

**Consolidated Associations of Railroad Employees (CARE)
Medicare Prescription Drug Plan (Employer PDP)**

2011 Formulary

(List of Covered Drugs)

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

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

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2011.

A Medicare-approved Part D sponsor.

Please call (866) 443-1095, 24 hours a day, seven days a week to receive material in alternate format or language.

S8841 Formulary ID 11461, Version 22

What is the Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan Formulary?

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

Can the Formulary change?

Generally, if you are taking a drug on our 2011 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2011 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of November 1, 2011. To get updated information about the drugs covered by Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan, please visit our Web site at <http://www.myinformedrx.com> or call Member Services at (866) 443-1095, 24 hours a day, seven days a week. TTY/TDD users should call (866) 443-1094.

How do I use the Formulary?

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

Medical Condition

The formulary begins on Page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins below. Then look under the category name

for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 64. 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?

Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan before you fill your prescriptions. If you don't get approval, Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan limits the amount of the drug that Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan will cover. For example, Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan provides 18 per prescription for Relistor. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan 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, Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at <http://www.myinformedrx.com>.

You can ask Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan to make an exception to these restrictions or limits. See the section, "How do I request

an exception to the Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan's formulary?" on page 4 for information about how to request an exception.

What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan pays for certain OTC drugs. Examples of these drugs include Prilosec OTC, Omeprazole OTC, and OTC versions of loratadine, loratadine-D, cetirizine, and cetirizine-D. Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan will provide these OTC drugs at no cost to you. The cost to Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan of these OTC drugs will not count toward your total drug costs.

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 Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan.
- You can ask Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan 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 Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan's Formulary?

You can ask Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan 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, Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in our 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.

Generally, Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

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

If you are a current enrollee with a level of care change and you need a drug that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days), while you seek to obtain a formulary exception from Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan. If you are in the process of seeking an exception, we will consider allowing continued coverage until a decision is made.

For more information

For more detailed information about your Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan, please call Member Services at (866) 443-1095, 24 hours a day, seven days a week. TTY/TDD users should call (866) 443-1094.) Or visit <http://www.myinformedrx.com>. If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan's Formulary

The formulary on page 7 provides coverage information about some of the drugs covered by Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 64.

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

The information in the Notes column tells you if Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan has any special requirements for coverage of your drug.

- **PA:** Prior Authorization. Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan before you fill your prescriptions. If you don't get approval, Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan may not cover the drug.
- **QL:** Quantity Limit. For certain drugs, Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan limits the amount of the drug that Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan will cover. For example, Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan provides 18 tablets per prescription for Relistor. This may be in addition to a standard one month or three month supply.
- **ST:** Step Therapy. In some cases, Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan 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, Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan may not cover drug B unless you try Drug A first. If Drug A does not work for you, Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan will then cover Drug B.

- **ED: Part D Excluded Drug.** This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
- **LA: Limited Availability.** This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at (866) 443-1095, 24 hours a day, seven days a week. TTY/TDD users should call (866) 443-1094.

Drug Name	Drug Tier	Notes
Analgesics		
Analgesics		
GRALISE	3	
GRALISE STARTER	3	
Nonsteroidal Anti-inflammatory Drugs		
CLINORIL	3	
DAYPRO	3	
EC-NAPROSYN	3	
<i>endodan</i>	1	
FELDENE	3	
FLECTOR	3	
INDOCIN	3	
KETOROLAC TROMETHAMINE INJ 15MG/ML	3	
<i>ketorolac tromethamine inj 30mg/ml</i>	1	
MOBIC	3	
NAPRELAN	3	
NAPROSYN	3	
<i>naproxen</i>	1	
PENNSAID	2	
PONSTEL	3	
VIMOVO	3	
VOLTAREN-XR	3	
VOLTAREN GEL	2	
VOLTAREN TBEC	3	
ZIPSOR	3	
Opioid Analgesics		
<i>acetaminophen/caffeine/dihydrocodeine bitartrate</i>	1	
<i>acetaminophen/codeine</i>	1	
<i>acetaminophen/codeine #3</i>	1	
<i>acetaminophen/codeine #4</i>	1	
ACTIQ	3	
<i>ascomp/codeine</i>	1	
<i>astramorph</i>	1	
AVINZA	3	
BUPRENEX	3	
<i>buprenorphine hcl</i>	1	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE	3	
<i>butorphanol tartrate</i>	1	
CAPITAL/CODEINE	3	
<i>co-gesic</i>	1	
<i>codeine sulfate tabs 30mg, 60mg</i>	1	
COMBUNOX	3	
DEMEROL	3	
DILAUDID	3	
DILAUDID-5	2	
DILAUDID-HP	3	
DOLOPHINE	3	
DOLOPHINE HCL	3	
DURAGESIC	3	
<i>duramorph</i>	1	

Drug Name	Drug Tier	Notes
EMBEDA	3	
<i>endocet</i>	1	
EXALGO	3	
<i>fentanyl</i>	1	
<i>fentanyl citrate</i>	1	
<i>fentanyl citrate oral transmucosal</i>	1	
FENTORA	3	
FIORICET/CODEINE	3	
FIORINAL/CODEINE #3	3	
HYCET	3	
<i>hydrocodone bitartrate/acetaminophen</i>	1	
<i>hydrocodone/acetaminophen</i>	1	
<i>hydrocodone/ibuprofen</i>	1	
<i>hydromorphone hcl</i>	1	
<i>infumorph 200</i>	2	
<i>infumorph 500</i>	2	
KADIAN	2	
<i>levorphanol tartrate</i>	1	
LORCET 10/650	3	
LORCET PLUS	3	
LORTAB	3	
MAGNACET	3	
<i>margesic-h</i>	1	
MAXIDONE	3	
<i>meperidine hcl oral soln, tabs</i>	1	
MEPERIDINE HCL INJ 100MG/ML	3	
<i>meperidine hcl inj 10mg/ml, 25mg/ml, 50mg/ml, 75mg/ml</i>	1	
<i>methadone hcl</i>	1	
<i>methadose</i>	1	
<i>morphine sulfate</i>	1	
<i>morphine sulfate er</i>	1	
MS CONTIN	3	
<i>nalbuphine hcl</i>	1	
NORCO	3	
NUCYNTA	3	
ONSOLIS	3	
OPANA	3	
OPANA ER	2	
ORAMORPH SR	3	
<i>oxycodone hcl</i>	1	
<i>oxycodone/acetaminophen</i>	1	
<i>oxycodone/aspirin</i>	1	
OXYCODONE/IBUPROFEN	3	
OXYCONTIN	2	
PANLOR DC	3	
<i>pentazocine/acetaminophen</i>	1	
<i>pentazocine/naloxone hcl</i>	1	
PERCOCET	3	
PERCODAN	3	
REPREXAIN TABS 2.5MG; 200MG	3	

Drug Name	Drug Tier	Notes
<i>reprexain tabs 10mg; 200mg, 5mg; 200mg</i>	1	
ROXICET SOLN	2	
ROXICET TABS 500MG; 5MG	3	
<i>roxicet tabs 325mg; 5mg</i>	1	
ROXICODONE	3	
RYZOLT	3	
STADOL	3	
<i>stagesic</i>	1	
SUBOXONE	2	
SUBUTEX	3	
<i>synalgos-dc</i>	1	
TALACEN	3	
TALWIN	3	
TALWIN NX	3	
<i>tramadol hcl</i>	1	
<i>tramadol hcl er</i>	1	
<i>tramadol hydrochloride/acetaminophen</i>	1	
TYLENOL/CODEINE #3	3	
TYLENOL/CODEINE #4	3	
TYLOX	3	
ULTRACET	3	
ULTRAM ER	3	
VICODIN	3	
VICODIN ES	3	
<i>vicodin hp</i>	3	
VICOPROFEN	3	
XODOL	3	
<i>zamicet</i>	1	
<i>zerlor</i>	1	
ZYDONE TABS 400MG; 5MG, 400MG; 7.5MG	3	
<i>zydone tabs 400mg; 10mg</i>	1	

Anesthetics

Local Anesthetics

ALCAINE	3	
ANESTACON	3	
EMLA	3	
<i>lidocaine</i>	1	
<i>lidocaine hcl</i>	1	
<i>lidocaine hcl jelly</i>	1	
<i>lidocaine viscous</i>	1	
<i>lidocaine/prilocaine</i>	1	
LIDODERM	2	
SYNERA	3	
XYLOCAINE	3	
XYLOCAINE JELLY	3	

Anti-inflammatory Agents

Nonsteroidal Anti-inflammatory Drugs

ANAPROX	3	
ANAPROX DS	3	
ARTHROTEC 50	3	

Drug Name	Drug Tier	Notes
ARTHROTEC 75	3	
CATAFLAM	3	
CELEBREX	2	ST
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>diclofenac sodium ec</i>	1	
<i>diclofenac sodium xr</i>	1	
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>fenoprofen calcium</i>	1	
<i>flurbiprofen</i>	1	
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1	
<i>indomethacin er</i>	1	
<i>ketoprofen</i>	1	
<i>ketoprofen er</i>	1	
<i>ketorolac tromethamine</i>	1	
<i>meclofenamate sodium</i>	1	
<i>meloxicam</i>	1	
<i>nabumetone</i>	1	
NALFON CAPS 200MG	3	
NAPRELAN	3	
<i>naproxen</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate</i>	1	
<i>gentamicin sulfate</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride</i>	1	
<i>gentamicin sulfate/sodium chloride</i>	1	
<i>isotonic gentamicin</i>	1	
KANAMYCIN SULFATE	3	
<i>neo-fradin</i>	1	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
<i>streptomycin sulfate</i>	2	
TOBI	4	B/D
<i>tobramycin sulfate</i>	1	
<i>tobramycin sulfate/sodium chloride</i>	2	
TOBEX	3	
Antibacterials, Other		
ALTABAX	2	
BACIIM	3	
BACITRACIN	3	

Drug Name	Drug Tier	Notes
BACTROBAN NASAL	2	
BACTROBAN CREA	2	
BACTROBAN OINT	3	
CHLORAMPHENICOL SODIUM SUCCINATE	4	
CLEOCIN GALAXY	2	
CLEOCIN PEDIATRIC GRANULES	2	
CLEOCIN PHOSPHATE	3	
CLEOCIN-T	3	
CLEOCIN SUPP	2	
CLEOCIN CAPS, CREA	3	
CLINDAGEL	3	
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate</i>	1	
<i>clindamycin phosphate add-vantage</i>	1	
CLINDESSE	3	
<i>colistimethate sodium</i>	1	
COLY-MYCIN M	3	
CORTISPORIN	3	
CUBICIN	2	B/D
EVOCLIN	3	
FLAGYL	3	
FLAGYL ER	3	
FURADANTIN	2	
HIPREX	3	
LINCOCIN	3	
MACROBID	3	
MACRODANTIN CAPS 25MG	2	
MACRODANTIN CAPS 100MG, 50MG	3	
<i>methenamine hippurate</i>	1	
METROCREAM	3	
METROGEL	2	
<i>metrogel-vaginal</i>	1	
METROLOTION	3	
<i>metronidazole</i>	1	
<i>metronidazole in nacl 0.79%</i>	1	
<i>metronidazole vaginal</i>	1	
MONUROL	3	
<i>mupirocin</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin b sulfates</i>	1	
NEOSPORIN	3	
NEUTREXIN	2	
<i>nitrofurantoin macrocrystalline</i>	1	
<i>nitrofurantoin monohydrate</i>	1	
NORITATE	3	
PHISOHEX	2	
POLYMYXIN B SULFATE	4	
POLYTRIM	3	
PRIMSOL	3	
PYLERA	2	

Drug Name	Drug Tier	Notes
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
SULFAMYLON	2	
SYNERCID	4	
<i>thermazene</i>	1	
<i>trimethoprim</i>	1	
TYGACIL	2	
VANCOCIN HCL	2	B/D
VANCOMYCIN HCL INJ 10GM	1	B/D
<i>vancomycin hcl inj 500mg</i>	1	
<i>vancomycin hcl inj 1000mg</i>	1	B/D
<i>vandazole</i>	1	
VIBATIV	2	
XIFAXAN TABS 200MG	3	
ZYVOX	2	
Beta-lactam, Cephalosporins		
CEDAX	3	
<i>cefaclor</i>	1	
<i>cefaclor er</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium</i>	1	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
<i>cefotaxime sodium</i>	1	
CEFOTETAN	3	
CEFOXITIN SODIUM INJ 1GM; 4%, 2GM; 2.2%	3	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
CEFTAZIDIME INJ 6GM	3	
<i>ceftazidime inj 1gm, 2gm</i>	1	
CEFTIN	3	
<i>ceftriaxone sodium</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
<i>cefuroxime/dextrose</i>	2	
<i>cephalexin</i>	1	
CLAFORAN	3	
FORTAZ INJ 1GM/50ML; 5%, 2GM/50ML; 5%	2	
FORTAZ INJ 1GM, 2GM, 6GM	3	
KEFLEX	3	
MAXIPIME	3	
OMNICEF	3	
ROCEPHIN	3	
SPECTRACEF	3	
SUPRAX	3	
<i>tazicef</i>	2	
TEFLARO	2	
VANTIN	3	

Drug Name	Drug Tier	Notes
ZINACEF IN ISO-OSMOTIC DEXTROSE	2	
ZINACEF IN ISO-OSMOTIC DILUENT	2	
ZINACEF INJ 750MG	2	
ZINACEF INJ 1.5GM	3	
<i>zinacef inj 7.5gm</i>	1	
Beta-lactam, Other		
AZACTAM	2	
AZACTAM IN ISO-OSMOTIC DEXTROSE	2	
CAYSTON	4	
DORIBAX	3	
INVANZ	3	
MERREM	3	
PRIMAXIN I.M.	2	
PRIMAXIN IV	2	
Beta-lactam, Penicillins		
<i>amoxicillin</i>	1	
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>amoxicillin/potassium clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium inj 10gm, 1gm</i>	1	
<i>ampicillin sodium inj 125mg</i>	2	
<i>ampicillin-sulbactam</i>	1	
AUGMENTIN ES-600	3	
BACTOCILL IN DEXTROSE	3	
BICILLIN C-R	2	
BICILLIN L-A	2	
<i>dicloxacillin sodium</i>	1	
MOXATAG	3	
<i>nafcillin sodium</i>	1	
NALLPEN/DEXTROSE	2	
OXACILLIN SODIUM	3	
<i>penicillin g potassium</i>	1	
<i>penicillin g potassium in iso-osmotic dextrose</i>	2	
PENICILLIN G PROCAINE	2	
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium</i>	1	
PFIZERPEN-G	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	
PIPERACILLIN SODIUM INJ 40GM	3	
PREVPAC	3	
TIMENTIN	3	
UNASYN	3	
UNASYN BULK PACK	3	
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML	2	
ZOSYN INJ 3GM; 0.375GM	3	
Macrolides		
AKNE-MYCIN	3	
<i>azithromycin</i>	1	

Drug Name	Drug Tier	Notes
BIAXIN	3	
BIAXIN XL	3	
BIAXIN XL PAC	3	
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	1	
<i>e.e.s. 400</i>	1	
E.E.S. GRANULES	2	
<i>ery</i>	1	
ERY-TAB	2	
ERYPED 200	3	
ERYPED 400	3	
ERYTHROCIN LACTOBIONATE	2	
<i>erythrocin stearate</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin base</i>	2	
<i>erythromycin ethylsuccinate</i>	1	
<i>erythromycin/sulfisoxazole</i>	1	
KETEK	2	PA
PCE	3	
ZITHROMAX	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZMAX	2	
Quinolones		
AVELOX	2	
AVELOX ABC PACK	2	
BESIVANCE	3	
CILOXAN	3	
CIPRO	3	
CIPRO I.V.-IN D5W	3	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin er</i>	1	
<i>ciprofloxacin extended-release</i>	1	
<i>ciprofloxacin hcl</i>	1	
FACTIVE	3	
IQUIX	3	
LEVAQUIN ORAL SOLN, TABS	3	
LEVAQUIN INJ 5%; 750MG/150ML	2	
LEVAQUIN INJ 25MG/ML	3	
<i>levofloxacin</i>	1	
<i>levofloxacin in d5w</i>	1	
MOXEZA	2	
NOROXIN	3	
OCUFLOX	3	
<i>ofloxacin</i>	1	
PROQUIN XR	3	
QUIXIN	3	
ZYMAR	2	
ZYMAXID	2	
Sulfonamides		

Drug Name	Drug Tier	Notes
BACTRIM	3	
BACTRIM DS	3	
SEPTRA	3	
SEPTRA DS	3	
<i>sodium sulfacetamide</i>	1	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole/trimethoprim</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfatrim</i>	1	
Tetracyclines		
ADOXA	3	
ADOXA PAK 1/100	3	
ADOXA PAK 1/150	3	
ADOXA PAK 1/75	3	
ADOXA PAK 2/100	3	
<i>demeclocycline hcl</i>	1	
DORYX	3	
<i>doxycycline</i>	1	
DOXYCYCLINE HYCLATE CPEP	3	
<i>doxycycline hyclate caps, inj, tabs, tbec</i>	1	
DOXYCYCLINE MONOHYDRATE TABS 150MG	3	
<i>doxycycline monohydrate tabs 50mg, 75mg</i>	1	
DYNACIN	3	
MINOCIN	3	
<i>minocycline hcl</i>	1	
<i>minocycline hcl er</i>	1	
MONODOX	3	
ORACEA	3	
PERIOSTAT	3	
SOLODYN TB24 115MG, 135MG, 45MG, 65MG, 90MG	3	
<i>tetracycline hcl</i>	1	
VIBRAMYCIN SYRP	2	
VIBRAMYCIN CAPS, SUSR	3	
VIBRATAB	3	
Anticonvulsants		
Anticonvulsants, Other		
BANZEL	2	
KEPPRA XR	2	
KEPPRA INJ	2	
KEPPRA ORAL SOLN, TABS	3	
<i>levetiracetam soln, tabs</i>	1	
VIMPAT	2	
Calcium Channel Modifying Agents		
CELONTIN	2	
<i>ethosuximide</i>	1	
LYRICA	2	
ZARONTIN	3	
ZONEGRAN	3	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
DEPACON	3	

Drug Name	Drug Tier	Notes
DEPAKENE	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
<i>gabapentin</i>	1	
GABITRIL	2	
MYSOLINE TABS 250MG	3	
NEURONTIN	3	
<i>primidone</i>	1	
SABRIL	2	
STAVZOR	3	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
<i>zonisamide</i>	1	
Glutamate Reducing Agents		
FELBATOL	2	
LAMICTAL	3	
LAMICTAL CHEWABLE DISPERSIBLE	3	
LAMICTAL ODT	2	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	3	
LAMICTAL STARTER/TAKING VALPROATE	3	
LAMICTAL XR	2	
<i>lamotrigine</i>	1	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
<i>topiramate</i>	1	
Sodium Channel Inhibitors		
<i>carbamazepine</i>	1	
<i>carbamazepine er tb12</i>	1	
CARBATROL	2	
CEREBYX	3	
DILANTIN INFATABS	2	
DILANTIN SUSP	3	
DILANTIN CAPS 30MG	2	
DILANTIN CAPS 100MG	3	
<i>epitol</i>	1	
EQUETRO	2	
<i>fosphenytoin sodium</i>	1	
<i>oxcarbazepine</i>	1	
PEGANONE	2	
PHENYTEK	3	
<i>phenytoin</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	
TEGRETOL	3	
TEGRETOL-XR	3	
TRILEPTAL	3	

Drug Name	Drug Tier	Notes
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates</i>	1	
Cholinesterase Inhibitors		
ARICEPT	2	
ARICEPT ODT	2	
COGNEX	3	
<i>donepezil hcl</i>	1	
EXELON PT24, SOLN	2	
EXELON CAPS	3	
<i>galantamine hydrobromide</i>	1	
RAZADYNE	3	
RAZADYNE ER	3	
<i>rivastigmine tartrate</i>	1	
Glutamate Pathway Modifiers		
NAMENDA	2	
NAMENDA TITRATION PAK	2	
Antidepressants		
Antidepressants, Other		
ALENZIN	3	
<i>budeprion sr</i>	1	
<i>budeprion xl</i>	1	
<i>bupropion hcl</i>	1	
<i>bupropion hcl sr</i>	1	
EFFEXOR	3	
EFFEXOR XR	3	
<i>mirtazapine</i>	1	
<i>mirtazapine odt</i>	1	
<i>nefazodone hcl</i>	1	
OLEPTRO TB24 150MG	3	
OLEPTRO TB24 300MG	4	
REMERON	3	
REMERON SOLTAB	3	
<i>trazodone hcl</i>	1	
<i>venlafaxine hcl</i>	1	
WELLBUTRIN	3	
WELLBUTRIN SR	3	
WELLBUTRIN XL	3	
Monoamine Oxidase Inhibitors		
EMSAM	3	QL (30 per 30 days) PA
MARPLAN	2	
NARDIL	2	
PARNATE	3	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
Serotonin/ Norepinephrine Reuptake Inhibitors		
CELEXA	3	
<i>citalopram hydrobromide</i>	1	
CYMBALTA	2	
<i>fluoxetine dr</i>	1	

Drug Name	Drug Tier	Notes
<i>fluoxetine hcl</i>	1	
<i>fluvoxamine maleate</i>	1	
LEXAPRO SOLN	2	ST
LEXAPRO TABS 10MG, 5MG	2	ST
LEXAPRO TABS 20MG	3	ST
LUVOX CR	3	ST
<i>paroxetine hcl</i>	1	
<i>paroxetine hcl er</i>	1	
PAXIL CR	3	
PAXIL SUSP	2	
PAXIL TABS	3	
PEXEVA	3	
PRISTIQ	2	
PROZAC	3	
PROZAC WEEKLY	3	
RAPIFLUX	3	
SARAFEM	3	
SAVELLA TITRATION PACK	2	
SAVELLA TABS 100MG, 12.5MG, 25MG	2	
SAVELLA TABS 50MG	3	
SELFEMRA	3	
<i>sertraline hcl</i>	1	
SYMBYAX	3	
<i>venlafaxine hcl er tb24</i>	3	
VIIBRYD	3	
ZOLOFT	3	
Tricyclics		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
ANAFRANIL	3	
<i>chlordiazepoxide/amitriptyline</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
<i>maprotiline hcl</i>	1	
NORPRAMIN	3	
<i>nortriptyline hcl</i>	1	
PAMELOR	3	
<i>perphenazine/amitriptyline</i>	1	
<i>protriptyline hcl</i>	1	
SILENOR	3	
SURMONTIL	3	
TOFRANIL	3	
TOFRANIL-PM	3	
VIVACTIL	3	

Antidotes, Deterrents, and Toxicologic Agents

Antidotes

ANTIZOL	3	
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Drug Name	Drug Tier	Notes
CHEMET	2	
CUPRIMINE	2	
DEPEN TITRATABS	2	
EXJADE	4	
<i>fomepizole</i>	1	
KAYEXALATE	3	
<i>kionex</i>	1	
RELISTOR	2	QL (18 per 30 days) PA
<i>sodium polystyrene sulfonate</i>	1	
SYPRINE	2	
Deterrents		
ANTABUSE	2	
<i>buproban</i>	1	
CAMPRAL	2	
CHANTIX	2	
<i>depade</i>	1	
<i>disulfiram</i>	1	
NICOTROL INHALER	3	
NICOTROL NS	3	
ZYBAN	3	
Toxicologic Agents		
<i>naloxone hcl</i>	1	
<i>naltrexone hcl</i>	1	
RE VIA	3	
SUBOXONE	2	
<i>vivitrol</i>	1	
Antiemetics		
Antiemetics		
ALOXI	3	B/D
ANTIVERT	3	
ANZEMET	3	B/D
CESAMET	3	B/D
<i>compro</i>	1	
<i>dronabinol</i>	1	
EMEND	2	B/D
<i>granisetron hcl</i>	1	B/D
GRANISOL	3	B/D
<i>hydroxyzine pamoate</i>	1	
KYTRIL	3	B/D
MARINOL	3	B/D
<i>metoclopramide hcl</i>	1	
METUZOLV ODT	3	
<i>ondansetron hcl</i>	1	B/D
<i>ondansetron odt</i>	1	B/D
<i>phenadoz</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl</i>	1	
<i>promethegan</i>	1	

Drug Name	Drug Tier	Notes
REGLAN TABS	3	
<i>reglan inj</i>	1	
SANCUSO	2	B/D
TIGAN	3	
TRANSDERM-SCOP	3	
TRIMETHOBENZAMIDE HCL CAPS	3	
<i>trimethobenzamide hcl inj</i>	1	
VISTARIL	3	
ZOFRAN	3	B/D
ZOFRAN ODT	3	B/D

Antifungals

Antifungals

ABELCET	3	
AMBISOME	3	
AMPHOTEC	3	
<i>amphotericin b</i>	1	
ANCOBON	2	
CANCIDAS	3	
<i>ciclopirox</i>	1	
<i>ciclopirox nail lacquer</i>	1	
<i>ciclopirox olamine</i>	1	
<i>clotrimazole</i>	1	
<i>clotrimazole/betamethasone dipropionate</i>	1	
DIFLUCAN	3	
DIFLUCAN IN NAACL	3	
<i>econazole nitrate</i>	1	
ERAXIS	2	
ERTACZO	3	
EXELDERM	3	
EXTINA	3	
<i>fluconazole</i>	1	
<i>fluconazole in dextrose</i>	1	
GRIFULVIN V	3	
GRIS-PEG	3	
<i>griseofulvin microsize</i>	1	
GYNAZOLE-1	2	
<i>itraconazole</i>	1	
<i>ketoconazole</i>	1	
<i>kuric</i>	1	
LAMISIL SOLN, TABS	3	
LAMISIL PACK 125MG	3	
LAMISIL PACK 187.5MG	4	
LOPROX	3	
LOPROX SHAMPOO	3	
LOTRISONE	3	
<i>mentax</i>	1	
<i>miconazole 3</i>	1	
MYCAMINE	3	
NAFTIN	2	
NIZORAL	3	

Drug Name	Drug Tier	Notes
NOXAFIL	2	
NYAMYC	3	
<i>nystatin</i>	1	
<i>nystatin/triamcinolone</i>	1	
<i>nystop</i>	1	
ORAVIG	2	
OXISTAT CREA	3	
<i>oxistat lotn</i>	1	
<i>pedi-dri</i>	1	
PENLAC NAIL LACQUER	3	
<i>selenium sulfide</i>	1	
SPORANOX PULSEPAK	3	
SPORANOX SOLN	2	
SPORANOX CAPS	3	
TERAZOL 3	3	
TERAZOL 7	3	
<i>terbinafine hcl</i>	1	
<i>terconazole</i>	1	
VFEND	2	
VFEND IV	2	
ZAZOLE CREA 0.8%	3	
<i>zazole crea 0.4%</i>	1	
<i>zazole supp</i>	1	
Antigout Agents		
Antigout Agents		
<i>allopurinol</i>	1	
<i>allopurinol sodium</i>	1	
ALOPRIM	3	
COLCRYS	2	
<i>probenecid</i>	1	
<i>probenecid/colchicine</i>	1	
ULORIC	2	
ZYLOPRIM	3	
Antimigraine Agents		
Abortive		
AMERGE	3	ST
AXERT	3	ST
<i>cafergot</i>	1	
D.H.E. 45	3	
<i>dihydroergotamine mesylate</i>	1	
ERGOMAR	3	
<i>ergotamine tartrate/caffeine</i>	1	
FROVA	3	ST
IMITREX	3	
IMITREX STATDOSE REFILL	3	
MAXALT	2	ST
MAXALT-MLT	2	ST
<i>migergot</i>	1	
MIGRANAL	3	
RELPAX	3	ST

Drug Name	Drug Tier	Notes
<i>sumatriptan succinate</i>	1	
TREXIMET	3	
ZOMIG	3	ST
ZOMIG ZMT	3	ST
Antimyasthenic Agents		
Parasympathomimetics		
<i>bethanechol chloride</i>	1	
GUANIDINE HCL	3	
MESTINON TIMESPAN	2	
MESTINON SYRP	2	
MESTINON TABS	3	
MYTELASE	2	
<i>pyridostigmine bromide</i>	1	
<i>regonol</i>	1	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone</i>	2	
MYCOBUTIN	2	
Antituberculars		
CAPASTAT SULFATE	3	
<i>ethambutol hcl</i>	1	
<i>isonarif</i>	1	
ISONIAZID INJ	3	
<i>isoniazid tabs</i>	1	
<i>isoniazid syrp</i>	2	
MYAMBUTOL	3	
PASER	2	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
RIFADIN	3	
RIFAMATE	3	
<i>rifampin</i>	1	
RIFATER	3	
SEROMYCIN	3	
TRECTOR	2	
Antineoplastics		
Alkylating Agents		
ALKERAN	3	B/D
BICNU	3	B/D
BUSULFEX	2	B/D
CEENU	2	
HEXALEN	4	
LEUKERAN	2	
MATULANE	4	
<i>melphalan hydrochloride</i>	1	B/D
MUSTARGEN	3	B/D
<i>thiotepa</i>	1	B/D
TREANDA	3	B/D
ZANOSAR	3	B/D
Antiangiogenic Agents		

Drug Name	Drug Tier	Notes
REVLIMID	4	LA
THALOMID	4	
VANDETANIB	4	
VOTRIENT	4	
Antiestrogens/Modifiers		
EMCYT	2	
FARESTON	3	
FASLODEX	4	B/D
<i>tamoxifen citrate</i>	1	
Antimetabolites		
ALIMTA	3	B/D
<i>cladribine</i>	1	B/D
DROXIA	2	
ELITEK	4	B/D
FLUDARA	3	B/D
FLUDARABINE PHOSPHATE INJ 50MG/2ML	2	
<i>fludarabine phosphate inj 50mg</i>	1	B/D
FLUOROURACIL	1	B/D
<i>gemcitabine hcl</i>	1	
GEMZAR	3	B/D
HYDREA	3	
<i>hydroxyurea</i>	1	
LEUSTATIN	3	B/D
<i>mercaptopurine</i>	1	
NIPENT	3	B/D
PURINETHOL	3	
TABLOID	2	
Antineoplastics, Other		
ABRAXANE	3	B/D
<i>adriamycin</i>	1	B/D
<i>amifostine</i>	1	B/D
ARRANON	3	
AVASTIN	3	B/D
<i>bleomycin sulfate</i>	1	B/D
CAMPTOSAR	3	B/D
<i>carboplatin</i>	1	B/D
CERUBIDINE	3	
<i>cisplatin</i>	1	B/D
CLOLAR	3	B/D
COSMEGEN	3	B/D
CYCLOPHOSPHAMIDE TABS	1	B/D
<i>cyclophosphamide inj</i>	1	
<i>cytarabine</i>	1	B/D
CYTARABINE AQUEOUS INJ 100MG/ML	2	B/D
<i>cytarabine aqueous inj 20mg/ml</i>	4	B/D
<i>dacarbazine</i>	1	B/D
DACOGEN	2	
<i>daunorubicin hcl</i>	1	B/D
DAUNOXOME	3	
DOCEFREZ	3	B/D

Drug Name	Drug Tier	Notes
DOCETAXEL	2	
DOXIL	2	B/D
<i>doxorubicin hcl</i>	1	B/D
ELLEENCE	3	B/D
ELOXATIN	3	B/D
ELSPAR	3	B/D
<i>epirubicin hcl</i>	1	B/D
ETHYOL	4	B/D
ETOPOPHOS	3	B/D
<i>etoposide</i>	1	B/D
FIRMAGON	3	
HALAVEN	4	
HYCAMTIN	3	B/D
IDAMYCIN PFS	3	B/D
<i>idarubicin hcl</i>	1	B/D
IFEX	3	B/D
<i>ifosfamide</i>	1	B/D
<i>ifosfamide/mesna</i>	4	B/D
<i>irinotecan</i>	1	B/D
ISTODAX	2	
IXEMPRA KIT	3	B/D
JEVTANA	4	
<i>mesna</i>	1	B/D
MESNEX TABS	2	B/D
MESNEX INJ	4	B/D
<i>mitomycin</i>	1	B/D
<i>mitoxantrone hcl</i>	1	B/D
NOVANTRONE	3	B/D
ONCASPAR	3	B/D
ONTAK	3	B/D
<i>oxaliplatin</i>	1	B/D
<i>paclitaxel</i>	1	B/D
<i>pentostatin</i>	1	B/D
PHOTOFRIN	3	
PROLEUKIN	4	B/D
SYLATRON	4	
TAXOTERE	4	B/D
<i>toposar</i>	1	B/D
<i>topotecan hcl</i>	1	
TORISEL	3	
TRISENOX	2	B/D
TYKERB	4	
VELCADE	3	B/D
VIDAZA	4	B/D
<i>vinblastine sulfate</i>	1	B/D
<i>vincasar pfs</i>	1	B/D
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate</i>	1	B/D
ZOLINZA	4	
ZYTIGA	4	

Drug Name	Drug Tier	Notes
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole</i>	1	
ARIMIDEX	3	
AROMASIN	2	
FEMARA	2	
Molecular Target Inhibitors		
AFINITOR	4	
GLEEVEC	4	
IRESSA	3	
NEXAVAR	4	
SPRYCEL	4	
SUTENT	4	
TARCEVA	4	
TASIGNA	4	
Monoclonal Antibodies		
ARZERRA	2	B/D
CAMPATH	3	B/D
ERBITUX	3	
HERCEPTIN	3	B/D
RITUXAN	2	
VECTIBIX	3	
Retinoids		
PANRETIN	2	
TARGRETIN	2	
<i>tretinoin</i>	1	
Antiparasitics		
Anthelmintics		
ALBENZA	2	
BILTRICIDE	2	
<i>mebendazole</i>	1	
STROMEKTOL	2	
Antiprotozoals		
ALINIA	2	
ARALEN	3	
<i>chloroquine phosphate</i>	1	
COARTEM	2	
DARAPRIM	2	
<i>hydroxychloroquine sulfate</i>	1	
MALARONE	2	
<i>mefloquine hcl</i>	1	
MEPRON	4	
NEBUPENT	2	B/D
<i>pentam 300</i>	1	
PLAQUENIL	3	
<i>primaquine phosphate</i>	2	
<i>qualaquin</i>	2	
Pediculicides/ Scabicides		
<i>acticin</i>	1	
EURAX	2	
<i>lindane lotn</i>	1	

Drug Name	Drug Tier	Notes
<i>lindane sham</i>	2	
MALATHION	3	
OVIDE	3	
<i>permethrin</i>	1	
ULESFIA	3	
Antiparkinson Agents		
Antiparkinson Agents		
<i>amantadine hcl</i>	1	
APOKYN	2	
ATAMET	3	
AZILECT	2	
<i>benztropine mesylate</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa cr</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa/levodopa sr</i>	1	
COGENTIN	3	
COMTAN	2	
ELDEPRYL	3	
LODOSYN	2	
MIRAPEX	3	
MIRAPEX ER	2	
PARCOPA	3	
<i>pramipexole dihydrochloride tabs 0.125mg, 0.25mg, 0.5mg, 1.5mg, 1mg</i>	1	
REQUIP	3	
REQUIP XL	2	
<i>ropinirole hcl</i>	1	
<i>selegiline hcl</i>	1	
SINEMET	3	
SINEMET CR	3	
STALEVO 100	2	
STALEVO 125	2	
STALEVO 150	2	
STALEVO 200	2	
STALEVO 50	2	
STALEVO 75	2	
TASMAR	3	
<i>trihexyphenidyl hcl</i>	1	
ZELAPAR	2	
Antipsychotics		
Atypicals		
ABILIFY	3	
ABILIFY DISCMELT	3	
<i>clozapine tabs 100mg, 25mg, 50mg</i>	1	
<i>clozapine tabs 200mg</i>	2	
CLOZARIL	3	
FANAPT	3	
FANAPT TITRATION PACK	3	

Drug Name	Drug Tier	Notes
FAZACLO	3	
GEODON	2	
INVEGA	2	
INVEGA SUSTENNA	2	
LATUDA	2	
RISPERDAL	3	
RISPERDAL CONSTA	3	
RISPERDAL M-TAB	3	
<i>risperidone</i>	1	
<i>risperidone odt</i>	1	
SAPHRIS	3	
SEROQUEL	2	
SEROQUEL XR	2	
SYMBYAX	3	
ZYPREXA	2	
ZYPREXA ZYDIS	2	
Conventional		
<i>chlorpromazine hcl</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
HALDOL	2	
HALDOL DECANOATE 100	3	
HALDOL DECANOATE 50	3	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
<i>loxapine succinate</i>	1	
LOXITANE	3	
NAVANE CAPS 20MG	2	
NAVANE CAPS 10MG, 2MG, 5MG	3	
ORAP	2	
<i>perphenazine</i>	1	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen</i>	1	
DANTRIUM	3	
<i>dantrolene sodium</i>	1	
<i>tizanidine hcl</i>	1	
ZANAFLEX	3	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
CYTOVENE	2	
<i>foscarnet sodium</i>	1	B/D
GANCICLOVIR CAPS	3	
<i>ganciclovir inj</i>	1	
VALCYTE	4	
VISTIDE	3	

Drug Name	Drug Tier	Notes
ZIRGAN	3	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors		
EDURANT	4	
INTELENCE	4	
RESCRIPTOR	3	
SUSTIVA	2	
VIRAMUNE	2	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors		
ATRIPLA	4	
COMBIVIR	4	
<i>didanosine</i>	1	
EMTRIVA	2	
EPIVIR	2	
EPIVIR HBV	2	
EPZICOM	4	
RETROVIR	3	
RETROVIR IV INFUSION	2	
<i>stavudine</i>	1	
TRIZIVIR	4	
TRUVADA	4	
VIDEX EC	3	
VIDEX PEDIATRIC	2	
VIREAD	2	
ZERIT	3	
ZIAGEN	2	
<i>zidovudine</i>	1	
Anti-HIV Agents, Other		
FUZEON	4	
ISENTRESS	4	
SELZENTRY	4	
Anti-HIV Agents, Protease Inhibitors		
APTIVUS	4	
CRIXIVAN	2	
INCIVEK	4	
INVIRASE	4	
KALETRA	2	
LEXIVA SUSP	2	
LEXIVA TABS	4	
NORVIR	2	
PREZISTA	2	
REYATAZ	4	
VICTRELIS	4	
VIRACEPT POWD	2	
VIRACEPT TABS	4	
Anti-influenza Agents		
<i>amantadine hcl</i>	1	
FLUMADINE	3	
RELENZA DISKHALER	2	

Drug Name	Drug Tier	Notes
<i>rimantadine hcl</i>	1	
TAMIFLU	2	
Antihepatitis Agents		
BARACLUDE	2	
COPEGUS	4	
HEPSERA	4	
REBETOL SOLN	2	
REBETOL CAPS	3	
RIBAPAK TABS 0	4	
<i>ribapak tabs 400mg, 600mg</i>	4	
<i>ribasphere</i>	1	
<i>ribavirin caps</i>	4	
RIBAVIRIN TABS 600MG	3	
<i>ribavirin tabs 200mg, 400mg</i>	1	
TYZEKA	4	
VIRAZOLE	3	
Antiherpetic Agents		
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	
DENAVIR	2	
<i>famciclovir</i>	1	
FAMVIR	3	
<i>valacyclovir hcl</i>	1	
VALTREX	3	
VIROPTIC	3	
ZOVIRAX CREA, OINT, SUSP, TABS	3	
<i>zovirax caps</i>	1	
Anxiolytics		
Anxiolytics, Other		
BUSPAR	3	
<i>buspirone hcl</i>	1	
<i>meprobamate</i>	1	
Bipolar Agents		
Bipolar Agents		
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	3	
<i>lithium carbonate</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium citrate</i>	1	
LITHOBID	3	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose</i>	1	
ACTOPLUS MET	2	
ACTOPLUS MET XR	3	
ACTOS	2	
AMARYL	3	
AVANDAMET	2	
AVANDARYL	2	
AVANDIA	2	
BYETTA INJ 5MCG/0.02ML	2	

Drug Name	Drug Tier	Notes
BYETTA INJ 10MCG/0.04ML	3	
<i>chlorpropamide</i>	1	
DIABETA	3	
DUETACT	2	
FORTAMET	3	
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide er</i>	1	
<i>glipizide/metformin hcl</i>	1	
GLUCOPHAGE	3	
GLUCOPHAGE XR	3	
GLUCOTROL	3	
GLUCOTROL XL	3	
GLUCOVANCE	3	
<i>glumetza</i>	1	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hcl</i>	1	
GLYCRON TABS 4.5MG	2	
<i>glycron tabs 1.5mg, 3mg, 6mg</i>	1	
GLYNASE	3	
GLYSET	3	
JANUMET	2	
JANUVIA	2	
KOMBIGLYZE XR	2	
METAGLIP	3	
<i>metformin hcl</i>	1	
<i>metformin hcl er</i>	1	
<i>nateglinide</i>	1	
ONGLYZA	2	
PRANDIMET	3	
PRANDIN	2	
PRECOSE	3	
RIOMET	3	
STARLIX	3	
SYMLIN	3	
SYMLINPEN 120	3	
SYMLINPEN 60	3	
<i>tolazamide</i>	1	
<i>tolbutamide</i>	1	
<i>victoza</i>	1	
Glycemic Agents		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM	2	
Insulins		
APIDRA	3	
APIDRA SOLOSTAR	3	
HUMALOG	2	
HUMALOG KWIKPEN	2	

Drug Name	Drug Tier	Notes
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 PEN	2	
HUMULIN N	2	
HUMULIN N U-100 PEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
NOVOLIN 70/30	2	
NOVOLIN N	2	
NOVOLIN R	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	
Blood Products/Modifiers/ Volume Expanders		
Anticoagulants		
ARIXTRA	2	
COUMADIN	3	
<i>enoxaparin sodium</i>	1	
<i>fondaparinux sodium</i>	1	
FRAGMIN	2	
<i>heparin sodium/d5w</i>	1	
<i>heparin sodium/nacl 0.45%</i>	2	
<i>heparin sodium/nacl 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	B/D
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	1	
<i>heparin sodium inj 2000unit/ml, 2500unit/ml</i>	2	
INNOHEP	3	
<i>jantoven</i>	1	
LOVENOX INJ 300MG/3ML	2	
LOVENOX INJ 100MG/ML, 120MG/0.8ML, 150MG/ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	3	
PRADAXA	2	
<i>warfarin sodium</i>	1	
Blood Formation Products		
ARANESP ALBUMIN FREE	2	
EPOGEN	3	
LEUKINE	4	PA
NEULASTA	3	PA
NEUMEGA	4	
NEUPOGEN	4	PA
PROCRIT	2	

Drug Name	Drug Tier	Notes
Blood Products/Modifiers/ Volume Expanders		
CINRYZE	3	
MOZOBIL	4	QL (9.6 per 30 days) PA
PROMACTA	3	
TRENTAL	3	
Coagulants		
CYKLOKAPRON	2	
LYSTEDA	3	
Platelet Aggregation Inhibitors		
AGGRENOX	2	
<i>cilostazol</i>	1	
<i>dipyridamole</i>	1	
EFFIENT	2	
PERSANTINE	3	
PLAVIX	2	
PLETAL	3	
<i>ticlopidine hcl</i>	1	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
CATAPRES	3	
CATAPRES-TTS-1	3	
CATAPRES-TTS-2	3	
CATAPRES-TTS-3	3	
<i>clonidine hcl</i>	1	
CLORPRES	3	
GUANABENZ ACETATE TABS 8MG	3	
<i>guanabenz acetate tabs 4mg</i>	1	
<i>guanfacine hcl</i>	1	
INTUNIV	3	
KAPVAY	3	
<i>methyldopa/hydrochlorothiazide</i>	1	
METHYLDOPA TABS 500MG	3	
<i>methyldopa tabs 250mg</i>	1	
METHYLDOPATE HCL	3	
<i>midodrine hcl</i>	1	
PROAMATINE	3	
TENEX	3	
Alpha-adrenergic Blocking Agents		
CARDURA XL	3	
DIBENZYLINE	3	
MINIPRESS	3	
<i>prazosin hcl</i>	1	
<i>reserpine</i>	1	
Antiarrhythmics		
<i>amiodarone hcl</i>	1	
BETAPACE	3	
BETAPACE AF	3	
CORDARONE	3	
<i>disopyramide phosphate</i>	1	
<i>flecainide acetate</i>	1	

Drug Name	Drug Tier	Notes
<i>mexiletine hcl</i>	1	
MULTAQ	2	
NORPACE	3	
NORPACE CR	2	
PACERONE TABS 100MG, 400MG	2	
<i>pacerone tabs 200mg</i>	2	
<i>procainamide hcl</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
QUINIDINE GLUCONATE	3	
<i>quinidine gluconate er</i>	1	
<i>quinidine sulfate</i>	1	
<i>quinidine sulfate er</i>	1	
RYTHMOL	3	
RYTHMOL SR	3	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
SOTALOL HYDROCHLORIDE	3	
TAMBOCOR	3	
TIKOSYN	3	
<i>verapamil hcl er</i>	1	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
BYSTOLIC	2	
<i>carvedilol</i>	1	
COREG	3	
COREG CR	2	
CORGARD	3	
CORZIDE	3	
INDERAL LA	3	
INNOPRAN XL	3	
KERLONE	3	
<i>labetalol hcl</i>	1	
<i>levatol</i>	1	
LOPRESSOR	3	
LOPRESSOR HCT TABS 25MG; 50MG	3	
LOPRESSOR HCT TABS 25MG; 100MG	4	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>nadolol</i>	1	
<i>nadolol/bendroflumethiazide</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl</i>	1	
<i>propranolol hcl er</i>	1	

Drug Name	Drug Tier	Notes
<i>propranolol/hydrochlorothiazide</i>	1	
SECTRAL	3	
TENORETIC 100	3	
TENORETIC 50	3	
TENORMIN	3	
<i>timolol maleate</i>	1	
TOPROL XL	3	
TRANDATE	3	
ZEBETA	3	
ZIAC	3	
Calcium Channel Blocking Agents		
ADALAT CC	3	
<i>afeditab cr</i>	1	
<i>amlodipine besylate</i>	1	
<i>amlodipine besylate/benazepril hcl</i>	1	
AZOR	3	
CALAN	3	
CALAN SR	3	
CARDIZEM	3	
CARDIZEM CD	3	
CARDIZEM LA	3	
<i>cartia xt</i>	1	
COVERA-HS	3	
DILACOR XR	3	
<i>dilt-cd</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem cd</i>	1	
<i>diltiazem hcl er</i>	1	
<i>diltiazem hcl tabs</i>	1	
DILTIAZEM HCL INJ 100MG	2	
<i>diltiazem hcl inj 25mg/5ml</i>	1	
<i>diltzac</i>	1	
DYNACIRC CR	3	
EXFORGE HCT	2	
<i>felodipine er</i>	1	
ISOPTIN SR	3	
<i>isradipine</i>	1	
LOTREL	3	
<i>matzim la</i>	1	
NICARDIPINE HCL INJ	3	
<i>nicardipine hcl caps</i>	1	
<i>nifediac cc</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
<i>nisoldipine er</i>	1	
NORVASC	3	
PROCARDIA	3	

Drug Name	Drug Tier	Notes
PROCARDIA XL	3	
SULAR	3	
<i>taztia xt</i>	1	
TIAZAC	3	
TWYNSTA	2	
<i>verapamil hcl</i>	1	
<i>verapamil hcl er</i>	1	
VERELAN	3	
VERELAN PM	3	
Cardiovascular Agents, Other		
DEMSER	2	
<i>digoxin</i>	1	
LANOXIN	2	
RANEXA	2	
Diuretics		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
ACETAZOLAMIDE SODIUM	1	
ALDACTAZIDE	3	
<i>amiloride hcl</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorothiazide sodium</i>	1	
<i>chlorthalidone</i>	1	
DEMADEX	3	
DIAMOX	3	
DIURIL	3	
DIURIL IV	3	
DYAZIDE	3	
DYRENIUM	3	
EDECRIN	2	
<i>furosemide inj, tabs</i>	1	
<i>furosemide oral soln 10mg/ml</i>	1	
<i>furosemide oral soln 8mg/ml</i>	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
LASIX	3	
MAXZIDE	3	
<i>maxzide-25</i>	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
MICROZIDE	3	
SAMSCA	4	
SODIUM EDECRIN	2	
THALITONE	3	
<i>toremide</i>	1	
<i>triamterene/hydrochlorothiazide</i>	1	
ZAROXOLYN TABS 5MG	3	
<i>zaroxolyn tabs 2.5mg</i>	1	

Drug Name	Drug Tier	Notes
Dyslipidemics		
ADVICOR	3	
ALTOPREV	3	ST
ANTARA	3	
CADUET	2	
<i>cholestyramine</i>	1	
CHOLESTYRAMINE LIGHT PACK	3	
<i>cholestyramine light powd</i>	1	
COLESTID	3	
<i>colestipol hcl</i>	1	
CRESTOR TABS 20MG, 40MG	2	
CRESTOR TABS 10MG, 5MG	2	ST
<i>fenofibrate</i>	1	
<i>fenofibrate micronized</i>	1	
FIBRICOR	3	
<i>gemfibrozil</i>	1	
LESCOL XL	3	
LESCOL CAPS 40MG	3	
LESCOL CAPS 20MG	4	
LIPITOR	2	
LIPOFEN CAPS 50MG	3	
LIVALO	3	ST
LOFIBRA	3	
LOPID	3	
<i>lovastatin</i>	1	
LOVAZA	2	
MEVACOR	3	ST
<i>niacor</i>	1	
NIASPAN	2	
PRAVACHOL	3	
<i>pravastatin sodium</i>	1	
<i>prevalite</i>	1	
QUESTRAN	3	
SIMCOR	2	
<i>simvastatin</i>	1	
TRICOR	2	
TRIGLIDE	3	
TRILIPIX	2	
VYTORIN	3	
WELCHOL	3	
ZETIA	2	ST
ZOCOR	3	
Renin-angiotensin-aldosterone System Inhibitors		
ACCUPRIL	3	
ACCURETIC	3	
ACEON	3	
ALDACTONE	3	
ALTACE	3	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
AMTURNIDE	2	

Drug Name	Drug Tier	Notes
ATACAND	3	ST
ATACAND HCT	3	ST
AVALIDE	3	ST
AVAPRO	3	ST
<i>benazepril hcl</i>	1	
<i>benazepril hcl/hydrochlorothiazide</i>	1	
BENICAR	3	
BENICAR HCT	3	
<i>captopril</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	
COZAAR	3	
DIOVAN	2	
DIOVAN HCT	2	
<i>enalapril maleate</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>epplerenone</i>	1	
EXFORGE	2	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
HYZAAR	3	
INSPRA	3	
<i>lisinopril</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	2	
MAVIK	3	
MICARDIS	2	ST
MICARDIS HCT	2	ST
<i>moexipril hcl</i>	1	
<i>moexipril/hydrochlorothiazide</i>	1	
MONOPRIL	3	
<i>perindopril erbumine</i>	1	
PRINIVIL	3	
PRINZIDE	3	
<i>quinapril hcl</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	
TARKA	3	
TEKTURNA	2	
TEKTURNA HCT	2	
TEVETEN	3	ST
TEVETEN HCT	3	ST
<i>trandolapril</i>	1	
UNIRETIC	3	
UNIVASC	3	

Drug Name	Drug Tier	Notes
VALTURNA	2	
VASERETIC	3	
VASOTEC	3	
ZESTORETIC	3	
ZESTRIL	3	
Vasodilators		
BIDIL	2	
DILATRATE SR	3	
<i>hydralazine hcl</i>	1	
IMDUR	3	
ISMO	3	
<i>isochron</i>	1	
ISORDIL TITRADOSE	3	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide dinitrate er</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
MINITRAN PT24 0.6MG/HR	3	
<i>minitran pt24 0.1mg/hr, 0.2mg/hr, 0.4mg/hr</i>	1	
<i>minoxidil</i>	1	
MONOKET	3	
NITRO-BID	3	
NITRO-DUR	3	
<i>nitroglycerin</i>	1	
<i>nitroglycerin transdermal</i>	1	
NITROLINGUAL PUMPSPRAY	2	
NITROSTAT	2	
REMODULIN	3	B/D
VENTAVIS	3	
Central Nervous System Agents		
Amphetamines, ADHD		
ADDERALL	3	
ADDERALL XR	3	
<i>amphetamine/dextroamphetamine</i>	1	
DESOXYN	3	
DEXEDRINE	3	
<i>dextroamphetamine sulfate</i>	1	
<i>dextroamphetamine sulfate er</i>	1	
<i>methamphetamine hcl</i>	1	
VYVANSE	3	
Non-amphetamines, ADHD		
CONCERTA	3	
DAYTRANA	3	
<i>dexmethylphenidate hcl</i>	1	
FOCALIN	3	
FOCALIN XR	2	
METADATE CD	3	
<i>metadate er</i>	1	
<i>methylin er</i>	1	
METHYLIN CHEW	1	

Drug Name	Drug Tier	Notes
METHYLIN SOLN	3	
<i>methylin tabs</i>	1	
<i>methylphenidate hcl</i>	1	
<i>methylphenidate hcl sr</i>	1	
<i>methylphenidate hydrochloride</i>	1	
RITALIN	3	
RITALIN LA	3	
RITALIN SR	3	
STRATTERA	2	
Non-amphetamines, Other		
AMPYRA	3	
NUDEXTA	2	
NUVIGIL	3	
PROVIGIL	2	
RILUTEK	4	
XYREM	4	LA
Dental and Oral Agents		
Dental and Oral Agents		
APHTHASOL	3	
<i>chlorhexidine gluconate oral rinse</i>	1	
EVOXAC	3	
KEPIVANCE	3	
<i>periogard</i>	1	
<i>pilocarpine hcl</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>triamcinolone in orabase</i>	1	
Dermatological Agents		
Dermatological Agents		
8-MOP	2	
<i>acanya</i>	1	
<i>adapalene crea</i>	1	
ALDARA	3	
AMEVIVE	4	
<i>ammonium lactate</i>	1	
<i>amnesteem</i>	1	
ATRALIN	3	
<i>avita</i>	1	
AZELEX	2	
BENZACLIN CARE KIT	3	
BENZAMYCIN	3	
<i>calcipotriene soln</i>	1	
CARAC	2	
<i>claravis</i>	1	
<i>clindamycin phosphate</i>	1	
CLINDAMYCIN/BENZOYL PEROXIDE	3	
CONDYLOX GEL	2	
CONDYLOX SOLN	3	
DIFFERIN GEL, LOTN	2	
DIFFERIN CREA	3	
DOVONEX	3	

Drug Name	Drug Tier	Notes
DOVONEX SCALP	3	
EFUDEX	3	
ELIDEL	3	
EPIDUO	3	
<i>erythromycin/benzoyl peroxide</i>	1	
FINACEA	2	
FLUOROPLEX	2	
<i>fluorouracil</i>	1	
<i>imiquimod</i>	1	
KLARON	3	
LAC-HYDRIN	3	
<i>laclotion</i>	1	
OXSORALEN	3	
OXSORALEN ULTRA	4	
<i>podofilox</i>	1	
PROTOPIC	3	
REGRANEX	2	
RETIN-A	3	
RETIN-A MICRO	3	
SANTYL	2	
SELSUN SHAMPOO	3	
SOLARAZE	2	
SORIATANE	2	
<i>sotret</i>	1	
STELARA	3	PA
TACLONEX	3	
TACLONEX SCALP	3	
TAZORAC	3	
TRETIN-X	3	
<i>tretinoin</i>	1	
UVADEX	3	
VECTICAL	3	
VELTIN	3	
VEREGEN	3	
ZIANA	3	
ZONALON	3	
Enzyme Replacements/ Modifiers		
<i>Enzyme Replacements/ Modifiers</i>		
ADAGEN	4	
ALDURAZYME	4	
BUPHENYL	2	
CEREDASE	3	B/D
CEREZYME	4	
CREON	3	
CYSTADANE	2	
CYSTAGON	2	
ELAPRASE	4	
FABRAZYME	4	
KUVAN	4	
LUMIZYME	3	

Drug Name	Drug Tier	Notes
MYOZYME	4	
NAGLAZYME	4	
ORFADIN	4	
PANCREAZE	3	
PULMOZYME	4	B/D
VPRIV	3	B/D
ZAVESCA	2	
ZENPEP	2	

Gastrointestinal Agents

Antispasmodics, Gastrointestinal

<i>atropine sulfate inj 0.1mg/ml</i>	1	
<i>atropine sulfate inj 0.05mg/ml</i>	2	
BENTYL	3	
CANTIL	3	
<i>dicyclomine hcl</i>	1	
<i>glycopyrrolate</i>	1	
HELIDAC	3	
<i>methscopolamine bromide tabs 2.5mg</i>	1	
PAMINE	3	
PAMINE FORTE	3	
<i>propantheline bromide</i>	1	
ROBINUL	3	
ROBINUL FORTE	3	

Gastrointestinal Agents, Other

ACTIGALL	3	
AMITIZA	2	
COLYTE-FLAVOR PACKS	3	
<i>constulose</i>	1	
DIPENTUM	3	
<i>diphenoxylate/atropine</i>	1	
<i>enulose</i>	1	
GASTROCROM	2	
<i>gavilyte-c</i>	1	
GAVILYTE-G	3	
<i>gavilyte-n/ flavor pack</i>	1	
<i>generlac</i>	1	
GOLYTELY	3	
HALFLYTELY BOWEL PREP	2	
HALFLYTELY BOWEL PREP/FLAVOR PACKS	2	
KRISTALOSE PACK 10GM	3	
KRISTALOSE PACK 20GM	4	
<i>lactulose</i>	1	
LOMOTIL	3	
<i>lonox</i>	1	
<i>loperamide hcl</i>	1	
<i>metoclopramide hcl</i>	1	
MOTOFEN	3	
MOVIPREP	3	
NULYTELY/FLAVOR PACKS	3	
OSMOPREP	3	

Drug Name	Drug Tier	Notes
<i>polyethylene glycol 3350</i>	1	
<i>trilyte</i>	1	
URSO 250	3	
URSO FORTE	3	
<i>ursodiol</i>	1	
VISICOL	3	
Histamine2 (H2) Blocking Agents		
AXID	3	
<i>cimetidine hcl</i>	1	
<i>cimetidine tabs 200mg</i>	1	
<i>famotidine premixed</i>	1	
<i>famotidine inj, tabs</i>	1	
<i>nizatidine</i>	1	
PEPCID I.V.	3	
PEPCID PREMIXED	3	
PEPCID SUSR	2	
PEPCID TABS	3	
RANITIDINE HCL INJ	4	
<i>ranitidine hcl caps, syrp, tabs</i>	1	
ZANTAC SYRP, TABS, TBEF	3	
ZANTAC INJ 50MG/50ML; 0.45%	2	
ZANTAC INJ 25MG/ML	3	
Irritable Bowel Syndrome Agents		
LOTRONEX	2	
Protectants		
CARAFATE SUSP	2	
CARAFATE TABS	3	
CYTOTEC	3	
<i>misoprostol</i>	1	
<i>sucralfate</i>	1	
Proton Pump Inhibitors		
ACIPHEX	3	ST
DEXILANT	3	
<i>lansoprazole</i>	1	
NEXIUM	2	
NEXIUM I.V.	2	
OMEPRAZOLE CPDR 20MG	3	
<i>omeprazole cpdr 10mg, 40mg</i>	1	
<i>pantoprazole sodium</i>	1	
PREVACID	3	
PREVACID SOLUTAB	3	
PRILOSEC CPDR 10MG, 40MG	3	
<i>prilosec cpdr 20mg</i>	1	
PROTONIX	3	
ZEGERID	3	ST
Genitourinary Agents		
Antispasmodics, Urinary		
DETROL	2	
DETROL LA	2	
DITROPAN XL TB24 10MG, 5MG	3	

Drug Name	Drug Tier	Notes
DITROPAN XL TB24 15MG	4	
ENABLEX	2	
<i>flavoxate hcl</i>	1	
GELNIQUE	3	
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride er</i>	1	
OXYTROL	2	
SANCTURA XR	3	
TOVIAZ	3	
VESICARE	3	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	1	
AVODART	2	
CARDURA	3	
<i>doxazosin mesylate</i>	1	
<i>finasteride</i>	1	
FLOMAX	3	
PROSCAR	3	
RAPAFLO	3	
<i>tamsulosin hcl</i>	1	
<i>terazosin hcl</i>	1	
UROXATRAL	2	
Genitourinary Agents, Other		
ELMIRON	2	
URECHOLINE TABS 10MG, 25MG, 50MG	3	
<i>urecholine tabs 5mg</i>	1	
VIAGRA	2	QL (8 per 30 days) ED
Phosphate Binders		
<i>calcium acetate</i>	1	
FOSRENOL	2	
PHOSLO	3	
RENAGEL	2	
RENVELA	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Glucocorticoids/ Mineralocorticoids		
<i>a-hydrocort</i>	1	
<i>a-methapred</i>	1	
ACLOVATE	3	
<i>ala cort</i>	1	
ALA SCALP	3	
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide</i>	1	
ANUSOL-HC	3	
<i>augmented betamethasone dipropionate</i>	1	
<i>beta-val</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
CAPEX	2	

Drug Name	Drug Tier	Notes
CARMOL-HC	3	
CELESTONE	3	
<i>clobetasol propionate</i>	1	
<i>clobetasol propionate e</i>	1	
CLOBEX LOTN, SHAM	2	
CLOBEX LIQD	3	
CLODERM	3	
CORDRAN	3	
CORDRAN SP	3	
CORDRAN TAPE	2	
CORTEF	3	
<i>cortisone acetate</i>	1	
CUTIVATE	3	
DEPO-MEDROL	3	
DERMA-SMOOTH/FS BODY OIL	2	
DERMATOP	3	
DESONATE	3	
<i>desonide</i>	1	
DESOWEN	3	
DESOWEN LOTION/CETAPHIL CREAM	3	
DESOWEN OINTMENT/CETAPHIL LOTION	3	
<i>desoximetasone</i>	1	
<i>dexamethasone</i>	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>diflorasone diacetate</i>	1	
DIPROLENE	3	
DIPROLENE AF	3	
ELOCON	3	
<i>fludrocortisone acetate</i>	1	
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide emollient base</i>	1	
<i>fluticasone propionate</i>	1	
<i>halobetasol propionate</i>	1	
HALOG	3	
<i>hydrocortisone</i>	1	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>isovate</i>	1	
KENALOG	3	
LOCOID LIPOCREAM	3	
LOCOID LOTN	2	
LOCOID SOLN	3	
<i>locoïd oint</i>	1	
LOKARA	3	
LUXIQ	2	
MEDROL	3	
MEDROL DOSEPAK	3	
<i>methylprednisolone</i>	1	

Drug Name	Drug Tier	Notes
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sodiumsuccinate</i>	1	
<i>millipred</i>	1	
<i>mometasone furoate</i>	1	
<i>olux-e</i>	1	
ORAPRED	3	
ORAPRED ODT	3	
PANDEL	2	
PEDIAPRED	3	
<i>prednicarbate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
PREDNISONO INTENSOL	2	
PRELONE	3	
<i>procto-pak</i>	1	
PROCTOCORT	3	
PROCTOCREAM HC	3	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
SOLU-CORTEF	3	
SOLU-MEDROL	3	
TEMOVATE	3	
TOPICORT	3	
TOPICORT LP	3	
<i>triamcinolone acetonide</i>	1	
TRIAMCINOLONE ACETONIDE IN ABSORBASE	3	
<i>triderm</i>	1	
U-CORT	3	
ULTRAVATE	3	
VANOS	3	
VERDESO	3	
VERIPRED 20	3	
WESTCORT	3	

Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

<i>chorionic gonadotropin</i>	1	
DDAVP	3	
<i>desmopressin acetate</i>	1	
GENOTROPIN	4	
GENOTROPIN MINIQUICK INJ 0.2MG	2	
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	4	
HUMATROPE	4	
HUMATROPE COMBO PACK	4	
INCRELEX	4	
METHERGINE	2	
NORDITROPIN FLEXPPO INJ 10MG/1.5ML	2	
NORDITROPIN FLEXPPO INJ 15MG/1.5ML,	4	

Drug Name	Drug Tier	Notes
5MG/1.5ML		
NORDITROPIN NORDIFLEX PEN	4	
NUTROPIN	3	
NUTROPIN AQ	3	
NUTROPIN AQ PEN	3	
OMNITROPE INJ 5MG/1.5ML	1	
OMNITROPE INJ 10MG/1.5ML, 5.8MG	3	
SAIZEN	3	
SAIZEN CLICK.EASY	3	
SEROSTIM	4	
STIMATE	2	
TEV-TROPIN	4	
ZORBTIVE	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Anabolic Steroids		
ANADROL-50	3	
OXANDRIN	3	
<i>oxandrolone</i>	1	
Androgens		
ANDRODERM	3	
ANDROGEL	2	
ANDROGEL PUMP	2	
ANDROID	3	
ANDROXY	1	
<i>danazol</i>	1	
DELATESTRYL	3	
DEPO-TESTOSTERONE	3	
<i>methitest</i>	1	
<i>striant</i>	1	
TESTIM	3	
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
TESTRED	3	
Estrogens		
ACTIVELLA	3	
ALORA	2	
<i>amethia</i>	1	
<i>amethyst</i>	1	
ANGELIQ	3	
BREVICON-28	3	
<i>briellyn</i>	1	
CENESTIN	3	
CLIMARA	3	
CYCLESSA	3	
DELESTROGEN	3	
DEPO-ESTRADIOL	3	
DESOGEN	3	
DIVIGEL	2	
ELESTRIN	3	

Drug Name	Drug Tier	Notes
<i>emoquette</i>	1	
ENJUVIA	3	
ESTRACE	3	
ESTRADERM	2	
<i>estradiol</i>	1	
<i>estradiol valerate</i>	1	
<i>estradiol/norethindrone acetate</i>	1	
ESTRING	3	
<i>estropipate</i>	1	
ESTROSTEP FE	3	
EVAMIST	3	
FEMRING	3	
FEMTRACE	3	
GYNODIOL	3	
<i>introvale</i>	1	
<i>jinteli</i>	1	
LO LOESTRIN FE	3	
LO/OVRAL-28	3	
LOESTRIN 1.5/30-21	3	
LOESTRIN 1/20-21	3	
LOESTRIN 24 FE	3	
LOESTRIN FE 1.5/30	3	
LOESTRIN FE 1/20	3	
LOSEASONIQUE	3	
LYBREL	3	
MENEST	3	
MENOSTAR	3	
MODICON-28	3	
NORDETTE-28	3	
NORINYL 1+35	3	
<i>ocella</i>	1	
OGEN	3	
<i>orsythia</i>	1	
ORTHO TRI-CYCLEN LO	3	
ORTHO-CEPT	3	
ORTHO-CYCLEN	3	
<i>ortho-est</i>	1	
ORTHO-NOVUM 7/7/7-28	3	
OVCON-35	3	
OVCON-50 28	3	
PREMARIN W/APPLICATOR	2	
PREMARIN TABS	2	
PREMARIN INJ	3	
SAFYRAL	3	
<i>tri-legest fe</i>	1	
<i>tri-norinyl 28</i>	1	
VAGIFEM	2	
VIVELLE-DOT	2	
YASMIN 28	3	
YAZ	3	

Drug Name	Drug Tier	Notes
zeosa	1	
Progestins		
apri	1	
aranelle	1	
aviane	1	
AYGESTIN	3	
balziva	1	
camila	1	
cesia	1	
CLIMARA PRO	2	
COMBIPATCH	2	
CRINONE	2	
cryselle-28	1	
DEPO-PROVERA	2	
DEPO-PROVERA CONTRACEPTIVE	4	
DEPO-SUBQ PROVERA 104	3	
ELLA	2	
ENDOMETRIN	3	
enpresse-28	1	
errin	1	
FEMHRT 1/5	3	
FEMHRT LOW DOSE	3	
jolivette	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
kariva	1	
kelnor 1/35	1	
leena	1	
lessina-28	1	
levora 0.15/30-28	1	
low-ogestrel	1	
lutra	1	
medroxyprogesterone acetate	1	
MEGACE ES	3	
MEGACE ORAL	3	
megestrol acetate	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe	1	
microgestin fe 1.5/30	1	
mononessa	1	
necon 0.5/35-28	1	
necon 1/35-28	1	
necon 1/50-28	1	
necon 10/11-28	1	
necon 7/7/7	1	
NOR-QD	3	
nora-be	1	

Drug Name	Drug Tier	Notes
<i>norethindrone acetate</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
NUVARING	3	
<i>ogestrel</i>	1	
ORTHO EVRA	3	
ORTHO MICRONOR	3	
PLAN B	2	
<i>portia-28</i>	1	
PREFEST	3	
PREMPHASE	2	
PREMPRO	2	
<i>previfem</i>	1	
PROCHIEVE GEL 4%	2	
PROCHIEVE GEL 8%	3	
PROMETRIUM	2	
PROVERA	3	
<i>quasense</i>	1	
<i>reclipsen</i>	1	
SEASONALE	3	
SEASONIQUE	3	
<i>solia</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>trinessa</i>	1	
<i>trivora-28</i>	1	
<i>velivet</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
Selective Estrogen Receptor Modifying Agents		
EVISTA	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
CYTOMEL	3	
LEVOTHROID TABS 137MCG	3	
<i>levothroid tabs 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levothyroxine sodium</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium</i>	1	
SYNTHROID	2	
THYROLAR-1	3	
THYROLAR-1/4	3	

Drug Name	Drug Tier	Notes
THYROLAR-2	3	
THYROLAR-3	3	
<i>unithroid</i>	1	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN	2	
Hormonal Agents, Suppressant (Parathyroid)		
<i>Hormonal Agents, Suppressant (Parathyroid)</i>		
SENSIPAR TABS 30MG	2	
SENSIPAR TABS 60MG, 90MG	4	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	1	
ELIGARD	3	
<i>leuprolide acetate</i>	1	
LUPRON DEPOT-PED	4	
LUPRON DEPOT INJ 3.75MG	2	
LUPRON DEPOT INJ 11.25MG, 22.5MG, 30MG, 45MG, 7.5MG	4	
<i>octreotide acetate</i>	1	
PARLODEL	3	
SANDOSTATIN LAR DEPOT	3	
SANDOSTATIN INJ 1000MCG/ML	3	
SANDOSTATIN INJ 100MCG/ML, 200MCG/ML, 500MCG/ML, 50MCG/ML	4	
SOMATULINE DEPOT	4	
SOMAVERT	2	PA
SYNAREL	3	
TRELSTAR DEPOT MIXJECT	3	
TRELSTAR LA MIXJECT	3	
TRELSTAR MIXJECT	3	
Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)		
<i>Antiandrogens</i>		
<i>bicalutamide</i>	1	
CASODEX	3	
<i>flutamide</i>	1	
NILANDRON	3	
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
TAPAZOLE	3	
Immunological Agents		
<i>Immune Suppressants</i>		
ACTEMRA	3	PA
AZASAN	3	B/D
<i>azathioprine</i>	1	B/D
<i>azathioprine sodium</i>	1	B/D
CELLCEPT INTRAVENOUS	2	B/D
CELLCEPT SUSR	2	B/D

Drug Name	Drug Tier	Notes
CELLCEPT CAPS, TABS	3	B/D
CIMZIA INJ 200MG/ML	3	PA
CIMZIA INJ 200MG	4	PA
<i>cyclosporine</i>	1	B/D
CYCLOSPORINE MODIFIED CAPS 50MG	2	B/D
<i>cyclosporine modified caps 100mg</i>	1	B/D
<i>cyclosporine modified soln</i>	1	B/D
ENBREL	4	PA
<i>gengraf</i>	1	B/D
HUMIRA	4	PA
HUMIRA PEN-CROHNS DISEASESTARTER	4	PA
IMURAN	3	
<i>methotrexate</i>	1	B/D
<i>methotrexate sodium</i>	1	
<i>mycophenolate mofetil</i>	1	B/D
MYFORTIC	2	B/D
NEORAL	3	B/D
NULOJIX	4	B/D
ORENCIA	3	PA
ORTHOCLONE OKT3	2	B/D
PROGRAF INJ	2	B/D
PROGRAF CAPS	3	B/D
RAPAMUNE	2	B/D
REMICADE	4	PA
RHEUMATREX	3	
SANDIMMUNE	3	B/D
SIMPONI	3	PA
SIMULECT	2	B/D
<i>tacrolimus</i>	1	B/D
TREXALL	2	B/D
ZORTRESS TABS 0.25MG	2	B/D
ZORTRESS TABS 0.5MG, 0.75MG	4	B/D
Immunizing Agents, Passive		
ATGAM	3	B/D
CARIMUNE NANOFILTERED	4	
GAMASTAN S/D	2	
GAMMAGARD LIQUID	4	
GAMUNEX	4	
HIZENTRA	4	
PRIVIGEN	4	
THYMOGLOBULIN	2	B/D
VIVAGLOBIN	4	
Immunomodulators		
ACTIMMUNE	4	
ARAVA	3	
ARCALYST	4	
AVONEX	4	
BETASERON	4	
COPAXONE	4	
EXTAVIA	3	

Drug Name	Drug Tier	Notes
ILARIS	3	
INFERGEN	3	PA
INTRON-A W/DILUENT	4	
INTRON-A INJ 3MU/0.2ML	2	
INTRON-A INJ 10MU/0.2ML, 5MU/0.2ML, 6000000UNIT/ML	4	
KINERET	3	PA
<i>leflunomide</i>	1	
PEG-INTRON	4	PA
PEG-INTRON REDIPEN	4	PA
PEG-INTRON REDIPEN PAK 4	4	PA
PEGASYS	4	PA
REBIF	4	
REBIF TITRATION PACK	4	
RIDAURA	3	
SYNAGIS	3	
TYSABRI	4	LA
Vaccines		
ACTHIB	2	
ADACEL	2	
ATTENUVAX	2	
BOOSTRIX	2	
CERVARIX	2	
COMVAX	2	B/D
DAPTACEL	2	
<i>decavac</i>	2	
<i>diphtheria/tetanus toxoid pediatric</i>	2	
ENGERIX-B	2	B/D
GARDASIL	2	
HAVRIX	2	
IMOVAX RABIES (H.D.C.V.)	2	B/D
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
JE-VAX	2	
M-M-R II W/DILUENT 10 DOSE	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MENVEO	2	
MERUVAX II W/DILUENT 10 DOSE	2	
PEDIARIX	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	B/D
RECOMBIVAX HB	2	B/D
ROTATEQ	2	
TETANUS TOXOID ADSORBED	2	B/D
<i>tetanus/diphtheria toxoids-adsorbed adult</i>	2	
TRIHIBIT	2	
TRIPEDIA	2	

Drug Name	Drug Tier	Notes
TWINRIX	2	B/D
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
<i>yf-vax</i>	2	
ZOSTAVAX	2	
Inflammatory Bowel Disease Agents		
Glucocorticoids		
<i>colocort</i>	1	
CORTENEMA	3	
CORTIFOAM	2	
ENTOCORT EC	2	
<i>hydrocortisone</i>	1	
MILLIPRED	3	
Salicylates		
APRISO	3	
ASACOL	2	
ASACOL HD	2	
<i>balsalazide disodium</i>	1	
CANASA	2	
COLAZAL	3	
LIALDA	3	
<i>mesalamine</i>	1	
PENTASA	2	
ROWASA	3	
Sulfonamides		
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
<i>sulfasalazine</i>	1	
<i>sulfazine</i>	1	
<i>sulfazine ec</i>	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
ACTONEL	3	ST
<i>alendronate sodium</i>	1	
AREDIA INJ 90MG	3	
AREDIA INJ 30MG	4	
BONIVA TABS	2	ST
BONIVA INJ	3	QL (3 per 90 days) PA
CALCIJEX	3	B/D
<i>calcitonin-salmon</i>	1	
<i>calcitriol</i>	1	B/D
DIDRONEL	3	
<i>etidronate disodium</i>	1	
FORTEO	4	QL (2.4 per 28 days) PA
<i>fortical</i>	1	
FOSAMAX	3	
FOSAMAX PLUS D	3	
HECTOROL	2	B/D
MIACALCIN	3	

Drug Name	Drug Tier	Notes
PAMIDRONATE DISODIUM INJ 30MG/10ML, 6MG/ML	4	
<i>pamidronate disodium inj 90mg/10ml</i>	1	
ROCALTROL	3	B/D
SKELID	3	
XGEVA	4	
ZEMPLAR	2	B/D
ZOMETA	2	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
AGRYLIN	3	
<i>alcohol 5%/dextrose 5%</i>	1	B/D
<i>alcohol preps</i>	2	
<i>anagrelide hydrochloride</i>	1	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	2	
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	2	
BOTOX	4	
CARNITOR	3	B/D
CURITY GAUZE PADS 2"X2"	2	
<i>dexrazoxane</i>	1	B/D
INTRALIPID INJ 1.7%; 30%	2	B/D
<i>intralipid inj 2.25%; 20%</i>	1	B/D
<i>lactated ringers irrigation</i>	1	
<i>levocarnitine</i>	1	B/D
LIPOSYN II	3	B/D
LIPOSYN III INJ 1.2%; 2.5%; 10%, 1.2%; 2.5%; 20%	3	B/D
<i>liposyn iii inj 1.8%; 2.5%; 30%</i>	2	B/D
<i>methylergonovine maleate</i>	1	
<i>pentopak</i>	1	
<i>pentoxifylline er</i>	1	
<i>sterile water irrigation</i>	1	
XENAZINE	4	
ZINECARD	2	
Ophthalmic Agents		
Ophthalmic Agents, Other		
<i>ak-con</i>	1	
<i>ak-poly-bac</i>	1	
<i>ak-tob</i>	1	
AZASITE	2	
<i>bacitracin</i>	1	
<i>bacitracin/polymyxin b</i>	1	
BLEPH-10	3	
CILOXAN	2	
<i>gentak</i>	1	
<i>gentasol</i>	1	
LACRISERT	2	
<i>mydral</i>	1	
MYDRIACYL	3	

Drug Name	Drug Tier	Notes
<i>naphazoline hcl</i>	1	
NATACYN	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
<i>ofloxacin</i>	1	
<i>parcaine</i>	1	
<i>polycin b</i>	1	
<i>proparacaine hcl</i>	1	
RESTASIS	2	
<i>romycin</i>	1	
<i>tobrasol</i>	1	
TOBREX	2	
<i>trifluridine</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
<i>tropicacyl</i>	1	
<i>tropicamide</i>	1	
VIGAMOX	2	
Ophthalmic Anti-allergy Agents		
ALAMAST	3	
ALOCRIAL	3	
ALOMIDE	3	
<i>azelastine hcl</i>	1	
BEPREVE	2	
<i>cromolyn sodium</i>	1	
ELESTAT	3	
EMADINE	3	
<i>epinastine hcl</i>	1	
OPTIVAR	3	
PATADAY	2	
PATANASE	3	
PATANOL	2	
Ophthalmic Anti-inflammatories		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	2	
ALREX	2	
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
BROMDAY	2	
<i>bromfenac</i>	1	
CORTISPORIN	3	
<i>dexamethasone sodium phosphate</i>	1	
<i>dexasporin</i>	1	
<i>diclofenac sodium</i>	1	
DUREZOL	2	
FLAREX	3	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	

Drug Name	Drug Tier	Notes
FML LIQUIFILM	3	
<i>ketorolac tromethamine</i>	1	
LOTEMAX	2	
MAXIDEX	3	
MAXITROL	3	
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/hydrocortisone</i>	1	
NEVANAC	2	
OCUFEN	3	
OMNIPRED	3	
<i>poly-dex</i>	1	
POLY-PRED	3	
PRED FORTE	3	
PRED MILD	3	
PRED-G	3	
PRED-G S.O.P.	3	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
TOBRADEX ST	2	
TOBRADEX OINT	2	
TOBRADEX SUSP	3	
<i>tobramycin/dexamethasone</i>	1	
VEXOL	3	
VOLTAREN	3	
ZYLET	2	
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P SOLN 0.1%	2	
ALPHAGAN P SOLN 0.15%	3	
APRACLONIDINE	3	
AZOPT	2	
BETAGAN	3	
<i>betaxolol hcl</i>	1	
BETIMOL	3	
BETOPTIC-S	2	
<i>brimonidine tartrate</i>	1	
<i>carteolol hcl</i>	1	
COMBIGAN	2	
COSOPT	3	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl/timolol maleate</i>	1	
IOPIDINE	3	
ISOPTO CARPINE	3	
<i>istalol</i>	2	
<i>levobunolol hcl</i>	1	
<i>methazolamide</i>	1	
<i>metipranolol</i>	1	
OPTIPRANOLOL	3	
PHOSPHOLINE IODIDE	3	
PILOPINE HS	2	

Drug Name	Drug Tier	Notes
PROPINE	3	
<i>timolol maleate</i>	1	
<i>timolol maleate ophthalmic gel forming</i>	1	
TIMOPTIC OCUDOSE	3	
TIMOPTIC-XE	3	
TRUSOPT	3	
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>latanoprost</i>	1	
LUMIGAN	2	
TRAVATAN Z	2	
XALATAN	2	
Otic Agents		
Otic Agents		
<i>acetazol hc</i>	1	
<i>acetic acid</i>	1	
<i>borofair</i>	1	
CIPRO HC	3	
CIPRODEX	2	
COLY-MYCIN S	2	
CORTISPORIN	3	
CORTISPORIN-TC	2	
<i>cortomycin</i>	1	
DERMOTIC	2	
<i>hydrocortisone/acetic acid</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone</i>	1	
Respiratory Tract Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS	2	
ADVAIR HFA	2	
ALVESCO	3	
ASMANEX 120 METERED DOSES	2	
ASMANEX 14 METERED DOSES	2	
ASMANEX 30 METERED DOSES	2	
ASMANEX 60 METERED DOSES	2	
BECONASE AQ	3	ST
<i>budesonide</i>	1	B/D
FLONASE	3	
FLOVENT DISKUS	2	
FLOVENT HFA	2	
<i>fluticasone propionate</i>	1	
NASACORT AQ	3	ST
OMNARIS	3	ST
PULMICORT	2	B/D
PULMICORT FLEXHALER	3	
QVAR	3	
RHINOCORT AQUA	3	ST
SYMBICORT	2	
<i>triamcinolone acetonide</i>	1	
VERAMYST	2	ST

Drug Name	Drug Tier	Notes
Antihistamines		
ALLEGRA	3	
ASTELIN	3	
ASTEPRO	2	
<i>azelastine hcl</i>	1	
<i>carbinoxamine maleate</i>	1	
<i>cetirizine hcl syrp</i>	1	
CLARINEX	2	ST
CLARINEX REDITABS	2	
CLARINEX-D 12 HOUR	2	
CLARINEX-D 24 HOUR	2	
<i>clemastine fumarate</i>	1	
<i>cyproheptadine hcl</i>	1	
<i>dexchlorpheniramine maleate</i>	1	
<i>diphenhydramine hcl</i>	1	
<i>fexofenadine hcl</i>	1	
<i>hydroxyzine hcl</i>	1	
<i>levocetirizine dihydrochloride</i>	1	
<i>meclizine hcl</i>	1	
PALGIC	3	
PHENERGAN	3	
PROMETHAZINE VC	3	
SEMPREX-D	3	
XYZAL	3	ST
Antileukotrienes		
ACCOLATE	3	ST
SINGULAIR	2	ST
ZYFLO CR	3	
Bronchodilators, Anticholinergic		
ATROVENT	3	
ATROVENT HFA	2	
DUONEB	3	B/D
<i>ipratropium bromide/albuterol sulfate</i>	1	B/D
<i>ipratropium bromide nasal soln</i>	1	
<i>ipratropium bromide inhalation soln</i>	1	B/D
SPIRIVA HANDIHALER	2	
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)		
<i>aminophylline</i>	1	
ELIXOPHYLLIN	3	
LUFYLLIN	3	
THEO-24	3	
<i>theochron</i>	1	
<i>theophylline er</i>	1	
UNIPHYL	3	
Bronchodilators, Sympathomimetic		
ACCUNEB	3	B/D
<i>albuterol sulfate er</i>	1	
<i>albuterol sulfate syrp, tabs</i>	1	
<i>albuterol sulfate nebu</i>	1	B/D

Drug Name	Drug Tier	Notes
BROVANA	3	B/D
COMBIVENT	2	
<i>epinephrine hcl</i>	1	
EIPEN 2-PAK	2	
EIPEN-JR 2-PAK	2	
FORADIL AEROLIZER	2	
<i>levalbuterol</i>	1	B/D
MAXAIR AUTOHALER	3	
<i>metaproterenol sulfate</i>	1	
PERFOROMIST	2	B/D
PROAIR HFA	2	
PROVENTIL HFA	3	
SEREVENT DISKUS	3	
<i>terbutaline sulfate</i>	1	
<i>theophylline er</i>	1	
TWINJECT	2	
VENTOLIN HFA	2	
VOSPIRE ER	3	
XOPENEX	3	B/D
XOPENEX HFA	3	
Mast Cell Stabilizers		
<i>cromolyn sodium</i>	1	B/D
Pulmonary Antihypertensives		
ADCIRCA	3	
LETAIRIS	4	
REVATIO	4	
TRACLEER	4	LA
Respiratory Tract Agents, Other		
<i>acetylcysteine</i>	1	B/D
ARALAST NP	3	
<i>flunisolide</i>	1	
<i>ipratropium bromide</i>	1	
NASONEX	2	
PROLASTIN	4	
PROLASTIN-C	4	
TYZINE	2	
TYZINE PEDIATRIC NASAL DROPS	2	
XOLAIR	4	
ZEMAIRA	3	
Sedatives/Hypnotics		
Sedatives/Hypnotics		
AMBIEN	3	
AMBIEN CR	3	ST
EDLUAR	3	
LUNESTA	3	ST
ROZEREM	3	ST
SONATA	3	
<i>zaleplon</i>	1	
<i>zolpidem tartrate</i>	1	
<i>zolpidem tartrate er tbc 12.5mg</i>	1	

Drug Name	Drug Tier	Notes
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
AMRIX	3	
<i>carisoprodol</i>	1	
<i>carisoprodol/aspirin</i>	1	
<i>carisoprodol/aspirin/codeine</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine hcl</i>	1	
FEXMID	3	
FLEXERIL	3	
<i>metaxalone</i>	1	
<i>methocarbamol</i>	1	
NORFLEX	3	
<i>orphenadrine citrate</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>orphenadrine compound ds</i>	1	
<i>orphenadrine/asa/caffeine</i>	1	
PARAFON FORTE DSC	3	
ROBAXIN INJ	3	
<i>robaxin tabs</i>	1	
SKELAXIN	3	
SOMA	3	
Therapeutic Nutrients/Minerals/ Electrolytes		
<i>Electrolytes/Minerals</i>		
AMINOSYN	2	B/D
AMINOSYN 7%/ELECTROLYTES	2	B/D
AMINOSYN 8.5%/ELECTROLYTES	2	B/D
AMINOSYN II	2	B/D
AMINOSYN II 3.5%/DEXTROSE25%	2	B/D
AMINOSYN II 3.5%/DEXTROSE5%	2	B/D
AMINOSYN II 3.5/DEXTROSE 25%	2	B/D
AMINOSYN II 4.25/DEXTROSE10%	2	B/D
AMINOSYN II 4.25/DEXTROSE20%	2	B/D
AMINOSYN II 4.25/DEXTROSE25%	2	B/D
AMINOSYN II 5/DEXTROSE 25	2	B/D
AMINOSYN II 8.5%/ELECTROLYTES	2	B/D
AMINOSYN II M 3.5%/DEXTROSE 5%	2	B/D
AMINOSYN M	2	B/D
AMINOSYN-HBC	2	B/D
<i>aminosyn-hf</i>	2	B/D
AMINOSYN-PF	2	B/D
AMINOSYN-PF 7%	2	B/D
<i>ammonium chloride</i>	1	
CLINIMIX 2.75%/DEXTROSE 5%	2	B/D
<i>clinimix 4.25%/dextrose 10%</i>	2	B/D
<i>clinimix 4.25%/dextrose 20%</i>	2	B/D
<i>clinimix 4.25%/dextrose 25%</i>	2	B/D
CLINIMIX 4.25%/DEXTROSE 5%	2	B/D
CLINIMIX 5%/DEXTROSE 15%	2	B/D
CLINIMIX 5%/DEXTROSE 20%	2	B/D

Drug Name	Drug Tier	Notes
CLINIMIX 5%/DEXTROSE 25%	2	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 25%	3	B/D
<i>clinisol sf 15%</i>	2	B/D
<i>dextrose 10%/nacl 0.45%</i>	2	
<i>dextrose 5% /electrolyte #48 viaflex</i>	2	
<i>dextrose 10% flex container</i>	1	B/D
<i>dextrose 10%/nacl 0.2%</i>	1	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%</i>	1	B/D
<i>dextrose 5%/nacl 0.2%</i>	1	
<i>dextrose 5%/nacl 0.225%</i>	1	
<i>dextrose 5%/nacl 0.33%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.9%</i>	1	
<i>dextrose 5%/potassium chloride 0.075%</i>	3	
<i>ed k+10</i>	1	
ELIPHOS	3	
FREAMINE HBC 6.9%	2	B/D
<i>freamine iii</i>	2	B/D
<i>freamine iii 3%</i>	1	B/D
<i>hepatamine</i>	2	B/D
HEPATASOL	2	B/D
IONOSOL-B/DEXTROSE 5%	2	
IONOSOL-MB/DEXTROSE 5%	2	
IONOSOL-T/DEXTROSE 5%	2	
ISOLYTE-H/DEXTROSE 5%	2	
<i>isolyte-m/dextrose 5%</i>	1	B/D
ISOLYTE-P/DEXTROSE 5%	2	
ISOLYTE-S	2	
ISOLYTE-S/DEXTROSE 5%	2	
K-TABS	3	
<i>kaon-cl-10</i>	1	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.15%/d10w/nacl 0.2%</i>	2	
<i>kcl 0.15%/d5w/lr</i>	1	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.225%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	
KCL 0.224%/D5W/NACL 0.2%	2	
<i>kcl 0.3%/d5w/lr iv lac ring</i>	1	
<i>kcl 0.3%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
KLOR-CON M15	3	

Drug Name	Drug Tier	Notes
<i>klor-con m20</i>	1	
<i>lactated ringers</i>	2	
LACTATED RINGERS VIAFLEX	2	
<i>leucovorin calcium inj</i>	1	
<i>leucovorin calcium tabs 25mg, 5mg</i>	1	B/D
<i>leucovorin calcium tabs 10mg, 15mg</i>	2	B/D
MAGNESIUM SULFATE	1	
<i>magnesium sulfate in d5w</i>	2	
NEPHRAMINE	2	B/D
<i>normosol-m in d5w</i>	1	
NORMOSOL-R	2	
<i>normosol-r in d5w</i>	2	
<i>novamine</i>	1	B/D
PHOSLYRA	2	
<i>physiolyte</i>	1	
<i>physiosol irrigation</i>	1	
PLASMA-LYTE 56	3	
PLASMA-LYTE A	2	
PLASMA-LYTE-148	2	
PLASMA-LYTE-148/D5W	3	
PLASMA-LYTE-56/D5W	2	
<i>plasma-lyte-r</i>	1	
<i>potassium chloride</i>	1	
<i>potassium chloride 0.075%/d5w/nacl 0.225%</i>	1	
POTASSIUM CHLORIDE 0.15% /NACL 0.45% VIAFLEX2		
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	1	
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	1	
<i>potassium chloride 0.15% nacl 0.9%</i>	1	
<i>potassium chloride 0.15%/d5w</i>	1	
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	1	
<i>potassium chloride 0.224%/d5w</i>	1	
<i>potassium chloride 0.224%d5w/nacl 0.33%</i>	1	
<i>potassium chloride 0.3%/ nacl 0.9%</i>	2	
<i>potassium chloride 0.3%/d5w</i>	1	
<i>potassium chloride er</i>	1	
<i>potassium chloride sr</i>	1	
<i>potassium citrate extended-release</i>	1	
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	1	B/D
<i>premasol inj 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml</i>	2	B/D

Drug Name	Drug Tier	Notes
<i>procalamine</i>	1	B/D
PROSOL	3	B/D
RENAMIN	2	B/D
<i>ringers injection</i>	1	
<i>ringers irrigation</i>	1	
<i>sodium bicarbonate</i>	1	
<i>sodium chloride</i>	1	
<i>sodium chloride 0.9%</i>	1	
<i>sodium chloride 0.45% viaflex</i>	1	
<i>sodium fluoride</i>	1	
<i>sodium lactate</i>	1	
<i>tis-u-sol</i>	1	
<i>tpn electrolytes</i>	1	
TRAVASOL	2	B/D
TROPHAMINE	2	B/D
Therapeutic Nutrients/Minerals/ Electrolytes		
CLINIMIX E 2.75%/DEXTROSE 10%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
Vitamins		
<i>prenatabs obn</i>	1	

OTC products

Drug Name	Drug Tier	Notes
Gastrointestinal Agents		
Proton Pump Inhibitors		
<i>omeprazole tbec</i>	1	
<i>prevacid 24hr</i>	1	
<i>prilosec otc</i>	1	
Respiratory Tract Agents		
Antihistamines		
<i>alavert</i>	1	
<i>cetirizine hcl childrens allergy</i>	1	
<i>cetirizine hcl chew, tabs</i>	1	
<i>childrens loratadine</i>	1	
<i>loratadine</i>	1	
Respiratory Tract Agents, Other		
<i>alavert allergy/sinus</i>	1	
<i>cetirizine hcl/pseudoephedrine hcl er</i>	1	
<i>loratadine-d 24hr</i>	1	

Index

Drug Name	Page #
8-MOP	40
ABELCET	21
ABILIFY	27
ABILIFY DISCMELT	27
ABRAXANE	24
<i>acanya</i>	40
<i>acarbose</i>	30
ACCOLATE	59
ACCUNEB	59
ACCUPRIL	37
ACCURETIC	37
<i>acebutolol hcl</i>	34
ACEON	37
<i>acetaminophen/caffeine/dihydrocodeine bitartrate</i>	8
<i>acetaminophen/codeine</i>	8
<i>acetaminophen/codeine #3</i>	8
<i>acetaminophen/codeine #4</i>	8
<i>acetazol hc</i>	58
<i>acetazolamide</i>	36
<i>acetazolamide er</i>	36
ACETAZOLAMIDE SODIUM	36
<i>acetic acid</i>	58
<i>acetylcysteine</i>	60
ACIPHEX	43
ACLOVATE	44
ACTEMRA	51
ACTHIB	53
<i>acticin</i>	26
ACTIGALL	42
ACTIMMUNE	52
ACTIQ	8
ACTIVELLA	47
ACTONEL	54
ACTOPLUS MET	30
ACTOPLUS MET XR	30
ACTOS	30
ACULAR	56
ACULAR LS	56
ACUVAIL	56
<i>acyclovir</i>	30
<i>acyclovir sodium</i>	30
ADACEL	53
ADAGEN	41
ADALAT CC	35
<i>adapalene</i>	40
ADCIRCA	60

Drug Name	Page #
ADDERALL	39
ADDERALL XR	39
ADOXA	16
ADOXA PAK 1/100	16
ADOXA PAK 1/150	16
ADOXA PAK 1/75	16
ADOXA PAK 2/100	16
<i>adriamycin</i>	24
ADVAIR DISKUS	58
ADVAIR HFA	58
ADVICOR	37
<i>afeditab cr</i>	35
AFINITOR	26
AGGRENOX	33
AGRYLIN	55
<i>a-hydrocort</i>	44
<i>ak-con</i>	55
AKNE-MYCIN	14
<i>ak-poly-bac</i>	55
<i>ak-tob</i>	55
<i>ala cort</i>	44
ALA SCALP	44
<i>ala-cort</i>	44
ALAMAST	56
<i>alavert</i>	65
<i>alavert allergy/sinus</i>	65
ALBENZA	26
<i>albuterol sulfate</i>	59
<i>albuterol sulfate er</i>	59
ALCAINE	10
<i>alclometasone dipropionate</i>	44
<i>alcohol 5%/dextrose 5%</i>	55
<i>alcohol preps</i>	55
ALDACTAZIDE	36
ALDACTONE	37
ALDARA	40
ALDURAZYME	41
<i>alendronate sodium</i>	54
<i>alfuzosin hcl er</i>	44
ALIMTA	24
ALINIA	26
ALKERAN	23
ALLEGRA	59
<i>allopurinol</i>	22
<i>allopurinol sodium</i>	22
ALOCRIIL	56
ALOMIDE	56
ALOPRIM	22
ALORA	47
ALOXI	20
ALPHAGAN P	57

Drug Name	Page #
ALREX	56
ALTABAX	11
ALTACE	37
ALTOPREV	37
ALVESCO	58
<i>amantadine hcl</i>	27
<i>amantadine hcl</i>	29
AMARYL	30
AMBIEN	60
AMBIEN CR	60
AMBISOME	21
<i>amcinonide</i>	44
AMERGE	22
<i>a-methapred</i>	44
<i>amethia</i>	47
<i>amethyst</i>	47
AMEVIVE	40
<i>amifostine</i>	24
<i>amikacin sulfate</i>	11
<i>amiloride hcl</i>	36
<i>amiloride/hydrochlorothiazide</i>	36
<i>aminophylline</i>	59
AMINOSYN	61
AMINOSYN 7%/ELECTROLYTES	61
AMINOSYN 8.5%/ELECTROLYTES	61
AMINOSYN II	61
AMINOSYN II 3.5%/DEXTROSE25%	61
AMINOSYN II 3.5%/DEXTROSE5%	61
AMINOSYN II 3.5%/DEXTROSE 25%	61
AMINOSYN II 4.25%/DEXTROSE10%	61
AMINOSYN II 4.25%/DEXTROSE20%	61
AMINOSYN II 4.25%/DEXTROSE25%	61
AMINOSYN II 5%/DEXTROSE 25	61
AMINOSYN II 8.5%/ELECTROLYTES	61
AMINOSYN II M 3.5%/DEXTROSE 5%	61
AMINOSYN M	61
AMINOSYN-HBC	61
<i>aminosyn-hf</i>	61
AMINOSYN-PF	61
AMINOSYN-PF 7%	61
<i>amiodarone hcl</i>	33
AMITIZA	42
<i>amitriptyline hcl</i>	19
<i>amlodipine besylate</i>	35
<i>amlodipine besylate/benazepril hcl</i>	35
<i>amlodipine besylate/benazepril hydrochloride</i>	37
<i>ammonium chloride</i>	61
<i>ammonium lactate</i>	40
<i>amnesteem</i>	40
<i>amoxapine</i>	19

Drug Name	Page #
<i>amoxicillin</i>	14
<i>amoxicillin/clavulanate potassium</i>	14
<i>amoxicillin/clavulanate potassium er</i>	14
<i>amoxicillin/potassium clavulanate</i>	14
<i>amphetamine/dextroamphetamine</i>	39
AMPHOTEC	21
<i>amphotericin b</i>	21
<i>ampicillin</i>	14
<i>ampicillin sodium</i>	14
<i>ampicillin-sulbactam</i>	14
AMPYRA	40
AMRIX	61
AMTURNIDE	37
ANADROL-50	47
ANAFRANIL	19
<i>anagrelide hydrochloride</i>	55
ANAPROX	10
ANAPROX DS	10
<i>anastrozole</i>	26
ANCOBON	21
ANDRODERM	47
ANDROGEL	47
ANDROGEL PUMP	47
ANDROID	47
ANDROXY	47
ANESTACON	10
ANGELIQ	47
ANTABUSE	20
ANTARA	37
ANTIVERT	20
ANTIZOL	19
ANUSOL-HC	44
ANZEMET	20
APHTHASOL	40
APIDRA	31
APIDRA SOLOSTAR	31
APLENZIN	18
APOKYN	27
APRACLONIDINE	57
<i>apri</i>	49
APRISO	54
APTIVUS	29
ARALAST NP	60
ARALEN	26
<i>aranelle</i>	49
ARANESP ALBUMIN FREE	32
ARAVA	52
ARCALYST	52
AREDIA	54
ARICEPT	18
ARICEPT ODT	18

Drug Name	Page #	Drug Name	Page #
ARIMIDEX	26	AZASITE	55
ARIXTRA	32	<i>azathioprine</i>	51
AROMASIN	26	<i>azathioprine sodium</i>	51
ARRANON	24	<i>azelastine hcl</i>	56
ARTHROTEC 50	10	<i>azelastine hcl</i>	59
ARTHROTEC 75	11	AZELEX	40
ARZERRA	26	AZILECT	27
ASACOL	54	<i>azithromycin</i>	14
ASACOL HD	54	AZOPT	57
<i>ascomp/codeine</i>	8	AZOR	35
ASMANEX 120 METERED DOSES	58	AZULFIDINE	54
ASMANEX 14 METERED DOSES	58	AZULFIDINE EN-TABS	54
ASMANEX 30 METERED DOSES	58	BACIIM	11
ASMANEX 60 METERED DOSES	58	BACITRACIN	11
ASTELIN	59	<i>bacitracin</i>	55
ASTEPRO	59	<i>bacitracin/polymyxin b</i>	55
<i>astramorph</i>	8	<i>baclofen</i>	28
ATACAND	38	BACTOCILL IN DEXTROSE	14
ATACAND HCT	38	BACTRIM	16
ATAMET	27	BACTRIM DS	16
<i>atenolol</i>	34	BACTROBAN	12
<i>atenolol/chlorthalidone</i>	34	BACTROBAN NASAL	12
ATGAM	52	<i>balsalazide disodium</i>	54
ATRALIN	40	<i>balziva</i>	49
ATRIPLA	29	BANZEL	16
<i>atropine sulfate</i>	42	BARACLUDGE	30
ATROVENT	59	BD INSULIN SYRINGE	55
ATROVENT HFA	59	SAFETYGLIDE/1ML/29G X 1/2"	
ATTENUVAX	53	BD INSULIN SYRINGE	55
<i>augmented betamethasone dipropionate</i>	44	ULTRAFINE/0.3ML/31G X 5/16"	
AUGMENTIN ES-600	14	BD INSULIN SYRINGE	55
AVALIDE	38	ULTRAFINE/0.5ML/30G X 1/2"	
AVANDAMET	30	BD INSULIN SYRINGE	55
AVANDARYL	30	ULTRAFINE/1ML/31G X 5/16"	
AVANDIA	30	BD PEN NEEDLE/ULTRAFINE/29G X	55
AVAPRO	38	12.7MM	
AVASTIN	24	BECONASE AQ	58
AVELOX	15	<i>benazepril hcl</i>	38
AVELOX ABC PACK	15	<i>benazepril hcl/hydrochlorothiazide</i>	38
<i>aviane</i>	49	BENICAR	38
AVINZA	8	BENICAR HCT	38
<i>avita</i>	40	BENTYL	42
AVODART	44	BENZAACLIN CARE KIT	40
AVONEX	52	BENZAMYCIN	40
AXERT	22	<i>benztropine mesylate</i>	27
AXID	43	BEPREVE	56
AYGESTIN	49	BESIVANCE	15
AZACTAM	14	BETAGAN	57
AZACTAM IN ISO-OSMOTIC	14	<i>betamethasone dipropionate</i>	44
DEXTROSE		<i>betamethasone valerate</i>	44
AZASAN	51	BETAPACE	33

Drug Name	Page #
BETAPACE AF	33
BETASERON	52
<i>beta-val</i>	44
<i>betaxolol hcl</i>	34
<i>betaxolol hcl</i>	57
<i>bethanechol chloride</i>	23
BETIMOL	57
BETOPTIC-S	57
BIAXIN	15
BIAXIN XL	15
BIAXIN XL PAC	15
<i>bicalutamide</i>	51
BICILLIN C-R	14
BICILLIN L-A	14
BICNU	23
BIDIL	39
BILTRICIDE	26
<i>bisoprolol fumarate</i>	34
<i>bisoprolol fumarate/hydrochlorothiazide</i>	34
<i>bleomycin sulfate</i>	24
BLEPH-10	55
BLEPHAMIDE	56
BLEPHAMIDE S.O.P.	56
BONIVA	54
BOOSTRIX	53
<i>borofair</i>	58
BOTOX	55
BREVICON-28	47
<i>briellyn</i>	47
<i>brimonidine tartrate</i>	57
BROMDAY	56
<i>bromfenac</i>	56
<i>bromocriptine mesylate</i>	27
BROVANA	60
<i>budeprion sr</i>	18
<i>budeprion xl</i>	18
<i>budesonide</i>	58
<i>bumetanide</i>	36
BUPHENYL	41
BUPRENEX	8
<i>buprenorphine hcl</i>	8
<i>buproban</i>	20
<i>bupropion hcl</i>	18
<i>bupropion hcl sr</i>	18
BUSPAR	30
<i>buspirone hcl</i>	30
BUSULFEX	23
BUTALBITAL/ACETAMINOPHEN/CAFF	8
EINE/CODEINE	
<i>butorphanol tartrate</i>	8
BYETTA	30

Drug Name	Page #
BYSTOLIC	34
<i>cabergoline</i>	51
CADUET	37
<i>cafergot</i>	22
CALAN	35
CALAN SR	35
CALCIJEX	54
<i>calcipotriene</i>	40
<i>calcitonin-salmon</i>	54
<i>calcitriol</i>	54
<i>calcium acetate</i>	44
<i>camila</i>	49
CAMPATH	26
CAMPRAL	20
CAMPTOSAR	24
CANASA	54
CANCIDAS	21
CANTIL	42
CAPASTAT SULFATE	23
CAPEX	44
CAPITAL/CODEINE	8
<i>captopril</i>	38
<i>captopril/hydrochlorothiazide</i>	38
CARAC	40
CARAFATE	43
<i>carbamazepine</i>	17
<i>carbamazepine er</i>	17
CARBATROL	17
<i>carbidopa/levodopa</i>	27
<i>carbidopa/levodopa cr</i>	27
<i>carbidopa/levodopa odt</i>	27
<i>carbidopa/levodopa sr</i>	27
<i>carbinoxamine maleate</i>	59
<i>carboplatin</i>	24
CARDIZEM	35
CARDIZEM CD	35
CARDIZEM LA	35
CARDURA	44
CARDURA XL	33
CARIMUNE NANOFILTERED	52
<i>carisoprodol</i>	61
<i>carisoprodol/aspirin</i>	61
<i>carisoprodol/aspirin/codeine</i>	61
CARMOL-HC	45
CARNITOR	55
<i>carteolol hcl</i>	57
<i>cartia xt</i>	35
<i>carvedilol</i>	34
CASODEX	51
CATAFLAM	11
CATAPRES	33

Drug Name	Page #
CATAPRES-TTS-1	33
CATAPRES-TTS-2	33
CATAPRES-TTS-3	33
CAYSTON	14
CEDAX	13
CEENU	23
<i>cefaclor</i>	13
<i>cefaclor er</i>	13
<i>cefadroxil</i>	13
<i>cefazolin sodium</i>	13
<i>cefdinir</i>	13
<i>cefepime</i>	13
<i>cefotaxime sodium</i>	13
CEFOTETAN	13
CEFOXITIN SODIUM	13
<i>cefpodoxime proxetil</i>	13
<i>cefprozil</i>	13
CEFTAZIDIME	13
CEFTIN	13
<i>ceftriaxone sodium</i>	13
<i>cefuroxime axetil</i>	13
<i>cefuroxime sodium</i>	13
<i>cefuroxime/dextrose</i>	13
CELEBREX	11
CELESTONE	45
CELEXA	18
CELLCEPT	51
CELLCEPT INTRAVENOUS	51
CELONTIN	16
CENESTIN	47
<i>cephalexin</i>	13
CEREBYX	17
CEREDASE	41
CEREZYME	41
CERUBIDINE	24
CERVARIX	53
CESAMET	20
<i>cesia</i>	49
<i>cetirizine hcl</i>	59
<i>cetirizine hcl</i>	65
<i>cetirizine hcl childrens allergy</i>	65
<i>cetirizine hcl/pseudoephedrine hcl er</i>	65
CHANTIX	20
CHEMET	20
<i>childrens loratadine</i>	65
CHLORAMPHENICOL SODIUM	12
SUCCINATE	
<i>chlordiazepoxide/amitriptyline</i>	19
<i>chlorhexidine gluconate oral rinse</i>	40
<i>chloroquine phosphate</i>	26
<i>chlorothiazide</i>	36

Drug Name	Page #
<i>chlorothiazide sodium</i>	36
<i>chlorpromazine hcl</i>	28
<i>chlorpropamide</i>	31
<i>chlorthalidone</i>	36
<i>chlorzoxazone</i>	61
<i>cholestyramine</i>	37
CHOLESTYRAMINE LIGHT	37
<i>chorionic gonadotropin</i>	46
<i>ciclopirox</i>	21
<i>ciclopirox nail lacquer</i>	21
<i>ciclopirox olamine</i>	21
<i>cilostazol</i>	33
CILOXAN	15
CILOXAN	55
<i>cimetidine</i>	43
<i>cimetidine hcl</i>	43
CIMZIA	52
CINRYZE	33
CIPRO	15
CIPRO HC	58
CIPRO I.V.-IN D5W	15
CIPRODEX	58
<i>ciprofloxacin</i>	15
<i>ciprofloxacin er</i>	15
<i>ciprofloxacin extended-release</i>	15
<i>ciprofloxacin hcl</i>	15
<i>cisplatin</i>	24
<i>citalopram hydrobromide</i>	18
<i>cladribine</i>	24
CLAFORAN	13
<i>claravis</i>	40
CLARINEX	59
CLARINEX REDITABS	59
CLARINEX-D 12 HOUR	59
CLARINEX-D 24 HOUR	59
<i>clarithromycin</i>	15
<i>clarithromycin er</i>	15
<i>clemastine fumarate</i>	59
CLEOCIN	12
CLEOCIN GALAXY	12
CLEOCIN PEDIATRIC GRANULES	12
CLEOCIN PHOSPHATE	12
CLEOCIN-T	12
CLIMARA	47
CLIMARA PRO	49
CLINDAGEL	12
<i>clindamycin hcl</i>	12
<i>clindamycin phosphate</i>	12
<i>clindamycin phosphate</i>	40
<i>clindamycin phosphate add-vantage</i>	12
CLINDAMYCIN/BENZOYL PEROXIDE	40

Drug Name	Page #
CLINDESSE	12
CLINIMIX 2.75%/DEXTROSE 5%	61
<i>clinimix 4.25%/dextrose 10%</i>	61
<i>clinimix 4.25%/dextrose 20%</i>	61
<i>clinimix 4.25%/dextrose 25%</i>	61
CLINIMIX 4.25%/DEXTROSE 5%	61
CLINIMIX 5%/DEXTROSE 15%	61
CLINIMIX 5%/DEXTROSE 20%	61
CLINIMIX 5%/DEXTROSE 25%	62
CLINIMIX E 2.75%/DEXTROSE 10%	64
CLINIMIX E 2.75%/DEXTROSE 5%	62
CLINIMIX E 4.25%/DEXTROSE 25%	62
CLINIMIX E 4.25%/DEXTROSE 5%	62
CLINIMIX E 5%/DEXTROSE 15%	62
CLINIMIX E 5%/DEXTROSE 20%	64
CLINIMIX E 5%/DEXTROSE 25%	62
<i>clinisol sf 15%</i>	62
CLINORIL	8
<i>clobetasol propionate</i>	45
<i>clobetasol propionate e</i>	45
CLOBEX	45
CLODERM	45
CLOLAR	24
<i>clomipramine hcl</i>	19
<i>clonidine hcl</i>	33
CLORPRES	33
<i>clotrimazole</i>	21
<i>clotrimazole/betamethasone dipropionate</i>	21
<i>clozapine</i>	27
CLOZARIL	27
COARTEM	26
<i>codeine sulfate</i>	8
COGENTIN	27
<i>co-gesic</i>	8
COGNEX	18
COLAZAL	54
COLCRYS	22
COLESTID	37
<i>colestipol hcl</i>	37
<i>colistimethate sodium</i>	12
<i>colocort</i>	54
COLY-MYCIN M	12
COLY-MYCIN S	58
COLYTE-FLAVOR PACKS	42
COMBIGAN	57
COMBIPATCH	49
COMBIVENT	60
COMBIVIR	29
COMBUNOX	8
<i>compro</i>	20

Drug Name	Page #
COMTAN	27
COMVAX	53
CONCERTA	39
CONDYLOX	40
<i>constulose</i>	42
COPAXONE	52
COPEGUS	30
CORDARONE	33
CORDRAN	45
CORDRAN SP	45
CORDRAN TAPE	45
COREG	34
COREG CR	34
CORGARD	34
CORTEF	45
CORTENEMA	54
CORTIFOAM	54
<i>cortisone acetate</i>	45
CORTISPORIN	12
CORTISPORIN	56
CORTISPORIN	58
CORTISPORIN-TC	58
<i>cortomycin</i>	58
CORZIDE	34
COSMEGEN	24
COSOPT	57
COUMADIN	32
COVERA-HS	35
COZAAR	38
CREON	41
CRESTOR	37
CRINONE	49
CRIXIVAN	29
<i>cromolyn sodium</i>	56
<i>cromolyn sodium</i>	60
<i>cryselle-28</i>	49
CUBICIN	12
CUPRIMINE	20
CURITY GAUZE PADS 2"X2"	55
CUTIVATE	45
CYCLESSA	47
<i>cyclobenzaprine hcl</i>	61
CYCLOPHOSPHAMIDE	24
<i>cyclosporine</i>	52
CYCLOSPORINE MODIFIED	52
CYKLOKAPRON	33
CYMBALTA	18
<i>cyproheptadine hcl</i>	59
CYSTADANE	41
CYSTAGON	41
<i>cytarabine</i>	24

Drug Name	Page #
CYTARABINE AQUEOUS	24
CYTOMEL	50
CYTOTEC	43
CYTOVENE	28
D.H.E. 45	22
<i>dacarbazine</i>	24
DACOGEN	24
<i>danazol</i>	47
DANTRIUM	28
<i>dantrolene sodium</i>	28
<i>dapsone</i>	23
DAPTACEL	53
DARAPRIM	26
<i>daunorubicin hcl</i>	24
DAUNOXOME	24
DAYPRO	8
DAYTRANA	39
DDAVP	46
<i>decavac</i>	53
DELATESTRYL	47
DELESTROGEN	47
DEMADEX	36
<i>demeclocycline hcl</i>	16
DEMEROL	8
DEMSEK	36
DENAVIR	30
DEPACON	16
<i>depade</i>	20
DEPAKENE	17
DEPAKOTE	17
DEPAKOTE ER	17
DEPAKOTE SPRINKLES	17
DEPEN TITRATABS	20
DEPO-ESTRADIOL	47
DEPO-MEDROL	45
DEPO-PROVERA	49
DEPO-PROVERA CONTRACEPTIVE	49
DEPO-SUBQ PROVERA 104	49
DEPO-TESTOSTERONE	47
DERMA-SMOOTHIE/FS BODY OIL	45
DERMATOP	45
DERMOTIC	58
<i>desipramine hcl</i>	19
<i>desmopressin acetate</i>	46
DESOGEN	47
DESONATE	45
<i>desonide</i>	45
DESOWEN	45
DESOWEN LOTION/CETAPHIL	45
CREAM	
DESOWEN OINTMENT/CETAPHIL	45

Drug Name	Page #
LOTION	
<i>desoximetasone</i>	45
DESOXYN	39
DETROL	43
DETROL LA	43
<i>dexamethasone</i>	45
<i>dexamethasone intensol</i>	45
<i>dexamethasone sodium phosphate</i>	45
<i>dexamethasone sodium phosphate</i>	56
<i>dexasporin</i>	56
<i>dexchlorpheniramine maleate</i>	59
DEXEDRINE	39
DEXILANT	43
<i>dexmethylphenidate hcl</i>	39
<i>dexrazoxane</i>	55
<i>dextroamphetamine sulfate</i>	39
<i>dextroamphetamine sulfate er</i>	39
<i>dextrose 10%/nacl 0.45%</i>	62
<i>dextrose 5% /electrolyte #48 viaflex</i>	62
<i>dextrose 10% flex container</i>	62
<i>dextrose 10%/nacl 0.2%</i>	62
<i>dextrose 2.5%/sodium chloride 0.45%</i>	62
<i>dextrose 5%</i>	62
<i>dextrose 5%/nacl 0.2%</i>	62
<i>dextrose 5%/nacl 0.225%</i>	62
<i>dextrose 5%/nacl 0.33%</i>	62
<i>dextrose 5%/nacl 0.45%</i>	62
<i>dextrose 5%/nacl 0.9%</i>	62
<i>dextrose 5%/potassium chloride 0.075%</i>	62
DIABETA	31
DIAMOX	36
DIBENZYLINE	33
<i>diclofenac potassium</i>	11
<i>diclofenac sodium</i>	11
<i>diclofenac sodium</i>	56
<i>diclofenac sodium ec</i>	11
<i>diclofenac sodium xr</i>	11
<i>dicloxacin sodium</i>	14
<i>dicyclomine hcl</i>	42
<i>didanosine</i>	29
DIDRONEL	54
DIFFERIN	40
<i>diflorasone diacetate</i>	45
DIFLUCAN	21
DIFLUCAN IN NAACL	21
<i>diflunisal</i>	11
<i>digoxin</i>	36
<i>dihydroergotamine mesylate</i>	22
DILACOR XR	35
DILANTIN	17
DILANTIN INFATABS	17

Drug Name	Page #
DILATRATE SR	39
DILAUDID	8
DILAUDID-5	8
DILAUDID-HP	8
<i>dilt-cd</i>	35
<i>diltiazem cd</i>	35
<i>diltiazem hcl</i>	35
<i>diltiazem hcl er</i>	35
<i>dilt-xr</i>	35
<i>diltzac</i>	35
DIOVAN	38
DIOVAN HCT	38
DIPENTUM	42
<i>diphenhydramine hcl</i>	59
<i>diphenoxylate/atropine</i>	42
<i>diphtheria/tetanus toxoid pediatric</i>	53
DIPROLENE	45
DIPROLENE AF	45
<i>dipyridamole</i>	33
<i>disopyramide phosphate</i>	33
<i>disulfiram</i>	20
DITROPAN XL	43
DIURIL	36
DIURIL IV	36
<i>divalproex sodium</i>	17
<i>divalproex sodium er</i>	17
DIVIGEL	47
DOCEFREZ	24
DOCETAXEL	25
DOLOPHINE	8
DOLOPHINE HCL	8
<i>donepezil hcl</i>	18
DORIBAX	14
DORYX	16
<i>dorzolamide hcl</i>	57
<i>dorzolamide hcl/timolol maleate</i>	57
DOVONEX	40
DOVONEX SCALP	41
<i>doxazosin mesylate</i>	44
<i>doxepin hcl</i>	19
DOXIL	25
<i>doxorubicin hcl</i>	25
<i>doxycycline</i>	16
DOXYCYCLINE HYCLATE	16
DOXYCYCLINE MONOHYDRATE	16
<i>dronabinol</i>	20
DROXIA	24
DUETACT	31
DUONEB	59
DURAGESIC	8
<i>duramorph</i>	8

Drug Name	Page #
DUREZOL	56
DYAZIDE	36
DYNACIN	16
DYNACIRC CR	35
DYRENIUM	36
<i>e.e.s. 400</i>	15
E.E.S. GRANULES	15
EC-NAPROSYN	8
<i>econazole nitrate</i>	21
<i>ed k+10</i>	62
EDECIN	36
EDLUAR	60
EDURANT	29
EFFEXOR	18
EFFEXOR XR	18
EFFIENT	33
EFUDEX	41
ELAPRASE	41
ELDEPRYL	27
ELESTAT	56
ELESTRIN	47
ELIDEL	41
ELIGARD	51
ELIPHOS	62
ELITEK	24
ELIXOPHYLLIN	59
ELLA	49
ELLENCE	25
ELMIRON	44
ELOCON	45
ELOXATIN	25
ELSPAR	25
EMADINE	56
EMBEDA	9
EMCYT	24
EMEND	20
EMLA	10
<i>emoquette</i>	48
EMSAM	18
EMTRIVA	29
ENABLEX	44
<i>enalapril maleate</i>	38
<i>enalapril maleate/hydrochlorothiazide</i>	38
ENBREL	52
<i>endocet</i>	9
<i>endodan</i>	8
ENDOMETRIN	49
ENGERIX-B	53
ENJUVA	48
<i>enoxaparin sodium</i>	32
<i>enpresse-28</i>	49

Drug Name	Page #
ENTOCORT EC	54
<i>enulose</i>	42
EPIDUO	41
<i>epinastine hcl</i>	56
<i>epinephrine hcl</i>	60
EPIPEN 2-PAK	60
EPIPEN-JR 2-PAK	60
<i>epirubicin hcl</i>	25
<i>epitol</i>	17
EPIVIR	29
EPIVIR HBV	29
<i>eplerenone</i>	38
EPOGEN	32
EPZICOM	29
EQUETRO	17
ERAXIS	21
ERBITUX	26
<i>ergoloid mesylates</i>	18
ERGOMAR	22
<i>ergotamine tartrate/caffeine</i>	22
<i>errin</i>	49
ERTACZO	21
<i>ery</i>	15
ERYPED 200	15
ERYPED 400	15
ERY-TAB	15
ERYTHROCIN LACTOBIONATE	15
<i>erythrocin stearate</i>	15
<i>erythromycin</i>	15
<i>erythromycin base</i>	15
<i>erythromycin ethylsuccinate</i>	15
<i>erythromycin/benzoyl peroxide</i>	41
<i>erythromycin/sulfisoxazole</i>	15
ESTRACE	48
ESTRADERM	48
<i>estradiol</i>	48
<i>estradiol valerate</i>	48
<i>estradiol/norethindrone acetate</i>	48
ESTRING	48
<i>estropipate</i>	48
ESTROSTEP FE	48
<i>ethambutol hcl</i>	23
<i>ethosuximide</i>	16
ETHYOL	25
<i>etidronate disodium</i>	54
<i>etodolac</i>	11
<i>etodolac er</i>	11
ETOPOPHOS	25
<i>etoposide</i>	25
EURAX	26
EVAMIST	48

Drug Name	Page #
EVISTA	50
EVOCLIN	12
EVOXAC	40
EXALGO	9
EXELDERM	21
EXELON	18
EXFORGE	38
EXFORGE HCT	35
EXJADE	20
EXTAVIA	52
EXTINA	21
FABRAZYME	41
FACTIVE	15
<i>famciclovir</i>	30
<i>famotidine</i>	43
<i>famotidine premixed</i>	43
FAMVIR	30
FANAPT	27
FANAPT TITRATION PACK	27
FARESTON	24
FASLODEX	24
FAZACLO	28
FELBATOL	17
FELDENE	8
<i>felodipine er</i>	35
FEMARA	26
FEMHRT 1/5	49
FEMHRT LOW DOSE	49
FEMRING	48
FEMTRACE	48
<i>fenofibrate</i>	37
<i>fenofibrate micronized</i>	37
<i>fenoprofen calcium</i>	11
<i>fentanyl</i>	9
<i>fentanyl citrate</i>	9
<i>fentanyl citrate oral transmucosal</i>	9
FENTORA	9
FEXMID	61
<i>fexofenadine hcl</i>	59
FIBRICOR	37
FINACEA	41
<i>finasteride</i>	44
FIORICET/CODEINE	9
FIORINAL/CODEINE #3	9
FIRMAGON	25
FLAGYL	12
FLAGYL ER	12
FLAREX	56
<i>flavoxate hcl</i>	44
<i>flecainide acetate</i>	33
FLECTOR	8

Drug Name	Page #
FLEXERIL	61
FLOMAX	44
FLONASE	58
FLOVENT DISKUS	58
FLOVENT HFA	58
<i>fluconazole</i>	21
<i>fluconazole in dextrose</i>	21
FLUDARA	24
FLUDARABINE PHOSPHATE	24
<i>fludrocortisone acetate</i>	45
FLUMADINE	29
<i>flunisolide</i>	60
<i>fluocinolone acetonide</i>	45
<i>fluocinonide</i>	45
<i>fluocinonide emollient base</i>	45
<i>fluorometholone</i>	56
FLUOROPLEX	41
FLUOROURACIL	24
<i>fluorouracil</i>	41
<i>fluoxetine dr</i>	18
<i>fluoxetine hcl</i>	19
<i>fluphenazine decanoate</i>	28
<i>fluphenazine hcl</i>	28
<i>flurbiprofen</i>	11
<i>flurbiprofen sodium</i>	56
<i>flutamide</i>	51
<i>fluticasone propionate</i>	45
<i>fluticasone propionate</i>	58
<i>fluvoxamine maleate</i>	19
FML	56
FML FORTE	56
FML LIQUIFILM	57
FOCALIN	39
FOCALIN XR	39
<i>fomepizole</i>	20
<i>fondaparinux sodium</i>	32
FORADIL AEROLIZER	60
FORTAMET	31
FORTAZ	13
FORTEO	54
<i>fortical</i>	54
FOSAMAX	54
FOSAMAX PLUS D	54
<i>foscarnet sodium</i>	28
<i>fosinopril sodium</i>	38
<i>fosinopril sodium/hydrochlorothiazide</i>	38
<i>fosphenytoin sodium</i>	17
FOSRENOL	44
FRAGMIN	32
FREAMINE HBC 6.9%	62
<i>freamine iii</i>	62

Drug Name	Page #
<i>freamine iii 3%</i>	62
FROVA	22
FURADANTIN	12
<i>furosemide</i>	36
FUZEON	29
<i>gabapentin</i>	17
GABITRIL	17
<i>galantamine hydrobromide</i>	18
GAMASTAN S/D	52
GAMMAGARD LIQUID	52
GAMUNEX	52
GANCICLOVIR	28
GARDASIL	53
GASTROCROM	42
<i>gavilyte-c</i>	42
GAVILYTE-G	42
<i>gavilyte-n/flavor pack</i>	42
GELNIQUE	44
<i>gemcitabine hcl</i>	24
<i>gemfibrozil</i>	37
GEMZAR	24
<i>generlac</i>	42
<i>gengraf</i>	52
GENOTROPIN	46
GENOTROPIN MINIQUICK	46
<i>gentak</i>	55
<i>gentamicin sulfate</i>	11
<i>gentamicin sulfate/0.9% sodium chloride</i>	11
<i>gentamicin sulfate/sodium chloride</i>	11
<i>gentasol</i>	55
GEODON	28
GLEEVEC	26
<i>glimepiride</i>	31
<i>glipizide</i>	31
<i>glipizide er</i>	31
<i>glipizide/metformin hcl</i>	31
GLUCAGEN HYPOKIT	31
GLUCAGON EMERGENCY KIT	31
GLUCOPHAGE	31
GLUCOPHAGE XR	31
GLUCOTROL	31
GLUCOTROL XL	31
GLUCOVANCE	31
<i>glumetza</i>	31
<i>glyburide</i>	31
<i>glyburide micronized</i>	31
<i>glyburide/metformin hcl</i>	31
<i>glycopyrrolate</i>	42
GLYCRON	31
GLYNASE	31
GLYSET	31

Drug Name	Page #
GOLYTELY	42
GRALISE	8
GRALISE STARTER	8
<i>granisetron hcl</i>	20
GRANISOL	20
GRIFULVIN V	21
<i>griseofulvin microsize</i>	21
GRIS-PEG	21
GUANABENZ ACETATE	33
<i>guanfacine hcl</i>	33
GUANIDINE HCL	23
GYNAZOLE-1	21
GYNODIOL	48
HALAVEN	25
HALDOL	28
HALDOL DECANOATE 100	28
HALDOL DECANOATE 50	28
HALFLYTELY BOWEL PREP	42
HALFLYTELY BOWEL PREP/FLAVOR PACKS	42
<i>halobetasol propionate</i>	45
HALOG	45
<i>haloperidol</i>	28
<i>haloperidol decanoate</i>	28
<i>haloperidol lactate</i>	28
HAVRIX	53
HECTOROL	54
HELIDAC	42
<i>heparin sodium</i>	32
<i>heparin sodium/d5w</i>	32
<i>heparin sodium/nacl 0.45%</i>	32
<i>heparin sodium/nacl 0.9%</i>	32
<i>heparin sodium/sodium chloride 0.9%</i> <i>premix</i>	32
<i>hepatamine</i>	62
HEPATASOL	62
HEPSERA	30
HERCEPTIN	26
HEXALEN	23
HIPREX	12
HIZENTRA	52
HUMALOG	31
HUMALOG KWIKPEN	31
HUMALOG MIX 50/50	32
HUMALOG MIX 50/50 KWIKPEN	32
HUMALOG MIX 75/25	32
HUMALOG MIX 75/25 KWIKPEN	32
HUMATROPE	46
HUMATROPE COMBO PACK	46
HUMIRA	52
HUMIRA PEN-CROHNS	52

Drug Name	Page #
DISEASESTARTER	
HUMULIN 70/30	32
HUMULIN 70/30 PEN	32
HUMULIN N	32
HUMULIN N U-100 PEN	32
HUMULIN R	32
HUMULIN R U-500 (CONCENTRATED)	32
HYCANTIN	25
HYCET	9
<i>hydralazine hcl</i>	39
HYDREA	24
<i>hydrochlorothiazide</i>	36
<i>hydrocodone bitartrate/acetaminophen</i>	9
<i>hydrocodone/acetaminophen</i>	9
<i>hydrocodone/ibuprofen</i>	9
<i>hydrocortisone</i>	45
<i>hydrocortisone</i>	54
<i>hydrocortisone butyrate</i>	45
<i>hydrocortisone valerate</i>	45
<i>hydrocortisone/acetic acid</i>	58
<i>hydromorphone hcl</i>	9
<i>hydroxychloroquine sulfate</i>	26
<i>hydroxyurea</i>	24
<i>hydroxyzine hcl</i>	59
<i>hydroxyzine pamoate</i>	20
HYZAAR	38
<i>ibuprofen</i>	11
IDAMYCIN PFS	25
<i>idarubicin hcl</i>	25
IFEX	25
<i>ifosfamide</i>	25
<i>ifosfamide/mesna</i>	25
ILARIS	53
IMDUR	39
<i>imipramine hcl</i>	19
<i>imipramine pamoate</i>	19
<i>imiquimod</i>	41
IMITREX	22
IMITREX STATDOSE REFILL	22
IMOVAX RABIES (H.D.C.V.)	53
IMURAN	52
INCIVEK	29
INCRELEX	46
<i>indapamide</i>	36
INDERAL LA	34
INDOCIN	8
<i>indomethacin</i>	11
<i>indomethacin er</i>	11
INFANRIX	53
INFERGEN	53
<i>infumorph 200</i>	9

Drug Name	Page #
<i>infumorph 500</i>	9
INNOHEP	32
INNOPRAN XL	34
INSPIRA	38
INTELENCE	29
INTRALIPID	55
INTRON-A	53
INTRON-A W/DILUENT	53
<i>introvale</i>	48
INTUNIV	33
INVANZ	14
INVEGA	28
INVEGA SUSTENNA	28
INVIRASE	29
IONOSOL-B/DEXTROSE 5%	62
IONOSOL-MB/DEXTROSE 5%	62
IONOSOL-T/DEXTROSE 5%	62
IOPIDINE	57
IPOL INACTIVATED IPV	53
<i>ipratropium bromide</i>	59
<i>ipratropium bromide</i>	60
<i>ipratropium bromide/albuterol sulfate</i>	59
IQUIX	15
IRESSA	26
<i>irinotecan</i>	25
ISENTRESS	29
ISMO	39
<i>isochron</i>	39
ISOLYTE-H/DEXTROSE 5%	62
<i>isolyte-m/dextrose 5%</i>	62
ISOLYTE-P/DEXTROSE 5%	62
ISOLYTE-S	62
ISOLYTE-S/DEXTROSE 5%	62
<i>isonarif</i>	23
ISONIAZID	23
ISOPTIN SR	35
ISOPTO CARPINE	57
ISORDIL TITRADOSE	39
<i>isosorbide dinitrate</i>	39
<i>isosorbide dinitrate er</i>	39
<i>isosorbide mononitrate</i>	39
<i>isosorbide mononitrate er</i>	39
<i>isotonic gentamicin</i>	11
<i>isovate</i>	45
<i>isradipine</i>	35
<i>istalol</i>	57
ISTODAX	25
<i>itraconazole</i>	21
IXEMPRA KIT	25
IXIARO	53
<i>jantoven</i>	32

Drug Name	Page #
JANUMET	31
JANUVIA	31
JE-VAX	53
JEVTANA	25
<i>jinteli</i>	48
<i>jolivette</i>	49
<i>junel 1.5/30</i>	49
<i>junel 1/20</i>	49
<i>junel fe 1.5/30</i>	49
<i>junel fe 1/20</i>	49
KADIAN	9
KALETRA	29
KANAMYCIN SULFATE	11
<i>kaon-cl-10</i>	62
KAPVAY	33
<i>kariva</i>	49
KAYEXALATE	20
<i>kcl 0.075%/d5w/nacl 0.45%</i>	62
<i>kcl 0.15%/d10w/nacl 0.2%</i>	62
<i>kcl 0.15%/d5w/lr</i>	62
<i>kcl 0.15%/d5w/nacl 0.2%</i>	62
<i>kcl 0.15%/d5w/nacl 0.225%</i>	62
<i>kcl 0.15%/d5w/nacl 0.9%</i>	62
KCL 0.224%/D5W/NACL 0.2%	62
<i>kcl 0.3%/d5w/lr iv lac ring</i>	62
<i>kcl 0.3%/d5w/nacl 0.2%</i>	62
<i>kcl 0.3%/d5w/nacl 0.45%</i>	62
<i>kcl 0.3%/d5w/nacl 0.9%</i>	62
KEFLEX	13
<i>kelnor 1/35</i>	49
KENALOG	45
KEPIVANCE	40
KEPPRA	16
KEPPRA XR	16
KERLONE	34
KETEK	15
<i>ketoconazole</i>	21
<i>ketoprofen</i>	11
<i>ketoprofen er</i>	11
KETOROLAC TROMETHAMINE	8
<i>ketorolac tromethamine</i>	11
<i>ketorolac tromethamine</i>	57
KINERET	53
<i>kionex</i>	20
KLARON	41
<i>klor-con 10</i>	62
<i>klor-con 8</i>	62
KLOR-CON M15	62
<i>klor-con m20</i>	63
KOMBIGLYZE XR	31
KRISTALOSE	42

Drug Name	Page #
K-TABS	62
<i>kuric</i>	21
KUVAN	41
KYTRIL	20
<i>labetalol hcl</i>	34
LAC-HYDRIN	41
<i>laclotion</i>	41
LACRISERT	55
<i>lactated ringers</i>	63
<i>lactated ringers irrigation</i>	55
LACTATED RINGERS VIAFLEX	63
<i>lactulose</i>	42
LAMICTAL	17
LAMICTAL CHEWABLE DISPERSIBLE	17
LAMICTAL ODT	17
LAMICTAL STARTER/NOT TAKING	30
CARBAMAZEPINE	
LAMICTAL STARTER/TAKING	17
CARBAMAZEPINE/NOT TAKING	
VALPROATE	
LAMICTAL STARTER/TAKING	17
VALPROATE	
LAMICTAL XR	17
LAMISIL	21
<i>lamotrigine</i>	17
LANOXIN	36
<i>lansoprazole</i>	43
LANTUS	32
LANTUS SOLOSTAR	32
LASIX	36
<i>latanoprost</i>	58
LATUDA	28
<i>leena</i>	49
<i>leflunomide</i>	53
LESCOL	37
LESCOL XL	37
<i>lessina-28</i>	49
LETAIRIS	60
<i>leucovorin calcium</i>	63
LEUKERAN	23
LEUKINE	32
<i>leuprolide acetate</i>	51
LEUSTATIN	24
<i>levabuterol</i>	60
LEVAQUIN	15
<i>levatol</i>	34
LEVEMIR	32
LEVEMIR FLEXPEN	32
<i>levetiracetam</i>	16
<i>levobunolol hcl</i>	57
<i>levocarnitine</i>	55

Drug Name	Page #
<i>levocetirizine dihydrochloride</i>	59
<i>levofloxacin</i>	15
<i>levofloxacin in d5w</i>	15
<i>levora 0.15/30-28</i>	49
<i>levorphanol tartrate</i>	9
LEVOTHROID	50
<i>levothyroxine sodium</i>	50
<i>levoxyl</i>	50
LEXAPRO	19
LEXIVA	29
LIALDA	54
<i>lidocaine</i>	10
<i>lidocaine hcl</i>	10
<i>lidocaine hcl jelly</i>	10
<i>lidocaine viscous</i>	10
<i>lidocaine/prilocaine</i>	10
LIDODERM	10
LINCOCIN	12
<i>lindane</i>	26
<i>liothyronine sodium</i>	50
LIPITOR	37
LIPOFEN	37
LIPOSYN II	55
LIPOSYN III	55
<i>lisinopril</i>	38
<i>lisinopril/hydrochlorothiazide</i>	38
<i>lithium carbonate</i>	30
<i>lithium carbonate er</i>	30
<i>lithium citrate</i>	30
LITHOBID	30
LIVALO	37
LO LOESTRIN FE	48
LO/OVRAL-28	48
LOCOID	45
LOCOID LIPOCREAM	45
LODOSYN	27
LOESTRIN 1.5/30-21	48
LOESTRIN 1/20-21	48
LOESTRIN 24 FE	48
LOESTRIN FE 1.5/30	48
LOESTRIN FE 1/20	48
LOFIBRA	37
LOKARA	45
LOMOTIL	42
<i>lonox</i>	42
<i>loperamide hcl</i>	42
LOPID	37
LOPRESSOR	34
LOPRESSOR HCT	34
LOPROX	21
LOPROX SHAMPOO	21

Drug Name	Page #
<i>loratadine</i>	65
<i>loratadine-d 24hr</i>	65
LORCET 10/650	9
LORCET PLUS	9
LORTAB	9
<i>losartan potassium</i>	38
<i>losartan potassium/hydrochlorothiazide</i>	38
LOSEASONIQUE	48
LOTEMAX	57
LOTENSIN	38
LOTENSIN HCT	38
LOTREL	35
LOTREL	38
LOTRISONE	21
LOTRONEX	43
<i>lovastatin</i>	37
LOVAZA	37
LOVENOX	32
<i>low-ogestrel</i>	49
<i>loxapine succinate</i>	28
LOXITANE	28
LUFYLLIN	59
LUMIGAN	58
LUMIZYME	41
LUNESTA	60
LUPRON DEPOT	51
LUPRON DEPOT-PED	51
<i>lutea</i>	49
LUVOX CR	19
LUXIQ	45
LYBREL	48
LYRICA	16
LYSODREN	51
LYSTEDA	33
MACROBID	12
MACRODANTIN	12
MAGNACET	9
MAGNESIUM SULFATE	63
<i>magnesium sulfate in d5w</i>	63
MALARONE	26
MALATHION	27
<i>maprotiline hcl</i>	19
<i>margesic-h</i>	9
MARINOL	20
MARPLAN	18
MATULANE	23
<i>matzim la</i>	35
MAVIK	38
MAXAIR AUTOHALER	60
MAXALT	22
MAXALT-MLT	22

Drug Name	Page #
MAXIDEX	57
MAXIDONE	9
MAXIPIME	13
MAXITROL	57
MAXZIDE	36
<i>maxzide-25</i>	36
<i>mebendazole</i>	26
<i>meclizine hcl</i>	59
<i>meclofenamate sodium</i>	11
MEDROL	45
MEDROL DOSEPAK	45
<i>medroxyprogesterone acetate</i>	49
<i>mefloquine hcl</i>	26
MEGACE ES	49
MEGACE ORAL	49
<i>megestrol acetate</i>	49
<i>meloxicam</i>	11
<i>melphalan hydrochloride</i>	23
MENACTRA	53
MENEST	48
MENOMUNE-A/C/Y/W-135	53
MENOSTAR	48
<i>mentax</i>	21
MENVEO	53
<i>meperidine hcl</i>	9
<i>meprobamate</i>	30
MEPRON	26
<i>mercaptopurine</i>	24
MERREM	14
MERUVAX II W/DILUENT 10 DOSE	53
<i>mesalamine</i>	54
<i>mesna</i>	25
MESNEX	25
MESTINON	23
MESTINON TIMESPAN	23
METADATE CD	39
<i>metadate er</i>	39
METAGLIP	31
<i>metaproterenol sulfate</i>	60
<i>metaxalone</i>	61
<i>metformin hcl</i>	31
<i>metformin hcl er</i>	31
<i>methadone hcl</i>	9
<i>methadose</i>	9
<i>methamphetamine hcl</i>	39
<i>methazolamide</i>	57
<i>methenamine hippurate</i>	12
METHERGINE	46
<i>methimazole</i>	51
<i>methitest</i>	47
<i>methocarbamol</i>	61

Drug Name	Page #
<i>methotrexate</i>	52
<i>methotrexate sodium</i>	52
<i>methscopolamine bromide</i>	42
<i>methyclothiazide</i>	36
METHYLDOPA	33
<i>methyldopa/hydrochlorothiazide</i>	33
METHYLDOPATE HCL	33
<i>methylergonovine maleate</i>	55
METHYLIN	39
<i>methylin er</i>	39
<i>methylphenidate hcl</i>	40
<i>methylphenidate hcl sr</i>	40
<i>methylphenidate hydrochloride</i>	40
<i>methylprednisolone</i>	45
<i>methylprednisolone acetate</i>	46
<i>methylprednisolone sodiumsuccinate</i>	46
<i>metipranolol</i>	57
<i>metoclopramide hcl</i>	20
<i>metoclopramide hcl</i>	42
<i>metolazone</i>	36
<i>metoprolol succinate er</i>	34
<i>metoprolol tartrate</i>	34
<i>metoprolol/hydrochlorothiazide</i>	34
METOSOLV ODT	20
METROCREAM	12
METROGEL	12
<i>metrogel-vaginal</i>	12
METROLOTION	12
<i>metronidazole</i>	12
<i>metronidazole in nacl 0.79%</i>	12
<i>metronidazole vaginal</i>	12
MEVACOR	37
<i>mexiletine hcl</i>	34
MIACALCIN	54
MICARDIS	38
MICARDIS HCT	38
<i>miconazole 3</i>	21
<i>microgestin 1.5/30</i>	49
<i>microgestin 1/20</i>	49
<i>microgestin fe</i>	49
<i>microgestin fe 1.5/30</i>	49
MICROZIDE	36
<i>midodrine hcl</i>	33
<i>migergot</i>	22
MIGRANAL	22
<i>millipred</i>	46
MILLIPRED	54
MINIPRESS	33
MINITRAN	39
MINOCIN	16
<i>minocycline hcl</i>	16

Drug Name	Page #
<i>minocycline hcl er</i>	16
<i>minoxidil</i>	39
MIRAPEX	27
MIRAPEX ER	27
<i>mirtazapine</i>	18
<i>mirtazapine odt</i>	18
<i>misoprostol</i>	43
<i>mitomycin</i>	25
<i>mitoxantrone hcl</i>	25
M-M-R II W/DILUENT 10 DOSE	53
MOBIC	8
MODICON-28	48
<i>moexipril hcl</i>	38
<i>moexipril/hydrochlorothiazide</i>	38
<i>mometasone furoate</i>	46
MONODOX	16
MONOKET	39
<i>mononessa</i>	49
MONOPRIL	38
MONUROL	12
<i>morphine sulfate</i>	9
<i>morphine sulfate er</i>	9
MOTOFEN	42
MOVIPREP	42
MOXATAG	14
MOXEZA	15
MOZOBIL	33
MS CONTIN	9
MULTAQ	34
<i>mupirocin</i>	12
MUSTARGEN	23
MYAMBUTOL	23
MYCAMINE	21
MYCOBUTIN	23
<i>mycophenolate mofetil</i>	52
<i>mydral</i>	55
MYDRIACYL	55
MYFORTIC	52
MYOZYME	42
MYSOLINE	17
MYTELASE	23
<i>nabumetone</i>	11
<i>nadolol</i>	34
<i>nadolol/bendroflumethiazide</i>	34
<i>nafcillin sodium</i>	14
NAFTIN	21
NAGLAZYME	42
<i>nalbuphine hcl</i>	9
NALFON	11
NALLPEN/DEXTROSE	14
<i>naloxone hcl</i>	20

Drug Name	Page #
<i>naltrexone hcl</i>	20
NAMENDA	18
NAMENDA TITRATION PAK	18
<i>naphazoline hcl</i>	56
NAPRELAN	8
NAPRELAN	11
NAPROSYN	8
<i>naproxen</i>	8
<i>naproxen</i>	11
<i>naproxen dr</i>	11
<i>naproxen sodium</i>	11
NARDIL	18
NASACORT AQ	58
NASONEX	60
NATACYN	56
<i>nateglinide</i>	31
NAVANE	28
NEBUPENT	26
<i>necon 0.5/35-28</i>	49
<i>necon 1/35-28</i>	49
<i>necon 1/50-28</i>	49
<i>necon 10/11-28</i>	49
<i>necon 7/7/7</i>	49
<i>nefazodone hcl</i>	18
<i>neo-fradin</i>	11
<i>neomycin sulfate</i>	11
<i>neomycin/bacitracin/polymyxin</i>	12
<i>neomycin/polymyxin b sulfates</i>	12
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	56
<i>neomycin/polymyxin/dexamethasone</i>	57
<i>neomycin/polymyxin/gramicidin</i>	56
<i>neomycin/polymyxin/hc</i>	58
<i>neomycin/polymyxin/hydrocortisone</i>	57
<i>neomycin/polymyxin/hydrocortisone</i>	58
NEORAL	52
NEOSPORIN	12
NEPHRAMINE	63
NEULASTA	32
NEUMEGA	32
NEUPOGEN	32
NEURONTIN	17
NEUTREXIN	12
NEVANAC	57
NEXAVAR	26
NEXIUM	43
NEXIUM I.V.	43
<i>niacor</i>	37
NIASPAN	37
NICARDIPINE HCL	35
NICOTROL INHALER	20

Drug Name	Page #
NICOTROL NS	20
<i>nifediac cc</i>	35
<i>nifedical xl</i>	35
<i>nifedipine</i>	35
<i>nifedipine er</i>	35
NILANDRON	51
<i>nimodipine</i>	35
NIPENT	24
<i>nisoldipine</i>	35
<i>nisoldipine er</i>	35
NITRO-BID	39
NITRO-DUR	39
<i>nitrofurantoin macrocrystalline</i>	12
<i>nitrofurantoin monohydrate</i>	12
<i>nitroglycerin</i>	39
<i>nitroglycerin transdermal</i>	39
NITROLINGUAL PUMPSPRAY	39
NITROSTAT	39
<i>nizatidine</i>	43
NIZORAL	21
<i>nora-be</i>	49
NORCO	9
NORDETTE-28	48
NORDITROPIN FLEXPEN	46
NORDITROPIN NORDIFLEX PEN	47
<i>norethindrone acetate</i>	50
NORFLEX	61
NORINYL 1+35	48
NORITATE	12
<i>normosol-m in d5w</i>	63
NORMOSOL-R	63
<i>normosol-r in d5w</i>	63
NOROXIN	15
NORPACE	34
NORPACE CR	34
NORPRAMIN	19
NOR-QD	49
<i>nortrel 0.5/35 (28)</i>	50
<i>nortrel 1/35 (21)</i>	50
<i>nortrel 1/35 (28)</i>	50
<i>nortrel 7/7/7</i>	50
<i>nortriptyline hcl</i>	19
NORVASC	35
NORVIR	29
<i>novamine</i>	63
NOVANTRONE	25
NOVOLIN 70/30	32
NOVOLIN N	32
NOVOLIN R	32
NOVOLOG	32
NOVOLOG FLEXPEN	32

Drug Name	Page #
NOVOLOG MIX 70/30	32
NOVOLOG MIX 70/30 PREFILLED	32
FLEXPEN	
NOXAFIL	22
NUCYNTA	9
NUEDEXTA	40
NULOJIX	52
NULYTELY/FLAVOR PACKS	42
NUTROPIN	47
NUTROPIN AQ	47
NUTROPIN AQ PEN	47
NUVARING	50
NUVIGIL	40
NYAMYC	22
<i>nystatin</i>	22
<i>nystatin/triamcinolone</i>	22
<i>nystop</i>	22
<i>ocella</i>	48
<i>octreotide acetate</i>	51
OCUFEN	57
OCUFLOX	15
<i>ofloxacin</i>	15
<i>ofloxacin</i>	56
OGEN	48
<i>ogestrel</i>	50
OLEPTRO	18
<i>olux-e</i>	46
OMEPRAZOLE	43
<i>omeprazole</i>	65
OMNARIS	58
OMNICEF	13
OMNIPRED	57
OMNITROPE	47
ONCASPAR	25
<i>ondansetron hcl</i>	20
<i>ondansetron odt</i>	20
ONGLYZA	31
ONSOLIS	9
ONTAK	25
OPANA	9
OPANA ER	9
OPTIPRANOLOL	57
OPTIVAR	56
ORACEA	16
ORAMORPH SR	9
ORAP	28
ORAPRED	46
ORAPRED ODT	46
ORAVIG	22
ORENCIA	52
ORFADIN	42

Drug Name	Page #
<i>orphenadrine citrate</i>	61
<i>orphenadrine citrate er</i>	61
<i>orphenadrine compound ds</i>	61
<i>orphenadrine/asa/caffeine</i>	61
<i>orsythia</i>	48
ORTHO EVRA	50
ORTHO MICRONOR	50
ORTHO TRI-CYCLEN LO	48
ORTHO-CEPT	48
ORTHOCLONE OKT3	52
ORTHO-CYCLEN	48
<i>ortho-est</i>	48
ORTHO-NOVUM 7/7/7-28	48
OSMOPREP	42
OVCON-35	48
OVCON-50 28	48
OVIDE	27
OXACILLIN SODIUM	14
<i>oxaliplatin</i>	25
OXANDRIN	47
<i>oxandrolone</i>	47
<i>oxaprozin</i>	11
<i>oxcarbazepine</i>	17
OXISTAT	22
OXSORALEN	41
OXSORALEN ULTRA	41
<i>oxybutynin chloride</i>	44
<i>oxybutynin chloride er</i>	44
<i>oxycodone hcl</i>	9
<i>oxycodone/acetaminophen</i>	9
<i>oxycodone/aspirin</i>	9
OXYCODONE/IBUPROFEN	9
OXYCONTIN	9
OXYTROL	44
PACERONE	34
<i>paclitaxel</i>	25
PALGIC	59
PAMELOR	19
PAMIDRONATE DISODIUM	55
PAMINE	42
PAMINE FORTE	42
PANCREAZE	42
PANDEL	46
PANLOR DC	9
PANRETIN	26
<i>pantoprazole sodium</i>	43
PARAFON FORTE DSC	61
<i>parcaine</i>	56
PARCOPA	27
PARLODEL	51
PARNATE	18

Drug Name	Page #
<i>paromomycin sulfate</i>	11
<i>paroxetine hcl</i>	19
<i>paroxetine hcl er</i>	19
PASER	23
PATADAY	56
PATANASE	56
PATANOL	56
PAXIL	19
PAXIL CR	19
PCE	15
PEDIAPRED	46
PEDIARIX	53
<i>pedi-dri</i>	22
PEDVAX HIB	53
PEGANONE	17
PEGASYS	53
PEG-INTRON	53
PEG-INTRON REDIPEN	53
PEG-INTRON REDIPEN PAK 4	53
<i>penicillin g potassium</i>	14
<i>penicillin g potassium in iso-osmotic dextrose</i>	14
PENICILLIN G PROCAINE	14
<i>penicillin g sodium</i>	14
<i>penicillin v potassium</i>	14
PENLAC NAIL LACQUER	22
PENNSAID	8
<i>pentam 300</i>	26
PENTASA	54
<i>pentazocine/acetaminophen</i>	9
<i>pentazocine/naloxone hcl</i>	9
<i>pentopak</i>	55
<i>pentostatin</i>	25
<i>pentoxifylline er</i>	55
PEPCID	43
PEPCID I.V.	43
PEPCID PREMIXED	43
PERCOCET	9
PERCODAN	9
PERFOROMIST	60
<i>perindopril erbumine</i>	38
<i>periogard</i>	40
PERIOSTAT	16
<i>permethrin</i>	27
<i>perphenazine</i>	28
<i>perphenazine/amitriptyline</i>	19
PERSANTINE	33
PEXEVA	19
PFIZERPEN-G	14
<i>phenadoz</i>	20
<i>phenelzine sulfate</i>	18

Drug Name	Page #
PHENERGAN	59
PHENYTEK	17
<i>phenytoin</i>	17
<i>phenytoin sodium</i>	17
<i>phenytoin sodium extended</i>	17
PHISOHEX	12
PHOSLO	44
PHOSLYRA	63
PHOSPHOLINE IODIDE	57
PHOTOFRIN	25
<i>physiolyte</i>	63
<i>physiosol irrigation</i>	63
<i>pilocarpine hcl</i>	40
<i>pilocarpine hydrochloride</i>	40
PILOPINE HS	57
<i>pindolol</i>	34
PIPERACILLIN SODIUM	14
<i>piperacillin sodium/tazobactam sodium</i>	14
<i>piroxicam</i>	11
PLAN B	50
PLAQUENIL	26
PLASMA-LYTE 56	63
PLASMA-LYTE A	63
PLASMA-LYTE-148	63
PLASMA-LYTE-148/D5W	63
PLASMA-LYTE-56/D5W	63
<i>plasma-lyte-r</i>	63
PLAVIX	33
PLETAL	33
<i>podofilox</i>	41
<i>polycin b</i>	56
<i>poly-dex</i>	57
<i>polyethylene glycol 3350</i>	43
POLYMYXIN B SULFATE	12
POLY-PRED	57
POLYTRIM	12
PONSTEL	8
<i>portia-28</i>	50
<i>potassium chloride</i>	63
<i>potassium chloride 0.075%/d5w/nacl 0.225%</i>	63
POTASSIUM CHLORIDE 0.15% /NACL 0.45% VIAFLEX	63
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	63
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	63
<i>potassium chloride 0.15% nacl 0.9%</i>	63
<i>potassium chloride 0.15%/d5w</i>	63
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	63

Drug Name	Page #
<i>potassium chloride 0.224%/d5w</i>	63
<i>potassium chloride 0.224%d5w/nacl</i>	63
0.33%	
<i>potassium chloride 0.3%/ nacl 0.9%</i>	63
<i>potassium chloride 0.3%/d5w</i>	63
<i>potassium chloride er</i>	63
<i>potassium chloride sr</i>	63
<i>potassium citrate extended-release</i>	63
PRADAXA	32
<i>pramipexole dihydrochloride</i>	27
PRANDIMET	31
PRANDIN	31
PRAVACHOL	37
<i>pravastatin sodium</i>	37
<i>prazosin hcl</i>	33
PRECOSE	31
PRED FORTE	57
PRED MILD	57
PRED-G	57
PRED-G S.O.P.	57
<i>prednicarbate</i>	46
<i>prednisolone acetate</i>	57
<i>prednisolone sodium phosphate</i>	46
<i>prednisolone sodium phosphate</i>	57
<i>prednisone</i>	46
PREDNISON INTENSOL	46
PREFEST	50
PRELONE	46
PREMARIN	48
PREMARIN W/APPLICATOR	48
PREMASOL	63
PREMPHASE	50
PREMPRO	50
<i>prenatabs obn</i>	64
PREVACID	43
<i>prevacid 24hr</i>	65
PREVACID SOLUTAB	43
<i>prevalite</i>	37
<i>previfem</i>	50
PREVPAC	14
PREZISTA	29
PRIFTIN	23
PRILOSEC	43
<i>prilosec otc</i>	65
<i>primaquine phosphate</i>	26
PRIMAXIN I.M.	14
PRIMAXIN IV	14
<i>primidone</i>	17
PRIMSOL	12
PRINIVIL	38
PRINZIDE	38

Drug Name	Page #
PRISTIQ	19
PRIVIGEN	52
PROAIR HFA	60
PROAMATINE	33
<i>probenecid</i>	22
<i>probenecid/colchicine</i>	22
<i>procainamide hcl</i>	34
<i>procalamine</i>	64
PROCARDIA	35
PROCARDIA XL	36
PROCHIEVE	50
<i>prochlorperazine</i>	20
<i>prochlorperazine edisylate</i>	20
<i>prochlorperazine maleate</i>	20
PROCRIT	32
PROCTOCORT	46
PROCTOCREAM HC	46
<i>procto-pak</i>	46
<i>proctosol hc</i>	46
<i>proctozone-hc</i>	46
PROGLYCEM	31
PROGRAF	52
PROLASTIN	60
PROLASTIN-C	60
PROLEUKIN	25
PROMACTA	33
<i>promethazine hcl</i>	20
PROMETHAZINE VC	59
<i>promethegan</i>	20
PROMETRIUM	50
<i>propafenone hcl</i>	34
<i>propafenone hcl er</i>	34
<i>propantheline bromide</i>	42
<i>proparacaine hcl</i>	56
PROPINE	58
<i>propranolol hcl</i>	34
<i>propranolol hcl er</i>	34
<i>propranolol/hydrochlorothiazide</i>	35
<i>propylthiouracil</i>	51
PROQUAD	53
PROQUIN XR	15
PROSCAR	44
PROSOL	64
PROTONIX	43
PROTOPIC	41
<i>protriptyline hcl</i>	19
PROVENTIL HFA	60
PROVERA	50
PROVIGIL	40
PROZAC	19
PROZAC WEEKLY	19

Drug Name	Page #
PULMICORT	58
PULMICORT FLEXHALER	58
PULMOZYME	42
PURINETHOL	24
PYLERA	12
<i>pyrazinamide</i>	23
<i>pyridostigmine bromide</i>	23
<i>qualaquin</i>	26
<i>quasense</i>	50
QUESTRAN	37
<i>quinapril hcl</i>	38
<i>quinapril/hydrochlorothiazide</i>	38
QUINIDINE GLUCONATE	34
<i>quinidine gluconate er</i>	34
<i>quinidine sulfate</i>	34
<i>quinidine sulfate er</i>	34
QUIXIN	15
QVAR	58
RABAVERT	53
<i>ramipril</i>	38
RANEXA	36
RANITIDINE HCL	43
RAPAFLO	44
RAPAMUNE	52
RAPIFLUX	19
RAZADYNE	18
RAZADYNE ER	18
REBETOL	30
REBIF	53
REBIF TITRATION PACK	53
<i>reclipsen</i>	50
RECOMBIVAX HB	53
REGLAN	21
<i>regonol</i>	23
REGRANEX	41
RELENZA DISKHALER	29
RELISTOR	20
RELPAX	22
REMERON	18
REMERON SOLTAB	18
REMICADE	52
REMODULIN	39
RENAGEL	44
RENAMIN	64
REVELA	44
REPREXAIN	9
REQUIP	27
REQUIP XL	27
RESCRIPTOR	29
<i>reserpine</i>	33
RESTASIS	56

Drug Name	Page #
RETIN-A	41
RETIN-A MICRO	41
RETROVIR	29
RETROVIR IV INFUSION	29
REVATIO	60
REVIA	20
REVLIMID	24
REYATAZ	29
RHEUMATREX	52
RHINOCORT AQUA	58
RIBAPAK	30
<i>ribasphere</i>	30
<i>ribavirin</i>	30
RIDAURA	53
RIFADIN	23
RIFAMATE	23
<i>rifampin</i>	23
RIFATER	23
RILUTEK	40
<i>rimantadine hcl</i>	30
<i>ringers injection</i>	64
<i>ringers irrigation</i>	64
RIOMET	31
RISPERDAL	28
RISPERDAL CONSTA	28
RISPERDAL M-TAB	28
<i>risperidone</i>	28
<i>risperidone odt</i>	28
RITALIN	40
RITALIN LA	40
RITALIN SR	40
RITUXAN	26
<i>rivastigmine tartrate</i>	18
ROBAXIN	61
ROBINUL	42
ROBINUL FORTE	42
ROCALTROL	55
ROCEPHIN	13
<i>romycin</i>	56
<i>ropinirole hcl</i>	27
ROTATEQ	53
ROWASA	54
ROXICET	10
ROXICODONE	10
ROZEREM	60
RYTHMOL	34
RYTHMOL SR	34
RYZOLT	10
SABRIL	17
SAFYRAL	48
SAIZEN	47

Drug Name	Page #
SAIZEN CLICK.EASY	47
SAMSCA	36
SANCTURA XR	44
SANCUSO	21
SANDIMMUNE	52
SANDOSTATIN	51
SANDOSTATIN LAR DEPOT	51
SANTYL	41
SAPHRIS	28
SARAFEM	19
SAVELLA	19
SAVELLA TITRATION PACK	19
SEASONALE	50
SEASONIQUE	50
SECTRAL	35
<i>selegiline hcl</i>	27
<i>selenium sulfide</i>	22
SELFEMRA	19
SELSUN SHAMPOO	41
SELZENTRY	29
SEMPREX-D	59
SENSIPAR	51
SEPTRA	16
SEPTRA DS	16
SEREVENT DISKUS	60
SEROMYCIN	23
SEROQUEL	28
SEROQUEL XR	28
SEROSTIM	47
<i>sertraline hcl</i>	19
SILENOR	19
SILVADENE	13
<i>silver sulfadiazine</i>	13
SIMCOR	37
SIMPONI	52
SIMULECT	52
<i>simvastatin</i>	37
SINEMET	27
SINEMET CR	27
SINGULAIR	59
SKELAXIN	61
SKELID	55
<i>sodium bicarbonate</i>	64
<i>sodium chloride</i>	64
<i>sodium chloride 0.9%</i>	64
<i>sodium chloride 0.45% viaflex</i>	64
SODIUM EDECRIN	36
<i>sodium fluoride</i>	64
<i>sodium lactate</i>	64
<i>sodium polystyrene sulfonate</i>	20
<i>sodium sulfacetamide</i>	16

Drug Name	Page #
SOLARAZE	41
<i>solia</i>	50
SOLODYN	16
SOLU-CORTEF	46
SOLU-MEDROL	46
SOMA	61
SOMATULINE DEPOT	51
SOMAVERT	51
SONATA	60
SORIATANE	41
<i>sorine</i>	34
<i>sotalol hcl</i>	34
SOTALOL HYDROCHLORIDE	34
<i>sotret</i>	41
SPECTRACEF	13
SPIRIVA HANDIHALER	59
<i>spironolactone</i>	38
<i>spironolactone/hydrochlorothiazide</i>	38
SPORANOX	22
SPORANOX PULSEPAK	22
<i>sprintec 28</i>	50
SPRYCEL	26
<i>sronyx</i>	50
<i>ssd</i>	13
STADOL	10
<i>stagesic</i>	10
STALEVO 100	27
STALEVO 125	27
STALEVO 150	27
STALEVO 200	27
STALEVO 50	27
STALEVO 75	27
STARLIX	31
<i>stavudine</i>	29
STAVZOR	17
STELARA	41
<i>sterile water irrigation</i>	55
STIMATE	47
STRATTERA	40
<i>streptomycin sulfate</i>	11
<i>striant</i>	47
STROMECTOL	26
SUBOXONE	10
SUBOXONE	20
SUBUTEX	10
<i>sucralfate</i>	43
SULAR	36
<i>sulfacetamide sodium/prednisolone</i>	57
<i>sodium phosphate</i>	
<i>sulfadiazine</i>	16
<i>sulfamethoxazole/trimethoprim</i>	16

Drug Name	Page #
<i>sulfamethoxazole/trimethoprim ds</i>	16
SULFAMYLON	13
<i>sulfasalazine</i>	54
<i>sulfatrim</i>	16
<i>sulfazine</i>	54
<i>sulfazine ec</i>	54
<i>sulindac</i>	11
<i>sumatriptan succinate</i>	23
SUPRAX	13
SURMONTIL	19
SUSTIVA	29
SUTENT	26
SYLATRON	25
SYMBICORT	58
SYMBYAX	19
SYMBYAX	28
SYMLIN	31
SYMLINPEN 120	31
SYMLINPEN 60	31
SYNAGIS	53
<i>synalgos-dc</i>	10
SYNAREL	51
SYNERA	10
SYNERCID	13
SYNTHROID	50
SYPRINE	20
TABLOID	24
TACLONEX	41
TACLONEX SCALP	41
<i>tacrolimus</i>	52
TALACEN	10
TALWIN	10
TALWIN NX	10
TAMBOCOR	34
TAMIFLU	30
<i>tamoxifen citrate</i>	24
<i>tamsulosin hcl</i>	44
TAPAZOLE	51
TARCEVA	26
TARGRETIN	26
TARKA	38
TASIGNA	26
TASMAR	27
TAXOTERE	25
<i>tazicef</i>	13
TAZORAC	41
<i>taztia xt</i>	36
TEFLARO	13
TEGRETOL	17
TEGRETOL-XR	17
TEKTURNA	38

Drug Name	Page #
TEKTURNA HCT	38
TEMOVATE	46
TENEX	33
TENORETIC 100	35
TENORETIC 50	35
TENORMIN	35
TERAZOL 3	22
TERAZOL 7	22
<i>terazosin hcl</i>	44
<i>terbinafine hcl</i>	22
<i>terbutaline sulfate</i>	60
<i>terconazole</i>	22
TESTIM	47
<i>testosterone cypionate</i>	47
<i>testosterone enanthate</i>	47
TESTRED	47
TETANUS TOXOID ADSORBED	53
<i>tetanus/diphtheria toxoids-adsorbed adult</i>	53
<i>tetracycline hcl</i>	16
TEVETEN	38
TEVETEN HCT	38
TEV-TROPIN	47
THALITONE	36
THALOMID	24
THEO-24	59
<i>theochron</i>	59
<i>theophylline er</i>	59
<i>theophylline er</i>	60
<i>thermazene</i>	13
<i>thioridazine hcl</i>	28
<i>thiotepa</i>	23
<i>thiothixene</i>	28
THYMOGLOBULIN	52
THYROLAR-1	50
THYROLAR-1/4	50
THYROLAR-2	51
THYROLAR-3	51
TIAZAC	36
<i>ticlopidine hcl</i>	33
TIGAN	21
TIKOSYN	34
TIMENTIN	14
<i>timolol maleate</i>	35
<i>timolol maleate</i>	58
<i>timolol maleate ophthalmic gel forming</i>	58
TIMOPTIC OCUDOSE	58
TIMOPTIC-XE	58
<i>tis-u-sol</i>	64
<i>tizanidine hcl</i>	28
TOBI	11

Drug Name	Page #	Drug Name	Page #
TOBRADEX	57	<i>triamcinolone in orabase</i>	40
TOBRADEX ST	57	<i>triamterene/hydrochlorothiazide</i>	36
<i>tobramycin sulfate</i>	11	TRICOR	37
<i>tobramycin sulfate/sodium chloride</i>	11	<i>triderm</i>	46
<i>tobramycin/dexamethasone</i>	57	<i>trifluoperazine hcl</i>	28
<i>tobrasol</i>	56	<i>trifluridine</i>	56
TOBEX	11	TRIGLIDE	37
TOBEX	56	<i>trihexyphenidyl hcl</i>	27
TOFRANIL	19	TRIHIBIT	53
TOFRANIL-PM	19	<i>tri-legest fe</i>	48
<i>tolazamide</i>	31	TRILEPTAL	17
<i>tolbutamide</i>	31	TRILIPIX	37
<i>tolmetin sodium</i>	11	<i>trilyte</i>	43
TOPAMAX	17	TRIMETHOBENZAMIDE HCL	21
TOPAMAX SPRINKLE	17	<i>trimethoprim</i>	13
TOPICORT	46	<i>trimethoprim sulfate/polymyxin b sulfate</i>	56
TOPICORT LP	46	<i>trinessa</i>	50
<i>topiramate</i>	17	<i>tri-norinyl 28</i>	48
<i>toposar</i>	25	TRIPEDIA	53
<i>topotecan hcl</i>	25	<i>tri-previfem</i>	50
TOPROL XL	35	TRISENOX	25
TORISEL	25	<i>tri-sprintec</i>	50
<i>torseamide</i>	36	<i>trivora-28</i>	50
TOVIAZ	44	TRIZIVIR	29
<i>tpn electrolytes</i>	64	TROPHAMINE	64
TRACLEER	60	<i>tropicacyl</i>	56
<i>tramadol hcl</i>	10	<i>tropicamide</i>	56
<i>tramadol hcl er</i>	10	TRUSOPT	58
<i>tramadol hydrochloride/acetaminophen</i>	10	TRUVADA	29
TRANDATE	35	TWINJECT	60
<i>trandolapril</i>	38	TWINRIX	54
TRANSDERM-SCOP	21	TWYNSTA	36
<i>tranylcypramine sulfate</i>	18	TYGACIL	13
TRAVASOL	64	TYKERB	25
TRAVATAN Z	58	TYLENOL/CODEINE #3	10
<i>trazodone hcl</i>	18	TYLENOL/CODEINE #4	10
TREANDA	23	TYLOX	10
TRECTOR	23	TYPHIM VI	54
TRELSTAR DEPOT MIXJECT	51	TYSABRI	53
TRELSTAR LA MIXJECT	51	TYZEKA	30
TRELSTAR MIXJECT	51	TYZINE	60
TRENTAL	33	TYZINE PEDIATRIC NASAL DROPS	60
<i>tretinoin</i>	26	U-CORT	46
<i>tretinoin</i>	41	ULESFIA	27
TRETIN-X	41	ULORIC	22
TREXALL	52	ULTRACET	10
TREXIMET	23	ULTRAM ER	10
<i>triamcinolone acetonide</i>	46	ULTRAVATE	46
<i>triamcinolone acetonide</i>	58	UNASYN	14
TRIAMCINOLONE ACETONIDE IN ABSORBASE	46	UNASYN BULK PACK	14
		UNIPHYL	59

Drug Name	Page #
UNIRETIC	38
<i>unithroid</i>	51
UNIVASC	38
URECHOLINE	44
UROXATRAL	44
URSO 250	43
URSO FORTE	43
<i>ursodiol</i>	43
UVADEX	41
VAGIFEM	48
<i>valacyclovir hcl</i>	30
VALCYTE	28
<i>valproate sodium</i>	17
<i>valproic acid</i>	17
VALTREX	30
VALTURNA	39
VANCOCIN HCL	13
VANCOMYCIN HCL	13
<i>vandazole</i>	13
VANDETANIB	24
VANOS	46
VANTIN	13
VAQTA	54
VARIVAX	54
VASERETIC	39
VASOTEC	39
VECTIBIX	26
VECTICAL	41
VELCADE	25
<i>velivet</i>	50
VELTIN	41
<i>venlafaxine hcl</i>	18
<i>venlafaxine hcl er</i>	19
VENTAVIS	39
VENTOLIN HFA	60
VERAMYST	58
<i>verapamil hcl</i>	36
<i>verapamil hcl er</i>	34
<i>verapamil hcl er</i>	36
VERDESO	46
VEREGEN	41
VERELAN	36
VERELAN PM	36
VERIPRED 20	46
VESICARE	44
VEXOL	57
VFEND	22
VFEND IV	22
VIAGRA	44
VIBATIV	13
VIBRAMYCIN	16

Drug Name	Page #
VIBRATAB	16
VICODIN	10
VICODIN ES	10
<i>vicodin hp</i>	10
VICOPROFEN	10
<i>victoza</i>	31
VICTRELIS	29
VIDAZA	25
VIDEX EC	29
VIDEX PEDIATRIC	29
VIGAMOX	56
VIIBRYD	19
VIMOVO	8
VIMPAT	16
<i>vinblastine sulfate</i>	25
<i>vincasar pfs</i>	25
<i>vincristine sulfate</i>	25
<i>vinorelbine tartrate</i>	25
VIRACEPT	29
VIRAMUNE	29
VIRAZOLE	30
VIREAD	29
VIROPTIC	30
VISICOL	43
VISTARIL	21
VISTIDE	28
VIVACTIL	19
VIVAGLOBIN	52
VIVELLE-DOT	48
<i>vivitrol</i>	20
VOLTAREN	8
VOLTAREN	57
VOLTAREN-XR	8
VOSPIRE ER	60
VOTRIENT	24
VPRIV	42
VYTORIN	37
VYVANSE	39
<i>warfarin sodium</i>	32
WELCHOL	37
WELLBUTRIN	18
WELLBUTRIN SR	18
WELLBUTRIN XL	18
WESTCORT	46
XALATAN	58
XENAZINE	55
XGEVA	55
XIFAXAN	13
XODOL	10
XOLAIR	60
XOPENEX	60

Drug Name	Page #
XOPENEX HFA	60
XYLOCAINE	10
XYLOCAINE JELLY	10
XYREM	40
XYZAL	59
YASMIN 28	48
YAZ	48
<i>yf-vax</i>	54
<i>zaleplon</i>	60
<i>zamicet</i>	10
ZANAFLEX	28
ZANOSAR	23
ZANTAC	43
ZARONTIN	16
ZAROXOLYN	36
ZAVESCA	42
ZAZOLE	22
ZEBETA	35
ZEGERID	43
ZELAPAR	27
ZEMAIRA	60
ZEMPLAR	55
ZENPEP	42
<i>zeosa</i>	49
ZERIT	29
<i>zerlor</i>	10
ZESTORETIC	39
ZESTRIL	39
ZETIA	37
ZIAC	35
ZIAGEN	29
ZIANA	41
<i>zidovudine</i>	29
ZINACEF	14
ZINACEF IN ISO-OSMOTIC DEXTROSE	14
ZINACEF IN ISO-OSMOTIC DILUENT	14
ZINECARD	55
ZIPSOR	8
ZIRGAN	29
ZITHROMAX	15
ZITHROMAX TRI-PAK	15
ZITHROMAX Z-PAK	15
ZMAX	15
ZOCOR	37
ZOFRAN	21
ZOFRAN ODT	21
ZOLINZA	25
ZOLOFT	19
<i>zolpidem tartrate</i>	60
<i>zolpidem tartrate er</i>	60

Drug Name	Page #
ZOMETA	55
ZOMIG	23
ZOMIG ZMT	23
ZONALON	41
ZONEGRAN	16
<i>zonisamide</i>	17
ZORBTIVE	47
ZORTRESS	52
ZOSTAVAX	54
ZOSYN	14
<i>zovia 1/35e</i>	50
<i>zovia 1/50e</i>	50
ZOVIRAX	30
ZYBAN	20
ZYDONE	10
ZYFLO CR	59
ZYLET	57
ZYLOPRIM	22
ZYMAR	15
ZYMAXID	15
ZYPREXA	28
ZYPREXA ZYDIS	28
ZYTIGA	25
ZYVOX	13