

2008 Formulary

List of Covered Drugs

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

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

This document includes the 2008 TEAMStar Medicare Part D Prescription Drug Program complete formulary as of September 27, 2007. For an updated formulary, please visit our web site at www.teamstarpard.com or call Customer Service at 1-866-524-4173, weekdays between 8:00 am - 8:00 pm, EST/EDT. TTY/TDD (hearing impaired) users should call 1-866-524-4174.

What is the TEAMStar Medicare Part D Prescription Drug Program Formulary?

A formulary is a list of covered drugs selected by TEAMStar Medicare Part D Prescription Drug Program 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. TEAMStar Medicare Part D Prescription Drug Program will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a TEAMStar Medicare Part D Prescription Drug Program 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 2008 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2008 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or improve the safety of your drugs.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration 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 September 27, 2007. To get updated information about the drugs covered by TEAMStar Medicare Part D Prescription Drug Program, please visit our web site at www.teamstarpartd.com or call Customer Service at 1-866-524-4173, weekdays between 8:00 am - 8:00 pm, EST/EDT. TTY/TDD (hearing impaired) users should call 1-866-524-4174.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 35. 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?

TEAMStar Medicare Part D Prescription Drug Program covers both brand-name drugs and generic drugs. A generic drug has the same active-ingredient as the brand name drug. Generic drugs usually cost less than brand name drugs and are approved by the Food and Drug Administration (FDA).

Are there any other restrictions on coverage?

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

Prior Authorization:

TEAMStar Medicare Part D Prescription Drug Program requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from TEAMStar Medicare Part D Prescription Drug Program before you fill your prescriptions. If you don't get approval, TEAMStar Medicare Part D Prescription Drug Program may not cover the drug.

Quantity Limits:

For certain drugs, TEAMStar Medicare Part D Prescription Drug Program limits the amount of the drug that TEAMStar Medicare Part D Prescription Drug Program will cover. For example, TEAMStar Medicare Part D provides one tablet of *paroxetine hcl* (generic form of Paxil) per day. Most prescriptions will be dispensed for a total of 30 tablets per month.

Step Therapy:

In some cases, TEAMStar Medicare Part D Prescription Drug Program 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, TEAMStar Medicare Part D Prescription Drug Program may not cover drug B unless you try Drug A first. If Drug A does not work for you, TEAMStar Medicare Part D Prescription Drug Program 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 3.

You can ask TEAMStar Medicare Part D Prescription Drug Program to make an exception to these restrictions or limits. See the section, "How do I request an exception to the TEAMStar Medicare Part D Prescription Drug Programs formulary?" for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and ask if your drug is covered. You can contact Customer Service at 1-866-524-4173, weekdays between 8:00 am and 8:00 pm, EST/EDT. TTY/TDD users (hearing impaired) should call 1-866-524-4174. If you learn that TEAMStar Medicare Part D Prescription Drug Program does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by TEAMStar Medicare Part D Prescription Drug Program. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by TEAMStar Medicare Part D Prescription Drug Program.
- You can ask TEAMStar Medicare Part D Prescription Drug Program to make an exception and cover your drug. See below for information about how to request an exception.

NOTE: Due to a change in Medicare, most Medicare Drug Plans will no longer cover erectile dysfunction (ED) drugs like Viagra, Cialis, Levitra, and Caverject. Call your Medicare Drug Plan for more information.

For more information, you can contact Customer Service at 1-866-524-4173, between 8:00 am - 8:00 pm, EST/EDT. TTY/TDD users should call 1-866-524-4174.

How do I request an exception to the TEAMStar Medicare Part D Prescription Drug Program Formulary?

You can ask TEAMStar Medicare Part D Prescription Drug Program 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, TEAMStar Medicare Part D Prescription Drug Program limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. For example, if your drug is usually considered a Tier 3 drug, you can ask us to cover it as a Tier 2 instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in Tier 4.

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will cover up to two more refills, as necessary. After you have used all of your refills, we will not pay for those drugs.

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 discharged from a hospital to a long-term care facility or to your home outside of your first 90 days with the plan we will cover a transitional supply (also called an 'emergency supply') of a non-formulary prescription. You will receive an initial 30-day supply of the non-formulary drug, and two refills of 30 days each (unless the prescription is written for fewer days), during the transitional period after discharge.

For more information

For more detailed information about your TEAMStar Medicare Part D Prescription Drug Program, please review your Evidence of Coverage and other plan materials.

If you have questions about TEAMStar Medicare Part D Prescription Drug Program, please call Customer Service at 1-866-524-4173, weekdays between 8:00 am - 8:00 pm, EST/EDT. TTY/TDD (hearing impaired) users should call 1-866-524-4174. Or visit www.teamstarpartd.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 (hearing impaired) users should call 1-877-486-2048. Or, visit www.medicare.gov.

TEAMStar Medicare Part D Prescription Drug Program Formulary

The formulary that begins on page 3 provides coverage information about some of the drugs covered by TEAMStar Medicare Part D Prescription Drug Program. If you have trouble finding your drug in the list, turn to the Index that begins on page 35.

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

The information in the Requirements/Limits column tells you if TEAMStar Medicare Part D Prescription Drug Program has any special requirements for coverage of your drug.

The tier level refers to the level of coverage for each medication. The amount you pay at each tier level during your initial coverage period is explained below. You are responsible for paying these amounts for your medications until the total medication costs* reach \$2,510.

MONTHLY PREMIUM	SILVER \$30 ¹		PLATINUM \$63 ¹	
	RETAIL 30-Day Supply Co-payment	MAIL 90-Day Supply Co-payment	RETAIL 30-Day Supply Co-payment	MAIL 90-Day Supply Co-payment
Preferred Generics Tier 1	\$6	\$12	\$6**	\$12**
Preferred Brands Tier 2	\$26	\$52	\$15	\$30
Non-Preferred Brands and Generics Tier 3 and Tier 4	\$52	\$104	\$30	\$60

¹ Monthly premiums will be reduced to \$29 for the Silver plan and \$62 for the Platinum plan if you elect to pay premiums by monthly bank draft.

Note: Monthly premiums shown do not reflect any Medicare imposed penalties for late enrollment.

*Total medication costs mean your out-of-pocket costs plus the plan's costs for the drugs.

**We provide coverage under the Platinum Plan for preferred generics through the coverage gap. Please refer to our Summary of Benefits for more information about this coverage.

If you are not sure whether your drug is covered by TEAMStar Medicare Part D Prescription Drug Program, please call Customer Service at 1-866-524-4173, weekdays between 8:00 am - 8:00 pm, EST/EDT. TTY/TDD (hearing impaired) users should call 1-866-524-4174. Or visit our web site at www.teamstarpartd.com.

Commonly Prescribed Therapeutic Drug Categories

ANTIHISTAMINE DRUGS	3
Ethanolamine Derivatives – Allergy Drugs	3
Miscellaneous Derivatives – Allergy Drugs	3
Phenothiazine Derivatives – Nausea And Vomiting Drugs	3
Propylamine Derivatives – Allergy Drugs	3
Second Generation Antihistamines– Allergy Drugs	3
ANTI-INFECTIVE AGENTS	3
Adamantanes – Flu Drugs	3
Amebicides	3
Aminoglycosides – Antibiotics	3
Anthelmintics – Drugs to treat Worm Infections	4
Antimalarials – Malaria Drugs	4
Antiretrovirals – HIV Drugs	4
Antituberculosis Agents	4
Azoles – Antifungals	4
Cephalosporins – Antibiotics	5
Echinocandins – Antifungals	5
Interferons – Hepatitis Drugs	5
Macrolides – Antibiotics	5
Miscellaneous Antibacterials	6
Miscellaneous Antifungals	6
Miscellaneous Anti-Infectives	6
Miscellaneous Antimycobacterials – Drugs to treat Miscellaneous Infections	6
Miscellaneous Antiprotozoals	6
Miscellaneous Antivirals	6
Miscellaneous B-Lactams – Antibiotics	6
Monoclonal Antibodies – Respiratory Syncytial Virus Drugs	6
Neuraminidase Inhibitors – Flu Drugs	6
Nucleosides And Nucleotides – Herpes And Hepatitis Drugs	6
Penicillins – Antibiotics	7
Polyenes – Antifungals	7
Pyrimidines – Antifungals	7
Quinolones – Antibiotics	7
Sulfonamides (Systemic) – Antibiotics	7
Tetracyclines – Antibiotics	8
Urinary Anti-Infectives – Antibiotics	8
ANTINEOPLASTIC AGENTS	8
ANTITUSSIVES, EXPECTORANTS, & MUCOLYTICS	10
Antileukotrienes	10
Mast Cell Stabilizers	10
Mucolytic Agents	10
Respiratory Agents	10
AUTONOMIC DRUGS	10
Antimuscarinics/Antispasmodics – Miscellaneous Disorders	10
Antiparkinsonian Agents – Drugs To Treat Parkinson’s Disease	10
Bronchodilators, Combinations – Drugs To Treat Asthma/COPD	10
Miscellaneous Autonomic Drugs – Smoking Cessation Drugs	10
Parasympathomimetic (Cholinergic) Agents	10
Skeletal Muscle Relaxants – Drugs To Treat Muscle Spasms	11
Sympathomimetic (Adrenergic Blocking) Agents – Miscellaneous Disorders	11
Sympathomimetic (Adrenergic) Agents – Breathing Disorder Drugs	11
Vasopressors – Heart Regulation Drugs	11

BLOOD FORMATION AND COAGULATION - DRUGS TO TREAT BLOOD DISORDERS	11
Anticoagulants – Blood Thinners	11
Antihemorrhagic Agents – Drugs To Prevent Bleeding	11
Antiplatelet Agents – Blood Thinners	11
Hematopoietic Agents – Blood Formation Drugs	12
Hemorrhologic Agents – Blood Thinners	12
CARDIOVASCULAR DRUGS	12
Alpha-Adrenergic Blocking Agents – Blood Pressure Drugs	12
Angiotensin II Receptor Antagonists – Blood Pressure Drugs	12
Angiotensin-Converting Enzyme Inhibitors – Blood Pressure Drugs	12
Antiarrhythmic Agents – Heart Regulation Drugs	12
Beta-Adrenergic Blocking Agents– Blood Pressure And Heart Regulation Drugs	13
Bile Acid Sequestrants – Cholesterol Control Drugs	13
Carbonic Anhydrase Inhibitors	13
Cardiotonic Agents – Heart Regulation Drugs	13
Central Alpha-Agonists – Blood Pressure Drugs	13
Cholesterol Absorption Inhibitors – Cholesterol Control Drugs	14
Dihydropyridines – Blood Pressure Drugs	14
Direct Vasodilators – Blood Pressure Drugs	14
Fibric Acid Derivatives – Cholesterol Control Drugs	14
Mineralocorticoid (Aldosterone) Receptor Antagonists – Blood Pressure Drugs	14
Miscellaneous Antilipemic Agents – Cholesterol Control Drugs	14
Miscellaneous Calcium-Channel Blockers – Blood Pressure Drugs	14
Miscellaneous Cardiac Drugs – Chest Pain Drugs	15
Miscellaneous Vasodilating Agents – Pulmonary Hypertension Drugs	15
Nitrates And Nitrites – Chest Pain Drugs	15
Peripheral Adrenergic Inhibitors – Blood Pressure Drugs	15
Phosphodiesterase Inhibitors – Pulmonary Hypertension Drugs	15
CENTRAL NERVOUS SYSTEM AGENTS	15
Amphetamines – Stimulant Drugs	15
Anorexigenic Agents and Cerebral Stimulants	15
Antidepressants	15
Antimanic Agents – Mood Stabilizers	16
Antipsychotic Agents	16
Barbiturates (Anticonvulsants) – Seizure Control Drugs	16
Hydantoins – Seizure Control Drugs	16
Miscellaneous Analgesics – Pain Control Drugs	17
Miscellaneous Anorexigenic Agents And Cerebral Stimulants	17
Miscellaneous Anticonvulsants – Seizure Control Drugs	17
Miscellaneous Antimigraine Agents	17
Miscellaneous Anxiolytics, Sedatives, And Hypnotics – Drugs For Anxiety, Sedation, And Sleep	17
Miscellaneous Central Nervous System Agents	17
Nonsteroidal Anti-Inflammatory Agents	18
Opiate Agonists – Narcotic Pain Relievers	18

Commonly Prescribed Therapeutic Drug Categories

continued

Opiate Antagonists – Narcotic Pain Relievers	19	Alpha-Glucosidase Inhibitors – Diabetes Drugs	26
Opiate Partial Agonists – Narcotic Pain Relievers	20	Androgens – Testosterone Drugs	26
Selective Serotonin Agonists –		Antithyroid Agents	26
Migraine and Headache Drugs	20	Biguanides – Diabetes Drugs	26
Succinimides – Seizure Control Drugs	20	Bronchodilators, Combinations	26
DEVICES..... 20		Contraceptives – Birth Control Drugs	26
Devices	20	Estrogen Agonist-Antagonists	27
ELECTROLYTIC, CALORIC, AND WATER BALANCE ... 20		Estrogens	27
Alkalinizing Agents	20	Glycogenolytic Agents – Diabetes Drugs	28
Ammonia Detoxicants	20	Gonadotropins – Hormone Regulation Drugs	28
Diuretics – Drugs For Water Balance	20	Insulins	28
Irrigating Solutions	21	Meglitinides – Diabetes Drugs	28
Phosphate-Removing Agents	21	Miscellaneous Diabetes Drugs	28
Potassium Sparing Diuretics	21	Miscellaneous Antihypoglycemic Agents	28
Potassium-Removing Agents	21	Parathyroid	28
Replacement Preparations	21	Progestins	28
Uricosuric Agents – Drugs To Decrease Uric Acid	21	Somatotropin Agonists – Growth Deficiency Drugs	29
ENZYMES.....21		Somatotropin Antagonists	29
EYE, EAR, NOSE & THROAT PREPARATIONS21		Sulfonylureas – Diabetes Drugs	29
Antiallergic Agents – Drugs To Treat Allergies	21	Thiazolidinediones – Diabetes Drugs	29
Antibacterials (EENT) – Drugs To Treat Bacterial Infections	21	Thyroid Agents	29
Antifungals (EENT) – Drugs To Treat Fungal Infections	22	LOCAL ANESTHETICS 29	
Antivirals (EENT) – Drugs To Treat Viral Infections	22	MISCELLANEOUS THERAPEUTIC AGENTS 29	
Carbonic Anhydrase Inhibitors	22	OXYTOCICS..... 30	
Corticosteroids – Anti-Inflammatory Drugs	22	PHARMACEUTICAL AIDS 30	
EENT – Glaucoma Drugs	23	SERUMS, TOXOIDS AND VACCINES 30	
Local Anesthetics (EENT)	23	Serums – Immune System Drugs	30
Miotics	23	Toxoids – Vaccines	31
Miscellaneous Anti-Infectives	23	Vaccines	31
Miscellaneous Anti-Inflammatory Agents	23	SKIN AND MUCOUS MEMBRANE PREPARATIONS ...31	
Miscellaneous EENT Drugs	23	Antibacterials (Skin & Mucous Membrane Agents)	
Mydriatics	23	– Bacterial Infection Drugs	31
Nonsteroidal Anti-Inflammatory Agents	23	Antifungals (Skin & Mucous Membrane Agents)	
Vasoconstrictors	23	– Fungal Infection Drugs	32
GASTROINTESTINAL AGENTS..... 24		Anti-Inflammatory Agents	32
5-HT ₃ Receptor Antagonists –		Antipruritics And Local Anesthetics	33
Nausea And Vomiting Prevention Drugs	24	Antivirals (Skin & Mucous Membrane Agents)	
Antidiarrhea Agents	24	– Viral Infection Drugs	33
Anti-Inflammatory Agents – Bowel Treatment Drugs	24	Basic Lotions And Liniments	33
Cathartics And Laxatives – Bowel Treatment Drugs	24	Cell Stimulants And Proliferants	33
Cholelitholytic Agents – Drugs To Treat Gall Stones	24	Depigmenting Agents	33
Digestants – Digestive Enzymes	24	Miscellaneous Local Anti-Infectives	33
Histamine H ₂ -Antagonists – Ulcer And Stomach Acid Drugs	24	Miscellaneous Skin And Mucous Membrane Agents	33
Miscellaneous Antiemetics –		Pigmenting Agents	34
Nausea And Vomiting Prevention Drugs	25	Scabicides And Pediculicides – Scabies And Lice Drugs	34
Miscellaneous GI Drugs – Gastrointestinal Drugs	25	SMOOTH MUSCLE RELAXANTS 34	
Prokinetic Agents – Nausea And Vomiting Prevention Drugs	25	Genitourinary Smooth Muscle Relaxants –	
Prostaglandins – Ulcer And Stomach Acid Drugs	25	Bladder Control Drugs	34
Protectants – Ulcer and Stomach Acid Drugs	25	Respiratory Smooth Muscle – Asthma Drugs	34
Proton-Pump Inhibitors – Ulcer And Stomach Acid Drugs	25	VITAMINS 34	
GOLD COMPOUNDS 25		Miscellaneous Vitamins	34
HEAVY METAL ANTAGONISTS..... 25		Vitamin B Complex	34
HORMONES AND SYNTHETIC SUBSTITUTES 25		Vitamin D – Renal Disease Drugs	34
Adrenals – Corticosteroids – Anti-Inflammatory Drugs	25		

FORMULARY

Commonly Prescribed Therapeutic Drug Categories

Please note: If a generic form of a brand name drug is available, only the generic form is covered under this plan and only the generic name is listed in this formulary. If you do not know the generic name of the brand drug you are looking for, please look at your prescription bottle or review the complete TEAMStar Medicare Part D Prescription Drug Program formulary on our web site, www.teamstarpartd.com. Formulary alternatives are listed on the web site. You may also call Customer Service at 1-866-524-4173.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ANTI-HISTAMINE DRUGS		
Ethanolamine Derivatives - Allergy Drugs		
<u>BRANDS</u>		
PALGIC (Tablet)	2	
<u>Generics</u>		
clemastine fumarate	1	
diphenhydramine hcl	3	
paglgic (liquid)	1	
Miscellaneous Derivatives - Allergy Drugs		
<u>Generics</u>		
cyproheptadine hcl	3	
Phenothiazine Derivatives - Nausea And Vomiting Drugs		
<u>Generics</u>		
phenadoz	3	
promethazine hcl	3	
promethazine hcl plain	3	
promethazine vc	3	
promethegan	3	
Propylamine Derivatives - Allergy Drugs		
<u>Generics</u>		
dexchlorpheniramine maleate	3	
Second Generation Antihistamines- Allergy Drugs		
<u>BRANDS</u>		
ALLEGRA (Suspension)	3	QL,ST
ALLEGRA-D 12 HOUR	3	QL,ST
ALLEGRA-D 24 HOUR	3	QL,ST
CLARINEX	3	QL,ST
CLARINEX REDITABS	3	QL,ST
CLARINEX-D 12 HOUR	3	QL,ST
CLARINEX-D 24 HOUR	3	QL,ST
SEMPREX-D	3	
ZYRTEC	3	QL,ST

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ZYRTEC-D	3	
<u>Generics</u>		
fexofenadine hcl	1	STQL,ST
ANTI-INFECTIVE AGENTS		
Adamantanes - Flu Drugs		
<u>BRANDS</u>		
FLUMADINE (Syrup)	3	
<u>Generics</u>		
amantadine hcl	1	
rimantadine hcl	1	
Allylamines - Antifungals		
<u>Generics</u>		
terbinafine hcl	1	
Amebicides		
<u>Generics</u>		
paromomycin sulfate	3	
Aminoglycosides - Antibiotics		
<u>BRANDS</u>		
GENTAMICIN SULFATE		
/0.9% S (0.9 mg/ml;0.9 % Solution, 1.4 mg/ml; 0.9 % Solution)	3	
NEO-FRADIN	3	
STREPTOMYCIN SULFATE	3	
TOBRAMYCIN SULFATE ADD-VANTAGE		
	3	
TOBRYAMYCIN SULFATE/SODIUM	3	
<u>Generics</u>		
amikacin sulfate	1	
gentamicin sulfate	1	
gentamicin sulfate		
/0.9% S (0.8 mg/ml;0.9 % Solution, 1 mg/ml;0.9 % Solution, 1.2 mg/ml;0.9 % Solution, 1.6 mg/ml;0.9 % Solution)	1	
gentamicin sulfate/sodium	1	
isotonic gentamicin	1	

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>kanamycin sulfate</i>	1	
<i>neomycin sulfate</i>	1	
<i>tobramycin sulfate</i>	1	
Anthelmintics - Drugs to treat Worm Infections		
<u>BRANDS</u>		
ALBENZA	2	
BILTRICIDE	2	
MINTEZOL	2	
STROMEKTOL	2	
<u>Generics</u>		
<i>mebendazole</i>	1	
Antimalarials - Malaria Drugs		
<u>BRANDS</u>		
DARAPRIM	2	
MALARONE	3	
PRIMAQUINE PHOSPHATE	2	
QUALAQUIN	3	
<u>Generics</u>		
<i>chloroquine phosphate</i>	1	
<i>hydroxychloroquine sulfate</i>	1	
<i>mefoquine hcl</i>	1	
Antiretrovirals - HIV Drugs		
<u>BRANDS</u>		
AGENERASE	3	
APTIVUS	4	
ATRIPLA	4	
COMBIVIR	4	
CRIXIVAN	2	
EMTRIVA	3	
EPIVIR	2	
EPIVIR HBV	2	
EPZICOM	4	
FUZEON	4	
INVIRASE	4	
KALETRA	4	
LEXIVA	4	
NORVIR (Capsule)	3	
NORVIR (Solution)	4	
PREZISTA	4	
RESCRIPTOR	3	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
RETROVIR IV INFUSION	3	
REYATAZ	4	
SUSTIVA	3	
TRIZVIR	4	
TRUVADA	4	
VIDEX	3	
VIDEX EC (125 mg Delayed Release Capsule)	3	
VIRACEPT	4	
VIRAMUNE	2	
VIREAD	3	
ZERIT	2	
ZIAGEN	2	
<u>Generics</u>		
<i>didanosine</i>	3	
<i>zidovudine (capsule, syrup)</i>	3	
<i>zidovudine (tablet)</i>	1	
Antituberculosis Agents		
<u>BRANDS</u>		
MYCOBUTIN	3	
PRIFTIN	3	
RIFATER	3	
TRECTOR	3	
<u>Generics</u>		
<i>ethambutol hcl</i>	1	
<i>isonarif</i>	1	
<i>isoniazid</i>	1	
<i>pyrazinamide</i>	1	
<i>rifampin (capsule)</i>	1	
<i>rifampin (solution for reconstitution)</i>	3	
Azoles - Antifungals		
<u>BRANDS</u>		
NOXAFIL	4	
SPORANOX (Kit)	4	
SPORANOX (Solution)	3	PA
VFEND	4	
VFEND IV	4	
<u>Generics</u>		
<i>fluconazole (100 mg tablet, 200 mg tablet, 50 mg tablet, suspension for reconstitution)</i>	1	
<i>fluconazole (150 mg tablet)</i>	1	QL

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>fluconazole in dextrose</i>	3	
<i>fluconazole in nacl</i>	3	
<i>itraconazole</i>	3	
<i>ketoconazole (tablet)</i>	3	

Cephalosporins - Antibiotics

BRANDS

CEDAX	3	
CEFIZOX IN DEXTROSE 5%	3	
CEFTIN (Suspension For Reconstitution)	3	
CLAFORAN (1 Gm Solution For Reconstitution, 2 Gm Solution For Reconstitution)	3	
CLAFORAN/D5W	3	
FORTAZ (500 mg Solution For Reconstitution, Solution)	3	
KEFLEX (750 mg Capsule)	3	QL
MAXIPIME	2	
ROCEPHIN (1 Gm Solution For Reconstitution, 2 Gm Solution For Reconstitution)	3	
ROCEPHIN IN ISO-OSMOTIC DEXTROSE	3	
SPECTRACEF	2	
SUPRAX	3	
TAZICEF (Solution)	3	
ZINACEF (1.5 Gm Solution For Reconstitution, 750 mg Solution For Reconstitution, Solution)	3	
ZINACEF/D5W	3	

Generics

<i>cefaclor</i>	1	
<i>cefaclor er</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium</i>	1	
<i>cefazolin sodium-dextrose</i>	3	
<i>cefdinir</i>	1	
<i>cefotaxime sodium</i>	3	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftriaxone in iso-osmotic</i>	3	
<i>ceftriaxone sodium</i>	3	
<i>ceftriaxone/dextrose</i>	3	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>cefuroxime/dextrose</i>	1	
<i>cephalexin</i>	1	
<i>tazicef (solution for reconstitution)</i>	1	
<i>zinacef (7.5 gm solution for reconstitution)</i>	3	

Echinocandins - Antifungals

BRANDS

CANCIDAS	4	
ERAXIS	4	

Interferons - Hepatitis Drugs

BRANDS

PEGASYS	4	PA
PEG-INTRON	4	PA
PEG-INTRON REDIPEN	4	PA
PEG-INTRON REDIPEN PAK 4	4	PA

Macrolides - Antibiotics

BRANDS

ERYPED	2	
ERYPED 400	2	
ERY-TAB	2	
ERYTHROCIN	2	
ERYTHROCIN LACTOBIONATE	2	
ERYTHROMYCIN LACTOBIONATE	2	
KETEK	3	PA,QL
KETEK PAK	3	PA,QL
PCE	3	
ZMAX	3	QL

Generics

<i>azithromycin (pack, suspension for reconstitution)</i>	1	
<i>azithromycin (solution for reconstitution)</i>	3	
<i>azithromycin (tablet)</i>	1	QL
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	1	
<i>e.e.s. 200</i>	1	
<i>e.e.s. 400</i>	1	
<i>erythrocin stearate</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate</i>	1	

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>erythromycin/sulfisoxazole</i>	1	
Miscellaneous Antibacterials		
BRANDS		
CLEOCIN (75 mg Capsule, Suppository)	3	
CLEOCIN (Solution)	2	
CLEOCIN PEDIATRIC GRANULE	3	
CUBICIN	4	
POLYMYXIN B SULFATE	3	
SYNERCID	4	
VANCOGIN HCL (Capsule)	4	PA
VANCOGIN HCL (Solution)	3	
VANCOGIN HCL ISO-OSMOTIC	3	
XIFAXAN	3	QL
ZYVOX (Solution)	4	
ZYVOX (Suspension For Reconstitution, Tablet)	4	PA
Generics		
<i>bacim</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate</i>	1	
<i>colistimethate sodium</i>	3	
<i>vancomycin hcl</i>	1	
Miscellaneous Antifungals		
BRANDS		
GRIFULVIN V (Tablet)	2	
GRIS-PEG	3	
Generics		
<i>griseofulvin microsize</i>	3	
Miscellaneous Anti-Infectives		
BRANDS		
HELIDAC	3	QL
Miscellaneous Antimycobacterials - Drugs to treat Miscellaneous Infections		
BRANDS		
DAPSONE	2	
Miscellaneous Antiprotozoals		
BRANDS		
ALINIA	3	QL
FLAGYL (Capsule)	3	
FLAGYL ER	3	
MEPRON	4	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
METRO IV	3	
TINDAMAX	2	QL
Generics		
<i>metronidazole</i>	1	
<i>metronidazole in nacl 0.7</i>	1	
<i>pentamidine isethionate</i>	1	
Miscellaneous Antivirals		
Generics		
<i>foscarnet sodium</i>	1	
Miscellaneous B-Lactams - Antibiotics		
BRANDS		
AZACTAM	2	
INVANZ	3	
MEFOXIN IN DEXTROSE 2.2%	3	
MEFOXIN IN DEXTROSE 3.9%	3	
MERREM	4	
PRIMAXIN I.M.	4	
PRIMAXIN IV	4	
PRIMAXIN IV ADD-VANTAGE	4	
Generics		
<i>cefoxitin sodium</i>	3	
Monoclonal Antibodies - Respiratory Syncytial Virus Drugs		
BRANDS		
SYNAGIS	4	
Neuraminidase Inhibitors - Flu Drugs		
BRANDS		
RELENZA DISKHALER	3	QL
TAMIFLU	2	QL
Nucleosides And Nucleotides - Herpes And Hepatitis Drugs		
BRANDS		
BARACLUDE	4	
FAMVIR	3	
HEPSERA	4	
REBETOL (Solution)	4	PA
TYZEKA	3	
VALCYTE	4	
VALTREX	3	
Generics		
<i>acyclovir (capsule, tablet)</i>	1	

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>acyclovir (suspension)</i>	3	
<i>acyclovir sodium</i>	3	
<i>ganciclovir</i>	4	
<i>ribasphere</i>	1	PA
<i>ribatab (misc)</i>	4	PA
<i>ribatab (tablet)</i>	1	PA
<i>ribavirin</i>	1	PA

Penicillins - Antibiotics

BRANDS

AMOXIL (50 mg/ml Suspension For Reconstitution)	3	
AUGMENTIN (125 mg/5ml;31.25 mg/5ml Suspension For Reconstitution, 125 mg;31.25 mg Chewable Tablet, 250 mg/5ml;62.5 mg/5ml Suspension For Reconstitution, 250 mg;62.5 mg Chewable Tablet)	3	
AUGMENTIN XR	3	
BACTOCILL IN DEXTROSE	3	
BICILLIN C-R	3	
BICILLIN L-A	3	
DISPERMOX	3	
GEOCILLIN	3	
NALLPEN ISO-OSMOTIC IN DEXTROSE	4	
NALLPEN/DEXTROSE	4	
OXACILLIN SODIUM	3	
PIPERACILLIN SODIUM	3	
TIMENTIN	2	
UNASYN ADD-VANTAGE	3	
UNASYN PIGGYBACK UNIT	3	
ZOSYN (Solution For Reconstitution)	3	
ZOSYN (Solution)	2	

Generics

<i>amoclan</i>	1	
<i>amoxicillin</i>	1	
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxil (250 mg/5ml suspension for reconstitution, capsule)</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin-sulbactam</i>	3	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium</i>	3	
<i>penicillin g potassium</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>penicillin g potassium in iso-osmotic dextrose</i>	3	
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium</i>	1	
<i>trimox</i>	1	
<i>veetids</i>	1	

Polyenes - Antifungals

Generics

<i>amphocin</i>	1	
<i>amphotericin b</i>	1	
<i>nystatin</i>	1	

Pyrimidines - Antifungals

BRANDS

ANCOBON	4	
AVELOX (Solution)	2	
AVELOX (Tablet)	2	QL
AVELOX ABC PACK	2	QL
CIPRO (Suspension For Reconstitution)	3	
CIPRO I.V.-IN D5W	3	
FACTIVE	3	QL
LEVAQUIN (Solution)	2	
LEVAQUIN (Tablet)	2	QL
LEVAQUIN LEVA-PAK	2	QL
LEVAQUIN PREMIX	2	
NOROXIN	3	QL
PROQUIN XR	3	QL

Generics

<i>ciprofloxacin</i>	3	
<i>ciprofloxacin er</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>ofloxacin</i>	1	

Sulfonamides (Systemic) - Antibiotics

BRANDS

GANTRISIN PEDIATRIC	2	
---------------------	---	--

Generics

<i>sulfadiazine</i>	1	
<i>sulfamethoxazole/trimethoprim</i>	1	
<i>sulfasalazine</i>	1	
<i>sulfatrim</i>	1	

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>sulfazine</i>	1	
<i>sulfazine ec</i>	1	
<i>trimethoprim/sulfamethoxazole</i>	1	
Tetracyclines - Antibiotics		
BRANDS		
DORYX	3	
SUMYCIN (Tablet)	2	
TYGACIL	3	
VIBRAMYCIN (Suspension For Reconstitution, Syrup)	3	
Generics		
<i>demeclocycline hcl</i>	4	
<i>doxy-caps</i>	1	
<i>doxycycline hyclate</i> (capsule, extended release capsule, tablet)	1	
<i>doxycycline hyclate</i> (solution for reconstitution)	3	
<i>doxycycline monohydrate</i>	1	
<i>dynacin</i> (100 mg capsule)	1	
<i>minocycline hcl</i>	1	
<i>myrac</i>	1	
<i>sumycin</i> (syrup)	1	
<i>tetracycline hcl</i>	1	
Urinary Anti-Infectives - Antibiotics		
BRANDS		
FURADANTIN	3	
MACRODANTIN (25 mg Capsule)	3	
MONUROL	3	
PRIMSOL	3	
Generics		
<i>methenamine hippurate</i>	1	
<i>nitrofurantoin macrocrystalline</i>	3	
<i>nitrofurantoin monohydrate</i>	3	
<i>trimethoprim</i>	1	
ANTINEOPLASTIC AGENTS		
BRANDS		
ABRAXANE	4	
ALFERON N	4	
ALIMTA	4	PA
ALKERAN	3	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ARIMIDEX	2	
AROMASIN	3	
ARRANON	4	
AVASTIN	4	PA
BEXXAR	4	
BICNU W/DILUENT ABSOLUTE	3	
BUSULFEX	4	
CAMPATH	4	
CAMPTOSAR	4	
CASODEX	3	
CEENU	2	
CLOLAR	4	
COSMEGEN	3	
DACARBAZINE (100 mg Solution For Reconstitution)	3	
DACOGEN	4	
DAUNORUBICIN HCL (Injection)	3	
DAUNOXOME	3	
DOXIL	4	B/D-PA
DROXIA	2	
ELIGARD	3	
ELLECE	4	
ELOXATIN	4	
ELSPAR	3	
EMCYT	2	
EPIRUBICIN HYDROCHLORIDE	4	
ERBITUX	4	PA
ETOPOPHOS	4	
FARESTON	3	
FASLODEX	4	
FEMARA	2	
GEMZAR	4	
GLEEVEC	4	
HERCEPTIN	4	
HEXALEN	4	
HYCAMTIN	4	
INTRON-A	4	PA
INTRON-A W/DILUENT	4	PA
LEUKERAN	2	
LUPRON DEPOT	3	
LUPRON DEPOT-PED	4	

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
LYSODREN	2	
MATULANE	4	
MUSTARGEN	3	
MYLOTARG	4	
NEXAVAR	4	
NILANDRON	3	
NIPENT	4	
ONCASPAR	4	
ONTAK	4	
PHOTOFRIN	4	
PROLEUKIN	4	PA
RITUXAN	4	PA
ROFERON-A (3 Mu/0.5ml Kit, 6 Mu/0.5ml Kit)	3	PA
ROFERON-A (9 Mu/0.5ml Kit)	4	PA
SOLTAMOX	3	
SPRYCEL	4	
SUTENT	4	
TABLOID	3	
TARCEVA	4	
TARGRETIN	4	
TAXOTERE	4	
TESLAC	3	
TORISEL	4	
TRELSTAR DEPOT	3	
TRELSTAR LA	3	
TREXALL	3	
TRISENOX	4	
VANTAS	3	
VECTIBIX	4	PA
VELCADE	4	
VIADUR	3	
VIDAZA	4	
VUMON	4	
ZANOSAR	3	
ZOLADEX	4	
ZOLINZA	4	PA

Generics

<i>adriamycin</i>	1	
<i>bleomycin sulfate</i>	1	
<i>carboplatin</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>cisplatin</i>	1	
<i>cisplatin aq</i>	1	
<i>cladribine</i>	3	
<i>cyclophosphamide (solution for reconstitution)</i>	1	
<i>cyclophosphamide (tablet)</i>	3	B/D-PA
<i>cytarabine</i>	1	
<i>dacarbazine (200 mg solution for reconstitution)</i>	1	
<i>daunorubicin hcl (solution for reconstitution)</i>	3	
<i>doxorubicin hcl</i>	1	
<i>etoposide</i>	1	
<i>floxuridine</i>	3	
<i>fludarabine phosphate</i>	4	
<i>fluorouracil</i>	1	
<i>flutamide</i>	1	
<i>hydroxyurea</i>	1	
<i>idarubicin</i>	4	
<i>ifosfamide</i>	3	
<i>ifosfamide/mesna</i>	4	
<i>leuprolide acetate</i>	1	
<i>megestrol acetate (suspension)</i>	3	
<i>megestrol acetate (tablet)</i>	1	
<i>mercaptopurine</i>	3	
<i>methotrexate</i>	1	
<i>mitomycin</i>	3	
<i>mitoxantrone hcl</i>	1	PA
<i>onxol</i>	4	
<i>paclitaxel</i>	4	
<i>tamoxifen citrate</i>	1	
<i>thiotepa</i>	4	
<i>toposar</i>	1	
<i>tretinoin (capsule)</i>	4	
<i>vinblastine sulfate</i>	1	
<i>vincasar pfs</i>	1	
<i>vincristine sulfate</i>	1	
<i>vinorelbine tartrate</i>	4	

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ANTITUSSIVES, EXPECTORANTS, & MUCOLYTICS		
Antileukotrienes		
BRANDS		
ACCOLATE	3	QL,ST
SINGULAIR	2	QL,ST
ZYFLO	3	ST
Mast Cell Stabilizers		
BRANDS		
INTAL INHALER	2	
TILADE	3	
<i>Generics</i>		
<i>cromolyn sodium (nebulizer solution)</i>	1	B/D-PA
Mucolytic Agents		
<i>Generics</i>		
<i>acetylcysteine</i>	1	B/D-PA
Respiratory Agents		
BRANDS		
XOLAIR	4	PA
AUTONOMIC DRUGS		
Antimuscarinics/Antispasmodics - Miscellaneous Disorders		
BRANDS		
ATROVENT HFA	2	
SPIRIVA HANDIHALER	2	
<i>Generics</i>		
<i>atropa</i>	3	
<i>atropine sulfate</i>	3	
<i>dicyclomine hcl</i>	3	
<i>glycopyrrolate</i>	1	
<i>ipratropium bromide (0.02 % solution)</i>	1	B/D-PA
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	1	
<i>methscopolamine bromide</i>	3	
<i>propantheline bromide</i>	3	
Antiparkinsonian Agents - Drugs To Treat Parkinson's Disease		
BRANDS		
AKINETON	3	
COGENTIN	2	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
KEMADRIN	3	
<i>Generics</i>		
<i>benztropine mesylate</i>	1	
<i>trihexyphenidyl hcl</i>	1	
Bronchodilators, Combinations - Drugs To Treat Asthma/COPD		
BRANDS		
ADVAIR DISKUS	3	PA,ST
ADVAIR HFA	3	PA,ST
COMBIVENT	2	
DUONEB	3	B/D-PA
Miscellaneous Autonomic Drugs - Smoking Cessation Drugs		
BRANDS		
CHANTIX	3	QL
NICOTROL INHALER	3	
NICOTROL NS	3	
<i>Generics</i>		
<i>nicotine</i>	3	
Parasympathomimetic (Cholinergic) Agents		
BRANDS		
ARICEPT	2	QL
ARICEPT ODT	2	QL
ENLON-PLUS	3	
EVOXAC	3	ST
EXELON (Capsule)	3	QL
EXELON (Solution)	3	
GUANIDINE HCL	3	
MESTINON (Syrup)	2	
MESTINON TIMESPAN	2	
MYTELASE	3	
RAZADYNE (Solution)	2	
RAZADYNE (Tablet)	2	QL
RAZADYNE ER	2	QL
<i>Generics</i>		
<i>bethanechol chloride</i>	1	
<i>pilocarpine hcl</i>	1	ST
<i>pyridostigmine bromide</i>	1	
<i>regonol</i>	3	

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Skeletal Muscle Relaxants - Drugs To Treat Muscle Spasms		
BRANDS		
ROBAXIN (Solution)	3	
SKELAXIN	3	
ZANAFLEX (Capsule)	3	
Generics		
<i>baclofen</i>	1	
<i>carisoprodol</i>	1	
<i>carisoprodol/aspirin</i>	3	
<i>carisoprodol/aspirin/codeine</i>	3	
<i>chlorzoxazone</i>	3	
<i>cyclobenzaprine hcl</i>	3	
<i>dantrolene sodium</i>	3	
<i>methocarbamol</i>	3	
<i>orphenadrine citrate</i>	3	
<i>orphenadrine citrate er</i>	3	
<i>tizanidine hcl</i>	1	
Sympathomimetic (Adrenergic Blocking) Agents - Miscellaneous Disorders		
BRANDS		
DIBENZYLINE	3	
Generics		
<i>ergoloid mesylates</i>	1	
Sympathomimetic (Adrenergic) Agents - Breathing Disorder Drugs		
BRANDS		
ACCUNEB (0.63 mg/3ml Nebulizer Solution)	3	B/D-PA,ST
ALUPENT	3	ST
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
FORADIL AEROLIZER	2	PA,ST
MAXAIR AUTOHALER	3	ST
PROAIR HFA	2	ST
PROVENTIL HFA	2	ST
SEREVENT DISKUS	3	PA,ST
VENTOLIN HFA	3	ST
XOPENEX	3	B/D-PA,ST
XOPENEX CONCENTRATE	3	B/D-PA,ST

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
XOPENEX HFA	3	ST
Generics		
<i>airet</i>	1	B/D-PA,ST
<i>albuterol</i>	1	ST
<i>albuterol sulfate (nebulizer solution)</i>	1	B/D-PA,ST
<i>albuterol sulfate (syrup, tablet)</i>	1	ST
<i>epinephrine hcl</i>	1	
<i>metaproterenol sulfate (nebulizer solution)</i>	1	B/D-PA,ST
<i>metaproterenol sulfate (syrup, tablet)</i>	1	ST
<i>terbutaline sulfate (solution)</i>	3	ST
<i>terbutaline sulfate (tablet)</i>	1	ST
Vasopressors - Heart Regulation Drugs		
BRANDS		
TWINJECT	3	
Generics		
<i>midodrine hcl</i>	3	
BLOOD FORMATION AND COAGULATION - DRUGS TO TREAT BLOOD DISORDERS		
Anticoagulants - Blood Thinners		
BRANDS		
ARIXTRA	4	QL
COUMADIN	3	
FRAGMIN	2	QL
INNOHEP	4	QL
LOVENOX	4	QL
Generics		
<i>heparin sodium</i>	1	
<i>heparin sodium dcu</i>	1	
<i>heparin sodium/d5w</i>	1	
<i>heparin sodium/nacl 0.45%</i>	1	
<i>heparin sodium/nacl 0.9%</i>	1	
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	
Antihemorrhagic Agents - Drugs To Prevent Bleeding		
BRANDS		
CYKLOKAPRON	2	
Antiplatelet Agents - Blood Thinners		
BRANDS		
AGGRENOX	2	QL

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
PLAVIX	2	QL
Generics		
<i>anagrelide hydrochloride</i>	1	
<i>cilostazol</i>	1	
<i>dipyridamole</i>	1	
<i>ticlopidine hcl</i>	1	

Hematopoietic Agents - Blood Formation Drugs

BRANDS

ARANESP	4	B/D-PA
ARANESP ALBUMIN FREE	4	B/D-PA
LEUKINE	4	PA
NEULASTA	4	PA
NEUPOGEN	4	PA
PROCRIT (10000 Unit/ml Solution, 20000 Unit/ml Solution, 40000 Unit/ml Solution)	3	B/D-PA
PROCRIT (2000 Unit/ml Solution, 3000 Unit/ml Solution, 4000 Unit/ml Solution)	3	B/D-PA,QL

Hemorrhologic Agents - Blood Thinners

Generics

<i>pentopak</i>	1	
<i>pentoxifylline cr</i>	1	
<i>pentoxifylline er</i>	1	
<i>pentoxil</i>	1	

CARDIOVASCULAR DRUGS

Alpha-Adrenergic Blocking Agents - Blood Pressure Drugs

BRANDS

CARDURA XL	3	
------------	---	--

Generics

<i>doxazosin mesylate</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	

Angiotensin II Receptor Antagonists - Blood Pressure Drugs

BRANDS

ATACAND	3	QL,ST
ATACAND HCT	3	QL,ST
AVALIDE	3	QL,ST
AVAPRO	3	QL,ST
BENICAR	2	QL,ST

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
BENICAR HCT	2	QL,ST
COZAAR	3	QL,ST
DIOVAN	2	QL,ST
DIOVAN HCT	2	QL,ST
HYZAAR	3	QL,ST
MICARDIS	3	QL,ST
MICARDIS HCT	3	QL,ST
TEVETEN	3	QL,ST
TEVETEN HCT	3	QL,ST

Angiotensin-Converting Enzyme Inhibitors - Blood Pressure Drugs

BRANDS

ACEON	3	ST
ALTACE	2	ST
MAVIK (1 mg Tablet)	3	ST

Generics

<i>benazepril hcl</i>	1	ST
<i>benazepril hcl/hydrochloride</i>	1	ST
<i>captopril</i>	1	ST
<i>captopril/hydrochlorothiazide</i>	1	ST
<i>enalapril maleate</i>	1	ST
<i>enalapril maleate/hydrochlorothiazide</i>	1	ST
<i>fosinopril sodium</i>	1	ST
<i>fosinopril sodium/hydrochlorothiazide</i>	1	ST
<i>lisinopril</i>	1	ST
<i>lisinopril/hydrochlorothiazide</i>	1	ST
<i>moexipril hcl</i>	1	ST
<i>moexipril/hydrochlorothiazide</i>	1	ST
<i>quinapril hcl</i>	1	ST
<i>quinapril/hydrochlorothiazide</i>	1	ST
<i>quinaretic</i>	1	ST
<i>trandolapril</i>	1	ST

Antiarrhythmic Agents - Heart Regulation Drugs

BRANDS

NORPACE CR (100 mg 12-Hour Capsule)	3	
PACERONE (100 mg Tablet, 300 mg Tablet)	3	
PROCANBID	3	
PRONESTYL (Tablet)	3	
QUINIDINE GLUCONATE	3	

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
RYTHMOL SR	3	
TIKOSYN	3	
Generics		
<i>amiodarone hcl</i>	1	
<i>disopyramide phosphate</i>	1	
<i>disopyramide phosphate er</i>	1	
<i>flecainide acetate</i>	3	
<i>lidocaine hcl</i>	1	
<i>mexiletine hcl</i>	1	
<i>pacerone (200 mg tablet)</i>	1	
<i>procainamide hcl</i>	1	
<i>procainamide hcl er</i>	1	
<i>procainamide hcl sr</i>	1	
<i>propafenone hcl</i>	1	
<i>quinidine gluconate cr</i>	1	
<i>quinidine gluconate er</i>	1	
<i>quinidine gluconate sa</i>	1	
<i>quinidine sulfate</i>	1	
<i>quinidine sulfate er</i>	1	
Beta-Adrenergic Blocking Agents- Blood Pressure And Heart Regulation Drugs		
BRANDS		
COREG	2	
CORZIDE	3	
INNOPRAN XL	3	
LEVATOL	3	
TENORMIN (Solution)	3	
TIMOLIDE 10/25	3	
TOPROL XL (50 mg 24-Hour Tablet, 100 mg 24-Hour Tablet, 200 mg 24-Hour Tablet)	2	
Generics		
<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	
<i>labetalol hcl</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol/hydrochlorothiazide</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (af)</i>	1	
<i>timolol maleate</i>	1	
Bile Acid Sequestrants - Cholesterol Control Drugs		
BRANDS		
WELCHOL	3	
Generics		
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colestipol hcl (granules)</i>	3	
<i>colestipol hcl (tablet)</i>	1	
<i>prevalite</i>	1	
Carbonic Anhydrase Inhibitors		
BRANDS		
DIAMOX	2	
Generics		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	3	
<i>methazolamide</i>	1	
Cardiotonic Agents - Heart Regulation Drugs		
BRANDS		
LANOXICAPS	2	
LANOXIN	2	
Generics		
<i>digitek</i>	1	
<i>digoxin</i>	1	
Central Alpha-Agonists - Blood Pressure Drugs		
BRANDS		
CATAPRES-TTS-1	2	QL
CATAPRES-TTS-2	2	QL
CATAPRES-TTS-3	2	QL
CLORPRES	3	
Generics		
<i>clonidine hcl</i>	1	

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>guanabenz acetate</i>	1	
<i>guanfacine hcl</i>	1	
<i>methyldopa</i>	1	
<i>methyldopa/hydrochlorothiazide</i>	1	
Cholesterol Absorption Inhibitors - Cholesterol Control Drugs		
<u>BRANDS</u>		
ZETIA	2	QL
Dihydropyridines - Blood Pressure Drugs		
<u>BRANDS</u>		
CADUET	3	QL
CARDENE SR	3	QL
DYNACIRC CR	3	QL
LEXCEL	3	ST
LOTREL (5 mg;40 mg Capsule, 10 mg;40 mg Capsule)	2	QL
NIMOTOP	4	
SULAR	2	QL
<u>Generics</u>		
<i>afeditab cr</i>	1	
<i>amlodipine besylate (generic for norvasc)</i>	1	
<i>amlodipine besylate/benazepril hcl</i>	1	ST
<i>felodipine er</i>	1	ST
<i>isradipine</i>	1	
<i>nicardipine hcl</i>	1	
<i>nifediac cc</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine</i>	3	
<i>nifedipine er</i>	1	
Direct Vasodilators - Blood Pressure Drugs		
<u>Generics</u>		
<i>hydralazine hcl</i>	1	
<i>minoxidil</i>	1	
Fibric Acid Derivatives - Cholesterol Control Drugs		
<u>BRANDS</u>		
ANTARA	2	
TRICOR	2	
TRIGLIDE (50 mg Tablet)	3	
<u>Generics</u>		
<i>fenofibrate</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>gemfibrozil</i>	1	
HMG-CoA Reductase Inhibitors - Cholesterol Control Drugs		
<u>BRANDS</u>		
ADVICOR	2	QL,ST
ALTOPREV	3	QL
CRESTOR	3	QL,ST
LESCOL	3	QL
LESCOL XL	3	QL
LIPITOR	2	QL,ST
VYTORIN	2	QL,ST
<u>Generics</u>		
<i>lovastatin</i>	1	ST
<i>pravastatin sodium</i>	1	ST
<i>simvastatin</i>	1	ST
Mineralocorticoid (Aldosterone) Receptor Antagonists - Blood Pressure Drugs		
<u>BRANDS</u>		
ALDACTAZIDE (50 mg;50 mg Tablet)	3	ST
INSPIRA	3	ST
<u>Generics</u>		
<i>spironolactone</i>	1	ST
<i>spironolactone/hydrochlorothiazide</i>	1	ST
Miscellaneous Antilipemic Agents - Cholesterol Control Drugs		
<u>BRANDS</u>		
LOVAZA	B	3
NIASPAN	B	2
OMACOR	B	3
Miscellaneous Calcium-Channel Blockers - Blood Pressure Drugs		
<u>BRANDS</u>		
CARDIZEM CD (360 mg 24-Hour Capsule)	3	
CARDIZEM LA	2	QL
COVERA-HS	3	QL,ST
TARKA	3	ST
VERELAN PM	3	ST
<u>Generics</u>		
<i>cartia xt</i>	1	
<i>dilt-cd</i>	1	

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>diltia xt</i>	1	
<i>diltiazem cd</i>	1	
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl er</i>	1	
<i>dilt-xr</i>	1	
<i>taztia xt</i>	1	
<i>verapamil hcl</i>	1	ST
<i>verapamil hcl er</i>	1	ST
<i>verapamil hcl sr</i>	1	ST

Miscellaneous Cardiac Drugs - Chest Pain Drugs

BRANDS

RANEXA	3	PA
--------	---	----

Miscellaneous Vasodilating Agents - Pulmonary Hypertension Drugs

BRANDS

TRACLEER	4	PA
----------	---	----

Generics

<i>papaverine hcl</i>	1	
-----------------------	---	--

Nitrates And Nitrites - Chest Pain Drugs

BRANDS

BIDIL	2	
DILATRATE SR	3	
ISORDIL TITRADOSE (40 mg Tablet)	3	
NITROBID	2	
NITRO-DUR (0.3 mg/Hr 24-Hour Patch, 0.8 mg/Hr 24-Hour Patch)	3	
NITROLINGUAL PUMPSPRAY	3	
NITROSTAT	3	

Generics

<i>isochron</i>	1	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide dinitrate er</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>minitran</i>	1	
<i>nitrek</i>	1	
<i>nitroglycerin</i>	1	
<i>nitroglycerin cr</i>	1	
<i>nitroglycerin td</i>	1	
<i>nitroglycerin transdermal</i>	1	
<i>nitro-time</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Peripheral Adrenergic Inhibitors - Blood Pressure Drugs		

BRANDS

RAUWOLFIA/BENDROFLUMETHIAZIDE	3	
-------------------------------	---	--

Generics

<i>reserpine</i>	1	
------------------	---	--

Phosphodiesterase Inhibitors - Pulmonary Hypertension Drugs

BRANDS

REVIATIO	4	PA
----------	---	----

CENTRAL NERVOUS SYSTEM AGENTS

Amphetamines - Stimulant Drugs

BRANDS

ADDERALL XR	3	QL,ST
-------------	---	-------

Generics

<i>amphetamine salts combo</i>	1	ST
<i>dextroamphetamine sulfate</i>	1	ST
<i>dextrostat (5 mg tablet)</i>	1	ST

Anorexigenic Agents and Cerebral Stimulants

Generics

<i>dexmethylphenidate hcl</i>	1	ST
-------------------------------	---	----

Antidepressants

BRANDS

CYMBALTA	2	
EFFEXOR XR	2	QL
EMSAM	3	QL
LEXAPRO	2	
MARPLAN	3	
NARDIL	2	
PAXIL (Suspension)	3	
PAXIL CR	3	QL
PEXEVA	3	
PROZAC WEEKLY	3	QL
SARAFEM	3	QL
SURMONTIL (100 mg Capsule)	3	
SYMBYAX	3	
VIVACTIL	3	
WELLBUTRIN XL (150 mg 24-Hour Tablet)	2	QL

Generics

<i>amitriptyline hcl</i>	1	
--------------------------	---	--

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>amoxapine</i>	1	
<i>budeprion sr</i>	1	
<i>budeprion xl</i>	1	
<i>buproban</i>	1	
<i>bupropion hcl</i>	1	
<i>bupropion hcl sr</i>	1	
<i>chlordiazepoxide/amitriptyline</i>	3	
<i>citalopram hydrobromide (solution)</i>	3	
<i>citalopram hydrobromide (tablet)</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
<i>fluoxetine hcl</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	3	
<i>maprotiline hcl</i>	1	
<i>mirtazapine</i>	1	
<i>nefazodone hcl</i>	1	
<i>nortriptyline hcl</i>	1	
<i>paroxetine hcl (suspension)</i>	3	
<i>paroxetine hcl (tablet)</i>	1	
<i>perphenazine/amitriptyline</i>	1	
<i>sertraline hcl</i>	1	
<i>tranylcypromine sulfate</i>	3	
<i>trazodone hcl</i>	1	
<i>trimipramine maleate</i>	1	
<i>venlafaxine hcl</i>	1	

Antimanic Agents - Mood Stabilizers

BRANDS

LITHOBID	2
----------	---

Generics

<i>lithium carbonate</i>	1
<i>lithium carbonate er</i>	1
<i>lithium citrate</i>	1

Antipsychotic Agents

BRANDS

ABILIFY	3
ABILIFY DISCMELT	3
EQUETRO	2
FAZACLO	3

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
GEODON	3	
INVEGA	3	
MOBAN	3	
NAVANE (20 mg Capsule)	3	
ORAP	2	
RISPERDAL	2	
RISPERDAL CONSTA	4	
RISPERDAL M-TAB	2	
SEROQUEL	2	
SEROQUEL XR	2	
ZYPREXA	2	
ZYPREXA ZYDIS	2	

Generics

<i>chlorpromazine hcl</i>	1
<i>clozapine</i>	1
<i>fluphenazine decanoate</i>	1
<i>fluphenazine hcl</i>	1
<i>haloperidol</i>	1
<i>haloperidol decanoate</i>	1
<i>haloperidol lactate</i>	1
<i>loxapine succinate</i>	1
<i>perphenazine</i>	1
<i>prochlorperazine edisylat</i>	1
<i>prochlorperazine maleate</i>	1
<i>thioridazine hcl</i>	3
<i>thiothixene</i>	1
<i>trifluoperazine hcl</i>	1

Barbiturates (Anticonvulsants) - Seizure Control Drugs

Generics

<i>primidone</i>	1
------------------	---

Hydantoins - Seizure Control Drugs

BRANDS

CEREBYX	3
DILANTIN	2
DILANTIN INFATABS	2
PEGANONE	3
PHENYTEK	2

Generics

<i>phenytoin</i>	1
<i>phenytoin sodium</i>	1

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>phenytoin sodium extended</i>	1	
Miscellaneous Analgesics - Pain Control Drugs		
BRANDS		
DURACLON	4	
PRIALT	4	B/D-PA
Miscellaneous Anorexigenic Agents And Cerebral Stimulants		
BRANDS		
CONCERTA	3	QL,ST
DAYTRANA	3	QL
FOCALIN XR	3	QL,ST
METADATE CD	3	QL,ST
METHYLIN (Chewable Tablet)	3	ST
METHYLIN (Solution)	3	
PROVIGIL	2	PA,QL
RITALIN LA	3	QL,ST
Generics		
<i>dexmethylphenidate hcl</i>	1	ST
<i>metadate er (10 mg controlled release tablet)</i>	1	ST
<i>methylin (tablet)</i>	1	ST
<i>methylin er</i>	1	ST
<i>methylphenidate hcl</i>	1	ST
<i>methylphenidate hcl er</i>	1	ST
Miscellaneous Anticonvulsants - Seizure Control Drugs		
BRANDS		
CARBATROL	2	
DEPAKOTE	2	
DEPAKOTE SPRINKLES	2	
FELBATOL	3	
GABITRIL	3	
KEPPRA	2	
LAMICTAL	2	
LAMICTAL STARTER KITS	2	
LYRICA	3	PA
NEURONTIN (Solution)	3	
TEGRETOL	2	
TEGRETOL-XR	2	
TOPAMAX	3	PA
TOPAMAX SPRINKLE	3	PA

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
TRILEPTAL	3	
Generics		
<i>carbamazepine</i>	1	
<i>epitol</i>	1	
<i>gabapentin</i>	1	
<i>lamotrigine chewable dispersible</i>	3	
<i>magnesium sulfate</i>	1	
<i>valproate sodium</i>	3	
<i>valproic acid</i>	1	
<i>zonisamide</i>	1	
Miscellaneous Antimigraine Agents		
BRANDS		
DEPAKOTE ER	2	
ERGOMAR	2	
MIGRANAL	3	QL
Generics		
<i>dihydroergotamine mesylate</i>	3	
<i>ergotamine tartrate/caffeine</i>	1	
<i>migergot</i>	3	
Miscellaneous Anxiolytics, Sedatives, And Hypnotics - Drugs For Anxiety, Sedation, And Sleep		
BRANDS		
AMBIEN CR	2	QL
EQUAGESIC	3	
LUNESTA	2	QL
ROZEREM	3	QL
SONATA	3	QL
VISTARIL (Suspension)	3	
Generics		
<i>bupirone hcl</i>	1	
<i>hydroxyzine hcl</i>	3	
<i>hydroxyzine pamoate</i>	3	
<i>meprobamate</i>	3	
<i>zolpidem tartrate</i>	1	
Miscellaneous Central Nervous System Agents		
BRANDS		
APOKYN	4	PA
AZILECT	3	ST
CAMPRAL	3	

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
COMTAN	2	ST
LODOSYN	3	
MIRAPEX	2	
NAMENDA (Solution)	2	
NAMENDA (Tablet)	2	QL
NAMENDA TITRATION PAK	2	QL
PARCOPA	3	ST
REQUIP	2	
RILUTEK	4	
STALEVO 50	3	ST
STALEVO 100	3	ST
STALEVO 150	3	ST
STRATTERA	3	QL,ST
XYREM	3	QL
ZELAPAR	3	ST

Generics

<i>atamet</i>	1	ST
<i>carbidopa/levodopa</i>	1	ST
<i>carbidopa/levodopa cr</i>	1	ST
<i>carbidopa/levodopa er</i>	1	ST
<i>carbidopa/levodopa sr</i>	1	ST
<i>selegiline hcl</i>	1	ST

Nonsteroidal Anti-Inflammatory Agents

BRANDS

ARTHROTEC 50	3	
ARTHROTEC 75	3	
CELEBREX	3	QL
INDOCIN	3	
NALFON	3	
NAPRELAN (375 mg 24-Hour Tablet)	3	
PREVACID NAPRAPAC	3	QL

Generics

<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>diclofenac sodium dr</i>	1	
<i>diclofenac sodium ec</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac sodium xr</i>	1	
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<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>	3	QL
<i>meclofenamate sodium</i>	1	
<i>meloxicam (suspension)</i>	3	
<i>meloxicam (tablet)</i>	1	
<i>mst 600</i>	1	
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium</i>	1	
<i>orphenadrine compound</i>	3	
<i>orphenadrine compound ds</i>	3	
<i>orphenadrine/asa/caffeine</i>	3	
<i>orphengesic</i>	3	
<i>orphengesic forte</i>	3	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
<i>tolmetin sodium (capsule)</i>	1	
<i>tolmetin sodium (tablet)</i>	3	

Opiate Agonists - Narcotic Pain Relievers

BRANDS

AVINZA	3	QL
CAPITAL/CODEINE	2	
COMBUNOX	3	
DARVON-N	3	
DILAUDID-5	3	
DILAUDID-HP (Solution For Reconstitution)	3	
HYCET	3	
INFUMORPH 200	3	
INFUMORPH 500	3	
KADIAN	2	QL
OPANA	3	QL
OPANA ER	3	QL

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
OXYCONTIN	3	QL
PANLOR DC	3	
PERCOCET (325 mg;2.5 mg Tablet)	3	
REPREXAIN	3	
ROXICET (Solution)	3	
SYNALGOS-DC	3	
ULTRAM ER	3	
VOPAC	2	
XODOL	3	
ZYDONE	3	

Generics

acetaminophen/codeine	1	
acetaminophen/codeine #2	1	
acetaminophen/codeine #3	1	
acetaminophen/codeine #4	1	
anexsia	1	
ascomp/codeine	1	
aspirin/codeine	1	
astramorph	1	
balacet 325	1	
butalbital/acetaminophen/caffeine/codeine	1	
butalbital/aspirin/caffeine/codeine	1	
co-gesic	1	
dolacet	1	
dolagesic	1	
dolorex forte	1	
duramorph	1	
endocet	1	
eth-oxydose	1	
fentanyl (patch)	3	QL
fentanyl citrate (injectable)	1	
fentanyl citrate oral transmucosal	4	PA,QL
hydrocet	1	
hydrocodone bitartrate/acetaminophen	1	
hydrocodone/acetaminophen	1	
hydrocodone/ibuprofen	1	
hydrocodone-acetaminophen	1	
hydromorphone hcl	1	
levorphanol tartrate	3	
margesic-h	1	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
meperidine hcl	1	
meperitab	1	
methadone hcl (5 mg/5ml solution, 10 mg/5ml solution, concentrate, tablet)	1	
methadone hcl (10 mg/ml solution)	3	
methadose	1	
morphine sulfate	1	
morphine sulfate add-vantage	1	
morphine sulfate dilute-a-jet	1	
morphine sulfate er	3	QL
morphine sulfate in dextrose 5%	1	
morphine sulfate stick-gard	1	
morphine sulfate/d5w	1	
morphine sulfate/ns	1	
morphine/d5w	1	
narvox	1	
oxycodone hcl	1	
oxycodone hcl cr	3	QL
oxycodone hcl er	3	QL
oxycodone/acetaminophen	1	
oxycodone/aspirin	1	
oxyfast	1	
percolone	1	
perloxx	1	
phrenilin w/caffeine/codeine	1	
propoxyphene hcl	1	
propoxyphene/acetaminophen	1	
propoxyphene-n/acetaminophen	1	
roxicet (tablet)	1	
stagesic	1	
tramadol hcl	1	
tramadol hydrochloride/acetaminophen	1	
vanacet	1	
zerlor	1	

Opiate Antagonists - Narcotic Pain Relievers

Generics

depade	1
naloxone hcl	1
naltrexone hcl	1

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Opiate Partial Agonists - Narcotic Pain Relievers		
BRANDS		
SUBOXONE	3	
SUBUTEX	3	
Generics		
<i>buprenorphine hcl</i>	1	
<i>butorphanol tartrate</i>	1	
<i>nalbuphine hcl</i>	1	
<i>pentazocine/acetaminophen</i>	1	
<i>pentazocine/naloxone hcl</i>	1	
Selective Serotonin Agonists - Migraine and Headache Drugs		
BRANDS		
AMERGE	3	QL
AXERT	3	QL
FROVA	3	QL
IMITREX	2	QL
IMITREX STATDOSE PEN	2	QL
IMITREX STATDOSE REFILL	2	QL
MAXALT	2	QL
MAXALT-MLT	2	QL
RELPAK	3	QL
ZOMIG	3	QL
ZOMIG ZMT	3	QL
Succinimides - Seizure Control Drugs		
BRANDS		
CELONTIN	3	
Generics		
<i>ethosuximide</i>	1	
DEVICES		
Devices		
BRANDS		
BD INSULIN NEEDLES, PENS, SYRINGES, SAFETY SYRINGES	1	
INSULIN NEEDLES, PENS, SYRINGES, SAFETY SYRINGES (Non-BD Brand Products)	2	
Generics		
<i>alcohol swabs</i>	1	
<i>gauze pads</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
Alkalinizing Agents		
Generics		
<i>potassium citrate extended-release</i>	1	
<i>sodium bicarbonate</i>	1	
<i>sodium lactate</i>	1	
Ammonia Detoxicants		
BRANDS		
BUPHENYL	4	
KRISTALLOSE	2	
LITHOSTAT	3	
Generics		
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose</i>	1	
Diuretics - Drugs For Water Balance		
BRANDS		
DEMADEX (Solution)	3	
DIURIL	2	
DIURIL IV	3	
DYRENIUM	3	
EDECIN	3	
THALITONE	3	
Generics		
<i>amiloride/hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
<i>furosemide</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
<i>toremide</i>	1	
<i>triamterene/hydrochlorothiazide</i>	1	

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Irrigating Solutions		
BRANDS		
BRAND IRRIGATION SOLUTIONS	2	
Generics		
<i>generic irrigation solutions</i>	1	
Phosphate-Removing Agents		
BRANDS		
FOSRENOL	3	
RENAGEL	2	
Potassium Sparing Diuretics		
Generics		
<i>amiloride hcl</i>	1	
Potassium-Removing Agents		
Generics		
<i>kionex</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
<i>sps</i>	1	
Replacement Preparations		
BRANDS		
BRAND INJECTABLE REPLACEMENT THERAPIES	2	B/D-PA
KLOR-CON M15	2	
MICRO-K (8 Meq Controlled Release Capsule)	2	
PHOSLO	2	
Generics		
<i>generic injectable replacement therapies</i>	1	B/D-PA
<i>ed k+10</i>	1	
<i>kaon-cl-10</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m20</i>	1	
<i>k-vescent</i>	1	
<i>magnesium sulfate in d5w</i>	1	
Uricosuric Agents - Drugs To Decrease Uric Acid		
Generics		
<i>probenecid</i>	1	
<i>probenecid/colchicine</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ENZYMES		
BRANDS		
ADAGEN	4	
ALDURAZYME	4	
ELAPRASE	4	
ELITEK	4	
FABRAZYME	4	
MYOZYME	4	
NAGLAZYME	4	
SUCRAID	4	
EYE, EAR, NOSE & THROAT PREPARATIONS		
Antiallergic Agents - Drugs To Treat Allergies		
BRANDS		
ALAMAST	3	
ALOCRIAL	3	
ALOMIDE	3	
ASTELIN	2	QL
ELESTAT	3	
EMADINE	3	
OPTIVAR	2	
PATANOL	2	
Generics		
<i>cromolyn sodium (solution)</i>	1	
<i>ketotifen fumarate</i>	1	
Antibacterials (EENT) - Drugs To Treat Bacterial Infections		
BRANDS		
CILOXAN (Ointment)	2	
FLOXIN OTIC	3	ST
FLOXIN OTIC SINGLES	3	ST
QUIXIN	3	
TOBREX (Ointment)	3	
VIGAMOX	2	
ZYMAR	2	
Generics		
<i>ak-poly-bac</i>	1	
<i>ak-tob</i>	1	
<i>bacitracin (ointment)</i>	1	
<i>bacitracin/neomycin/polymyxin</i>	1	
<i>bacitracin/polymyxin b</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>erythromycin</i>	1	

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>genoptic</i>	1	
<i>gentak</i>	1	
<i>gentamicin sulfate</i>	1	
<i>gentasol</i>	1	
<i>neocin</i>	1	
<i>neocin-pg</i>	1	
<i>neomycin/bacitracin zinc/polymyxin</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
<i>ocusulf-10</i>	1	
<i>ofloxacin</i>	1	
<i>polycin b</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
<i>romycin</i>	1	
<i>sulf-10</i>	1	
<i>sulfacetamide sodium</i>	1	
<i>tobramycin sulfate</i>	1	
<i>tobrasol</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	

Antifungals (EENT) -

Drugs To Treat Fungal Infections

BRANDS

NATACYN	2
---------	---

Antivirals (EENT) - Drugs To Treat Viral Infections

Generics

<i>trifluridine</i>	1
---------------------	---

Carbonic Anhydrase Inhibitors

BRANDS

TRUSOPT	3
---------	---

Corticosteroids - Anti-Inflammatory Drugs

BRANDS

ALREX	2	
BECONASE AQ	3	QL,ST
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
CIPRO HC	2	
CIPRODEX	2	
COLY-MYCIN-S	3	
CORTISPORIN-TC	3	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
DERMOTIC	2	
FLAREX	2	
FML FORTE	2	
FML S.O.P.	2	
LOTEMAX	2	
MAXIDEX	2	
NASACORT AQ	3	QL,ST
NASAREL	3	QL,ST
NASONEX	2	QL,ST
POLY-PRED	2	
PRED MILD	2	
PRED-G	2	
PRED-G S.O.P.	2	
RHINOCORT AQUA	2	QL,ST
TOBRADEX	2	
VEXOL	2	
ZYLET	2	

Generics

<i>acetic acid/hydrocortisone</i>	1	
<i>antibiotic ear</i>	1	ST
<i>cortomycin</i>	1	ST
<i>dexamethasone sodium phosphate</i>	1	
<i>dexasol</i>	1	
<i>dexasporin</i>	1	
<i>flunisolide</i>	1	ST
<i>fluorometholone</i>	1	
<i>fluor-op</i>	1	
<i>fluticasone propionate</i>	1	ST
<i>neo/poly/bac/hc</i>	1	
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/hydrocortisone</i>	1	ST
<i>neomycin/polymyxin/hydrocortisone (1 %;3.5 mg/ml;10000 unit/ml suspension)</i>	1	ST
<i>oticin hc</i>	1	ST
<i>poly-dex</i>	1	
<i>prednisol</i>	1	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate</i>	1	

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
EENT - Glaucoma Drugs		
BRANDS		
ALPHAGAN P	2	
AZOPT	2	
BETIMOL	3	
BETOPTIC-S	2	
COSOPT	3	
ISTALOL	3	
LUMIGAN	2	QL
TRAVATAN	2	QL
TRAVATAN Z	2	QL
XALATAN	3	QL
Generics		
<i>betaxolol hcl</i>	1	
<i>brimonidine tartrate</i>	1	
<i>carteolol hcl</i>	1	
<i>levobunolol hcl</i>	1	
<i>metipranolol</i>	1	
<i>timolol maleate</i>	1	
<i>timolol maleate ophthalmic gel forming</i>	1	
Local Anesthetics (EENT)		
Generics		
<i>lidomar viscous</i>	1	
<i>parcaine</i>	1	
<i>proparacaine hcl</i>	1	
<i>uni-otic</i>	1	
Miotics		
BRANDS		
PHOSPHOLINE IODIDE	2	
PILOPINE HS	2	
Miscellaneous Anti-Infectives		
Generics		
<i>chlorhexadine gluconate</i>	1	
<i>chlorhexidine gluconate</i>	1	
<i>perio gard</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Miscellaneous Anti-Inflammatory Agents		
BRANDS		
RESTASIS	3	
Miscellaneous EENT Drugs		
BRANDS		
IOPIDINE	3	
LACRISERT	2	
Generics		
<i>acetic acid</i>	1	
<i>borofair</i>	1	
Mydriatics		
Generics		
<i>atropine sulfate</i>	3	
<i>dipivefrin hcl</i>	1	
<i>mydral</i>	1	
<i>tropicacyl</i>	1	
<i>tropicamide</i>	1	
Nonsteroidal Anti-Inflammatory Agents		
BRANDS		
ACULAR	2	
ACULAR LS	2	
ACULAR PF	2	
NEVANAC	3	
VOLTAREN (Solution)	2	
XIBROM	3	
Generics		
<i>flurbiprofen sodium</i>	1	
Vasoconstrictors		
BRANDS		
ADRENALIN (0.1 % Solution)	3	
TYZINE	2	
TYZINE PEDIATRIC NASAL DR	2	
Generics		
<i>ak-con</i>	1	
<i>naphazoline hcl</i>	1	

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
GASTROINTESTINAL AGENTS		
5-HT3 Receptor Antagonists - Nausea And Vomiting Prevention Drugs		
BRANDS		
ALOXI	4	
ANZEMET (Solution)	3	
ANZEMET (Tablet)	3	B/D-PA,QL
KYTRIL (0.1 mg/ml Solution, 1 mg/ml Solution)	4	
KYTRIL (2 mg/10ml Solution, Tablet)	4	B/D-PA,QL
Generics		
<i>ondansetron hcl (2 mg/ml solution, 32 mg/50ml solution)</i>	3	
<i>ondansetron hcl (4 mg/5ml solution, tablet)</i>	3	B/D-PA,QL
<i>ondansetron odt</i>	3	B/D-PA,QL
Antidiarrhea Agents		
BRANDS		
MOTOFEN	3	
Generics		
<i>diphenoxylate/atropine</i>	3	
<i>lofene</i>	3	
<i>lonox</i>	3	
<i>loperamide hcl</i>	1	
<i>paregoric</i>	1	
Antihistamines (GI Drugs) - Nausea And Vomiting Prevention Drugs		
BRANDS		
ANTIVERT (50 mg Tablet)	3	
Generics		
<i>meclizine hcl</i>	1	
<i>trimethobenzamide hcl</i>	3	
Anti-Inflammatory Agents - Bowel Treatment Drugs		
BRANDS		
ASACOL	2	
CANASA	2	
COLAZAL	3	
DIPENTUM	3	
PENTASA	3	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Generics		
<i>mesalamine</i>	3	
Cathartics And Laxatives - Bowel Treatment Drugs		
BRANDS		
AMITIZA	3	PA,QL
GOLYTELY (236 Gm;2.97 Gm;6.74 Gm;5.86 Gm; 22.74 Gm Solution For Reconstitution)	2	
HALFLYTELY BOWEL PREP KIT	2	
MOVIPREP	2	
NULYTELY	2	
OSMOPREP	2	
TRILYTE	2	
VISICOL	2	
Generics		
<i>glycolax</i>	1	
<i>peg 3350/electrolytes</i>	1	
<i>polyethylene glycol 3350</i>	1	
Cholelitholytic Agents - Drugs To Treat Gall Stones		
BRANDS		
URSO 250	3	
URSO FORTE	3	
Generics		
<i>ursodiol</i>	3	
Digestants - Digestive Enzymes		
BRANDS		
CREON 5	2	
CREON 10	2	
CREON 20	2	
ULTRASE	2	
ULTRASE MT 12	2	
ULTRASE MT 18	2	
ULTRASE MT 20	2	
Histamine H2-Antagonists - Ulcer And Stomach Acid Drugs		
BRANDS		
AXID (Solution)	3	
PEPCID (Suspension For Reconstitution)	3	
ZANTAC (50 mg/50ml;0.45 % Solution, Effervescent Tablet, Pack)	3	

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Generics		
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
<i>famotidine</i>	1	
<i>famotidine premixed</i>	1	
<i>nizatidine</i>	1	
<i>ranitidine hcl</i>	1	

**Miscellaneous Antiemetics -
Nausea And Vomiting Prevention Drugs**

BRANDS

EMEND	2	B/D-PA,QL
MARINOL	4	B/D-PA
TRANSDERM-SCOP	3	

Generics

<i>compro</i>	1	
<i>prochlorperazine</i>	1	

Miscellaneous GI Drugs - Gastrointestinal Drugs

BRANDS

LOTROXEX	2	PA,QL
----------	---	-------

**Prokinetic Agents -
Nausea And Vomiting Prevention Drugs**

Generics

<i>metoclopramide hcl</i>	1	
---------------------------	---	--

Prostaglandins - Ulcer And Stomach Acid Drugs

Generics

<i>misoprostol</i>	1	
--------------------	---	--

Protectants - Ulcer and Stomach Acid Drugs

BRANDS

CARAFATE (Suspension)	3	
-----------------------	---	--

Generics

<i>sucralfate</i>	1	
-------------------	---	--

**Proton-Pump Inhibitors -
Ulcer And Stomach Acid Drugs**

BRANDS

ACIPHEX	3	QL
NEXIUM	2	QL
NEXIUM I.V.	3	
PREVACID	2	QL
PREVACID I.V.	3	
PREVACID SOLUTAB	2	QL

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
PREVPAC	3	QL
PRILOSEC (40 mg Delayed Release Capsule)	3	QL
PROTONIX (Delayed Release Tablet)	2	QL
PROTONIX (Solution For Reconstitution)	3	
ZEGERID	3	QL

Generics

<i>omeprazole</i>	1	QL
-------------------	---	----

GOLD COMPOUNDS

BRANDS

RIDAURA	3	
---------	---	--

HEAVY METAL ANTAGONISTS

BRANDS

CUPRIMINE	2	
DEPEN TITRATABS	3	
EXJADE	4	
SYPRINE	3	

HORMONES AND SYNTHETIC SUBSTITUTES

**Adrenals - Corticosteroids -
Anti-Inflammatory Drugs**

BRANDS

AEROBID	3	ST
AEROBID-M	3	ST
ARISTOSPAN INTRA-ARTICULAR	3	
ARISTOSPAN INTRALESIONAL	3	
ASMANEX 14 METERED DOSES	2	QL,ST
ASMANEX 30 METERED DOSES	2	QL,ST
ASMANEX 60 METERED DOSES	2	QL,ST
ASMANEX 120 METERED DOSES	2	QL,ST
AZMACORT	3	ST
CELESTONE	3	
CORTEF (10 mg Tablet, 5 mg Tablet)	3	
DEPO-MEDROL (20 mg/ml Suspension)	B	2
DEXPAK 13 DAY	3	
ENTOCORT EC	3	
FLOVENT HFA	2	ST
KENALOG-10	2	
KENALOG-40	2	
MEDROL (2 mg Tablet, 16 mg Tablet, 32 mg Tablet)	3	ST
PULMICORT	3	B/D-PA,ST
PULMICORT FLEXHALER	3	ST

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
PULMICORT TURBUHALER	3	ST
QVAR	2	ST
SOLU-CORTEF	2	
SOLU-MEDROL (2 Gm Solution For Reconstitution)	2	
Generics		
<i>a-methapred</i>	1	
<i>cortisone acetate</i>	1	
<i>dexamethasone</i>	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone (tablet)</i>	1	
<i>methylprednisolone</i>	1	ST
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sodium</i>	1	
<i>prednisolone</i>	1	ST
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	ST
<i>prednisone intensol</i>	1	ST
Alpha-Glucosidase Inhibitors - Diabetes Drugs		
BRANDS		
GLYSET	3	
PRECOSE	2	
Androgens - Testosterone Drugs		
BRANDS		
ANDRODERM	2	PA
ANDROGEL	2	PA
ANDROGEL PUMP	2	PA
ANDROID	3	
METHITEST	3	
NANDROLONE DECANOATE	2	
STRIANT	3	PA
TESTIM	3	PA
TESTOPEL	3	
TESTRED	3	
Generics		
<i>androxy</i>	3	
<i>danazol</i>	3	
<i>oxandrolone</i>	4	PA
<i>testosterone cypionate</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>testosterone enanthate</i>	1	
Antithyroid Agents		
Generics		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
Biguanides - Diabetes Drugs		
BRANDS		
FORTAMET	3	ST
GLUMETZA	3	ST
RIOMET	3	
Generics		
<i>metformin hcl</i>	1	ST
<i>metformin hcl er</i>	1	ST
Bronchodilators, Combinations		
BRANDS		
SYMBICORT	3	PA
Contraceptives - Birth Control Drugs		
BRANDS		
ESTROSTEP FE	2	
FEMCON FE	3	
LOESTRIN 24 FE	3	
NUVARING	2	
ORTHO EVRA	2	
ORTHO TRI-CYCLEN LO	3	
OVCON-50 28	3	
PLAN B	3	
SEASONALE	3	
SEASONIQUE	3	
YASMIN 28	2	
YAZ	2	
Generics		
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aviane</i>	1	
<i>balziva</i>	1	
<i>camila</i>	1	
<i>cesia</i>	1	
<i>cryselle-28</i>	1	
<i>enpresse-28</i>	1	
<i>errin</i>	1	

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>jolessa</i>	3	
<i>jolivette</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>leena</i>	1	
<i>lessina-28</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>mononessa</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>necon 1/35-28</i>	1	
<i>necon 1/50-28</i>	1	
<i>necon 10/11-28</i>	1	
<i>necon 7/7/7</i>	1	
<i>nora-be</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	
<i>ogestrel</i>	1	
<i>portia-28</i>	1	
<i>previfem</i>	1	
<i>quasense</i>	3	
<i>reclipsen</i>	1	
<i>solia</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>trinessa</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>trivora-28</i>	1	
<i>velivet</i>	1	
<i>zovia 1/35e</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>zovia 1/50e</i>	1	
Estrogen Agonist-Antagonists		
<u>BRANDS</u>		
EVISTA	2	QL
Estrogens		
<u>BRANDS</u>		
ACTIVELLA	3	
ALORA	2	
ANGELIQ	3	
CENESTIN	2	
CLIMARA PRO	3	
COMBIPATCH	3	
DELESTROGEN	3	
DEPO-ESTRADIOL	3	
ENJUVIA	3	
ESCLIM	3	
ESTRACE (Cream)	3	
ESTRADERM	2	
ESTRASORB	3	
ESTRING	2	QL
ESTROGEL	3	QL
FEMHRT 1/5	2	
FEMHRT LOW DOSE	2	
FEMRING	3	QL
FEMTRACE	3	
GYNODIOL (1.5 mg Tablet)	2	
MENEST	2	
MENOSTAR	3	
PREFEST	3	
PREMARIN	2	
PREMARIN W/APPLICATOR	2	
PREMPHASE	2	
PREMPRO	2	
VAGIFEM	2	
VIVELLE	3	
VIVELLE-DOT	2	
<u>Generics</u>		
<i>estradiol</i>	1	
<i>estropipate</i>	1	
<i>gynodiol</i> (0.5 mg tablet, 1 mg tablet, 2 mg tablet)	1	

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>ortho-est</i>	1	
Glycogenolytic Agents - Diabetes Drugs		
BRANDS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	2	
Gonadotropins - Hormone Regulation Drugs		
BRANDS		
SYNAREL	4	
Generics		
<i>chorionic gonadotropin</i>	1	
<i>novarel</i>	1	
<i>pregnyl w/diluent benzyl</i>	1	
Insulins		
BRANDS		
EXUBERA COMBINATION PACK	3	PA
EXUBERA KIT	3	PA
HUMALOG	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 PEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 PEN	2	
HUMALOG PEN	2	
HUMULIN 50/50	2	
HUMULIN 70/30	2	
HUMULIN 70/30 PEN	2	
HUMULIN N	2	
HUMULIN N U-100 PEN	2	
HUMULIN R	2	
LANTUS	2	
LANTUS OPTICLIK	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 INNOLET	2	
NOVOLIN 70/30 PENFILL	2	
NOVOLIN N	2	
NOVOLIN N INNOLET	2	
NOVOLIN N U-100 PENFILL	2	
NOVOLIN R	2	
NOVOLIN R INNOLET	2	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
NOVOLIN R U-100	2	
NOVOLIN R U-100 PENFILL	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PENFILL	2	
NOVOLOG MIX 70/30 PREFILL	2	
NOVOLOG PENFILL	2	
Meglitinides - Diabetes Drugs		
BRANDS		
PRANDIN	3	QL
STARLIX	2	QL
Miscellaneous Diabetes Drugs		
BRANDS		
BYETTA	3	ST
JANUVIA	3	ST
SYMLIN	3	PA
Miscellaneous Antihypoglycemic Agents		
BRANDS		
PROGLYCEM	3	
Parathyroid		
BRANDS		
FORTEO	4	B/D-PA
FORTICAL	2	QL
MIACALCIN (200 Unit/ml Injectable Solution)	3	B/D-PA
MIACALCIN (200 Unit/Nasal Solution)	3	QL
Pituitary		
BRANDS		
STIMATE	4	
Generics		
<i>desmopressin acetate</i>	3	
<i>minirin</i>	3	
Progestins		
BRANDS		
CRINONE	3	
DEPO-PROVERA	3	
MEGACE ES	3	
PROCHIEVE	3	
PROMETRIUM	2	

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Generics		
<i>medroxyprogesterone acetate</i>	1	
<i>norethindrone acetate</i>	1	
Somatotropin Agonists - Growth Deficiency Drugs		
BRANDS		
GENOTROPIN	4	PA
GENOTROPIN MINIQUICK	4	PA
HUMATROPE	4	PA
HUMATROPE COMBO PACK	4	PA
NORDITROPIN CARTRIDGE	4	PA
NORDITROPIN NORDIFLEX	4	PA
NORDITROPIN NORDIFLEX PEN	4	PA
NUTROPIN	4	PA
NUTROPIN AQ	4	PA
NUTROPIN AQ PEN	4	PA
SAIZEN	4	PA
SAIZEN CLICK.EASY	4	PA
TEV-TROPIN	4	PA
Somatotropin Antagonists		
BRANDS		
SOMAVERT	4	PA
Sulfonylureas - Diabetes Drugs		
Generics		
<i>chlorpropamide</i>	1	ST
<i>glimepiride</i>	1	ST
<i>glipizide</i>	1	ST
<i>glipizide er</i>	1	ST
<i>glipizide xl</i>	1	ST
<i>glipizide/metformin hcl</i>	1	
<i>glyburide</i>	1	ST
<i>glyburide micronized</i>	1	ST
<i>glyburide/metformin hcl</i>	1	
<i>glycron (1.5 mg tablet, 3 mg tablet, 6 mg tablet)</i>	1	ST
<i>tolazamide</i>	1	ST
<i>tolbutamide</i>	1	ST
Thiazolidinediones - Diabetes Drugs		
BRANDS		
ACTOPLUS MET	2	ST
ACTOS	2	QL,ST

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
AVANDAMET	2	ST
AVANDARYL	2	ST
AVANDIA	2	QL,ST
DUETACT	2	ST
Thyroid Agents		
BRANDS		
CYTOMEL	2	
LEVOTHROID	2	
SYNTHROID	2	
THYROLAR-1/4	2	
THYROLAR-1/2	2	
THYROLAR-1	2	
THYROLAR-2	2	
THYROLAR-3	2	
Generics		
<i>levothyroxine sodium</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium</i>	1	
<i>unithroid</i>	1	
LOCAL ANESTHETICS		
Generics		
<i>lidocaine hcl</i>	1	
MISCELLANEOUS THERAPEUTIC AGENTS		
BRANDS		
ACETADOTE	3	
ACTIMMUNE	4	
ACTONEL	2	QL
ACTONEL WITH CALCIUM	2	QL
ANTABUSE	2	
APHTHASOL	2	
ARALAST	4	
AVODART	2	QL
AVONEX	4	PA
AZASAN	2	
BETASERON	4	PA
BONIVA (Kit)	3	
BONIVA (Tablet)	3	QL
CELLCEPT	4	B/D-PA
CELLCEPT INTRAVENOUS	4	B/D-PA
CEREZYME	4	
COPAXONE	4	PA

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
CYSTADANE	3	
CYSTAGON	3	
DEMSER	3	
DIDRONEL (400 mg Tablet)	3	
ELMIRON	3	
ENBREL	4	PA
ENBREL SURECLICK	4	PA
ETHYOL	4	
FLOMAX	2	QL
FOSAMAX	2	QL
FOSAMAX PLUS D	2	QL
GASTROCROM	3	
HUMIRA	4	PA
HUMIRA PEN	4	PA
KINERET	4	PA
MESNEX (Tablet)	4	
MYFORTIC	3	B/D-PA
ORFADIN	4	
PAMIDRONATE DISODIUM (6 mg/ml Solution)	4	
PROGRAF	4	B/D-PA
PROLASTIN	4	
RAPAMUNE	3	B/D-PA
REBIF	4	PA
REBIF TITRATION PACK	4	PA
REMICADE	4	PA
REVLIMID	4	PA
SANDOSTATIN LAR DEPOT	4	PA
SENSIPAR	2	
SORIATANE	4	
THALOMID	4	PA
THIOLA	3	
TYSABRI	4	PA
UROXATRAL	3	QL
ZAVESCA	4	
ZEMAIRA	4	
ZOMETA	4	

Generics

<i>allopurinol</i>	1	
<i>allopurinol sodium</i>	1	
<i>azathioprine</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>azathioprine sodium</i>	3	
<i>bromocriptine mesylate</i>	3	
<i>cabergoline</i>	3	
<i>colchicine (solution)</i>	3	
<i>colchicine (tablet)</i>	1	
<i>cyclosporine</i>	3	B/D-PA
<i>cyclosporine modified</i>	3	B/D-PA
<i>dexrazoxane</i>	3	
<i>etidronate disodium</i>	1	
<i>finasteride</i>	1	
<i>gengraf</i>	3	B/D-PA
<i>leflunomide</i>	1	
<i>leucovorin calcium (solution for reconstitution, tablet)</i>	1	
<i>leucovorin calcium (solution)</i>	3	
<i>levocarnitine (solution)</i>	3	
<i>levocarnitine (tablet)</i>	1	
<i>mesna</i>	4	
<i>octreotide acetate</i>	4	PA
<i>pamidronate disodium (30 mg/10ml solution, 90 mg/10ml solution, solution for reconstitution)</i>	3	

OXYTOCICS

BRANDS

METHERGINE (Solution)	3	
METHERGINE (Tablet)	2	

Generics

<i>oxytocin</i>	3	
-----------------	---	--

PHARMACEUTICAL AIDS

Generics

<i>lactulose</i>	1	
<i>potassium chloride</i>	1	
<i>valproic acid</i>	1	

SERUMS, TOXOIDS AND VACCINES

Serums - Immune System Drugs

BRANDS

CARIMUNE	4	B/D-PA
CARIMUNE NANOFILTERED	4	B/D-PA
FLEBOGAMMA	4	B/D-PA
GAMASTAN S/D	3	B/D-PA
GAMMAGARD LIQUID	4	B/D-PA
GAMMAGARD S/D	4	B/D-PA

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
GAMUNEX	4	B/D-PA
IVEEGAM EN	4	B/D-PA
OCTAGAM	4	B/D-PA
PANGLOBULIN	4	B/D-PA
PANGLOBULIN NF	4	B/D-PA
PANGLOBULIN	4	B/D-PA
POLYGAM S/D	4	B/D-PA
VENOGLOBULIN-S	4	B/D-PA

Generics

<i>immune globulin</i>	1	B/D-PA
------------------------	---	--------

Toxoids - Vaccines

BRANDS

ADACEL	2	
BOOSTRIX	2	
DAPTACEL	2	
DECAVAC	2	
DIPHTHERIA/TETANUS TOXOID	2	
INFANRIX	2	
TETANUS TOXOID	2	
TETANUS TOXOID ADSORBED	2	
TETANUS/DIPHTHERIA TOXOID	2	
TRIHIBIT	2	
TRIPEDIA	2	

Vaccines

BRANDS

ACTHIB	2	
ATTENUVAX	2	
COMVAX	2	
ENGERIX-B	2	B/D-PA
GARDASIL	2	
HAVRIX	2	
HIBTITER	2	
IMOVAX RABIES (H.D.C.V.)	2	
IPOL INACTIVATED IPV	2	
JE-VAX	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MERUVAX II W/DILUENT 1 DOSE	2	
MERUVAX II W/DILUENT 10 DOSE	2	
M-M-R II W/DILUENT 1 DOSE	2	
M-M-R II W/DILUENT 10 DOSE	2	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
M-R-VAX II	2	
MUMPSVAX W/DILUENT 1 DOSE	2	
MUMPSVAX W/DILUENT 10 DOSE	2	
PEDIARIX	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	B/D-PA
ROTATEQ	2	
THERACYS	3	
TICE BCG	3	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VIVOTIF BERNA	2	
YF-VAX	2	
ZOSTAVAX	2	

SKIN AND MUCOUS MEMBRANE PREPARATIONS

Antibacterials (Skin & Mucous Membrane Agents) - Bacterial Infection Drugs

BRANDS

AKNE-MYCIN	3	
BACTROBAN (Cream)	2	
BACTROBAN NASAL	2	
BENZACLIN	2	
CLEOCIN (75 mg Capsule, Suppository)	3	
CLINDESSE	3	
DUAC	3	
EVOCLIN	3	
METROGEL	3	
NORITATE	3	
ROZEX	3	

Generics

<i>clindagel</i>	1	
<i>clindamycin phosphate</i>	1	
<i>clindets</i>	1	
<i>eryderm</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin/benzoyl peroxide</i>	1	

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>gentamicin sulfate</i>	1	
<i>metronidazole</i>	1	
<i>metronidazole vaginal</i>	1	
<i>mupirocin</i>	1	
<i>neomycin/polymyxin b sulfate</i>	1	
<i>sodium sulfacetamide</i>	1	
<i>vandazole</i>	1	

**Antifungals (Skin & Mucous Membrane Agents)
- Fungal Infection Drugs**

BRANDS

ERTACZO	3	
EXELDERM	3	
GYNAZOLE-1	2	
LAMISIL (Solution)	3	
LOPROX (Gel)	3	
LOPROX SHAMPOO	3	
MENTAX	3	
MONISTAT 7 COMBINATION PACK	2	
NAFTIN	2	
NAFTIN-MP	2	
OXISTAT	3	
PENLAC NAIL LACQUER	3	QL
XOLEGEL	3	

Generics

<i>ciclopirox</i>	1	
<i>ciclopirox olamine</i>	1	
<i>clotrimazole</i>	1	
<i>clotrimazole/betamethasone</i>	1	
<i>econazole nitrate</i>	1	
<i>ketoconazole (cream, shampoo)</i>	1	
<i>kuric</i>	1	
<i>miconazole 3</i>	1	
<i>nyamyc</i>	1	
<i>nystatin</i>	1	
<i>nystop</i>	1	
<i>pedi-dri</i>	1	
<i>terconazole</i>	1	
<i>terconazole vaginal</i>	1	
<i>zazole</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Anti-Inflammatory Agents		
BRANDS		
ALA-SCALP	2	ST
CAPEX	3	ST
CLOBEX	3	ST
CLODERM	3	ST
CORDRAN	3	ST
CORDRAN SP	3	ST
CORDRAN TAPE	3	ST
CORTIFOAM	3	
CORTISPORIN (Cream)	2	
CORTISPORIN (Ointment)	3	
CUTIVATE (Lotion)	3	ST
DERMA-SMOOTH/FS BODY OIL	3	ST
DERMA-SMOOTH/FS SCALP OI	3	ST
HALOG	3	ST
KENALOG (Aerosol Solution)	2	ST
LOCOID LIPOCREAM	2	ST
LUXIQ	3	ST
OLUX	3	ST
OLUX-E	3	ST
PANDEL	3	ST
PSORCON E	3	ST
TEXACORT (2.5 % Solution)	3	ST
VANOS	3	ST

Generics

<i>ala-cort</i>	1	ST
<i>alclometasone dipropionate</i>	1	ST
<i>alphatrex</i>	1	ST
<i>amcinonide</i>	1	ST
<i>augmented betamethasone dipropionate</i>	1	ST
<i>betamethasone dipropionate</i>	1	ST
<i>betamethasone valerate</i>	1	ST
<i>beta-val</i>	1	ST
<i>cetacort</i>	1	ST
<i>clobetasol propionate</i>	1	ST
<i>clobetasol propionate e</i>	1	ST
<i>clobetasol propionate emollient</i>	1	ST
<i>clobevate</i>	1	ST
<i>colocort</i>	3	

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
cormax	1	ST
del-beta	1	ST
desonide	1	ST
desoximetasone	1	ST
diflorasone diacetate	1	ST
fluocinolone acetonide	1	ST
fluocinonide	1	ST
fluocinonide emollient base	1	ST
fluocinonide-e	1	ST
fluticasone propionate	1	ST
halobetasol propionate	1	ST
hydrocortisone (cream, lotion, ointment)	1	ST
hydrocortisone (enema)	3	
hydrocortisone butyrate	1	ST
hydrocortisone in absorbase	1	ST
hydrocortisone valerate	1	ST
isovate	1	ST
lacticare-hc	1	ST
lokara	1	ST
mometasone furoate	1	ST
nystatin/triamcinolone	1	
prednicarbate	1	ST
proctocream-hc	1	
procto-kit	1	
procto-pak	1	ST
proctosol hc	1	
proctozone-hc	1	
texacort (1 % solution)	3	ST
triamcinolone acetonide	1	ST
triamcinolone acetonide in asorbase	1	ST
triamcinolone in orabase	1	
triderm	1	ST
u-cort	1	ST

Antipruritics And Local Anesthetics

BRANDS

LIDODERM	3	QL
----------	---	----

Generics

lidocaine	1	
lidocaine hcl	1	
lidocaine hcl jelly	1	
lidocaine/prilocaine	1	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
-----------	-----------	----------------------

phenazopyridine hcl	1	
---------------------	---	--

Antivirals (Skin & Mucous Membrane Agents) - Viral Infection Drugs

BRANDS

DENAVIR	2	
ZOVIRAX (Cream, Ointment)	2	

Basic Lotions And Liniments

Generics

ammonium lactate	1	
laccream	1	
laclotion	1	

Cell Stimulants And Proliferants

BRANDS

KEPIVANCE	4	
RETIN-A MICRO	2	

Generics

avita (cream)	1	
tretinoin (cream, gel)	1	

Depigmenting Agents

BRANDS

BENOQUIN	3	
----------	---	--

Miscellaneous Local Anti-Infectives

BRANDS

SULFAMYLON (Cream)	2	
SULFAMYLON (Pack)	3	

Generics

selenium sulfide	1	
silver sulfadiazine	1	
ssd	1	
ssd af	1	
thermazene	1	

Miscellaneous Skin And Mucous Membrane Agents

BRANDS

ALDARA	2	
AZELEX	3	
CARAC	2	
CONDYLOX (Gel)	3	
DIFFERIN	3	
DOVONEX	2	

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
EFUDEX OCCLUSION PACK	2	
ELIDEL	3	ST
FINACEA	3	
FLUOROPLEX	2	
LEVULAN KERASTICK	3	
PANRETIN	4	
PROTOPIC	3	ST
RAPTIVA	4	PA
REGRANEX	4	PA,QL
SANTYL	3	
SOLARAZE	3	
TARGRETIN	4	
TAZORAC	3	

Generics

<i>amnestem</i>	3	
<i>claravis</i>	3	
<i>fluorouracil</i>	1	
<i>podocon 25 in benzoin tincture</i>	1	
<i>podoflox</i>	1	
<i>sotret</i>	3	

Pigmenting Agents

BRANDS

OXSORALEN	2	
OXSORALEN ULTRA	4	

Scabicides And Pediculicides - Scabies And Lice Drugs

BRANDS

EURAX	2	
OVIDE	3	

Generics

<i>acticin</i>	1	
<i>lindane</i>	3	
<i>permethrin</i>	1	

SMOOTH MUSCLE RELAXANTS

Genitourinary Smooth Muscle Relaxants - Bladder Control Drugs

BRANDS

DETROL	2	QL,ST
DETROL LA	2	QL,ST
ENABLEX	2	QL,ST
OXYTROL	2	QL

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
SANCTURA	3	QL,ST
VESICARE	3	QL,ST

Generics

<i>flavoxate hcl</i>	1	
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride er</i>	1	ST

Respiratory Smooth Muscle - Asthma Drugs

BRANDS

ELIXOPHYLLIN	2	
THEO-24	2	
UNIPHYL	2	

Generics

<i>aminophylline</i>	1	
<i>dilor</i>	3	
<i>theocap</i>	1	
<i>theochron</i>	1	
<i>theophylline cr</i>	1	
<i>theophylline er</i>	1	
<i>theophylline td</i>	1	

VITAMINS

Miscellaneous Vitamins

Generics

<i>vitamin/mineral, misc</i>	3	
------------------------------	---	--

Vitamin B Complex

Generics

<i>niacor</i>	1	
---------------	---	--

Vitamin D - Renal Disease Drugs

BRANDS

HECTOROL	2	
ZEMPLAR (Capsule)	3	ST
ZEMPLAR (Solution)	3	

Generics

<i>calcitriol (capsule)</i>	1	st
<i>calcitriol (solution)</i>	1	

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

Please note: If a generic form of a brand name drug is available, only the generic form is covered under this plan and only the generic name is listed in this formulary. If you do not know the generic name of the brand drug you are looking for, please look at your prescription bottle or review the complete TEAMStar Medicare Part D Prescription Drug Program formulary on our web site, www.teamstarpartd.com. Formulary alternatives are listed on the web site. You may also call Customer Service at 1-866-524-4173.

Index

A

- a-methapred, 26
- Abilify, 16
- Abilify Discmelt, 16
- Abraxane, 8
- Accolate, 10
- Accuneb, 11
- acebutolol hcl, 13
- Aceon, 12
- Acetadote, 29
- acetaminophen/codeine, 19
- acetaminophen/codeine #2, 19
- acetaminophen/codeine #3, 19
- acetaminophen/codeine #4, 19
- acetazolamide, 13
- acetazolamide sodium, 13
- acetic acid, 23
- acetic acid/hydrocortisone, 22
- acetylcysteine, 10
- Aciphex, 25
- Acthib, 31
- acticin, 34
- Actimmune, 29
- Activella, 27
- Actonel, 29
- Actonel with Calcium, 29
- Actoplus Met, 29
- Actos, 29
- Acular, 23
- Acular LS, 23
- Acular PF, 23
- acyclovir, 6,7
- acyclovir sodium, 7
- Adacel, 31
- Adagen, 21
- Adderall XR, 15
- Adrenalin, 23
- adriamycin, 9
- Advair Diskus, 10
- Advair HFA, 10
- Advicor, 14
- Aerobid, 25
- Aerobid-M, 25
- afeditab cr, 14
- Agenerase, 4
- Aggrenox, 11
- airet, 11
- ak-con, 23
- ak-poly-bac, 21
- ak-tob, 21
- Akineton, 10
- Akne-Mycin, 31
- ala-cort, 32
- Ala-Scalp, 32
- Alamast, 21
- Albenza, 4
- albuterol, 11
- albuterol sulfate, 11
- alclometasone dipropionate, 32
- alcohol swabs, 20
- Aldactazide, 14
- Aldara, 33
- Aldurazyme, 21
- Alferon N, 8
- Alimta, 8
- Alinia, 6
- Alkeran, 8
- Allegra, 3
- Allegra-D 12 Hour, 3
- Allegra-D 24 Hour, 3
- allopurinol, 30
- allopurinol sodium, 30
- Alocril, 21
- Alomide, 21
- Alora, 27
- Aloxi, 24
- Alphagan P, 23
- alphatrex, 32
- Alrex, 22
- Altace, 12
- Altoprev, 14
- Alupent, 11
- amantadine hcl, 3
- Ambien CR, 17
- amcinonide, 32
- Amerge, 20
- amikacin sulfate, 3
- amiloride/hydrochlorothiazide, 20
- amiloride hcl, 21
- aminophylline, 34
- amiodarone hcl, 13
- Amitiza, 24
- amitriptyline hcl, 15
- amlodipine besylate, 14
- amlodipine besylate/benazepril hcl, 14
- ammonium lactate, 33
- amnesteam, 34
- amoclan, 7
- amoxapine, 16
- amoxicillin, 7
- amoxicillin/clavulanate potassium, 7
- Amoxil, 7
- amoxil, 7
- amphetamine salts combo, 15
- amphocin, 7
- amphotericin b, 7
- ampicillin, 7
- ampicillin-sulbactam, 7
- anagrelide hydrochloride, 12
- Ancobon, 7
- Androderm, 26
- Androgel, 26
- Androgel Pump, 26
- Android, 26
- androxy, 26
- anexsia, 19
- Angeliq, 27
- Antabuse, 29
- Antara, 14
- antibiotic ear, 22
- Antivert, 24
- Anzemet, 24
- Aphthasol, 29
- Apokyn, 17
- apri, 26
- Aptivus, 4
- Aralast, 29
- aranelle, 26
- Aranesp, 12
- Aranesp Albumin Free, 12
- Aricept, 10
- Aricept ODT, 10
- Arimidex, 8
- Aristospan Intra-Articular, 25
- Aristospan Intralesional, 25
- Arixtra, 11
- Aromasin, 8
- Arranon, 8
- Arthrotec 50, 18
- Arthrotec 75, 18

Asacol, 24
 ascomp/codeine, 19
 Asmanex 120 Metered Doses, 25
 Asmanex 14 Metered Doses, 25
 Asmanex 30 Metered Doses, 25
 Asmanex 60 Metered Doses, 25
 aspirin/codeine, 19
 Astelin, 21
 astramorph, 19
 Atacand, 12
 Atacand HCT, 12
 atamet, 18
 atenolol, 13
 atenolol/chlorthalidone, 13
 atreza, 10
 Atripla, 4
 atropine sulfate, 10,23
 Atrovent HFA, 10
 Attenuvax, 31
 augmented betamethasone
 dipropionate, 32
 Augmentin, 7
 Augmentin XR, 7
 Avalide, 12
 Avandamet, 29
 Avandaryl, 29
 Avandia, 29
 Avapro, 12
 Avastin, 8
 Avelox, 7
 Avelox ABC Pack, 7
 aviane, 26
 Avinza, 18
 avita, 33
 Avodart, 29
 Avonex, 29
 Axert, 20
 Axid, 24
 Azactam, 6
 Azasan, 29
 azathioprine, 30
 azathioprine sodium, 30
 Azelex, 33
 Azilect, 17
 azithromycin, 5
 Azmacort, 25
 Azopt, 23

B

baciim, 6
 bacitracin, 21
 bacitracin/neomycin/polymyxin, 21
 bacitracin/polymyxin b, 21
 baclofen, 11
 Bactocill In Dextrose, 7
 Bactroban, 31

Bactroban Nasal, 31
 balacet 325, 19
 balziva, 26
 Baraclude, 6
 BD Insulin Needles, Pens, Syringes, ...

 Safety Syringes, 20
 Beconase AQ, 22
 benazepril hcl, 12
 benazepril hcl/hydrochloride, 12
 Benicar, 12
 Benicar HCT, 12
 Benoquin, 33
 Benzaclin, 31
 benztropine mesylate, 10
 beta-val, 32
 betamethasone dipropionate, 32
 betamethasone valerate, 32
 Betaseron, 29
 betaxolol hcl, 13,23
 bethanechol chloride, 10
 Betimol, 23
 Betoptic-S, 23
 Bexxar, 8
 Bicillin C-R, 7
 Bicillin L-A, 7
 Bicnu W/Diluent Absolute, 8
 Bidil, 15
 Biltricide, 4
 bisoprolol fumarate, 13
 bisoprolol fumarate/
 hydrochlorothiazide, 13
 bleomycin sulfate, 9
 Blephamide, 22
 Blephamide S.O.P., 22
 Boniva, 29
 Boostrix, 31
 borofair, 23
 Brand Injectable Replacement
 Therapies, 21
 Brand Irrigation Solutions, 21
 brimonidine tartrate, 23
 bromocriptine mesylate, 30
 budesprion sr, 16
 budesprion xl, 16
 bumetanide, 20
 Buphenyl, 20
 buprenorphine hcl, 20
 buproban, 16
 bupropion hcl, 16
 bupropion hcl sr, 16
 buspirone hcl, 17
 Busulfex, 8
 butalbital/acetaminophen/caffeine/
 codeine, 19

C

butalbital/aspirin/caffeine/codeine,
 19
 butorphanol tartrate, 20
 Byetta, 28
 cabergoline, 30
 Caduet, 14
 calcitriol, 34
 camila, 26
 Campath, 8
 Campral, 17
 Camptosar, 8
 Canasa, 24
 Cancidas, 5
 Capex, 32
 Capital/Codeine, 18
 captopril, 12
 captopril/hydrochlorothiazide, 12
 Carac, 33
 Carafate, 25
 carbamazepine, 17
 Carbatrol, 17
 carbidopa/levodopa, 18
 carbidopa/levodopa cr, 18
 carbidopa/levodopa er, 18
 carbidopa/levodopa sr, 18
 carboplatin, 9
 Cardene SR, 14
 Cardizem CD, 14
 Cardizem LA, 14
 Cardura XL, 12
 Carimune, 30
 Carimune Nanofiltered, 30
 carisoprodol, 11
 carisoprodol/aspirin, 11
 carisoprodol/aspirin/codeine, 11
 carteolol hcl, 23
 cartia xt, 14
 Casodex, 8
 Catapres-TTS-1, 13
 Catapres-TTS-2, 13
 Catapres-TTS-3, 13
 Cedax, 5
 Ceenu, 8
 cefaclor, 5
 cefaclor er, 5
 cefadroxil, 5
 cefazolin sodium, 5
 cefazolin sodium-dextrose, 5
 cefdinir, 5
 Cefizox In Dextrose 5%, 5
 cefotaxime sodium, 5
 cefoxitin sodium, 6
 cefpodoxime proxetil, 5
 cefprozil, 5

Ceftin, 5
 ceftriaxone/dextrose, 5
 ceftriaxone in iso-osmotic, 5
 ceftriaxone sodium, 5
 cefuroxime/dextrose, 5
 cefuroxime axetil, 5
 cefuroxime sodium, 5
 Celebrex, 18
 Celestone, 25
 Cellcept, 29
 Cellcept Intravenous, 29
 Celontin, 20
 Cenestin, 27
 cephalixin, 5
 Cerebyx, 16
 Cerezyme, 29
 cesia, 26
 cetacort, 32
 Chantix, 10
 chlordiazepoxide/amitriptyline, 16
 chlorhexadine gluconate, 23
 chlorhexidine gluconate, 23
 chloroquine phosphate, 4
 chlorothiazide, 20
 chlorpromazine hcl, 16
 chlorpropamide, 29
 chlorthalidone, 20
 chlorzoxazone, 11
 cholestyramine, 13
 cholestyramine light, 13
 chorionic gonadotropin, 28
 ciclopirox, 32
 ciclopirox olamine, 32
 cilostazol, 12
 Ciloxan, 21
 cimetidine, 25
 cimetidine hcl, 25
 Cipro, 7
 Ciprodex, 22
 ciprofloxacin, 7
 ciprofloxacin er, 7
 ciprofloxacin hcl, 7,21
 Cipro HC, 22
 Cipro I.V.-In D5W, 7
 cisplatin, 9
 cisplatin aq, 9
 citalopram hydrobromide, 16
 cladribine, 9
 Claforan, 5
 Claforan/D5W, 5
 claravis, 34
 Clarinex, 3
 Clarinex-D 12 Hour, 3
 Clarinex-D 24 Hour, 3
 Clarinex Reditabs, 3
 clarithromycin, 5
 clarithromycin er, 5
 clemastine fumarate, 3
 Cleocin, 6,31
 Cleocin Pediatric Granule, 6
 Climara Pro, 27
 clindagel, 31
 clindamycin hcl, 6
 clindamycin phosphate, 6,31
 Clindesse, 31
 clindets, 31
 clobetasol propionate, 32
 clobetasol propionate e, 32
 clobetasol propionate emollient, 32
 clobevate, 32
 Clobex, 32
 Cloderm, 32
 Clolar, 8
 clomipramine hcl, 16
 clonidine hcl, 13
 Clorpres, 13
 clotrimazole, 32
 clotrimazole/betamethasone, 32
 clozapine, 16
 co-gesic, 19
 Cogentin, 10
 Colazal, 24
 colchicine, 30
 colestipol hcl (granules), 13
 colestipol hcl (tablet), 13
 colistimethate sodium, 6
 colocort, 32
 Coly-Mycin-S, 22
 Combipatch, 27
 Combivent, 10
 Combivir, 4
 Combunox, 18
 compro, 25
 Comtan, 18
 Comvax, 31
 Concerta, 17
 Condylox, 33
 constulose, 20
 Copaxone, 29
 Cordran, 32
 Cordran SP, 32
 Cordran Tape, 32
 Coreg, 13
 cormax, 33
 Cortef, 25
 Cortifoam, 32
 cortisone acetate, 26
 Cortisporin, 32
 Cortisporin-TC, 22
 cortomycin, 22
 Corzide, 13
 Cosmegen, 8
 Cosopt, 23
 Coumadin, 11
 Covera-Hs, 14
 Cozaar, 12
 Creon 10, 24
 Creon 20, 24
 Creon 5, 24
 Crestor, 14
 Crinone, 28
 Crixivan, 4
 cromolyn sodium, 10,21
 cryselle-28, 26
 Cubicin, 6
 Cuprimine, 25
 Cutivate, 32
 cyclobenzapriline hcl, 11
 cyclophosphamide, 9
 cyclosporine, 30
 cyclosporine modified, 30
 Cyklokapron, 11
 Cymbalta, 15
 cyproheptadine hcl, 3
 Cystadane, 30
 Cystagon, 30
 cytarabine, 9
 Cytomel, 29

D

Dacarbazine, 8
 dacarbazine, 9
 Dacogen, 8
 danazol, 26
 dantrolene sodium, 11
 Dapsone, 6
 Daptacel, 31
 Daraprim, 4
 Darvon-N, 18
 Daunorubicin HCl, 8
 daunorubicin hcl, 9
 Daunoxome, 8
 Daytrana, 17
 Decavac, 31
 del-beta, 33
 Delestrogen, 27
 Demadex, 20
 demeclocycline hcl, 8
 Demser, 30
 Denavir, 33
 depade, 19
 Depakote, 17
 Depakote ER, 17
 Depakote Sprinkles, 17
 Depen Titratabs, 25

Depo-Estradiol, 27
Depo-Medrol, 25
Depo-Provera, 28
Derma-Smoothe/Fs Body Oil, 32
Derma-Smoothe/Fs Scalp Oi, 32
Dermotic, 22
desipramine hcl, 16
desmopressin acetate, 28
desonide, 33
desoximetasone, 33
Detrol, 34
Detrol LA, 34
dexamethasone, 26
dexamethasone intensol, 26
dexamethasone sodium phosphate, 22,26
dexasol, 22
dexasporin, 22
dexchlorpheniramine maleate, 3
dexmethylphenidate hcl, 15,17
Dexpak 13 Day, 25
dexrazoxane, 30
dextroamphetamine sulfate, 15
dextrostat, 15
Diamox, 13
Dibenzylamine, 11
diclofenac potassium, 18
diclofenac sodium, 18
diclofenac sodium dr, 18
diclofenac sodium ec, 18
diclofenac sodium er, 18
diclofenac sodium xr, 18
dicloxacillin sodium, 7
dicyclomine hcl, 10
didanosine, 4
Didronel, 30
Differin, 33
diflorasone diacetate, 33
diflunisal, 18
digitek, 13
digoxin, 13
dihydroergotamine mesylate, 17
Dilantin, 16
Dilantin Infatabs, 16
Dilatrate SR, 15
Dilaudid-5, 18
Dilaudid-HP, 18
dilor, 34
dilt-cd, 14
dilt-xr, 15
diltia xt, 15
diltiazem cd, 15
diltiazem hcl, 15
diltiazem hcl er, 15
Diovan, 12

Diovan HCT, 12
Dipentum, 24
diphenhydramine hcl, 3
diphenoxylate/atropine, 24
dipivefrin hcl, 23
Diphtheria/Tetanus Toxoid, 31
dipyridamole, 12
disopyramide phosphate, 13
disopyramide phosphate er, 13
Dispermox, 7
Diuril, 20
Diuril IV, 20
dolacet, 19
dolagesic, 19
dolorex forte, 19
Doryx, 8
Dovonex, 33
doxazosin mesylate, 12
doxepin hcl, 16
Doxil, 8
doxorubicin hcl, 9
doxy-caps, 8
doxycycline hyclate, 8
doxycycline monohydrate, 8
Droxia, 8
Duac, 31
Duetact, 29
Duoneb, 10
Duraclon, 17
duramorph, 19
dynacin, 8
Dynacirc CR, 14
Dyrenium, 20

E

e.e.s. 200, 5
e.e.s. 400, 5
econazole nitrate, 32
Edecrin, 20
ed k+10, 21
Effexor XR, 15
Efudex Occlusion Pack, 34
Elaprase, 21
Elestat, 21
Elidel, 34
Eligard, 8
Elitek, 21
Elixophyllin, 34
Ellence, 8
Elmiron, 30
Eloxatin, 8
Elspar, 8
Emadine, 21
Emcyt, 8
Emend, 25
Emsam, 15
Emtriva, 4
Enablex, 34
enalapril maleate, 12
enalapril maleate/
hydrochlorothiazide, 12
Enbrel, 30
Enbrel Sureclick, 30
endocet, 19
Engerix-B, 31
Enjuvia, 27
Enlon-Plus, 10
enpresse-28, 26
Entocort EC, 25
enulose, 20
epinephrine hcl, 11
EpiPen-Jr 2-Pak, 11
EpiPen 2-Pak, 11
Epirubicin Hydrochloride, 8
epitol, 17
Epivir, 4
Epivir HBV, 4
Epzicom, 4
Equagesic, 17
Equetro, 16
Eraxis, 5
Erbitux, 8
ergoloid mesylates, 11
Ergomar, 17
ergotamine tartrate/caffeine, 17
errin, 26
Ertaczo, 32
Ery-Tab, 5
eryderm, 31
Eryped, 5
Eryped 400, 5
Erythrocin, 5
Erythrocin Lactobionate, 5
erythrocin stearate, 5
erythromycin, 5,21,31
erythromycin/benzoyl peroxide, 31
erythromycin/sulfisoxazole, 6
erythromycin base, 5
erythromycin ethylsuccinate, 5
Erythromycin Lactobionate, 5
Esclim, 27
Estrace, 27
Estraderm, 27
estradiol, 27
Estrasorb, 27
Estring, 27
Estrogel, 27
estropipate, 27
Estrostep Fe, 26
eth-oxydose, 19
ethambutol hcl, 4

ethosuximide, 20
Ethyol, 30
etidronate disodium, 30
etodolac, 18
etodolac er, 18
Etopophos, 8
etoposide, 9
Eurax, 34
Evista, 27
Evoclin, 31
Evoxac, 10
Exelderm, 32
Exelon, 10
Exjade, 25
Exubera Combination Pack, 28
Exubera Kit, 28

F

Fabrazyme, 21
Factive, 7
famotidine, 25
famotidine premixed, 25
Famvir, 6
Fareston, 8
Faslodex, 8
Fazaclo, 16
Felbatol, 17
felodipine er, 14
Femara, 8
Femcon Fe, 26
Femhrt 1/5, 27
Femhrt Low Dose, 27
Femring, 27
Femtrace, 27
fenofibrate, 14
fenoprofen calcium, 18
fentanyl, 19
fentanyl citrate, 19
fentanyl citrate oral transmucosal,
19
fexofenadine hcl, 3
Finacea, 34
finasteride, 30
Flagyl, 6
Flagyl ER, 6
Flarex, 22
flavoxate hcl, 34
Flebogamma, 30
flecainide acetate, 13
Flomax, 30
Flovent HFA, 25
Floxin Otic, 21
Floxin Otic Singles, 21
floxuridine, 9
fluconazole, 4
fluconazole in dextrose, 5

fluconazole in nacl, 5
fludarabine phosphate, 9
fludrocortisone acetate, 26
Flumadine, 3
flunisolide, 22
fluocinolone acetonide, 33
fluocinonide, 33
fluocinonide-e, 33
fluocinonide emollient base, 33
fluor-op, 22
fluorometholone, 22
Fluoroplex, 34
fluorouracil, 9,34
fluoxetine hcl, 16
fluphenazine decanoate, 16
fluphenazine hcl, 16
flurbiprofen, 18
flurbiprofen sodium, 23
flutamide, 9
fluticasone propionate, 22,33
fluvoxamine maleate, 16
Fml Forte, 22
Fml S.O.P., 22
Focalin XR, 17
Foradil Aerolizer, 11
Fortamet, 26
Fortaz, 5
Forteo, 28
Fortical, 28
Fosamax, 30
Fosamax Plus D, 30
foscarnet sodium, 6
fosinopril sodium, 12
fosinopril sodium/
hydrochlorothiazide, 12
Fosrenol, 21
Fragmin, 11
Frova, 20
Furadantin, 8
furosemide, 20
Fuzeon, 4

G

gabapentin, 17
Gabitril, 17
Gamastan S/D, 30
Gammagard Liquid, 30
Gammagard S/D, 30
Gamunex, 31
ganciclovir, 7
Gantrisin Pediatric, 7
Gardasil, 31
Gastrocrom, 30
gauze pads, 20
gemfibrozil, 14
Gemzar, 8

generic injectable replacement
therapies, 21
generic irrigation solutions, 21
generlac, 20
gengraf, 30
genoptic, 22
Genotropin, 29
Genotropin Miniquick, 29
gentak, 22
Gentamicin Sulfate, 3
gentamicin sulfate, 3,22,32
gentamicin sulfate/sodium, 3
gentasol, 22
Geocillin, 7
Geodon, 16
Gleevec, 8
glimepiride, 29
glipizide, 29
glipizide/metformin hcl, 29
glipizide er, 29
glipizide xl, 29
Glucagen Hypokit, 28
Glucagon Emergency Kit, 28
Glumetza, 26
glyburide, 29
glyburide/metformin hcl, 29
glyburide micronized, 29
glycolax, 24
glycopyrrolate, 10
glycron, 29
Glyset, 26
Golytely, 24
Grifulvin V, 6
Gris-Peg, 6
griseofulvin microsize, 6
guanabenz acetate, 14
guanfacine hcl, 14
Guanidine HCl, 10
Gynazole-1, 32
Gynodiol, 27
gynodiol, 27

H

Halflytely Bowel Prep Kit, 24
halobetasol propionate, 33
Halog, 32
haloperidol, 16
haloperidol decanoate, 16
haloperidol lactate, 16
Havrix, 31
Hectorol, 34
Helidac, 6
heparin sodium, 11
heparin sodium/d5w, 11
heparin sodium/nacl 0.45%, 11
heparin sodium/nacl 0.9%, 11

heparin sodium dcu, 11
Hepsera, 6
Herceptin, 8
Hexalen, 8
Hibtiter, 31
Humalog, 28
Humalog Mix 50/50, 28
Humalog Mix 50/50 Pen, 28
Humalog Mix 75/25, 28
Humalog Mix 75/25 Pen, 28
Humalog Pen, 28
Humatrope, 29
Humatrope Combo Pack, 29
Humira, 30
Humira Pen, 30
Humulin 50/50, 28
Humulin 70/30, 28
Humulin 70/30 Pen, 28
Humulin N, 28
Humulin N U-100 Pen, 28
Humulin R, 28
Hycamtin, 8
Hycet, 18
hydralazine hcl, 14
hydrocet, 19
hydrochlorothiazide, 20
hydrocodone-acetaminophen, 19
hydrocodone/acetaminophen, 19
hydrocodone/ibuprofen, 19
hydrocodone bitartrate/
acetaminophen, 19
hydrocortisone, 26,33
hydrocortisone butyrate, 33
hydrocortisone in absorbbase, 33
hydrocortisone valerate, 33
hydromorphone hcl, 19
hydroxychloroquine sulfate, 4
hydroxyurea, 9
hydroxyzine hcl, 17
hydroxyzine pamoate, 17
Hyzaar, 12

I

ibuprofen, 18
idarubicin, 9
ifosfamide, 9
ifosfamide/mesna, 9
imipramine hcl, 16
imipramine pamoate, 16
Imitrex, 20
Imitrex Statdose Pen, 20
Imitrex Statdose Refill, 20
immune globulin, 31
Imovax Rabies, 31
indapamide, 20
Indocin, 18

indomethacin, 18
indomethacin er, 18
Infanrix, 31
Infumorph 200, 18
Infumorph 500, 18
Innohep, 11
Innopran XL, 13
Inspra, 14
Intal Inhaler, 10
Intron-A, 8
Intron-A W/Diluent, 8
Invanz, 6
Invega, 16
Invirase, 4
lopidine, 23
Ipol Inactivated IPV, 31
ipratropium bromide, 10
isochron, 15
isonarif, 4
isoniazid, 4
Isordil Titrados, 15
isosorbide dinitrate, 15
isosorbide dinitrate er, 15
isosorbide mononitrate, 15
isosorbide mononitrate er, 15
isotonic gentamicin, 3
isovate, 33
isradipine, 14
Istalol, 23
itraconazole, 5
Iveegam EN, 31

J

jantoven, 11
Januvia, 28
Je-Vax, 31
jolessa, 27
jolvette, 27
junel 1.5/30, 27
junel 1/20, 27
junel fe 1.5/30, 27
junel fe 1/20, 27

K

k-vescent, 21
Kadian, 18
Kaletra, 4
kanamycin sulfate, 4
kaon-cl-10, 21
kariva, 27
Keflex, 5
kelnor 1/35, 27
Kemadrin, 10
Kenalog, 32
Kenalog-10, 25
Kenalog-40, 25
Kepivance, 33

Keppra, 17
Ketek, 5
Ketek Pak, 5
ketoconazole, 5,32
ketoprofen, 18
ketoprofen er, 18
ketorolac tromethamine, 18
ketotifen fumarate, 21
Kineret, 30
kionex, 21
klor-con 10, 21
klor-con 8, 21
klor-con m10, 21
Klor-Con M15, 21
klor-con m20, 21
Kristalose, 20
kuric, 32
Kytril, 24

L

labetalol hcl, 13
laccream, 33
laclotion, 33
Lacrisert, 23
lacticare-hc, 33
lactulose, 20,30
Lamictal, 17
Lamictal Starter Kits, 17
Lamisil, 32
lamotrigine chewable dispersible,
17
Lanoxicaps, 13
Lanoxin, 13
Lantus, 28
Lantus Opticlik, 28
leena, 27
leflunomide, 30
Lescol, 14
Lescol XL, 14
lessina-28, 27
leucovorin calcium, 30
Leukeran, 8
Leukine, 12
leuprolide acetate, 9
Levaquin, 7
Levaquin Leva-Pak, 7
Levaquin Premix, 7
Levatol, 13
Levemir, 28
Levemir Flexpen, 28
levobunolol hcl, 23
levocarnitine, 30
levora 0.15/30-28, 27
levorphanol tartrate, 19
Levothroid, 29
levothyroxine sodium, 29

levoxyl, 29
Levulan Kerastick, 34
Lexapro, 15
Lexiva, 4
Lexxel, 14
lidocaine, 33
lidocaine/prilocaine, 33
lidocaine hcl, 13,29,33
lidocaine hcl jelly, 33
Lidoderm, 33
lidomar viscous, 23
lindane, 34
liothyronine sodium, 29
Lipitor, 14
lisinopril, 12
lisinopril/hydrochlorothiazide, 12
lithium carbonate, 16
lithium carbonate er, 16
lithium citrate, 16
Lithobid, 16
Lithostat, 20
Locoid Lipocream, 32
Lodosyn, 18
Loestrin 24 Fe, 26
lofene, 24
lokara, 33
lonox, 24
loperamide hcl, 24
Loprox, 32
Loprox Shampoo, 32
Lotemax, 22
Lotrel, 14
Lotronex, 25
lovastatin, 14
Lovaza, 14
Lovenox, 11
low-ogestrel, 27
loxapine succinate, 16
Lumigan, 23
Lunesta, 17
Lupron Depot, 8
Lupron Depot-Ped, 8
lutera, 27
Luxiq, 32
Lyrica, 17
Lysodren, 9

M

M-M-R li W/Diluent 10 Dose, 31
M-M-R li W/Diluent 1 Dose, 31
M-R-Vax II, 31
Macrochantin, 8
magnesium sulfate, 17
magnesium sulfate in d5w, 21
Malarone, 4
maprotiline hcl, 16

margesic-h, 19
Marinol, 25
Marplan, 15
Matulane, 9
Mavik, 12
Maxair Autohaler, 11
Maxalt, 20
Maxalt-MLT, 20
Maxidex, 22
Maxipime, 5
mebendazole, 4
meclizine hcl, 24
meclofenamate sodium, 18
Medrol, 25
medroxyprogesterone acetate, 29
mefoquine hcl, 4
Mefoxin In Dextrose 2.2%, 6
Mefoxin In Dextrose 3.9%, 6
Megace Es, 28
megestrol acetate, 9
meloxicam, 18
Menactra, 31
Menest, 27
Menomune-A/C/Y/W-135, 31
Menostar, 27
Mentax, 32
meperidine hcl, 19
meperitab, 19
meprobamate, 17
Mepron, 6
mercaptopurine, 9
Merrem, 6
Meruvax li W/Diluent 10 Dose, 31
Meruvax li W/Diluent 1 Dose, 31
mesalamine, 24
mesna, 30
Mesnex, 30
Mestinon, 10
Mestinon Timespan, 10
Metadate CD, 17
metadate er, 17
metaproterenol sulfate, 11
metformin hcl, 26
metformin hcl er, 26
methadone hcl, 19
methadose, 19
methazolamide, 13
methenamine hippurate, 8
Methergine, 30
methimazole, 26
Methitest, 26
methocarbamol, 11
methotrexate, 9
methscopolamine bromide, 10
methyclothiazide, 20

methylidopa, 14
methylidopa/hydrochlorothiazide, 14
Methylin, 17
methylin, 17
methylin er, 17
methylphenidate hcl, 17
methylphenidate hcl er, 17
methylprednisolone, 26
methylprednisolone acetate, 26
methylprednisolone sodium, 26
metipranolol, 23
metoclopramide hcl, 25
metolazone, 20
metoprolol/hydrochlorothiazide, 13
metoprolol succinate er, 13
metoprolol tartrate, 13
Metrogel, 31
Metro lv, 6
metronidazole, 6,32
metronidazole in nacl 0.7, 6
metronidazole vaginal, 32
mexiletine hcl, 13
Miacalcin, 28
Micardis, 12
Micardis HCT, 12
miconazole 3, 32
Micro-K, 21
microgestin 1.5/30, 27
microgestin 1/20, 27
microgestin fe, 27
microgestin fe 1.5/30, 27
midodrine hcl, 11
migergot, 17
Migranal, 17
minirin, 28
minitran, 15
minocycline hcl, 8
minoxidil, 14
Mintezol, 4
Mirapex, 18
mirtazapine, 16
misoprostol, 25
mitomycin, 9
mitoxantrone hcl, 9
Moban, 16
moexipril/hydrochlorothiazide, 12
moexipril hcl, 12
mometasone furoate, 33
Monistat 7 Combination Pack, 32
mononessa, 27
Monurol, 8
morphine/d5w, 19
morphine sulfate, 19

morphine sulfate/d5w, 19
morphine sulfate/ns, 19
morphine sulfate add-vantage, 19
morphine sulfate dilute-a-jet, 19
morphine sulfate er, 19
morphine sulfate in dextrose 5%,
19
morphine sulfate stick-gard, 19
Motofen, 24
Moviprep, 24
mst 600, 18
Mumpsvox W/Diluent 10 Dose, 31
Mumpsvox W/Diluent 1 Dose, 31
mupirocin, 32
Mustargen, 9
Mycobutin, 4
mydral, 23
Myfortic, 30
Mylotarg, 9
Myozyme, 21
myrac, 8
Mytelase, 10

N

nabumetone, 18
nadolol, 13
nafcillin sodium, 7
Naftin, 32
Naftin-MP, 32
Naglazyme, 21
nalbuphine hcl, 20
Nalfon, 18
Nallpen/Dextrose, 7
Nallpen Iso-Osmotic In Dextrose, 7
naloxone hcl, 19
naltrexone hcl, 19
Namenda, 18
Namenda Titration Pak, 18
Nandrolone Decanoate, 26
naphazoline hcl, 23
Naprelan, 18
naproxen, 18
naproxen dr, 18
naproxen sodium, 18
Nardil, 15
narvox, 19
Nasacort AQ, 22
Nasarel, 22
Nasonex, 22
Natacyn, 22
Navane, 16
necon 0.5/35-28, 27
necon 1/35-28, 27
necon 1/50-28, 27
necon 10/11-28, 27
necon 7/7/7, 27

nefazodone hcl, 16
Neo-Fradin, 3
neo/poly/bac/hc, 22
neocin, 22
neocin-pg, 22
neomycin/bacitracin/polymyxin,
22
neomycin/bacitracin zinc/
polymyxin, 22
neomycin/polymyxin/
dexamethasone, 22
neomycin/polymyxin/gramicidin,
22
neomycin/polymyxin/
hydrocortisone, 22
neomycin/polymyxin b sulfate, 32
neomycin sulfate, 4
Neulasta, 12
Neupogen, 12
Neurontin, 17
Nevanac, 23
Nexavar, 9
Nexium, 25
Nexium I.V., 25
niacor, 34
Niaspan, 14
nicardipine hcl, 14
nicotine, 10
Nicotrol Inhaler, 10
Nicotrol NS, 10
nifediac cc, 14
nifedical xl, 14
nifedipine, 14
nifedipine er, 14
Nilandron, 9
Nimotop, 14
Nipent, 9
nitrek, 15
Nitro-Dur, 15
nitro-time, 15
Nitrobid, 15
nitrofurantoin macrocrystalline, 8
nitrofurantoin monohydrate, 8
nitroglycerin, 15
nitroglycerin cr, 15
nitroglycerin td, 15
nitroglycerin transdermal, 15
Nitrolingual Pumpspray, 15
Nitrostat, 15
nizatidine, 25
nora-be, 27
Norditropin Cartridge, 29
Norditropin Nordiflex, 29
Norditropin Nordiflex Pen, 29
norethindrone acetate, 29

Noritate, 31
Noroxin, 7
Norpace CR, 12
nortrel 0.5/35 (28), 27
nortrel 1/35 (21), 27
nortrel 1/35 (28), 27
nortrel 7/7/7, 27
nortriptyline hcl, 16
Norvir, 4
novarel, 28
Novolin 70/30, 28
Novolin 70/30 Innolet, 28
Novolin 70/30 Penfill, 28
Novolin N, 28
Novolin N Innolet, 28
Novolin N U-100 Penfill, 28
Novolin R, 28
Novolin R Innolet, 28
Novolin R U-100, 28
Novolin R U-100 Penfill, 28
Novolog, 28
Novolog Flexpen, 28
Novolog Mix 70/30, 28
Novolog Mix 70/30 Penfill, 28
Novolog Mix 70/30 Prefill, 28
Novolog Penfill, 28
Noxafil, 4
Nulytely, 24
Nutropin, 29
Nutropin AQ, 29
Nutropin AQ Pen, 29
Nuvaring, 26
nyamyc, 32
nystatin, 7,32
nystatin/triamcinolone, 33
nystop, 32

O

Octagam, 31
octreotide acetate, 30
ocusulf-10, 22
ofloxacin, 7,22
ogestrel, 27
Olux, 32
Olux-E, 32
Omacor, 14
omeprazole, 25
Oncaspar, 9
ondansetron hcl, 24
ondansetron odt, 24
Ontak, 9
onxol, 9
Opana, 18
Opana ER, 18
Optivar, 21
Orap, 16

Orfadin, 30
orphenadrine/asa/caffeine, 18
orphenadrine citrate, 11
orphenadrine citrate er, 11
orphenadrine compound, 18
orphenadrine compound ds, 18
orphengesic, 18
orphengesic forte, 18
ortho-est, 28
Ortho Evra, 26
Ortho Tri-Cyclen Lo, 26
Osmoprep, 24
oticin hc, 22
Ovcon-50 28, 26
Ovide, 34
Oxacillin Sodium, 7
oxandrolone, 26
oxaprozin, 18
Oxistat, 32
Oxsoralen, 34
Oxsoralen Ultra, 34
oxybutynin chloride, 34
oxybutynin chloride er, 34
oxycodone/acetaminophen, 19
oxycodone/aspirin, 19
oxycodone hcl, 19
oxycodone hcl cr, 19
oxycodone hcl er, 19
Oxycontin, 19
oxyfast, 19
oxytocin, 30
Oxytrol, 34

P

Pacerone, 12
pacerone, 13
paclitaxel, 9
paglgic, 3
Palgic, 3
Pamidronate Disodium, 30
pamidronate disodium, 30
Pandel, 32
Panglobulin, 31
Panglobulin NF, 31
Panlor DC, 19
Panretin, 34
papaverine hcl, 15
parcaine, 23
Parcopa, 18
paregoric, 24
paromomycin sulfate, 3
paroxetine hcl, 16
Patanol, 21
Paxil, 15
Paxil CR, 15
PCE, 5

pedi-dri, 32
Pediatrix, 31
Pevax HIB, 31
Peg-Intron, 5
Peg-Intron Redipen, 5
Peg-Intron Redipen Pak 4, 5
peg 3350/electrolytes, 24
Peganone, 16
Pegasys, 5
penicillin g potassium, 7
penicillin g potassium in iso-
osmotic dextrose, 7
penicillin g sodium, 7
penicillin v potassium, 7
Penlac Nail Lacquer, 32
pentamidine isethionate, 6
Pentasa, 24
pentazocine/acetaminophen, 20
pentazocine/naloxone hcl, 20
pentopak, 12
pentoxifylline cr, 12
pentoxifylline er, 12
pentoxil, 12
Pepcid, 24
Percocet, 19
percolone, 19
periogard, 23
perloxx, 19
permethrin, 34
perphenazine, 16
perphenazine/amitriptyline, 16
Pexeva, 15
phenadoz, 3
phenazopyridine hcl, 33
Phenytek, 16
phenytoin, 16
phenytoin sodium, 16
phenytoin sodium extended, 17
Phoslo, 21
Phospholine Iodide, 23
Photofrin, 9
phrenilin w/caffeine/codeine, 19
pilocarpine hcl, 10
Pilopine HS, 23
pindolol, 13
Piperacillin Sodium, 7
piroxicam, 18
Plan B, 26
Plavix, 12
podocon 25 in benzoin tincture, 34
podoflox, 34
poly-dex, 22
Poly-Pred, 22
polycin b, 22
polyethylene glycol 3350, 24

Polygam S/D, 31
Polymyxin B Sulfate, 6
polymyxin b sulfate/trimethoprim
sulfate, 22
portia-28, 27
potassium chloride, 30
potassium citrate extended-release,
20
Prandin, 28
pravastatin sodium, 14
prazosin hcl, 12
Precose, 26
Pred-G, 22
Pred-G S.O.P., 22
Pred Mild, 22
prednicarbate, 33
prednisol, 22
prednisolone, 26
prednisolone acetate, 22
prednisolone sodium phosphate,
22,26
prednisone, 26
prednisone intensol, 26
Prefest, 27
pregnyl w/diluent benzyl, 28
Premarin, 27
Premarin W/Applicator, 27
Premphase, 27
Prempro, 27
Prevacid, 25
Prevacid I.V., 25
Prevacid Naprapac, 18
Prevacid Solutab, 25
prevalite, 13
previfem, 27
Prevpac, 25
Prezista, 4
Prialt, 17
Priftin, 4
Prilosec, 25
Primaquine Phosphate, 4
Primaxin I.M., 6
Primaxin Iv, 6
Primaxin Iv Add-Vantage, 6
primidone, 16
Primsol, 8
Proair HFA, 11
probenecid, 21
probenecid/colchicine, 21
procainamide hcl, 13
procainamide hcl er, 13
procainamide hcl sr, 13
Procanbid, 12
Prochieve, 28
prochlorperazine, 25

prochlorperazine edisylat, 16
prochlorperazine maleate, 16
Procrit, 12
procto-kit, 33
procto-pak, 33
proctocream-hc, 33
proctosol hc, 33
proctozone-hc, 33
Proglycem, 28
Prograf, 30
Prolastin, 30
Proleukin, 9
promethazine hcl, 3
promethazine hcl plain, 3
promethazine vc, 3
promethegan, 3
Prometrium, 28
Pronestyl, 12
propafenone hcl, 13
propantheline bromide, 10
proparacaine hcl, 23
propoxyphene-n/acetaminophen,
19
propoxyphene/acetaminophen, 19
propoxyphene hcl, 19
propranolol/hydrochlorothiazide,
13
propranolol hcl, 13
propranolol hcl er, 13
propylthiouracil, 26
Proquad, 31
Proquin XR, 7
Protonix, 25
Protopic, 34
Proventil HFA, 11
Provigil, 17
Prozac Weekly, 15
Psorcon E, 32
Pulmicort, 25
Pulmicort Flexhaler, 25
Pulmicort Turbuhaler, 26
pyrazinamide, 4
pyridostigmine bromide, 10

Q

Qalaaquin, 4
quasense, 27
quinapril/hydrochlorothiazide, 12
quinapril hcl, 12
quinarectic, 12
Quinidine Gluconate, 12
quinidine gluconate cr, 13
quinidine gluconate er, 13
quinidine gluconate sa, 13
quinidine sulfate, 13
quinidine sulfate er, 13

Quixin, 21
Qvar, 26

R

Rabavert, 31
Ranexa, 15
ranitidine hcl, 25
Rapamune, 30
Raptiva, 34
Rauwolfia/Bendroflumethiazide, 15
Razadyne, 10
Razadyne ER, 10
Rebetol, 6
Rebif, 30
Rebif Titration Pack, 30
reclipsen, 27
Recombivax HB, 31
regonol, 10
Regranex, 34
Relenza Diskhaler, 6
Relpax, 20
Remicade, 30
Renagel, 21
Reprexain, 19
Requip, 18
Rescriptor, 4
reserpine, 15
Restasis, 23
Retin-A Micro, 33
Retrovir IV Infusion, 4
Revatio, 15
Revlimid, 30
Reyataz, 4
Rhinocort AQua, 22
ribasphere, 7
ribatab, 7
ribavirin, 7
Ridaura, 25
rifampin, 4
Rifater, 4
rifampin, 4
Rilutek, 18
rimantadine hcl, 3
Riomet, 26
Risperdal, 16
Risperdal Consta, 16
Risperdal M-Tab, 16
Ritalin LA, 17
Rituxan, 9
Robaxin, 11
Rocephin, 5
Rocephin In Iso-Osmotic Dextrose,
5
Roferon-A, 9
romycin, 22
Rotateq, 31

Roxicet, 19
roxicet, 19
Rozerem, 17
Rozex, 31
Rythmol SR, 13

S

Saizen, 29
Saizen Click.Easy, 29
Sanctura, 34
Sandostatin LAR Depot, 30
Santyl, 34
Sarafem, 15
Seasonale, 26
Seasonique, 26
selegiline hcl, 18
selenium sulfide, 33
Semprex-D, 3
Sensipar, 30
Serevent Diskus, 11
Seroquel, 16
Seroquel XR, 16
sertraline hcl, 16
silver sulfadiazine, 33
simvastatin, 14
Singulair, 10
Skelaxin, 11
sodium bicarbonate, 20
sodium lactate, 20
sodium polystyrene sulfonate, 21
sodium sulfacetamide, 32
Solaraze, 34
solia, 27
Soltamox, 9
Solu-Cortef, 26
Solu-Medrol, 26
Somavert, 29
Sonata, 17
Soriatane, 30
sorine, 13
sotalol hcl, 13
sotalol hcl (af), 13
sotret, 34
Spectracef, 5
Spiriva Handihaler, 10
spironolactone, 14
spironolactone/
hydrochlorothiazide, 14
Sporanox, 4
sprintec 28, 27
Sprycel, 9
sps, 21
sronyx, 27
ssd, 33
ssd af, 33
stagesic, 19

Stalevo 100, 18
Stalevo 150, 18
Stalevo 50, 18
Starlix, 28
Stimate, 28
Strattera, 18
Streptomycin Sulfate, 3
Striant, 26
Stromectol, 4
Suboxone, 20
Subutex, 20
Sucraid, 21
sucralfate, 25
Sular, 14
sulf-10, 22
sulfacetamide sodium, 22
sulfacetamide sodium/prednisolone sodium phosphate, 23
sulfadiazine, 7
sulfamethoxazole/trimethoprim, 7
Sulfamylon, 33
sulfasalazine, 7
sulfatrim, 7
sulfazine, 8
sulfazine ec, 8
sulindac, 18
Sumycin, 8
sumycin, 8
Suprax, 5
Surmontil, 15
Sustiva, 4
Sutent, 9
Symbicort, 26
Symbyax, 15
Symlin, 28
Synagis, 6
Synalgos-DC, 19
Synarel, 28
Synercid, 6
Synthroid, 29
Syprine, 25

T

Tabloid, 9
Tamiflu, 6
tamoxifen citrate, 9
Tarceva, 9
Targretin, 9,34
Tarka, 14
Taxotere, 9
Tazicef, 5
tazicef, 5
Tazorac, 34
taztia xt, 15
Tegretol, 17
Tegretol-XR, 17

Tenormin, 13
terazosin hcl, 12
terbinafine hcl, 3
terbutaline sulfate, 11
terconazole, 32
terconazole vaginal, 32
Teslac, 9
Testim, 26
Testopel, 26
testosterone cypionate, 26
testosterone enanthate, 26
Testred, 26
Tetanus/Diphtheria Toxoid, 31
Tetanus Toxoid, 31
Tetanus Toxoid Adsorbed, 31
tetracycline hcl, 8
Tev-Tropin, 29
Teveten, 12
Teveten HCT, 12
Texacort, 32
texacort, 33
Thalitone, 20
Thalomid, 30
Theo-24, 34
theocap, 34
theochron, 34
theophylline cr, 34
theophylline er, 34
theophylline td, 34
Theracys, 31
thermazene, 33
Thiola, 30
thioridazine hcl, 16
thiotepa, 9
thiothixene, 16
Thyrolar-1, 29
Thyrolar-1/2, 29
Thyrolar-1/4, 29
Thyrolar-2, 29
Thyrolar-3, 29
Tice BCG, 31
ticlopidine hcl, 12
Tikosyn, 13
Tilade, 10
Timentin, 7
Timolide 10/25, 13
timolol maleate, 13,23
timolol maleate ophthalmic gel forming, 23
Tindamax, 6
tizanidine hcl, 11
Tobradex, 22
tobramycin sulfate, 4,22
Tobramycin Sulfate ADD-Vantage, 3

tobrasol, 22
Tobrex, 21
Tobryamycin Sulfate/Sodium, 3
tolazamide, 29
tolbutamide, 29
tolmetin sodium, 18
Topamax, 17
Topamax Sprinkle, 17
toposar, 9
Toprol XL, 13
Torisel, 9
torseamide, 20
Tracleer, 15
tramadol hcl, 19
tramadol hydrochloride/
acetaminophen, 19
trandolapril, 12
Transderm-Scop, 25
tranlycypromine sulfate, 16
Travatan, 23
Travatan Z, 23
trazodone hcl, 16
Trecator, 4
Trelstar Depot, 9
Trelstar LA, 9
tretinoin, 9,33
Trexall, 9
tri-previfem, 27
tri-sprintec, 27
triamcinolone acetonide, 33
triamcinolone acetonide in asorbase, 33
triamcinolone in orabase, 33
Tricor, 14
triderm, 33
trifluoperazine hcl, 16
trifluridine, 22
Triglide, 14
trihexyphenidyl hcl, 10
trihabit, 31
Trileptal, 17
Trilyte, 24
trimethobenzamide hcl, 24
trimethoprim, 8
trimethoprim/sulfamethoxazole, 8
trimethoprim sulfate/polymyxin b sulfate, 22
trimipramine maleate, 16
trimox, 7
trinessa, 27
Tripedia, 31
Trisenox, 9
trivora-28, 27
Trizvir, 4
tropicacyl, 23

tropicamide, 23
Trusopt, 22
Truvada, 4
Twinject, 11
Twinrix, 31
Tygacil, 8
Typhim Vi, 31
Tysabri, 30
Tyzeka, 6
Tyzine, 23
Tyzine Pediatric Nasal DR, 23

U

u-cort, 33
Ultram ER, 19
Ultrase, 24
Ultrase MT 12, 24
Ultrase MT 18, 24
Ultrase MT 20, 24
Unasyn Add-Vantage, 7
Unasyn Piggyback Unit, 7
uni-otic, 23
Uniphyl, 34
unithroid, 29
Uroxatral, 30
Urso 250, 24
ursodiol, 24
Urso Forte, 24

V

Vagifem, 27
Valcyte, 6
valproate sodium, 17
valproic acid, 17,30
Valtrex, 6
vanacet, 19
Vancocin HCl, 6
Vancocin HCl Iso-Osmotic, 6
vancomycin hcl, 6
vandazole, 32
Vanos, 32
Vantas, 9
Vaqta, 31
Varivax, 31
Vectibix, 9
veetids, 7
Velcade, 9
velivet, 27
venlafaxine hcl, 16
Venoglobulin-S, 31
Ventolin HFA, 11
verapamil hcl, 15
verapamil hcl er, 15
verapamil hcl sr, 15
Verelan PM, 14
Vesicare, 34
Vexol, 22

Vfend, 4
Vfend Iv, 4
Viadur, 9
Vibramycin, 8
Vidaza, 9
Videx, 4
Videx EC, 4
Vigamox, 21
vinblastine sulfate, 9
vincasar pfs, 9
vincristine sulfate, 9
vinorelbine tartrate, 9
Viracept, 4
Viramune, 4
Viread, 4
Visicol, 24
Vistaril, 17
vitamin/mineral, misc, 34
Vivactil, 15
Vivelle, 27
Vivelle-Dot, 27
Vivotif Berna, 31
Voltaren, 23
Vopac, 19
Vumon, 9
Vytorin, 14

W

warfarin sodium, 11
Welchol, 13
Wellbutrin XL, 15

X

Xalatan, 23
Xibrom, 23
Xifaxan, 6
Xodol, 19
Xolair, 10
Xolegel, 32
Xopenex, 11
Xopenex Concentrate, 11
Xopenex HFA, 11
Xyrem, 18

Y

Yasmin 28, 26
Yaz, 26
Yf-Vax, 31

Z

Zanaflex, 11
Zanosar, 9
Zantac, 24
Zavesca, 30
zazole, 32
Zegerid, 25
Zelapar, 18
Zemaira, 30

Zemplar, 34
Zerit, 4
zerlor, 19
Zetia, 14
Ziagen, 4
zidovudine, 4
Zinacef, 5
zinacef, 5
Zinacef/D5W, 5
Zmax, 5
Zoladex, 9
Zolinza, 9
zolpidem tartrate, 17
Zometa, 30
Zomig, 20
Zomig ZMT, 20
zonisamide, 17
Zostavax, 31
Zosyn, 7
zovia 1/35e, 27
zovia 1/50e, 27
Zovirax, 33
Zydone, 19
Zyflo, 10
Zylet, 22
Zymar, 21
Zyprexa, 16
Zyprexa Zydis, 16
Zyrtec, 3
Zyrtec-D, 3
Zyvox, 6

