



VANTAGE MEDICARE  
A D V A N T A G E



VANTAGE HEALTH PLAN, INC.  
*Making Healthcare Work!*

# Prescription Drug Plan 2011

For Retired OGB Plan Members with  
Medicare Parts A & B

Comprehensive Formulary  
(List of covered Drugs)

Current as of June 1, 2011



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

**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. This document includes Vantage Medicare Advantage's complete formulary. Please visit our web site at [www.vhp-medicare.com](http://www.vhp-medicare.com) to search for drugs. For additional assistance, please call (888) 823-1910, 8am – 8pm, seven days a week from November 15, 2010 through March 1, 2011. After March 1, 2011, Member Services may be reached from 8am – 8pm, Monday – Friday. TTY users should call (866) 524-5144.

**Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayment/coinsurance may change on January 1, 2012. Vantage Health Plan is a health plan with a Medicare Advantage contract.**

# Vantage Medicare Advantage Prescription Drug Plan

## 2011 Comprehensive Formulary

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### **What is the Vantage Medicare Advantage Formulary?**

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

### **Can the Formulary change?**

Generally, if you are taking a drug on our 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 improve the safety of your drugs.

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 (FDA) 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 the date on the cover. To get updated information about the drugs covered by Vantage Medicare Advantage, please visit our website at [www.vhp-stategroup.com](http://www.vhp-stategroup.com) or call Member Services at (888) 823-1910, 8am – 8pm, and seven days a week from November 15, 2010, through March 1, 2011. After March 1, 2011, Member Services may be reached from 8am – 8pm Monday – Friday. TTY users should call (866) 524-5144.

In the event of mid-year non-maintenance formulary changes that are approved by CMS, Vantage Medicare Advantage shall update the printed formulary. The updated version of the printed formulary will be available upon request and the changes will be included in notices to members using the affected drug(s) no less than 60 days prior to the effective date of the change. The mid-year non-maintenance formulary changes will also be made to the searchable online formulary as well.

### **How do I use the Formulary?**

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

**Medical Condition** The formulary begins on page 6. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents.” If you know what your drug is used for, look for the category name in this formulary. 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 found at the back of this book. 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?**

Vantage Medicare Advantage covers both brand-name drugs and generic drugs. A generic drug is a prescription drug that 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:** Vantage Medicare Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Vantage Medicare Advantage before you fill your prescriptions. If you do not get approval, Vantage Medicare Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, Vantage Medicare Advantage limits the amount of the drug that Vantage Medicare Advantage will cover. This may be in addition to a standard one month or three-month supply.
- **Step Therapy:** In some cases, Vantage Medicare Advantage 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, Vantage Medicare Advantage may not cover drug B unless you try Drug A first. If Drug A does not work for you, Vantage Medicare Advantage will then cover Drug B.
- **Generic Substitution:** When there is a generic version of a brand-name drug available, the Vantage Medicare Advantage network pharmacies will automatically give you the generic version, unless your doctor has informed the plan that you must take the brand-name drug and the request has been approved.

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

You can ask Vantage Medicare Advantage to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Vantage Medicare Advantage Formulary?” below 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 Member Services and confirm that your drug is not covered. If you learn that Vantage Medicare Advantage does not cover your drug, you have two options:

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

You can ask Vantage Medicare Advantage 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, Vantage Medicare Advantage limits the amount of the drug that is covered. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred tier, you can ask us to cover it at the cost-sharing amount that applies to the drugs in the preferred tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty Drug tier (Tier 4).

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

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

Current enrollees with a level of care change (e.g., from a hospital to a long-term care facility) must follow standard Prior Authorization procedures during the transition period. Vantage Medicare Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Vantage before you fill your prescriptions during the transition period.

## **For more information**

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

If you have questions about Vantage Medicare Advantage, please call Member Services at (888) 823-1910, 8am – 8pm, and seven days a week November 15, 2010, through March 1, 2011. After March 1, 2011, Member Services may be reached from 8am – 8pm Monday – Friday. TTY users should call (866) 524-5144. Or visit [www.vhp-stategroup.com](http://www.vhp-stategroup.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/seven days a week. TTY users should call 1-877-486-2048. Or, visit [www.medicare.gov](http://www.medicare.gov).

## **Vantage Medicare Advantage's Formulary**

The comprehensive formulary that begins on the next page provides coverage information about some of the drugs covered by Vantage Medicare Advantage. If you have trouble finding your drug in the list, turn to the Index at the back of the book.

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

The information in the Notes column tells you if Vantage Medicare Advantage has any special requirements for coverage of your drug. The formulary includes drugs which may have a Quantity Limit (QL) for that particular drug, or which may require Prior Authorization (PA) from Vantage Medicare Advantage before receiving them. B versus D determination drugs require the plan to make a determination as to whether a drug is covered under the Medicare Part B or Part D benefits.

**Employer group plans include coverage through the gap for both generic and brand name drugs.**

# 2011 Vantage Medicare Part D Formulary

## Table of Contents

Analgesics .....	8
Anesthetics .....	12
Antibacterials .....	12
Anticonvulsants.....	20
Antidementia Agents.....	23
Antidepressants .....	23
Antidotes, Deterrents, and Toxicologic Agents .....	25
Antiemetics .....	26
Antifungals.....	28
Antigout Agents .....	30
Anti-inflammatory Agents .....	30
Antimigraine Agents.....	32
Antimyasthenic Agents.....	33
Antimycobacterials .....	33
Antineoplastics.....	34
Antiparasitics .....	39
Antiparkinson Agents .....	40
Antipsychotics.....	41
Antispasticity Agents .....	43
Antivirals.....	43
Anxiolytics .....	46
Bipolar Agents .....	47
Blood Glucose Regulators .....	47
Blood Products/Modifiers/ Volume Expanders .....	50
Cardiovascular Agents .....	52
Central Nervous System Agents .....	62
Dental and Oral Agents.....	64
Dermatological Agents .....	64
Enzyme Replacements/ Modifiers .....	66
Gastrointestinal Agents.....	67
Genitourinary Agents.....	70
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal).....	71
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary).....	75
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers).....	76
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid).....	82
Hormonal Agents, Suppressant (Parathyroid) .....	82
Hormonal Agents, Suppressant (Pituitary) .....	82
Hormonal Agents, Suppressant (Sex Hormones/ Modifiers).....	83
Hormonal Agents, Suppressant (Thyroid) .....	83
Immunological Agents.....	83

Inflammatory Bowel Disease Agents .....	88
Metabolic Bone Disease Agents .....	88
Ophthalmic Agents .....	90
Otic Agents .....	94
Respiratory Tract Agents .....	94
Sedatives/Hypnotics.....	99
Skeletal Muscle Relaxants .....	99
Therapeutic Nutrients/Minerals/ Electrolytes .....	100
Index.....	105

## 2011 Vantage Medicare Part D Formulary

CURRENT AS OF 6/1/2011

<p><b>UPPERCASE</b>= Brand name drugs</p> <p><b>lowercase italics</b>= Generic drugs</p>	<p><b>Tier</b></p> <p>1= Tier 1</p> <p>2= Tier 2</p> <p>3= Tier 3</p> <p>4= Tier 4</p>	<p><b>Notes</b></p> <p><b>PA</b>= Prior Authorization</p> <p><b>PA-NS</b>= PA-New Starts Only</p> <p><b>BvD</b>= B vs D PA</p> <p><b>ST</b>= Step Therapy</p> <p><b>ST-NS</b>= ST-New Starts Only</p> <p><b>MO</b>= Mail Order</p> <p><b>LA</b>= Limited Access</p> <p><b>QL</b>= Quantity Limit</p>

Drug	Tier	Notes
<b>Analgesics</b>		
<b>Opioid Analgesics, Long-acting</b>		
AVINZA ORAL	2	QL (60 EA per 25 day(s))
DURAGESIC TRANSDERM PATCH 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	3	QL (10 EA per 25 day(s))
DURAGESIC TRANSDERM PATCH 100 mcg/hr	4	QL (10 EA per 25 day(s))
EMBEDA ORAL	3	QL (60 EA per 30 day(s))
<i>fentanyl td</i>	1	QL (10 EA per 25 day(s))
KADIAN ORAL	2	QL (60 EA per 25 day(s))
<i>morphine er tab 200 mg</i>	1	QL (60 EA per 25 day(s))
<i>morphine er tab 100 mg, 15 mg, 30 mg, 60 mg</i>	1	QL (90 EA per 25 day(s))
MS CONTIN TAB 200 mg	3	QL (60 EA per 25 day(s))
MS CONTIN TAB 100 mg, 15 mg, 30 mg, 60 mg	3	QL (90 EA per 25 day(s))
OPANA ER ORAL	2	QL (120 EA per 25 day(s))
ORAMORPH SR ORAL	3	QL (90 EA per 25 day(s))

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
OXYCONTIN ORAL	2	QL (120 EA per 25 day(s))
<i>tramadol oral</i>	1	
ULTRAM ER ORAL	3	
<b>Opioid Analgesics, Short-acting</b>		
<i>acetaminophen-codeine oral</i>	1	
ACTIQ BUCL	4	PA; QL (120 EA per 25 day(s))
ASCOMP W/CODEINE ORAL	1	
ASTRAMORPH-PF INJ	1	
<i>buprenorphine sl</i>	1	
<i>butorphanol tartrate inj</i>	1	
<i>butorphanol tartrate nasl</i>	1	QL (9 ML per 25 day(s))
CAPITAL WITH CODEINE ORAL	3	
<i>cod-butalbital-acetaminop-caf oral</i>	1	
<i>codeine sulfate oral</i>	1	
CO-GESIC ORAL	1	
COMBUNOX ORAL	3	
DEMEROL INJ	3	
DEMEROL ORAL	3	
DEMEROL (PF) INJ	3	
<i>dihydrocode-acetaminophen-caff oral</i>	1	
DILAUDID ORAL	3	
DILAUDID-5 ORAL	2	
DILAUDID-HP INJ	3	
DOLOPHINE TAB 5 mg	3	QL (240 EA per 25 day(s))
DOLOPHINE TAB 10 mg	3	QL (360 EA per 30 day(s))
DURAMORPH INJ	1	
ENDOCET ORAL	1	
<i>fentanyl citrate bucl</i>	1	PA; QL (120 EA per 25 day(s))
<i>fentanyl citrate (pf) inj</i>	1	
FENTORA BUCL	4	PA; QL (120 EA per 25 day(s))

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
FIORICET-CODEINE ORAL	3	
FIORINAL-CODEINE #3 ORAL	3	
HYCET ORAL	3	
<i>hydrocodone-acetaminophen oral soln 7.5-500 mg/15 mL</i>	1	
<i>hydrocodone-acetaminophen tab ,</i>	1	
<i>hydrocodone-ibuprofen oral</i>	1	
<i>hydromorphone oral</i>	1	
<i>hydromorphone (pf) inj</i>	1	
<i>ibuprofen-oxycodone oral</i>	1	
INFUMORPH P/F INJ	3	
<i>levorphanol tartrate oral</i>	1	
LORCET 10/650 ORAL	3	
LORCET PLUS ORAL	3	
LORTAB ORAL	3	
LORTAB ELIXIR ORAL	3	
MAGNACET ORAL	3	
MARGESIC-H ORAL	1	
MAXIDONE ORAL	3	
<i>meperidine oral</i>	1	
<i>meperidine (pf) inj</i>	1	
<i>methadone inj</i>	3	
<i>methadone oral concentrate</i>	1	
<i>methadone oral soln</i>	1	
<i>methadone tab</i>	1	QL (240 EA per 25 day(s))
METHADOSE ORAL	1	QL (240 EA per 25 day(s))
<i>morphine inj</i>	1	
<i>morphine tab</i>	1	
<i>morphine (pf) inj</i>	1	
<i>morphine concentrate oral</i>	1	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<i>nalbuphine inj</i>	1	
NORCO ORAL	3	
NUCYNTA ORAL	3	QL (180 EA per 30 day(s))
OPANA ORAL	3	
<i>oxycodone tab</i>	1	
<i>oxycodone hcl-oxycodone-asa oral</i>	1	
<i>oxycodone-acetaminophen oral</i>	1	
<i>oxymorphone oral</i>	1	
PANLOR DC ORAL	3	
PANLOR SS ORAL	3	
<i>pentazocine-acetaminophen oral</i>	1	
<i>pentazocine-naloxone oral</i>	1	
PERCOCET ORAL	3	
PERCODAN ORAL	3	
REPREXAIN ORAL	3	
ROXICET ORAL SOLN	2	
ROXICET TAB 5-325 mg	1	
ROXICET TAB 5-500 mg	3	
ROXICODONE ORAL	3	
STADOL INJ	3	
STAGESIC ORAL	1	
SUBOXONE SL	2	
SUBUTEX SL	2	
SYNALGOS-DC ORAL	3	
TALACEN ORAL	3	
TALWIN INJ	3	
TALWIN NX ORAL	3	
<i>tramadol-acetaminophen oral</i>	1	
TYLENOL-CODEINE #3 ORAL	3	
TYLENOL-CODEINE #4 ORAL	3	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
TYLOX ORAL	3	
ULTRACET ORAL	3	
VICODIN ORAL	3	
VICODIN ES ORAL	3	
VICODIN HP ORAL	1	
VICOPROFEN ORAL	3	
XODOL 10/300 ORAL	3	
XODOL 5/300 ORAL	3	
XODOL 7.5/300 ORAL	3	
ZAMICET ORAL	3	
ZERLOR ORAL	1	
ZYDONE ORAL	3	
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
EMLA TOP	3	BvD
<i>lidocaine (pf) inj</i>	1	
<i>lidocaine hcl inj</i>	1	
<i>lidocaine hcl top</i>	1	BvD
<i>lidocaine mucosal gel</i>	1	BvD
<i>lidocaine mucosal soln</i>	1	
<i>lidocaine-prilocaine top</i>	1	BvD
LIDODERM TOP	2	PA
PARCAINE OPHT	1	
SYNERA TOP	3	BvD
XYLOCAINE INJ	3	
XYLOCAINE MM	3	BvD
XYLOCAINE JELLY MM	3	BvD
<b>Antibacterials</b>		
<b>Amino Derivative Penicillins</b>		
<i>amoxicillin oral</i>	1	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<i>amoxicillin-pot clavulanate oral</i>	1	
<i>ampicillin oral</i>	1	
<i>ampicillin sodium inj</i>	1	
<i>ampicillin-sulbactam inj</i>	1	
UNASYN INJ	3	
<b>Aminoglycosides</b>		
<i>amikacin inj</i>	1	
<i>gentamicin inj</i>	1	
<i>gentamicin opht</i>	1	
<i>gentamicin top</i>	1	
<i>gentamicin in sodium chloride(iso-osmotic) iv piggy back 100 mg/100 mL, 60 mg/100 mL, 60 mg/50 mL, 80 mg/100 mL, 80 mg/50 mL</i>	1	
<i>gentamicin in sodium chloride(iso-osmotic) iv piggy back 70 mg/50 mL, 90 mg/100 mL</i>	3	
<i>gentamicin sulfate (pf) iv</i>	1	
<i>kanamycin inj</i>	1	
<i>neomycin oral</i>	1	
<i>paromomycin oral</i>	1	
<i>streptomycin im</i>	1	
TOBI INHL	4	
<i>tobramycin in ns iv</i>	3	
<i>tobramycin sulfate inj</i>	1	
<i>tobramycin sulfate opht</i>	1	
<b>Antifolate Antibacterials</b>		
PRIMSOL ORAL	3	
<i>trimethoprim oral</i>	1	
<b>Beta-lactam, Other</b>		
AZACTAM INJ	3	
AZACTAM-ISO-OSMOTIC DEXTROSE IV	3	
<i>aztreonam inj</i>	1	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
CAYSTON INHL	4	PA; QL (84 ML per 28 day(s))
DORIBAX IV	4	
INVANZ INJ	2	
PRIMAXIN IM IM	2	
PRIMAXIN IV IV	2	
<b>Cephalosporin Antibacterials, 1st Generation</b>		
<i>cefadroxil oral</i>	1	
<i>cefazolin inj</i>	1	
<i>cefazolin in dextrose (iso-os) iv</i>	2	
<i>cephalexin oral</i>	1	
<b>Cephalosporin Antibacterials, 2nd Generation</b>		
<i>cefaclor oral</i>	1	
<i>cefotetan inj</i>	3	
<i>cefoxitin iv</i>	1	
<i>cefprozil oral</i>	1	
<i>cefuroxime axetil oral</i>	1	
<i>cefuroxime sodium inj</i>	1	
<i>cefuroxime sodium iv</i>	1	
<i>cefuroxime-dextrose (iso-osmotic) iv piggy back 750 mg/50 mL</i>	2	
<i>cefuroxime-dextrose (iso-osmotic) iv piggy back 1.5 gram/50 mL</i>	3	
ZINACEF IV SOLUTION 7.5 gram	1	
ZINACEF IV SOLUTION 1.5 gram, 750 mg	3	
ZINACEF IN DEXTROSE (ISO-OSM) IV	3	
ZINACEF IN STERILE WATER IV	3	
<b>Cephalosporin Antibacterials, 3rd Generation</b>		
<i>cefdinir oral</i>	1	
<i>cefepime inj</i>	1	
<i>cefotaxime inj</i>	1	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<i>cefepodoxime oral</i>	1	
<i>ceftazidime solution for injection 2 gram</i>	1	
<i>ceftriaxone inj</i>	1	
<i>ceftriaxone iv</i>	3	
FORTAZ INJ	3	
FORTAZ IV	3	
FORTAZ IN D5W IV	3	
SUPRAX ORAL SUSP	3	
TAZICEF INJ	1	
TAZICEF IV	1	
<b>Cephalosporin Antibacterials, 4th Generation</b>		
MAXIPIME INJ	3	
MAXIPIME IV	3	
<b>Extended Spectrum Penicillins</b>		
<i>piperacillin-tazobactam iv</i>	1	
TIMENTIN IV	3	
ZOSYN IV	2	
ZOSYN IN DEXTROSE (ISO-OSM) IV	2	
<b>Glycopeptide Antibacterials</b>		
VANCOCIN ORAL	4	
<i>vancomycin iv solution 1,000 mg, 10 gram</i>	1	BvD
<i>vancomycin iv solution 500 mg</i>	2	BvD
VIBATIV IV	2	BvD
<b>Lincomycin Antibacterials</b>		
CLEOCIN CAP 75 mg	2	
CLEOCIN CAP 150 mg, 300 mg	3	
CLEOCIN INJ	3	
CLEOCIN ORAL SOLUTION	2	
CLEOCIN VAGINAL CREAM	3	
CLEOCIN VAGINAL SUPPOSITORY	2	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
CLEOCIN IN D5W IV	3	
<i>clindamycin hcl oral</i>	1	
<i>clindamycin phosphate iv</i>	1	
<i>clindamycin phosphate vagl</i>	1	
CLINDESSE VAGL	3	
LINCOCIN INJ	3	
<b>Macrolides</b>		
<i>azithromycin iv</i>	1	
<i>azithromycin oral</i>	1	
<i>clarithromycin oral</i>	1	
E.E.S. 400 ORAL	1	
E.E.S. GRANULES ORAL	3	
ERYPED 200 ORAL	3	
ERYPED 400 ORAL	3	
ERY-TAB ORAL	3	
ERYTHROCIN IV	2	
ERYTHROCIN STEARATE ORAL	1	
<i>erythromycin opht</i>	1	
<i>erythromycin oral</i>	1	
<i>erythromycin-sulfisoxazole oral</i>	1	
KETEK ORAL	3	
ZMAX ADULT-PEDIATRIC ORAL	3	
<b>Miscellaneous Antibacterials</b>		
<i>alcohol swabs top</i>	2	
ALTABAX TOP	2	
BACI-IM IM	1	
<i>bacitracin im</i>	3	
BACTROBAN OINTMENT	3	
BACTROBAN TOPICAL CREAM	2	
BACTROBAN NASAL NASL	3	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<i>chloramphenicol sod succinate iv</i>	1	
<i>colistimethate sodium inj</i>	1	BvD
COLY-MYCIN M PARENTERAL INJ	3	BvD
CORTISPORIN TOP	3	
CUBICIN IV	4	BvD
FLAGYL ORAL	3	
FLAGYL ER ORAL	3	
HIPREX ORAL	3	
<i>meropenem iv</i>	1	
MERREM IV	3	
<i>methenamine hippurate oral</i>	1	
METROCREAM TOP	3	
METROGEL TOP	2	
METROGEL VAGINAL VAGL	3	
METROLOTION TOP	3	
<i>metronidazole oral</i>	1	
<i>metronidazole top</i>	1	
<i>metronidazole vagl</i>	1	
<i>metronidazole in nacl (iso-os) iv</i>	1	
MONUROL ORAL	3	
<i>mupirocin top</i>	1	
<i>neomycin-polymyxin b gu ir</i>	1	
<i>neomycin-polymyxin-hc otic</i>	1	
NORITATE TOP	3	
PHISOHEX TOP	3	
<i>polymyxin b sulfata inj</i>	1	
PREVPAC ORAL	2	
SEPTRA ORAL	3	
SEPTRA DS ORAL	3	
SILVADENE TOP	3	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<i>silver sulfadiazine top</i>	1	
SSD TOP	1	
SULFAMYLON TOP	3	
SULFATRIM ORAL	1	
SYNERCID IV	4	
TEFLARO IV	3	BvD
THERMAZENE TOP	1	
TYGACIL IV	4	
VANDAZOLE VAGL	1	
XIFAXAN ORAL	3	
<b>Natural Penicillins</b>		
BICILLIN C-R IM	2	
BICILLIN L-A IM	2	
<i>penicillin g pot in dextrose iv</i>	3	
<i>penicillin g potassium inj</i>	1	
<i>penicillin g procaine im</i>	2	
<i>penicillin g sodium inj</i>	1	
<i>penicillin v potassium oral</i>	1	
<b>Nitrofurantoin Antibacterials</b>		
FURADANTIN ORAL	3	
MACROBID ORAL	3	
MACRODANTIN CAP 25 mg	2	
MACRODANTIN CAP 100 mg, 50 mg	3	
<i>nitrofurantoin macrocrystal oral</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral</i>	1	
<b>Oxazolidinone Antibacterials</b>		
ZYVOX IV	4	
ZYVOX ORAL	4	
<b>Penicillinase-resistant Penicillins</b>		
<i>dicloxacillin oral</i>	1	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<i>nafcillin inj</i>	1	
<i>nafcillin in d2.4w iv</i>	3	
NALLPEN IN D2.4W IV	3	
<i>oxacillin inj</i>	1	
<i>oxacillin in dextrose, iso-osm iv</i>	3	
<b>Quinolones</b>		
AVELOX ORAL	2	
AVELOX ABC PACK ORAL	2	
AVELOX IN NAACL (ISO-OSMOTIC) IV	2	
CIPRO HC OTIC	3	
CIPRO IN D5W IV	2	
CIPRODEX OTIC	3	
<i>ciprofloxacin iv</i>	1	
<i>ciprofloxacin opht</i>	1	
<i>ciprofloxacin oral</i>	1	
<i>ciprofloxacin (mixture) oral</i>	1	
LEVAQUIN IV	2	
LEVAQUIN ORAL	2	
LEVAQUIN IN D5W IV	2	
NOROXIN ORAL	3	
OCUFLOX OPHT	3	
<i>ofloxacin opht</i>	1	
<i>ofloxacin oral</i>	1	
<i>ofloxacin otic</i>	1	
<b>Sulfonamides</b>		
BACTRIM ORAL	3	
BACTRIM DS ORAL	3	
<i>sulfacetamide sodium (acne) top</i>	1	
<i>sulfacetamide-prednisolone opht</i>	1	
<i>sulfadiazine oral</i>	1	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<i>sulfamethoxazole-trimethoprim iv</i>	1	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<b>Tetracyclines</b>		
<i>demeclocycline oral</i>	1	
<i>doxycycline hyclate cap</i>	1	
<i>doxycycline hyclate cap, delayed release</i>	3	
<i>doxycycline hyclate iv solution 100 mg</i>	1	
<i>doxycycline hyclate tab</i>	1	
<i>doxycycline hyclate tab, delayed release</i>	1	
<i>doxycycline monohydrate oral</i>	1	
<i>minocycline oral</i>	1	
ORACEA ORAL	2	
<i>tetracycline oral</i>	1	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
BANZEL ORAL	3	MO
KEPPRA IV	2	
KEPPRA ORAL	3	MO
KEPPRA XR 24 HR TAB 750 mg	3	
KEPPRA XR 24 HR TAB 500 mg	3	MO
<i>levetiracetam iv</i>	1	
<i>levetiracetam oral</i>	1	MO
<b>Calcium Channel Modifying Agents</b>		
CELONTIN ORAL	2	MO
<i>ethosuximide oral</i>	1	MO
LYRICA CAP 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	2	MO; QL (120 EA per 25 day(s))
LYRICA CAP 300 mg	2	MO; QL (60 EA per 25 day(s))
ZARONTIN ORAL	3	MO
ZONEGRAN ORAL	3	MO

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<i>zonisamide oral</i>	1	MO
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
DEPACON IV	3	
DEPAKENE ORAL	3	MO
DEPAKOTE ORAL	3	MO
DEPAKOTE ER ORAL	3	MO
DEPAKOTE SPRINKLES ORAL	3	MO
<i>divalproex oral</i>	1	MO
<i>gabapentin cap 100 mg</i>	1	MO; QL (1080 EA per 25 day(s))
<i>gabapentin cap 400 mg</i>	1	MO; QL (270 EA per 25 day(s))
<i>gabapentin cap 300 mg</i>	1	MO; QL (360 EA per 25 day(s))
<i>gabapentin oral soln</i>	1	MO; QL (2350 ML per 25 day(s))
<i>gabapentin tab 800 mg</i>	1	MO; QL (120 EA per 25 day(s))
<i>gabapentin tab 600 mg</i>	1	MO; QL (180 EA per 25 day(s))
GABITRIL ORAL	2	MO
MYSOLINE ORAL	3	MO
NEURONTIN CAP 100 mg	3	MO; QL (1080 EA per 25 day(s))
NEURONTIN CAP 400 mg	3	MO; QL (270 EA per 25 day(s))
NEURONTIN CAP 300 mg	3	MO; QL (360 EA per 25 day(s))
NEURONTIN ORAL SOLN	2	MO; QL (2350 ML per 25 day(s))
NEURONTIN TAB 800 mg	3	MO; QL (120 EA per 25 day(s))
NEURONTIN TAB 600 mg	3	MO; QL (180 EA per 25 day(s))
<i>primidone oral</i>	1	MO
SABRIL ORAL	3	MO
STAVZOR ORAL	3	MO
<i>valproate sodium iv</i>	1	
<i>valproic acid oral</i>	1	MO
<i>valproic acid (as sodium salt) oral</i>	1	MO
<b>Glutamate Reducing Agents</b>		
FELBATOL ORAL	3	MO

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
LAMICTAL ORAL	3	MO
LAMICTAL STARTER (BLUE) KIT ORAL	3	MO
LAMICTAL STARTER (GREEN) KIT ORAL	3	MO
LAMICTAL STARTER (ORANGE) KIT ORAL	3	MO
LAMICTAL XR ORAL	3	MO
LAMICTAL XR STARTER (BLUE) ORAL	3	MO
LAMICTAL XR STARTER (GREEN) ORAL	3	MO
LAMICTAL XR STARTER (ORANGE) ORAL	3	MO
<i>lamotrigine oral</i>	1	MO
TOPAMAX ORAL	2	MO
<i>topiramate oral</i>	1	
<b>Sodium Channel Inhibitors</b>		
<i>carbamazepine chewable tab</i>	1	MO
<i>carbamazepine er 12 hr tab</i>	1	
<i>carbamazepine oral susp</i>	1	MO
<i>carbamazepine tab</i>	1	MO
CARBATROL ORAL	2	MO
CEREBYX INJ	3	
DILANTIN ORAL	2	
DILANTIN EXTENDED ORAL	2	MO
DILANTIN INFATABS ORAL	2	MO
DILANTIN-125 ORAL	2	MO
EPITOL ORAL	1	MO
<i>fosphenytoin inj</i>	1	
<i>oxcarbazepine oral</i>	1	MO
PEGANONE ORAL	2	MO
PHENYTEK ORAL	3	MO
<i>phenytoin oral</i>	1	MO
<i>phenytoin sodium iv</i>	1	
<i>phenytoin sodium extended oral</i>	1	MO

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
TEGRETOL ORAL	3	MO
TEGRETOL XR ORAL	2	MO
TRILEPTAL ORAL SUSP	2	MO
TRILEPTAL TAB	3	MO
VIMPAT IV	3	
VIMPAT ORAL SOLN	3	
VIMPAT TAB	3	MO
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
<i>ergoloid oral</i>	1	MO
<b>Cholinesterase Inhibitors</b>		
ARICEPT TAB 23 mg	2	
ARICEPT TAB 10 mg, 5 mg	2	MO
ARICEPT ODT ORAL	2	MO
COGNEX ORAL	3	MO
<i>donepezil oral</i>	1	
EXELON ORAL	2	MO
EXELON TD	2	MO
<i>galantamine oral</i>	1	MO
RAZADYNE ORAL	3	MO
RAZADYNE ER ORAL	3	MO
<i>rivastigmine oral</i>	1	
<b>Glutamate Pathway Modifiers</b>		
NAMENDA ORAL	2	MO
NAMENDA TITRATION PAK ORAL	2	MO
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
BUDEPRION SR ORAL	1	MO
BUDEPRION XL 24 HR TAB 150 mg	1	
BUDEPRION XL 24 HR TAB 300 mg	1	MO

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
BUPROBAN ORAL	1	PA-NS; MO; QL (62 EA per 31 day(s))
<i>bupropion hcl sr tab 100 mg, 200 mg</i>	1	MO
<i>bupropion hcl sr tab 150 mg</i>	1	PA-NS; MO; QL (62 EA per 31 day(s))
<i>bupropion hcl tab</i>	1	MO
<i>maprotiline oral</i>	1	MO
<i>mirtazapine oral</i>	1	MO
<i>nefazodone oral</i>	1	MO
REMERON ORAL	3	MO
REMERON SOLTAB ORAL	3	MO
<i>trazodone oral</i>	1	MO
WELLBUTRIN ORAL	3	MO
WELLBUTRIN SR ORAL	3	MO
WELLBUTRIN XL ORAL	3	MO
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM TD	2	MO
MARPLAN ORAL	2	MO
PARNATE ORAL	3	MO
<i>tranylcypromine oral</i>	1	MO
<b>Serotonin/ Norepinephrine Reuptake Inhibitors</b>		
CYMBALTA ORAL	2	MO
EFFEXOR ORAL	3	MO
EFFEXOR XR ORAL	2	MO
PRISTIQ ORAL	2	MO
<i>venlafaxine er 24 hr cap</i>	1	
<i>venlafaxine er 24 hr tab</i>	3	MO
<i>venlafaxine tab</i>	1	MO
<b>Tricyclics</b>		
<i>amitriptyline oral</i>	1	MO

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<i>amoxapine oral</i>	1	MO
ANAFRANIL ORAL	3	MO
<i>clomipramine oral</i>	1	MO
<i>desipramine oral</i>	1	MO
<i>doxepin cap 150 mg</i>	1	
<i>doxepin cap 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>doxepin oral concentrate</i>	1	MO
<i>imipramine hcl oral</i>	1	MO
<i>imipramine pamoate oral</i>	1	MO
NORPRAMIN ORAL	3	MO
<i>nortriptyline oral</i>	1	MO
PAMELOR ORAL	3	MO
<i>perphenazine-amitriptyline oral</i>	1	MO
<i>protriptyline oral</i>	1	MO
SILENOR ORAL	3	QL (31 EA per 31 day(s))
SURMONTIL CAP 100 mg	2	MO
SURMONTIL CAP 25 mg, 50 mg	3	MO
TOFRANIL ORAL	3	MO
TOFRANIL-PM ORAL	3	MO
VIVACTIL ORAL	3	MO
<b>Antidotes, Deterrents, and Toxicologic Agents</b>		
<b>Alcohol Deterrents</b>		
ANTABUSE TAB 250 mg	2	
ANTABUSE TAB 500 mg	3	
CAMPRAL DOSE PAK ORAL	2	
<b>Antidotes</b>		
<i>acetylcysteine misc</i>	1	
<i>amifostine crystalline iv</i>	1	
CHEMET ORAL	3	
ETHYOL IV	3	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
EXJADE ORAL	4	
KIONEX ORAL	1	
<i>leucovorin calcium inj</i>	1	
<i>leucovorin calcium oral</i>	1	MO
<i>mesna iv</i>	1	
MESNEX IV	3	
MESNEX ORAL	2	
<i>sodium polystyrene sulfonate oral</i>	1	
SYPRINE ORAL	2	
<b>Opioid Antagonists</b>		
BUPRENEX INJ	3	
<i>buprenorphine inj</i>	1	
DEPADE ORAL	1	
<i>naloxone inj</i>	1	
<i>naltrexone oral</i>	1	
REVIA ORAL	3	
VIVITROL IM	4	
<b>Smoking Cessation Agents</b>		
CHANTIX ORAL	2	PA
CHANTIX STARTING MONTH PAK ORAL	2	PA
NICOTROL INHL	3	PA; QL (174 EA per 31 day(s))
NICOTROL NS NASL	3	PA
<b>Antiemetics</b>		
<b>5-Hydroxytryptamine 3 (5-HT3) Antagonists</b>		
ALOXI IV	3	
ANZEMET IV	3	
ANZEMET ORAL	3	BvD
<i>granisetron iv</i>	1	
<i>granisetron oral</i>	1	BvD
<i>granisetron (pf) iv</i>	1	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
GRANISOL ORAL	1	BvD
KYTRIL IV	3	
KYTRIL ORAL	3	BvD
<i>ondansetron oral</i>	1	BvD; QL (45 EA per 30 day(s))
<i>ondansetron hcl oral soln</i>	1	BvD
<i>ondansetron hcl tab 4 mg, 8 mg</i>	1	BvD; QL (45 EA per 30 day(s))
<i>ondansetron hcl tab 24 mg</i>	1	BvD; QL (7 EA per 30 day(s))
<i>ondansetron hcl (pf) inj</i>	1	
ZOFRAN IV	3	
ZOFRAN ORAL	3	BvD
ZOFRAN ODT ORAL	3	BvD
<b>Antiemetics, Other</b>		
ANTIVERT TAB 50 mg	2	
ANTIVERT TAB 12.5 mg, 25 mg	3	
CESAMET ORAL	3	BvD; QL (60 EA per 25 day(s))
COMPRO RECT	1	
<i>dronabinol oral</i>	1	QL (60 EA per 25 day(s))
<i>meclizine oral</i>	1	
<i>metoclopramide inj</i>	1	
<i>metoclopramide oral</i>	1	
METOZOLV ODT ORAL	2	
PHENADOZ RECT	1	
PHENERGAN INJ	3	
<i>prochlorperazine rect</i>	1	
<i>prochlorperazine edisylate inj</i>	1	
<i>prochlorperazine maleate oral</i>	1	
<i>promethazine inj</i>	1	
<i>promethazine oral</i>	1	
<i>promethazine rect</i>	1	
PROMETHAZINE VC ORAL	1	

Drug	Tier	Notes
PROMETHEGAN RECT	1	
REGLAN INJ	3	
REGLAN ORAL	3	
SANCUSO TD	3	QL (2 EA per 15 day(s))
TIGAN IM	3	
TIGAN ORAL	3	
TRANSDERM-SCOP TD	2	
<i>trimethobenzamide im</i>	1	
<i>trimethobenzamide oral</i>	1	
<b>Neurokinin 1 (NK1) Receptor Antagonists</b>		
EMEND CAP 40 mg	2	BvD; QL (1 EA per 30 day(s))
EMEND CAP 125 mg	2	BvD; QL (2 EA per 25 day(s))
EMEND CAP 80 mg	2	BvD; QL (4 EA per 25 day(s))
EMEND CAPS IN DOSE PACK	2	BvD; QL (12 EA per 30 day(s))
<b>Antifungals</b>		
<b>Allylamine Antifungals</b>		
LAMISIL ORAL	3	PA
NAFTIN TOP	3	
<i>terbinafine oral</i>	1	PA
<b>Antifungals (Other)</b>		
ANCOBON ORAL	2	
<i>ciclopirox top</i>	1	
GRIFULVIN V ORAL	3	
<i>griseofulvin microsize oral</i>	1	
GRIS-PEG ORAL	2	
LOPROX SHAMPOO	2	
LOPROX TOPICAL GEL	3	
MENTAX TOP	3	
PENLAC TOP	3	
<b>Azole Antifungals</b>		

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<i>clotrimazole mm</i>	1	
<i>clotrimazole top</i>	1	
<i>clotrimazole-betamethasone top</i>	1	
DIFLUCAN ORAL	3	
DIFLUCAN IN NAACL (ISO-OSM) IV	3	
<i>econazole top</i>	1	
ERTACZO TOP	3	
EXELDERM TOP	3	
EXTINA TOP	3	
<i>fluconazole oral</i>	1	
<i>fluconazole in dextrose(iso-o) iv</i>	1	
GYNAZOLE-1 VAGL	3	
<i>itraconazole oral</i>	1	PA
<i>ketoconazole oral</i>	1	
<i>ketoconazole top</i>	1	
KURIC TOP	1	
LAMISIL TOP	3	
LOTRISONE TOP	3	
MICONAZOLE-3 VAGL	1	
NIZORAL TOP	3	
NOXAFIL ORAL	3	
OXISTAT TOP	3	
SPORANOX CAP	3	PA
SPORANOX ORAL SOLN	3	
SPORANOX PULSEPAK ORAL	3	PA
TERAZOL 3 VAGL	3	
TERAZOL 7 VAGL	3	
<i>terconazole vagl</i>	1	
VFEND ORAL	4	
VFEND IV IV	4	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
XOLEGEL TOP	3	
ZAZOLE VAGL	1	
<b>Echinocandin Antifungals</b>		
ABELCET IV	3	
CANCIDAS IV	3	
ERAXIS(WATER DILUENT) IV	3	
MYCAMINE IV	3	
<b>Polyene Antifungals</b>		
AMBISOME IV	3	
AMPHOTEC IV	3	
<i>amphotericin b inj</i>	1	
NATACYN OPHT	2	
<i>nystatin oral</i>	1	
<i>nystatin top</i>	1	
<i>nystatin-triamcinolone top</i>	1	
NYSTOP TOP	1	
PEDI-DRI TOP	1	
<b>Antigout Agents</b>		
<b>Antigout Agents (Non-renal Tubular Blocking Agents and Non-xanthine Inhibitors)</b>		
COLCRYS ORAL	2	MO; QL (120 EA per 30 day(s))
<b>Renal Tubular Blocking Agents</b>		
<i>colchicine-probenecid oral</i>	1	MO
<i>probenecid oral</i>	1	MO
<b>Xanthine Oxidase Inhibitors</b>		
<i>allopurinol oral</i>	1	MO
<i>allopurinol sodium iv</i>	1	
ALOPRIM IV	3	
ZYLOPRIM ORAL	3	MO
<b>Anti-inflammatory Agents</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
ANAPROX ORAL	3	
ANAPROX DS ORAL	3	
ARTHROTEC 50 ORAL	3	
ARTHROTEC 75 ORAL	3	
CATAFLAM ORAL	3	
CELEBREX ORAL	2	
CLINORIL ORAL	3	
DAYPRO ORAL	3	
<i>diclofenac potassium oral</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>diflunisal oral</i>	1	
EC-NAPROSYN ORAL	3	
<i>etodolac oral</i>	1	
FELDENE ORAL	3	
<i>fenoprofen oral</i>	1	
<i>flurbiprofen oral</i>	1	
<i>ibuprofen oral</i>	1	
INDOCIN ORAL	2	
<i>indomethacin oral</i>	1	
<i>ketoprofen oral</i>	1	
<i>ketorolac inj</i>	1	
<i>ketorolac oral</i>	1	QL (20 EA per 25 day(s))
<i>meclofenamate oral</i>	1	
<i>mefenamic acid oral</i>	1	
<i>meloxicam oral</i>	1	
MOBIC ORAL	3	
<i>nabumetone oral</i>	1	
NALFON ORAL	3	
NAPRELAN CR 24 HR TAB 375 mg, 500 mg	3	
NAPROSYN ORAL	3	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<i>naproxen oral</i>	1	
<i>naproxen sodium oral</i>	1	
<i>oxaprozin oral</i>	1	
<i>piroxicam oral</i>	1	
PONSTEL ORAL	3	
<i>sulindac oral</i>	1	
<i>tolmetin oral</i>	1	
VIMOVO ORAL	3	ST; QL (60 EA per 30 day(s))
VOLTAREN ORAL	3	
VOLTAREN TOP	2	
VOLTAREN-XR ORAL	3	
<b>Antimigraine Agents</b>		
<b>Ergot Alkaloids</b>		
CAFERGOT ORAL	3	
D.H.E.45 INJ	3	
<i>dihydroergotamine inj</i>	1	
ERGOMAR SL	3	
<i>ergotamine-caffeine oral</i>	1	
METHERGINE ORAL	3	
MIGERGOT RECT	1	
MIGRANAL NASL	2	QL (8 ML per 25 day(s))
<b>Triptans</b>		
AMERGE ORAL	3	QL (9 EA per 25 day(s))
AXERT ORAL	3	QL (12 EA per 25 day(s))
FROVA ORAL	3	QL (18 EA per 25 day(s))
IMITREX NASL	3	QL (12 EA per 25 day(s))
IMITREX ORAL	3	QL (9 EA per 25 day(s))
IMITREX SUBQ	3	QL (10 ML per 25 day(s))
IMITREX STATDOSE KIT REFILL SUBQ	3	QL (4 EA per 25 day(s))
MAXALT ORAL	3	QL (12 EA per 25 day(s))

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
MAXALT-MLT ORAL	3	QL (12 EA per 25 day(s))
<i>naratriptan oral</i>	1	QL (9 EA per 25 day(s))
RELPAK ORAL	2	QL (12 EA per 25 day(s))
<i>sumatriptan sub-q 6 mg/0.5 mL</i>	1	QL (10 ML per 25 day(s))
<i>sumatriptan sub-q 4 mg/0.5 mL</i>	1	QL (4 ML per 25 day(s))
<i>sumatriptan succinate oral</i>	1	QL (9 EA per 25 day(s))
TREXIMET ORAL	3	QL (9 EA per 25 day(s))
ZOMIG NASL	3	QL (12 EA per 25 day(s))
ZOMIG ORAL	3	QL (12 EA per 25 day(s))
ZOMIG ZMT ORAL	3	QL (12 EA per 25 day(s))
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
<i>guanidine oral</i>	2	
MESTINON SYRUP	2	
MESTINON TAB	3	
MESTINON TIMESPAN ORAL	2	
MYTELASE ORAL	3	
<i>pyridostigmine bromide oral</i>	1	
REGONOL INJ	2	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
ACZONE TOP	3	MO
<i>dapsone oral</i>	1	
MYCOBUTIN ORAL	2	
<b>Antituberculars</b>		
CAPASTAT INJ	3	
<i>ethambutol oral</i>	1	
ISONARIF ORAL	1	
<i>isoniazid inj</i>	1	
<i>isoniazid oral</i>	1	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
MYAMBUTOL ORAL	3	
PASER ORAL	3	
PRIFTIN ORAL	3	
<i>pyrazinamide oral</i>	1	
RIFADIN IV	3	
RIFADIN ORAL	3	
RIFAMATE ORAL	3	
<i>rifampin iv</i>	1	
<i>rifampin oral</i>	1	
RIFATER ORAL	3	
SEROMYCIN ORAL	3	
TRECTOR ORAL	3	
<b>Antineoplastics</b>		
<b>Alkylating Agents, Other</b>		
<i>carboplatin iv</i>	1	
<i>cisplatin iv</i>	1	
<i>cyclophosphamide oral</i>	1	BvD; MO
<i>dacarbazine iv</i>	1	
ELOXATIN IV	4	
IFEX IV	3	
<i>ifosfamide iv</i>	1	
<i>ifosfamide-mesna iv</i>	1	
MATULANE ORAL	2	MO
<i>oxaliplatin iv</i>	1	
<i>thiotepa inj</i>	1	
<i>vinblastine iv</i>	2	
<i>vincristine iv</i>	1	
<b>Antiangiogenic Agents</b>		
REVLIMID ORAL	4	PA-NS; MO; LA
THALOMID ORAL	4	PA-NS; MO

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<b>Anti-CD20 Antibodies</b>		
ARZERRA IV	4	
AVASTIN IV	4	
CAMPATH IV	2	
ERBITUX IV	3	
RITUXAN IV	2	PA-NS
SIMULECT IV	3	
VECTIBIX IV	3	
<b>Antimetabolites, Other</b>		
ALIMTA IV	4	
DROXIA ORAL	2	MO
<i>fluorouracil iv</i>	2	
HYDREA ORAL	3	MO
<i>hydroxyurea oral</i>	1	MO
<i>idarubicin iv</i>	1	
<b>Antineoplastics, Other</b>		
ABRAXANE IV	3	
ADRIAMYCIN PFS IV	1	
<i>bleomycin inj</i>	1	
CAMPTOSAR IV	4	
COSMEGEN IV	2	
<i>daunorubicin iv</i>	2	
DAUNOXOME IV	3	
<i>doxorubicin iv</i>	1	
ELLENCE IV	2	
ELSPAR INJ	2	
<i>epirubicin iv</i>	1	
ETOPOPHOS IV	3	
<i>etoposide iv</i>	1	
HALAVEN IV	4	PA-NS

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
HYCAMTIN IV	2	
<i>irinotecan iv</i>	1	
ISTODAX IV	4	PA-NS
JEVTANA IV	4	PA-NS
LYSODREN ORAL	2	MO
<i>mitomycin iv</i>	1	
<i>mitoxantrone iv</i>	1	
NOVANTRONE IV	3	
ONCASPAR INJ	2	
ONTAK IV	2	
<i>paclitaxel iv</i>	1	
PANRETIN TOP	4	MO
PHOTOFRIN IV	2	
TAXOTERE IV	4	
TOPOSAR IV	1	
<i>topotecan iv</i>	1	
TORISEL IV	4	
TRISENOX IV	2	
VELCADE IV	4	
<i>vinorelbine iv</i>	1	
ZANOSAR IV	3	
ZOLINZA ORAL	4	MO
<b>Aromatase Inhibitors, 3rd Generation</b>		
<i>anastrozole oral</i>	1	
ARIMIDEX ORAL	2	MO
AROMASIN ORAL	2	MO
FEMARA ORAL	2	MO
<b>Epidermal Growth Factor Receptor Tyrosine Kinase Inhibitors</b>		
IRESSA ORAL	4	MO

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
TARCEVA TAB 100 mg, 150 mg	4	PA-NS; MO; QL (31 EA per 31 day(s))
TARCEVA TAB 25 mg	4	PA-NS; MO; QL (62 EA per 31 day(s))
<b>Estrogen-nitrosoureas</b>		
EMCYT ORAL	2	MO
FASLODEX IM	2	
<b>Ethylenimines/ Methylmelamines</b>		
HEXALEN ORAL	4	MO
<b>Multitargeted Kinase Inhibitors, Bcr-Abl/c-kit Receptor Tyrosine Kinase Inhibitors</b>		
GLEEVEC ORAL	4	MO
SPRYCEL ORAL	4	MO
TASIGNA ORAL	4	MO
<b>Multitargeted Kinase Inhibitors, HER2 Receptor Tyrosine Kinase Inhibitors</b>		
HERCEPTIN IV	4	
TYKERB ORAL	4	MO
<b>Multitargeted Kinase Inhibitors, Vascular Endothelial Growth Factor Receptor Tyrosine Kinase Inhib.</b>		
AFINITOR TAB 5 mg	4	PA-NS; MO; QL (31 EA per 31 day(s))
AFINITOR TAB 10 mg	4	PA-NS; MO; QL (62 EA per 31 day(s))
AFINITOR TAB 2.5 mg	4	PA-NS; QL (31 EA per 31 day(s))
NEXAVAR ORAL	4	PA-NS; MO; QL (124 EA per 31 day(s))
SUTENT CAP 12.5 mg	4	PA-NS; MO; QL (124 EA per 31 day(s))
SUTENT CAP 50 mg	4	PA-NS; MO; QL (31 EA per 31 day(s))
SUTENT CAP 25 mg	4	PA-NS; MO; QL (62 EA per 31 day(s))
VOTRIENT ORAL	4	MO
ZORTRESS TAB 0.25 mg	3	PA-NS

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
ZORTRESS TAB 0.5 mg, 0.75 mg	4	PA-NS
<b>Nitrogen Mustards</b>		
ALKERAN IV	3	
LEUKERAN ORAL	2	MO
<i>melfhalan iv</i>	1	
MUSTARGEN INJ	3	
<b>Nitrosoureas</b>		
BICNU IV	3	
CEENU ORAL	2	MO
<b>Purine Analogs and Related Inhibitors</b>		
ARRANON IV	3	
<i>cladribine iv</i>	1	
CLOLAR IV	3	
<i>cytarabine inj</i>	1	
<i>cytarabine (pf) inj</i>	1	
DACOGEN IV	3	BvD
FLUDARA IV	3	
<i>fludarabine iv</i>	1	
<i>gemcitabine iv</i>	1	MO
GEMZAR IV	2	
LEUSTATIN IV	3	
<i>mercaptopurine oral</i>	1	MO
NIPENT IV	3	
<i>pentostatin iv</i>	1	
PURINETHOL ORAL	3	MO
TABLOID ORAL	2	MO
VIDAZA SUBQ	4	
<b>Retinoids</b>		
TARGRETIN ORAL	4	MO
TARGRETIN TOP	4	MO

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<i>tretinoin (chemotherapy) oral</i>	4	MO
<b>Selective Estrogen Receptor Modulators, 1st Generation</b>		
FARESTON ORAL	2	MO
<i>tamoxifen oral</i>	1	MO
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
ALBENZA ORAL	2	
BILTRICIDE ORAL	3	
<i>mebendazole oral</i>	1	
STROMEKTOL ORAL	3	
<b>Antimalarials</b>		
ARALEN ORAL	3	
<i>chloroquine phosphate oral</i>	1	
COARTEM ORAL	2	QL (24 EA per 31 day(s))
DARAPRIM ORAL	2	
<i>hydroxychloroquine oral</i>	1	
MALARONE ORAL	2	
<i>mefloquine oral</i>	1	
PLAQUENIL ORAL	3	
<i>primaquine oral</i>	3	
QUALAQUIN ORAL	2	
<b>Antiprotozoals (Non-antimalarials)</b>		
ALINIA ORAL SUSP	2	QL (180 ML per 25 day(s))
ALINIA TAB	2	QL (12 EA per 25 day(s))
MEPRON ORAL	3	
NEBUPENT INHL	3	BvD
PENTAM INJ	3	
<b>Pediculicides/ Scabicides</b>		
ACTICIN TOP	1	
EURAX TOP	2	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<i>lindane top</i>	1	
<i>malathion top</i>	2	
OVIDE TOP	2	
<i>permethrin top</i>	1	
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine inj</i>	1	
<i>benztropine oral</i>	1	MO
COGENTIN INJ	2	
<i>trihexyphenidyl oral</i>	1	MO
<b>Antiparkinson Agents, Other</b>		
<i>amantadine cap</i>	1	MO
<i>amantadine syrup</i>	1	
<i>amantadine tab</i>	1	MO
APOKYN SUBQ	4	
<b>Catechol O-methyltransferase (COMT) Inhibitors</b>		
COMTAN ORAL	2	MO
TASMAR ORAL	3	MO
<b>Dopamine Agonists, Ergot</b>		
<i>bromocriptine oral</i>	1	MO
<i>cabergoline oral</i>	1	MO
PARLODEL ORAL	3	MO
<b>Dopamine Agonists, Nonergot</b>		
MIRAPEX ORAL	2	MO
MIRAPEX ER ORAL	3	
<i>pramipexole tab 0.75 mg</i>	1	
<i>pramipexole tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg</i>	1	MO
REQUIP ORAL	3	MO
REQUIP XL 24 HR TAB 6 mg	2	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
REQUIP XL 24 HR TAB 12 mg, 2 mg, 4 mg, 8 mg	3	MO
<i>ropinirole oral</i>	1	MO
<b>Dopamine Precursors</b>		
ATAMET ORAL	1	MO
<i>carbidopa-levodopa oral</i>	1	MO
LODOSYN ORAL	3	MO
PARCOPA ORAL	3	MO
SINEMET ORAL	3	MO
SINEMET 25-250 ORAL	3	MO
SINEMET CR ORAL	3	MO
STALEVO 100 ORAL	2	MO
STALEVO 125 ORAL	2	MO
STALEVO 150 ORAL	2	MO
STALEVO 200 ORAL	2	MO
STALEVO 50 ORAL	2	MO
STALEVO 75 ORAL	2	MO
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
AZILECT ORAL	2	MO
ELDEPRYL ORAL	3	MO
<i>selegiline hcl oral</i>	1	MO
<b>Antipsychotics</b>		
<b>Atypicals</b>		
ABILIFY IM	3	
ABILIFY ORAL	3	MO
ABILIFY DISCMELT ORAL	3	MO
<i>clozapine oral</i>	1	MO
CLOZARIL ORAL	3	MO
FANAPT ORAL	3	ST-NS; MO

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
FAZACLO TAB, RAPID DISSOLVE 150 mg, 200 mg	2	
FAZACLO TAB, RAPID DISSOLVE 100 mg, 12.5 mg, 25 mg	2	MO
GEODON IM	2	
GEODON ORAL	2	MO
INVEGA ORAL	3	MO
INVEGA SUSTENNA IM	3	
LATUDA TAB 80 mg	3	ST-NS; QL (30 EA per 30 day(s))
LATUDA TAB 40 mg	3	ST-NS; QL (90 EA per 30 day(s))
RISPERDAL ORAL	3	MO
RISPERDAL CONSTA IM	2	
RISPERDAL M-TAB ORAL	3	MO
<i>risperidone oral soln</i>	1	MO
<i>risperidone tab</i>	1	MO
<i>risperidone tab, rapid dissolve 0.25 mg, 0.5 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>risperidone tab, rapid dissolve 1 mg</i>	1	MO
SAPHRIS SL	3	MO; QL (62 EA per 31 day(s))
SEROQUEL ORAL	2	MO
SEROQUEL XR 24 HR TAB 150 mg, 50 mg	2	
SEROQUEL XR 24 HR TAB 200 mg, 300 mg, 400 mg	2	MO
ZYPREXA IM	2	
ZYPREXA ORAL	2	MO
ZYPREXA ZYDIS ORAL	2	MO
<b>Conventional</b>		
<i>chlorpromazine inj</i>	1	
<i>chlorpromazine oral</i>	1	MO
<i>fluphenazine decanoate inj</i>	1	
<i>fluphenazine hcl inj</i>	1	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<i>fluphenazine hcl oral</i>	1	MO
HALDOL INJ	3	
HALDOL DECANOATE IM	3	
<i>haloperidol oral</i>	1	MO
<i>haloperidol decanoate im</i>	1	
<i>haloperidol lactate inj</i>	1	
<i>haloperidol lactate oral</i>	1	MO
<i>loxapine succinate oral</i>	1	MO
LOXITANE ORAL	3	MO
NAVANE CAP 20 mg	2	MO
NAVANE CAP 10 mg, 2 mg, 5 mg	3	MO
ORAP ORAL	2	
<i>perphenazine oral</i>	1	MO
<i>thioridazine oral</i>	1	MO
<i>thiothixene oral</i>	1	MO
<i>trifluoperazine oral</i>	1	MO
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen oral</i>	1	
DANTRIUM ORAL	3	
<i>dantrolene oral</i>	1	
<i>tizanidine oral</i>	1	
ZANAFLEX ORAL	3	
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
<i>foscarnet iv</i>	1	
<i>ganciclovir cap 250 mg</i>	1	
<i>ganciclovir cap 500 mg</i>	4	
VISTIDE IV	3	
<b>Antihepatitis Agents</b>		

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
BARACLUDE ORAL	2	
COPEGUS ORAL	4	PA
HEPSERA ORAL	4	
REBETOL ORAL	4	PA
RIBAPAK DOSE PACK ORAL	4	PA
RIBASPHERE CAP	4	PA
RIBASPHERE TAB 200 mg	1	PA
RIBASPHERE TAB 400 mg, 600 mg	4	PA
<i>ribavirin cap</i>	4	PA
<i>ribavirin tab 200 mg</i>	1	PA
<i>ribavirin tab 400 mg, 600 mg</i>	4	PA
TYZEKA ORAL	2	
VIRAZOLE INHL	4	
<b>Antiherpetic Agents</b>		
<i>acyclovir oral</i>	1	
<i>acyclovir sodium iv</i>	1	
DENAVIR TOP	2	
<i>famciclovir oral</i>	1	
FAMVIR ORAL	3	
<i>ganciclovir sodium iv</i>	1	
<i>valacyclovir oral</i>	1	
VALCYTE ORAL	4	
VALTREX ORAL	2	
ZOVIRAX ORAL	3	
ZOVIRAX TOP	2	
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors</b>		
ATRIPLA ORAL	4	MO
INTELENCE ORAL	2	MO
RESCRIPTOR ORAL	2	MO
SUSTIVA ORAL	2	MO

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
VIRAMUNE ORAL	2	MO
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors</b>		
COMBIVIR ORAL	2	MO
<i>didanosine oral</i>	1	MO
EMTRIVA ORAL	2	MO
EPIVIR ORAL	2	MO
EPIVIR HBV ORAL	2	MO
EPZICOM ORAL	2	MO
RETROVIR IV	2	
RETROVIR ORAL	3	MO
<i>stavudine cap</i>	1	MO
<i>stavudine oral solution</i>	1	
TRIZIVIR ORAL	2	MO
TRUVADA ORAL	2	MO
VIDEX 2 GRAM PEDIATRIC ORAL	2	MO
VIDEX EC ORAL	3	MO
VIREAD ORAL	2	MO
ZERIT CAP	3	MO
ZERIT ORAL SOLUTION	2	MO
ZIAGEN ORAL	2	MO
<i>zidovudine oral</i>	1	MO
<b>Anti-HIV Agents, Other</b>		
FUZEON SUBQ	4	
ISENTRESS ORAL	4	MO
SELZENTRY ORAL	4	MO
<b>Anti-HIV Agents, Protease Inhibitors</b>		
APTIVUS ORAL	2	MO
CRIXIVAN ORAL	2	MO
INVIRASE ORAL	2	MO
KALETRA ORAL	2	MO

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
LEXIVA ORAL	2	MO
NORVIR CAP	2	MO
NORVIR ORAL SOLN	2	MO
NORVIR TAB	2	
PREZISTA TAB 150 mg	2	
PREZISTA TAB 75 mg	2	MO
PREZISTA TAB 400 mg, 600 mg	4	MO
REYATAZ ORAL	2	MO
VIRACEPT ORAL	2	MO
<b>Anti-influenza Agents</b>		
FLUMADINE ORAL	3	
RELENZA DISKHALER INHL	3	
<i>rimantadine oral</i>	1	
TAMIFLU ORAL	2	
<b>Anxiolytics</b>		
<b>Antidepressants</b>		
CELEXA ORAL	3	MO
<i>citalopram oral</i>	1	MO
<i>fluoxetine cap</i>	1	MO
<i>fluoxetine cap, delayed release</i>	1	
<i>fluoxetine oral soln</i>	1	MO
<i>fluoxetine tab</i>	1	MO
<i>fluvoxamine oral</i>	1	MO
LEXAPRO ORAL	2	MO
NARDIL ORAL	2	MO
<i>paroxetine hcl oral</i>	1	MO
PAXIL ORAL	3	MO
PAXIL CR ORAL	3	MO
PEXEVA ORAL	3	MO
<i>phenelzine oral</i>	1	MO

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
PROZAC ORAL	3	MO
PROZAC WEEKLY ORAL	3	MO
RAPIFLUX ORAL	3	
SARAFEM ORAL	3	MO
<i>sertraline oral</i>	1	MO
ZOLOFT ORAL	3	MO
<b>Anxiolytics, Other</b>		
<i>amitriptyline-chlordiazepoxide oral</i>	1	MO
<i>bupirone oral</i>	1	MO
<i>meprobamate oral</i>	1	MO
<b>Bipolar Agents</b>		
<b>Bipolar Agents</b>		
EQUETRO ORAL	3	
<i>lithium carbonate oral</i>	1	
<i>lithium citrate oral</i>	1	
LITHOBID ORAL	3	
SYMBYAX ORAL	3	MO
<b>Blood Glucose Regulators</b>		
<b>Alpha Glucosidase Inhibitors</b>		
<i>acarbose oral</i>	1	MO
GLYSET ORAL	3	MO
PRECOSE ORAL	3	MO
<b>Amylinomimetics</b>		
SYMLIN SUBQ	2	
SYMLINPEN 120 SUBQ	2	
SYMLINPEN 60 SUBQ	2	
<b>Biguanides</b>		
FORTAMET ORAL	3	MO
GLUCOPHAGE ORAL	3	MO
GLUCOPHAGE XR ORAL	3	MO

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
GLUMETZA ORAL	3	MO
<i>metformin oral</i>	1	MO
RIOMET ORAL	3	MO
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
JANUMET ORAL	2	MO
JANUVIA ORAL	2	MO
ONGLYZA ORAL	2	MO
<b>Glycemic Agents</b>		
GLUCAGEN HYPOKIT INJ	2	
GLUCAGON EMERGENCY INJ	2	
<b>Incretin Mimetics</b>		
BYETTA SUBQ	2	
VICTOZA SUBQ	2	
<b>Insulin Mixtures, Analogs</b>		
CURITY GAUZE TOP	2	
HUMALOG MIX 50-50 SUBQ	2	
HUMALOG MIX 50-50 KWIKPEN SUBQ	2	
HUMALOG MIX 75-25 SUBQ	2	
HUMALOG MIX 75-25 KWIKPEN SUBQ	2	
INSULIN PEN NEEDLE MISC	2	
<i>insulin syringe-needle u-100 misc</i>	2	
NOVOLOG MIX 70-30 SUBQ	2	
NOVOLOG MIX 70-30 FLEXPEN SUBQ	2	
<i>safety needles misc</i>	2	
<b>Insulin Mixtures, Short-acting and Intermediate-acting</b>		
HUMULIN 70/30 SUBQ	2	
HUMULIN 70/30 PEN SUBQ	2	
NOVOLIN 70/30 SUBQ	2	
NOVOLIN 70/30 INNOLET SUBQ	2	
<b>Insulin, Intermediate-acting</b>		

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
HUMULIN N SUBQ	2	
HUMULIN N PEN SUBQ	2	
NOVOLIN N SUBQ	2	
NOVOLIN N INNOLET SUBQ	2	
<b>Insulin, Long-acting</b>		
LANTUS SUBQ	2	
LANTUS SOLOSTAR SUBQ	2	
LEVEMIR SUBQ	2	
LEVEMIR FLEXPEN SUBQ	2	
<b>Insulin, Rapid-acting</b>		
APIDRA SUBQ	2	
APIDRA SOLOSTAR SUBQ	2	
HUMALOG SUBQ	2	
HUMALOG KWIKPEN SUBQ	2	
NOVOLOG SUBQ	2	
NOVOLOG FLEXPEN SUBQ	2	
<b>Insulin, Short-acting</b>		
HUMULIN R INJ	2	
HUMULIN R U-500 "CONCENTRATED" INJ	2	
NOVOLIN R INJ	2	
<b>Meglitinides</b>		
<i>nateglinide oral</i>	1	MO
PRANDIMET ORAL	3	MO
PRANDIN ORAL	2	MO
STARLIX ORAL	3	MO
<b>Sulfonylureas</b>		
AMARYL ORAL	3	MO
<i>chlorpropamide oral</i>	1	MO
DIABETA ORAL	3	MO
<i>glimepiride oral</i>	1	MO

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<i>glipizide oral</i>	1	MO
<i>glipizide-metformin oral</i>	1	MO
GLUCOTROL ORAL	3	MO
GLUCOTROL XL ORAL	3	MO
GLUCOVANCE ORAL	3	MO
<i>glyburide oral</i>	1	MO
<i>glyburide micronized oral</i>	1	MO
<i>glyburide-metformin oral</i>	1	MO
GLYCRON TAB 1.5 mg, 3 mg, 6 mg	1	MO
GLYCRON TAB 4.5 mg	3	MO
GLYNASE ORAL	3	MO
METAGLIP ORAL	3	MO
<i>tolazamide oral</i>	1	MO
<i>tolbutamide oral</i>	1	MO
<b>Thiazolidinediones</b>		
ACTOPLUS MET ORAL	2	MO
ACTOPLUS MET XR ORAL	2	
ACTOS ORAL	2	MO
AVANDAMET ORAL	2	MO
AVANDARYL ORAL	2	MO
AVANDIA ORAL	2	MO
DUETACT ORAL	2	MO
<b>Blood Products/Modifiers/ Volume Expanders</b>		
<b>Adenosine Diphosphate P2Y12 Inhibitors</b>		
EFFIENT TAB 10 mg	3	MO; QL (36 EA per 31 day(s))
EFFIENT TAB 5 mg	3	MO; QL (43 EA per 31 day(s))
PLAVIX ORAL	2	MO
<i>ticlopidine oral</i>	1	MO
<b>Anticoagulants, Oral</b>		
COUMADIN IV	3	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
COUMADIN ORAL	2	MO
JANTOVEN ORAL	1	MO
PRADAXA ORAL	2	PA; QL (60 EA per 30 day(s))
<i>warfarin oral</i>	1	MO
<b>Colony Stimulating Factors</b>		
LEUKINE INJ	4	PA
MOZOBIL SUBQ	4	PA
NEULASTA SUBQ	3	PA
NEUPOGEN INJ	4	PA
<b>Cyclic Adenosine Monophosphate Reuptake Inhibitors</b>		
AGGRENOX ORAL	2	MO
AGRYLIN ORAL	3	MO
<i>anagrelide oral</i>	1	MO
<i>dipyridamole oral</i>	1	MO
PERSANTINE ORAL	3	MO
<b>Erythropoietins</b>		
ARANESP (POLYSORBATE) INJ	3	PA
EPOGEN INJECTION 2,000 unit/mL, 3,000 unit/mL, 4,000 unit/mL	2	PA; QL (12 ML per 30 day(s))
EPOGEN INJECTION 20,000 unit/2 mL, 20,000 unit/mL, 40,000 unit/mL	4	PA; QL (12 ML per 30 day(s))
NEUMEGA SUBQ	4	PA; QL (21 EA per 30 day(s))
PROCRIT INJECTION 10,000 unit/mL, 2,000 unit/mL, 3,000 unit/mL, 4,000 unit/mL	2	PA; QL (12 ML per 30 day(s))
PROCRIT INJECTION 20,000 unit/mL, 40,000 unit/mL	4	PA; QL (12 ML per 30 day(s))
PROMACTA TAB 75 mg	4	PA-NS
PROMACTA TAB 25 mg, 50 mg	4	PA-NS; MO
<b>Factor Xa Inhibitors, Indirect</b>		
ARIXTRA SUBQ	2	
<b>Low Molecular Weight Heparins</b>		

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<i>enoxaparin subq</i>	1	
FRAGMIN SUB-Q	4	
FRAGMIN SUB-Q SYRINGE 2,500 unit/0.2 mL, 5,000 unit/0.2 mL, 7,500 unit/0.3 mL	3	
FRAGMIN SUB-Q SYRINGE 10,000 unit/mL	4	
<i>heparin (porcine) inj</i>	1	BvD
<i>heparin (porcine) in d5w iv</i>	1	BvD
<i>heparin (porcine) in ns (pf) iv</i>	1	BvD
<i>heparin (porcine)-0.45% nacl iv 25,000 unit/250 mL</i>	1	BvD
<i>heparin (porcine)-0.45% nacl iv 25,000 unit/500 mL</i>	2	BvD
<i>heparin, porcine (pf) iv</i>	2	BvD
INNOHEP SUBQ	3	
LOVENOX SUBQ	2	
<b>Phosphodiesterase III/Adenosine Uptake Inhibitors</b>		
<i>cilostazol oral</i>	1	MO
PLETAL ORAL	3	MO
<b>Protease Inhibitors</b>		
LYSTEDA ORAL	3	
<b>Cardiovascular Agents</b>		
<b>3-hydroxy-3-methylglutaryl coenzyme A (HMG CoA) Reductase Inhibitors</b>		
ADVICOR ORAL	3	MO
ALTOPREV ORAL	3	MO
CRESTOR ORAL	2	MO
LESCOL ORAL	3	MO
LESCOL XL ORAL	3	MO
LIPITOR ORAL	2	MO
LIVALO ORAL	3	ST-NS; QL (30 EA per 30 day(s))
<i>lovastatin oral</i>	1	MO
MEVACOR ORAL	3	MO

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
PRAVACHOL ORAL	3	MO
<i>pravastatin oral</i>	1	MO
SIMCOR 24 HR TAB 1,000-40 mg, 500-40 mg	2	
SIMCOR 24 HR TAB 1,000-20 mg, 500-20 mg, 750-20 mg	2	MO
<i>simvastatin oral</i>	1	MO
VYTORIN 10-10 ORAL	2	MO
VYTORIN 10-20 ORAL	2	MO
VYTORIN 10-40 ORAL	2	MO
VYTORIN 10-80 ORAL	2	MO
ZOCOR ORAL	3	MO
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine oral</i>	1	MO
<i>clonidine td</i>	1	MO
CLORPRES ORAL	3	MO
<i>guanabenz oral</i>	1	MO
<i>guanfacine oral</i>	1	MO
<i>methyldopa oral</i>	1	MO
<i>methyldopa-hydrochlorothiazide oral</i>	1	MO
<i>methyldopate iv</i>	1	
<i>midodrine oral</i>	1	MO
PROAMATINE ORAL	3	MO
<b>Alpha-adrenergic Blocking Agents</b>		
CARDURA XL ORAL	3	MO
DIBENZYLINE ORAL	3	MO
<i>doxazosin oral</i>	1	MO
<i>prazosin oral</i>	1	MO
<i>terazosin oral</i>	1	MO
<b>Angiotensin II Receptor Antagonists</b>		
BENICAR ORAL	3	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
BENICAR HCT ORAL	3	
DIOVAN ORAL	2	MO
DIOVAN HCT ORAL	2	MO
<i>losartan oral</i>	1	QL (30 EA per 30 day(s))
<i>losartan-hydrochlorothiazide oral</i>	1	QL (30 EA per 30 day(s))
MICARDIS TAB 80 mg	3	
MICARDIS TAB 20 mg, 40 mg	3	MO
MICARDIS HCT ORAL	3	MO
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
AZOR ORAL	3	MO
<i>benazepril oral</i>	1	MO
<i>benazepril-hydrochlorothiazide oral</i>	1	MO
<i>captopril oral</i>	1	MO
<i>captopril-hydrochlorothiazide oral</i>	1	MO
<i>enalapril maleate oral</i>	1	MO
<i>enalapril-hydrochlorothiazide oral</i>	1	MO
EXFORGE ORAL	3	MO
<i>fosinopril oral</i>	1	MO
<i>fosinopril-hydrochlorothiazide oral</i>	1	MO
<i>lisinopril oral</i>	1	MO
<i>lisinopril-hydrochlorothiazide oral</i>	1	MO
<i>moexipril oral</i>	1	MO
<i>moexipril-hydrochlorothiazide oral</i>	1	MO
<i>perindopril erbumine oral</i>	1	MO
<i>quinapril oral</i>	1	MO
<i>quinapril-hydrochlorothiazide oral</i>	1	MO
<i>ramipril oral</i>	1	MO
<i>trandolapril oral</i>	1	MO
<i>trandolapril-verapamil oral</i>	1	QL (60 EA per 30 day(s))
<b>Antiarrhythmics - Class IA/II/III/IV</b>		

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<i>amiodarone iv</i>	1	
<i>amiodarone oral</i>	1	MO
PACERONE TAB 200 mg	1	MO
PACERONE TAB 100 mg	2	MO
PACERONE TAB 400 mg	3	MO
<b>Antiarrhythmics - Class II</b>		
LOPRESSOR IV	3	
<i>metoprolol tartrate iv</i>	1	
<i>propranolol iv</i>	1	
<b>Antiarrhythmics - Class II/III</b>		
<i>sotalol iv</i>	1	
<i>sotalol oral</i>	1	MO
<b>Antiarrhythmics - Class III</b>		
TIKOSYN ORAL	2	MO
<b>Antiarrhythmics - Class IV</b>		
<i>diltiazem iv</i>	1	
<i>diltiazem iv powder for solution</i>	3	
<i>verapamil iv</i>	1	
<b>Antiarrhythmics - Classes IA, B, and C</b>		
<i>disopyramide oral</i>	1	MO
<i>flecainide oral</i>	1	MO
<i>mexiletine oral</i>	1	MO
MULTAQ ORAL	2	MO
<i>propafenone er 12 hr cap</i>	1	
<i>propafenone tab</i>	1	MO
<i>quinidine gluconate inj</i>	3	
<i>quinidine gluconate oral</i>	1	MO
<i>quinidine sulfate oral</i>	1	MO
<b>Beta-adrenergic Blocking Agents with Vasodilating Properties</b>		
BYSTOLIC TAB 20 mg	2	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
BYSTOLIC TAB 10 mg, 2.5 mg, 5 mg	2	MO
<i>carvedilol oral</i>	1	MO
COREG ORAL	3	MO
COREG CR ORAL	2	MO
<i>labetalol iv</i>	1	
<i>labetalol oral</i>	1	MO
TRANDATE ORAL	3	MO
<b>Bile Acid Sequestrants</b>		
CHOLESTYRAMINE LIGHT ORAL	1	MO
COLESTID ORAL	3	MO
<i>colestipol oral</i>	1	MO
PREVALITE ORAL	1	MO
QUESTRAN ORAL	3	MO
WELCHOL ORAL	2	MO
<b>Calcium Channel Blocking Agents (Non-dihydropyridines)</b>		
CALAN ORAL	3	MO
CALAN SR ORAL	3	MO
CARDIZEM ORAL	3	MO
CARDIZEM CD 24 HR CAP 360 mg	2	MO
CARDIZEM CD 24 HR CAP 120 mg, 180 mg, 240 mg, 300 mg	3	MO
CARDIZEM LA ORAL	3	MO
CARTIA XT ORAL	1	MO
COVERA-HS ORAL	3	MO
DILACOR XR ORAL	3	MO
<i>diltiazem cd 24 hr cap</i>	1	MO
<i>diltiazem er 12 hr cap</i>	1	MO
<i>diltiazem er 24 hr tab</i>	1	
<i>diltiazem er cap</i>	1	MO
<i>diltiazem tab</i>	1	MO

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
DILT-XR ORAL	1	MO
ISOPTIN SR ORAL	3	MO
TAZTIA XT ORAL	1	MO
TIAZAC ORAL	3	MO
<i>verapamil oral</i>	1	MO
VERELAN ORAL	3	MO
VERELAN PM ORAL	3	MO
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide oral</i>	1	MO
<i>acetazolamide sodium inj</i>	1	
DIAMOX SEQUELS ORAL	3	MO
<i>methazolamide oral</i>	1	MO
<b>Cardioselective Beta-adrenergic Blocking Agents</b>		
<i>acebutolol oral</i>	1	MO
<i>atenolol oral</i>	1	MO
<i>atenolol-chlorthalidone oral</i>	1	MO
<i>betaxolol oral</i>	1	MO
<i>bisoprolol fumarate oral</i>	1	MO
<i>bisoprolol-hydrochlorothiazide oral</i>	1	MO
KERLONE ORAL	3	MO
LOPRESSOR ORAL	3	MO
LOPRESSOR HCT ORAL	3	MO
<i>metoprolol succinate oral</i>	1	MO
<i>metoprolol tartrate oral</i>	1	MO
<i>metoprolol-hydrochlorothiazide oral</i>	1	MO
SECTRAL ORAL	3	MO
TENORETIC 100 ORAL	3	MO
TENORETIC 50 ORAL	3	MO
TENORMIN ORAL	3	MO
TOPROL XL ORAL	3	MO

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
ZEBETA ORAL	3	MO
ZIAC ORAL	3	MO
<b>Cardiovascular Agents, Other</b>		
<i>dexrazoxane iv</i>	1	
<i>digoxin inj</i>	1	
<i>digoxin oral</i>	1	MO
LANOXIN INJ	3	
LANOXIN ORAL	2	MO
LANOXIN PEDIATRIC INJ	3	
RANEXA ORAL	2	MO
<i>reserpine oral</i>	1	MO
SAMSCA ORAL	2	MO
ZINECARD IV	3	
<b>Cholesterol Absorption Inhibitors</b>		
ZETIA ORAL	2	MO
<b>Dihydropyridines</b>		
ADALAT CC ORAL	3	MO
AFEDITAB CR ORAL	1	MO
<i>amlodipine oral</i>	1	MO
<i>amlodipine-benazepril cap 10-40 mg, 5-40 mg</i>	1	
<i>amlodipine-benazepril cap 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg</i>	1	MO
CADUET ORAL	3	MO
DYNACIRC CR ORAL	3	MO
EXFORGE HCT TAB 10-160-12.5 mg	2	MO; QL (90 EA per 90 day(s))
<i>felodipine oral</i>	1	MO
<i>isradipine oral</i>	1	MO
LOTREL CAP 10-40 mg, 5-40 mg	2	MO; QL (31 EA per 31 day(s))
<i>nicardipine iv</i>	1	
<i>nicardipine oral</i>	1	MO

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
NIFEDIAC CC ORAL	1	MO
NIFEDICAL XL ORAL	1	MO
<i>nifedipine cap 10 mg</i>	1	MO
<i>nifedipine cap 20 mg</i>	3	MO
<i>nifedipine er 24 hr tab</i>	1	MO
<i>nimodipine oral</i>	1	MO
<i>nisoldipine oral</i>	1	MO
NORVASC ORAL	3	MO
PROCARDIA ORAL	3	MO
PROCARDIA XL ORAL	3	MO
SULAR ORAL	3	MO
TRIBENZOR ORAL	3	
TWYNSTA ORAL	3	MO
<b>Direct Renin Inhibitors</b>		
AMTURNIDE ORAL	3	QL (30 EA per 30 day(s))
TEKAMLO ORAL	3	
TEKTURNA ORAL	2	MO
TEKTURNA HCT ORAL	2	MO
VALTURNA ORAL	3	MO
<b>Fibrates</b>		
ANTARA ORAL	3	MO
<i>fenofibrate oral</i>	1	MO
<i>fenofibrate micronized oral</i>	1	MO
FENOGLIDE ORAL	3	MO
<i>gemfibrozil oral</i>	1	MO
LIPOFEN CAP 150 mg	3	
LIPOFEN CAP 50 mg	3	MO
LOFIBRA ORAL	3	MO
LOPID ORAL	3	MO
TRICOR ORAL	2	MO

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
TRIGLIDE ORAL	3	MO
<b>Loop Diuretics</b>		
<i>bumetanide inj</i>	1	
<i>bumetanide oral</i>	1	MO
DEMADEX ORAL	3	MO
EDECRIN ORAL	3	MO
<i>furosemide inj</i>	1	
<i>furosemide oral</i>	1	MO
LASIX ORAL	3	MO
SODIUM EDECRIN IV	3	
<i>torseamide iv</i>	1	
<i>torseamide oral</i>	1	MO
<b>Nicotinic Acid</b>		
NIACOR ORAL	1	MO
NIASPAN EXTENDED-RELEASE ORAL	2	MO
<b>Nonselective Beta-adrenergic Blocking Agents</b>		
CORGARD ORAL	3	MO
CORZIDE ORAL	3	MO
INDERAL LA ORAL	3	MO
INNOPRAN XL ORAL	3	MO
LEVATOL ORAL	3	MO
<i>nadolol oral</i>	1	MO
<i>nadolol-bendroflumethiazide oral</i>	1	MO
<i>pindolol oral</i>	1	MO
<i>propranolol oral</i>	1	MO
<i>propranolol-hydrochlorothiazid oral</i>	1	MO
SORINE ORAL	1	MO
<i>timolol maleate oral</i>	1	MO
<b>Omega-3 Fatty Acids</b>		
LOVAZA ORAL	3	MO

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<b>Potassium-sparing Diuretics</b>		
ALDACTAZIDE TAB 50-50 mg	2	MO
ALDACTAZIDE TAB 25-25 mg	3	MO
<i>amiloride oral</i>	1	MO
<i>amiloride-hydrochlorothiazide oral</i>	1	MO
DYAZIDE ORAL	3	MO
DYRENIUM ORAL	3	MO
<i>eplerenone oral</i>	1	MO
MAXZIDE ORAL	3	MO
MAXZIDE-25MG ORAL	3	MO
<i>spironolactone oral</i>	1	MO
<i>spironolacton-hydrochlorothiaz oral</i>	1	MO
<i>triamterene-hydrochlorothiazid oral</i>	1	MO
<b>Thiazide Diuretics</b>		
<i>chlorothiazide oral</i>	1	MO
<i>chlorothiazide sodium iv</i>	1	
<i>chlorthalidone oral</i>	1	MO
DIURIL ORAL	3	MO
DIURIL IV IV	3	
<i>hydrochlorothiazide oral</i>	1	MO
<i>indapamide oral</i>	1	MO
<i>methyclothiazide oral</i>	1	MO
<i>metolazone oral</i>	1	MO
MICROZIDE ORAL	3	MO
THALITONE ORAL	2	MO
ZAROXOLYN ORAL	3	MO
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine inj</i>	1	
<i>hydralazine oral</i>	1	MO
<i>minoxidil oral</i>	1	MO

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
BIDIL ORAL	2	MO
DILATRATE-SR ORAL	3	MO
IMDUR ORAL	3	MO
ISMO ORAL	3	MO
ISOCHRON ORAL	1	MO
ISORDIL ORAL	2	MO
ISORDIL TITRADOSE ORAL	3	MO
<i>isosorbide dinitrate oral</i>	1	MO
<i>isosorbide dinitrate sl</i>	1	MO
<i>isosorbide mononitrate oral</i>	1	MO
MINITRAN TD	1	MO
MONOKET ORAL	3	MO
NITRO-DUR TRANSDERM 24 HR PATCH 0.3 mg/hr, 0.8 mg/hr	2	MO
NITRO-DUR TRANSDERM 24 HR PATCH 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	3	MO
<i>nitroglycerin iv</i>	1	
<i>nitroglycerin td</i>	1	MO
NITROLINGUAL TL	2	MO
NITROMIST TL	2	
NITROSTAT SL	2	MO
PENTOPAK ORAL	1	MO
<i>pentoxifylline oral</i>	1	MO
PROGLYCEM ORAL	2	MO
TRENTAL ORAL	3	MO
<b>Central Nervous System Agents</b>		
<b>Amphetamines, ADHD</b>		
ADDERALL ORAL	3	PA
ADDERALL XR ORAL	3	PA

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
AMPHETAMINE SALT COMBO ORAL	1	PA
DEXEDRINE SPANSULE ORAL	3	PA
<i>dextroamphetamine er cap</i>	1	
<i>dextroamphetamine tab</i>	1	PA
VYVANSE CAP 30 mg, 50 mg, 70 mg	3	PA
<b>Non-amphetamines, ADHD</b>		
CONCERTA ORAL	3	PA
DAYTRANA TD	3	PA
DESOXYN ORAL	3	PA
<i>dexmethylphenidate oral</i>	1	PA
FOCALIN ORAL	3	PA
FOCALIN XR ORAL	3	PA
METADATE CD ORAL	3	PA
METADATE ER ORAL	1	PA
<i>methamphetamine oral</i>	1	PA
METHYLIN CHEWABLE TAB	3	PA
METHYLIN ORAL SOLN	3	PA
METHYLIN TAB	1	PA
METHYLIN ER ORAL	1	
<i>methylphenidate oral</i>	1	PA
RITALIN ORAL	3	PA
RITALIN LA ORAL	3	PA
RITALIN SR ORAL	3	PA
STRATTERA ORAL	2	PA
<b>Non-amphetamines, Other</b>		
AMPYRA ORAL	4	PA; QL (60 EA per 30 day(s))
DEMSER ORAL	3	
GILENYA ORAL	4	PA
NUDEXTA ORAL	3	PA; MO
NUVIGIL ORAL	2	PA; QL (31 EA per 30 day(s))

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
PROVIGIL ORAL	2	PA; QL (31 EA per 31 day(s))
RILUTEK ORAL	4	MO
XENAZINE ORAL	4	PA
XYREM ORAL	4	LA

### **Dental and Oral Agents**

#### **Dental and Oral Agents**

APHTHASOL MM	3	
<i>chlorhexidine gluconate mm</i>	1	
CYKLOKAPRON IV	2	
EVOXAC ORAL	2	
KEPIVANCE IV	3	
PERIOGARD MM	1	
<i>pilocarpine hcl oral</i>	1	
<i>triamcinolone acetonide dent</i>	1	

### **Dermatological Agents**

#### **Dermatological Acne Agents**

<i>adapalene top</i>	1	PA
AKNE-MYCIN TOP	3	
AMNESTEEM ORAL	1	
ATRALIN TOP	3	PA
AVITA TOP	1	PA
AZELEX TOP	2	
BENZAACLIN CAREKIT TOP	3	
BENZAMYCIN TOP	3	
CLARAVIS ORAL	1	
CLEOCIN T TOP	3	
CLINDAGEL TOP	3	
<i>clindamycin phosphate top</i>	1	
<i>clindamycin-benzoyl peroxide top</i>	1	
DIFFERIN TOP	2	PA

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
ERY PADS TOP	1	
<i>erythromycin with ethanol top</i>	1	
<i>erythromycin-benzoyl peroxide top</i>	1	
EVOCLIN TOP	3	
FINACEA TOP	3	
KLARON TOP	3	
RETIN-A TOP	3	PA
RETIN-A MICRO TOP	3	PA
SOTRET ORAL	1	
TAZORAC TOP	3	
<i>tretinoin top</i>	1	PA
ZIANA TOP	3	
<b>Dermatological Anti-inflammatory Agents</b>		
SOLARAZE TOP	2	
<b>Dermatological Antipruritic Agents</b>		
ZONALON TOP	2	
<b>Dermatological Calcineurin Inhibitors</b>		
ELIDEL TOP	2	ST-NS
PROTOPIC TOP	2	ST-NS
<b>Dermatological Caustic Agents</b>		
CONDYLOX TOP	3	
<i>podofilox top</i>	1	
<b>Dermatological Emollients</b>		
<i>ammonium lactate top</i>	1	
LAC-HYDRIN TOP	3	
LACLOTION TOP	1	
<b>Dermatological Genital Wart Agents</b>		
ALDARA TOP	3	
<i>imiquimod top</i>	1	
VEREGEN TOP	3	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<b>Dermatological Mitotic Inhibitors</b>		
<i>selenium sulfide top</i>	1	
SELSUN TOP	3	
<b>Dermatological Non-melanoma Skin Cancer Agents</b>		
CARAC TOP	2	
EFUDEX TOP	3	
FLUOROPLEX TOP	2	
<i>fluorouracil top</i>	1	
<b>Dermatological Photochemotherapy Agents</b>		
8-MOP ORAL	3	
OXSORALEN TOP	3	
OXSORALEN ULTRA ORAL	4	
UVADEX INJ	3	
<b>Dermatological Psoriasis Agents</b>		
AMEVIVE IM	4	
<i>calcipotriene top</i>	1	
DOVONEX TOPICAL CREAM	2	
DOVONEX TOPICAL SOLN	3	
SORIATANE ORAL	3	
TACLONEX TOP	3	
TACLONEX SCALP TOP	3	
<b>Dermatological Wound Care Agents</b>		
REGRANEX TOP	4	PA
SANTYL TOP	2	
<i>water for irrigation, sterile ir</i>	1	
<b>Enzyme Replacements/ Modifiers</b>		
<b>Anti-cystine Agents</b>		
CYSTAGON ORAL	2	
<b>Fabry Disease Treatment</b>		
FABRAZYME IV	4	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<b>Gaucher's Disease Treatment</b>		
CEREDASE IV	4	
CEREZYME IV	4	
VPRIV IV	4	PA
<b>Glucosylceramide Synthase Inhibitors</b>		
ZAVESCA ORAL	4	MO
<b>Hereditary Tyrosinemia Type 1 (HT-1) Treatment</b>		
ORFADIN ORAL	4	
<b>Hunter Syndrome Treatment</b>		
ELAPRASE IV	4	
<b>Mucopolysaccharidosis Disease Treatment</b>		
ALDURAZYME IV	4	
NAGLAZYME IV	4	
<b>Pancrelipase Replacement</b>		
CREON ORAL	2	MO
PANCREAZE ORAL	2	
ZENPEP ORAL	2	MO
<b>Phenylketonuria Treatment</b>		
KUVAN ORAL	4	
<b>Severe Combined Immunodeficiency Disease (SCID) Treatment</b>		
ADAGEN IM	4	
<b>Urea Cycle Disorder Treatment</b>		
BUPHENYL ORAL POWDER	3	
BUPHENYL TAB	4	
ELITEK IV	3	
<b>Gastrointestinal Agents</b>		
<b>Antispasmodics, Gastrointestinal</b>		
<i>atropine inj</i>	1	
BENTYL IM	3	
BENTYL ORAL	3	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
CANTIL ORAL	3	
<i>dicyclomine im</i>	1	
<i>dicyclomine oral</i>	1	
<i>glycopyrrolate inj</i>	1	
<i>glycopyrrolate oral</i>	1	
<i>methscopolamine oral</i>	1	
PAMINE ORAL	3	
PAMINE FORTE ORAL	3	
ROBINUL INJ	3	
ROBINUL ORAL	3	
ROBINUL FORTE ORAL	3	
<b>Gastrointestinal Agents, Other</b>		
ACTIGALL ORAL	3	MO
AMITIZA ORAL	2	
COLYTE WITH FLAVOR PACKS ORAL	3	
CONSTULOSE ORAL	1	
DIPENTUM ORAL	2	
<i>diphenoxylate-atropine oral</i>	1	
ENULOSE ORAL	1	
GAVILYTE-C ORAL	1	
GAVILYTE-G ORAL	1	
GAVILYTE-N ORAL	1	
GOLYTELY ORAL	3	
HALFLYTELY-BISACODYL BOWEL KIT ORAL	2	
HELIDAC ORAL	3	
KAYEXALATE ORAL	3	
KRISTALOSE ORAL	3	
<i>lactulose oral</i>	1	
LOMOTIL ORAL	3	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<i>loperamide oral</i>	1	
MOTOFEN ORAL	3	
MOVIPREP ORAL	3	
NULYTELY WITH FLAVOR PACKS ORAL	3	
OSMOPREP ORAL	3	
<i>polyethylene glycol 3350 oral</i>	1	
PYLERA ORAL	3	
RELISTOR SUBQ	2	
TRILYTE WITH FLAVOR PACKETS ORAL	1	
URSO 250 ORAL	2	MO
URSO FORTE ORAL	2	MO
<i>ursodiol cap</i>	1	MO
<i>ursodiol tab</i>	1	
VISICOL ORAL	3	
<b>Histamine2 (H2) Blocking Agents</b>		
AXID ORAL	3	
<i>cimetidine inj</i>	1	
<i>cimetidine oral</i>	1	
<i>famotidine oral</i>	1	
<i>famotidine (pf) iv</i>	1	
<i>famotidine(pf) in sal (iso-os) iv</i>	1	
<i>nizatidine oral</i>	1	
PEPCID ORAL SUSP	2	
PEPCID TAB	3	
PEPCID IN NAACL (ISO-OSMOTIC) IV	3	
<i>ranitidine hcl inj</i>	1	
<i>ranitidine hcl oral</i>	1	
ZANTAC INJ	3	
ZANTAC ORAL	3	
ZANTAC 25 EFFERDOSE ORAL	3	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
ZANTAC IN 1/2 NS IV	3	
<b>Irritable Bowel Syndrome Agents</b>		
CIMZIA SUBQ	4	PA
CIMZIA POWDER FOR RECONST SUBQ	4	PA
LOTRONEX ORAL	2	
<b>Protectants</b>		
CARAFATE ORAL SUSP	2	
CARAFATE TAB	3	
CYTOTEC ORAL	3	
<i>misoprostol oral</i>	1	
<i>sucralfate oral</i>	1	
<b>Proton Pump Inhibitors</b>		
<i>lansoprazole oral</i>	1	
NEXIUM ORAL	3	ST-NS; QL (31 EA per 31 day(s))
NEXIUM IV IV	3	
NEXIUM PACKET ORAL	3	ST-NS; QL (31 EA per 31 day(s))
<i>omeprazole oral</i>	1	
<i>omeprazole-sodium bicarbonate oral</i>	1	
<i>pantoprazole oral</i>	1	
PRILOSEC ORAL	3	
PROTONIX IV	3	
PROTONIX ORAL	3	
ZEGERID ORAL	3	
<b>Genitourinary Agents</b>		
<b>5 Alpha-reductase Inhibitors</b>		
AVODART ORAL	2	MO
<i>finasteride oral</i>	1	MO
JALYN ORAL	3	QL (30 EA per 25 day(s))
PROSCAR ORAL	3	MO
<b>Alpha 1-adrenergic Blocking Agents</b>		

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
FLOMAX ORAL	2	MO
<i>tamsulosin oral</i>	1	
UROXATRAL ORAL	2	MO
<b>Antispasmodics, Urinary</b>		
DETROL ORAL	3	MO
DETROL LA ORAL	2	MO
DITROPAN XL ORAL	3	MO
ENABLEX ORAL	2	MO
<i>flavoxate oral</i>	1	MO
<i>oxybutynin chloride oral</i>	1	MO
OXYTROL TD	2	MO
SANCTURA XR ORAL	2	MO
TOVIAZ ORAL	3	MO
<i>trospium oral</i>	1	
VESICARE ORAL	2	MO
<b>Genitourinary Agents, Other</b>		
<i>bethanechol chloride oral</i>	1	MO
ELMIRON ORAL	2	MO
URECHOLINE ORAL	3	MO
<b>Phosphate Binders</b>		
<i>calcium acetate oral</i>	1	
FOSRENOL ORAL	3	MO
PHOSLO ORAL	2	MO
RENAGEL ORAL	2	MO
RENVELA ORAL	2	MO
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>		
<b>Glucocorticoids-Systemic</b>		
A-HYDROCORT INJ	1	
A-METHAPRED INJ	1	
CELESTONE ORAL	3	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
CORTEF ORAL	3	
<i>cortisone oral</i>	1	
DEPO-MEDROL INJ	3	
<i>dexamethasone oral</i>	1	
DEXAMETHASONE INTENSOL ORAL	1	
<i>dexamethasone sodium phosphate inj</i>	1	
DEXPAK ORAL	2	
<i>hydrocortisone oral</i>	1	
MEDROL ORAL	3	
MEDROL (PAK) ORAL	3	
<i>methylprednisolone oral</i>	1	
<i>methylprednisolone acetate inj</i>	1	
<i>methylprednisolone sodium succ inj</i>	1	
<i>methylprednisolone sodium succ iv</i>	1	
MILLIPRED ORAL SOLN	3	
ORAPRED ORAL	3	
ORAPRED ODT ORAL	3	
PEDIAPRED ORAL	3	
<i>prednisolone sodium phosphate oral</i>	1	
<i>prednisone oral</i>	1	
PREDNISON INTENSOL ORAL	2	
PRELONE ORAL	3	
SOLU-MEDROL IV	3	
SOLU-MEDROL (PF) INJ	3	
SOLU-MEDROL (PF) IV	3	
VERIPRED 20 ORAL	3	
<b>Glucocorticoids-Topical-High Potency</b>		
<i>amcinonide top</i>	1	
DESOWEN TOP	3	
DESOWEN OINTMENT & LOTION TOP	2	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<i>fluocinonide top</i>	1	
HALOG TOP	3	
KENALOG TOP	2	
LUXIQ TOP	3	
TRIDERM TOP	1	
<b>Glucocorticoids-Topical-Low Potency</b>		
ACLOVATE TOP	3	
ALA-CORT TOP	1	
ALA-SCALP TOP	3	
<i>alclometasone top</i>	1	
ANUSOL-HC RECT	3	
CARMOL HC TOP	3	
CLODERM TOP	3	
COLOCORT RECT	1	
CORTENEMA RECT	3	
CORTIFOAM RECT	3	
DESONATE TOP	3	
<i>desonide top</i>	1	
<i>hydrocortisone rect</i>	1	
<i>hydrocortisone top</i>	1	
LOKARA TOP	1	
PANDEL TOP	3	
PROCTOCORT RECT	3	
PROCTOCREAM-HC RECT	1	
PROCTO-PAK RECT	1	
PROCTOSOL HC RECT	1	
PROCTOZONE-HC RECT	1	
SOLU-CORTEF (PF) SOLUTION FOR INJECTION 250 mg/2 mL	2	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
SOLU-CORTEF (PF) SOLUTION FOR INJECTION 100 mg/2 mL	3	
U-CORT TOP	1	
VERDESO TOP	3	
<b>Glucocorticoids-Topical-Medium Potency</b>		
<i>betamethasone valerate top</i>	1	
BETA-VAL TOP	1	
CAPEX TOP	3	
CORDRAN TOP	3	
CORDRAN SP TOP	3	
CUTIVATE TOP	3	
DERMA-SMOOTH/FS BODY OIL TOP	3	
DERMATOP TOP	3	
<i>desoximetasone top</i>	1	
ELOCON TOP	3	
<i>fluocinolone top</i>	1	
<i>fluticasone top</i>	1	
<i>hydrocortisone butyrate top</i>	1	
<i>hydrocortisone valerate top</i>	1	
LOCOID TOP	3	
LOCOID LIPOCREAM TOP	3	
<i>mometasone top</i>	1	
<i>prednicarbate top</i>	1	
TOPICORT TOP	3	
TOPICORT LP TOP	3	
<i>triamcinolone acetonide lotion</i>	1	
<i>triamcinolone acetonide ointment 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide ointment 0.05 %</i>	3	
<i>triamcinolone acetonide topical cream</i>	1	
WESTCORT TOP	3	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<b>Glucocorticoids-Topical-Very High Potency</b>		
<i>betamethasone dipropionate top</i>	1	
<i>betamethasone, augmented top</i>	1	
<i>clobetasol top</i>	1	
CLOBETASOL PROPIONATE 0.5 MG/ML TOPICAL CREAM [ISOVATE]	1	
<i>clobetasol-emollient top</i>	1	
CLOBEX TOP	3	
<i>diflorasone top</i>	1	
DIPROLENE TOP	3	
DIPROLENE AF TOP	3	
<i>fluocinonide-emollient top</i>	1	
<i>halobetasol propionate top</i>	1	
OLUX-E TOP	3	
TEMOVATE TOP	3	
ULTRAVATE TOP	3	
VANOS TOP	3	
<b>Mineralocorticoids</b>		
<i>fludrocortisone oral</i>	1	MO
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>		
<b>Gonadotropins</b>		
<i>chorionic gonadotropin, human im</i>	1	BvD
NOVAREL IM	1	BvD
PREGNYL IM	1	BvD
<b>Growth Hormone Analogs</b>		
GENOTROPIN SUBQ	4	PA
GENOTROPIN MINIQUICK SUB-Q SYRINGE 0.2 mg/0.25 mL	2	PA

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
GENOTROPIN MINIQUICK SUB-Q SYRINGE 0.4 mg/0.25 mL, 0.6 mg/0.25 mL, 0.8 mg/0.25 mL, 1 mg/0.25 mL, 1.2 mg/0.25 mL, 1.4 mg/0.25 mL, 1.6 mg/0.25 mL, 1.8 mg/0.25 mL, 2 mg/0.25 mL	4	PA
HUMATROPE INJ	4	PA
NORDITROPIN NORDIFLEX SUBQ	4	PA
NUTROPIN SUBQ	4	PA
NUTROPIN AQ SUBQ	4	PA
NUTROPIN AQ NUSPIN SUBQ	3	PA
SAIZEN SUBQ	4	PA
SAIZEN CLICK.EASY SUBQ	4	PA
SEROSTIM SUBQ	4	PA
TEV-TROPIN SUBQ	4	PA
ZORBTIVE SUBQ	4	PA
<b>Insulin-like Growth Factor Analogs</b>		
INCRELEX SUBQ	4	PA
<b>Vasopressin Analogs</b>		
DDAVP INJ	3	
DDAVP NASAL SPRAY AEROSOL	3	MO
DDAVP ORAL	3	MO
<i>desmopressin inj</i>	1	
<i>desmopressin nasal soln</i>	1	MO
<i>desmopressin nasal spray</i>	1	
<i>desmopressin oral</i>	1	MO
STIMATE NASL	3	MO
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>		
<b>Anabolic Steroids</b>		
ANADROL-50 ORAL	3	
<i>oxandrolone tab 2.5 mg</i>	1	PA
<i>oxandrolone tab 10 mg</i>	4	PA

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<b>Androgens</b>		
ANDROGEL TD	2	PA; MO
<i>danazol oral</i>	1	MO
TESTIM TD	2	PA
<i>testosterone cypionate im</i>	1	PA-NS
<i>testosterone enanthate im</i>	1	PA-NS
<b>Estrogens</b>		
ACTIVELLA ORAL	3	MO
ALORA TD	2	MO
ANGELIQ ORAL	3	MO
APRI ORAL	1	MO
CENESTIN ORAL	3	MO
CESIA ORAL	1	MO
CLIMARA TD	3	MO
COMBIPATCH TD	2	MO
CRYSSELLE (28) ORAL	1	MO
CYCLESSA ORAL	3	MO
DELESTROGEN IM	3	
DEPO-ESTRADIOL IM	3	
DESOGEN ORAL	3	MO
DIVIGEL TD	3	MO
ELESTRIN TD	3	MO
ENJUVIA ORAL	3	MO
ESTRACE ORAL	3	MO
ESTRACE VAGL	3	MO
ESTRADERM TD	2	MO
<i>estradiol oral</i>	1	MO
<i>estradiol td</i>	1	MO
<i>estradiol valerate im</i>	1	
<i>estradiol-norethindrone acet oral</i>	1	MO

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
ESTRING VAGL	3	MO
<i>estropipate oral</i>	1	MO
ESTROSTEP FE-28 ORAL	3	MO
EVAMIST TD	3	MO
FEMHRT 1/5 ORAL	3	MO
FEMHRT LOW DOSE ORAL	3	MO
FEMRING VAGL	3	MO
FEMTRACE ORAL	3	MO
GIANVI ORAL	1	
GYNODIOL ORAL	2	MO
JINTELI ORAL	1	MO
KARIVA ORAL	1	MO
KELNOR 1/35 (28) ORAL	1	MO
MENEST ORAL	3	MO
MENOSTAR TD	3	MO
MONONESSA (28) ORAL	1	MO
NUVARING VAGL	2	MO
OCELLA ORAL	1	MO
OGEN 0.625 ORAL	3	MO
OGESTREL (28) ORAL	1	MO
ORTHO TRI-CYCLLEN LO ORAL	2	MO
ORTHO-CEPT (28) ORAL	3	MO
ORTHO-EST 0.625 ORAL	1	MO
ORTHO-EST 1.25 ORAL	1	MO
PREFEST ORAL	3	MO
PREMARIN INJ	2	
PREMARIN ORAL	2	MO
PREMARIN VAGL	2	MO
PREMPHASE ORAL	2	MO
PREMPRO ORAL	2	MO

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
PREVIFEM ORAL	1	MO
RECLIPSEN (28) ORAL	1	MO
SOLIA ORAL	1	MO
SPRINTEC (28) ORAL	1	MO
TRINESSA (28) ORAL	1	MO
TRI-PREVIFEM (28) ORAL	1	MO
TRI-SPRINTEC (28) ORAL	1	MO
VAGIFEM VAGL	2	MO
VELIVET ORAL	1	MO
VIVELLE-DOT TD	2	MO
YASMIN 28 ORAL	3	MO
YAZ 28 ORAL	3	MO
ZOVIA 1/35E (28) ORAL	1	MO
ZOVIA 1/50E (28) ORAL	1	MO
<b>Progestins</b>		
ARANELLE (28) ORAL	1	MO
AVIANE ORAL	1	MO
AYGESTIN ORAL	3	MO
BALZIVA (28) ORAL	1	MO
BREVICON (28) ORAL	3	MO
CAMILA ORAL	1	MO
CLIMARA PRO TD	2	MO
CRINONE VAGL	3	MO
CYCLAFEM 1/35 (28) ORAL	1	
CYCLAFEM 7/7/7 (28) ORAL	1	
DEPO-PROVERA IM	2	
DEPO-PROVERA IM SUSP	3	
DEPO-SUBQ PROVERA 104 SUBQ	3	
ENDOMETRIN VAGL	3	MO
ENPRESSE ORAL	1	MO

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
ERRIN ORAL	1	MO
JOLIVETTE ORAL	1	MO
JUNEL 1.5/30 (21) ORAL	1	MO
JUNEL 1/20 (21) ORAL	1	MO
JUNEL FE 1.5/30 (28) ORAL	1	MO
JUNEL FE 1/20 (28) ORAL	1	MO
LEENA 28 ORAL	1	MO
LESSINA ORAL	1	MO
LEVORA-28 ORAL	1	MO
LOESTRIN 1.5/30 (21) ORAL	3	MO
LOESTRIN 1/20 (21) ORAL	3	MO
LOESTRIN 24 FE ORAL	3	MO
LOESTRIN FE 1.5/30 (28) ORAL	3	MO
LOESTRIN FE 1/20 (28) ORAL	3	MO
LO-OVRAL (28) ORAL	3	MO
LOSEASONIQUE ORAL	3	
LOW-OGESTREL (28) ORAL	1	MO
LUTERA (28) ORAL	1	MO
LYBREL ORAL	3	MO
<i>medroxyprogesterone im</i>	1	
<i>medroxyprogesterone oral</i>	1	MO
MEGACE ES ORAL	2	MO
MEGACE ORAL ORAL	3	MO
<i>megestrol oral</i>	1	MO
MICROGESTIN 1.5/30 (21) ORAL	1	MO
MICROGESTIN 1/20 (21) ORAL	1	MO
MICROGESTIN FE 1.5/30 (28) ORAL	1	MO
MICROGESTIN FE 1/20 (28) ORAL	1	MO
MODICON (28) ORAL	3	MO
NECON 0.5/35 (28) ORAL	1	MO

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
NECON 1/35 (28) ORAL	1	MO
NECON 10/11 (28) ORAL	2	MO
NECON 7/7/7 (28) ORAL	1	MO
NEXT CHOICE ORAL	1	MO
NORA-BE ORAL	1	MO
NORDETTE-28 ORAL	3	MO
<i>norethindrone acetate oral</i>	1	MO
NORINYL 1+35 (28) ORAL	3	MO
NOR-QD ORAL	3	MO
NORTREL 0.5/35 (28) ORAL	1	MO
NORTREL 1/35 (21) ORAL	1	MO
NORTREL 1/35 (28) ORAL	1	MO
NORTREL 7/7/7 (28) ORAL	1	MO
ORTHO EVRA TD	2	MO
ORTHO MICRONOR ORAL	3	MO
ORTHO-CYCLEN (28) ORAL	3	MO
ORTHO-NOVUM 7/7/7 (28) ORAL	3	MO
OVCON-35 (28) ORAL	3	MO
OVCON-50 (28) ORAL	3	MO
PORTIA ORAL	1	MO
PROCHIEVE VAGL	3	MO
PROMETRIUM ORAL	3	MO
PROVERA ORAL	3	MO
QUASENSE ORAL	1	MO
SEASONALE ORAL	3	MO
SEASONIQUE ORAL	3	MO
SRONYX ORAL	1	MO
TRI-LEGEST FE ORAL	1	MO
TRI-NORINYL (28) ORAL	3	MO
TRIVORA (28) ORAL	1	MO

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<b>Selective Estrogen Receptor Modifying Agents</b>		
EVISTA ORAL	2	MO
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
CYTOMEL ORAL	2	MO
LEVOTHROID ORAL	1	MO
<i>levothyroxine oral</i>	1	MO
LEVOXYL ORAL	1	MO
<i>liothyronine iv</i>	1	
<i>liothyronine oral</i>	1	
SYNTHROID ORAL	2	MO
THYROLAR-1 ORAL	3	MO
THYROLAR-1/4 ORAL	3	MO
THYROLAR-2 ORAL	3	MO
THYROLAR-3 ORAL	3	MO
TIROSINT ORAL	2	
UNITHROID ORAL	1	MO
<b>Hormonal Agents, Suppressant (Parathyroid)</b>		
<b>Calcimimetics</b>		
SENSIPAR TAB 30 mg	2	MO
SENSIPAR TAB 60 mg, 90 mg	4	MO
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<b>Gonadotropin-releasing Hormone Analogs</b>		
ELIGARD SUBQ	3	
<i>leuprolide subq</i>	1	
LUPRON DEPOT IM KIT	2	
LUPRON DEPOT IM SYRINGE	4	
LUPRON DEPOT (3 MONTH) IM KIT	2	
LUPRON DEPOT (3 MONTH) IM SYRINGE	4	
LUPRON DEPOT (4 MONTH) IM	4	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
LUPRON DEPOT-PED IM	4	
SYNAREL NASL	2	
TRELSTAR IM SUSP	4	
TRELSTAR IM SYRINGE	2	
<b>Growth Hormone Antagonists</b>		
SOMAVERT SUBQ	2	PA; QL (30 EA per 30 day(s))
<b>Somatostatin Analogs</b>		
<i>octreotide acetate injection 50 mcg/mL</i>	1	PA
<i>octreotide acetate injection 1,000 mcg/mL, 100 mcg/mL, 200 mcg/mL, 500 mcg/mL</i>	4	PA
SANDOSTATIN INJ	4	PA
SANDOSTATIN LAR DEPOT IM	4	PA
SOMATULINE DEPOT SUBQ	4	PA
<b>Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)</b>		
<b>Antiandrogens</b>		
<i>bicalutamide oral</i>	1	
CASODEX ORAL	2	MO
<i>flutamide oral</i>	1	MO
NILANDRON ORAL	2	MO
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
<i>methimazole oral</i>	1	
<i>propylthiouracil oral</i>	1	
TAPAZOLE ORAL	3	
<b>Immunological Agents</b>		
<b>Immune Suppressants (Non-TNF Inhibitors)</b>		
ARCALYST SUBQ	4	PA
AZASAN ORAL	2	BvD; MO
<i>azathioprine oral</i>	1	BvD; MO
<i>azathioprine sodium inj</i>	1	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
CELLCEPT ORAL	2	BvD; MO
CELLCEPT INTRAVENOUS IV	3	
CUPRIMINE ORAL	2	MO
<i>cyclosporine iv</i>	1	
<i>cyclosporine oral</i>	1	BvD; MO
<i>cyclosporine modified cap 100 mg</i>	1	
<i>cyclosporine modified cap 50 mg</i>	3	BvD; MO
<i>cyclosporine modified oral soln</i>	1	BvD; MO
DEPEN TITRATABS ORAL	3	MO
GENGRAF ORAL	1	BvD; MO
IMURAN ORAL	3	BvD; MO
<i>methotrexate sodium inj</i>	1	
<i>methotrexate sodium oral</i>	1	MO
<i>methotrexate sodium (pf) inj</i>	1	
<i>mycophenolate mofetil oral</i>	1	BvD
MYFORTIC ORAL	3	BvD; MO
NEORAL ORAL	2	BvD; MO
ORENCIA IV	4	PA
ORTHOCLONE OKT3 IV	3	
PROGRAF IV	3	
PROGRAF ORAL	2	BvD; MO
RAPAMUNE ORAL SOLN	2	BvD; MO
RAPAMUNE TAB 0.5 mg	2	BvD
RAPAMUNE TAB 1 mg, 2 mg	2	BvD; MO
RHEUMATREX ORAL	2	MO
SANDIMMUNE IV	3	
SANDIMMUNE ORAL	2	BvD; MO
<i>tacrolimus oral</i>	1	BvD; MO
TREXALL ORAL	3	BvD; MO
<b>Immunoglobulins</b>		

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
ATGAM IV	3	
CARIMUNE NF NANOFILTERED IV	4	PA
GAMASTAN S/D IM	2	
GAMMAGARD LIQUID IV	4	PA
GAMMAPLEX IV	4	PA
GAMUNEX IV	4	PA
HIZENTRA SUBQ	4	PA
PRIVIGEN IV	4	PA
THYMOGLOBULIN IV	3	
VIVAGLOBIN SUBQ	4	PA
<b>Immunomodulators, Other</b>		
ACTEMRA IV	4	PA
ARAVA ORAL	3	MO
COPAXONE SUBQ	4	PA-NS
KINERET SUBQ	4	PA
<i>leflunomide oral</i>	1	MO
PROLEUKIN IV	4	
RIDAURA ORAL	2	MO
STELARA SUBQ	4	PA; QL (1 ML per 28 day(s))
SYNAGIS IM	4	
<b>Interferons, Alfa</b>		
INFERGEN SUBQ	4	PA
INTRON A INJ	2	PA-NS
INTRON A SUBQ	2	PA-NS
PEGASYS SUBQ	4	PA-NS; QL (4 ML per 30 day(s))
PEGASYS CONVENIENCE PACK SUBQ	4	PA-NS; QL (2 EA per 30 day(s))
PEGINTRON SUBQ	4	PA-NS; QL (4 EA per 30 day(s))
PEGINTRON REDIPEN SUBQ	4	PA-NS; QL (4 EA per 30 day(s))
<b>Interferons, Beta</b>		
AVONEX IM	4	PA-NS

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
AVONEX ADMINISTRATION PACK IM	4	PA-NS
BETASERON SUBQ	4	PA-NS
REBIF SUBQ	4	PA-NS
REBIF TITRATION PACK SUBQ	4	PA-NS
<b>Interferons, Gamma</b>		
ACTIMMUNE SUBQ	4	
<b>Tumor Necrosis Factor (TNF) Inhibitors</b>		
ENBREL SUBQ	4	PA
HUMIRA SUBQ	4	PA
HUMIRA CROHN'S DIS START PCK SUBQ	4	PA
REMICADE IV	4	PA
<b>Vaccines to Prevent Diphtheria</b>		
ADACEL (ADOLESCENT & ADULT) IM	2	
DECAVAC IM	2	BvD
<i>tetanus, diphtheria toxid ped-pf im</i>	2	BvD
<b>Vaccines to Prevent Haemophilus Type B</b>		
ACTHIB IM	2	
COMVAX IM	2	
PEDVAX HIB (PF) IM	2	
TRIHIBIT PRESERVATIVE FREE IM	2	
<b>Vaccines to Prevent Hepatitis A</b>		
HAVRIX (PF) IM	2	
TWINRIX (PF) IM	2	
VAQTA (PF) IM	2	
<b>Vaccines to Prevent Hepatitis B</b>		
ENGERIX-B (PF) IM	2	BvD
PEDIARIX (PF) IM	2	
RECOMBIVAX HB (PF) IM	2	BvD
<b>Vaccines to Prevent Japanese Encephalitis</b>		
IXIARO (PF) IM	2	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
JE-VAX SUBQ	2	
<b>Vaccines to Prevent Measles</b>		
ATTENUVAX (PF) SUBQ	2	
M-M-R II (PF) SUBQ	2	
<b>Vaccines to Prevent Meningococcal Disease</b>		
MENACTRA (PF) IM	2	
MENOMUNE - A/C/Y/W-135 (PF) SUBQ	2	
MENVEO A-C-Y-W-135-DIP (PF) IM	2	
<b>Vaccines to Prevent Mumps</b>		
PROQUAD SUBQ	2	
<b>Vaccines to Prevent Papillomavirus Disease</b>		
CERVARIX IM	2	
GARDASIL IM	2	
<b>Vaccines to Prevent Pertussis</b>		
TRIPEDIA (PF) IM	2	
<b>Vaccines to Prevent Poliovirus</b>		
IPOL INJ	2	
<b>Vaccines to Prevent Rabies</b>		
IMOVAX RABIES VACCINE IM	2	
RABAVERT (PF) IM	2	
<b>Vaccines to Prevent Rotavirus Disease</b>		
ROTATEQ VACCINE ORAL	2	
<b>Vaccines to Prevent Rubella</b>		
MERUVAX II (PF) SUBQ	2	
<b>Vaccines to Prevent Tetanus</b>		
BOOSTRIX IM	2	
DAPTACEL (PEDIATRIC) (PF) IM	2	
INFANRIX (PF) IM	2	
<i>tetanus toxoid,adsorbed (pf) im</i>	2	BvD
<i>tetanus-diphtheria toxoids-td im</i>	2	BvD

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<b>Vaccines to Prevent Typhoid</b>		
TYPHIM VI IM	2	
<b>Vaccines to Prevent Varicella</b>		
VARIVAX (PF) SUBQ	2	
<b>Vaccines to Prevent Yellow Fever</b>		
YF-VAX SUBQ	2	
<b>Vaccines to Prevent Zoster</b>		
ZOSTAVAX SUBQ	2	
<b>Inflammatory Bowel Disease Agents</b>		
<b>Glucocorticoids</b>		
ENTOCORT EC ORAL	2	MO
<b>Salicylates</b>		
APRISO ORAL	3	MO
ASACOL ORAL	3	MO
<i>balsalazide oral</i>	1	MO
CANASA RECT	2	MO
COLAZAL ORAL	3	MO
LIALDA ORAL	3	MO
<i>mesalamine rect</i>	1	MO
PENTASA ORAL	3	MO
ROWASA RECT	3	MO
<b>Sulfonamides</b>		
AZULFIDINE ORAL	3	MO
AZULFIDINE EN-TABS ORAL	3	MO
<i>sulfasalazine oral</i>	1	MO
SULFAZINE EC ORAL	1	MO
<b>Metabolic Bone Disease Agents</b>		
<b>Bisphosphonates, Oral</b>		
ACTONEL ORAL	3	ST-NS; MO
<i>alendronate tab 10 mg, 35 mg, 5 mg, 70 mg</i>	1	MO

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<i>alendronate tab 40 mg</i>	1	ST-NS; MO
BONIVA ORAL	2	ST-NS; MO
DIDRONEL ORAL	3	MO
<i>etidronate disodium oral</i>	1	MO
SKELID ORAL	3	PA-NS; MO; QL (62 EA per 31 day(s))
<b>Bisphosphonates, Parenteral</b>		
AREDIA IV SOLUTION 30 mg	3	
AREDIA IV SOLUTION 90 mg	4	
BONIVA IV	3	
<i>pamidronate iv 30 mg/10 mL (3 mg/mL), 90 mg/10 mL (9 mg/mL)</i>	1	
<i>pamidronate iv 60 mg/10 mL (6 mg/mL)</i>	3	
RECLAST IV	3	BvD
ZOMETA IV	4	
<b>Calcium Regulating Hormones</b>		
<i>calcitonin (salmon) nasl</i>	1	BvD; MO
FORTICAL NASL	1	BvD; MO
MIACALCIN INJ	2	BvD
MIACALCIN NASL	3	BvD; MO
<b>Parathyroid Hormone Analogs</b>		
FORTEO SUBQ	4	PA; QL (2.4 ML per 30 day(s))
<b>Vitamin D–related Agents/Metabolic Bone Disease Agents</b>		
CALCIJEX IV	3	BvD
<i>calcitriol iv 1 mcg/mL</i>	1	BvD
<i>calcitriol iv 2 mcg/mL</i>	2	BvD
<i>calcitriol oral</i>	1	BvD
CYSTADANE ORAL	2	
HECTOROL IV	2	BvD
HECTOROL ORAL	2	BvD

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
PROLIA SUBQ	3	PA
ROCALTROL ORAL	3	BvD
XGEVA SUBQ	4	PA
ZELAPAR ORAL	3	
ZEMPLAR IV	3	BvD
ZEMPLAR ORAL	3	BvD
<b>Ophthalmic Agents</b>		
<b>Alpha-adrenergic Agonists, Ophthalmic</b>		
ALPHAGAN P OPHT	2	MO
<i>apraclonidine opht</i>	1	MO
<i>brimonidine opht</i>	1	MO
IOPIDINE OPHT	3	MO
PROPINE OPHT	3	MO
<b>Beta-adrenergic Blocking Agents, Ophthalmic</b>		
BETAGAN OPHT	3	MO
<i>betaxolol opht</i>	1	MO
BETIMOL OPHT	3	MO
BETOPTIC S OPHT	2	MO
<i>carteolol opht</i>	1	MO
COMBIGAN OPHT	2	MO
COSOPT OPHT	3	MO
<i>dorzolamide-timolol opht</i>	1	MO
ISTALOL OPHT	3	MO
<i>levobunolol opht</i>	1	MO
<i>metipranolol opht</i>	1	MO
OPTIPRANOLOL OPHT	3	MO
<i>timolol maleate opht</i>	1	MO
TIMOPTIC OCUDOSE OPHT	3	MO
TIMOPTIC-XE OPHT	3	MO
<b>Carbonic Anhydrase Inhibitors, Ophthalmic</b>		

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
AZOPT OPHT	2	MO
<i>dorzolamide oph</i>	1	MO
TRUSOPT OPHT	3	MO
<b>Cholinergic Agonists, Ophthalmic</b>		
PHOSPHOLINE IODIDE OPHT	3	MO
PILOPINE HS OPHT	2	MO
<b>Glucocorticoids, Ophthalmic</b>		
<i>dexamethasone sodium phosphate oph</i>	1	
FLAREX OPHT	3	
<i>fluorometholone oph</i>	1	
FML FORTE OPHT	3	
FML LIQUIFILM OPHT	3	
FML S.O.P. OPHT	2	
LOTEMAX OPHT	3	
MAXIDEX OPHT	3	
POLY-PRED OPHT	3	
PRED FORTE OPHT	3	
PRED MILD OPHT	3	
PRED-G OPHT	3	
PRED-G S.O.P. OPHT	3	
<i>prednisolone acetate oph</i>	1	
<i>prednisolone sodium phosphate oph</i>	1	
VEXOL OPHT	3	
<b>Nonsteroidal Anti-inflammatory Drugs, Ophthalmic</b>		
ACULAR OPHT	3	
ACULAR LS OPHT	3	
ACUVAIL OPHT	3	
<i>diclofenac sodium oph</i>	1	
<i>flurbiprofen sodium oph</i>	1	
<i>ketorolac oph</i>	1	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
NEVANAC OPHT	3	
OCUFEN OPHT	3	
VOLTAREN OPHT	3	
XIBROM OPHT	2	
<b>Ophthalmic Agents, Other</b>		
AK-CON OPHT	1	
AK-TOB OPHT	1	
ALCAINE OPHT	3	
AZASITE OPHT	3	
<i>bacitracin oph</i>	1	
<i>bacitracin-polymyxin b oph</i>	1	
BLEPH-10 OPHT	3	
BLEPHAMIDE OPHT	3	
BLEPHAMIDE S.O.P. OPHT	2	
CILOXAN EYE DROPS	3	
CILOXAN EYE OINTMENT	2	
DEXASPORIN OPHT	1	
DUREZOL OPHT	3	
GENTAK OPHT	1	
GENTASOL OPHT	1	
IQUIX OPHT	3	
LACRISERT OPHT	2	
<i>levofloxacin oph</i>	1	
MAXITROL OPHT	3	
MYDRAL OPHT	1	
MYDRIACYL OPHT	3	
<i>naphazoline oph</i>	1	
<i>neomycin-bacitracin-poly-hc oph</i>	1	
<i>neomycin-bacitracin-polymyxin oph</i>	1	
<i>neomycin-polymyxin-dexameth oph</i>	1	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<i>neomycin-polymyxin-gramicidin opht</i>	1	
<i>neomycin-polymyxin-hc opht</i>	1	
NEOSPORIN OPHT	3	
POLYCIN B OPHT	1	
POLY-DEX OPHT	1	
POLYTRIM OPHT	3	
<i>proparacaine opht</i>	1	
QUIXIN OPHT	3	
RESTASIS OPHT	2	
ROMYCIN OPHT	1	
<i>sulfacetamide sodium opht</i>	1	
TOBRADEX OPHT	3	
<i>tobramycin-dexamethasone opht</i>	1	
TOBRASOL OPHT	1	
TOBREX EYE DROPS	3	
TOBREX EYE OINTMENT	2	
<i>trifluridine opht</i>	1	
<i>trimethoprim-polymyxin b opht</i>	1	
<i>tropicamide opht</i>	1	
VIGAMOX OPHT	2	
VIROPTIC OPHT	3	
ZYLET OPHT	3	
ZYMAR OPHT	3	
ZYMAXID OPHT	3	
<b>Ophthalmic Anti-allergy Agents</b>		
ALAMAST OPHT	3	
ALOCRILOPHT	3	
ALOMIDE OPHT	3	
ALREX OPHT	2	
<i>azelastine opht</i>	1	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
BEPREVE OPHT	3	
<i>cromolyn oph</i>	1	
ELESTAT OPHT	3	
EMADINE OPHT	3	
LASTACAFT OPHT	3	
OPTIVAR OPHT	3	
PATADAY OPHT	2	
PATANOL OPHT	2	
<b>Ophthalmic Prostaglandin and Prostanoid Analogs</b>		
<i>latanoprost oph</i>	1	MO
LUMIGAN EYE DROPS 0.01 %	3	
LUMIGAN EYE DROPS 0.03 %	3	MO
TRAVATAN Z OPHT	2	MO
XALATAN OPHT	3	MO
<b>Otic Agents</b>		
<b>Otic Anti-inflammatories</b>		
ACETASOL HC OTIC	1	
<i>acetic acid otic</i>	1	
BOROFAIR OTIC	1	
COLY-MYCIN S OTIC	3	
CORTISPORIN OTIC	3	
CORTISPORIN-TC OTIC	3	
CORTOMYCIN OTIC	1	
DERMOTIC OIL OTIC	2	
<i>hydrocortisone-acetic acid otic</i>	1	
<b>Respiratory Tract Agents</b>		
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
ADVAIR DISKUS INHL	2	MO; QL (60 EA per 25 day(s))
ADVAIR HFA INHL	2	MO; QL (12 GM per 25 day(s))
AEROBID-M INHL	3	MO; QL (21 GM per 25 day(s))

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
ALVESCO INHL	3	MO; QL (13 GM per 25 day(s))
ASMANEX TWISTHALER BREATH ACTIVATED 220 mcg (30 doses)	2	MO; QL (15 GM per 25 day(s))
ASMANEX TWISTHALER BREATH ACTIVATED 220 mcg (60 doses)	2	MO; QL (29 GM per 25 day(s))
ASMANEX TWISTHALER BREATH ACTIVATED 220 mcg (120 doses)	2	MO; QL (58 GM per 25 day(s))
ASMANEX TWISTHALER BREATH ACTIVATED 220 mcg (14 doses)	2	MO; QL (7 GM per 25 day(s))
ASMANEX TWISTHALER BREATH ACTIVATED 110 mcg (30 doses)	2	QL (30 GM per 25 day(s))
BECONASE AQ NASL	3	QL (50 GM per 25 day(s))
<i>budesonide inhl</i>	1	MO; QL (120 ML per 25 day(s))
DULERA INHL	3	QL (13 GM per 30 day(s))
FLONASE NASL	3	QL (16 GM per 25 day(s))
FLOVENT DISKUS INHL	2	MO; QL (120 EA per 25 day(s))
FLOVENT HFA INHL	2	MO; QL (24 GM per 25 day(s))
<i>flunisolide nasl</i>	1	QL (50 ML per 25 day(s))
<i>fluticasone nasl</i>	1	QL (16 GM per 25 day(s))
NASACORT AQ NASL	3	QL (17 GM per 25 day(s))
NASONEX NASL	2	QL (34 GM per 25 day(s))
OMNARIS NASL	3	QL (13 GM per 25 day(s))
PULMICORT NEB SUSPENSION 0.25 mg/2 mL, 0.5 mg/2 mL	3	MO; QL (120 ML per 25 day(s))
PULMICORT NEB SUSPENSION 1 mg/2 mL	3	MO; QL (60 ML per 25 day(s))
PULMICORT FLEXHALER BREATH ACTIVATED 180 mcg/Inhalation	3	MO; QL (2 EA per 25 day(s))
PULMICORT FLEXHALER BREATH ACTIVATED 90 mcg/Inhalation	3	MO; QL (4 EA per 25 day(s))
QVAR INHL	2	MO; QL (24 GM per 25 day(s))
RHINOCORT AQUA NASL	3	QL (18 GM per 25 day(s))
SYMBICORT INHL	2	MO; QL (11 GM per 25 day(s))

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
VERAMYST NASL	3	QL (10 GM per 25 day(s))
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT NASL	3	MO
ATROVENT HFA INHL	2	MO; QL (26 GM per 25 day(s))
COMBIVENT INHL	2	MO; QL (30 GM per 25 day(s))
DUONEB INHL	3	MO; QL (540 ML per 25 day(s))
<i>ipratropium bromide inhl</i>	1	MO; QL (315 ML per 25 day(s))
<i>ipratropium bromide nasl</i>	1	MO
<i>ipratropium-albuterol inhl</i>	1	MO; QL (540 ML per 25 day(s))
SPIRIVA WITH HANDIHALER INHL	2	MO; QL (30 EA per 25 day(s))
<b>Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)</b>		
<i>aminophylline iv</i>	1	
<i>aminophylline oral</i>	1	MO
ELIXOPHYLLIN ORAL	2	MO
LUFYLLIN ORAL	3	MO
THEO-24 ORAL	2	MO
THEOCHRON ORAL	1	MO
<i>theophylline oral</i>	1	MO
UNIPHYL ORAL	3	MO
<b>Bronchodilators, Sympathomimetic</b>		
ACCUNEB INHL	3	BvD; MO; QL (300 ML per 25 day(s))
<i>albuterol sulfate neb solution 0.63 mg/3 mL, 1.25 mg/3 mL, 2.5 mg /3 mL (0.083 %)</i>	1	MO; QL (300 ML per 25 day(s))
<i>albuterol sulfate neb solution 5 mg/mL</i>	1	MO; QL (60 ML per 25 day(s))
<i>albuterol sulfate oral</i>	1	MO
BROVANA INHL	3	MO; QL (120 ML per 25 day(s))
<i>epinephrine hcl inj</i>	1	
EPIPEN IM	2	
EPIPEN JR IM	2	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
FORADIL AEROLIZER INHL	3	MO; QL (60 EA per 25 day(s))
<i>levalbuterol hcl inhl</i>	1	MO; QL (180 EA per 25 day(s))
MAXAIR AUTOHALER INHL	3	MO; QL (14 GM per 25 day(s))
<i>metaproterenol oral</i>	1	MO
PERFOROMIST INHL	3	BvD; MO; QL (120 ML per 25 day(s))
PROAIR HFA INHL	2	MO; QL (18 GM per 25 day(s))
PROVENTIL HFA INHL	3	MO; QL (14 GM per 25 day(s))
SEREVENT DISKUS INHL	2	MO; QL (60 EA per 25 day(s))
<i>terbutaline oral</i>	1	MO
<i>terbutaline subq</i>	1	
TWINJECT AUTOINJECTOR IM	3	
VENTOLIN HFA INHL	3	MO; QL (36 GM per 25 day(s))
VOSPIRE ER ORAL	3	MO
XOPENEX INHL	3	MO; QL (288 ML per 25 day(s))
XOPENEX HFA INHL	3	MO; QL (30 GM per 25 day(s))
<b>H1 Blocking Agents, Sedating</b>		
<i>carbinoxamine maleate oral</i>	1	
<i>clemastine oral</i>	1	
<i>cyproheptadine oral</i>	1	
<i>dexchlorpheniramine maleate oral</i>	1	
<i>diphenhydramine hcl inj</i>	1	
<i>diphenhydramine hcl oral</i>	1	
<i>hydroxyzine hcl im</i>	1	
<i>hydroxyzine hcl oral</i>	1	
<i>hydroxyzine pamoate oral</i>	1	
PALGIC ORAL	3	
VISTARIL ORAL	3	
<b>Histamine1 (H1) Blocking Agents, Mildly/Non-sedating</b>		
ALLEGRA ORAL	3	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
ASTELIN NASL	2	QL (60 ML per 25 day(s))
ASTEPRO NASL	2	QL (60 ML per 25 day(s))
<i>azelastine nasl</i>	1	QL (60 ML per 25 day(s))
CLARINEX ORAL	3	
CLARINEX-D 12 HOUR ORAL	3	
CLARINEX-D 24 HOUR ORAL	3	
<i>fexofenadine oral</i>	1	
<i>levocetirizine oral</i>	1	
PATANASE NASL	3	
SEMPREX-D ORAL	3	
XYZAL ORAL	3	
<b>Mast Cell Stabilizers</b>		
<i>cromolyn inhl</i>	1	BvD; QL (240 ML per 25 day(s))
GASTROCROM ORAL	2	
<b>Pulmonary Antihypertensives</b>		
LETAIRIS ORAL	4	
REMODULIN INJ	4	
REVATIO IV	4	PA
REVATIO ORAL	4	PA
TRACLEER ORAL	4	LA
VENTAVIS INHL	4	BvD
<b>Receptor Antagonists</b>		
ACCOLATE ORAL	3	MO
SINGULAIR ORAL	2	MO
<i>zafirlukast oral</i>	1	
<b>Respiratory Tract Agents, Other</b>		
ARALAST NP IV	4	
GLASSIA IV	4	PA
MYOZYME IV	4	
PROLASTIN IV	4	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
PULMOZYME INHL	4	
TYZINE NASL	2	
XOLAIR SUBQ	4	PA
ZEMAIRA IV	4	
<b>Synthesis Inhibitors</b>		
ZYFLO CR ORAL	3	
<b>Sedatives/Hypnotics</b>		
<b>Sedatives/Hypnotics</b>		
AMBIEN ORAL	3	
AMBIEN CR ORAL	3	
LUNESTA ORAL	3	
ROZEREM ORAL	3	
SONATA ORAL	3	
<i>zaleplon oral</i>	1	
<i>zolpidem oral</i>	1	
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
AMRIX ORAL	3	
BOTOX INJ	3	
<i>carisoprodol oral</i>	1	
<i>carisoprodol-asa-codeine oral</i>	1	
<i>carisoprodol-aspirin oral</i>	1	
<i>chlorzoxazone oral</i>	1	
<i>cyclobenzaprine oral</i>	1	
FEXMID ORAL	3	
FLEXERIL ORAL	3	
<i>metaxalone oral</i>	1	
<i>methocarbamol oral</i>	1	
NORFLEX INJ	3	
<i>orphenadrine citrate inj</i>	1	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<i>orphenadrine citrate oral</i>	1	
ORPHENADRINE COMPOUND ORAL	1	
ORPHENADRINE COMPOUND-DS ORAL	1	
PARAFON FORTE DSC ORAL	3	
ROBAXIN INJ	2	
ROBAXIN ORAL	3	
SKELAXIN ORAL	2	
SOMA ORAL	3	

### **Therapeutic Nutrients/Minerals/ Electrolytes**

#### **Electrolytes/Minerals**

<i>1/2 ns with potassium chloride iv</i>	2	
<i>alcohol in d5w iv</i>	1	
AMINOSYN 10 % IV	2	BvD
AMINOSYN 3.5 % IV	2	BvD
AMINOSYN 5 % IV	2	BvD
AMINOSYN 7 % IV	2	BvD
AMINOSYN 7 % WITH ELECTROLYTES IV	2	BvD
AMINOSYN 8.5 % IV	2	BvD
AMINOSYN 8.5 %-ELECTROLYTES IV	1	BvD
AMINOSYN II 10 % IV	2	BvD
AMINOSYN II 15% IV	2	BvD
AMINOSYN II 3.5 %/DEXTROSE 5 % IV	2	BvD
AMINOSYN II 3.5 %-DEXTROSE 25% IV	2	BvD
AMINOSYN II 3.5% M/DEXTROSE 5% IV	2	BvD
AMINOSYN II 3.5%-LYTES-CA-D25W IV	2	BvD
AMINOSYN II 4.25%/DEXTROSE 20% IV	2	BvD
AMINOSYN II 4.25%-DEXTROSE 10% IV	2	BvD
AMINOSYN II 4.25%-DEXTROSE 25% IV	2	BvD
AMINOSYN II 4.25%-LYTES-CA-D25 IV	2	BvD
AMINOSYN II 5%/DEXTROSE 25% IV	2	BvD

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
AMINOSYN II 7 % IV	2	BvD
AMINOSYN II 8.5 % IV	2	BvD
AMINOSYN II 8.5 %-ELECTROLYTES IV	1	BvD
AMINOSYN M 3.5 % IV	2	BvD
AMINOSYN-HBC 7% IV	2	BvD
AMINOSYN-HF 8 % IV	1	BvD
AMINOSYN-PF 10 % IV	2	BvD
AMINOSYN-PF 7 % (SULFITE-FREE) IV	2	BvD
<i>ammonium chloride iv</i>	3	
CARNITOR IV	3	BvD
CARNITOR ORAL	3	BvD
CLINIMIX 2.75%/D5 SULFITE FREE IV	2	BvD
CLINIMIX 4.25%/D5 SULFITE FREE IV	2	BvD
CLINIMIX 4.25/D10 SULFITE FREE IV	1	BvD
CLINIMIX 4.25/D20 SULFITE FREE IV	1	BvD
CLINIMIX 4.25/D25 SULFITE FREE IV	1	BvD
CLINIMIX 5%/D15 SULFITE FREE IV	2	BvD
CLINIMIX 5%/D20 SULFITE FREE IV	2	BvD
CLINIMIX 5%/D25 SULFITE FREE IV	2	BvD
CLINIMIX E 2.75/D10 SULFITFREE IV	2	BvD
CLINIMIX E 2.75/D5 SULFITEFREE IV	2	BvD
CLINIMIX E 4.25/D25 SULFITFREE IV	2	BvD
CLINIMIX E 4.25/D5 SULFITEFREE IV	2	BvD
CLINIMIX E 5%/D15 SULFITE FREE IV	2	BvD
CLINIMIX E 5%/D20 SULFITE FREE IV	2	BvD
CLINIMIX E 5%/D25 SULFITE FREE IV	2	BvD
CLINISOL SF 15% IV	1	BvD
<i>d10 %-0.45 % sodium chloride iv</i>	1	
<i>d10-0.2 % nacl &amp; potassium cl iv</i>	2	
<i>d2.5 %-0.45 % sodium chloride iv</i>	1	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
<i>d5 %-0.45 % sodium chloride iv</i>	1	
<i>d5 %-0.9 % sodium chloride iv</i>	1	
<i>d5-1/2 ns &amp; potassium chloride iv</i>	1	
<i>d5-1/3 ns &amp; potassium chloride iv</i>	1	
<i>d5-1/4 ns &amp; potassium chloride iv</i>	1	
<i>d5-lr with potassium chloride iv</i>	2	
<i>d5-ns with potassium chloride iv 20 mEq/L</i>	1	
<i>d5-ns with potassium chloride iv 40 mEq/L</i>	2	
<i>d5w with potassium chloride iv 20 mEq/L, 30 mEq/L, 40 mEq/L</i>	1	
<i>d5w with potassium chloride iv 10 mEq/L</i>	2	
<i>dextrose 10% in water (d10w) iv</i>	1	
<i>dextrose 10%-1/4 normal saline iv</i>	1	
<i>dextrose 5% in water (d5w) iv</i>	1	
<i>dextrose 5%-0.3 % sod.chloride iv</i>	1	
<i>dextrose 5%-1/4 normal saline iv</i>	1	
ED K+10 ORAL	1	MO
<i>electrolyte-48 in d5w iv</i>	2	
FREAMINE HBC 6.9 % IV	2	BvD
FREAMINE III 3 %-ELECTROLYTES IV	2	BvD
FREAMINE III 8.5 % IV	1	BvD
HEPATAMINE 8% IV	1	BvD
HEPATASOL 8 % IV	2	BvD
INTRALIPID IV 20 %	1	BvD
INTRALIPID IV 30 %	2	BvD
IONOSOL-B IN D5W IV	2	
IONOSOL-MB IN D5W IV	2	
IONOSOL-T IN D5W IV	2	
ISOLYTE-H IN D5W IV	2	
ISOLYTE-M IN D5W IV	1	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
ISOLYTE-P IN D5W IV	2	
ISOLYTE-S IV	2	
ISOLYTE-S IN D5W IV	2	
KAON CL-10 ORAL	1	MO
KLOR-CON ORAL	1	MO
KLOR-CON 10 ORAL	1	MO
KLOR-CON M15 ORAL	1	MO
KLOR-CON M20 ORAL	1	MO
K-TAB ORAL	3	MO
<i>lactated ringers ir</i>	1	
<i>lactated ringers iv</i>	1	
<i>levocarnitine iv</i>	1	BvD
<i>levocarnitine oral</i>	1	BvD
<i>levocarnitine (with sucrose) oral</i>	1	BvD
LIPOSYN II IV	3	BvD
LIPOSYN III IV 30 %	1	BvD
LIPOSYN III IV 10 %, 20 %	3	BvD
<i>magnesium sulfate inj</i>	1	
<i>magnesium sulfate iv</i>	3	
<i>magnesium sulfate in d5w iv</i>	2	
NEPHRAMINE 5.4 % IV	2	BvD
NORMOSOL-M IN D5W IV	1	
NORMOSOL-R IN D5W IV	1	
NORMOSOL-R PH 7.4 IV	2	
NOVAMINE 15 % IV	1	BvD
<i>ns with potassium chloride iv 20 mEq/L</i>	1	
<i>ns with potassium chloride iv 40 mEq/L</i>	2	
PHYSIOLYTE IR	1	
PHYSIOSOL IRRIGATION IR	1	
PLASMA-LYTE 148 IV	2	

<b>Drug</b>	<b>Tier</b>	<b>Notes</b>
PLASMA-LYTE 148 IN D5W IV	2	
PLASMA-LYTE 56 IV	2	
PLASMA-LYTE A IV	2	
PLASMA-LYTE R IV	1	
PLASMA-LYTE-56 IN D5W IV	2	
<i>potassium chloride iv</i>	1	
<i>potassium chloride oral</i>	1	MO
<i>potassium citrate oral</i>	1	
PREMASOL 10 % IV	2	BvD
PREMASOL 6 % IV	1	BvD
PRENATABS OBN ORAL	1	
PROCALAMINE 3% IV	2	BvD
PROSOL 20% IV	2	BvD
RENAMIN 6.5 % IV	2	BvD
<i>ringers ir</i>	1	
<i>ringers iv</i>	1	
<i>sodium bicarbonate iv</i>	1	
<i>sodium chloride ir</i>	1	
<i>sodium chloride iv</i>	1	
<i>sodium chloride 0.45 % iv</i>	1	
<i>sodium chloride 0.9 % iv</i>	1	
<i>sodium chloride 3 % iv</i>	1	
<i>sodium chloride 5 % iv</i>	1	
<i>sodium fluoride oral</i>	1	
<i>sodium lactate iv</i>	1	
TIS-U-SOL IR	1	
TPN ELECTROLYTES IV	1	
TRAVASOL 10 % IV	2	BvD
TROPHAMINE 10 % IV	2	BvD
TROPHAMINE 6% IV	2	BvD

## Index

1/2 NS with potassium chloride .....	100	Afeditab CR.....	58	amifostine crystalline.....	25
8-Mop.....	66	Afinitor.....	37	amikacin.....	13
Abelcet.....	30	Aggrenox.....	51	amiloride.....	61
Abilify.....	41	Agrylin.....	51	amiloride-hydrochlorothiazide .....	61
Abilify Discmelt.....	41	A-Hydrocort.....	71	aminophylline.....	96
Abraxane.....	35	AK-Con.....	92	Aminosyn 10 %.....	100
acarbose.....	47	Akne-Mycin.....	64	Aminosyn 3.5 %.....	100
Accolate.....	98	AK-Tob.....	92	Aminosyn 5 %.....	100
AccuNeb.....	96	Ala-Cort.....	73	Aminosyn 7 %.....	100
acebutolol.....	57	Alamast.....	93	Aminosyn 7 % with Electrolytes.....	100
acetaminophen-codeine.....	9	Ala-Scalp.....	73	Aminosyn 8.5 %.....	100
Acetasol HC.....	94	Albenza.....	39	Aminosyn 8.5 %-Electrolytes .....	100
acetazolamide.....	57	albuterol sulfate.....	96	Aminosyn II 10 %.....	100
acetazolamide sodium.....	57	Alcaine.....	92	Aminosyn II 15%.....	100
acetic acid.....	94	alclometasone.....	73	Aminosyn II 3.5 %/Dextrose 5 %.....	100
acetylcysteine.....	25	alcohol in D5W.....	100	Aminosyn II 3.5 %-Dextrose 25%.....	100
Aclovate.....	73	alcohol swabs.....	16	Aminosyn II 3.5% M/Dextrose 5%.....	100
Actemra.....	85	Aldactazide.....	61	Aminosyn II 3.5%-Lytes-Ca- D25W.....	100
ActHIB.....	86	Aldara.....	65	Aminosyn II 4.25%/Dextrose 20%.....	100
Acticin.....	39	Aldurazyme.....	67	Aminosyn II 4.25%-Dextrose 10%.....	100
Actigall.....	68	alendronate.....	88, 89	Aminosyn II 4.25%-Dextrose 25%.....	100
Actimmune.....	86	Alimta.....	35	Aminosyn II 4.25%-Lytes-Ca- D25.....	100
Actiq.....	9	Alinia.....	39	Aminosyn II 5%/Dextrose 25% .....	100
Activella.....	77	Alkeran.....	38	Aminosyn II 7 %.....	101
Actonel.....	88	Allegra.....	97	Aminosyn II 8.5 %.....	101
Actoplus MET.....	50	allopurinol.....	30	Aminosyn II 8.5 %-Electrolytes .....	101
Actoplus Met XR.....	50	allopurinol sodium.....	30	Aminosyn M 3.5 %.....	101
Actos.....	50	Alocril.....	93	Aminosyn-HBC 7%.....	101
Acular.....	91	Alomide.....	93	Aminosyn-HF 8 %.....	101
Acular LS.....	91	Aloprim.....	30	Aminosyn-PF 10 %.....	101
Acuvail.....	91	Alora.....	77	Aminosyn-PF 7 % (Sulfite- Free).....	101
acyclovir.....	44	Aloxi.....	26	amiodarone.....	55
acyclovir sodium.....	44	Alphagan P.....	90		
Aczone.....	33	Alrex.....	93		
Adacel (Adolescent & Adult).....	86	Altanax.....	16		
Adagen.....	67	Altoprev.....	52		
Adalat CC.....	58	Alvesco.....	95		
adapalene.....	64	amantadine.....	40		
Adderall.....	62	Amaryl.....	49		
Adderall XR.....	62	Ambien.....	99		
Adriamycin PFS.....	35	Ambien CR.....	99		
Advair Diskus.....	94	AmBisome.....	30		
Advair HFA.....	94	amcinonide.....	72		
Advicor.....	52	Amerge.....	32		
Aerobid-M.....	94	A-Methapred.....	71		
		Amevive.....	66		

Amitiza.....	68	Arcalyst.....	83	Azasite.....	92
amitriptyline.....	24	Aredia.....	89	azathioprine.....	83
amitriptyline-chlordiazepoxide		Aricept.....	23	azathioprine sodium.....	83
.....	47	Aricept ODT.....	23	azelastine.....	93, 98
amlodipine.....	58	Arimidex.....	36	Azelex.....	64
amlodipine-benazepril.....	58	Arixtra.....	51	AZILECT.....	41
ammonium chloride.....	101	Aromasin.....	36	azithromycin.....	16
ammonium lactate.....	65	Arranon.....	38	Azopt.....	91
Amnesteem.....	64	Arthrotec 50.....	31	Azor.....	54
amoxapine.....	25	Arthrotec 75.....	31	aztreonam.....	13
amoxicillin.....	12	Arzerra.....	35	Azulfidine.....	88
amoxicillin-pot clavulanate... 13		Asacol.....	88	Azulfidine EN-tabs.....	88
Amphetamine Salt Combo.... 63		Ascomp w/Codeine.....	9	Baci-IM.....	16
Amphotec.....	30	Asmanex Twisthaler.....	95	bacitracin.....	16, 92
amphotericin b.....	30	Astelin.....	98	bacitracin-polymyxin B.....	92
ampicillin.....	13	Astepro.....	98	baclofen.....	43
ampicillin sodium.....	13	Astramorph-PF.....	9	Bactrim.....	19
ampicillin-sulbactam.....	13	Atamet.....	41	Bactrim DS.....	19
Ampyra.....	63	atenolol.....	57	Bactroban.....	16
Amrix.....	99	atenolol-chlorthalidone.....	57	Bactroban Nasal.....	16
Amturnide.....	59	Atgam.....	85	balsalazide.....	88
Anadrol-50.....	76	Atralin.....	64	Balziva (28).....	79
Anafranil.....	25	ATRIPLA.....	44	Banzel.....	20
anagrelide.....	51	atropine.....	67	Baraclude.....	44
Anaprox.....	31	Atrovent.....	96	Beconase AQ.....	95
Anaprox DS.....	31	Atrovent HFA.....	96	benazepril.....	54
anastrozole.....	36	Attenuvax (PF).....	87	benazepril-hydrochlorothiazide	
Ancobon.....	28	AVANDAMET.....	50	.....	54
AndroGel.....	77	Avandaryl.....	50	Benicar.....	53
ANGELIQ.....	77	Avandia.....	50	Benicar HCT.....	54
Antabuse.....	25	AVASTIN.....	35	Bentyl.....	67
Antara.....	59	Avelox.....	19	Benzaclin Carekit.....	64
Antivert.....	27	Avelox ABC Pack.....	19	Benzamycin.....	64
Anusol-HC.....	73	Avelox in NaCl (iso-osmotic)		benztropine.....	40
Anzemet.....	26	.....	19	Bepreve.....	94
Aphthasol.....	64	Aviane.....	79	Betagan.....	90
Apidra.....	49	Avinza.....	8	betamethasone dipropionate.. 75	
Apidra SoloStar.....	49	Avita.....	64	betamethasone valerate.....	74
APOKYN.....	40	Avodart.....	70	betamethasone, augmented ... 75	
apraclonidine.....	90	Avonex.....	85	Betaseron.....	86
Apri.....	77	Avonex Administration Pack 86		Beta-Val.....	74
Apriso.....	88	Axert.....	32	betaxolol.....	57, 90
Aptivus.....	45	Axid.....	69	bethanechol chloride.....	71
Aralast NP.....	98	Aygestin.....	79	Betimol.....	90
Aralen.....	39	Azactam.....	13	Betoptic S.....	90
Aranelle (28).....	79	Azactam-iso-osmotic dextrose		bicalutamide.....	83
Aranesp (polysorbate).....	51	.....	13	Bicillin C-R.....	18
Arava.....	85	Azasan.....	83	Bicillin L-A.....	18

BiCNU .....	38	Capastat .....	33	Celestone .....	71
BiDil.....	62	Capex.....	74	Celexa .....	46
Biltricide.....	39	Capital with Codeine .....	9	CellCept .....	84
bisoprolol fumarate .....	57	captopril.....	54	CellCept Intravenous .....	84
bisoprolol-hydrochlorothiazide .....	57	captopril-hydrochlorothiazide .....	54	Celontin.....	20
bleomycin.....	35	Carac.....	66	Cenestin.....	77
Bleph-10.....	92	Carafate.....	70	cephalexin .....	14
Blephamide .....	92	carbamazepine .....	22	Cerebyx .....	22
Blephamide S.O.P.....	92	Carbatrol .....	22	Ceredase .....	67
Boniva .....	89	carbidopa-levodopa .....	41	Cerezyme .....	67
BOOSTRIX.....	87	carbinoxamine maleate .....	97	Cervarix.....	87
Borofair .....	94	carboplatin .....	34	Cesamet.....	27
Botox.....	99	Cardizem.....	56	Cesia.....	77
Brevicon (28) .....	79	Cardizem CD.....	56	Chantix.....	26
brimonidine .....	90	Cardizem LA .....	56	Chantix Starting Month Pak..	26
bromocriptine .....	40	Cardura XL.....	53	Chemet .....	25
Brovana .....	96	Carimune NF Nanofiltered ...	85	chloramphenicol sod succinate .....	17
Budeprion SR.....	23	carisoprodol .....	99	chlorhexidine gluconate .....	64
Budeprion XL .....	23	carisoprodol-ASA-codeine ...	99	chloroquine phosphate .....	39
budesonide .....	95	carisoprodol-aspirin.....	99	chlorothiazide.....	61
bumetanide .....	60	CARMOL HC .....	73	chlorothiazide sodium.....	61
Buphenyl .....	67	Carnitor.....	101	chlorpromazine .....	42
Buprenex .....	26	carteolol .....	90	chlorpropamide .....	49
buprenorphine .....	9, 26	Cartia XT.....	56	chlorthalidone .....	61
Buproban.....	24	carvedilol .....	56	chlorzoxazone .....	99
bupropion HCl .....	24	Casodex .....	83	Cholestyramine Light.....	56
buspiron.....	47	Cataflam .....	31	chorionic gonadotropin, human .....	75
butorphanol tartrate .....	9	Cayston .....	14	ciclopirox .....	28
Byetta .....	48	CeeNU .....	38	cilostazol .....	52
Bystolic .....	55, 56	cefaclor .....	14	Ciloxan.....	92
cabergoline .....	40	cefadroxil.....	14	cimetidine.....	69
Caduet .....	58	cefazolin .....	14	Cimzia .....	70
Cafergot.....	32	cefazolin in dextrose (iso-os)	14	Cimzia Powder for Reconst ..	70
Calan .....	56	cefdinir.....	14	Cipro HC.....	19
Calan SR .....	56	cefepime .....	14	Cipro in D5W.....	19
Calcijex .....	89	cefotaxime .....	14	CIPRODEX.....	19
calcipotriene .....	66	cefotetan .....	14	ciprofloxacin .....	19
calcitonin (salmon).....	89	cefoxitin.....	14	ciprofloxacin (mixture) .....	19
calcitriol .....	89	cefpodoxime .....	15	cisplatin .....	34
calcium acetate .....	71	cefprozil.....	14	citalopram .....	46
Camila .....	79	ceftazidime .....	15	cladribine.....	38
Campath .....	35	ceftriaxone .....	15	Claravis .....	64
Campral Dose Pak.....	25	cefuroxime axetil.....	14	Clarinox.....	98
Camptosar .....	35	cefuroxime sodium .....	14	Clarinox-D 12 HOUR .....	98
Canasa .....	88	cefuroxime-dextrose (iso-osm)	14	Clarinox-D 24 HOUR .....	98
Cancidas .....	30	Celebrex.....	31	clarithromycin .....	16
Cantil.....	68				

clemastine.....	97	TOPICAL CREAM	Cortenema .....	73
Cleocin .....	15	[ISOVATE] .....	Cortifoam .....	73
Cleocin in D5W .....	16	clobetasol-emollient .....	cortisone .....	72
Cleocin T.....	64	CLOBEX .....	Cortisporin .....	17, 94
Climara.....	77	Cloderm .....	Cortisporin-TC.....	94
Climara Pro .....	79	CLOLAR .....	Cortomycin .....	94
Clindagel.....	64	clomipramine.....	Corzide.....	60
clindamycin HCl .....	16	clonidine .....	Cosmegen.....	35
clindamycin phosphate....	16, 64	Clorpres .....	Cosopt .....	90
clindamycin-benzoyl peroxide	.....64	clotrimazole .....	Coumadin.....	50, 51
Clindesse.....	16	clotrimazole-betamethasone .	Covera-HS.....	56
Clinimix 2.75%/D5 Sulfite Free	..... 101	clozapine.....	Creon.....	67
Clinimix 4.25%/D5 Sulfite Free	..... 101	Clozaril .....	Crestor.....	52
Clinimix 4.25/D10 Sulfite Free	..... 101	Coartem .....	Crinone.....	79
Clinimix 4.25/D20 Sulfite Free	..... 101	cod-butalbital-acetaminop-caf	Crixivan.....	45
Clinimix 4.25/D25 Sulfite Free	..... 101	codeine sulfate .....	cromolyn .....	94, 98
Clinimix 5%/D15 Sulfite Free	..... 101	Cogentin .....	Cryelle (28).....	77
Clinimix 5%/D20 Sulfite Free	..... 101	Co-Gesic .....	CUBICIN .....	17
Clinimix 5%/D25 Sulfite Free	..... 101	Cognex.....	Cuprimine .....	84
Clinimix E 2.75/D10 SulfitFree	..... 101	Colazal.....	Curity Gauze .....	48
Clinimix E 2.75/D5 SulfiteFree	..... 101	colchicine-probenecid.....	Cutivate .....	74
Clinimix E 4.25/D25 SulfitFree	..... 101	Colcrys.....	Cyclafem 1/35 (28) .....	79
Clinimix E 4.25/D5 SulfiteFree	..... 101	Colestid.....	Cyclafem 7/7/7 (28).....	79
Clinimix E 5%/D15 Sulfite	..... 101	colestipol.....	Cyclessa .....	77
Clinimix E 5%/D20 Sulfite	..... 101	colistimethate sodium.....	cyclobenzaprine .....	99
Clinimix E 5%/D25 Sulfite	..... 101	Colocort .....	cyclophosphamide.....	34
Clinisol SF 15% .....	101	Coly-Mycin M Parenteral.....	cyclosporine .....	84
Clinoril .....	31	Coly-Mycin S .....	cyclosporine modified.....	84
clobetasol .....	75	Colyte with Flavor Packs.....	Cyklokapron.....	64
CLOBETASOL		Combigan .....	Cymbalta .....	24
PROPIONATE 0.5 MG/ML		CombiPatch .....	cyproheptadine.....	97
		Combivent .....	Cystadane.....	89
		Combivir.....	Cystagon .....	66
		Combunox .....	cytarabine.....	38
		Compro .....	cytarabine (PF).....	38
		Comtan .....	Cytomel.....	82
		Comvax.....	Cytotec .....	70
		Concerta.....	D.H.E.45 .....	32
		Condylox .....	D10 %-0.45 % sodium chloride	..... 101
		Constulose .....	D10-0.2 % NaCl & Potassium	
		Copaxone.....	Cl.....	101
		Copegus .....	D2.5 %-0.45 % sodium	
		Cordran .....	chloride .....	101
		Cordran SP.....	D5 %-0.45 % sodium chloride	..... 102
		Coreg .....	D5 %-0.9 % sodium chloride	..... 102
		Coreg CR.....		
		Corgard.....		
		Cortef.....		

D5-1/2 NS & potassium chloride.....	102	desmopressin .....	76	dihydrocode-acetaminophen-caff .....	9
D5-1/3 NS & potassium chloride.....	102	Desogen .....	77	dihydroergotamine .....	32
D5-1/4 NS & potassium chloride.....	102	Desonate .....	73	Dilacor XR.....	56
D5-LR with potassium chloride .....	102	desonide.....	73	Dilantin .....	22
D5-NS with potassium chloride .....	102	DesOwen .....	72	Dilantin Extended .....	22
D5W with potassium chloride .....	102	DesOwen Ointment & Lotion .....	72	Dilantin Infatabs.....	22
dacarbazine.....	34	desoximetasone.....	74	Dilantin-125 .....	22
Dacogen .....	38	Desoxyn.....	63	Dilatrate-SR .....	62
danazol .....	77	Detrol.....	71	Dilaudid.....	9
Dantrium .....	43	Detrol LA.....	71	Dilaudid-5 .....	9
dantrolene.....	43	dexamethasone .....	72	Dilaudid-HP .....	9
dapsone.....	33	Dexamethasone Intensol.....	72	diltiazem HCl.....	55, 56
Daptacel (Pediatric) (PF) .....	87	dexamethasone sodium phosphate.....	72, 91	DILT-XR.....	57
Daraprim .....	39	Dexasporin.....	92	Diovan.....	54
daunorubicin.....	35	dexchlorpheniramine maleate.....	97	Diovan HCT .....	54
DaunoXome .....	35	Dexedrine Spansule .....	63	Dipentum.....	68
Daypro.....	31	dexmethylphenidate.....	63	diphenhydramine HCl.....	97
Daytrana .....	63	DexPak .....	72	diphenoxylate-atropine .....	68
DDAVP.....	76	dextrazoxane.....	58	Diprolene.....	75
DECAVAC .....	86	dextroamphetamine .....	63	Diprolene AF .....	75
Delestrogen .....	77	dextrose 10% in water (D10W) .....	102	dipyridamole .....	51
Demadex .....	60	dextrose 10%-1/4 normal saline .....	102	disopyramide.....	55
demeclocycline.....	20	dextrose 10%-1/4 normal saline .....	102	Ditropan XL .....	71
Demerol.....	9	dextrose 5% in water (D5W) .....	102	Diuril .....	61
Demerol (PF) .....	9	dextrose 5%-0.3 % sod.chloride .....	102	Diuril IV .....	61
Demser .....	63	dextrose 5%-1/4 normal saline .....	102	divalproex .....	21
Denavir.....	44	Diabeta.....	49	Divigel.....	77
Depacon .....	21	Diamox Sequels.....	57	Dolophine.....	9
Depade .....	26	Dibenzylamine.....	53	donepezil .....	23
Depakene.....	21	diclofenac potassium .....	31	Doribax .....	14
Depakote .....	21	diclofenac sodium.....	31, 91	dorzolamide.....	91
Depakote ER .....	21	dicloxacillin .....	18	dorzolamide-timolol.....	90
Depakote Sprinkles .....	21	dicyclomine .....	68	Dovonex.....	66
Depen Titratabs .....	84	didanosine.....	45	doxazosin .....	53
Depo-Estradiol .....	77	Didronel.....	89	doxepin.....	25
Depo-Medrol.....	72	Differin .....	64	doxorubicin .....	35
Depo-Provera .....	79	diflorasone .....	75	doxycycline hyclate .....	20
Depo-SubQ provera 104 .....	79	Diflucan .....	29	doxycycline monohydrate.....	20
Derma-Smooth/FS Body Oil.....	74	Diflucan in NaCl (iso-osm) ..	29	dronabinol .....	27
DERMATOP.....	74	diflunisal .....	31	Droxia .....	35
DermOtic Oil.....	94	digoxin.....	58	DUETACT.....	50
desipramine .....	25			Dulera.....	95

DynaCirc CR.....	58	EpiPen Jr.....	96	Exelon .....	23
Dyrenium .....	61	epirubicin.....	35	Exforge.....	54
E.E.S. 400 .....	16	Epitol .....	22	Exforge HCT.....	58
E.E.S. Granules.....	16	Epivir .....	45	Exjade .....	26
EC-Naprosyn.....	31	Epivir HBV.....	45	Extina .....	29
econazole.....	29	eplerenone.....	61	Fabrazyme.....	66
ED K+10.....	102	Epogen.....	51	famciclovir.....	44
Edecrin .....	60	Epzicom.....	45	famotidine .....	69
Effexor .....	24	Equetro .....	47	famotidine (PF).....	69
Effexor XR.....	24	Eraxis(Water Diluent) .....	30	famotidine(PF) in sal (iso-os).....	69
Effient.....	50	Erbix.....	35	Famvir .....	44
Efudex.....	66	ergoloid.....	23	Fanapt.....	41
ELAPRASE .....	67	Ergomar .....	32	Fareston.....	39
Eldepryl.....	41	ergotamine-caffeine.....	32	Faslodex .....	37
electrolyte-48 in D5W.....	102	Errin.....	80	FazaClo .....	42
ELESTAT .....	94	Ertaczo.....	29	Felbatol .....	21
Elestrin .....	77	Ery Pads.....	65	Feldene.....	31
Elidel.....	65	EryPed 200 .....	16	felodipine .....	58
Eligard.....	82	EryPed 400 .....	16	Femara.....	36
Elitek.....	67	Ery-Tab.....	16	Femhrt 1/5.....	78
Elixophyllin.....	96	Erythrocin .....	16	Femhrt Low Dose .....	78
Ellence.....	35	Erythrocin Stearate .....	16	Femring.....	78
Elmiron.....	71	erythromycin.....	16	Femtrace.....	78
Elocon .....	74	erythromycin with ethanol....	65	fenofibrate .....	59
Eloxatin .....	34	erythromycin-benzoyl peroxide	65	fenofibrate micronized .....	59
Elspar .....	35	.....	65	Fenoglide.....	59
Emadine .....	94	erythromycin-sulfisoxazole ..	16	fenopropfen .....	31
Embeda.....	8	Estrace .....	77	fentanyl .....	8
Emcyt .....	37	Estraderm.....	77	fentanyl citrate .....	9
Emend .....	28	estradiol .....	77	fentanyl citrate (PF) .....	9
EMLA .....	12	estradiol valerate.....	77	Fentora .....	9
Emsam.....	24	estradiol-norethindrone acet .	77	Fexmid .....	99
Emtriva.....	45	Estring.....	78	fexofenadine.....	98
Enablex.....	71	estropipate.....	78	Finacea .....	65
enalapril maleate .....	54	Estrostep Fe-28.....	78	finasteride.....	70
enalapril-hydrochlorothiazide	54	ethambutol .....	33	Fioricet-Codeine .....	10
.....	54	ethosuximide.....	20	Fiorinal-Codeine #3 .....	10
Enbrel .....	86	Ethyol .....	25	Flagyl .....	17
Endocet.....	9	etidronate disodium .....	89	Flagyl ER .....	17
Endometrin.....	79	etodolac.....	31	Flarex .....	91
Engerix-B (PF).....	86	Etopophos.....	35	flavoxate.....	71
Enjuvia .....	77	etoposide.....	35	flecainide.....	55
enoxaparin.....	52	Eurax.....	39	Flexeril .....	99
Enpresse .....	79	Evamist.....	78	Flomax .....	71
Entocort EC.....	88	Evista .....	82	Flonase .....	95
Enulose.....	68	Evoclin.....	65	Flovent Diskus .....	95
epinephrine HCl .....	96	Evoxac .....	64	Flovent HFA .....	95
EpiPen .....	96	Exelderm.....	29	fluconazole.....	29

fluconazole in dextrose(iso-o)	Gabitril.....	21	Golytely.....	68
.....	galantamine.....	23	granisetron.....	26
Fludara .....	GamaSTAN S/D.....	85	granisetron (PF) .....	26
fludarabine .....	Gammagard Liquid.....	85	Granisol.....	27
fludrocortisone .....	Gammaplex.....	85	Grifulvin V.....	28
Flumadine.....	Gamunex.....	85	griseofulvin microsize.....	28
flunisolide.....	ganciclovir .....	43	Gris-PEG.....	28
fluocinolone .....	ganciclovir sodium .....	44	guanabenz .....	53
fluocinonide .....	Gardasil.....	87	guanfacine .....	53
fluocinonide-emollient.....	Gastrocrom .....	98	guanidine.....	33
fluorometholone .....	Gavilyte-C .....	68	Gynazole-1 .....	29
Fluoroplex .....	GaviLyte-G.....	68	Gynodiol .....	78
fluorouracil.....	GaviLyte-N.....	68	Halaven .....	35
fluoxetine .....	gemcitabine.....	38	Haldol.....	43
fluphenazine decanoate.....	gemfibrozil .....	59	Haldol Decanoate.....	43
fluphenazine HCl .....	Gemzar .....	38	HalfLytey-Bisacodyl Bowel	
flurbiprofen .....	Gengraf.....	84	Kit .....	68
flurbiprofen sodium.....	Genotropin .....	75	halobetasol propionate .....	75
flutamide .....	Genotropin Miniquick ....	75, 76	Halog.....	73
fluticasone .....	Gentak.....	92	haloperidol .....	43
fluvoxamine .....	gentamicin .....	13	haloperidol decanoate .....	43
FML Forte.....	gentamicin in NaCl (iso-osm)		haloperidol lactate .....	43
FML Liquifilm .....	.....	13	Havrix (PF) .....	86
FML S.O.P. ....	gentamicin sulfate (PF).....	13	Hectorol.....	89
Focalin.....	Gentasol.....	92	Helidac .....	68
Focalin XR.....	Geodon .....	42	heparin (porcine).....	52
Foradil Aerolizer.....	Gianvi .....	78	heparin (porcine) in D5W ....	52
Fortamet .....	Gilenya .....	63	heparin (porcine) in NS (PF).52	
Fortaz .....	Glassia .....	98	heparin (porcine)-0.45% NaCl	
Fortaz in D5W.....	Gleevec .....	37	.....	52
Forteo .....	glimepiride.....	49	heparin, porcine (PF) .....	52
FORTICAL .....	glipizide .....	50	Hepatitis 8%.....	102
foscarnet .....	glipizide-metformin.....	50	Hepatasol 8 % .....	102
fosinopril.....	GlucaGen HypoKit.....	48	Hepsera .....	44
fosinopril-hydrochlorothiazide	Glucagon Emergency .....	48	Herceptin.....	37
.....	Glucophage.....	47	Hexalen .....	37
fosphenytoin.....	Glucophage XR .....	47	Hiprex .....	17
FOSRENOL .....	Glucotrol.....	50	Hizentra.....	85
Fragmin .....	Glucotrol XL .....	50	Humalog.....	49
Freamine HBC 6.9 %.....	Glucovance .....	50	Humalog KwikPen.....	49
Freamine III 3 %-Electrolytes	Glumetza.....	48	Humalog Mix 50-50.....	48
.....	glyburide.....	50	Humalog Mix 50-50 KwikPen	
Freamine III 8.5 % .....	glyburide micronized.....	50	.....	48
Frova .....	glyburide-metformin.....	50	Humalog Mix 75-25.....	48
Furadantin .....	glycopyrrolate.....	68	Humalog Mix 75-25 KwikPen	
furosemide.....	Glycron .....	50	.....	48
Fuzeon.....	Glynase .....	50	Humatrope.....	76
gabapentin .....	Glyset.....	47	Humira .....	86

Humira Crohn's Dis Start Pck .....	86	InnoPran XL .....	60	Junel 1.5/30 (21) .....	80
Humulin 70/30 .....	48	Insulin Pen Needle.....	48	Junel 1/20 (21) .....	80
Humulin 70/30 Pen .....	48	insulin syringe-needle U-100	48	Junel FE 1.5/30 (28).....	80
Humulin N .....	49	Intelence .....	44	Junel FE 1/20 (28).....	80
Humulin N Pen .....	49	Intralipid .....	102	Kadian .....	8
Humulin R.....	49	Intron A .....	85	Kaletra.....	45
Humulin R U-500.....	49	Invanz .....	14	kanamycin .....	13
Hycamtin.....	36	Invega .....	42	Kaon Cl-10.....	103
Hycet .....	10	Invega Sustenna.....	42	Kariva.....	78
hydralazine .....	61	Invirase .....	45	Kayexalate.....	68
Hydrea.....	35	Ionosol-B in D5W .....	102	Kelnor 1/35 (28).....	78
hydrochlorothiazide .....	61	Ionosol-MB in D5W.....	102	Kenalog.....	73
hydrocodone-acetaminophen	10	Ionosol-T in D5W.....	102	Kepivance .....	64
hydrocodone-ibuprofen.....	10	Iopidine.....	90	Keppra.....	20
hydrocortisone.....	72, 73	IPOL .....	87	Keppra XR.....	20
hydrocortisone butyrate.....	74	ipratropium bromide.....	96	Kerlone.....	57
hydrocortisone valerate.....	74	ipratropium-albuterol.....	96	KETEK .....	16
hydrocortisone-acetic acid ...	94	Iquix.....	92	ketoconazole .....	29
hydromorphone .....	10	IRESSA .....	36	ketoprofen .....	31
hydromorphone (PF).....	10	irinotecan .....	36	ketorolac.....	31, 91
hydroxychloroquine .....	39	Isentress .....	45	Kineret.....	85
hydroxyurea .....	35	Ismo .....	62	Kionex.....	26
hydroxyzine HCl.....	97	ISOCHRON.....	62	Klaron .....	65
hydroxyzine pamoate .....	97	Isolyte-H in D5W .....	102	Klor-Con .....	103
ibuprofen .....	31	Isolyte-M in D5W.....	102	Klor-Con 10 .....	103
ibuprofen-oxycodone .....	10	Isolyte-P in D5W.....	103	Klor-Con M15.....	103
idarubicin .....	35	Isolyte-S.....	103	Klor-Con M20.....	103
Ifex .....	34	Isolyte-S in D5W.....	103	Kristalose .....	68
ifosfamide.....	34	IsonaRif .....	33	K-Tab .....	103
ifosfamide-mesna.....	34	isoniazid.....	33	Kuric .....	29
Imdur.....	62	Isoptin SR .....	57	Kuvan.....	67
imipramine HCl.....	25	Isordil.....	62	Kytril.....	27
imipramine pamoate.....	25	Isordil Titradose.....	62	labetalol.....	56
imiquimod .....	65	isosorbide dinitrate .....	62	Lac-Hydrin.....	65
Imitrex.....	32	isosorbide mononitrate .....	62	LAClotion .....	65
Imitrex STATdose Kit Refill	32	isradipine .....	58	Lacrisert .....	92
Imovax Rabies Vaccine .....	87	Istalol .....	90	lactated ringers .....	103
Imuran .....	84	Istodax .....	36	lactulose .....	68
Increlex.....	76	itraconazole.....	29	Lamictal .....	22
indapamide .....	61	Ixiaro (PF) .....	86	Lamictal Starter (Blue) Kit ...	22
Inderal LA.....	60	Jalyn.....	70	Lamictal Starter (Green) Kit .	22
Indocin .....	31	Jantoven.....	51	Lamictal Starter (Orange) Kit	22
indomethacin.....	31	Janumet.....	48	Lamictal XR.....	22
Infanrix (PF).....	87	Januvia.....	48	Lamictal XR Starter (Blue) ...	22
Infergen .....	85	Je-Vax .....	87	Lamictal XR Starter (Green).22	
Infumorph P/F .....	10	Jevtana .....	36	Lamictal XR Starter (Orange)	
Innohep.....	52	Jinteli .....	78	.....	22
		Jolivetete.....	80	Lamisil .....	28, 29

lamotrigine .....	22	Lipitor .....	52	Lupron Depot.....	82
Lanoxin .....	58	Lipofen .....	59	Lupron Depot (3 Month).....	82
Lanoxin Pediatric .....	58	Liposyn II .....	103	Lupron Depot (4 Month).....	82
lansoprazole .....	70	Liposyn III.....	103	Lupron Depot-Ped.....	83
Lantus.....	49	lisinopril.....	54	Lutera (28) .....	80
Lantus Solostar.....	49	lisinopril-hydrochlorothiazide		Luxiq .....	73
Lasix.....	60	.....	54	Lybrel.....	80
Lastacaft .....	94	lithium carbonate.....	47	Lyrice .....	20
latanoprost.....	94	lithium citrate.....	47	Lysodren .....	36
Latuda.....	42	Lithobid .....	47	Lysteda.....	52
Leena 28.....	80	Livalo.....	52	Macrobid .....	18
leflunomide .....	85	Locoid.....	74	Macrodantin .....	18
Lescol .....	52	Locoid Lipocream .....	74	Magnacet.....	10
Lescol XL.....	52	Lodosyn .....	41	magnesium sulfate .....	103
Lessina .....	80	Loestrin 1.5/30 (21).....	80	magnesium sulfate in D5W .	103
Letairis .....	98	Loestrin 1/20 (21).....	80	Malarone .....	39
leucovorin calcium.....	26	Loestrin 24 Fe.....	80	malathion.....	40
Leukeran.....	38	Loestrin Fe 1.5/30 (28).....	80	maprotiline .....	24
Leukine.....	51	Loestrin Fe 1/20 (28).....	80	Margesic-H .....	10
leuprolide .....	82	Lofibra .....	59	Marplan .....	24
Leustatin.....	38	LoKara.....	73	Matulane .....	34
levalbuterol HCl.....	97	Lomotil .....	68	Maxair Autohaler .....	97
Levaquin.....	19	Lo-Ovral (28).....	80	Maxalt .....	32
Levaquin in D5W .....	19	loperamide .....	69	Maxalt-MLT .....	33
Levatol .....	60	Lopid.....	59	Maxidex .....	91
Levemir .....	49	Lopressor .....	55, 57	Maxidone .....	10
Levemir Flexpen .....	49	Lopressor HCT .....	57	Maxipime .....	15
levetiracetam .....	20	Loprox .....	28	Maxitrol.....	92
levobunolol.....	90	Lorcet 10/650.....	10	Maxzide.....	61
levocarnitine.....	103	Lorcet Plus.....	10	Maxzide-25mg .....	61
levocarnitine (with sucrose)	103	Lortab .....	10	mebendazole .....	39
levocetirizine .....	98	Lortab Elixir .....	10	meclizine .....	27
levofloxacin.....	92	losartan .....	54	meclofenamate .....	31
Levora-28.....	80	losartan-hydrochlorothiazide	54	Medrol.....	72
levorphanol tartrate .....	10	LoSeasonique .....	80	Medrol (Pak) .....	72
Levothroid.....	82	Lotemax .....	91	medroxyprogesterone.....	80
levothyroxine .....	82	Lotrel .....	58	mefenamic acid .....	31
Levoxyl .....	82	Lotrisone.....	29	mefloquine .....	39
Lexapro .....	46	Lotronex .....	70	Megace ES .....	80
Lexiva.....	46	lovastatin.....	52	Megace Oral.....	80
Lialda .....	88	Lovaza .....	60	megestrol.....	80
lidocaine (PF).....	12	Lovenox.....	52	meloxicam.....	31
lidocaine HCl .....	12	Low-Ogestrel (28) .....	80	melphalan.....	38
lidocaine-prilocaine.....	12	loxapine succinate .....	43	Menactra (PF) .....	87
Lidoderm.....	12	Loxitane.....	43	Menest.....	78
Lincocin .....	16	Lufyllin.....	96	Menomune - A/C/Y/W-135	
lindane.....	40	Lumigan.....	94	(PF) .....	87
liothyronine .....	82	Lunesta .....	99	Menostar .....	78

Mentax .....	28	metoprolol succinate.....	57	morphine concentrate.....	10
Menveo A-C-Y-W-135-Dip (PF) .....	87	metoprolol tartrate .....	55, 57	Motofen.....	69
meperidine.....	10	metoprolol-hydrochlorothiazide .....	57	MoviPrep.....	69
meperidine (PF).....	10	Metozolv ODT.....	27	Mozobil.....	51
meprobamate.....	47	MetroCream.....	17	MS Contin.....	8
Mepron.....	39	Metrogel .....	17	Multaq.....	55
mercaptapurine.....	38	Metrogel Vaginal.....	17	mupirocin .....	17
meropenem.....	17	MetroLotion.....	17	Mustargen .....	38
Merrem.....	17	metronidazole .....	17	Myambutol.....	34
Meruvax II (PF) .....	87	metronidazole in NaCl (iso-os) .....	17	Mycamine .....	30
mesalamine.....	88	Mevacor.....	52	Mycobutin.....	33
mesna .....	26	mexiletine .....	55	mycophenolate mofetil.....	84
Mesnex .....	26	Miacalcin .....	89	Mydral.....	92
Mestinon .....	33	Micardis.....	54	Mydriacyl.....	92
Mestinon Timespan.....	33	Micardis HCT.....	54	Myfortic .....	84
METADATE CD .....	63	Miconazole-3 .....	29	Myozyme .....	98
METADATE ER .....	63	Microgestin 1.5/30 (21).....	80	Mysoline .....	21
Metaglip .....	50	Microgestin 1/20 (21).....	80	Mytelase.....	33
metaproterenol .....	97	Microgestin Fe 1.5/30 (28)...	80	nabumetone .....	31
metaxalone .....	99	Microgestin FE 1/20 (28) ....	80	nadolol.....	60
metformin.....	48	Microzide.....	61	nadolol-bendroflumethiazide	60
methadone .....	10	midodrine.....	53	nafcillin .....	19
Methadose .....	10	Migergot .....	32	nafcillin in D2.4W .....	19
methamphetamine .....	63	Migranal .....	32	Naftin .....	28
methazolamide .....	57	Millipred.....	72	Naglazyme .....	67
methenamine hippurate.....	17	Minitran .....	62	nalbuphine.....	11
Methergine .....	32	minocycline .....	20	Nalfon .....	31
methimazole.....	83	minoxidil.....	61	Nallpen in D2.4W .....	19
methocarbamol.....	99	Mirapex.....	40	naloxone .....	26
methotrexate sodium.....	84	Mirapex ER .....	40	naltrexone.....	26
methotrexate sodium (PF).....	84	mirtazapine .....	24	Namenda .....	23
methscopolamine .....	68	misoprostol .....	70	Namenda Titration Pak .....	23
methylclothiazide.....	61	mitomycin.....	36	naphazoline .....	92
methyl dopa.....	53	mitoxantrone.....	36	Naprelan CR.....	31
methyl dopa- hydrochlorothiazide .....	53	M-M-R II (PF).....	87	Naprosyn .....	31
methyl dopate.....	53	Mobic.....	31	naproxen.....	32
Methylin.....	63	Modicon (28).....	80	naproxen sodium.....	32
Methylin ER.....	63	moexipril.....	54	naratriptan .....	33
methylphenidate .....	63	moexipril-hydrochlorothiazide .....	54	Nardil .....	46
methylprednisolone.....	72	mometasone.....	74	Nasacort AQ.....	95
methylprednisolone acetate...	72	Monoket.....	62	Nasonex.....	95
methylprednisolone sodium succ.....	72	Mononessa (28).....	78	Natacyn .....	30
metipranolol .....	90	Monurol .....	17	nateglinide.....	49
metoclopramide.....	27	morphine.....	8, 10	Navane .....	43
metolazone .....	61	morphine (PF).....	10	Nebupent.....	39

Necon 7/7/7 (28) .....	81	Nora-BE.....	81	octreotide acetate .....	83
nefazodone .....	24	Norco .....	11	Ocufen.....	92
neomycin.....	13	Nordette-28.....	81	Ocuflox .....	19
neomycin-bacitracin-poly-HC		Norditropin Nordiflex.....	76	ofloxacin .....	19
.....	92	norethindrone acetate.....	81	Ogen 0.625.....	78
neomycin-bacitracin-		Norflex.....	99	Ogestrel (28) .....	78
polymyxin .....	92	Norinyl 1+35 (28).....	81	Olux-E.....	75
neomycin-polymyxin B GU..	17	Noritate .....	17	omeprazole.....	70
neomycin-polymyxin-dexameth		Normosol-M in D5W .....	103	omeprazole-sodium bicarbonate	
.....	92	Normosol-R in D5W .....	103	.....	70
neomycin-polymyxin-		Normosol-R pH 7.4 .....	103	Omnaris.....	95
gramicidin .....	93	Noroxin.....	19	Oncaspar .....	36
neomycin-polymyxin-HC17,	93	Norpramin.....	25	ondansetron .....	27
Neoral.....	84	Nor-QD.....	81	ondansetron HCl .....	27
Neosporin.....	93	Nortrel 0.5/35 (28).....	81	ondansetron HCl (PF) .....	27
Nephramine 5.4 %.....	103	Nortrel 1/35 (21).....	81	Onglyza .....	48
Neulasta.....	51	Nortrel 1/35 (28).....	81	Ontak.....	36
Neumega .....	51	Nortrel 7/7/7 (28).....	81	Opana .....	11
Neupogen .....	51	nortriptyline .....	25	Opana ER.....	8
Neurontin .....	21	Norvasc.....	59	Optipranolol .....	90
Nevanac.....	92	Norvir .....	46	Optivar .....	94
Nexavar .....	37	Novamine 15 %.....	103	Oracea .....	20
Nexium.....	70	Novantrone .....	36	Oramorph SR .....	8
Nexium IV.....	70	Novarel .....	75	Orap.....	43
Nexium Packet .....	70	Novolin 70/30.....	48	Orapred .....	72
Next Choice.....	81	Novolin 70/30 InnoLet .....	48	Orapred ODT .....	72
Niacor.....	60	Novolin N .....	49	ORENCIA.....	84
Niaspan Extended-Release....	60	Novolin N InnoLet .....	49	Orfadin .....	67
nicardipine.....	58	Novolin R .....	49	orphenadrine citrate .....	99, 100
Nicotrol .....	26	Novolog .....	49	Orphenadrine Compound....	100
Nicotrol NS .....	26	Novolog Flexpen .....	49	Orphenadrine Compound-DS	
Nifediac CC.....	59	Novolog Mix 70-30 .....	48	.....	100
Nifedical XL .....	59	Novolog Mix 70-30 FlexPen	48	Ortho Evra.....	81
nifedipine .....	59	Noxafil.....	29	Ortho Micronor .....	81
Nilandron .....	83	NS with potassium chloride	103	Ortho Tri-Cyclen Lo .....	78
nimodipine .....	59	Nucynta.....	11	Ortho-Cept (28).....	78
Nipent.....	38	Nuedexta.....	63	Orthoclone OKT3 .....	84
nisoldipine.....	59	NuLYTELY with Flavor Packs		Ortho-Cyclen (28).....	81
Nitro-Dur.....	62	.....	69	Ortho-Est 0.625.....	78
nitrofurantoin macrocrystal... 18		Nutropin.....	76	Ortho-Est 1.25.....	78
nitrofurantoin monohyd/m-		Nutropin AQ.....	76	Ortho-Novum 7/7/7 (28).....	81
cryst.....	18	Nutropin AQ Nuspin .....	76	OsmoPrep.....	69
nitroglycerin .....	62	NuvaRing.....	78	Ovcon-35 (28).....	81
Nitrolingual.....	62	Nuvigil.....	63	Ovcon-50 (28).....	81
Nitromist .....	62	nystatin .....	30	Ovide.....	40
Nitrostat.....	62	nystatin-triamcinolone.....	30	oxacillin.....	19
nizatidine.....	69	Nystop.....	30	oxacillin in dextrose, iso-osm	19
Nizoral.....	29	Ocella.....	78	oxaliplatin .....	34

oxandrolone.....	76	PegIntron Redipen .....	85	Plasma-Lyte A .....	104
oxaprozin.....	32	penicillin G pot in dextrose ..	18	Plasma-Lyte R.....	104
oxcarbazepine.....	22	penicillin G potassium.....	18	Plasma-Lyte-56 in D5W .....	104
Oxistat.....	29	penicillin G procaine .....	18	Plavix .....	50
Oxsoralen .....	66	penicillin G sodium .....	18	Pletal .....	52
Oxsoralen Ultra.....	66	penicillin V potassium.....	18	podofilox .....	65
oxybutynin chloride .....	71	Penlac .....	28	Polycin B.....	93
oxycodone .....	11	Pentam .....	39	Poly-Dex .....	93
oxycodone HCl-oxycodone-		Pentasa.....	88	polyethylene glycol 3350.....	69
ASA.....	11	pentazocine-acetaminophen .	11	polymyxin B sulfate.....	17
oxycodone-acetaminophen....	11	pentazocine-naloxone .....	11	Poly-Pred.....	91
OxyContin.....	9	PentoPAK .....	62	Polytrim.....	93
oxymorphone .....	11	pentostatin.....	38	Ponstel.....	32
Oxytrol .....	71	pentoxifylline.....	62	Portia.....	81
Pacerone .....	55	Pepcid .....	69	potassium chloride .....	104
paclitaxel .....	36	Pepcid in NaCl (iso-osmotic)	69	potassium citrate .....	104
PALGIC .....	97	Percocet .....	11	Pradaxa.....	51
Pamelor .....	25	Percodan .....	11	pramipexole.....	40
pamidronate.....	89	Perforomist .....	97	Prandimet .....	49
Pamine.....	68	perindopril erbumine .....	54	Prandin .....	49
Pamine Forte .....	68	Periogard.....	64	Pravachol.....	53
Pancreaze .....	67	permethrin.....	40	pravastatin .....	53
Pandel.....	73	perphenazine.....	43	prazosin .....	53
Panlor DC.....	11	perphenazine-amitriptyline...	25	Precose .....	47
Panlor SS.....	11	Persantine .....	51	Pred Forte.....	91
Panretin .....	36	PEXEVA .....	46	Pred Mild .....	91
pantoprazole .....	70	Phenadoz.....	27	Pred-G .....	91
Parafon Forte DSC .....	100	phenelzine.....	46	Pred-G S.O.P.....	91
Parcaine.....	12	Phenergan .....	27	prednicarbate.....	74
Parcopa.....	41	Phenytek .....	22	prednisolone acetate.....	91
Parlodel .....	40	phenytoin .....	22	prednisolone sodium phosphate	
Parnate.....	24	phenytoin sodium .....	22	.....	72, 91
paromomycin .....	13	phenytoin sodium extended..	22	prednisone .....	72
paroxetine HCl .....	46	Phisohex .....	17	Prednisone Intensol.....	72
Paser .....	34	PhosLo.....	71	Prefest .....	78
Pataday .....	94	Phospholine Iodide .....	91	Pregnyl .....	75
Patanase.....	98	Photofrin .....	36	Prelone .....	72
Patanol.....	94	Physiolyte .....	103	Premarin .....	78
Paxil .....	46	Physiosol Irrigation .....	103	Premasol 10 % .....	104
Paxil CR.....	46	pilocarpine HCl .....	64	Premasol 6 % .....	104
Pediapred.....	72	Pilopine HS.....	91	Premphase .....	78
Pediarix (PF) .....	86	pindolol.....	60	Prempro.....	78
Pedi-Dri.....	30	piperacillin-tazobactam .....	15	Prenatabs OBN.....	104
Pedvax HIB (PF).....	86	piroxicam.....	32	Prevalite .....	56
Peganone .....	22	Plaqueenil.....	39	Previfem.....	79
Pegasys.....	85	Plasma-Lyte 148.....	103	Prevpac.....	17
Pegasys Convenience Pack ...	85	Plasma-Lyte 148 in D5W ...	104	Prezista.....	46
PegIntron.....	85	Plasma-Lyte 56.....	104	Priftin .....	34

Prilosec.....	70	Provera.....	81	Reprexain.....	11
primaquine.....	39	Provigil.....	64	Requip.....	40
Primaxin IM.....	14	Prozac.....	47	Requip XL.....	40, 41
Primaxin IV.....	14	Prozac Weekly.....	47	Rescriptor.....	44
primidone.....	21	Pulmicort.....	95	reserpine.....	58
Primsol.....	13	Pulmicort Flexhaler.....	95	Restasis.....	93
Pristiq.....	24	Pulmozyme.....	99	Retin-A.....	65
Privigen.....	85	Purinethol.....	38	Retin-A Micro.....	65
ProAir HFA.....	97	Pylera.....	69	Retrovir.....	45
ProAmatine.....	53	pyrazinamide.....	34	Revatio.....	98
probenecid.....	30	pyridostigmine bromide.....	33	Revia.....	26
Procalamine 3%.....	104	Qualaquin.....	39	REVLIMID.....	34
Procardia.....	59	Quasense.....	81	Reyataz.....	46
Procardia XL.....	59	Questran.....	56	Rheumatrex.....	84
Prochieve.....	81	quinapril.....	54	Rhinocort Aqua.....	95
prochlorperazine.....	27	quinapril-hydrochlorothiazide	54	RibaPak Dose Pack.....	44
prochlorperazine Edisylate.....	27	quinidine gluconate.....	55	Ribasphere.....	44
prochlorperazine maleate.....	27	quinidine sulfate.....	55	ribavirin.....	44
Procrit.....	51	Quixin.....	93	Ridaura.....	85
Proctocort.....	73	Qvar.....	95	Rifadin.....	34
ProctoCream-HC.....	73	RabAvert (PF).....	87	Rifamate.....	34
Procto-Pak.....	73	ramipril.....	54	rifampin.....	34
Proctosol HC.....	73	Ranexa.....	58	Rifater.....	34
Proctozone-HC.....	73	ranitidine HCl.....	69	Rilutek.....	64
Proglycem.....	62	Rapamune.....	84	rimantadine.....	46
Prograf.....	84	Rapiflux.....	47	ringers.....	104
Prolastin.....	98	Razadyne.....	23	RIOMET.....	48
Proleukin.....	85	Razadyne ER.....	23	Risperdal.....	42
Prolia.....	90	REBETOL.....	44	Risperdal Consta.....	42
Promacta.....	51	Rebif.....	86	Risperdal M-TAB.....	42
promethazine.....	27	Rebif Titration Pack.....	86	risperidone.....	42
Promethazine VC.....	27	Reclast.....	89	Ritalin.....	63
Promethegan.....	28	Reclipsen (28).....	79	Ritalin LA.....	63
Prometrium.....	81	Recombivax HB (PF).....	86	Ritalin SR.....	63
propafenone.....	55	Reglan.....	28	Rituxan.....	35
proparacaine.....	93	Regonol.....	33	rivastigmine.....	23
Propine.....	90	Regranex.....	66	Robaxin.....	100
propranolol.....	55, 60	Relenza Diskhaler.....	46	Robinul.....	68
propranolol-hydrochlorothiazid	60	Relistor.....	69	Robinul Forte.....	68
propylthiouracil.....	83	Relpax.....	33	Rocaltrol.....	90
ProQuad.....	87	Remeron.....	24	Romycin.....	93
Proscar.....	70	Remeron SolTab.....	24	ropinirole.....	41
Prosol 20%.....	104	Remicade.....	86	RotaTeq Vaccine.....	87
Protonix.....	70	Remodulin.....	98	Rowasa.....	88
Protopic.....	65	Renagel.....	71	Roxicet.....	11
protriptyline.....	25	Renamin 6.5 %.....	104	Roxicodone.....	11
Proventil HFA.....	97	Renvela.....	71	Rozerem.....	99
				Sabril.....	21

safety needles .....	48	sodium fluoride.....	104	sulfacetamide-prednisolone ..	19
Saizen .....	76	sodium lactate.....	104	sulfadiazine .....	19
Saizen click.easy .....	76	sodium polystyrene sulfonate	26	sulfamethoxazole-trimethoprim	
Samsca .....	58	Solaraze .....	65	.....	20
Sanctura XR .....	71	Solia.....	79	Sulfamylon.....	18
Sancuso .....	28	Solu-Cortef (PF) .....	73, 74	sulfasalazine .....	88
Sandimmune .....	84	Solu-Medrol.....	72	Sulfatrim .....	18
Sandostatin .....	83	Solu-Medrol (PF).....	72	Sulfazine EC .....	88
Sandostatin LAR Depot .....	83	Soma.....	100	sulindac .....	32
Santyl .....	66	Somatuline Depot .....	83	sumatriptan succinate.....	33
Saphris.....	42	SOMAVERT .....	83	Suprax .....	15
Sarafem .....	47	Sonata .....	99	Surmontil.....	25
Seasonale.....	81	Soriatane .....	66	Sustiva.....	44
Seasonique .....	81	Sorine.....	60	Sutent .....	37
Sectral.....	57	sotalol .....	55	Symbicort.....	95
selegiline HCl.....	41	Sotret.....	65	Symbyax .....	47
selenium sulfide .....	66	Spiriva with HandiHaler.....	96	Symlin .....	47
Selsun .....	66	spironolactone.....	61	SymlinPen 120 .....	47
Selzentry.....	45	spironolacton-hydrochlorothiaz		SymlinPen 60 .....	47
Semprex-D .....	98	.....	61	Synagis.....	85
Sensipar.....	82	Sporanox.....	29	Synalgos-DC .....	11
Septra .....	17	Sporanox Pulsepak .....	29	Synarel .....	83
Septra DS .....	17	Sprintec (28) .....	79	Synera .....	12
Serevent Diskus .....	97	Sprycel.....	37	Synercid .....	18
Seromycin .....	34	Sronyx.....	81	Synthroid.....	82
Seroquel .....	42	SSD.....	18	Syprine .....	26
Seroquel XR.....	42	Stadol.....	11	Tabloid.....	38
Serostim .....	76	Stagesic.....	11	Taclonex.....	66
sertraline.....	47	Stalevo 100 .....	41	Taclonex Scalp.....	66
Silenor .....	25	Stalevo 125 .....	41	tacrolimus.....	84
Silvadene.....	17	Stalevo 150 .....	41	Talacen.....	11
silver sulfadiazine .....	18	Stalevo 200 .....	41	Talwin .....	11
Simcor .....	53	Stalevo 50 .....	41	Talwin NX .....	11
Simulect .....	35	Stalevo 75 .....	41	Tamiflu.....	46
simvastatin .....	53	Starlix .....	49	tamoxifen .....	39
Sinemet.....	41	stavudine.....	45	tamsulosin .....	71
Sinemet 25-250 .....	41	Stavzor.....	21	Tapazole.....	83
Sinemet CR .....	41	Stelara .....	85	Tarceva.....	37
Singulair .....	98	Stimate.....	76	Targretin.....	38
Skelaxin.....	100	Strattera.....	63	Tasigna.....	37
Skelid .....	89	streptomycin .....	13	Tasmar.....	40
sodium bicarbonate .....	104	Stromectol.....	39	Taxotere .....	36
sodium chloride.....	104	Suboxone .....	11	TAZICEF .....	15
sodium chloride 0.45 % .....	104	Subutex .....	11	Tazorac.....	65
sodium chloride 0.9 % .....	104	sucralfate.....	70	Taztia XT .....	57
sodium chloride 3 % .....	104	Sular.....	59	Teflaro.....	18
sodium chloride 5 % .....	104	sulfacetamide sodium .....	93	Tegretol .....	23
Sodium Edecrin.....	60	sulfacetamide sodium (acne)	19	Tegretol XR .....	23

Tekamlo .....	59	TobraDex.....	93	Triglide.....	60
Tekturna .....	59	tobramycin in NS.....	13	trihexyphenidyl .....	40
Tekturna HCT .....	59	tobramycin sulfate .....	13	TriHIBit Preservative Free....	86
Temovate.....	75	tobramycin-dexamethasone..	93	Tri-Legest Fe.....	81
Tenoretic 100 .....	57	Tobrasol.....	93	Trileptal.....	23
Tenoretic 50 .....	57	Tobrex.....	93	TriLyte With Flavor Packets..	69
Tenormin.....	57	Tofranil .....	25	trimethobenzamide.....	28
Terazol 3 .....	29	Tofranil-PM.....	25	trimethoprim .....	13
Terazol 7 .....	29	tolazamide.....	50	trimethoprim-polymyxin B ..	93
terazosin .....	53	tolbutamide .....	50	TriNessa (28) .....	79
terbinafine .....	28	tolmetin.....	32	Tri-Norinyl (28) .....	81
terbutaline.....	97	Topamax .....	22	Tripedia (PF).....	87
terconazole .....	29	Topicort .....	74	Tri-Previfem (28).....	79
Testim.....	77	Topicort LP.....	74	Trisenox .....	36
testosterone cypionate.....	77	topiramate .....	22	Tri-Sprintec (28) .....	79
testosterone enanthate .....	77	Toposar .....	36	Trivora (28).....	81
tetanus toxoid,adsorbed (PF) 87		topotecan.....	36	Trizivir .....	45
tetanus,diphtheria toxd ped-PF		Toprol XL.....	57	TrophAmine 10 %.....	104
.....	86	Torisel.....	36	Trophamine 6%.....	104
tetanus-diphtheria toxoids-Td87		torsemide .....	60	tropicamide .....	93
tetracycline .....	20	Toviaz .....	71	tropium .....	71
Tev-Tropin .....	76	TPN Electrolytes .....	104	Trusopt .....	91
Thalitone .....	61	Tracleer.....	98	Truvada .....	45
Thalomid.....	34	tramadol.....	9	Twinject Autoinjector .....	97
Theo-24.....	96	tramadol-acetaminophen .....	11	Twinrix (PF).....	86
Theochron .....	96	Trandate .....	56	Twynsta.....	59
theophylline.....	96	trandolapril .....	54	Tygacil .....	18
Thermazene.....	18	trandolapril-verapamil .....	54	Tykerb .....	37
thioridazine.....	43	Transderm-Scop .....	28	Tylenol-Codeine #3 .....	11
thiotepa.....	34	tranlycypromine.....	24	Tylenol-Codeine #4 .....	11
thiothixene.....	43	Travasol 10 %.....	104	Tylox .....	12
Thymoglobulin.....	85	Travatan Z .....	94	Typhim VI.....	88
Thyrolar-1 .....	82	trazodone .....	24	Tyzeka.....	44
Thyrolar-1/4 .....	82	Trecator.....	34	Tyzine .....	99
Thyrolar-2 .....	82	Trelstar.....	83	U-Cort .....	74
Thyrolar-3 .....	82	Trental.....	62	Ultracet.....	12
Tiazac .....	57	tretinoin.....	65	Ultram ER .....	9
ticlopidine.....	50	tretinoin (chemotherapy) .....	39	Ultravate.....	75
Tigan .....	28	Trexall.....	84	Unasyn .....	13
Tikosyn .....	55	Treximet .....	33	Uniphyl .....	96
Timentin .....	15	triamcinolone acetonide..	64, 74	Unithroid .....	82
timolol maleate.....	60, 90	triamterene-hydrochlorothiazid		Urecholine.....	71
Timoptic Ocudose .....	90	.....	61	Uroxatral .....	71
Timoptic-XE .....	90	Tribenzor .....	59	URSO 250.....	69
Tirosint.....	82	Tricor .....	59	URSO Forte .....	69
Tis-U-Sol.....	104	Triderm.....	73	ursodiol .....	69
tizanidine.....	43	trifluoperazine.....	43	Uvadex .....	66
Tobi.....	13	trifluridine.....	93	Vagifem.....	79

valacyclovir.....	44	Viread .....	45	Zanaflex .....	43
Valcyte .....	44	Viroptic.....	93	Zanosar.....	36
valproate sodium.....	21	Visicol.....	69	Zantac.....	69
valproic acid.....	21	Vistaril.....	97	Zantac 25 EFFERdose .....	69
valproic acid (as sodium salt)21		Vistide.....	43	Zantac in 1/2 NS .....	70
Valtrex.....	44	Vivactil .....	25	Zarontin.....	20
Valturna.....	59	Vivaglobin.....	85	Zaroxolyn.....	61
Vancocin .....	15	Vivelle-Dot.....	79	ZAVESCA .....	67
vancomycin.....	15	Vivitrol .....	26	ZAZOLE.....	30
Vandazole.....	18	Voltaren.....	32, 92	Zebeta.....	58
Vanos .....	75	Voltaren-XR .....	32	Zegerid.....	70
Vaqa (PF).....	86	Vospire ER .....	97	Zelapar .....	90
Varivax (PF).....	88	Votrient.....	37	Zemaira .....	99
Vectibix.....	35	VPRIV .....	67	Zemplar .....	90
VELCADE.....	36	Vytorin 10-10 .....	53	Zenpep.....	67
Velivet.....	79	Vytorin 10-20 .....	53	Zerit.....	45
venlafaxine.....	24	Vytorin 10-40 .....	53	Zerlor.....	12
Ventavis .....	98	Vytorin 10-80 .....	53	Zetia .....	58
Ventolin HFA.....	97	Vyvanse .....	63	Ziac .....	58
Veramyst.....	96	warfarin.....	51	Ziagen .....	45
verapamil.....	55, 57	water for irrigation, sterile....	66	Ziana .....	65
Verdeso .....	74	WelChol.....	56	zidovudine.....	45
Veregen.....	65	Wellbutrin.....	24	Zinacef .....	14
Verelan.....	57	Wellbutrin SR.....	24	Zinacef in dextrose (iso-osm)14	
Verelan PM .....	57	Wellbutrin XL .....	24	Zinacef in Sterile Water .....	14
Veripred 20 .....	72	Westcort.....	74	Zinecard .....	58
Vesicare.....	71	Xalatan.....	94	Zmax Adult-Pediatric.....	16
Vexol.....	91	Xenazine .....	64	Zocor .....	53
Vfend.....	29	Xgeva.....	90	Zofran.....	27
Vfend IV .....	29	XIBROM.....	92	ZOFRAN ODT .....	27
Vibativ.....	15	Xifaxan .....	18	Zolinza .....	36
Vicodin.....	12	Xodol 10/300.....	12	Zolofl.....	47
Vicodin ES .....	12	Xodol 5/300.....	12	zolpidem.....	99
Vicodin HP.....	12	Xodol 7.5/300.....	12	Zometa .....	89
Vicoprofen .....	12	Xolair.....	99	Zomig.....	33
Victoza .....	48	Xolegel .....	30	Zomig ZMT .....	33
Vidaza .....	38	Xopenex.....	97	Zonalon .....	65
Videx 2 gram Pediatric .....	45	Xopenex HFA.....	97	Zonegran .....	20
Videx EC.....	45	Xylocaine.....	12	zonisamide .....	21
Vigamox.....	93	Xylocaine Jelly .....	12	Zorbtive.....	76
Vimovo .....	32	Xyrem .....	64	Zortress .....	37, 38
Vimpat.....	23	Xyzal.....	98	ZOSTAVAX.....	88
vinblastine.....	34	Yasmin 28.....	79	Zosyn.....	15
vincristine.....	34	YAZ 28.....	79	Zosyn in dextrose (iso-osm)..	15
vinorelbine .....	36	YF-Vax .....	88	Zovia 1/35E (28).....	79
Viracept.....	46	zafirlukast .....	98	Zovia 1/50E (28).....	79
Viramune.....	45	zaleplon.....	99	Zovirax.....	44
Virazole.....	44	Zamicet.....	12	Zydone .....	12

Zyflo CR ..... 99  
Zylet ..... 93  
Zyloprim..... 30

Zymar ..... 93  
Zymaxid..... 93  
Zyprexa..... 42

Zyprexa Zydys ..... 42  
Zyvox ..... 18



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