



## MedicareRx Rewards Standard (PDP)

# 2011 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, 2011.

A Medicare-approved Part D sponsor.

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.

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 Standard (PDP) Formulary?

A formulary is a list of covered drugs selected by MedicareRx Rewards Standard (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 Standard (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 Standard (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 2011 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2011 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 November 1, 2011. To get updated information about the drugs covered by MedicareRx Rewards Standard (PDP), please visit our website at [www.medicarerewards.com](http://www.medicarerewards.com) 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 37. 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 Standard (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 Standard (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 Standard (PDP) before you fill your prescriptions. If you don't get approval, MedicareRx Rewards Standard (PDP) may not cover the drug.
- **Quantity Limits:** For certain drugs, MedicareRx Rewards Standard (PDP) limits the amount of the drug that MedicareRx Rewards Standard (PDP) will cover. For example, MedicareRx Rewards Standard (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 Standard (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 Standard (PDP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MedicareRx Rewards Standard (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.medicarexrewards.com](http://www.medicarexrewards.com).

You can ask MedicareRx Rewards Standard (PDP) to make an exception to these restrictions or limits. See the section, "*How do I request an exception to the MedicareRx Rewards Standard (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 Standard (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 Standard (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 Standard (PDP).
- You can ask MedicareRx Rewards Standard (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 Standard (PDP)'s Formulary?

You can ask MedicareRx Rewards Standard (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 Standard (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 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 Standard (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 cover a temporary 34-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-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 Standard (PDP) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about MedicareRx Rewards Standard (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.medicarerewards.com](http://www.medicarerewards.com).

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

## MedicareRx Rewards Standard (PDP)'s Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by MedicareRx Rewards Standard (PDP). If you have trouble finding your drug in the list, turn to the Index that begins on page 37.

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

The information in the Notes column tells you if MedicareRx Rewards Standard (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 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 Services 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:** This 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 Order:** Prescription drugs available through Mail Order.

## Cost-sharing amounts during the Initial Coverage Stage

	Network Retail Pharmacies (up to a 30-Day supply), Out-of-Network Pharmacies* (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). Note: not applicable to Specialty Tier	Mail-Order Pharmacy (up to a 90-day supply except for Specialty Tier is up to a 30-day supply.)**
Cost-Sharing Tier 1. Preferred Generic Drugs	\$4.00	\$12.00	\$6.00
Cost-Sharing Tier 2. Non-Preferred Generic Drugs	\$7.00	\$21.00	\$10.50
Cost-Sharing Tier 3. Preferred Brand Drugs	\$39.00	\$117.00	\$97.50
Cost-Sharing Tier 4. Injectable Drugs	25%	25%	25%
Cost-Sharing Tier 5. Specialty Tier Drugs	25%	N/A	25%

\* 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. Amounts you pay may vary at out-of-network pharmacies.

\*\* EXCEPTION for Specialty 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.

# 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.

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

Drug Name	Drug Tier	Notes
<b>ANESTHETICS</b>		
<i>lidocaine hcl injection</i> INJ	4	MO
<i>lidocaine hcl jel, -ointment, -solution non-oral</i>	2	MO
<i>lidocaine hcl viscous</i>	1	MO
<i>lidocaine-prilocaine</i>	2	MO
LIDODERM	3	MO
<b>ANTIINFECTIVES</b>		
ABELCET INJ	5	MO
<i>acyclovir capsule, -suspension oral, -tablet</i>	1	MO
<i>acyclovir sodium</i> INJ	4	MO
<i>amantadine</i>	2	MO
AMBISOME INJ	5	MO
<i>amikacin sulfate injection</i> INJ	4	MO
<i>amox tr-potassium clavulanate</i>	2	MO
<i>amoxicillin</i>	1	MO
<i>amoxicillin-clavulanate er</i>	2	MO
AMPHOTEC INJ	4	MO
<i>amphotericin b injection</i> INJ	4	MO
<i>ampicillin sodium</i> INJ	4	MO
<i>ampicillin trihydrate</i>	1	MO
<i>ampicillin-sulbactam</i> INJ	4	MO
ANCOBON	5	MO
APTIVUS	5	MO

Drug Name	Drug Tier	Notes
ATRIPLA	5	MO
AVELOX IV INJ	4	MO
AZACTAM 2 GM VIAL INJ	4	MO
AZACTAM-ISO-OSMOTIC DEXTROSE INJ	4	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)
<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</i> INJ	4	MO
<i>azithromycin packet</i>	2	MO
<i>aztreonam 1 gm vial</i> INJ	4	
<i>aztreonam 2 gm vial</i> INJ	4	MO
<i>baciiim</i> INJ	4	MO
<i>bacitracin injection</i> INJ	4	MO
BARACLUDGE SOLUTION	3	MO
BARACLUDGE TABLET	5	MO
BICILLIN C-R INJ	4	MO
BICILLIN L-A INJ	4	MO

Drug Name	Drug Tier	Notes
CANCIDAS INJ	5	MO
CAPASTAT SULFATE INJ	4	MO
CAYSTON	5	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</i> INJ	4	MO
<i>cefdinir</i>	2	MO
<i>cefepime</i> INJ	4	MO
<i>cefepime hcl</i> INJ	4	MO
<i>cefotaxime sodium</i> INJ	4	MO
<i>cefotetan</i> INJ	4	MO
<i>cefoxitin</i> INJ	4	MO
<i>cefoxitin sodium</i> INJ	4	MO
<i>cefpodoxime proxetil</i>	2	MO
<i>cefprozil</i>	2	MO
<i>ceftazidime</i> INJ	4	MO
<i>ceftriaxone 2 gm add vial, -2 gm piggyback, -2 gm-d5w bag</i> INJ	5	MO
<i>ceftriaxone 250 mg vial, -500 mg vial, -1 gm piggyback, -1 gm vial, -1 gm-d5w bag, -2 gm vial, -10 gm vial</i> INJ	4	MO
<i>cefuroxime axetil</i>	2	MO
<i>cefuroxime injection</i> INJ	4	MO
<i>cefuroxime sod 750 mg vial, -sod 1.5 gm vial, -sod 7.5 gm vial</i> INJ	4	MO
<i>cefuroxime tablet</i>	2	MO
<i>cephalexin</i>	1	MO
<i>chloramphenicol sod succinate</i> INJ	4	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
<i>ciprofloxacin</i> INJ	4	MO
<i>ciprofloxacin hcl 100 mg tab</i>	1	MO
<i>ciprofloxacin hcl 250 mg tab, -500 mg tab, -750 mg tab</i>	1	MO, QLL (28/1)

Drug Name	Drug Tier	Notes
<i>ciprofloxacin-d5w</i> INJ	4	MO
CLAFORAN 1 GM ADD-VANTAGE VL INJ	4	MO
<i>clarithromycin 125 mg/5 ml sus</i>	2	MO, QLL (200/1)
<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 IN D5W INJ	4	MO
<i>clindamycin hcl 150 mg caps, -300 mg capsule</i>	2	MO
<i>clindamycin phosphate injection</i> INJ	4	MO
<i>clotrimazole cream, -solution non-oral, -troche</i>	2	MO
<i>clotrimazole-betamethasone</i>	2	MO
<i>colistimethate 150 mg vial</i> INJ	5	MO
COMBIVIR	5	MO
COMPLERA	5	MO
CRIXIVAN	3	MO
CUBICIN INJ	5	MO, B/D
DAPSONE TABLET	3	MO
DARAPRIM	3	MO
<i>demeclocycline hcl</i>	2	MO
DENA VIR	3	MO, QLL (2/1)
<i>dicloxacillin sodium</i>	2	MO
<i>didanosine</i>	2	MO
DIFICID	5	PAR
DORIBAX INJ	5	MO
<i>doxycycline</i>	2	MO
<i>doxycycline hyclate capsule, -capsule enteric coated, -100 mg tab</i>	1	MO
<i>doxycycline hyclate injection</i> INJ	4	MO
<i>doxycycline mono 50 mg cap, -mono 100 mg cap, -tablet</i>	2	MO

Drug Name	Drug Tier	Notes
<i>econazole nitrate cream</i>	2	MO
EDURANT	5	MO
EMTRIVA	3	MO
EPIVIR	3	MO
EPIVIR HBV	3	MO
EPZICOM	5	MO
ERYTHROCIN LACTOBIONATE INJ	4	MO
<i>erythrocin stearate</i>	2	MO
<i>erythromycin capsule enteric coated</i>	2	MO
<i>erythromycin ethylsuccinate tablet</i>	2	
<i>erythromycin tablet</i>	1	MO
<i>erythromycin-sulfisoxazole</i>	2	MO
<i>ethambutol hcl</i>	2	MO
<i>famciclovir</i>	2	MO
<i>fluconazole in dextrose INJ</i>	4	MO
<i>fluconazole in saline INJ</i>	4	MO
<i>fluconazole suspension, -tablet</i>	1	MO
FORTAZ IN ISO-OSMOTIC DEXTROSE INJ	4	MO
<i>foscarnet sodium INJ</i>	4	MO
FUZEON INJ	5	MO, QLL (1/1)
<i>ganciclovir</i>	2	MO
<i>ganciclovir sodium INJ</i>	4	
GENTAMICIN 60 MG/NS 100 ML PB, -ISOTON GENTAMICIN 60 MG/100 ML, -80 MG/NS 100 ML PB, - ISOTON GENTAMICIN 80 MG/100 ML INJ	4	MO
<i>gentamicin 90 mg/ns 100 ml pb, -100 mg/ns 100 ml, -iso gentamicin 100 mg/100 ml, -60 mg/ns 50 ml pb, -isoton gentamicin 60 mg/50 ml, -70 mg/ns 50 ml pb, -80 mg/ns 50 ml pb, -isoton gentamicin 80 mg/50 ml INJ</i>	4	MO
<i>gentamicin sulfate cream, -0.1% ointment</i>	1	MO

Drug Name	Drug Tier	Notes
<i>gentamicin sulfate injection INJ</i>	4	MO
<i>griseofulvin suspension oral</i>	2	MO
GRIS-PEG	3	MO
HEPSERA	5	MO
<i>hydroxychloroquine sulfate tablet</i>	2	MO
INCIVEK	5	PAR
INTELENCE 100 MG TABLET	5	MO
INTELENCE 200 MG TABLET	5	
INVANZ INJ	4	MO
INVIRASE	5	MO
ISENTRESS	5	MO
<i>isonarif</i>	2	MO
<i>isoniazid injection INJ</i>	4	MO
<i>isoniazid syrup, -tablet</i>	1	MO
<i>itraconazole capsule</i>	2	MO, PAR
KALETRA 100-25 MG TABLET	3	MO
KALETRA SOLUTION, -200- 50 MG TABLET	5	MO
<i>kanamycin sulfate injection INJ</i>	4	MO
KETEK	3	MO, QLL (20/1)
<i>ketoconazole cream, -shampoo, -tablet</i>	2	MO
LEVAQUIN INJECTION INJ	4	MO
LEVAQUIN SOLUTION	3	MO
LEVAQUIN TABLET	3	MO, QLL (14/1)
LEVOFLOXACIN SOLUTION	3	MO
<i>levofloxacin tablet</i>	2	MO, QLL (14/1)
<i>levofloxacin-d5w 250 mg/50 ml, -500 mg/100 ml INJ</i>	4	
LEXIVA SUSPENSION ORAL	3	MO
LEXIVA TABLET	5	MO
LINCOCIN INJ	4	MO
MAXIPIME INJ	4	MO
<i>mebendazole tablet chewable</i>	2	MO
<i>mefloquine hcl</i>	2	MO
MEPRON	5	MO

Drug Name	Drug Tier	Notes
<i>meropenem iv 1 gm vial</i> INJ	4	MO
<i>meropenem iv 500 mg vial</i> INJ	4	
MERREM IV 500 MG VIAL INJ	4	MO
<i>methenamine hippurate</i>	2	MO
<i>methenamine mandelate tablet</i>	2	MO
<i>metro iv</i> INJ	4	MO
<i>metronidazole capsule, -tablet</i>	2	MO
<i>metronidazole injection</i> INJ	4	MO
<i>miconazole 3 suppository vaginal</i>	2	MO, QLL (6/30)
<i>minocycline hcl capsule, -tablet</i>	2	MO
<i>minocycline hcl tablet sustained release 24hr</i>	2	
<i>mupirocin ointment</i>	2	MO
MYCAMINE INJ	5	MO
MYCOBUTIN	3	MO
<i>nafcillin</i> INJ	4	MO
<i>nafcillin sodium</i> INJ	4	MO
NALLPEN-ISO-OSMOTIC DEXTROSE INJ	4	MO
NEBUPENT	3	MO, B/D
<i>neomycin sulfate tablet</i>	2	MO
<i>nitrofurantoin macrocrystal capsule</i>	2	MO
<i>nitrofurantoin mono-macro</i>	2	MO
NORVIR CAPSULE, -TABLET	3	MO
NORVIR SOLUTION	5	MO
<i>nyamyc</i>	2	MO
<i>nystatin cream, -ointment, -50,000,000 units pwd, -150,000,000 units pwd, -500,000,000 units pwd, -100,000 unit/gm powd, -suspension oral, -tablet</i>	2	MO
<i>nystatin-triamcinolone</i>	1	MO
<i>nystop</i>	2	MO
ORAVIG	3	
<i>oxacillin</i> INJ	4	MO
<i>oxacillin sodium</i> INJ	4	MO
<i>paromomycin sulfate</i>	2	MO
PASER	3	MO

Drug Name	Drug Tier	Notes
<i>pedi-dri</i>	2	MO
<i>penicillin g potassium</i> INJ	4	MO
<i>penicillin g procaine</i> INJ	4	MO
<i>penicillin g sodium</i> INJ	4	MO
PENICILLIN GK-ISO-OSM DEXTROSE INJ	4	MO
<i>penicillin v potassium</i>	1	MO
PENTAM 300 INJ	4	MO
<i>piperacillin</i> INJ	4	MO
<i>piperacillin-tazobactam</i> INJ	4	MO
<i>polymyxin b sulfate injection</i> INJ	4	MO
PREZISTA 150 MG TABLET	5	
PREZISTA 400 MG TABLET, -600 MG TABLET	5	MO
PREZISTA 75 MG TABLET	3	MO
PRIFTIN	3	MO
PRIMAQUINE	3	MO
PRIMAXIN 250 MG VIAL INJ	4	MO
PRIMAXIN 500 MG VIAL INJ	5	MO
PRIMAXIN I.M. INJ	5	MO
<i>pyrazinamide</i>	2	MO
RELENZA	3	MO, QLL (60 inhalations/180)
RESCRIPTOR	3	MO
RETROVIR INJECTION INJ	4	MO
REYATAZ	5	MO
<i>ribavirin capsule</i>	5	MO
<i>rifampin capsule</i>	2	MO
<i>rifampin injection</i> INJ	4	MO
RIFATER	3	MO
<i>rimantadine hcl</i>	1	MO
SELZENTRY	5	MO
SEROMYCIN	3	MO
<i>silver sulfadiazine cream</i>	1	MO
SPORANOX SOLUTION	3	MO
<i>ssd</i>	1	MO
<i>ssd af</i>	1	MO
<i>stavudine</i>	2	MO
STREPTOMYCIN SULFATE INJECTION INJ	4	MO

Drug Name	Drug Tier	Notes
STROMEKTOL	3	MO
<i>sulfadiazine tablet</i>	2	MO
<i>sulfamethoxazole-trimethoprim injection INJ</i>	4	MO
<i>sulfamethoxazole-trimethoprim suspension oral, -tablet</i>	1	MO
<i>sulfatrim</i>	1	MO
SUPRAX SUSPENSION	3	MO
SUPRAX TABLET	3	MO, QLL (14/30)
SUSTIVA	3	MO
TAMIFLU 12 MG/ML SUSPENSION	3	MO, QLL (175 ml/180)
TAMIFLU 30 MG GELCAP	3	MO, QLL (84/1)
TAMIFLU 45 MG GELCAP	3	MO, QLL (42/1)
TAMIFLU 6 MG/ML SUSPENSION	3	QLL (360/180)
TAMIFLU 75 MG GELCAP	3	MO, QLL (56/365)
TAZICEF INJ	4	MO
<i>terbinafine hcl tablet</i>	2	MO
<i>terconazole 0.4% cream</i>	2	MO, QLL (90 gm/30)
<i>terconazole 0.8% cream</i>	2	MO, QLL (40 gm/30)
<i>terconazole suppository vaginal</i>	2	MO
<i>tetracycline hcl capsule</i>	1	MO
<i>thermazene</i>	1	MO
TIMENTIN INJ	4	MO
TOBI	5	MO, B/D
<i>tobramycin sulfate in ns INJ</i>	4	MO
<i>tobramycin sulfate injection INJ</i>	4	MO
TRECATOR	3	MO
<i>trimethoprim tablet</i>	2	MO
TRIZIVIR	5	MO
TRUVADA	5	MO
TYGACIL INJ	5	MO
TYZEKA	3	MO, PAR

Drug Name	Drug Tier	Notes
UNASYN 1.5 GM ADD-VANTAGE VL, -1.5 GM PIGGYBACK BOTTLE, -1.5 GM VIAL, -3 GM ADD-VANTAGE VIAL, -3 GM PIGGYBACK BOTTLE INJ	4	MO
UNASYN 3 GM VIAL, -15 GM VIAL INJ	4	
<i>valacyclovir</i>	2	MO, QLL (30/1)
VALCYTE	5	MO
VANCOCIN HCL 125 MG PULVULE	5	MO, PAR, QLL (40/1)
VANCOCIN HCL 250 MG PULVULE	5	MO, PAR, QLL (80/1)
<i>vancomycin 500 mg a/v vial, -500 mg vial, -750 mg vial, -1 gm add-van vial, -1 gm vial, -5 gm vial, -10 gm vial INJ</i>	4	MO, B/D
VANCOMYCIN HCL 1G/200 ML BAG INJ	4	MO, B/D
VANCOMYCIN-D5W INJ	4	MO, B/D
VFEND IV INJ	5	MO
VFEND SUSPENSION	5	MO
VFEND TABLET	5	MO, PAR
VIBATIV INJ	5	MO, PAR
VICTRELIS	5	PAR
VIDEX	3	MO
VIRACEPT 625 MG TABLET	5	MO
VIRACEPT POWDER, -250 MG TABLET	3	MO
VIRAMUNE	3	MO
VIRAMUNE XR	3	MO
VIRAZOLE	5	MO
VIREAD	3	MO
VISTIDE INJ	5	MO
<i>voriconazole</i>	5	PAR
ZIAGEN	3	MO
<i>zidovudine</i>	2	MO
ZINACEF INJ	4	MO
ZINACEF IN ISO-OSMOTIC WATER INJ	4	MO

Drug Name	Drug Tier	Notes
ZINACEF ISO-OSMOTIC DEXTROSE INJ	4	MO
ZMAX ADULT-PEDIATRIC	3	MO
ZOSYN 2.25 GM GALAXY BAG, -2.25 GM PRE-MIX BAG, -3.375 GM GALAXY BAG, -3.375 GM PRE MIX-BAG INJ	4	MO
ZYVOX INJECTION INJ	5	MO
ZYVOX SUSPENSION RECONSTITUTED ORAL	5	MO, PAR, QLL (1800/1)
ZYVOX TABLET	5	MO, PAR, QLL (28/1)
<b>ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS</b>		
ABRAXANE INJ	5	B/D
<i>adriamycin 10 mg vial, -20 mg vial, -50 mg vial</i> INJ	4	MO, B/D
<i>adriamycin 2 mg/ml vial</i> INJ	4	B/D
<i>adrucil</i> INJ	4	MO, B/D
AFINITOR 2.5 MG TABLET	5	PAR
AFINITOR 5 MG TABLET, -10 MG TABLET	5	MO, PAR
ALIMTA INJ	5	MO
ALKERAN INJECTION INJ	5	B/D
ALKERAN TABLET	3	MO, B/D
AMEVIVE INJ	5	LA, PAR
<i>amifostine</i> INJ	5	MO
<i>anagrelide hcl</i>	2	MO
<i>anastrozole tablet</i>	2	
ARIMIDEX	3	MO
AROMASIN	3	MO
ARRANON INJ	4	B/D
ARZERRA INJ	5	B/D
AVASTIN INJ	5	MO, PAR
<i>azathioprine sodium</i> INJ	4	MO, B/D
<i>azathioprine tablet</i>	2	MO, B/D
<i>bicalutamide</i>	2	MO
BICNU INJ	4	B/D
<i>bleomycin sulfate 15 unit vial</i> INJ	4	MO, B/D

Drug Name	Drug Tier	Notes
<i>bleomycin sulfate 30 unit vial</i> INJ	4	MO, B/D
BUSULFEX INJ	4	B/D
CAMPATH INJ	5	MO
CAMPTOSAR 100 MG/5 ML VIAL, -20 MG/ML VIAL INJ	5	B/D
CAMPTOSAR 300 MG/15 ML VIAL, -40 MG/2 ML VIAL INJ	5	MO, B/D
CAPRELSA	5	PAR
<i>carboplatin 150 mg/15 ml vial</i> INJ	4	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	4	MO, B/D
<i>carboplatin 50 mg/5 ml vial</i> INJ	4	B/D
CEENU	3	MO
CELLCEPT INJECTION INJ	4	MO, B/D
CELLCEPT SUSPENSION RECONSTITUTED ORAL, -TABLET	5	MO, B/D
<i>cerubidine</i> INJ	4	B/D
CIMZIA INJ	5	MO, PAR, QLL (6/28)
<i>cisplatin</i> INJ	4	B/D
<i>cladribine</i> INJ	5	B/D
CLOLAR INJ	5	B/D
COSMEGEN INJ	5	B/D
<i>cyclophosphamide injection</i> INJ	4	MO, B/D
<i>cyclophosphamide tablet</i>	2	MO, B/D
<i>cyclosporine capsule, -solution, -unit</i>	2	MO, B/D
<i>cyclosporine injection</i> INJ	4	MO, B/D
<i>cyclosporine modified</i>	2	MO, B/D
<i>cytarabine 100 mg vial, -1 gm vial, -2 gm vial</i> INJ	4	MO, B/D
<i>cytarabine 20 mg/ml vial, -100 mg/ml vial, -500 mg vial</i> INJ	4	MO, B/D
<i>dacarbazine 100 mg vial</i> INJ	4	MO, B/D
<i>dacarbazine 200 mg vial</i> INJ	4	B/D
DACOGEN INJ	5	
<i>daunorubicin 20 mg vial</i> INJ	4	MO, B/D
<i>daunorubicin 50 mg/10 ml vial, -20 mg/4 ml vial</i> INJ	4	MO, B/D

Drug Name	Drug Tier	Notes
DAUNOXOME INJ	5	B/D
DEPO-PROVERA 400 MG/ML VIAL INJ	4	MO
<i>dexrazoxane 250 mg vial</i> INJ	5	MO, B/D
<i>dexrazoxane 500 mg vial</i> INJ	5	B/D
DOCEFREZ INJ	5	B/D
<i>docetaxel 20 mg/0.5 ml vial, -80 mg/2 ml vial</i> INJ	5	B/D
<i>docetaxel 80 mg/4 ml vial</i> INJ	5	MO, B/D
<i>docetaxel 80 mg/8 ml vial</i> INJ	5	MO, B/D
DOXIL INJ	4	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	4	MO, B/D
<i>doxorubicin 200 mg/100 ml vial</i> INJ	4	B/D
ELIGARD INJ	4	MO, PAR
ELITEK INJ	5	MO
ELLECE INJ	4	B/D
ELOXATIN 100 MG/20 ML VIAL INJ	5	B/D
ELOXATIN 50 MG/10 ML VIAL, -200 MG/40 ML VIAL INJ	5	MO, B/D
ELSPAR INJ	5	MO, B/D
EMCYT	3	MO
ENBREL 25 MG KIT, -50 MG/ML SURECLICK SYR, -50 MG/ML SYRINGE INJ	5	MO, PAR, QLL (8/28)
ENBREL 25 MG/0.5 ML SYRINGE INJ	5	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	4	MO, B/D
<i>epirubicin 50 mg/25 ml vial</i> INJ	4	B/D
ERBITUX 100 MG/50 ML VIAL INJ	5	PAR
ERBITUX 200 MG/100 ML VIAL INJ	5	MO, PAR
ETOPOPHOS INJ	4	B/D
<i>etoposide injection</i> INJ	4	B/D
EXEMESTANE	3	

Drug Name	Drug Tier	Notes
FARESTON	3	MO
FASLODEX INJ	5	MO
FEMARA	3	MO
FIRMAGON 2 X 120 MG VIALS INJ	5	MO, B/D
FIRMAGON 80 MG VIAL INJ	4	MO, B/D
<i>floxuridine</i> INJ	4	MO
FLUDARA INJ	5	B/D
FLUDARABINE 50 MG VIAL INJ	5	B/D
<i>fludarabine 50 mg/2 ml vial</i> INJ	5	MO, B/D
<i>fluorouracil 1,000 mg/20 ml vl, -2,500 mg/50 ml vl, -5,000 mg/100 ml</i> INJ	4	MO, B/D
<i>fluorouracil 500 mg/10 ml vial</i> INJ	4	B/D
<i>flutamide</i>	2	MO
<i>fudr</i> INJ	4	MO
FUSILEV INJ	4	MO, B/D
<i>gemcitabine hcl 1 gram vial</i> INJ	5	B/D
<i>gemcitabine hcl 200 mg vial, -2 gram vial</i> INJ	5	MO, B/D
GEMZAR 1 GRAM VIAL INJ	5	B/D
GEMZAR 200 MG VIAL INJ	5	MO, B/D
<i>gengraf</i>	2	MO, B/D
GLEEVEC	5	MO, PAR
HALAVEN INJ	5	B/D
HERCEPTIN INJ	5	PAR
HEXALEN	5	MO
HUMIRA 20 MG/0.4 ML SYRINGE INJ	5	MO, PAR, QLL (2 syringes/28)
HUMIRA 40 MG/0.8 ML PEN, -CROHN'S STARTER PACK, -PSORIASIS STARTER PACK INJ	5	MO, PAR, QLL (6 syringes/36 5)
HUMIRA 40 MG/0.8 ML SYRINGE INJ	5	MO, PAR, QLL (6 syringes/28)
HYCANTIN INJECTION INJ	5	B/D
<i>hydroxyurea capsule</i>	2	MO
IDAMYCIN PFS INJ	5	B/D

Drug Name	Drug Tier	Notes
<i>idarubicin hcl 10 mg/10 ml vl</i> INJ	5	B/D
<i>idarubicin hcl 20 mg/20 ml vl, -5 mg/5 ml vial</i> INJ	5	MO, B/D
IFEX 1 GM VIAL INJ	4	MO, B/D
IFEX 3 GM VIAL INJ	4	B/D
<i>ifosfamide 1 gm vial</i> INJ	4	B/D
<i>ifosfamide 1 gm/ 20 ml vial, -3 gm vial, -3 gm/ 60 ml vial</i> INJ	4	MO, B/D
<i>ifosfamide-mesna</i> INJ	5	B/D
IRESSA	5	LA
<i>irinotecan hcl 100 mg/5 ml vl</i> INJ	4	B/D
<i>irinotecan hcl 40 mg/2 ml vial</i> INJ	4	MO, B/D
ISTODAX INJ	5	PAR
IXEMPRA 15 MG KIT INJ	5	MO, B/D
IXEMPRA 45 MG KIT INJ	5	B/D
<i>leflunomide</i>	2	MO
LETROZOLE	3	MO
<i>leucovorin calcium injection</i> INJ	4	MO
<i>leucovorin calcium tablet</i>	2	MO
LEUKERAN	3	MO
LEUSTATIN INJ	5	B/D
LUPRON DEPOT 45 MG 6MO KIT INJ	5	PAR
LYSODREN	3	MO
MATULANE	5	MO
<i>megestrol acetate suspension oral, -tablet</i>	2	MO
<i>melphalan hcl</i> INJ	4	B/D
<i>mercaptopurine tablet</i>	2	MO
<i>mesna</i> INJ	4	B/D
MESNEX INJECTION INJ	4	B/D
MESNEX TABLET	3	MO
<i>methotrexate injection</i> INJ	4	MO
<i>methotrexate tablet</i>	2	MO
<i>mitomycin 20 mg vial</i> INJ	4	B/D
<i>mitomycin 5 mg vial</i> INJ	4	MO, B/D
<i>mitoxantrone hcl</i> INJ	4	MO, B/D
MUSTARGEN INJ	4	MO
<i>mycophenolate mofetil</i>	2	MO, B/D

Drug Name	Drug Tier	Notes
NAVELBINE INJ	4	MO, B/D
NEORAL 25 MG GELATIN CAPSULE, -SOLUTION	3	MO, B/D
NEXAVAR	5	LA, PAR
NILANDRON	3	MO
NIPENT INJ	5	B/D
NULOJIX INJ	5	MO, B/D
<i>octreotide acet 100 mcg/ml amp, -acet 100 mcg/ml syr, -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	5	MO
<i>octreotide acet 50 mcg/ml amp, -acet 50 mcg/ml syr, -acet 50 mcg/ml vial</i> INJ	4	MO
ONCASPAR INJ	5	MO, B/D
ONTAK INJ	5	MO, B/D
ORENCIA 250 MG VIAL INJ	5	MO, PAR
ORTHOCLONE OKT-3 INJ	5	MO, B/D
<i>oxaliplatin 100 mg/20 ml vial</i> INJ	5	B/D
<i>oxaliplatin 50 mg/10 ml vial, -100 mg vial</i> INJ	5	MO, B/D
<i>paclitaxel 100 mg/16.7 ml vial, -30 mg/5 ml vial</i> INJ	4	MO, B/D
<i>paclitaxel 300 mg/50 ml vial</i> INJ	4	B/D
<i>pentostatin</i> INJ	5	B/D
PHOTOFRIN INJ	5	B/D
PROGRAF CAPSULE	3	MO, B/D
PROGRAF INJECTION INJ	4	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	5	MO, PAR
REVLIMID	5	LA, PAR, QLL (30/30)
RITUXAN INJ	5	MO, PAR
SANDIMMUNE CAPSULE, -SOLUTION	3	MO, B/D

Drug Name	Drug Tier	Notes
SANDIMMUNE INJECTION INJ	4	MO, B/D
SANDOSTATIN LAR INJ	5	MO
SIMPONI INJ	5	MO, PAR, QLL (1/28)
SIMULECT INJ	5	MO, B/D
SPRYCEL 20 MG TABLET, -50 MG TABLET, -70 MG TABLET, -100 MG TABLET	5	MO, PAR
SPRYCEL 80 MG TABLET, -140 MG TABLET	5	PAR
STELARA INJ	5	MO, PAR, QLL (1/28)
SUTENT	5	MO, PAR
TABLOID	3	MO
<i>tacrolimus capsule</i>	2	MO, B/D
<i>tamoxifen citrate tablet</i>	2	MO
TARCEVA	5	MO, PAR
TARGRETIN CAPSULE	5	MO, PAR
TARGRETIN GEL	5	MO
TASIGNA	5	MO, PAR
TAXOTERE 20 MG/ML VIAL, -20 MG/0.5 ML VIAL INJ	5	MO, B/D
TAXOTERE 80 MG/4 ML VIAL, -80 MG/2 ML VIAL INJ	5	B/D
<i>thiotepa injection</i> INJ	4	MO, B/D
<i>toposar</i> INJ	4	B/D
<i>topotecan hcl</i> INJ	5	B/D
TORISEL INJ	5	B/D
TOTECT INJ	5	MO, B/D
TREANDA 100 MG VIAL INJ	5	B/D
TREANDA 25 MG VIAL INJ	5	MO, B/D
<i>tretinoin capsule</i>	2	MO
TRISENOX INJ	4	MO, B/D
TYKERB	5	MO, PAR
UVADEX INJ	4	MO, B/D
VANDETANIB	5	LA, PAR
VECTIBIX 100 MG/5 ML VIAL INJ	5	PAR
VECTIBIX 400 MG/20 ML VIAL INJ	5	MO, PAR
VELCADE INJ	5	MO

Drug Name	Drug Tier	Notes
VIDAZA INJ	5	MO
<i>vinblastine 1 mg/ml vial</i> INJ	4	MO, B/D
<i>vinblastine sulf 10 mg vial</i> INJ	4	B/D
<i>vincristine 1 mg/ml vial</i> INJ	4	B/D
<i>vincristine 2 mg/2 ml vial</i> INJ	4	MO, B/D
<i>vinorelbine 10 mg/ml vial</i> INJ	4	MO, B/D
<i>vinorelbine 50 mg/5 ml vial</i> INJ	4	B/D
VOTRIENT	5	MO, PAR
ZANOSAR INJ	4	B/D
ZINECARD 250 MG VIAL INJ	5	B/D
ZINECARD 500 MG VIAL INJ	5	MO, B/D
ZOLINZA	5	MO, PAR
ZORTRESS 0.25 MG TABLET	3	B/D
ZORTRESS 0.5 MG TABLET, -0.75 MG TABLET	5	B/D
ZYTIGA	5	MO, PAR
<b>AUTONOMIC AND CNS MEDICATIONS</b>		
ABILIFY 2 MG TABLET, -5 MG TABLET, -10 MG TABLET, -15 MG TABLET, -30 MG TABLET	3	MO, QLL (30/30)
ABILIFY 20 MG TABLET	3	MO, QLL (60/30)
ABILIFY DISCMELT	3	MO, QLL (60/30)
ABILIFY INJECTION INJ	4	MO
ABILIFY SOLUTION	3	MO, QLL (900/30)
ABSTRAL	5	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)
ALOXI INJ	5	MO
<i>amitriptyline hcl tablet</i>	2	MO
<i>amoxapine</i>	2	MO
<i>amphetamine salt combo</i>	2	MO

Drug Name	Drug Tier	Notes
ANTABUSE	3	MO
ANZEMET INJECTION INJ	4	MO
APOKYN INJ	5	LA
ARICEPT 23 MG TABLET	3	QLL (30/30), ST
ARICEPT 5 MG TABLET, -10 MG TABLET	3	MO, QLL (30/30)
ARICEPT ODT	3	MO, QLL (30/30)
<i>ascomp with codeine</i>	2	MO
ASTRAMORPH-PF INJ	4	MO
<i>atamet</i>	2	MO
<i>atropine sulfate injection</i> INJ	4	MO
BANZEL SUSPENSION ORAL	3	
BANZEL TABLET	3	MO
<i>benztropine mesylate injection</i> INJ	4	MO
<i>benztropine mesylate tablet</i>	1	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	4	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	4	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)

Drug Name	Drug Tier	Notes
<i>bupropion hcl xl 300 mg tablet</i>	2	MO, QLL (30/30)
<i>bupirone 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	4	MO
CAMPRAL	3	MO
CARBAMAZEPINE ER 100 MG CAP	3	MO, QLL (60/30)
CARBAMAZEPINE ER 200 MG CAP	3	MO, QLL (240/30)
CARBAMAZEPINE ER 300 MG CAP	3	MO, QLL (150/30)
<i>carbamazepine suspension oral, -tablet, -tablet chewable</i>	2	MO
<i>carbamazepine xr</i>	2	MO
CARBATROL ER 100 MG CAPSULE	3	MO, QLL (60/30)
CARBATROL ER 200 MG CAPSULE	3	MO, QLL (240/30)
CARBATROL ER 300 MG CAPSULE	3	MO, QLL (150/30)
<i>carbidopa-levodopa</i>	2	MO
CELONTIN	3	MO
CEREBYX INJ	4	MO
CHANTIX	3	MO
<i>chlordiazepoxide-amitriptyline</i>	2	MO
<i>chlorpromazine hcl injection</i> INJ	4	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>	1	MO, QLL (45/30)
<i>citalopram hbr 40 mg tablet</i>	1	MO, QLL (30/30)
<i>clomipramine hcl capsule</i>	2	MO
<i>clozapine 100 mg tablet</i>	2	MO, QLL (270/30)

Drug Name	Drug Tier	Notes
<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 INJ</i>	4	MO
<i>codeine sulfate 15 mg tablet</i>	2	
<i>codeine sulfate 30 mg tablet, -60 mg tablet</i>	2	MO
<i>co-gesic</i>	2	MO, QLL (240/30)
<i>compro</i>	2	MO
COMTAN	3	MO
CYMBALTA	3	MO, QLL (60/30)
DEMEROL INJECTION INJ	4	MO
<i>depade</i>	2	MO
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLE	3	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)
<i>dextroamphetamine sulfate capsule sustained action, -tablet</i>	2	MO
<i>dihydroergotamine mesylate injection INJ</i>	4	MO
DILANTIN 100 MG CAPSULE, -TABLET CHEWABLE	3	MO
DILANTIN 30 MG CAPSULE	3	
DILANTIN-125	3	MO
DILAUDID-HP INJ	4	MO
<i>diskets</i>	2	MO
DISULFIRAM TABLET	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)

Drug Name	Drug Tier	Notes
<i>doxepin 10 mg capsule, -25 mg capsule, -50 mg capsule, -75 mg capsule, -100 mg capsule, -solution</i>	1	MO
<i>doxepin 150 mg capsule</i>	1	
<i>dronabinol</i>	2	MO, B/D
DURAMORPH INJ	4	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	3	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>	2	MO
EQUETRO 100 MG CAPSULE, -200 MG CAPSULE	3	MO, QLL (240/30)
EQUETRO 300 MG CAPSULE	3	MO, QLL (180/30)
<i>ergotamine-caffeine</i>	2	MO
<i>ethosuximide capsule, -syrup</i>	2	MO
EXELON CAPSULE	3	MO, QLL (60/30)
EXELON PATCH TRANSDERMAL 24 HOURS	3	MO, QLL (30/30)
EXELON SOLUTION	3	MO, QLL (180/30)
FANAPT TABLET	3	MO, QLL (60/30)
FANAPT TABLET DOSE PACK	3	MO, QLL (8/30)

Drug Name	Drug Tier	Notes
FAZACLO 100 MG ODT	3	MO, QLL (270/30)
FAZACLO 12.5 MG ODT	3	MO, QLL (60/30)
FAZACLO 150 MG ODT	3	QLL (180/30)
FAZACLO 200 MG ODT	3	QLL (120/30)
FAZACLO 25 MG ODT	3	MO, QLL (90/30)
FELBATOL	3	MO
<i>fentanyl</i>	2	MO, QLL (15/30), ST
<i>fentanyl citrate injection</i> INJ	4	MO
<i>fentanyl citrate lozenge</i>	5	MO, PAR, QLL (120/30)
FENTORA	5	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</i> INJ	4	MO
<i>fluphenazine hcl elixir, - solution, -tablet</i>	2	MO
<i>fluphenazine hcl injection</i> INJ	4	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>fosphenytoin sodium</i> INJ	4	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)

Drug Name	Drug Tier	Notes
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	3	MO, QLL (60/30)
GEODON 60 MG CAPSULE, - 80 MG CAPSULE	3	MO, QLL (90/30)
GEODON INJECTION INJ	4	MO
<i>granisetron hcl injection</i> INJ	4	MO
<i>granisetron hcl tablet</i>	2	MO, B/D, QLL (30/30)
<i>guanidine hcl</i>	2	MO
HALDOL INJ	4	MO
HALDOL DECANOATE 100 INJ	4	MO
HALDOL DECANOATE 50 INJ	4	MO
<i>haloperidol dec 50 mg/ml vial, - dec 100 mg/ml vial</i> INJ	4	MO
<i>haloperidol lactate injection</i> INJ	4	MO
<i>haloperidol lactate solution</i>	2	MO
<i>haloperidol tablet</i>	2	MO
HORIZANT	3	MO, PAR, QLL (60/30)
<i>hydrocodon-acetaminoph 2.5-500, -hydrocodon-acetaminophen 5-500, -hydrocodon-acetaminoph 7.5-500, -hydrocodon-acetaminophn 10-500</i>	2	MO, QLL (240/30)
<i>hydrocodon-acetaminoph 7.5-750, -hydrocodon-acetaminophn 10-750</i>	2	MO, QLL (150/30)
<i>hydrocodon-acetaminophen 5-325, -hydrocodon-acetaminoph 7.5-325, -hydrocodon-acetaminophn 10-325</i>	2	MO, QLL (360/30)

Drug Name	Drug Tier	Notes
<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 soln</i>	2	MO, QLL (2700/30)
<i>hydrocodone-acetaminophen soln</i>	2	MO, QLL (3600/30)
<i>hydrogesic</i>	2	MO, QLL (240/30)
<i>hydromorphone hcl injection INJ</i>	4	MO
<i>hydromorphone hcl suppository rectal</i>	2	MO
<i>hydromorphone hcl tablet</i>	2	
<i>imipramine hcl tablet</i>	2	MO
<i>imipramine pamoate</i>	2	MO
IMITREX 20 MG NASAL SPRAY	3	MO, QLL (8 nasal sprayers/30)
IMITREX 5 MG NASAL SPRAY	3	MO, QLL (16 nasal sprayers/30)
INFUMORPH INJ	4	MO
INVEGA ER 1.5 MG TABLET, -ER 3 MG TABLET, -ER 9 MG TABLET	3	MO, QLL (30/30)
INVEGA ER 6 MG TABLET	3	MO, QLL (60/30)
INVEGA SUSTENNA INJ	4	MO, QLL (2/28)
KEPPRA INJECTION INJ	5	MO
LAMICTAL ODT 100 MG TABLET	3	MO
LAMICTAL ODT 200 MG TABLET	3	MO, QLL (60/30)
LAMICTAL ODT 25 MG TABLET, -50 MG TABLET	3	MO, QLL (90/30)
LAMICTAL XR (BLUE)	3	MO, PAR, QLL (28/28)

Drug Name	Drug Tier	Notes
LAMICTAL XR (GREEN)	3	MO, PAR, QLL (35/35)
LAMICTAL XR (ORANGE)	3	MO, PAR, QLL (35/35)
LAMICTAL XR 100 MG TABLET	3	MO, PAR
LAMICTAL XR 200 MG TABLET	3	MO, PAR, QLL (60/30)
LAMICTAL XR 25 MG TABLET, -50 MG TABLET	3	MO, PAR, QLL (90/30)
LAMICTAL XR 300 MG TABLET	3	MO, PAR, QLL (30/30)
<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	3	QLL (30/30)
<i>levetiracetam injection INJ</i>	4	
<i>levetiracetam solution, -tablet, -tablet sustained release 24hr</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	MO
LITHOBID	3	MO
<i>loxapine</i>	2	MO
LYRICA 225 MG CAPSULE, -300 MG CAPSULE	3	MO, PAR, QLL (60/30)

Drug Name	Drug Tier	Notes
LYRICA 25 MG CAPSULE, - 50 MG CAPSULE, -75 MG CAPSULE, -100 MG CAPSULE, -150 MG CAPSULE, -200 MG CAPSULE	3	MO, PAR, QLL (90/30)
<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)
MAXALT MLT	3	MO, QLL (12/30)
<i>meclizine hcl tablet</i>	2	MO
<i>meperidine hcl injection</i> INJ	4	MO
<i>meperidine hcl tablet</i>	2	
<i>meperitab</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</i> INJ	4	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)
MIRAPEX 0.75 MG TABLET	3	MO

Drug Name	Drug Tier	Notes
<i>mirtazapine</i>	2	MO, QLL (30/30)
<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</i> INJ	4	MO
<i>morphine sulfate injection</i> INJ	4	MO
<i>morphine sulfate solution, - suppository rectal, -tablet</i>	2	MO
<i>nalbuphine hcl injection</i> INJ	4	MO
<i>naloxone hcl injection</i> INJ	4	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)
NARDIL	3	MO
<i>nefazodone hcl</i>	2	MO, QLL (60/30)
NEURONTIN SOLUTION	3	MO, QLL (2160/30)
NICOTROL NS	3	MO
<i>nortriptyline hcl capsule, - solution</i>	2	MO
<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</i> INJ	4	MO
<i>ondansetron hcl injection</i> INJ	4	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)

Drug Name	Drug Tier	Notes
ONSOLIS	5	LA, PAR, QLL (120/30)
ORAMORPH SR 100 MG TABLET	3	MO, QLL (180/30)
ORAMORPH SR 15 MG TABLET, -30 MG TABLET, -60 MG TABLET	3	MO, QLL (120/30)
ORAP	3	MO
<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</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
<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)

Drug Name	Drug Tier	Notes
<i>pentazocine-naloxone hcl</i>	2	MO
<i>perphenazine</i>	2	MO
<i>perphenazine-amitriptyline</i>	2	MO
<i>phenadoz</i>	2	MO
PHENELZINE SULFATE TABLET	3	
PHENYTEK	3	MO
<i>phenytoin sod ext 100 mg cap</i>	2	MO
PHENYTOIN SOD EXT 200 MG CAP, -SOD EXT 300 MG CAP	3	MO
<i>phenytoin sodium injection INJ</i>	4	MO
<i>phenytoin suspension oral</i>	2	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	3	MO, PAR, QLL (30/30)
<i>prochlorperazine edisylate INJ</i>	4	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 tablet</i>	2	MO
REGONOL INJ	4	MO
REQUIP XL	3	MO
RISPERDAL CONSTA 12.5 MG SYR, -25 MG SYR, -37.5 MG SYR INJ	4	MO, QLL (2/28)
RISPERDAL CONSTA 50 MG SYR INJ	5	MO

Drug Name	Drug Tier	Notes
RISPERIDONE 0.25 MG ODT	3	MO, QLL (60/30)
<i>risperidone 0.5 mg odt, -1 mg odt, -2 mg odt, -3 mg odt</i>	2	MO, QLL (60/30)
<i>risperidone 4 mg odt</i>	2	MO, QLL (120/30)
<i>risperidone m-tab 0.5 mg odt, -1 mg odt, -2 mg odt, -3 mg odt</i>	2	MO, QLL (60/30)
<i>risperidone m-tab 4 mg odt</i>	2	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 5-325 tablet</i>	2	MO, QLL (360/30)
SABRIL	3	LA
SANCUSO	5	MO, PAR, QLL (4/28)
SAPHRIS	3	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	3	MO, QLL (90/30)
SEROQUEL 300 MG TABLET, -400 MG TABLET	3	MO, QLL (120/30)
SEROQUEL XR 300 MG TABLET	3	MO, QLL (90/30)
SEROQUEL XR 400 MG TABLET	3	MO, QLL (120/30)

Drug Name	Drug Tier	Notes
SEROQUEL XR 50 MG TABLET, -150 MG TABLET, -200 MG TABLET	3	MO, QLL (30/30)
<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)
<i>stagesic</i>	2	MO, QLL (240/30)
STAVZOR DR 125 MG CAPSULE, -DR 250 MG CAPSULE	3	MO, QLL (60/30)
STAVZOR DR 500 MG CAPSULE	3	MO
<i>sublimaze INJ</i>	4	MO
SUBOXONE FILM MEDICATED	3	PAR
SUBOXONE TABLET SUBLINGUAL	3	MO, PAR
SUMATRIPTAN 20 MG NASAL SPRAY	3	MO, QLL (8/30)
<i>sumatriptan 4 mg/0.5 ml kit, -4 mg/0.5 ml refill, -4 mg/0.5 ml syrng, -6 mg/0.5 ml refill, -6 mg/0.5 ml syrng INJ</i>	4	MO, QLL (4/30)
<i>sumatriptan 4 mg/0.5 ml vial, -6 mg/0.5 ml vial INJ</i>	4	MO, QLL (4 ml/30)
SUMATRIPTAN 5 MG NASAL SPRAY	3	MO, QLL (16/30)
<i>sumatriptan 6 mg/0.5 ml inject INJ</i>	4	QLL (4/30)
<i>sumatriptan succinate tablet</i>	2	MO, QLL (9/30)
SURMONTIL	3	MO
TALWIN INJ	4	MO
TEGRETOL	3	MO
TEGRETOL XR 100 MG TABLET	3	MO
<i>thioridazine hcl</i>	2	MO
<i>thiothixene</i>	2	MO
TIGAN INJECTION INJ	4	MO

Drug Name	Drug Tier	Notes
<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 er 100 mg tablet, - er 200 mg tablet</i>	2	QLL (30/30)
<i>tramadol hcl tablet</i>	2	MO, QLL (240/30)
<i>tramadol hcl-acetaminophen</i>	2	MO, QLL (240/30)
<i>tranylcypromine sulfate</i>	2	MO
<i>trazodone hcl tablet</i>	1	MO
<i>trifluoperazine hcl</i>	2	MO
<i>trihexyphenidyl hcl</i>	1	MO
<i>trimethobenzamide hcl capsule</i>	2	MO
<i>trimethobenzamide hcl injection INJ</i>	4	MO
<i>valproate sodium injection INJ</i>	4	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
VIIBRYD	3	MO, QLL (30/30)
VIMPAT INJECTION INJ	4	MO
VIMPAT SOLUTION, - TABLET	3	MO
XENAZINE	5	LA, PAR
XYREM	5	LA, 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 (2700/30)
<i>zolpidem tartrate</i>	2	MO, QLL (30/30)
<i>zonisamide</i>	2	MO

Drug Name	Drug Tier	Notes
ZYPREXA 10 MG TABLET, - 15 MG TABLET	3	MO, QLL (60/30)
ZYPREXA 2.5 MG TABLET, - 5 MG TABLET, -7.5 MG TABLET	3	MO, QLL (30/30)
ZYPREXA 20 MG TABLET	3	MO, QLL (90/30)
ZYPREXA INJECTION INJ	4	MO
ZYPREXA RELPREVV 210 MG VIAL, -300 MG VIAL INJ	5	MO, QLL (2/28)
ZYPREXA RELPREVV 405 MG VIAL INJ	5	MO, QLL (1/28)
ZYPREXA ZYDIS 10 MG TABLET, -15 MG TABLET	3	MO, QLL (60/30)
ZYPREXA ZYDIS 20 MG TABLET	3	MO, QLL (90/30)
ZYPREXA ZYDIS 5 MG TABLET	3	MO, QLL (30/30)
<b>CARDIOVASCULAR MEDICATIONS</b>		
ADCIRCA	5	PAR, QLL (60/30)
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amiodarone hcl injection INJ</i>	4	MO
<i>amiodarone hcl tablet</i>	2	MO
<i>amlodipine besylate 2.5 mg tab, -10 mg tab</i>	1	MO, QLL (30/30)
<i>amlodipine besylate 5 mg tab</i>	1	MO, QLL (45/30)
<i>atenolol tablet</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>benazepril hcl</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	2	MO
BIDIL	3	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection INJ</i>	4	MO
<i>bumetanide tablet</i>	2	MO
BYSTOLIC	3	
<i>captopril tablet</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	2	MO
<i>carvedilol</i>	2	MO
<i>chlorothiazide</i>	1	MO
<i>chlorothiazide sodium INJ</i>	4	MO
<i>chlorthalidone</i>	1	MO

Drug Name	Drug Tier	Notes
<i>cholestyramine</i>	2	MO
<i>cholestyramine light</i>	2	MO
<i>clonidine</i>	2	MO, QLL (4/28)
<i>clonidine hcl tablet</i>	1	MO
<i>colestipol hcl</i>	2	MO
CORDARONE	3	MO
<i>digoxin injection</i> INJ	4	MO
<i>digoxin solution, -tablet</i>	1	MO
<i>dilt xr 120 mg capsule</i>	2	MO
<i>dilt xr 180 mg capsule, -dilt xr 240 mg capsule</i>	2	
<i>dilt-cd 120 mg capsule, -er 300 mg capsule</i>	2	
<i>dilt-cd 180 mg capsule, -240 mg capsule</i>	2	MO
<i>diltiazem 24hr er capsule sustained release 24 hr</i>	2	MO
<i>diltiazem er</i>	2	MO
<i>diltiazem hcl injection</i> INJ	4	MO
<i>diltiazem hcl tablet</i>	1	MO
<i>diltzac er</i>	2	MO
DIOVAN	3	MO
DIOVAN HCT	3	MO
<i>disopyramide phosphate</i>	2	MO
<i>dobutamine 250 mg/d5w 250 ml, -500 mg-d5w 500 ml, -500 mg-d5w 250 ml</i> INJ	4	MO
<i>dobutamine hcl</i> INJ	4	MO
<i>dopamine hcl</i> INJ	4	MO
<i>dopamine hcl in 5% dextrose</i> INJ	4	MO
<i>doxazosin mesylate</i>	1	MO
<i>enalapril maleate tablet</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	2	MO
EXFORGE	3	MO, QLL (30/30)
EXFORGE HCT	3	MO, QLL (30/30)
<i>fenofibrate</i>	2	MO
<i>flecainide acetate</i>	2	MO
<i>fosinopril sodium</i>	2	MO
<i>fosinopril-hydrochlorothiazide</i>	2	MO

Drug Name	Drug Tier	Notes
<i>furosemide injection</i> INJ	4	MO
<i>furosemide solution, -tablet</i>	1	MO
<i>gemfibrozil tablet</i>	2	MO
<i>guanabenz acetate tablet</i>	2	MO
<i>guanfacine hcl</i>	2	MO
<i>hydralazine hcl injection</i> INJ	4	MO
<i>hydralazine hcl tablet</i>	2	MO
<i>hydrochlorothiazide capsule, -tablet</i>	1	MO
<i>indapamide</i>	1	MO
<i>isosorbide dinitrate</i>	1	MO
<i>isosorbide mononitrate</i>	2	MO
<i>labetalol hcl injection</i> INJ	4	MO
LANOXIN INJECTION INJ	4	MO
LANOXIN PEDIATRIC INJ	4	MO
LANOXIN TABLET	3	MO
LETAIRIS	5	LA, PAR
<i>lisinopril tablet</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan potassium</i>	2	MO
<i>losartan-hydrochlorothiazide</i>	2	MO
LOTREL 5-40 MG CAPSULE, -10-40 MG CAPSULE	3	MO
<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>methyldopa</i>	2	MO
<i>methyldopa-hydrochlorothiazide</i>	2	MO
<i>methyldopate hcl</i> INJ	4	MO
<i>metoprolol tartrate injection</i> INJ	4	MO
<i>metoprolol tartrate tablet</i>	1	MO
<i>metoprolol-hydrochlorothiazide</i>	2	MO
<i>mexiletine hcl capsule</i>	2	MO
MICARDIS	3	MO
MICARDIS HCT	3	MO
<i>midodrine hcl</i>	2	MO
<i>minoxidil tablet</i>	2	MO
<i>moexipril hcl</i>	2	MO
<i>moexipril-hydrochlorothiazide</i>	2	MO

Drug Name	Drug Tier	Notes
<i>nadolol-bendroflumethiazide</i>	2	MO
NIACOR	3	MO
NIASPAN	3	MO
<i>nicardipine hcl injection</i> INJ	4	MO
<i>nifedipine capsule</i>	2	MO
<i>nifedipine er</i>	2	MO
<i>nitroglycerin injection</i> INJ	4	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>papaverine hcl injection</i> INJ	4	MO
<i>pentopak</i>	2	MO
<i>pentoxifylline tablet sustained action</i>	2	MO
<i>perindopril erbumine</i>	2	MO
<i>pravastatin sodium</i>	2	MO, QLL (30/30)
<i>prazosin hcl</i>	2	MO
<i>prevalite</i>	2	MO
<i>procainamide hcl injection</i> INJ	4	MO
<i>propafenone hcl tablet</i>	2	MO
<i>propranolol hcl capsule sustained action, -solution, -tablet</i>	2	MO
<i>propranolol hcl injection</i> INJ	4	MO
<i>propranolol-hydrochlorothiazid</i>	1	MO
<i>quinapril hcl</i>	2	MO
<i>quinapril-hydrochlorothiazide</i>	2	MO
<i>quinidine gluconate injection</i> INJ	4	MO
<i>quinidine gluconate tablet sustained action</i>	2	MO
<i>quinidine sulfate tablet, -tablet sustained action</i>	2	MO
<i>ramipril</i>	2	MO
REMODULIN INJ	5	LA, PAR
<i>reserpine tablet</i>	2	MO
REVATIO INJECTION INJ	5	MO, PAR, QLL (1125/30)

Drug Name	Drug Tier	Notes
REVATIO TABLET	5	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	MO, QLL (30/30)
SODIUM EDECIN INJ	4	MO
<i>sorine</i>	1	MO
<i>sotalol</i>	2	MO
<i>sotalol af</i>	2	MO
SOTALOL HCL INJ	4	MO
<i>spironolactone tablet</i>	2	MO
<i>spironolactone-hctz</i>	1	MO
TEKTRUNA	3	MO
TEKTRUNA HCT	3	MO
<i>terazosin hcl</i>	2	MO
THALITONE	3	MO
TIKOSYN	3	MO
<i>torse mide injection</i> INJ	4	MO
TRACLEER	5	LA
<i>trandolapril</i>	2	MO
<i>triamterene-hctz</i>	1	MO
<i>triamterene-hydrochlorothiazid</i>	1	MO
VALTRUNA	3	QLL (30/30)
VENTAVIS	5	MO, PAR
<i>verapamil er</i>	2	MO
<i>verapamil er pm</i>	2	MO
<i>verapamil hcl capsule 24hr sustained release pellets, -tablet, -tablet sustained action</i>	2	MO
<i>verapamil hcl injection</i> INJ	4	MO
ZETIA	3	MO, PAR, QLL (30/30)
<b>DERMATOLOGICAL MEDICATIONS</b>		
<i>acticin</i>	2	MO

Drug Name	Drug Tier	Notes
<i>alclometasone dipropionate</i>	2	MO
<i>amcinonide</i>	2	MO
<i>ammonium lactate cream, -lotion</i>	2	MO
<i>amnesteam</i>	2	MO
<i>betamethasone dipropionate cream, -gel, -lotion, -ointment</i>	2	MO
<i>betamethasone valerate cream, -lotion, -ointment</i>	1	MO
<i>beta-val</i>	1	MO
<i>calcipotriene ointment</i>	2	QLL (200/30)
<i>calcipotriene solution</i>	2	MO, QLL (60/30)
CARAC	3	MO
<i>claravis</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>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)
<i>ery</i>	2	MO
<i>erythromycin gel, -solution non-oral</i>	1	MO
<i>erythromycin swab medicated</i>	2	MO
<i>erythromycin-benzoyl peroxide</i>	2	MO
<i>fluocinolone acetonide cream, -ointment, -solution non-oral</i>	2	MO
<i>fluocinonide cream</i>	2	MO
<i>fluocinonide emollient</i>	2	MO

Drug Name	Drug Tier	Notes
<i>fluocinonide gel, -ointment, -solution non-oral</i>	1	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>	2	MO
<i>hydrocortisone 1% cream, -plus 1% cream, --aloe 1% cream, -2.5% cream, -lotion, -1% absorbbase, -1% oint, -1% ointment, -2.5% ointment</i>	2	MO
<i>hydrocortisone butyrate</i>	2	MO
<i>hydrocortisone valerate</i>	2	MO
<i>hydroxyzine hcl injection INJ</i>	4	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 SHAMPOO	3	MO
<i>malathion</i>	2	MO
<i>metronidazole cream, -gel, -lotion</i>	2	MO
<i>mometasone furoate cream, -ointment, -solution non-oral</i>	2	MO
OXSORALEN	3	MO
OXSORALEN-ULTRA	5	MO
PANRETIN	5	MO
<i>permethrin cream</i>	2	MO
<i>podofilox</i>	2	MO
<i>prednicarbate</i>	2	MO
REGRANEX	5	MO, PAR
SANTYL	3	MO
<i>selenium sulfide shampoo, -2.5% lotion</i>	1	MO
SOLARAZE	3	MO
SORIATANE 10 MG CAPSULE	3	MO
SORIATANE 17.5 MG CAPSULE, -22.5 MG CAPSULE, -25 MG CAPSULE	5	MO

Drug Name	Drug Tier	Notes
SORIATANE CK 10 MG KIT	3	MO
SORIATANE CK 25 MG KIT	5	MO
<i>sotret</i>	2	MO
<i>sulfacetamide sodium lotion, -suspension topical</i>	1	MO
<i>tretinoin 0.025% cream, -0.05% cream, -0.1% cream, -gel</i>	2	MO, QLL (90/30)
<i>triamcinolone acetonide cream, -lotion, -ointment</i>	1	MO
<i>triderm cream</i>	1	MO
<i>triderm ointment</i>	2	MO
<i>vitazol</i>	2	MO
VOLTAREN GEL	3	QLL (800/30)
<b>DIAGNOSTIC AND MISCELLANEOUS MEDICATIONS</b>		
ADAGEN INJ	5	LA
AMICAR 1,000 MG TABLET	3	MO
<i>aminocaproic acid solution oral, -tablet</i>	2	MO
AMPYRA	5	LA, PAR, QLL (60/30)
BUPHENYL	5	MO
COPAXONE INJ	5	MO, PAR
CYKLOKAPRON INJ	4	MO
<i>ergoloid mesylates tablet</i>	2	MO
EXJADE	5	LA
<i>fomepizole INJ</i>	5	MO
ORFADIN	5	LA
THALOMID	5	MO, PAR
<b>EAR-NOSE-THROAT MEDICATIONS</b>		
<i>acetazol hc</i>	2	MO
<i>acetic acid solution non-oral</i>	2	MO
<i>acetic acid-aluminum</i>	2	MO
ASTEPRO	3	MO, QLL (30 ml/25)
<i>azelastine hcl aerosol spray w/pump</i>	2	MO, QLL (30 ml/25)
<i>borofair</i>	2	MO
<i>chlorhexidine gluconate mouthwash</i>	1	MO
CIPRODEX	3	MO

Drug Name	Drug Tier	Notes
<i>cortomycin</i>	2	MO
DERMOTIC	3	MO
<i>doxycycline hyclate 20 mg tab</i>	1	MO
<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>hydrocortisone-acetic acid</i>	2	
<i>ipratropium 0.03% spray</i>	2	MO, QLL (30 ml/30)
<i>ipratropium 0.06% spray</i>	2	MO, QLL (15 ml/30)
NASONEX	3	MO, QLL (34 gm/30)
<i>neomycin-polymixin-hc ear susp, -ear susp</i>	2	MO
<i>neomycin-polymyxin-hydrocort</i>	2	MO
<i>ofloxacin 0.3% ear drops</i>	2	MO
<i>perigard</i>	1	MO
<i>pilocarpine hcl tablet</i>	2	MO
<i>triamcinolone acetonide paste</i>	1	MO
TYZINE	3	MO
VERAMYST	3	MO, QLL (10 gm/30)
<b>ENDOCRINE MEDICATIONS</b>		
<i>acarbose</i>	2	MO
ACTHAR H.P. INJ	5	MO, PAR
ACTOPLUS MET	3	MO, QLL (90/30)
ACTOS	3	MO, QLL (30/30)
A-HYDROCORT INJ	4	MO
ALDURAZYME INJ	5	LA
<i>alendronate sodium 35 mg tab, -70 mg tab</i>	1	MO, QLL (4/28)
<i>alendronate sodium 5 mg tablet, -10 mg tab, -40 mg tab</i>	1	MO, QLL (30/30)
<i>a-methapred INJ</i>	4	MO
APIDRA INJ	3	MO
APIDRA SOLOSTAR INJ	3	MO
ARISTOSPAN INJ	4	MO

Drug Name	Drug Tier	Notes
ARMOUR THYROID	3	MO
AVANDAMET 2 MG-500 MG TABLET	3	MO, PAR, QLL (120/30)
AVANDAMET 4 MG-1,000 MG TABLET, -4 MG-500 MG TABLET, -2 MG-1,000 MG TAB	3	MO, PAR, QLL (60/30)
AVANDARYL 4 MG-1 MG TABLET, -4 MG-2 MG TABLET	3	MO, PAR, QLL (60/30)
AVANDARYL 4 MG-4 MG TABLET, -8 MG-2 MG TABLET, -8 MG-4 MG TABLET	3	MO, PAR, QLL (30/30)
AVANDIA 2 MG TABLET, -4 MG TABLET	3	MO, PAR, QLL (60/30)
AVANDIA 8 MG TABLET	3	MO, PAR, QLL (30/30)
<i>baycadron</i>	2	MO
BONIVA INJECTION INJ	4	MO, B/D
BYETTA 10 MCG DOSE PEN INJ INJ	3	MO, QLL (3 ml/30)
BYETTA 5 MCG DOSE PEN INJ INJ	3	MO, QLL (2 ml/30)
<i>cabergoline</i>	2	MO
<i>calcitonin-salmon</i>	2	MO, QLL (4/30)
CEREDASE INJ	5	LA, PAR
CEREZYME INJ	5	LA, PAR
<i>chlorpropamide</i>	2	MO
<i>cortisone acetate tablet</i>	2	MO
DEPO-MEDROL 20 MG/ML VIAL INJ	4	MO
<i>desmopressin acetate aerosol spray w/pump, -solution, -tablet</i>	2	MO
<i>desmopressin acetate injection</i> INJ	4	MO
<i>dexamethasone elixir, -tablet</i>	1	MO
<i>dexamethasone sodium phosphate injection</i> INJ	4	MO
<i>dexamethasone solution oral</i>	2	MO

Drug Name	Drug Tier	Notes
DUETACT	3	MO, QLL (30/30)
ELAPRASE INJ	5	LA
<i>etidronate disodium</i>	2	MO
EVISTA	3	MO, QLL (30/30)
FABRAZYME INJ	5	LA
<i>fludrocortisone acetate tablet</i>	2	MO
FORTEO INJ	4	MO, PAR, QLL (3 pens/28)
<i>fortical</i>	2	MO, QLL (4/30)
<i>glimepiride</i>	1	MO
<i>glipizide er</i>	2	MO
<i>glipizide tablet</i>	1	MO
<i>glipizide xl</i>	2	MO
<i>glipizide-metformin</i>	2	MO
GLUCAGEN INJ	4	MO
GLUCAGON EMERGENCY KIT INJ	4	MO
<i>glyburide micronized</i>	2	MO
<i>glyburide tablet</i>	1	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>	2	MO
JANUMET	3	MO, QLL (60/30)
JANUVIA	3	MO, QLL (30/30)
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	5	LA
LANTUS INJ	3	MO
LANTUS SOLOSTAR INJ	3	MO

Drug Name	Drug Tier	Notes
LEVEMIR INJ	3	MO
<i>levothroid</i>	1	MO
<i>levothyroxine sodium injection</i> INJ	4	MO
<i>levothyroxine sodium tablet</i>	1	MO
<i>levoxyl</i>	1	MO
<i>liothyronine sodium injection</i> INJ	5	MO
<i>liothyronine sodium tablet</i>	2	MO
<i>metformin hcl</i>	1	MO
<i>metformin hcl er tablet sustained release 24hr</i>	2	MO
<i>methimazole tablet</i>	2	MO
<i>methylprednisolone acetate injection</i> INJ	4	MO
<i>methylprednisolone sod succ</i> INJ	4	MO
<i>methylprednisolone tablet, -tablet dose pack</i>	1	MO
MIACALCIN INJECTION INJ	4	MO, B/D
NAGLAZYME INJ	5	LA
<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	4	MO, B/D
<i>prednisolone sodium phosphate solution</i>	1	MO
<i>prednisolone solution oral</i>	1	MO
<i>prednisone intensol</i>	2	MO
<i>prednisone solution, -tablet</i>	1	MO
PROGLYCEM	5	MO
PROLIA INJ	4	PAR, QLL (2/365)
<i>propylthiouracil</i>	1	MO
SAMSCA 15 MG TABLET	5	MO, PAR, QLL (30/30)

Drug Name	Drug Tier	Notes
SAMSCA 30 MG TABLET	5	MO, PAR, QLL (60/30)
SENSIPAR 30 MG TABLET	3	MO
SENSIPAR 60 MG TABLET, -90 MG TABLET	5	MO
SOLU-CORTEF INJ	4	MO
SOLU-CORTEF (PF) INJ	4	MO
SOLU-MEDROL (PF) INJ	4	MO
SOLU-MEDROL 500 MG VIAL, -2,000 MG VIAL INJ	4	MO
SOMAVERT INJ	5	LA
STIMATE	3	MO
SYMLIN INJ	3	MO
SYMLINPEN 120 INJ	3	MO
SYMLINPEN 60 INJ	3	MO
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>	1	MO
<i>tolbutamide</i>	2	MO
<i>triamcinolone acetonide injection</i> INJ	4	MO
<i>unithroid</i>	1	MO
<i>veripred 20</i>	1	
VICTOZA 2-PAK INJ	3	MO, QLL (9/30), ST
VICTOZA 3-PAK INJ	3	QLL (9 pens/30), ST
VPRIV INJ	5	MO, PAR
XGEVA INJ	5	PAR, QLL (1.7/28)
ZAVESCA	5	LA, PAR
<i>zema-pak</i>	2	MO
ZOMETA INJ	5	MO
<b>GASTROINTESTINAL MEDICATIONS</b>		
AMITIZA	3	
ASACOL	3	MO
<i>balsalazide disodium</i>	2	MO

Drug Name	Drug Tier	Notes
BENTYL INJECTION INJ	4	MO
BUDESONIDE EC	3	MO
CANASA	3	MO
<i>cimetidine 300 mg tablet, -400 mg tablet, -800 mg tablet</i>	1	
<i>cimetidine injection</i> INJ	4	MO
<i>cimetidine solution, -200 mg tablet</i>	1	MO
<i>constulose</i>	2	MO
CREON	3	MO
DEXILANT	3	MO, QLL (30/30)
<i>dicyclomine hcl capsule, -syrup, -tablet</i>	2	MO
<i>dicyclomine hcl injection</i> INJ	4	MO
<i>diphenoxylate-atropine</i>	2	MO
ENTOCORT EC	3	MO
<i>enulose</i>	2	MO
<i>famotidine 20 mg tablet, -40 mg tablet</i>	2	MO
<i>famotidine injection</i> INJ	4	MO
<i>famotidine suspension oral</i>	2	
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
<i>glycopyrrolate injection</i> INJ	4	MO
<i>glycopyrrolate tablet</i>	2	MO
HALFLYTELY-BISACODYL	3	MO
<i>hydrocortisone enema</i>	2	MO
<i>lactulose</i>	2	MO
LANSOPRAZOLE CAPSULE ENTERIC COATED, -TABLET	3	QLL (30/30), ST
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

Drug Name	Drug Tier	Notes
<i>metoclopramide hcl injection</i> INJ	4	MO
<i>metoclopramide hcl solution oral, -tablet</i>	1	MO
<i>misoprostol</i>	2	MO
NEXIUM	3	MO, QLL (30/30)
NEXIUM I.V. INJ	4	MO
<i>nizatidine</i>	2	MO
<i>omeprazole capsule enteric coated</i>	2	MO, QLL (30/30)
OSMOPREP	3	MO
<i>pantoprazole sodium</i>	2	MO, QLL (30/30)
<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>	2	MO
<i>procto-pak</i>	2	MO
<i>proctosol-hc</i>	1	MO
<i>proctozone-hc</i>	1	MO
<i>propantheline bromide tablet</i>	2	MO
PROTONIX IV INJ	4	MO
<i>ranitidine hcl capsule, -syrup, -150 mg tablet, -300 mg tablet</i>	1	MO
<i>ranitidine hcl injection</i> INJ	4	MO
RELISTOR INJ	4	MO, PAR
<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 50 MG/50 ML PLAST-BAG INJ	4	MO
<b>IMMUNOLOGICALS AND VACCINES</b>		
ACTEMRA INJ	5	MO, PAR
ACTHIB INJ	3	MO
ACTIMMUNE INJ	5	LA, PAR

Drug Name	Drug Tier	Notes
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 INJ	4	MO, PAR
ARANESP 60 MCG/0.3 ML SYRINGE, -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	5	MO, PAR
ARCALYST INJ	5	LA
ATTENUVAX VACCINE WITH DILUENT INJ	3	MO
AVONEX INJ	5	MO, PAR
AVONEX ADMINISTRATION PACK INJ	5	MO, PAR
BETASERON INJ	5	MO, PAR
BOOSTRIX INJ	3	MO
CARIMUNE NF NANOFILTERED INJ	5	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 INJ	3	MO
EPOGEN 10,000 UNITS/ML VIAL, -20,000 UNITS/2 ML VIAL, -20,000 UNITS/ML VIAL, -40,000 UNITS/ML VIAL INJ	5	MO, PAR
EPOGEN 2,000 UNITS/ML VIAL, -3,000 UNITS/ML VIAL, -4,000 UNITS/ML VIAL INJ	4	MO, PAR

Drug Name	Drug Tier	Notes
EXTAVIA INJ	5	MO, PAR
GAMASTAN S-D INJ	4	MO, PAR
GAMMAGARD LIQUID INJ	5	MO, PAR
GAMMAGARD S-D 0.5 GM VL W-ST INJ	4	MO, PAR
GAMMAGARD S-D 2.5 GM VL W/ST, -5 G (IGA<1) SOLN, -5 GM VL W/SET, -10 G (IGA<1) SOL, -10 GM VL W/ST INJ	5	MO, PAR
GAMUNEX INJ	5	MO, PAR
GAMUNEX-C INJ	5	MO, PAR
GARDASIL INJ	3	MO
GENOTROPIN MINIQUICK 0.2 MG INJ	4	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	5	MO, PAR
HAVRIX INJ	3	MO
HIBERIX INJ	3	MO
HIZENTRA 1 GRAM/5 ML VIAL INJ	5	PAR
HIZENTRA 2 GRAM/10 ML VIAL, -4 GRAM/20 ML VIAL INJ	5	MO, PAR
HUMATROPE INJ	5	MO, PAR
ILARIS INJ	5	MO, PAR
IMOVAX RABIES VACCINE INJ	3	MO
INCRELEX INJ	5	LA
INFANRIX INJ	3	MO
INFANRIX PF INJ	3	MO
INFERGEN INJ	5	MO, PAR
INTRON A 3 MILLION UNIT/ML PEN, -10 MILLION UNITS VIAL INJ	4	MO, PAR

Drug Name	Drug Tier	Notes
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	5	MO, PAR
IPOLE INJ	3	MO
IXIARO INJ	3	MO
JE-VAX INJ	3	MO
KEPIVANCE INJ	5	LA
KINERET INJ	5	MO, PAR, QLL (28/28)
KINRIX INJ	3	MO
LEUKINE INJ	5	MO, PAR
MENACTRA INJ	3	MO
MENOMUNE-A-C-Y-W-135 INJ	3	MO
MENVEO A-C-Y-W-135-DIP	3	
MERUVAX II VACCINE W-DILUENT INJ	3	MO
M-M-R II VACCINE INJ	3	MO
NEULASTA INJ	5	MO, PAR, QLL (2 syringes/28)
NEUMEGA INJ	5	MO, PAR
NEUPOGEN INJ	5	MO, PAR
NORDITROPIN INJ	5	MO, PAR
NORDITROPIN FLEXPIN INJ	5	MO, PAR
NORDITROPIN NORDIFLEX 30 MG/3 INJ	5	PAR
NORDITROPIN NORDIFLEX 5 MG/1.5, -NORDIFLEX 10 MG/1.5, -NORDIFLEX 15 MG/1.5 INJ	5	MO, PAR
NUTROPIN INJ	5	MO, PAR
NUTROPIN AQ INJ	5	MO, PAR
NUTROPIN AQ NUSPIN 10 PEN CART, -20 PEN CART INJ	5	MO, PAR

Drug Name	Drug Tier	Notes
NUTROPIN AQ NUSPIN 5 PEN CART INJ	5	PAR
OMNITROPE INJ	5	MO, PAR
PEDIARIX INJ	3	MO
PEDVAXHIB INJ	3	MO
PEGASYS 180 MCG/0.5 ML CONV.PK INJ	5	MO, PAR
PEGASYS 180 MCG/ML VIAL INJ	5	PAR
PEGINTRON INJ	5	MO, PAR
PEGINTRON REDIPEN INJ	5	MO, PAR
PRIVIGEN INJ	5	MO, PAR
PROCRIT 2,000 UNITS/ML VIAL, -3,000 UNITS/ML VIAL, -4,000 UNITS/ML VIAL, -10,000 UNITS/ML VIAL INJ	4	MO, PAR
PROCRIT 20,000 UNITS/ML VIAL, -40,000 UNITS/ML VIAL INJ	5	MO, PAR
PROLEUKIN INJ	5	MO
PROMACTA	5	LA, PAR
PROQUAD INJ	3	MO
RABAVERT INJ	3	MO
REBIF INJ	5	MO, PAR
RECOMBIVAX HB INJ	3	MO
ROTATEQ	3	MO
SAIZEN INJ	5	MO, PAR
SEROSTIM INJ	5	LA, PAR
SYLATRON INJ	5	MO, PAR
TETANUS DIPHTHERIA TOXOIDS INJ	3	MO
<i>tetanus toxoid adsorbed</i> INJ	2	MO
TETANUS-DIPHTHERIA-DECAVAC INJ	3	MO
TEV-TROPIN INJ	5	MO, PAR
THYMOGLOBULIN INJ	5	MO, B/D
TRIHIBIT INJ	3	MO
TRIPEDIA INJ	3	MO
TWINRIX INJ	3	MO
TYPHIM VI INJ	3	MO
VAQTA INJ	3	MO
VARIVAX VACCINE INJ	3	MO

Drug Name	Drug Tier	Notes
VIVAGLOBIN INJ	5	MO, PAR
YF-VAX INJ	3	MO
ZORBTIVE INJ	5	LA, PAR
ZOSTAVAX INJ	3	MO
<b>MEDICAL (MISCELLANEOUS) SUPPLIES</b>		
<i>alcohol swabs</i>	2	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)
ULTILET INSULIN SYRINGE	3	MO, QLL (200/30)
<b>MUSCULOSKELETAL MEDICATIONS</b>		
<i>allopurinol sodium INJ</i>	4	MO
<i>allopurinol tablet</i>	1	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	3	MO, PAR
CUPRIMINE	3	MO
<i>cyclobenzaprine 5 mg tablet, -10 mg 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 tablet</i>	2	MO
DYSPORT INJ	4	MO, PAR
<i>etodolac</i>	2	MO
<i>fenoprofen calcium tablet</i>	2	MO
<i>flurbiprofen tablet</i>	2	MO
<i>ibuprofen suspension oral, -400 mg tablet, -600 mg tablet, -800 mg tablet</i>	1	MO

Drug Name	Drug Tier	Notes
<i>ketorolac tromethamine injection INJ</i>	4	MO
<i>ketorolac tromethamine tablet</i>	2	MO, QLL (20/30)
<i>meclofenamate sodium capsule</i>	2	MO
<i>mefenamic acid capsule</i>	2	
<i>meloxicam 15 mg tablet</i>	1	MO, QLL (30/30)
<i>meloxicam 7.5 mg tablet</i>	1	MO, QLL (60/30)
<i>meloxicam suspension oral</i>	1	MO
<i>metaxalone</i>	2	MO
<i>methocarbamol tablet</i>	2	MO
<i>naproxen sodium 275 mg tab, -550 mg tab</i>	1	MO
<i>naproxen suspension oral, -tablet, -tablet enteric coated</i>	1	MO
<i>orphenadrine citrate injection INJ</i>	4	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>	1	MO
<i>probenecid</i>	2	MO
<i>probenecid-colchicine</i>	2	MO
RILUTEK	5	MO
ROBAXIN INJECTION INJ	4	MO
<i>sulindac tablet</i>	2	MO
SYPRINE	3	MO
<i>tizanidine hcl tablet</i>	2	MO
ULORIC	3	MO, PAR
XEOMIN 100 UNITS VIAL INJ	4	MO, PAR
XEOMIN 50 UNITS VIAL INJ	4	PAR
<b>NUTRITION,BLOOD MODIFIERS,ELECTROLYTES</b>		
AGGRENOX	3	MO, QLL (60/30)
<i>alcohol in dextrose INJ</i>	4	MO
AMINOSYN INJ	4	MO
AMINOSYN II INJ	4	MO

Drug Name	Drug Tier	Notes
AMINOSYN II 3.5% M-DEXTROSE 5% INJ	4	MO
AMINOSYN II 3.5%-DEXTROSE 25% INJ	4	MO
AMINOSYN II 3.5%-DEXTROSE 5% INJ	4	MO
AMINOSYN II 4.25% M-DEXT 10% INJ	4	MO
AMINOSYN II 4.25%-DEXTROSE 25% INJ	4	MO
AMINOSYN II 5% IN 25% DEXTROSE INJ	4	MO
AMINOSYN II IN DEXTROSE INJ	4	MO
AMINOSYN II WITH LYTES-CA-DW INJ	4	MO
AMINOSYN M INJ	4	MO
AMINOSYN WITH ELECTROLYTES INJ	4	MO
AMINOSYN-HBC INJ	4	MO
AMINOSYN-HF INJ	4	MO
AMINOSYN-PF INJ	4	MO
AMINOSYN-RF INJ	4	MO
AMMONIUM CHLORIDE INJECTION INJ	4	MO
ARIXTRA 2.5 MG SYRINGE INJ	4	MO
ARIXTRA 5 MG SYRINGE, -7.5 MG SYRINGE, -10 MG SYRINGE INJ	5	MO
<i>calcitriol capsule, -solution</i>	2	MO, B/D
<i>calcitriol injection</i> INJ	4	MO, B/D
<i>calcium acetate capsule</i>	2	MO
<i>cilostazol</i>	2	MO
CLINIMIX INJ	4	MO
CLINIMIX E 2.75%-10% SOLUTION, -2.75%-5% SOLUTION, -4.25%-25% SOLUTION, -4.25%-5% SOLUTION, -5%-15% SOLUTION, -5%-20% SOLUTION, -5%-25% SOLUTION INJ	4	MO
CLINISOL INJ	4	MO

Drug Name	Drug Tier	Notes
COUMADIN INJECTION INJ	4	MO
COUMADIN TABLET	3	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</i> INJ	4	MO
<i>dextrose 10%-1/4ns-kcl</i> INJ	4	MO
<i>dextrose 5%-1/2ns-kcl</i> INJ	4	MO
<i>dextrose 5%-1/3ns-kcl</i> INJ	4	MO
<i>dextrose 5%-1/4ns iv solution, -5%-1/3ns iv solution, -d10%-1/2ns soln/excel cont, -5%-1/2ns iv solution, -10%-ns iv solution, -2.5%-1/2ns iv soln, -5%-ns iv solution</i> INJ	4	MO
<i>dextrose 5%-1/4ns-kcl</i> INJ	4	MO
<i>dextrose 5%-electrolyte #48</i> INJ	4	MO
<i>dextrose 5%-ns-kcl</i> INJ	4	MO
<i>dextrose 5%-potassium chloride</i> INJ	4	MO
<i>dextrose 5%-sod chloride 0.2%</i> INJ	4	
<i>dextrose in lactated ringers</i> INJ	4	MO
<i>dextrose in ringers injection</i> INJ	4	MO
<i>dextrose in water</i> INJ	4	MO
<i>dipyridamole tablet</i>	2	MO
<i>ed k+10</i>	2	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	5	
<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	4	
<i>epiflur</i>	2	MO
<i>epiklor</i>	2	MO
<i>fluor-a-day tablet chewable</i>	2	MO
<i>fluoridex daily defense</i>	2	MO
<i>fluoritab tablet chewable</i>	2	MO

Drug Name	Drug Tier	Notes
<i>fondaparinux 2.5 mg/0.5 ml syr</i> INJ	4	
<i>fondaparinux 5 mg/0.4 ml syr, -7.5 mg/0.6 ml syr, -10 mg/0.8 ml syr</i> INJ	5	
FRAGMIN 12,500 UNITS SYRINGE, -15,000 UNITS SYRINGE, -18,000 UNITS SYRINGE INJ	5	
FRAGMIN 2,500 UNITS SYRINGE, -5,000 UNITS SYRINGE INJ	4	MO
FRAGMIN 7,500 UNITS SYRINGE, -10,000 UNITS SYRINGE, -25,000 UNITS/ML VIAL INJ	5	MO
FREAMINE HBC INJ	4	MO
FREAMINE III INJ	4	MO
FREAMINE III WITH ELECTROLYTES INJ	4	MO
HECTOROL CAPSULE	3	MO, B/D
HECTOROL INJECTION INJ	4	MO, B/D
<i>heparin sodium in 0.45% nacl</i> INJ	4	MO, B/D
<i>heparin sodium in 5% dextrose</i> INJ	4	MO, B/D
<i>heparin sodium injection</i> INJ	4	MO, B/D
<i>heparin sodium-ns</i> INJ	4	MO, B/D
HEPATAMINE INJ	4	MO
HEPATASOL INJ	4	MO
HYPERLYTE CR INJ	4	MO
INTRALIPID 20% IV FAT EMUL INJ	4	MO
INTRALIPID 30% IV FAT EMUL INJ	4	
IONOSOL B WITH DEXTROSE 5% INJ	4	MO
IONOSOL MB-DEXTROSE 5% INJ	4	MO
IONOSOL T-DEXTROSE 5% INJ	4	MO
ISOLYTE H WITH DEXTROSE INJ	4	MO

Drug Name	Drug Tier	Notes
ISOLYTE M WITH DEXTROSE INJ	4	MO
ISOLYTE P WITH DEXTROSE INJ	4	MO
ISOLYTE S INJ	4	MO
ISOLYTE S WITH DEXTROSE INJ	4	MO
<i>jantoven</i>	1	MO
<i>k effervescent</i>	2	MO
<i>kalexate</i>	2	MO
<i>kaon-cl 10</i>	1	MO
<i>kionex suspension oral</i>	2	MO
<i>klor-con 10</i>	1	MO
<i>klor-con 20 meq packet</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con-ef</i>	1	MO
<i>lactated ringers injection</i> INJ	4	MO
<i>lactated ringers solution</i>	4	B/D
<i>levocarnitine injection</i> INJ	4	MO, B/D
<i>levocarnitine solution, -tablet</i>	2	MO, B/D
LIPOSYN II 10% IV FAT EMULSION INJ	4	MO
LIPOSYN II 20% IV FAT EMULSION INJ	4	
<i>liposyn iii</i> INJ	4	MO
LOVENOX 30 MG PREFILLED SYRN, -40 MG PREFILLED SYRN INJ	4	MO
LOVENOX 60 MG PREFILLED SYRN, -80 MG PREFILLED SYRN, -100 MG PREFILLED SYR, -120 MG PREFILLED SYR, -150 MG PREFILLED SYR, -300 MG VIAL, -300 MG/3 ML VIAL INJ	5	MO
<i>lozi-flur</i>	2	MO
<i>ludent fluoride</i>	2	MO
<i>magnesium sulfate injection</i> INJ	4	MO

Drug Name	Drug Tier	Notes
MAGNESIUM SULFATE-D5W INJ	4	MO
NEPHRAMINE INJ	4	MO
<i>neutragard advanced</i>	2	MO
NORMOSOL-M AND DEXTROSE INJ	4	MO
NORMOSOL-R INJ	4	MO
NORMOSOL-R AND DEXTROSE INJ	4	MO
NORMOSOL-R PH 7.4 INJ	4	MO
NOVAMINE INJ	4	MO
<i>nutrilyte</i> INJ	4	MO
<i>nutrilyte ii</i> INJ	4	MO
<i>phospha 250 neutral</i>	2	MO
PHYSIOLYTE	4	B/D
PHYSIOSOL	4	B/D
PLASMA-LYTE 148 INJ	4	MO
PLASMA-LYTE 148 IN DEXTROSE INJ	4	MO
PLASMA-LYTE 56 INJ	4	MO
PLASMA-LYTE 56 IN DEXTROSE INJ	4	MO
PLASMA-LYTE A PH 7.4 INJ	4	MO
PLASMA-LYTE R INJ	4	MO
PLAVIX 300 MG TABLET	3	MO
PLAVIX 75 MG TABLET	3	MO, QLL (30/30)
<i>potassium bicarbonate tablet effervescent</i>	2	MO
<i>potassium chl-normal saline</i> INJ	4	MO
<i>potassium chloride capsule sustained action, -tablet effervescent, -tablet sust.releaseparticles/crystals, -tablet sustained action</i>	1	MO
<i>potassium chloride in d5lr</i> INJ	4	MO
<i>potassium chloride injection</i> INJ	4	MO
<i>potassium chloride-nacl</i> INJ	4	MO
<i>potassium cl 10 meq/50 ml sol, -cl 20 meq/50 ml sol</i>	4	MO

Drug Name	Drug Tier	Notes
<i>potassium cl 10% (20 meq/15 ml, -cl 10% (40 meq/30 ml, -cl 20% (40 meq/15 ml</i>	2	MO
PREMASOL INJ	4	MO
PROCALAMINE INJ	4	MO
PROSOL INJ	4	MO
<i>renaf</i>	2	MO
RENAMIN INJ	4	MO
RENVELA	3	MO
<i>ringers injection</i> INJ	4	MO
<i>ringers irrigation</i>	4	B/D
<i>saline 0.45% soln-excel con, -0.45% soln, -saline 0.9% soln-excel cont, -0.9% soln, -0.9% soln., -0.9% solution, -cl 2.5 meq/ml vial, -3% iv soln, -5% iv soln</i> INJ	4	MO
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>sodium bicarb 4.2% syringe</i> INJ	4	
<i>sodium bicarb 7.5% abboject, -7.5% syring, -bicarb 4.2% abbjct, -bicarb 4.2% vial, -5% inj, -bicarb 7.5% vial, -bicarb 8.4% abboject, -bicarb 8.4% syringe, -bicarb 8.4% vial, -8.4% syring</i> INJ	4	MO
<i>sodium chloride solution</i>	4	MO
<i>sodium citrate &amp; citric acid</i>	2	MO
<i>sodium fluoride drops, -solution non-oral, -tablet chewable</i>	2	MO
<i>sodium fluoride tablet</i>	1	MO
<i>sodium lactate injection</i> INJ	4	MO
<i>sodium polystyrene sulfonate</i>	2	MO
<i>sps</i>	2	MO
<i>sterile water for irrigation</i>	4	B/D
<i>ticlopidine hcl</i>	2	MO
<i>tis-u-sol</i>	4	B/D
TPN ELECTROLYTES INJ	4	MO
TPN ELECTROLYTES II INJ	4	MO
TRAVASOL INJ	4	MO
TROPHAMINE INJ	4	MO
<i>warfarin sodium tablet</i>	1	MO

Drug Name	Drug Tier	Notes
<b>OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS</b>		
ANADROL-50	5	MO, PAR
ANDRODERM 2.5 MG/24HR PATCH	3	MO, PAR, QLL (60/30)
ANDRODERM 5 MG/24HR PATCH	3	MO, PAR, QLL (30/30)
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>briellyn</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>cryselle</i>	2	MO, QLL (28/28)
<i>cyclafem</i>	2	QLL (28/28)
<i>danazol capsule</i>	2	MO
DEPO-ESTRADIOL INJ	4	MO

Drug Name	Drug Tier	Notes
DEPO-SUBQ PROVERA 104 INJ	4	MO
<i>docosavit</i>	2	MO
<i>dualvit ob</i>	2	MO
<i>edge ob</i>	2	MO
<i>emoquette</i>	2	MO, QLL (28/28)
<i>enpresse</i>	2	MO, QLL (28/28)
<i>errin</i>	2	MO, QLL (28/28)
<i>estradiol patch transdermal weekly</i>	2	MO, QLL (4/28)
<i>estradiol tablet</i>	2	MO
<i>estradiol valerate injection INJ</i>	4	MO
<i>estradiol-noreth 1-0.5 mg tab</i>	2	MO
<i>estropipate</i>	2	MO
<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)
<i>jolessa</i>	2	MO, QLL (91/91)
<i>jolivette</i>	2	MO, QLL (28/28)
<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)

Drug Name	Drug Tier	Notes
<i>leuprolide acetate injection</i> INJ	4	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	4	MO, PAR
LUPRON DEPOT-4 MONTH KIT INJ	5	MO, PAR
LUPRON DEPOT-PED 30 MG 3MO KIT INJ	5	PAR
LUPRON DEPOT-PED 7.5 MG KIT, -11.25 MG KIT, -15 MG KIT INJ	5	MO, PAR
<i>lutea</i>	2	MO, QLL (28/28)
MAKENA INJ	5	PAR
<i>medroxyprogesterone 2.5 mg</i>	1	MO
<i>medroxyprogesterone 2.5 mg tab, -5 mg tab, -10 mg tab</i>	1	MO
<i>medroxyprogesterone acetate injection</i> INJ	4	MO
<i>methylergonovine maleate injection</i> INJ	4	MO
<i>metronidazole gel with applicator</i>	2	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)
<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)

Drug Name	Drug Tier	Notes
<i>nortrel</i>	2	MO, QLL (28/28)
<i>ocella</i>	2	MO, QLL (28/28)
<i>ogestrel</i>	2	MO, QLL (28/28)
<i>orsythia</i>	2	MO, QLL (28/28)
<i>oxandrolone tablet</i>	2	MO
<i>portia</i>	2	MO, QLL (28/28)
PREGNYL INJ	4	MO, B/D
PREMARIN CREAM WITH APPLICATOR	3	MO, QLL (86/30)
<i>prenatabs obn</i>	2	MO
<i>previfem</i>	2	MO, QLL (28/28)
PROMETRIUM	3	MO
<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	5	MO, PAR
<i>testosterone cypionate injection</i> INJ	4	MO
<i>testosterone enanthate injection</i> INJ	4	MO
<i>tilia fe</i>	2	MO, QLL (28/28)
<i>tri-legest fe</i>	2	MO, QLL (21/21)
<i>trinessa</i>	2	MO, QLL (28/28)
<i>tri-previfem</i>	2	MO, QLL (28/28)

Drug Name	Drug Tier	Notes
<i>tri-sprintec</i>	2	MO, QLL (28/28)
<i>trivora-28</i>	2	MO, QLL (28/28)
<i>vandazole</i>	2	MO
<i>velivet</i>	2	MO, QLL (28/28)
<i>zarah</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 INJ</i>	4	MO
<i>ak-con</i>	1	MO
<i>ak-dilate</i>	2	MO
<i>ak-poly-bac</i>	2	MO
<i>aktob</i>	1	MO
ALPHAGAN P 0.1% DROPS	3	MO
<i>altafrin</i>	2	MO
<i>apraclonidine hcl</i>	2	MO, QLL (20/30)
<i>atropine care</i>	2	MO
<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>	2	MO
<i>betaxolol hcl drops</i>	2	MO, QLL (30/30)
BOTOX INJ	4	MO, PAR
<i>brimonidine tartrate</i>	2	MO
<i>carteolol hcl</i>	2	MO
<i>ciprofloxacin hcl drops</i>	1	MO
<i>cromolyn sodium drops</i>	2	MO
<i>dexamethasone sodium phosphate drops</i>	2	MO
<i>dexasporin</i>	2	MO
<i>diclofenac sodium drops</i>	2	MO

Drug Name	Drug Tier	Notes
<i>dorzolamide hcl</i>	2	MO, QLL (20/30)
<i>dorzolamide-timolol</i>	2	MO, QLL (20/30)
DUREZOL	3	QLL (10/30)
<i>erythromycin ointment</i>	1	MO
<i>fluorometholone suspension drops</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
<i>gentak drops</i>	1	MO
<i>gentak ointment</i>	2	MO
<i>gentamicin 3 mg/gm eye oint</i>	2	MO
<i>gentamicin sulfate drops</i>	1	MO
<i>gentasol</i>	1	MO
<i>homatropaire</i>	2	MO
<i>homatropine</i>	2	MO
<i>ketorolac tromethamine drops</i>	2	MO
LACRISERT	3	MO, QLL (120/30)
LATANOPROST	3	
<i>levobunolol hcl</i>	2	MO, QLL (30/30)
<i>levofloxacin drops</i>	2	MO
<i>methazolamide tablet</i>	2	MO
<i>metipranolol</i>	2	MO
MOXEZA	3	
<i>mydral</i>	1	MO
<i>naphazoline hcl drops</i>	2	MO
NATACYN	3	MO
<i>neo-bacit-poly-hc eye oint</i>	1	MO
<i>neo-bacit-poly-hc eye ointment</i>	1	
<i>neofrin</i>	2	MO
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-poly-hc eye drops</i>	2	MO
<i>neomycin-polymyxin-dexameth</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	2	MO
NEVANAC	3	MO
<i>ofloxacin 0.3% eye drops</i>	2	MO, QLL (30/30)
<i>parcaine</i>	2	MO
PATADAY	3	MO, QLL (5/30)

Drug Name	Drug Tier	Notes
PATANOL	3	MO, QLL (5/30)
<i>phenylephrine hcl drops</i>	2	MO
<i>pilocarpine hcl drops</i>	2	MO
PILOPINE HS	3	MO
<i>polycin-b</i>	2	MO
<i>poly-dex</i>	1	MO
<i>polymyxin b sul-trimethoprim</i>	1	MO
<i>prednisolone acetate suspension drops</i>	2	MO
<i>prednisolone sodium phosphate drops</i>	1	MO
<i>proparacaine hcl drops</i>	2	MO
RESTASIS	3	MO
<i>romycin</i>	1	MO
<i>sulfacetamide sodium drops</i>	1	MO
<i>sulfacetamide-prednisolone</i>	2	MO
<i>sulfamide</i>	2	MO
<i>timolol maleate drops</i>	2	MO, QLL (30/30)
<i>timolol maleate gel-forming solution</i>	2	MO, QLL (10/30)
TOBRADEX OINTMENT	3	MO, QLL (8/30)
TOBRADEX ST	3	QLL (20/30)
<i>tobramycin sulfate drops</i>	1	MO
<i>tobramycin-dexamethasone</i>	2	MO, QLL (20/30)
<i>tobrasol</i>	1	MO
TRAVATAN Z	3	MO
<i>trifluridine drops</i>	2	MO
<i>tropicacyl</i>	2	MO
<i>tropicamide drops</i>	1	MO
VIGAMOX	3	
XALATAN	3	MO
ZIRGAN	3	
<b>RESPIRATORY MEDICATIONS</b>		
ACCOLATE	3	MO, QLL (60/30)
<i>acetylcysteine vial</i>	2	MO, B/D
ADRENACLICK INJ	4	MO, QLL (2/1)

Drug Name	Drug Tier	Notes
ADVAIR DISKUS	3	MO, QLL (60 doses/30)
ADVAIR HFA	3	MO, QLL (12 gm/30)
<i>albuterol sulfate nebs, -solution non-oral, -vial nebulizer</i>	2	MO, B/D
<i>albuterol sulfate syrup, -tablet, -tablet sustained release 12hr</i>	2	MO
<i>aminophylline injection INJ</i>	4	MO
<i>aminophylline tablet</i>	2	MO
ARALAST NP 1,000 MG VIAL INJ	4	MO, LA
ARALAST NP 500 MG VIAL INJ	4	LA
ATROVENT HFA	3	MO, QLL (39 gm/30)
BROVANA	3	MO, B/D, QLL (120/30)
BUDESONIDE AMPUL FOR NEBULIZATION	3	MO, B/D, QLL (120/30)
<i>carbinoxamine maleate</i>	2	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	3	MO, QLL (45 gm/30)
<i>cromolyn sodium ampul for nebulization</i>	2	MO, B/D
<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 INJ</i>	4	MO
ELIXOPHYLLIN	3	MO
<i>epinephrine 0.1 mg/ml syringe, -1 mg/ml ampul, -1 mg/ml vial INJ</i>	4	MO

Drug Name	Drug Tier	Notes
EPINEPHRINE 0.15 MG AUTO-INJCT, -0.3 MG AUTO-INJECT INJ	4	MO, QLL (2/1)
EPIPEN INJ	4	MO, QLL (2 pens/1)
EPIPEN JR INJ	4	MO, QLL (2 pens/1)
<i>fexofenadine hcl 180 mg tab</i>	2	MO, QLL (30/30)
<i>fexofenadine hcl 180 mg tablet</i>	2	MO, QLL (30/30)
<i>fexofenadine hcl 30 mg tablet, -60 mg tablet</i>	2	MO, QLL (60/30)
<i>fexofenadine-pse er tablet sustained release 12hr</i>	2	MO, QLL (60/30)
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)
GASTROCROM	3	MO
GLASSIA INJ	5	LA
<i>ipratropium bromide solution non-oral</i>	2	MO, B/D
<i>ipratropium-albuterol</i>	2	MO, B/D
LEVALBUTEROL CONCENTRATE	3	MO, B/D
<i>levocetirizine dihydrochloride</i>	2	MO, QLL (30./30)
<i>metaproterenol sulfate syrup, -tablet</i>	2	MO
<i>palgic</i>	2	MO
PERFOROMIST	3	MO, B/D, QLL (120/30)
PROAIR HFA	3	MO, QLL (27 gm/30)

Drug Name	Drug Tier	Notes
PROLASTIN 1,000 MG VIAL INJ	5	MO, LA
PROLASTIN 500 MG VIAL INJ	5	LA
PROLASTIN C INJ	5	LA
<i>promethazine hcl injection</i> INJ	4	MO
<i>promethazine hcl syrup, -tablet</i>	2	MO
PULMICORT	3	MO, B/D, QLL (120/30)
PULMOZYME	5	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	4	MO
<i>terbutaline sulfate tablet</i>	2	MO
THEO-24	3	MO
<i>theochron</i>	2	MO
<i>theophylline</i>	2	MO
<i>theophylline anhydrous tablet sustained release 12hr</i>	2	MO
TWINJECT INJ	4	MO, QLL (2 pens/1)
UNIPHYL	3	MO
XOLAIR INJ	5	LA, PAR
XOPENEX	3	MO, B/D
ZAFIRLUKAST	3	QLL (60/30)
ZEMAIRA INJ	4	LA
ZYFLO	3	MO, QLL (120/30)
ZYFLO CR	3	MO, QLL (120/30)

Drug Name	Drug Tier	Notes
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<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	3	MO
DETROL LA	3	MO
<i>finasteride tablet</i>	2	MO
<i>flavoxate hcl</i>	2	MO

Drug Name	Drug Tier	Notes
<i>neomycin-polymyxin b INJ</i>	4	MO
<i>oxybutynin chloride er</i>	2	MO
<i>oxybutynin chloride syrup, - tablet</i>	2	MO
<i>potassium citrate TABLET SUSTAINED ACTION</i>	2	MO
<i>potassium citrate-citric acid</i>	2	MO
RENACIDIN	3	MO
<i>tamsulosin hcl</i>	2	MO
TOVIAZ	3	MO
<i>tricitrates</i>	2	MO
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## Legend

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

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<i>bumetanide injection</i>	17	CARBAMAZEPINE ER 100 MG CAP	10
<i>bumetanide tablet</i>	17	CARBAMAZEPINE ER 200 MG CAP	10
BUPHENYL	21	CARBAMAZEPINE ER 300 MG CAP	10
BUPRENEX	10	<i>carbamazepine suspension oral, -tablet, - tablet chewable</i>	10
<i>buprenorphine 2 mg tablet sl</i>	10	<i>carbamazepine xr</i>	10
<i>buprenorphine 8 mg tablet sl</i>	10	CARBATROL ER 100 MG CAPSULE	10
<i>buprenorphine hcl injection</i>	10	CARBATROL ER 200 MG CAPSULE	10
<i>buproban</i>	10	CARBATROL ER 300 MG CAPSULE	10
<i>bupropion hcl sr</i>	10	<i>carbidopa-levodopa</i>	10
<i>bupropion hcl tablet</i>	10	<i>carbinoxamine maleate</i>	34
<i>bupropion hcl xl 150 mg tablet</i>	10	<i>carboplatin 150 mg/15 ml vial</i>	6
<i>bupropion hcl xl 300 mg tablet</i>	10		
<i>bupirone hcl tablet</i>	10		

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<i>carboplatin 450 mg/45 ml vial, -600 mg/60 ml vial, -50 mg vial, -150 mg vial, -450 mg vial</i>	6	CELLCEPT SUSPENSION RECONSTITUTED ORAL, -TABLET	6
<i>carboplatin 50 mg/5 ml vial</i>	6	CELONTIN	10
CARDIOVASCULAR MEDICATIONS	17	<i>cephalexin</i>	2
CARIMUNE NF NANOFILTERED	25	CEREBYX	10
<i>carisoprodol 350 mg tablet</i>	27	CEREDASE	22
<i>carisoprodol compound</i>	27	CEREZYME	22
<i>carisoprodol compound-codeine</i>	27	<i>cerubidine</i>	6
<i>carisoprodol-aspirin</i>	27	CERVARIX	25
<i>carteolol hcl</i>	33	<i>cesia</i>	31
<i>carvedilol</i>	17	<i>cetirizine hcl solution oral</i>	34
CAYSTON	2	CHANTIX	10
<i>caziant</i>	31	<i>chloramphenicol sod succinate</i>	2
CEENU	6	<i>chlordiazepoxide-amitriptyline</i>	10
<i>cefaclor</i>	2	<i>chlorhexidine gluconate mouthwash</i>	21
<i>cefaclor er</i>	2	<i>chloroquine phosphate tablet</i>	2
<i>cefadroxil</i>	2	<i>chlorothiazide</i>	17
<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>chlorothiazide sodium</i>	17
<i>cefdinir</i>	2	<i>chlorpromazine hcl injection</i>	10
<i>cefepime</i>	2	<i>chlorpromazine hcl tablet</i>	10
<i>cefepime hcl</i>	2	<i>chlorpropamide</i>	22
<i>cefotaxime sodium</i>	2	<i>chlorthalidone</i>	17
<i>cefotetan</i>	2	<i>chlorzoxazone</i>	27
<i>cefoxitin</i>	2	<i>cholestyramine</i>	18
<i>cefoxitin sodium</i>	2	<i>cholestyramine light</i>	18
<i>cefpodoxime proxetil</i>	2	<i>ciclopirox cream, -gel, -shampoo, -suspension topical</i>	2
<i>cefprozil</i>	2	<i>ciclopirox solution non-oral</i>	2
<i>ceftazidime</i>	2	<i>cilostazol</i>	28
<i>ceftriaxone 2 gm add vial, -2 gm piggyback, -2 gm-d5w bag</i>	2	<i>cimetidine 300 mg tablet, -400 mg tablet, -800 mg tablet</i>	24
<i>ceftriaxone 250 mg vial, -500 mg vial, -1 gm piggyback, -1 gm vial, -1 gm-d5w bag, -2 gm vial, -10 gm vial</i>	2	<i>cimetidine injection</i>	24
<i>cefuroxime axetil</i>	2	<i>cimetidine solution, -200 mg tablet</i>	24
<i>cefuroxime injection</i>	2	CIMZIA	6
<i>cefuroxime sod 750 mg vial, -sod 1.5 gm vial, -sod 7.5 gm vial</i>	2	CIPRODEX	21
<i>cefuroxime tablet</i>	2	<i>ciprofloxacin</i>	2
CELLCEPT INJECTION	6	<i>ciprofloxacin hcl 100 mg tab</i>	2
		<i>ciprofloxacin hcl 250 mg tab, -500 mg tab, -750 mg tab</i>	2
		<i>ciprofloxacin hcl drops</i>	33
		<i>ciprofloxacin-d5w</i>	2
		<i>cisplatin</i>	6

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<i>citalopram</i>	10	<i>codeine phosphate injection</i>	11
<i>citalopram hbr 10 mg tablet, -20 mg tablet</i>	10	<i>codeine sulfate 15 mg tablet</i>	11
<i>citalopram hbr 40 mg tablet</i>	10	<i>codeine sulfate 30 mg tablet, -60 mg tablet</i>	11
<i>cladribine</i>	6		11
CLAFORAN 1 GM ADD-VANTAGE VL	2	<i>co-gesic</i>	11
<i>claravis</i>	20	COLCRYS	27
<i>clarithromycin 125 mg/5 ml sus</i>	2	<i>colestipol hcl</i>	18
<i>clarithromycin 250 mg tablet</i>	2	<i>colistimethate 150 mg vial</i>	2
<i>clarithromycin 250 mg/5 ml sus</i>	2	COMBIVENT	34
<i>clarithromycin 500 mg tablet</i>	2	COMBIVIR	2
<i>clarithromycin er</i>	2	COMPLERA	2
<i>clemastine fumarate syrup, -fum 2.68 mg tab</i>	34	<i>compro</i>	11
CLEOCIN PHOSPHATE IN D5W	2	COMTAN	11
<i>clindamycin hcl 150 mg caps, -300 mg capsule</i>	2	COMVAX	25
<i>clindamycin phosphate cream with applicator</i>	31	<i>constulose</i>	24
<i>clindamycin phosphate gel, -lotion, -solution non-oral, -swab medicated</i>	20	COPAXONE	21
<i>clindamycin phosphate injection</i>	2	CORDARONE	18
<i>clindamycin-benzoyl peroxide</i>	20	<i>cormax</i>	20
CLINIMIX	28	<i>cortisone acetate tablet</i>	22
CLINIMIX E 2.75%-10% SOLUTION, -2.75%-5% SOLUTION, -4.25%-25% SOLUTION, -4.25%-5% SOLUTION, -5%-15% SOLUTION, -5%-20% SOLUTION, -5%-25% SOLUTION	28	<i>cortomycin</i>	21
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<i>clobetasol emollient</i>	20	COUMADIN INJECTION	28
<i>clobetasol propionate cream, -foam, -gel, -ointment, -solution non-oral</i>	20	COUMADIN TABLET	28
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<i>clomipramine hcl capsule</i>	10	CRIXIVAN	2
<i>clonidine</i>	18	<i>cromolyn sodium ampul for nebulization</i>	34
<i>clonidine hcl tablet</i>	18	<i>cromolyn sodium drops</i>	33
<i>clotrimazole cream, -solution non-oral, -troche</i>	2	<i>cryselle</i>	31
<i>clotrimazole-betamethasone</i>	2	CUBICIN	2
<i>clozapine 100 mg tablet</i>	10	CUPRIMINE	27
<i>clozapine 200 mg tablet</i>	11	<i>curad gauze pads</i>	27
<i>clozapine 25 mg tablet, -50 mg tablet</i>	11	<i>cyclafem</i>	31
		<i>cyclobenzaprine 5 mg tablet, -10 mg tablet</i>	27
		<i>cyclophosphamide injection</i>	6
		<i>cyclophosphamide tablet</i>	6
		<i>cyclosporine capsule, -solution, -unit</i>	6
		<i>cyclosporine injection</i>	6
		<i>cyclosporine modified</i>	6
		CYKLOKAPRON	21
		CYMBALTA	11
		<i>cyproheptadine hcl syrup, -tablet</i>	34
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CYSTAGON	28	<i>desoximetasone cream, -gel, -ointment</i>	20
<i>cytarabine 100 mg vial, -1 gm vial, -2 gm vial</i>	6	DETROL	36
<i>cytarabine 20 mg/ml vial, -100 mg/ml vial, -500 mg vial</i>	6	DETROL LA	36
<i>cytra-2</i>	28	<i>dexamethasone elixir, -tablet</i>	22
<i>cytra-3</i>	36	<i>dexamethasone sodium phosphate drops</i>	33
<i>cytra-k</i>	36	<i>dexamethasone sodium phosphate injection</i>	22
<i>dacarbazine 100 mg vial</i>	6	<i>dexamethasone solution oral</i>	22
<i>dacarbazine 200 mg vial</i>	6	<i>dexasporin</i>	33
DACOGEN	6	<i>dexchlorpheniramine maleate</i>	34
<i>danazol capsule</i>	31	DEXILANT	24
<i>dantrolene sodium capsule</i>	27	<i>dexmethylphenidate 10 mg tab</i>	11
DAPSONE TABLET	2	<i>dexmethylphenidate 2.5 mg tab, -5 mg tab</i>	11
DAPTACEL	25	<i>dexrazoxane 250 mg vial</i>	7
DARAPRIM	2	<i>dexrazoxane 500 mg vial</i>	7
<i>daunorubicin 20 mg vial</i>	6	<i>dextroamphetamine sulfate capsule sustained action, -tablet</i>	11
<i>daunorubicin 50 mg/10 ml vial, -20 mg/4 ml vial</i>	6	<i>dextrose 10%-1/4ns</i>	28
DAUNOXOME	7	<i>dextrose 10%-1/4ns-kcl</i>	28
DECAVAC	25	<i>dextrose 5%-1/2ns-kcl</i>	28
<i>demeclocycline hcl</i>	2	<i>dextrose 5%-1/3ns-kcl</i>	28
DEMEROL INJECTION	11	<i>dextrose 5%-1/4ns iv solution, -5%-1/3ns iv solution, -d10%-1/2ns soln/excel cont, -5%-1/2ns iv solution, -10%-ns iv solution, -2.5%-1/2ns iv soln, -5%-ns iv solution</i>	28
DENAVIR	2	<i>dextrose 5%-1/4ns-kcl</i>	28
<i>denta 5000 plus</i>	28	<i>dextrose 5%-electrolyte #48</i>	28
<i>dentagel</i>	28	<i>dextrose 5%-ns-kcl</i>	28
<i>depade</i>	11	<i>dextrose 5%-potassium chloride</i>	28
DEPAKOTE	11	<i>dextrose 5%-sod chloride 0.2%</i>	28
DEPAKOTE ER	11	<i>dextrose in lactated ringers</i>	28
DEPAKOTE SPRINKLE	11	<i>dextrose in ringers injection</i>	28
DEPEN	27	<i>dextrose in water</i>	28
DEPO-ESTRADIOL	31	DIAGNOSTIC AND MISCELLANEOUS	
DEPO-MEDROL 20 MG/ML VIAL	22	MEDICATIONS	21
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DERMATOLOGICAL MEDICATIONS	19	<i>diclofenac sodium tablet enteric coated, -tablet sustained release 24hr</i>	27
DERMOTIC	21	<i>dicloxacillin sodium</i>	2
<i>desipramine hcl tablet</i>	11	<i>dicyclomine hcl capsule, -syrup, -tablet</i>	24
<i>desmopressin acetate aerosol spray w/pump, -solution, -tablet</i>	22	<i>dicyclomine hcl injection</i>	24
<i>desmopressin acetate injection</i>	22		
<i>desonide cream, -lotion, -ointment</i>	20		

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<i>didanosine</i>	2	<i>docetaxel 80 mg/4 ml vial</i>	7
DIFICID	2	<i>docetaxel 80 mg/8 ml vial</i>	7
<i>diflorasone diacetate</i>	20	<i>docosavit</i>	31
<i>diflunisal tablet</i>	27	<i>donepezil hcl tablet</i>	11
<i>digoxin injection</i>	18	DONEPEZIL HCL TABLET DISPERSIBLE	
<i>digoxin solution, -tablet</i>	18	LINGUAL	11
<i>dihydroergotamine mesylate injection</i>	11	<i>dopamine hcl</i>	18
DILANTIN 100 MG CAPSULE, -TABLET		<i>dopamine hcl in 5% dextrose</i>	18
CHEWABLE	11	DORIBAX	2
DILANTIN 30 MG CAPSULE	11	<i>dorzolamide hcl</i>	33
DILANTIN-125	11	<i>dorzolamide-timolol</i>	33
DILAUDID-HP	11	DOVONEX CREAM	20
<i>dilt xr 120 mg capsule</i>	18	<i>doxazosin mesylate</i>	18
<i>dilt xr 180 mg capsule, -dilt xr 240 mg capsule</i>	18	<i>doxepin 10 mg capsule, -25 mg capsule, -50 mg capsule, -75 mg capsule, -100 mg capsule, -solution</i>	11
<i>dilt-cd 120 mg capsule, -er 300 mg capsule</i>	18	<i>doxepin 150 mg capsule</i>	11
<i>dilt-cd 180 mg capsule, -240 mg capsule</i>	18	DOXIL	7
<i>diltiazem 24hr er capsule sustained release 24 hr</i>	18	<i>doxorubicin 10 mg/5 ml vial, -20 mg/10 ml vial, -50 mg/25 ml vial, -10 mg vial, -50 mg vial</i>	7
<i>diltiazem er</i>	18	<i>doxorubicin 200 mg/100 ml vial</i>	7
<i>diltiazem hcl injection</i>	18	<i>doxycycline</i>	2
<i>diltiazem hcl tablet</i>	18	<i>doxycycline hyclate 20 mg tab</i>	21
<i>diltzac er</i>	18	<i>doxycycline hyclate capsule, -capsule enteric coated, -100 mg tab</i>	2
DIOVAN	18	<i>doxycycline hyclate injection</i>	2
DIOVAN HCT	18	<i>doxycycline mono 50 mg cap, -mono 100 mg cap, -tablet</i>	2
<i>diphenhydramine 50 mg capsule, -elixir</i>	34	<i>dronabinol</i>	11
<i>diphenhydramine hcl injection</i>	34	<i>dualvit ob</i>	31
<i>diphenoxylate-atropine</i>	24	DUETACT	22
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<i>dipyridamole tablet</i>	28	DUREZOL	33
<i>diskets</i>	11	DYSPORT	27
<i>disopyramide phosphate</i>	18	EAR-NOSE-THROAT MEDICATIONS	21
DISULFIRAM TABLET	11	<i>econazole nitrate cream</i>	3
<i>divalproex sodium</i>	11	<i>ed k+10</i>	28
<i>divalproex sodium er</i>	11	<i>edge ob</i>	31
<i>dobutamine 250 mg/d5w 250 ml, -500 mg-d5w 500 ml, -500 mg-d5w 250 ml</i>	18	EDURANT	3
<i>dobutamine hcl</i>	18	<i>effer-k 25 meq tablet eff</i>	28
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<i>docetaxel 20 mg/0.5 ml vial, -80 mg/2 ml vial</i>	7		

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ELITEK	7	EPIPEN	35
ELIXOPHYLLIN	34	EPIPEN JR	35
ELLECE	7	<i>epirubicin 200 mg/100 ml vial, -50 mg vial, -</i>	
ELOXATIN 100 MG/20 ML VIAL	7	<i>150 mg/75 ml vial, -200 mg vial</i>	7
ELOXATIN 50 MG/10 ML VIAL, -200 MG/40		<i>epirubicin 50 mg/25 ml vial</i>	7
ML VIAL	7	<i>epitol</i>	11
ELSPAR	7	EPIVIR	3
EMCYT	7	EPIVIR HBV	3
EMEND 125 MG CAPSULE	11	EPOGEN 10,000 UNITS/ML VIAL, -20,000	
EMEND 40 MG CAPSULE	11	UNITS/2 ML VIAL, -20,000 UNITS/ML	
EMEND 80 MG CAPSULE	11	VIAL, -40,000 UNITS/ML VIAL	25
EMEND TRIFOLD PACK	11	EPOGEN 2,000 UNITS/ML VIAL, -3,000	
<i>emoquette</i>	31	UNITS/ML VIAL, -4,000 UNITS/ML VIAL	25
EMSAM	11	EPZICOM	3
EMTRIVA	3	EQUETRO 100 MG CAPSULE, -200 MG	
<i>enalapril maleate tablet</i>	18	CAPSULE	11
<i>enalapril-hydrochlorothiazide</i>	18	EQUETRO 300 MG CAPSULE	11
ENBREL 25 MG KIT, -50 MG/ML SURECLICK		ERBITUX 100 MG/50 ML VIAL	7
SYR, -50 MG/ML SYRINGE	7	ERBITUX 200 MG/100 ML VIAL	7
ENBREL 25 MG/0.5 ML SYRINGE	7	<i>ergoloid mesylates tablet</i>	21
<i>endocet 10-650 mg tablet</i>	11	<i>ergotamine-caffeine</i>	11
<i>endocet 5-325 tablet, -7.5-325 mg tablet, -</i>		<i>errin</i>	31
<i>10-325 mg tablet</i>	11	<i>ery</i>	20
<i>endocet 7.5-500 mg tablet</i>	11	ERYTHROCIN LACTOBIONATE	3
ENDOCRINE MEDICATIONS	21	<i>erythrocin stearate</i>	3
<i>endodan</i>	11	<i>erythromycin capsule enteric coated</i>	3
ENGERIX-B	25	<i>erythromycin ethylsuccinate tablet</i>	3
<i>enoxaparin 120 mg/0.8 ml syr, -150 mg/ml</i>		<i>erythromycin gel, -solution non-oral</i>	20
<i>syr</i>	28	<i>erythromycin ointment</i>	33
<i>enoxaparin 30 mg/0.3 ml syr, -40 mg/0.4 ml</i>		<i>erythromycin swab medicated</i>	20
<i>syr, -60 mg/0.6 ml syr, -80 mg/0.8 ml syr,</i>		<i>erythromycin tablet</i>	3
<i>-100 mg/ml syr</i>	28	<i>erythromycin-benzoyl peroxide</i>	20
<i>enpresse</i>	31	<i>erythromycin-sulfisoxazole</i>	3
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<i>enulose</i>	24	<i>estradiol tablet</i>	31
<i>epiflur</i>	28	<i>estradiol valerate injection</i>	31
<i>epiklor</i>	28	<i>estradiol-noreth 1-0.5 mg tab</i>	31
<i>epinephrine 0.1 mg/ml syringe, -1 mg/ml</i>		<i>estropipate</i>	31
<i>ampul, -1 mg/ml vial</i>	34	<i>ethambutol hcl</i>	3
		<i>ethosuximide capsule, -syrup</i>	11

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<i>etodolac</i>	27	FIRMAGON 80 MG VIAL	7
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<i>etoposide injection</i>	7	<i>flecainide acetate</i>	18
EVISTA	22	FLOVENT 100 MCG DISKUS	35
EXELON CAPSULE	11	FLOVENT 50 MCG DISKUS, -250 MCG DISKUS	35
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EXELON SOLUTION	11	FLOVENT HFA 220 MCG INHALER	35
EXEMESTANE	7	FLOVENT HFA 44 MCG INHALER	35
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EXJADE	21	<i>fluconazole in saline</i>	3
EXTAVIA	25	<i>fluconazole suspension, -tablet</i>	3
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<i>famciclovir</i>	3	FLUDARABINE 50 MG VIAL	7
<i>famotidine 20 mg tablet, -40 mg tablet</i>	24	<i>fludarabine 50 mg/2 ml vial</i>	7
<i>famotidine injection</i>	24	<i>fludrocortisone acetate tablet</i>	22
<i>famotidine suspension oral</i>	24	<i>flunisolide 0.025% spray</i>	21
FANAPT TABLET	11	<i>flunisolide 29 mcg-0.025% spr</i>	21
FANAPT TABLET DOSE PACK	11	<i>fluocinolone acetonide cream, -ointment, - solution non-oral</i>	20
FARESTON	7	<i>fluocinonide cream</i>	20
FASLODEX	7	<i>fluocinonide emollient</i>	20
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FAZACLO 12.5 MG ODT	12	<i>fluocinonide-e</i>	20
FAZACLO 150 MG ODT	12	<i>fluor-a-day tablet chewable</i>	28
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FEMARA	7	<i>fluorouracil 1,000 mg/20 ml vl, -2,500 mg/50 ml vl, -5,000 mg/100 ml</i>	7
<i>fenofibrate</i>	18	<i>fluorouracil 500 mg/10 ml vial</i>	7
<i>fenoprofen calcium tablet</i>	27	<i>fluorouracil cream, -solution non-oral</i>	20
<i>fentanyl</i>	12	<i>fluoxetine hcl 10 mg capsule</i>	12
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<i>fexofenadine hcl 180 mg tab</i>	35	<i>fluoxetine hcl 40 mg capsule</i>	12
<i>fexofenadine hcl 180 mg tablet</i>	35	<i>fluoxetine hcl solution</i>	12
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<i>flurbiprofen sodium</i>	33	<i>galantamine hbr capsule 24hr sustained</i>	
<i>flurbiprofen tablet</i>	27	<i>release pellets</i>	12
<i>flutamide</i>	7	<i>galantamine hbr tablet</i>	12
<i>fluticasone propionate cream, -ointment</i>	20	<i>galantamine hydrobromide</i>	12
<i>fluticasone propionate nasal inhaled steroids</i>	21	GAMASTAN S-D	25
<i>fluvoxamine maleate 100 mg tab</i>	12	GAMMAGARD LIQUID	25
<i>fluvoxamine maleate 25 mg tab, -50 mg tab</i>	12	GAMMAGARD S-D 0.5 GM VL W-ST	25
<i>folbecal</i>	31	GAMMAGARD S-D 2.5 GM VL W/ST, -5 G	
<i>fomepizole</i>	21	(IGA<1) SOLN, -5 GM VL W/SET, -10 G	
<i>fondaparinux 2.5 mg/0.5 ml syr</i>	29	(IGA<1) SOL, -10 GM VL W/ST	25
<i>fondaparinux 5 mg/0.4 ml syr, -7.5 mg/0.6</i>	29	GAMUNEX	25
<i>ml syr, -10 mg/0.8 ml syr</i>	29	GAMUNEX-C	25
FORTAZ IN ISO-OSMOTIC DEXTROSE	3	<i>ganciclovir</i>	3
FORTEO	22	<i>ganciclovir sodium</i>	3
<i>fortical</i>	22	GARDASIL	25
<i>foscarnet sodium</i>	3	GASTROCROM	35
<i>fosinopril sodium</i>	18	GASTROINTESTINAL MEDICATIONS	23
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<i>fosphenytoin sodium</i>	12	<i>gavilyte-g</i>	24
FRAGMIN 12,500 UNITS SYRINGE, -15,000		<i>gavilyte-n</i>	24
UNITS SYRINGE, -18,000 UNITS SYRINGE	29	<i>gemcitabine hcl 1 gram vial</i>	7
FRAGMIN 2,500 UNITS SYRINGE, -5,000		<i>gemcitabine hcl 200 mg vial, -2 gram vial</i>	7
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<i>furosemide injection</i>	18	MINIQUICK 0.6 MG, -MINIQUICK 0.8 MG, -	
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FUSILEV	7	MINIQUICK 1.4 MG, -MINIQUICK 1.6 MG, -	
FUZEON	3	MINIQUICK 1.8 MG, -MINIQUICK 2 MG, -5	
<i>gabapentin 100 mg capsule, -300 mg</i>		MG CARTRIDGE, -12 MG CARTRIDGE	25
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<i>gabapentin 400 mg capsule</i>	12	<i>gentak ointment</i>	33
		<i>gentamicin 3 mg/gm eye oint</i>	33
		GENTAMICIN 60 MG/NS 100 ML PB, -	
		ISOTON GENTAMICIN 60 MG/100 ML, -80	

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80 MG/100 ML	3	HALFLYTELY-BISACODYL	24
<i>gentamicin 90 mg/ns 100 ml pb, -100 mg/ns</i>		<i>halobetasol propionate</i>	20
<i>100 ml, -iso gentamicin 100 mg/100 ml, -</i>		<i>haloperidol dec 50 mg/ml vial, -dec 100</i>	
<i>60 mg/ns 50 ml pb, -isoton gentamicin 60</i>		<i>mg/ml vial</i>	12
<i>mg/50 ml, -70 mg/ns 50 ml pb, -80 mg/ns</i>		<i>haloperidol lactate injection</i>	12
<i>50 ml pb, -isoton gentamicin 80 mg/50 mB</i>		<i>haloperidol lactate solution</i>	12
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<i>gentamicin sulfate drops</i>	33	HAVRIX	25
<i>gentamicin sulfate injection</i>	3	<i>heather</i>	31
<i>gentasol</i>	33	HECTOROL CAPSULE	29
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	12	<i>heparin sodium in 0.45% nacl</i>	29
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<i>glipizide xl</i>	22	HIZENTRA 1 GRAM/5 ML VIAL	25
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<i>glyburide micronized</i>	22	<i>homatropine</i>	33
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<i>griseofulvin suspension oral</i>	3	STARTER PACK, -PSORIASIS STARTER	
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<i>hydrocodon-acetaminoph 7.5-500, -</i>		<i>gm/ 60 ml vial</i>	8
<i>hydrocodon-acetaminophn 10-500</i>	12	<i>ifosfamide-mesna</i>	8
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<i>hydrocodon-acetaminophen 5-325, -</i>		<i>imipramine pamoate</i>	13
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<i>nitrofurantoin macrocrystal capsule</i>	4	<i>pwd, -150,000,000 units pwd, -</i>	
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<i>octreotide acet 50 mcg/ml amp, -acet 50 mcg/ml syr, -acet 50 mcg/ml vial</i>	8	<i>oxcarbazepine 150 mg tablet, -300 mg tablet</i>	15
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<i>oxacillin</i>	4	<i>paroxetine hcl 10 mg tablet</i>	15
<i>oxacillin sodium</i>	4	<i>paroxetine hcl 20 mg tablet, -cr 12.5 mg tablet</i>	15
<i>oxaliplatin 100 mg/20 ml vial</i>	8	<i>paroxetine hcl 30 mg tablet, -40 mg tablet, -cr 37.5 mg tablet, -er 37.5 mg tablet</i>	15
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THYROLAR-3	23	TREANDA 25 MG VIAL	9
<i>ticlopidine hcl</i>	30	TRECTOR	5
TIGAN INJECTION	16	<i>tretinoin 0.025% cream, -0.05% cream, -</i>	
TIKOSYN	19	<i>0.1% cream, -gel</i>	21
<i>tilia fe</i>	32	<i>tretinoin capsule</i>	9
TIMENTIN	5	<i>triamcinolone acetonide cream, -lotion, -</i>	
<i>timolol maleate drops</i>	34	<i>ointment</i>	21
<i>timolol maleate gel-forming solution</i>	34	<i>triamcinolone acetonide injection</i>	23
<i>tis-u-sol</i>	30	<i>triamcinolone acetonide paste</i>	21
<i>tizanidine hcl tablet</i>	27	<i>triamterene-hctz</i>	19
TOBI	5	<i>triamterene-hydrochlorothiazid</i>	19
TOBRADEX OINTMENT	34	<i>tricitrates</i>	36
TOBRADEX ST	34	<i>triderm cream</i>	21
<i>tobramycin sulfates drops</i>	34	<i>triderm ointment</i>	21
<i>tobramycin sulfate in ns</i>	5	<i>trifluoperazine hcl</i>	17
<i>tobramycin sulfate injection</i>	5	<i>trifluridine drops</i>	34
<i>tobramycin-dexamethasone</i>	34	<i>trihexyphenidyl hcl</i>	17
<i>tobrasol</i>	34	TRIHIBIT	26
<i>tolazamide</i>	23	<i>tri-legest fe</i>	32
<i>tolbutamide</i>	23	<i>trilyte with flavor packets</i>	24
<i>topiragen</i>	17	<i>trimethobenzamide hcl capsule</i>	17
<i>topiramate capsule sprinkle</i>	17	<i>trimethobenzamide hcl injection</i>	17
<i>topiramate tablet</i>	17	<i>trimethoprim tablet</i>	5
<i>toposar</i>	9	<i>trinessa</i>	32
<i>topotecan hcl</i>	9	TRIPEDIA	26
TORISEL	9	<i>tri-previfem</i>	32
<i>toremide injection</i>	19	TRISENOX	9
TOTECT	9	<i>tri-sprintec</i>	33
TOVIAZ	36	<i>trivora-28</i>	33
TPN ELECTROLYTES	30	TRIZIVIR	5
TPN ELECTROLYTES II	30	TROPHAMINE	30
TRACLEER	19	<i>tropicacyl</i>	34
<i>tramadol hcl er 100 mg tablet, -er 200 mg</i>		<i>tropicamide drops</i>	34
<i>tablet</i>	17	TRUVADA	5
<i>tramadol hcl tablet</i>	17	TWINJECT	35
<i>tramadol hcl-acetaminophen</i>	17	TWINRIX	26
<i>trandolapril</i>	19	TYGACIL	5
<i>tranlycypromine sulfate</i>	17	TYKERB	9
TRAVASOL	30	TYPHIM VI	26

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TYZEKA	5	<i>verapamil hcl capsule 24hr sustained release</i>	
TYZINE	21	<i>pellets, -tablet, -tablet sustained action</i>	19
ULORIC	27	<i>verapamil hcl injection</i>	19
ULTILET INSULIN SYRINGE	27	<i>veripred 20</i>	23
UNASYN 1.5 GM ADD-VANTAGE VL, -1.5 GM PIGGYBACK BOTTLE, -1.5 GM VIAL, -3 GM ADD-VANTAGE VIAL, -3 GM PIGGYBACK BOTTLE	5	VESICARE	36
UNASYN 3 GM VIAL, -15 GM VIAL	5	VFEND IV	5
UNIPHYL	35	VFEND SUSPENSION	5
<i>unithroid</i>	23	VFEND TABLET	5
UROLOGICAL MEDICATIONS	36	VIBATIV	5
<i>ursodiol capsule, -tablet</i>	24	VICTOZA 2-PAK	23
UVADEX	9	VICTOZA 3-PAK	23
<i>valacyclovir</i>	5	VICTRELIS	5
VALCYTE	5	VIDAZA	9
<i>valproate sodium injection</i>	17	VIDEX	5
<i>valproic acid capsule, -syrup</i>	17	VIGAMOX	34
VALTURNA	19	VIIBRYD	17
VANCOCIN HCL 125 MG PULVULE	5	VIMPAT INJECTION	17
VANCOCIN HCL 250 MG PULVULE	5	VIMPAT SOLUTION, -TABLET	17
<i>vancomycin 500 mg a/v vial, -500 mg vial, -750 mg vial, -1 gm add-van vial, -1 gm vial, -5 gm vial, -10 gm vial</i>	5	<i>vinblastine 1 mg/ml vial</i>	9
VANCOMYCIN HCL 1G/200 ML BAG	5	<i>vinblastine sulf 10 mg vial</i>	9
VANCOMYCIN-D5W	5	<i>vincristine 1 mg/ml vial</i>	9
<i>vandazole</i>	33	<i>vincristine 2 mg/2 ml vial</i>	9
VANDETANIB	9	<i>vinorelbine 10 mg/ml vial</i>	9
VAQTA	26	<i>vinorelbine 50 mg/5 ml vial</i>	9
VARIVAX VACCINE	26	VIRACEPT 625 MG TABLET	5
VECTIBIX 100 MG/5 ML VIAL	9	VIRACEPT POWDER, -250 MG TABLET	5
VECTIBIX 400 MG/20 ML VIAL	9	VIRAMUNE	5
VELCADE	9	VIRAMUNE XR	5
<i>velivet</i>	33	VIRAZOLE	5
<i>venlafaxine hcl 25 mg tablet, -37.5 mg tablet, -75 mg tablet, -100 mg tablet</i>	17	VIREAD	5
<i>venlafaxine hcl 50 mg tablet</i>	17	VISTIDE	5
VENTAVIS	19	<i>vitazol</i>	21
VERAMYST	21	VIVAGLOBIN	27
<i>verapamil er</i>	19	VOLTAREN GEL	21
<i>verapamil er pm</i>	19	<i>voriconazole</i>	5
		VOTRIENT	9
		VPRIV	23
		<i>warfarin sodium tablet</i>	30
		XALATAN	34
		XENAZINE	17
		XEOMIN 100 UNITS VIAL	27
		XEOMIN 50 UNITS VIAL	27

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XGEVA	23	ZORBTIVE	27
XOLAIR	35	ZORTRESS 0.25 MG TABLET	9
XOPENEX	35	ZORTRESS 0.5 MG TABLET, -0.75 MG TABLET	9
XYREM	17	ZOSTAVAX	27
YF-VAX	27	ZOSYN 2.25 GM GALAXY BAG, -2.25 GM PRE- MIX BAG, -3.375 GM GALAXY BAG, -3.375 GM PRE MIX-BAG	6
ZAFIRLUKAST	35	<i>zovia 1-35e</i>	33
<i>zaleplon 10 mg capsule</i>	17	<i>zovia 1-50e</i>	33
<i>zaleplon 5 mg capsule</i>	17	ZYFLO	35
<i>zamicet</i>	17	ZYFLO CR	35
ZANOSAR	9	ZYPREXA 10 MG TABLET, -15 MG TABLET	17
ZANTAC 50 MG/50 ML PLAST-BAG	24	ZYPREXA 2.5 MG TABLET, -5 MG TABLET, - 7.5 MG TABLET	17
<i>zarah</i>	33	ZYPREXA 20 MG TABLET	17
ZAVESCA	23	ZYPREXA INJECTION	17
ZEMAIRA	35	ZYPREXA RELPREVV 210 MG VIAL, -300 MG VIAL	17
<i>zema-pak</i>	23	ZYPREXA RELPREVV 405 MG VIAL	17
ZETIA	19	ZYPREXA ZYDIS 10 MG TABLET, -15 MG TABLET	17
ZIAGEN	5	ZYPREXA ZYDIS 20 MG TABLET	17
<i>zidovudine</i>	5	ZYPREXA ZYDIS 5 MG TABLET	17
ZINACEF	5	ZYTIGA	9
ZINACEF IN ISO-OSMOTIC WATER	5	ZYVOX INJECTION	6
ZINACEF ISO-OSMOTIC DEXTROSE	6	ZYVOX SUSPENSION RECONSTITUTED ORAL	6
ZINECARD 250 MG VIAL	9	ZYVOX TABLET	6
ZINECARD 500 MG VIAL	9		
ZIRGAN	34		
ZMAX ADULT-PEDIATRIC	6		
ZOLINZA	9		
<i>zolpidem tartrate</i>	17		
ZOMETA	23		
<i>zonisamide</i>	17		