

**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 May 1, 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 May 1, 2012. To get updated information about the drugs covered by Rocky Mountain Health Plans, please visit our Web site at [www.rmhpmedicare.org](http://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 69. 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](http://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](http://www.rmhpmedicare.org).

- Call 970-244-7912 or 888-282-1420.
- TTY/TDD users, call 711
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If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit [www.medicare.gov](http://www.medicare.gov).

## 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 69.

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
<b>Analgesics</b>		
<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	
<i>tramadol hcl er tablet extended release 24 hour 100mg, 200mg</i>	2	
<i>tramadol hydrochloride/acetaminophen</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>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	
CAMBIA	4	QL (9 per 30 days)
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	
MAXIDONE	4	
MS CONTIN	4	
NALFON	4	

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Drug Name	Drug Tier	Requirements/Limits
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	
SAVELLA	4	
SAVELLA TITRATION PACK	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	
VOLTAREN	4	
XODOL	4	
<b>Anesthetics</b>		
<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	
<b>Anti-inflammatory Agents</b>		
<i>meloxicam tablet</i>	1	
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium xr</i>	2	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<b>Antibacterials</b>		
<i>amikacin sulfate</i>	2	
<i>amoxicillin/clavulanate potassium</i>	2	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin sodium</i>	2	
<i>ampicillin-sulbactam</i>	2	
<i>ampicillin capsule</i>	2	
<i>azithromycin</i>	2	
<i>aztreonam</i>	2	
<i>baciim</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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>vandazole</i>	2	
<i>zinacef injection 7.5gm</i>	2	
AKNE-MYCIN	3	
AMOXICILLIN TABLET CHEWABLE 200MG	3	
AMPICILLIN SUSPENSION RECONSTITUTED	3	
AVELOX	3	
AVELOX ABC PACK	3	
AZACTAM	3	

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Drug Name	Drug Tier	Requirements/Limits
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	
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	

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Drug Name	Drug Tier	Requirements/Limits
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	
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	

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Drug Name	Drug Tier	Requirements/Limits
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	
LINCOGIN	4	
MACROBID	4	
MACRODANTIN CAPSULE 100MG, 50MG	4	
METROCREAM	4	
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	

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Drug Name	Drug Tier	Requirements/Limits
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	
<b>Anticonvulsants</b>		
<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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
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	
TOPAMAX SPRINKLE	4	
TRILEPTAL	4	
ZARONTIN	4	
ZONEGRAN	4	
<b>Antidementia Agents</b>		
<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	

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Drug Name	Drug Tier	Requirements/Limits
<b>Antidepressants</b>		
<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	
<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>tranlycypromine 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	

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Drug Name	Drug Tier	Requirements/Limits
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	
<b>Antidotes, Deterrents, and Toxicologic Agents</b>		
<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

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Drug Name	Drug Tier	Requirements/Limits
KAYEXALATE	4	
REVIA	4	
ZYBAN	4	
<b>Antiemetics</b>		
<i>compro</i>	2	
<i>dronabinol</i>	2	
<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)
<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)
<i>phenadoz</i>	2	
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate</i>	2	
<i>prochlorperazine maleate</i>	2	
<i>promethazine hcl</i>	2	
<i>promethegan</i>	2	
<i>trimethobenzamide hcl injection</i>	2	
<i>trimethobenzamide hcl capsule</i>	2	PA (PART B VS PART D ONLY)
ALOXI	3	
ANZEMET INJECTION	3	
ANZEMET TABLET	3	PA (PART B VS PART D ONLY)
CESAMET	3	
EMEND	3	PA
TRANSDERM-SCOP	3	
MARINOL	4	
PHENERGAN	4	
SANCUSO	4	PA
TIGAN INJECTION	4	
TIGAN CAPSULE	4	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)
<b>Antifungals</b>		
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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)
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	

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Drug Name	Drug Tier	Requirements/Limits
NOXAFIL	5	
VFEND	5	
VORICONAZOLE TABLET 200MG	5	
<b>Antigout Agents</b>		
<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	
<b>Antimigraine Agents</b>		
<i>dihydroergotamine mesylate</i>	2	
<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)
RELPAX	4	QL (36 per 90 days)
ZOMIG	4	QL (36 per 90 days)
ZOMIG ZMT	4	QL (36 per 90 days)
<b>Antimyasthenic Agents</b>		
<i>bethanechol chloride</i>	2	
<i>pyridostigmine bromide</i>	2	
GUANIDINE HCL	3	
MESTINON TIMESPAN	3	
MESTINON SYRUP	3	
MYTELASE	3	

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Drug Name	Drug Tier	Requirements/Limits
REGONOL	3	
MESTINON TABLET	4	
<b>Antimycobacterials</b>		
<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	
MYCOBUTIN	3	
PASER	3	
PRIFTIN	3	
RIFATER	3	
SEROMYCIN	3	
TRECTOR	3	
MYAMBUTOL	4	
RIFADIN	4	
RIFAMATE	4	
<b>Antineoplastics</b>		
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
MESNEX TABLET	3	
MUSTARGEN	3	
ONTAK	3	
PANRETIN	3	
PROLEUKIN	3	
TABLOID	3	
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	
ELLENC	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	
PICATO	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	
ERIVEDGE	5	PA
GEMCITABINE	5	
GEMZAR	5	
GLEEVEC	5	PA
HALAVEN	5	
HERCEPTIN	5	
INLYTA	5	PA
IRESSA	5	PA

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Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
ISTODAX	5	PA
IXEMPRA KIT	5	PA
JAKAFI	5	
JEVTANA	5	
MATULANE	5	
MELPHALAN HYDROCHLORIDE	5	
NEXAVAR	5	PA
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
XALKORI	5	PA
YERVOY	5	
ZELBORAF	5	PA
ZOLINZA	5	PA
ZYTIGA	5	PA
<b>Antiparasitics</b>		
<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	

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Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
ALBENZA	3	
ALINIA	3	
BILTRICIDE	3	
COARTEM	3	
DARAPRIM	3	
EURAX	3	
MALARONE	3	
NEBUPENT	3	
PENTAM 300	3	
PRIMAQUINE PHOSPHATE	3	
QUALAQUIN	3	
STROMEKTOL	3	
ARALEN	4	
OVIDE	4	
PLAQUENIL	4	
MEPRON	5	
<b>Antiparkinson Agents</b>		
<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	

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Drug Name	Drug Tier	Requirements/Limits
COGENTIN	4	
ELDEPRYL	4	
MIRAPEX	4	
PARCOPA	4	
PARLODEL	4	
REQUIP	4	
SINEMET	4	
SINEMET CR	4	
<b>Antipsychotics</b>		
<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	

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Drug Name	Drug Tier	Requirements/Limits
HALDOL DECANOATE 100	4	
HALDOL DECANOATE 50	4	
INVEGA SUSTENNA	4	
LATUDA	4	
LOXITANE	4	
NAVANE	4	
RISPERDAL	4	
RISPERDAL M-TAB	4	
SAPHRIS	4	
<b>Antispasticity Agents</b>		
<i>baclofen</i>	2	
<i>dantrolene sodium</i>	2	
<i>tizanidine hcl tablet</i>	2	
ZANAFLEX CAPSULE	3	
DANTRIUUM	4	
GABLOFEN	4	
LIORESAL INTRATHECAL	4	
ZANAFLEX TABLET	4	
<b>Antivirals</b>		
<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	

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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	
REBETOL CAPSULE	5	
REYATAZ CAPSULE 150MG, 200MG, 300MG	5	

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Drug Name	Drug Tier	Requirements/Limits
RIBAPAK TABLET 0	5	
TRIZIVIR	5	
TRUVADA	5	
VALCYTE	5	
VICTRELIS	5	
<b>Anxiolytics</b>		
<i>bupirone hcl</i>	2	
<i>chlordiazepoxide/amitriptyline</i>	2	
<i>meprobamate</i>	2	
<i>paroxetine hcl er</i>	2	
<b>Bipolar Agents</b>		
<i>lithium carbonate er</i>	2	
<i>lithium carbonate capsule</i>	2	
<i>lithium citrate</i>	2	
<i>risperidone odt</i>	2	
LITHIUM CARBONATE TABLET	3	
SYMBYAX	3	
LITHOBID	4	
RISPERDAL M-TAB	4	
<b>Blood Glucose Regulators</b>		
<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	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLYCRON TABLET 4.5MG	3	
HUMALOG	3	

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Drug Name	Drug Tier	Requirements/Limits
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	
JANUMET XR	3	
JANUVIA	3	
JENTADUETO	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	
BYDUREON	4	QL (4 per 28 days)
DIABETA	4	
GLUCOPHAGE	4	
GLUCOPHAGE XR	4	

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Drug Name	Drug Tier	Requirements/Limits
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	
<b>Blood Products/Modifiers/ Volume Expanders</b>		
<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	
NEUMEGA	3	
PLAVIX	3	
PROCRIT	3	PA (PART B VS PART D ONLY)
BRILINTA	4	
COUMADIN TABLET	4	

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Drug Name	Drug Tier	Requirements/Limits
EFFIENT	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	
<b>Cardiovascular Agents</b>		
<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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>taztia xt</i>	2	
<i>torsemide 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	
CLORPRES	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	
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	

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Drug Name	Drug Tier	Requirements/Limits
QUINIDINE GLUCONATE	3	
QUINIDINE SULFATE ER	3	
SIMCOR	3	
SODIUM EDECIN	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	
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	

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Drug Name	Drug Tier	Requirements/Limits
DIAMOX	4	
DILACOR XR	4	
DIOVAN	4	
DIOVAN HCT	4	
DIURIL IV	4	
DYAZIDE	4	
DYNACIRC CR	4	
EDARBI	4	
EDARBYCLOR	4	
FENOGLIDE	4	
HYZAAR	4	
INDERAL LA	4	
INNOPRAN XL	4	
INSPRA	4	
INTUNIV	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	
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	

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Drug Name	Drug Tier	Requirements/Limits
NORVASC	4	
PACERONE TABLET 400MG	4	
PRAVACHOL	4	
PRINIVIL	4	
PRINZIDE	4	
PROCARDIA	4	
PROCARDIA XL	4	
QUESTRAN	4	
RANEXA	4	
RECTIV	4	
RYTHMOL	4	
RYTHMOL SR	4	
SECTRAL	4	
SULAR	4	
TARKA	4	
TEKTRNA	4	
TEKTRNA 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	
TRILIPIX	4	
TWYNSTA	4	
UNIRETIC	4	
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	

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Drug Name	Drug Tier	Requirements/Limits
SAMSCA	5	
<b>Central Nervous System Agents</b>		
<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	
DESOXYN	4	PA
DEXEDRINE	4	
RITALIN	4	
RITALIN SR	4	
STRATTERA	4	
VYVANSE	4	
<b>Dental and Oral Agents</b>		
<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	

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Drug Name	Drug Tier	Requirements/Limits
KEPIVANCE	5	
<b>Dermatological Agents</b>		
<i>adapalene</i>	2	
<i>ammonium lactate</i>	2	
<i>amnestem</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	
BENZACLIN WITH PUMP	3	
CALCIPOTRIENE OINTMENT	3	
CARAC	3	
CLINDACIN PAC	3	
CLINDAGEL	3	
CONDYLOX	3	
DIFFERIN GEL 0.3%	3	
DOVONEX	3	
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	

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Drug Name	Drug Tier	Requirements/Limits
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
<b>Enzyme Replacements/ Modifiers</b>		
ADAGEN	3	
CEREDASE	3	
CREON	3	
CYSTADANE	3	
CYSTAGON	3	
NAGLAZYME	3	
PANCREAZE	3	
ZENPEP	3	
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
<b>Gastrointestinal Agents</b>		
<i>cimetidine tablet 200mg, 300mg, 400mg</i>	1	
<i>atropine sulfite injection 0.1mg/ml</i>	2	
<i>cimetidine hcl</i>	2	
<i>cimetidine tablet 800mg</i>	2	
<i>constulose</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	
ATROPINE SULFATE INJECTION 0.05MG/ML	3	
CANTIL	3	
CARAFATE SUSPENSION	3	
DEXILANT	3	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	
SUPREP BOWEL PREP	3	
VISICOL	3	
ZANTAC INJECTION 50MG/50ML; 0.45%	3	
ACIPHEX	4	ST
ACTIGALL	4	

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Drug Name	Drug Tier	Requirements/Limits
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	
PRILOSEC CAPSULE DELAYED RELEASE 10MG, 20MG	4	ST
PROTONIX PACKET, TABLET DELAYED RELEASE	4	ST
REGLAN	4	
ROBINUL	4	
ROBINUL FORTE	4	
URSO 250	4	
URSO FORTE	4	
ZANTAC SYRUP, TABLET, TABLET EFFERVESCENT	4	
ZANTAC INJECTION 25MG/ML	4	
<b>Genitourinary Agents</b>		
<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	

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Drug Name	Drug Tier	Requirements/Limits
DETROL	3	
DETROL LA	3	
ELIPHOS	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	
ENABLEX	4	
FLOMAX	4	
JALYN	4	
PROSCAR	4	
RAPAFLO	4	
SANCTURA	4	
SANCTURA XR	4	
TOVIAZ	4	
URECHOLINE	4	
VESICARE	4	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>		
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
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 ABSORBASE	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	
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	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>		
<i>chorionic gonadotropin</i>	2	
<i>desmopressin acetate</i>	2	
<i>novarel</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	
TEV-TROPIN	3	PA
ZORBTIVE	3	PA
DDAVP	4	
EGRIFTA	5	PA
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>		
<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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<i>low-ogestrel</i>	2	
<i>lutra</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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
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	
AXIRON	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	

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Drug Name	Drug Tier	Requirements/Limits
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	
VAGIFEM	3	
ACTIVELLA	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	

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Drug Name	Drug Tier	Requirements/Limits
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	
SEASONALE	4	
TRI-NORINYL 28	4	
VIVELLE-DOT	4	QL (8 per 28 days)
YASMIN 28	4	
YAZ	4	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
<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	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN	3	
<b>Hormonal Agents, Suppressant (Parathyroid)</b>		
SENSIPAR	3	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline</i>	2	
<i>leuprolide acetate</i>	2	
<i>octreotide acetate</i>	2	
ELIGARD	3	
LUPRON DEPOT	3	
LUPRON DEPOT-PED	3	
SANDOSTATIN LAR DEPOT	3	
SOMAVERT	3	
SYNAREL	3	
TRELSTAR DEPOT MIXJECT	3	
TRELSTAR LA MIXJECT	3	

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Drug Name	Drug Tier	Requirements/Limits
TRELSTAR MIXJECT	3	
SANDOSTATIN	4	
SOMATULINE DEPOT	5	
<b>Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)</b>		
<i>bicalutamide</i>	2	
<i>flutamide</i>	2	
NILANDRON	3	
CASODEX	4	
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>methimazole</i>	2	
<i>propylthiouracil</i>	2	
TAPAZOLE	4	
<b>Immunological Agents</b>		
<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	

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Drug Name	Drug Tier	Requirements/Limits
HAVRIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
INFERGEN	3	
INTRON-A	3	
INTRON-A W/DILUENT	3	
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	AL (min: 50y)
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)

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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)
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)
<b>Inflammatory Bowel Disease Agents</b>		
<i>balsalazide disodium</i>	2	
<i>budesonide</i>	2	
<i>colocort</i>	2	
<i>hydrocortisone</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine</i>	2	
<i>sulfasalazine</i>	2	
<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	
<b>Metabolic Bone Disease Agents</b>		
<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	
ARELIA	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	

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Drug Name	Drug Tier	Requirements/Limits
PROLIA	4	PA
ROCALTROL	4	
XGEVA	5	PA
ZOMETA	5	
<b>Miscellaneous Therapeutic Agents</b>		
<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	
<b>Ophthalmic Agents</b>		
<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	
<i>diclofenac sodium</i>	2	
<i>dorzolamide hcl</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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)
ALOCRIL	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	
BLEPHAMIDE S.O.P.	3	
COMBIGAN	3	QL (10 ML per 30 days)
DUREZOL	3	QL (10 ML per 31 days)
ELESTAT	3	

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Drug Name	Drug Tier	Requirements/Limits
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)
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	

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Drug Name	Drug Tier	Requirements/Limits
ISTALOL	4	QL (5 ML per 30 days)
LASTACAPT	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)
<b>Otic Agents</b>		
<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	
<b>Respiratory Tract Agents</b>		
<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 per 30 days)
<i>asmanex 14 metered doses</i>	2	QL (2 per 30 days)
<i>asmanex 30 metered doses aerosol powder breath activated 110mcg/inh</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>asmanex 30 metered doses aerosol powder breath activated 220mcg/inh</i>	2	QL (2 per 30 days)
<i>asmanex 60 metered doses</i>	2	QL (2 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	
ARCAPTA NEOHALER	3	QL (90 per 90 days)
ASTEPRO	3	
ATROVENT HFA	3	QL (26 GM per 30 days)
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)

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Drug Name	Drug Tier	Requirements/Limits
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	
FLONASE	4	QL (32 GM per 30 days)
MAXAIR AUTOHALER	4	
NASACORT AQ	4	QL (34 GM per 30 days)
OMNARIS	4	
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	

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Drug Name	Drug Tier	Requirements/Limits
XOPENEX	4	
XOPENEX HFA	4	
ZYFLO CR	4	
ADCIRCA	5	PA
GLASSIA	5	PA
KALYDECO	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
<b>Sedatives/Hypnotics</b>		
<i>zaleplon</i>	2	
<i>zolpidem tartrate</i>	2	
<i>zolpidem tartrate er</i>	2	
AMBIEN	4	
LUNESTA	4	
ROZEREM	4	
SONATA	4	
<b>Skeletal Muscle Relaxants</b>		
<i>carisoprodol</i>	2	
<i>carisoprodol/aspirin</i>	2	
<i>carisoprodol/aspirin/codeine</i>	2	
<i>chlorzoxazone</i>	2	
<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	

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Drug Name	Drug Tier	Requirements/Limits
ROBAXIN TABLET	4	
SKELAXIN	4	
SOMA TABLET 350MG	4	
<b>Therapeutic Nutrients/Minerals/ Electrolytes</b>		
<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</i>	2	
<i>lactated ringers irrigation</i>	2	
<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	

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<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</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	
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	

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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-PA (PART B VS PART D ONLY)EXTROSE 5%	3	
IONOSOL-MPA (PART B VS PART D ONLY)EXTROSE 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	
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	

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Drug Name	Drug Tier	Requirements/Limits
POTASSIUM CHLORIDE 0.3%/ NACL 0.9%	4	
TROPHAMINE INJECTION 0.32GM/100ML	4	

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# Index

Drug Name	Page #
8-MOP	42
ABELCET	21
ABILIFY	28
ABILIFY DISCMELT	28
ABRAXANE	24
<i>acarbose</i>	31
ACCOLATE	63
ACCUNEB	63
ACCUPRIL	38
ACCURETIC	38
<i>acebutolol hcl</i>	34
ACEON	38
<i>acetaminophen/caffeine/dihydrocodeine bitartrate</i>	7
<i>acetaminophen/codeine</i>	7
<i>acetaminophen/codeine #3</i>	7
<i>acetazol hc</i>	61
<i>acetazolamide</i>	34
<i>acetazolamide er</i>	34
<i>acetazolamide sodium</i>	34
<i>acetic acid</i>	61
<i>acetylcysteine</i>	61
ACIPHEX	44
ACLOVATE	48
ACTEMRA	56
ACTHIB	54
<i>acticin</i>	26
ACTIGALL	44
ACTIMMUNE	56
ACTIVELLA	52
ACTONEL	57
ACTOPLUS MET	31
ACTOPLUS MET XR	31
ACTOS	31
ACULAR	60
ACULAR LS	60
ACUVAIL	60
<i>acyclovir</i>	29
<i>acyclovir sodium</i>	29
ACZONE	42
ADACEL	54
ADAGEN	43
ADALAT CC	38
<i>adapalene</i>	42
ADCIRCA	64
ADDERALL XR	41
ADOXA	14

Drug Name	Page #
ADOXA PAK 1/150	14
ADOXA PAK 1/75	14
<i>adriamycin</i>	23
ADVAIR DISKUS	62
ADVAIR HFA	62
ADVICOR	38
<i>afeditab cr</i>	34
AFINITOR	25
AGGRENOLX	33
AGRYLIN	58
<i>a-hydrocort</i>	46
<i>ak-con</i>	58
AKNE-MYCIN	12
<i>ala cort</i>	46
ALA SCALP	48
<i>ala-cort</i>	46
ALAMAST	59
ALBENZA	27
<i>albuterol sulfate</i>	61
<i>albuterol sulfate er</i>	61
ALCAINE	60
<i>alclometasone dipropionate</i>	46
ALCOHOL PREPS	58
ALDACTAZIDE	37
ALDACTONE	38
ALDARA	42
ALDURAZYME	43
<i>alendronate sodium</i>	57
<i>alfuzosin hcl er</i>	45
ALIMTA	24
ALINIA	27
ALKERAN	25
ALLEGRA	63
<i>allopurinol</i>	22
<i>allopurinol sodium</i>	22
ALOCRIAL	59
ALOMIDE	59
ALOPRIM	22
ALORA	51
ALOXI	20
ALPHAGAN P	59
ALREX	59
ALTACE	38
ALVESCO	62
AMANTADINE HCL	27
<i>amantadine hcl</i>	29
AMARYL	32
AMBIEN	64
AMBISOME	21
AMCINONIDE	47

Drug Name	Page #
AMERGE	22
<i>a-methapred</i>	46
<i>amethia</i>	49
<i>amethyst</i>	49
AMEVIVE	43
<i>amifostine</i>	23
<i>amikacin sulfate</i>	10
<i>amiloride hcl</i>	34
<i>amiloride/hydrochlorothiazide</i>	34
<i>aminophylline</i>	61
AMINOSYN	66
<i>aminosyn 8.5%/electrolytes</i>	65
AMINOSYN II	66
AMINOSYN II 3.5%/DEXTROSE25%	66
AMINOSYN II 3.5%/DEXTROSE5%	66
AMINOSYN II 3.5/DEXTROSE 25%	66
AMINOSYN II 4.25/DEXTROSE10%	66
AMINOSYN II 4.25/DEXTROSE20%	66
AMINOSYN II 4.25/DEXTROSE25%	66
AMINOSYN II 5/DEXTROSE 25	66
<i>aminosyn ii 8.5%/electrolytes</i>	65
AMINOSYN II M 3.5%/DEXTROSE 5%	66
AMINOSYN M	66
AMINOSYN-HBC	66
<i>aminosyn-hf</i>	65
AMINOSYN-PF	66
AMINOSYN-PF 7%	66
<i>amiodarone hcl</i>	34
AMITIZA	45
<i>amitriptyline hcl</i>	18
<i>amlodipine besylate</i>	35
<i>amlodipine besylate/benazepril hcl</i>	35
<i>amlodipine besylate/benazepril hydrochloride</i>	35
AMMONIUM CHLORIDE	66
<i>ammonium lactate</i>	42
<i>amnesteem</i>	42
AMOXAPINE	18
<i>amoxicillin</i>	10
<i>amoxicillin/clavulanate potassium</i>	10
<i>amoxicillin/clavulanate potassium er</i>	10
<i>amoxicillin/potassium clavulanate</i>	10
<i>amphetamine/dextroamphetamine</i>	41
AMPHOTEC	21
<i>amphotericin b</i>	20
AMPICILLIN	12
<i>ampicillin sodium</i>	11
<i>ampicillin-sulbactam</i>	11
ANADROL-50	51
ANAFRANIL	19

Drug Name	Page #
<i>anagrelide hydrochloride</i>	58
ANAPROX	10
ANAPROX DS	10
<i>anastrozole</i>	23
ANCOBON	21
ANDRODERM	51
ANDROGEL	51
ANDROGEL PUMP	51
ANDROID	51
ANDROXY	51
ANGELIQ	51
ANTABUSE	19
ANTARA	38
ANTIVERT	63
ANTIZOL	19
ANUSOL-HC	48
ANZEMET	20
APIDRA	32
APIDRA SOLOSTAR	32
APOKYN	27
<i>apraclonidine</i>	58
<i>apri</i>	49
APRISO	57
APTIVUS	29
ARALAST NP	62
ARALEN	27
<i>aranelle</i>	49
ARANESP ALBUMIN FREE	33
ARAVA	55
ARCALYST	56
ARCAPTA NEOHALER	62
AREDIA	57
ARGATROBAN	34
ARICEPT	17
ARICEPT ODT	17
ARIMIDEX	25
ARIXTRA	33
AROMASIN	24
ARRANON	24
ARTHROTEC 50	10
ARTHROTEC 75	10
ARZERRA	25
ASACOL	57
ASACOL HD	57
<i>ascomp/codeine</i>	7
<i>asmanex 120 metered doses</i>	61
<i>asmanex 14 metered doses</i>	61
<i>asmanex 30 metered doses</i>	61
<i>asmanex 60 metered doses</i>	62
ASTELIN	63

Drug Name	Page #	Drug Name	Page #
ASTEPRO	62	BACITRACIN	14
<i>astramorph</i>	7	<i>bacitracin</i>	58
ATACAND	38	<i>bacitracin/polymyxin b</i>	58
ATACAND HCT	38	<i>baclofen</i>	29
<i>atenolol</i>	34	BACTOCILL IN DEXTROSE	13
<i>atenolol/chlorthalidone</i>	34	BACTRIM	14
ATGAM	54	BACTRIM DS	15
<i>atorvastatin calcium</i>	35	BACTROBAN	13
<i>atovaquone/proguanil hcl</i>	26	BACTROBAN NASAL	13
ATRALIN	42	<i>balsalazide disodium</i>	56
ATRIPLA	30	<i>balziva</i>	49
ATROPINE SULFATE	44	BANZEL	16
ATROVENT	63	BARACLUDE	29
ATROVENT HFA	62	BD INSULIN SYRINGE	58
<i>augmented betamethasone dipropionate</i>	46	SAFETYGLIDE/1ML/29G X 1/2"	
AVALIDE	38	BD INSULIN SYRINGE	58
AVANDAMET	32	ULTRAFINE/0.3ML/31G X 5/16"	
AVANDARYL	32	BD INSULIN SYRINGE	58
AVANDIA	32	ULTRAFINE/0.5ML/30G X 1/2"	
AVAPRO	38	BD INSULIN SYRINGE	58
AVASTIN	25	ULTRAFINE/1ML/31G X 5/16"	
AVELOX	12	BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	58
AVELOX ABC PACK	12	BECONASE AQ	63
<i>aviane</i>	49	<i>benazepril hcl</i>	34
AVINZA	8	<i>benazepril hcl/hydrochlorothiazide</i>	35
<i>avita</i>	42	BENICAR	37
AVODART	45	BENICAR HCT	37
AVONEX	56	BENLYSTA	56
AXERT	22	BENTYL	45
AXID	45	BENZAACLIN WITH PUMP	42
AXIRON	51	BENZAMYCIN	43
AYGESTIN	52	<i>benztropine mesylate</i>	27
AZACTAM	12	BESIVANCE	15
AZACTAM IN ISO-OSMOTIC DEXTROSE	13	BETAGAN	60
AZASAN	54	<i>betamethasone dipropionate</i>	46
AZASITE	59	<i>betamethasone valerate</i>	46
<i>azathioprine</i>	54	BETAPACE	38
AZATHIOPRINE SODIUM	54	BETAPACE AF	38
<i>azelastine hcl</i>	58	BETASERON	56
<i>azelastine hcl</i>	62	<i>betaxolol hcl</i>	35
AZELEX	42	BETAXOLOL HCL	59
AZILECT	27	<i>bethanechol chloride</i>	22
<i>azithromycin</i>	11	BETIMOL	60
AZOPT	60	BETOPTIC-S	59
<i>aztreonam</i>	11	BIAXIN	15
AZULFIDINE	57	BIAXIN XL	15
AZULFIDINE EN-TABS	57	BIAXIN XL PAC	15
<i>bacim</i>	11	<i>bicalutamide</i>	54
		BICILLIN C-R	13

Drug Name	Page #
BICILLIN L-A	13
BICNU	24
BIDIL	37
BILTRICIDE	27
<i>bisoprolol fumarate</i>	35
<i>bisoprolol fumarate/hydrochlorothiazide</i>	34
<i>bleomycin sulfate</i>	23
BLEPH-10	60
BLEPHAMIDE	59
BLEPHAMIDE S.O.P.	59
BONIVA	57
BOOSTRIX	54
BOTOX	58
BREVICON-28	52
<i>briellyn</i>	49
BRILINTA	33
<i>brimonidine tartrate</i>	58
BROMDAY	60
BROMFENAC	60
<i>bromocriptine mesylate</i>	27
<i>budeprion sr</i>	18
<i>budeprion xl</i>	18
<i>budesonide</i>	56
<i>budesonide</i>	62
<i>bumetanide</i>	35
BUPHENYL	43
BUPRENEX	8
<i>buprenorphine hcl</i>	7
<i>buproban</i>	18
<i>bupropion hcl</i>	18
<i>bupropion hcl sr</i>	18
<i>bupirone hcl</i>	31
BUSULFEX	24
<i>butalbital/acetaminophen/caffeine/codeine</i>	7
<i>ne</i>	
<i>butorphanol tartrate</i>	7
BYDUREON	32
BYETTA	31
BYSTOLIC	37
<i>cabergoline</i>	53
CADUET	38
CAFERGOT	22
CALAN	38
CALAN SR	38
CALCIJEX	57
CALCIPOTRIENE	42
<i>calcitonin-salmon</i>	57
<i>calcitriol</i>	57
<i>calcium acetate</i>	45
CAMBIA	8

Drug Name	Page #
<i>camila</i>	49
CAMPATH	24
CAMPRAL	19
CAMPTOSAR	25
CANASA	57
CANCIDAS	21
CANTIL	44
CAPASTAT SULFATE	23
CAPEX	47
CAPITAL/CODEINE	8
CAPRELSA	25
<i>captopril</i>	34
<i>captopril/hydrochlorothiazide</i>	35
CARAC	42
CARAFATE	44
CARBAGLU	43
<i>carbamazepine</i>	16
<i>carbamazepine er</i>	16
CARBATROL	16
<i>carbidopa/levodopa</i>	27
<i>carbidopa/levodopa cr</i>	27
<i>carbidopa/levodopa odt</i>	27
<i>carbidopa/levodopa sr</i>	27
<i>carbinoxamine maleate</i>	62
<i>carboplatin</i>	23
CARDIZEM	38
CARDIZEM CD	38
CARDIZEM LA	38
CARDURA	46
CARDURA XL	38
CARIMUNE NANOFILTERED	54
<i>carisoprodol</i>	64
<i>carisoprodol/aspirin</i>	64
<i>carisoprodol/aspirin/codeine</i>	64
CARMOL-HC	48
CARNITOR	58
<i>carteolol hcl</i>	58
<i>cartia xt</i>	35
<i>carvedilol</i>	34
CASODEX	54
CATAFLAM	10
CATAPRES	38
CATAPRES-TTS-1	38
CATAPRES-TTS-2	38
CATAPRES-TTS-3	38
CAYSTON	16
CEDAX	13
CEENU	24
<i>cefaclor</i>	11
CEFACTOR ER	13

Drug Name	Page #	Drug Name	Page #
<i>cefadroxil</i>	11	CILOXAN	60
CEFAZOLIN SODIUM	13	<i>cimetidine</i>	43
<i>cefdinir</i>	11	<i>cimetidine hcl</i>	43
<i>cefepime</i>	11	CIMZIA	56
<i>cefotaxime sodium</i>	11	CINRYZE	34
CEFOTETAN	13	CIPRO	13
CEFOXITIN SODIUM	13	CIPRO HC	61
<i>cefpodoxime proxetil</i>	11	CIPRO I.V.-IN D5W	15
<i>cefprozil</i>	11	CIPRODEX	61
<i>ceftazidime</i>	11	<i>ciprofloxacin</i>	11
CEFTAZIDIME/DEXTROSE	13	<i>ciprofloxacin er</i>	11
CEFTIN	15	<i>ciprofloxacin hcl</i>	11
<i>ceftriaxone sodium</i>	11	<i>cisplatin</i>	23
<i>cefuroxime axetil</i>	11	<i>citalopram hydrobromide</i>	18
<i>cefuroxime sodium</i>	11	<i>cladribine</i>	23
CELEBREX	10	CLAFORAN	13
CELESTONE	47	<i>claravis</i>	42
CELEXA	19	<i>clarithromycin</i>	11
CELLCEPT	54	<i>clarithromycin er</i>	11
CELLCEPT INTRAVENOUS	54	<i>clemastine fumarate</i>	62
CELONTIN	16	CLEOCIN	13
CENESTIN	52	CLEOCIN GALAXY	13
CEPHALEXIN	13	CLEOCIN IN D5W	13
CEREDASE	43	CLEOCIN PEDIATRIC GRANULES	13
CEREZYME	43	CLEOCIN PHOSPHATE	15
CERUBIDINE	25	CLEOCIN-T	43
CERVARIX	54	CLIMARA	52
CESAMET	20	CLIMARA PRO	51
<i>cesia</i>	49	CLINDACIN PAC	42
CHANTIX	19	CLINDAGEL	42
CHANTIX STARTING MONTH PAK	19	<i>clindamycin hcl</i>	11
CHEMET	19	<i>clindamycin phosphate</i>	11
CHLORAMPHENICOL SODIUM	13	<i>clindamycin phosphate</i>	42
SUCCINATE		<i>clindamycin phosphate add-vantage</i>	11
<i>chlordiazepoxide/amitriptyline</i>	18	<i>clindamycin/benzoyl peroxide</i>	42
<i>chlordiazepoxide/amitriptyline</i>	31	CLINDESSE	45
<i>chlorhexidine gluconate oral rinse</i>	41	CLINIMIX 2.75%/DEXTROSE 5%	66
<i>chloroquine phosphate</i>	26	<i>clinimix 4.25%/dextrose 10%</i>	65
<i>chlorothiazide</i>	34	<i>clinimix 4.25%/dextrose 20%</i>	65
<i>chlorothiazide sodium</i>	35	<i>clinimix 4.25%/dextrose 25%</i>	65
CHLORPROMAZINE HCL	28	CLINIMIX 4.25%/DEXTROSE 5%	66
<i>chlorpropamide</i>	31	CLINIMIX 5%/DEXTROSE 15%	66
<i>chlorthalidone</i>	34	CLINIMIX 5%/DEXTROSE 20%	66
<i>chlorzoxazone</i>	64	CLINIMIX 5%/DEXTROSE 25%	66
<i>cholestyramine light</i>	35	CLINIMIX E 2.75%/DEXTROSE 10%	66
<i>chorionic gonadotropin</i>	48	CLINIMIX E 2.75%/DEXTROSE 5%	66
<i>ciclopirox</i>	20	CLINIMIX E 4.25%/DEXTROSE 25%	66
<i>ciclopirox nail lacquer</i>	20	CLINIMIX E 4.25%/DEXTROSE 5%	67
<i>ciclopirox olamine</i>	20	CLINIMIX E 5%/DEXTROSE 15%	67
<i>cilostazol</i>	33	CLINIMIX E 5%/DEXTROSE 20%	67

Drug Name	Page #
CLINIMIX E 5%/DEXTROSE 25%	67
<i>clinisol sf 15%</i>	65
CLINORIL	10
<i>clobetasol propionate</i>	46
<i>clobetasol propionate e</i>	46
CLOBEX	47
CLODERM	47
CLOLAR	24
<i>clomipramine hcl</i>	18
<i>clonidine hcl</i>	35
CLORPRES	37
<i>clotrimazole</i>	20
<i>clotrimazole/betamethasone dipropionate</i>	20
<i>clozapine</i>	28
CLOZARIL	28
COARTEM	27
<i>codeine sulfate</i>	7
COGENTIN	28
<i>co-gesic</i>	7
COLAZAL	57
COLCRYS	22
COLESTID	38
<i>colestipol hcl</i>	35
<i>colistimethate sodium</i>	11
<i>colocort</i>	56
COLY-MYCIN M	15
COLY-MYCIN S	61
COLYTE-FLAVOR PACKS	45
COMBIGAN	59
COMBIPATCH	51
COMBIVENT	62
COMBIVIR	30
COMPLERA	30
<i>compro</i>	20
COMTAN	27
COMVAX	54
CONCERTA	41
CONDYLOX	42
<i>constulose</i>	43
COPAXONE	56
COPEGUS	30
CORDARONE	38
CORDRAN	47
CORDRAN SP	47
CORDRAN TAPE	47
COREG	38
CORGARD	38
CORTEF	48
CORTENEMA	57

Drug Name	Page #
CORTIFOAM	57
<i>cortisone acetate</i>	46
CORTISPORIN	13
CORTISPORIN	61
CORTISPORIN-TC	61
<i>cortomycin</i>	61
CORZIDE	38
COSMEGEN	24
COSOPT	60
COUMADIN	33
COVERA-HS	37
COZAAR	38
CREON	43
CRESTOR	37
CRINONE	51
CRIXIVAN	29
<i>cromolyn sodium</i>	58
<i>cromolyn sodium</i>	62
<i>cryselle-28</i>	49
CUBICIN	13
CUPRIMINE	19
CURITY GAUZE PADS 2"X2"	58
CUTIVATE	48
CUVPOSA	45
<i>cyclafem 1/35</i>	49
<i>cyclafem 7/7/7</i>	49
CYCLESSA	52
<i>cyclobenzaprine hcl</i>	64
<i>cyclophosphamide</i>	23
CYCLOSET	31
<i>cyclosporine</i>	54
CYCLOSPORINE MODIFIED	54
CYKLOKAPRON	33
CYMBALTA	19
<i>cyproheptadine hcl</i>	62
CYSTADANE	43
CYSTAGON	43
<i>cytarabine</i>	23
CYTARABINE AQUEOUS	24
CYTOMEL	53
CYTOTEC	45
CYTOVENE	30
D.H.E. 45	22
<i>dacarbazine</i>	23
DACOGEN	25
<i>danazol</i>	49
DANTRIUM	29
<i>dantrolene sodium</i>	29
DAPSONE	23
DAPTACEL	54

Drug Name	Page #
DARAPRIM	27
<i>daunorubicin hcl</i>	23
DAUNOXOME	24
DAYPRO	10
DDAVP	49
DECAVAC	54
DELATESTRYL	52
DELESTROGEN	52
DEMADEX	38
<i>demeclocycline hcl</i>	11
DEMEROL	8
DEMSEK	37
DENAVIR	29
DEPACON	17
<i>depade</i>	19
DEPAKENE	17
DEPAKOTE	17
DEPAKOTE ER	17
DEPAKOTE SPRINKLES	17
DEPEN TITRATABS	19
DEPO-ESTRADIOL	51
DEPO-MEDROL	47
DEPO-PROVERA	51
DEPO-PROVERA CONTRACEPTIVE	52
DEPO-SUBQ PROVERA 104	51
DEPO-TESTOSTERONE	52
DERMA-SMOOTHIE/FS BODY OIL	47
DERMATOP	48
DERMOTIC	61
<i>desipramine hcl</i>	18
<i>desmopressin acetate</i>	48
DESOGEN	52
DESONATE	47
<i>desonide</i>	46
DESOWEN	48
DESOWEN LOTION/CETAPHIL	48
CREAM	
DESOWEN OINTMENT/CETAPHIL	48
LOTION	
<i>desoximetasone</i>	46
DESOXYN	41
DETROL	46
DETROL LA	46
<i>dexamethasone</i>	46
DEXAMETHASONE INTENSOL	47
<i>dexamethasone sodium phosphate</i>	46
<i>dexamethasone sodium phosphate</i>	58
DEXCHLORPHENIRAMINE MALEATE	62
DEXEDRINE	41
DEXILANT	44

Drug Name	Page #
<i>dexmethylphenidate hcl</i>	41
DEXPAK 13 DAY	48
<i>dexrazoxane</i>	58
<i>dextroamphetamine sulfate</i>	41
<i>dextroamphetamine sulfate er</i>	41
DEXTROSE 10%/NACL 0.45%	67
DEXTROSE 5% /ELECTROLYTE #48	67
VIAFLEX	
<i>dextrose 10% flex container</i>	65
<i>dextrose 10%/nacl 0.2%</i>	65
<i>dextrose 2.5%/sodium chloride 0.45%</i>	65
<i>dextrose 5%</i>	65
<i>dextrose 5%/nacl 0.2%</i>	65
DEXTROSE 5%/NACL 0.225%	67
<i>dextrose 5%/nacl 0.33%</i>	65
<i>dextrose 5%/nacl 0.45%</i>	65
<i>dextrose 5%/nacl 0.9%</i>	65
DEXTROSE 5%/POTASSIUM	67
CHLORIDE 0.075%	
DIABETA	32
DIAMOX	39
DIBENZYLINE	37
<i>diclofenac potassium</i>	9
<i>diclofenac sodium</i>	58
<i>diclofenac sodium dr</i>	9
<i>diclofenac sodium xr</i>	9
<i>dicloxacin sodium</i>	11
<i>dicyclomine hcl</i>	44
<i>didanosine</i>	29
DIDRONEL	57
DIFFERIN	43
DIFICID	15
<i>diflorasone diacetate</i>	46
DIFLUCAN	21
DIFLUCAN IN NACL	21
DIFLUNISAL	10
DIGOXIN	37
<i>dihydroergotamine mesylate</i>	22
DILACOR XR	39
DILANTIN	17
<i>dilantin infatabs</i>	16
DILATRATE SR	37
DILAUDID	8
DILAUDID-5	8
DILAUDID-HP	8
<i>dilt-cd</i>	35
<i>diltiazem cd</i>	35
<i>diltiazem hcl</i>	35
<i>diltiazem hcl er</i>	35
<i>dilt-xr</i>	35

Drug Name	Page #
<i>diltzac</i>	35
DIOVAN	39
DIOVAN HCT	39
DIPENTUM	44
<i>diphenhydramine hcl</i>	62
<i>diphenoxylate/atropine</i>	44
DIPHThERIA/TETANUS TOXOID	54
PEDIATRIC	
DIPROLENE	48
DIPROLENE AF	48
<i>dipyridamole</i>	33
<i>disopyramide phosphate</i>	35
<i>disulfiram</i>	19
DITROPAN XL	46
DIURIL	37
DIURIL IV	39
<i>divalproex sodium</i>	16
<i>divalproex sodium dr</i>	16
<i>divalproex sodium er</i>	16
DOCEFREZ	24
DOCETAXEL	24
DOLOPHINE	8
DOLOPHINE HCL	8
<i>donepezil hcl</i>	17
DORIBAX	13
<i>dorzolamide hcl</i>	58
<i>dorzolamide hcl/timolol maleate</i>	59
DOVONEX	42
DOVONEX SCALP	43
<i>doxazosin mesylate</i>	45
<i>doxepin hcl</i>	18
DOXIL	24
<i>doxorubicin hcl</i>	23
<i>doxycycline</i>	11
DOXYCYCLINE HYCLATE	13
<i>doxycycline monohydrate</i>	11
<i>dronabinol</i>	20
DROXIA	24
DUETACT	31
DULERA	62
DUONEB	63
DURAGESIC	8
<i>duramorph</i>	7
DUREZOL	59
DYAZIDE	39
DYNACIN	15
DYNACIRC CR	39
DYRENIUM	37
<i>e.e.s. 400</i>	11
E.E.S. GRANULES	15

Drug Name	Page #
EC-NAPROSYN	10
<i>econazole nitrate</i>	20
<i>ed k+10</i>	65
EDARBI	39
EDARBYCLOR	39
EDECIN	37
EDURANT	30
EFFEXOR XR	19
EFFIENT	34
EFUDEX	43
EGRIFTA	49
ELAPRASE	43
ELDEPRYL	28
ELESTAT	59
ELESTRIN	51
ELIDEL	43
ELIGARD	53
ELIPHOS	46
ELITEK	24
ELIXOPHYLLIN	62
ELLA	51
ELLENC	25
ELMIRON	46
ELOCON	48
ELOXATIN	25
ELSPAR	24
EMADINE	60
EMCYT	24
EMEND	20
EMLA	9
<i>emoquette</i>	49
EMSAM	18
EMTRIVA	29
ENABLEX	46
<i>enalapril maleate</i>	34
<i>enalapril maleate/hydrochlorothiazide</i>	34
ENBREL	56
<i>endocet</i>	7
<i>endodan</i>	7
ENDOMETRIN	51
ENGERIX-B	54
ENJUVIA	52
<i>enoxaparin sodium</i>	33
<i>enpresse-28</i>	49
ENTOCORT EC	57
<i>enulose</i>	44
<i>epinastine hcl</i>	59
<i>epinephrine hcl</i>	62
EPIPEN 2-PAK	62
EPIPEN-JR 2-PAK	62

Drug Name	Page #
<i>epirubicin hcl</i>	23
<i>epitol</i>	16
EPIVIR	29
EPIVIR HBV	29
<i>eplerenone</i>	35
EPOGEN	33
<i>eprosartan mesylate</i>	35
EPZICOM	29
EQUETRO	16
ERAXIS	21
ERBITUX	24
<i>ergoloid mesylates</i>	17
ERGOMAR	22
<i>ergotamine tartrate/caffeine</i>	22
ERIVEDGE	25
<i>errin</i>	49
ERTACZO	21
<i>ery</i>	11
ERYPED 200	15
ERYPED 400	13
ERY-TAB	13
ERYTHROCIN LACTOBIONATE	13
<i>erythrocine stearate</i>	11
<i>erythromycin</i>	11
ERYTHROMYCIN BASE	13
<i>erythromycin ethylsuccinate</i>	11
<i>erythromycin/benzoyl peroxide</i>	42
<i>erythromycin/sulfisoxazole</i>	11
ESTRACE	52
ESTRADERM	52
<i>estradiol</i>	49
<i>estradiol valerate</i>	49
<i>estradiol/norethindrone acetate</i>	49
ESTRING	51
<i>estropipate</i>	50
ESTROSTEP FE	52
<i>ethambutol hcl</i>	23
<i>ethosuximide</i>	16
ETHYOL	25
<i>etidronate disodium</i>	57
<i>etodolac</i>	9
<i>etodolac er</i>	9
ETOPOPHOS	24
<i>etoposide</i>	23
EURAX	27
EVAMIST	51
EVISTA	51
EVOCLIN	43
EVOXAC	41
EXELDERM	21

Drug Name	Page #
EXELON	17
<i>exemestane</i>	23
EXJADE	19
EXTAVIA	56
FABRAZYME	43
FACTIVE	15
<i>famciclovir</i>	29
<i>famotidine</i>	44
<i>famotidine premixed</i>	44
FAMVIR	30
FANAPT	28
FANAPT TITRATION PACK	28
FARESTON	24
FASLODEX	24
FAZACLO	28
<i>felbamate</i>	16
FELBATOL	16
FELDENE	10
<i>felodipine er</i>	35
FEMARA	24
FEMCON FE	52
FEMHRT 1/5	52
FEMHRT LOW DOSE	52
FEMRING	51
FEMTRACE	52
<i>fenofibrate</i>	35
<i>fenofibrate micronized</i>	35
FENOGLIDE	39
<i>fenopofen calcium</i>	10
<i>fentanyl</i>	7
<i>fentanyl citrate</i>	7
<i>fentanyl citrate oral transmucosal</i>	7
FENTORA	8
FINACEA	42
<i>finasteride</i>	45
FIORICET/CODEINE	8
FIORINAL/CODEINE #3	8
FIRMAGON	25
FLAGYL	15
FLAGYL ER	13
FLAREX	60
<i>flavoxate hcl</i>	45
<i>flecainide acetate</i>	35
FLEXERIL	64
FLOMAX	46
FLONASE	63
FLOVENT DISKUS	62
FLOVENT HFA	62
<i>fluconazole</i>	20
<i>fluconazole in dextrose</i>	21

Drug Name	Page #
<i>flucytosine</i>	21
FLUDARA	25
<i>fludarabine phosphate</i>	23
<i>fludrocortisone acetate</i>	46
<i>flunisolide</i>	62
FLUOCINOLONE ACETONIDE	47
<i>fluocinolone acetonide body</i>	46
<i>fluocinonide</i>	47
<i>fluocinonide-e</i>	47
<i>fluorometholone</i>	59
FLUOROPLEX	42
<i>fluorouracil</i>	23
<i>fluorouracil</i>	42
<i>fluoxetine hcl</i>	18
<i>fluphenazine decanoate</i>	28
FLUPHENAZINE HCL	28
<i>flurbiprofen</i>	10
<i>flurbiprofen sodium</i>	59
<i>flutamide</i>	54
<i>fluticasone propionate</i>	47
<i>fluticasone propionate</i>	62
<i>fluvoxamine maleate</i>	18
FML	60
FML FORTE	60
FML LIQUIFILM	60
FOLOTYN	24
<i>fomepizole</i>	19
<i>fondaparinux sodium</i>	33
FORADIL AEROLIZER	63
FORTAZ	13
FORTEO	57
FORTESTA	51
<i>fortical</i>	57
FOSAMAX	57
FOSAMAX PLUS D	57
<i>fosinopril sodium</i>	35
<i>fosinopril sodium/hydrochlorothiazide</i>	35
<i>fosphenytoin sodium</i>	16
FOSRENOL	46
FRAGMIN	33
<i>freamine iii</i>	65
FREAMINE III 3%	67
FROVA	22
FURADANTIN	13
<i>furosemide</i>	34
FUZEON	30
<i>gabapentin</i>	16
GABITRIL	16
GABLOFEN	29
<i>galantamine hydrobromide</i>	17

Drug Name	Page #
GAMASTAN S/D	54
GAMMAGARD LIQUID	54
GAMMAPLEX	54
GAMUNEX	54
GANCICLOVIR	29
GARDASIL	54
GASTROCROM	44
<i>gavilyte-c</i>	44
<i>gavilyte-g</i>	44
<i>gavilyte-n/fluor pack</i>	44
GEMCITABINE	25
<i>gemcitabine hcl</i>	23
<i>gemfibrozil</i>	35
GEMZAR	25
<i>gengraf</i>	54
GENOTROPIN	49
GENOTROPIN MINIQUICK	49
<i>gentak</i>	59
<i>gentamicin sulfate</i>	11
GENTAMICIN SULFATE/0.9% SODIUM	13
CHLORIDE	
<i>gentamicin sulfate/sodium chloride</i>	12
<i>gentasol</i>	59
GEODON	28
<i>gianvi</i>	50
GILENYA	55
GLASSIA	64
GLEEVEC	25
<i>glimepiride</i>	31
<i>glipizide</i>	31
<i>glipizide er</i>	31
<i>glipizide/metformin hcl</i>	31
GLUCAGEN HYPOKIT	31
GLUCAGON EMERGENCY KIT	31
GLUCOPHAGE	32
GLUCOPHAGE XR	32
GLUCOTROL	33
GLUCOTROL XL	33
GLUCOVANCE	33
GLUMETZA	33
<i>glyburide</i>	31
<i>glyburide micronized</i>	31
<i>glyburide/metformin hcl</i>	31
<i>glycopyrrolate</i>	44
GLYCRON	31
GLYNASE	33
GLYSET	33
GOLYTELY	44
<i>granisetron hcl</i>	20
<i>granisol</i>	20

Drug Name	Page #	Drug Name	Page #
GRIFULVIN V	21	HUMULIN R U-500 (CONCENTRATED)	32
<i>griseofulvin microsize</i>	21	HYCAMTIN	24
GRIS-PEG	21	HYCET	8
GUANABENZ ACETATE	37	<i>hydralazine hcl</i>	35
<i>guanfacine hcl</i>	35	HYDREA	25
GUANIDINE HCL	22	<i>hydrochlorothiazide</i>	34
GYNAZOLE-1	21	<i>hydrocodone bitartrate/acetaminophen</i>	7
HALAVEN	25	<i>hydrocodone/acetaminophen</i>	7
F	28	<i>hydrocodone/ibuprofen</i>	7
HALDOL DECANOATE 100	29	<i>hydrocortisone</i>	47
HALDOL DECANOATE 50	29	<i>hydrocortisone</i>	56
HALFLYTELY BOWEL PREP/FLAVOR PACKS	45	<i>hydrocortisone butyrate</i>	47
<i>halobetasol propionate</i>	47	<i>hydrocortisone valerate</i>	47
HALOG	47	<i>hydrocortisone/acetic acid</i>	61
<i>haloperidol</i>	28	<i>hydromorphone hcl</i>	7
<i>haloperidol decanoate</i>	28	<i>hydroxychloroquine sulfate</i>	26
<i>haloperidol lactate</i>	28	<i>hydroxyurea</i>	23
HAVRIX	55	<i>hydroxyzine hcl</i>	62
HECTOROL	57	<i>hydroxyzine pamoate</i>	62
HELIDAC	13	HYZAAR	39
HEPARIN SODIUM	33	<i>ibuprofen</i>	10
<i>heparin sodium/d5w</i>	33	IDAMYCIN PFS	25
HEPARIN SODIUM/NACL 0.45%	33	<i>idarubicin hcl</i>	23
<i>heparin sodium/sodium chloride 0.9% premix</i>	33	IFEX	25
<i>hepatamine</i>	65	<i>ifosfamide</i>	23
HEPATASOL	67	<i>ifosfamide/mesna</i>	23
HEPSERA	29	ILARIS	56
HERCEPTIN	25	<i>imipenem/cilastatin</i>	12
HEXALEN	24	<i>imipramine hcl</i>	18
HIPREX	15	<i>imipramine pamoate</i>	18
HIZENTRA	56	<i>imiquimod</i>	42
HORIZANT	17	IMITREX	22
HUMALOG	31	IMITREX STATDOSE REFILL	22
HUMALOG KWIKPEN	32	IMOVAX RABIES (H.D.C.V.)	55
HUMALOG MIX 50/50	32	IMURAN	55
HUMALOG MIX 50/50 KWIKPEN	32	INCIVEK	30
HUMALOG MIX 75/25	32	INCRELEX	49
HUMALOG MIX 75/25 KWIKPEN	32	<i>indapamide</i>	34
HUMATROPE	49	INDERAL LA	39
HUMATROPE COMBO PACK	49	INDOCIN	10
HUMIRA	56	<i>indomethacin</i>	10
HUMIRA PEN-CROHNS	56	<i>indomethacin er</i>	10
DISEASESTARTER		INFANRIX	55
HUMULIN 70/30	32	INFERGEN	55
HUMULIN 70/30 PEN	32	INFUMORPH 200	8
HUMULIN N	32	INFUMORPH 500	8
HUMULIN N U-100 PEN	32	INLYTA	25
HUMULIN R	32	INNOHEP	33
		INNOPRAN XL	39
		INSPIRA	39

Drug Name	Page #
INTELENCE	30
INTRALIPID	58
INTRON-A	55
INTRON-A W/DILUENT	55
<i>introvale</i>	50
INTUNIV	39
INVANZ	13
INVEGA	28
INVEGA SUSTENNA	29
INVIRASE	30
IONOSOL-PA (PART B VS PART D ONLY)EXTROSE 5%	67
IONOSOL-MPA (PART B VS PART D ONLY)EXTROSE 5%	67
IONOSOL-T/DEXTROSE 5%	67
IOPIDINE	60
IPOL INACTIVATED IPV	55
<i>ipratropium bromide</i>	62
<i>ipratropium bromide/albuterol sulfate</i>	62
IQUIX	15
IRESSA	25
<i>irinotecan</i>	23
ISENTRESS	30
<i>isochron</i>	35
ISOLYTE-H/DEXTROSE 5%	67
<i>isolyte-m/dextrose 5%</i>	65
ISOLYTE-P/DEXTROSE 5%	67
ISOLYTE-S	67
ISOLYTE-S/DEXTROSE 5%	67
<i>isonarif</i>	23
ISONIAZID	23
ISOPTIN SR	39
ISOPTO CARPINE	60
ISORDIL TITRADOSE	37
<i>isosorbide dinitrate</i>	35
<i>isosorbide dinitrate er</i>	35
<i>isosorbide mononitrate</i>	35
<i>isosorbide mononitrate er</i>	35
<i>isotonic gentamicin</i>	12
<i>isradipine</i>	35
ISTALOL	61
ISTODAX	26
<i>itraconazole</i>	21
IXEMPRA KIT	26
IXIARO	55
JAKAFI	26
JALYN	46
<i>jantoven</i>	33
JANUMET	32
JANUMET XR	32

Drug Name	Page #
JANUVIA	32
JENTADUETO	32
JE-VAX	55
JEVTANA	26
<i>jinteli</i>	50
<i>jolivette</i>	50
<i>junel 1.5/30</i>	50
<i>junel 1/20</i>	50
<i>junel fe 1.5/30</i>	50
<i>junel fe 1/20</i>	50
JUVISYNC	32
KADIAN	8
KALETRA	30
KALYDECO	64
KANAMYCIN SULFATE	13
<i>kariva</i>	50
KAYEXALATE	20
<i>kcl 0.075%/d5w/nacl 0.45%</i>	65
KCL 0.15%/D10W/NACL 0.2%	67
KCL 0.15%/D5W/LR	67
<i>kcl 0.15%/d5w/nacl 0.2%</i>	65
KCL 0.15%/D5W/NACL 0.225%	67
<i>kcl 0.15%/d5w/nacl 0.9%</i>	65
KCL 0.3%/D5W/LR IV LAC RING	67
<i>kcl 0.3%/d5w/nacl 0.2%</i>	65
<i>kcl 0.3%/d5w/nacl 0.45%</i>	65
KCL 0.3%/D5W/NACL 0.9%	67
KEFLEX	13
<i>kelnor 1/35</i>	50
KENALOG	47
KEPIVANCE	42
KEPPRA	17
KEPPRA XR	16
KETEK	15
<i>ketoconazole</i>	21
<i>ketoprofen</i>	10
KETOPROFEN ER	10
<i>ketorolac tromethamine</i>	10
<i>ketorolac tromethamine</i>	59
KINERET	56
<i>kionex</i>	19
KLARON	15
<i>klor-con 10</i>	65
<i>klor-con 8</i>	65
KLOR-CON M15	67
<i>klor-con m20</i>	65
KRISTALOSE	44
K-TABS	67
KUVAN	43
<i>labetalol hcl</i>	35

Drug Name	Page #
LAC-HYDRIN	43
<i>lactation</i>	42
LACRISERT	60
<i>lactated ringers</i>	65
<i>lactated ringers irrigation</i>	65
<i>lactulose</i>	44
LAMICTAL	17
LAMICTAL CHEWABLE DISPERSIBLE	17
LAMICTAL ODT	16
LAMICTAL STARTER/NOT TAKING	17
CARBAMAZEPINE	
LAMICTAL STARTER/TAKING	17
CARBAMAZEPINE/NOT TAKING	
VALPROATE	
LAMICTAL STARTER/TAKING	17
VALPROATE	
LAMICTAL XR	17
LAMISIL	21
<i>lamivudine</i>	29
<i>lamivudine/zidovudine</i>	29
<i>lamotrigine</i>	16
LANOXIN	39
<i>lansoprazole</i>	44
<i>lansoprazole odt</i>	44
LANTUS	32
LANTUS SOLOSTAR	32
LASIX	39
LASTACFT	61
<i>latanoprost</i>	59
LATUDA	29
<i>leena</i>	50
<i>leflunomide</i>	54
LESCOL	39
LESCOL XL	39
<i>lessina-28</i>	50
LETAIRIS	64
<i>letrozole</i>	24
<i>leucovorin calcium</i>	65
LEUKERAN	24
LEUKINE	33
<i>leuprolide acetate</i>	53
LEUSTATIN	25
<i>levalbuterol</i>	62
LEVAQUIN	13
LEVATOL	37
LEVEMIR	32
LEVEMIR FLEXPEN	32
<i>levetiracetam</i>	16
<i>levetiracetam er</i>	16
<i>levobunolol hcl</i>	58

Drug Name	Page #
<i>levocarnitine</i>	58
<i>levofloxacin</i>	12
<i>levofloxacin in d5w</i>	12
<i>levora 0.15/30-28</i>	50
<i>levorphanol tartrate</i>	7
<i>levothroid</i>	53
<i>levothyroxine sodium</i>	53
<i>levoxyl</i>	53
LEXAPRO	18
LEXIVA	30
LIALDA	57
<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>	26
LIORESAL INTRATHECAL	29
<i>liothyronine sodium</i>	53
LIPITOR	39
LIPOFEN	39
LIPOSYN II	58
LIPOSYN III	58
<i>lisinopril</i>	34
<i>lisinopril/hydrochlorothiazide</i>	34
LITHIUM CARBONATE	31
<i>lithium carbonate er</i>	31
<i>lithium citrate</i>	31
LITHOBID	31
LO/OVRAL-28	52
LOCOID	47
LOCOID LIPOCREAM	47
LODOSYN	27
LOESTRIN 1.5/30-21	52
LOESTRIN 1/20-21	52
LOESTRIN 24 FE	51
LOESTRIN FE 1.5/30	52
LOESTRIN FE 1/20	52
LOFIBRA	39
<i>lokara</i>	47
LOMOTIL	45
<i>loperamide hcl</i>	44
LOPID	39
LOPRESSOR	39
LOPRESSOR HCT	39
LOPROX	21
LOPROX SHAMPOO	21
LORCET 10/650	8

Drug Name	Page #
LORCET PLUS	8
LORTAB	8
<i>losartan potassium</i>	35
<i>losartan potassium/hydrochlorothiazide</i>	36
LOSEASONIQUE	51
LOTEMAX	60
LOTENSIN	39
LOTENSIN HCT	39
LOTREL	39
LOTRISONE	21
LOTRONEX	44
<i>lovastatin</i>	34
LOVAZA	37
LOVENOX	33
<i>low-ogestrel</i>	50
<i>loxapine succinate</i>	28
LOXITANE	29
LUFYLLIN	63
LUMIGAN	60
LUMIZYME	43
LUNESTA	64
LUPRON DEPOT	53
LUPRON DEPOT-PED	53
<i>lutea</i>	50
LUXIQ	47
LYBREL	52
LYRICA	17
LYSODREN	53
LYSTEDA	33
MACROBID	15
MACRODANTIN	13
MAGNACET	8
MAGNESIUM SULFATE	67
MAGNESIUM SULFATE IN D5W	67
MALARONE	27
<i>malathion</i>	26
MAPROTILINE HCL	18
<i>margesic-h</i>	7
MARINOL	20
MARPLAN	18
MATULANE	26
<i>matzim la</i>	36
MAVIK	39
MAXAIR AUTOHALER	63
MAXALT	22
MAXALT-MLT	22
MAXIDEX	60
MAXIDONE	8
MAXITROL	61
MAXZIDE	39

Drug Name	Page #
MAXZIDE-25	39
<i>mebendazole</i>	26
<i>meclizine hcl</i>	62
MECLOFENAMATE SODIUM	10
MEDROL	48
MEDROL DOSEPAK	48
<i>medroxyprogesterone acetate</i>	50
<i>mefenamic acid</i>	7
<i>mefloquine hcl</i>	26
MEGACE ES	51
MEGACE ORAL	52
<i>megestrol acetate</i>	50
MELOXICAM	10
MELPHALAN HYDROCHLORIDE	26
MENACTRA	55
MENEST	51
MENOMUNE-A/C/Y/W-135	55
MENOSTAR	51
MENTAX	21
MENVEO	55
MEPERIDINE HCL	8
<i>meprobamate</i>	31
MEPRON	27
<i>mercaptopurine</i>	24
<i>meropenem</i>	12
MERREM	13
<i>mesalamine</i>	57
<i>mesna</i>	24
MESNEX	25
MESTINON	22
MESTINON TIMESPAN	22
METADATE CD	41
<i>metadate er</i>	41
METAGLIP	33
METAPROTERENOL SULFATE	63
<i>metaxalone</i>	64
<i>metformin hcl</i>	31
<i>metformin hcl er</i>	31
METHADONE HCL	8
<i>methadose</i>	7
<i>methamphetamine hcl</i>	41
<i>methazolamide</i>	59
<i>methenamine hippurate</i>	12
METHERGINE	49
<i>methimazole</i>	54
METHITEST	51
<i>methocarbamol</i>	64
<i>methotrexate</i>	54
<i>methotrexate sodium</i>	54
<i>methscopolamine bromide</i>	44

Drug Name	Page #
METHYCLOTHIAZIDE	37
<i>methyl dopa</i>	36
METHYLDOPA/HYDROCHLOROTHIAZIDE	37
METHYLDOPATE HCL	37
<i>methylergonovine maleate</i>	58
METHYLIN	41
<i>methylin er</i>	41
<i>methylphenidate hcl</i>	41
<i>methylphenidate hcl er</i>	41
<i>methylphenidate hcl sr</i>	41
<i>methylphenidate hydrochloride</i>	41
<i>methylprednisolone</i>	47
<i>methylprednisolone acetate</i>	47
<i>methylprednisolone dose pack</i>	47
<i>methylprednisolone sodiumsuccinate</i>	47
<i>metipranolol</i>	59
<i>metoclopramide hcl</i>	20
<i>metoclopramide hcl</i>	44
<i>metolazone</i>	36
<i>metoprolol succinate er</i>	36
<i>metoprolol tartrate</i>	34
<i>metoprolol/hydrochlorothiazide</i>	36
METROCREAM	15
METROGEL	13
METROGEL-VAGINAL	15
METROLOTION	15
<i>metronidazole</i>	12
<i>metronidazole in nacl 0.79%</i>	12
<i>metronidazole vaginal</i>	12
MEVACOR	39
MEXILETINE HCL	37
MIACALCIN	57
MICARDIS	39
MICARDIS HCT	39
MICONAZOLE 3	21
<i>microgestin 1.5/30</i>	50
<i>microgestin 1/20</i>	50
<i>microgestin fe</i>	50
<i>microgestin fe 1.5/30</i>	50
MICROZIDE	39
<i>midodrine hcl</i>	36
MIGERGOT	22
MIGRANAL	22
MILLIPRED	47
MILLIPRED	57
MINIPRESS	39
MINOCIN	15
<i>minocycline hcl</i>	12
<i>minoxidil</i>	36

Drug Name	Page #
MIRAPEX	28
MIRAPEX ER	27
<i>mirtazapine</i>	18
<i>mirtazapine odt</i>	18
<i>misoprostol</i>	44
<i>mitomycin</i>	24
<i>mitoxantrone hcl</i>	24
M-M-R II W/DILUENT 10 DOSE	55
MOBIC	10
MODICON	52
<i>moexipril hcl</i>	36
<i>moexipril/hydrochlorothiazide</i>	36
<i>mometasone furoate</i>	47
MONODOX	15
MONOKET	39
<i>mononessa</i>	50
MONUROL	14
MORPHINE SULFATE	8
<i>morphine sulfate er</i>	7
MOTOFEN	44
MOVIPREP	44
MOXEZA	14
MOZOBIL	34
MS CONTIN	8
MULTAQ	39
<i>mupirocin</i>	12
MUSTARGEN	25
MYAMBUTOL	23
MYCAMINE	21
MYCOBUTIN	23
<i>mycophenolate mofetil</i>	54
MYDRIACYL	61
MYFORTIC	55
MYOZYME	43
MYSOLINE	17
MYTELASE	22
<i>nabumetone</i>	10
<i>nadolol</i>	36
<i>nadolol/bendroflumethiazide</i>	36
NAFCILLIN SODIUM	14
NAFTIN	21
NAGLAZYME	43
<i>nalbuphine hcl</i>	7
NALFON	8
NALFON	10
NALLPEN/DEXTROSE	14
<i>naloxone hcl</i>	19
<i>naltrexone hcl</i>	19
NAMENDA	17
NAMENDA TITRATION PAK	17

Drug Name	Page #
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>	22
NARDIL	18
NASACORT AQ	63
NASONEX	63
NATACYN	60
<i>nateglinide</i>	31
NAVANE	29
NEBUPENT	27
<i>necon 0.5/35-28</i>	50
<i>necon 1/35-28</i>	50
NECON 10/11-28	51
<i>necon 7/7/7</i>	50
<i>nefazodone hcl</i>	18
<i>neomycin sulfate</i>	12
<i>neomycin/bacitracin/polymyxin</i>	12
<i>neomycin/polymyxin b sulfates</i>	12
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	59
<i>neomycin/polymyxin/dexamethasone</i>	59
<i>neomycin/polymyxin/gramicidin</i>	59
<i>neomycin/polymyxin/hc</i>	61
<i>neomycin/polymyxin/hydrocortisone</i>	59
<i>neomycin/polymyxin/hydrocortisone</i>	61
NEORAL	55
NEOSPORIN	61
NEPHRAMINE	67
NEULASTA	33
NEUMEGA	33
NEUPOGEN	34
NEURONTIN	17
NEVANAC	60
NEXAVAR	26
NEXIUM	45
NEXIUM I.V.	44
<i>next choice</i>	50
<i>niacor</i>	36
NIASPAN	37
<i>nicardipine hcl</i>	36
NICOTROL INHALER	19
NICOTROL NS	19
<i>nifediac cc</i>	36
<i>nifedical xl</i>	36
NIFEDIPINE	37
<i>nifedipine er</i>	36

Drug Name	Page #
NILANDRON	54
<i>nimodipine</i>	36
NIPENT	25
NISOLDIPINE	37
<i>nisoldipine er</i>	36
NITRO-BID	37
NITRO-DUR	39
<i>nitrofurantoin</i>	12
<i>nitrofurantoin macrocrystalline</i>	12
<i>nitrofurantoin monohydrate</i>	12
<i>nitroglycerin</i>	36
<i>nitroglycerin transdermal</i>	36
NITROLINGUAL PUMPSPRAY	37
NITROMIST	37
NITROSTAT	37
<i>nizatidine</i>	44
NIZORAL	21
<i>nora-be</i>	50
NORCO	9
NORDETTE-28	52
NORDITROPIN FLEXPRO	49
NORDITROPIN NORDIFLEX PEN	49
<i>norethindrone acetate</i>	50
NORINYL 1+35	52
NORITATE	14
<i>normosol-m in d5w</i>	65
NORMOSOL-R	67
<i>normosol-r in d5w</i>	65
NOROXIN	15
NORPACE	39
NORPACE CR	39
NORPRAMIN	19
NOR-QD	52
<i>nortrel 0.5/35 (28)</i>	50
<i>nortrel 1/35 (21)</i>	50
<i>nortrel 1/35 (28)</i>	50
<i>nortrel 7/7/7</i>	50
<i>nortriptyline hcl</i>	18
NORVASC	40
NORVIR	30
NOVANTRONE	25
<i>novarel</i>	48
NOVOLIN 70/30	32
NOVOLIN N	32
NOVOLIN R	32
NOVOLOG	32
NOVOLOG FLEXPEN	32
NOVOLOG MIX 70/30	32
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	32

Drug Name	Page #
NOXAFIL	22
NUCYNTA	8
NUCYNTA ER	9
NUEDEXTA	41
NULOJIX	56
NULYTELY/FLAVOR PACKS	45
NUTROPIN	49
NUTROPIN AQ NUSPIN 5	49
NUTROPIN AQ PEN	49
NUVARING	52
<i>nystatin</i>	21
<i>nystatin/triamcinolone</i>	21
<i>nystop</i>	21
<i>ocella</i>	50
<i>octreotide acetate</i>	53
OCUFEN	61
OCUFLOX	61
<i>ofloxacin</i>	12
<i>ofloxacin</i>	59
OGESTREL	52
<i>olanzapine</i>	28
<i>olanzapine odt</i>	28
OLUX-E	48
<i>omeprazole</i>	44
OMNARIS	63
OMNIPRED	61
OMNITROPE	49
<i>ondansetron hcl</i>	20
<i>ondansetron odt</i>	20
ONTAK	25
OPANA	9
OPANA ER	8
OPTIPRANOLOL	61
OPTIVAR	61
ORACEA	14
ORAMORPH SR	9
ORAP	28
ORAPRED	48
ORAPRED ODT	48
ORAVIG	21
ORENCIA	56
ORFADIN	43
<i>orphenadrine citrate</i>	64
<i>orphenadrine citrate er</i>	64
ORPHENADRINE COMPOUND DS	64
<i>orphenadrine/asa/caffeine</i>	64
<i>orsythia</i>	50
ORTHO EVRA	52
ORTHO MICRONOR	53
ORTHO TRI-CYCLEN	53

Drug Name	Page #
ORTHO TRI-CYCLEN LO	53
ORTHO-CEPT	53
ORTHOCLONE OKT3	55
ORTHO-CYCLEN	53
<i>ortho-est</i>	50
ORTHO-NOVUM 7/7/7	53
OSMOPREP	67
OVCON-35	53
OVCON-50 28	52
OVIDE	27
OXACILLIN SODIUM	14
<i>oxaliplatin</i>	24
OXANDRIN	53
<i>oxandrolone</i>	50
<i>oxaprozin</i>	10
<i>oxcarbazepine</i>	16
OXISTAT	21
OXSORALEN	42
OXSORALEN ULTRA	42
<i>oxybutynin chloride</i>	45
<i>oxybutynin chloride er</i>	45
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	46
PACERONE	37
<i>paclitaxel</i>	24
PALGIC	63
PAMELOR	19
PAMIDRONATE DISODIUM	57
PAMINE	45
PAMINE FORTE	45
PANCREAZE	43
PANDEL	48
PANRETIN	25
<i>pantoprazole sodium</i>	44
PARAFON FORTE DSC	64
<i>parcaine</i>	59
PARCOPA	28
PARLODEL	28
PARNATE	19
<i>paromomycin sulfate</i>	12
<i>paroxetine hcl</i>	18
<i>paroxetine hcl er</i>	18
<i>paroxetine hcl er</i>	31

Drug Name	Page #	Drug Name	Page #
PASER	23	<i>physiolyte</i>	65
PATADAY	60	<i>physiosol irrigation</i>	65
PATANASE	63	PICATO	25
PATANOL	60	<i>pilocarpine hcl</i>	41
PAXIL	19	<i>pilocarpine hydrochloride</i>	41
PCE	14	PILOPINE HS	60
PEDIAPRED	48	PINDOLOL	37
<i>pedi-dri</i>	21	PIPERACILLIN SODIUM	14
PEDVAX HIB	55	<i>piperacillin sodium/tazobactam sodium</i>	12
PEGANONE	17	<i>piroxicam</i>	10
PEGASYS	56	PLAQUENIL	27
PEGASYS PROCLICK	56	PLASMA-LYTE 56	67
PEG-INTRON	56	PLASMA-LYTE A	67
PEG-INTRON REDIPEN	56	PLASMA-LYTE-148	67
<i>penicillin g potassium</i>	12	PLASMA-LYTE-148/D5W	67
PENICILLIN G POTASSIUM IN ISO-	14	PLASMA-LYTE-56/D5W	67
OSMOTIC DEXTROSE		<i>plasma-lyte-r</i>	65
PENICILLIN G PROCAINE	14	PLAVIX	33
PENICILLIN G SODIUM	14	PLETAL	34
<i>penicillin v potassium</i>	12	<i>podofilox</i>	42
PENLAC NAIL LACQUER	21	<i>poly-dex</i>	59
PENTAM 300	27	<i>polyethylene glycol 3350</i>	44
PENTASA	57	<i>polymyxin b sulfate</i>	12
<i>pentazocine/acetaminophen</i>	7	POLY-PRED	60
<i>pentazocine/naloxone hcl</i>	7	POLYTRIM	61
<i>pentopak</i>	58	PONSTEL	10
<i>pentostatin</i>	24	<i>portia-28</i>	50
<i>pentoxifylline er</i>	58	POTASSIUM CHLORIDE	67
PEPCID	45	<i>potassium chloride 0.075%/d5w/nacl</i>	65
PEPCID I.V.	45	0.225%	
PERCOCET	9	<i>potassium chloride 0.15% /nacl 0.45%</i>	65
PERCODAN	9	<i>viaflex</i>	
PERFOROMIST	63	<i>potassium chloride 0.15% d5w/nacl</i>	65
<i>perindopril erbumine</i>	36	0.33%	
<i>permethrin</i>	26	<i>potassium chloride 0.15% d5w/nacl</i>	66
<i>perphenazine</i>	28	0.45% <i>viaflex</i>	
PERPHENAZINE/AMITRIPTYLINE	18	<i>potassium chloride 0.15% nacl 0.9%</i>	66
PERSANTINE	34	<i>potassium chloride 0.15%/d5w</i>	66
PFIZERPEN-G	15	<i>potassium chloride 0.22% d5w/nacl</i>	66
<i>phenadoz</i>	20	0.45%	
<i>phenelzine sulfate</i>	18	<i>potassium chloride 0.224%/d5w</i>	66
PHENERGAN	20	POTASSIUM CHLORIDE	67
PHENYTEK	17	0.224%D5W/NACL 0.33%	
<i>phenytoin</i>	16	POTASSIUM CHLORIDE 0.3%/ NACL	68
<i>phenytoin sodium</i>	16	0.9%	
<i>phenytoin sodium extended</i>	16	<i>potassium chloride 0.3%/d5w</i>	66
PHISOHEX	14	<i>potassium chloride er</i>	66
PHOSLO	46	<i>potassium citrate er</i>	66
PHOSLYRA	46	PRADAXA	34
PHOSPHOLINE IODIDE	60	<i>pramipexole dihydrochloride</i>	27

Drug Name	Page #	Drug Name	Page #
PRANDIMET	33	<i>prochlorperazine maleate</i>	20
PRANDIN	33	PROCRIT	33
PRAVACHOL	40	PROCTOCORT	48
<i>pravastatin sodium</i>	34	<i>proctocream hc</i>	47
<i>prazosin hcl</i>	36	<i>procto-pak</i>	47
PRECOSE	33	<i>proctosol hc</i>	47
PRED FORTE	61	<i>proctozone-hc</i>	47
PRED MILD	60	PROGLYCEM	32
PRED-G	60	PROGRAF	55
PRED-G S.O.P.	60	PROLASTIN	63
<i>prednicarbate</i>	47	PROLASTIN-C	64
<i>prednisolone acetate</i>	59	PROLEUKIN	25
<i>prednisolone sodium phosphate</i>	47	PROLIA	58
PREDNISOLONE SODIUM	60	PROMACTA	34
PHOSPHATE		<i>promethazine hcl</i>	20
PREDNISON	48	<i>promethazine vc</i>	62
PREDNISON INTENSOL	48	<i>promethegan</i>	20
PREFEST	53	PROMETRIUM	52
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	49	<i>propafenone hcl</i>	36
PREMARIN	52	<i>propafenone hcl er</i>	36
PREMARIN W/APPLICATOR	52	PROPANTHELINE BROMIDE	44
PREMASOL	67	<i>proparacaine hcl</i>	59
PREMPHASE	52	PROPINE	61
PREMPRO	52	<i>propranolol hcl</i>	36
<i>prenatabs obn</i>	66	<i>propranolol hcl er</i>	36
PREVACID	45	<i>propranolol/hydrochlorothiazide</i>	36
PREVACID SOLUTAB	45	<i>propylthiouracil</i>	54
<i>previfem</i>	50	PROQUAD	55
PREVPAC	15	PROSCAR	46
PREZISTA	30	PROSOL	67
PRIFTIN	23	PROTONIX	44
PRILOSEC	45	PROTOPIC	43
PRIMAQUINE PHOSPHATE	27	<i>protriptyline hcl</i>	18
PRIMAXIN I.M.	14	PROVENTIL HFA	63
PRIMAXIN IV	14	PROVERA	53
<i>primidone</i>	16	PROVIGIL	41
PRIMSOL	14	PROZAC	19
PRINIVIL	40	PULMICORT	63
PRINZIDE	40	PULMICORT FLEXHALER	63
PRISTIQ	19	PULMOZYME	64
PRIVIGEN	55	PURINETHOL	25
PROAIR HFA	63	<i>pyrazinamide</i>	23
<i>probenecid</i>	22	<i>pyridostigmine bromide</i>	22
<i>probenecid/colchicine</i>	22	QUALAQUIN	27
PROCAINAMIDE HCL	37	<i>quasense</i>	50
PROCALAMINE	67	QUESTRAN	40
PROCARDIA	40	<i>quinapril hcl</i>	36
PROCARDIA XL	40	<i>quinapril/hydrochlorothiazide</i>	36
<i>prochlorperazine</i>	20	QUINIDINE GLUCONATE	38
<i>prochlorperazine edisylate</i>	20	<i>quinidine gluconate er</i>	36

Drug Name	Page #
<i>quinidine sulfate</i>	36
QUINIDINE SULFATE ER	38
QUIXIN	15
QVAR	63
RABAVERT	55
<i>ramipril</i>	36
RANEXA	40
<i>ranitidine hcl</i>	44
RAPAFLO	46
RAPAMUNE	55
RAPIFLUX	19
RAZADYNE	17
RAZADYNE ER	17
REBETOL	30
REBIF	56
REBIF TITRATION PACK	56
RECLAST	57
<i>reclipsen</i>	50
RECOMBIVAX HB	55
RECTIV	40
REGLAN	45
REGONOL	23
REGRANEX	42
RELENZA DISKHALER	30
RELISTOR	19
RELPAX	22
REMERON	19
REMERON SOLTAB	19
REMICADE	56
REMODULIN	64
RENAGEL	46
REVELA	46
REQUIP	28
REQUIP XL	27
RESCRIPTOR	30
<i>reserpine</i>	36
RESTASIS	60
RETIN-A	43
RETIN-A MICRO	42
RETROVIR	30
RETROVIR IV INFUSION	30
REVATIO	64
RE VIA	20
REVLIMID	26
REYATAZ	30
RHEUMATREX	56
RHINOCORT AQUA	63
RIBAPAK	31
<i>ribasphere</i>	29
<i>ribavirin</i>	29

Drug Name	Page #
RIDAURA	55
RIFADIN	23
RIFAMATE	23
<i>rifampin</i>	23
RIFATER	23
RILUTEK	41
<i>rimantadine hcl</i>	29
<i>ringers injection</i>	66
<i>ringers irrigation</i>	66
RIOMET	32
RISPERDAL	29
RISPERDAL CONSTA	28
RISPERDAL M-TAB	29
RISPERDAL M-TAB	31
<i>risperidone</i>	28
RISPERIDONE ODT	28
<i>risperidone odt</i>	31
RITALIN	41
RITALIN LA	41
RITALIN SR	41
RITUXAN	26
<i>rivastigmine tartrate</i>	17
ROBAXIN	64
ROBINUL	45
ROBINUL FORTE	45
ROCALTROL	58
ROCEPHIN	14
<i>romycin</i>	59
<i>ropinirole hcl</i>	27
ROTATEQ	55
ROWASA	57
ROXICET	8
ROXICODONE	9
ROZEREM	64
RYTHMOL	40
RYTHMOL SR	40
SABRIL	17
SAIZEN	49
SAIZEN CLICK.EASY	49
SALAGEN	41
SAMSCA	41
SANCTURA	46
SANCTURA XR	46
SANCUSO	20
SANDIMMUNE	56
SANDOSTATIN	54
SANDOSTATIN LAR DEPOT	53
SANTYL	42
SAPHRIS	29
SAVELLA	9

Drug Name	Page #
SAVELLA TITRATION PACK	9
SEASONALE	53
SEASONIQUE	52
SECTRAL	40
<i>selegiline hcl</i>	27
<i>selenium sulfide</i>	42
SELZENTRY	30
SEMPREX-D	63
SENSIPAR	53
SEPTRA	15
SEPTRA DS	15
SEREVENT DISKUS	63
SEROMYCIN	23
SEROQUEL	28
SEROQUEL XR	28
SEROSTIM	49
<i>sertraline hcl</i>	18
SILVADENE	15
<i>silver sulfadiazine</i>	12
SIMCOR	38
SIMPONI	56
SIMULECT	55
<i>simvastatin</i>	36
SINEMET	28
SINEMET CR	28
SINGULAIR	63
SKELAXIN	65
SKELID	57
<i>sodium bicarbonate</i>	66
<i>sodium chloride</i>	66
<i>sodium chloride 0.45% viaflex</i>	66
<i>sodium chloride 0.9%</i>	66
SODIUM EDECRIN	38
<i>sodium fluoride</i>	66
SODIUM LACTATE	67
<i>sodium polystyrene sulfonate</i>	19
<i>sodium sulfacetamide</i>	59
SOLARAZE	42
<i>solia</i>	50
SOLODYN	16
SOLU-CORTEF	48
SOLU-MEDROL	48
SOMA	65
SOMATULINE DEPOT	54
SOMAVERT	53
SONATA	64
SORIATANE	43
<i>sorine</i>	36
<i>sotalol hcl</i>	36
SOTALOL HYDROCHLORIDE	38

Drug Name	Page #
<i>sotret</i>	42
SPIRIVA HANDIHALER	63
<i>spironolactone</i>	36
<i>spironolactone/hydrochlorothiazide</i>	36
SPORANOX	21
SPORANOX PULSEPAK	21
<i>sprintec 28</i>	51
SPRYCEL	26
<i>sronyx</i>	51
<i>ssd</i>	12
<i>stagesic</i>	7
STALEVO 100	27
STALEVO 125	27
STALEVO 150	27
STALEVO 200	27
STALEVO 50	27
STALEVO 75	27
STARLIX	33
<i>stavudine</i>	29
STAVZOR	17
STELARA	43
<i>sterile water irrigation</i>	58
STIMATE	49
STRATTERA	41
STREPTOMYCIN SULFATE	14
STRIANT	52
STROMECTOL	27
SUBOXONE	8
SUBOXONE	19
SUBUTEX	8
<i>sucralfate</i>	44
SULAR	40
<i>sulfacetamide sodium</i>	12
<i>sulfacetamide sodium/prednisolone</i>	59
<i>sodium phosphate</i>	
SULFADIAZINE	14
SULFAMETHOXAZOLE/TRIMETHOPR	14
IM	
<i>sulfamethoxazole/trimethoprim ds</i>	12
SULFAMYLON	14
<i>sulfasalazine</i>	57
<i>sulfazine ec</i>	57
<i>sulindac</i>	10
<i>sumatriptan succinate</i>	22
SUPRAX	14
SUPREP BOWEL PREP	44
SURMONTIL	19
SUSTIVA	30
SUTENT	26
SYLATRON	26

Drug Name	Page #	Drug Name	Page #
SYMBICORT	63	TETANUS TOXOID ADSORBED	55
SYMBYAX	28	TETANUS/DIPHThERIA TOXOIDS-	55
SYMBYAX	31	ADSORBED ADULT	
SYMLIN	32	<i>tetracycline hcl</i>	12
SYMLINPEN 120	32	TEVETEN	40
SYMLINPEN 60	32	TEVETEN HCT	40
SYNALGOS-DC	8	TEV-TROPIN	49
SYNAREL	53	THALITONE	38
SYNERA	9	THALOMID	26
SYNERCID	14	THEO-24	63
SYNTHROID	53	<i>theochron</i>	62
SYPRINE	19	<i>theophylline er</i>	62
TABLOID	25	<i>thermazene</i>	12
TACLONEX	43	<i>thioridazine hcl</i>	28
TACLONEX SCALP	43	<i>thiotepa</i>	24
<i>tacrolimus</i>	54	<i>thiothixene</i>	28
TALWIN	8	THYMOGLOBULIN	55
TAMIFLU	30	THYROLAR-1	53
<i>tamoxifen citrate</i>	24	THYROLAR-1/4	53
<i>tamsulosin hcl</i>	45	THYROLAR-2	53
TAPAZOLE	54	THYROLAR-3	53
TARCEVA	26	TIAZAC	40
TARGRETIN	26	<i>ticlopidine hcl</i>	33
TARKA	40	TIGAN	20
TASIGNA	26	TIKOSYN	38
TASMAR	27	TIMENTIN	14
TAXOTERE	25	TIMOLOL MALEATE	38
<i>tazicef</i>	12	<i>timolol maleate</i>	59
TAZORAC	42	<i>timolol maleate ophthalmic gel forming</i>	59
<i>taztia xt</i>	37	TIMOPTIC OCUDOSE	61
TEFLARO	14	TIMOPTIC-XE	61
TEGRETOL	17	TIROSINT	53
TEGRETOL-XR	17	<i>tis-u-sol</i>	66
TEKTURNA	40	<i>tizanidine hcl</i>	29
TEKTURNA HCT	40	TOBI	16
TEMOVATE	48	TOBRADEX	60
TENEX	40	TOBRADEX ST	60
TENORETIC 100	40	<i>tobramycin sulfite</i>	12
TENORETIC 50	40	<i>tobramycin sulfite</i>	59
TENORMIN	40	TOBRAMYCIN SULFATE/SODIUM	14
TERAZOL 3	21	CHLORIDE	
TERAZOL 7	21	<i>tobramycin/dexamethasone</i>	12
<i>terazosin hcl</i>	45	<i>tobrasol</i>	59
<i>terbinafine hcl</i>	21	TOBRESX	60
<i>terbutaline sulfite</i>	62	TOFRANIL	19
<i>terconazole</i>	21	TOFRANIL-PM	19
TESTIM	52	<i>tolazamide</i>	31
<i>testosterone cypionate</i>	51	TOLBUTAMIDE	32
<i>testosterone enanthate</i>	51	TOLMETIN SODIUM	10
TESTRED	52	TOPAMAX	17

Drug Name	Page #	Drug Name	Page #
TOPAMAX SPRINKLE	17	<i>trimethoprim</i>	12
TOPICORT	48	<i>trimethoprim sulfate/polymyxin b sulfate</i>	59
TOPICORT LP	48	<i>trinessa</i>	51
<i>topiramate</i>	16	TRI-NORINYL 28	53
<i>toposar</i>	24	TRIPEDIA	55
<i>topotecan hcl</i>	24	<i>tri-previfem</i>	51
TOPROL XL	40	TRISENOX	25
TORISEL	26	<i>tri-sprintec</i>	51
TORSEMIDE	38	<i>trivora-28</i>	51
TOVIAZ	46	TRIZIVIR	31
<i>tpn electrolytes</i>	66	TROPHAMINE	67
TRACLEER	64	<i>tropicamide</i>	59
TRADJENTA	32	<i>tropium chloride</i>	45
<i>tramadol hcl</i>	7	TRUSOPT	61
<i>tramadol hcl er</i>	7	TRUVADA	31
<i>tramadol hydrochloride/acetaminophen</i>	7	TWINJECT	63
TRANDATE	40	TWINRIX	55
<i>trandolapril</i>	37	TWYNSTA	40
<i>tranexamic acid</i>	33	TYGACIL	14
TRANSDERM-SCOP	20	TYKERB	26
<i>tranylcypromine sulfate</i>	18	TYLENOL/CODEINE #3	9
TRAVASOL	67	TYLENOL/CODEINE #4	9
TRAVATAN Z	61	TYLOX	9
<i>trazodone hcl</i>	18	TYPHIM VI	55
TREANDA	26	TYSABRI	56
TRECATOR	23	TYZEKA	30
TRELSTAR DEPOT MIXJECT	53	TYZINE	63
TRELSTAR LA MIXJECT	53	TYZINE PEDIATRIC NASAL DROPS	63
TRELSTAR MIXJECT	54	<i>u-cort</i>	47
TRENTAL	58	ULORIC	22
<i>tretinoin</i>	24	ULTRACET	9
<i>tretinoin</i>	42	ULTRAM	9
TREXALL	55	ULTRAM ER	8
<i>triamcinolone acetonide</i>	47	ULTRAVATE	48
<i>triamcinolone acetonide</i>	62	UNASYN	15
TRIAMCINOLONE ACETONIDE IN ABSORBASE	48	UNASYN BULK PACK	15
<i>triamcinolone in orabase</i>	41	UNIRETIC	40
<i>triamterene/hydrochlorothiazide</i>	34	<i>unithroid</i>	53
TRICOR	40	UNIVASC	40
<i>triderm</i>	47	URECHOLINE	46
<i>trifluoperazine hcl</i>	28	UROXATRAL	46
<i>trifluridine</i>	59	URSO 250	45
TRIGLIDE	40	URSO FORTE	45
<i>trihexyphenidyl hcl</i>	27	<i>ursodiol</i>	44
<i>tri-legest fe</i>	51	UVADEX	42
TRILEPTAL	17	VAGIFEM	52
TRILIPIX	40	<i>valacyclovir hcl</i>	29
<i>trilyte</i>	44	VALCYTE	31
<i>trimethobenzamide hcl</i>	20	<i>valproate sodium</i>	16
		<i>valproic acid</i>	16

Drug Name	Page #	Drug Name	Page #
VALTrex	30	VIRAMUNE XR	30
VANCOCIN HCL	14	VIRAZOLE	30
<i>vancomycin hcl</i>	12	VIREAD	30
<i>vandazole</i>	12	VIROPTIC	61
VANDETANIB	26	VISICOL	44
VANOS	48	VISTARIL	63
VAQTA	55	VISTIDE	30
VARIVAX	55	VIVACTIL	19
VASERETIC	40	VIVAGLOBIN	55
VASOTEC	40	VIVELLE-DOT	53
VECTIBIX	25	VOLTAREN	9
VELCADE	26	VOLTAREN	61
<i>velivet</i>	51	VOLTAREN-XR	10
VELTIN	42	VORICONAZOLE	22
<i>venlafaxine hcl</i>	18	VOSPIRE ER	63
<i>venlafaxine hcl er</i>	18	VOTRIENT	26
VENTAVIS	64	VPRIV	43
VENTOLIN HFA	63	VYTORIN	38
VERAMYST	63	VYVANSE	41
<i>verapamil hcl</i>	37	<i>warfarin sodium</i>	33
<i>verapamil hcl er</i>	37	WELCHOL	38
VERDESO	48	WELLBUTRIN	19
VEREGEN	42	WELLBUTRIN SR	19
VERELAN	40	WELLBUTRIN XL	19
VERELAN PM	40	WESTCORT	48
VERIPRED 20	48	XALATAN	61
VESICARE	46	XALKORI	26
<i>vestura</i>	51	XARELTO	34
VEXOL	60	XENAZINE	58
VFEND	22	XEOMIN	58
VFEND IV	21	XGEVA	58
VIBRAMYCIN	14	XIFAXAN	14
VICODIN	9	XODOL	9
VICODIN ES	9	XOLAIR	64
<i>vicodin hp</i>	8	XOPENEX	64
VICOPROFEN	9	XOPENEX HFA	64
VICTOZA	33	XYLOCAINE	9
VICTRELIS	31	XYLOCAINE JELLY	9
VIDAZA	25	XYREM	41
VIDEX EC	30	YASMIN 28	53
VIDEX PEDIATRIC	30	YAZ	53
VIGAMOX	60	YERVOY	26
VIIBRYD	19	YF-VAX	55
VIMPAT	17	<i>zafirlukast</i>	62
VINBLASTINE SULFATE	25	<i>zaleplon</i>	64
<i>vincasar pfs</i>	24	ZAMICET	8
<i>vincristine sulfate</i>	24	ZANAFLEX	29
<i>vinorelbine tartrate</i>	24	ZANOSAR	25
VIRACEPT	30	ZANTAC	45
VIRAMUNE	30	ZARONTIN	17

Drug Name	Page #
ZAROXOLYN	40
ZAVESCA	43
<i>zazole</i>	21
ZEBETA	40
ZELAPAR	27
ZELBORAF	26
ZEMAIRA	63
ZEMPLAR	57
ZENPEP	43
<i>zeosa</i>	51
ZERIT	30
ZESTORETIC	40
ZESTRIL	40
ZETIA	40
ZIAC	40
ZIAGEN	30
ZIANA	42
<i>zidovudine</i>	29
ZINACEF	14
ZINACEF IN ISO-OSMOTIC DEXTROSE	14
ZINACEF IN ISO-OSMOTIC DILUENT	14
ZINECARD	58
ZIRGAN	30
ZITHROMAX	16
ZITHROMAX TRI-PAK	16
ZITHROMAX Z-PAK	16
ZMAX	14
ZOCOR	40
ZOFRAN	20
ZOFRAN ODT	20
ZOLINZA	26
ZOLOFT	19
<i>zolpidem tartrate</i>	64
<i>zolpidem tartrate er</i>	64
ZOMETA	58
ZOMIG	22
ZOMIG ZMT	22
ZONALON	43
ZONEGRAN	17
<i>zonisamide</i>	16
ZORBTIVE	49
ZORTRESS	56
ZOSTAVAX	55
ZOSYN	14
<i>zovia 1/35e</i>	51
<i>zovia 1/50e</i>	51
ZOVIRAX	30
ZYBAN	20
ZYDONE	8

Drug Name	Page #
ZYFLO CR	64
ZYLET	60
ZYLOPRIM	22
ZYMAR	14
ZYMAXID	14
ZYPREXA	28
ZYPREXA ZYDIS	28
ZYTIGA	26
ZYVOX	14