate injection</i>	36	<i>tobramycin sulfate drops</i>	35
<i>terbutaline sulfate tablet</i>	36	<i>tobramycin sulfate in ns</i>	5
<i>terconazole 0.4% cream</i>	5	<i>tobramycin sulfate injection</i>	5
<i>terconazole 0.8% cream</i>	5	<i>tobramycin-dexamethasone</i>	35
<i>terconazole suppository vaginal</i>	5	<i>tobrasol</i>	35
TESTIM	34	<i>tolazamide</i>	25
<i>testosterone cypionate injection</i>	34	<i>tolbutamide</i>	25
<i>testosterone enanthate</i>	34	<i>tolmetin sodium</i>	29
TETANUS DIPHTHERIA TOXOIDS	28	<i>topiragen</i>	17
<i>tetanus toxoid adsorbed</i>	28	<i>topiramate capsule sprinkle</i>	17
TETANUS-DIPHTHERIA-DECAVAC	28	<i>topiramate tablet</i>	17
<i>tetracycline hcl capsule</i>	5	<i>toposar</i>	9
THALITONE	20	<i>topotecan hcl</i>	9
THALOMID	22	TORISEL	9
<i>theochron</i>	36	<i>torse mide injection</i>	20
<i>theophylline</i>	36	<i>torse mide tablet</i>	20
<i>theophylline anhydrous tablet sustained release 12hr</i>	36	TOTECT	9
<i>thermazene</i>	5	TOVIAZ	37
<i>thioridazine hcl</i>	17	TPN ELECTROLYTES	32
<i>thiotepa injection</i>	9	TPN ELECTROLYTES II	32
<i>thiothixene</i>	17	TRACLEER	20
THYMOGLOBULIN	28	<i>tramadol hcl tablet</i>	17
THYROLAR-1	25	<i>tramadol hcl tablet sustained release 24hr</i>	17
THYROLAR-1/2	25	<i>tramadol hcl-acetaminophen</i>	17
THYROLAR-1/4	25	<i>trandolapril</i>	20
THYROLAR-2	25	<i>tranylcypromine sulfate</i>	17
THYROLAR-3	25	TRAVASOL 10% SOLN VIAFLEX	32
<i>ticlopidine hcl</i>	32	TRAVASOL WITH ELECTROLYTES	32
TIGAN INJECTION	17	TRAVATAN Z	35
		<i>trazodone hcl tablet</i>	17
		TREANDA 100 MG VIAL	9
		TREANDA 25 MG VIAL	9

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TRECTOR	5	UNASYN	5
<i>tretinoin 0.025% cream, -0.05% cream, - 0.1% cream, -gel</i>	21	<i>unithroid</i>	25
<i>tretinoin capsule</i>	9	UROLOGICAL MEDICATIONS	37
<i>triamcinolone acetonide cream, -lotion, - ointment</i>	22	<i>ursodiol capsule, -tablet</i>	26
<i>triamcinolone acetonide injection</i>	25	UVADEX	9
<i>triamcinolone acetonide paste</i>	22	VAGIFEM	34
<i>triamterene-hctz</i>	20	<i>valacyclovir</i>	5
<i>triamterene-hydrochlorothiazid</i>	20	VALCYTE	5
<i>tricitrates</i>	37	<i>valproate sodium injection</i>	17
<i>triderm</i>	22	<i>valproic acid capsule, -syrup</i>	17
<i>trifluoperazine hcl</i>	17	VALTURNIA	20
<i>trifluridine</i>	35	VANCOGIN HCL 125 MG PULVULE	5
<i>trihexyphenidyl hcl</i>	17	VANCOGIN HCL 250 MG PULVULE	5
<i>tri-legest fe</i>	34	<i>vancomycin hcl injection</i>	5
<i>trilyte with flavor packets</i>	26	VANCOMYCIN-D5W	5
<i>trimethobenzamide hcl capsule</i>	17	<i>vandazole</i>	34
<i>trimethobenzamide hcl injection</i>	17	VANDETANIB	9
<i>trimethoprim tablet</i>	5	VAQTA	28
<i>trinessa</i>	34	VARIVAX VACCINE	28
TRIOSTAT	25	VECTIBIX 100 MG/5 ML VIAL	9
TRIPEDIA	28	VECTIBIX 400 MG/20 ML VIAL	9
<i>tri-previfem</i>	34	VELCADE	9
TRISENOX	9	<i>velivet</i>	34
<i>tri-sprintec</i>	34	<i>venlafaxine hcl 25 mg tablet, -37.5 mg tablet, -75 mg tablet, -100 mg tablet</i>	17
<i>trivora-28</i>	34	<i>venlafaxine hcl 50 mg tablet</i>	17
TRIZIVIR	5	VENTAVIS	20
TROPHAMINE	32	VENTOLIN HFA	36
<i>tropicacyl</i>	35	VERAMYST	22
<i>tropicamide drops</i>	35	<i>verapamil er</i>	20
TRUVADA	5	<i>verapamil er pm</i>	20
TWINJECT	36	<i>verapamil hcl capsule 24hr sustained release pellets, -tablet, -tablet sustained action</i>	20
TWINRIX	28	<i>verapamil hcl injection</i>	20
TYGACIL	5	<i>veripred 20</i>	25
TYKERB	9	VESICARE	37
TYPHIM VI	28	VFEND IV	5
TYZEKA	5	VFEND SUSPENSION	5
TYZINE AEROSOL SPRAY, -0.1% NOSE DROPS	22	VFEND TABLET	5
TYZINE PEDIATRIC 0.05% DROP	22	VIBATIV	5
ULORIC	29	VICTOZA 2-PAK	25
		VICTOZA 3-PAK	25

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VIDAZA	9	ZANOSAR	9
VIDEX	5	ZANTAC INJECTION	26
VIGAMOX	35	<i>zarah</i>	34
VIMPAT INJECTION	17	ZAVESCA	25
VIMPAT SOLUTION, -TABLET	17	ZEMAIRA	37
<i>vinblastine 1 mg/ml vial</i>	9	<i>zema-pak</i>	25
<i>vinblastine sulf 10 mg vial</i>	9	ZEMPLAR	32
<i>vincristine 1 mg/ml vial</i>	9	<i>zenchent</i>	34
<i>vincristine 2 mg/2 ml vial</i>	9	ZETIA	20
<i>vinorelbine 10 mg/ml vial</i>	9	ZIAGEN	6
<i>vinorelbine 50 mg/5 ml vial</i>	9	<i>zidovudine</i>	6
VIRACEPT 625 MG TABLET	6	ZINACEF 750 MG ADD-VANT VIAL, -750 MG	
VIRACEPT POWDER, -250 MG TABLET	6	VIAL, -1.5 GM ADD-VANT VIAL, -1.5 GM	
VIRAMUNE	6	VIAL, -7.5 GM VIAL	6
VIRAMUNE XR	6	ZINACEF IN ISO-OSMOTIC WATER	6
VIRAZOLE	6	ZINACEF ISO-OSMOTIC DEXTROSE	6
VIREAD	6	ZINECARD 250 MG VIAL	9
VISTIDE	6	ZINECARD 500 MG VIAL	9
<i>vitazol</i>	22	ZIRGAN	35
VIVAGLOBIN	28	ZITHROMAX INJECTION	6
VIVELLE-DOT	34	ZMAX ADULT-PEDIATRIC	6
VOLTAREN GEL	22	ZOFRAN INJECTION	17
<i>voriconazole</i>	6	ZOLINZA	9
VOTRIENT	9	<i>zolpidem tartrate tablet</i>	17
VPRIV	25	ZOLPIDEM TARTRATE TABLET MULTIPHASIC	
<i>warfarin sodium tablet</i>	32	RELEASE	17
XENAZINE	17	ZOMETA	25
XEOMIN 100 UNITS VIAL	29	<i>zonisamide</i>	17
XEOMIN 50 UNITS VIAL	29	ZORBTIVE	28
XGEVA	25	ZORTRESS 0.25 MG TABLET	9
XOLAIR	37	ZORTRESS 0.5 MG TABLET, -0.75 MG	
XOPENEX	37	TABLET	9
XOPENEX HFA	37	ZOSTAVAX	28
XYLOCAINE INJECTION	1	ZOSYN	6
XYLOCAINE IV	1	<i>zovia 1-35e</i>	34
XYLOCAINE-MPF	1	<i>zovia 1-50e</i>	34
XYREM	17	ZOVIRAX CREAM	6
YF-VAX	28	ZOVIRAX OINTMENT	6
ZAFIRLUKAST	37	ZYFLO CR	37
<i>zaleplon 10 mg capsule</i>	17	ZYPREXA 10 MG TABLET, -15 MG TABLET	17
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<i>zamicet</i>	17	7.5 MG TABLET	17

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ZYPREXA INJECTION	17	ZYPREXA ZYDIS 5 MG TABLET	17
ZYPREXA RELPREVV 210 MG VIAL, -300 MG VIAL	17	ZYVOX INJECTION	6
ZYPREXA RELPREVV 405 MG VIAL	17	ZYVOX SUSPENSION RECONSTITUTED ORAL	6
ZYPREXA ZYDIS 10 MG TABLET, -15 MG TABLET	17	ZYVOX TABLET	6

