

PARTNERSHIP

A Program of Care Wisconsin

2011 Formulary

(List of Covered Drugs)

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

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

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

A health plan with a Medicare contract and a Medicaid contract.

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 WI Relay 711).

**This information may be available in a different format.
Please call (608) 245-3075 or 1-800-963-0035 if you need plan
information in another format or language at no cost.**

- Reciba asistencia gratuita para traducir esta, por favor llame
(608) 245-3075 or 1-800-963-0035.

- Peb muaj kev pab pub dawb rau nej nrog txhais cov ntawv no, thov hu
(608) 245-3075 or 1-800-963-0035.

- Пожалуйста, позвоните нам, если вам будет нужна бесплатная помощь в переводе
(608) 245-3075 or 1-800-963-0035.

- ຕ້ອງການຊ່ວຍເຫຼືອແປສິ່ງນີ້, ຈະແປໃຫ້ຟຣີ, ກະຮຸນາໂທ
(608) 245-3075 or 1-800-963-0035.

1. **As part of the Medicaid formulary, Care Wisconsin Health Plan provides certain over-the-counter medications when they are ordered by a physician or nurse practitioner for a medical need, provided that a product with a valid NDC* is used and the generic product is selected, when available. For example:**

Acetaminophen	Insulin
Acidophilus	Laxatives
Antacids	Lice Control Products
Antibiotic Ointments	Loperamide
Aspirin	Loratadine
Cough Syrup	Melatonin
Diphenhydramine	Omeprazole
Fish Oil	Ophthalmic Lubricants
Glucosamine Sulfate	Pseudoephedrine
Glucose Gel	Topical Analgesics
Hemorrhoid Products	Topical Antifungals
Hydrocortisone Creams	Topical Antipruritics
Ibuprofen	Vaginal Antifungals
	Vitamins

2. **Care Wisconsin Health Plan provides the following prescription medications as part of the Medicaid formulary:**

Agents used for Anorexia, Weight Loss, or Weight Gain
Barbiturates
Benzodiazepines
Sorbitol
Vitamins

Additional Notes:

1. The Pharmacy Committee is responsible for reviewing and revising the Medicaid formulary.
2. Generic over-the-counter and prescription medications are provided when available. Requests for brand-name products are honored if the request is based upon medical necessity and the request is approved by the Care Team and is specifically ordered by a physician or nurse practitioner.
3. Requests for herbal or nutritional supplements, other than indicated above, must be approved by the Care Team in a case review in consultation with the Pharmacist or Nurse Practitioner Practice Leader.
4. Medicaid formulary medications are provided without copay.

*A valid NDC is defined as a National Drug Code that is recognized by the State of Wisconsin's claims processing system.

What is the Care Wisconsin Health Plan Formulary?

A formulary is a list of covered drugs selected by Care Wisconsin Health Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Care Wisconsin Health Plan 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 Health Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage (EOC)/Member Handbook.

Can the Formulary change?

Generally, if you are taking a drug on our 2009 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2011 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.

Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug.

If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

The enclosed formulary is current as of September 5, 2010. To get updated information about the drugs covered by Care Wisconsin Health Plan, please visit our Web site at www.carewisconsinhealthplan.org or call Customer Service at 1-800-963-0035, Monday-Friday, 8 a.m. to 4:30 p.m., CT. TTY/TDD users should call WI Relay 711. In the event of mid-year non-maintenance formulary changes, Care Wisconsin 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 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 35. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Care Wisconsin Health Plan’s formulary includes 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. If there is a generic available for a medication, the generic is the covered product.

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 Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Care Wisconsin Health Plan before you fill your prescriptions. If you don’t get approval, Care Wisconsin Health Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Care Wisconsin Health Plan limits the amount of the drug that Care Wisconsin Health Plan will cover. For example, Care Wisconsin Health Plan 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 Health Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Care Wisconsin Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Care Wisconsin Health Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 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 Health Plan to make an exception to these restrictions or limits. See the section,

“How do I request an exception to the Care Wisconsin Health Plan 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 Health Plan pays for certain OTC drugs. The 2011 Formulary Medicaid Supplement included with this formulary provides a sample list of OTC drugs covered by Care Wisconsin Health Plan when they are ordered by a physician or nurse practitioner for a medical need. Care Wisconsin Health Plan will provide these OTC drugs at no cost to you. The cost to Care Wisconsin Health Plan of these OTC drugs will not count toward your total drug costs.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and confirm that your drug is not covered. If you learn that Care Wisconsin Health Plan 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 Health Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Care Wisconsin Health Plan.
- You can ask Care Wisconsin Health Plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Care Wisconsin Health Plan Formulary?

You can ask Care Wisconsin Health Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Care Wisconsin Health Plan limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.

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

Current members with a change where they receive care

Care Wisconsin Health Plan has a transition process that addresses unplanned transitions as members change treatment settings due to changes in the type of care that they require. Changes in the location 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 Health Plan prescription drug coverage, please review your EOC/Member Handbook and other plan materials.

If you have questions about Care Wisconsin Health Plan, please call Customer Service at 1-800-963-0035, Monday-Friday, 8 a.m. to 4:30 p.m., CT. TTY/TDD users should call WI Relay 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 Health Plan's Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Care Wisconsin Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 35.

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

The information in the Notes column tells you if Care Wisconsin Health Plan has any special requirements for coverage of your drug.

Formulary Key:

Drug Tier

1 = Generic Drug

2 = Brand Name Drug

Notes

ST = Step Therapy

ST-NS = Step Therapy New Starts

QL = Quantity Limit

PA = Prior Authorization

PA-NS = Prior Authorization New Starts

B vs D = Prior Authorization Part B versus Part D

Drug Name	Drug Tier	Notes
Analgesics		
<i>Local Anesthetics</i>		
<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	ST
LIDODERM	2	QL (90 per 30 days) ST
<i>Non-opioid Analgesics</i>		
<i>naproxen</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium</i>	1	
<i>oxaprozin</i>	1	
<i>tolmetin sodium</i>	1	
<i>Opioid Analgesics</i>		
<i>acetaminophen/codeine</i>	1	
<i>acetaminophen/codeine #3</i>	1	
<i>acetaminophen/codeine #4</i>	1	
<i>astramorph</i>	1	
<i>co-gesic</i>	1	
<i>codeine sulfate</i>	1	
DILAUDID-5	2	
<i>duramorph</i>	1	
<i>endocet</i>	1	
<i>fentanyl</i>	1	QL (10 per 30 days) ST PA
<i>hydrocodone /acetaminophen-hs</i>	1	
<i>hydrocodone /acetaminophen tabs</i>	1	
<i>hydrocodone /acetaminophen soln 500mg/15ml; 7.5mg/15ml</i>	1	
<i>hydrocodone bitartrate/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	
<i>methadose</i>	1	
<i>morphine sulfate er</i>	1	
<i>morphine sulfate tabs</i>	1	
<i>morphine sulfate inj 0.5mg/ml, 1mg/ml</i>	1	
MORPHINE SULFATE ORAL SOLN 10MG/5ML, 20MG/5ML	2	
<i>oxycodone /acetaminophen</i>	1	
<i>oxycodone /apap</i>	1	
<i>oxycodone /ibuprofen</i>	1	
<i>oxycodone hcl</i>	1	
<i>oxycodone-apap</i>	1	
OXYCONTIN	2	ST

<i>roxicet tabs 325mg; 5mg</i>	1	
<i>stagesic</i>	1	
<i>tramadol hcl</i>	1	
<i>tramadol hcl er</i>	1	ST
<i>tramadol hydrochloride/acetaminophen</i>	1	
Anti-inflammatory Agents		
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
CELEBREX	2	ST
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>diclofenac sodium ec tbec 50mg</i>	1	
<i>diclofenac sodium xr</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>hydrocodone /ibuprofen</i>	1	
<i>ibuprofen</i>	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		
<i>Aminoglycosides</i>		
<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>isotonic gentamicin</i>	1	
<i>neomycin sulfate</i>	1	
<i>neomycin/polymyxin b sulfates</i>	1	
STREPTOMYCIN SULFATE	2	
TOBI	2	
<i>tobramycin sulfate</i>	1	
TOBRAMYCIN SULFATE/SODIUM CHLORIDE	2	
<i>Antibacterials, Other</i>		
<i>baciim</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate add-vantage</i>	1	
<i>clindamycin phosphate crea, gel, lotn, soln</i>	1	
FURADANTIN	2	
<i>methenamine hippurate</i>	1	
<i>metronidazole</i>	1	
<i>metronidazole in nacl 0.79%</i>	1	
<i>metronidazole vaginal</i>	1	
<i>mupirocin</i>	1	
<i>nitrofurantoin macrocrystalline</i>	1	
<i>nitrofurantoin monohydrate</i>	1	

<i>polymyxin b sulfate</i>	1	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
<i>thermazene</i>	1	
<i>trimethoprim</i>	1	
TYGACIL	2	
VANCOCIN HCL	2	ST
VANCOMYCIN HCL ISO-OSMOTIC DEXTROSE	2	
VANCOMYCIN HCL INJ 10GM	2	
<i>vancomycin hcl inj 1000mg</i>	1	
<i>vandazole</i>	1	
ZYVOX	2	
<i>Beta-lactam, Cephalosporins</i>		
<i>cefaclor caps</i>	1	
CEFACLOR SUSR 125MG/5ML, 250MG/5ML	2	
<i>cefaclor susr 375mg/5ml</i>	1	
<i>cefadroxil</i>	1	
CEFAZOLIN SODIUM INJ 1GM; 5%, 20GM	2	
<i>cefazolin sodium inj 1gm, 500mg</i>	1	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
CEFOTETAN INJ 1GM	2	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftriaxone sodium</i>	1	
CEFTRIAZONE/DEXTROSE	2	
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	
<i>Beta-lactam, Other</i>		
AZACTAM	2	
INVANZ	2	
MERREM	2	
<i>Beta-lactam, Penicillins</i>		
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>amoxicillin/clavulanate potassium chew, tabs</i>	1	
AMOXICILLIN/CLAVULANATE POTASSIUM SUSR 250MG/5ML; 62.5MG/5ML	2	
<i>amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	1	
<i>amoxicillin/potassium clavulanate</i>	1	
<i>amoxicillin chew 125mg, 200mg, 250mg</i>	1	
<i>amoxicillin caps, susr, tabs</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	2	
<i>Macrolides</i>		
<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	
KETEK	2	PA
<i>Quinolones</i>		
AVELOX	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>Sulfonamides</i>		
<i>sodium sulfacetamide</i>	1	
SULFADIAZINE	2	
SULFAMETHOXAZOLE /TRIMETHOPRIM INJ	2	
<i>sulfamethoxazole /trimethoprim susp, tabs</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfatrim</i>	1	
<i>Tetracyclines</i>		
<i>demeclocycline hcl</i>	1	
<i>doxycycline monohydrate tabs 50mg</i>	1	
<i>minocycline hcl</i>	1	
<i>tetracycline hcl</i>	1	
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
BANZEL	2	PA-NS
KEPPRA INJ	2	
<i>levetiracetam</i>	1	

<i>Calcium Channel Modifying Agents</i>		
CELONTIN	2	
<i>ethosuximide</i>	1	
LYRICA	2	PA-NS
<i>zonisamide</i>	1	
<i>Gamma-aminobutyric Acid (GABA) Augmenting Agents</i>		
<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	
<i>Glutamate Reducing Agents</i>		
FELBATOL	2	
<i>lamotrigine</i>	1	
TOPAMAX SPRINKLE	2	PA-NS
<i>Sodium Channel Inhibitors</i>		
<i>carbamazepine</i>	1	
<i>carbamazepine er</i>	1	
CARBATROL	2	
DILANTIN INFATABS	2	
<i>epitol</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	
TRILEPTAL SUSP	2	
Antidementia Agents		
<i>Cholinesterase Inhibitors</i>		
ARICEPT	2	
ARICEPT ODT	2	
EXELON CAPS, SOLN	2	
<i>galantamine hydrobromide cp24, tabs</i>	1	
RAZADYNE SOLN	2	
<i>Glutamate Pathway Modifiers</i>		
NAMENDA	2	
Antidepressants		
<i>Antidepressants, Other</i>		
<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	
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	2	PA-NS
MARPLAN	2	
NARDIL	2	
<i>tranylcypromine sulfate</i>	1	
<i>Serotonin/ Norepinephrine Reuptake Inhibitors</i>		
<i>citalopram hydrobromide</i>	1	
CYMBALTA	2	PA-NS
<i>fluoxetine hcl</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>paroxetine hcl</i>	1	
<i>paroxetine hcl er</i>	1	
PRISTIQ	2	ST-NS PA-NS
<i>selfemra</i>	1	
<i>sertraline hcl</i>	1	
<i>venlafaxine hcl</i>	1	
VENLAFAXINE HCL ER TB24 150MG, 37.5MG, 75MG	2	ST-NS
<i>Tricyclics</i>		
<i>amitriptyline hcl</i>	1	
AMOXAPINE	2	
<i>clomipramine hcl</i>	1	ST-NS
<i>desipramine hcl</i>	1	ST-NS
<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-NS
Antidotes, Deterrents, and Toxicologic Agents		
<i>Antidotes</i>		
ACETADOTE	2	
CUPRIMINE	2	
DEPEN TITRATABS	2	
EXJADE	2	
<i>fomepizole</i>	1	
<i>kionex</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
<i>Deterrents</i>		
ANTABUSE	2	
<i>budeprion sr</i>	1	
<i>bupropion hcl sr</i>	1	
CAMPRAL	2	
CHANTIX	2	PA
NICOTROL INHALER	2	QL (168 per 30 days) PA

NICOTROL NS	2	QL (168 per 30 days) PA
<i>Toxicologic Agents</i>		
<i>depade</i>	1	
<i>naloxone hcl</i>	1	
<i>naltrexone hcl</i>	1	
SUBOXONE	2	
Antiemetics		
<i>Antiemetics</i>		
ANZEMET TABS	2	QL (9 per 30 days) ST PA
ANZEMET INJ	2	ST
CHLORPROMAZINE HCL INJ	2	
<i>chlorpromazine hcl tabs</i>	1	
<i>dronabinol</i>	1	
EMEND CAPS 0	2	QL (6 per 30 days) ST PA
EMEND CAPS 125MG, 40MG, 80MG	2	QL (9 per 30 days) ST PA
<i>granisetron hcl</i>	1	ST
GRANISOL	2	ST
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>meclizine hcl</i>	1	
<i>metoclopramide hcl</i>	1	
<i>ondansetron hcl inj</i>	1	PA
<i>ondansetron hcl oral soln</i>	1	QL (900 per 30 days) ST PA
<i>ondansetron hcl tabs 4mg, 8mg</i>	1	
<i>ondansetron hcl tabs 24mg</i>	1	QL (30 per 30 days) ST
<i>ondansetron odt tbdp 4mg</i>	1	QL (60 per 30 days) ST PA
<i>ondansetron odt tbdp 8mg</i>	1	QL (90 per 30 days) ST PA
<i>perphenazine</i>	1	
<i>phenadoz</i>	1	
<i>prochlorperazine</i>	1	
<i>promethazine hcl</i>	1	
<i>promethazine vc</i>	1	
<i>promethegan</i>	1	
TRANSDERM-SCOP	2	
Antifungals		
<i>Antifungals</i>		
ANCOBON	2	
<i>ciclopirox nail lacquer</i>	1	
<i>ciclopirox olamine</i>	1	
<i>ciclopirox susp</i>	1	
<i>clotrimazole</i>	1	
<i>fluconazole</i>	1	
<i>fluconazole in dextrose</i>	1	
<i>griseofulvin microsize</i>	1	
GYNAZOLE-1	2	
<i>itraconazole</i>	1	
<i>ketoconazole</i>	1	
<i>kuric</i>	1	

LOPROX SHAMPOO	2	
MICONAZOLE 3	2	
MYCAMINE	2	PA
<i>nyamyc</i>	1	
<i>nystatin</i>	1	
<i>nystatin/triamcinolone crea</i>	1	
<i>nystop</i>	1	
<i>pedi-dri</i>	1	
SPORANOX SOLN	2	
<i>terconazole crea 0.4%</i>	1	
<i>terconazole supp</i>	1	
<i>theochron</i>	1	
VFEND	2	
VFEND IV	2	
<i>zazole</i>	1	
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol</i>	1	
<i>allopurinol sodium</i>	1	
COLCRYS	2	
<i>probenecid</i>	1	
Antimigraine Agents		
<i>Abortive</i>		
AXERT	2	QL (9 per 30 days) ST
<i>ergotamine tartrate/caffeine</i>	1	
<i>sumatriptan succinate tabs</i>	1	QL (9 per 30 days)
SUMATRIPTAN SUCCINATE INJ 4MG/0.5ML	2	
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL (6 per 30 days)
ZOMIG ZMT	2	QL (9 per 30 days) ST
ZOMIG SOLN	2	QL (6 per 30 days) ST
ZOMIG TABS	2	QL (9 per 30 days) ST
<i>Prophylactic</i>		
<i>divalproex sodium</i>	1	
DIVALPROEX SODIUM ER TB24 500MG	2	
<i>divalproex sodium er tb24 250mg</i>	1	
<i>topiramate</i>	1	
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
GUANIDINE HCL	2	
<i>pyridostigmine bromide</i>	1	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
DAPSONE	2	
MYCOBUTIN	2	
<i>Antituberculars</i>		
CAPASTAT SULFATE	2	
<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	
TRECATOR	2	
Antineoplastics		
<i>Alkylating Agents</i>		
CEENU	2	
CYCLOPHOSPHAMIDE	2	
HEXALEN	2	
LEUKERAN	2	
MATULANE	2	
<i>melphalan hydrochloride</i>	1	
THIOTEPA	2	
<i>Antiangiogenic Agents</i>		
AFINITOR	2	
REVLIMID	2	LA
THALOMID	2	
VOTRIENT	2	
<i>Antiestrogens/Modifiers</i>		
EMCYT	2	
FARESTON	2	
<i>tamoxifen citrate</i>	1	
<i>Antimetabolites</i>		
ALIMTA	2	
ELITEK	2	
<i>hydroxyurea</i>	1	
<i>mercaptopurine</i>	1	
TABLOID	2	
<i>Antineoplastics, Other</i>		
<i>adriamycin</i>	1	
AVASTIN	2	
<i>bleomycin sulfate</i>	1	
<i>cisplatin</i>	1	
DAUNORUBICIN HCL	2	
<i>doxorubicin hcl</i>	1	
ETHYOL	2	
<i>etoposide</i>	1	
<i>mesna</i>	1	
<i>mitoxantrone hcl</i>	1	
ONTAK	2	
OXALIPLATIN	2	
PROLEUKIN	2	
TASIGNA	2	
<i>toposar</i>	1	
TRISENOX	2	

VELCADE	2	
ZOLINZA	2	
<i>Aromatase Inhibitors, 3rd Generation</i>		
ARIMIDEX	2	
AROMASIN	2	
FEMARA	2	
<i>Molecular Target Inhibitors</i>		
GLEEVEC	2	
IRESSA	2	
NEXAVAR	2	
SPRYCEL	2	
SUTENT	2	
TARCEVA	2	
TYKERB	2	
<i>Monoclonal Antibodies</i>		
ARZERRA	2	
CAMPATH	2	
RITUXAN	2	
<i>Retinoids</i>		
PANRETIN	2	
TARGRETIN	2	
<i>tretinoin</i>	1	
Antiparasitics		
<i>Anthelmintics</i>		
BILTRICIDE	2	
<i>mebendazole</i>	1	
STROMEKTOL	2	
<i>Antiprotozoals</i>		
DARAPRIM	2	
<i>hydroxychloroquine sulfate</i>	1	
MEPRON	2	
NEBUPENT	2	
<i>Pediculicides/ Scabicides</i>		
<i>acticin</i>	1	
EURAX CREA	2	
LINDANE SHAM	2	
<i>lindane lotn</i>	1	
<i>permethrin</i>	1	
Antiparkinson Agents		
<i>Antiparkinson Agents</i>		
<i>amantadine hcl caps, syrp</i>	1	
APOKYN	2	PA
<i>atamet</i>	1	
<i>benztropine mesylate tabs</i>	1	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa cr</i>	1	
<i>carbidopa/levodopa sr</i>	1	
COMTAN	2	

<i>diphenhydramine hcl</i>	1	
MIRAPEX	2	
<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		
<i>Atypicals</i>		
ABILIFY DISCMELT	2	ST-NS PA-NS
ABILIFY INJ, TABS	2	ST-NS
ABILIFY ORAL SOLN	2	ST-NS PA-NS
<i>clozapine tabs 100mg, 25mg, 50mg</i>	1	
FANAPT	2	ST-NS
FANAPT TITRATION PACK	2	ST-NS
FAZACLO	2	
GEODON	2	ST-NS
INVEGA	2	ST-NS
INVEGA SUSTENNA	2	ST-NS
RISPERDAL CONSTA	2	ST-NS
RISPERDAL SOLN	2	ST-NS
<i>risperidone odt</i>	1	ST-NS
SAPHRIS	2	
SEROQUEL	2	ST-NS
SEROQUEL XR	2	ST
ZYPREXA	2	ST-NS
ZYPREXA ZYDIS	2	ST-NS PA-NS
<i>Conventional</i>		
<i>fluphenazine decanoate</i>	1	
FLUPHENAZINE HCL CONC, ELIX, INJ	2	
<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		
<i>Antispasticity Agents</i>		

<i>baclofen</i>	1
<i>dantrolene sodium</i>	1
<i>tizanidine hcl</i>	1
Antivirals	
<i>Anti-cytomegalovirus (CMV) Agents</i>	
<i>foscarnet sodium</i>	1
GANCICLOVIR	2
VALCYTE TABS	2
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors</i>	
INTELENCE	2
RESCRIPTOR	2
SUSTIVA	2
VIRAMUNE	2
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors</i>	
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
ZERIT SOLR	2
ZIAGEN	2
<i>zidovudine</i>	1
<i>Anti-HIV Agents, Other</i>	
ISENTRESS	2
SELZENTRY	2
<i>Anti-HIV Agents, Protease Inhibitors</i>	
APTIVUS	2
CRIXIVAN	2
INVIRASE	2
KALETRA	2
LEXIVA	2
NORVIR	2
PREZISTA	2
REYATAZ	2
VIRACEPT	2
<i>Anti-human Immunodeficiency Virus (HIV) Agents, Fusion</i>	

<i>Inhibitors Entry Inhibitors</i>		
FUZEON	2	
<i>Anti-influenza Agents</i>		
<i>rimantadine hcl</i>	1	
TAMIFLU	2	
<i>Antihepatitis Agents</i>		
BARACLUDE	2	
HEPSERA	2	
RIBAPAK TABS 0	2	
<i>ribapak tabs 400mg, 600mg</i>	1	
<i>ribasphere</i>	1	
<i>ribavirin</i>	1	
<i>Antiherpetic Agents</i>		
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	
<i>famciclovir</i>	1	
<i>valacyclovir hcl</i>	1	
VALTREX	2	
Anxiolytics		
<i>Anxiolytics, Other</i>		
<i>buspirone hcl</i>	1	
<i>meprobamate</i>	1	
Bipolar Agents		
<i>Bipolar Agents</i>		
<i>lithium carbonate er</i>	1	
<i>lithium carbonate caps 150mg, 300mg</i>	1	
<i>lithium citrate</i>	1	
<i>risperidone</i>	1	ST-NS
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tabs 25mg</i>	1	
<i>acarbose tabs 100mg, 50mg</i>	1	ST
ACTOS	2	ST
APIDRA SOLOSTAR	2	
AVANDAMET	2	ST
AVANDARYL TABS 1MG; 4MG, 2MG; 8MG, 4MG; 4MG, 4MG; 8MG	2	ST
AVANDIA	2	ST
BYETTA INJ 10MCG/0.04ML	2	ST
BYETTA INJ 5MCG/0.02ML	2	ST PA
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hcl</i>	1	ST
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hcl</i>	1	ST

<i>glycron tabs 1.5mg, 3mg, 6mg</i>	1	
GLYSET	2	ST
JANUMET	2	ST
JANUVIA	2	ST
<i>metformin hcl</i>	1	
<i>metformin hcl er</i>	1	
PRANDIN	2	ST
SYMLIN	2	ST
SYMLINPEN 120	2	ST
SYMLINPEN 60	2	ST
<i>Glycemic Agents</i>		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM	2	
<i>Insulins</i>		
HUMALOG	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 PEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 PEN	2	
HUMALOG PEN	2	
HUMULIN 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 FLEXPEN	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 INNOLET	2	
NOVOLIN N	2	
NOVOLIN N INNOLET	2	
NOVOLIN R	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	
RELION R	2	
Blood Products/Modifiers/ Volume Expanders		
<i>Anticoagulants</i>		
ARIXTRA	2	PA
FRAGMIN	2	
HEPARIN SODIUM DCU	2	
<i>heparin sodium/d5w</i>	1	
<i>heparin sodium/nacl 0.45%</i>	1	
<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, 5000unit/ml</i>	1	
LOVENOX	2	
<i>warfarin sodium</i>	1	
<i>Blood Formation Products</i>		
ARANESP ALBUMIN FREE	2	
EPOGEN	2	PA
LEUKINE	2	
NEUPOGEN	2	PA
PROCRIT	2	PA
<i>Coagulants</i>		
CYKLOKAPRON	2	
<i>Platelet Aggregation Inhibitors</i>		
AGGRENOX	2	
<i>cilostazol</i>	1	
<i>dipyridamole</i>	1	
KINERET	2	
PLAVIX	2	
PROMACTA	2	PA
<i>ticlopidine hcl</i>	1	
Cardiovascular Agents		
<i>Alpha-adrenergic Agonists</i>		
<i>clonidine hcl</i>	1	
<i>methyldopa</i>	1	
METHYLDOPATE HCL	2	
<i>midodrine hcl</i>	1	
<i>Alpha-adrenergic Blocking Agents</i>		
CARDURA XL	2	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
<i>Antiarrhythmics</i>		
<i>amiodarone hcl</i>	1	
<i>disopyramide phosphate</i>	1	
<i>flecainide acetate</i>	1	
<i>propafenone hcl</i>	1	
<i>quinidine gluconate cr</i>	1	
<i>quinidine sulfate</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
TIKOSYN	2	
<i>Beta-adrenergic Blocking Agents</i>		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>carvedilol</i>	1	
COREG CR	2	

<i>labetalol hcl tabs</i>	1	
METOPROLOL /HYDROCHLOROTHIAZIDE TABS 50MG; 100MG	2	
<i>metoprolol /hydrochlorothiazide tabs 25mg; 100mg, 25mg; 50mg</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate</i>	1	
<i>nadolol</i>	1	
<i>nadolol /bendroflumethiazide</i>	1	
PINDOLOL	2	
<i>propranolol /hydrochlorothiazide tabs 25mg; 40mg</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl inj, tabs</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 cp24, tabs</i>	1	
<i>diltzac</i>	1	
<i>nifediac cc</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine caps 10mg</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
Diuretics		
ACETAZOLAMIDE SODIUM	2	
<i>acetazolamide tabs</i>	1	
<i>amiloride /hydrochlorothiazide</i>	1	
<i>amiloride hcl</i>	1	
<i>bumetanide</i>	1	
<i>chlorthalidone</i>	1	
<i>furosemide inj, tabs</i>	1	
FUROSEMIDE ORAL SOLN 8MG/ML	2	
<i>furosemide oral soln 10mg/ml</i>	1	
<i>hydrochlorothiazide caps</i>	1	
<i>hydrochlorothiazide tabs 25mg, 50mg</i>	1	
<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	
<i>Dyslipidemics</i>		
<i>cholestyramine light</i>	1	
<i>colestipol hcl</i>	1	
<i>fenofibrate</i>	1	ST
<i>fenofibrate micronized</i>	1	ST
<i>gemfibrozil</i>	1	
LIPITOR	2	ST
<i>lovastatin</i>	1	
LOVAZA	2	
<i>niacor</i>	1	
NIASPAN	2	
<i>prevalite</i>	1	
<i>simvastatin</i>	1	
VYTORIN	2	ST
ZETIA	2	ST PA
<i>Renin-angiotensin-aldosterone System Inhibitors</i>		
ATACAND	2	ST
ATACAND HCT	2	ST
<i>benazepril hcl</i>	1	
<i>benazepril hcl/hydrochlorothiazide</i>	1	
<i>captopril</i>	1	
<i>captopril /hydrochlorothiazide</i>	1	
DIOVAN	2	ST
DIOVAN HCT	2	ST
<i>enalapril maleate</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril /hydrochlorothiazide</i>	1	
<i>losartan potassium</i>	1	ST
<i>losartan potassium/hydrochlorothiazide</i>	1	ST
<i>quinapril /hydrochlorothiazide</i>	1	
<i>quinapril hcl</i>	1	
<i>Vasodilators</i>		
<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>minitran</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		
<i>Amphetamines, ADHD</i>		
ADDERALL XR	2	
<i>amphetamine /dextroamphetamine</i>	1	
<i>dextroamphetamine sulfate er</i>	1	
DEXTROAMPHETAMINE SULFATE TABS 10MG	2	
<i>dextroamphetamine sulfate tabs 5mg</i>	1	
<i>Non-amphetamines, ADHD</i>		
<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	
RITALIN LA	2	
<i>Non-amphetamines, Other</i>		
PROVIGIL	2	PA
RILUTEK	2	PA
VIMPAT	2	PA-NS
XENAZINE	2	PA
XYREM	2	LA
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>chlorhexidine gluconate oral rinse</i>	1	
<i>doxycycline hyclate</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>triamcinolone in orabase</i>	1	
Dermatological Agents		
<i>Dermatological Agents</i>		
8-MOP	2	
<i>ammonium lactate</i>	1	
<i>augmented betamethasone dipropionate</i>	1	
<i>avita</i>	1	
<i>calcipotriene</i>	1	
DOVONEX CREA	2	
FLUOROPLEX	2	
<i>fluorouracil crea</i>	1	
FLUOROURACIL SOLN 2%	2	
<i>fluorouracil soln 5%</i>	1	
<i>imiquimod</i>	1	PA-NS
<i>laclotion</i>	1	
LAMICTAL XR	2	

OXSORALEN	2	
OXSORALEN ULTRA	2	
<i>podofilox</i>	1	
PROGRAF	2	
PROTOPIC	2	
REGRANEX	2	QL (15 per 30 days) PA
<i>selenium sulfide</i>	1	
SOLARAZE	2	PA
<i>tacrolimus</i>	1	
TAZORAC	2	
<i>tretinoin</i>	1	
UVADEX	2	
Enzyme Replacements/ Modifiers		
<i>Enzyme Replacements/ Modifiers</i>		
ADAGEN	2	
ALDURAZYME	2	
BUPHENYL	2	
CEREDASE	2	
CEREZYME	2	
CREON	2	
CYSTAGON	2	
ELAPRASE	2	
ELSPAR	2	
FABRAZYME	2	
NAGLAZYME	2	
ORFADIN	2	
PANCREAZE	2	
SUCRAID	2	
VPRIV	2	
ZAVESCA	2	
ZENPEP	2	
Gastrointestinal Agents		
<i>Antispasmodics, Gastrointestinal</i>		
CANTIL	2	
<i>dicyclomine hcl</i>	1	
<i>glycopyrrolate</i>	1	
<i>Gastrointestinal Agents, Other</i>		
<i>constulose</i>	1	
<i>diphenoxylate/atropine</i>	1	
<i>enulose</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/ flavor pack</i>	1	
<i>generlac</i>	1	
<i>lactulose</i>	1	
<i>lamictal xr</i>	1	
<i>loperamide hcl</i>	1	
<i>polyethylene glycol 3350</i>	1	
<i>trilyte</i>	1	

URSO 250	2	
URSO FORTE	2	
<i>ursodiol caps</i>	1	
<i>Histamine2 (H2) Blocking Agents</i>		
<i>famotidine</i>	1	ST
<i>famotidine premixed</i>	1	ST
PEPCID SUSR	2	ST
<i>ranitidine hcl</i>	1	
ZANTAC INJ 50MG/50ML; 0.45%	2	
<i>Irritable Bowel Syndrome Agents</i>		
LOTRONEX	2	PA
<i>Protectants</i>		
CARAFATE SUSP	2	
<i>misoprostol</i>	1	
<i>sucralfate</i>	1	
<i>Proton Pump Inhibitors</i>		
<i>lansoprazole</i>	1	ST
<i>omeprazole</i>	1	
<i>pantoprazole sodium</i>	1	ST
PREVACID CPDR 30MG	2	
PROTONIX INJ	2	ST
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
DETROL	2	ST
DETROL LA	2	ST
ENABLEX	2	ST
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride tabs</i>	1	
OXYTROL	2	ST
SANCTURA XR	2	ST
VESICARE	2	ST
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>doxazosin mesylate</i>	1	
<i>finasteride</i>	1	
<i>tamsulosin hcl</i>	1	
<i>Genitourinary Agents, Other</i>		
<i>bethanechol chloride</i>	1	
THIOLA	2	
<i>Phosphate Binders</i>		
<i>calcium acetate</i>	1	
FOSRENOL	2	
RENAGEL	2	
RENVELA	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
<i>Glucocorticoids/ Mineralocorticoids</i>		
<i>a-hydrocort</i>	1	
<i>a-methapred</i>	1	
<i>ala cort</i>	1	

<i>ala-cort</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 e</i>	1
<i>clobetasol propionate gel, oint, soln</i>	1
<i>desonide crea, oint</i>	1
<i>dexamethasone sodium phosphate</i>	1
DEXAMETHASONE ELIX	2
DEXAMETHASONE TABS 0.5MG, 0.75MG, 1MG, 2MG	2
<i>dexamethasone tabs 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>isovate</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</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
SOLU-MEDROL INJ 2GM	2
<i>triamcinolone acetonide</i>	1
<i>triderm</i>	1
<i>u-cort</i>	1
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</i>	
<i>chorionic gonadotropin</i>	1
<i>desmopressin acetate</i>	1

GENOTROPIN	2	
GENOTROPIN MINIQUICK	2	
HUMATROPE	2	
HUMATROPE COMBO PACK	2	
INCRELEX	2	
NORDITROPIN CARTRIDGE	2	
NORDITROPIN NORDIFLEX PEN	2	
<i>novarel</i>	1	
NUTROPIN	2	
NUTROPIN AQ	2	
NUTROPIN AQ PEN	2	
OMNITROPE	2	
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	1	
SAIZEN	2	
SAIZEN CLICK.EASY	2	
SEROSTIM	2	
TEV-TROPIN	2	
ZORBTIVE	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>Anabolic Steroids</i>		
ANADROL-50	2	
<i>oxandrolone</i>	1	
<i>Androgens</i>		
ANDRODERM	2	PA
ANDROGEL	2	
<i>danazol</i>	1	
TESTIM	2	
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
<i>Estrogens</i>		
<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	
<i>levora 0.15/30-28</i>	1	
<i>low-ogestrel</i>	1	

<i>luta</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
<i>Progestins</i>	
<i>aranelle</i>	1
<i>camila</i>	1
DEPO-PROVERA	2
DEPO-SUBQ PROVERA 104	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>nora-be</i>	1
<i>norethindrone acetate</i>	1
PROMETRIUM	2

<i>Selective Estrogen Receptor Modifying Agents</i>		
EVISTA	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)</i>		
<i>levothroid</i>	1	
<i>levothyroxine sodium</i>	1	
<i>liothyronine sodium</i>	1	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN	2	
Hormonal Agents, Suppressant (Parathyroid)		
<i>Hormonal Agents, Suppressant (Parathyroid)</i>		
SENSIPAR	2	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<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	PA
SANDOSTATIN LAR DEPOT	2	PA
SOMATULINE DEPOT INJ 120MG/0.5ML, 90MG/0.3ML	2	
SOMAVERT	2	
SYNAREL	2	PA
Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)		
<i>Antiandrogens</i>		
AVODART	2	
<i>bicalutamide</i>	1	
<i>flutamide</i>	1	
NILANDRON	2	
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
Immunological Agents		
<i>Immune Stimulants Vaccines</i>		
ACTHIB	2	
ADACEL	2	
ATTENUVAX	2	
BOOSTRIX	2	
CERVARIX	2	
COMVAX	2	
DAPTACEL	2	

DECAVAC	2	
DIPHTHERIA/TETANUS TOXOID PEDIATRIC	2	
ENGERIX-B	2	
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	
MERUVAX II W/DILUENT 10 DOSE	2	
PEDIARIX	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	
<i>Immune Suppressants</i>		
CELLCEPT INTRAVENOUS	2	
CELLCEPT SUSR	2	
CELLCEPT TABS	2	B vs D
<i>cyclosporine</i>	1	
<i>cyclosporine modified caps 100mg</i>	1	
<i>cyclosporine modified soln</i>	1	
ENBREL INJ 25MG, 50MG/ML	2	
<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	PA
<i>Immunizing Agents, Passive</i>		
ATGAM	2	
CARIMUNE NANOFILTERED	2	
FLEBOGAMMA	2	
GAMASTAN S/D	2	
GAMMAGARD LIQUID	2	
GAMUNEX	2	
OCTAGAM	2	
THYMOGLOBULIN	2	
VIVAGLOBIN	2	
<i>Immunological Agents</i>		
AZASAN	2	
<i>azathioprine</i>	1	
AZATHIOPRINE SODIUM	2	
<i>tropicamide</i>	1	
<i>Immunomodulators</i>		
ACTIMMUNE	2	
ARCALYST	2	
AVONEX	2	
BETASERON	2	
COPAXONE	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	
Inflammatory Bowel Disease Agents		
<i>Glucocorticoids</i>		
<i>cortisone acetate</i>	1	
<i>dexamethasone</i>	1	
ENTOCORT EC	2	
<i>Salicylates</i>		
APRISO	2	
ASACOL	2	
ASACOL HD	2	
CANASA	2	
DIPENTUM	2	
LIALDA	2	
<i>mesalamine</i>	1	
PENTASA	2	
<i>Sulfonamides</i>		
<i>sulfasalazine</i>	1	
<i>sulfazine ec</i>	1	

Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
ACTONEL TABS 150MG, 30MG, 5MG	2	ST
<i>alendronate sodium</i>	1	
BONIVA	2	ST
<i>calcitonin-salmon</i>	1	ST
<i>etidronate disodium</i>	1	
FORTEO	2	ST
<i>fortical</i>	1	ST
FOSAMAX SOLN	2	
HECTOROL	2	
MIACALCIN INJ	2	ST
ZOMETA	2	ST
Miscellaneous Therapeutic		
<i>Miscellaneous Therapeutic, Other</i>		
ALCOHOL PREPS	2	
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	
<i>calcitriol caps, oral soln</i>	1	
CALCITRIOL INJ 2MCG/ML	2	
<i>calcitriol inj 1mcg/ml</i>	1	
<i>catapres-tts-3</i>	1	
<i>colistimethate sodium</i>	1	
CURITY GAUZE PADS 2"X2"	2	
CYSTADANE	2	
<i>dextrose 10% flex container</i>	1	
<i>dextrose 5%</i>	1	
KUVAN	2	PA
NEUMEGA	2	PA
<i>pentopak</i>	1	
<i>pentoxifylline er</i>	1	
<i>Miscellaneous Therapeutic, TPN</i>		
AMINOSYN	2	
AMINOSYN 7%/ELECTROLYTES	2	
<i>aminosyn 8.5%/electrolytes</i>	1	
AMINOSYN II	2	
AMINOSYN II 3.5%/DEXTROSE25%	2	
AMINOSYN II 3.5%/DEXTROSE5%	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
<i>aminosyn ii 8.5%/electrolytes</i>	1
AMINOSYN II M 3.5%/DEXTROSE 5%	2
AMINOSYN M	2
AMINOSYN-HBC	2
<i>aminosyn-hf</i>	1
AMINOSYN-PF	2
AMINOSYN-PF 7%	2
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 4.25%/DEXTROSE 5%	2
CLINIMIX 5%/DEXTROSE 15%	2
CLINIMIX 5%/DEXTROSE 20%	2
CLINIMIX 5%/DEXTROSE 25%	2
CLINIMIX E 2.75%/DEXTROSE 10%	2
CLINIMIX E 2.75%/DEXTROSE 5%	2
CLINIMIX E 4.25%/DEXTROSE 25%	2
CLINIMIX E 4.25%/DEXTROSE 5%	2
CLINIMIX E 5%/DEXTROSE 15%	2
CLINIMIX E 5%/DEXTROSE 20%	2
CLINIMIX E 5%/DEXTROSE 25%	2
<i>clinisol sf 15%</i>	1
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2
FREAMINE HBC 6.9%	2
<i>freamine iii</i>	1
FREAMINE III 3%	2
<i>hepatamine</i>	1
HEPATASOL	2
<i>intralipid</i>	1
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 0.15%/D5W/LR	2
KCL 0.3%/D5W/LR IV LAC RING	2
<i>lactated ringers</i>	1
<i>lactated ringers irrigation</i>	1
LIPOSYN II	2
LIPOSYN III	2
NEPHRAMINE	2
<i>normosol-m in d5w</i>	1
NORMOSOL-R	2

<i>normosol-r in d5w</i>	1	
<i>novamine</i>	1	
<i>physiolyte</i>	1	
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	
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	2	
<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	
RENAMIN	2	
<i>ringers injection</i>	1	
<i>ringers irrigation</i>	1	
<i>sterile water irrigation</i>	1	
<i>tis-u-sol</i>	1	
<i>tpn electrolytes ftv</i>	1	
TRAVASOL	2	
TROPHAMINE	2	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
LACRISERT	2	
<i>mydral</i>	1	
RESTASIS	2	PA
<i>trifluridine</i>	1	
<i>tropicamide</i>	1	
<i>Ophthalmic Anti-allergy Agents</i>		
<i>azelastine hcl</i>	1	QL (6 per 30 days)
<i>cromolyn sodium</i>	1	
OPTIVAR	2	QL (6 per 30 days)
PATADAY	2	QL (5 per 30 days)
PATANOL	2	QL (10 per 30 days)
<i>Ophthalmic Anti-inflammatories</i>		
ALREX	2	QL (15 per 30 days)
BLEPHAMIDE S.O.P.	2	
<i>dexamethasone sodium phosphate</i>	1	

<i>dexasporin</i>	1	
<i>diclofenac sodium</i>	1	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
<i>ketorolac tromethamine</i>	1	QL (10 per 30 days)
LOTEMAX	2	QL (15 per 30 days)
MAXIDEX	2	
<i>neomycin /polymyxin /dexamethasone</i>	1	
<i>poly-dex</i>	1	
<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	QL (15 per 30 days)
<i>Ophthalmic Antiglaucoma Agents</i>		
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	
<i>Ophthalmic Prostaglandin and Prostamide Analogs</i>		
LUMIGAN	2	QL (5 per 30 days)
TRAVATAN Z	2	QL (5 per 30 days)
XALATAN	2	QL (5 per 30 days)
<i>Ophthalmic Agents, Antibacterials</i>		
<i>ak-tob</i>	1	
<i>bacitracin</i>	1	
<i>bacitracin/polymyxin b</i>	1	
<i>benazepril hcl</i>	1	
CILOXAN	2	
<i>ciprofloxacin hcl</i>	1	
<i>erythromycin</i>	1	
<i>gentak</i>	1	
<i>gentamicin sulfate</i>	1	
<i>gentasol</i>	1	
<i>neomycin /bacitracin /polymyxin</i>	1	
<i>neomycin /polymyxin /bacitracin /hydrocortisone</i>	1	
<i>ofloxacin</i>	1	
POLY-PRED	2	

<i>polycin b</i>	1	
QUIXIN	2	
<i>romycin</i>	1	
<i>sodium sulfacetamide</i>	1	
<i>tobramycin sulfate</i>	1	
<i>tobrasol</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
VIGAMOX	2	
ZYMAR	2	
Otic Agents		
<i>Otic Agents, Other</i>		
<i>acetic acid</i>	1	
CIPRO HC	2	
CIPRODEX	2	
<i>cortomycin</i>	1	
<i>neomycin /polymyxin /hc</i>	1	
<i>neomycin /polymyxin /hydrocortisone</i>	1	
<i>ofloxacin</i>	1	
<i>Otic Agents</i>		
DERMOTIC	2	
Respiratory Tract Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
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	
<i>Antihistamines</i>		
<i>azelastine hcl</i>	1	
<i>cyproheptadine hcl</i>	1	
<i>fexofenadine hcl</i>	1	
<i>hydroxyzine hcl</i>	1	
VIDAZA	2	
<i>Antileukotrienes</i>		
ACCOLATE	2	
SINGULAIR	2	
ZYFLO CR	2	
<i>Bronchodilators, Anticholinergic</i>		
ATROVENT HFA	2	
<i>ipratropium bromide</i>	1	
SPIRIVA HANDIHALER	2	ST
<i>Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)</i>		

<i>aminophylline</i>	1	
THEO-24	2	
<i>theochron</i>	1	
<i>theophylline er</i>	1	
<i>Bronchodilators, Sympathomimetic</i>		
<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	
MAXAIR AUTOHALER	2	
METAPROTERENOL SULFATE TABS	2	
<i>metaproterenol sulfate syrp</i>	1	
PROAIR HFA	2	ST
PROVENTIL HFA	2	ST
SEREVENT DISKUS	2	QL (60 per 30 days)
<i>terbutaline sulfate</i>	1	
TWINJECT	2	
VENTOLIN HFA	2	
<i>Mast Cell Stabilizers</i>		
<i>cromolyn sodium</i>	1	
GASTROCROM	2	
<i>Pulmonary Antihypertensives</i>		
ADCIRCA	2	PA
LETAIRIS	2	ST
REVATIO TABS	2	PA
TRACLEER	2	LA
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine</i>	1	
ARALAST NP	2	
PROLASTIN	2	
TYZINE	2	
TYZINE PEDIATRIC NASAL DROPS	2	
XOLAIR	2	ST
ZEMAIRA	2	
Sedatives/Hypnotics		
<i>Sedatives/Hypnotics</i>		
<i>zaleplon</i>	1	
<i>zolpidem tartrate</i>	1	
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hcl</i>	1	
<i>methocarbamol</i>	1	
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<i>Electrolytes/Minerals</i>		
DEXTROSE 10%/NACL 0.45%	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>kaon-cl-10</i>	1
<i>klor-con 10</i>	1
<i>klor-con 8</i>	1
<i>klor-con m20</i>	1
<i>potassium chloride 0.15%/d5w</i>	1
<i>potassium chloride 0.224%/d5w</i>	1
<i>potassium chloride 0.3%/d5w</i>	1
<i>potassium chloride cr</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
<i>sodium bicarbonate inj 8.4%</i>	1
<i>sodium chloride</i>	1
<i>sodium chloride 0.45% viaflex</i>	1
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TASIGNA	10	TRANSDERM-SCOP	8
TASMAR	12	<i>tranylcypromine sulfate</i>	7
TAZORAC	20	TRAVASOL	30
<i>taztia xt</i>	17	TRAVATAN Z	31
TEGRETOL-XR	6	<i>trazodone hcl</i>	7
<i>terazosin hcl</i>	16	TRECATOR	10
<i>terbutaline sulfate</i>	33	<i>tretinoin</i>	11
<i>terconazole</i>	9	<i>tretinoin</i>	20
TESTIM	23	<i>triamcinolone acetonide</i>	22
<i>testosterone cypionate</i>	23	<i>triamcinolone in orabase</i>	19
<i>testosterone enanthate</i>	23	<i>triamterene /hydrochlorothiazide</i>	18
TETANUS TOXOID ADSORBED	26	<i>triderm</i>	22
TETANUS/DIPHThERIA TOXOIDS-	26	<i>trifluoperazine hcl</i>	12
ADSORBED ADULT		<i>trifluridine</i>	30
<i>tetracycline hcl</i>	5	<i>trihexyphenidyl hcl</i>	12
TEV-TROPIN	23	TRIHIBIT	26
THALOMID	10	<i>tri-legest fe</i>	24
THEO-24	33	TRILEPTAL	6
<i>theochron</i>	9	<i>trilyte</i>	20
<i>theochron</i>	33	<i>trimethoprim</i>	4
<i>theophylline er</i>	33	<i>trimethoprim sulfate/polymyxin b sulfate</i>	32
<i>thermazene</i>	4	<i>trinessa</i>	24
THIOLA	21	TRIPEDIA	26
<i>thioridazine hcl</i>	12	<i>tri-previfem</i>	24
THIOTEPA	10	TRISENOX	10
<i>thiothixene</i>	12	<i>tri-sprintec</i>	24

Drug Name	Page #
<i>trivora-28</i>	24
TRIZIVIR	13
TROPHAMINE	30
<i>tropicamide</i>	27
<i>tropicamide</i>	30
TRUVADA	13
TWINJECT	33
TWINRIX	26
TYGACIL	4
TYKERB	11
TYPHIM VI	26
TYZEKA	13
TYZINE	33
TYZINE PEDIATRIC NASAL DROPS	33
<i>u-cort</i>	22
URSO 250	21
URSO FORTE	21
<i>ursodiol</i>	21
UVADEX	20
<i>valacyclovir hcl</i>	14
VALCYTE	13
<i>valproate sodium</i>	6
<i>valproic acid</i>	6
VALTREX	14
VANCOGIN HCL	4
VANCOMYCIN HCL	4
VANCOMYCIN HCL ISO-OSMOTIC	4
DEXTROSE	
<i>vandazole</i>	4
VAQTA	26
VARIVAX	26
VELCADE	11
<i>velivet</i>	24
<i>venlafaxine hcl</i>	7
VENLAFAXINE HCL ER	7
VENTOLIN HFA	33
<i>verapamil hcl</i>	17
<i>verapamil hcl er</i>	17
VESICARE	21
VEXOL	31
VFEND	9
VFEND IV	9
VIDAZA	32
VIDEX PEDIATRIC	13
VIGAMOX	32
VIMPAT	19
VIRACEPT	13
VIRAMUNE	13
VIREAD	13
VIVAGLOBIN	27
VIVOTIF BERNA	26

Drug Name	Page #
VOTRIENT	10
VPRIV	20
VYTORIN	18
<i>warfarin sodium</i>	16
XALATAN	31
XENAZINE	19
XOLAIR	33
XYREM	19
YF-VAX	26
<i>zaleplon</i>	33
ZANTAC	21
ZAVESCA	20
<i>zazole</i>	9
ZEMAIRA	33
ZENPEP	20
ZERIT	13
ZETIA	18
ZIAGEN	13
<i>zidovudine</i>	13
ZIRGAN	31
ZOLINZA	11
<i>zolpidem tartrate</i>	33
ZOMETA	28
ZOMIG	9
ZOMIG ZMT	9
<i>zonisamide</i>	6
ZORBTIVE	23
ZOSTAVAX	26
ZOSYN	5
<i>zovia 1/35e</i>	24
<i>zovia 1/50e</i>	24
ZYFLO CR	32
ZYLET	31
ZYMAR	32
ZYPREXA	12
ZYPREXA ZYDIS	12
ZYVOX	4

PARTNERSHIP

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