

PARTNERSHIP
HMO SNP

A Program of Care Wisconsin

2012 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, 2012.

Care Wisconsin Health Plan is a Coordinated Care plan with a Medicare Advantage contract and a contract with the Wisconsin Medicaid program.

To receive this formulary in an alternate format or language, contact your Team or call Care Wisconsin Customer Service at 1-800-963-0035 (TTY/TDD Wisconsin Relay System 711).

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What is the Care Wisconsin Partnership Formulary?

A formulary is a list of covered drugs selected by Care Wisconsin Partnership 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. Care Wisconsin Partnership will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Care Wisconsin Partnership 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, or add prior authorization, quantity limits and/or step therapy restrictions on a drug 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 August 22, 2011. To get updated information about the drugs covered by Care Wisconsin Partnership, please visit our Web site at www.carewisconsinhealthplan.org or call Customer Service at 1-800-963-0035, Monday-Friday, 8:00 a.m. to 4:30 p.m., CT. TTY/TDD users should call Wisconsin Relay System 711.

In the event of mid-year non-maintenance formulary changes, Care Wisconsin Partnership will mail you updates to the formulary as needed on a quarterly basis. You can also get these formulary updates by contacting your Care Team or printing them from our Web site.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. 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 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 34. 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?

Care Wisconsin Partnership 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:** Care Wisconsin Partnership requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Care Wisconsin Partnership before you fill your prescriptions. If you don’t get approval, Care Wisconsin Partnership may not cover the drug.
- **Quantity Limits:** For certain drugs, Care Wisconsin Partnership limits the amount of the drug that Care Wisconsin Partnership will cover. For example, Care Wisconsin Partnership provides 9 tablets in 30 days per prescription for sumatriptan. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Care Wisconsin Partnership 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, Care Wisconsin Partnership may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Care Wisconsin Partnership 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.carewisconsinhealthplan.org.

You can ask Care Wisconsin Partnership to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Care Wisconsin Partnership’s formulary?” on page iii for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Care Wisconsin Partnership pays for certain OTC drugs. The 2012 Formulary Medicaid Supplement included with this formulary provides a sample list of OTC drugs covered by Care Wisconsin Partnership when they are ordered by a physician or nurse practitioner for a medical need. Care Wisconsin Partnership will provide these OTC drugs at no cost to you. The cost to Care Wisconsin Partnership of these OTC drugs will not count toward your total drug costs.

What if my drug is not on the Formulary?

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

- You can ask Customer Service for a list of similar drugs that are covered by Care Wisconsin Partnership. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Care Wisconsin Partnership.
- You can ask Care Wisconsin Partnership 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 Care Wisconsin Partnership’s Formulary?

You can ask Care Wisconsin Partnership 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, Care Wisconsin Partnership 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.

Generally, Care Wisconsin Partnership will only approve your request for an exception if the alternative drugs included on the plan's formulary 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 or utilization restriction exception. **When you are requesting a formulary or utilization restriction exception you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's or prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescriber's or prescribing physician's supporting statement.

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 93-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 a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Current members with a change in where they receive care

Care Wisconsin Partnership has a transition process that addresses unplanned transitions as members change treatment settings due to changes in the type of care they require. Changes in where you live or receive care may warrant a temporary one-time fill exception regardless of whether or not you are in the first 90 days of program enrollment. Examples of situations include:

- You were discharged from the hospital and were provided a discharge list of medications based upon the formulary of the hospital.
- You are in a skilled nursing facility and Medicare coverage (where payments include all pharmacy charges) comes to an end. In this circumstance your coverage will revert to our plan formulary.
- Beneficiaries who give up Hospice Status to revert back to standard Medicare or Medicaid benefits.
- Beneficiaries who are discharged from Chronic Psychiatric Hospitals with combinations of medications that are highly individualized.

Please note that our transition policy applies only to those drugs that are on our formulary and are supplied by a network pharmacy.

For more information

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

If you have questions about Care Wisconsin Partnership, please call Customer Service at 1-800-963-0035, Monday-Friday, 8:00 a.m. to 4:30 p.m., CT. TTY/TDD users should call Wisconsin Relay System 711. Or visit www.carewisconsinhealthplan.org.

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.

Care Wisconsin Partnership's Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Care Wisconsin Partnership. If you have trouble finding your drug in the list, turn to the Index that begins on page 34.

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

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

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List of Abbreviations

B/D: This prescription drug has a Part B versus D administrative prior authorization requirement. 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.

CB: This prescription drug has a capped benefit limit.

ED: This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

FF: Free First Fill. This prescription drug will be provided at zero cost-sharing the first time you fill it.

GC: Gap Coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

HI: Home Infusion. This prescription drug may be covered under our medical benefit. For more information, call Customer Service at 1-800-963-0035, Monday-Friday, 8:00 a.m. to 4:30 p.m., CT. TTY/TDD users should call Wisconsin Relay System 711.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-963-0035, Monday-Friday, 8:00 a.m. to 4:30 p.m., CT. TTY/TDD users should call Wisconsin Relay System 711.

MO: Mail Order Drug. This prescription drug is available through a mail-order service.

PA: Prior Authorization. Care Wisconsin Partnership requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Care Wisconsin Partnership before you fill your prescriptions. If you don't get approval, Care Wisconsin Partnership may not cover the drug.

QL: Quantity Limit. For certain drugs, Care Wisconsin Partnership limits the amount of the drug that Care Wisconsin Partnership will cover. For example, Care Wisconsin Partnership provides 9 tablets in 30 days per prescription for sumatriptan. This may be in addition to a standard one month or three month supply.

ST: Step Therapy. In some cases, Care Wisconsin Partnership 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, Care Wisconsin Partnership may not cover drug B unless you try Drug A first. If Drug A does not work for you, Care Wisconsin Partnership will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>naproxen</i>	1	ST (Non-Opioid Analgesics #1)
<i>naproxen dr</i>	1	ST (Non-Opioid Analgesics #1)
<i>naproxen sodium</i>	1	ST (Non-Opioid Analgesics #1)
<i>oxaprozin</i>	1	ST (Non-Opioid Analgesics #1)
Opioid Analgesics		
<i>acetaminophen/codeine</i>	1	
<i>acetaminophen/codeine #3</i>	1	
<i>acetaminophen/codeine #4</i>	1	
<i>astramorph inj 1mg/ml</i>	1	
CODEINE SULFATE	2	
DILAUDID-5	2	
DOLOPHINE	2	
DOLOPHINE HCL	2	
<i>endocet tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	
<i>fentanyl</i>	1	QL (10 per 30 days) ST (Opioid Analgesics #3)
<i>fentanyl citrate oral transmucosal</i>	1	ST (Opioid Analgesics #3) PA (Fentanyl Lozenges)
<i>hydrocodone bitartrate/acetaminophen tabs 750mg; 10mg</i>	1	
<i>hydrocodone/acetaminophen</i>	1	
<i>hydromorphone hcl</i>	1	
<i>margesic-h</i>	1	
METHADONE HCL INJ, ORAL SOLN	2	
<i>methadone hcl conc, tabs</i>	1	ST (Opioid Analgesics #1)
<i>methadose</i>	1	
<i>morphine sulfate er</i>	1	ST (Opioid Analgesics #1)
MORPHINE SULFATE ORAL SOLN	2	
<i>morphine sulfate inj, tabs</i>	1	
<i>oxycodone hcl tabs</i>	1	
<i>oxycodone/acetaminophen</i>	1	
<i>oxycodone/ibuprofen</i>	1	
OXYCONTIN	2	ST (Opioid Analgesics #2)
<i>roxicet tabs 325mg; 5mg</i>	1	
<i>stagesic</i>	1	
<i>tramadol hcl</i>	1	ST (Tramadol #1)
<i>tramadol hcl er</i>	1	ST (Tramadol #2)
<i>tramadol hydrochloride/acetaminophen</i>	1	
Anesthetics		
Local Anesthetics		
<i>lidocaine</i>	1	ST (Topical Analgesics #1)
<i>lidocaine hcl jelly</i>	1	
<i>lidocaine hcl inj, external soln</i>	1	
<i>lidocaine viscous</i>	1	
<i>lidocaine/prilocaine</i>	1	
LIDODERM	2	QL (90 per 30 days) ST (Topical Analgesics #2)

Drug Name	Drug Tier	Requirements/Limits
<i>phenazopyridine hcl</i>	1	
Anti-inflammatory Agents		
Nonsteroidal Anti-inflammatory Drugs		
CELEBREX	2	ST (Non-Opioid Analgesics #2)
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>hydrocodone/ibuprofen</i>	1	
<i>ibuprofen</i>	1	ST (Non-Opioid Analgesics #1)
<i>indomethacin</i>	1	
<i>indomethacin er</i>	1	
<i>ketoprofen</i>	1	
<i>ketorolac tromethamine</i>	1	
MECLOFENAMATE SODIUM	2	
<i>nabumetone</i>	1	
Antibacterials		
Aminoglycosides		
<i>ak-tob</i>	1	
<i>gentak</i>	1	
<i>gentamicin sulfate</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%, 1mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/sodium chloride</i>	1	
<i>gentasol</i>	1	
<i>isotonic gentamicin</i>	1	
<i>neomycin sulfate</i>	1	
<i>neomycin/polymyxin b sulfates</i>	1	
<i>paromomycin sulfate</i>	1	
STREPTOMYCIN SULFATE	2	
TOBI	2	PA (Tobramycin (Tobi))
<i>tobramycin sulfate</i>	1	
TOBRAMYCIN SULFATE/SODIUM CHLORIDE	2	
<i>tobrasol</i>	1	
Antibacterials, Other		
ALCOHOL PREPS	2	
<i>bacitracin</i>	1	
<i>bacitracin/polymyxin b</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate add-vantage</i>	1	
<i>clindamycin phosphate crea, gel, lotn, soln</i>	1	
<i>colistimethate sodium</i>	1	
<i>methenamine hippurate</i>	1	
<i>metronidazole</i>	1	ST (Clostridium Difficile Oral Therapy #1)
<i>metronidazole in nacl 0.79%</i>	1	
<i>metronidazole vaginal</i>	1	
<i>mupirocin</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>nitrofurantoin macrocrystalline</i>	1	
<i>nitrofurantoin monohydrate</i>	1	
<i>polycin b</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b sulfate</i>	1	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
<i>trimethoprim</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
TYGACIL	2	
VANCOCIN HCL	2	ST (Clostridium Difficile Oral Therapy #2)
<i>vancomycin hcl</i>	1	
XIFAXAN TABS 550MG	2	ST (Hepatic Encephalopathy #2)
ZYVOX	2	
Beta-lactam, Cephalosporins		
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
CEFAZOLIN SODIUM INJ 1GM; 5%	2	
<i>cefazolin sodium inj 1gm, 20gm, 500mg</i>	1	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
<i>cefotetan</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftriaxone sodium</i>	1	
CEFUROXIME AXETIL SUSR	2	
<i>cefuroxime axetil tabs</i>	1	
<i>cefuroxime sodium</i>	1	
CEFUROXIME/DEXTROSE	2	
<i>cephalexin caps, susr</i>	1	
CEPHALEXIN TABS 500MG	2	
SUPRAX	2	
Beta-lactam, Other		
AZACTAM	2	
<i>aztreonam</i>	1	
INVANZ	2	
<i>meropenem</i>	1	
Beta-lactam, Penicillins		
<i>amoxicillin</i>	1	
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>amoxicillin/potassium clavulanate</i>	1	
<i>ampicillin sodium inj 10gm, 1gm</i>	1	
<i>ampicillin-sulbactam</i>	1	
<i>ampicillin caps</i>	1	
BICILLIN L-A	2	
<i>dicloxacillin sodium</i>	1	
NAFCILLIN SODIUM	2	
NALLPEN/DEXTROSE	2	
<i>penicillin v potassium</i>	1	
PIPERACILLIN SODIUM	2	
<i>piperacillin sodium/tazobactam sodium</i>	1	
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%;	2	

Drug Name	Drug Tier	
3GM/50ML; 0.375GM/50ML		
Macrolides		
<i>azithromycin</i>	1	
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	1	
<i>e.e.s. 400</i>	1	
ERY-TAB	2	
ERYPED 200	2	
ERYPED 400	2	
ERYTHROCIN LACTOBIONATE	2	
ERYTHROCIN STEARATE	2	
ERYTHROMYCIN BASE	2	
<i>erythromycin oint</i>	1	
KETEK	2	PA (Telithromycin (Ketek))
Quinolones		
AVELOX	2	
CILOXAN OINT	2	
CIPRO SUSR	2	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin er</i>	1	
<i>ciprofloxacin extended-release</i>	1	
<i>ciprofloxacin hcl</i>	1	
LEVAQUIN	2	
<i>levofloxacin</i>	1	
<i>ofloxacin ophthalmic soln, otic soln</i>	1	
QUIXIN	2	
VIGAMOX	2	
ZYMAR	2	
ZYMAXID	2	
Sulfonamides		
<i>sodium sulfacetamide</i>	1	
SULFADIAZINE	2	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
SULFAMETHOXAZOLE/TRIMETHOPRIM INJ	2	
<i>sulfamethoxazole/trimethoprim susp, tabs</i>	1	
Tetracyclines		
<i>demeclocycline hcl</i>	1	
<i>doxycycline hyclate caps, inj, tabs</i>	1	
<i>minocycline hcl</i>	1	
<i>tetracycline hcl</i>	1	
Anticonvulsants, Other		
BANZEL	2	
<i>levetiracetam</i>	1	
Calcium Channel Modifying Agents		
CELONTIN	2	
<i>ethosuximide</i>	1	
LYRICA	2	QL (90 per 30 days) PA (Pregabalin (Lyrica), new starts only)

Drug Name	Drug Tier	Requirements/Limits
<i>zonisamide</i>	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>gabapentin</i>	1	
GABITRIL	2	
NEURONTIN SOLN	2	
<i>primidone</i>	1	
SABRIL	2	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
Glutamate Reducing Agents		
FELBATOL	2	
<i>lamotrigine</i>	1	
TOPAMAX SPRINKLE	2	PA (Topriamate (Topamax sprinkle), new starts only)
Sodium Channel Inhibitors		
<i>carbamazepine</i>	1	
<i>carbamazepine er</i>	1	
CARBATROL CP12 100MG, 300MG	2	
DILANTIN INFATABS	2	
<i>dilantin caps 30mg</i>	1	
EQUETRO	2	
<i>fosphenytoin sodium</i>	1	
<i>oxcarbazepine</i>	1	
PEGANONE	2	
PHENYTEK	2	
<i>phenytoin</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended caps 100mg</i>	1	
TEGRETOL-XR TB12 100MG	2	
Antidementia Agents		
Cholinesterase Inhibitors		
ARICEPT ODT	2	
ARICEPT TABS 10MG, 5MG	2	
<i>donepezil hcl</i>	1	
EXELON SOLN	2	
<i>galantamine hydrobromide</i>	1	
<i>rivastigmine tartrate</i>	1	
Glutamate Pathway Modifiers		
NAMENDA	2	
Antidepressants		
Antidepressants, Other		
<i>budeprion xl tb24 300mg</i>	1	
<i>bupropion hcl</i>	1	
MAPROTILINE HCL	2	
<i>mirtazapine</i>	1	
<i>mirtazapine odt</i>	1	
NEFAZODONE HCL	2	
<i>trazodone hcl</i>	1	
Monoamine Oxidase Inhibitors		
EMSAM	2	PA (Selegiline (Emsam), new

Drug Name	Drug Tier	Requirements/Limits
MARPLAN	2	starts only)
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
Serotonin/ Norepinephrine Reuptake Inhibitors		
<i>citalopram hydrobromide</i>	1	
CYMBALTA	2	QL (60 per 30 days) PA (Duloxetine (Cymbalta), new starts only)
<i>fluoxetine dr</i>	1	
<i>fluoxetine hcl</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>paroxetine hcl</i>	1	
<i>paroxetine hcl er tb24 12.5mg, 25mg</i>	1	
PRISTIQ	2	ST (Desvenlafaxine #2, new starts only) PA (Desvenlafaxine (Pristiq), new starts only)
<i>sertraline hcl</i>	1	
<i>venlafaxine hcl</i>	1	ST (Desvenlafaxine #1)
VENLAFAXINE HCL ER TB24	2	ST (Desvenlafaxine #1)
<i>venlafaxine hcl er cp24</i>	1	ST (Desvenlafaxine #1)
Tricyclics		
<i>amitriptyline hcl</i>	1	
AMOXAPINE	2	
<i>clomipramine hcl</i>	1	ST (Tricyclics #1)
<i>desipramine hcl</i>	1	ST (Tricyclics #1)
<i>doxepin hcl</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
<i>nortriptyline hcl</i>	1	
<i>protriptyline hcl</i>	1	
SURMONTIL	2	ST (Tricyclics #2, new starts only)
Antidotes, Deterrents, and Toxicologic Agents		
Antidotes		
ACETADOTE	2	
CUPRIMINE	2	
DEPEN TITRATABS	2	
EXJADE	2	
<i>fomepizole</i>	1	
RELISTOR	2	ST (Hepatic Encephalopathy #2)
<i>sodium polystyrene sulfonate</i>	1	
Deterrents		
ANTABUSE	2	
<i>budeprion sr</i>	1	
<i>bupropion hcl sr</i>	1	
CAMPRAL	2	
CHANTIX	2	PA (Vareniciline (Chantix))
NICOTROL INHALER	2	QL (168 per 30 days) PA (Nicotine (Nicotrol))
NICOTROL NS	2	QL (168 per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits (Nicotine (Nicotrol NS))
Toxicologic Agents		
<i>naloxone hcl</i>	1	
<i>naltrexone hcl</i>	1	
SUBOXONE SUBL	2	
Antiemetics		
Antiemetics		
ANZEMET TABS	2	QL (9 per 30 days) ST (5-HT3 Antagonist Antiemetics #3)
ANZEMET INJ	2	ST (5-HT3 Antagonist Antiemetics #3)
CHLORPROMAZINE HCL INJ	2	
<i>chlorpromazine hcl tabs</i>	1	
<i>dronabinol</i>	1	
EMEND CAPS 0	2	QL (6 per 30 days) ST (5-HT3 Antagonist Antiemetics #3)
EMEND CAPS 125MG, 40MG, 80MG	2	QL (9 per 30 days) ST (5-HT3 Antagonist Antiemetics #3)
<i>granisetron hcl</i>	1	ST (5-HT3 Antagonist Antiemetics #2)
GRANISOL	2	ST (5-HT3 Antagonist Antiemetics #2)
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>meclizine hcl</i>	1	
<i>metoclopramide hcl</i>	1	
<i>ondansetron hcl inj, oral soln</i>	1	QL (900 per 30 days) ST (5-HT3 Antagonist Antiemetics #2)
<i>ondansetron hcl tabs 24mg</i>	1	QL (30 per 30 days) ST (5-HT3 Antagonist Antiemetics #2)
<i>ondansetron hcl tabs 4mg, 8mg</i>	1	QL (60 per 30 days) ST (5-HT3 Antagonist Antiemetics #1)
<i>ondansetron odt</i>	1	QL (60 per 30 days)
<i>perphenazine</i>	1	
<i>prochlorperazine</i>	1	
<i>promethazine hcl</i>	1	
<i>promethazine vc</i>	1	
TRANSDERM-SCOP	2	
Antifungals		
Antifungals		
<i>amphotericin b</i>	1	
ANCOBON	2	
<i>ciclopirox nail lacquer</i>	1	
<i>ciclopirox olamine</i>	1	
<i>ciclopirox sham, susp</i>	1	
<i>clotrimazole</i>	1	
<i>fluconazole</i>	1	
<i>fluconazole in dextrose</i>	1	
<i>griseofulvin microsize</i>	1	
GNAZOLE-1	2	

Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole</i>	1	
<i>ketoconazole</i>	1	
MICONAZOLE 3	2	
MYCAMINE	2	ST (Micafungin #2)
<i>nystatin</i>	1	
<i>nystatin/triamcinolone crea</i>	1	
SPORANOX SOLN	2	
<i>terconazole</i>	1	
<i>theochron</i>	1	
VFEND	2	
VFEND IV	2	
<i>zazole supp</i>	1	
Antigout Agents		
Antigout Agents		
<i>allopurinol</i>	1	
<i>allopurinol sodium</i>	1	
COLCRYS	2	
<i>probenecid</i>	1	
Antimigraine Agents		
Abortive		
AXERT	2	QL (9 per 30 days) ST (Migraine Abortive Agents #3)
<i>ergotamine tartrate/caffeine</i>	1	
<i>naratriptan hcl</i>	1	QL (9 per 30 days) ST (Migraine Abortive Agents #2)
<i>sumatriptan succinate tabs</i>	1	QL (9 per 30 days) ST (Migraine Abortive Agents #1)
SUMATRIPTAN SUCCINATE INJ 4MG/0.5ML	2	QL (6 per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL (6 per 30 days) ST (Migraine Abortive Agents #1)
ZOMIG ZMT	2	QL (9 per 30 days) ST (Migraine Abortive Agents #3)
ZOMIG SOLN	2	QL (6 per 30 days) ST (Migraine Abortive Agents #3)
ZOMIG TABS	2	QL (9 per 30 days) ST (Migraine Abortive Agents #3)
Prophylactic		
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
<i>topiramate</i>	1	
Antimyasthenic Agents		
Parasympathomimetics		
GUANIDINE HCL	2	
<i>pyridostigmine bromide</i>	1	
Antimycobacterials		
Antimycobacterials, Other		
DAPSONE	2	
MYCOBUTIN	2	
Antituberculars		
CAPASTAT SULFATE	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ethambutol hcl</i>	1	
ISONIAZID INJ	2	
<i>isoniazid tabs</i>	1	
PASER	2	
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
SEROMYCIN	2	
TRECTOR	2	
Antineoplastics		
Alkylating Agents		
CEENU	2	
CYCLOPHOSPHAMIDE	2	
HEXALEN	2	
LEUKERAN	2	
MATULANE	2	
<i>melphalan hydrochloride</i>	1	
THIOTEPA	2	
Antiangiogenic Agents		
REVLIMID	2	LA
THALOMID	2	
VANDETANIB	2	
VOTRIENT	2	
Antiestrogens/Modifiers		
EMCYT	2	
FARESTON	2	
FASLODEX	2	
<i>tamoxifen citrate</i>	1	
Antimetabolites		
ALIMTA	2	
ELITEK	2	
<i>gemcitabine hcl</i>	1	
<i>hydroxyurea</i>	1	
<i>mercaptopurine</i>	1	
TABLOID	2	
Antineoplastics, Other		
<i>amifostine</i>	1	
AVASTIN	2	
<i>bleomycin sulfate</i>	1	
<i>cisplatin</i>	1	
DAUNORUBICIN HCL	2	
DAUNOXOME	2	
<i>doxorubicin hcl</i>	1	
<i>etoposide</i>	1	
HALAVEN	2	
JEVTANA	2	
<i>mesna</i>	1	
<i>mitoxantrone hcl</i>	1	
ONTAK	2	
OXALIPLATIN	2	

Drug Name	Drug Tier	Requirements/Limits
PROLEUKIN	2	
TASIGNA	2	
TAXOTERE INJ 80MG/4ML	2	
<i>topotecan hcl</i>	1	
TRISENOX	2	
VELCADE	2	
ZOLINZA	2	
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole</i>	1	
AROMASIN	2	
FEMARA	2	
Molecular Target Inhibitors		
AFINITOR	2	
GLEEVEC	2	
IRESSA	2	
NEXAVAR	2	
SPRYCEL	2	
SUTENT	2	
TARCEVA	2	
TYKERB	2	
Monoclonal Antibodies		
ARZERRA	2	
CAMPATH	2	
RITUXAN	2	
Retinoids		
PANRETIN	2	
TARGRETIN	2	
<i>tretinoin</i>	1	
Antiparasitics		
Anthelmintics		
ALBENZA	2	
BILTRICIDE	2	
<i>mebendazole</i>	1	
STROMECTOL	2	
Antiprotozoals		
DARAPRIM	2	
<i>hydroxychloroquine sulfate</i>	1	
MEPRON	2	
NEBUPENT	2	
Pediculicides/ Scabicides		
EURAX CREA	2	
LINDANE SHAM	2	
<i>lindane lotn</i>	1	
<i>permethrin</i>	1	
Antiparkinson Agents		
Antiparkinson Agents		
<i>amantadine hcl</i>	1	
APOKYN	2	ST (Apomorphine #2)
<i>benztropine mesylate tabs</i>	1	
<i>carbidopa/levodopa</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa/levodopa cr</i>	1	
<i>carbidopa/levodopa sr</i>	1	
COMTAN	2	
<i>diphenhydramine hcl</i>	1	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole hcl</i>	1	
<i>selegiline hcl caps</i>	1	
STALEVO 100	2	
STALEVO 125	2	
STALEVO 150	2	
STALEVO 200	2	
STALEVO 50	2	
STALEVO 75	2	
TASMAR	2	
<i>trihexyphenidyl hcl</i>	1	
Antipsychotics		
Atypicals		
ABILIFY DISCMELT	2	PA (Aripiprazole (Abilify), new starts only)
ABILIFY INJ, TABS	2	
ABILIFY ORAL SOLN	2	PA (Aripiprazole (Abilify), new starts only)
<i>clozapine</i>	1	
FANAPT	2	ST (Anti-psychotic #3, new starts only)
FANAPT TITRATION PACK	2	ST (Anti-psychotic #3, new starts only)
FAZACLO	2	
GEODON	2	ST (Anti-psychotic #2, new starts only)
INVEGA	2	ST (Anti-psychotic #3, new starts only)
INVEGA SUSTENNA	2	ST (Anti-psychotic #3, new starts only)
LATUDA	2	ST (Anti-psychotic #3, new starts only)
RISPERDAL CONSTA	2	ST (Anti-psychotic #2, new starts only)
<i>risperidone odt</i>	1	ST (Anti-psychotic #2, new starts only)
SAPHRIS	2	
SEROQUEL	2	
SEROQUEL XR	2	ST (Anti-psychotic #2, new starts only)
ZYPREXA	2	
ZYPREXA ZYDIS	2	PA (Olanzapine (Zyprexa Zydis), new starts only)
Conventional		
<i>fluphenazine decanoate</i>	1	
FLUPHENAZINE HCL CONC, ELIX, INJ	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl tabs</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
<i>loxapine succinate</i>	1	
ORAP	2	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen</i>	1	
<i>dantrolene sodium</i>	1	
<i>tizanidine hcl</i>	1	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>foscarnet sodium</i>	1	
GANCICLOVIR CAPS	2	
<i>ganciclovir inj</i>	1	
VALCYTE TABS	2	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors		
EDURANT	2	
INTELENCE	2	
RESCRIPTOR	2	
SUSTIVA	2	
VIRAMUNE	2	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors		
ATRIPLA	2	
COMBIVIR	2	
<i>didanosine</i>	1	
EMTRIVA	2	
EPIVIR	2	
EPIVIR HBV	2	
EPZICOM	2	
RETROVIR IV INFUSION	2	
STAVUDINE SOLR	2	
<i>stavudine caps</i>	1	
TRIZIVIR	2	
TRUVADA	2	
TYZEKA	2	
VIDEX PEDIATRIC	2	
VIREAD	2	
ZIAGEN	2	
<i>zidovudine</i>	1	
Anti-HIV Agents, Other		
FUZEON	2	

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS	2	
SELZENTRY	2	
Anti-HIV Agents, Protease Inhibitors		
APTIVUS	2	
CRIXIVAN	2	
INVIRASE	2	
KALETRA	2	
LEXIVA	2	
NORVIR	2	
PREZISTA	2	
REYATAZ	2	
VIRACEPT	2	
Anti-influenza Agents		
<i>amantadine hcl</i>	1	
<i>rimantadine hcl</i>	1	
TAMIFLU	2	
Antihepatitis Agents		
BARACLUDE	2	
HEPSERA	2	
RIBAPAK TABS 0	2	
<i>ribapak tabs 400mg, 600mg</i>	1	
<i>ribasphere</i>	1	
<i>ribavirin</i>	1	
Antiherpetic Agents		
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	
<i>famciclovir</i>	1	
<i>valacyclovir hcl</i>	1	
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl</i>	1	
<i>meprobamate</i>	1	
Bipolar Agents		
Bipolar Agents		
<i>lithium carbonate er</i>	1	
<i>lithium carbonate caps 150mg, 300mg</i>	1	
<i>lithium citrate</i>	1	
<i>risperidone</i>	1	ST (Antipsychotic #1)
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose</i>	1	ST (Antidiabetic Agents #2)
ACTOS	2	ST (Antidiabetic Agents #3)
AVANDAMET	2	
AVANDARYL	2	
AVANDIA	2	
BYETTA	2	ST (Antidiabetic Agents #3)
CYCLOSET	2	
<i>glimepiride</i>	1	ST (Oral Antidiabetic Agents #1)
<i>glipizide</i>	1	ST (Oral Antidiabetic Agents #1)
<i>glipizide er</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide/metformin hcl</i>	1	
<i>glyburide</i>	1	ST (Oral Antidiabetic Agents #1)
<i>glyburide micronized</i>	1	ST (Oral Antidiabetic Agents #1)
<i>glyburide/metformin hcl</i>	1	
GLYSET	2	ST (Antidiabetic Agents #3)
JANUMET	2	
JANUVIA	2	
<i>metformin hcl</i>	1	ST (Oral Antidiabetic Agents #1)
<i>metformin hcl er</i>	1	
PRANDIN	2	ST (Antidiabetic Agents #2)
SYMLIN	2	ST (Antidiabetic Agents #3)
SYMLINPEN 120	2	ST (Antidiabetic Agents #3)
SYMLINPEN 60	2	ST (Antidiabetic Agents #3)
Glycemic Agents		
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM	2	
Insulins		
APIDRA	2	
APIDRA SOLOSTAR	2	
HUMALOG	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 PEN	2	
HUMULIN N	2	
HUMULIN N U-100 PEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
NOVOLIN 70/30	2	
NOVOLIN N	2	
NOVOLIN R	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	
Blood Products/Modifiers/ Volume Expanders		
Anticoagulants		
ARIXTRA	2	
<i>enoxaparin sodium</i>	1	
FRAGMIN INJ 10000UNIT/ML, 25000UNIT/ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	2	
<i>heparin sodium/d5w</i>	1	
HEPARIN SODIUM/NACL 0.45%	2	

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	
HEPARIN SODIUM INJ 2000UNIT/ML, 2500UNIT/ML	2	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	1	
PRADAXA	2	ST (Anticoagulation #2) PA (Dabigatran (Pradaxa))
<i>warfarin sodium</i>	1	ST (Anticoagulation #1)
Blood Formation Products		
ARANESP ALBUMIN FREE	2	
EPOGEN	2	PA (Epoetin (Epogen/Procrit))
LEUKINE	2	
NEUMEGA	2	
NEUPOGEN	2	PA (Neupogen (Filgrastim))
PROCRIT	2	PA (Epoetin (Epogen/Procrit))
Blood Products/Modifiers/ Volume Expanders		
<i>pentoxifylline er</i>	1	
PROMACTA	2	
Coagulants		
CYKLOKAPRON	2	
Platelet Aggregation Inhibitors		
AGGRENOX	2	
<i>cilostazol</i>	1	
<i>dipyridamole</i>	1	
KINERET	2	
PLAVIX	2	
PROMACTA	2	
<i>ticlopidine hcl</i>	1	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>catapres-tts-3</i>	1	
<i>clonidine hcl</i>	1	
<i>methyldopa</i>	1	
METHYLDOPATE HCL	2	
<i>midodrine hcl</i>	1	
Alpha-adrenergic Blocking Agents		
CARDURA XL	2	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
Antiarrhythmics		
<i>amiodarone hcl</i>	1	
<i>disopyramide phosphate</i>	1	
<i>flecainide acetate</i>	1	
<i>propafenone hcl</i>	1	
<i>quinidine gluconate er</i>	1	
<i>quinidine sulfate</i>	1	
<i>sotalol hcl</i>	1	
TIKOSYN	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>carvedilol</i>	1	
COREG CR	2	
<i>labetalol hcl tabs</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate</i>	1	
METOPROLOL/HYDROCHLOROTHIAZIDE TABS 50MG; 100MG	2	
<i>metoprolol/hydrochlorothiazide tabs 25mg; 100mg, 25mg; 50mg</i>	1	
<i>nadolol</i>	1	
<i>nadolol/bendroflumethiazide</i>	1	
PINDOLOL	2	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl inj, tabs</i>	1	
<i>propranolol/hydrochlorothiazide</i>	1	
Calcium Channel Blocking Agents		
<i>afeditab cr</i>	1	
<i>amlodipine besylate</i>	1	
CARDIZEM LA TB24 120MG	2	
<i>cartia xt</i>	1	
<i>dilt-cd</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem cd</i>	1	
<i>diltiazem hcl er</i>	1	
<i>diltiazem hcl tabs</i>	1	
<i>diltzac</i>	1	
<i>matzim la</i>	1	
<i>nifediac cc</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine</i>	1	
<i>taztia xt</i>	1	
<i>verapamil hcl</i>	1	
<i>verapamil hcl er</i>	1	
Cardiovascular Agents, Other		
<i>digoxin inj, tabs</i>	1	
RANEXA	2	PA (Ranolazine (Ranexa))
Diuretics		
ACETAZOLAMIDE SODIUM	2	
<i>acetazolamide tabs</i>	1	
<i>amiloride hcl</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
<i>chlorthalidone</i>	1	
<i>furosemide inj, tabs</i>	1	
<i>furosemide oral soln 10mg/ml</i>	1	
<i>hydrochlorothiazide</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>indapamide</i>	1	
<i>metolazone</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	
<i>toremide tabs</i>	1	
<i>triamterene/hydrochlorothiazide</i>	1	
Dyslipidemics		
<i>cholestyramine light</i>	1	
<i>colestipol hcl</i>	1	
<i>fenofibrate</i>	1	ST (Fibric Acid Dyslipidemics #2)
<i>fenofibrate micronized</i>	1	ST (Fibric Acid Dyslipidemics #2)
<i>gemfibrozil</i>	1	ST (Fibric Acid Dyslipidemics #1)
LIPITOR	2	
<i>lovastatin</i>	1	
LOVAZA	2	
<i>niacor</i>	1	
NIASPAN	2	
<i>pravastatin sodium</i>	1	
<i>simvastatin</i>	1	ST (HMGCoA Inhibitors / Cholesterol Absorption Inhibitors #1)
VYTORIN	2	ST (HMGCoA Inhibitors / Cholesterol Absorption Inhibitors #2)
ZETIA	2	ST (HMGCoA Inhibitors / Cholesterol Absorption Inhibitors #2)
Renin-angiotensin-aldosterone System Inhibitors		
ATACAND	2	ST (Angiotensin Receptor Antagonists #3)
ATACAND HCT	2	ST (Angiotensin Receptor Antagonists #3)
<i>benazepril hcl</i>	1	ST (Angiotensin Receptor Antagonists #1)
<i>benazepril hcl/hydrochlorothiazide</i>	1	ST (Angiotensin Receptor Antagonists #1)
<i>captopril</i>	1	ST (Angiotensin Receptor Antagonists #1)
<i>captopril/hydrochlorothiazide</i>	1	ST (Angiotensin Receptor Antagonists #1)
DIOVAN	2	ST (Angiotensin Receptor Antagonists #3)
DIOVAN HCT	2	ST (Angiotensin Receptor Antagonists #3)
<i>enalapril maleate</i>	1	ST (Angiotensin Receptor Antagonists #1)
<i>enalapril maleate/hydrochlorothiazide</i>	1	ST (Angiotensin Receptor Antagonists #1)
<i>lisinopril</i>	1	ST (Angiotensin Receptor Antagonists #1)

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril/hydrochlorothiazide</i>	1	ST (Angiotensin Receptor Antagonists #1)
<i>losartan potassium</i>	1	ST (Angiotensin Receptor Antagonists #2)
<i>losartan potassium/hydrochlorothiazide</i>	1	ST (Angiotensin Receptor Antagonists #2)
<i>quinapril hcl</i>	1	ST (Angiotensin Receptor Antagonists #1)
<i>quinapril/hydrochlorothiazide</i>	1	ST (Angiotensin Receptor Antagonists #1)
Vasodilators		
<i>hydralazine hcl</i>	1	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide dinitrate er</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>minoxidil</i>	1	
<i>mirtazapine</i>	1	
<i>nitroglycerin transdermal</i>	1	
NITROGLYCERIN INJ	2	
<i>nitroglycerin pt24</i>	1	
NITROSTAT	2	
Central Nervous System Agents		
Amphetamines, ADHD		
<i>amphetamine/dextroamphetamine</i>	1	
<i>dextroamphetamine sulfate er</i>	1	
DEXTROAMPHETAMINE SULFATE TABS 10MG	2	
<i>dextroamphetamine sulfate tabs 5mg</i>	1	
Non-amphetamines, ADHD		
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg</i>	1	
METADATE CD	2	
<i>metadate er</i>	1	
<i>methylin er</i>	1	
METHYLIN SOLN	2	
<i>methylin tabs</i>	1	
<i>methylphenidate hcl</i>	1	
<i>methylphenidate hcl sr</i>	1	
<i>methylphenidate hydrochloride</i>	1	
RITALIN LA	2	
Non-amphetamines, Other		
PROVIGIL	2	PA (Modafinal (Provigil))
RILUTEK	2	
VIMPAT	2	
XENAZINE	2	
XYREM	2	LA
Dental and Oral Agents		
Dental and Oral Agents		
<i>chlorhexidine gluconate oral rinse</i>	1	
<i>doxycycline hyclate</i>	1	
<i>pilocarpine hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hydrochloride</i>	1	
<i>triamcinolone in orabase</i>	1	
Dermatological Agents		
Dermatological Agents		
8-MOP	2	
<i>ammonium lactate</i>	1	
<i>augmented betamethasone dipropionate</i>	1	
<i>calcipotriene</i>	1	
DOVONEX	2	
FLUOROPLEX	2	
<i>fluorouracil</i>	1	
<i>imiquimod</i>	1	PA (Imiquimod (Aldara), new starts only)
LAMICTAL XR	2	
OXSORALEN	2	
OXSORALEN ULTRA	2	
<i>podofilox</i>	1	
PROGRAF	2	
PROTOPIC	2	
REGRANEX	2	QL (15 per 30 days) PA (Becaplermin (Regranex))
SANTYL	2	
<i>selenium sulfide</i>	1	
SOLARAZE	2	PA (Diclofenac (Solaraze))
<i>tacrolimus</i>	1	
TAZORAC	2	
<i>tretinoin</i>	1	
UVADEX	2	
Enzyme Replacements/ Modifiers		
Enzyme Replacements/ Modifiers		
ADAGEN	2	
ALDURAZYME	2	
BUPHENYL	2	
CEREDASE	2	
CEREZYME	2	
CREON	2	
CYSTADANE	2	
CYSTAGON	2	
ELAPRASE	2	
ELSPAR	2	
FABRAZYME	2	
KUVAN	2	PA (Sapropterin (Kuvan))
NAGLAZYME	2	
ORFADIN	2	
PANCREAZE	2	
SUCRAID	2	
VPRIV	2	
ZAVESCA	2	
ZENPEP	2	
Gastrointestinal Agents		

Drug Name	Drug Tier	Requirements/Limits
Antispasmodics, Gastrointestinal		
CANTIL	2	
<i>dicyclomine hcl</i>	1	
<i>glycopyrrolate</i>	1	
Gastrointestinal Agents, Other		
<i>diphenoxylate/atropine</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i>	1	
<i>lactulose</i>	1	ST (Hepatic Encephalopathy #1)
<i>loperamide hcl</i>	1	
<i>polyethylene glycol 3350</i>	1	
<i>trilyte</i>	1	
<i>ursodiol</i>	1	
Histamine2 (H2) Blocking Agents		
<i>famotidine premixed</i>	1	
<i>famotidine inj, tabs</i>	1	
PEPCID SUSR	2	
<i>ranitidine hcl</i>	1	ST (Antacid/Histamine (2) Blocking Agents)
ZANTAC INJ 50MG/50ML; 0.45%	2	
Irritable Bowel Syndrome Agents		
LOTRONEX	2	
Protectants		
CARAFATE SUSP	2	
<i>misoprostol</i>	1	
<i>sucralfate</i>	1	
Proton Pump Inhibitors		
<i>lansoprazole</i>	1	ST (Proton Pump Inhibitors #3)
<i>omeprazole</i>	1	ST (Proton Pump Inhibitors #1)
<i>pantoprazole sodium</i>	1	ST (Proton Pump Inhibitors #2)
PROTONIX INJ	2	ST (Proton Pump Inhibitors #2)
Genitourinary Agents		
Antispasmodics, Urinary		
DETROL	2	ST (Urinary Antispasmodics #2)
DETROL LA	2	ST (Urinary Antispasmodics #2)
ENABLEX	2	ST (Urinary Antispasmodics #3)
<i>oxybutynin chloride er</i>	1	ST (Urinary Antispasmodics #1)
<i>oxybutynin chloride tabs</i>	1	ST (Urinary Antispasmodics #1)
OXYTROL	2	ST (Urinary Antispasmodics #3)
SANCTURA XR	2	ST (Urinary Antispasmodics #3)
<i>tropium chloride</i>	1	ST (Urinary Antispasmodics #3)
VESICARE	2	ST (Urinary Antispasmodics #3)
Benign Prostatic Hypertrophy Agents		
<i>doxazosin mesylate</i>	1	
<i>finasteride</i>	1	
<i>tamsulosin hcl</i>	1	
Genitourinary Agents, Other		
<i>bethanechol chloride</i>	1	
ELMIRON	2	

Drug Name	Drug Tier
THIOLA	2
Phosphate Binders	
<i>calcium acetate</i>	1
FOSRENOL	2
RENAGEL	2
RENVELA	2
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	
Glucocorticoids/ Mineralocorticoids	
<i>a-hydrocort</i>	1
ANUSOL-HC	2
ASMANEX 120 METERED DOSES	2
ASMANEX 30 METERED DOSES	2
ASMANEX 60 METERED DOSES	2
<i>augmented betamethasone dipropionate lotn</i>	1
<i>betamethasone dipropionate</i>	1
<i>betamethasone valerate</i>	1
CELESTONE	2
<i>clobetasol propionate</i>	1
<i>clobetasol propionate e</i>	1
<i>desonide crea, oint</i>	1
<i>dexamethasone sodium phosphate</i>	1
<i>dexamethasone elix</i>	1
DEXAMETHASONE TABS 1MG, 2MG	2
<i>dexamethasone tabs 0.5mg, 0.75mg, 4mg</i>	1
<i>fludrocortisone acetate</i>	1
FLUOCINOLONE ACETONIDE CREA 0.01%	2
<i>fluocinonide</i>	1
<i>fluocinonide emollient base</i>	1
<i>fluticasone propionate</i>	1
<i>hydrocortisone</i>	1
<i>hydrocortisone butyrate</i>	1
<i>hydrocortisone valerate</i>	1
<i>methylprednisolone acetate</i>	1
<i>methylprednisolone sodiumsuccinate</i>	1
<i>methylprednisolone tabs 4mg</i>	1
<i>methylprednisolone tabs 16mg, 32mg, 8mg</i>	1
<i>mometasone furoate</i>	1
<i>prednisolone sodium phosphate</i>	1
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 5mg</i>	1
PROCTOCORT	2
PROCTOCREAM HC	2
PROCTOSOL HC	2
PROCTOZONE-HC	2
SOLU-CORTEF INJ 250MG	2
<i>triamcinolone acetonide</i>	1
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	

Drug Name	Drug Tier	Requirements/Limits
<i>chorionic gonadotropin</i>	1	
<i>desmopressin acetate</i>	1	
GENOTROPIN	2	
GENOTROPIN MINIQUICK	2	
HUMATROPE	2	
HUMATROPE COMBO PACK	2	
INCRELEX	2	
NORDITROPIN FLEXPRO	2	
NORDITROPIN NORDIFLEX PEN	2	
NUTROPIN	2	
NUTROPIN AQ	2	
NUTROPIN AQ NUSPIN 5	2	
NUTROPIN AQ PEN	2	
OMNITROPE	2	
SAIZEN	2	
SAIZEN CLICK.EASY	2	
SEROSTIM	2	
TEV-TROPIN	2	
ZORBTIVE	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Anabolic Steroids		
ANADROL-50	2	
<i>oxandrolone</i>	1	
Androgens		
ANDRODERM	2	PA (Testosterone (Androderm))
ANDROGEL	2	
<i>androxy</i>	1	
<i>danazol</i>	1	
<i>depo-testosterone</i>	1	
TESTIM	2	
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
Estrogens		
<i>apri</i>	1	
<i>aviane</i>	1	
<i>balziva</i>	1	
<i>cesia</i>	1	
<i>cryselle-28</i>	1	
<i>enpresse-28</i>	1	
ESTRACE CREA	2	
<i>estradiol</i>	1	
<i>estradiol valerate</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>leena</i>	1	

Drug Name	Drug Tier
<i>levora 0.15/30-28</i>	1
<i>low-ogestrel</i>	1
<i>lutra</i>	1
<i>microgestin 1.5/30</i>	1
<i>microgestin 1/20</i>	1
<i>microgestin fe</i>	1
<i>microgestin fe 1.5/30</i>	1
<i>mononessa</i>	1
<i>necon 0.5/35-28</i>	1
<i>necon 1/35-28</i>	1
<i>necon 7/7/7</i>	1
<i>nortrel 0.5/35 (28)</i>	1
<i>nortrel 1/35 (21)</i>	1
<i>nortrel 1/35 (28)</i>	1
<i>nortrel 7/7/7</i>	1
<i>ocella</i>	1
<i>portia-28</i>	1
PREMARIN W/APPLICATOR	2
PREMARIN TABS	2
PREMPHASE	2
PREMPRO	2
<i>previfem</i>	1
<i>quasense</i>	1
<i>reclipsen</i>	1
<i>solia</i>	1
<i>sprintec 28</i>	1
<i>sronyx</i>	1
<i>tri-legest fe</i>	1
<i>tri-previfem</i>	1
<i>tri-sprintec</i>	1
<i>trinessa</i>	1
<i>trivora-28</i>	1
<i>velivet</i>	1
<i>zovia 1/35e</i>	1
<i>zovia 1/50e</i>	1
Progestins	
<i>aranelle</i>	1
<i>camila</i>	1
DEPO-PROVERA	2
DEPO-SUBQ PROVERA 104	2
ELLA	2
<i>errin</i>	1
<i>estradiol/norethindrone acetate</i>	1
<i>jolivette</i>	1
<i>lessina-28</i>	1
<i>medroxyprogesterone acetate</i>	1
MEGACE ES	2
<i>megestrol acetate</i>	1
<i>next choice</i>	1
<i>nora-be</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate</i>	1	
PROMETRIUM	2	
Selective Estrogen Receptor Modifying Agents		
EVISTA	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
<i>levothroid</i>	1	
<i>levothyroxine sodium</i>	1	
<i>liothyronine sodium</i>	1	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	2	
Hormonal Agents, Suppressant (Parathyroid)		
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR	2	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>bromocriptine mesylate</i>	1	
<i>cabergoline</i>	1	
ELIGARD	2	
<i>firmagon</i>	1	
<i>leuprolide acetate</i>	1	
LUPRON DEPOT	2	
LUPRON DEPOT-PED	2	
<i>octreotide acetate</i>	1	
SANDOSTATIN LAR DEPOT	2	
SOMATULINE DEPOT INJ 120MG/0.5ML, 90MG/0.3ML	2	
SOMAVERT	2	
SYNAREL	2	PA (Nafarelin (Synarel))
TRELSTAR MIXJECT	2	
Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)		
Antiandrogens		
AVODART	2	
<i>bicalutamide</i>	1	
<i>flutamide</i>	1	
NILANDRON	2	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
Immunological Agents		
Immune Suppressants		
CELLCEPT INTRAVENOUS	2	
CELLCEPT SUSR	2	
<i>cyclosporine</i>	1	
<i>cyclosporine modified caps 100mg</i>	1	
<i>cyclosporine modified soln</i>	1	
ENBREL INJ 25MG, 50MG/ML	2	

Drug Name	Drug Tier
<i>gengraf</i>	1
HUMIRA	2
HUMIRA PEN-CROHNS DISEASESTARTER	2
<i>methotrexate</i>	1
<i>methotrexate sodium</i>	1
MYCOPHENOLATE MOFETIL	2
MYFORTIC	2
ORENCIA	2
RAPAMUNE	2
REMICADE	2
ZORTRESS	2
Immunizing Agents, Passive	
ATGAM	2
CARIMUNE NANOFILTERED	2
FLEBOGAMMA	2
GAMASTAN S/D	2
GAMMAGARD LIQUID	2
GAMUNEX	2
THYMOGLOBULIN	2
VIVAGLOBIN	2
Immunological Agents	
AZASAN	2
<i>azathioprine</i>	1
AZATHIOPRINE SODIUM	2
<i>tropicamide</i>	1
Immunomodulators	
ACTIMMUNE	2
ARCALYST	2
AVONEX	2
BETASERON	2
COPAXONE	2
GILENYA	2
INTRON-A	2
INTRON-A W/DILUENT	2
<i>leflunomide</i>	1
PEG-INTRON	2
PEG-INTRON REDIPEN	2
PEGASYS	2
REBIF	2
REBIF TITRATION PACK	2
Vaccines	
ACTHIB	2
ADACEL	2
BOOSTRIX	2
CERVARIX	2
COMVAX	2
DAPTACEL	2
DECAVAC	2
DIPHThERIA/TETANUS TOXOID PEDIATRIC	2
ENGERIX-B	2

Drug Name	Drug Tier	Requirements/Limits
GARDASIL	2	
HAVRIX	2	
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
JE-VAX	2	
M-M-R II W/DILUENT 10 DOSE	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MENVEO	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	
ROTATEQ	2	
TETANUS TOXOID ADSORBED	2	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	2	
TRIHIBIT	2	
TRIPEDIA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VIVOTIF BERNA	2	
YF-VAX	2	
ZOSTAVAX	2	
Inflammatory Bowel Disease Agents		
Glucocorticoids		
<i>cortisone acetate</i>	1	
<i>dexamethasone</i>	1	
ENTOCORT EC	2	
Salicylates		
APRISO	2	
ASACOL	2	
ASACOL HD	2	
CANASA	2	
DIPENTUM	2	
LIALDA	2	
<i>mesalamine</i>	1	
PENTASA	2	
Sulfonamides		
<i>sulfasalazine</i>	1	
<i>sulfazine ec</i>	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
ACTONEL TABS 150MG, 30MG, 5MG	2	ST (Osteoporosis #2)
<i>alendronate sodium</i>	1	ST (Osteoporosis #1)
BONIVA	2	ST (Osteoporosis #2)

Drug Name	Drug Tier	Requirements/Limits
<i>calcitonin-salmon</i>	1	ST (Osteoporosis #2)
<i>calcitriol</i>	1	
<i>etidronate disodium</i>	1	ST (Osteoporosis #1)
FORTEO	2	ST (Osteoporosis #3)
<i>fortical</i>	1	ST (Osteoporosis #2)
FOSAMAX SOLN	2	
HECTOROL	2	
MIACALCIN INJ	2	ST (Osteoporosis #2)
PROLIA	2	ST (Osteoporosis #2)
RECLAST	2	ST (Osteoporosis #2)
XGEVA	2	
ZOMETA	2	

Miscellaneous Therapeutic Agents

Miscellaneous Therapeutic Agents

BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	2	
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	2	
CURITY GAUZE PADS 2"X2"	2	
<i>dextrose 10% flex container</i>	1	
<i>dextrose 5%</i>	1	
<i>intralipid inj 2.25%; 20%</i>	1	
<i>lactated ringers irrigation</i>	1	
<i>leucovorin calcium</i>	1	
LIPOSYN II	2	
LIPOSYN III	2	
<i>sterile water irrigation</i>	1	

Ophthalmic Agents

Ophthalmic Agents, Other

LACRISERT	2	
<i>mydral</i>	1	
RESTASIS	2	PA (Cyclosporine (Restasis))
<i>trifluridine</i>	1	
<i>tropicamide</i>	1	

Ophthalmic Anti-allergy Agents

<i>azelastine hcl</i>	1	QL (6 per 30 days)
<i>cromolyn sodium</i>	1	
PATADAY	2	QL (5 per 30 days)
PATANOL	2	QL (10 per 30 days)

Ophthalmic Anti-inflammatories

ALREX	2	QL (15 per 30 days)
BLEPHAMIDE S.O.P.	2	
CIPRO HC	2	
CIPRODEX	2	
<i>dexamethasone sodium phosphate</i>	1	
<i>diclofenac sodium</i>	1	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine</i>	1	QL (10 per 30 days)
LOTEMAX	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>poly-dex</i>	1	
POLY-PRED	2	
<i>prednisolone acetate</i>	1	
PREDNISOLONE SODIUM PHOSPHATE	2	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
TOBRADEX OINT	2	
<i>tobramycin/dexamethasone</i>	1	
VEXOL	2	
ZIRGAN	2	
ZYLET	2	
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P	2	QL (10 per 30 days)
APRACLONIDINE	2	
AZOPT	2	
<i>brimonidine tartrate</i>	1	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl/timolol maleate</i>	1	
<i>levobunolol hcl</i>	1	
PILOPINE HS	2	
<i>timolol maleate</i>	1	
<i>timolol maleate ophthalmic gel forming</i>	1	
Ophthalmic Prostaglandin and Prostanoid Analogs		
LUMIGAN SOLN 0.01%	2	
LUMIGAN SOLN 0.03%	2	QL (5 per 30 days)
XALATAN	2	
Otic Agents		
Otic Agents		
<i>acetic acid</i>	1	
DERMOTIC	2	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone susp</i>	1	
Respiratory Tract Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS	2	QL (60 per 30 days)
ADVAIR HFA	2	
FLOVENT HFA	2	QL (12 per 30 days)
<i>flunisolide</i>	1	
<i>fluticasone propionate</i>	1	
NASACORT AQ	2	
NASONEX	2	
PATANASE	2	
PULMICORT	2	
PULMICORT FLEXHALER	2	
RHINOCORT AQUA	2	
Antihistamines		
<i>azelastine hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cyproheptadine hcl</i>	1	
<i>fexofenadine hcl</i>	1	
<i>hydroxyzine hcl</i>	1	
VIDAZA	2	
Antileukotrienes		
SINGULAIR	2	ST (Xolair #1)
<i>zafirlukast</i>	1	ST (Xolair #1)
ZYFLO CR	2	
Bronchodilators, Anticholinergic		
ATROVENT HFA	2	
<i>ipratropium bromide</i>	1	ST (Anticholinergic Bronchodilators #1)
SPIRIVA HANDIHALER	2	ST (Anticholinergic Bronchodilators #2)
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)		
<i>aminophylline</i>	1	
THEO-24	2	
<i>theochron</i>	1	
<i>theophylline er</i>	1	
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate nebu 0.083%, 0.5%, 0.63mg/3ml</i>	1	
COMBIVENT	2	
<i>epinephrine hcl</i>	1	
EIPEN 2-PAK	2	
EIPEN-JR 2-PAK	2	
<i>ipratropium bromide/albuterol sulfate</i>	1	ST (Anticholinergic Bronchodilators #1)
MAXAIR AUTOHALER	2	
METAPROTERENOL SULFATE TABS	2	
<i>metaproterenol sulfate syrup</i>	1	
PROAIR HFA	2	ST (Sympathomimetic Bronchodilators #2)
PROVENTIL HFA	2	ST (Sympathomimetic Bronchodilators #2)
SEREVENT DISKUS	2	QL (60 per 30 days)
<i>terbutaline sulfate</i>	1	
TWINJECT	2	
VENTOLIN HFA	2	ST (Sympathomimetic Bronchodilators #1)
Mast Cell Stabilizers		
<i>cromolyn sodium</i>	1	
GASTROCROM	2	
Pulmonary Antihypertensives		
ADCIRCA	2	PA (Tadalafil (Adcirca)) ST (Pulmonary Antihypertensives #1)
LETAIRIS	2	ST (Pulmonary Antihypertensives #2)
REMODULIN	2	PA (Trepstinil (Remodulin))

Drug Name	Drug Tier	Requirements/Limits
REVATIO TABS	2	PA (Sildenafil (Revatio)) ST (Pulmonary Antihypertensives #1)
TRACLEER	2	LA
Respiratory Tract Agents, Other		
<i>acetylcysteine</i>	1	
ARALAST NP	2	
PROLASTIN	2	
PULMOZYME	2	ST (Mucolytics #2) PA (Dornase Alfa (Pulmozyme))
TYZINE	2	
TYZINE PEDIATRIC NASAL DROPS	2	
XOLAIR	2	ST (Xolair #2)
ZEMAIRA	2	
Sedatives/Hypnotics		
Sedatives/Hypnotics		
<i>zaleplon</i>	1	
<i>zolpidem tartrate</i>	1	
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl</i>	1	
<i>methocarbamol</i>	1	
ROBAXIN INJ	2	
Therapeutic Nutrients/Minerals/ Electrolytes		
Electrolytes/Minerals		
AMINOSYN	2	
AMINOSYN 7%/ELECTROLYTES	2	
AMINOSYN 8.5%/ELECTROLYTES	2	
AMINOSYN II	2	
AMINOSYN II 3.5%/DEXTROSE25%	2	
AMINOSYN II 3.5/DEXTROSE 25%	2	
AMINOSYN II 4.25/DEXTROSE10%	2	
AMINOSYN II 4.25/DEXTROSE20%	2	
AMINOSYN II 4.25/DEXTROSE25%	2	
AMINOSYN II 5/DEXTROSE 25	2	
AMINOSYN II 8.5%/ELECTROLYTES	2	
AMINOSYN II M 3.5%/DEXTROSE 5%	2	
AMINOSYN M	2	
AMINOSYN-HBC	2	
AMINOSYN-HF	2	
AMINOSYN-PF	2	
AMINOSYN-PF 7%	2	
<i>ammonium chloride</i>	1	
CLINIMIX 2.75%/DEXTROSE 5%	2	
<i>clanimix 4.25%/dextrose 10%</i>	1	
<i>clanimix 4.25%/dextrose 20%</i>	1	
<i>clanimix 4.25%/dextrose 25%</i>	1	
CLINIMIX 5%/DEXTROSE 20%	2	
CLINIMIX 5%/DEXTROSE 25%	2	
CLINIMIX E 2.75%/DEXTROSE 5%	2	

Drug Name	Drug Tier	Requirements/Limits
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CLINIMIX E 4.25%/DEXTROSE 5%	2	
CLINIMIX E 5%/DEXTROSE 15%	2	
CLINIMIX E 5%/DEXTROSE 25%	2	
<i>clinisol sf 15%</i>	1	
DEXTROSE 10%/NACL 0.45%	2	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2	
<i>dextrose 10%/nacl 0.2%</i>	1	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%/nacl 0.2%</i>	1	
DEXTROSE 5%/NACL 0.225%	2	
<i>dextrose 5%/nacl 0.33%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.9%</i>	1	
DEXTROSE 5%/POTASSIUM CHLORIDE 0.075%	2	
<i>ed k+10</i>	1	
<i>eliphos</i>	1	
FREAMINE HBC 6.9%	2	
<i>freamine iii</i>	1	
FREAMINE III 3%	2	
<i>hepatamine</i>	1	
HEPATASOL	2	
IONOSOL-B/DEXTROSE 5%	2	
IONOSOL-MB/DEXTROSE 5%	2	
IONOSOL-T/DEXTROSE 5%	2	
ISOLYTE-H/DEXTROSE 5%	2	
<i>isolyte-m/dextrose 5%</i>	1	
ISOLYTE-P/DEXTROSE 5%	2	
ISOLYTE-S	2	
ISOLYTE-S/DEXTROSE 5%	2	
KCL 0.075%/D5W/NACL 0.45%	2	
KCL 0.15%/D10W/NACL 0.2%	2	
KCL 0.15%/D5W/LR	2	
KCL 0.15%/D5W/NACL 0.2%	2	
KCL 0.15%/D5W/NACL 0.225%	2	
KCL 0.15%/D5W/NACL 0.9%	2	
KCL 0.3%/D5W/LR IV LAC RING	2	
KCL 0.3%/D5W/NACL 0.2%	2	
KCL 0.3%/D5W/NACL 0.45%	2	
KCL 0.3%/D5W/NACL 0.9%	2	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>lactated ringers</i>	1	
MAGNESIUM SULFATE IN D5W	2	
MAGNESIUM SULFATE INJ 40MG/ML, 80MG/ML	2	
<i>magnesium sulfate inj 50%</i>	1	
NEPHRAMINE	2	
<i>normosol-m in d5w</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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<i>normosol-r in d5w</i>	1	
<i>novamine</i>	1	
<i>physiolyte</i>	1	
PHYSIOSOL IRRIGATION	2	
PLASMA-LYTE 56	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-148	2	
PLASMA-LYTE-148/D5W	2	
PLASMA-LYTE-56/D5W	2	
<i>plasma-lyte-r</i>	1	
POTASSIUM CHLORIDE 0.075%/D5W/NACL 0.225%	2	
<i>potassium chloride 0.15% /nacl 0.45% viaflex</i>	1	
POTASSIUM CHLORIDE 0.15% D5W/NACL 0.33%	2	
POTASSIUM CHLORIDE 0.15% D5W/NACL 0.45%	2	
VIAFLEX		
POTASSIUM CHLORIDE 0.15% NACL 0.9%	2	
<i>potassium chloride 0.15%/d5w</i>	1	
POTASSIUM CHLORIDE 0.22% D5W/NACL 0.45%	2	
<i>potassium chloride 0.224%/d5w</i>	1	
POTASSIUM CHLORIDE 0.224%D5W/NACL 0.33%	2	
POTASSIUM CHLORIDE 0.3%/ NACL 0.9%	2	
<i>potassium chloride 0.3%/d5w</i>	1	
<i>potassium chloride er</i>	1	
<i>potassium chloride sr</i>	1	
POTASSIUM CHLORIDE INJ 10MEQ/50ML	2	
<i>potassium chloride inj 0.4meq/ml, 10meq/100ml, 2meq/ml, 30meq/100ml</i>	1	
<i>potassium citrate extended-release</i>	1	
PREMASOL INJ 52MEQ/L; 1760MG/100ML;	2	
880MG/100ML; 34MEQ/L; 1760MG/100ML;		
372MG/100ML; 406MG/100ML; 526MG/100ML;		
492MG/100ML; 492MG/100ML; 526MG/100ML;		
356MG/100ML; 356MG/100ML; 390MG/100ML;		
34MG/100ML; 152MG/100ML		
<i>premasol inj 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml</i>	1	
PROCALAMINE	2	
PROSOL	2	
<i>ringers injection</i>	1	
<i>ringers irrigation</i>	1	
<i>sodium bicarbonate</i>	1	
<i>sodium chloride</i>	1	
SODIUM CHLORIDE 0.9%	2	
<i>sodium chloride 0.45% viaflex</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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<i>tis-u-sol</i>	1	
<i>tpn electrolytes</i>	1	
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TROPHAMINE	2	
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CLINIMIX 5%/DEXTROSE 15%	2	
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<i>fluocinonide</i>	21
<i>fluocinonide emollient base</i>	21
<i>fluorometholone</i>	27
FLUOROPLEX	19
<i>fluorouracil</i>	19
<i>fluoxetine dr</i>	6
<i>fluoxetine hcl</i>	6
<i>fluphenazine decanoate</i>	11
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<i>flurbiprofen sodium</i>	27
<i>flutamide</i>	24
<i>fluticasone propionate</i>	21
<i>fluticasone propionate</i>	28
<i>fluvoxamine maleate</i>	6
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<i>fomepizole</i>	6
FORTEO	27
<i>fortical</i>	27
FOSAMAX	27
<i>foscarnet sodium</i>	12
<i>fosphenytoin sodium</i>	5
FOSRENOL	21
FRAGMIN	14
FREAMINE HBC 6.9%	31
<i>freamine iii</i>	31
FREAMINE III 3%	31
<i>furosemide</i>	16
FUZEON	12
<i>gabapentin</i>	5
GABITRIL	5
<i>galantamine hydrobromide</i>	5
GAMASTAN S/D	25
GAMMAGARD LIQUID	25
GAMUNEX	25
GANCICLOVIR	12
GARDASIL	26
GASTROCROM	29
<i>gavilyte-g</i>	20
<i>gavilyte-n/ flavor pack</i>	20
<i>gemcitabine hcl</i>	9
<i>gemfibrozil</i>	17
<i>generlac</i>	20
<i>engraf</i>	25
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GENOTROPIN MINIQUICK	22
<i>gentak</i>	2

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<i>gentamicin sulfate/0.9% sodium chloride</i>	2
<i>gentamicin sulfate/sodium chloride</i>	2
<i>gentalol</i>	2
GEODON	11
GILENYA	25
GLEEVEC	10
<i>glimepiride</i>	13
<i>glipizide</i>	13
<i>glipizide er</i>	13
<i>glipizide/metformin hcl</i>	14
GLUCAGON EMERGENCY KIT	14
<i>glyburide</i>	14
<i>glyburide micronized</i>	14
<i>glyburide/metformin hcl</i>	14
<i>glycopyrrolate</i>	20
GLYSET	14
<i>granisetron hcl</i>	7
GRANISOL	7
<i>griseofulvin microsize</i>	7
GUANIDINE HCL	8
GYNAZOLE-1	7
HALAVEN	9
<i>haloperidol</i>	12
<i>haloperidol decanoate</i>	12
<i>haloperidol lactate</i>	12
HAVRIX	26
HECTOROL	27
HEPARIN SODIUM	15
<i>heparin sodium/d5w</i>	14
HEPARIN SODIUM/NACL 0.45%	14
<i>heparin sodium/sodium chloride 0.9%</i>	15
<i>premix</i>	
<i>hepatamine</i>	31
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HEPSERA	13
HEXALEN	9
HUMALOG	14
HUMALOG KWIKPEN	14
HUMALOG MIX 50/50	14
HUMALOG MIX 50/50 KWIKPEN	14
HUMALOG MIX 75/25	14
HUMALOG MIX 75/25 KWIKPEN	14
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<i>hydrochlorothiazide</i>	16
<i>hydrocodone bitartrate/acetaminophen</i>	1
<i>hydrocodone/acetaminophen</i>	1
<i>hydrocodone/ibuprofen</i>	2
<i>hydrocortisone</i>	21
<i>hydrocortisone butyrate</i>	21
<i>hydrocortisone valerate</i>	21
<i>hydromorphone hcl</i>	1
<i>hydroxychloroquine sulfate</i>	10
<i>hydroxyurea</i>	9
<i>hydroxyzine hcl</i>	7
<i>hydroxyzine hcl</i>	29
<i>hydroxyzine pamoate</i>	7
<i>ibuprofen</i>	2
<i>imipramine hcl</i>	6
<i>imipramine pamoate</i>	6
<i>imiquimod</i>	19
IMOVAX RABIES (H.D.C.V.)	26
INCRELEX	22
<i>indapamide</i>	17
<i>indomethacin</i>	2
<i>indomethacin er</i>	2
INFANRIX	26
INTELENCE	12
<i>intralipid</i>	27
INTRON-A	25
INTRON-A W/DILUENT	25
INVANZ	3
INVEGA	11
INVEGA SUSTENNA	11
INVIRASE	13
IONOSOL-B/DEXTROSE 5%	31
IONOSOL-MB/DEXTROSE 5%	31
IONOSOL-T/DEXTROSE 5%	31
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<i>ipratropium bromide</i>	29
<i>ipratropium bromide/albuterol sulfate</i>	29
IRESSA	10
ISENTRESS	13
ISOLYTE-H/DEXTROSE 5%	31
<i>isolyte-m/dextrose 5%</i>	31
ISOLYTE-P/DEXTROSE 5%	31
ISOLYTE-S	31
ISOLYTE-S/DEXTROSE 5%	31
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<i>isosorbide dinitrate</i>	18
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<i>isosorbide mononitrate er</i>	18
<i>isotonic gentamicin</i>	2
<i>itraconazole</i>	8
IXIARO	26
JANUMET	14
JANUVIA	14
JE-VAX	26
JEVTANA	9
<i>jolivette</i>	23
<i>junel 1.5/30</i>	22
<i>junel 1/20</i>	22
<i>junel fe 1.5/30</i>	22
<i>junel fe 1/20</i>	22
KALETRA	13
<i>kariva</i>	22
KCL 0.075%/D5W/NACL 0.45%	31
KCL 0.15%/D10W/NACL 0.2%	31
KCL 0.15%/D5W/LR	31
KCL 0.15%/D5W/NACL 0.2%	31
KCL 0.15%/D5W/NACL 0.225%	31
KCL 0.15%/D5W/NACL 0.9%	31
KCL 0.3%/D5W/LR IV LAC RING	31
KCL 0.3%/D5W/NACL 0.2%	31
KCL 0.3%/D5W/NACL 0.45%	31
KCL 0.3%/D5W/NACL 0.9%	31
<i>kelnor 1/35</i>	22
KETEK	4
<i>ketoconazole</i>	8
<i>ketoprofen</i>	2
<i>ketorolac tromethamine</i>	2
<i>ketorolac tromethamine</i>	28
KINERET	15
<i>klor-con 10</i>	31
<i>klor-con 8</i>	31
<i>klor-con m15</i>	31
<i>klor-con m20</i>	31
KUVAN	19
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<i>lactated ringers</i>	31
<i>lactated ringers irrigation</i>	27
<i>lactulose</i>	20
LAMICTAL XR	19
<i>lamotrigine</i>	5
<i>lansoprazole</i>	20
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<i>leflunomide</i>	25

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<i>leucovorin calcium</i>	27
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LEUKINE	15
<i>leuprolide acetate</i>	24
LEVAQUIN	4
LEVEMIR	14
LEVEMIR FLEXPEN	14
<i>levetiracetam</i>	4
<i>levobunolol hcl</i>	28
<i>levofloxacin</i>	4
<i>levora 0.15/30-28</i>	23
<i>levothroid</i>	24
<i>levothyroxine sodium</i>	24
LEXIVA	13
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<i>lidocaine</i>	1
<i>lidocaine hcl</i>	1
<i>lidocaine hcl jelly</i>	1
<i>lidocaine viscous</i>	1
<i>lidocaine/prilocaine</i>	1
LIDODERM	1
LINDANE	10
<i>liothyronine sodium</i>	24
LIPITOR	17
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LIPOSYN III	27
<i>lisinopril</i>	17
<i>lisinopril/hydrochlorothiazide</i>	18
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<i>lithium carbonate er</i>	13
<i>lithium citrate</i>	13
<i>loperamide hcl</i>	20
<i>losartan potassium</i>	18
<i>losartan potassium/hydrochlorothiazide</i>	18
LOTEMAX	28
LOTRONEX	20
<i>lovastatin</i>	17
LOVAZA	17
<i>low-ogestrel</i>	23
<i>loxapine succinate</i>	12
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<i>lutea</i>	23
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<i>matzim la</i>	16
MAXAIR AUTOHALER	29
<i>mebendazole</i>	10
<i>meclizine hcl</i>	7
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<i>medroxyprogesterone acetate</i>	23
MEGACE ES	23
<i>megestrol acetate</i>	23
<i>melphalan hydrochloride</i>	9
MENACTRA	26
MENOMUNE-A/C/Y/W-135	26
MENVEO	26
<i>meprobamate</i>	13
MEPRON	10
<i>mercaptapurine</i>	9
<i>meropenem</i>	3
<i>mesalamine</i>	26
<i>mesna</i>	9
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<i>metadate er</i>	18
METAPROTERENOL SULFATE	29
<i>metformin hcl</i>	14
<i>metformin hcl er</i>	14
METHADONE HCL	1
<i>methadose</i>	1
<i>methenamine hippurate</i>	2
<i>methimazole</i>	24
<i>methocarbamol</i>	30
<i>methotrexate</i>	25
<i>methotrexate sodium</i>	25
<i>methyl dopa</i>	15
METHYLDOPATE HCL	15
METHYLIN	18
<i>methylin er</i>	18
<i>methylphenidate hcl</i>	18
<i>methylphenidate hcl sr</i>	18
<i>methylphenidate hydrochloride</i>	18
<i>methylprednisolone</i>	21
<i>methylprednisolone acetate</i>	21
<i>methylprednisolone sodiumsuccinate</i>	21
<i>metoclopramide hcl</i>	7
<i>metolazone</i>	17
<i>metoprolol succinate er</i>	16
<i>metoprolol tartrate</i>	16
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<i>metronidazole</i>	2
<i>metronidazole in nacl 0.79%</i>	2

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<i>microgestin 1.5/30</i>	23
<i>microgestin 1/20</i>	23
<i>microgestin fe</i>	23
<i>microgestin fe 1.5/30</i>	23
<i>midodrine hcl</i>	15
<i>minocycline hcl</i>	4
<i>minoxidil</i>	18
<i>mirtazapine</i>	5
<i>mirtazapine</i>	18
<i>mirtazapine odt</i>	5
<i>misoprostol</i>	20
<i>mitoxantrone hcl</i>	9
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<i>mometasone furoate</i>	21
<i>mononessa</i>	23
MORPHINE SULFATE	1
<i>morphine sulfate er</i>	1
<i>mupirocin</i>	2
MYCAMINE	8
MYCOBUTIN	8
MYCOPHENOLATE MOFETIL	25
<i>mydral</i>	27
MYFORTIC	25
<i>nabumetone</i>	2
<i>nadolol</i>	16
<i>nadolol/bendroflumethiazide</i>	16
NAFCILLIN SODIUM	3
NAGLAZYME	19
NALLPEN/DEXTROSE	3
<i>naloxone hcl</i>	7
<i>naltrexone hcl</i>	7
NAMENDA	5
<i>naproxen</i>	1
<i>naproxen dr</i>	1
<i>naproxen sodium</i>	1
<i>naratriptan hcl</i>	8
NASACORT AQ	28
NASONEX	28
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<i>necon 0.5/35-28</i>	23
<i>necon 1/35-28</i>	23
<i>necon 7/7/7</i>	23
NEFAZODONE HCL	5
<i>neomycin sulfate</i>	2
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<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	28

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NEURONTIN	5
NEXAVAR	10
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<i>niacor</i>	17
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<i>nifediac cc</i>	16
<i>nifedical xl</i>	16
<i>nifedipine</i>	16
<i>nifedipine er</i>	16
NILANDRON	24
<i>nimodipine</i>	16
<i>nitrofurantoin macrocrystalline</i>	2
<i>nitrofurantoin monohydrate</i>	2
NITROGLYCERIN	18
<i>nitroglycerin transdermal</i>	18
NITROSTAT	18
<i>nora-be</i>	23
NORDITROPIN FLEXPEN	22
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<i>norethindrone acetate</i>	24
<i>normosol-m in d5w</i>	31
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<i>normosol-r in d5w</i>	32
<i>nortrel 0.5/35 (28)</i>	23
<i>nortrel 1/35 (21)</i>	23
<i>nortrel 1/35 (28)</i>	23
<i>nortrel 7/7/7</i>	23
<i>nortriptyline hcl</i>	6
NORVIR	13
<i>novamine</i>	32
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NOVOLIN R	14
NOVOLOG	14
NOVOLOG FLEXPEN	14
NOVOLOG MIX 70/30	14
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<i>octreotide acetate</i>	24
<i>ofloxacin</i>	4
<i>omeprazole</i>	20
OMNITROPE	22
<i>ondansetron hcl</i>	7
<i>ondansetron odt</i>	7
ONTAK	9
ORAP	12
ORENCIA	25
ORFADIN	19
OXALIPLATIN	9
<i>oxandrolone</i>	22
<i>oxaprozin</i>	1
<i>oxcarbazepine</i>	5
OXSORALEN	19
OXSORALEN ULTRA	19
<i>oxybutynin chloride</i>	20
<i>oxybutynin chloride er</i>	20
<i>oxycodone hcl</i>	1
<i>oxycodone/acetaminophen</i>	1
<i>oxycodone/ibuprofen</i>	1
OXYCONTIN	1
OXYTROL	20
PANCREAZE	19
PANRETIN	10
<i>pantoprazole sodium</i>	20
<i>paromomycin sulfate</i>	2
<i>paroxetine hcl</i>	6
<i>paroxetine hcl er</i>	6
PASER	9
PATADAY	27
PATANASE	28
PATANOL	27
PEDVAX HIB	26
PEGANONE	5
PEGASYS	25
PEG-INTRON	25
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<i>penicillin v potassium</i>	3
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<i>pentoxifylline er</i>	15
PEPCID	20
<i>permethrin</i>	10
<i>perphenazine</i>	7
<i>phenazopyridine hcl</i>	2
<i>phenelzine sulfate</i>	6
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<i>phenytoin</i>	5
<i>phenytoin sodium</i>	5

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<i>pilocarpine hydrochloride</i>	19
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PIPERACILLIN SODIUM	3
<i>piperacillin sodium/tazobactam sodium</i>	3
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PLASMA-LYTE A	32
PLASMA-LYTE-148	32
PLASMA-LYTE-148/D5W	32
PLASMA-LYTE-56/D5W	32
<i>plasma-lyte-r</i>	32
PLAVIX	15
<i>podofilox</i>	19
<i>polycin b</i>	2
<i>poly-dex</i>	28
<i>polyethylene glycol 3350</i>	20
<i>polymyxin b sulfate</i>	3
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POTASSIUM CHLORIDE	32
0.075%/D5W/NACL 0.225%	
<i>potassium chloride 0.15% /nacl 0.45%</i>	32
<i>viaflex</i>	
POTASSIUM CHLORIDE 0.15%	32
D5W/NACL 0.33%	
POTASSIUM CHLORIDE 0.15%	32
D5W/NACL 0.45% VIAFLEX	
POTASSIUM CHLORIDE 0.15% NACL	32
0.9%	
<i>potassium chloride 0.15%/d5w</i>	32
POTASSIUM CHLORIDE 0.22%	32
D5W/NACL 0.45%	
<i>potassium chloride 0.224%/d5w</i>	32
POTASSIUM CHLORIDE	32
0.224%D5W/NACL 0.33%	
POTASSIUM CHLORIDE 0.3%/ NACL	32
0.9%	
<i>potassium chloride 0.3%/d5w</i>	32
<i>potassium chloride er</i>	32
<i>potassium chloride sr</i>	32
<i>potassium citrate extended-release</i>	32
PRADAXA	15
<i>pramipexole dihydrochloride</i>	11
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<i>pravastatin sodium</i>	17
<i>prazosin hcl</i>	15

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<i>prednisolone sodium phosphate</i>	21
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<i>prednisone</i>	21
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PREMPRO	23
<i>prenatabs obn</i>	33
<i>previfem</i>	23
PREZISTA	13
PRIFTIN	9
<i>primidone</i>	5
PRISTIQ	6
PROAIR HFA	29
<i>probenecid</i>	8
PROCALAMINE	32
<i>prochlorperazine</i>	7
<i>prochlorperazine edisylate</i>	12
<i>prochlorperazine maleate</i>	12
PROCRIT	15
PROCTOCORT	21
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PROLASTIN	30
PROLEUKIN	10
PROLIA	27
PROMACTA	15
PROMACTA	15
<i>promethazine hcl</i>	7
<i>promethazine vc</i>	7
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<i>propafenone hcl</i>	15
<i>propranolol hcl</i>	16
<i>propranolol hcl er</i>	16
<i>propranolol/hydrochlorothiazide</i>	16
<i>propylthiouracil</i>	24
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<i>protriptyline hcl</i>	6
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<i>pyridostigmine bromide</i>	8
<i>quasense</i>	23
<i>quinapril hcl</i>	18
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<i>quinidine gluconate er</i>	15
<i>quinidine sulfate</i>	15
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<i>ranitidine hcl</i>	20
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<i>ribasphere</i>	13
<i>ribavirin</i>	13
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<i>ringers injection</i>	32
<i>ringers irrigation</i>	32
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<i>risperidone</i>	13
<i>risperidone odt</i>	11
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RITUXAN	10
<i>rivastigmine tartrate</i>	5
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<i>ropinirole hcl</i>	11
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<i>roxicet</i>	1
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SANTYL	19
SAPHRIS	11
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<i>selenium sulfide</i>	19
SELZENTRY	13
SENSIPAR	24
SEREVENT DISKUS	29
SEROMYCIN	9
SEROQUEL	11
SEROQUEL XR	11
SEROSTIM	22
<i>sertraline hcl</i>	6
<i>silver sulfadiazine</i>	3
<i>simvastatin</i>	17
SINGULAIR	29
<i>sodium bicarbonate</i>	32
<i>sodium chloride</i>	32
SODIUM CHLORIDE 0.9%	32
<i>sodium chloride 0.45% viaflex</i>	32
<i>sodium fluoride</i>	33
SODIUM LACTATE	33
<i>sodium polystyrene sulfonate</i>	6
<i>sodium sulfacetamide</i>	4
SOLARAZE	19
<i>solia</i>	23
SOLU-CORTEF	21
SOMATULINE DEPOT	24
SOMAVERT	24
<i>sotalol hcl</i>	15
SPIRIVA HANDIHALER	29
<i>spironolactone</i>	17
<i>spironolactone/hydrochlorothiazide</i>	17
SPORANOX	8
<i>sprintec 28</i>	23
SPRYCEL	10
<i>sronyx</i>	23
<i>ssd</i>	3
<i>stagesic</i>	1
STALEVO 100	11
STALEVO 125	11
STALEVO 150	11
STALEVO 200	11
STALEVO 50	11
STALEVO 75	11
STAVUDINE	12
<i>sterile water irrigation</i>	27
STREPTOMYCIN SULFATE	2
STROMECTOL	10

Drug Name	Page #
SUBOXONE	7
SUCRAID	19
<i>sucrafate</i>	20
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	28
SULFADIAZINE	4
SULFAMETHOXAZOLE/TRIMETHOPRIM	4
IM	
<i>sulfamethoxazole/trimethoprim ds</i>	4
<i>sulfasalazine</i>	26
<i>sulfazine ec</i>	26
<i>sumatriptan succinate</i>	8
SUPRAX	3
SURMONTIL	6
SUSTIVA	12
SUTENT	10
SYMLIN	14
SYMLINPEN 120	14
SYMLINPEN 60	14
SYNAREL	24
TABLOID	9
<i>tacrolimus</i>	19
TAMIFLU	13
<i>tamoxifen citrate</i>	9
<i>tamsulosin hcl</i>	20
TARCEVA	10
TARGRETIN	10
TASIGNA	10
TASMAR	11
TAXOTERE	10
TAZORAC	19
<i>taztia xt</i>	16
TEGRETOL-XR	5
<i>terazosin hcl</i>	15
<i>terbutaline sulfate</i>	29
<i>terconazole</i>	8
TESTIM	22
<i>testosterone cypionate</i>	22
<i>testosterone enanthate</i>	22
TETANUS TOXOID ADSORBED	26
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	26
<i>tetracycline hcl</i>	4
TEV-TROPIN	22
THALOMID	9
THEO-24	29
<i>theochron</i>	8
<i>theochron</i>	29
<i>theophylline er</i>	29
THIOLA	21
<i>thioridazine hcl</i>	12

Drug Name	Page #
THIOTEPA	9
<i>thiothixene</i>	12
THYMOGLOBULIN	25
<i>ticlopidine hcl</i>	15
TIKOSYN	15
<i>timolol maleate</i>	28
<i>timolol maleate ophthalmic gel forming</i>	28
<i>tis-u-sol</i>	33
<i>tizanidine hcl</i>	12
TOBI	2
TOBRADEX	28
<i>tobramycin sulfate</i>	2
TOBRAMYCIN SULFATE/SODIUM CHLORIDE	2
<i>tobramycin/dexamethasone</i>	28
<i>tobrasol</i>	2
TOPAMAX SPRINKLE	5
<i>topiramate</i>	8
<i>topotecan hcl</i>	10
<i>toremide</i>	17
<i>tpn electrolytes</i>	33
TRACLEER	30
<i>tramadol hcl</i>	1
<i>tramadol hcl er</i>	1
<i>tramadol hydrochloride/acetaminophen</i>	1
TRANSDERM-SCOP	7
<i>tranylcypromine sulfate</i>	6
TRAVASOL	33
<i>trazodone hcl</i>	5
TRECATOR	9
TRELSTAR MIXJECT	24
<i>tretinoin</i>	10
<i>tretinoin</i>	19
<i>triamcinolone acetonide</i>	21
<i>triamcinolone in orabase</i>	19
<i>triamterene/hydrochlorothiazide</i>	17
<i>trifluoperazine hcl</i>	12
<i>trifluridine</i>	27
<i>trihexyphenidyl hcl</i>	11
TRIHIBIT	26
<i>tri-legest fe</i>	23
<i>trilyte</i>	20
<i>trimethoprim</i>	3
<i>trimethoprim sulfate/polymyxin b sulfate</i>	3
<i>trinessa</i>	23
TRIPEDIA	26
<i>tri-previfem</i>	23
TRISENOX	10
<i>tri-sprintec</i>	23
<i>trivora-28</i>	23
TRIZIVIR	12

Drug Name	Page #
TROPHAMINE	33
<i>tropicamide</i>	25
<i>tropicamide</i>	27
<i>trospium chloride</i>	20
TRUVADA	12
TWINJECT	29
TWINRIX	26
TYGACIL	3
TYKERB	10
TYPHIM VI	26
TYZEKA	12
TYZINE	30
TYZINE PEDIATRIC NASAL DROPS	30
<i>ursodiol</i>	20
UVADEX	19
<i>valacyclovir hcl</i>	13
VALCYTE	12
<i>valproate sodium</i>	5
<i>valproic acid</i>	5
VANCOCIN HCL	3
<i>vancomycin hcl</i>	3
VANDETANIB	9
VAQTA	26
VARIVAX	26
VELCADE	10
<i>velivet</i>	23
<i>venlafaxine hcl</i>	6
VENLAFAXINE HCL ER	6
VENTOLIN HFA	29
<i>verapamil hcl</i>	16
<i>verapamil hcl er</i>	16
VESICARE	20
VEXOL	28
VFEND	8
VFEND IV	8
VIDAZA	29
VIDEX PEDIATRIC	12
VIGAMOX	4
VIMPAT	18
VIRACEPT	13
VIRAMUNE	12
VIREAD	12
VIVAGLOBIN	25
VIVOTIF BERNA	26
VOTRIENT	9
VPRIV	19
VYTORIN	17
<i>warfarin sodium</i>	15
XALATAN	28
XENAZINE	18
XGEVA	27

Drug Name	Page #
XIFAXAN	3
XOLAIR	30
XYREM	18
YF-VAX	26
<i>zafirlukast</i>	29
<i>zaleplon</i>	30
ZANTAC	20
ZAVESCA	19
<i>zazole</i>	8
ZEMAIRA	30
ZENPEP	19
ZETIA	17
ZIAGEN	12
<i>zidovudine</i>	12
ZIRGAN	28
ZOLINZA	10
<i>zolpidem tartrate</i>	30
ZOMETA	27
ZOMIG	8
ZOMIG ZMT	8
<i>zonisamide</i>	5
ZORBTIVE	22
ZORTRESS	25
ZOSTAVAX	26
ZOSYN	3
<i>zovia 1/35e</i>	23
<i>zovia 1/50e</i>	23
ZYFLO CR	29
ZYLET	28
ZYMAR	4
ZYMAXID	4
ZYPREXA	11
ZYPREXA ZYDIS	11
ZYVOX	3



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