

Rocky Mountain Health Plans
2012 Premier Medicare Formulary
(List of Covered Drugs)

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

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

Beneficiaries must use network pharmacies to access their prescription drug benefit.

Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

Rocky Mountain Health Plans (RMHP) is a health plan with a Medicare contract

This document may be made available in other formats such as Braille, large print or other alternate formats. To request an alternate format call customer service at 970-244-7912 or 888-282-1420

No changes made since March 19, 2012.

What is the Rocky Mountain Health Plans Formulary?

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

Can the Formulary change?

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, 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 March 19, 2012. To get updated information about the drugs covered by Rocky Mountain Health Plans, please visit our Web site at www.rmhpmedicare.org, or call Customer Service from 8:00 a.m. to 8:00 p.m., Mountain Time, 7 days a week at the numbers below. We update the printed version of our formulary annually.

- 970-244-7912 or 888-282-1420.
- TTY/TDD users, call 711.
- Para asistencia en español llame al 888-282-1420.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page number 7. 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 71. 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?

RMHP covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** RMHP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from RMHP before you fill your prescriptions. If you don't get approval, RMHP may not cover the drug.
- **Quantity Limits:** For certain drugs, RMHP limits the amount of the drug that RMHP will cover. For example, RMHP provides 12 tablets per month for Imitrex tablets.
- **Step Therapy:** In some cases, RMHP 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, RMHP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, RMHP will then cover Drug B.

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

You can ask RMHP to make an exception to these restrictions or limits. See the section, "How do I request an exception to the RMHP formulary?" on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and confirm that your drug is not covered. If you learn that RMHP does not cover your drug, you have two options:

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

How do I request an exception to the RMHP Formulary?

You can ask RMHP 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; RMHP limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our highest tier subject to the tiering exceptions process, tier 4; you can ask us to cover it at the cost-sharing amount that applies to drugs in the lowest tier subject to the tiering exceptions process, tier 3 instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty tier.

Generally, RMHP 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 prescribing physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's or prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescriber's or prescribing physician's supporting statement.

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 91-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your

drugs is limited; but you are past the first 90 days of membership in our plan, we will cover 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

When you have a level of care change (e.g. you are admitted to a Long Term Care facility), you may need additional supplies of your medications. When this occurs, the pharmacy can call the RMHP Pharmacy Help Desk to receive a transition supply of each affected drug. RMHP will not limit appropriate and necessary access to Part D benefits when you are being admitted to, or discharged from a Long Term Care facility.

For more information

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

If you have questions about RMHP or your prescription drug coverage, please call Customer Service from 8:00 a.m. to 8:00 p.m., Mountain Time, 7 days a week, or visit www.rmhpmedicare.org.

- Call 970-244-7912 or 888-282-1420.
- TTY/TDD users, call 711
- Para asistencia en español llame al 888-282-1420.

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

RMHP Formulary

The formulary that begins on page 7 provides coverage information about some of the drugs covered by RMHP. If you have trouble finding your drug in the list, turn to the Index that begins on page 71.

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

The information in the Requirements/Limits column tells you if RMHP has any special requirements for coverage of your drug.

The RMHP formulary key for the Requirements/Limits column is as follows:

- Drug Tier = 1 Generic Drugs (lowest cost generic drugs)
- Drug Tier = 2 Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)
- Drug Tier = 3 Preferred Brand Drugs
- Drug Tier = 4 Non - Preferred Brand Drugs
- Drug Tier = 5 Specialty Drugs

(See your Summary of Benefits or Evidence of Coverage to determine how much you will pay for prescription drugs in each tier. All formulary drugs are available from mail order pharmacies).

Drugs that appear with:

italics = Generic drugs

CAPITALIZATION = Brand name drugs

PA = Prior Authorization required

PA (Part B vs Part D only) = Prior Authorization required. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

QL = Quantity Limit applies

ST = Step Therapy

** = Limited Access Drug. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 888-282-1420, 8:00 a.m. to 8:00 p.m., Mountain Time, 7 days a week. TTY/TDD users should call 711. Para asistencia en español llame al 888-282-1420.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>acetaminophen/caffeine/dihydrocodeine bitartrate</i>	2	
<i>acetaminophen/codeine</i>	2	
<i>acetaminophen/codeine #3</i>	2	
<i>ascomp/codeine</i>	2	
<i>astramorph</i>	2	
<i>buprenorphine hcl</i>	2	
<i>butalbital/acetaminophen/caffeine/codeine</i>	2	
<i>butorphanol tartrate</i>	2	
<i>co-gesic</i>	2	
<i>codeine sulfate</i>	2	
<i>duramorph</i>	2	
<i>endocet</i>	2	
<i>endodan</i>	2	
<i>fentanyl</i>	2	QL (15 per 30 days)
<i>fentanyl citrate</i>	2	
<i>fentanyl citrate oral transmucosal</i>	2	PA (Transmucosal fentanyl citrate)
<i>hydrocodone bitartrate/acetaminophen</i>	2	
<i>hydrocodone/acetaminophen</i>	2	
<i>hydrocodone/ibuprofen</i>	2	
<i>hydromorphone hcl</i>	2	
<i>levorphanol tartrate</i>	2	
<i>margesic-h</i>	2	
<i>mefenamic acid</i>	2	
<i>meperidine hcl injection, tablet</i>	2	
<i>methadone hcl concentrate, tablet</i>	2	
<i>methadose</i>	2	
<i>morphine sulfate er</i>	2	
<i>morphine sulfate injection</i>	2	
<i>nalbuphine hcl</i>	2	
<i>naproxen</i>	2	
<i>naproxen sodium</i>	2	
<i>oxycodone hcl concentrate, tablet</i>	2	
<i>oxycodone/acetaminophen</i>	2	
<i>oxycodone/aspirin</i>	2	
<i>oxycodone/ibuprofen</i>	2	
<i>oxymorphone hydrochloride</i>	2	
<i>pentazocine/acetaminophen</i>	2	
<i>pentazocine/naloxone hcl</i>	2	
<i>roxicet tablet 325mg; 5mg</i>	2	
<i>stagesic</i>	2	
<i>tramadol hcl</i>	2	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl er</i>	2	
<i>tramadol hydrochloride/acetaminophen</i>	2	
<i>vicodin hp</i>	2	
AVINZA	3	
CAPITAL/CODEINE	3	
DILAUDID-5	3	
DILAUDID INJECTION	3	
HYCET	3	
INFUMORPH 200	3	
INFUMORPH 500	3	
MEPERIDINE HCL ORAL SOLUTION	3	
METHADONE HCL INJECTION, ORAL SOLUTION	3	
MORPHINE SULFATE ORAL SOLUTION, TABLET	3	
NUCYNTA	3	QL (60 per 30 days)
OPANA ER	3	
OXYCONTIN	3	
OXYMORPHONE HYDROCHLORIDE ER	3	
ROXICET SOLUTION	3	
ROXICET TABLET 500MG; 5MG	3	
SUBOXONE	3	
SUBUTEX	3	
SYNALGOS-DC	3	
TALWIN	3	
ULTRAM ER TABLET EXTENDED RELEASE 24 HOUR 300MG	3	
ZAMICET	3	
ZYDONE	3	
BUPRENEX	4	
DEMEROL	4	
DILAUDID-HP	4	
DILAUDID TABLET	4	
DOLOPHINE	4	
DOLOPHINE HCL	4	
DURAGESIC	4	QL (15 per 30 days)
FENTORA	4	PA (Transmucosal fentanyl citrate, new starts only)
FIORICET/CODEINE	4	
FIORINAL/CODEINE #3	4	
KADIAN	4	
LORCET 10/650	4	
LORCET PLUS	4	
LORTAB	4	
MAGNACET	4	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
MAXIDONE	4	
MS CONTIN	4	
NALFON	4	
NORCO	4	
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 150MG	4	QL (103 per 31 days)
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100MG	4	QL (155 per 31 days)
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 50MG	4	QL (310 per 31 days)
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 250MG	4	QL (62 per 31 days)
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 200MG	4	QL (78 per 31 days)
OPANA	4	
ORAMORPH SR	4	
OXYCODONE HCL CAPSULE	4	
PERCOCET	4	
PERCODAN	4	
ROXICODONE	4	
TYLENOL/CODEINE #3	4	
TYLENOL/CODEINE #4	4	
TYLOX	4	
ULTRACET	4	
ULTRAM	4	
ULTRAM ER TABLET EXTENDED RELEASE 24 HOUR 100MG, 200MG	4	
VICODIN	4	
VICODIN ES	4	
VICOPROFEN	4	
XODOL	4	
Anesthetics		
<i>lidocaine</i>	2	
<i>lidocaine hcl</i>	2	
<i>lidocaine hcl jelly</i>	2	
<i>lidocaine viscous</i>	2	
<i>lidocaine/prilocaine</i>	2	
LIDODERM	3	
SYNERA	3	
EMLA	4	
XYLOCAINE	4	
XYLOCAINE JELLY	4	
Anti-inflammatory Agents		
<i>meloxicam tablet</i>	1	
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium xr</i>	2	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
<i>fenoprofen calcium</i>	2	
<i>flurbiprofen</i>	2	
<i>ibuprofen</i>	2	
<i>indomethacin</i>	2	
<i>indomethacin er</i>	2	
<i>ketoprofen</i>	2	
<i>ketorolac tromethamine</i>	2	
<i>nabumetone</i>	2	
<i>naproxen</i>	2	
<i>naproxen dr</i>	2	
<i>oxaprozin</i>	2	
<i>piroxicam</i>	2	
<i>sulindac</i>	2	
<i>tolmetin sodium capsule</i>	2	
DIFLUNISAL	3	
INDOCIN	3	
KETOPROFEN ER	3	
MECLOFENAMATE SODIUM	3	
MELOXICAM SUSPENSION	3	
NALFON	3	
PONSTEL	3	
TOLMETIN SODIUM TABLET	3	
ANAPROX	4	
ANAPROX DS	4	
ARTHROTEC 50	4	
ARTHROTEC 75	4	
CATAFLAM	4	
CELEBREX	4	
CLINORIL	4	
DAYPRO	4	
EC-NAPROSYN	4	
FELDENE	4	
MOBIC	4	
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375MG, 500MG	4	
NAPROSYN	4	
VOLTAREN-XR	4	
Antibacterials		
<i>amikacin sulfate</i>	2	
<i>amoxicillin/clavulanate potassium</i>	2	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin/clavulanate potassium er</i>	2	
<i>amoxicillin/potassium clavulanate</i>	2	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	2	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	2	
<i>ampicillin sodium</i>	2	
<i>ampicillin-sulbactam</i>	2	
<i>ampicillin capsule</i>	2	
<i>azithromycin</i>	2	
<i>aztreonam</i>	2	
<i>baciam</i>	2	
<i>cefaclor</i>	2	
<i>cefadroxil</i>	2	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	2	
<i>cefdinir</i>	2	
<i>cefepime</i>	2	
<i>cefotaxime sodium</i>	2	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime</i>	2	
<i>ceftriaxone sodium</i>	2	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium</i>	2	
<i>cephalexin capsule, suspension reconstituted</i>	2	
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin er</i>	2	
<i>ciprofloxacin hcl</i>	2	
<i>clarithromycin</i>	2	
<i>clarithromycin er</i>	2	
<i>clindamycin hcl</i>	2	
<i>clindamycin phosphate</i>	2	
<i>clindamycin phosphate add-vantage</i>	2	
<i>colistimethate sodium</i>	2	
<i>demeclocycline hcl</i>	2	
<i>dicloxacillin sodium</i>	2	
<i>doxycycline</i>	2	
<i>doxycycline hyclate capsule, injection, tablet</i>	2	
<i>doxycycline hyclate tablet delayed release 100mg</i>	2	
<i>doxycycline monohydrate tablet 50mg, 75mg</i>	2	
<i>e.e.s. 400</i>	2	
<i>ery</i>	2	
<i>erythrocin stearate</i>	2	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin</i>	2	
<i>erythromycin ethylsuccinate</i>	2	
<i>erythromycin/sulfisoxazole</i>	2	
<i>gentamicin sulfate</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%, 1mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate/sodium chloride</i>	2	
<i>imipenem/cilastatin</i>	2	
<i>isotonic gentamicin</i>	2	
<i>levofloxacin</i>	2	
<i>levofloxacin in d5w</i>	2	
<i>meropenem</i>	2	
<i>methenamine hippurate</i>	2	
<i>metronidazole</i>	2	
<i>metronidazole in nacl 0.79%</i>	2	
<i>metronidazole vaginal</i>	2	
<i>minocycline hcl</i>	2	
<i>mupirocin</i>	2	
<i>neomycin sulfate</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin b sulfates</i>	2	
<i>nitrofurantoin</i>	2	
<i>nitrofurantoin macrocrystalline</i>	2	
<i>nitrofurantoin monohydrate</i>	2	
<i>ofloxacin</i>	2	
<i>paromomycin sulfate</i>	2	
<i>penicillin g potassium</i>	2	
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam sodium</i>	2	
<i>polymyxin b sulfate</i>	2	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
<i>sulfacetamide sodium</i>	2	
<i>sulfamethoxazole/trimethoprim ds</i>	2	
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	2	
<i>tazicef</i>	2	
<i>tetracycline hcl</i>	2	
<i>thermazene</i>	2	
<i>tobramycin sulfate</i>	2	
<i>tobramycin/dexamethasone</i>	2	
<i>trimethoprim</i>	2	
<i>vancomycin hcl</i>	2	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
vandazole	2	
zinacef injection 7.5gm	2	
AKNE-MYCIN	3	
AMOXICILLIN TABLET CHEWABLE 200MG	3	
AMPICILLIN SUSPENSION RECONSTITUTED	3	
AVELOX	3	
AVELOX ABC PACK	3	
AZACTAM	3	
AZACTAM IN ISO-OSMOTIC DEXTROSE	3	
BACTOCILL IN DEXTROSE	3	
BACTROBAN NASAL	3	
BACTROBAN CREAM	3	
BICILLIN C-R	3	
BICILLIN L-A	3	
CEDAX	3	
CEFACLOR ER	3	
CEFAZOLIN SODIUM INJECTION 1GM; 5%	3	
CEFOTETAN	3	
CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%	3	
CEFTAZIDIME/DEXTROSE	3	
CEPHALEXIN TABLET	3	
CHLORAMPHENICOL SODIUM SUCCINATE	3	
CIPRO SUSPENSION RECONSTITUTED	3	
CLAFORAN INJECTION 1GM	3	
CLEOCIN GALAXY	3	
CLEOCIN IN D5W	3	
CLEOCIN PEDIATRIC GRANULES	3	
CLEOCIN SUPPOSITORY	3	
CLEOCIN CAPSULE 75MG	3	
CORTISPORIN	3	
CUBICIN	3	
DORIBAX	3	
DOXYCYCLINE HYCLATE CAPSULE DELAYED RELEASE PARTICLES 75MG	3	
DOXYCYCLINE HYCLATE TABLET DELAYED RELEASE 75MG	3	
ERY-TAB	3	
ERYPED 400	3	
ERYTHROCIN LACTOBIONATE	3	
ERYTHROMYCIN BASE	3	
FLAGYL ER	3	
FORTAZ INJECTION 1GM/50ML; 5%, 2GM/50ML; 5%	3	
FURADANTIN	3	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJECTION 0.9MG/ML; 0.9%, 1.4MG/ML; 0.9%	3	
HELIDAC	3	
INVANZ	3	
KANAMYCIN SULFATE	3	
KEFLEX CAPSULE 750MG	3	
LEVAQUIN	3	
MACRODANTIN CAPSULE 25MG	3	
MERREM	3	
METROGEL	3	
MONUROL	3	
MOXEZA	3	
NAFCILLIN SODIUM	3	
NALLPEN/DEXTROSE	3	
NORITATE	3	
ORACEA	3	
OXACILLIN SODIUM	3	
PCE	3	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	3	
PENICILLIN G PROCAINE	3	
PENICILLIN G SODIUM	3	
PHISOHEX	3	
PIPERACILLIN SODIUM	3	
PRIMAXIN I.M.	3	
PRIMAXIN IV	3	
PRIMSOL	3	
ROCEPHIN	3	
STREPTOMYCIN SULFATE	3	
SULFADIAZINE	3	
SULFAMETHOXAZOLE/TRIMETHOPRIM INJECTION	3	
SULFAMYLON	3	
SUPRAX	3	
SYNERCID	3	
TEFLARO	3	
TIMENTIN	3	
TOBRAMYCIN SULFATE/SODIUM CHLORIDE	3	
TYGACIL	3	
VANCOCIN HCL	3	
VIBRAMYCIN SUSPENSION RECONSTITUTED, SYRUP	3	
XIFAXAN TABLET 200MG	3	
ZINACEF IN ISO-OSMOTIC DEXTROSE	3	
ZINACEF IN ISO-OSMOTIC DILUENT	3	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
ZINACEF INJECTION 750MG	3	
ZMAX	3	
ZOSYN INJECTION 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML	3	
ZYMAR	3	QL (10 ML per 30 days)
ZYMAXID	3	
ZYVOX INJECTION	3	
ADOXA	4	
ADOXA PAK 1/150	4	
ADOXA PAK 1/75	4	
BACITRACIN	4	
BACTRIM	4	
BACTRIM DS	4	
BACTROBAN OINTMENT	4	
BESIVANCE	4	
BIAXIN	4	
BIAXIN XL	4	
BIAXIN XL PAC	4	
CEFTIN	4	
CIPRO I.V.-IN D5W	4	
CIPRO TABLET	4	
CLAFORAN INJECTION 10GM, 2GM, 500MG	4	
CLEOCIN PHOSPHATE	4	
CLEOCIN CREAM	4	
CLEOCIN CAPSULE 150MG, 300MG	4	
COLY-MYCIN M	4	
DIFICID	4	PA
DYNACIN	4	
E.E.S. GRANULES	4	
ERYPED 200	4	
FACTIVE	4	
FLAGYL	4	
FORTAZ INJECTION 2GM, 6GM	4	
HIPREX	4	
IQUIX	4	
KEFLEX CAPSULE 250MG, 500MG	4	
KETEK	4	
KLARON	4	
LINCOCIN	4	
MACROBID	4	
MACRODANTIN CAPSULE 100MG, 50MG	4	
METROCREAM	4	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
METROGEL-VAGINAL	4	
METROLOTION	4	
MINOCIN	4	
MONODOX	4	
NOROXIN	4	
PFIZERPEN-G	4	
PREVPAC	4	
QUIXIN	4	
SEPTRA	4	
SEPTRA DS	4	
SILVADENE	4	
UNASYN	4	
UNASYN BULK PACK	4	
VIBRAMYCIN CAPSULE	4	
ZINACEF INJECTION 1.5GM	4	
ZITHROMAX	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
ZOSYN INJECTION 3GM; 0.375GM	4	
CAYSTON	5	
SOLODYN	5	
TOBI	5	
XIFAXAN TABLET 550MG	5	
ZYVOX SUSPENSION RECONSTITUTED, TABLET	5	
Anticonvulsants		
<i>carbamazepine tablet</i>	1	
<i>epitol</i>	1	
<i>carbamazepine er</i>	2	
<i>carbamazepine tablet chewable, suspension</i>	2	
<i>dilantin infatabs</i>	2	
<i>dilantin capsule</i>	2	
<i>divalproex sodium</i>	2	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>ethosuximide</i>	2	
<i>felbamate</i>	2	
<i>fosphenytoin sodium</i>	2	
<i>gabapentin</i>	2	
<i>lamotrigine</i>	2	
<i>levetiracetam</i>	2	
<i>levetiracetam er</i>	2	
<i>oxcarbazepine</i>	2	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin</i>	2	
<i>phenytoin sodium</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>primidone</i>	2	
<i>topiramate</i>	2	
<i>valproate sodium</i>	2	
<i>valproic acid</i>	2	
<i>zonisamide</i>	2	
BANZEL	3	
CARBATROL	3	
CELONTIN	3	
EQUETRO	3	
FELBATOL	3	
GABITRIL	3	
KEPPRA XR	3	
LAMICTAL ODT	3	
LAMICTAL XR	3	
PEGANONE	3	
PHENYTEK	3	
STAVZOR	3	
VIMPAT	3	
DEPACON	4	
DEPAKENE	4	
DEPAKOTE	4	
DEPAKOTE ER	4	
DEPAKOTE SPRINKLES	4	
DILANTIN SUSPENSION	4	
HORIZANT	4	
KEPPRA	4	
LAMICTAL	4	
LAMICTAL CHEWABLE DISPERSIBLE	4	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	4	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	4	
LAMICTAL STARTER/TAKING VALPROATE	4	
LYRICA	4	
MYSOLINE	4	
NEURONTIN	4	
SABRIL	4	
TEGRETOL	4	
TEGRETOL-XR	4	
TOPAMAX	4	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
TOPAMAX SPRINKLE	4	
TRILEPTAL	4	
ZARONTIN	4	
ZONEGRAN	4	
Antidementia Agents		
<i>donepezil hcl</i>	2	
<i>ergoloid mesylates</i>	2	
<i>galantamine hydrobromide</i>	2	
<i>rivastigmine tartrate</i>	2	
EXELON SOLUTION	3	
EXELON PATCH 24 HOUR	3	QL (30 per 30 days)
NAMENDA	3	
NAMENDA TITRATION PAK	3	
ARICEPT ODT	4	
ARICEPT TABLET 10MG, 5MG	4	
EXELON CAPSULE	4	
RAZADYNE	4	
RAZADYNE ER	4	
Antidepressants		
<i>citalopram hydrobromide tablet</i>	1	
<i>doxepin hcl capsule 100mg, 10mg, 25mg, 50mg, 75mg</i>	1	
<i>fluoxetine hcl capsule 10mg, 20mg</i>	1	
<i>fluoxetine hcl tablet 10mg</i>	1	
<i>trazodone hcl tablet 100mg, 150mg, 50mg</i>	1	
<i>amitriptyline hcl</i>	2	
<i>budeprion sr</i>	2	
<i>budeprion xl</i>	2	
<i>buproban</i>	2	
<i>bupropion hcl</i>	2	
<i>bupropion hcl sr</i>	2	
<i>chlordiazepoxide/amitriptyline</i>	2	
<i>citalopram hydrobromide solution</i>	2	
<i>clomipramine hcl</i>	2	
<i>desipramine hcl</i>	2	
<i>doxepin hcl capsule 150mg</i>	2	
<i>doxepin hcl concentrate</i>	2	
<i>fluoxetine hcl capsule 40mg</i>	2	
<i>fluoxetine hcl solution</i>	2	
<i>fluoxetine hcl tablet 20mg</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>imipramine hcl</i>	2	
<i>imipramine pamoate</i>	2	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine</i>	2	
<i>mirtazapine odt</i>	2	
<i>nefazodone hcl</i>	2	
<i>nortriptyline hcl</i>	2	
<i>paroxetine hcl</i>	2	
<i>paroxetine hcl er</i>	2	
<i>phenelzine sulfate</i>	2	
<i>protriptyline hcl</i>	2	
<i>sertraline hcl</i>	2	
<i>tranylcypromine sulfate</i>	2	
<i>trazodone hcl tablet 300mg</i>	2	
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er capsule extended release 24 hour</i>	2	
AMOXAPINE	3	
EMSAM	3	
LEXAPRO	3	
MAPROTILINE HCL	3	
MARPLAN	3	
NARDIL	3	
PERPHENAZINE/AMITRIPTYLINE	3	
SURMONTIL	3	
ANAFRANIL	4	
CELEXA	4	
CYMBALTA	4	
EFFEXOR XR	4	
NORPRAMIN	4	
PAMELOR	4	
PARNATE	4	
PAXIL	4	
PRISTIQ	4	
PROZAC	4	
RAPIFLUX	4	
REMERON	4	
REMERON SOLTAB	4	
TOFRANIL	4	
TOFRANIL-PM	4	
VIIBRYD	4	
VIVACTIL	4	
WELLBUTRIN	4	
WELLBUTRIN SR	4	
WELLBUTRIN XL	4	
ZOLOFT	4	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
Antidotes, Deterrents, and Toxicologic Agents		
<i>depade</i>	2	
<i>disulfiram</i>	2	
<i>fomepizole</i>	2	
<i>kionex</i>	2	
<i>naloxone hcl</i>	2	
<i>naltrexone hcl</i>	2	
<i>sodium polystyrene sulfonate</i>	2	
ANTABUSE	3	
CAMPRAL	3	
CHANTIX	3	QL (504 per 365 days)
CHANTIX STARTING MONTH PAK	3	QL (504 per 365 days)
CHEMET	3	
CUPRIMINE	3	
DEPEN TITRATABS	3	
NICOTROL INHALER	3	
NICOTROL NS	3	
RELISTOR	3	
SUBOXONE	3	
SYPRINE	3	
ANTIZOL	4	
EXJADE	4	PA
KAYEXALATE	4	
REVIA	4	
ZYBAN	4	
Antiemetics		
ALOXI	3	
ANZEMET INJECTION	3	
ANZEMET TABLET	3	PA (PART B VS PART D ONLY)
CESAMET	3	
<i>compro</i>	2	
<i>dronabinol</i>	2	
EMEND	3	PA
<i>granisetron hcl injection</i>	2	
<i>granisetron hcl tablet</i>	2	PA (PART B VS PART D ONLY)
<i>granisol</i>	2	PA (PART B VS PART D ONLY)
MARINOL	4	
<i>metoclopramide hcl</i>	2	
<i>ondansetron hcl injection</i>	2	
<i>ondansetron hcl oral solution, tablet</i>	2	PA (PART B VS PART D ONLY)
<i>ondansetron odt</i>	2	PA (PART B VS PART D ONLY)

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
<i>phenadoz</i>	2	
PHENERGAN	4	
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate</i>	2	
<i>prochlorperazine maleate</i>	2	
<i>promethazine hcl</i>	2	
<i>promethegan</i>	2	
SANCUSO	4	PA
TIGAN INJECTION	4	
TIGAN CAPSULE	4	PA (PART B VS PART D ONLY)
TRANSDERM-SCOP	3	
<i>trimethobenzamide hcl injection</i>	2	
<i>trimethobenzamide hcl capsule</i>	2	PA (PART B VS PART D ONLY)
ZOFRAN ODT	4	PA (PART B VS PART D ONLY)
ZOFRAN INJECTION	4	
ZOFRAN ORAL SOLUTION, TABLET	4	PA (PART B VS PART D ONLY)
Antifungals		
<i>amphotericin b</i>	2	PA (PART B VS PART D ONLY)
<i>ciclopirox</i>	2	
<i>ciclopirox nail lacquer</i>	2	
<i>ciclopirox olamine</i>	2	
<i>clotrimazole</i>	2	
<i>clotrimazole/betamethasone dipropionate</i>	2	
<i>econazole nitrate</i>	2	
<i>fluconazole</i>	2	
<i>fluconazole in dextrose</i>	2	
<i>flucytosine</i>	2	
<i>griseofulvin microsize</i>	2	
<i>itraconazole</i>	2	
<i>ketoconazole</i>	2	
<i>nystatin</i>	2	
<i>nystatin/triamcinolone</i>	2	
<i>nystop</i>	2	
<i>pedi-dri</i>	2	
<i>terbinafine hcl</i>	2	
<i>terconazole</i>	2	
VFEND IV	2	
<i>voriconazole tablet 50mg</i>	2	
<i>zazole</i>	2	
ABELCET	3	PA (PART B VS PART D ONLY)
AMBISOME	3	PA (PART B VS PART D ONLY)

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
AMPHOTEC	3	PA (PART B VS PART D ONLY)
ERAXIS	3	
ERTACZO	3	
EXELDERM	3	
GRIS-PEG	3	
GYNAZOLE-1	3	
MENTAX	3	
MICONAZOLE 3	3	
NAFTIN	3	
OXISTAT	3	
SPORANOX SOLUTION	3	
DIFLUCAN	4	
DIFLUCAN IN NAACL	4	
GRIFULVIN V	4	
LAMISIL	4	
LOPROX	4	
LOPROX SHAMPOO	4	
LOTRISONE	4	
NIZORAL	4	
ORAVIG	4	
PENLAC NAIL LACQUER	4	
SPORANOX PULSEPAK	4	
SPORANOX CAPSULE	4	
TERAZOL 3	4	
TERAZOL 7	4	
ANCOBON	5	
CANCIDAS	5	
MYCAMINE	5	
NOXAFIL	5	
VFEND	5	
VORICONAZOLE TABLET 200MG	5	
Antigout Agents		
<i>allopurinol</i>	2	
<i>allopurinol sodium</i>	2	
<i>probenecid</i>	2	
<i>probenecid/colchicine</i>	2	
COLCRYS	3	
ULORIC	3	ST
ALOPRIM	4	
ZYLOPRIM	4	
Antimigraine Agents		
<i>dihydroergotamine mesylate</i>	2	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
<i>ergotamine tartrate/caffeine</i>	2	
<i>naratriptan hcl</i>	2	
<i>sumatriptan succinate tablet</i>	2	
<i>sumatriptan succinate injection 6mg/0.5ml</i>	2	
<i>sumatriptan succinate injection 6mg/0.5ml</i>	2	QL (36 ML per 90 days)
<i>sumatriptan succinate injection 4mg/0.5ml</i>	2	
ERGOMAR	3	
IMITREX NASAL SOLUTION	3	QL (36 per 90 days)
MAXALT	3	QL (36 per 90 days)
MAXALT-MLT	3	QL (36 per 90 days)
MIGERGOT	3	
MIGRANAL	3	
AMERGE	4	QL (36 per 90 days)
AXERT	4	QL (36 per 90 days)
CAFERGOT	4	
D.H.E. 45	4	
FROVA	4	QL (36 per 90 days)
IMITREX STATDOSE REFILL	4	QL (36 ML per 90 days)
IMITREX TABLET	4	QL (12 per 30 days)
IMITREX INJECTION	4	QL (36 ML per 90 days)
RELPAK	4	QL (36 per 90 days)
ZOMIG	4	QL (36 per 90 days)
ZOMIG ZMT	4	QL (36 per 90 days)
Antimyasthenic Agents		
<i>bethanechol chloride</i>	2	
<i>pyridostigmine bromide</i>	2	
GUANIDINE HCL	3	
MESTINON TIMESPAN	3	
MESTINON SYRUP	3	
MYTELASE	3	
REGONOL	3	
MESTINON TABLET	4	
Antimycobacterials		
<i>ethambutol hcl</i>	2	
<i>isonarif</i>	2	
<i>isoniazid tablet</i>	2	
<i>pyrazinamide</i>	2	
<i>rifampin</i>	2	
CAPASTAT SULFATE	3	
DAPSONE	3	
ISONIAZID INJECTION, SYRUP	3	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
MYCOBUTIN	3	
PASER	3	
PRIFTIN	3	
RIFATER	3	
SEROMYCIN	3	
TRECTOR	3	
MYAMBUTOL	4	
RIFADIN	4	
RIFAMATE	4	
Antineoplastics		
<i>adriamycin</i>	2	
<i>amifostine</i>	2	
<i>anastrozole</i>	2	
<i>bleomycin sulfate</i>	2	
<i>carboplatin</i>	2	
<i>cisplatin</i>	2	
<i>cladribine</i>	2	
<i>cyclophosphamide</i>	2	PA (PART B VS PART D ONLY)
<i>cytarabine</i>	2	
<i>dacarbazine</i>	2	
<i>daunorubicin hcl</i>	2	
<i>doxorubicin hcl</i>	2	
<i>epirubicin hcl</i>	2	
<i>etoposide</i>	2	
<i>exemestane</i>	2	
<i>fludarabine phosphate</i>	2	
<i>fluorouracil</i>	2	
<i>gemcitabine hcl</i>	2	
<i>hydroxyurea</i>	2	
<i>idarubicin hcl</i>	2	
<i>ifosfamide</i>	2	
<i>ifosfamide/mesna</i>	2	
<i>irinotecan</i>	2	
<i>letrozole</i>	2	
<i>mercaptopurine</i>	2	
<i>mesna</i>	2	
<i>mitomycin</i>	2	
<i>mitoxantrone hcl</i>	2	
<i>oxaliplatin</i>	2	
<i>paclitaxel</i>	2	
<i>pentostatin</i>	2	
<i>tamoxifen citrate</i>	2	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
<i>thiotepa</i>	2	
<i>toposar</i>	2	
<i>topotecan hcl</i>	2	
<i>tretinoin</i>	2	
<i>vincasar pfs</i>	2	
<i>vincristine sulfate</i>	2	
<i>vinorelbine tartrate</i>	2	
ABRAXANE	3	
ALIMTA	3	
AROMASIN	3	
ARRANON	3	
BICNU	3	
BUSULFEX	3	
CAMPATH	3	
CEENU	3	
CLOLAR	3	
COSMEGEN	3	
CYTARABINE AQUEOUS INJECTION 20MG/ML	3	
DAUNOXOME	3	
DOCEFREZ	3	
DOCETAXEL	3	
DOXIL	3	
DROXIA	3	
ELITEK	3	
ELSPAR	3	
EMCYT	3	
ERBITUX	3	PA
ETOPOPHOS	3	
FARESTON	3	
FASLODEX	3	PA
FEMARA	3	
FOLOTYN	3	
HEXALEN	3	
HYCAMTIN	3	
LEUKERAN	3	
MESNEX TABLET	3	
MUSTARGEN	3	
ONTAK	3	
PANRETIN	3	
PROLEUKIN	3	
TABLOID	3	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
TAXOTERE	3	
TRISENOX	3	
VECTIBIX	3	PA
VIDAZA	3	
VINBLASTINE SULFATE	3	
ZANOSAR	3	
ARIMIDEX	4	
CAMPTOSAR	4	
CERUBIDINE	4	
CYTARABINE AQUEOUS INJECTION 100MG/ML	4	
ELLECE	4	
ELOXATIN	4	
ETHYOL	4	
FIRMAGON	4	
FLUDARA	4	
HYDREA	4	
IDAMYCIN PFS	4	
IFEX	4	
LEUSTATIN	4	
MESNEX INJECTION	4	
NIPENT	4	
NOVANTRONE	4	
PURINETHOL	4	
AFINITOR	5	PA
ALKERAN	5	PA (PART B VS PART D ONLY)
ARZERRA	5	PA
AVASTIN	5	PA
CAPRELSA	5	PA
DACOGEN	5	
GEMCITABINE	5	
GEMZAR	5	
GLEEVEC	5	PA
HALAVEN	5	
HERCEPTIN	5	
IRESSA	5	PA
ISTODAX	5	PA
IXEMPRA KIT	5	PA
JAKAFI	5	
JEVTANA	5	
MATULANE	5	
MELPHALAN HYDROCHLORIDE	5	
NEXAVAR	5	PA

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
REVLIMID	5	PA ** Limited Access Drug. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at 888-282-1420 8:00 a.m. - 8:00 p.m., Mtn. Time, 7 days a week. If you are hearing impaired and use TTY equipment, call 711.
RITUXAN	5	
SPRYCEL	5	PA
SUTENT	5	PA
SYLATRON	5	
TARCEVA	5	PA
TARGRETIN	5	
TASIGNA	5	PA
THALOMID	5	
TORISEL	5	PA
TREANDA	5	PA
TYKERB	5	PA
VANDETANIB	5	PA
VELCADE	5	
VOTRIENT	5	PA
YERVOY	5	
ZELBORAF	5	PA
ZOLINZA	5	PA
ZYTIGA	5	PA
Antiparasitics		
<i>acticin</i>	2	
<i>atovaquone/proguanil hcl</i>	2	
<i>chloroquine phosphate</i>	2	
<i>hydroxychloroquine sulfate</i>	2	
<i>lindane</i>	2	
<i>malathion</i>	2	
<i>mebendazole</i>	2	
<i>mefloquine hcl</i>	2	
<i>permethrin</i>	2	
ALBENZA	3	
ALINIA	3	
BILTRICIDE	3	
COARTEM	3	
DARAPRIM	3	
EURAX	3	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
MALARONE	3	
NEBUPENT	3	
PENTAM 300	3	
PRIMAQUINE PHOSPHATE	3	
QUALAQUIN	3	
STROMEKTOL	3	
ARALEN	4	
OVIDE	4	
PLAQUENIL	4	
MEPRON	5	
Antiparkinson Agents		
<i>amantadine hcl capsule</i>	2	
<i>benztropine mesylate</i>	2	
<i>bromocriptine mesylate</i>	2	
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa cr</i>	2	
<i>carbidopa/levodopa odt</i>	2	
<i>carbidopa/levodopa sr</i>	2	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole hcl</i>	2	
<i>selegiline hcl</i>	2	
<i>trihexyphenidyl hcl</i>	2	
AMANTADINE HCL TABLET	3	
APOKYN	3	PA
AZILECT	3	
COMTAN	3	
LODOSYN	3	
MIRAPEX ER	3	
REQUIP XL TABLET EXTENDED RELEASE 24 HOUR 12MG, 2MG, 4MG, 8MG	3	
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
TASMAR	3	
ZELAPAR	3	
COGENTIN	4	
ELDEPRYL	4	
MIRAPEX	4	
PARCOPA	4	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
PARLODEL	4	
REQUIP	4	
SINEMET	4	
SINEMET CR	4	
Antipsychotics		
<i>chlorpromazine hcl tablet</i>	2	
<i>clozapine</i>	2	
<i>fluphenazine decanoate</i>	2	
<i>fluphenazine hcl tablet</i>	2	
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i>	2	
<i>haloperidol lactate</i>	2	
<i>loxapine succinate</i>	2	
<i>olanzapine</i>	2	
<i>olanzapine odt</i>	2	
<i>perphenazine</i>	2	
<i>risperidone</i>	2	
<i>risperidone odt tablet dispersible 0.5mg, 2mg, 3mg, 4mg</i>	2	
<i>thioridazine hcl</i>	2	
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	
ABILIFY	3	
ABILIFY DISCMELT	3	
CHLORPROMAZINE HCL INJECTION	3	
FAZACLO	3	
FLUPHENAZINE HCL CONCENTRATE, ELIXIR, INJECTION	3	
GEODON	3	
INVEGA	3	
ORAP	3	
RISPERDAL CONSTA	3	
RISPERIDONE ODT TABLET DISPERSIBLE 0.25MG	3	
SEROQUEL	3	
SEROQUEL XR	3	
SYMBYAX	3	
ZYPREXA	3	
ZYPREXA ZYDIS	3	
CLOZARIL	4	
FANAPT	4	
FANAPT TITRATION PACK	4	
HALDOL	4	
HALDOL DECANOATE 100	4	
HALDOL DECANOATE 50	4	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA	4	
LATUDA	4	
LOXITANE	4	
NAVANE	4	
RISPERDAL	4	
RISPERDAL M-TAB	4	
SAPHRIS	4	
Antispasticity Agents		
<i>baclofen</i>	2	
<i>dantrolene sodium</i>	2	
<i>tizanidine hcl</i>	2	
ZANAFLEX CAPSULE	3	
DANTRIUM	4	
GABLOFEN	4	
LIORESAL INTRATHECAL	4	
ZANAFLEX TABLET	4	
Antivirals		
<i>acyclovir</i>	2	
<i>acyclovir sodium</i>	2	
<i>amantadine hcl</i>	2	
<i>didanosine</i>	2	
<i>famciclovir</i>	2	
GANCICLOVIR CAPSULE 250MG	2	
<i>ganciclovir injection</i>	2	
<i>lamivudine</i>	2	
<i>lamivudine/zidovudine</i>	2	
<i>ribapak tablet 400mg, 600mg</i>	2	
<i>ribasphere</i>	2	
<i>ribavirin</i>	2	
<i>rimantadine hcl</i>	2	
<i>stavudine</i>	2	
<i>valacyclovir hcl</i>	2	
<i>zidovudine</i>	2	
APTIVUS	3	
BARACLUDE	3	
CRIXIVAN	3	
DENAVIR	3	
EMTRIVA	3	
EPIVIR	3	
EPIVIR HBV	3	
EPZICOM	3	
HEPSERA	3	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
INVIRASE	3	
ISENTRESS	3	
KALETRA	3	
LEXIVA SUSPENSION	3	
NORVIR	3	
PREZISTA	3	
REBETOL SOLUTION	3	
RELENZA DISKHALER	3	
RESCRIPTOR	3	
RETROVIR IV INFUSION	3	
SELZENTRY	3	
SUSTIVA	3	
TAMIFLU	3	
TYZEKA	3	
VIDEX PEDIATRIC	3	
VIRACEPT	3	
VIRAMUNE	3	
VIRAMUNE XR	3	
VIRAZOLE	3	
VIREAD	3	
VISTIDE	3	
ZIAGEN	3	
ZOVIRAX CREAM, OINTMENT	3	
CYTOVENE	4	
FAMVIR	4	
RETROVIR	4	
REYATAZ CAPSULE 100MG	4	QL (30 per 30 days)
VALTREX	4	
VIDEX EC	4	
ZERIT	4	
ZIRGAN	4	
ZOVIRAX CAPSULE, SUSPENSION, TABLET	4	
ATRIPLA	5	
COMBIVIR	5	
COMPLERA	5	
COPEGUS	5	
EDURANT	5	
FUZEON	5	
GANCICLOVIR CAPSULE 500MG	5	
INCIVEK	5	
INTELENCE	5	
LEXIVA TABLET	5	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
REBETOL CAPSULE	5	
REYATAZ CAPSULE 150MG, 200MG, 300MG	5	
RIBAPAK TABLET 0	5	
TRIZIVIR	5	
TRUVADA	5	
VALCYTE	5	
VICTRELIS	5	
Anxiolytics		
<i>bupirone hcl</i>	2	
<i>chlordiazepoxide/amitriptyline</i>	2	
<i>meprobamate</i>	2	
<i>paroxetine hcl er</i>	2	
Bipolar Agents		
<i>lithium carbonate er</i>	2	
LITHIUM CARBONATE TABLET	3	
<i>lithium carbonate capsule</i>	2	
<i>lithium citrate</i>	2	
LITHOBID	4	
RISPERDAL M-TAB	4	
<i>risperidone odt</i>	2	
SYMBYAX	3	
Blood Glucose Regulators		
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glycron tablet 1.5mg, 3mg, 6mg</i>	1	
<i>metformin hcl</i>	1	
<i>metformin hcl er</i>	1	
<i>acarbose</i>	2	
<i>chlorpropamide</i>	2	
<i>glipizide er</i>	2	
<i>glipizide/metformin hcl</i>	2	
<i>glyburide/metformin hcl</i>	2	
<i>nateglinide</i>	2	
<i>tolazamide</i>	2	
ACTOPLUS MET	3	
ACTOPLUS MET XR	3	
ACTOS	3	
BYETTA	3	
CYCLOSET	3	
DUETACT	3	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLYCRON TABLET 4.5MG	3	
HUMALOG	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 PEN	3	
HUMULIN N	3	
HUMULIN N U-100 PEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
JANUMET	3	
JANUVIA	3	
JUVISYNC	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
NOVOLIN 70/30	3	
NOVOLIN N	3	
NOVOLIN R	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
PROGLYCEM	3	
RIOMET	3	
SYMLIN	3	
SYMLINPEN 120	3	
SYMLINPEN 60	3	
TOLBUTAMIDE	3	
TRADJENTA	3	
AMARYL	4	
APIDRA	4	
APIDRA SOLOSTAR	4	
AVANDAMET	4	
AVANDARYL	4	
AVANDIA	4	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
DIABETA	4	
GLUCOPHAGE	4	
GLUCOPHAGE XR	4	
GLUCOTROL	4	
GLUCOTROL XL	4	
GLUCOVANCE	4	
GLUMETZA	4	
GLYNASE	4	
GLYSET	4	
METAGLIP	4	
PRANDIMET	4	
PRANDIN	4	
PRECOSE	4	
STARLIX	4	
VICTOZA	4	
Blood Products/Modifiers/ Volume Expanders		
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	
<i>cilostazol</i>	2	
<i>dipyridamole</i>	2	
<i>enoxaparin sodium</i>	2	
<i>fondaparinux sodium</i>	2	
<i>heparin sodium/d5w</i>	2	
<i>heparin sodium/sodium chloride 0.9% premix</i>	2	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	2	
<i>ticlopidine hcl</i>	2	
<i>tranexamic acid</i>	2	
AGGRENOX	3	
ARANESP ALBUMIN FREE	3	PA (PART B VS PART D ONLY)
ARIXTRA	3	
COUMADIN INJECTION	3	
CYKLOKAPRON	3	
EPOGEN	3	PA (PART B VS PART D ONLY)
FRAGMIN	3	
HEPARIN SODIUM/NAACL 0.45%	3	
HEPARIN SODIUM INJECTION 2000UNIT/ML	3	
INNOHEP	3	
LEUKINE	3	
LOVENOX INJECTION 300MG/3ML	3	
LYSTEDA	3	
NEULASTA	3	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
NEUMEGA	3	
PLAVIX	3	
PROCRIT	3	PA (PART B VS PART D ONLY)
BRILINTA	4	
COUMADIN TABLET	4	
LOVENOX INJECTION 100MG/ML, 120MG/0.8ML, 150MG/ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	4	
PERSANTINE	4	
PLETAL	4	
PRADAXA	4	
XARELTO	4	
ARGATROBAN	5	
CINRYZE	5	PA
MOZOBIL	5	
NEUPOGEN	5	
PROMACTA	5	
Cardiovascular Agents		
<i>amiloride/hydrochlorothiazide</i>	1	
<i>atenolol</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hcl</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>captopril</i>	1	
<i>carvedilol</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
<i>digoxin tablet</i>	1	
<i>enalapril maleate</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>furosemide tablet</i>	1	
<i>hydrochlorothiazide capsule</i>	1	
<i>hydrochlorothiazide tablet 25mg, 50mg</i>	1	
<i>indapamide</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>lovastatin</i>	1	
<i>metoprolol tartrate tablet</i>	1	
<i>pravastatin sodium</i>	1	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>verapamil hcl tablet 120mg, 80mg</i>	1	
<i>acebutolol hcl</i>	2	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide</i>	2	
<i>acetazolamide er</i>	2	
<i>acetazolamide sodium</i>	2	
<i>afeditab cr</i>	2	
<i>amiloride hcl</i>	2	
<i>amiodarone hcl</i>	2	
<i>amlodipine besylate</i>	2	
<i>amlodipine besylate/benazepril hcl</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	2	
<i>atorvastatin calcium</i>	2	
<i>benazepril hcl/hydrochlorothiazide</i>	2	
<i>betaxolol hcl</i>	2	
<i>bisoprolol fumarate</i>	2	
<i>bumetanide</i>	2	
<i>captopril/hydrochlorothiazide</i>	2	
<i>cartia xt</i>	2	
<i>chlorothiazide sodium</i>	2	
<i>cholestyramine light</i>	2	
<i>clonidine hcl</i>	2	
<i>colestipol hcl</i>	2	
<i>digoxin injection</i>	2	
<i>dilt-cd</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem cd</i>	2	
<i>diltiazem hcl er</i>	2	
<i>diltiazem hcl tablet</i>	2	
<i>diltiazem hcl injection 25mg/5ml</i>	2	
<i>diltzac</i>	2	
<i>disopyramide phosphate</i>	2	
<i>eplerenone</i>	2	
<i>eprosartan mesylate</i>	2	
<i>felodipine er</i>	2	
<i>fenofibrate</i>	2	
<i>fenofibrate micronized</i>	2	
<i>flecainide acetate</i>	2	
<i>fosinopril sodium</i>	2	
<i>fosinopril sodium/hydrochlorothiazide</i>	2	
<i>furosemide injection</i>	2	
<i>furosemide oral solution 10mg/ml</i>	2	
<i>gemfibrozil</i>	2	
<i>guanfacine hcl</i>	2	
<i>hydralazine hcl</i>	2	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
<i>isochron</i>	2	
<i>isosorbide dinitrate</i>	2	
<i>isosorbide dinitrate er</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>isradipine</i>	2	
<i>labetalol hcl</i>	2	
<i>losartan potassium</i>	2	
<i>losartan potassium/hydrochlorothiazide</i>	2	
<i>matzim la</i>	2	
<i>methyldopa</i>	2	
<i>metolazone</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate injection</i>	2	
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>midodrine hcl</i>	2	
<i>minoxidil</i>	2	
<i>moexipril hcl</i>	2	
<i>moexipril/hydrochlorothiazide</i>	2	
<i>nadolol</i>	2	
<i>nadolol/bendroflumethiazide</i>	2	
<i>niacor</i>	2	
<i>nicardipine hcl</i>	2	
<i>nifediac cc</i>	2	
<i>nifedical xl</i>	2	
<i>nifedipine er</i>	2	
<i>nifedipine capsule 10mg</i>	2	
<i>nimodipine</i>	2	
<i>nisoldipine er</i>	2	
<i>nisoldipine tablet extended release 24 hour 17mg, 34mg, 8.5mg</i>	2	
<i>nitroglycerin</i>	2	
<i>nitroglycerin transdermal</i>	2	
<i>pacerone tablet 200mg</i>	2	
<i>perindopril erbumine</i>	2	
<i>prazosin hcl</i>	2	
<i>procainamide hcl injection 100mg/ml</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	2	
<i>propranolol hcl</i>	2	
<i>propranolol hcl er</i>	2	
<i>propranolol/hydrochlorothiazide</i>	2	
<i>quinapril hcl</i>	2	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril/hydrochlorothiazide</i>	2	
<i>quinidine gluconate er</i>	2	
<i>quinidine sulfate</i>	2	
<i>ramipril</i>	2	
<i>reserpine</i>	2	
<i>simvastatin</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>spironolactone</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>taztia xt</i>	2	
<i>toremide tablet</i>	2	
<i>trandolapril</i>	2	
<i>triamterene/hydrochlorothiazide capsule 25mg; 50mg</i>	2	
<i>verapamil hcl er</i>	2	
<i>verapamil hcl injection</i>	2	
<i>verapamil hcl tablet 40mg</i>	2	
ALDACTAZIDE TABLET 50MG; 50MG	3	
BENICAR	3	
BENICAR HCT	3	
BIDIL	3	
BYSTOLIC	3	
CLOPRES	3	
COVERA-HS	3	
CRESTOR	3	
DEMSER	3	
DIBENZYLINE	3	
DIGOXIN ORAL SOLUTION	3	
DILATRATE SR	3	
DILTIAZEM HCL INJECTION 100MG	3	
DIURIL	3	
DYRENIUM	3	
EDECIN	3	
FUROSEMIDE ORAL SOLUTION 8MG/ML	3	
GUANABENZ ACETATE	3	
ISORDIL TITRADOSE TABLET 40MG	3	
LANOXIN INJECTION 0.1MG/ML	3	
LEVATOL	3	
LOVAZA	3	
METHYCLOTHIAZIDE	3	
METHYLDOPA/HYDROCHLOROTHIAZIDE	3	
METHYLDOPATE HCL	3	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
MEXILETINE HCL	3	
NIASPAN	3	
NIFEDIPINE CAPSULE 20MG	3	
NISOLDIPINE TABLET EXTENDED RELEASE 24 HOUR 20MG, 30MG, 40MG	3	
NITRO-BID	3	
NITROLINGUAL PUMPSPRAY	3	
NITROMIST	3	
NITROSTAT	3	
PACERONE TABLET 100MG	3	
PINDOLOL	3	
PROCAINAMIDE HCL INJECTION 500MG/ML	3	
QUINIDINE GLUCONATE	3	
QUINIDINE SULFATE ER	3	
SIMCOR	3	
SODIUM EDECRIN	3	
SOTALOL HYDROCHLORIDE	3	
THALITONE	3	
TIKOSYN	3	
TIMOLOL MALEATE	3	
TORSEMIDE INJECTION	3	
VYTORIN	3	
WELCHOL	3	
ACCUPRIL	4	
ACCURETIC	4	
ACEON	4	
ADALAT CC	4	
ADVICOR	4	
ALDACTAZIDE TABLET 25MG; 25MG	4	
ALDACTONE	4	
ALTACE	4	
ANTARA	4	
ATACAND	4	
ATACAND HCT	4	
AVALIDE	4	
AVAPRO	4	
BETAPACE	4	
BETAPACE AF	4	
CADUET	4	
CALAN	4	
CALAN SR	4	
CARDIZEM	4	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
CARDIZEM CD	4	
CARDIZEM LA	4	
CARDURA XL	4	
CATAPRES	4	
CATAPRES-TTS-1	4	QL (8 per 28 days)
CATAPRES-TTS-2	4	QL (8 per 28 days)
CATAPRES-TTS-3	4	QL (8 per 28 days)
COLESTID	4	
CORDARONE	4	
COREG	4	
CORGARD	4	
CORZIDE	4	
COZAAR	4	
DEMADEX	4	
DIAMOX	4	
DILACOR XR	4	
DIOVAN	4	
DIOVAN HCT	4	
DIURIL IV	4	
DYAZIDE	4	
DYNACIRC CR	4	
FENOGLIDE	4	
HYZAAR	4	
INDERAL LA	4	
INNOPRAN XL	4	
INSPRA	4	
ISOPTIN SR	4	
ISORDIL TITRADOSE TABLET 5MG	4	
LANOXIN TABLET	4	
LANOXIN INJECTION 0.25MG/ML	4	
LASIX	4	
LESCOL	4	
LESCOL XL	4	
LIPITOR	4	
LIPOFEN	4	
LOFIBRA	4	
LOPID	4	
LOPRESSOR	4	
LOPRESSOR HCT	4	
LOTENSIN	4	
LOTENSIN HCT	4	
LOTREL	4	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
MAVIK	4	
MAXZIDE	4	
MAXZIDE-25	4	
MEVACOR	4	
MICARDIS	4	
MICARDIS HCT	4	
MICROZIDE	4	
MINIPRESS	4	
MONOKET	4	
MULTAQ	4	
NITRO-DUR	4	
NORPACE	4	
NORPACE CR	4	
NORVASC	4	
PACERONE TABLET 400MG	4	
PRAVACHOL	4	
PRINIVIL	4	
PRINZIDE	4	
PROCARDIA	4	
PROCARDIA XL	4	
QUESTRAN	4	
RECTIV	4	
RYTHMOL	4	
RYTHMOL SR	4	
SECTRAL	4	
SULAR	4	
TARKA	4	
TEKTURNA	4	
TEKTURNA HCT	4	
TENEX	4	
TENORETIC 100	4	
TENORETIC 50	4	
TENORMIN	4	
TEVETEN	4	
TEVETEN HCT	4	
TIAZAC	4	
TOPROL XL	4	
TRANDATE	4	
TRICOR	4	
TRIGLIDE	4	
TWYNSTA	4	
UNIRETIC	4	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
UNIVASC	4	
VASERETIC	4	
VASOTEC	4	
VERELAN	4	
VERELAN PM	4	
ZAROXOLYN	4	
ZEBETA	4	
ZESTORETIC	4	
ZESTRIL	4	
ZETIA	4	
ZIAC	4	
ZOCOR	4	
SAMSCA	5	
Central Nervous System Agents		
<i>amphetamine/dextroamphetamine</i>	2	
<i>dexmethylphenidate hcl</i>	2	
<i>dextroamphetamine sulfate</i>	2	
<i>dextroamphetamine sulfate er</i>	2	
<i>metadate er</i>	2	
<i>methamphetamine hcl</i>	2	PA
<i>methylin er</i>	2	
<i>methylin tablet</i>	2	
<i>methylphenidate hcl</i>	2	
<i>methylphenidate hcl er</i>	2	
<i>methylphenidate hcl sr</i>	2	
<i>methylphenidate hydrochloride</i>	2	
CONCERTA	3	
METADATE CD	3	
METHYLIN TABLET CHEWABLE, SOLUTION	3	
NUEDEXTA	3	
PROVIGIL	3	PA
RILUTEK	3	
RITALIN LA	3	
XYREM	3	PA ** Limited Access Drug. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at 888-282-1420 8:00 a.m. - 8:00 p.m., Mtn. Time, 7 days a week. If you are hearing impaired and use TTY equipment, call 711.
ADDERALL XR	4	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
DESOXYN	4	PA
DEXEDRINE	4	
RITALIN	4	
RITALIN SR	4	
STRATTERA	4	
VYVANSE	4	
Dental and Oral Agents		
<i>chlorhexidine gluconate oral rinse</i>	2	
<i>pilocarpine hcl</i>	2	
<i>pilocarpine hydrochloride</i>	2	
<i>triamcinolone in orabase</i>	2	
EVOXAC	3	
SALAGEN	4	
KEPIVANCE	5	
Dermatological Agents		
<i>adapalene</i>	2	
<i>ammonium lactate</i>	2	
<i>amnesteem</i>	2	
<i>avita</i>	2	
<i>calcipotriene solution</i>	2	
<i>claravis</i>	2	
<i>clindamycin phosphate</i>	2	
<i>clindamycin/benzoyl peroxide</i>	2	
<i>erythromycin/benzoyl peroxide</i>	2	
<i>fluorouracil</i>	2	
<i>imiquimod</i>	2	
<i>laclotion</i>	2	
<i>podofilox</i>	2	
<i>selenium sulfide</i>	2	
<i>sotret</i>	2	
<i>tretinoin</i>	2	
8-MOP	3	
ATRALIN	3	
AZELEX	3	
BENZAACLIN WITH PUMP	3	
CALCIPOTRIENE OINTMENT	3	
CARAC	3	
CLINDACIN PAC	3	
CLINDAGEL	3	
CONDYLOX	3	
DIFFERIN GEL 0.3%	3	
DOVONEX	3	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
FINACEA	3	
FLUOROPLEX	3	
OXSORALEN	3	
OXSORALEN ULTRA	3	
REGRANEX	3	
RETIN-A MICRO	3	
SANTYL	3	
SOLARAZE	3	
TAZORAC	3	
UVADEX	3	
VELTIN	3	
VEREGEN	3	
ZIANA	3	
ACZONE	4	
ALDARA	4	
BENZAMYCIN	4	
CLEOCIN-T	4	
DIFFERIN CREAM, LOTION	4	
DIFFERIN GEL 0.1%	4	
DOVONEX SCALP	4	
EFUDEX	4	
ELIDEL	4	
EVOCLIN	4	
LAC-HYDRIN	4	
PROTOPIC	4	
RETIN-A	4	
TACLONEX	4	
TACLONEX SCALP	4	
ZONALON	4	
AMEVIVE	5	PA
SORIATANE CAPSULE 10MG, 25MG	5	
STELARA	5	PA
XALKORI	5	PA
Enzyme Replacements/ Modifiers		
ADAGEN	3	
CEREDASE	3	
CREON	3	
CYSTADANE	3	
CYSTAGON	3	
NAGLAZYME	3	
PANCREAZE	3	
ZENPEP	3	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
ALDURAZYME	5	
BUPHENYL	5	
CARBAGLU	5	PA
CEREZYME	5	
ELAPRASE	5	
FABRAZYME	5	
KUVAN	5	PA
LUMIZYME	5	
MYOZYME	5	
ORFADIN	5	
VPRIV	5	
ZAVESCA	5	PA
Gastrointestinal Agents		
<i>cimetidine tablet 200mg, 300mg, 400mg</i>	1	
<i>atropine sulfate injection 0.1mg/ml</i>	2	
<i>cimetidine hcl</i>	2	
<i>cimetidine tablet 800mg</i>	2	
<i>constulose</i>	2	
<i>dicyclomine hcl</i>	2	
<i>diphenoxylate/atropine</i>	2	
<i>enulose</i>	2	
<i>famotidine</i>	2	
<i>famotidine premixed</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/ flavor pack</i>	2	
<i>glycopyrrolate</i>	2	
<i>lactulose</i>	2	
<i>lansoprazole</i>	2	ST
<i>lansoprazole odt</i>	2	
<i>loperamide hcl</i>	2	
<i>methscopolamine bromide</i>	2	
<i>metoclopramide hcl</i>	2	
<i>misoprostol</i>	2	
<i>nizatidine</i>	2	
<i>omeprazole</i>	2	
<i>pantoprazole sodium</i>	2	
<i>polyethylene glycol 3350</i>	2	
<i>ranitidine hcl</i>	2	
<i>sucralfate</i>	2	
<i>trilyte</i>	2	
<i>ursodiol</i>	2	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
ATROPINE SULFATE INJECTION 0.05MG/ML	3	
CANTIL	3	
CARAFATE SUSPENSION	3	
DEXILANT	3	QL (90 per 90 days) ST
DIPENTUM	3	
GASTROCROM	3	
GOLYTELY SOLUTION RECONSTITUTED 227.1GM; 2.82GM; 6.36GM; 5.53GM; 21.5GM	3	
KRISTALOSE	3	
LOTRONEX	3	
MOTOFEN	3	
MOVIPREP	3	
NEXIUM I.V.	3	
PROPANTHELINE BROMIDE	3	
PROTONIX INJECTION	3	ST
SUPREP BOWEL PREP	3	
VISICOL	3	
ZANTAC INJECTION 50MG/50ML; 0.45%	3	
ACIPHEX	4	ST
ACTIGALL	4	
AMITIZA	4	
AXID	4	
BENTYL	4	
CARAFATE TABLET	4	
COLYTE-FLAVOR PACKS	4	
CUVPOSA	4	
CYTOTEC	4	
GOLYTELY SOLUTION RECONSTITUTED 236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	4	
HALFLYTELY BOWEL PREP/FLAVOR PACKS	4	
LOMOTIL	4	
NEXIUM CAPSULE DELAYED RELEASE	4	ST
NEXIUM PACKET 10MG	4	
NEXIUM PACKET 20MG, 40MG	4	ST
NULYTELY/FLAVOR PACKS	4	
PAMINE	4	
PAMINE FORTE	4	
PEPCID	4	
PEPCID I.V.	4	
PREVACID	4	ST
PREVACID SOLUTAB	4	
PRIOSECCAPSULE DELAYED RELEASE 10MG, 20MG	4	ST
PROTONIX PACKET, TABLET DELAYED RELEASE	4	ST

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
REGLAN	4	
ROBINUL	4	
ROBINUL FORTE	4	
URSO 250	4	
URSO FORTE	4	
ZANTAC SYRUP, TABLET, TABLET EFFERVESCENT	4	
ZANTAC INJECTION 25MG/ML	4	
Genitourinary Agents		
<i>doxazosin mesylate</i>	1	
<i>oxybutynin chloride tablet</i>	1	
<i>terazosin hcl</i>	1	
<i>alfuzosin hcl er</i>	2	
<i>calcium acetate</i>	2	
<i>finasteride</i>	2	
<i>flavoxate hcl</i>	2	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride syrup</i>	2	
<i>tamsulosin hcl</i>	2	
<i>tropium chloride</i>	2	
AVODART	3	
CLINDESSE	3	
DETROL	3	
DETROL LA	3	
ELMIRON	3	
FOSRENOL	3	
OXYTROL	3	QL (8 per 28 days)
PHOSLO	3	
PHOSLYRA	3	
RENAGEL	3	
RENVELA	3	
UROXATRAL	3	
CARDURA	4	
DITROPAN XL	4	
ELIPHOS	4	
FLOMAX	4	
JALYN	4	
PROSCAR	4	
SANCTURA	4	
SANCTURA XR	4	
URECHOLINE	4	
VESICARE	4	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
<i>a-hydrocort</i>	2	
<i>a-methapred</i>	2	
<i>ala cort</i>	2	
<i>ala-cort</i>	2	
<i>alclometasone dipropionate</i>	2	
<i>amcinonide cream</i>	2	
<i>augmented betamethasone dipropionate</i>	2	
<i>betamethasone dipropionate</i>	2	
<i>betamethasone valerate</i>	2	
<i>clobetasol propionate</i>	2	
<i>clobetasol propionate e</i>	2	
<i>cortisone acetate</i>	2	
<i>desonide</i>	2	
<i>desoximetasone</i>	2	
<i>dexamethasone sodium phosphate</i>	2	
<i>dexamethasone elixir</i>	2	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 4mg, 6mg</i>	2	
<i>diflorasone diacetate</i>	2	
<i>fludrocortisone acetate</i>	2	
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide oil</i>	2	
<i>fluocinonide</i>	2	
<i>fluocinonide-e</i>	2	
<i>fluticasone propionate</i>	2	
<i>halobetasol propionate</i>	2	
<i>hydrocortisone</i>	2	
<i>hydrocortisone butyrate</i>	2	
<i>hydrocortisone valerate</i>	2	
<i>lokara</i>	2	
<i>methylprednisolone</i>	2	
<i>methylprednisolone acetate</i>	2	
<i>methylprednisolone dose pack</i>	2	
<i>methylprednisolone sodiumsuccinate</i>	2	
<i>mometasone furoate</i>	2	
<i>prednicarbate</i>	2	
<i>prednisolone sodium phosphate</i>	2	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 5mg</i>	2	
<i>procto-pak</i>	2	
<i>proctocream hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide</i>	2	
<i>triderm</i>	2	
<i>u-cort</i>	2	
AMCINONIDE LOTION, OINTMENT	3	
CAPEX	3	
CELESTONE	3	
CLOBEX	3	
CLODERM	3	
CORDRAN	3	
CORDRAN SP	3	
CORDRAN TAPE	3	
DEPO-MEDROL INJECTION 20MG/ML	3	
DERMA-SMOOTH/FS BODY OIL	3	
DESONATE	3	
DEXAMETHASONE INTENSOL	3	
DEXAMETHASONE TABLET 1MG, 2MG	3	
FLUOCINOLONE ACETONIDE CREAM, OINTMENT, SOLUTION	3	
HALOG	3	
KENALOG	3	
LOCOID LIPOCREAM	3	
LOCOID LOTION	3	
LUXIQ	3	
MILLIPRED	3	
OLUX-E	3	
ORAPRED ODT	3	
PANDEL	3	
PREDNISONE INTENSOL	3	
PREDNISONE SOLUTION	3	
PREDNISONE TABLET 50MG	3	
SOLU-CORTEF INJECTION 250MG	3	
SOLU-MEDROL INJECTION 2GM	3	
TRIAMCINOLONE ACETONIDE IN ABSORBABLE	3	
VANOS	3	
VERDESO	3	
ACLOVATE	4	
ALA SCALP	4	
ANUSOL-HC	4	
CARMOL-HC	4	
CORTEF	4	
CUTIVATE	4	
DEPO-MEDROL INJECTION 40MG/ML, 80MG/ML	4	
DERMATOP	4	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
DESOWEN	4	
DESOWEN LOTION/CETAPHIL CREAM	4	
DESOWEN OINTMENT/CETAPHIL LOTION	4	
DEXPAK 13 DAY	4	
DIPROLENE	4	
DIPROLENE AF	4	
ELOCON	4	
LOCOID OINTMENT, SOLUTION	4	
MEDROL	4	
MEDROL DOSEPAK	4	
ORAPRED	4	
PEDIAPRED	4	
PROCTOCORT	4	
SOLU-CORTEF INJECTION 100MG	4	
SOLU-MEDROL INJECTION 125MG, 40MG, 500MG	4	
TEMOVATE	4	
TOPICORT	4	
TOPICORT LP	4	
ULTRAVATE	4	
VERIPRED 20	4	
WESTCORT	4	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>chorionic gonadotropin</i>	2	
<i>desmopressin acetate</i>	2	
<i>novarel</i>	2	
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	2	
GENOTROPIN	3	PA
GENOTROPIN MINIQUICK	3	PA
HUMATROPE	3	PA
HUMATROPE COMBO PACK	3	PA
INCRELEX	3	
METHERGINE	3	
NORDITROPIN FLEXPRO	3	PA
NORDITROPIN NORDIFLEX PEN	3	PA
NUTROPIN	3	PA
NUTROPIN AQ NUSPIN 5	3	PA
NUTROPIN AQ PEN	3	PA
OMNITROPE	3	PA
SAIZEN	3	PA
SAIZEN CLICK.EASY	3	PA
SEROSTIM	3	
STIMATE	3	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
TEV-TROPIN	3	PA
ZORBTIVE	3	PA
DDAVP	4	
EGRIFTA	5	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>amethia</i>	2	
<i>amethyst</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>aviane</i>	2	
<i>balziva</i>	2	
<i>briellyn</i>	2	
<i>camila</i>	2	
<i>cesia</i>	2	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>danazol</i>	2	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>errin</i>	2	
<i>estrace cream</i>	2	
<i>estradiol valerate</i>	2	
<i>estradiol/norethindrone acetate</i>	2	
<i>estradiol tablet</i>	2	
<i>estradiol patch weekly 0.06mg/24hr, 37.5mcg/24hr</i>	2	
<i>estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	2	QL (4 per 28 days)
<i>estropipate</i>	2	
<i>gianvi</i>	2	
<i>introvale</i>	2	
<i>jinteli</i>	2	
<i>jolivette</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>leena</i>	2	
<i>lessina-28</i>	2	
<i>levora 0.15/30-28</i>	2	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
<i>low-ogestrel</i>	2	
<i>luteru</i>	2	
<i>medroxyprogesterone acetate</i>	2	
<i>megestrol acetate</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>mononessa</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>necon 1/35-28</i>	2	
<i>necon 7/7/7</i>	2	
<i>next choice</i>	2	
<i>nora-be</i>	2	
<i>norethindrone acetate</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>ocella</i>	2	
<i>orsythia</i>	2	
<i>ortho-est</i>	2	
<i>oxandrolone</i>	2	
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>quasense</i>	2	
<i>reclipsen</i>	2	
<i>solia</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>testosterone cypionate</i>	2	
<i>testosterone enanthate</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>trinessa</i>	2	
<i>trivora-28</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>zeosa</i>	2	
<i>zovia 1/35e</i>	2	
<i>zovia 1/50e</i>	2	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
ALORA	3	QL (8 per 28 days)
ANADROL-50	3	
ANDRODERM	3	QL (60 per 30 days)
ANDROGEL	3	QL (300 GM per 30 days)
ANDROGEL PUMP	3	
ANDROID	3	
ANDROXY	3	
ANGELIQ	3	
CLIMARA PRO	3	QL (4 per 28 days)
COMBIPATCH	3	QL (8 per 28 days)
CRINONE	3	
DEPO-ESTRADIOL	3	
DEPO-PROVERA	3	
DEPO-SUBQ PROVERA 104	3	
ELESTRIN	3	QL (144 GM per 30 days)
ELLA	3	
ENDOMETRIN	3	
ESTRING	3	
EVAMIST	3	
EVISTA	3	
FEMRING	3	
FORTESTA	3	QL (120 GM per 30 days)
LOESTRIN 24 FE	3	
LOSEASONIQUE	3	
MEGACE ES	3	
MENEST	3	
MENOSTAR	3	QL (4 per 28 days)
METHITEST	3	
NECON 10/11-28	3	
NUVARING	3	
OGESTREL	3	
ORTHO EVRA	3	QL (3 per 28 days)
OVCON-50 28	3	
PREMARIN	3	
PREMARIN W/APPLICATOR	3	
PREMPHASE	3	
PREMPRO	3	
PROMETRIUM	3	
SEASONIQUE	3	
STRIANT	3	
TESTIM	3	QL (300 GM per 30 days)
TESTRED	3	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
VAGIFEM	3	
ACTIVELLA	4	
AXIRON	4	
AYGESTIN	4	
BREVICON-28	4	
CENESTIN	4	
CLIMARA	4	QL (4 per 28 days)
CYCLESSA	4	
DELATESTRYL	4	
DELESTROGEN	4	
DEPO-PROVERA CONTRACEPTIVE	4	
DEPO-TESTOSTERONE	4	
DESOGEN	4	
ENJUVIA	4	
ESTRACE TABLET	4	
ESTRADERM	4	QL (8 per 28 days)
ESTROSTEP FE	4	
FEMCON FE	4	
FEMHRT 1/5	4	
FEMHRT LOW DOSE	4	
FEMTRACE	4	
LO/OVRAL-28	4	
LOESTRIN 1.5/30-21	4	
LOESTRIN 1/20-21	4	
LOESTRIN FE 1.5/30	4	
LOESTRIN FE 1/20	4	
LYBREL	4	
MEGACE ORAL	4	
MODICON	4	
NOR-QD	4	
NORDETTE-28	4	
NORINYL 1+35	4	
ORTHO MICRONOR	4	
ORTHO TRI-CYCLEN	4	
ORTHO TRI-CYCLEN LO	4	
ORTHO-CEPT	4	
ORTHO-CYCLEN	4	
ORTHO-NOVUM 7/7/7	4	
OVCON-35	4	
OXANDRIN	4	
PREFEST	4	
PROVERA	4	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
SEASONALE	4	
TRI-NORINYL 28	4	
VIVELLE-DOT	4	QL (8 per 28 days)
YASMIN 28	4	
YAZ	4	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
<i>levothroid</i>	2	
<i>levothyroxine sodium</i>	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium</i>	2	
<i>unithroid</i>	2	
THYROLAR-1	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
CYTOMEL	4	
SYNTHROID	4	
TIROSINT	4	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	3	
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR	3	
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	2	
ELIGARD	3	
<i>leuprolide acetate</i>	2	
LUPRON DEPOT	3	
LUPRON DEPOT-PED	3	
<i>octreotide acetate</i>	2	
SANDOSTATIN	4	
SANDOSTATIN LAR DEPOT	3	
SOMATULINE DEPOT	5	
SOMAVERT	3	
SYNAREL	3	
TRELSTAR DEPOT MIXJECT	3	
TRELSTAR LA MIXJECT	3	
TRELSTAR MIXJECT	3	
Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)		
<i>bicalutamide</i>	2	
<i>flutamide</i>	2	
NILANDRON	3	
CASODEX	4	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole</i>	2	
<i>propylthiouracil</i>	2	
TAPAZOLE	4	
Immunological Agents		
<i>azathioprine</i>	2	PA (PART B VS PART D ONLY)
<i>cyclosporine</i>	2	PA (PART B VS PART D ONLY)
<i>cyclosporine modified capsule 100mg</i>	2	
<i>cyclosporine modified solution</i>	2	PA (PART B VS PART D ONLY)
<i>gengraf</i>	2	PA (PART B VS PART D ONLY)
<i>leflunomide</i>	2	
<i>methotrexate</i>	2	PA (PART B VS PART D ONLY)
<i>methotrexate sodium</i>	2	
<i>mycophenolate mofetil</i>	2	
<i>tacrolimus</i>	2	
ACTHIB	3	
ADACEL	3	
ATGAM	3	
AZASAN	3	PA (PART B VS PART D ONLY)
AZATHIOPRINE SODIUM	3	
BOOSTRIX	3	
CARIMUNE NANOFILTERED	3	PA
CELLCEPT INTRAVENOUS	3	
CELLCEPT SUSPENSION RECONSTITUTED	3	PA (PART B VS PART D ONLY)
CERVARIX	3	
COMVAX	3	
CYCLOSPORINE MODIFIED CAPSULE 50MG	3	PA (PART B VS PART D ONLY)
DAPTACEL	3	
DECAVAC	3	
DIPHTHERIA/TETANUS TOXOID PEDIATRIC	3	
ENGERIX-B	3	PA (PART B VS PART D ONLY)
GAMASTAN S/D	3	PA
GAMMAGARD LIQUID	3	PA
GAMMAPLEX	3	PA
GAMUNEX	3	PA
GARDASIL	3	
HAVRIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
INFERGEN	3	
INTRON-A	3	
INTRON-A W/DILUENT	3	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
IPOL INACTIVATED IPV	3	
IXIARO	3	
JE-VAX	3	
M-M-R II W/DILUENT 10 DOSE	3	
MENACTRA	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
MYFORTIC	3	PA (PART B VS PART D ONLY)
ORTHOCLONE OKT3	3	PA (PART B VS PART D ONLY)
PEDVAX HIB	3	
PRIVIGEN	3	PA
PROGRAF INJECTION	3	PA (PART B VS PART D ONLY)
PROQUAD	3	
RABAVERT	3	
RAPAMUNE SOLUTION	3	PA (PART B VS PART D ONLY)
RAPAMUNE TABLET 0.5MG	3	
RAPAMUNE TABLET 1MG, 2MG	3	PA (PART B VS PART D ONLY)
RECOMBIVAX HB	3	PA (PART B VS PART D ONLY)
RIDAURA	3	
ROTATEQ	3	
SIMULECT	3	PA (PART B VS PART D ONLY)
TETANUS TOXOID ADSORBED	3	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	3	
THYMOGLOBULIN	3	
TREXALL	3	PA (PART B VS PART D ONLY)
TRIPEDIA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VIVAGLOBIN	3	PA
YF-VAX	3	
ZOSTAVAX	3	
ARAVA	4	
CELLCEPT CAPSULE, TABLET	4	PA (PART B VS PART D ONLY)
GILENYA	4	PA
IMURAN	4	PA (PART B VS PART D ONLY)
NEORAL	4	PA (PART B VS PART D ONLY)
PROGRAF CAPSULE	4	PA (PART B VS PART D ONLY)
RHEUMATREX	4	PA (PART B VS PART D ONLY)
SANDIMMUNE	4	PA (PART B VS PART D ONLY)
ZORTRESS TABLET 0.25MG	4	PA (PART B VS PART D ONLY)

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA	5	PA
ACTIMMUNE	5	
ARCALYST	5	
AVONEX	5	
BENLYSTA	5	PA
BETASERON	5	
CIMZIA	5	PA
COPAXONE	5	
ENBREL	5	PA
EXTAVIA	5	
HIZENTRA	5	PA
HUMIRA	5	PA
HUMIRA PEN-CROHNS DISEASESTARTER	5	
ILARIS	5	PA
KINERET	5	PA
NULOJIX	5	PA
ORENCIA INJECTION 125MG/1ML	5	PA
ORENCIA INJECTION 250MG	5	PA
PEG-INTRON	5	
PEG-INTRON REDIPEN	5	
PEGASYS	5	
PEGASYS PROCLICK	5	
REBIF	5	
REBIF TITRATION PACK	5	
REMICADE	5	PA
SIMPONI	5	PA
TYSABRI	5	PA ** Limited Access Drug. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at 888-282-1420 8:00 a.m. - 8:00 p.m., Mtn. Time, 7 days a week. If you are hearing impaired and use TTY equipment, call 711.
ZORTRESS TABLET 0.5MG, 0.75MG	5	PA (PART B VS PART D ONLY)
Inflammatory Bowel Disease Agents		
<i>balsalazide disodium</i>	2	
<i>budesonide</i>	2	
<i>colocort</i>	2	
<i>hydrocortisone</i>	2	
<i>mesalamine</i>	2	
<i>sulfasalazine</i>	2	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
<i>sulfazine ec</i>	2	
ASACOL	3	
ASACOL HD	3	
CANASA	3	
CORTIFOAM	3	
LIALDA	3	
MILLIPRED	3	
PENTASA	3	
APRISO	4	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
COLAZAL	4	
CORTENEMA	4	
ENTOCORT EC	4	
ROWASA	4	
Metabolic Bone Disease Agents		
<i>alendronate sodium tablet 10mg, 40mg, 5mg</i>	2	
<i>alendronate sodium tablet 35mg, 70mg</i>	2	QL (4 per 28 days)
<i>calcitonin-salmon</i>	2	
<i>calcitriol</i>	2	
<i>etidronate disodium</i>	2	
<i>fortical</i>	2	
<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>	2	
ACTONEL TABLET 150MG, 30MG, 5MG	3	
ACTONEL TABLET 35MG	3	QL (4 per 28 days)
BONIVA INJECTION	3	
HECTOROL	3	
MIACALCIN INJECTION	3	
PAMIDRONATE DISODIUM INJECTION 6MG/ML	3	
RECLAST	3	
SKELID	3	
ZEMPLAR	3	
AREDIA	4	
BONIVA TABLET	4	QL (1 per 28 days)
CALCIJEX	4	
DIDRONEL	4	
FORTEO	4	PA
FOSAMAX PLUS D	4	QL (4 per 28 days)
FOSAMAX SOLUTION	4	
FOSAMAX TABLET 10MG, 40MG, 5MG	4	
FOSAMAX TABLET 35MG, 70MG	4	QL (4 per 28 days)
MIACALCIN NASAL SOLUTION	4	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
PROLIA	4	PA
ROCALTROL	4	
XGEVA	5	PA
ZOMETA	5	
Miscellaneous Therapeutic Agents		
<i>anagrelide hydrochloride</i>	2	
<i>dexrazoxane</i>	2	
<i>intralipid injection 2.25%; 20%</i>	2	
<i>levocarnitine</i>	2	
<i>liposyn iii injection 1.8%; 2.5%; 30%</i>	2	
<i>methylergonovine maleate</i>	2	
<i>pentopak</i>	2	
<i>pentoxifylline er</i>	2	
<i>sterile water irrigation</i>	2	
ALCOHOL PREPS	3	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	3	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	3	
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	3	
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	3	
BOTOX	3	PA
CURITY GAUZE PADS 2"X2"	3	
XEOMIN	3	PA
AGRYLIN	4	
CARNITOR	4	
INTRALIPID INJECTION 1.7%; 30%	4	
LIPOSYN II	4	
LIPOSYN III INJECTION 1.2%; 2.5%; 10%, 1.2%; 2.5%; 20%	4	
TRENTAL	4	
ZINECARD	4	
XENAZINE	5	
Ophthalmic Agents		
<i>levobunolol hcl solution 0.5%</i>	1	QL (10 ML per 30 days)
<i>ak-con</i>	2	
<i>apraclonidine</i>	2	
<i>azelastine hcl</i>	2	
<i>bacitracin</i>	2	
<i>bacitracin/polymyxin b</i>	2	
<i>brimonidine tartrate</i>	2	
<i>carteolol hcl</i>	2	
<i>cromolyn sodium</i>	2	QL (50 ML per 30 days)
<i>dexamethasone sodium phosphate</i>	2	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium</i>	2	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>epinastine hcl</i>	2	
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	2	
<i>gentak</i>	2	
<i>gentasol</i>	2	
<i>ketorolac tromethamine</i>	2	
<i>latanoprost</i>	2	QL (2.5 ML per 30 days)
<i>levobunolol hcl solution 0.25%</i>	2	QL (10 ML per 30 days)
<i>methazolamide</i>	2	
<i>metipranolol</i>	2	QL (10 ML per 30 days)
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	2	
<i>neomycin/polymyxin/hydrocortisone</i>	2	
<i>ofloxacin</i>	2	
<i>parcaine</i>	2	
<i>poly-dex</i>	2	
<i>prednisolone acetate</i>	2	
<i>proparacaine hcl</i>	2	
<i>romycin</i>	2	
<i>sodium sulfacetamide</i>	2	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
<i>timolol maleate ophthalmic gel forming</i>	2	
<i>timolol maleate solution 0.5%</i>	2	QL (10 ML per 30 days)
<i>timolol maleate solution 0.25%</i>	2	QL (15 ML per 30 days)
<i>tobramycin sulfate</i>	2	
<i>tobrasol</i>	2	
<i>trifluridine</i>	2	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	2	
<i>tropicamide</i>	2	
ALAMAST	3	QL (20 ML per 30 days)
ALOCRIAL	3	QL (10 ML per 30 days)
ALOMIDE	3	QL (30 ML per 30 days)
ALPHAGAN P	3	QL (15 ML per 30 days)
ALREX	3	QL (20 ML per 30 days)
AZASITE	3	QL (5 ML per 30 days)
BETAXOLOL HCL	3	
BETOPTIC-S	3	QL (20 ML per 30 days)
BLEPHAMIDE	3	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
BLEPHAMIDE S.O.P.	3	
COMBIGAN	3	QL (10 ML per 30 days)
DUREZOL	3	QL (10 ML per 31 days)
ELESTAT	3	
EMADINE	3	
FLAREX	3	
FML	3	
FML FORTE	3	
LACRISERT	3	
LOTEMAX	3	
LUMIGAN SOLUTION 0.01%	3	
LUMIGAN SOLUTION 0.03%	3	QL (2.5 ML per 30 days)
MAXIDEX	3	
NATACYN	3	
NEVANAC	3	QL (3 ML per 30 days)
PATADAY	3	QL (3 ML per 30 days)
PATANOL	3	QL (10 ML per 30 days)
PHOSPHOLINE IODIDE	3	
PILOPINE HS	3	
POLY-PRED	3	
PRED MILD	3	
PRED-G	3	
PRED-G S.O.P.	3	
PREDNISOLONE SODIUM PHOSPHATE	3	
RESTASIS	3	QL (64 per 30 days)
TOBRADEX ST	3	
TOBRADEX OINTMENT	3	QL (4 GM per 30 days)
TOBREX OINTMENT	3	
VEXOL	3	
VIGAMOX	3	QL (6 ML per 30 days)
ZYLET	3	
ACULAR	4	QL (10 ML per 30 days)
ACULAR LS	4	QL (10 ML per 30 days)
ACUVAIL	4	
ALCAINE	4	
AZOPT	4	QL (15 ML per 30 days)
BETAGAN	4	QL (15 ML per 30 days)
BETIMOL	4	
BLEPH-10	4	
BROMDAY	4	
BROMFENAC	4	
CILOXAN SOLUTION	4	QL (20 ML per 30 days)

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
CILOXAN OINTMENT	4	QL (8 GM per 30 days)
COSOPT	4	QL (10 ML per 30 days)
FML LIQUIFILM	4	
IOPIDINE SOLUTION 1%	4	
IOPIDINE SOLUTION 0.5%	4	QL (10 ML per 30 days)
ISOPTO CARPINE	4	
ISTALOL	4	QL (5 ML per 30 days)
LASTACAFT	4	
MAXITROL	4	
MYDRIACYL	4	
NEOSPORIN	4	
OCUFEN	4	
OCUFLOX	4	QL (10 ML per 30 days)
OMNIPRED	4	
OPTIPRANOLOL	4	
OPTIVAR	4	QL (6 ML per 30 days)
POLYTRIM	4	
PRED FORTE	4	
PROPINE	4	
TIMOPTIC OCUDOSE	4	QL (60 per 30 days)
TIMOPTIC-XE	4	QL (5 ML per 30 days)
TOBRADEX SUSPENSION	4	QL (20 ML per 30 days)
TOBREX SOLUTION	4	
TRAVATAN Z	4	QL (2.5 ML per 30 days)
TRUSOPT	4	QL (10 ML per 30 days)
VIROPTIC	4	
VOLTAREN	4	QL (5 ML per 30 days)
XALATAN	4	QL (2.5 ML per 30 days)
Otic Agents		
<i>acetazol hc</i>	2	
<i>acetic acid</i>	2	
<i>cortomycin</i>	2	
<i>hydrocortisone/acetic acid</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone</i>	2	
CIPRO HC	3	
CIPRODEX	3	QL (8 ML per 30 days)
COLY-MYCIN S	3	
CORTISPORIN-TC	3	
DERMOTIC	3	
CORTISPORIN	4	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
Respiratory Tract Agents		
<i>acetylcysteine</i>	2	
<i>albuterol sulfate</i>	2	
<i>albuterol sulfate er</i>	2	
<i>aminophylline</i>	2	
<i>asmanex 120 metered doses</i>	2	QL (2 GM per 30 days)
<i>asmanex 14 metered doses</i>	2	QL (2 GM per 30 days)
<i>asmanex 30 metered doses aerosol powder breath activated 110mcg/inh</i>	2	
<i>asmanex 30 metered doses aerosol powder breath activated 220mcg/inh</i>	2	QL (2 GM per 30 days)
<i>asmanex 60 metered doses</i>	2	QL (2 GM per 30 days)
<i>azelastine hcl</i>	2	QL (2 ML per 30 days)
<i>budesonide</i>	2	
<i>carbinoxamine maleate</i>	2	
<i>clemastine fumarate</i>	2	
<i>cromolyn sodium</i>	2	
<i>cyproheptadine hcl</i>	2	
<i>diphenhydramine hcl</i>	2	
<i>epinephrine hcl</i>	2	
<i>flunisolide</i>	2	QL (50 ML per 30 days)
<i>fluticasone propionate</i>	2	QL (32 GM per 30 days)
<i>hydroxyzine hcl</i>	2	
<i>hydroxyzine pamoate</i>	2	
<i>ipratropium bromide/albuterol sulfate</i>	2	
<i>ipratropium bromide inhalation solution</i>	2	
<i>ipratropium bromide nasal solution 0.06%</i>	2	QL (30 ML per 30 days)
<i>ipratropium bromide nasal solution 0.03%</i>	2	QL (60 ML per 30 days)
<i>levalbuterol</i>	2	
<i>meclizine hcl</i>	2	
<i>metaproterenol sulfate syrup</i>	2	
<i>promethazine vc</i>	2	
<i>terbutaline sulfate</i>	2	
<i>theochron</i>	2	
<i>theophylline er</i>	2	
<i>triamcinolone acetonide</i>	2	QL (34 GM per 30 days)
<i>zafirlukast</i>	2	
ADVAIR DISKUS	3	QL (60 per 30 days)
ADVAIR HFA	3	QL (12 GM per 30 days)
ALVESCO	3	
ARALAST NP	3	
ASTEPRO	3	
ATROVENT HFA	3	QL (26 GM per 30 days)

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
COMBIVENT	3	QL (30 GM per 30 days)
DEXCHLORPHENIRAMINE MALEATE	3	
DULERA AEROSOL 5MCG/ACT; 200MCG/ACT	3	QL (13 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT	3	QL (3 GM per 90 days)
ELIXOPHYLLIN	3	
EPIPEN 2-PAK	3	
EPIPEN-JR 2-PAK	3	
FLOVENT DISKUS	3	
FLOVENT HFA AEROSOL 44MCG/ACT	3	QL (22 GM per 30 days)
FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days)
FORADIL AEROLIZER	3	QL (60 per 30 days)
LUFYLLIN	3	
METAPROTERENOL SULFATE TABLET	3	
NASONEX	3	QL (34 GM per 30 days)
PATANASE	3	
PERFOROMIST	3	
PROAIR HFA	3	QL (18 GM per 30 days)
PROLASTIN	3	PA
PULMICORT FLEXHALER	3	QL (2 per 30 days)
PULMICORT SUSPENSION 1MG/2ML	3	
QVAR	3	QL (24 GM per 30 days)
SEMPREX-D	3	
SEREVENT DISKUS	3	QL (60 per 30 days)
SINGULAIR	3	
SPIRIVA HANDIHALER	3	QL (90 per 30 days)
SYMBICORT AEROSOL 160MCG/ACT; 4.5MCG/ACT	3	QL (11 GM per 30 days)
SYMBICORT AEROSOL 80MCG/ACT; 4.5MCG/ACT	3	QL (7 GM per 30 days)
THEO-24	3	
TWINJECT	3	
TYZINE	3	
TYZINE PEDIATRIC NASAL DROPS	3	
VENTOLIN HFA	3	QL (36 GM per 30 days)
ZEMAIRA	3	
ACCOLATE	4	
ACCUNEB	4	
ALLEGRA	4	
ANTIVERT	4	
ASTELIN	4	QL (2 ML per 30 days)
ATROVENT SOLUTION 0.06%	4	QL (30 ML per 30 days)
ATROVENT SOLUTION 0.03%	4	QL (60 ML per 30 days)
BECONASE AQ	4	QL (50 GM per 30 days)
DUONEB	4	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
FLONASE	4	QL (32 GM per 30 days)
MAXAIR AUTOHALER	4	
NASACORT AQ	4	QL (34 GM per 30 days)
PALGIC	4	
PROVENTIL HFA	4	QL (14 GM per 30 days)
PULMICORT SUSPENSION 0.25MG/2ML, 0.5MG/2ML	4	QL (120 ML per 30 days)
RHINOCORT AQUA	4	QL (18 GM per 30 days)
VERAMYST	4	QL (20 GM per 30 days)
VISTARIL	4	
VOSPIRE ER	4	
XOPENEX	4	
XOPENEX HFA	4	
ZYFLO CR	4	
ADCIRCA	5	PA
GLASSIA	5	PA
LETAIRIS	5	PA
PROLASTIN-C	5	
PULMOZYME	5	
REMODULIN	5	
REVATIO	5	PA
TRACLEER	5	PA ** Limited Access Drug. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at 888-282-1420 8:00 a.m. - 8:00 p.m., Mtn. Time, 7 days a week. If you are hearing impaired and use TTY equipment, call 711.
VENTAVIS	5	
XOLAIR	5	PA
Sedatives/Hypnotics		
<i>zaleplon</i>	2	
<i>zolpidem tartrate</i>	2	
AMBIEN	4	
LUNESTA	4	
ROZEREM	4	
SONATA	4	
Skeletal Muscle Relaxants		
<i>carisoprodol</i>	2	
<i>carisoprodol/aspirin</i>	2	
<i>carisoprodol/aspirin/codeine</i>	2	
<i>chlorzoxazone</i>	2	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hcl tablet 10mg, 5mg</i>	2	
<i>metaxalone</i>	2	
<i>methocarbamol</i>	2	
<i>orphenadrine citrate</i>	2	
<i>orphenadrine citrate er</i>	2	
<i>orphenadrine/asa/caffeine</i>	2	
ORPHENADRINE COMPOUND DS	3	
ROBAXIN INJECTION	3	
FLEXERIL	4	
PARAFON FORTE DSC	4	
ROBAXIN TABLET	4	
SKELAXIN	4	
SOMA TABLET 350MG	4	
Therapeutic Nutrients/Minerals/ Electrolytes		
<i>ed k+10</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>aminosyn 8.5%/electrolytes</i>	2	
<i>aminosyn ii 8.5%/electrolytes</i>	2	
<i>aminosyn-hf</i>	2	
<i>clinimix 4.25%/dextrose 10%</i>	2	
<i>clinimix 4.25%/dextrose 20%</i>	2	
<i>clinimix 4.25%/dextrose 25%</i>	2	
<i>clinisol sf 15%</i>	2	
<i>dextrose 10% flex container</i>	2	
<i>dextrose 10%/nacl 0.2%</i>	2	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	2	
<i>dextrose 5%</i>	2	
<i>dextrose 5%/nacl 0.2%</i>	2	
<i>dextrose 5%/nacl 0.33%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	2	
<i>dextrose 5%/nacl 0.9%</i>	2	
<i>freamine iii</i>	2	
<i>hepatamine</i>	2	
<i>isolyte-m/dextrose 5%</i>	2	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.2%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	
<i>klor-con m20</i>	2	
<i>lactated ringers irrigation</i>	2	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium injection</i>	2	
<i>leucovorin calcium tablet 25mg, 5mg</i>	2	
<i>magnesium sulfate injection 50%</i>	2	
<i>normosol-m in d5w</i>	2	
<i>normosol-r in d5w</i>	2	
<i>physiolyte</i>	2	
<i>physiosol irrigation</i>	2	
<i>plasma-lyte-r</i>	2	
<i>potassium chloride 0.075%/d5w/nacl 0.225%</i>	2	
<i>potassium chloride 0.15% /nacl 0.45% viaflex</i>	2	
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	2	
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	2	
<i>potassium chloride 0.15% nacl 0.9%</i>	2	
<i>potassium chloride 0.15%/d5w</i>	2	
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	2	
<i>potassium chloride 0.224%/d5w</i>	2	
<i>potassium chloride 0.3%/d5w</i>	2	
<i>potassium chloride er</i>	2	
<i>potassium chloride injection 0.4meq/ml, 10meq/100ml, 2meq/ml, 30meq/100ml</i>	2	
<i>potassium citrate er</i>	2	
<i>premasol injection 56meq/l</i>	2	
<i>prenatabs obn</i>	2	
<i>ringers injection</i>	2	
<i>ringers irrigation</i>	2	
<i>sodium bicarbonate injection 7.5%</i>	2	
<i>sodium chloride</i>	2	
<i>sodium chloride 0.45% viaflex</i>	2	
<i>sodium chloride 0.9%</i>	2	
<i>sodium fluoride</i>	2	
<i>tis-u-sol</i>	2	
<i>tpn electrolytes</i>	2	
AMINOSYN	3	
AMINOSYN II 3.5%/DEXTROSE25%	3	
AMINOSYN II 3.5%/DEXTROSE5%	3	
AMINOSYN II 3.5/DEXTROSE 25%	3	
AMINOSYN II 4.25/DEXTROSE10%	3	
AMINOSYN II 4.25/DEXTROSE20%	3	
AMINOSYN II 4.25/DEXTROSE25%	3	
AMINOSYN II 5/DEXTROSE 25	3	
AMINOSYN II M 3.5%/DEXTROSE 5%	3	
AMINOSYN II INJECTION 50.3MEQ/L	3	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN M	3	
AMINOSYN-HBC	3	
AMINOSYN-PF	3	
AMINOSYN-PF 7%	3	
AMMONIUM CHLORIDE	3	
CLINIMIX 2.75%/DEXTROSE 5%	3	
CLINIMIX 4.25%/DEXTROSE 5%	3	
CLINIMIX 5%/DEXTROSE 15%	3	
CLINIMIX 5%/DEXTROSE 20%	3	
CLINIMIX 5%/DEXTROSE 25%	3	
CLINIMIX E 2.75%/DEXTROSE 10%	3	
CLINIMIX E 2.75%/DEXTROSE 5%	3	
CLINIMIX E 4.25%/DEXTROSE 25%	3	
CLINIMIX E 4.25%/DEXTROSE 5%	3	
CLINIMIX E 5%/DEXTROSE 15%	3	
CLINIMIX E 5%/DEXTROSE 20%	3	
CLINIMIX E 5%/DEXTROSE 25%	3	
DEXTROSE 10%/NACL 0.45%	3	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	3	
DEXTROSE 5%/NACL 0.225%	3	
DEXTROSE 5%/POTASSIUM CHLORIDE 0.075%	3	
FREAMINE III 3%	3	
HEPATASOL	3	
IONOSOL-B/DEXTROSE 5%	3	
IONOSOL-MB/DEXTROSE 5%	3	
IONOSOL-T/DEXTROSE 5%	3	
ISOLYTE-H/DEXTROSE 5%	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S	3	
ISOLYTE-S/DEXTROSE 5%	3	
KCL 0.15%/D10W/NACL 0.2%	3	
KCL 0.15%/D5W/LR	3	
KCL 0.15%/D5W/NACL 0.225%	3	
KCL 0.3%/D5W/LR IV LAC RING	3	
KCL 0.3%/D5W/NACL 0.9%	3	
KLOR-CON M15	3	
LEUCOVORIN CALCIUM TABLET 10MG, 15MG	3	
MAGNESIUM SULFATE IN D5W	3	
MAGNESIUM SULFATE INJECTION 40MG/ML, 80MG/ML	3	
NEPHRAMINE	3	
NORMOSOL-R	3	
OSMOPREP	3	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
PLASMA-LYTE 56	3	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
PLASMA-LYTE-148/D5W	3	
PLASMA-LYTE-56/D5W	3	
POTASSIUM CHLORIDE 0.224%D5W/NACL 0.33%	3	
POTASSIUM CHLORIDE INJECTION 10MEQ/50ML	3	
PREMASOL INJECTION 52MEQ/L	3	
PROCALAMINE	3	
PROSOL	3	
SODIUM LACTATE	3	
TRAVASOL	3	
TROPHAMINE INJECTION 97MEQ/L	3	
AMINOSYN II INJECTION 107.6MEQ/L	4	
K-TABS	4	
POTASSIUM CHLORIDE 0.3%/ NACL 0.9%	4	
TROPHAMINE INJECTION 0.32GM/100ML	4	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Index

Drug Name	Page #
8-MOP	43
ABELCET	21
ABILIFY	29
ABILIFY DISCMELT	29
ABRAXANE	25
<i>acarbose</i>	32
ACCOLATE	65
ACCUNEB	65
ACCUPRIL	39
ACCURETIC	39
<i>acebutolol hcl</i>	35
ACEON	39
<i>acetaminophen/caffeine/dihydrocodeine bitartrate</i>	7
<i>acetaminophen/codeine</i>	7
<i>acetaminophen/codeine #3</i>	7
<i>acetazol hc</i>	63
<i>acetazolamide</i>	36
<i>acetazolamide er</i>	36
<i>acetazolamide sodium</i>	36
<i>acetic acid</i>	63
<i>acetylcysteine</i>	64
ACIPHEX	46
ACLOVATE	49
ACTEMRA	58
ACTHIB	56
<i>acticin</i>	27
ACTIGALL	46
ACTIMMUNE	58
ACTIVELLA	54
ACTONEL	59
ACTOPLUS MET	32
ACTOPLUS MET XR	32
ACTOS	32
ACULAR	62
ACULAR LS	62
ACUVAIL	62
<i>acyclovir</i>	30
<i>acyclovir sodium</i>	30
ACZONE	44
ADACEL	56
ADAGEN	44
ADALAT CC	39
<i>adapalene</i>	43
ADCIRCA	66

Drug Name	Page #
ADDERALL XR	42
ADOXA	15
ADOXA PAK 1/150	15
ADOXA PAK 1/75	15
<i>adriamycin</i>	24
ADVAIR DISKUS	64
ADVAIR HFA	64
ADVICOR	39
<i>afeditab cr</i>	36
AFINITOR	26
AGGRENOLX	34
AGRYLIN	60
<i>a-hydrocort</i>	48
<i>ak-con</i>	60
AKNE-MYCIN	13
<i>ala cort</i>	48
ALA SCALP	49
<i>ala-cort</i>	48
ALAMAST	61
ALBENZA	27
<i>albuterol sulfate</i>	64
<i>albuterol sulfate er</i>	64
ALCAINE	62
<i>alclometasone dipropionate</i>	48
ALCOHOL PREPS	60
ALDACTAZIDE	38
ALDACTONE	39
ALDARA	44
ALDURAZYME	45
<i>alendronate sodium</i>	59
<i>alfuzosin hcl er</i>	47
ALIMTA	25
ALINIA	27
ALKERAN	26
ALLEGRA	65
<i>allopurinol</i>	22
<i>allopurinol sodium</i>	22
ALOCRIAL	61
ALOMIDE	61
ALOPRIM	22
ALORA	53
ALOXI	20
ALPHAGAN P	61
ALREX	61
ALTACE	39
ALVESCO	64
AMANTADINE HCL	28
<i>amantadine hcl</i>	30
AMARYL	33

Drug Name	Page #
AMBIEN	66
AMBISOME	21
AMCINONIDE	49
AMERGE	23
<i>a-methapred</i>	48
<i>amethia</i>	51
<i>amethyst</i>	51
AMEVIVE	44
<i>amifostine</i>	24
<i>amikacin sulfate</i>	10
<i>amiloride hcl</i>	36
<i>amiloride/hydrochlorothiazide</i>	35
<i>aminophylline</i>	64
AMINOSYN	68
<i>aminosyn 8.5%/electrolytes</i>	67
AMINOSYN II	68
AMINOSYN II 3.5%/DEXTROSE25%	68
AMINOSYN II 3.5%/DEXTROSE5%	68
AMINOSYN II 3.5/DEXTROSE 25%	68
AMINOSYN II 4.25/DEXTROSE10%	68
AMINOSYN II 4.25/DEXTROSE20%	68
AMINOSYN II 4.25/DEXTROSE25%	68
AMINOSYN II 5/DEXTROSE 25	68
<i>aminosyn ii 8.5%/electrolytes</i>	67
AMINOSYN II M 3.5%/DEXTROSE 5%	68
AMINOSYN M	69
AMINOSYN-HBC	69
<i>aminosyn-hf</i>	67
AMINOSYN-PF	69
AMINOSYN-PF 7%	69
<i>amiodarone hcl</i>	36
AMITIZA	46
<i>amitriptyline hcl</i>	18
<i>amlodipine besylate</i>	36
<i>amlodipine besylate/benazepril hcl</i>	36
<i>amlodipine besylate/benazepril hydrochloride</i>	36
AMMONIUM CHLORIDE	69
<i>ammonium lactate</i>	43
<i>amnestem</i>	43
AMOXAPINE	19
<i>amoxicillin</i>	11
<i>amoxicillin/clavulanate potassium</i>	10
<i>amoxicillin/clavulanate potassium er</i>	11
<i>amoxicillin/potassium clavulanate</i>	11
<i>amphetamine/dextroamphetamine</i>	42
AMPHOTEC	22
<i>amphotericin b</i>	21
AMPICILLIN	13

Drug Name	Page #
<i>ampicillin sodium</i>	11
<i>ampicillin-sulbactam</i>	11
ANADROL-50	53
ANAFRANIL	19
<i>anagrelide hydrochloride</i>	60
ANAPROX	10
ANAPROX DS	10
<i>anastrozole</i>	24
ANCOBON	22
ANDRODERM	53
ANDROGEL	53
ANDROGEL PUMP	53
ANDROID	53
ANDROXY	53
ANGELIQ	53
ANTABUSE	20
ANTARA	39
ANTIVERT	65
ANTIZOL	20
ANUSOL-HC	49
ANZEMET	20
APIDRA	33
APIDRA SOLOSTAR	33
APOKYN	28
<i>apraclonidine</i>	60
<i>apri</i>	51
APRISO	59
APTIVUS	30
ARALAST NP	64
ARALEN	28
<i>aranelle</i>	51
ARANESP ALBUMIN FREE	34
ARAVA	57
ARCALYST	58
AREDIA	59
ARGATROBAN	35
ARICEPT	18
ARICEPT ODT	18
ARIMIDEX	26
ARIXTRA	34
AROMASIN	25
ARRANON	25
ARTHROTEC 50	10
ARTHROTEC 75	10
ARZERRA	26
ASACOL	59
ASACOL HD	59
<i>ascomp/codeine</i>	7
<i>asmanex 120 metered doses</i>	64

Drug Name	Page #
<i>asmanex 14 metered doses</i>	64
<i>asmanex 30 metered doses</i>	64
<i>asmanex 60 metered doses</i>	64
ASTELIN	65
ASTEPRO	64
<i>astramorph</i>	7
ATACAND	39
ATACAND HCT	39
<i>atenolol</i>	35
<i>atenolol/chlorthalidone</i>	35
ATGAM	56
<i>atorvastatin calcium</i>	36
<i>atovaquone/proguanil hcl</i>	27
ATRALIN	43
ATRIPLA	31
ATROPINE SULFATE	46
ATROVENT	65
ATROVENT HFA	64
<i>augmented betamethasone dipropionate</i>	48
AVALIDE	39
AVANDAMET	33
AVANDARYL	33
AVANDIA	33
AVAPRO	39
AVASTIN	26
AVELOX	13
AVELOX ABC PACK	13
<i>aviane</i>	51
AVINZA	8
<i>avita</i>	43
AVODART	47
AVONEX	58
AXERT	23
AXID	46
AXIRON	54
AYGESTIN	54
AZACTAM	13
AZACTAM IN ISO-OSMOTIC DEXTROSE	13
AZASAN	56
AZASITE	61
<i>azathioprine</i>	56
AZATHIOPRINE SODIUM	56
<i>azelastine hcl</i>	60
<i>azelastine hcl</i>	64
AZELEX	43
AZILECT	28
<i>azithromycin</i>	11

Drug Name	Page #
AZOPT	62
<i>aztreonam</i>	11
AZULFIDINE	59
AZULFIDINE EN-TABS	59
<i>baciim</i>	11
BACITRACIN	15
<i>bacitracin</i>	60
<i>bacitracin/polymyxin b</i>	60
<i>baclofen</i>	30
BACTOCILL IN DEXTROSE	13
BACTRIM	15
BACTRIM DS	15
BACTROBAN	13
BACTROBAN NASAL	13
<i>balsalazide disodium</i>	58
<i>balziva</i>	51
BANZEL	17
BARACLUDGE	30
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	60
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	60
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	60
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	60
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	60
BECONASE AQ	65
<i>benazepril hcl</i>	35
<i>benazepril hcl/hydrochlorothiazide</i>	36
BENICAR	38
BENICAR HCT	38
BENLYSTA	58
BENTYL	46
BENZAACLIN WITH PUMP	43
BENZAMYCIN	44
<i>benztropine mesylate</i>	28
BESIVANCE	15
BETAGAN	62
<i>betamethasone dipropionate</i>	48
<i>betamethasone valerate</i>	48
BETAPACE	39
BETAPACE AF	39
BETASERON	58
<i>betaxolol hcl</i>	36
BETAXOLOL HCL	61
<i>bethanechol chloride</i>	23
BETIMOL	62

Drug Name	Page #
BETOPTIC-S	61
BIAXIN	15
BIAXIN XL	15
BIAXIN XL PAC	15
<i>bicalutamide</i>	55
BICILLIN C-R	13
BICILLIN L-A	13
BICNU	25
BIDIL	38
BILTRICIDE	27
<i>bisoprolol fumarate</i>	36
<i>bisoprolol fumarate/hydrochlorothiazide</i>	35
<i>bleomycin sulfate</i>	24
BLEPH-10	62
BLEPHAMIDE	61
BLEPHAMIDE S.O.P.	62
BONIVA	59
BOOSTRIX	56
BOTOX	60
BREVICON-28	54
<i>briellyn</i>	51
BRILINTA	35
<i>brimonidine tartrate</i>	60
BROMDAY	62
BROMFENAC	62
<i>bromocriptine mesylate</i>	28
<i>budeprion sr</i>	18
<i>budeprion xl</i>	18
<i>budesonide</i>	58
<i>budesonide</i>	64
<i>bumetanide</i>	36
BUPHENYL	45
BUPRENEX	8
<i>buprenorphine hcl</i>	7
<i>buproban</i>	18
<i>bupropion hcl</i>	18
<i>bupropion hcl sr</i>	18
<i>buspirone hcl</i>	32
BUSULFEX	25
<i>butalbital/acetaminophen/caffeine/codeine</i>	7
<i>ne</i>	
<i>butorphanol tartrate</i>	7
BYETTA	32
BYSTOLIC	38
<i>cabergoline</i>	55
CADUET	39
CAFERGOT	23
CALAN	39
CALAN SR	39

Drug Name	Page #
CALCIJEX	59
CALCIPOTRIENE	43
<i>calcitonin-salmon</i>	59
<i>calcitriol</i>	59
<i>calcium acetate</i>	47
<i>camila</i>	51
CAMPATH	25
CAMPRAL	20
CAMPTOSAR	26
CANASA	59
CANCIDAS	22
CANTIL	46
CAPASTAT SULFATE	23
CAPEX	49
CAPITAL/CODEINE	8
CAPRELSA	26
<i>captopril</i>	35
<i>captopril/hydrochlorothiazide</i>	36
CARAC	43
CARAFATE	46
CARBAGLU	45
<i>carbamazepine</i>	16
<i>carbamazepine er</i>	16
CARBATROL	17
<i>carbidopa/levodopa</i>	28
<i>carbidopa/levodopa cr</i>	28
<i>carbidopa/levodopa odt</i>	28
<i>carbidopa/levodopa sr</i>	28
<i>carbinoxamine maleate</i>	64
<i>carboplatin</i>	24
CARDIZEM	39
CARDIZEM CD	40
CARDIZEM LA	40
CARDURA	47
CARDURA XL	40
CARIMUNE NANOFILTERED	56
<i>carisoprodol</i>	66
<i>carisoprodol/aspirin</i>	66
<i>carisoprodol/aspirin/codeine</i>	66
CARMOL-HC	49
CARNITOR	60
<i>carteolol hcl</i>	60
<i>cartia xt</i>	36
<i>carvedilol</i>	35
CASODEX	55
CATAFLAM	10
CATAPRES	40
CATAPRES-TTS-1	40
CATAPRES-TTS-2	40

Drug Name	Page #
CATAPRES-TTS-3	40
CAYSTON	16
CEDAX	13
CEENU	25
<i>cefaclor</i>	11
CEFACLOR ER	13
<i>cefadroxil</i>	11
CEFAZOLIN SODIUM	13
<i>cefdinir</i>	11
<i>cefepime</i>	11
<i>cefotaxime sodium</i>	11
CEFOTETAN	13
CEFOXITIN SODIUM	13
<i>cefpodoxime proxetil</i>	11
<i>cefprozil</i>	11
<i>ceftazidime</i>	11
CEFTAZIDIME/DEXTROSE	13
CEFTIN	15
<i>ceftriaxone sodium</i>	11
<i>cefuroxime axetil</i>	11
<i>cefuroxime sodium</i>	11
CELEBREX	10
CELESTONE	49
CELEXA	19
CELLCEPT	56
CELLCEPT INTRAVENOUS	56
CELONTIN	17
CENESTIN	54
CEPHALEXIN	13
CEREDASE	44
CEREZYME	45
CERUBIDINE	26
CERVARIX	56
CESAMET	20
<i>cesia</i>	51
CHANTIX	20
CHANTIX STARTING MONTH PAK	20
CHEMET	20
CHLORAMPHENICOL SODIUM SUCCINATE	13
<i>chlordiazepoxide/amitriptyline</i>	18
<i>chlordiazepoxide/amitriptyline</i>	32
<i>chlorhexidine gluconate oral rinse</i>	43
<i>chloroquine phosphate</i>	27
<i>chlorothiazide</i>	35
<i>chlorothiazide sodium</i>	36
CHLORPROMAZINE HCL	29
<i>chlorpropamide</i>	32
<i>chlorthalidone</i>	35

Drug Name	Page #
<i>chlorzoxazone</i>	66
<i>cholestyramine light</i>	36
<i>chorionic gonadotropin</i>	50
<i>ciclopirox</i>	21
<i>ciclopirox nail lacquer</i>	21
<i>ciclopirox olamine</i>	21
<i>cilostazol</i>	34
CILOXAN	62
<i>cimetidine</i>	45
<i>cimetidine hcl</i>	45
CIMZIA	58
CINRYZE	35
CIPRO	13
CIPRO HC	63
CIPRO I.V.-IN D5W	15
CIPRODEX	63
<i>ciprofloxacin</i>	11
<i>ciprofloxacin er</i>	11
<i>ciprofloxacin hcl</i>	11
<i>cisplatin</i>	24
<i>citalopram hydrobromide</i>	18
<i>cladribine</i>	24
CLAFORAN	13
<i>claravis</i>	43
<i>clarithromycin</i>	11
<i>clarithromycin er</i>	11
<i>clemastine fumarate</i>	64
CLEOCIN	13
CLEOCIN GALAXY	13
CLEOCIN IN D5W	13
CLEOCIN PEDIATRIC GRANULES	13
CLEOCIN PHOSPHATE	15
CLEOCIN-T	44
CLIMARA	54
CLIMARA PRO	53
CLINDACIN PAC	43
CLINDAGEL	43
<i>clindamycin hcl</i>	11
<i>clindamycin phosphate</i>	11
<i>clindamycin phosphate</i>	43
<i>clindamycin phosphate add-vantage</i>	11
<i>clindamycin/benzoyl peroxide</i>	43
CLINDESSE	47
CLINIMIX 2.75%/DEXTROSE 5%	69
<i>clinimix 4.25%/dextrose 10%</i>	67
<i>clinimix 4.25%/dextrose 20%</i>	67
<i>clinimix 4.25%/dextrose 25%</i>	67
CLINIMIX 4.25%/DEXTROSE 5%	69
CLINIMIX 5%/DEXTROSE 15%	69

Drug Name	Page #
CLINIMIX 5%/DEXTROSE 20%	69
CLINIMIX 5%/DEXTROSE 25%	69
CLINIMIX E 2.75%/DEXTROSE 10%	69
CLINIMIX E 2.75%/DEXTROSE 5%	69
CLINIMIX E 4.25%/DEXTROSE 25%	69
CLINIMIX E 4.25%/DEXTROSE 5%	69
CLINIMIX E 5%/DEXTROSE 15%	69
CLINIMIX E 5%/DEXTROSE 20%	69
CLINIMIX E 5%/DEXTROSE 25%	69
<i>clinisol sf 15%</i>	67
CLINORIL	10
<i>clobetasol propionate</i>	48
<i>clobetasol propionate e</i>	48
CLOBEX	49
CLODERM	49
CLOLAR	25
<i>clomipramine hcl</i>	18
<i>clonidine hcl</i>	36
CLORPRES	38
<i>clotrimazole</i>	21
<i>clotrimazole/betamethasone dipropionate</i>	21
<i>clozapine</i>	29
CLOZARIL	29
COARTEM	27
<i>codeine sulfate</i>	7
COGENTIN	28
<i>co-gesic</i>	7
COLAZAL	59
COLCRYS	22
COLESTID	40
<i>colestipol hcl</i>	36
<i>colistimethate sodium</i>	11
<i>colocort</i>	58
COLY-MYCIN M	15
COLY-MYCIN S	63
COLYTE-FLAVOR PACKS	46
COMBIGAN	62
COMBIPATCH	53
COMBIVENT	65
COMBIVIR	31
COMPLERA	31
<i>compro</i>	20
COMTAN	28
COMVAX	56
CONCERTA	42
CONDYLOX	43
<i>constulose</i>	45
COPAXONE	58

Drug Name	Page #
COPEGUS	31
CORDARONE	40
CORDRAN	49
CORDRAN SP	49
CORDRAN TAPE	49
COREG	40
CORGARD	40
CORTEF	49
CORTENEMA	59
CORTIFOAM	59
<i>cortisone acetate</i>	48
CORTISPORIN	13
CORTISPORIN	63
CORTISPORIN-TC	63
<i>cortomycin</i>	63
CORZIDE	40
COSMEGEN	25
COSOPT	63
COUMADIN	34
COVERA-HS	38
COZAAR	40
CREON	44
CRESTOR	38
CRINONE	53
CRIXIVAN	30
<i>cromolyn sodium</i>	60
<i>cromolyn sodium</i>	64
<i>cryselle-28</i>	51
CUBICIN	13
CUPRIMINE	20
CURITY GAUZE PADS 2"X2"	60
CUTIVATE	49
CUVPOSA	46
<i>cyclafem 1/35</i>	51
<i>cyclafem 7/7/7</i>	51
CYCLESSA	54
<i>cyclobenzaprine hcl</i>	67
<i>cyclophosphamide</i>	24
CYCLOSET	32
<i>cyclosporine</i>	56
CYCLOSPORINE MODIFIED	56
CYKLOKAPRON	34
CYMBALTA	19
<i>cyproheptadine hcl</i>	64
CYSTADANE	44
CYSTAGON	44
<i>cytarabine</i>	24
CYTARABINE AQUEOUS	25
CYTOMEL	55

Drug Name	Page #
CYTOTEC	46
CYTOVENE	31
D.H.E. 45	23
<i>dacarbazine</i>	24
DACOGEN	26
<i>danazol</i>	51
DANTRIUM	30
<i>dantrolene sodium</i>	30
DAPSONE	23
DAPTACEL	56
DARAPRIM	27
<i>daunorubicin hcl</i>	24
DAUNOXOME	25
DAYPRO	10
DDAVP	51
DECAVAC	56
DELATESTRYL	54
DELESTROGEN	54
DEMADEX	40
<i>demeclocycline hcl</i>	11
DEMEROL	8
DEMSER	38
DENAVIR	30
DEPACON	17
<i>depade</i>	20
DEPAKENE	17
DEPAKOTE	17
DEPAKOTE ER	17
DEPAKOTE SPRINKLES	17
DEPEN TITRATABS	20
DEPO-ESTRADIOL	53
DEPO-MEDROL	49
DEPO-PROVERA	53
DEPO-PROVERA CONTRACEPTIVE	54
DEPO-SUBQ PROVERA 104	53
DEPO-TESTOSTERONE	54
DERMA-SMOOTHIE/FS BODY OIL	49
DERMATOP	49
DERMOTIC	63
<i>desipramine hcl</i>	18
<i>desmopressin acetate</i>	50
DESOGEN	54
DESONATE	49
<i>desonide</i>	48
DESOWEN	50
DESOWEN LOTION/CETAPHIL CREAM	50
DESOWEN OINTMENT/CETAPHIL LOTION	50

Drug Name	Page #
<i>desoximetasone</i>	48
DESOXYN	43
DETROL	47
DETROL LA	47
<i>dexamethasone</i>	48
DEXAMETHASONE INTENSOL	49
<i>dexamethasone sodium phosphate</i>	48
<i>dexamethasone sodium phosphate</i>	60
DEXCHLORPHENIRAMINE MALEATE	65
DEXEDRINE	43
DEXILANT	46
<i>dexmethylphenidate hcl</i>	42
DEXPAK 13 DAY	50
<i>dexrazoxane</i>	60
<i>dextroamphetamine sulfate</i>	42
<i>dextroamphetamine sulfate er</i>	42
DEXTROSE 10%/NACL 0.45%	69
DEXTROSE 5% /ELECTROLYTE #48	69
VIAFLEX	
<i>dextrose 10% flex container</i>	67
<i>dextrose 10%/nacl 0.2%</i>	67
<i>dextrose 2.5%/sodium chloride 0.45%</i>	67
<i>dextrose 5%</i>	67
<i>dextrose 5%/nacl 0.2%</i>	67
DEXTROSE 5%/NACL 0.225%	69
<i>dextrose 5%/nacl 0.33%</i>	67
<i>dextrose 5%/nacl 0.45%</i>	67
<i>dextrose 5%/nacl 0.9%</i>	67
DEXTROSE 5%/POTASSIUM CHLORIDE 0.075%	69
DIABETA	34
DIAMOX	40
DIBENZYLINE	38
<i>diclofenac potassium</i>	9
<i>diclofenac sodium</i>	61
<i>diclofenac sodium dr</i>	9
<i>diclofenac sodium xr</i>	9
<i>dicloxacillin sodium</i>	11
<i>dicyclomine hcl</i>	45
<i>didanosine</i>	30
DIDRONEL	59
DIFFERIN	44
DIFICID	15
<i>diflorasone diacetate</i>	48
DIFLUCAN	22
DIFLUCAN IN NACL	22
DIFLUNISAL	10
DIGOXIN	38
<i>dihydroergotamine mesylate</i>	22

Drug Name	Page #
DILACOR XR	40
DILANTIN	17
<i>dilantin infatabs</i>	16
DILATRATE SR	38
DILAUDID	8
DILAUDID-5	8
DILAUDID-HP	8
<i>dilt-cd</i>	36
<i>diltiazem cd</i>	36
<i>diltiazem hcl</i>	36
<i>diltiazem hcl er</i>	36
<i>dilt-xr</i>	36
<i>diltzac</i>	36
DIOVAN	40
DIOVAN HCT	40
DIPENTUM	46
<i>diphenhydramine hcl</i>	64
<i>diphenoxylate/atropine</i>	45
DIPHThERIA/TETANUS TOXOID	56
PEDIATRIC	
DIPROLENE	50
DIPROLENE AF	50
<i>dipyridamole</i>	34
<i>disopyramide phosphate</i>	36
<i>disulfiram</i>	20
DITROPAN XL	47
DIURIL	38
DIURIL IV	40
<i>divalproex sodium</i>	16
<i>divalproex sodium dr</i>	16
<i>divalproex sodium er</i>	16
DOCEFREZ	25
DOCETAXEL	25
DOLOPHINE	8
DOLOPHINE HCL	8
<i>donepezil hcl</i>	18
DORIBAX	13
<i>dorzolamide hcl</i>	61
<i>dorzolamide hcl/timolol maleate</i>	61
DOVONEX	43
DOVONEX SCALP	44
<i>doxazosin mesylate</i>	47
<i>doxepin hcl</i>	18
DOXIL	25
<i>doxorubicin hcl</i>	24
<i>doxycycline</i>	11
DOXYCYCLINE HYCLATE	13
<i>doxycycline monohydrate</i>	11
<i>dronabinol</i>	20

Drug Name	Page #
DROXIA	25
DUETACT	32
DULERA	65
DUONEB	65
DURAGESIC	8
<i>duramorph</i>	7
DUREZOL	62
DYAZIDE	40
DYNACIN	15
DYNACIRC CR	40
DYRENIUM	38
<i>e.e.s. 400</i>	11
E.E.S. GRANULES	15
EC-NAPROSYN	10
<i>econazole nitrate</i>	21
<i>ed k+10</i>	67
EDECRIN	38
EDURANT	31
EFFEXOR XR	19
EFUDEX	44
EGRIFTA	51
ELAPRASE	45
ELDEPRYL	28
ELESTAT	62
ELESTRIN	53
ELIDEL	44
ELIGARD	55
ELIPHOS	47
ELITEK	25
ELIXOPHYLLIN	65
ELLA	53
ELLENCÉ	26
ELMIRON	47
ELOCON	50
ELOXATIN	26
ELSPAR	25
EMADINE	62
EMCYT	25
EMEND	20
EMLA	9
<i>emoquette</i>	51
EMSAM	19
EMTRIVA	30
<i>enalapril maleate</i>	35
<i>enalapril maleate/hydrochlorothiazide</i>	35
ENBREL	58
<i>endocet</i>	7
<i>endodan</i>	7
ENDOMETRIN	53

Drug Name	Page #
ENGERIX-B	56
ENJUVIA	54
<i>enoxaparin sodium</i>	34
<i>enpresse-28</i>	51
ENTOCORT EC	59
<i>enulose</i>	45
<i>epinastine hcl</i>	61
<i>epinephrine hcl</i>	64
EPIPEN 2-PAK	65
EPIPEN-JR 2-PAK	65
<i>epirubicin hcl</i>	24
<i>epitol</i>	16
EPIVIR	30
EPIVIR HBV	30
<i>eplerenone</i>	36
EPOGEN	34
<i>eprosartan mesylate</i>	36
EPZICOM	30
EQUETRO	17
ERAXIS	22
ERBITUX	25
<i>ergoloid mesylates</i>	18
ERGOMAR	23
<i>ergotamine tartrate/caffeine</i>	23
<i>errin</i>	51
ERTACZO	22
<i>ery</i>	11
ERYPED 200	15
ERYPED 400	13
ERY-TAB	13
ERYTHROCIN LACTOBIONATE	13
<i>erythrocin stearate</i>	11
<i>erythromycin</i>	12
ERYTHROMYCIN BASE	13
<i>erythromycin ethylsuccinate</i>	12
<i>erythromycin/benzoyl peroxide</i>	43
<i>erythromycin/sulfisoxazole</i>	12
ESTRACE	54
ESTRADERM	54
<i>estradiol</i>	51
<i>estradiol valerate</i>	51
<i>estradiol/norethindrone acetate</i>	51
ESTRING	53
<i>estropipate</i>	51
ESTROSTEP FE	54
<i>ethambutol hcl</i>	23
<i>ethosuximide</i>	16
ETHYOL	26
<i>etidronate disodium</i>	59

Drug Name	Page #
<i>etodolac</i>	10
<i>etodolac er</i>	10
ETOPOPHOS	25
<i>etoposide</i>	24
EURAX	27
EVAMIST	53
EVISTA	53
EVOCLIN	44
EVOXAC	43
EXELDERM	22
EXELON	18
<i>exemestane</i>	24
EXJADE	20
EXTAVIA	58
FABRAZYME	45
FACTIVE	15
<i>famciclovir</i>	30
<i>famotidine</i>	45
<i>famotidine premixed</i>	45
FAMVIR	31
FANAPT	29
FANAPT TITRATION PACK	29
FARESTON	25
FASLODEX	25
FAZACLO	29
<i>felbamate</i>	16
FELBATOL	17
FELDENE	10
<i>felodipine er</i>	36
FEMARA	25
FEMCON FE	54
FEMHRT 1/5	54
FEMHRT LOW DOSE	54
FEMRING	53
FEMTRACE	54
<i>fenofibrate</i>	36
<i>fenofibrate micronized</i>	36
FENOGLIDE	40
<i>fenoprofen calcium</i>	10
<i>fentanyl</i>	7
<i>fentanyl citrate</i>	7
<i>fentanyl citrate oral transmucosal</i>	7
FENTORA	8
FINACEA	44
<i>finasteride</i>	47
FIORICET/CODEINE	8
FIORINAL/CODEINE #3	8
FIRMAGON	26
FLAGYL	15

Drug Name	Page #
FLAGYL ER	13
FLAREX	62
<i>flavoxate hcl</i>	47
<i>flecainide acetate</i>	36
FLEXERIL	67
FLOMAX	47
FLONASE	66
FLOVENT DISKUS	65
FLOVENT HFA	65
<i>fluconazole</i>	21
<i>fluconazole in dextrose</i>	21
<i>flucytosine</i>	21
FLUDARA	26
<i>fludarabine phosphate</i>	24
<i>fludrocortisone acetate</i>	48
<i>flunisolide</i>	64
FLUOCINOLONE ACETONIDE	49
<i>fluocinolone acetonide body</i>	48
<i>fluocinonide</i>	48
<i>fluocinonide-e</i>	48
<i>fluorometholone</i>	61
FLUROPLEX	44
<i>fluorouracil</i>	24
<i>fluorouracil</i>	43
<i>fluoxetine hcl</i>	18
<i>fluphenazine decanoate</i>	29
FLUPHENAZINE HCL	29
<i>flurbiprofen</i>	10
<i>flurbiprofen sodium</i>	61
<i>flutamide</i>	55
<i>fluticasone propionate</i>	48
<i>fluticasone propionate</i>	64
<i>fluvoxamine maleate</i>	18
FML	62
FML FORTE	62
FML LIQUIFILM	63
FOLOTYN	25
<i>fomepizole</i>	20
<i>fondaparinux sodium</i>	34
FORADIL AEROLIZER	65
FORTAZ	13
FORTEO	59
FORTESTA	53
<i>fortical</i>	59
FOSAMAX	59
FOSAMAX PLUS D	59
<i>fosinopril sodium</i>	36
<i>fosinopril sodium/hydrochlorothiazide</i>	36
<i>fosphenytoin sodium</i>	16

Drug Name	Page #
FOSRENOL	47
FRAGMIN	34
<i>freamine iii</i>	67
FREAMINE III 3%	69
FROVA	23
FURADANTIN	13
<i>furosemide</i>	35
FUZEON	31
<i>gabapentin</i>	16
GABITRIL	17
GABLOFEN	30
<i>galantamine hydrobromide</i>	18
GAMASTAN S/D	56
GAMMAGARD LIQUID	56
GAMMAPLEX	56
GAMUNEX	56
GANCICLOVIR	30
GARDASIL	56
GASTROCROM	46
<i>gavilyte-c</i>	45
<i>gavilyte-g</i>	45
<i>gavilyte-n/flower pack</i>	45
GEMCITABINE	26
<i>gemcitabine hcl</i>	24
<i>gemfibrozil</i>	36
GEMZAR	26
<i>gengraf</i>	56
GENOTROPIN	50
GENOTROPIN MINIQUICK	50
<i>gentak</i>	61
<i>gentamicin sulfate</i>	12
GENTAMICIN SULFATE/0.9% SODIUM	14
CHLORIDE	
<i>gentamicin sulfate/sodium chloride</i>	12
<i>gentasol</i>	61
GEODON	29
<i>gianvi</i>	51
GILENYA	57
GLASSIA	66
GLEEVEC	26
<i>glimepiride</i>	32
<i>glipizide</i>	32
<i>glipizide er</i>	32
<i>glipizide/metformin hcl</i>	32
GLUCAGEN HYPOKIT	33
GLUCAGON EMERGENCY KIT	33
GLUCOPHAGE	34
GLUCOPHAGE XR	34
GLUCOTROL	34

Drug Name	Page #
GLUCOTROL XL	34
GLUCOVANCE	34
GLUMETZA	34
<i>glyburide</i>	32
<i>glyburide micronized</i>	32
<i>glyburide/metformin hcl</i>	32
<i>glycopyrrolate</i>	45
GLYCRON	33
GLYNASE	34
GLYSET	34
GOLYTELY	46
<i>granisetron hcl</i>	20
<i>granisol</i>	20
GRIFULVIN V	22
<i>griseofulvin microsize</i>	21
GRIS-PEG	22
GUANABENZ ACETATE	38
<i>guanfacine hcl</i>	36
GUANIDINE HCL	23
GYNAZOLE-1	22
HALAVEN	26
HALDOL	29
HALDOL DECANOATE 100	29
HALDOL DECANOATE 50	29
HALFLYTELY BOWEL PREP/FLAVOR PACKS	46
<i>halobetasol propionate</i>	48
HALOG	49
<i>haloperidol</i>	29
<i>haloperidol decanoate</i>	29
<i>haloperidol lactate</i>	29
HAVRIX	56
HECTOROL	59
HELIDAC	14
HEPARIN SODIUM	34
<i>heparin sodium/d5w</i>	34
HEPARIN SODIUM/NACL 0.45%	34
<i>heparin sodium/sodium chloride 0.9% premix</i>	34
<i>hepatamine</i>	67
HEPATASOL	69
HEPSERA	30
HERCEPTIN	26
HEXALEN	25
HIPREX	15
HIZENTRA	58
HORIZANT	17
HUMALOG	33
HUMALOG KWIKPEN	33

Drug Name	Page #
HUMALOG MIX 50/50	33
HUMALOG MIX 50/50 KWIKPEN	33
HUMALOG MIX 75/25	33
HUMALOG MIX 75/25 KWIKPEN	33
HUMATROPE	50
HUMATROPE COMBO PACK	50
HUMIRA	58
HUMIRA PEN-CROHNS	58
DISEASESTARTER	
HUMULIN 70/30	33
HUMULIN 70/30 PEN	33
HUMULIN N	33
HUMULIN N U-100 PEN	33
HUMULIN R	33
HUMULIN R U-500 (CONCENTRATED)	33
HYCAMTIN	25
HYCET	8
<i>hydralazine hcl</i>	36
HYDREA	26
<i>hydrochlorothiazide</i>	35
<i>hydrocodone bitartrate/acetaminophen</i>	7
<i>hydrocodone/acetaminophen</i>	7
<i>hydrocodone/ibuprofen</i>	7
<i>hydrocortisone</i>	48
<i>hydrocortisone</i>	58
<i>hydrocortisone butyrate</i>	48
<i>hydrocortisone valerate</i>	48
<i>hydrocortisone/acetic acid</i>	63
<i>hydromorphone hcl</i>	7
<i>hydroxychloroquine sulfate</i>	27
<i>hydroxyurea</i>	24
<i>hydroxyzine hcl</i>	64
<i>hydroxyzine pamoate</i>	64
HYZAAR	40
<i>ibuprofen</i>	10
IDAMYCIN PFS	26
<i>idarubicin hcl</i>	24
IFEX	26
<i>ifosfamide</i>	24
<i>ifosfamide/mesna</i>	24
ILARIS	58
<i>imipenem/cilastatin</i>	12
<i>imipramine hcl</i>	18
<i>imipramine pamoate</i>	18
<i>imiquimod</i>	43
IMITREX	23
IMITREX STATDOSE REFILL	23
IMOVAX RABIES (H.D.C.V.)	56
IMURAN	57

Drug Name	Page #
INCIVEK	31
INCRELEX	50
<i>indapamide</i>	35
INDERAL LA	40
INDOCIN	10
<i>indomethacin</i>	10
<i>indomethacin er</i>	10
INFANRIX	56
INFERGEN	56
INFUMORPH 200	8
INFUMORPH 500	8
INNOHEP	34
INNOPRAN XL	40
INSPIRA	40
INTELENCE	31
INTRALIPID	60
INTRON-A	56
INTRON-A W/DILUENT	56
<i>introvale</i>	51
INVANZ	14
INVEGA	29
INVEGA SUSTENNA	30
INVIRASE	31
IONOSOL-B/DEXTROSE 5%	69
IONOSOL-MB/DEXTROSE 5%	69
IONOSOL-T/DEXTROSE 5%	69
IOPIDINE	63
IPOL INACTIVATED IPV	57
<i>ipratropium bromide</i>	64
<i>ipratropium bromide/albuterol sulfate</i>	64
IQUIX	15
IRESSA	26
<i>irinotecan</i>	24
ISENTRESS	31
<i>isochron</i>	37
ISOLYTE-H/DEXTROSE 5%	69
<i>isolyte-m/dextrose 5%</i>	67
ISOLYTE-P/DEXTROSE 5%	69
ISOLYTE-S	69
ISOLYTE-S/DEXTROSE 5%	69
<i>isonarif</i>	23
ISONIAZID	23
ISOPTIN SR	40
ISOPTO CARPINE	63
ISORDIL TITRADOSE	38
<i>isosorbide dinitrate</i>	37
<i>isosorbide dinitrate er</i>	37
<i>isosorbide mononitrate</i>	37
<i>isosorbide mononitrate er</i>	37

Drug Name	Page #
<i>isotonic gentamicin</i>	12
<i>isradipine</i>	37
ISTALOL	63
ISTODAX	26
<i>itraconazole</i>	21
IXEMPRA KIT	26
IXIARO	57
JAKAFI	26
JALYN	47
<i>jantoven</i>	34
JANUMET	33
JANUVIA	33
JE-VAX	57
JEVTANA	26
<i>jinteli</i>	51
<i>jolivette</i>	51
<i>junel 1.5/30</i>	51
<i>junel 1/20</i>	51
<i>junel fe 1.5/30</i>	51
<i>junel fe 1/20</i>	51
JUVISYNC	33
KADIAN	8
KALETRA	31
KANAMYCIN SULFATE	14
<i>kariva</i>	51
KAYEXALATE	20
<i>kcl 0.075%/d5w/nacl 0.45%</i>	67
KCL 0.15%/D10W/NACL 0.2%	69
KCL 0.15%/D5W/LR	69
<i>kcl 0.15%/d5w/nacl 0.2%</i>	67
KCL 0.15%/D5W/NACL 0.225%	69
<i>kcl 0.15%/d5w/nacl 0.9%</i>	67
KCL 0.3%/D5W/LR IV LAC RING	69
<i>kcl 0.3%/d5w/nacl 0.2%</i>	67
<i>kcl 0.3%/d5w/nacl 0.45%</i>	67
KCL 0.3%/D5W/NACL 0.9%	69
KEFLEX	14
<i>kelnor 1/35</i>	51
KENALOG	49
KEPIVANCE	43
KEPPRA	17
KEPPRA XR	17
KETEK	15
<i>ketoconazole</i>	21
<i>ketoprofen</i>	10
KETOPROFEN ER	10
<i>ketorolac tromethamine</i>	10
<i>ketorolac tromethamine</i>	61
KINERET	58

Drug Name	Page #
<i>kionex</i>	20
KLARON	15
<i>klor-con 10</i>	67
<i>klor-con 8</i>	67
KLOR-CON M15	69
<i>klor-con m20</i>	67
KRISTALOSE	46
K-TABS	70
KUVAN	45
<i>labetalol hcl</i>	37
LAC-HYDRIN	44
<i>laclotion</i>	43
LACRISERT	62
<i>lactated ringers irrigation</i>	67
<i>lactulose</i>	45
LAMICTAL	17
LAMICTAL CHEWABLE DISPERSIBLE	17
LAMICTAL ODT	17
LAMICTAL STARTER/NOT TAKING	17
CARBAMAZEPINE	
LAMICTAL STARTER/TAKING	17
CARBAMAZEPINE/NOT TAKING	
VALPROATE	
LAMICTAL STARTER/TAKING	17
VALPROATE	
LAMICTAL XR	17
LAMISIL	22
<i>lamivudine</i>	30
<i>lamivudine/zidovudine</i>	30
<i>lamotrigine</i>	16
LANOXIN	40
<i>lansoprazole</i>	45
<i>lansoprazole odt</i>	45
LANTUS	33
LANTUS SOLOSTAR	33
LASIX	40
LASTACAFT	63
<i>latanoprost</i>	61
LATUDA	30
<i>leena</i>	51
<i>leflunomide</i>	56
LESCOL	40
LESCOL XL	40
<i>lessina-28</i>	51
LETAIRIS	66
<i>letrozole</i>	24
<i>leucovorin calcium</i>	68
LEUKERAN	25
LEUKINE	34

Drug Name	Page #
<i>leuprolide acetate</i>	55
LEUSTATIN	26
<i>levalbuterol</i>	64
LEVAQUIN	14
LEVATOL	38
LEVEMIR	33
LEVEMIR FLEXPEN	33
<i>levetiracetam</i>	16
<i>levetiracetam er</i>	16
<i>levobunolol hcl</i>	60
<i>levocarnitine</i>	60
<i>levofloxacin</i>	12
<i>levofloxacin in d5w</i>	12
<i>levora 0.15/30-28</i>	51
<i>levorphanol tartrate</i>	7
<i>levothroid</i>	55
<i>levothyroxine sodium</i>	55
<i>levoxyl</i>	55
LEXAPRO	19
LEXIVA	31
LIALDA	59
<i>lidocaine</i>	9
<i>lidocaine hcl</i>	9
<i>lidocaine hcl jelly</i>	9
<i>lidocaine viscous</i>	9
<i>lidocaine/prilocaine</i>	9
LIDODERM	9
LINCOCIN	15
<i>lindane</i>	27
LIORESAL INTRATHECAL	30
<i>liothyronine sodium</i>	55
LIPITOR	40
LIPOFEN	40
LIPOSYN II	60
LIPOSYN III	60
<i>lisinopril</i>	35
<i>lisinopril/hydrochlorothiazide</i>	35
LITHIUM CARBONATE	32
<i>lithium carbonate er</i>	32
<i>lithium citrate</i>	32
LITHOBID	32
LO/OVRAL-28	54
LOCOID	49
LOCOID LIPOCREAM	49
LODOSYN	28
LOESTRIN 1.5/30-21	54
LOESTRIN 1/20-21	54
LOESTRIN 24 FE	53
LOESTRIN FE 1.5/30	54

Drug Name	Page #
LOESTRIN FE 1/20	54
LOFIBRA	40
<i>lokara</i>	48
LOMOTIL	46
<i>loperamide hcl</i>	45
LOPID	40
LOPRESSOR	40
LOPRESSOR HCT	40
LOPROX	22
LOPROX SHAMPOO	22
LORCET 10/650	8
LORCET PLUS	8
LORTAB	8
<i>losartan potassium</i>	37
<i>losartan potassium/hydrochlorothiazide</i>	37
LOSEASONIQUE	53
LOTEMAX	62
LOTENSIN	40
LOTENSIN HCT	40
LOTREL	40
LOTRISONE	22
LOTRONEX	46
<i>lovastatin</i>	35
LOVAZA	38
LOVENOX	34
<i>low-ogestrel</i>	52
<i>loxapine succinate</i>	29
LOXITANE	30
LUFYLLIN	65
LUMIGAN	62
LUMIZYME	45
LUNESTA	66
LUPRON DEPOT	55
LUPRON DEPOT-PED	55
<i>lutea</i>	52
LUXIQ	49
LYBREL	54
LYRICA	17
LYSODREN	55
LYSTEDA	34
MACROBID	15
MACRODANTIN	14
MAGNACET	8
MAGNESIUM SULFATE	69
MAGNESIUM SULFATE IN D5W	69
MALARONE	28
<i>malathion</i>	27
MAPROTILINE HCL	19
<i>margesic-h</i>	7

Drug Name	Page #
MARINOL	20
MARPLAN	19
MATULANE	26
<i>matzim la</i>	37
MAVIK	41
MAXAIR AUTOHALER	66
MAXALT	23
MAXALT-MLT	23
MAXIDEX	62
MAXIDONE	9
MAXITROL	63
MAXZIDE	41
MAXZIDE-25	41
<i>mebendazole</i>	27
<i>meclizine hcl</i>	64
MECLOFENAMATE SODIUM	10
MEDROL	50
MEDROL DOSEPAK	50
<i>medroxyprogesterone acetate</i>	52
<i>mefenamic acid</i>	7
<i>mefloquine hcl</i>	27
MEGACE ES	53
MEGACE ORAL	54
<i>megestrol acetate</i>	52
MELOXICAM	10
MELPHALAN HYDROCHLORIDE	26
MENACTRA	57
MENEST	53
MENOMUNE-A/C/Y/W-135	57
MENOSTAR	53
MENTAX	22
MENVEO	57
MEPERIDINE HCL	8
<i>meprobamate</i>	32
MEPRON	28
<i>mercaptopurine</i>	24
<i>meropenem</i>	12
MERREM	14
<i>mesalamine</i>	58
<i>mesna</i>	24
MESNEX	25
MESTINON	23
MESTINON TIMESPAN	23
METADATE CD	42
<i>metadate er</i>	42
METAGLIP	34
METAPROTERENOL SULFATE	65
<i>metaxalone</i>	67
<i>metformin hcl</i>	32

Drug Name	Page #
<i>metformin hcl er</i>	32
METHADONE HCL	8
<i>methadose</i>	7
<i>methamphetamine hcl</i>	42
<i>methazolamide</i>	61
<i>methenamine hippurate</i>	12
METHERGINE	50
<i>methimazole</i>	56
METHITEST	53
<i>methocarbamol</i>	67
<i>methotrexate</i>	56
<i>methotrexate sodium</i>	56
<i>methscopolamine bromide</i>	45
METHYCLOTHIAZIDE	38
<i>methyl dopa</i>	37
METHYLDOPA/HYDROCHLOROTHIAZIDE	38
METHYLDOPATE HCL	38
<i>methylergonovine maleate</i>	60
METHYLIN	42
<i>methylin er</i>	42
<i>methylphenidate hcl</i>	42
<i>methylphenidate hcl er</i>	42
<i>methylphenidate hcl sr</i>	42
<i>methylphenidate hydrochloride</i>	42
<i>methylprednisolone</i>	48
<i>methylprednisolone acetate</i>	48
<i>methylprednisolone dose pack</i>	48
<i>methylprednisolone sodiumsuccinate</i>	48
<i>metipranolol</i>	61
<i>metoclopramide hcl</i>	20
<i>metoclopramide hcl</i>	45
<i>metolazone</i>	37
<i>metoprolol succinate er</i>	37
<i>metoprolol tartrate</i>	35
<i>metoprolol/hydrochlorothiazide</i>	37
METROCREAM	15
METROGEL	14
METROGEL-VAGINAL	16
METROLOTION	16
<i>metronidazole</i>	12
<i>metronidazole in nacl 0.79%</i>	12
<i>metronidazole vaginal</i>	12
MEVACOR	41
MEXILETINE HCL	39
MIACALCIN	59
MICARDIS	41
MICARDIS HCT	41
MICONAZOLE 3	22

Drug Name	Page #
<i>microgestin 1.5/30</i>	52
<i>microgestin 1/20</i>	52
<i>microgestin fe</i>	52
<i>microgestin fe 1.5/30</i>	52
MICROZIDE	41
<i>midodrine hcl</i>	37
MIGERGOT	23
MIGRANAL	23
MILLIPRED	49
MILLIPRED	59
MINIPRESS	41
MINOCIN	16
<i>minocycline hcl</i>	12
<i>minoxidil</i>	37
MIRAPEX	28
MIRAPEX ER	28
<i>mirtazapine</i>	19
<i>mirtazapine odt</i>	19
<i>misoprostol</i>	45
<i>mitomycin</i>	24
<i>mitoxantrone hcl</i>	24
M-M-R II W/DILUENT 10 DOSE	57
MOBIC	10
MODICON	54
<i>moexipril hcl</i>	37
<i>moexipril/hydrochlorothiazide</i>	37
<i>mometasone furoate</i>	48
MONODOX	16
MONOKET	41
<i>mononessa</i>	52
MONUROL	14
MORPHINE SULFATE	8
<i>morphine sulfate er</i>	7
MOTOFEN	46
MOVIPREP	46
MOXEZA	14
MOZOBIL	35
MS CONTIN	9
MULTAQ	41
<i>mupirocin</i>	12
MUSTARGEN	25
MYAMBUTOL	24
MYCAMINE	22
MYCOBUTIN	24
<i>mycophenolate mofetil</i>	56
MYDRIACYL	63
MYFORTIC	57
MYOZYME	45
MYSOLINE	17

Drug Name	Page #
MYTELASE	23
<i>nabumetone</i>	10
<i>nadolol</i>	37
<i>nadolol/bendroflumethiazide</i>	37
NAFCILLIN SODIUM	14
NAFTIN	22
NAGLAZYME	44
<i>nalbuphine hcl</i>	7
NALFON	9
NALFON	10
NALLPEN/DEXTROSE	14
<i>naloxone hcl</i>	20
<i>naltrexone hcl</i>	20
NAMENDA	18
NAMENDA TITRATION PAK	18
NAPRELAN	10
NAPROSYN	10
<i>naproxen</i>	7
<i>naproxen</i>	10
<i>naproxen dr</i>	10
<i>naproxen sodium</i>	7
<i>naratriptan hcl</i>	23
NARDIL	19
NASACORT AQ	66
NASONEX	65
NATACYN	62
<i>nateglinide</i>	32
NAVANE	30
NEBUPENT	28
<i>necon 0.5/35-28</i>	52
<i>necon 1/35-28</i>	52
NECON 10/11-28	53
<i>necon 7/7/7</i>	52
<i>nefazodone hcl</i>	19
<i>neomycin sulfate</i>	12
<i>neomycin/bacitracin/polymyxin</i>	12
<i>neomycin/polymyxin b sulfates</i>	12
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	61
<i>neomycin/polymyxin/dexamethasone</i>	61
<i>neomycin/polymyxin/gramicidin</i>	61
<i>neomycin/polymyxin/hc</i>	63
<i>neomycin/polymyxin/hydrocortisone</i>	61
<i>neomycin/polymyxin/hydrocortisone</i>	63
NEORAL	57
NEOSPORIN	63
NEPHRAMINE	69
NEULASTA	34
NEUMEGA	35

Drug Name	Page #
NEUPOGEN	35
NEURONTIN	17
NEVANAC	62
NEXAVAR	26
NEXIUM	46
NEXIUM I.V.	46
<i>next choice</i>	52
<i>niacor</i>	37
NIASPAN	39
<i>nicardipine hcl</i>	37
NICOTROL INHALER	20
NICOTROL NS	20
<i>nifediac cc</i>	37
<i>nifedical xl</i>	37
NIFEDIPINE	39
<i>nifedipine er</i>	37
NILANDRON	55
<i>nimodipine</i>	37
NIPENT	26
NISOLDIPINE	39
<i>nisoldipine er</i>	37
NITRO-BID	39
NITRO-DUR	41
<i>nitrofurantoin</i>	12
<i>nitrofurantoin macrocrystalline</i>	12
<i>nitrofurantoin monohydrate</i>	12
<i>nitroglycerin</i>	37
<i>nitroglycerin transdermal</i>	37
NITROLINGUAL PUMPSPRAY	39
NITROMIST	39
NITROSTAT	39
<i>nizatidine</i>	45
NIZORAL	22
<i>nora-be</i>	52
NORCO	9
NORDETTE-28	54
NORDITROPIN FLEXPRO	50
NORDITROPIN NORDIFLEX PEN	50
<i>norethindrone acetate</i>	52
NORINYL 1+35	54
NORITATE	14
<i>normosol-m in d5w</i>	68
NORMOSOL-R	69
<i>normosol-r in d5w</i>	68
NOROXIN	16
NORPACE	41
NORPACE CR	41
NORPRAMIN	19
NOR-QD	54

Drug Name	Page #
<i>nortrel 0.5/35 (28)</i>	52
<i>nortrel 1/35 (21)</i>	52
<i>nortrel 1/35 (28)</i>	52
<i>nortrel 7/7/7</i>	52
<i>nortriptyline hcl</i>	19
NORVASC	41
NORVIR	31
NOVANTRONE	26
<i>novarel</i>	50
NOVOLIN 70/30	33
NOVOLIN N	33
NOVOLIN R	33
NOVOLOG	33
NOVOLOG FLEXPEN	33
NOVOLOG MIX 70/30	33
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	33
NOXAFIL	22
NUCYNTA	8
NUCYNTA ER	9
NUEDEXTA	42
NULOJIX	58
NULYTELY/FLAVOR PACKS	46
NUTROPIN	50
NUTROPIN AQ NUSPIN 5	50
NUTROPIN AQ PEN	50
NUVARING	53
<i>nystatin</i>	21
<i>nystatin/triamcinolone</i>	21
<i>nystop</i>	21
<i>ocella</i>	52
<i>octreotide acetate</i>	55
OCUFEN	63
OCUFLOX	63
<i>ofloxacin</i>	12
<i>ofloxacin</i>	61
OGESTREL	53
<i>olanzapine</i>	29
<i>olanzapine odt</i>	29
OLUX-E	49
<i>omeprazole</i>	45
OMNIPRED	63
OMNITROPE	50
<i>ondansetron hcl</i>	20
<i>ondansetron odt</i>	20
ONTAK	25
OPANA	9
OPANA ER	8
OPTIPRANOLOL	63

Drug Name	Page #
OPTIVAR	63
ORACEA	14
ORAMORPH SR	9
ORAP	29
ORAPRED	50
ORAPRED ODT	49
ORAVIG	22
ORENCIA	58
ORFADIN	45
<i>orphenadrine citrate</i>	67
<i>orphenadrine citrate er</i>	67
ORPHENADRINE COMPOUND DS	67
<i>orphenadrine/asa/caffeine</i>	67
<i>orsythia</i>	52
ORTHO EVRA	53
ORTHO MICRONOR	54
ORTHO TRI-CYCLEN	54
ORTHO TRI-CYCLEN LO	54
ORTHO-CEPT	54
ORTHOCLONE OKT3	57
ORTHO-CYCLEN	54
<i>ortho-est</i>	52
ORTHO-NOVUM 7/7/7	54
OSMOPREP	69
OVCON-35	54
OVCON-50 28	53
OVIDE	28
OXACILLIN SODIUM	14
<i>oxaliplatin</i>	24
OXANDRIN	54
<i>oxandrolone</i>	52
<i>oxaprozin</i>	10
<i>oxcarbazepine</i>	16
OXISTAT	22
OXSORALEN	44
OXSORALEN ULTRA	44
<i>oxybutynin chloride</i>	47
<i>oxybutynin chloride er</i>	47
OXYCODONE HCL	9
<i>oxycodone/acetaminophen</i>	7
<i>oxycodone/aspirin</i>	7
<i>oxycodone/ibuprofen</i>	7
OXYCONTIN	8
<i>oxymorphone hydrochloride</i>	7
OXYMORPHONE HYDROCHLORIDE ER	8
OXYTROL	47
PACERONE	39
<i>paclitaxel</i>	24

Drug Name	Page #
PALGIC	66
PAMELOR	19
PAMIDRONATE DISODIUM	59
PAMINE	46
PAMINE FORTE	46
PANCREAZE	44
PANDEL	49
PANRETIN	25
<i>pantoprazole sodium</i>	45
PARAFON FORTE DSC	67
<i>parcaine</i>	61
PARCOPA	28
PARLODEL	29
PARNATE	19
<i>paromomycin sulfate</i>	12
<i>paroxetine hcl</i>	19
<i>paroxetine hcl er</i>	19
<i>paroxetine hcl er</i>	32
PASER	24
PATADAY	62
PATANASE	65
PATANOL	62
PAXIL	19
PCE	14
PEDIAPRED	50
<i>pedi-dri</i>	21
PEDVAX HIB	57
PEGANONE	17
PEGASYS	58
PEGASYS PROCLICK	58
PEG-INTRON	58
PEG-INTRON REDIPEN	58
<i>penicillin g potassium</i>	12
PENICILLIN G POTASSIUM IN ISO-	14
OSMOTIC DEXTROSE	
PENICILLIN G PROCAINE	14
PENICILLIN G SODIUM	14
<i>penicillin v potassium</i>	12
PENLAC NAIL LACQUER	22
PENTAM 300	28
PENTASA	59
<i>pentazocine/acetaminophen</i>	7
<i>pentazocine/naloxone hcl</i>	7
<i>pentopak</i>	60
<i>pentostatin</i>	24
<i>pentoxifylline er</i>	60
PEPCID	46
PEPCID I.V.	46
PERCOCET	9

Drug Name	Page #
PERCODAN	9
PERFOROMIST	65
<i>perindopril erbumine</i>	37
<i>permethrin</i>	27
<i>perphenazine</i>	29
PERPHENAZINE/AMITRIPTYLINE	19
PERSANTINE	35
PFIZERPEN-G	16
<i>phenadoz</i>	21
<i>phenelzine sulfate</i>	19
PHENERGAN	21
PHENYTEK	17
<i>phenytoin</i>	17
<i>phenytoin sodium</i>	17
<i>phenytoin sodium extended</i>	17
PHISOHEX	14
PHOSLO	47
PHOSLYRA	47
PHOSPHOLINE IODIDE	62
<i>physiolyte</i>	68
<i>physiosol irrigation</i>	68
<i>pilocarpine hcl</i>	43
<i>pilocarpine hydrochloride</i>	43
PILOPINE HS	62
PINDOLOL	39
PIPERACILLIN SODIUM	14
<i>piperacillin sodium/tazobactam sodium</i>	12
<i>piroxicam</i>	10
PLAQUENIL	28
PLASMA-LYTE 56	70
PLASMA-LYTE A	70
PLASMA-LYTE-148	70
PLASMA-LYTE-148/D5W	70
PLASMA-LYTE-56/D5W	70
<i>plasma-lyte-r</i>	68
PLAVIX	35
PLETAL	35
<i>podofilox</i>	43
<i>poly-dex</i>	61
<i>polyethylene glycol 3350</i>	45
<i>polymyxin b sulfate</i>	12
POLY-PRED	62
POLYTRIM	63
PONSTEL	10
<i>portia-28</i>	52
POTASSIUM CHLORIDE	70
<i>potassium chloride 0.075%/d5w/nacl</i>	68
<i>0.225%</i>	
<i>potassium chloride 0.15% /nacl 0.45%</i>	68

Drug Name	Page #
<i>viaflex</i>	
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	68
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	68
<i>potassium chloride 0.15% nacl 0.9%</i>	68
<i>potassium chloride 0.15%/d5w</i>	68
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	68
<i>potassium chloride 0.224%/d5w</i>	68
POTASSIUM CHLORIDE 0.224%D5W/NACL 0.33%	70
POTASSIUM CHLORIDE 0.3%/ NACL 0.9%	70
<i>potassium chloride 0.3%/d5w</i>	68
<i>potassium chloride er</i>	68
<i>potassium citrate er</i>	68
PRADAXA	35
<i>pramipexole dihydrochloride</i>	28
PRANDIMET	34
PRANDIN	34
PRAVACHOL	41
<i>pravastatin sodium</i>	35
<i>prazosin hcl</i>	37
PRECOSE	34
PRED FORTE	63
PRED MILD	62
PRED-G	62
PRED-G S.O.P.	62
<i>prednicarbate</i>	48
<i>prednisolone acetate</i>	61
<i>prednisolone sodium phosphate</i>	48
PREDNISOLONE SODIUM PHOSPHATE	62
PREDNISON	49
PREDNISON INTENSOL	49
PREFEST	54
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	50
PREMARIN	53
PREMARIN W/APPLICATOR	53
PREMASOL	70
PREMPHASE	53
PREMPRO	53
<i>prenatabs obn</i>	68
PREVACID	46
PREVACID SOLUTAB	46
<i>previfem</i>	52
PREVPAC	16
PREZISTA	31

Drug Name	Page #
PRIFTIN	24
PRILOSEC	46
PRIMAQUINE PHOSPHATE	28
PRIMAXIN I.M.	14
PRIMAXIN IV	14
<i>primidone</i>	17
PRIMSOL	14
PRINIVIL	41
PRINZIDE	41
PRISTIQ	19
PRIVIGEN	57
PROAIR HFA	65
<i>probenecid</i>	22
<i>probenecid/colchicine</i>	22
PROCAINAMIDE HCL	39
PROCALAMINE	70
PROCARDIA	41
PROCARDIA XL	41
<i>prochlorperazine</i>	21
<i>prochlorperazine edisylate</i>	21
<i>prochlorperazine maleate</i>	21
PROCRIT	35
PROCTOCORT	50
<i>proctocream hc</i>	48
<i>procto-pak</i>	48
<i>proctosol hc</i>	48
<i>proctozone-hc</i>	48
PROGLYCEM	33
PROGRAF	57
PROLASTIN	65
PROLASTIN-C	66
PROLEUKIN	25
PROLIA	60
PROMACTA	35
<i>promethazine hcl</i>	21
<i>promethazine vc</i>	64
<i>promethegan</i>	21
PROMETRIUM	53
<i>propafenone hcl</i>	37
<i>propafenone hcl er</i>	37
PROPANTHELINE BROMIDE	46
<i>proparacaine hcl</i>	61
PROPINE	63
<i>propranolol hcl</i>	37
<i>propranolol hcl er</i>	37
<i>propranolol/hydrochlorothiazide</i>	37
<i>propylthiouracil</i>	56
PROQUAD	57
PROSCAR	47

Drug Name	Page #
PROSOL	70
PROTONIX	46
PROTOPIC	44
<i>protriptyline hcl</i>	19
PROVENTIL HFA	66
PROVERA	54
PROVIGIL	42
PROZAC	19
PULMICORT	65
PULMICORT FLEXHALER	65
PULMOZYME	66
PURINETHOL	26
<i>pyrazinamide</i>	23
<i>pyridostigmine bromide</i>	23
QUALAQUIN	28
<i>quasense</i>	52
QUESTRAN	41
<i>quinapril hcl</i>	37
<i>quinapril/hydrochlorothiazide</i>	38
QUINIDINE GLUCONATE	39
<i>quinidine gluconate er</i>	38
<i>quinidine sulfate</i>	38
QUINIDINE SULFATE ER	39
QUIXIN	16
QVAR	65
RABAVERT	57
<i>ramipril</i>	38
<i>ranitidine hcl</i>	45
RAPAMUNE	57
RAPIFLUX	19
RAZADYNE	18
RAZADYNE ER	18
REBETOL	31
REBIF	58
REBIF TITRATION PACK	58
RECLAST	59
<i>reclipsen</i>	52
RECOMBIVAX HB	57
RECTIV	41
REGLAN	47
REGONOL	23
REGRANEX	44
RELENZA DISKHALER	31
RELISTOR	20
RELPAK	23
REMERON	19
REMERON SOLTAB	19
REMICADE	58
REMODULIN	66

Drug Name	Page #
RENAGEL	47
REVELA	47
REQUIP	29
REQUIP XL	28
RESCRIPTOR	31
<i>reserpine</i>	38
RESTASIS	62
RETIN-A	44
RETIN-A MICRO	44
RETROVIR	31
RETROVIR IV INFUSION	31
REVATIO	66
REVIA	20
REVLIMID	27
REYATAZ	31
RHEUMATREX	57
RHINOCORT AQUA	66
RIBAPAK	32
<i>ribasphere</i>	30
<i>ribavirin</i>	30
RIDAURA	57
RIFADIN	24
RIFAMATE	24
<i>rifampin</i>	23
RIFATER	24
RILUTEK	42
<i>rimantadine hcl</i>	30
<i>ringers injection</i>	68
<i>ringers irrigation</i>	68
RIOMET	33
RISPERDAL	30
RISPERDAL CONSTA	29
RISPERDAL M-TAB	30
RISPERDAL M-TAB	32
<i>risperidone</i>	29
RISPERIDONE ODT	29
<i>risperidone odt</i>	32
RITALIN	43
RITALIN LA	42
RITALIN SR	43
RITUXAN	27
<i>rivastigmine tartrate</i>	18
ROBAXIN	67
ROBINUL	47
ROBINUL FORTE	47
ROCALTROL	60
ROCEPHIN	14
<i>romycin</i>	61
<i>ropinirole hcl</i>	28

Drug Name	Page #
ROTATEQ	57
ROWASA	59
ROXICET	8
ROXICODONE	9
ROZEREM	66
RYTHMOL	41
RYTHMOL SR	41
SABRIL	17
SAIZEN	50
SAIZEN CLICK.EASY	50
SALAGEN	43
SAMSCA	42
SANCTURA	47
SANCTURA XR	47
SANCUSO	21
SANDIMMUNE	57
SANDOSTATIN	55
SANDOSTATIN LAR DEPOT	55
SANTYL	44
SAPHRIS	30
SEASONALE	55
SEASONIQUE	53
SECTRAL	41
<i>selegiline hcl</i>	28
<i>selenium sulfide</i>	43
SELZENTRY	31
SEMPREX-D	65
SENSIPAR	55
SEPTRA	16
SEPTRA DS	16
SEREVENT DISKUS	65
SEROMYCIN	24
SEROQUEL	29
SEROQUEL XR	29
SEROSTIM	50
<i>sertraline hcl</i>	19
SILVADENE	16
<i>silver sulfadiazine</i>	12
SIMCOR	39
SIMPONI	58
SIMULECT	57
<i>simvastatin</i>	38
SINEMET	29
SINEMET CR	29
SINGULAIR	65
SKELAXIN	67
SKELID	59
<i>sodium bicarbonate</i>	68
<i>sodium chloride</i>	68

Drug Name	Page #
<i>sodium chloride 0.45% viaflex</i>	68
<i>sodium chloride 0.9%</i>	68
SODIUM EDECRIN	39
<i>sodium fluoride</i>	68
SODIUM LACTATE	70
<i>sodium polystyrene sulfonate</i>	20
<i>sodium sulfacetamide</i>	61
SOLARAZE	44
<i>solia</i>	52
SOLODYN	16
SOLU-CORTEF	49
SOLU-MEDROL	49
SOMA	67
SOMATULINE DEPOT	55
SOMAVERT	55
SONATA	66
SORIATANE	44
<i>sorine</i>	38
<i>sotalol hcl</i>	38
SOTALOL HYDROCHLORIDE	39
<i>sotret</i>	43
SPIRIVA HANDIHALER	65
<i>spironolactone</i>	38
<i>spironolactone/hydrochlorothiazide</i>	38
SPORANOX	22
SPORANOX PULSEPAK	22
<i>sprintec 28</i>	52
SPRYCEL	27
<i>sronyx</i>	52
<i>ssd</i>	12
<i>stagesic</i>	7
STALEVO 100	28
STALEVO 125	28
STALEVO 150	28
STALEVO 200	28
STALEVO 50	28
STALEVO 75	28
STARLIX	34
<i>stavudine</i>	30
STAVZOR	17
STELARA	44
<i>sterile water irrigation</i>	60
STIMATE	50
STRATTERA	43
STREPTOMYCIN SULFATE	14
STRIANT	53
STROMECTOL	28
SUBOXONE	8
SUBOXONE	20

Drug Name	Page #
SUBUTEX	8
<i>sucralfate</i>	45
SULAR	41
<i>sulfacetamide sodium</i>	12
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	61
SULFADIAZINE	14
SULFAMETHOXAZOLE/TRIMETHOPRIM	14
<i>sulfamethoxazole/trimethoprim ds</i>	12
SULFAMYLON	14
<i>sulfasalazine</i>	58
<i>sulfazine ec</i>	59
<i>sulindac</i>	10
<i>sumatriptan succinate</i>	23
SUPRAX	14
SUPREP BOWEL PREP	46
SURMONTIL	19
SUSTIVA	31
SUTENT	27
SYLATRON	27
SYMBICORT	65
SYMBYAX	29
SYMBYAX	32
SYMLIN	33
SYMLINPEN 120	33
SYMLINPEN 60	33
SYNALGOS-DC	8
SYNAREL	55
SYNERA	9
SYNERCID	14
SYNTHROID	55
SYPRINE	20
TABLOID	25
TACLONEX	44
TACLONEX SCALP	44
<i>tacrolimus</i>	56
TALWIN	8
TAMIFLU	31
<i>tamoxifen citrate</i>	24
<i>tamsulosin hcl</i>	47
TAPAZOLE	56
TARCEVA	27
TARGRETIN	27
TARKA	41
TASIGNA	27
TASMAR	28
TAXOTERE	26
<i>tazicef</i>	12

Drug Name	Page #
TAZORAC	44
<i>taztia xt</i>	38
TEFLARO	14
TEGRETOL	17
TEGRETOL-XR	17
TEKTURNA	41
TEKTURNA HCT	41
TEMOVATE	50
TENEX	41
TENORETIC 100	41
TENORETIC 50	41
TENORMIN	41
TERAZOL 3	22
TERAZOL 7	22
<i>terazosin hcl</i>	47
<i>terbinafine hcl</i>	21
<i>terbutaline sulfate</i>	64
<i>terconazole</i>	21
TESTIM	53
<i>testosterone cypionate</i>	52
<i>testosterone enanthate</i>	52
TESTRED	53
TETANUS TOXOID ADSORBED	57
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	57
<i>tetracycline hcl</i>	12
TEVETEN	41
TEVETEN HCT	41
TEV-TROPIN	51
THALITONE	39
THALOMID	27
THEO-24	65
<i>theochron</i>	64
<i>theophylline er</i>	64
<i>thermazene</i>	12
<i>thioridazine hcl</i>	29
<i>thiotepa</i>	25
<i>thiothixene</i>	29
THYMOGLOBULIN	57
THYROLAR-1	55
THYROLAR-1/4	55
THYROLAR-2	55
THYROLAR-3	55
TIAZAC	41
<i>ticlopidine hcl</i>	34
TIGAN	21
TIKOSYN	39
TIMENTIN	14
TIMOLOL MALEATE	39

Drug Name	Page #
<i>timolol maleate</i>	61
<i>timolol maleate ophthalmic gel forming</i>	61
TIMOPTIC OCUDOSE	63
TIMOPTIC-XE	63
TIROSINT	55
<i>tis-u-sol</i>	68
<i>tizanidine hcl</i>	30
TOBI	16
TOBRADEX	62
TOBRADEX ST	62
<i>tobramycin sulfate</i>	12
<i>tobramycin sulfate</i>	61
TOBRAMYCIN SULFATE/SODIUM CHLORIDE	14
<i>tobramycin/dexamethasone</i>	12
<i>tobrasol</i>	61
TOBREX	62
TOFRANIL	19
TOFRANIL-PM	19
<i>tolazamide</i>	32
TOLBUTAMIDE	33
TOLMETIN SODIUM	10
TOPAMAX	17
TOPAMAX SPRINKLE	18
TOPICORT	50
TOPICORT LP	50
<i>topiramate</i>	17
<i>toposar</i>	25
<i>topotecan hcl</i>	25
TOPROL XL	41
TORISEL	27
TORSEMIDE	39
<i>tpn electrolytes</i>	68
TRACLEER	66
TRADJENTA	33
<i>tramadol hcl</i>	7
<i>tramadol hcl er</i>	8
<i>tramadol hydrochloride/acetaminophen</i>	8
TRANDATE	41
<i>trandolapril</i>	38
<i>tranexamic acid</i>	34
TRANSDERM-SCOP	21
<i>tranylcypromine sulfate</i>	19
TRAVASOL	70
TRAVATAN Z	63
<i>trazodone hcl</i>	18
TREANDA	27
TRECTOR	24
TRELSTAR DEPOT MIXJECT	55

Drug Name	Page #
TRELSTAR LA MIXJECT	55
TRELSTAR MIXJECT	55
TRENTAL	60
<i>tretinoin</i>	25
<i>tretinoin</i>	43
TREXALL	57
<i>triamcinolone acetonide</i>	49
<i>triamcinolone acetonide</i>	64
TRIAMCINOLONE ACETONIDE IN ABSORBASE	49
<i>triamcinolone in orabase</i>	43
<i>triamterene/hydrochlorothiazide</i>	35
TRICOR	41
<i>triderm</i>	49
<i>trifluoperazine hcl</i>	29
<i>trifluridine</i>	61
TRIGLIDE	41
<i>trihexyphenidyl hcl</i>	28
<i>tri-legest fe</i>	52
TRILEPTAL	18
<i>trilyte</i>	45
<i>trimethobenzamide hcl</i>	21
<i>trimethoprim</i>	12
<i>trimethoprim sulfate/polymyxin b sulfate</i>	61
<i>trinessa</i>	52
TRI-NORINYL 28	55
TRIPEDIA	57
<i>tri-previfem</i>	52
TRISENOX	26
<i>tri-sprintec</i>	52
<i>trivora-28</i>	52
TRIZIVIR	32
TROPHAMINE	70
<i>tropicamide</i>	61
<i>tropium chloride</i>	47
TRUSOPT	63
TRUVADA	32
TWINJECT	65
TWINRIX	57
TWYNSTA	41
TYGACIL	14
TYKERB	27
TYLENOL/CODEINE #3	9
TYLENOL/CODEINE #4	9
TYLOX	9
TYPHIM VI	57
TYSABRI	58
TYZEKA	31
TYZINE	65

Drug Name	Page #
TYZINE PEDIATRIC NASAL DROPS	65
<i>u-cort</i>	49
ULORIC	22
ULTRACET	9
ULTRAM	9
ULTRAM ER	8
ULTRAVATE	50
UNASYN	16
UNASYN BULK PACK	16
UNIRETIC	41
<i>unithroid</i>	55
UNIVASC	42
URECHOLINE	47
UROXATRAL	47
URSO 250	47
URSO FORTE	47
<i>ursodiol</i>	45
UVADEX	44
VAGIFEM	54
<i>valacyclovir hcl</i>	30
VALCYTE	32
<i>valproate sodium</i>	17
<i>valproic acid</i>	17
VALTREX	31
VANCOCIN HCL	14
<i>vancomycin hcl</i>	12
<i>vandazole</i>	13
VANDETANIB	27
VANOS	49
VAQTA	57
VARIVAX	57
VASERETIC	42
VASOTEC	42
VECTIBIX	26
VELCADE	27
<i>velivet</i>	52
VELTIN	44
<i>venlafaxine hcl</i>	19
<i>venlafaxine hcl er</i>	19
VENTAVIS	66
VENTOLIN HFA	65
VERAMYST	66
<i>verapamil hcl</i>	38
<i>verapamil hcl er</i>	38
VERDESO	49
VEREGEN	44
VERELAN	42
VERELAN PM	42
VERIPRED 20	50

Drug Name	Page #
VESICARE	47
<i>vestura</i>	52
VEXOL	62
VFEND	22
VFEND IV	21
VIBRAMYCIN	14
VICODIN	9
VICODIN ES	9
<i>vicodin hp</i>	8
VICOPROFEN	9
VICTOZA	34
VICTRELIS	32
VIDAZA	26
VIDEX EC	31
VIDEX PEDIATRIC	31
VIGAMOX	62
VIIBRYD	19
VIMPAT	17
VINBLASTINE SULFATE	26
<i>vincasar pfs</i>	25
<i>vincristine sulfate</i>	25
<i>vinorelbine tartrate</i>	25
VIRACEPT	31
VIRAMUNE	31
VIRAMUNE XR	31
VIRAZOLE	31
VIREAD	31
VIROPTIC	63
VISICOL	46
VISTARIL	66
VISTIDE	31
VIVACTIL	19
VIVAGLOBIN	57
VIVELLE-DOT	55
VOLTAREN	63
VOLTAREN-XR	10
VORICONAZOLE	22
VOSPIRE ER	66
VOTRIENT	27
VPRIV	45
VYTORIN	39
VYVANSE	43
<i>warfarin sodium</i>	34
WELCHOL	39
WELLBUTRIN	19
WELLBUTRIN SR	19
WELLBUTRIN XL	19
WESTCORT	50
XALATAN	63

Drug Name	Page #
XALKORI	44
XARELTO	35
XENAZINE	60
XEOMIN	60
XGEVA	60
XIFAXAN	14
XODOL	9
XOLAIR	66
XOPENEX	66
XOPENEX HFA	66
XYLOCAINE	9
XYLOCAINE JELLY	9
XYREM	42
YASMIN 28	55
YAZ	55
YERVOY	27
YF-VAX	57
<i>zafirlukast</i>	64
<i>zaleplon</i>	66
ZAMICET	8
ZANAFLEX	30
ZANOSAR	26
ZANTAC	47
ZARONTIN	18
ZAROXOLYN	42
ZAVESCA	45
<i>zazole</i>	21
ZEBETA	42
ZELAPAR	28
ZELBORAF	27
ZEMAIRA	65
ZEMPLAR	59
ZENPEP	44
<i>zeosa</i>	52
ZERIT	31
ZESTORETIC	42
ZESTRIL	42
ZETIA	42
ZIAC	42
ZIAGEN	31
ZIANA	44
<i>zidovudine</i>	30
ZINACEF	15
ZINACEF IN ISO-OSMOTIC	14
DEXTROSE	
ZINACEF IN ISO-OSMOTIC DILUENT	14
ZINECARD	60
ZIRGAN	31
ZITHROMAX	16

Drug Name	Page #
ZITHROMAX TRI-PAK	16
ZITHROMAX Z-PAK	16
ZMAX	15
ZOCOR	42
ZOFRAN	21
ZOFRAN ODT	21
ZOLINZA	27
ZOLOFT	19
<i>zolpidem tartrate</i>	66
ZOMETA	60
ZOMIG	23
ZOMIG ZMT	23
ZONALON	44
ZONEGRAN	18
<i>zonisamide</i>	17
ZORBTIVE	51
ZORTRESS	57
ZOSTAVAX	57
ZOSYN	15
<i>zovia 1/35e</i>	52
<i>zovia 1/50e</i>	52
ZOVIRAX	31
ZYBAN	20
ZYDONE	8
ZYFLO CR	66
ZYLET	62
ZYLOPRIM	22
ZYMAR	15
ZYMAXID	15
ZYPREXA	29
ZYPREXA ZYDIS	29
ZYTIGA	27
ZYVOX	15