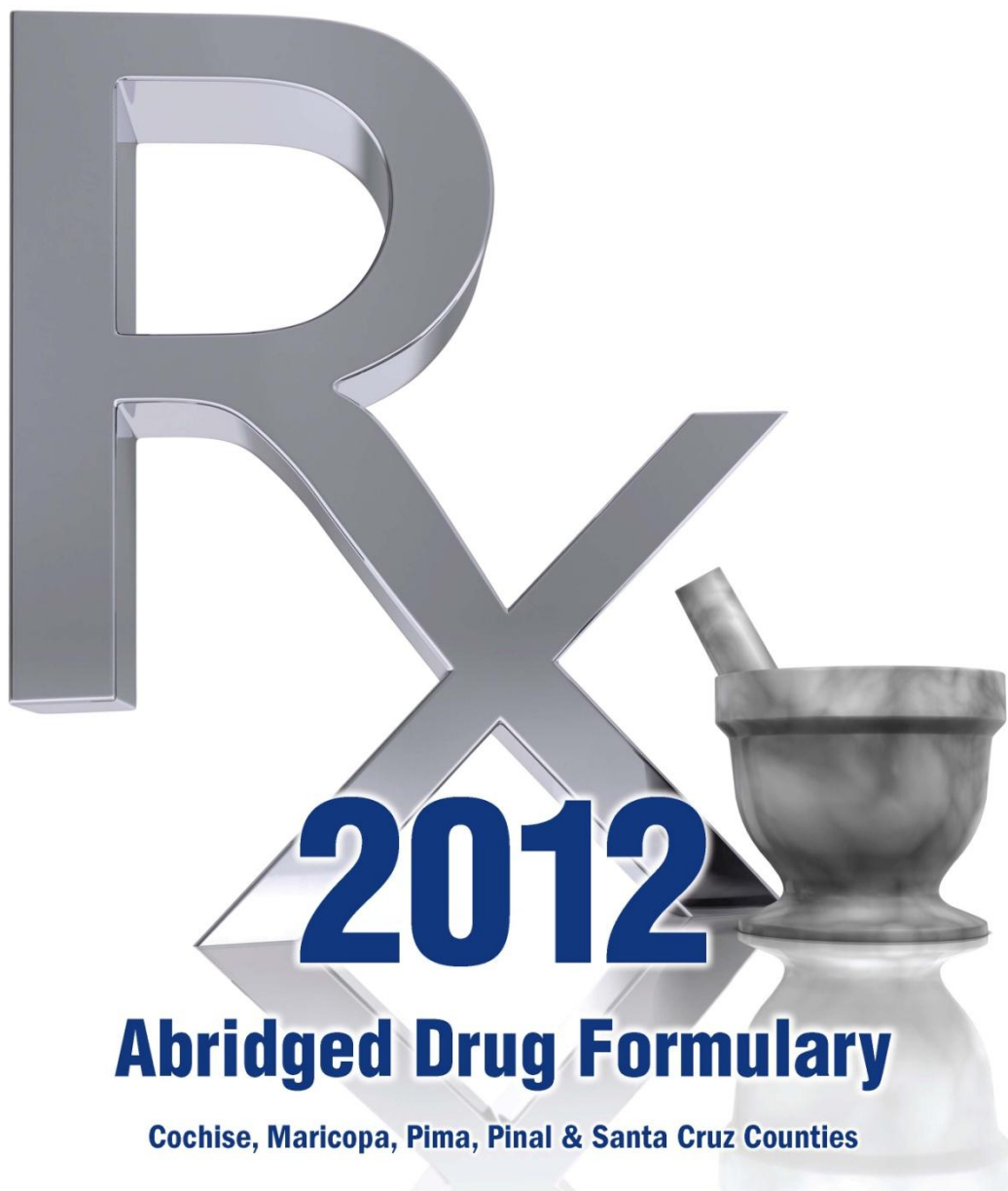




THE UNIVERSITY OF ARIZONA
HEALTH PLANS

University Care Advantage



Abridged Drug Formulary

Cochise, Maricopa, Pima, Pinal & Santa Cruz Counties

University Care Advantage (HMO SNP)

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.

This document includes University Care Advantage's partial formulary as of February 1, 2012. For a complete, updated formulary, please visit our website at www.universitycareadvantage.com or call our toll free number 8:00 a.m. to 8:00 p.m., 7 days a week.

Maricopa County (877) 874-3935
Cochise, Pima, Pinal and Santa Cruz Counties (877) 874-3930
TTY/TDD users should call toll free (800) 367-8939

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.

"A Coordinated Care plan with a Medicare Advantage contract and a contract with the Arizona Medicaid program."

This information is available for free in other languages. Please contact our Customer Care Center in Maricopa County at (877) 874-3935 and in Pima County at (877) 874-3930 for additional information. (TTY users should call (800) 367-8939. Hours are 8:00 a.m. to 8:00 p.m., 7 days a week. Our Customer Care Center has free language interpreter services available for non-English speakers.

Esta información está disponible gratis en otros idiomas. Favor de llamar a nuestro Centro de Atención al Cliente en el Condado Maricopa al (877) 874-3935 y en el Condado Pima al (877) 874-3930 para más información. Usuarios TTY deben llamar al (800) 367-8939. Nuestro horario de servicio es de 8:00a.m. a 8:00p.m., 7 días a la semana. Nuestro Centro de Atención al Cliente tiene servicios gratuitos de intérpretes para personas que no hablan inglés.

H7352_2012 Abridged Formulary V2
CMS File & Use 09/04/2011

What is the University Care Advantage Formulary?

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

This document is a partial formulary and includes only some of the drugs covered by University Care Advantage. For a complete listing of all prescription drugs covered by University Care Advantage, please visit our website at www.universitycareadvantage.com or call our toll-free number 8:00 a.m. to 8:00 p.m., 7 days a week.

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Can the Formulary change?

Generally, if you are taking a drug on our 2011 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 or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and

provide notice to members who take the drug. The enclosed formulary is current as of February 1, 2012. To get updated information about the drugs covered by University Care Advantage, please visit our website at www.universitycareadvantage.com or call our Customer Care Center toll-free number 8:00 a.m. to 8:00 p.m., 7 days a week.

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Updates to the University Care Advantage formulary are available monthly (if applicable) on our website at www.universitycareadvantage.com. Errata sheets with the changes are placed in front of the formulary on the website. Errata sheets are placed in front of our printed formularies as well. If you would like an updated printed copy of the formulary including the errata sheet, please call our Customer Care Center at the number above.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 9. 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 Medications. If you know what your drug is used for, look for the category name in the list that begins below, then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 71. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

University Care Advantage 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

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

Quantity Limits

For certain drugs, University Care Advantage limits the amount of the drug that University Care Advantage will cover. For example, University Care Advantage provides 2 units per prescription for EMEND. This may be in addition to a standard one month or three month supply.

Step Therapy

In some cases, University Care Advantage 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, University Care Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, University Care Advantage 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 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.universitycareadvantage.com.

You can ask University Care Advantage to make an exception to these restrictions or limits. See the section, "How do I request an exception to the University Care Advantage formulary?" on page 6 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this list of covered drugs, you should first contact our Customer Care Center and ask if your drug is covered. This document includes only a partial list of covered drugs, so University Care Advantage may cover your drug. You can contact our Customer Care Center at our toll-free number 8:00 a.m. to 8:00 p.m., 7 days a week.

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If you learn that University Care Advantage does not cover your drug, you have two options:

You can ask our Customer Care Center for a list of similar drugs that are covered by University Care Advantage. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by University Care Advantage.

You can ask University Care Advantage 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 University Care Advantage Formulary?

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your**

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 91-day transition supply, consistent with 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.

For more information

For more detailed information about your University Care Advantage prescription drug coverage, please review your Evidence of Coverage and other plan materials. If you have questions about University Care Advantage, you can contact our Customer Care Center at our toll-free number 8:00 a.m. to 8:00 p.m., 7 days a week.

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Or visit www.universitycareadvantage.com.

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

University Care Advantage Formulary

The abridged formulary below provides coverage information about some of the drugs covered by University Care Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 71. Remember: This is only a partial list of drugs covered by University Care Advantage. If your prescription is not in this partial formulary, please visit our website at www.universitycareadvantage.com or call our Customer Care Center at our toll-free number 8:00 a.m. to 8:00 p.m., 7 days a week.

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

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

The symbol [INJ] next to a drug name indicates that the drug is available in injectable form.

The symbol [LA] next to a drug name indicates that the drug has been noted as being restricted to certain pharmacies by the Food and Drug Administration. These drugs can only be obtained at specialty designated pharmacies able to appropriately handle the drugs.

The symbol [PAR] in the Requirements/Limits column indicates that prior authorization may apply.

The symbol [QLL] in the Requirements/Limits column indicates that quantities dispensed may be limited.

The symbol [ST] in the Requirements/Limits column indicates that step therapy may apply.

OTC Drug Table

Drug	Generic	Tier	Requirements/Limits
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MEDICAL (MISCELLANEOUS) SUPPLIES

DIABETIC SUPPLIES

ACCU-CHEK ACTIVE		2	
ACCU-CHEK AVIVA		2	
ACCU-CHEK COMBO PACKS, - KIT		2	
ACCU-CHEK COMFORT CURVE		2	
ACCU-CHEK COMPACT		2	
ACCU-CHEK COMPACT BLUE CONTROL		2	
FAST TAKE		2	
ONE TOUCH BASIC SYSTEM		2	
ONE TOUCH TEST STRIPS		2	
ONE TOUCH ULTRA 2		2	
ONE TOUCH ULTRA SMART		2	
ONE TOUCH ULTRA SYSTEM		2	
ONE TOUCH ULTRA TEST STRIPS		2	
ONE TOUCH ULTRAMINI		2	
SURESTEP		2	

General Drug Table

Drug	Generic	Tier	Requirements/Limits
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ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl injection</i> [INJ]		1	
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TOPICAL ANESTHETICS

<i>lidocaine hcl dental/mucous membrn products, -gel, -oint</i>		1	
<i>lidocaine hcl viscous</i>		1	
<i>lidocaine-prilocaine</i>		1	
LIDODERM	<i>lidocaine</i>	2	[PAR]

ANTIINFECTIVES

AMEBICIDES

<i>paromomycin sulfata</i>		1	
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AMINOGLYCOSIDES

<i>amikacin sulfata injection</i> [INJ]		1	
<i>gentamicin 90 mg/ns 100 ml pb, -100 mg/ns 100 ml, -60 mg/ns 50 ml pb, -70 mg/ns 50 ml pb, -80 mg/ns 50 ml pb</i> [INJ]		1	
<i>gentamicin sulfata injection</i> [INJ]		1	
<i>iso gentamicin 100 mg/100 ml, -isoton gentamicin 60 mg/50 ml, -isoton gentamicin 80 mg/50 ml</i> [INJ][G]		1	
<i>kanamycin sulfata injection</i> [INJ]		1	
<i>neomycin sulfata tablet</i>		1	

Drug	Generic	Tier	Requirements/Limits
TOBI	<i>tobramycin/sodium chloride</i>	3	[PAR][QLL, 56/28]
<i>tobramycin sulfate in ns</i> [INJ]		1	
<i>tobramycin sulfate injection</i> [INJ]		1	

ANTHELMINTICS

ALBENZA	<i>albendazole</i>	2	
<i>mebendazole chew tab</i>		1	
STROMEKTOL	<i>ivermectin</i>	2	

ANTIINFECTIVES SPECIALIZED INDICATIONS

DAPSONE TABLET	<i>dapsone</i>	2	
<i>metronidazole capsule, -tablet</i>		1	
<i>metronidazole injection</i> [INJ]		1	

ANTIRETROVIRALS AND PROTEASE INH

APTIVUS	<i>tipranavir</i>	3	
ATRIPLA	<i>emtricitabine/tenofovir/efavir</i>	3	
COMBIVIR [G]	<i>lamivudine/zidovudine</i>	3	
CRIXIVAN	<i>indinavir</i>	2	
<i>didanosine</i>		1	
EDURANT	<i>rilpivirine hydrochloride</i>	3	
EMTRIVA	<i>emtricitabine</i>	2	
EPIVIR SOLUTION	<i>lamivudine</i>	2	
EPIVIR TABLET [G]	<i>lamivudine</i>	2	
EPZICOM	<i>abacavir sulfate/lamivudine</i>	3	
FUZEON [INJ]	<i>enfuvirtide</i>	3	
INCIVEK	<i>telaprevir</i>	3	[PAR]
INTELENCE	<i>etravirine</i>	3	
INVIRASE	<i>saquinavir mesylate</i>	3	
ISENTRESS	<i>raltegravir potassium</i>	3	
KALETRA 100-25 MG TABLET	<i>ritonavir/lopinavir</i>	2	
KALETRA SOLUTION, -200-50 MG TABLET	<i>ritonavir/lopinavir</i>	3	
LEXIVA ORAL SUSP	<i>fosamprenavir calcium</i>	2	
LEXIVA TABLET	<i>fosamprenavir calcium</i>	3	
NORVIR	<i>ritonavir</i>	2	

Drug	Generic	Tier	Requirements/Limits
PREZISTA 400 MG TABLET, - 600 MG TABLET	<i>darunavir ethanolate</i>	3	
PREZISTA 75 MG TABLET, - 150 MG TABLET	<i>darunavir ethanolate</i>	2	
RESCRIPTOR	<i>delavirdine mesylate</i>	2	
RETROVIR INJECTION [INJ]	<i>zidovudine</i>	2	
REYATAZ 100 MG CAPSULE	<i>atazanavir sulfata</i>	2	
REYATAZ 150 MG CAPSULE, - 200 MG CAPSULE, -300 MG CAPSULE	<i>atazanavir sulfata</i>	3	
SELZENTRY	<i>maraviroc</i>	3	
<i>stavudine</i>		1	
SUSTIVA	<i>efavirenz</i>	2	
TRIZIVIR	<i>zidovudine/lamivudine/abacavir</i>	3	
TRUVADA	<i>emtricitabine/tenofovir</i>	3	
VICTRELIS	<i>boceprevir</i>	3	[PAR]
VIDEX	<i>didanosine</i>	2	
VIRACEPT 625 MG TABLET	<i>nelfinavir mesylate</i>	3	
VIRACEPT POWDER, -250 MG TABLET	<i>nelfinavir mesylate</i>	2	
VIRAMUNE	<i>nevirapine</i>	2	
VIRAMUNE XR	<i>nevirapine</i>	2	
VIREAD	<i>tenofovir disproxil fumarate</i>	3	
ZIAGEN	<i>abacavir sulfata</i>	2	
<i>zidovudine</i>		1	

ANTITUBERCULOSIS DRUGS

CAPASTAT SULFATE [INJ]	<i>capreomycin</i>	2	
<i>ethambutol hcl</i>		1	
<i>isonarif</i>		1	
<i>isoniazid injection</i> [INJ]		1	
<i>isoniazid syrup, -tablet</i>		1	
MYCOBUTIN	<i>rifabutin</i>	2	
PASER	<i>aminosalicylic acid</i>	2	
PRIFTIN	<i>rifapentine</i>	2	
<i>pyrazinamide</i>		1	
<i>rifampin capsule</i>		1	
<i>rifampin injection</i> [INJ]		1	
SEROMYCIN	<i>cycloserine</i>	2	

Drug	Generic	Tier	Requirements/Limits
TRECTOR	<i>ethionamide</i>	2	

CEPHALOSPORINS

<i>cefaclor</i>		1	
<i>cefaclor er</i>		1	
<i>cefadroxil</i>		1	
<i>cefazolin 20 gm bulk vial, - 500 mg vial, -1 gm vial, -1 gm-d5w bag [INJ]</i>		1	
<i>cefdinir</i>		1	
<i>cefepime hcl [INJ]</i>		1	
<i>cefotaxime sodium [INJ]</i>		1	
<i>cefotetan [INJ]</i>		1	
<i>cefoxitin [INJ]</i>		1	
<i>cefoxitin sodium [INJ]</i>		1	
<i>cefpodoxime proxetil</i>		1	
<i>cefprozil</i>		1	
<i>ceftazidime [INJ]</i>		1	
<i>ceftriaxone [INJ]</i>		1	
<i>cefuroxime axetil</i>		1	
<i>cefuroxime sod 750 mg vial, - sod 1.5 gm vial, -sod 7.5 gm vial [INJ]</i>		1	
<i>cefuroxime tablet</i>		1	
<i>cephalexin</i>		1	
SUPRAX	<i>cefixime</i>	2	

CHLORAMPHENICOLS

<i>chloramphenicol sod succinate [INJ]</i>		1	
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CLINDAMYCINS

<i>clindamycin hcl capsule</i>		1	
<i>clindamycin phosphate injection [INJ]</i>		1	

Drug	Generic	Tier	Requirements/Limits
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ERYTHROMYCINS

E.E.S. 200	<i>erythromycin ethylsuccinate</i>	2	
ERYPED 200	<i>erythromycin ethylsuccinate</i>	2	
ERYPED 400	<i>erythromycin ethylsuccinate</i>	2	
ERY-TAB	<i>erythromycin base</i>	2	
ERYTHROCIN LACTOBIONATE [INJ]	<i>erythromycin lactobionate</i>	2	
<i>erythrocin stearate</i>		1	
<i>erythromycin ethylsuccinate tablet</i>		1	
<i>erythromycin tablet</i>		1	

ORAL ANTIFUNGAL DRUGS

ANCOBON [G]	<i>flucytosine</i>	3	
<i>clotrimazole lozenge</i>		1	
<i>fluconazole 150 mg tablet</i>		1	[QLL, 2/7]
<i>fluconazole 50 mg tablet, -100 mg tablet, -200 mg tablet</i>		1	[PAR]
<i>fluconazole suspension</i>		1	
GRIFULVIN V	<i>griseofulvin microsize</i>	2	
<i>griseofulvin oral susp</i>		1	
GRIS-PEG	<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole capsule</i>		1	[PAR][QLL, 136/34]
<i>ketoconazole tablet</i>		1	
LAMISIL PACKET	<i>terbinafine</i>	2	
NOXAFIL	<i>posaconazole</i>	3	
<i>nystatin oral susp, -tablet</i>		1	
SPORANOX SOLUTION	<i>itraconazole</i>	2	
<i>terbinafine hcl tablet</i>		1	[PAR]
VFEND SUSPENSION	<i>voriconazole</i>	3	[PAR]
<i>voriconazole 200 mg tablet</i>		3	[PAR]
<i>voriconazole 50 mg tablet</i>		1	[PAR]

OTHER ANTIINFECTIVE DRUGS

ALINIA	<i>nitazoxanide</i>	2	
<i>aztreonam</i> [INJ]		1	
<i>baciim</i> [INJ]		1	

Drug	Generic	Tier	Requirements/Limits
<i>bacitracin injection</i> [INJ]		1	
CAYSTON [LA]	<i>aztreonam lysine</i>	3	[QLL, 84 vials/28]
<i>colistimethate 150 mg vial</i> [INJ]		3	
CUBICIN [INJ]	<i>daptomycin</i>	3	[PAR]
DORIBAX 500 MG VIAL [INJ]	<i>doripenem</i>	3	
INVANZ 1 GM VIAL [INJ]	<i>ertapenem sodium</i>	2	
MEPRON	<i>atovaquone</i>	3	
<i>meropenem</i> [INJ]		1	
<i>polymyxin b sulfate injection</i> [INJ]		1	
PRIMAXIN [INJ][G]	<i>imipenem/cilastatin sodium</i>	2	
PRIMAXIN I.M. [INJ]	<i>imipenem/cilastatin sodium</i>	2	
SYNERCID [INJ]	<i>quinupristin/dalfopristin</i>	3	
TYGACIL [INJ]	<i>tigecycline</i>	2	
VANCOCIN HCL	<i>vancomycin</i>	3	
<i>vancomycin 500 mg a/v vial, -1 gm vial, -10 gm vial</i> [INJ]		1	[PAR]
XIFAXAN 200 MG TABLET	<i>rifaximin</i>	2	
XIFAXAN 550 MG TABLET	<i>rifaximin</i>	3	
ZYVOX INJECTION [INJ]	<i>linezolid</i>	3	
ZYVOX ORAL SUSP, -TABLET	<i>linezolid</i>	3	[PAR]

OTHER ANTIVIRAL DRUGS

<i>acyclovir capsule, -oral susp, -tablet</i>		1	
<i>acyclovir sodium</i> [INJ]		1	
<i>amantadine</i>		1	
BARACLUDE SOLUTION	<i>entecavir</i>	2	
BARACLUDE TABLET	<i>entecavir</i>	3	
DENAVIR	<i> penciclovir</i>	2	
EPIVIR HBV	<i>lamivudine</i>	2	
<i>famciclovir 125 mg tablet</i>		1	[QLL, 21/10]
<i>famciclovir 250 mg tablet</i>		1	[QLL, 68/34]
<i>famciclovir 500 mg tablet</i>		1	[QLL, 21/7]
<i>foscarnet sodium</i> [INJ]		1	
<i>ganciclovir 250 mg capsule</i>		1	
<i>ganciclovir 500 mg capsule</i>		3	
<i>ganciclovir sodium</i> [INJ]		1	

Drug	Generic	Tier	Requirements/Limits
HEPSERA	<i>adefovir dipivoxil</i>	3	
RELENZA	<i>zanamivir</i>	2	[QLL, 60 inhalations/180]
<i>ribapak</i>		3	
<i>ribasphere 400 mg tablet, -600 mg tablet</i>		3	
<i>ribasphere capsule, -200 mg tablet</i>		1	
<i>ribavirin capsule, -tablet</i>		1	
<i>rimantadine hcl</i>		1	
TAMIFLU 12 MG/ML SUSPENSION	<i>oseltamivir phosphate</i>	2	[QLL, 900 ml/180]
TAMIFLU 30 MG GELCAP	<i>oseltamivir phosphate</i>	2	[QLL, 84/180]
TAMIFLU 45 MG GELCAP, -75 MG GELCAP	<i>oseltamivir phosphate</i>	2	[QLL, 42/180]
TYZEKA	<i>telbivudine</i>	3	
<i>valacyclovir</i>		1	[QLL, 34/34]
VALCYTE	<i>valganciclovir</i>	3	
VIRAZOLE	<i>ribavirin</i>	2	
XERESE	<i>acyclovir/hydrocortisone</i>	2	
ZOVIRAX CREAM, -OINT	<i>acyclovir</i>	2	

OTHER MACROLIDES

<i>azithromycin 100 mg/5 ml susp</i>		1	[QLL, 30 ml/5]
<i>azithromycin 200 mg/5 ml susp</i>		1	[QLL, 90 ml/5]
<i>azithromycin 250 mg tablet</i>		1	[QLL, 8/7]
<i>azithromycin 500 mg tablet</i>		1	[QLL, 4/4]
<i>azithromycin 600 mg tablet</i>		1	
<i>azithromycin injection [INJ]</i>		1	
<i>clarithromycin er</i>		1	
<i>clarithromycin suspension, -tablet</i>		1	

OTHER TOPICAL ANTIFUNGALS

<i>ciclopirox cream, -gel, -lotion, -oil, shampoo, cleanser</i>		1	
<i>ciclopirox soln, top</i>		1	[PAR]

Drug	Generic	Tier	Requirements/Limits
<i>clotrimazole 1% cream, -soln, top</i>		1	
<i>clotrimazole af 1% cream</i>		1	
<i>econazole nitrate cream</i>		1	
<i>ketoconazole cream, -oil, shampoo, cleanser</i>		1	
<i>nyamyc</i>		1	
<i>nystatin cream, -oint, -100,000 unit/gm powd</i>		1	
<i>nystop</i>		1	
<i>pedi-dri</i>		1	

PARENTERAL ANTIFUNGALS

ABELCET [INJ]	<i>amphotericin b lipid complex</i>	3	
AMBISOME [INJ]	<i>amphotericin b liposome</i>	3	
<i>amphotericin b injection</i> [INJ]		1	
CANCIDAS [INJ]	<i>caspofungin acetate</i>	3	
<i>fluconazole in dextrose</i> [INJ]		1	
MYCAMINE [INJ]	<i>micafungin sodium</i>	3	
VFEND IV [INJ]	<i>voriconazole</i>	2	

PENICILLINS

<i>amox tr-potassium clavulanate</i>		1	
<i>amoxicillin</i>		1	
<i>amoxicillin-clavulanate er</i>		1	
<i>ampicillin sodium</i> [INJ]		1	
<i>ampicillin trihydrate</i>		1	
<i>ampicillin-sulbactam</i> [INJ]		1	
<i>dicloxacillin sodium</i>		1	
<i>nafcillin</i> [INJ]		3	
<i>nafcillin 1 gm vial</i> [INJ]		1	
<i>nafcillin 10 gm bulk vial, -10 gm vial</i> [INJ]		3	
<i>oxacillin 1 gm vial</i> [INJ]		1	
<i>oxacillin 1 gm/ 50 ml inj</i> [INJ]		1	
<i>oxacillin 10 gm vial</i> [INJ]		3	
<i>oxacillin 2 gm/ 50 ml inj</i> [INJ]		3	

Drug	Generic	Tier	Requirements/Limits
<i>penicillin g potassium</i> [INJ]		1	
<i>penicillin g procaine</i> [INJ]		1	
<i>penicillin g sodium</i> [INJ]		1	
<i>penicillin v potassium</i>		1	
<i>piperacillin</i> [INJ]		1	
<i>piperacillin-tazobactam</i> [INJ]		1	

PLASMODICIDES

<i>chloroquine phosphate tablet</i>		1	
COARTEM	<i>artemether/lumefantrine</i>	2	
DARAPRIM	<i>pyrimethamine</i>	2	
<i>hydroxychloroquine sulfate tablet</i>		1	
MALARONE 250-100 MG TABLET [G]	<i>atovaquone/proguanil hcl</i>	2	
MALARONE 62.5-25 MG PED TAB	<i>atovaquone/proguanil hcl</i>	2	
<i>mefloquine hcl</i>		1	
PRIMAQUINE	<i>primaquine</i>	2	
QUALAQUIN	<i>quinine sulfate</i>	2	

QUINOLONES

AVELOX	<i>moxifloxacin</i>	2	
AVELOX ABC PACK	<i>moxifloxacin</i>	2	
AVELOX IV [INJ]	<i>moxifloxacin</i>	2	
<i>ciprofloxacin</i> [INJ]		1	
<i>ciprofloxacin er</i>		1	
<i>ciprofloxacin hcl tablet</i>		1	
<i>ofloxacin tablet</i>		1	

SULFONAMIDES

<i>erythromycin-sulfisoxazole sulfadiazine tablet</i>		1	
<i>sulfamethoxazole-trimethoprim injection</i> [INJ]		1	
<i>sulfamethoxazole-trimethoprim oral susp, - tablet</i>		1	

Drug	Generic	Tier	Requirements/Limits
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TETRACYCLINES

<i>demeclocycline hcl tablet</i>		1	
<i>doxycycline</i>		1	
<i>doxycycline hyclate capsule, - e.c. cap, -e.c. tab, -100 mg tab</i>		1	
<i>doxycycline hyclate injection [INJ]</i>		1	
<i>doxycycline monohydrate</i>		1	
<i>minocycline hcl capsule, - tablet, -tablet sustained action</i>		1	
<i>tetracycline hcl capsule</i>		1	

TOPICAL ANTIBACTERIAL DRUGS

<i>gentamicin sulfate cream, - 0.1% ointment</i>		1	
<i>mupirocin oint</i>		1	
<i>silver sulfadiazine cream</i>		1	
<i>ssd</i>		1	
SULFAMYLON	<i>mafenide acetate</i>	2	
<i>thermazene</i>		1	

TOPICAL ANTIFUNGAL-CORTICOSTEROID COMB.

<i>clotrimazole-betamethasone</i>		1	
<i>nystatin-triamcinolone</i>		1	

URINARY ANTIINFECTIVES

<i>methenamine hippurate</i>		1	
<i>nitrofurantoin macrocrystal capsule</i>		1	
<i>nitrofurantoin mono-macro</i>		1	
<i>nitrofurantoin oral susp</i>		1	
PRIMSOL	<i>trimethoprim</i>	2	
<i>trimethoprim tablet</i>		1	

Drug	Generic	Tier	Requirements/Limits
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VAGINAL ANTIFUNGALS

<i>miconazole 3 200 mg vag supp</i>		1	[QLL, 3/3]
<i>terconazole 0.4% cream</i>		1	[QLL, 45 gm/7]
<i>terconazole 0.8% cream</i>		1	[QLL, 20 gm/3]
<i>terconazole 80 mg suppository</i>		1	[QLL, 3/3]

ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS

ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS

AFINITOR	<i>everolimus</i>	3	
ALIMTA [INJ]	<i>pemetrexed disodium</i>	3	
AMEVIVE [INJ][LA]	<i>alefacept</i>	3	[PAR]
<i>amifostine [INJ]</i>		3	
<i>anagrelide hcl</i>		1	
<i>anastrozole tablet</i>		1	
AVASTIN 100 MG/4 ML VIAL [INJ]	<i>bevacizumab</i>	2	
AZASAN	<i>azathioprine</i>	2	[PAR]
<i>azathioprine sodium [INJ]</i>		1	[PAR]
<i>azathioprine tablet</i>		1	[PAR]
<i>bicalutamide</i>		1	
CAMPATH [INJ]	<i>alemtuzumab</i>	3	
CEENU	<i>lomustine</i>	2	
CELLCEPT INJECTION [INJ]	<i>mycophenolate mofetil</i>	2	[PAR]
CELLCEPT ORAL SUSP	<i>mycophenolate mofetil</i>	3	[PAR]
<i>cyclophosphamide tablet</i>		1	[PAR]
<i>cyclosporine capsule, -solution</i>		1	[PAR]
<i>cyclosporine injection [INJ]</i>		1	[PAR]
<i>cyclosporine modified</i>		1	[PAR]
DACOGEN [INJ]	<i>decitabine</i>	3	
DEPO-PROVERA 400 MG/ML VIAL [INJ]	<i>medroxyprogesterone</i>	2	
DROXIA	<i>hydroxyurea</i>	2	
ELIGARD [INJ]	<i>leuprolide</i>	2	[PAR]
ELITEK [INJ]	<i>rasburicase</i>	3	
EMCYT	<i>estramustine phosphate sodium</i>	2	
ENBREL [INJ]	<i>etanercept</i>	3	[PAR][QLL, 10/35]

Drug	Generic	Tier	Requirements/Limits
<i>exemestane</i>		1	
FARESTON	<i>toremifene</i>	2	
FASLODEX [INJ]	<i>fulvestrant</i>	3	
<i>flutamide</i>		1	
<i>gengraf</i>		1	[PAR]
GLEEVEC	<i>imatinib mesylate</i>	3	[PAR]
HALAVEN [INJ]	<i>eribulin mesylate</i>	3	
HEXALEN	<i>altretamine</i>	3	
HUMIRA 20 MG/0.4 ML SYRINGE, -40 MG/0.8 ML SYRINGE [INJ]	<i>adalimumab</i>	3	[PAR][QLL, 5 syringes/35]
HUMIRA 40 MG/0.8 ML PEN, - PSORIASIS STARTER PACK [INJ]	<i>adalimumab</i>	3	[PAR][QLL, 6/180]
HUMIRA CROHN'S STARTER PACK [INJ]	<i>adalimumab</i>	3	[PAR][QLL, 6 syringes/180]
<i>hydroxyurea capsule</i>		1	
IRESSA [LA]	<i>gefitinib</i>	3	
<i>leflunomide</i>		1	[QLL, 34/34]
<i>letrozole</i>		1	
<i>leucovorin calcium injection</i> [INJ]		1	
<i>leucovorin calcium tablet</i>		1	
LEUKERAN	<i>chlorambucil</i>	2	
LYSODREN	<i>mitotane</i>	2	
MATULANE	<i>procarbazine</i>	3	
MEGACE ES	<i>megestrol</i>	2	
<i>megestrol acetate oral susp, - tablet</i>		1	
<i>mercaptopurine tablet</i>		1	
<i>mesna</i> [INJ]		1	
MESNEX TABLET	<i>mesna</i>	3	
<i>methotrexate injection</i> [INJ]		1	[PAR]
<i>methotrexate tablet</i>		1	[PAR]
<i>mitoxantrone hcl</i> [INJ]		1	[PAR]
<i>mycophenolate mofetil</i>		1	[PAR]
MYFORTIC	<i>mycophenolate sodium</i>	2	[PAR]
NEXAVAR [LA]	<i>sorafenib tosylate</i>	3	
NILANDRON	<i>nilutamide</i>	2	

Drug	Generic	Tier	Requirements/Limits
<i>octreotide acet 200 mcg/ml vial, -acet 500 mcg/ml amp, -1,000 mcg/ml vial</i> [INJ]		3	
<i>octreotide acet 50 mcg/ml amp, -acet 100 mcg/ml amp</i> [INJ]		1	
ORENCIA [INJ]	<i>abatacept/maltose</i>	3	[PAR]
ORTHOCLONE OKT-3 [INJ]	<i>muronab-cd3</i>	2	[PAR]
PROGRAF INJECTION [INJ]	<i>tacrolimus</i>	2	[PAR]
RAPAMUNE 2 MG TABLET	<i>sirolimus</i>	3	[PAR]
RAPAMUNE SOLUTION, -0.5 MG TABLET, -1 MG TABLET	<i>sirolimus</i>	2	[PAR]
REMICADE [INJ]	<i>infliximab</i>	3	[PAR]
REVLIMID [LA]	<i>lenalidomide</i>	3	
RITUXAN [INJ]	<i>rituximab</i>	3	[PAR]
SANDOSTATIN LAR 10 MG KIT, -30 MG KIT [INJ]	<i>octreotide</i>	3	[QLL, 1/28]
SANDOSTATIN LAR 20 MG KIT [INJ]	<i>octreotide</i>	3	[QLL, 2/28]
SIMULECT [INJ]	<i>basiliximab</i>	2	[PAR]
SPRYCEL	<i>dasatinib</i>	3	[PAR]
SUTENT	<i>sunitinib malate</i>	3	
TABLOID	<i>thioguanine</i>	2	
<i>tacrolimus 0.5 mg capsule, -1 mg capsule</i>		1	[PAR]
<i>tacrolimus 5 mg capsule</i>		3	[PAR]
<i>tamoxifen citrate tablet</i>		1	
TARCEVA	<i>erlotinib hcl</i>	3	
TARGRETIN	<i>bexarotene</i>	3	
TASIGNA	<i>nilotinib hydrochloride</i>	3	[PAR]
TRELSTAR [INJ]	<i>triptorelin pamoate</i>	3	
<i>tretinoin capsule</i>		3	
TYKERB	<i>lapatinib ditosylate</i>	3	[PAR]
TYSABRI [INJ][LA]	<i>natalizumab</i>	3	[PAR]
VANDETANIB [LA]	<i>vandetanib</i>	3	
VELCADE [INJ]	<i>bortezomib</i>	3	
VIDAZA [INJ]	<i>azacitidine</i>	3	
VOTRIENT	<i>pazopanib</i>	3	
ZOLINZA	<i>vorinostat</i>	3	
ZORTRESS 0.25 MG TABLET	<i>everolimus</i>	2	[PAR]

Drug	Generic	Tier	Requirements/Limits
ZORTRESS 0.5 MG TABLET, - 0.75 MG TABLET	<i>everolimus</i>	3	[PAR]
ZYTIGA	<i>abiraterone acetate</i>	3	

AUTONOMIC AND CNS MEDICATIONS

ANALGESICS

<i>buprenorphine hcl injection</i> [INJ]		1	
<i>butorphanol tartrate injection</i> [INJ]		1	
<i>nalbuphine hcl injection</i> [INJ]		1	
<i>tramadol hcl er 100 mg tablet,</i> <i>-er 200 mg tablet</i>		1	[QLL, 34/34]
<i>tramadol hcl tablet</i>		1	[QLL, 272/34]
<i>tramadol hcl-acetaminophen</i>		1	[QLL, 272/34]

ANTIDEMENTIA DRUGS

<i>donepezil hcl</i>		1	
EXELON ADH. PATCH, - SOLUTION	<i>rivastigmine tartrate</i>	2	[ST]
<i>galantamine hbr</i>		1	
<i>galantamine hydrobromide</i>		1	
NAMENDA	<i>memantine hcl</i>	2	
<i>rivastigmine</i>		1	

ANTIMANIA DRUGS

<i>lithium</i>		1	
<i>lithium carbonate capsule, -</i> <i>tablet, -tablet sustained action</i>		1	

ANTIPARKINSON ANTICHOLINERGIC DRUGS

<i>benztropine mesylate</i> <i>injection</i> [INJ]		1	
<i>benztropine mesylate tablet</i>		1	
<i>trihexyphenidyl hcl</i>		1	

Drug	Generic	Tier	Requirements/Limits
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ANTIPSYCHOTIC DRUGS

ABILIFY 2 MG TABLET, -5 MG TABLET, -10 MG TABLET, -15 MG TABLET	<i>aripiprazole</i>	2	[QLL, 34/34]
ABILIFY 20 MG TABLET, -30 MG TABLET	<i>aripiprazole</i>	3	[QLL, 34/34]
ABILIFY DISCMELT	<i>aripiprazole</i>	2	[QLL, 68/34]
ABILIFY INJECTION [INJ]	<i>aripiprazole</i>	2	
ABILIFY SOLUTION	<i>aripiprazole</i>	2	
<i>chlorpromazine hcl injection</i> [INJ]		1	
<i>chlorpromazine hcl tablet</i>		1	
<i>clozapine</i>		1	
FANAPT 1 MG TABLET, -2 MG TABLET, -4 MG TABLET, -6 MG TABLET, -8 MG TABLET, -10 MG TABLET, -12 MG TABLET	<i>iloperidone</i>	2	[QLL, 68/34]
FANAPT TITRATION PACK	<i>iloperidone</i>	2	[QLL, 1/34]
FAZACLO	<i>clozapine</i>	2	
<i>fluphenazine decanoate injection</i> [INJ]		1	
<i>fluphenazine hcl elix, -solution, -tablet</i>		1	
<i>fluphenazine hcl injection</i> [INJ]		1	
GEODON CAPSULE	<i>ziprasidone</i>	2	[QLL, 68/34]
GEODON INJECTION [INJ]	<i>ziprasidone</i>	2	
<i>haloperidol decanoate</i> [INJ]		1	
<i>haloperidol lactate injection</i> [INJ]		1	
<i>haloperidol lactate solution</i>		1	
<i>haloperidol tablet</i>		1	
INVEGA ER 1.5 MG TABLET, -ER 3 MG TABLET, -ER 9 MG TABLET	<i>paliperidone</i>	2	[QLL, 34/34]
INVEGA ER 6 MG TABLET	<i>paliperidone</i>	2	[QLL, 68/34]
INVEGA SUSTENNA 117 MG PREF SY, -156 MG PREF SY, -234 MG PREF SY [INJ]	<i>paliperidone</i>	3	

Drug	Generic	Tier	Requirements/Limits
INVEGA SUSTENNA 39 MG PEF SYR, -78 MG PEF SYR [INJ]	<i>paliperidone</i>	2	
LATUDA	<i>lurasidone hcl</i>	2	[QLL, 34/34]
<i>loxapine</i>		1	
ORAP	<i>pimozide</i>	2	
<i>perphenazine</i>		1	
RISPERDAL CONSTA 12.5 MG SYR, -25 MG SYR [INJ]	<i>risperidone</i>	2	
RISPERDAL CONSTA 37.5 MG SYR, -50 MG SYR [INJ]	<i>risperidone</i>	3	
<i>risperidone odt</i>		1	[QLL, 68/34]
<i>risperidone solution</i>		1	[QLL, 544 ml/34]
<i>risperidone tablet</i>		1	[QLL, 68/34]
SAPHRIS	<i>asenapine</i>	2	[QLL, 68/34]
SEROQUEL 25 MG TABLET, -50 MG TABLET, -100 MG TABLET, -200 MG TABLET	<i>quetiapine fumarate</i>	2	[QLL, 102/34]
SEROQUEL 300 MG TABLET, -400 MG TABLET	<i>quetiapine fumarate</i>	2	[QLL, 68/34]
SEROQUEL XR 150 MG TABLET, -200 MG TABLET	<i>quetiapine fumarate</i>	2	[QLL, 34/34]
SEROQUEL XR 50 MG TABLET, -300 MG TABLET, -400 MG TABLET	<i>quetiapine fumarate</i>	2	[QLL, 68/34]
<i>thioridazine hcl</i>		1	
<i>thiothixene</i>		1	
<i>trifluoperazine hcl</i>		1	
ZYPREXA 15 MG TABLET, -20 MG TABLET [G]	<i>olanzapine</i>	3	[QLL, 34/34]
ZYPREXA 2.5 MG TABLET, -5 MG TABLET, -7.5 MG TABLET, -10 MG TABLET [G]	<i>olanzapine</i>	2	[QLL, 34/34]
ZYPREXA INJECTION [INJ][G]	<i>olanzapine</i>	2	
ZYPREXA ZYDIS 15 MG TABLET, -20 MG TABLET [G]	<i>olanzapine</i>	3	[QLL, 34/34]
ZYPREXA ZYDIS 5 MG TABLET, -10 MG TABLET [G]	<i>olanzapine</i>	2	[QLL, 34/34]

Drug	Generic	Tier	Requirements/Limits
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ANTIVERTIGO AND ANTIEMETIC DRUGS

ALOXI [INJ]	<i>palonosetron hcl</i>	3	[QLL, 10/30]
CESAMET	<i>nabilone</i>	3	[PAR][QLL, 30/5]
<i>compro</i>		1	
<i>dronabinol 10 mg capsule</i>		3	[PAR]
<i>dronabinol 2.5 mg capsule, -5 mg capsule</i>		1	[PAR]
EMEND 40 MG CAPSULE, -125 MG CAPSULE	<i>aprepitant</i>	2	[PAR][QLL, 1/1]
EMEND 80 MG CAPSULE	<i>aprepitant</i>	2	[PAR][QLL, 2/2]
EMEND TRIFOLD PACK	<i>aprepitant</i>	2	[PAR][QLL, 3/3]
<i>granisetron hcl injection</i> [INJ]		1	
<i>granisetron hcl tablet</i>		1	[PAR][QLL, 2/1]
<i>granisol</i>		1	[PAR][QLL, 30 ml/3]
<i>meclizine hcl tablet</i>		1	
<i>ondansetron hcl 24 mg tablet</i>		1	[PAR][QLL, 1/1]
<i>ondansetron hcl 4 mg tablet, -8 mg tablet</i>		1	[PAR][QLL, 12/5]
<i>ondansetron hcl injection</i> [INJ]		1	
<i>ondansetron hcl solution</i>		1	[PAR][QLL, 150 ml/5]
<i>ondansetron odt</i>		1	[PAR][QLL, 12/5]
<i>phenadoz</i>		1	
<i>prochlorperazine edisylate injection</i> [INJ]		1	
<i>prochlorperazine maleate rectal, -tablet</i>		1	
<i>promethazine hcl rectal</i>		1	
<i>promethegan</i>		1	
<i>trimethobenzamide hcl capsule</i>		1	
<i>trimethobenzamide hcl injection</i> [INJ]		1	

ANXIOLYTICS

<i>bupirone hcl tablet</i>		1	
<i>meprobamate</i>		1	

Drug	Generic	Tier	Requirements/Limits
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CARBAMAZEPINES

<i>carbamazepine chew tab, - oral susp, -tablet</i>		1	
<i>carbamazepine xr</i>		1	
<i>epitol</i>		1	
<i>oxcarbazepine</i>		1	
TEGRETOL XR 100 MG TABLET	<i>carbamazepine</i>	2	

CLASS II NARCOTICS

<i>codeine sulfate</i>		1	
<i>endocet</i>		1	
<i>endodan</i>		1	
<i>fentanyl</i>		1	
<i>fentanyl citrate injection</i> [INJ]		1	
<i>fentanyl citrate lozenge</i>		3	[PAR][QLL, 120/30]
<i>hydromorphone hcl injection</i> [INJ]		1	
<i>hydromorphone hcl tablet</i>		1	
<i>levorphanol tartrate tablet</i>		1	
<i>meperidine hcl injection</i> [INJ]		1	
<i>methadone hcl injection</i> [INJ]		1	
<i>methadone hcl solution, - tablet</i>		1	
<i>methadose</i>		1	
<i>morphine sulfate injection</i> [INJ]		1	
<i>morphine sulfate solution, - tablet</i>		1	
<i>morphine sulfate tablet sustained action</i>		1	[QLL, 120/30]
OPANA ER 40 MG TABLET	<i>oxymorphone</i>	3	[QLL, 90/30][ST]
OPANA ER 5 MG TABLET, -10 MG TABLET, -20 MG TABLET, -30 MG TABLET	<i>oxymorphone</i>	2	[QLL, 90/30][ST]
<i>oxycodone concentrate</i>		1	
<i>oxycodone hcl</i>		1	
<i>oxycodone hcl-acetaminophen</i>		1	
<i>oxycodone hcl-aspirin</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>oxycodone hcl-ibuprofen</i>		1	
<i>oxycodone-acetaminophen</i>		1	
<i>oxycodone-aspirin</i>		1	
OXYCONTIN 10 MG TABLET, - 15 MG TABLET, -20 MG TABLET, -30 MG TABLET, -40 MG TABLET, -60 MG TABLET	<i>oxycodone</i>	2	[QLL, 90/30][ST]
OXYCONTIN 80 MG TABLET	<i>oxycodone</i>	3	[QLL, 90/30][ST]
<i>oxymorphone hcl tablet</i>		1	
<i>roxicet tablet</i>		1	

CLASS III NARCOTICS

<i>acetaminoph-caff- dihydrocodein</i>		1	
<i>acetaminophen-codeine</i>		1	
<i>buprenorphine hcl tab, sl</i>		1	
<i>co-gesic</i>		1	
<i>hydrocodone bit-ibuprofen</i>		1	
<i>hydrocodone-acetaminophen</i>		1	
<i>margesic h</i>		1	
<i>reprexain</i>		1	
<i>stagesic</i>		1	
SUBOXONE	<i>buprenorphine/naloxone</i>	2	[PAR][QLL, 102/34]
<i>zamicet</i>		1	

CNS STIMULANT DRUGS

<i>amphetamine salt combo</i>		1	
<i>dexmethylphenidate hcl</i>		1	
<i>dextroamphetamine sulfate capsule sustained action, - tablet</i>		1	
METADATE CD	<i>methylphenidate</i>	2	
<i>metadate er</i>		1	
<i>methamphetamine hcl</i>		1	
<i>methylin 5 mg tablet, -10 mg tablet, -20 mg tablet</i>		1	
<i>methylin er</i>		1	
<i>methylphenidate hcl solution, -tablet</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>methylphenidate sr</i>		1	
PROVIGIL	<i>modafinil</i>	2	[PAR]

DRUGS TO PREVENT AND TREAT HEADACHES

<i>ascomp with codeine</i>		1	
<i>butalb-caff-acetaminoph-codein</i>		1	
<i>butorphanol tartrate aerosol</i>		1	[QLL, 5 ml/3]
<i>dihydroergotamine mesylate injection [INJ]</i>		1	
ERGOMAR	<i>ergotamine</i>	2	
<i>ergotamine-caffeine</i>		1	
FROVA	<i>frovatriptan</i>	2	[QLL, 27/28]
MAXALT	<i>rizatriptan benzoate</i>	2	[QLL, 36/28]
MAXALT MLT	<i>rizatriptan benzoate</i>	2	[QLL, 36/28]
<i>migergot</i>		1	
<i>naratriptan hcl</i>		1	[QLL, 18/28]
<i>sumatriptan 4 mg/0.5 ml vial, -6 mg/0.5 ml vial [INJ]</i>		1	[QLL, 16 ml/28]
<i>sumatriptan succinate tablet</i>		1	[QLL, 18/28]
ZOMIG NASAL DROPS/SPRAYS	<i>zolmitriptan</i>	2	[QLL, 18 nasal sprayers/28]

HYDANTOINS

DILANTIN 30 MG CAPSULE, - CHEW TAB	<i>phenytoin</i>	2	
<i>fosphenytoin sodium [INJ]</i>		1	
PEGANONE	<i>ethotoin</i>	2	
<i>phenytoin oral susp</i>		1	
<i>phenytoin sodium extended</i>		1	
<i>phenytoin sodium injection [INJ]</i>		1	

MAO INHIBITORS

EMSAM	<i>selegiline</i>	2	
MARPLAN	<i>isocarboxazid</i>	2	
<i>phenelzine sulfate tablet</i>		1	
<i>tranylcypromine sulfate</i>		1	

Drug	Generic	Tier	Requirements/Limits
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OTHER ANTICONVULSANTS

BANZEL 400 MG TABLET	<i>rufinamide</i>	3	
BANZEL ORAL SUSP, -200 MG TABLET	<i>rufinamide</i>	2	
FELBATOL ORAL SUSP	<i>felbamate</i>	2	
FELBATOL TABLET [G]	<i>felbamate</i>	2	
<i>gabapentin capsule, -solution, -tablet</i>		1	
GABITRIL	<i>tiagabine</i>	2	
<i>lamotrigine</i>		1	
<i>levetiracetam injection [INJ]</i>		1	
<i>levetiracetam solution, -tablet</i>		1	
LYRICA	<i>pregabalin</i>	2	[ST]
<i>primidone tablet</i>		1	
SABRIL [LA]	<i>vigabatrin</i>	3	
<i>topiramate sprinkle, -tablet</i>		1	[PAR]
VIMPAT INJECTION [INJ]	<i>lacosamide</i>	2	
VIMPAT SOLUTION, -TABLET	<i>lacosamide</i>	2	[PAR]
<i>zonisamide</i>		1	[PAR]

OTHER ANTIDEPRESSANTS

<i>budeprion sr</i>		1	[QLL, 68/34]
<i>budeprion xl</i>		1	[QLL, 34/34]
<i>bupropion hcl sr</i>		1	[QLL, 68/34]
<i>bupropion hcl tablet</i>		1	
CYMBALTA 20 MG CAPSULE, -60 MG CAPSULE	<i>duloxetine</i>	2	[QLL, 68/34][ST]
CYMBALTA 30 MG CAPSULE	<i>duloxetine</i>	2	[QLL, 34/34][ST]
<i>maprotiline hcl</i>		1	
<i>mirtazapine</i>		1	
<i>nefazodone hcl</i>		1	
<i>perphenazine-amitriptyline</i>		1	
PRISTIQ ER	<i>desvenlafaxine succinate</i>	2	[QLL, 34/34][ST]
SAVELLA 12.5 MG TABLET, -25 MG TABLET, -50 MG TABLET, -100 MG TABLET	<i>milnacipran hcl</i>	2	[QLL, 68/34][ST]
SAVELLA TITRATION PACK	<i>milnacipran hcl</i>	2	[QLL, 1/34][ST]

Drug	Generic	Tier	Requirements/Limits
<i>trazodone hcl tablet</i>		1	
<i>venlafaxine hcl</i>		1	[QLL, 102/34]
<i>venlafaxine hcl er 37.5 mg cap, -150 mg cap</i>		1	[QLL, 34/34]
<i>venlafaxine hcl er 75 mg cap</i>		1	[QLL, 102/34]

OTHER ANTIPARKINSON DRUGS

APOKYN [INJ][LA]	<i>apomorphine hcl</i>	3	
AZILECT	<i>rasagiline mesylate</i>	2	
<i>bromocriptine mesylate capsule, -tablet</i>		1	
<i>carbidopa-levodopa</i>		1	
COMTAN	<i>entacapone</i>	2	
LODOSYN	<i>carbidopa</i>	2	
<i>pramipexole dihydrochloride</i>		1	
<i>ropinirole hcl</i>		1	
<i>selegiline hcl capsule, -tablet</i>		1	
STALEVO 100	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 125	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 150	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 200	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 50	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 75	<i>carbidopa/levodopa/entacap</i>	2	
TASMAR	<i>tolcapone</i>	3	

OTHER CNS/AUTONOMIC DRUGS

ANTABUSE [G]	<i>disulfiram</i>	2	
<i>atropine sulfate injection</i> [INJ]		1	
<i>depade</i>		1	
<i>guanidine hcl</i>		1	
MESTINON SYRUP, -TABLET SUSTAINED ACTION	<i>pyridostigmine</i>	2	
<i>naloxone hcl injection</i> [INJ]		1	
<i>naltrexone hcl tablet</i>		1	
NUDEXTA	<i>dextromethorphan/quinidine</i>	2	[PAR]
<i>pyridostigmine bromide tablet</i>		1	
STRATTERA	<i>atomoxetine</i>	2	[ST]

Drug	Generic	Tier	Requirements/Limits
XENAZINE [LA]	<i>tetrabenazine</i>	3	[PAR]
XYREM [LA]	<i>sodium oxybate</i>	3	

SECONDARY AMINES

<i>amoxapine</i>		1	
<i>desipramine hcl tablet</i>		1	
<i>nortriptyline hcl capsule, - solution</i>		1	
<i>protriptyline hcl</i>		1	

SEDATIVE/HYPNOTIC DRUGS

ROZEREM	<i>ramelteon</i>	2	[QLL, 34/34][ST]
<i>zaleplon 10 mg capsule</i>		1	[QLL, 68/34]
<i>zaleplon 5 mg capsule</i>		1	[QLL, 34/34]
<i>zolpidem tartrate</i>		1	[QLL, 34/34]
<i>zolpidem tartrate er</i>		1	[QLL, 34/34]

SELECTIVE SEROTONIN REUPTAKE INHIBITORS

<i>citalopram hbr solution</i>		1	
<i>citalopram hbr tablet</i>		1	[QLL, 34/34]
<i>fluoxetine dr</i>		1	[QLL, 5/34]
<i>fluoxetine hcl 10 mg capsule, -10 mg tablet</i>		1	[QLL, 34/34]
<i>fluoxetine hcl 20 mg capsule, -solution, -20 mg tablet</i>		1	
<i>fluoxetine hcl 40 mg capsule</i>		1	[QLL, 68/34]
<i>fluvoxamine maleate 100 mg tab</i>		1	[QLL, 102/34]
<i>fluvoxamine maleate 25 mg tab</i>		1	[QLL, 34/34]
<i>fluvoxamine maleate 50 mg tab</i>		1	[QLL, 68/34]
<i>paroxetine hcl 10 mg tablet, - 40 mg tablet</i>		1	[QLL, 34/34]
<i>paroxetine hcl 20 mg tablet, - 30 mg tablet, -tablet sustained action</i>		1	[QLL, 68/34]
<i>paroxetine hcl oral susp</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>rapiflux</i>		1	
<i>selfemra 10 mg capsule</i>		1	[QLL, 35/14]
<i>selfemra 20 mg capsule</i>		1	[QLL, 140/14]
<i>sertraline hcl 25 mg tablet</i>		1	[QLL, 34/34]
<i>sertraline hcl 50 mg tablet, - 100 mg tablet</i>		1	[QLL, 68/34]
<i>sertraline hcl solution</i>		1	
VIIBRYD	<i>vilazodone hydrochloride</i>	2	[QLL, 34/34][ST]

SMOKING CESSATION PRODUCTS

<i>buproban</i>		1	
CHANTIX	<i>varenicline tartrate</i>	2	
NICOTROL	<i>nicotine inhaler</i>	2	
NICOTROL NS	<i>nicotine ns</i>	2	

SUCCINIMIDES

CELONTIN	<i>methsuximide</i>	2	
<i>ethosuximide capsule, -syrup</i>		1	

TERTIARY AMINES

<i>amitriptyline hcl tablet</i>		1	
<i>clomipramine hcl capsule</i>		1	
<i>doxepin hcl capsule, -solution</i>		1	
<i>imipramine hcl tablet</i>		1	
<i>imipramine pamoate</i>		1	
SURMONTIL [G]	<i>trimipramine</i>	2	

VALPROIC ACID AND DERIVATIVES

<i>divalproex sodium</i>		1	
<i>divalproex sodium er</i>		1	
<i>valproate sodium injection</i> [INJ]		1	
<i>valproic acid capsule, -syrup</i>		1	

Drug	Generic	Tier	Requirements/Limits
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CARDIOVASCULAR MEDICATIONS

AMIODARONES

<i>amiodarone hcl injection</i> [INJ]		1	
<i>amiodarone hcl tablet</i>		1	
<i>pacerone</i>		1	

ANGIOTENSIN CONVERTING ENZYME INHIBITORS

<i>benazepril hcl tablet</i>		1	
<i>captopril tablet</i>		1	
<i>enalapril maleate tablet</i>		1	
<i>fosinopril sodium</i>		1	
<i>lisinopril tablet</i>		1	
<i>moexipril hcl</i>		1	
<i>perindopril erbumine</i>		1	
<i>quinapril hcl</i>		1	
<i>ramipril</i>		1	
<i>trandolapril</i>		1	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

DIOVAN	<i>valsartan</i>	2	[ST]
	<i>losartan potassium</i>	1	
MICARDIS	<i>telmisartan</i>	2	[ST]

ANTIDYSRHYTHMIC DRUGS

<i>flecainide acetate</i>		1	
<i>mexiletine hcl capsule</i>		1	
<i>procainamide hcl injection</i> [INJ]		1	
<i>propafenone hcl</i>		1	
<i>quinidine gluconate injection</i> [INJ]		1	
<i>quinidine gluconate tablet sustained action</i>		1	
<i>quinidine sulfate tablet, - tablet sustained action</i>		1	

Drug	Generic	Tier	Requirements/Limits
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BETA-ADRENERGIC ANTAGONIST DRUGS

<i>acebutolol hcl capsule</i>		1	
<i>atenolol tablet</i>		1	
<i>betaxolol hcl tablet</i>		1	
<i>bisoprolol fumarate</i>		1	
<i>carvedilol</i>		1	
<i>labetalol hcl injection [INJ]</i>		1	
<i>labetalol hcl tablet</i>		1	
<i>metoprolol succinate</i>		1	
<i>metoprolol tartrate injection [INJ]</i>		1	
<i>metoprolol tartrate tablet</i>		1	
<i>nadolol tablet</i>		1	
<i>pindolol</i>		1	
<i>propranolol hcl capsule sustained action, -solution, -tablet</i>		1	
<i>propranolol hcl injection [INJ]</i>		1	
<i>timolol maleate tablet</i>		1	

CALCIUM ANTAGONISTS

<i>afeditab cr</i>		1	
<i>amlodipine besylate tablet</i>		1	
<i>cartia xt</i>		1	
<i>dilt-cd</i>		1	
<i>diltiazem 24hr er</i>		1	
<i>diltiazem er</i>		1	
<i>diltiazem hcl injection [INJ]</i>		1	
<i>diltiazem hcl tablet</i>		1	
<i>dilt-xr</i>		1	
<i>diltzac er</i>		1	
<i>felodipine er</i>		1	
<i>isradipine</i>		1	
<i>matzim la</i>		1	
<i>nicardipine hcl capsule</i>		1	
<i>nicardipine hcl injection [INJ]</i>		1	
<i>nifediac cc</i>		1	
<i>nifedical xl</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>nifedipine er</i>		1	
<i>nimodipine</i>		1	
<i>nisoldipine</i>		1	
<i>taztia xt</i>		1	
<i>verapamil er 120 mg tablet, - 180 mg tablet, -240 mg tablet</i>		1	
<i>verapamil er pm</i>		1	
<i>verapamil hcl injection [INJ]</i>		1	
<i>verapamil hcl tablet, -er 120 mg tablet, -er 240 mg tablet</i>		1	

CARDIAC GLYCOSIDES

<i>digoxin injection [INJ]</i>		1	
<i>digoxin solution, -tablet</i>		1	

CENTRALLY ACTING ANTIHYPERTENSIVES

<i>clonidine</i>		1	[QLL, 5/35]
<i>clonidine hcl tablet</i>		1	
<i>guanabenz acetate tablet</i>		1	
<i>guanfacine hcl</i>		1	
<i>methyldopa</i>		1	
<i>methyldopate hcl [INJ]</i>		1	

DRUGS FOR PHEOCHROMOCYTOMA

DEMSEER	<i>metyrosine</i>	2	
DIBENZYLINE	<i>phenoxybenzamine</i>	2	

ENDOTHELIN RECPTN ANTAGONIST

LETAIRIS [LA]	<i>ambrisentan</i>	3	[PAR]
TRACLEER [LA]	<i>bosentan</i>	3	[PAR]

HMG-COA REDUCTASE INHIBITORS

ADVICOR 500 MG-20 MG TABLET	<i>lovastatin/niacin</i>	2	[QLL, 34/34]
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Drug	Generic	Tier	Requirements/Limits
ADVICOR 750 MG-20 MG TABLET, -1,000 MG-20 MG TABLET, -1,000 MG-40 MG TABLET	<i>lovastatin/niacin</i>	2	[QLL, 68/34]
CRESTOR 10 MG TABLET, -20 MG TABLET, -40 MG TABLET	<i>rosuvastatin calcium</i>	2	[QLL, 34/34]
CRESTOR 5 MG TABLET	<i>rosuvastatin calcium</i>	2	[QLL, 34/34][ST]
<i>lovastatin 10 mg tablet</i>		1	[QLL, 34/34]
<i>lovastatin 20 mg tablet, -40 mg tablet</i>		1	[QLL, 68/34]
<i>pravastatin sodium</i>		1	[QLL, 34/34]
SIMCOR 500-20 MG TABLET, -500-40 MG TABLET, -1,000-40 MG TABLET	<i>niacin/simvastatin</i>	2	[QLL, 34/34]
SIMCOR 750-20 MG TABLET, -1,000-20 MG TABLET	<i>niacin/simvastatin</i>	2	[QLL, 68/34]
<i>simvastatin</i>		1	[QLL, 34/34]
VYTORIN 10-10 MG TABLET	<i>ezetimibe/simvastatin</i>	2	[QLL, 34/34][ST]
VYTORIN 10-20 MG TABLET, -10-40 MG TABLET, -10-80 MG TABLET	<i>ezetimibe/simvastatin</i>	2	[QLL, 34/34]

HYPOLIPOPROTEINEMICS

<i>cholestyramine light</i>		1	
<i>colestipol hcl</i>		1	
<i>fenofibrate</i>		1	
<i>gemfibrozil tablet</i>		1	
LIPOFEN	<i>fenofibrate</i>	2	[ST]
LOVAZA	<i>omega-3 acid ethyl esters</i>	2	
NIASPAN	<i>niacin</i>	2	
<i>prevalite</i>		1	
WELCHOL	<i>colesevelam</i>	2	[ST]
ZETIA	<i>ezetimibe</i>	2	[ST]

LOOP DIURETICS

<i>bumetanide injection [INJ]</i>		1	
<i>bumetanide tablet</i>		1	
<i>furosemide injection [INJ]</i>		1	
<i>furosemide solution, -tablet</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>toremide injection</i> [INJ]		1	
<i>toremide tablet</i>		1	

NITRATES

<i>isosorbide dinitrate</i>		1	
<i>isosorbide mononitrate</i>		1	
<i>isosorbide mononitrate er</i>		1	
<i>nitro-bid</i>		1	
<i>nitroglycerin injection</i> [INJ]		1	
<i>nitroglycerin patch</i>		1	
NITROSTAT	<i>nitroglycerin</i>	2	

OTHER ANTIARRHYTHMICS

<i>sorine</i>		1	
<i>sotalol</i>		1	
TIKOSYN	<i>dofetilide</i>	2	

OTHER ANTIHYPERTENSIVES

<i>amlodipine besylate-benazepril</i>		1	
AMTURNIDE	<i>aliskiren/amlodipine/hctz</i>	2	[ST]
<i>atenolol-chlorthalidone</i>		1	
<i>benazepril-hydrochlorothiazide</i>		1	
<i>bisoprolol-hydrochlorothiazide</i>		1	
<i>captopril-hydrochlorothiazide</i>		1	
DIOVAN HCT	<i>hctz/valsartan</i>	2	[ST]
<i>enalapril-hydrochlorothiazide</i>		1	
EXFORGE	<i>amlodipine/valsartan</i>	2	[ST]
EXFORGE HCT	<i>amlodipine/valsartan/hctz</i>	2	[ST]
<i>fosinopril-hydrochlorothiazide</i>		1	
<i>lisinopril-hydrochlorothiazide</i>		1	
<i>losartan-hydrochlorothiazide</i>		1	
<i>methyldopa-hydrochlorothiazide</i>		1	
<i>metoprolol-hydrochlorothiazide</i>		1	

Drug	Generic	Tier	Requirements/Limits
MICARDIS HCT	<i>telmisartan/hctz</i>	2	[ST]
<i>moexipril-hydrochlorothiazide</i>		1	
<i>nadolol-bendroflumethiazide</i>		1	
<i>propranolol-hydrochlorothiazid</i>		1	
<i>quinapril-hydrochlorothiazide</i>		1	
<i>reserpine tablet</i>		1	
TEKAMLO	<i>aliskiren/amlodipine</i>	2	[ST]
TEKTURNA	<i>aliskiren hemifumarate</i>	2	[ST]
TEKTURNA HCT	<i>aliskiren/hydrochlorothiazid</i>	2	[ST]
TWYNSTA	<i>telmisartan/amlodipine</i>	2	[ST]

OTHER CARDIOVASCULAR DRUGS

<i>midodrine hcl</i>		1	
<i>pentopak</i>		1	
<i>pentoxifylline tablet sustained action</i>		1	
RANEXA	<i>ranolazine</i>	2	

OTHER VASODILATING DRUGS

ADCIRCA	<i>adcirca (tadalafil)</i>	3	[PAR][QLL, 68/34]
REMODULIN [INJ][LA]	<i>treprostinil sodium</i>	3	[PAR]
REVATIO INJECTION [INJ]	<i>revatio (sildenafil citrate)</i>	3	
REVATIO TABLET	<i>revatio (sildenafil citrate)</i>	3	[PAR][QLL, 102/34]

POTASSIUM SPARING DIURETICS

<i>amiloride hcl tablet</i>		1	
<i>amiloride-hydrochlorothiazide</i>		1	
<i>eplerenone</i>		1	
<i>spironolactone tablet</i>		1	
<i>spironolactone-hctz</i>		1	
<i>triamterene-hctz</i>		1	
<i>triamterene-hydrochlorothiazid</i>		1	

THIAZIDE AND RELATED DRUGS

<i>chlorothiazide</i>		1	
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Drug	Generic	Tier	Requirements/Limits
<i>chlorothiazide sodium</i> [INJ]		3	
<i>chlorthalidone</i>		1	
<i>hydrochlorothiazide capsule, - tablet</i>		1	
<i>indapamide</i>		1	
<i>methyclothiazide</i>		1	
<i>metolazone</i>		1	

VASODILATOR ANTIHYPERTENSIVES

<i>doxazosin mesylate 1 mg tab, -2 mg tab, -4 mg tab</i>		1	[QLL, 34/34]
<i>doxazosin mesylate 8 mg tab</i>		1	[QLL, 68/34]
<i>hydralazine hcl injection</i> [INJ]		1	
<i>hydralazine hcl tablet</i>		1	
<i>minoxidil tablet</i>		1	
<i>prazosin hcl</i>		1	
<i>terazosin 1 mg capsule, -2 mg capsule, -5 mg capsule</i>		1	[QLL, 34/34]
<i>terazosin 10 mg capsule</i>		1	[QLL, 68/34]

DERMATOLOGICAL MEDICATIONS

ANTIACNE DRUGS

<i>adapalene</i>		1	[PAR]
<i>clindamycin phosphate foam (non-contraceptive), -gel, - lotion, -soln, top, -swabs, applicators</i>		1	
<i>clindamycin-benzoyl peroxide</i>		1	
<i>ery</i>		1	
<i>erythromycin gel, -soln, top</i>		1	
<i>erythromycin-benzoyl peroxide</i>		1	
<i>metronidazole cream, -gel, - lotion</i>		1	
<i>tretinoin 0.025% cream, - 0.05% cream, -0.1% cream, - gel</i>		1	[PAR]

Drug	Generic	Tier	Requirements/Limits
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ANTIPRURITIC DRUGS

<i>hydroxyzine hcl injection [INJ]</i>		1	
<i>hydroxyzine hcl syrup, -tablet</i>		1	[PAR]
<i>hydroxyzine pamoate capsule</i>		1	[PAR]

ANTIPSORIASIS AND ANTIECZEMA DRUGS

<i>calcipotriene</i>		1	
DOVONEX CREAM	<i>calcipotriene</i>	2	
<i>selenium sulfide 2.5% lotion</i>		1	
SORIATANE	<i>acitretin</i>	3	
<i>sulfacetamide sodium lotion</i>		1	
TAZORAC	<i>tazarotene</i>	2	[PAR]

KERATOLYTIC DRUGS

<i>podofilox</i>		1	
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ORAL DERMATOLOGICAL DRUGS

8-MOP	<i>methoxsalen</i>	3	
<i>amnestem</i>		1	
<i>claravis</i>		1	
OXSORALEN-ULTRA	<i>methoxsalen</i>	3	
<i>sotret</i>		1	

SCABICIDES

<i>acticin</i>		1	
EURAX	<i>crotamiton</i>	2	
LINDANE	<i>benzene hexachloride gamma</i>	2	
<i>malathion</i>		1	
<i>permethrin cream</i>		1	

TOPICAL CORTICOSTEROID DRUGS

<i>alclometasone dipropionate</i>		1	
<i>amcinonide</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>betamethasone dipropionate cream, -lotion, -oint</i>		1	
<i>betamethasone valerate cream, -lotion, -oint</i>		1	
<i>clobetasol emollient</i>		1	
<i>clobetasol propionate gel, -oint, -soln, top</i>		1	
<i>desonide cream, -lotion, -oint</i>		1	
<i>desoximetasone cream, -gel, -oint</i>		1	
<i>diflorasone diacetate</i>		1	
<i>fluocinolone acetonide cream, -oint, -soln, top</i>		1	
<i>fluocinonide emollient</i>		1	
<i>fluocinonide gel, -oint, -soln, top</i>		1	
<i>fluticasone propionate cream, -oint</i>		1	
<i>halobetasol propionate</i>		1	
<i>hydrocortisone 1% cream</i>		1	
<i>hydrocortisone 1% cream, -2.5% cream, -2.5% lotion, -1% absorbbase, -1% ointment, -2.5% ointment</i>		1	
<i>hydrocortisone butyrate</i>		1	
<i>hydrocortisone plus 1% cream, -1% oint</i>		1	
<i>hydrocortisone valerate</i>		1	
<i>mometasone furoate cream, -lotion, -oint</i>		1	
<i>prednicarbate</i>		1	
<i>triamcinolone acetonide cream, -lotion, -oint</i>		1	
<i>triderm</i>		1	

TOPICAL DERMATOLOGICAL DRUGS

<i>ammonium lactate cream, -lotion</i>		1	
ELIDEL	<i>pimecrolimus</i>	2	[ST]
FLUOROPLEX	<i>fluorouracil</i>	2	

Drug	Generic	Tier	Requirements/Limits
<i>fluorouracil cream, -soln, top</i>		1	
<i>imiquimod cream</i>		1	
OXSORALEN	<i>methoxsalen</i>	2	
PANRETIN	<i>alitretinoin</i>	3	
PROTOPIC	<i>tacrolimus</i>	2	[ST]
REGRANEX	<i>becaplermin</i>	2	[PAR][QLL, 30 gm/34]
SANTYL	<i>collagenase</i>	2	
SOLARAZE	<i>diclofenac sodium</i>	2	[PAR]
ZONALON	<i>doxepin</i>	2	
ZYCLARA	<i>imiquimod</i>	2	

DIAGNOSTIC AND MISCELLANEOUS MEDICATIONS

DIAGNOSTIC PRODUCTS

CHEMET	<i>succimer</i>	2	
EXJADE 125 MG TABLET [LA]	<i>deferasirox</i>	2	
EXJADE 250 MG TABLET, - 500 MG TABLET [LA]	<i>deferasirox</i>	3	

MISCELLANEOUS DRUGS

ADAGEN [INJ][LA]	<i>pegademase bovine</i>	3	
AMPYRA [LA]	<i>dalfampridine</i>	3	[PAR]
BUPHENYL	<i>sodium phenylbutyrate</i>	3	
COPAXONE [INJ]	<i>glatiramer acetate</i>	3	[PAR][QLL, 30 ml/30]
CYKLOKAPRON [INJ]	<i>tranexamic acid</i>	2	
<i>ergoloid mesylates tablet</i>		1	
<i>fomepizole [INJ]</i>		1	
GILENYA	<i> fingolimod hydrochloride</i>	3	[PAR]
ORFADIN [LA]	<i>nitisinone</i>	3	
THALOMID	<i>thalidomide</i>	3	

EAR-NOSE-THROAT MEDICATIONS

DRUGS AFFECTING THE EAR

<i>acetazol hc</i>		1	
<i>acetic acid otic drops</i>		1	
CIPRODEX	<i>ciprofloxacin/dexameth</i>	2	

Drug	Generic	Tier	Requirements/Limits
<i>cortomycin</i>		1	
DERMOTIC [G]	<i>fluocinolone acetonide</i>	2	
<i>hydrocortisone-acetic acid</i>		1	
<i>neomycin-polymyxin-hc suspensions, (not oral)</i>		1	
<i>neomycin-polymyxin-hydrocort</i>		1	
<i>ofloxacin otic drops</i>		1	

DRUGS AFFECTING THE NOSE

<i>azelastine hcl nasal drops/sprays</i>		1	[QLL, 60 ml/34]
<i>flunisolide 0.025% spray</i>		1	[QLL, 75 ml/34]
<i>fluticasone propionate nasal inhaled steroids</i>		1	[QLL, 32 gm/34]
<i>ipratropium 0.03% spray</i>		1	[QLL, 60 ml/34]
<i>ipratropium 0.06% spray</i>		1	[QLL, 30 ml/34]
TYZINE	<i>tetrahydrozoline</i>	2	

DRUGS AFFECTING THE THROAT AND MOUTH

<i>chlorhexidine gluconate dental/mucous membrn products</i>		1	
<i>doxycycline hyclate 20 mg tab</i>		1	
<i>periogard</i>		1	
<i>pilocarpine hcl tablet</i>		1	
<i>triamcinolone acetonide paste</i>		1	

ENDOCRINE MEDICATIONS

ANTITHYROID DRUGS

<i>methimazole tablet</i>		1	
<i>propylthiouracil tablet</i>		1	

GLUCOCORTICOID DRUGS

<i>a-methapred [INJ]</i>		1	
<i>cortisone acetate tablet</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>dexamethasone elix, -tablet</i>		1	
<i>dexamethasone intensol</i>		1	
<i>dexamethasone sodium phosphate injection [INJ]</i>		1	
<i>hydrocortisone tablet</i>		1	
<i>methylprednisolone acetate injection [INJ]</i>		1	
<i>methylprednisolone sod succ [INJ]</i>		1	
<i>methylprednisolone tab(in convenience package), -tablet</i>		1	
<i>prednisolone 15 mg/5 ml soln</i>		1	
<i>prednisolone 5 mg/5 ml soln, -6.7 mg/5 ml soln, -15 mg/5 ml soln</i>		1	
<i>prednisone intensol</i>		1	
<i>prednisone solution, -tab(in convenience package), -tablet</i>		1	
<i>veripred 20</i>		1	

GLUCOSE ELEVATING DRUGS

GLUCAGEN [INJ]	<i>glucagon, human recombinant</i>	2	
GLUCAGON EMERGENCY KIT [INJ]	<i>glucagon, human recombinant</i>	2	
PROGLYCEM	<i>diazoxide</i>	2	

HYPOGLYCEMIC DRUGS

BYETTA 10 MCG DOSE PEN INJ [INJ]	<i>exenatide</i>	2	[PAR][QLL, 5 ml/34]
BYETTA 5 MCG DOSE PEN INJ [INJ]	<i>exenatide</i>	2	[PAR][QLL, 2 ml/34]
SYMLIN [INJ]	<i>pramlintide acetate</i>	2	[PAR][QLL, 35 ml/34]
SYMLINPEN 120 [INJ]	<i>pramlintide acetate</i>	2	[PAR][QLL, 22 ml/34]
SYMLINPEN 60 [INJ]	<i>pramlintide acetate</i>	2	[PAR][QLL, 12 pens/34]

Drug	Generic	Tier	Requirements/Limits
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INSULIN

LANTUS 100 UNITS/ML VIAL [INJ]		2	
LEVEMIR 100 UNITS/ML VIAL [INJ]		2	
NOVOLIN 70-30 [INJ]		2	
NOVOLIN N [INJ]		2	
NOVOLIN R [INJ]		2	
NOVOLOG [INJ]		2	
NOVOLOG MIX 70-30 [INJ]		2	

MINERALOCORTICOID DRUGS

<i>fludrocortisone acetate tablet</i>		1	
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ORAL HYPOGLYCEMICS AND COMBOS

<i>acarbose</i>		1	
ACTOPLUS MET	<i>pioglitazone hcl/metformin hc</i>	2	[QLL, 102/34][ST]
ACTOPLUS MET XR 15-1,000 MG TB	<i>pioglitazone hcl/metformin hc</i>	2	[QLL, 68/34][ST]
ACTOPLUS MET XR 30-1,000 MG TB	<i>pioglitazone hcl/metformin hc</i>	2	[QLL, 34/34][ST]
ACTOS	<i>pioglitazone hcl</i>	2	[QLL, 34/34][ST]
AVANDAMET	<i>rosiglitazone/metformin hcl</i>	2	[QLL, 68/34][ST]
AVANDARYL	<i>rosiglitazone maleate/glimepir</i>	2	[QLL, 34/34][ST]
AVANDIA 2 MG TABLET, -4 MG TABLET	<i>rosiglitazone maleate</i>	2	[QLL, 68/34][ST]
AVANDIA 8 MG TABLET	<i>rosiglitazone maleate</i>	2	[QLL, 34/34][ST]
DUETACT	<i>pioglitazone/glimepiride</i>	2	[QLL, 34/34][ST]
<i>glimepiride</i>		1	
<i>glipizide er</i>		1	
<i>glipizide tablet</i>		1	
<i>glipizide-metformin</i>		1	
<i>glyburide micronized</i>		1	
<i>glyburide tablet</i>		1	
<i>glyburide-metformin hcl</i>		1	
<i>glycron</i>		1	
JANUMET	<i>sitagliptin phos/metformin hcl</i>	2	[QLL, 68/34]

Drug	Generic	Tier	Requirements/Limits
JANUVIA	<i>sitagliptin phosphate</i>	2	[QLL, 34/34]
JUVISYNC	<i>sitagliptin/simvastatin</i>	2	
KOMBIGLYZE XR 2.5-1,000 MG TAB	<i>saxagliptin hcl/metformin hcl</i>	2	[QLL, 68/34]
KOMBIGLYZE XR 5-500 MG TABLET, -5-1,000 MG TAB	<i>saxagliptin hcl/metformin hcl</i>	2	[QLL, 34/34]
<i>metformin hcl</i>		1	
<i>metformin hcl er</i>		1	
<i>nateglinide</i>		1	
ONGLYZA	<i>saxagliptin hydrochloride</i>	2	[QLL, 34/34]
RIOMET	<i>metformin</i>	2	
<i>tolazamide</i>		1	
<i>tolbutamide</i>		1	

OTHER ENDOCRINE DRUGS

ALDURAZYME [INJ][LA]	<i>laronidase</i>	3	
<i>alendronate sodium 35 mg tab, -70 mg tab</i>		1	[QLL, 5/35]
<i>alendronate sodium 5 mg tablet, -10 mg tab, -40 mg tab</i>		1	[QLL, 34/34]
BONIVA TABLET	<i>ibandronate</i>	2	[QLL, 1/30][ST]
<i>cabergoline</i>		1	[QLL, 20/34]
<i>calcitonin-salmon</i>		1	
CEREZYME [INJ][LA]	<i>imiglucerase</i>	3	
<i>desmopressin acetate injection [INJ]</i>		1	
<i>desmopressin acetate nasal drops/sprays, -solution, -tablet</i>		1	
ELAPRASE [INJ][LA]	<i>idursulfase</i>	3	
<i>etidronate disodium</i>		1	
EVISTA	<i>raloxifene</i>	2	
FABRAZYME [INJ][LA]	<i>agalsidase</i>	3	
FORTEO [INJ]	<i>teriparatide</i>	3	[PAR][QLL, 1 pens/28]
<i>fortical</i>		1	
KUVAN [LA]	<i>sapropterin dihydrochloride</i>	3	
MIACALCIN INJECTION [INJ]	<i>calcitonin</i>	2	[PAR]
MYOZYME [INJ][LA]	<i>alglucosidase alfa</i>	3	

Drug	Generic	Tier	Requirements/Limits
NAGLAZYME [INJ][LA]	<i>galsulfase</i>	3	
<i>pamidronate disodium</i> [INJ]		1	[PAR]
RECLAST [INJ]	<i>zoledronic acid</i>	2	[PAR]
SAMSCA	<i>tolvaptan</i>	3	[PAR][QLL, 68/34]
SENSIPAR 30 MG TABLET	<i>cinacalcet hcl</i>	2	
SENSIPAR 60 MG TABLET, -90 MG TABLET	<i>cinacalcet hcl</i>	3	
SOMAVERT [INJ][LA]	<i>pegvisomant</i>	3	
VPRIV [INJ]	<i>velaglycerase alfa</i>	3	
XGEVA [INJ]	<i>denosumab</i>	3	
ZAVESCA [LA]	<i>miglustat</i>	3	
ZOMETA 4 MG/5 ML VIAL [INJ]	<i>zoledronic acid</i>	3	

THYROID SUPPLEMENTS

<i>levothroid</i>		1	
<i>levothyroxine sodium tablet</i>		1	
<i>levoxyl</i>		1	
<i>liothyronine sodium injection</i> [INJ]		1	
<i>liothyronine sodium tablet</i>		1	
THYROLAR-1	<i>liotrix</i>	2	
THYROLAR-1/4	<i>liotrix</i>	2	
THYROLAR-2	<i>liotrix</i>	2	
THYROLAR-3	<i>liotrix</i>	2	
<i>unithroid</i>		1	

GASTROINTESTINAL MEDICATIONS

ANTIDIARRHEAL DRUGS

<i>diphenoxylate-atropine</i>		1	
<i>loperamide capsule</i>		1	

ANTISPASMODICS/DRUGS AFFECT GI MOTILITY

<i>glycopyrrolate injection</i> [INJ]		1	
<i>glycopyrrolate tablet</i>		1	
<i>metoclopramide hcl injection</i> [INJ]		1	

Drug	Generic	Tier	Requirements/Limits
<i>metoclopramide hcl syrup, -tablet</i>		1	

ANTIULCER DRUGS

<i>cimetidine injection [INJ]</i>		1	
<i>cimetidine solution, -tablet</i>		1	
<i>famotidine injection [INJ]</i>		1	
<i>famotidine oral susp, -20 mg tablet, -40 mg tablet</i>		1	
<i>nizatidine</i>		1	
<i>ranitidine hcl capsule, -syrup, -150 mg tablet, -300 mg tablet</i>		1	
<i>ranitidine hcl injection [INJ]</i>		1	

IRRITABLE BOWEL DRUGS

AMITIZA	<i>lubiprostone</i>	2	
LOTRONEX	<i>alosetron</i>	3	

OTHER ANTIULCER DRUGS

CARAFATE ORAL SUSP	<i>sucralfate</i>	2	
<i>misoprostol</i>		1	
<i>sucralfate tablet</i>		1	

OTHER GI DRUGS

APRISO	<i>mesalamine</i>	2	
<i>balsalazide disodium</i>		1	
CANASA	<i>mesalamine</i>	2	
CORTIFOAM	<i>hydrocortisone acetate</i>	2	
CREON	<i>amylase/lipase/protease</i>	2	
ENTOCORT EC [G]	<i>budesonide</i>	3	
<i>gavilyte-c</i>		1	
<i>gavilyte-g</i>		1	
<i>gavilyte-n</i>		1	
<i>hydrocortisone rectal</i>		1	
<i>mesalamine rectal</i>		1	

Drug	Generic	Tier	Requirements/Limits
PANCRELIPASE 5,000	<i>amylase/lipase/protease</i>	2	
PENTASA	<i>mesalamine</i>	2	
<i>polyethylene glycol 3350</i>		1	
<i>polyethylene glycol 3350 packet</i>		1	
<i>procto-pak</i>		1	
<i>proctosol-hc</i>		1	
<i>proctozone-hc</i>		1	
RELISTOR [INJ]	<i>methylnaltrexone bromide</i>	2	
<i>sulfasalazine tablet</i>		1	
<i>sulfazine ec</i>		1	
<i>trilyte with flavor packets</i>		1	
<i>ursodiol capsule, -tablet</i>		1	
VISICOL	<i>sodium phosphate/na biphos</i>	2	
ZENPEP	<i>amylase/lipase/protease</i>	2	

PROTON PUMP INHIBITORS

<i>lansoprazole dr 15 mg capsule, -odt 15 mg tablet</i>		1	[QLL, 34/34]
<i>lansoprazole dr 30 mg capsule, -odt 30 mg tablet</i>		1	
NEXIUM DR 20 MG CAPSULE, -DR 10 MG PACKET, -DR 20 MG PACKET	<i>esomeprazole mag trihyd</i>	2	[QLL, 34/34][ST]
NEXIUM DR 40 MG CAPSULE, -DR 40 MG PACKET	<i>esomeprazole mag trihyd</i>	2	[ST]
NEXIUM I.V. [INJ]	<i>esomeprazole mag trihyd</i>	2	
<i>omeprazole dr 10 mg capsule, -dr 20 mg capsule</i>		1	[QLL, 34/34]
<i>omeprazole dr 40 mg capsule</i>		1	
<i>omeprazole-bicarb 20-1,100 cap</i>		1	[QLL, 34/34]
<i>omeprazole-bicarb 40-1,100 cap</i>		1	
<i>pantoprazole sod dr 20 mg tab</i>		1	[QLL, 34/34]
<i>pantoprazole sod dr 40 mg tab</i>		1	

Drug	Generic	Tier	Requirements/Limits
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IMMUNOLOGICALS AND VACCINES

GROWTH HORMONES AND RELATED DRUGS

EGRIFTA [INJ]	<i>tesamorelin acetate</i>	3	[PAR]
OMNITROPE 5 MG/1.5 ML CRTG, -10 MG/1.5 ML CRTG [INJ]	<i>somatropin</i>	2	[PAR]
OMNITROPE 5.8 MG VIAL [INJ]	<i>somatropin</i>	3	[PAR]
TEV-TROPIN [INJ]	<i>somatropin</i>	2	[PAR]

IMMUNOLOGICALS AND VACCINES

ACTHIB [INJ]	<i>haemophilus b-tet toxoid</i>	2	
ADACEL [INJ]	<i>diphther,pertuss,tetanus vac</i>	2	
ATGAM [INJ]	<i>lymphocyte immune globulin</i>	3	[PAR]
BOOSTRIX [INJ]	<i>diphther,pertuss,tetanus vac</i>	2	
CARIMUNE NF NANOFILTERED [INJ]	<i>immune globulin - iv</i>	3	[PAR]
CERVARIX [INJ]	<i>human papillomav vacc bival/pf</i>	2	
COMVAX [INJ]	<i>hepatitis b/haemophilus b vacc</i>	2	
DAPTACEL [INJ]	<i>diphther,pertuss,tetanus vac</i>	2	
DIPHThERIA-TETANUS TOXOID [INJ]	<i>tetanus,diphtheria toxoid</i>	2	
ENGERIX-B 10 MCG/0.5 ML PED VL, -10 MCG/0.5 ML SYRN, -20 MCG/ML SYRINGE [INJ]	<i>hepatitis b virus vaccine</i>	2	
GAMASTAN S-D [INJ]	<i>immune globulin - im</i>	2	
GAMUNEX [INJ]	<i>immune globulin - iv</i>	3	[PAR]
GARDASIL [INJ]	<i>human papillomavirus vacc</i>	2	
HAVRIX [INJ]	<i>hepatatis a virus vaccine</i>	2	
HIZENTRA 1 GRAM/5 ML VIAL [INJ]	<i>immune globulin- sq</i>	2	[PAR]
IMOVAX RABIES VACCINE [INJ]	<i>rabies vaccine,human diploid</i>	2	
INFANRIX [INJ]	<i>diphther,pertuss,tetanus vac</i>	2	
IPOL [INJ]	<i>poliomyelitis vac,killed</i>	2	
IXIARO [INJ]	<i>japanese encephalitis vaccine</i>	2	
JE-VAX [INJ]	<i>japanese encephalitis vaccine</i>	2	
KEPIVANCE [INJ][LA]	<i>palifermin</i>	3	

Drug	Generic	Tier	Requirements/Limits
MENACTRA [INJ]	<i>meningococcal vac a,c,y,w-135</i>	2	
MENOMUNE-A-C-Y-W-135 [INJ]	<i>meningococcal vac a,c,y,w-135</i>	2	
MENVEO A-C-Y-W-135-DIP	<i>mening vac a,c,y,w-135 dip</i>	2	
M-M-R II VACCINE [INJ]	<i>measles,mumps&rubella vaccine</i>	2	
MOZOBIL [INJ]	<i>plerixafor</i>	3	
PEDVAXHIB [INJ]	<i>haemophilus b vaccine</i>	2	
PRIVIGEN [INJ]	<i>immune globulin - iv</i>	3	[PAR]
PROCRIT 2,000 UNITS/ML VIAL, -3,000 UNITS/ML VIAL, -4,000 UNITS/ML VIAL, -10,000 UNITS/ML VIAL [INJ]	<i>epoetin alfa</i>	2	[PAR]
PROCRIT 20,000 UNITS/ML VIAL, -40,000 UNITS/ML VIAL [INJ]	<i>epoetin alfa</i>	3	[PAR]
PROQUAD [INJ]	<i>measles,mumps,rub,varicella</i>	2	
RABAVERT [INJ]	<i>rabies vac,pf chick-emb cell</i>	2	
RECOMBIVAX HB [INJ]	<i>hepatitis b virus vaccine</i>	2	
ROTATEQ	<i>rotavirus vac, live pentav</i>	2	
TETANUS DIPHTHERIA TOXOIDS [INJ]	<i>tetanus,diphtheria toxoid</i>	2	
<i>tetanus toxoid adsorbed</i> [INJ]		1	
TETANUS-DIPHTHERIA-DECAVAC [INJ]	<i>tetanus,diphtheria toxoid</i>	2	
TRIPEDIA [INJ]	<i>diphther,pertuss,tetanus vac</i>	2	
TWINRIX [INJ]	<i>hep b vir recomb/hep a vir</i>	2	
TYPHIM VI [INJ]	<i>typhoid vaccine</i>	2	
VAQTA [INJ]	<i>hepatitis a virus vaccine</i>	2	
VARIVAX VACCINE [INJ]	<i>varicella virus vaccine live</i>	2	
YF-VAX [INJ]	<i>yellow fever vaccine</i>	2	
ZOSTAVAX [INJ]	<i>varicella vacc/pf</i>	2	

INSULIN LIKE GROWTH FACTORS-1

INCRELEX [INJ][LA]	<i>mecasermin</i>	3	
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INTERFERONS

ACTIMMUNE [INJ][LA]	<i>interferon gamma-1b,recomb.</i>	3	
AVONEX [INJ]	<i>interferon beta-1a</i>	3	[PAR][QLL, 4 kits/28]

Drug	Generic	Tier	Requirements/Limits
AVONEX ADMINISTRATION PACK [INJ]	<i>interferon beta-1a</i>	3	[PAR][QLL, 4 kits/28]
BETASERON [INJ]	<i>interferon beta-1b</i>	3	[PAR][QLL, 15/30]
INFERGEN [INJ]	<i>interferon alfacon-1</i>	3	
INTRON A 3 MILLION UNIT/ML PEN, -6 MILLION UNIT/ML VL, -10 MILLION UNITS VIAL [INJ]	<i>interferon alfa-2b , recomb.</i>	2	
INTRON A 5 MILLION UNIT/ML PEN, -10 MILLION UNIT PEN [INJ]	<i>interferon alfa-2b , recomb.</i>	3	
PEGASYS 180 MCG/0.5 ML SYRINGE [INJ]	<i>peginterferon alfa-2a</i>	3	[PAR][QLL, 4 syringes/28]
PEGASYS 180 MCG/ML VIAL [INJ]	<i>peginterferon alfa-2a</i>	3	[PAR][QLL, 4 vials/28]
PEGASYS PROCLICK [INJ]	<i>peginterferon alfa-2a</i>	3	[PAR][QLL, 4/28]
PEGINTRON 50 MCG KIT [INJ]	<i>peginterferon alfa-2b</i>	3	[PAR][QLL, 5 kits/34]
PEGINTRON 80 MCG KIT, -120 MCG KIT, -150 MCG KIT [INJ]	<i>peginterferon alfa-2b</i>	3	[PAR][QLL, 5/34]
PEGINTRON REDIPEN [INJ]	<i>peginterferon alfa-2b</i>	3	[PAR][QLL, 5 pens/34]
REBIF 22 MCG/0.5 ML SYRINGE, -44 MCG/0.5 ML SYRINGE [INJ]	<i>interferon beta-1a/albumin</i>	3	[PAR][QLL, 8 syringes/35]
REBIF TITRATION PACK [INJ]	<i>interferon beta-1a/albumin</i>	3	[PAR][QLL, 12 syringes/28]

INTERLEUKIN RECPTR ANTAGONIST

ACTEMRA 200 MG/10 ML VIAL [INJ]	<i>tocilizumab</i>	3	[PAR]
ARCALYST [INJ][LA]	<i>rilonacept</i>	3	[PAR]
KINERET [INJ]	<i>anakinra</i>	3	[PAR]

INTERLEUKINS

NEUMEGA [INJ]	<i>oprelvekin</i>	3	[QLL, 21 vials/21]
PROLEUKIN [INJ]	<i>aldesleukin</i>	3	

Drug	Generic	Tier	Requirements/Limits
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MYELOID STIMULANTS

LEUKINE [INJ]	<i>sargramostim</i>	3	
NEULASTA [INJ]	<i>pegfilgrastim</i>	3	[PAR][QLL, 2 syringes/30]
NEUPOGEN [INJ]	<i>filgrastim</i>	3	[PAR]

THROMBOPOIETIC AGENTS

PROMACTA [LA]	<i>eltrombopag olamine</i>	3	[PAR]
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MEDICAL (MISCELLANEOUS) SUPPLIES

DIABETIC SUPPLIES

AIMSCO INS SYR 1 ML 29GX1/2, -AIMSCO SYRING 0.3 ML 31GX5/16, -BD INSULIN SYR 0.3ML 31GX5/16, -BD INSULIN SYR 0.5 ML 30GX1/2, -BD INSULIN SYR 1 ML 29GX1/2, - BD INSULIN SYR 1 ML 31GX5/16, -FIFTY50 INSULIN SYRINGE 0.3 ML, -FIFTY50 INSULIN SYRINGE 1 ML, -INS SYR 0.5 ML 30GX5/16, -INS SYR 1 ML 29GX1/2, -INS SYR 1 ML 31GX5/16, -INS SYRIN 1 ML 29GX1/2, -INSUL SYR 0.3 ML 31GX5/16, -INSUL SYR 0.5 ML 30GX1/2, -1 ML SYRINGE, -SYR 1 ML 29GX1/2, -SYR 1 ML 31GX5/16, -SYRIN 0.3 ML 31GX5/16, -SYRIN 0.5 ML 30GX1/2, -SYRIN 0.5 ML 30GX5/16, -SYRIN 1 ML 29GX1/2, -0.5 ML, -1 ML 29GX1/2, -1 ML 31GX5/16, - KINRAY INS SYR 1 ML 31GX5/16, -KINRAY SYRING 0.3 ML 31GX5/16, -PREF		2	
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Drug	Generic	Tier	Requirements/Limits
PLUS SYRING 1 ML 29GX1/2, -RELI-ON INSULIN 1 ML SYR, -RELION INS SYR 1 ML 29GX1/2, -RELION INS SYR 1 ML 31GX5/16, -RELION SYRING 0.3 ML 31GX5/16, -SURE-JECT INSULIN SYR 0.3 ML, -SYRING 0.3 ML 31GX5/16, -SYRINGE 1/2 ML, -U100 INS SYR 1 ML 29GX1/2, -ULTCARE INS SYR 1 ML 31GX5/16, -ULTICARE INS SYR 1 ML 29GX1/2, -ULTICARE SYR 0.3 ML 31GX5/16, -VH INS SYR 1 ML 29GX1/2, -WD MEDIC SYR 1 ML 29GX1/2			
ALCOHOL SWABS		2	
CURAD GAUZE PADS		2	
INSULIN SYRINGE 0.5 ML, -INSULIN SYRINGE 1 ML		2	
NOVOFINE 32		2	
NOVOFINE AUTOCOVER		2	
PEN NEEDLE		2	

MUSCULOSKELETAL MEDICATIONS

CNS MUSCLE RELAXANTS

<i>chlorzoxazone</i>		1	[PAR]
<i>metaxalone</i>		1	[PAR]
<i>methocarbamol tablet</i>		1	[PAR]
<i>orphenadrine citrate injection</i> [INJ]		1	
<i>orphenadrine citrate tablet sustained action</i>		1	[PAR]
<i>orphenadrine compound</i>		1	[PAR]
<i>orphenadrine compound forte</i>		1	[PAR]
RILUTEK	<i>riluzole</i>	3	

Drug	Generic	Tier	Requirements/Limits
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DIRECT MUSCLE RELAXANTS

<i>baclofen tablet</i>		1	
<i>dantrolene sodium capsule</i>		1	
<i>tizanidine hcl tablet</i>		1	

DRUGS TO PREVENT AND TREAT GOUT

<i>allopurinol sodium [INJ]</i>		1	
<i>allopurinol tablet</i>		1	
COLCRYS	<i>colchicine</i>	2	
<i>probenecid</i>		1	
<i>probenecid-colchicine</i>		1	
ULORIC	<i>febuxostat</i>	2	[ST]

NON-STEROIDAL ANTIINFLAMMATORY AGENTS

CELEBREX	<i>celecoxib</i>	2	[ST]
<i>diclofenac potassium</i>		1	
<i>diclofenac sodium e.c. tab, - tablet sustained action</i>		1	
<i>etodolac capsule, -tablet, - tablet sustained action</i>		1	
<i>fenoprofen calcium tablet</i>		1	
<i>flurbiprofen tablet</i>		1	
<i>ibuprofen oral susp, -400 mg tablet, -600 mg tablet, -800 mg tablet</i>		1	
<i>indomethacin capsule, - capsule sustained action</i>		1	
<i>ketoprofen capsule, -capsule sustained action</i>		1	
<i>ketorolac tromethamine injection [INJ]</i>		1	
<i>ketorolac tromethamine tablet</i>		1	[QLL, 20/5]
<i>meclofenamate sodium capsule</i>		1	
<i>mefenamic acid capsule</i>		1	
<i>meloxicam 7.5 mg tablet</i>		1	[QLL, 34/34]
<i>meloxicam oral susp, -15 mg tablet</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>nabumetone</i>		1	
<i>naproxen e.c. tab, -oral susp, -tablet</i>		1	
<i>naproxen sodium 275 mg tab, -550 mg tab</i>		1	
<i>oxaprozin</i>		1	
<i>piroxicam capsule</i>		1	
<i>sulindac tablet</i>		1	
<i>tolmetin sodium</i>		1	

OTHER DRUGS FOR ARTHRITIS

CUPRIMINE	<i>penicillamine</i>	2	
RIDAURA	<i>auranofin</i>	2	
SYPRINE	<i>trientine</i>	3	

SALICYLATES AND RELATED DRUGS

<i>diflunisal tablet</i>		1	
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NUTRITION, BLOOD MODIFIERS, ELECTROLYTES

ANTIPLATELET DRUGS

AGGRENOX	<i>aspirin/dipyridamole</i>	2	
BRILINTA	<i>ticagrelor</i>	2	
<i>cilostazol</i>		1	
<i>dipyridamole tablet</i>		1	
EFFIENT	<i>prasugrel</i>	2	
PLAVIX	<i>clopidogrel</i>	2	

BLOOD DETOXICANTS

<i>constulose</i>		1	
<i>enulose</i>		1	
<i>lactulose</i>		1	
RENVELA	<i>sevelamer carbonate</i>	2	

ELECTROLYTES, IRRIGATING SOLUTIONS, ETC.

AMINOSYN [INJ]	<i>amino acids</i>	2	
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Drug	Generic	Tier	Requirements/Limits
AMINOSYN II [INJ]	<i>amino acids</i>	2	
AMINOSYN II 3.5% M-DEXTROSE 5% [INJ]	<i>amino acids</i>	2	
AMINOSYN II 3.5%-DEXTROSE 25% [INJ]	<i>amino acids</i>	2	
AMINOSYN II 3.5%-DEXTROSE 5% [INJ]	<i>amino acids</i>	2	
AMINOSYN II 4.25%-DEXTROSE 25% [INJ]	<i>amino acids</i>	2	
AMINOSYN II 5% IN 25% DEXTROSE [INJ]	<i>amino acids</i>	2	
AMINOSYN II IN DEXTROSE [INJ]	<i>amino acids</i>	2	
AMINOSYN II WITH LYTES-CA-DW [INJ]	<i>amino acids</i>	2	
AMINOSYN M [INJ]	<i>amino acids</i>	2	
AMINOSYN-HBC [INJ]	<i>amino acids</i>	2	
AMINOSYN-HF [INJ]	<i>amino acids</i>	2	
AMINOSYN-PF [INJ]	<i>amino acids</i>	2	
AMMONIUM CHLORIDE INJECTION [INJ]	<i>ammonium chloride</i>	2	
CLINIMIX [INJ]	<i>amino acids</i>	2	
CLINIMIX E 2.75%-10% SOLUTION, -2.75%-5% SOLUTION, -4.25%-25% SOLUTION, -4.25%-5% SOLUTION, -5%-15% SOLUTION, -5%-20% SOLUTION, -5%-25% SOLUTION [INJ]	<i>amino acids</i>	2	
CLINISOL [INJ]	<i>amino acids</i>	2	
CYSTAGON [LA]	<i>cysteamine</i>	2	
<i>d5w-kcl 30 meq/l iv solution</i> [INJ]		1	
<i>dextrose 10%-1/4ns</i> [INJ]		1	
<i>dextrose 10%-1/4ns-kcl</i> [INJ]		1	
<i>dextrose 5%-1/2ns-kcl</i> [INJ]		1	
<i>dextrose 5%-1/3ns-kcl</i> [INJ]		1	
<i>dextrose 5%-1/4ns-kcl</i> [INJ]		1	
<i>dextrose 5%-electrolyte #48</i> [INJ]		1	
<i>dextrose 5%-ns-kcl</i> [INJ]		1	

Drug	Generic	Tier	Requirements/Limits
<i>dextrose in water</i> [INJ]		1	
<i>dextrose with sodium chloride</i> [INJ]		1	
FREAMINE III [INJ]	<i>amino acids</i>	2	
HEPATAMINE [INJ]	<i>amino acids</i>	2	
HEPATASOL [INJ]	<i>amino acids</i>	2	
IONOSOL B WITH DEXTROSE 5% [INJ]	<i>electrolyte solutions</i>	2	
IONOSOL MB-DEXTROSE 5% [INJ]	<i>electrolyte solutions</i>	2	
IONOSOL T-DEXTROSE 5% [INJ]	<i>electrolyte solutions</i>	2	
ISOLYTE H WITH DEXTROSE [INJ]	<i>dextrose/electrolytes</i>	2	
ISOLYTE M WITH DEXTROSE [INJ]	<i>dextrose/electrolytes</i>	2	
ISOLYTE P WITH DEXTROSE [INJ]	<i>dextrose/electrolytes</i>	2	
ISOLYTE S [INJ]	<i>electrolyte solutions</i>	2	
ISOLYTE S WITH DEXTROSE [INJ]	<i>dextrose/electrolytes</i>	2	
<i>lactated ringers injection</i> [INJ]		1	
<i>magnesium sulfate injection</i> [INJ]		1	
MAGNESIUM SULFATE-D5W [INJ]	<i>magnesium sulfate/d5w</i>	2	
NEPHRAMINE [INJ]	<i>amino acids</i>	2	
NORMOSOL-M AND DEXTROSE [INJ]	<i>dextrose/electrolytes</i>	2	
NORMOSOL-R AND DEXTROSE [INJ]	<i>electrolyte solutions</i>	2	
NORMOSOL-R PH 7.4 [INJ]	<i>electrolyte solutions</i>	2	
PLASMA-LYTE 148 [INJ]	<i>electrolyte solutions</i>	2	
PLASMA-LYTE 148 IN DEXTROSE [INJ]	<i>electrolyte solutions</i>	2	
PLASMA-LYTE 56 IN DEXTROSE [INJ]	<i>d5w/electrolyte-56 solution</i>	2	
PLASMA-LYTE A PH 7.4 [INJ]	<i>electrolyte solutions</i>	2	
<i>potassium chl-normal saline</i> [INJ]		1	
<i>potassium chloride-nacl</i> [INJ]		1	
PREMASOL [INJ]	<i>amino acids</i>	2	

Drug	Generic	Tier	Requirements/Limits
PROCALAMINE [INJ]	<i>aa 3%/electrolyte-tpn/glycerin</i>	2	
<i>ringers injection</i> [INJ]		1	
<i>saline 0.45% soln-excel con, -0.45% soln, -saline 0.9% soln-excel cont, -0.9% solution, -cl 2.5 meq/ml vial, -3% iv soln, -5% iv soln</i> [INJ]		1	
<i>sodium bicarbonate injection</i> [INJ]		1	
<i>sodium chloride solution</i>		1	
<i>sodium lactate injection</i> [INJ]		1	
TRAVASOL [INJ]	<i>amino acids</i>	2	
TROPHAMINE [INJ]	<i>amino acids</i>	2	

FLUORIDE PRODUCTS

<i>sodium fluoride chew tab</i>		1	
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INJECTABLE ANTICOAGULANTS

ARIXTRA 2.5 MG SYRINGE [INJ][G]	<i>fondaparinux sodium</i>	2	
ARIXTRA 5 MG SYRINGE, -7.5 MG SYRINGE, -10 MG SYRINGE [INJ][G]	<i>fondaparinux sodium</i>	3	
<i>enoxaparin 120 mg/0.8 ml syr, -150 mg/ml syr</i> [INJ]		3	
<i>enoxaparin 30 mg/0.3 ml syr, -40 mg/0.4 ml syr, -60 mg/0.6 ml syr, -80 mg/0.8 ml syr, -100 mg/ml syr</i> [INJ]		1	
<i>heparin sodium in 0.45% nacl</i> [INJ]		1	[PAR]
<i>heparin sodium in 5% dextrose</i> [INJ]		1	[PAR]
<i>heparin sodium injection</i> [INJ]		1	[PAR]
<i>heparin sodium-ns</i> [INJ]		1	[PAR]

ORAL ANTICOAGULANTS, VITAMIN K

<i>jantoven</i>		1	
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Drug	Generic	Tier	Requirements/Limits
PRADAXA	<i>dabigatran etexilate mesylate</i>	2	[PAR]
<i>warfarin sodium tablet</i>		1	

OTHER DRUGS AFFECTING COAGULATION

XARELTO	<i>rivaroxaban</i>	2	
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POTASSIUM REMOVING RESINS

<i>sodium polystyrene sulfonate</i>		1	
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POTASSIUM SUPPLEMENTS

<i>kcl 20 meq in d5w solution, - kcl 40 meq in d5w solution</i> [INJ]		1	
<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>potassium chloride capsule sustained action, -solution, - tablet sustained action</i>		1	
<i>potassium chloride in d5lr</i> [INJ]		1	
<i>potassium chloride injection</i> [INJ]		1	

THERAPEUTIC VITAMINS AND MINERALS

<i>calcitriol capsule, -solution</i>		1	[PAR]
<i>calcitriol injection</i> [INJ]		1	[PAR]
<i>calcium acetate capsule</i>		1	
<i>eliphos</i>		1	
<i>levocarnitine injection</i> [INJ]		1	[PAR]
<i>levocarnitine solution, -tablet</i>		1	[PAR]
ZEMPLAR CAPSULE	<i>paricalcitol</i>	2	[PAR]
ZEMPLAR INJECTION [INJ]	<i>paricalcitol</i>	2	[PAR]

Drug	Generic	Tier	Requirements/Limits
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VITAMINS AND MINERALS AND RELATED PRODUCTS

INTRALIPID 30% IV FAT EMUL [INJ][G]	<i>fat emulsions</i>	2	
LIPOSYN II [INJ]	<i>fat emulsions</i>	2	
<i>liposyn iii</i> [INJ]		1	

OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS

ANDROGEN DRUGS

ANADROL-50	<i>oxymetholone</i>	3	[PAR]
ANDROXY	<i>fluoxymesterone</i>	2	
<i>danazol capsule</i>		1	
FORTESTA	<i>testosterone</i>	2	[PAR]
METHITEST	<i>methyltestosterone</i>	2	
<i>oxandrolone tablet</i>		1	[PAR]
<i>testosterone cypionate injection</i> [INJ]		1	
<i>testosterone enanthate injection</i> [INJ]		1	

CONTRACEPTIVES

<i>apri</i>		1	
<i>aranelle</i>		1	
<i>aviane</i>		1	
<i>balziva</i>		1	
<i>cesia</i>		1	
<i>cryselle</i>		1	
<i>cyclafem</i>		1	
<i>enpresse</i>		1	
<i>gianvi</i>		1	
<i>junel</i>		1	
<i>junel fe</i>		1	
<i>kariva</i>		1	
<i>kelnor 1-35</i>		1	
<i>leena</i>		1	
<i>lessina</i>		1	
<i>levora-28</i>		1	
<i>low-ogestrel</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>lutera</i>		1	
<i>microgestin</i>		1	
<i>microgestin fe</i>		1	
<i>mononessa</i>		1	
<i>necon</i>		1	
<i>next choice</i>		1	[QLL, 2/1]
<i>nortrel</i>		1	
<i>ocella</i>		1	
<i>ogestrel</i>		1	
<i>portia</i>		1	
<i>previfem</i>		1	
<i>quasense</i>		1	
<i>reclipsen</i>		1	
<i>solia</i>		1	
<i>sprintec</i>		1	
<i>sronyx</i>		1	
<i>tri-legest fe</i>		1	
<i>trinessa</i>		1	
<i>tri-previfem</i>		1	
<i>tri-sprintec</i>		1	
<i>trivora-28</i>		1	
<i>velivet</i>		1	
<i>zeosa</i>		1	
<i>zovia 1-35e</i>		1	
<i>zovia 1-50e</i>		1	

ESTROGEN DRUGS

ESTRACE VAGINAL PRODUCTS	<i>estradiol</i>	2	
<i>estradiol adh. patch</i>		1	[QLL, 5/35]
<i>estradiol tablet</i>		1	
<i>estradiol valerate injection</i> [INJ]		1	
<i>estropipate</i>		1	
MENEST	<i>estrogens, esterified</i>	2	
PREMARIN VAGINAL PRODUCTS	<i>estrogens, conjugated</i>	2	
VAGIFEM	<i>estradiol</i>	2	

Drug	Generic	Tier	Requirements/Limits
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ESTROGEN/PROGESTIN COMBINATIONS

<i>estradiol-norethindrone acetat</i>		1	
<i>jinteli</i>		1	
PREMPHASE	<i>estrogen/medroxyprogesterone</i>	2	
PREMPRO	<i>estrogen/medroxyprogesterone</i>	2	

OB/GYN TOPICAL ANTIINFECTIVES

<i>clindamycin phosphate vaginal products</i>		1	
<i>metronidazole vaginal products</i>		1	
<i>vandazole</i>		1	

OXYTOCICS

METHERGINE TABLET [G]	<i>methylergonovine</i>	2	
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PRENATAL VITAMINS

<i>prenatabs obn</i>		1	
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PROGESTIN DRUGS

<i>camila</i>		1	
<i>errin</i>		1	
<i>jolivette</i>		1	
<i>medroxyprogesterone acetate injection [INJ]</i>		1	[QLL, 1 ml/90]
<i>medroxyprogesterone acetate tablet</i>		1	
<i>nora-be</i>		1	
<i>norethindrone acetate tablet</i>		1	
PROMETRIUM	<i>progesterone</i>	2	

SPECIALIZED OB/GYN DRUGS

<i>chorionic gonadotropin injection [INJ]</i>		1	[PAR][QLL, 3/34]
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Drug	Generic	Tier	Requirements/Limits
<i>leuprolide acetate injection</i> [INJ]		1	
LUPRON DEPOT 3.75 MG KIT, -11.25 MG 3MO KIT, -22.5 MG 3MO KIT, --4 MONTH KIT [INJ]	<i>leuprolide</i>	2	[PAR]
LUPRON DEPOT 7.5 MG KIT [INJ]	<i>leuprolide</i>	3	[PAR]
LUPRON DEPOT-PED [INJ]	<i>leuprolide</i>	3	[PAR]
<i>novare/</i> [INJ]		1	[PAR]
SYNAREL	<i>nafarelin</i>	3	

OPHTHALMIC MEDICATIONS

ANTIGLAUCOMA DRUGS

<i>acetazolamide capsule</i> <i>sustained action, -tablet</i>		1	
<i>acetazolamide sodium</i> [INJ]		1	
ALPHAGAN P 0.1% DROPS	<i>brimonidine tartrate</i>	2	
<i>apraclonidine hcl</i>		1	
<i>betaxolol hcl ophth drops</i>		1	
<i>brimonidine tartrate</i>		1	
<i>carteolol hcl</i>		1	
COMBIGAN	<i>brimonidine tartrate/timolol</i>	2	[ST]
<i>dorzolamide hcl</i>		1	
<i>dorzolamide-timolol</i>		1	
<i>latanoprost</i>		1	
<i>levobunolol hcl</i>		1	
<i>methazolamide tablet</i>		1	
<i>metipranolol</i>		1	
PHOSPHOLINE IODIDE	<i>echothiophate iodide</i>	2	
<i>timolol maleate ophth drops</i>		1	
TRAVATAN Z	<i>travoprost</i>	2	

OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS

<i>neomycin-bacitracin-poly-hc</i>		1	
<i>neomycin-polymyxin-</i> <i>dexameth</i>		1	
<i>neomycin-polymyxin-hc ophth</i> <i>drops</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>poly-dex</i>		1	
<i>sulfacetamide-prednisolone</i>		1	
<i>tobramycin-dexamethasone</i>		1	
ZYLET	<i>tobramycin/lotepred etab</i>	2	

OPHTHALMIC CORTICOSTEROID DRUGS

<i>dexamethasone sodium phosphate ophth drops</i>		1	
<i>fluorometholone ophth drops</i>		1	
FML S.O.P.	<i>fluorometholone</i>	2	
PRED MILD	<i>prednisolone acetate</i>	2	
<i>prednisolone acetate ophth drops</i>		1	
<i>prednisolone sodium phosphate ophth drops</i>		1	

OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS

<i>aktob</i>		1	
AZASITE	<i>azithromycin</i>	2	
<i>bacitracin 500 unit/gm ointmnt</i>		1	
<i>bacitracin-polymyxin eye oint</i>		1	
<i>ciprofloxacin hcl ophth drops</i>		1	
<i>erythromycin oint</i>		1	
<i>gentak</i>		1	
<i>gentamicin sulfate ophth drops</i>		1	
<i>gentasol</i>		1	
<i>levofloxacin ophth drops</i>		1	
MOXEZA	<i>moxifloxacin</i>	2	
<i>neomycin-bacitracin-polymyxin</i>		1	
<i>neomycin-polymyxin-gramicidin</i>		1	
<i>ofloxacin ophth drops</i>		1	
<i>polymyxin b sul-trimethoprim</i>		1	
<i>romycin</i>		1	
<i>sulfacetamide sodium ophth drops</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>tobramycin sulfate ophth drops</i>		1	
<i>tobrasol</i>		1	
VIGAMOX	<i>moxifloxacin</i>	2	

OTHER OPHTHALMIC DRUGS

<i>ak-con</i>		1	
<i>azelastine hcl ophth drops</i>		1	
BOTOX [INJ]	<i>botulinum toxin a</i>	2	[PAR]
<i>bromfenac sodium</i>		1	
<i>cromolyn sodium ophth drops</i>		1	
<i>diclofenac sodium ophth drops</i>		1	
<i>epinastine hcl</i>		1	
<i>flurbiprofen sodium</i>		1	
<i>ketorolac tromethamine ophth drops</i>		1	
NATACYN	<i>natamycin</i>	2	
<i>parcaine</i>		1	
<i>proparacaine hcl ophth drops</i>		1	
RESTASIS	<i>cyclosporine</i>	2	[QLL, 60 vials/30]
<i>trifluridine ophth drops</i>		1	
<i>tropicamide ophth drops</i>		1	
ZIRGAN	<i>ganciclovir</i>	2	

RESPIRATORY MEDICATIONS

ANTIHISTAMINES

<i>carbinoxamine maleate</i>		1	
<i>cetirizine hcl 1 mg/1 ml soln, - 1 mg/ml soln, -5 mg/5 ml syrup</i>		1	
<i>cetirizine hcl 1 mg/ml syrup</i>		1	
<i>clemastine fumarate syrup, - fum 2.68 mg tab</i>		1	
<i>cyproheptadine hcl syrup, - tablet</i>		1	[PAR]
<i>dexchlorpheniramine maleate</i>		1	[PAR]
<i>diphenhydramine 50 mg capsule, -elix</i>		1	[PAR]

Drug	Generic	Tier	Requirements/Limits
<i>diphenhydramine hcl injection</i> [INJ]		1	
<i>fexofenadine hcl 180 mg tab</i>		1	[QLL, 34/34]
<i>fexofenadine hcl 180 mg tablet</i>		1	[QLL, 34/34]
<i>fexofenadine hcl 30 mg tablet, -60 mg tablet</i>		1	[QLL, 68/34]
<i>levocetirizine dihydrochloride tablet</i>		1	[QLL, 34/34]
<i>palgic</i>		1	
<i>promethazine hcl injection</i> [INJ]		1	
<i>promethazine hcl syrup, -tablet</i>		1	[PAR]

BETA-2 ADRENERGIC DRUGS

<i>albuterol sulfate nebs</i>		1	[PAR]
<i>albuterol sulfate syrup, -tablet, -tablet sustained action</i>		1	
FORADIL	<i>formoterol fumarate</i>	2	[QLL, 120/34]
<i>metaproterenol sulfate syrup, -tablet</i>		1	
PROAIR HFA	<i>albuterol</i>	2	[QLL, 26 gm/34]
PROVENTIL HFA	<i>albuterol</i>	2	[QLL, 20 gm/34]
SEREVENT DISKUS	<i>salmeterol</i>	2	[QLL, 120 doses/34]
<i>terbutaline sulfate injection</i> [INJ]		1	
<i>terbutaline sulfate tablet</i>		1	

LEUKOTRIENE MODIFIERS

SINGULAIR	<i>montelukast sodium</i>	2	
<i>zafirlukast</i>		1	
ZYFLO CR	<i>zileuton</i>	2	

METHYL XANTHINE DRUGS

<i>aminophylline injection</i> [INJ]		1	
<i>aminophylline tablet</i>		1	
<i>theochron</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>theophylline</i>		1	
<i>theophylline anhydrous tablet sustained action</i>		1	

OTHER DRUGS FOR ASTHMA

ADVAIR DISKUS	<i>salmeterol/fluticasone</i>	2	[PAR][QLL, 120 doses/30]
ADVAIR HFA	<i>salmeterol/fluticasone</i>	2	[PAR][QLL, 24 gm/34]
ASMANEX TWISTHALER 110 MCG #30, -TWISTHALER 110 MCG #7, -TWISTHALER 220 MCG #30	<i>mometasone</i>	2	[QLL, 60 doses/30]
ASMANEX TWISTHALER 220 MCG #14	<i>mometasone</i>	2	[QLL, 14 doses/14]
ASMANEX TWISTHALER 220 MCG #60	<i>mometasone</i>	2	[QLL, 120 doses/30]
ASMANEX TWISTHALR 220 MCG #120	<i>mometasone</i>	2	[QLL, 240 doses/30]
ATROVENT HFA	<i>ipratropium</i>	2	[QLL, 26 gm/34]
COMBIVENT	<i>albuterol sulfate/ipratropium</i>	2	[QLL, 44 gm/34]
<i>cromolyn sodium nebs</i>		1	[PAR]
<i>epinephrine 0.1 mg/ml syringe [INJ]</i>		1	
EPIPEN [INJ]	<i>epinephrine hcl</i>	2	[QLL, 4 pens/2]
EPIPEN JR [INJ]	<i>epinephrine hcl</i>	2	[QLL, 4 pens/2]
GASTROCROM [G]	<i>cromolyn</i>	2	
<i>ipratropium bromide nebs</i>		1	[PAR]
QVAR	<i>beclomethasone</i>	2	[QLL, 22 gm/34]
SPIRIVA	<i>tiotropium bromide</i>	2	[QLL, 60 capsules/30]
SYMBICORT	<i>budesonide/formoterol fum</i>	2	[PAR][QLL, 20 gm/34]
XOLAIR [INJ][LA]	<i>omalizumab</i>	3	[PAR][QLL, 6 vials/28]

OTHER RESPIRATORY DRUGS

ARALAST NP [INJ][LA]	<i>alpha-1-proteinase inhibitor</i>	3	[PAR]
PROLASTIN [INJ][LA]	<i>alpha-1-proteinase inhibitor</i>	3	[PAR]

Drug	Generic	Tier	Requirements/Limits
PROLASTIN C [INJ][LA]	<i>alpha-1-proteinase inhibitor</i>	3	[PAR]
PULMOZYME	<i>deoxyribonuclease</i>	3	[PAR]

UROLOGICAL MEDICATIONS

ANTICHOLINERGIC ANTISPASMODICS

ENABLEX	<i>darifenacin hydrobromide</i>	2	[ST]
<i>flavoxate hcl</i>		1	
<i>oxybutynin chloride syrup, - tablet</i>		1	
<i>oxybutynin cl er 10 mg tablet, -cl er 15 mg tablet</i>		1	
<i>oxybutynin cl er 5 mg tablet</i>		1	[QLL, 34/34]
SANCTURA XR	<i>trospium chloride</i>	2	[ST]
<i>trospium chloride</i>		1	

CHOLINERGIC STIMULANTS

<i>bethanechol chloride tablet</i>		1	
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OTHER GENITOURINARY PRODUCTS

CYSTADANE	<i>betaine hcl</i>	2	
ELMIRON	<i>pentosan polysulfate sodium</i>	2	
<i>finasteride tablet</i>		1	
<i>neomycin-polymyxin b [INJ]</i>		1	
<i>potassium citrate TABLET SUSTAINED ACTION</i>		1	
<i>tamsulosin hcl</i>		1	

Index:

8-MOP, 41
aa 3%/electrolyte-tpn/glycerin, 60
abacavir sulfate, 12
abacavir sulfate/lamivudine, 11
abatacept/maltose, 22
ABELCET, 17
ABILIFY 2 MG TABLET, -5 MG TABLET, -10 MG TABLET, -15 MG TABLET, 24
ABILIFY 20 MG TABLET, -30 MG TABLET, 24
ABILIFY DISCMELT, 24
ABILIFY INJECTION, 24
ABILIFY SOLUTION, 24
abiraterone acetate, 23
acarbose, 46
ACCU-CHEK ACTIVE, 9
ACCU-CHEK AVIVA, 9
ACCU-CHEK COMBO PACKS, -KIT, 9
ACCU-CHEK COMFORT CURVE, 9
ACCU-CHEK COMPACT, 9
ACCU-CHEK COMPACT BLUE CONTROL, 9
acebutolol hcl capsule, 35
acetaminoph-caff-dihydrocodein, 28
acetaminophen-codeine, 28
acetazol hc, 43
acetazolamide capsule sustained action, - tablet, 65
acetazolamide sodium, 65
acetic acid otic drops, 43
acitretin, 41
ACTEMRA 200 MG/10 ML VIAL, 53
ACTHIB, 51
acticin, 41
ACTIMMUNE, 52
ACTOPLUS MET, 46
ACTOPLUS MET XR 15-1,000 MG TB, 46
ACTOPLUS MET XR 30-1,000 MG TB, 46
ACTOS, 46
acyclovir, 16
acyclovir capsule, -oral susp, -tablet, 15
acyclovir sodium, 15
acyclovir/hydrocortisone, 16
ADACEL, 51
ADAGEN, 43
adalimumab, 21
adapalene, 40
ADCIRCA, 39
adcirca (tadalafil), 39
adefovir dipivoxil, 16
ADVAIR DISKUS, 69
ADVAIR HFA, 69
ADVICOR 500 MG-20 MG TABLET, 36
ADVICOR 750 MG-20 MG TABLET, -1,000 MG-20 MG TABLET, -1,000 MG-40 MG TABLET, 37
afeditab cr, 35
AFINITOR, 20
agalsidase, 47
AGGRENOX, 57
AIMSCO INS SYR 1 ML 29GX1/2, -AIMSCO SYRING 0.3 ML 31GX5/16, -BD INSULIN SYR 0.3ML 31GX5/16, -BD INSULIN SYR 0.5 ML 30GX1/2, -BD INSULIN SYR 1 ML 29GX1/2, -BD INSULIN SYR 1 ML 31GX5/16, -FIFTY50 INSULIN SYRINGE 0.3 ML, -FIFTY50 INSULIN SYRINGE 1 ML, -INS SYR 0.5 ML 30GX5/16, -INS SYR 1 ML 29GX1/2, -INS SYR 1 ML 31GX5/16, -INS SYRIN 1 ML 29GX1/2, -INSUL SYR 0.3 ML 31GX5/16, -INSUL SYR 0.5 ML 30GX1/2, -1 ML SYRINGE, -SYR 1 ML 29GX1/2, -SYR 1 ML 31GX5/16, -SYRIN 0.3 ML 31GX5/16, -SYRIN 0.5 ML 30GX1/2, -SYRIN 0.5 ML 30GX5/16, -SYRIN 1 ML 29GX1/2, -0.5 ML, -1 ML 29GX1/2, -1 ML 31GX5/16, -KINRAY INS SYR 1 ML 31GX5/16, -KINRAY SYRING 0.3 ML 31GX5/16, -PREF PLUS SYRING 1 ML 29GX1/2, -RELI-ON INSULIN 1 ML SYR, -RELION INS SYR 1 ML 29GX1/2, -RELION INS SYR 1 ML 31GX5/16, -RELION SYRING 0.3 ML 31GX5/16, -SURE-JECT INSULIN SYR 0.3 ML, -SYRING 0.3 ML 31GX5/16, -SYRINGE 1/2 ML, -U100 INS SYR 1 ML

29GX1/2, -ULTICARE INS SYR 1 ML
 31GX5/16, -ULTICARE INS SYR 1 ML
 29GX1/2, -ULTICARE SYR 0.3 ML
 31GX5/16, -VH INS SYR 1 ML 29GX1/2, -
 WD MEDIC SYR 1 ML 29GX1/2, 54
 ak-con, 67
 aktob, 66
 albendazole, 11
 ALBENZA, 11
 albuterol, 68
 albuterol sulfate nebs, 68
 albuterol sulfate syrup, -tablet, -tablet
 sustained action, 68
 albuterol sulfate/ipratropium, 69
 alclometasone dipropionate, 41
 ALCOHOL SWABS, 55
 aldesleukin, 53
 ALDURAZYME, 47
 alefacept, 20
 alemtuzumab, 20
 alendronate sodium 35 mg tab, -70 mg tab,
 47
 alendronate sodium 5 mg tablet, -10 mg tab,
 -40 mg tab, 47
 alglucosidase alfa, 47
 ALIMTA, 20
 ALINIA, 14
 aliskiren hemifumarate, 39
 aliskiren/amlodipine, 39
 aliskiren/amlodipine/hctz, 38
 aliskiren/hydrochlorothiazid, 39
 alitretinoin, 43
 allopurinol sodium, 56
 allopurinol tablet, 56
 alosetron, 49
 ALOXI, 26
 alpha-1-proteinase inhibitor, 69, 70
 ALPHAGAN P 0.1% DROPS, 65
 altretamine, 21
 amantadine, 15
 AMBISOME, 17
 ambrisentan, 36
 amcinonide, 41
 AMEBICIDES, 10
 a-methapred, 44
 AMEVIVE, 20
 amifostine, 20
 amikacin sulfate injection, 10
 amiloride hcl tablet, 39
 amiloride-hydrochlorothiazide, 39
 amino acids, 57, 58, 59, 60
 AMINOGLYCOSIDES, 10
 aminophylline injection, 68
 aminophylline tablet, 68
 aminosalicic acid, 12
 AMINOSYN, 57
 AMINOSYN II, 58
 AMINOSYN II 3.5% M-DEXTROSE 5%, 58
 AMINOSYN II 3.5%-DEXTROSE 25%, 58
 AMINOSYN II 3.5%-DEXTROSE 5%, 58
 AMINOSYN II 4.25%-DEXTROSE 25%, 58
 AMINOSYN II 5% IN 25% DEXTROSE, 58
 AMINOSYN II IN DEXTROSE, 58
 AMINOSYN II WITH LYLES-CA-DW, 58
 AMINOSYN M, 58
 AMINOSYN-HBC, 58
 AMINOSYN-HF, 58
 AMINOSYN-PF, 58
 amiodarone hcl injection, 34
 amiodarone hcl tablet, 34
 AMIODARONES, 34
 AMITIZA, 49
 amitriptyline hcl tablet, 33
 amlodipine besylate tablet, 35
 amlodipine besylate-benazepril, 38
 amlodipine/valsartan, 38
 amlodipine/valsartan/hctz, 38
 ammonium chloride, 58
 AMMONIUM CHLORIDE INJECTION, 58
 ammonium lactate cream, -lotion, 42
 amnesteem, 41
 amox tr-potassium clavulanate, 17
 amoxapine, 32
 amoxicillin, 17

amoxicillin-clavulanate er, 17
 amphetamine salt combo, 28
 amphotericin b injection, 17
 amphotericin b lipid complex, 17
 amphotericin b liposome, 17
 ampicillin sodium, 17
 ampicillin trihydrate, 17
 ampicillin-sulbactam, 17
 AMPYRA, 43
 AMTURNIDE, 38
 amylase/lipase/protease, 49, 50
 ANADROL-50, 62
 anagrelide hcl, 20
 anakinra, 53
 ANALGESICS, 23
 anastrozole tablet, 20
 ANCOBON, 14
 ANDROGEN DRUGS, 62
 ANDROXY, 62
 ANESTHETICS, 10
 ANGIOTENSIN CONVERTING ENZYME
 INHIBITORS, 34
 ANGIOTENSIN II RECEPTOR ANTAGONISTS,
 34
 ANTABUSE, 31
 ANTHELMINTICS, 11
 ANTIACNE DRUGS, 40
 ANTICHOLINERGIC ANTISPASMODICS, 70
 ANTIDEMENTIA DRUGS, 23
 ANTIDIARRHEAL DRUGS, 48
 ANTIDYSRHYTHMIC DRUGS, 34
 ANTIGLAUCOMA DRUGS, 65
 ANTIHISTAMINES, 67
 ANTIINFECTIVES, 10
 ANTIINFECTIVES SPECIALIZED
 INDICATIONS, 11
 ANTIMANIA DRUGS, 23
 ANTINEOPLASTIC/IMMUNOSUPPRESSANT
 DRUGS, 20
 ANTIPARKINSON ANTICHOLINERGIC
 DRUGS, 23
 ANTIPLATELET DRUGS, 57
 ANTIPRURITIC DRUGS, 41
 ANTIPSORIASIS AND ANTIECZEMA DRUGS,
 41
 ANTIPSYCHOTIC DRUGS, 24
 ANTIRETROVIRALS AND PROTEASE INH, 11
 ANTISPASMODICS/DRUGS AFFECT GI
 MOTILITY, 48
 ANTITHYROID DRUGS, 44
 ANTITUBERCULOSIS DRUGS, 12
 ANTIULCER DRUGS, 49
 ANTIVERTIGO AND ANTIEMETIC DRUGS, 26
 ANXIOLYTICS, 26
 APOKYN, 31
 apomorphine hcl, 31
 apraclonidine hcl, 65
 aprepitant, 26
 apri, 62
 APRISO, 49
 APTIVUS, 11
 ARALAST NP, 69
 aranelle, 62
 ARCALYST, 53
 aripiprazole, 24
 ARIXTRA 2.5 MG SYRINGE, 60
 ARIXTRA 5 MG SYRINGE, -7.5 MG SYRINGE,
 -10 MG SYRINGE, 60
 artemether/lumefantrine, 18
 ascomp with codeine, 29
 asenapine, 25
 ASMANEX TWISTHALER 110 MCG #30, -
 TWISTHALER 110 MCG #7, -TWISTHALER
 220 MCG #30, 69
 ASMANEX TWISTHALER 220 MCG #14, 69
 ASMANEX TWISTHALER 220 MCG #60, 69
 ASMANEX TWISTHALR 220 MCG #120, 69
 aspirin/dipyridamole, 57
 atazanavir sulfate, 12
 atenolol tablet, 35
 atenolol-chlorthalidone, 38
 ATGAM, 51
 atomoxetine, 31
 atovaquone, 15

atovaquone/proguanil hcl, 18
 ATRIPLA, 11
 atropine sulfate injection, 31
 ATROVENT HFA, 69
 auranofin, 57
 AUTONOMIC AND CNS MEDICATIONS, 23
 AVANDAMET, 46
 AVANDARYL, 46
 AVANDIA 2 MG TABLET, -4 MG TABLET, 46
 AVANDIA 8 MG TABLET, 46
 AVASTIN 100 MG/4 ML VIAL, 20
 AVELOX, 18
 AVELOX ABC PACK, 18
 AVELOX IV, 18
 aviane, 62
 AVONEX, 52
 AVONEX ADMINISTRATION PACK, 53
 azacitidine, 22
 AZASAN, 20
 AZASITE, 66
 azathioprine, 20
 azathioprine sodium, 20
 azathioprine tablet, 20
 azelastine hcl nasal drops/sprays, 44
 azelastine hcl ophth drops, 67
 AZILECT, 31
 azithromycin, 66
 azithromycin 100 mg/5 ml susp, 16
 azithromycin 200 mg/5 ml susp, 16
 azithromycin 250 mg tablet, 16
 azithromycin 500 mg tablet, 16
 azithromycin 600 mg tablet, 16
 azithromycin injection, 16
 aztreonam, 14
 aztreonam lysine, 15
 baciim, 14
 bacitracin 500 unit/gm ointmnt, 66
 bacitracin injection, 15
 bacitracin-polymyxin eye oint, 66
 baclofen tablet, 56
 balsalazide disodium, 49
 balziva, 62
 BANZEL 400 MG TABLET, 30
 BANZEL ORAL SUSP, -200 MG TABLET, 30
 BARACLUDE SOLUTION, 15
 BARACLUDE TABLET, 15
 basiliximab, 22
 becaplermin, 43
 beclomethasone, 69
 benazepril hcl tablet, 34
 benazepril-hydrochlorothiazide, 38
 benzene hexachloride gamma, 41
 benztropine mesylate injection, 23
 benztropine mesylate tablet, 23
 BETA-2 ADRENERGIC DRUGS, 68
 BETA-ADRENERGIC ANTAGONIST DRUGS,
 35
 betaine hcl, 70
 betamethasone dipropionate cream, -lotion, -
 oint, 42
 betamethasone valerate cream, -lotion, -oint,
 42
 BETASERON, 53
 betaxolol hcl ophth drops, 65
 betaxolol hcl tablet, 35
 bethanechol chloride tablet, 70
 bevacizumab, 20
 bexarotene, 22
 bicalutamide, 20
 bisoprolol fumarate, 35
 bisoprolol-hydrochlorothiazide, 38
 BLOOD DETOXICANTS, 57
 boceprevir, 12
 BONIVA TABLET, 47
 BOOSTRIX, 51
 bortezomib, 22
 bosentan, 36
 BOTOX, 67
 botulinum toxin a, 67
 BRILINTA, 57
 brimonidine tartrate, 65
 brimonidine tartrate/timolol, 65
 bromfenac sodium, 67
 bromocriptine mesylate capsule, -tablet, 31

budeprion sr, 30
 budeprion xl, 30
 budesonide, 49
 budesonide/formoterol fum, 69
 bumetanide injection, 37
 bumetanide tablet, 37
 BUPHENYL, 43
 buprenorphine hcl injection, 23
 buprenorphine hcl tab, sl, 28
 buprenorphine/naloxone, 28
 buproban, 33
 bupropion hcl sr, 30
 bupropion hcl tablet, 30
 buspirone hcl tablet, 26
 butalb-caff-acetaminoph-codein, 29
 butorphanol tartrate aerosol, 29
 butorphanol tartrate injection, 23
 BYETTA 10 MCG DOSE PEN INJ, 45
 BYETTA 5 MCG DOSE PEN INJ, 45
 cabergoline, 47
 calcipotriene, 41
 calcitonin, 47
 calcitonin-salmon, 47
 calcitriol capsule, -solution, 61
 calcitriol injection, 61
 calcium acetate capsule, 61
 CALCIUM ANTAGONISTS, 35
 camila, 64
 CAMPATH, 20
 CANASA, 49
 CANCIDAS, 17
 CAPASTAT SULFATE, 12
 capreomycin, 12
 captopril tablet, 34
 captopril-hydrochlorothiazide, 38
 CARAFATE ORAL SUSP, 49
 carbamazepine, 27
 carbamazepine chew tab, -oral susp, -tablet,
 27
 carbamazepine xr, 27
 CARBAMAZEPINES, 27
 carbidopa, 31
 carbidopa/levodopa/entacap, 31
 carbidopa-levodopa, 31
 carbinoxamine maleate, 67
 CARDIAC GLYCOSIDES, 36
 CARDIOVASCULAR MEDICATIONS, 34
 CARIMUNE NF NANOFILTERED, 51
 carteolol hcl, 65
 cartia xt, 35
 carvedilol, 35
 caspofungin acetate, 17
 CAYSTON, 15
 CEENU, 20
 cefaclor, 13
 cefaclor er, 13
 cefadroxil, 13
 cefazolin 20 gm bulk vial, -500 mg vial, -1
 gm vial, -1 gm-d5w bag, 13
 cefdinir, 13
 cefepime hcl, 13
 cefixime, 13
 cefotaxime sodium, 13
 cefotetan, 13
 cefoxitin, 13
 cefoxitin sodium, 13
 cefpodoxime proxetil, 13
 cefprozil, 13
 ceftazidime, 13
 ceftriaxone, 13
 cefuroxime axetil, 13
 cefuroxime sod 750 mg vial, -sod 1.5 gm
 vial, -sod 7.5 gm vial, 13
 cefuroxime tablet, 13
 CELEBREX, 56
 celecoxib, 56
 CELLCEPT INJECTION, 20
 CELLCEPT ORAL SUSP, 20
 CELONTIN, 33
 CENTRALLY ACTING ANTIHYPERTENSIVES,
 36
 cephalixin, 13
 CEPHALOSPORINS, 13
 CEREZYME, 47

CERVARIX, 51
 CESAMET, 26
 cesia, 62
 cetirizine hcl 1 mg/1 ml soln, -1 mg/ml soln, -5 mg/5 ml syrup, 67
 cetirizine hcl 1 mg/ml syrup, 67
 CHANTIX, 33
 CHEMET, 43
 chlorambucil, 21
 chloramphenicol sod succinate, 13
 CHLORAMPHENICOLS, 13
 chlorhexidine gluconate dental/mucous membrn products, 44
 chloroquine phosphate tablet, 18
 chlorothiazide, 39
 chlorothiazide sodium, 40
 chlorpromazine hcl injection, 24
 chlorpromazine hcl tablet, 24
 chlorthalidone, 40
 chlorzoxazone, 55
 cholestyramine light, 37
 CHOLINERGIC STIMULANTS, 70
 chorionic gonadotropin injection, 64
 ciclopirox cream, -gel, -lotion, -oil, shampoo, cleanser, 16
 ciclopirox soln, top, 16
 cilostazol, 57
 cimetidine injection, 49
 cimetidine solution, -tablet, 49
 cinacalcet hcl, 48
 CIPRODEX, 43
 ciprofloxacin, 18
 ciprofloxacin er, 18
 ciprofloxacin hcl ophth drops, 66
 ciprofloxacin hcl tablet, 18
 ciprofloxacin/dexameth, 43
 citalopram hbr solution, 32
 citalopram hbr tablet, 32
 claravis, 41
 clarithromycin er, 16
 clarithromycin suspension, -tablet, 16
 CLASS II NARCOTICS, 27
 CLASS III NARCOTICS, 28
 clemastine fumarate syrup, -fum 2.68 mg tab, 67
 clindamycin hcl capsule, 13
 clindamycin phosphate foam (non-contraceptive), -gel, -lotion, -soln, top, -swabs, applicators, 40
 clindamycin phosphate injection, 13
 clindamycin phosphate vaginal products, 64
 clindamycin-benzoyl peroxide, 40
 CLINDAMYCINS, 13
 CLINIMIX, 58
 CLINIMIX E 2.75%-10% SOLUTION, -2.75%-5% SOLUTION, -4.25%-25% SOLUTION, -4.25%-5% SOLUTION, -5%-15% SOLUTION, -5%-20% SOLUTION, -5%-25% SOLUTION, 58
 CLINISOL, 58
 clobetasol emollient, 42
 clobetasol propionate gel, -oint, -soln, top, 42
 clomipramine hcl capsule, 33
 clonidine, 36
 clonidine hcl tablet, 36
 clopidogrel, 57
 clotrimazole 1% cream, -soln, top, 17
 clotrimazole af 1% cream, 17
 clotrimazole lozenge, 14
 clotrimazole-betamethasone, 19
 clozapine, 24
 CNS MUSCLE RELAXANTS, 55
 CNS STIMULANT DRUGS, 28
 COARTEM, 18
 codeine sulfate, 27
 co-gesic, 28
 colchicine, 56
 COLCRYS, 56
 colesevelam, 37
 colestipol hcl, 37
 colistimethate 150 mg vial, 15
 collagenase, 43
 COMBIGAN, 65

COMBIVENT, 69
 COMBIVIR, 11
 compro, 26
 COMTAN, 31
 COMVAX, 51
 constulose, 57
 CONTRACEPTIVES, 62
 COPAXONE, 43
 CORTIFOAM, 49
 cortisone acetate tablet, 44
 cortomycin, 44
 CREON, 49
 CRESTOR 10 MG TABLET, -20 MG TABLET, -
 40 MG TABLET, 37
 CRESTOR 5 MG TABLET, 37
 CRIXIVAN, 11
 cromolyn, 69
 cromolyn sodium nebs, 69
 cromolyn sodium ophth drops, 67
 crotamiton, 41
 cryselle, 62
 CUBICIN, 15
 CUPRIMINE, 57
 CURAD GAUZE PADS, 55
 cyclafem, 62
 cyclophosphamide tablet, 20
 cycloserine, 12
 cyclosporine, 67
 cyclosporine capsule, -solution, 20
 cyclosporine injection, 20
 cyclosporine modified, 20
 CYKLOKAPRON, 43
 CYMBALTA 20 MG CAPSULE, -60 MG
 CAPSULE, 30
 CYMBALTA 30 MG CAPSULE, 30
 cyproheptadine hcl syrup, -tablet, 67
 CYSTADANE, 70
 CYSTAGON, 58
 cysteamine, 58
 d5w/electrolyte-56 solution, 59
 d5w-kcl 30 meq/l iv solution, 58
 dabigatran etexilate mesylate, 61
 DACOGEN, 20
 dalfampridine, 43
 danazol capsule, 62
 dantrolene sodium capsule, 56
 dapsone, 11
 DAPSONE TABLET, 11
 DAPTACEL, 51
 daptomycin, 15
 DARAPRIM, 18
 darifenacin hydrobromide, 70
 darunavir ethanolate, 12
 dasatinib, 22
 decitabine, 20
 deferasirox, 43
 delavirdine mesylate, 12
 demeclocycline hcl tablet, 19
 DEMSER, 36
 DENAVIR, 15
 denosumab, 48
 deoxyribonuclease, 70
 depade, 31
 DEPO-PROVERA 400 MG/ML VIAL, 20
 DERMATOLOGICAL MEDICATIONS, 40
 DERMOTIC, 44
 desipramine hcl tablet, 32
 desmopressin acetate injection, 47
 desmopressin acetate nasal drops/sprays, -
 solution, -tablet, 47
 desonide cream, -lotion, -oint, 42
 desoximetasone cream, -gel, -oint, 42
 desvenlafaxine succinate, 30
 dexamethasone elix, -tablet, 45
 dexamethasone intensol, 45
 dexamethasone sodium phosphate injection,
 45
 dexamethasone sodium phosphate ophth
 drops, 66
 dexchlorpheniramine maleate, 67
 dexmethylphenidate hcl, 28
 dextroamphetamine sulfate capsule
 sustained action, -tablet, 28
 dextromethorphan/quinidine, 31

dextrose 10%-1/4ns, 58
 dextrose 10%-1/4ns-kcl, 58
 dextrose 5%-1/2ns-kcl, 58
 dextrose 5%-1/3ns-kcl, 58
 dextrose 5%-1/4ns-kcl, 58
 dextrose 5%-electrolyte #48, 58
 dextrose 5%-ns-kcl, 58
 dextrose in water, 59
 dextrose with sodium chloride, 59
 dextrose/electrolytes, 59
 DIABETIC SUPPLIES, 9, 54
 DIAGNOSTIC AND MISCELLANEOUS
 MEDICATIONS, 43
 DIAGNOSTIC PRODUCTS, 43
 diazoxide, 45
 DIBENZYLINE, 36
 diclofenac potassium, 56
 diclofenac sodium, 43
 diclofenac sodium e.c. tab, -tablet sustained
 action, 56
 diclofenac sodium ophth drops, 67
 dicloxacillin sodium, 17
 didanosine, 11, 12
 diflorasone diacetate, 42
 diflunisal tablet, 57
 digoxin injection, 36
 digoxin solution, -tablet, 36
 dihydroergotamine mesylate injection, 29
 DILANTIN 30 MG CAPSULE, -CHEW TAB, 29
 dilt-cd, 35
 diltiazem 24hr er, 35
 diltiazem er, 35
 diltiazem hcl injection, 35
 diltiazem hcl tablet, 35
 dilt-xr, 35
 diltzac er, 35
 DIOVAN, 34
 DIOVAN HCT, 38
 diphenhydramine 50 mg capsule, -elix, 67
 diphenhydramine hcl injection, 68
 diphenoxylate-atropine, 48
 diphther,pertuss,tetanus vac, 51, 52
 DIPHTHERIA-TETANUS TOXOID, 51
 dipyrnidamole tablet, 57
 DIRECT MUSCLE RELAXANTS, 56
 disulfiram, 31
 divalproex sodium, 33
 divalproex sodium er, 33
 dofetilide, 38
 donepezil hcl, 23
 DORIBAX 500 MG VIAL, 15
 doripenem, 15
 dorzolamide hcl, 65
 dorzolamide-timolol, 65
 DOVONEX CREAM, 41
 doxazosin mesylate 1 mg tab, -2 mg tab, -4
 mg tab, 40
 doxazosin mesylate 8 mg tab, 40
 doxepin, 43
 doxepin hcl capsule, -solution, 33
 doxycycline, 19
 doxycycline hyclate 20 mg tab, 44
 doxycycline hyclate capsule, -e.c. cap, -e.c.
 tab, -100 mg tab, 19
 doxycycline hyclate injection, 19
 doxycycline monohydrate, 19
 dronabinol 10 mg capsule, 26
 dronabinol 2.5 mg capsule, -5 mg capsule,
 26
 DROXIA, 20
 DRUGS AFFECTING THE EAR, 43
 DRUGS AFFECTING THE NOSE, 44
 DRUGS AFFECTING THE THROAT AND
 MOUTH, 44
 DRUGS FOR PHEOCHROMOCYTOMA, 36
 DRUGS TO PREVENT AND TREAT GOUT, 56
 DRUGS TO PREVENT AND TREAT
 HEADACHES, 29
 DUETACT, 46
 duloxetine, 30
 E.E.S. 200, 14
 EAR-NOSE-THROAT MEDICATIONS, 43
 echothiophate iodide, 65
 econazole nitrate cream, 17

EDURANT, 11
 efavirenz, 12
 EFFIENT, 57
 EGRIFTA, 51
 ELAPRASE, 47
 electrolyte solutions, 59
 ELECTROLYTES, IRRIGATING SOLUTIONS,
 ETC., 57
 ELIDEL, 42
 ELIGARD, 20
 eliphos, 61
 ELITEK, 20
 ELMIRON, 70
 eltrombopag olamine, 54
 EMCYT, 20
 EMEND 40 MG CAPSULE, -125 MG CAPSULE,
 26
 EMEND 80 MG CAPSULE, 26
 EMEND TRIFOLD PACK, 26
 EMSAM, 29
 emtricitabine, 11
 emtricitabine/tenofovir, 12
 emtricitabine/tenofovir/efavir, 11
 EMTRIVA, 11
 ENABLEX, 70
 enalapril maleate tablet, 34
 enalapril-hydrochlorothiazide, 38
 ENBREL, 20
 endocet, 27
 ENDOCRINE MEDICATIONS, 44
 endodan, 27
 ENDOTHELIN RECPTR ANTAGONIST, 36
 enfuvirtide, 11
 ENGERIX-B 10 MCG/0.5 ML PED VL, -10
 MCG/0.5 ML SYRN, -20 MCG/ML SYRINGE,
 51
 enoxaparin 120 mg/0.8 ml syr, -150 mg/ml
 syr, 60
 enoxaparin 30 mg/0.3 ml syr, -40 mg/0.4 ml
 syr, -60 mg/0.6 ml syr, -80 mg/0.8 ml syr,
 -100 mg/ml syr, 60
 enpresse, 62
 entacapone, 31
 entecavir, 15
 ENTOCORT EC, 49
 enulose, 57
 epinastine hcl, 67
 epinephrine 0.1 mg/ml syringe, 69
 epinephrine hcl, 69
 EPIPEN, 69
 EPIPEN JR, 69
 epitol, 27
 EPIVIR HBV, 15
 EPIVIR SOLUTION, 11
 EPIVIR TABLET, 11
 eplerenone, 39
 epoetin alfa, 52
 EPZICOM, 11
 ergoloid mesylates tablet, 43
 ERGOMAR, 29
 ergotamine, 29
 ergotamine-caffeine, 29
 eribulin mesylate, 21
 erlotinib hcl, 22
 errin, 64
 ertapenem sodium, 15
 ery, 40
 ERYPED 200, 14
 ERYPED 400, 14
 ERY-TAB, 14
 ERYTHROCIN LACTOBIONATE, 14
 erythrocine stearate, 14
 erythromycin base, 14
 erythromycin ethylsuccinate, 14
 erythromycin ethylsuccinate tablet, 14
 erythromycin gel, -soln, top, 40
 erythromycin lactobionate, 14
 erythromycin oint, 66
 erythromycin tablet, 14
 erythromycin-benzoyl peroxide, 40
 ERYTHROMYCINS, 14
 erythromycin-sulfisoxazole, 18
 esomeprazole mag trihyd, 50
 ESTRACE VAGINAL PRODUCTS, 63

estradiol, 63
 estradiol adh. patch, 63
 estradiol tablet, 63
 estradiol valerate injection, 63
 estradiol-norethindrone acetat, 64
 estramustine phosphate sodium, 20
 ESTROGEN DRUGS, 63
 estrogen/medroxyprogesterone, 64
 ESTROGEN/PROGESTIN COMBINATIONS, 64
 estrogens,conjugated, 63
 estrogens,esterified, 63
 estropipate, 63
 etanercept, 20
 ethambutol hcl, 12
 ethionamide, 13
 ethosuximide capsule, -syrup, 33
 ethotoin, 29
 etidronate disodium, 47
 etodolac capsule, -tablet, -tablet sustained
 action, 56
 etravirine, 11
 EURAX, 41
 everolimus, 20, 22, 23
 EVISTA, 47
 EXELON ADH. PATCH, -SOLUTION, 23
 exemestane, 21
 exenatide, 45
 EXFORGE, 38
 EXFORGE HCT, 38
 EXJADE 125 MG TABLET, 43
 EXJADE 250 MG TABLET, -500 MG TABLET,
 43
 ezetimibe, 37
 ezetimibe/simvastatin, 37
 FABRAZYME, 47
 famciclovir 125 mg tablet, 15
 famciclovir 250 mg tablet, 15
 famciclovir 500 mg tablet, 15
 famotidine injection, 49
 famotidine oral susp, -20 mg tablet, -40 mg
 tablet, 49
 FANAPT 1 MG TABLET, -2 MG TABLET, -4 MG
 TABLET, -6 MG TABLET, -8 MG TABLET, -
 10 MG TABLET, -12 MG TABLET, 24
 FANAPT TITRATION PACK, 24
 FARESTON, 21
 FASLODEX, 21
 FAST TAKE, 9
 fat emulsions, 62
 FAZACLO, 24
 febuxostat, 56
 felbamate, 30
 FELBATOL ORAL SUSP, 30
 FELBATOL TABLET, 30
 felodipine er, 35
 fenofibrate, 37
 fenoprofen calcium tablet, 56
 fentanyl, 27
 fentanyl citrate injection, 27
 fentanyl citrate lozenge, 27
 fexofenadine hcl 180 mg tab, 68
 fexofenadine hcl 180 mg tablet, 68
 fexofenadine hcl 30 mg tablet, -60 mg tablet,
 68
 filgrastim, 54
 finasteride tablet, 70
 fingolimod hydrochloride, 43
 flavoxate hcl, 70
 flecainide acetate, 34
 fluconazole 150 mg tablet, 14
 fluconazole 50 mg tablet, -100 mg tablet, -
 200 mg tablet, 14
 fluconazole in dextrose, 17
 fluconazole suspension, 14
 flucytosine, 14
 fludrocortisone acetate tablet, 46
 flunisolide 0.025% spray, 44
 fluocinolone acetonide, 44
 fluocinolone acetonide cream, -oint, -soln,
 top, 42
 fluocinonide emollient, 42
 fluocinonide gel, -oint, -soln, top, 42
 FLUORIDE PRODUCTS, 60

fluorometholone, 66
 fluorometholone ophth drops, 66
 FLUOROPLEX, 42
 fluorouracil, 42
 fluorouracil cream, -soln, top, 43
 fluoxetine dr, 32
 fluoxetine hcl 10 mg capsule, -10 mg tablet, 32
 fluoxetine hcl 20 mg capsule, -solution, -20 mg tablet, 32
 fluoxetine hcl 40 mg capsule, 32
 fluoxymesterone, 62
 fluphenazine decanoate injection, 24
 fluphenazine hcl elix, -solution, -tablet, 24
 fluphenazine hcl injection, 24
 flurbiprofen sodium, 67
 flurbiprofen tablet, 56
 flutamide, 21
 fluticasone propionate cream, -oint, 42
 fluticasone propionate nasal inhaled steroids, 44
 fluvoxamine maleate 100 mg tab, 32
 fluvoxamine maleate 25 mg tab, 32
 fluvoxamine maleate 50 mg tab, 32
 FML S.O.P., 66
 fomepizole, 43
 fondaparinux sodium, 60
 FORADIL, 68
 formoterol fumarate, 68
 FORTEO, 47
 FORTESTA, 62
 fortical, 47
 fosamprenavir calcium, 11
 foscarnet sodium, 15
 fosinopril sodium, 34
 fosinopril-hydrochlorothiazide, 38
 fosphenytoin sodium, 29
 FREAMINE III, 59
 FROVA, 29
 frovatriptan, 29
 fulvestrant, 21
 furosemide injection, 37
 furosemide solution, -tablet, 37
 FUZEON, 11
 gabapentin capsule, -solution, -tablet, 30
 GABITRIL, 30
 galantamine hbr, 23
 galantamine hydrobromide, 23
 galsulfase, 48
 GAMASTAN S-D, 51
 GAMUNEX, 51
 ganciclovir, 67
 ganciclovir 250 mg capsule, 15
 ganciclovir 500 mg capsule, 15
 ganciclovir sodium, 15
 GARDASIL, 51
 GASTROCROM, 69
 GASTROINTESTINAL MEDICATIONS, 48
 gavilyte-c, 49
 gavilyte-g, 49
 gavilyte-n, 49
 gefitinib, 21
 gemfibrozil tablet, 37
 gengraf, 21
 gentak, 66
 gentamicin 90 mg/ns 100 ml pb, -100 mg/ns 100 ml, -60 mg/ns 50 ml pb, -70 mg/ns 50 ml pb, -80 mg/ns 50 ml pb, 10
 gentamicin sulfate cream, -0.1% ointment, 19
 gentamicin sulfate injection, 10
 gentamicin sulfate ophth drops, 66
 gentasol, 66
 GEODON CAPSULE, 24
 GEODON INJECTION, 24
 gianvi, 62
 GILENYA, 43
 glatiramer acetate, 43
 GLEEVEC, 21
 glimepiride, 46
 glipizide er, 46
 glipizide tablet, 46
 glipizide-metformin, 46
 GLUCAGEN, 45

GLUCAGON EMERGENCY KIT, 45
 glucagon, human recombinant, 45
 GLUCOCORTICOID DRUGS, 44
 GLUCOSE ELEVATING DRUGS, 45
 glyburide micronized, 46
 glyburide tablet, 46
 glyburide-metformin hcl, 46
 glycopyrrolate injection, 48
 glycopyrrolate tablet, 48
 glycron, 46
 granisetron hcl injection, 26
 granisetron hcl tablet, 26
 granisol, 26
 GRIFULVIN V, 14
 griseofulvin microsize, 14
 griseofulvin oral susp, 14
 griseofulvin ultramicrosize, 14
 GRIS-PEG, 14
 GROWTH HORMONES AND RELATED
 DRUGS, 51
 guanabenz acetate tablet, 36
 guanfacine hcl, 36
 guanidine hcl, 31
 haemophilus b vaccine, 52
 haemophilus b-tet toxoid, 51
 HALAVEN, 21
 halobetasol propionate, 42
 haloperidol decanoate, 24
 haloperidol lactate injection, 24
 haloperidol lactate solution, 24
 haloperidol tablet, 24
 HAVRIX, 51
 hctz/valsartan, 38
 hep b vir recomb/hep a vir, 52
 heparin sodium in 0.45% nacl, 60
 heparin sodium in 5% dextrose, 60
 heparin sodium injection, 60
 heparin sodium-ns, 60
 HEPATAMINE, 59
 HEPATASOL, 59
 hepatitis a virus vaccine, 51, 52
 hepatitis b virus vaccine, 51, 52
 hepatitis b/haemophilus b vacc, 51
 HEPSERA, 16
 HEXALEN, 21
 HIZENTRA 1 GRAM/5 ML VIAL, 51
 HMG-COA REDUCTASE INHIBITORS, 36
 human papillomav vacc bival/pf, 51
 human papillomavirus vacc, 51
 HUMIRA 20 MG/0.4 ML SYRINGE, -40 MG/0.8
 ML SYRINGE, 21
 HUMIRA 40 MG/0.8 ML PEN, -PSORIASIS
 STARTER PACK, 21
 HUMIRA CROHN'S STARTER PACK, 21
 HYDANTOINS, 29
 hydralazine hcl injection, 40
 hydralazine hcl tablet, 40
 hydrochlorothiazide capsule, -tablet, 40
 hydrocodone bit-ibuprofen, 28
 hydrocodone-acetaminophen, 28
 hydrocortisone 1% cream, 42
 hydrocortisone 1% cream, -2.5% cream, -
 2.5% lotion, -1% absorbbase, -1%
 ointment, -2.5% ointment, 42
 hydrocortisone acetate, 49
 hydrocortisone butyrate, 42
 hydrocortisone plus 1% cream, -1% oint, 42
 hydrocortisone rectal, 49
 hydrocortisone tablet, 45
 hydrocortisone valerate, 42
 hydrocortisone-acetic acid, 44
 hydromorphone hcl injection, 27
 hydromorphone hcl tablet, 27
 hydroxychloroquine sulfate tablet, 18
 hydroxyurea, 20
 hydroxyurea capsule, 21
 hydroxyzine hcl injection, 41
 hydroxyzine hcl syrup, -tablet, 41
 hydroxyzine pamoate capsule, 41
 HYPOGLYCEMIC DRUGS, 45
 HYPOLIPOPROTEINEMICS, 37
 ibandronate, 47
 ibuprofen oral susp, -400 mg tablet, -600 mg
 tablet, -800 mg tablet, 56

idursulfase, 47
 iloperidone, 24
 imatinib mesylate, 21
 imiglucerase, 47
 imipenem/cilastatin sodium, 15
 imipramine hcl tablet, 33
 imipramine pamoate, 33
 imiquimod, 43
 imiquimod cream, 43
 immune globulin - im, 51
 immune globulin - iv, 51, 52
 immune globulin- sq, 51
 IMMUNOLOGICALS AND VACCINES, 51
 IMOVAX RABIES VACCINE, 51
 INCIVEK, 11
 INCRELEX, 52
 indapamide, 40
 indinavir, 11
 indomethacin capsule, -capsule sustained
 action, 56
 INFANRIX, 51
 INFERGEN, 53
 infliximab, 22
 INJECTABLE ANTICOAGULANTS, 60
 INSULIN, 46
 INSULIN LIKE GROWTH FACTORS-1, 52
 INSULIN SYRINGE 0.5 ML, -INSULIN
 SYRINGE 1 ML, 55
 INTELENCE, 11
 interferon alfa-2b , recomb., 53
 interferon alfacon-1, 53
 interferon beta-1a, 52, 53
 interferon beta-1a/albumin, 53
 interferon beta-1b, 53
 interferon gamma-1b, recomb., 52
 INTERFERONS, 52
 INTERLEUKIN RECPTR ANTAGONIST, 53
 INTERLEUKINS, 53
 INTRALIPID 30% IV FAT EMUL, 62
 INTRON A 3 MILLION UNIT/ML PEN, -6
 MILLION UNIT/ML VL, -10 MILLION UNITS
 VIAL, 53
 INTRON A 5 MILLION UNIT/ML PEN, -10
 MILLION UNIT PEN, 53
 INVANZ 1 GM VIAL, 15
 INVEGA ER 1.5 MG TABLET, -ER 3 MG
 TABLET, -ER 9 MG TABLET, 24
 INVEGA ER 6 MG TABLET, 24
 INVEGA SUSTENNA 117 MG PREF SY, -156
 MG PREF SY, -234 MG PREF SY, 24
 INVEGA SUSTENNA 39 MG PREF SYR, -78
 MG PREF SYR, 25
 INVIRASE, 11
 IONOSOL B WITH DEXTROSE 5%, 59
 IONOSOL MB-DEXTROSE 5%, 59
 IONOSOL T-DEXTROSE 5%, 59
 IPOL, 51
 ipratropium, 69
 ipratropium 0.03% spray, 44
 ipratropium 0.06% spray, 44
 ipratropium bromide nebs, 69
 IRESSA, 21
 IRRITABLE BOWEL DRUGS, 49
 ISENTRESS, 11
 iso gentamicin 100 mg/100 ml, -isoton
 gentamicin 60 mg/50 ml, -isoton
 gentamicin 80 mg/50 ml, 10
 isocarboxazid, 29
 ISOLYTE H WITH DEXTROSE, 59
 ISOLYTE M WITH DEXTROSE, 59
 ISOLYTE P WITH DEXTROSE, 59
 ISOLYTE S, 59
 ISOLYTE S WITH DEXTROSE, 59
 isonarif, 12
 isoniazid injection, 12
 isoniazid syrup, -tablet, 12
 isosorbide dinitrate, 38
 isosorbide mononitrate, 38
 isosorbide mononitrate er, 38
 isradipine, 35
 itraconazole, 14
 itraconazole capsule, 14
 ivermectin, 11
 IXIARO, 51

jantoven, 60
JANUMET, 46
JANUVIA, 47
japanese encephalitis vaccine, 51
JE-VAX, 51
jinteli, 64
jolivette, 64
junel, 62
junel fe, 62
JUVISYNC, 47
KALETRA 100-25 MG TABLET, 11
KALETRA SOLUTION, -200-50 MG TABLET,
11
kanamycin sulfate injection, 10
kariva, 62
kcl 20 meq in d5w solution, -kcl 40 meq in
d5w solution, 61
kelnor 1-35, 62
KEPIVANCE, 51
KERATOLYTIC DRUGS, 41
ketoconazole cream, -oil,shampoo,cleanser,
17
ketoconazole tablet, 14
ketoprofen capsule, -capsule sustained
action, 56
ketorolac tromethamine injection, 56
ketorolac tromethamine ophth drops, 67
ketorolac tromethamine tablet, 56
KINERET, 53
klor-con 10, 61
klor-con 8, 61
klor-con m15, 61
klor-con m20, 61
KOMBIGLYZE XR 2.5-1,000 MG TAB, 47
KOMBIGLYZE XR 5-500 MG TABLET, -5-1,000
MG TAB, 47
KUVAN, 47
labetalol hcl injection, 35
labetalol hcl tablet, 35
lacosamide, 30
lactated ringers injection, 59
lactulose, 57

LAMISIL PACKET, 14
lamivudine, 11, 15
lamivudine/zidovudine, 11
lamotrigine, 30
lansoprazole dr 15 mg capsule, -odt 15 mg
tablet, 50
lansoprazole dr 30 mg capsule, -odt 30 mg
tablet, 50
LANTUS 100 UNITS/ML VIAL, 46
lapatinib ditosylate, 22
laronidase, 47
latanoprost, 65
LATUDA, 25
leena, 62
leflunomide, 21
lenalidomide, 22
lessina, 62
LETAIRIS, 36
letrozole, 21
leucovorin calcium injection, 21
leucovorin calcium tablet, 21
LEUKERAN, 21
LEUKINE, 54
LEUKOTRIENE MODIFIERS, 68
leuprolide, 20, 65
leuprolide acetate injection, 65
LEVEMIR 100 UNITS/ML VIAL, 46
levetiracetam injection, 30
levetiracetam solution, -tablet, 30
levobunolol hcl, 65
levocarnitine injection, 61
levocarnitine solution, -tablet, 61
levocetirizine dihydrochloride tablet, 68
levofloxacin ophth drops, 66
levora-28, 62
levorphanol tartrate tablet, 27
levothroid, 48
levothyroxine sodium tablet, 48
levoxyl, 48
LEXIVA ORAL SUSP, 11
LEXIVA TABLET, 11
lidocaine, 10

lidocaine hcl dental/mucous membrn
 products, -gel, -oint, 10
 lidocaine hcl injection, 10
 lidocaine hcl viscous, 10
 lidocaine-prilocaine, 10
 LIDODERM, 10
 LINDANE, 41
 linezolid, 15
 liothyronine sodium injection, 48
 liothyronine sodium tablet, 48
 liotrix, 48
 LIPOFEN, 37
 LIPOSYN II, 62
 liposyn iii, 62
 lisinopril tablet, 34
 lisinopril-hydrochlorothiazide, 38
 lithium, 23
 lithium carbonate capsule, -tablet, -tablet
 sustained action, 23
 LOCAL ANESTHETICS, 10
 LODOSYN, 31
 lomustine, 20
 LOOP DIURETICS, 37
 loperamide capsule, 48
 losartan potassium, 34
 losartan-hydrochlorothiazide, 38
 LOTRONEX, 49
 lovastatin 10 mg tablet, 37
 lovastatin 20 mg tablet, -40 mg tablet, 37
 lovastatin/niacin, 36, 37
 LOVAZA, 37
 low-ogestrel, 62
 loxapine, 25
 lubiprostone, 49
 LUPRON DEPOT 3.75 MG KIT, -11.25 MG
 3MO KIT, -22.5 MG 3MO KIT, --4 MONTH
 KIT, 65
 LUPRON DEPOT 7.5 MG KIT, 65
 LUPRON DEPOT-PED, 65
 lurasidone hcl, 25
 lutera, 63
 lymphocyte immune globulin, 51
 LYRICA, 30
 LYSODREN, 21
 mafenide acetate, 19
 magnesium sulfate injection, 59
 magnesium sulfate/d5w, 59
 MAGNESIUM SULFATE-D5W, 59
 MALARONE 250-100 MG TABLET, 18
 MALARONE 62.5-25 MG PED TAB, 18
 malathion, 41
 MAO INHIBITORS, 29
 maprotiline hcl, 30
 maraviroc, 12
 margsic h, 28
 MARPLAN, 29
 MATULANE, 21
 matzim la, 35
 MAXALT, 29
 MAXALT MLT, 29
 measles,mumps&rubella vaccine, 52
 measles,mumps,rub,varicella, 52
 mebendazole chew tab, 11
 mecasecmin, 52
 meclizine hcl tablet, 26
 meclufenamate sodium capsule, 56
 MEDICAL (MISCELLANEOUS) SUPPLIES, 9,
 54
 medroxyprogesterone, 20
 medroxyprogesterone acetate injection, 64
 medroxyprogesterone acetate tablet, 64
 mefenamic acid capsule, 56
 mefloquine hcl, 18
 MEGACE ES, 21
 megestrol, 21
 megestrol acetate oral susp, -tablet, 21
 meloxicam 7.5 mg tablet, 56
 meloxicam oral susp, -15 mg tablet, 56
 memantine hcl, 23
 MENACTRA, 52
 MENEST, 63
 mening vac a,c,y,w-135 dip, 52
 meningococcal vac a,c,y,w-135, 52
 MENOMUNE-A-C-Y-W-135, 52

MENVEO A-C-Y-W-135-DIP, 52
 meperidine hcl injection, 27
 meprobamate, 26
 MEPRON, 15
 mercaptopurine tablet, 21
 meropenem, 15
 mesalamine, 49, 50
 mesalamine rectal, 49
 mesna, 21
 MESNEX TABLET, 21
 MESTINON SYRUP, -TABLET SUSTAINED ACTION, 31
 METADATE CD, 28
 metadate er, 28
 metaproterenol sulfate syrup, -tablet, 68
 metaxalone, 55
 metformin, 47
 metformin hcl, 47
 metformin hcl er, 47
 methadone hcl injection, 27
 methadone hcl solution, -tablet, 27
 methadose, 27
 methamphetamine hcl, 28
 methazolamide tablet, 65
 methenamine hippurate, 19
 METHERGINE TABLET, 64
 methimazole tablet, 44
 METHITEST, 62
 methocarbamol tablet, 55
 methotrexate injection, 21
 methotrexate tablet, 21
 methoxsalen, 41, 43
 methsuximide, 33
 methyclothiazide, 40
 METHYL XANTHINE DRUGS, 68
 methyl dopa, 36
 methyl dopa-hydrochlorothiazide, 38
 methyl dopate hcl, 36
 methyl ergonovine, 64
 methylin 5 mg tablet, -10 mg tablet, -20 mg tablet, 28
 methylin er, 28
 methyl naltrexone bromide, 50
 methylphenidate, 28
 methylphenidate hcl solution, -tablet, 28
 methylphenidate sr, 29
 methylprednisolone acetate injection, 45
 methylprednisolone sod succ, 45
 methylprednisolone tab(in convenience package), -tablet, 45
 methyltestosterone, 62
 metipranolol, 65
 metoclopramide hcl injection, 48
 metoclopramide hcl syrup, -tablet, 49
 metolazone, 40
 metoprolol succinate, 35
 metoprolol tartrate injection, 35
 metoprolol tartrate tablet, 35
 metoprolol-hydrochlorothiazide, 38
 metronidazole capsule, -tablet, 11
 metronidazole cream, -gel, -lotion, 40
 metronidazole injection, 11
 metronidazole vaginal products, 64
 metyrosine, 36
 mexiletine hcl capsule, 34
 MIACALCIN INJECTION, 47
 micafungin sodium, 17
 MICARDIS, 34
 MICARDIS HCT, 39
 miconazole 3 200 mg vag supp, 20
 microgestin, 63
 microgestin fe, 63
 midodrine hcl, 39
 migergot, 29
 miglustat, 48
 milnacipran hcl, 30
 MINERALOCORTICOID DRUGS, 46
 minocycline hcl capsule, -tablet, -tablet sustained action, 19
 minoxidil tablet, 40
 mirtazapine, 30
 MISCELLANEOUS DRUGS, 43
 misoprostol, 49
 mitotane, 21

mitoxantrone hcl, 21
 M-M-R II VACCINE, 52
 modafinil, 29
 moexipril hcl, 34
 moexipril-hydrochlorothiazide, 39
 mometasone, 69
 mometasone furoate cream, -lotion, -oint, 42
 mononessa, 63
 montelukast sodium, 68
 morphine sulfate injection, 27
 morphine sulfate solution, -tablet, 27
 morphine sulfate tablet sustained action, 27
 MOXEZA, 66
 moxifloxacin, 18, 66, 67
 MOZOBIL, 52
 mupirocin oint, 19
 muronab-cd3, 22
 MUSCULOSKELETAL MEDICATIONS, 55
 MYCAMINE, 17
 MYCOBUTIN, 12
 mycophenolate mofetil, 20, 21
 mycophenolate sodium, 21
 MYELOID STIMULANTS, 54
 MYFORTIC, 21
 MYOZYME, 47
 nabilone, 26
 nabumetone, 57
 nadolol tablet, 35
 nadolol-bendroflumethiazide, 39
 nafarelin, 65
 nafcillin, 17
 nafcillin 1 gm vial, 17
 nafcillin 10 gm bulk vial, -10 gm vial, 17
 NAGLAZYME, 48
 nalbuphine hcl injection, 23
 naloxone hcl injection, 31
 naltrexone hcl tablet, 31
 NAMENDA, 23
 naproxen e.c. tab, -oral susp, -tablet, 57
 naproxen sodium 275 mg tab, -550 mg tab,
 57
 naratriptan hcl, 29
 NATACYN, 67
 natalizumab, 22
 natamycin, 67
 nateglinide, 47
 necon, 63
 nefazodone hcl, 30
 nelfinavir mesylate, 12
 neomycin sulfate tablet, 10
 neomycin-bacitracin-poly-hc, 65
 neomycin-bacitracin-polymyxin, 66
 neomycin-polymyxin b, 70
 neomycin-polymyxin-dexameth, 65
 neomycin-polymyxin-gramicidin, 66
 neomycin-polymyxin-hc ophth drops, 65
 neomycin-polymyxin-hc suspensions, (not
 oral), 44
 neomycin-polymyxin-hydrocort, 44
 NEPHRAMINE, 59
 NEULASTA, 54
 NEUMEGA, 53
 NEUPOGEN, 54
 nevirapine, 12
 NEXAVAR, 21
 NEXIUM DR 20 MG CAPSULE, -DR 10 MG
 PACKET, -DR 20 MG PACKET, 50
 NEXIUM DR 40 MG CAPSULE, -DR 40 MG
 PACKET, 50
 NEXIUM I.V., 50
 next choice, 63
 niacin, 37
 niacin/simvastatin, 37
 NIASPAN, 37
 nicardipine hcl capsule, 35
 nicardipine hcl injection, 35
 nicotine inhaler, 33
 nicotine ns, 33
 NICOTROL, 33
 NICOTROL NS, 33
 nifediac cc, 35
 nifedical xl, 35
 nifedipine er, 36
 NILANDRON, 21

nilotinib hydrochloride, 22
 nilutamide, 21
 nimodipine, 36
 nisoldipine, 36
 nitazoxanide, 14
 nitisinone, 43
 NITRATES, 38
 nitro-bid, 38
 nitrofurantoin macrocrystal capsule, 19
 nitrofurantoin mono-macro, 19
 nitrofurantoin oral susp, 19
 nitroglycerin, 38
 nitroglycerin injection, 38
 nitroglycerin patch, 38
 NITROSTAT, 38
 nizatidine, 49
 NON-STEROIDAL ANTIINFLAMMATORY AGENTS, 56
 nora-be, 64
 norethindrone acetate tablet, 64
 NORMOSOL-M AND DEXTROSE, 59
 NORMOSOL-R AND DEXTROSE, 59
 NORMOSOL-R PH 7.4, 59
 nortrel, 63
 nortriptyline hcl capsule, -solution, 32
 NORVIR, 11
 novarel, 65
 NOVOFINE 32, 55
 NOVOFINE AUTOCOVER, 55
 NOVOLIN 70-30, 46
 NOVOLIN N, 46
 NOVOLIN R, 46
 NOVOLOG, 46
 NOVOLOG MIX 70-30, 46
 NOXAFIL, 14
 NUEDEXTA, 31
 NUTRITION,BLOOD MODIFIERS,ELECTROLYTES, 57
 nyamyc, 17
 nystatin cream, -oint, -100,000 unit/gm powd, 17
 nystatin oral susp, -tablet, 14
 nystatin-triamcinolone, 19
 nystop, 17
 OB/GYN TOPICAL ANTIINFECTIVES, 64
 OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS, 62
 ocella, 63
 octreotide, 22
 octreotide acet 200 mcg/ml vl, -acet 500 mcg/ml amp, -1,000 mcg/ml vial, 22
 octreotide acet 50 mcg/ml amp, -acet 100 mcg/ml amp, 22
 ofloxacin ophth drops, 66
 ofloxacin otic drops, 44
 ofloxacin tablet, 18
 ogestrel, 63
 olanzapine, 25
 omalizumab, 69
 omega-3 acid ethyl esters, 37
 omeprazole dr 10 mg capsule, -dr 20 mg capsule, 50
 omeprazole dr 40 mg capsule, 50
 omeprazole-bicarb 20-1,100 cap, 50
 omeprazole-bicarb 40-1,100 cap, 50
 OMNITROPE 5 MG/1.5 ML CRTG, -10 MG/1.5 ML CRTG, 51
 OMNITROPE 5.8 MG VIAL, 51
 ondansetron hcl 24 mg tablet, 26
 ondansetron hcl 4 mg tablet, -8 mg tablet, 26
 ondansetron hcl injection, 26
 ondansetron hcl solution, 26
 ondansetron odt, 26
 ONE TOUCH BASIC SYSTEM, 9
 ONE TOUCH TEST STRIPS, 9
 ONE TOUCH ULTRA 2, 9
 ONE TOUCH ULTRA SMART, 9
 ONE TOUCH ULTRA SYSTEM, 9
 ONE TOUCH ULTRA TEST STRIPS, 9
 ONE TOUCH ULTRAMINI, 9
 ONGLYZA, 47
 OPANA ER 40 MG TABLET, 27

OPANA ER 5 MG TABLET, -10 MG TABLET, -
 20 MG TABLET, -30 MG TABLET, 27
 OPHTHALMIC
 ANTIINFECTIVE/CORTICOSTEROIDS, 65
 OPHTHALMIC CORTICOSTEROID DRUGS, 66
 OPHTHALMIC MEDICATIONS, 65
 OPHTHALMIC TOPICAL ANTIBACTERIAL
 DRUGS, 66
 oprelvekin, 53
 ORAL ANTICOAGULANTS, VITAMIN K, 60
 ORAL ANTIFUNGAL DRUGS, 14
 ORAL DERMATOLOGICAL DRUGS, 41
 ORAL HYPOGLYCEMICS AND COMBOS, 46
 ORAP, 25
 ORENCIA, 22
 ORFADIN, 43
 orphenadrine citrate injection, 55
 orphenadrine citrate tablet sustained action,
 55
 orphenadrine compound, 55
 orphenadrine compound forte, 55
 ORTHOCLONE OKT-3, 22
 oseltamivir phosphate, 16
 OTHER ANTIARRHYTHMICS, 38
 OTHER ANTICONVULSANTS, 30
 OTHER ANTIDEPRESSANTS, 30
 OTHER ANTIHYPERTENSIVES, 38
 OTHER ANTIINFECTIVE DRUGS, 14
 OTHER ANTIPARKINSON DRUGS, 31
 OTHER ANTIULCER DRUGS, 49
 OTHER ANTIVIRAL DRUGS, 15
 OTHER CARDIOVASCULAR DRUGS, 39
 OTHER CNS/AUTONOMIC DRUGS, 31
 OTHER DRUGS AFFECTING COAGULATION,
 61
 OTHER DRUGS FOR ARTHRITIS, 57
 OTHER DRUGS FOR ASTHMA, 69
 OTHER ENDOCRINE DRUGS, 47
 OTHER GENITOURINARY PRODUCTS, 70
 OTHER GI DRUGS, 49
 OTHER MACROLIDES, 16
 OTHER OPHTHALMIC DRUGS, 67
 OTHER RESPIRATORY DRUGS, 69
 OTHER TOPICAL ANTIFUNGALS, 16
 OTHER VASODILATING DRUGS, 39
 oxacillin 1 gm vial, 17
 oxacillin 1 gm/ 50 ml inj, 17
 oxacillin 10 gm vial, 17
 oxacillin 2 gm/ 50 ml inj, 17
 oxandrolone tablet, 62
 oxaprozin, 57
 oxcarbazepine, 27
 OXSORALEN, 43
 OXSORALEN-ULTRA, 41
 oxybutynin chloride syrup, -tablet, 70
 oxybutynin cl er 10 mg tablet, -cl er 15 mg
 tablet, 70
 oxybutynin cl er 5 mg tablet, 70
 oxycodone, 28
 oxycodone concentrate, 27
 oxycodone hcl, 27
 oxycodone hcl-acetaminophen, 27
 oxycodone hcl-aspirin, 27
 oxycodone hcl-ibuprofen, 28
 oxycodone-acetaminophen, 28
 oxycodone-aspirin, 28
 OXYCONTIN 10 MG TABLET, -15 MG
 TABLET, -20 MG TABLET, -30 MG TABLET,
 -40 MG TABLET, -60 MG TABLET, 28
 OXYCONTIN 80 MG TABLET, 28
 oxymetholone, 62
 oxymorphone, 27
 oxymorphone hcl tablet, 28
 OXYTOCICS, 64
 pacerone, 34
 palgic, 68
 palifermin, 51
 paliperidone, 24, 25
 palonosetron hcl, 26
 pamidronate disodium, 48
 PANCRELIPASE 5,000, 50
 PANRETIN, 43
 pantoprazole sod dr 20 mg tab, 50
 pantoprazole sod dr 40 mg tab, 50

paracaine, 67
 PARENTERAL ANTIFUNGALS, 17
 paricalcitol, 61
 paromomycin sulfate, 10
 paroxetine hcl 10 mg tablet, -40 mg tablet, 32
 paroxetine hcl 20 mg tablet, -30 mg tablet, - tablet sustained action, 32
 paroxetine hcl oral susp, 32
 PASER, 12
 pazopanib, 22
 pedi-dri, 17
 PEDVAXHIB, 52
 pegademase bovine, 43
 PEGANONE, 29
 PEGASYS 180 MCG/0.5 ML SYRINGE, 53
 PEGASYS 180 MCG/ML VIAL, 53
 PEGASYS PROCLICK, 53
 pegfilgrastim, 54
 peginterferon alfa-2a, 53
 peginterferon alfa-2b, 53
 PEGINTRON 50 MCG KIT, 53
 PEGINTRON 80 MCG KIT, -120 MCG KIT, - 150 MCG KIT, 53
 PEGINTRON REDIPEN, 53
 pegvisomant, 48
 pemetrexed disodium, 20
 PEN NEEDLE, 55
 penciclovir, 15
 penicillamine, 57
 penicillin g potassium, 18
 penicillin g procaine, 18
 penicillin g sodium, 18
 penicillin v potassium, 18
 PENICILLINS, 17
 PENTASA, 50
 pentopak, 39
 pentosan polysulfate sodium, 70
 pentoxifylline tablet sustained action, 39
 perindopril erbumine, 34
 periogard, 44
 permethrin cream, 41
 perphenazine, 25
 perphenazine-amitriptyline, 30
 phenadoz, 26
 phenelzine sulfate tablet, 29
 phenoxybenzamine, 36
 phenytoin, 29
 phenytoin oral susp, 29
 phenytoin sodium extended, 29
 phenytoin sodium injection, 29
 PHOSPHOLINE IODIDE, 65
 pilocarpine hcl tablet, 44
 pimecrolimus, 42
 pimozone, 25
 pindolol, 35
 pioglitazone hcl, 46
 pioglitazone hcl/metformin hc, 46
 pioglitazone/glimepiride, 46
 piperacillin, 18
 piperacillin-tazobactam, 18
 piroxicam capsule, 57
 PLASMA-LYTE 148, 59
 PLASMA-LYTE 148 IN DEXTROSE, 59
 PLASMA-LYTE 56 IN DEXTROSE, 59
 PLASMA-LYTE A PH 7.4, 59
 PLASMODICIDES, 18
 PLAVIX, 57
 plerixafor, 52
 podofilox, 41
 poliomyelitis vac,killed, 51
 poly-dex, 66
 polyethylene glycol 3350, 50
 polyethylene glycol 3350 packet, 50
 polymyxin b sulfate injection, 15
 polymyxin b sul-trimethoprim, 66
 portia, 63
 posaconazole, 14
 potassium chl-normal saline, 59
 potassium chloride capsule sustained action, -solution, -tablet sustained action, 61
 potassium chloride in d5lr, 61
 potassium chloride injection, 61
 potassium chloride-nacl, 59

potassium citrate TABLET SUSTAINED ACTION, 70
 POTASSIUM REMOVING RESINS, 61
 POTASSIUM SPARING DIURETICS, 39
 POTASSIUM SUPPLEMENTS, 61
 PRADAXA, 61
 pramipexole dihydrochloride, 31
 pramlintide acetate, 45
 prasugrel, 57
 pravastatin sodium, 37
 prazosin hcl, 40
 PRED MILD, 66
 prednicarbate, 42
 prednisolone 15 mg/5 ml soln, 45
 prednisolone 5 mg/5 ml soln, -6.7 mg/5 ml soln, -15 mg/5 ml soln, 45
 prednisolone acetate, 66
 prednisolone acetate ophth drops, 66
 prednisolone sodium phosphate ophth drops, 66
 prednisone intensol, 45
 prednisone solution, -tab(in convenience package), -tablet, 45
 pregabalin, 30
 PREMARIN VAGINAL PRODUCTS, 63
 PREMASOL, 59
 PREMPHASE, 64
 PREMPRO, 64
 prenatalabs obn, 64
 PRENATAL VITAMINS, 64
 prevalite, 37
 previfem, 63
 PREZISTA 400 MG TABLET, -600 MG TABLET, 12
 PREZISTA 75 MG TABLET, -150 MG TABLET, 12
 PRIFTIN, 12
 primaquine, 18
 PRIMAQUINE, 18
 PRIMAXIN, 15
 PRIMAXIN I.M., 15
 primidone tablet, 30
 PRIMSOL, 19
 PRISTIQ ER, 30
 PRIVIGEN, 52
 PROAIR HFA, 68
 probenecid, 56
 probenecid-colchicine, 56
 procainamide hcl injection, 34
 PROCALAMINE, 60
 procarbazine, 21
 prochlorperazine edisylate injection, 26
 prochlorperazine maleate rectal, -tablet, 26
 PROCRT 2,000 UNITS/ML VIAL, -3,000 UNITS/ML VIAL, -4,000 UNITS/ML VIAL, -10,000 UNITS/ML VIAL, 52
 PROCRT 20,000 UNITS/ML VIAL, -40,000 UNITS/ML VIAL, 52
 procto-pak, 50
 proctosol-hc, 50
 proctozone-hc, 50
 progesterone, 64
 PROGESTIN DRUGS, 64
 PROGLYCEM, 45
 PROGRAF INJECTION, 22
 PROLASTIN, 69
 PROLASTIN C, 70
 PROLEUKIN, 53
 PROMACTA, 54
 promethazine hcl injection, 68
 promethazine hcl rectal, 26
 promethazine hcl syrup, -tablet, 68
 promethegan, 26
 PROMETRIUM, 64
 propafenone hcl, 34
 proparacaine hcl ophth drops, 67
 propranolol hcl capsule sustained action, -solution, -tablet, 35
 propranolol hcl injection, 35
 propranolol-hydrochlorothiazid, 39
 propylthiouracil tablet, 44
 PROQUAD, 52
 PROTON PUMP INHIBITORS, 50
 PROTOPIC, 43

protriptyline hcl, 32
 PROVENTIL HFA, 68
 PROVIGIL, 29
 PULMOZYME, 70
 pyrazinamide, 12
 pyridostigmine, 31
 pyridostigmine bromide tablet, 31
 pyrimethamine, 18
 QUALAQUIN, 18
 quasense, 63
 quetiapine fumarate, 25
 quinapril hcl, 34
 quinapril-hydrochlorothiazide, 39
 quinidine gluconate injection, 34
 quinidine gluconate tablet sustained action,
 34
 quinidine sulfate tablet, -tablet sustained
 action, 34
 quinine sulfate, 18
 QUINOLONONES, 18
 quinupristin/dalfopristin, 15
 QVAR, 69
 RABAVERT, 52
 rabies vac,pf chick-emb cell, 52
 rabies vaccine,human diploid, 51
 raloxifene, 47
 raltegravir potassium, 11
 ramelteon, 32
 ramipril, 34
 RANEXA, 39
 ranitidine hcl capsule, -syrup, -150 mg tablet,
 -300 mg tablet, 49
 ranitidine hcl injection, 49
 ranolazine, 39
 RAPAMUNE 2 MG TABLET, 22
 RAPAMUNE SOLUTION, -0.5 MG TABLET, -1
 MG TABLET, 22
 rapiflux, 33
 rasagiline mesylate, 31
 rasburicase, 20
 REBIF 22 MCG/0.5 ML SYRINGE, -44
 MCG/0.5 ML SYRINGE, 53
 REBIF TITRATION PACK, 53
 RECLAST, 48
 reclusen, 63
 RECOMBIVAX HB, 52
 REGRANEX, 43
 RELENZA, 16
 RELISTOR, 50
 REMICADE, 22
 REMODULIN, 39
 RENVELA, 57
 repretaxin, 28
 RESCRIPTOR, 12
 reserpine tablet, 39
 RESPIRATORY MEDICATIONS, 67
 RESTASIS, 67
 RETROVIR INJECTION, 12
 revatio (sildenafil citrate), 39
 REVATIO INJECTION, 39
 REVATIO TABLET, 39
 REVLIMID, 22
 REYATAZ 100 MG CAPSULE, 12
 REYATAZ 150 MG CAPSULE, -200 MG
 CAPSULE, -300 MG CAPSULE, 12
 ribapak, 16
 ribasphere 400 mg tablet, -600 mg tablet, 16
 ribasphere capsule, -200 mg tablet, 16
 ribavirin, 16
 ribavirin capsule, -tablet, 16
 RIDAURA, 57
 rifabutin, 12
 rifampin capsule, 12
 rifampin injection, 12
 rifapentine, 12
 rifaximin, 15
 rilonacept, 53
 rilpivirine hydrochloride, 11
 RILUTEK, 55
 riluzole, 55
 rimantadine hcl, 16
 ringers injection, 60
 RIOMET, 47

RISPERDAL CONSTA 12.5 MG SYR, -25 MG SYR, 25
 RISPERDAL CONSTA 37.5 MG SYR, -50 MG SYR, 25
 risperidone, 25
 risperidone odt, 25
 risperidone solution, 25
 risperidone tablet, 25
 ritonavir, 11
 ritonavir/lopinavir, 11
 RITUXAN, 22
 rituximab, 22
 rivaroxaban, 61
 rivastigmine, 23
 rivastigmine tartrate, 23
 rizatriptan benzoate, 29
 romycin, 66
 ropinirole hcl, 31
 rosiglitazone maleate, 46
 rosiglitazone maleate/glimepir, 46
 rosiglitazone/metformin hcl, 46
 rosuvastatin calcium, 37
 ROTATEQ, 52
 rotavirus vac, live pentav, 52
 roxicet tablet, 28
 ROZEREM, 32
 rufinamide, 30
 SABRIL, 30
 SALICYLATES AND RELATED DRUGS, 57
 saline 0.45% soln-excel con, -0.45% soln, -
 saline 0.9% soln-excel cont, -0.9%
 solution, -cl 2.5 meq/ml vial, -3% iv soln, -
 5% iv soln, 60
 salmeterol, 68
 salmeterol/fluticasone, 69
 SAMSCA, 48
 SANCTURA XR, 70
 SANDOSTATIN LAR 10 MG KIT, -30 MG KIT,
 22
 SANDOSTATIN LAR 20 MG KIT, 22
 SANTYL, 43
 SAPHRIS, 25
 sapropterin dihydrochloride, 47
 saquinavir mesylate, 11
 sargramostim, 54
 SAVELLA 12.5 MG TABLET, -25 MG TABLET,
 -50 MG TABLET, -100 MG TABLET, 30
 SAVELLA TITRATION PACK, 30
 saxagliptin hcl/metformin hcl, 47
 saxagliptin hydrochloride, 47
 SCABICIDES, 41
 SECONDARY AMINES, 32
 SEDATIVE/HYPNOTIC DRUGS, 32
 SELECTIVE SEROTONIN REUPTAKE
 INHIBITORS, 32
 selegiline, 29
 selegiline hcl capsule, -tablet, 31
 selenium sulfide 2.5% lotion, 41
 selfemra 10 mg capsule, 33
 selfemra 20 mg capsule, 33
 SELZENTRY, 12
 SENSIPAR 30 MG TABLET, 48
 SENSIPAR 60 MG TABLET, -90 MG TABLET,
 48
 SEREVENT DISKUS, 68
 SEROMYCIN, 12
 SEROQUEL 25 MG TABLET, -50 MG TABLET,
 -100 MG TABLET, -200 MG TABLET, 25
 SEROQUEL 300 MG TABLET, -400 MG
 TABLET, 25
 SEROQUEL XR 150 MG TABLET, -200 MG
 TABLET, 25
 SEROQUEL XR 50 MG TABLET, -300 MG
 TABLET, -400 MG TABLET, 25
 sertraline hcl 25 mg tablet, 33
 sertraline hcl 50 mg tablet, -100 mg tablet,
 33
 sertraline hcl solution, 33
 sevelamer carbonate, 57
 silver sulfadiazine cream, 19
 SIMCOR 500-20 MG TABLET, -500-40 MG
 TABLET, -1,000-40 MG TABLET, 37
 SIMCOR 750-20 MG TABLET, -1,000-20 MG
 TABLET, 37

SIMULECT, 22
 simvastatin, 37
 SINGULAIR, 68
 sirolimus, 22
 sitagliptin phos/metformin hcl, 46
 sitagliptin phosphate, 47
 sitagliptin/simvastatin, 47
 SMOKING CESSATION PRODUCTS, 33
 sodium bicarbonate injection, 60
 sodium chloride solution, 60
 sodium fluoride chew tab, 60
 sodium lactate injection, 60
 sodium oxybate, 32
 sodium phenylbutyrate, 43
 sodium phosphate/na biphos, 50
 sodium polystyrene sulfonate, 61
 SOLARAZE, 43
 solia, 63
 somatropin, 51
 SOMAVERT, 48
 sorafenib tosylate, 21
 SORIATANE, 41
 sorine, 38
 sotalol, 38
 sotret, 41
 SPECIALIZED OB/GYN DRUGS, 64
 SPIRIVA, 69
 spironolactone tablet, 39
 spironolactone-hctz, 39
 SPORANOX SOLUTION, 14
 sprintec, 63
 SPRYCEL, 22
 sronyx, 63
 ssd, 19
 stagesic, 28
 STALEVO 100, 31
 STALEVO 125, 31
 STALEVO 150, 31
 STALEVO 200, 31
 STALEVO 50, 31
 STALEVO 75, 31
 stavudine, 12
 STRATTERA, 31
 STROMECTOL, 11
 SUBOXONE, 28
 succimer, 43
 SUCCINIMIDES, 33
 sucralfate, 49
 sucralfate tablet, 49
 sulfacetamide sodium lotion, 41
 sulfacetamide sodium ophth drops, 66
 sulfacetamide-prednisolone, 66
 sulfadiazine tablet, 18
 sulfamethoxazole-trimethoprim injection, 18
 sulfamethoxazole-trimethoprim oral susp, -
 tablet, 18
 SULFAMYLON, 19
 sulfasalazine tablet, 50
 sulfazine ec, 50
 SULFONAMIDES, 18
 sulindac tablet, 57
 sumatriptan 4 mg/0.5 ml vial, -6 mg/0.5 ml
 vial, 29
 sumatriptan succinate tablet, 29
 sunitinib malate, 22
 SUPRAX, 13
 SURESTEP, 9
 SURMONTIL, 33
 SUSTIVA, 12
 SUTENT, 22
 SYMBICORT, 69
 SYMLIN, 45
 SYMLINPEN 120, 45
 SYMLINPEN 60, 45
 SYNAREL, 65
 SYNERCID, 15
 SYPRINE, 57
 TABLOID, 22
 tacrolimus, 22, 43
 tacrolimus 0.5 mg capsule, -1 mg capsule, 22
 tacrolimus 5 mg capsule, 22
 TAMIFLU 12 MG/ML SUSPENSION, 16
 TAMIFLU 30 MG GELCAP, 16

TAMIFLU 45 MG GELCAP, -75 MG GELCAP, 16
 tamoxifen citrate tablet, 22
 tamsulosin hcl, 70
 TARCEVA, 22
 TARGRETIN, 22
 TASIGNA, 22
 TASMAR, 31
 tazarotene, 41
 TAZORAC, 41
 taztia xt, 36
 TEGRETOL XR 100 MG TABLET, 27
 TEKAMLO, 39
 TEKURNA, 39
 TEKURNA HCT, 39
 telaprevir, 11
 telbivudine, 16
 telmisartan, 34
 telmisartan/amlodipine, 39
 telmisartan/hctz, 39
 tenofovir disproxil fumarate, 12
 terazosin 1 mg capsule, -2 mg capsule, -5 mg capsule, 40
 terazosin 10 mg capsule, 40
 terbinafine, 14
 terbinafine hcl tablet, 14
 terbutaline sulfate injection, 68
 terbutaline sulfate tablet, 68
 terconazole 0.4% cream, 20
 terconazole 0.8% cream, 20
 terconazole 80 mg suppository, 20
 teriparatide, 47
 TERTIARY AMINES, 33
 tesamorelin acetate, 51
 testosterone, 62
 testosterone cypionate injection, 62
 testosterone enanthate injection, 62
 TETANUS DIPHTHERIA TOXOIDS, 52
 tetanus toxoid adsorbed, 52
 tetanus,diphtheria toxoid, 51, 52
 TETANUS-DIPHTHERIA-DECAVAC, 52
 tetrabenazine, 32
 tetracycline hcl capsule, 19
 TETRACYCLINES, 19
 tetrahydrozoline, 44
 TEV-TROPIN, 51
 thalidomide, 43
 THALOMID, 43
 theochron, 68
 theophylline, 69
 theophylline anhydrous tablet sustained action, 69
 THERAPEUTIC VITAMINS AND MINERALS, 61
 thermazene, 19
 THIAZIDE AND RELATED DRUGS, 39
 thioguanine, 22
 thioridazine hcl, 25
 thiothixene, 25
 THROMBOPOIETIC AGENTS, 54
 THYROID SUPPLEMENTS, 48
 THYROLAR-1, 48
 THYROLAR-1/4, 48
 THYROLAR-2, 48
 THYROLAR-3, 48
 tiagabine, 30
 ticagrelor, 57
 tigecycline, 15
 TIKOSYN, 38
 timolol maleate ophth drops, 65
 timolol maleate tablet, 35
 tiotropium bromide, 69
 tipranavir, 11
 tizanidine hcl tablet, 56
 TOBI, 11
 tobramycin sulfate in ns, 11
 tobramycin sulfate injection, 11
 tobramycin sulfate ophth drops, 67
 tobramycin/lotepred etab, 66
 tobramycin/sodium chloride, 11
 tobramycin-dexamethasone, 66
 tobrasol, 67
 tocilizumab, 53
 tolazamide, 47
 tolbutamide, 47

tolcapone, 31
 tolmetin sodium, 57
 tolvaptan, 48
 TOPICAL ANESTHETICS, 10
 TOPICAL ANTIBACTERIAL DRUGS, 19
 TOPICAL ANTIFUNGAL-CORTICOSTEROID
 COMB., 19
 TOPICAL CORTICOSTEROID DRUGS, 41
 TOPICAL DERMATOLOGICAL DRUGS, 42
 topiramate sprinkle, -tablet, 30
 toremifene, 21
 torsemide injection, 38
 torsemide tablet, 38
 TRACLEER, 36
 tramadol hcl er 100 mg tablet, -er 200 mg
 tablet, 23
 tramadol hcl tablet, 23
 tramadol hcl-acetaminophen, 23
 trandolapril, 34
 tranexamic acid, 43
 tranylcypromine sulfate, 29
 TRAVASOL, 60
 TRAVATAN Z, 65
 travoprost, 65
 trazodone hcl tablet, 31
 TRECATOR, 13
 TRELSTAR, 22
 treprostinil sodium, 39
 tretinoin 0.025% cream, -0.05% cream, -
 0.1% cream, -gel, 40
 tretinoin capsule, 22
 triamcinolone acetonide cream, -lotion, -oint,
 42
 triamcinolone acetonide paste, 44
 triamterene-hctz, 39
 triamterene-hydrochlorothiazid, 39
 triderm, 42
 trientine, 57
 trifluoperazine hcl, 25
 trifluridine ophth drops, 67
 trihexyphenidyl hcl, 23
 tri-legest fe, 63
 trilyte with flavor packets, 50
 trimethobenzamide hcl capsule, 26
 trimethobenzamide hcl injection, 26
 trimethoprim, 19
 trimethoprim tablet, 19
 trimipramine, 33
 trinessa, 63
 TRIPEDIA, 52
 tri-previfem, 63
 triptorelin pamoate, 22
 tri-sprintec, 63
 trivora-28, 63
 TRIZIVIR, 12
 TROPHAMINE, 60
 tropicamide ophth drops, 67
 trospium chloride, 70
 TRUVADA, 12
 TWINRIX, 52
 TWYNSTA, 39
 TYGACIL, 15
 TYKERB, 22
 TYPHIM VI, 52
 typhoid vaccine, 52
 TYSABRI, 22
 TYZEKA, 16
 TYZINE, 44
 ULORIC, 56
 unithroid, 48
 URINARY ANTIINFECTIVES, 19
 UROLOGICAL MEDICATIONS, 70
 ursodiol capsule, -tablet, 50
 VAGIFEM, 63
 VAGINAL ANTIFUNGALS, 20
 valacyclovir, 16
 VALCYTE, 16
 valganciclovir, 16
 valproate sodium injection, 33
 VALPROIC ACID AND DERIVATIVES, 33
 valproic acid capsule, -syrup, 33
 valsartan, 34
 VANCOCIN HCL, 15
 vancomycin, 15

vancomycin 500 mg a/v vial, -1 gm vial, -10 gm vial, 15
 vandazole, 64
 vandetanib, 22
 VANDETANIB, 22
 VAQTA, 52
 varenicline tartrate, 33
 varicella vacc/pf, 52
 varicella virus vaccine live, 52
 VARIVAX VACCINE, 52
 VASODILATOR ANTIHYPERTENSIVES, 40
 velaglucerase alfa, 48
 VELCADE, 22
 velivet, 63
 venlafaxine hcl, 31
 venlafaxine hcl er 37.5 mg cap, -150 mg cap, 31
 venlafaxine hcl er 75 mg cap, 31
 verapamil er 120 mg tablet, -180 mg tablet, -240 mg tablet, 36
 verapamil er pm, 36
 verapamil hcl injection, 36
 verapamil hcl tablet, -er 120 mg tablet, -er 240 mg tablet, 36
 veripred 20, 45
 VFEND IV, 17
 VFEND SUSPENSION, 14
 VICTRELIS, 12
 VIDAZA, 22
 VIDEX, 12
 vigabatrin, 30
 VIGAMOX, 67
 VIIBRYD, 33
 vilazodone hydrochloride, 33
 VIMPAT INJECTION, 30
 VIMPAT SOLUTION, -TABLET, 30
 VIRACEPT 625 MG TABLET, 12
 VIRACEPT POWDER, -250 MG TABLET, 12
 VIRAMUNE, 12
 VIRAMUNE XR, 12
 VIRAZOLE, 16
 VIREAD, 12
 VISICOL, 50
 VITAMINS AND MINERALS AND RELATED PRODUCTS, 62
 voriconazole, 14, 17
 voriconazole 200 mg tablet, 14
 voriconazole 50 mg tablet, 14
 vorinostat, 22
 VOTRIENT, 22
 VPRIV, 48
 VYTORIN 10-10 MG TABLET, 37
 VYTORIN 10-20 MG TABLET, -10-40 MG TABLET, -10-80 MG TABLET, 37
 warfarin sodium tablet, 61
 WELCHOL, 37
 XARELTO, 61
 XENAZINE, 32
 XERESE, 16
 XGEVA, 48
 XIFAXAN 200 MG TABLET, 15
 XIFAXAN 550 MG TABLET, 15
 XOLAIR, 69
 XYREM, 32
 yellow fever vaccine, 52
 YF-VAX, 52
 zafirlukast, 68
 zaleplon 10 mg capsule, 32
 zaleplon 5 mg capsule, 32
 zamicet, 28
 zanamivir, 16
 ZAVESCA, 48
 ZEMPLAR CAPSULE, 61
 ZEMPLAR INJECTION, 61
 ZENPEP, 50
 zeosa, 63
 ZETIA, 37
 ZIAGEN, 12
 zidovudine, 12
 zidovudine/lamivudine/abacavir, 12
 zileuton, 68
 ziprasidone, 24
 ZIRGAN, 67
 zoledronic acid, 48

ZOLINZA, 22
zolmitriptan, 29
zolpidem tartrate, 32
zolpidem tartrate er, 32
ZOMETA 4 MG/5 ML VIAL, 48
ZOMIG NASAL DROPS/SPRAYS, 29
ZONALON, 43
zonisamide, 30
ZORTRESS 0.25 MG TABLET, 22
ZORTRESS 0.5 MG TABLET, -0.75 MG
TABLET, 23
ZOSTAVAX, 52
zovia 1-35e, 63
zovia 1-50e, 63
ZOVIRAX CREAM, -OINT, 16

ZYCLARA, 43
ZYFLO CR, 68
ZYLET, 66
ZYPREXA 15 MG TABLET, -20 MG TABLET,
25
ZYPREXA 2.5 MG TABLET, -5 MG TABLET, -
7.5 MG TABLET, -10 MG TABLET, 25
ZYPREXA INJECTION, 25
ZYPREXA ZYDIS 15 MG TABLET, -20 MG
TABLET, 25
ZYPREXA ZYDIS 5 MG TABLET, -10 MG
TABLET, 25
ZYTIGA, 23
ZYVOX INJECTION, 15
ZYVOX ORAL SUSP, -TABLET, 15

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