

University Physicians Care Advantage (HMO SNP)

Formulario 2011

(Lista de medicamentos cubiertos)

LEA LA SIGUIENTE INFORMACIÓN: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

Nota para los miembros existentes: Ha habido modificaciones en este formulario con respecto al año pasado. Revise este documento para asegurarse de que aún incluye los medicamentos que toma.

Este documento incluye el formulario parcial de University Physicians Care Advantage a partir del 1 de diciembre de 2011. Para obtener un formulario completo y actualizado, visite nuestro sitio web en www.upcareaz.com o llame al 1-877-874-3930, las 24 horas, los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al 1-800-367-8939.

Los beneficiarios deben utilizar las farmacias de la red para poder acceder al beneficio de medicamentos recetados. Es posible que los beneficios, el formulario, la red de farmacias, las primas o los copagos o coseguros cambien el 1 de diciembre de 2012.

"Un plan médico con un contrato con Medicare"

Esta información está disponible en un formato diferente, incluso en español. Llame al Departamento de Atención al Cliente al número indicado anteriormente si necesita obtener información sobre el plan en otro formato o idioma.

Esta información está disponible en un formato diferente, entre ellos el español. Por favor llame a nuestro Departamento de Atención al Cliente al número que aparece arriba si necesita información acerca del plan en otro formato o idioma.

¿Qué es el formulario de University Physicians Care Advantage?

Un formulario es una lista de medicamentos cubiertos seleccionados por University Physicians Care Advantage con el asesoramiento de un equipo de proveedores de atención médica, que representa las terapias recetadas que se consideran una parte necesaria de un programa de tratamiento de calidad. En general, University Physicians Care Advantage cubrirá los medicamentos que aparecen en el formulario siempre y cuando el medicamento sea médicamente necesario, la receta se llene en una farmacia de la red de University Physicians Care Advantage y se cumplan otras reglas del plan. Para obtener más información acerca de cómo llenar sus recetas, consulte la Evidencia de cobertura.

Este documento es un formulario parcial e incluye sólo algunos de los medicamentos cubiertos por University Physicians Care Advantage. Para obtener un listado completo de todos los medicamentos cubiertos por University Physicians Care Advantage, visite nuestro sitio web en www.upcareaz.com o llame al 1-877-874-3930, las 24 horas, los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al 1-800-367-8939.

¿Puede cambiar el formulario?

En general, si usted está tomando un medicamento que aparece en nuestro formulario 2010 que tenía cobertura al comienzo del año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año de cobertura 2011, salvo que esté disponible un medicamento genérico nuevo y menos costoso o se publique nueva información negativa acerca de la seguridad y de la efectividad del medicamento. Otros tipos de cambios en el formulario, como la eliminación de un medicamento de nuestro formulario, no afectarán a los miembros que actualmente toman el medicamento. Permanecerá disponible con la misma participación en los costos para aquellos miembros que lo tomen durante el resto del año de cobertura. Consideramos que es importante que usted tenga acceso permanente durante el resto del año de cobertura a los medicamentos del formulario que estaban disponibles cuando eligió nuestro plan, salvo en los casos en que usted pueda ahorrar dinero adicional o nosotros podamos garantizar su seguridad.

Si eliminamos medicamentos del formulario o agregamos autorizaciones previas, límites en la cantidad o restricciones en la terapia escalonada de un medicamento o si cambiamos un medicamento a un nivel superior de participación en los costos, debemos notificar sobre el cambio a los miembros afectados al menos 60 días antes de que el cambio se haga efectivo o cuando el miembro solicite una renovación de la receta de un medicamento, en cuyo caso el miembro recibirá un suministro del medicamento para 60 días. Si la Administración de Drogas y Alimentos considera que un medicamento que aparece en el formulario no es seguro o el fabricante del medicamento lo retira del mercado, de inmediato lo eliminaremos del formulario y notificaremos a los miembros que toman el medicamento. El formulario adjunto está actualizado hasta el 1 de diciembre de 2011. Para obtener información actualizada acerca de los medicamentos cubiertos por University Physicians Care Advantage, visite nuestro sitio web en www.upcareaz.com o llame a nuestro Centro de Atención al Cliente al 1-877-874-3930, las 24 horas, los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al 1-800-367-8939.

University Physicians Care Advantage actualiza el formulario todos los meses (si corresponde) en el sitio web en www.upcareaz.com. En el frente del formulario que aparece en el sitio web se incluye una fe de erratas con los cambios. Las fe de erratas también se incluyen en el frente de los formularios impresos. Si desea obtener una copia impresa actualizada del formulario que incluya la fe de erratas, llame al Centro de Atención al Cliente al 1-877-874-3930, las 24 horas, los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al 1-800-367-8939.

¿Cómo uso el formulario?

Hay dos formas de buscar su medicamento en el formulario:

Afección médica

El formulario comienza en la página 8. Los medicamentos incluidos en este formulario se agrupan en categorías según el tipo de afecciones médicas para las que se utilizan. Por ejemplo, los medicamentos que se utilizan para tratar una afección cardíaca se incluyen en la categoría Medicamentos cardiovasculares. Si usted conoce el uso de su medicamento, busque el nombre de la categoría en la lista que comienza en la página 8, luego busque su medicamento debajo del nombre de la categoría.

Listado alfabético

Si usted no está seguro en qué categoría buscar, deberá buscar su medicamento en el Índice que comienza en la página 67. El Índice proporciona un listado alfabético de todos los medicamentos que se incluyen en este documento. Tanto los medicamentos de marca como los genéricos aparecen en el Índice. Busque en el Índice y encuentre su medicamento. Junto al nombre del medicamento, verá el número de página en donde podrá encontrar información acerca de la cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

University Physicians Care Advantage cubre medicamentos de marca y medicamentos genéricos. Un medicamento genérico es aprobado por la Administración de Drogas y Alimentos (Food and Drug Administration, FDA) por tener los mismos componentes activos que el medicamento de marca.

¿Existe alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales en la cobertura. Estos requisitos y límites pueden incluir lo siguiente:

- **Autorización previa:** University Physicians Care Advantage exige que usted [o su médico] obtenga una autorización previa para determinados medicamentos. Esto significa que usted deberá obtener aprobación de University Physicians Care Advantage antes de llenar sus recetas. Si no obtiene aprobación, es posible que University Physicians Care Advantage no cubra el medicamento.

- **Límites en la cantidad:** Para determinados medicamentos, University Physicians Care Advantage limita la cantidad de medicamento que cubrirá. Por ejemplo, University Physicians Care Advantage proporciona dos unidades por receta para el medicamento EMEND. Dicha cantidad puede sumarse al suministro estándar para uno o tres meses.
- **Terapia escalonada:** En algunos casos, University Physicians Care Advantage requiere que usted pruebe primero determinados medicamentos para tratar su afección médica antes de que cubramos otro medicamento para la afección. Por ejemplo, si un medicamento A y un medicamento B tratan su afección médica, es posible que University Physicians Care Advantage no cubra el medicamento B a menos que usted pruebe el medicamento A primero. Si el medicamento A no funciona para usted, University Physicians Care Advantage entonces cubrirá el medicamento B.

Para averiguar si su medicamento tiene algún requisito o límite adicionales, consulte el formulario que comienza en la página 10. Además puede visitar el sitio web www.upcareaz.com para obtener más información acerca de las restricciones que se aplican a determinados medicamentos cubiertos.

Puede solicitar a University Physicians Care Advantage que haga una excepción a estas restricciones o límites. Consulte la sección: "¿Cómo puedo solicitar una excepción al formulario de University Physicians Care Advantage?" en la página 5 para obtener información sobre cómo solicitar una excepción.

¿Qué sucede si mi medicamento no aparece en el formulario?

Si su medicamento no está incluido en esta lista de medicamentos cubiertos, primero deberá comunicarse con el Centro de Atención al Cliente y consultar si su medicamento tiene cobertura. Este documento incluye sólo una lista parcial de los medicamentos cubiertos, por lo tanto, es posible que University Physicians Care Advantage cubra su medicamento. Puede comunicarse con el Centro de Atención al Cliente al 1-877-874-3930, las 24 horas, los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al 1-800-367-8939.

Si averigua que University Physicians Care Advantage no cubre su medicamento, usted tiene dos opciones:

- Puede solicitar al Centro de Atención al Cliente una lista de medicamentos similares que estén cubiertos por University Physicians Care Advantage. Cuando reciba la lista, muéstresela a su médico y solicítele que le recete un medicamento similar que esté cubierto por University Physicians Care Advantage.
- Puede solicitar a University Physicians Care Advantage que haga una excepción y que cubra su medicamento. Consulte la información a continuación acerca de cómo solicitar una excepción.

¿Cómo puedo solicitar una excepción al formulario de University Physicians Care Advantage?

Puede solicitar a University Physicians Care Advantage que haga una excepción a las reglas de cobertura. Existen varios tipos de excepciones que usted puede solicitarnos que hagamos.

- Puede pedirnos que cubramos su medicamento aunque no aparezca en el formulario.
- Puede pedirnos que no apliquemos restricciones o límites de cobertura en su medicamento. Por ejemplo, para determinados medicamentos, University Physicians Care Advantage limita la cantidad del medicamento que cubrirá. Si su medicamento tiene un límite en la cantidad, puede pedirnos que no apliquemos ese límite y que cubramos una mayor cantidad.
- Puede solicitarnos que brindemos un nivel más alto de cobertura para su medicamento. Si su medicamento está incluido en el nivel no preferido/más alto sujeto al nivel de proceso de excepciones de niveles, usted podrá solicitarnos que, en cambio, cubramos la parte del costo del medicamento que se aplica a los medicamentos en el nivel preferido/más bajo sujeto al nivel de proceso de excepciones de niveles. Esto reduciría el monto que usted deberá pagar por su medicamento. Tenga en cuenta que si accedemos a cubrir un medicamento que no aparece en el formulario, usted no podrá solicitarnos que brindemos un nivel más alto de cobertura para ese medicamento.

Por lo general, University Physicians Care Advantage sólo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento en un nivel más bajo o las restricciones adicionales para la utilización no fueran tan efectivas en el tratamiento de su afección o le provocaran efectos secundarios.

Deberá comunicarse con nosotros para solicitar una decisión de cobertura inicial con respecto a una excepción en el formulario, en el nivel de medicamento o en las restricciones de utilización. Cuando usted solicite una excepción en el formulario en el nivel de medicamento o en las restricciones de utilización, deberá presentar una declaración que respalde su solicitud del profesional que emite sus recetas o de su médico. Por lo general, debemos tomar la decisión dentro de las 72 horas de la recepción de la declaración de respaldo del médico que emite sus recetas. Usted puede solicitar una excepción expedita (rápida) si usted o su médico consideran que su salud podría perjudicarse gravemente si espera las 72 horas para obtener una decisión. Si se acepta su solicitud de agilizar el proceso, deberemos proporcionarle una decisión antes de las 24 horas después de haber recibido la declaración de respaldo del profesional o el médico que emite sus recetas.

¿Qué debo hacer antes de hablar con mi médico acerca de cambiar mis medicamentos o solicitar una excepción?

Como miembro nuevo o existente del plan es posible que tome medicamentos que no aparezcan en el formulario. O, es posible que esté tomando un medicamento que aparezca en el formulario pero su posibilidad de obtenerlo es limitada. Por ejemplo, es posible que necesite una autorización previa de nosotros antes de poder llenar su receta. Deberá hablar con su médico para decidir si debe cambiar su medicamento por un medicamento adecuado que cubramos o solicitar una excepción en el formulario para que cubramos el medicamento que usted toma. Mientras usted analiza con su médico los pasos a seguir adecuados para usted, en ciertos casos podemos cubrir su medicamento durante los primeros 90 días que es miembro del plan.

Por cada uno de sus medicamentos que no aparece en el formulario o si su posibilidad de obtener los medicamentos es limitada, cubriremos un suministro temporal para 30 días (salvo que su receta sea para menos días) cuando acuda a una farmacia de la red. Después de su primer suministro para 30 días, no pagaremos estos medicamentos, incluso si usted ha sido miembro del plan menos de 90 días.

Si es residente de un centro de atención a largo plazo, cubriremos un suministro temporal de transición para 31 días (salvo que su receta sea para menos días). Cubriremos más de una renovación de estos medicamentos para los primeros 90 días que sea miembro del plan. Si necesita un medicamento que no aparece en el formulario, o si su posibilidad de obtener los medicamentos es limitada, pero pasó los primeros 90 días de membresía en el plan, cubriremos un suministro de emergencia para 31 días de ese medicamento (salvo que su receta sea para menos días) mientras usted intenta obtener una excepción en el formulario.

Para obtener más información

Para obtener más información acerca de su cobertura de medicamentos recetados de University Physicians Care Advantage, consulte la Evidencia de cobertura y otros documentos del plan.

Si tiene alguna pregunta con respecto a University Physicians Care Advantage, llame al Centro de Atención al Cliente al 1-877-874-3930, las 24 horas, los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al 1-800-367-8939 o visitar www.upcareaz.com.

Si tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227), la 24 horas, los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al 1-877-486-2048 o visitar www.medicare.gov.

Formulario de University Physicians Care Advantage

El siguiente formulario resumido ofrece información de cobertura acerca de algunos de los medicamentos cubiertos por University Physicians Care Advantage. Si tiene problemas para encontrar su medicamento en la lista, vaya al Índice que comienza en la página 68. Recuerde: Ésta es sólo una lista parcial de los medicamentos cubiertos por University Physicians Care Advantage. Si su medicamento recetado no aparece en este formulario parcial, visite nuestro sitio web en www.upcareaz.com o llame al Centro de Atención al Cliente al 1-877-874-3930, las 24 horas, los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al 1-800-367-8939 para obtener asistencia adicional.

La primera columna del cuadro menciona el nombre del medicamento. Los medicamentos de marca aparecen en letra mayúscula (por ejemplo: *ALBENZA*) y los medicamentos genéricos aparecen en letra minúscula y cursiva [por ejemplo: *lidocaína*]).

La información en la columna Restricciones le indica si University Physicians Care Advantage tiene algún requisito especial para la cobertura de su medicamento.

Ésta no es una lista completa de los medicamentos cubiertos por el plan de la Parte D. Para obtener un listado completo, comuníquese con el Centro de Atención al Cliente al 1-877-874-3930, las 24 horas, los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al 1-800-367-8939.

El símbolo [INJ] que aparece junto al nombre de un medicamento indica que el medicamento está disponible en inyectable.

El símbolo [G] que aparece junto al nombre de un medicamento indica que el medicamento puede estar disponible en genérico.

El símbolo [LA] que aparece junto al nombre de un medicamento indica que el medicamento ha sido registrado como limitado a ciertas farmacias por la Administración de Drogas y Alimentos. Estos medicamentos sólo pueden obtenerse en farmacias especializadas designadas que pueden administrar los medicamentos correctamente.

El símbolo [PAR] que aparece en la columna Restricciones indica que puede necesitarse autorización previa.

El símbolo [QLL] que aparece en la columna Restricciones indica que las cantidades entregadas pueden ser limitadas.

El símbolo [ST] que aparece en la columna Restricciones indica que puede aplicarse terapia escalonada.

Anesthetics 10	Carbamazepines
Local Anesthetics	Class II Narcotics
Topical Anesthetics	Class III Narcotics
	CNS Stimulant Drugs
Antiinfectives 11	Drugs to Prevent and Treat Headaches
Amebicides	Hydantoins
Aminoglycosides	MAO Inhibitors
Anthelmintics	Other Anticonvulsants
Antiinfectives Specialized Indications	Other Antidepressants
Antiretrovirals & Protease INH	Other Antiparkinson Drugs
Antituberculosis Drugs	Other CNS/Autonomic Drugs
Cephalosporins	Secondary Amines
Chloramphenicols	Sedative/Hypnotic Drugs
Clindamycins	Selective Serotonin Reuptake Inhibitors
Erythromycins	Smoking Cessation Products
Oral Antifungal Drugs	Succinimides
Other Antiinfective Drugs	Tertiary Amines
Other Antiviral Drugs	Valproic Acid and Derivatives
Other Macrolides	
Other Topical Antifungals	Cardiovascular Medications 33
Parenteral Antifungals	Amiodarones
Penicillins	Angiotensin Converting Enzyme Inhibitors
Plasmodicides	Angiotensin II Receptor Antagonists
Quinolones	Antidysrhythmic Drugs
Sulfonamides	Beta-Adrenergic Antagonist Drugs
Tetracyclines	Calcium Antagonists
Topical Antibacterial Drugs	Cardiac Glycosides
Topical Antifungal-Corticosteroid Comb.	Centrally Acting Antihypertensives
Urinary Antiinfectives	Drugs for Pheochromocytoma

Vaginal Antifungals	Endothelin Recptr Antagonist
Antineoplastic/Immunosuppressant Drugs 20	HMG-COA Reductase Inhibitors
Autonomic and CNS Medications22	Hypolipoproteinemics
Analgesics	Loop Diuretics
Antidementia Drugs	Nitrates
Antimania Drugs	Other Antiarrhythmics
Antiparkinson Anticholinergic Drugs	Other Antihypertensives
Antipsychotic Drugs	Other Cardiovascular Drugs
Antivertigo and Antiemetic Drugs	Other Vasodilating Drugs
Anxiolytics	Potassium Sparing Diuretics
Dermatological Medications 39	Thiazide and Related Drugs
Antiacne Drugs	Vasodilator Antihypertensives
Antipruritic Drugs	Growth Hormones and Related Drugs
Antipsoriasis and Antieczema Drugs	Immunologicals and Vaccines
Keratolytic Drugs	Insulin Like Growth Factors-1
Oral Dermatological Drugs	Interferons
Scabicides	Interleukin Recptr Antagonist
Topical Corticosteroid Drugs	Interleukins
Topical Dermatological Drugs	Myeloid Stimulants
Diagnostic & Miscellaneous Medications 42	Thrombopoietic Agents
Diagnostic Products	Medical (Miscellaneous)Supplies 52
Miscellaneous Drugs	Diabetic Supplies
Ear-Nose-Throat Medications42	Musculoskeletal Medications 53
Drugs Affecting The Ear	Cns Muscle Relaxants
Drugs Affecting The Nose	Direct Muscle Relaxants
Drugs Affecting The Throat and Mouth	Drugs to Prevent and Treat Gout
Endocrine Medications 43	Non-Steroidal Antiinflammatory Agents
Antithyroid Drugs	Other Drugs for Arthritis
Glucocorticoid Drugs	Salicylates and Related Drugs
Glucose Elevating Drugs	Nutrition, Blood Modifiers, Electrolytes 55
Hypoglycemic Drugs	Antiplatelet Drugs
Insulin	Blood Detoxicants
Mineralocorticoid Drugs	Electrolytes, Irrigating Solutions, Etc.
Oral Hypoglycemics & Combos	Fluoride Products
Other Endocrine Drugs	Injectable Anticoagulants
Thyroid Supplements	Oral Anticoagulants, Vitamin K
	Potassium Removing Resins
	Potassium Supplements
	Therapeutic Vitamins & Minerals

Gastrointestinal Medications 47 Antidiarrheal Drugs Antispasmodics/Drugs Affect GI Motility Antiulcer Drugs Irritable Bowel Drugs Laxatives and Cathartics Other Antiulcer Drugs Other GI Drugs Proton Pump Inhibitors Immunologicals and Vaccines 49 Progestin Drugs Selective Estrogen Receptor Modulator Specialized OB/GYN Drugs Ophthalmic Medications 62 Antiglaucoma Drugs Ophthalmic Antiinfective/Corticosteroids Ophthalmic Corticosteroid Drugs Ophthalmic Topical Antibacterial Drugs Ophthalmic Topical Antiviral Drugs Other Ophthalmic Drugs	Vitamins & Minerals & Related Products Obstetrical & Gynecological Medications 59 Androgen Drugs Contraceptives Estrogen Drugs Estrogen/Progestin Combinations OB/GYN Topical Antiinfectives Oxytocics Prenatal Vitamins Respiratory Medications 64 Antihistamines Beta-2 Adrenergic Drugs Leukotriene Modifiers Methyl Xanthine Drugs Other Drugs for Asthma Other Respiratory Drugs Urological Medications 66 Anticholinergic Antispasmodics Cholinergic Stimulants Other Genitourinary Products
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This is not a complete list of drugs covered by Part D plan. For a complete listing, please call our Customer Care Center at 1-877-874-3930, 24 hours a day, 7 days a week. TTY/TDD users should call 1-800-367-8939.

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

The symbol [G] next to a drug name indicates that the drug may be available in a generic 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 Restrictions column indicates that prior authorization may apply.

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

The symbol [ST] in the Restrictions column indicates that step therapy may apply.

Drug	Generic	Tier	Restrictions
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MEDICAL (MISCELLANEOUS) SUPPLIES

DIABETIC SUPPLIES

ACCU-CHEK ACTIVE		2	
ACCU-CHEK AVIVA		2	
ACCU-CHEK COMBINATION PACKAGE, -AVIVA SOLUTION, -ACTIVE CARE KIT, -ADVANTAGE KIT, -AVIVA MONITORING KIT, -COMPACT PLUS KIT		2	
ACCU-CHEK COMFORT CURVE		2	
ACCU-CHEK COMPACT		2	
ACCU-CHEK COMPACT BLUE CONTROL		2	
ASCENSIA AUTODISC		2	
AUTODISC NORMAL		2	
BREEZE 2		2	
CONTOUR		2	

Drug	Generic	Tier	Restrictions
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ANESTHETICS

LOCAL ANESTHETICS

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

<i>lidocaine hcl jel, -ointment, -solution non-oral</i>		1	
<i>lidocaine hcl viscous</i>		1	
<i>lidocaine-prilocaine</i>		1	
LIDODERM	<i>lidocaine</i>	2	[PAR]

ANTIINFECTIVES

AMEBICIDES

<i>paromomycin sulfate</i>		1	
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AMINOGLYCOSIDES

<i>amikacin sulfate 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 sulfate 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 sulfate injection</i> [INJ]		1	
<i>neomycin sulfate tablet</i>		1	
<i>tobramycin sulfate in ns</i> [INJ]		1	
<i>tobramycin sulfate injection</i> [INJ]		1	

ANTHELMINTICS

ALBENZA	<i>albendazole</i>	2	
<i>mebendazole tablet chewable</i>		1	

Drug	Generic	Tier	Restrictions
STROMECTOL	<i>ivermectin</i>	2	

ANTIINFECTIVES SPECIALIZED INDICATIONS

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

ANTIRETROVIRALS AND PROTEASE INH

APTIVUS	<i>tipranavir</i>	3	
ATRIPLA	<i>emtricitabine/tenofovir/efavir</i>	3	
COMBIVIR	<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	<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 SUSPENSION ORAL	<i>fosamprenavir calcium</i>	2	
LEXIVA TABLET	<i>fosamprenavir calcium</i>	3	
NORVIR CAPSULE, -TABLET	<i>ritonavir</i>	2	
NORVIR SOLUTION	<i>ritonavir</i>	3	
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	<i>atazanavir sulfate</i>	3	
SELZENTRY	<i>maraviroc</i>	3	
<i>stavudine</i>		1	
SUSTIVA	<i>efavirenz</i>	2	
TRIZIVIR	<i>zidovudine/lamivudine/abacavir</i>	3	

Drug	Generic	Tier	Restrictions
TRUVADA	<i>emtricitabine/tenofovir</i>	3	
VICTRELIS	<i>boceprevir</i>	3	[PAR]
VIDEX	<i>didanosine</i>	2	
VIRACEPT	<i>nelfinavir mesylate</i>	2	
VIRAMUNE	<i>nevirapine</i>	2	
VIRAMUNE XR	<i>nevirapine</i>	2	
VIREAD	<i>tenofovir disproxil fumarate</i>	2	
ZIAGEN	<i>abacavir sulfate</i>	2	
<i>zidovudine</i>		1	

ANTITUBERCULOSIS DRUGS

CAPASTAT SULFATE [INJ]	<i>capreomycin</i>	3	
<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]		3	
SEROMYCIN	<i>cycloserine</i>	2	
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</i> [INJ]		1	
<i>cefdinir</i>		1	
<i>cefepime hcl</i> [INJ]		1	
<i>cefotaxime sodium</i> [INJ]		1	
<i>cefotetan</i> [INJ]		1	
<i>cefoxitin</i> [INJ]		1	
<i>cefoxitin sodium</i> [INJ]		1	
<i>cefpodoxime proxetil</i>		1	
<i>cefprozil</i>		1	

Drug	Generic	Tier	Restrictions
<i>ceftazidime</i> [INJ]		1	
<i>ceftriaxone</i> [INJ]		1	
<i>cefuroxime axetil</i>		1	
<i>cefuroxime injection</i> [INJ]		1	
<i>cefuroxime sod 750 mg vial, -sod 1.5 gm vial, -sod 7.5 gm vial</i> [INJ]		1	
<i>cefuroxime tablet</i>		1	
<i>cephalexin</i>		1	
SUPRAX	<i>cefixime</i>	2	

CHLORAMPHENICOLS

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

CLEOCIN PALMITATE [G]	<i>clindamycin palmitate</i>	2	
<i>clindamycin hcl capsule</i>		1	
<i>clindamycin phosphate injection</i> [INJ]		1	

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	<i>flucytosine</i>	3	
<i>clotrimazole troche</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	

Drug	Generic	Tier	Restrictions
GRIFULVIN V	<i>griseofulvin microsize</i>	2	
<i>griseofulvin suspension oral</i>		1	
GRIS-PEG	<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole capsule</i>		1	[PAR]
<i>ketoconazole tablet</i>		1	
LAMISIL PACKET	<i>terbinafine</i>	2	
NOXAFIL	<i>posaconazole</i>	3	
<i>nystatin suspension oral, -500,000 unit oral tab</i>		1	
SPORANOX SOLUTION	<i>itraconazole</i>	2	
<i>terbinafine hcl tablet</i>		1	[PAR]
VFEND SUSPENSION	<i>voriconazole</i>	3	[PAR]
VFEND TABLET [G]	<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 1 gm vial [INJ]</i>		1	
<i>bacim [INJ]</i>		1	
<i>bacitracin injection [INJ]</i>		1	
CAYSTON [LA]	<i>aztreonam lysine</i>	3	[QLL, 84 vials/28]
<i>colistimethate 150 mg vial [INJ]</i>		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 [INJ]</i>		1	
<i>polymyxin b sulfate injection [INJ]</i>		1	
PRIMAXIN 250 MG VIAL [INJ]	<i>imipenem/cilastatin sodium</i>	2	
PRIMAXIN 500 MG VIAL [INJ]	<i>imipenem/cilastatin sodium</i>	3	
PRIMAXIN I.M. [INJ]	<i>imipenem/cilastatin sodium</i>	3	
SYNERCID [INJ]	<i>quinupristin/dalfopristin</i>	3	
TYGACIL [INJ]	<i>tigecycline</i>	3	
VANCOGIN HCL	<i>vancomycin</i>	3	
<i>vancomycin 1 gm vial, -10 gm vial [INJ]</i>		1	[PAR]
<i>vancomycin hcl 1g/200 ml bag [INJ]</i>		1	[PAR]
XIFAXAN 200 MG TABLET	<i>rifaximin</i>	2	

Drug	Generic	Tier	Restrictions
XIFAXAN 550 MG TABLET	<i>rifaximin</i>	3	
ZYVOX INJECTION [INJ]	<i>linezolid</i>	3	
ZYVOX SUSPENSION RECONSTITUTED ORAL, -TABLET	<i>linezolid</i>	3	[PAR]

OTHER ANTIVIRAL DRUGS

<i>acyclovir capsule, -suspension oral, -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	
CYTOVENE [INJ][G]	<i>ganciclovir</i>	2	
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</i>		3	
<i>ganciclovir sodium</i> [INJ]		1	
HEPSERA	<i>adefovir dipivoxil</i>	3	
RELENZA	<i>zanamivir</i>	2	[QLL, 60 inhalations/180]
<i>ribapak</i>		3	
<i>ribasphere 200 mg tablet</i>		1	
<i>ribasphere capsule, -400 mg tablet, -600 mg tablet</i>		3	
<i>ribavirin 200 mg tablet</i>		1	
<i>ribavirin capsule, -400 mg tablet, - 600 mg tablet</i>		3	
<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]
TAMIFLU 6 MG/ML SUSPENSION	<i>oseltamivir phosphate</i>	2	[QLL, 600/180]
TYZEKA	<i>telbivudine</i>	2	
<i>valacyclovir</i>		1	[QLL, 34/34]
VALCYTE	<i>valganciclovir</i>	3	

Drug	Generic	Tier	Restrictions
VIRAZOLE	<i>ribavirin</i>	2	
XERESE	<i>acyclovir/hydrocortisone</i>	2	
ZOVIRAX CREAM, -OINTMENT	<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, -shampoo, -suspension topical</i>		1	
<i>ciclopirox solution non-oral</i>		1	[PAR]
<i>clotrimazole 1% cream, -solution non-oral</i>		1	
<i>clotrimazole af 1% cream</i>		1	
<i>econazole nitrate cream</i>		1	
<i>ketoconazole cream, -shampoo</i>		1	
<i>nyamyc</i>		1	
<i>nystatin cream, -ointment, -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 [INJ]</i>		1	
CANCIDAS [INJ]	<i>caspofungin acetate</i>	3	
<i>fluconazole in dextrose [INJ]</i>		1	
MYCAMINE [INJ]	<i>micalfungin sodium</i>	3	
VFEND IV [INJ]	<i>voriconazole</i>	3	

Drug	Generic	Tier	Restrictions
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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 sodium</i> [INJ]		3	
<i>oxacillin</i> [INJ]		3	
<i>oxacillin 1 gm vial</i> [INJ]		1	
<i>oxacillin 10 gm vial</i> [INJ]		3	
<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	

Drug	Generic	Tier	Restrictions
<i>levofloxacin solution, -tablet</i>		1	
<i>levofloxacin-d5w [INJ]</i>		1	
<i>ofloxacin tablet</i>		1	

SULFONAMIDES

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

TETRACYCLINES

<i>demeclocycline hcl</i>		1	
<i>doxycycline</i>		1	
<i>doxycycline hyclate capsule, -capsule enteric coated, -100 mg tab, -tablet enteric coated</i>		1	
<i>doxycycline hyclate injection [INJ]</i>		1	
<i>doxycycline monohydrate</i>		1	
<i>minocycline hcl capsule, -tablet, -tablet sustained release 24hr</i>		1	
<i>tetracycline hcl capsule</i>		1	

TOPICAL ANTIBACTERIAL DRUGS

<i>gentamicin sulfate cream, -0.1% ointment</i>		1	
<i>mupirocin ointment</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	

Drug	Generic	Tier	Restrictions
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URINARY ANTIINFECTIVES

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

VAGINAL ANTIFUNGALS

<i>miconazole 3 suppository vaginal</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 suppository vaginal</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 SUSPENSION RECONSTITUTED ORAL	<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	

Drug	Generic	Tier	Restrictions
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]
<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	
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	
LUPRON DEPOT 45 MG 6MO KIT [INJ]	<i>leuprolide</i>	3	[PAR]
LYSODREN	<i>mitotane</i>	3	
MATULANE	<i>procarbazine</i>	3	
MEGACE ES	<i>megestrol</i>	2	
<i>megestrol acetate suspension oral, -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]		3	[PAR]
MUSTARGEN [INJ]	<i>mechlorethamine</i>	2	

Drug	Generic	Tier	Restrictions
<i>mycophenolate mofetil capsule</i>		1	[PAR]
<i>mycophenolate mofetil tablet</i>		3	[PAR]
MYFORTIC	<i>mycophenolate sodium</i>	2	[PAR]
NEXAVAR [LA]	<i>sorafenib tosylate</i>	3	
NILANDRON	<i>nilutamide</i>	2	
NULOJIX [INJ]	<i>belatacept</i>	3	[PAR]
<i>octreotide acet 100 mcg/ml amp, - acet 200 mcg/ml vl, -acet 500 mcg/ml amp, -1,000 mcg/ml vial</i> [INJ]		3	
<i>octreotide acet 50 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	<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]
SANDIMMUNE CAPSULE [G]	<i>cyclosporine</i>	2	[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	
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	
TRELSTAR 22.5 MG VIAL [INJ]	<i>triptorelin pamoate</i>	3	
TRELSTAR 3.75 MG SYRINGE, - 11.25 MG SYRINGE [INJ]	<i>triptorelin pamoate</i>	2	
<i>tretinoin capsule</i>		3	
TYKERB	<i>lapatinib ditosylate</i>	3	
TYSABRI [INJ][LA]	<i>natalizumab</i>	3	[PAR]
VANDETANIB [LA]	<i>vandetanib</i>	3	
VELCADE [INJ]	<i>bortezomib</i>	3	

Drug	Generic	Tier	Restrictions
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]
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 tablet</i>		1	[QLL, 272/34]
<i>tramadol hcl tablet sustained release 24hr</i>		1	[QLL, 34/34]
<i>tramadol hcl-acetaminophen</i>		1	[QLL, 272/34]

ANTIDEMENTIA DRUGS

<i>donepezil hcl</i>		1	
EXELON PATCH TRANSDERMAL 24 HOURS, -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, -tablet, -tablet sustained action</i>		1	

ANTIPARKINSON ANTICHOLINERGIC DRUGS

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

Drug	Generic	Tier	Restrictions
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ANTIPSYCHOTIC DRUGS

ABILIFY DISCMELT	<i>aripiprazole</i>	2	[QLL, 68/34]
ABILIFY INJECTION [INJ]	<i>aripiprazole</i>	2	
ABILIFY SOLUTION	<i>aripiprazole</i>	2	
ABILIFY TABLET	<i>aripiprazole</i>	2	[QLL, 34/34]
<i>chlorpromazine hcl injection</i> [INJ]		1	
<i>chlorpromazine hcl tablet</i>		1	
<i>clozapine</i>		1	
FANAPT TABLET	<i>iloperidone</i>	2	[QLL, 68/34]
FANAPT TABLET DOSE PACK	<i>iloperidone</i>	2	[QLL, 1/34]
FAZACLO	<i>clozapine</i>	2	
<i>fluphenazine decanoate injection</i> [INJ]		1	
<i>fluphenazine hcl elixir, -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	
INVEGA SUSTENNA 39 MG PREF SYR, -78 MG PREF 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]

Drug	Generic	Tier	Restrictions
<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 INJECTION [INJ]	<i>olanzapine</i>	2	
ZYPREXA TABLET [G]	<i>olanzapine</i>	2	[QLL, 34/34]
ZYPREXA ZYDIS [G]	<i>olanzapine</i>	2	[QLL, 34/34]

ANTIVERTIGO AND ANTIEMETIC DRUGS

ALOXI [INJ]	<i>palonosetron hcl</i>	3	
CESAMET	<i>nabilone</i>	3	[QLL, 30/5]
<i>compro</i>		1	
<i>dronabinol 2.5 mg capsule</i>		1	[PAR]
<i>dronabinol 5 mg capsule, -10 mg capsule</i>		3	[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 INJECTION [INJ]	<i>aprepitant</i>	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]

Drug	Generic	Tier	Restrictions
<i>ondansetron odt</i>		1	[PAR][QLL, 12/5]
<i>phenadoz</i>		1	
<i>prochlorperazine edisylate</i> [INJ]		1	
<i>prochlorperazine maleate suppository rectal, -tablet</i>		1	
<i>promethazine hcl suppository rectal</i>		1	
<i>promethegan</i>		1	
<i>trimethobenzamide hcl capsule</i>		1	
<i>trimethobenzamide hcl injection</i> [INJ]		1	

ANXIOLYTICS

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

CARBAMAZEPINES

<i>carbamazepine capsule sustained action, -suspension oral, -tablet, -tablet chewable</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	

Drug	Generic	Tier	Restrictions
<i>methadone hcl solution, -tablet</i>		1	
<i>methadose</i>		1	
<i>morphine sulfate injection [INJ]</i>		1	
<i>morphine sulfate solution, -tablet</i>		1	
<i>morphine sulfate tablet sustained action</i>		1	[QLL, 120/30]
OPANA ER	<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	
<i>oxycodone hcl-ibuprofen</i>		1	
<i>oxycodone-acetaminophen</i>		1	
<i>oxycodone-aspirin</i>		1	
OXYCONTIN	<i>oxycodone</i>	2	[QLL, 90/30][ST]
<i>oxymorphone hcl tablet</i>		1	
<i>roxicot tablet</i>		1	

CLASS III NARCOTICS

<i>acetaminoph-caff-dihydrocodein</i>		1	
<i>acetaminophen-codeine</i>		1	
<i>buprenorphine hcl tablet sublingual</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 FILM MEDICATED	<i>buprenorphine/naloxone</i>	2	
SUBOXONE TABLET SUBLINGUAL	<i>buprenorphine/naloxone</i>	2	[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	

Drug	Generic	Tier	Restrictions
METADATE CD	<i>methylphenidate</i>	2	
<i>metadate er</i>		1	
<i>methamphetamine hcl</i>		1	
<i>methylin er</i>		1	
<i>methylin tablet</i>		1	
<i>methylphenidate hcl solution, - tablet</i>		1	
<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 spray</i>		1	[QLL, 5 ml/3]
<i>dihydroergotamine mesylate injection [INJ]</i>		1	
<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, 8 vials/28]
<i>sumatriptan 6 mg/0.5 ml inject [INJ]</i>		1	[QLL, 8 vials/28]
<i>sumatriptan succinate tablet</i>		1	[QLL, 18/28]
ZOMIG SPRAY NON-AEROSOL	<i>zolmitriptan</i>	2	[QLL, 18 nasal sprayers/28]

HYDANTOINS

DILANTIN 30 MG CAPSULE, - TABLET CHEWABLE	<i>phenytoin</i>	2	
<i>fosphenytoin sodium [INJ]</i>		1	
PEGANONE	<i>ethotoin</i>	2	
<i>phenytoin sodium extended</i>		1	
<i>phenytoin sodium injection [INJ]</i>		1	
<i>phenytoin suspension oral</i>		1	

Drug	Generic	Tier	Restrictions
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MAO INHIBITORS

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

OTHER ANTICONVULSANTS

BANZEL 400 MG TABLET	<i>rufinamide</i>	3	
BANZEL SUSPENSION ORAL, -200 MG TABLET	<i>rufinamide</i>	2	
FELBATOL SUSPENSION ORAL	<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]
NEURONTIN SOLUTION [G]	<i>gabapentin</i>	2	
<i>primidone tablet</i>		1	
SABRIL [LA]	<i>vigabatrin</i>	3	
<i>topiramate capsule sprinkle, -tablet</i>		1	[PAR]
VIMPAT INJECTION [INJ]	<i>lacosamide</i>	2	
VIMPAT SOLUTION, -TABLET	<i>lacosamide</i>	2	
<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 100 mg tablet, -200 mg tab</i>		1	[QLL, 68/34]
<i>bupropion hcl tablet</i>		1	
<i>bupropion sr 150 mg tablet</i>		1	
<i>chlordiazepoxide-amitriptyline</i>		1	
CYMBALTA 20 MG CAPSULE, -60 MG CAPSULE	<i>duloxetine</i>	2	[QLL, 68/34][ST]

Drug	Generic	Tier	Restrictions
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	<i>desvenlafaxine succinate</i>	2	[QLL, 34/34][ST]
SAVELLA TABLET	<i>milnacipran hcl</i>	2	[QLL, 68/34][ST]
SAVELLA TABLET DOSE PACK	<i>milnacipran hcl</i>	2	[QLL, 1/34][ST]
<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	
<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>	2	

OTHER CNS/AUTONOMIC DRUGS

ANTABUSE [G]	<i>disulfiram</i>	2	
<i>atropine sulfate injection [INJ]</i>		1	
<i>depade</i>		1	
<i>disulfiram tablet</i>		1	

Drug	Generic	Tier	Restrictions
<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]
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]

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]

Drug	Generic	Tier	Restrictions
<i>paroxetine hcl 20 mg tablet, -30 mg tablet, -tablet sustained release 24hr</i>		1	[QLL, 68/34]
<i>paroxetine hcl suspension oral</i>		1	
<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	<i>trimipramine</i>	2	

VALPROIC ACID AND DERIVATIVES

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

Drug	Generic	Tier	Restrictions
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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</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	

BETA-ADRENERGIC ANTAGONIST DRUGS

<i>acebutolol hcl capsule</i>		1	
<i>atenolol tablet</i>		1	

Drug	Generic	Tier	Restrictions
<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>nicardipine hcl capsule</i>		1	
<i>nicardipine hcl injection [INJ]</i>		1	
<i>nifediac cc</i>		1	
<i>nifedical xl</i>		1	
<i>nifedipine capsule</i>		1	
<i>nifedipine er</i>		1	
<i>nimodipine</i>		3	
<i>nisoldipine</i>		1	
<i>taztia xt</i>		1	
<i>verapamil er</i>		1	
<i>verapamil er pm</i>		1	
<i>verapamil hcl injection [INJ]</i>		1	

Drug	Generic	Tier	Restrictions
<i>verapamil hcl tablet, -tablet sustained action</i>		1	

CARDIAC GLYCOSIDES

<i>digoxin injection</i> [INJ]		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</i> [INJ]		1	

DRUGS FOR PHEOCHROMOCYTOMA

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

ENDOTHELIN RECPTR 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]
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]

Drug	Generic	Tier	Restrictions
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	
ZETIA	<i>ezetimibe</i>	2	[ST]

LOOP DIURETICS

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

Drug	Generic	Tier	Restrictions
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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	
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]
TEKURNA	<i>aliskiren hemifumarate</i>	2	[ST]
TEKURNA 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	

Drug	Generic	Tier	Restrictions
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OTHER VASODILATING DRUGS

ADCIRCA	<i>adcirca (tadalafil)</i>	3	[PAR][QLL, 68/34]
REMODULIN [INJ][LA]	<i>treprostinil sodium</i>	3	
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	
<i>chlorothiazide sodium [INJ]</i>		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 [INJ]</i>		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]

Drug	Generic	Tier	Restrictions
<i>terazosin 10 mg capsule</i>		1	[QLL, 68/34]

DERMATOLOGICAL MEDICATIONS

ANTIACNE DRUGS

<i>adapalene</i>		1	[PAR]
<i>clindamycin phosphate foam, -gel, -lotion, -solution non-oral, -swab medicated</i>		1	
<i>clindamycin-benzoyl peroxide</i>		1	
<i>ery</i>		1	
<i>erythromycin gel, -solution non-oral</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]

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	
SORIATANE CK	<i>acitretin/emollient comb</i>	3	
<i>sulfacetamide sodium suspension topical</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	
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Drug	Generic	Tier	Restrictions
<i>amnesteem</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	
<i>betamethasone dipropionate cream, -gel, -lotion, -ointment</i>		1	
<i>betamethasone valerate cream, -lotion, -ointment</i>		1	
<i>beta-val</i>		1	
<i>clobetasol emollient</i>		1	
<i>clobetasol propionate foam, -gel, -ointment, -solution non-oral</i>		1	
<i>desonide cream, -lotion, -ointment</i>		1	
<i>desoximetasone cream, -gel, -ointment</i>		1	
<i>diflorasone diacetate</i>		1	
<i>fluocinolone acetonide cream, -ointment, -solution non-oral</i>		1	
<i>fluocinonide emollient</i>		1	
<i>fluocinonide gel, -ointment, -solution non-oral</i>		1	
<i>fluticasone propionate cream, -ointment</i>		1	
<i>halobetasol propionate</i>		1	
<i>hydrocortisone 1% cream, -2.5% cream, -lotion, -1% absorbbase, -1% ointment, -2.5% ointment</i>		1	
<i>hydrocortisone acetate</i>		1	
<i>hydrocortisone butyrate</i>		1	

Drug	Generic	Tier	Restrictions
<i>hydrocortisone plus 1% cream, -- aloe 1% cream, -1% oint</i>		1	
<i>hydrocortisone valerate</i>		1	
<i>mometasone furoate cream, - ointment, -solution non-oral</i>		1	
<i>prednicarbate</i>		1	
<i>triamcinolone acetonide cream, - lotion, -ointment</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	
<i>fluorouracil cream, -solution non- oral</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 [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	

Drug	Generic	Tier	Restrictions
<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>acetasol hc</i>		1	
<i>acetic acid solution non-oral</i>		1	
<i>borofair</i>		1	
CIPRODEX	<i>ciprofloxacin/dexameth</i>	2	
<i>cortomycin</i>		1	
DERMOTIC	<i>fluocinolone acetonide</i>	2	
<i>hydrocortisone-acetic acid</i>		1	
<i>neomycin-polymixin-hc ear susp, - ear susp</i>		1	
<i>neomycin-polymyxin-hydrocort</i>		1	
<i>ofloxacin 0.3% ear drops</i>		1	

DRUGS AFFECTING THE NOSE

<i>azelastine hcl aerosol spray w/pump</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]
<i>triamcinolone acetonide aerosol spray</i>		1	[QLL, 33 gm/34]
TYZINE	<i>tetrahydrozoline</i>	2	

DRUGS AFFECTING THE THROAT AND MOUTH

<i>chlorhexidine gluconate mouthwash</i>		1	
<i>doxycycline hyclate 20 mg tab</i>		1	
<i>perioard</i>		1	
<i>pilocarpine hcl tablet</i>		1	
<i>triamcinolone acetonide paste</i>		1	

Drug	Generic	Tier	Restrictions
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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	
<i>dexamethasone elixir, -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 tablet, -tablet dose pack</i>		1	
<i>prednisolone sodium phosphate solution</i>		1	
<i>prednisolone solution oral</i>		1	
<i>prednisone intensol</i>		1	
<i>prednisone solution, -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]

Drug	Generic	Tier	Restrictions
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]

INSULIN

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

Drug	Generic	Tier	Restrictions
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 xl</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]
JANUVIA	<i>sitagliptin phosphate</i>	2	[QLL, 34/34]
KOMBIGLYZE XR 2.5-1,000 MG TAB	<i>saxagliptin hcl/metformin hcl</i>	2	[QLL, 68/34]
KOMBIGLYZE XR 5-1,000 MG TAB, -5-500 MG TABLET	<i>saxagliptin hcl/metformin hcl</i>	2	[QLL, 34/34]
<i>metformin hcl</i>		1	
<i>metformin hcl er tablet sustained release 24hr</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, 1/34][ST]
<i>cabergoline</i>		1	[QLL, 20/34]
<i>calcitonin-salmon</i>		1	
CEREZYME [INJ][LA]	<i>imiglucerase</i>	3	
<i>desmopressin acetate aerosol spray w/pump, -solution, -tablet</i>		1	
<i>desmopressin acetate injection [INJ]</i>		1	
ELAPRASE [INJ][LA]	<i>idursulfase</i>	3	
<i>etidronate disodium</i>		1	

Drug	Generic	Tier	Restrictions
EVISTA	<i>raloxifene</i>	2	
FABRAZYME [INJ][LA]	<i>agalsidase</i>	3	
FORTEO [INJ]	<i>teriparatide</i>	2	[PAR][QLL, 1 pens/28]
<i>fortical</i>		1	
KUVAN [LA]	<i>sapropterin dihydrochloride</i>	3	
LUMIZYME [INJ][LA]	<i>alglucosidase alfa</i>	3	
MIACALCIN INJECTION [INJ]	<i>calcitonin</i>	2	[PAR]
MYOZYME [INJ][LA]	<i>alglucosidase alfa</i>	3	
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	<i>cinacalcet hcl</i>	2	
SOMAVERT [INJ][LA]	<i>pegvisomant</i>	3	
VPRIV [INJ]	<i>velaglucerase alfa</i>	3	
XGEVA [INJ]	<i>denosumab</i>	3	
ZAVESCA [LA]	<i>miglustat</i>	3	
ZOMETA [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	

Drug	Generic	Tier	Restrictions
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ANTISPASMODICS/DRUGS AFFECT GI MOTILITY

<i>dicyclomine hcl capsule, -syrup, -tablet</i>		1	
<i>dicyclomine hcl injection</i> [INJ]		1	
<i>glycopyrrolate injection</i> [INJ]		1	
<i>glycopyrrolate tablet</i>		1	
<i>metoclopramide hcl injection</i> [INJ]		1	
<i>metoclopramide hcl solution oral, -tablet</i>		1	
<i>propantheline bromide tablet</i>		1	

ANTIULCER DRUGS

<i>cimetidine injection</i> [INJ]		1	
<i>cimetidine solution, -tablet</i>		1	
<i>famotidine injection</i> [INJ]		1	
<i>famotidine suspension oral, -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</i> [INJ]		1	

IRRITABLE BOWEL DRUGS

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

LAXATIVES AND CATHARTICS

OSMOPREP	<i>sodium phosphate/na biphos</i>	2	
<i>polyethylene glycol 3350</i>		1	
<i>polyethylene glycol 3350 packet</i>		1	
VISICOL	<i>sodium phosphate/na biphos</i>	2	

OTHER ANTIULCER DRUGS

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

Drug	Generic	Tier	Restrictions
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OTHER GI DRUGS

APRISO	<i>mesalamine</i>	2	
<i>balsalazide disodium</i>		1	
<i>budesonide ec</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>	2	
<i>gavilyte-c</i>		1	
<i>gavilyte-g</i>		1	
<i>gavilyte-n</i>		1	
<i>hydrocortisone enema</i>		1	
<i>mesalamine enema</i>		1	
PANCRELIPASE 5,000	<i>amylase/lipase/protease</i>	2	
PENTASA	<i>mesalamine</i>	2	
<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	
ZENPEP DR 5,000 UNITS CAPSULE, -DR 10,000 UNITS CAPSULE, -DR 15,000 UNITS CAPSULE, -DR 20,000 UNITS CAPSULE	<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	

Drug	Generic	Tier	Restrictions
<i>omeprazole dr 10 mg capsule</i>		1	[QLL, 34/34]
<i>omeprazole dr 20 mg capsule, -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	

IMMUNOLOGICALS AND VACCINES

GROWTH HORMONES AND RELATED DRUGS

EGRIFTA [INJ]	<i>tesamorelin acetate</i>	3	[PAR]
OMNITROPE [INJ]	<i>somatropin</i>	3	[PAR]
TEV-TROPIN [INJ]	<i>somatropin</i>	3	[PAR]

IMMUNOLOGICALS AND VACCINES

ACTHIB [INJ]	<i>haemophilus b-tet toxoid</i>	2	
ADACEL [INJ]	<i>diphther,pertuss,tetanus vac</i>	2	
ARANESP 25 MCG/0.42 ML SYRINGE, -25 MCG/ML VIAL, -40 MCG/0.4 ML SYRINGE, -40 MCG/ML VIAL [INJ]	<i>darbepoetin alfa</i>	2	[PAR]
ARANESP 60 MCG/0.3 ML SYRINGE, -60 MCG/ML VIAL, -100 MCG/0.5 ML SYRINGE, -100 MCG/ML VIAL, -200 MCG/0.4 ML SYRINGE, -150 MCG/0.3 ML SYRINGE, -200 MCG/ML VIAL, -300 MCG/0.6 ML SYRINGE, -300 MCG/ML VIAL, -500 MCG/1 ML SYRINGE, -150 MCG/0.75 ML VIAL [INJ]	<i>darbepoetin alfa</i>	3	[PAR]
ATGAM [INJ]	<i>lymphocyte immune globulin</i>	3	[PAR]
ATTENUVAX VACCINE WITH DILUENT [INJ]	<i>measles vaccine,atten</i>	2	
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	
CINRYZE [INJ]	<i>c1 esterase inhibitor</i>	3	[PAR]
COMVAX [INJ]	<i>hepatitis b/haemophilus b vacc</i>	2	
DAPTACEL [INJ]	<i>diphther,pertuss,tetanus vac</i>	2	

Drug	Generic	Tier	Restrictions
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	
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	
MERUVAX II VACCINE W-DILUENT [INJ]	<i>rubella vaccine</i>	2	
M-M-R II VACCINE [INJ]	<i>measles,mumps&rubella vaccine</i>	2	
MOZOBIL [INJ]	<i>plerixafor</i>	3	
PEDIARIX [INJ]	<i>hep b vaccine/dp (a) t-polio</i>	2	
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-DIPHTERIA-DECAVAC [INJ]	<i>tetanus,diphtheria toxoid</i>	2	
TRIHIBIT [INJ]	<i>dp (a) ped/hib conj-tet</i>	2	
TRIPEDIA [INJ]	<i>diphther,pertuss,tetanus vac</i>	2	

Drug	Generic	Tier	Restrictions
TWINRIX [INJ]	<i>hep b vir recomb/hep a vir</i>	2	
TYPHIM VI [INJ]	<i>typhoid vaccine</i>	2	
VAQTA [INJ]	<i>hepatatis 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	[PAR]
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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]
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, -10 MILLION UNITS VIAL [INJ]	<i>interferon alfa-2b , recomb.</i>	2	
INTRON A 5 MILLION UNIT/ML PEN, -6 MILLION UNIT/ML VL, -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]
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]
SYLATRON [INJ]	<i>peginterferon alfa-2b</i>	3	

Drug	Generic	Tier	Restrictions
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INTERLEUKIN RECPTR ANTAGONIST

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

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	
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MEDICAL (MISCELLANEOUS) SUPPLIES

DIABETIC SUPPLIES

ALCOHOL SWABS		2	
CURAD GAUZE PADS		2	
INSULIN SYRINGE		2	
NOVOFINE 32		2	
NOVOFINE AUTOCOVER		2	
PEN NEEDLE		2	
ULTILET INSULIN SYRINGE		2	

MUSCULOSKELETAL MEDICATIONS

CNS MUSCLE RELAXANTS

<i>carisoprodol compound</i>		1	[PAR]
<i>carisoprodol compound-codeine</i>		1	[PAR]
<i>carisoprodol tablet</i>		1	[PAR]

Drug	Generic	Tier	Restrictions
<i>chlorzoxazone</i>		1	[PAR]
<i>cyclobenzaprine hcl capsule sustained release 24 hr, -tablet</i>		1	[PAR]
<i>metaxalone</i>		1	[PAR]
<i>methocarbamol tablet</i>		1	[PAR]
<i>orphenadrine citrate injection [INJ]</i>		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	

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 tablet enteric coated, -tablet sustained release 24hr</i>		1	
<i>etodolac</i>		1	
<i>fenoprofen calcium tablet</i>		1	
<i>flurbiprofen tablet</i>		1	
<i>ibuprofen suspension oral, -400 mg tablet, -600 mg tablet, -800 mg tablet</i>		1	

Drug	Generic	Tier	Restrictions
<i>indomethacin capsule, -capsule sustained action</i>		1	
<i>ketoprofen capsule, -capsule 24hr sustained release pellets</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 suspension oral, -15 mg tablet</i>		1	
<i>nabumetone</i>		1	
<i>naproxen sodium 275 mg tab, -550 mg tab</i>		1	
<i>naproxen suspension oral, -tablet, -tablet enteric coated</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>	2	

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	

Drug	Generic	Tier	Restrictions
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BLOOD DETOXICANTS

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

ELECTROLYTES, IRRIGATING SOLUTIONS, ETC.

<i>alcohol in dextrose</i> [INJ]		1	
AMINOSYN [INJ]	<i>amino acids</i>	2	
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 WITH ELECTROLYTES [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	

Drug	Generic	Tier	Restrictions
CYSTAGON [LA]	<i>cysteamine</i>	2	
<i>d5w/kcl 10 meq/l iv solution, - 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	
<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	
NOVAMINE [INJ]	<i>amino acids</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 [INJ]	<i>electrolyte solutions</i>	2	

Drug	Generic	Tier	Restrictions
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	
PLASMA-LYTE R [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	
PROCALAMINE [INJ]	<i>aa 3%/electrolyte-tpn/glycerin</i>	2	
RENAMIN [INJ]	<i>amino acids</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 tablet</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>fondaparinux 2.5 mg/0.5 ml syr, -5 mg/0.4 ml syr</i> [INJ]		1	
<i>fondaparinux 7.5 mg/0.6 ml syr, -10 mg/0.8 ml syr</i> [INJ]		3	

Drug	Generic	Tier	Restrictions
<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]
LOVENOX 300 MG VIAL, -300 MG/3 ML VIAL [INJ]	<i>enoxaparin</i>	3	

ORAL ANTICOAGULANTS, VITAMIN K

<i>jantoven</i>		1	
PRADAXA	<i>dabigatran etexilate mesylate</i>	2	[PAR]
<i>warfarin sodium tablet</i>		1	
XARELTO	<i>rivaroxaban</i>	2	

POTASSIUM REMOVING RESINS

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

<i>dextrose in lactated ringers</i> [INJ]		1	
<i>kaon-cl 10</i>		1	
<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 sust.releaseparticles/crystals, - 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]

Drug	Generic	Tier	Restrictions
<i>calcium acetate capsule</i>		1	
<i>eliphos</i>		1	
<i>levocarnitine injection</i> [INJ]		1	[PAR]
<i>levocarnitine solution, -tablet</i>		1	[PAR]

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	
METHITEST	<i>methyltestosterone</i>	2	
<i>oxandrolone tablet</i>		1	[PAR]
TESTIM	<i>testosterone</i>	2	[PAR]
<i>testosterone cypionate injection</i> [INJ]		1	
<i>testosterone enanthate injection</i> [INJ]		1	

CONTRACEPTIVES

<i>amethia</i>		1	
<i>amethyst</i>		1	
<i>apri</i>		1	
<i>aranelle</i>		1	
<i>aviane</i>		1	
<i>balziva</i>		1	
<i>briellyn</i>		1	
<i>cesia</i>		1	
<i>cryselle</i>		1	
<i>cyclafem</i>		1	
<i>emoquette</i>		1	
<i>enpresse</i>		1	
<i>gianvi</i>		1	
<i>introvale</i>		1	

Drug	Generic	Tier	Restrictions
<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	
<i>lutra</i>		1	
<i>microgestin</i>		1	
<i>microgestin fe</i>		1	
<i>mononessa</i>		1	
<i>necon</i>		1	
<i>next choice</i>		1	
<i>nortrel</i>		1	
<i>ocella</i>		1	
<i>ogestrel</i>		1	
<i>orsythia</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 CREAM WITH APPLICATOR	<i>estradiol</i>	2	
<i>estradiol patch transdermal weekly</i>		1	[QLL, 5/35]
<i>estradiol tablet</i>		1	

Drug	Generic	Tier	Restrictions
<i>estradiol valerate injection</i> [INJ]		1	
<i>estropipate</i>		1	
MENEST	<i>estrogens, esterified</i>	2	
PREMARIN CREAM WITH APPLICATOR	<i>estrogens, conjugated</i>	2	
VAGIFEM	<i>estradiol</i>	2	

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 cream with applicator</i>		1	
<i>metronidazole gel with applicator</i>		1	
<i>vandazole</i>		1	

OXYTOCICS

METHERGINE TABLET [G]	<i>methylergonovine</i>	2	
<i>methylergonovine maleate tablet</i>		1	

PROGESTIN DRUGS

<i>camila</i>		1	
<i>errin</i>		1	
<i>jolivette</i>		1	
<i>medroxyprogesterone acetate injection</i> [INJ]		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>leuprolide acetate injection</i> [INJ]		1	
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Drug	Generic	Tier	Restrictions
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 11.25 MG KIT, -15 MG KIT [INJ]	<i>leuprolide</i>	3	[PAR]
SYNAREL	<i>nafarelin</i>	3	

OPHTHALMIC MEDICATIONS

ANTIGLAUCOMA DRUGS

<i>acetazolamide capsule 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 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	
LUMIGAN	<i>bimatoprost</i>	2	
<i>methazolamide tablet</i>		1	
<i>metipranolol</i>		1	
PHOSPHOLINE IODIDE	<i>echothiophate iodide</i>	2	
<i>timolol maleate drops, -gel- forming solution</i>		1	

OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS

<i>dexasporin</i>		1	
<i>neomycin-bacitracin-poly-hc</i>		1	
<i>neomycin-poly-hc eye drops</i>		1	
<i>neomycin-polymyxin-dexameth</i>		1	
<i>poly-dex</i>		1	
<i>sulfacetamide-prednisolone</i>		1	
<i>tobramycin-dexamethasone</i>		1	
ZYLET	<i>tobramycin/lotepred etab</i>	2	

Drug	Generic	Tier	Restrictions
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OPHTHALMIC CORTICOSTEROID DRUGS

<i>dexamethasone sodium phosphate drops</i>		1	
<i>fluorometholone suspension drops</i>		1	
FML S.O.P.	<i>fluorometholone</i>	2	
PRED MILD	<i>prednisolone acetate</i>	2	
<i>prednisolone acetate suspension drops</i>		1	
<i>prednisolone sodium phosphate 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 drops</i>		1	
<i>erythromycin ointment</i>		1	
<i>gentak</i>		1	
<i>gentamicin sulfata drops</i>		1	
<i>gentasol</i>		1	
<i>levofloxacin drops</i>		1	
MOXEZA	<i>moxifloxacin</i>	2	
<i>neomycin-bacitracin-polymyxin</i>		1	
<i>neomycin-polymyxin-gramicidin</i>		1	
<i>ofloxacin 0.3% eye drops</i>		1	
<i>polycin-b</i>		1	
<i>polymyxin b sul-trimethoprim</i>		1	
<i>romycin</i>		1	
<i>sulfacetamide sodium drops</i>		1	
<i>tobramycin sulfata drops</i>		1	
<i>tobrasol</i>		1	
VIGAMOX	<i>moxifloxacin</i>	2	

OPHTHALMIC TOPICAL ANTIVIRAL DRUGS

<i>trifluridine drops</i>		1	
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Drug	Generic	Tier	Restrictions
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OTHER OPHTHALMIC DRUGS

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

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, -elixir</i>		1	[PAR]
<i>diphenhydramine hcl injection [INJ]</i>		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</i>		1	[QLL, 34/34]
<i>palgic</i>		1	
<i>promethazine hcl injection [INJ]</i>		1	

Drug	Generic	Tier	Restrictions
<i>promethazine hcl syrup, -tablet</i>		1	[PAR]

BETA-2 ADRENERGIC DRUGS

<i>albuterol sulfate nebs, -solution non-oral, -syrup, -tablet, -tablet sustained release 12hr, -vial nebulizer</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]
<i>terbutaline sulfate injection [INJ]</i>		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 [INJ]</i>		1	
<i>aminophylline tablet</i>		1	
<i>theochron</i>		1	
<i>theophylline</i>		1	
<i>theophylline anhydrous tablet sustained release 12hr</i>		1	

OTHER DRUGS FOR ASTHMA

ADVAIR DISKUS	<i>salmeterol/fluticasone</i>	2	[PAR][QLL, 120 doses/34]
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]

Drug	Generic	Tier	Restrictions
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 ampul for nebulization</i>		1	
<i>epinephrine 0.1 mg/ml syringe [INJ]</i>		1	
EIPEN [INJ]	<i>epinephrine hcl</i>	2	[QLL, 4 pens/2]
EIPEN JR [INJ]	<i>epinephrine hcl</i>	2	[QLL, 4 pens/2]
GASTROCROM	<i>cromolyn</i>	2	
<i>ipratropium bromide solution non-oral</i>		1	
QVAR	<i>beclomethasone</i>	2	[QLL, 22 gm/34]
SPIRIVA	<i>tiotropium bromide</i>	2	[QLL, 60 capsules/34]
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]
PROLASTIN C [INJ][LA]	<i>alpha-1-proteinase inhibitor</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]

Drug	Generic	Tier	Restrictions
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

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

Index:

8-MOP, 39
aa 3%/electrolyte-tpn/glycerin, 56
abacavir sulfate, 13
abacavir sulfate/lamivudine, 12
abatacept/maltose, 22
ABELCET, 17
ABILIFY DISCMELT, 23
ABILIFY INJECTION, 24
ABILIFY SOLUTION, 24
ABILIFY TABLET, 24
abiraterone acetate, 23
acarbose, 44
ACCU-CHEK ACTIVE, 9
ACCU-CHEK AVIVA, 9
ACCU-CHEK COMBINATION PACKAGE, -
AVIVA SOLUTION, -ACTIVE CARE KIT, -
ADVANTAGE KIT, -AVIVA MONITORING
KIT, -COMPACT PLUS KIT, 10
ACCU-CHEK COMFORT CURVE, 10
ACCU-CHEK COMPACT, 10
ACCU-CHEK COMPACT BLUE CONTROL, 10
acebutolol hcl capsule, 33
acetaminoph-caff-dihydrocodein, 27
acetaminophen-codeine, 27
acetazol hc, 42
acetazolamide capsule sustained action, -
tablet, 62
acetazolamide sodium, 62
acetic acid solution non-oral, 42
acitretin, 39
acitretin/emollient comb, 39
ACTEMRA 200 MG/10 ML VIAL, 51
ACTHIB, 49
acticin, 40
ACTIMMUNE, 51
ACTOPLUS MET, 44
ACTOPLUS MET XR 15-1,000 MG TB, 44
ACTOPLUS MET XR 30-1,000 MG TB, 44
ACTOS, 44
acyclovir, 17
acyclovir capsule, -suspension oral, -tablet,
16
acyclovir sodium, 16
acyclovir/hydrocortisone, 16
ADACEL, 49
ADAGEN, 41
adalimumab, 21
adapalene, 38
ADCIRCA, 37
adcirca (tadalafil), 37
adefovir dipivoxil, 16
ADVAIR DISKUS, 65
ADVAIR HFA, 65
ADVICOR 500 MG-20 MG TABLET, 35
ADVICOR 750 MG-20 MG TABLET, -1,000
MG-20 MG TABLET, -1,000 MG-40 MG
TABLET, 35
afeditab cr, 34
AFINITOR, 20
agalsidase, 45
AGGRENOLX, 54
ak-con, 63
aktob, 63
albendazole, 11
ALBENZA, 11
albuterol, 65
albuterol sulfate nebs, -solution non-oral, -
syrup, -tablet, -tablet sustained release
12hr, -vial nebulizer, 64
albuterol sulfate/ipratropium, 65
alclometasone dipropionate, 40
alcohol in dextrose, 55
ALCOHOL SWABS, 52
aldesleukin, 52
ALDURAZYME, 45
alefacept, 20
alemtuzumab, 20
alendronate sodium 35 mg tab, -70 mg tab,
45
alendronate sodium 5 mg tablet, -10 mg tab,
-40 mg tab, 45

alfuzosin hcl, 67
 alglucosidase alfa, 46
 ALIMTA, 20
 ALINIA, 15
 aliskiren hemifumarate, 37
 aliskiren/amlodipine, 37
 aliskiren/amlodipine/hctz, 37
 aliskiren/hydrochlorothiazid, 37
 alitretinoin, 41
 allopurinol sodium, 53
 allopurinol tablet, 53
 alosetron, 47
 ALOXI, 25
 alpha-1-proteinase inhibitor, 66
 ALPHAGAN P 0.1% DROPS, 62
 altretamine, 21
 amantadine, 16
 AMBISOME, 17
 ambrisentan, 35
 amcinonide, 40
 AMEBICIDES, 11
 a-methapred, 43
 amethia, 59
 amethyst, 59
 AMEVIVE, 20
 amifostine, 20
 amikacin sulfate injection, 11
 amiloride hcl tablet, 38
 amiloride-hydrochlorothiazide, 38
 amino acids, 55, 56, 57
 AMINOGLYCOSIDES, 11
 aminophylline injection, 65
 aminophylline tablet, 65
 aminosalicic acid, 13
 AMINOSYN, 55
 AMINOSYN II, 55
 AMINOSYN II 3.5% M-DEXTROSE 5%, 55
 AMINOSYN II 3.5%-DEXTROSE 25%, 55
 AMINOSYN II 3.5%-DEXTROSE 5%, 55
 AMINOSYN II 4.25%-DEXTROSE 25%, 55
 AMINOSYN II 5% IN 25% DEXTROSE, 55
 AMINOSYN II IN DEXTROSE, 55
 AMINOSYN II WITH LYTES-CA-DW, 55
 AMINOSYN M, 55
 AMINOSYN WITH ELECTROLYTES, 55
 AMINOSYN-HBC, 55
 AMINOSYN-HF, 55
 AMINOSYN-PF, 55
 amiodarone hcl injection, 32
 amiodarone hcl tablet, 32
 AMIODARONES, 32
 AMITIZA, 47
 amitriptyline hcl tablet, 32
 amlodipine besylate tablet, 34
 amlodipine besylate-benazepril, 37
 amlodipine/valsartan, 37
 amlodipine/valsartan/hctz, 37
 ammonium chloride, 55
 AMMONIUM CHLORIDE INJECTION, 55
 ammonium lactate cream, -lotion, 41
 amnesteem, 39
 amox tr-potassium clavulanate, 17
 amoxapine, 31
 amoxicillin, 18
 amoxicillin-clavulanate er, 18
 amphetamine salt combo, 27
 amphotericin b injection, 17
 amphotericin b lipid complex, 17
 amphotericin b liposome, 17
 ampicillin sodium, 18
 ampicillin trihydrate, 18
 ampicillin-sulbactam, 18
 AMPYRA, 41
 AMTURNIDE, 37
 amylase/lipase/protease, 47, 48
 ANADROL-50, 59
 anagrelide hcl, 20
 anakinra, 51
 ANALGESICS, 23
 anastrozole tablet, 20
 ANCOBON, 14
 ANDROGEN DRUGS, 59
 ANDROXY, 59
 ANESTHETICS, 11
 ANGIOTENSIN CONVERTING ENZYME
 INHIBITORS, 33
 ANGIOTENSIN II RECEPTOR ANTAGONISTS,
 33

ANTABUSE, 30
 ANTHELMINTICS, 11
 ANTIACNE DRUGS, 38
 ANTICHOLINERGIC ANTISPASMODICS, 66
 ANTIDEMENTIA DRUGS, 23
 ANTIDIARRHEAL DRUGS, 46
 ANTIDYSRHYTHMIC DRUGS, 33
 ANTIGLAUCOMA DRUGS, 62
 ANTIHISTAMINES, 64
 ANTIINFECTIVES, 11
 ANTIINFECTIVES SPECIALIZED
 INDICATIONS, 12
 ANTIMANIA DRUGS, 23
 ANTINEOPLASTIC/IMMUNOSUPPRESSANT
 DRUGS, 20
 ANTIPARKINSON ANTICHOLINERGIC
 DRUGS, 23
 ANTIPLATELET DRUGS, 54
 ANTIPRURITIC DRUGS, 39
 ANTIPSORIASIS AND ANTIECZEMA DRUGS,
 39
 ANTIPSYCHOTIC DRUGS, 23
 ANTIRETROVIRALS AND PROTEASE INH, 12
 ANTISPASMODICS/DRUGS AFFECT GI
 MOTILITY, 46
 ANTITHYROID DRUGS, 42
 ANTITUBERCULOSIS DRUGS, 13
 ANTIULCER DRUGS, 47
 ANTIVERTIGO AND ANTIEMETIC DRUGS, 25
 ANXIOLYTICS, 26
 APOKYN, 30
 apomorphine hcl, 30
 apraclonidine hcl, 62
 aprepitant, 25
 apri, 59
 APRISO, 47
 APTIVUS, 12
 ARALAST NP, 66
 aranelle, 59
 ARANESP 25 MCG/0.42 ML SYRING, -25
 MCG/ML VIAL, -40 MCG/0.4 ML SYRINGE,
 -40 MCG/ML VIAL, 49
 ARANESP 60 MCG/0.3 ML SYRINGE, -60
 MCG/ML VIAL, -100 MCG/0.5 ML SYRINGE,
 -100 MCG/ML VIAL, -200 MCG/0.4 ML
 SYRINGE, -150 MCG/0.3 ML SYRINGE, -
 200 MCG/ML VIAL, -300 MCG/0.6 ML
 SYRINGE, -300 MCG/ML VIAL, -500 MCG/1
 ML SYRINGE, -150 MCG/0.75 ML VIAL, 49
 ARCALYST, 51
 aripiprazole, 23, 24
 ARIXTRA 2.5 MG SYRINGE, 57
 ARIXTRA 5 MG SYRINGE, -7.5 MG SYRINGE,
 -10 MG SYRINGE, 57
 artemether/lumefantrine, 18
 ASCENSIA AUTODISC, 10
 ascomp with codeine, 28
 asenapine, 24
 ASMANEX TWISTHALER 110 MCG #30, -
 TWISTHALER 110 MCG #7, -TWISTHALER
 220 MCG #30, 65
 ASMANEX TWISTHALER 220 MCG #14, 65
 ASMANEX TWISTHALER 220 MCG #60, 65
 ASMANEX TWISTHALR 220 MCG #120, 65
 aspirin/dipyridamole, 54
 atazanavir sulfate, 12
 atenolol tablet, 33
 atenolol-chlorthalidone, 37
 ATGAM, 49
 atomoxetine, 31
 atovaquone, 15
 atovaquone/proguanil hcl, 18
 ATRIPLA, 12
 atropine sulfate injection, 30
 ATROVENT HFA, 65
 ATTENUVAX VACCINE WITH DILUENT, 49
 auranofin, 54
 AUTODISC NORMAL, 10
 AUTONOMIC AND CNS MEDICATIONS, 23
 AVANDAMET, 44
 AVANDARYL, 44
 AVANDIA 2 MG TABLET, -4 MG TABLET, 44
 AVANDIA 8 MG TABLET, 44
 AVASTIN 100 MG/4 ML VIAL, 20
 AVELOX, 18
 AVELOX ABC PACK, 18
 AVELOX IV, 18
 aviane, 59

AVONEX, 51
 AVONEX ADMINISTRATION PACK, 51
 azacitidine, 22
 AZASAN, 20
 AZASITE, 63
 azathioprine, 20
 azathioprine sodium, 20
 azathioprine tablet, 20
 azelastine hcl aerosol spray w/pump, 42
 azelastine hcl drops, 63
 azithromycin, 63
 azithromycin 100 mg/5 ml susp, 17
 azithromycin 200 mg/5 ml susp, 17
 azithromycin 250 mg tablet, 17
 azithromycin 500 mg tablet, 17
 azithromycin 600 mg tablet, 17
 azithromycin injection, 17
 aztreonam 1 gm vial, 15
 aztreonam lysine, 15
 baciim, 15
 bacitracin 500 unit/gm ointmnt, 63
 bacitracin injection, 15
 bacitracin-polymyxin eye oint, 63
 baclofen tablet, 53
 balsalazide disodium, 47
 balziva, 59
 BANZEL 400 MG TABLET, 29
 BANZEL SUSPENSION ORAL, -200 MG
 TABLET, 29
 BARACLUDE SOLUTION, 16
 BARACLUDE TABLET, 16
 basiliximab, 22
 becaplermin, 41
 beclomethasone, 66
 belatacept, 22
 benazepril hcl, 33
 benazepril-hydrochlorothiazide, 37
 benzene hexachloride gamma, 40
 benztropine mesylate injection, 23
 benztropine mesylate tablet, 23
 BETA-2 ADRENERGIC DRUGS, 64
 BETA-ADRENERGIC ANTAGONIST DRUGS,
 33
 betaine hcl, 67
 betamethasone dipropionate cream, -gel, -
 lotion, -ointment, 40
 betamethasone valerate cream, -lotion, -
 ointment, 40
 BETASERON, 51
 beta-val, 40
 betaxolol hcl drops, 62
 betaxolol hcl tablet, 33
 bethanechol chloride tablet, 66
 bevacizumab, 20
 bexarotene, 22
 bicalutamide, 20
 bimatoprost, 62
 bisoprolol fumarate, 33
 bisoprolol-hydrochlorothiazide, 37
 BLOOD DETOXICANTS, 54
 boceprevir, 12
 BONIVA TABLET, 45
 BOOSTRIX, 49
 borofair, 42
 bortezomib, 22
 bosentan, 35
 BOTOX, 63
 botulinum toxin a, 63
 BREEZE 2, 10
 briellyn, 59
 BRILINTA, 54
 brimonidine tartrate, 62
 brimonidine tartrate/timolol, 62
 bromfenac sodium, 63
 bromocriptine mesylate capsule, -tablet, 30
 budeprion sr, 29
 budeprion xl, 29
 budesonide, 48
 budesonide ec, 47
 budesonide/formoterol fum, 66
 bumetanide injection, 36
 bumetanide tablet, 36
 BUPHENYL, 41
 buprenorphine hcl injection, 23
 buprenorphine hcl tablet sublingual, 27
 buprenorphine/naloxone, 27
 buproban, 32

bupropion hcl sr 100 mg tablet, -200 mg tab, 29
 bupropion hcl tablet, 29
 bupropion sr 150 mg tablet, 29
 buspirone hcl tablet, 26
 butalb-caff-acetaminoph-codein, 28
 butorphanol tartrate aerosol spray, 28
 butorphanol tartrate injection, 23
 BYETTA 10 MCG DOSE PEN INJ, 43
 BYETTA 5 MCG DOSE PEN INJ, 43
 c1 esterase inhibitor, 49
 cabergoline, 45
 calcipotriene, 39
 calcitonin, 46
 calcitonin-salmon, 45
 calcitriol capsule, -solution, 58
 calcitriol injection, 58
 calcium acetate capsule, 58
 CALCIUM ANTAGONISTS, 34
 camila, 61
 CAMPATH, 20
 canakinumab, 51
 CANASA, 47
 CANCIDAS, 17
 CAPASTAT SULFATE, 13
 capreomycin, 13
 captopril tablet, 33
 captopril-hydrochlorothiazide, 37
 CARAFATE SUSPENSION ORAL, 47
 carbamazepine, 26
 carbamazepine capsule sustained action, -
 suspension oral, -tablet, -tablet chewable,
 26
 carbamazepine xr, 26
 CARBAMAZEPINES, 26
 carbidopa, 30
 carbidopa/levodopa/entacap, 30
 carbidopa-levodopa, 30
 carbinoxamine maleate, 64
 CARDIAC GLYCOSIDES, 34
 CARDIOVASCULAR MEDICATIONS, 32
 CARIMUNE NF NANOFILTERED, 49
 carisoprodol compound, 52
 carisoprodol compound-codeine, 52
 carisoprodol tablet, 52
 carteolol hcl, 62
 cartia xt, 34
 carvedilol, 33
 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, 14
 cefotaxime sodium, 13
 cefotetan, 13
 cefoxitin, 13
 cefoxitin sodium, 13
 cefpodoxime proxetil, 13
 cefprozil, 13
 ceftazidime, 13
 ceftriaxone, 13
 cefuroxime axetil, 14
 cefuroxime injection, 14
 cefuroxime sod 750 mg vial, -sod 1.5 gm
 vial, -sod 7.5 gm vial, 14
 cefuroxime tablet, 14
 CELEBREX, 53
 celecoxib, 53
 CELLCEPT INJECTION, 20
 CELLCEPT SUSPENSION RECONSTITUTED
 ORAL, 20
 CELONTIN, 32
 CENTRALLY ACTING ANTIHYPERTENSIVES,
 35
 cephalalexin, 14
 CEPHALOSPORINS, 13
 CEREZYME, 45
 CERVARIX, 49
 CESAMET, 25
 cesia, 59
 cetirizine hcl 1 mg/1 ml soln, -1 mg/ml soln,
 -5 mg/5 ml syrup, 64

cetirizine hcl 1 mg/ml syrup, 64
 CHANTIX, 32
 CHEMET, 41
 chlorambucil, 21
 chloramphenicol sod succinate, 14
 CHLORAMPHENICOLS, 14
 chlordiazepoxide-amitriptyline, 29
 chlorhexidine gluconate mouthwash, 42
 chloroquine phosphate tablet, 18
 chlorothiazide, 38
 chlorothiazide sodium, 38
 chlorpromazine hcl injection, 24
 chlorpromazine hcl tablet, 24
 chlorthalidone, 38
 chlorzoxazone, 52
 cholestyramine light, 36
 CHOLINERGIC STIMULANTS, 66
 ciclopirox cream, -gel, -shampoo, -
 suspension topical, 17
 ciclopirox solution non-oral, 17
 cilostazol, 54
 cimetidine injection, 47
 cimetidine solution, -tablet, 47
 cinacalcet hcl, 46
 CINRYZE, 49
 CIPRODEX, 42
 ciprofloxacin, 18
 ciprofloxacin er, 18
 ciprofloxacin hcl drops, 63
 ciprofloxacin hcl tablet, 18
 ciprofloxacin/dexameth, 42
 citalopram hbr solution, 31
 citalopram hbr tablet, 31
 claravis, 39
 clarithromycin er, 17
 clarithromycin suspension, -tablet, 17
 CLASS II NARCOTICS, 26
 CLASS III NARCOTICS, 27
 clemastine fumarate syrup, -fum 2.68 mg
 tab, 64
 CLEOCIN PALMITATE, 14
 clindamycin hcl capsule, 14
 clindamycin palmitate, 14
 clindamycin phosphate cream with
 applicator, 61
 clindamycin phosphate foam, -gel, -lotion, -
 solution non-oral, -swab medicated, 39
 clindamycin phosphate injection, 14
 clindamycin-benzoyl peroxide, 39
 CLINDAMYCINS, 14
 CLINIMIX, 55
 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, 55
 CLINISOL, 55
 clobetasol emollient, 40
 clobetasol propionate foam, -gel, -ointment, -
 solution non-oral, 40
 clomipramine hcl capsule, 32
 clonidine, 35
 clonidine hcl tablet, 35
 clopidogrel, 54
 clotrimazole 1% cream, -solution non-oral,
 17
 clotrimazole af 1% cream, 17
 clotrimazole troche, 14
 clotrimazole-betamethasone, 19
 clozapine, 24
 CNS MUSCLE RELAXANTS, 52
 CNS STIMULANT DRUGS, 27
 COARTEM, 18
 codeine sulfate, 26
 co-gesic, 27
 colchicine, 53
 COLCRYS, 53
 colestipol hcl, 36
 colistimethate 150 mg vial, 15
 collagenase, 41
 COMBIGAN, 62
 COMBIVENT, 65
 COMBIVIR, 12
 compro, 25
 COMTAN, 30
 COMVAX, 49
 constulose, 54

CONTOUR, 10
 CONTRACEPTIVES, 59
 COPAXONE, 41
 CORTIFOAM, 47
 cortisone acetate tablet, 43
 cortomycin, 42
 CREON, 47
 CRESTOR 10 MG TABLET, -20 MG TABLET, -
 40 MG TABLET, 35
 CRESTOR 5 MG TABLET, 35
 CRIXIVAN, 12
 cromolyn, 66
 cromolyn sodium ampul for nebulization, 66
 cromolyn sodium drops, 63
 crotamiton, 40
 cryselle, 59
 CUBICIN, 15
 CUPRIMINE, 54
 CURAD GAUZE PADS, 52
 cyclofem, 59
 cyclobenzaprine hcl capsule sustained release
 24 hr, -tablet, 52
 cyclophosphamide tablet, 20
 cycloserine, 13
 cyclosporine, 22, 64
 cyclosporine capsule, -solution, 20
 cyclosporine injection, 20
 cyclosporine modified, 20
 CYKLOKAPRON, 41
 CYMBALTA 20 MG CAPSULE, -60 MG
 CAPSULE, 29
 CYMBALTA 30 MG CAPSULE, 29
 cyproheptadine hcl syrup, -tablet, 64
 CYSTADANE, 67
 CYSTAGON, 55
 cysteamine, 55
 CYTOVENE, 16
 d5w/electrolyte-56 solution, 56
 d5w/kcl 10 meq/l iv solution, -d5w-kcl 30
 meq/l iv solution, 55
 dabigatran etexilate mesylate, 58
 DACOGEN, 20
 dalfampridine, 41
 danazol capsule, 59
 dantrolene sodium capsule, 53
 dapsone, 12
 DAPSONE TABLET, 12
 DAPTACEL, 49
 daptomycin, 15
 DARAPRIM, 18
 darbepoetin alfa, 49
 darifenacin hydrobromide, 66
 darunavir ethanolate, 12
 dasatinib, 22
 decitabine, 20
 deferasirox, 41
 delavirdine mesylate, 12
 demeclocycline hcl, 19
 DEMSER, 35
 DENAVIR, 16
 denosumab, 46
 depade, 30
 DEPO-PROVERA 400 MG/ML VIAL, 20
 DERMATOLOGICAL MEDICATIONS, 38
 DERMOTIC, 42
 desipramine hcl tablet, 31
 desmopressin acetate aerosol spray w/pump,
 -solution, -tablet, 45
 desmopressin acetate injection, 45
 desonide cream, -lotion, -ointment, 40
 desoximetasone cream, -gel, -ointment, 40
 desvenlafaxine succinate, 30
 dexamethasone elixir, -tablet, 43
 dexamethasone intensol, 43
 dexamethasone sodium phosphate drops, 62
 dexamethasone sodium phosphate injection,
 43
 dexasporin, 62
 dexchlorpheniramine maleate, 64
 dexmethylphenidate hcl, 27
 dextroamphetamine sulfate capsule
 sustained action, -tablet, 27
 dextromethorphan/quinidine, 31
 dextrose 10%-1/4ns, 55
 dextrose 10%-1/4ns-kcl, 55
 dextrose 5%-1/2ns-kcl, 55
 dextrose 5%-1/3ns-kcl, 55
 dextrose 5%-1/4ns-kcl, 55

dextrose 5%-electrolyte #48, 56
dextrose 5%-ns-kcl, 56
dextrose in lactated ringers, 58
dextrose in water, 56
dextrose with sodium chloride, 56
dextrose/electrolytes, 56
DIABETIC SUPPLIES, 9, 52
DIAGNOSTIC AND MISCELLANEOUS
MEDICATIONS, 41
DIAGNOSTIC PRODUCTS, 41
diazoxide, 43
DIBENZYLINE, 35
diclofenac potassium, 53
diclofenac sodium, 41
diclofenac sodium drops, 63
diclofenac sodium tablet enteric coated, -
tablet sustained release 24hr, 53
dicloxacillin sodium, 18
dicyclomine hcl capsule, -syrup, -tablet, 46
dicyclomine hcl injection, 46
didanosine, 12, 13
diflorasone diacetate, 40
diflunisal tablet, 54
digoxin injection, 34
digoxin solution, -tablet, 34
dihydroergotamine mesylate injection, 28
DILANTIN 30 MG CAPSULE, -TABLET
CHEWABLE, 28
dilt-cd, 34
diltiazem 24hr er, 34
diltiazem er, 34
diltiazem hcl injection, 34
diltiazem hcl tablet, 34
dilt-xr, 34
diltzac er, 34
DIOVAN, 33
DIOVAN HCT, 37
diphenhydramine 50 mg capsule, -elixir, 64
diphenhydramine hcl injection, 64
diphenoxylate-atropine, 46
diphther, pertuss, tetanus vac, 49, 50
DIPHTHERIA-TETANUS TOXOID, 49
dipyridamole tablet, 54
DIRECT MUSCLE RELAXANTS, 53
disulfiram, 30
disulfiram tablet, 30
divalproex sodium, 32
divalproex sodium er, 32
dofetilide, 36
donepezil hcl, 23
DORIBAX 500 MG VIAL, 15
doripenem, 15
dorzolamide hcl, 62
dorzolamide-timolol, 62
DOVONEX CREAM, 39
doxazosin mesylate 1 mg tab, -2 mg tab, -4
mg tab, 38
doxazosin mesylate 8 mg tab, 38
doxepin, 41
doxepin hcl capsule, -solution, 32
doxycycline, 19
doxycycline hyclate 20 mg tab, 42
doxycycline hyclate capsule, -capsule enteric
coated, -100 mg tab, -tablet enteric
coated, 19
doxycycline hyclate injection, 19
doxycycline monohydrate, 19
dp (a) ped/hib conj-tet, 50
dronabinol 2.5 mg capsule, 25
dronabinol 5 mg capsule, -10 mg capsule, 25
DROXIA, 20
DRUGS AFFECTING THE EAR, 42
DRUGS AFFECTING THE NOSE, 42
DRUGS AFFECTING THE THROAT AND
MOUTH, 42
DRUGS FOR PHEOCHROMOCYTOMA, 35
DRUGS TO PREVENT AND TREAT GOUT, 53
DRUGS TO PREVENT AND TREAT
HEADACHES, 28
DUETACT, 44
duloxetine, 29
E.E.S. 200, 14
EAR-NOSE-THROAT MEDICATIONS, 42
echothiophate iodide, 62
econazole nitrate cream, 17
EDURANT, 12
efavirenz, 12
EFFIENT, 54

EGRIFTA, 49
ELAPRASE, 45
electrolyte solutions, 56
ELECTROLYTES, IRRIGATING SOLUTIONS,
ETC., 55
ELIDEL, 41
ELIGARD, 20
eliphos, 58
ELITEK, 21
ELMIRON, 67
eltrombopag olamine, 52
EMCYT, 21
EMEND 40 MG CAPSULE, -125 MG CAPSULE,
25
EMEND 80 MG CAPSULE, 25
EMEND INJECTION, 25
EMEND TRIFOLD PACK, 25
emoquette, 59
EMSAM, 28
emtricitabine, 12
emtricitabine/tenofovir, 12
emtricitabine/tenofovir/efavir, 12
EMTRIVA, 12
ENABLEX, 66
enalapril maleate tablet, 33
enalapril-hydrochlorothiazide, 37
ENBREL, 21
endocet, 26
ENDOCRINE MEDICATIONS, 42
endodan, 26
ENDOTHELIN RECPTOR ANTAGONIST, 35
enfuvirtide, 12
ENGERIX-B 10 MCG/0.5 ML PED VL, -10
MCG/0.5 ML SYRN, -20 MCG/ML SYRINGE,
49
enoxaparin, 57
enoxaparin 120 mg/0.8 ml syr, -150 mg/ml
syr, 57
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, 57
enpresse, 59
entacapone, 30
entecavir, 16

ENTOCORT EC, 48
enulose, 54
epinastine hcl, 63
epinephrine 0.1 mg/ml syringe, 66
epinephrine hcl, 66
EPIPEN, 66
EPIPEN JR, 66
epitol, 26
EPIVIR, 12
EPIVIR HBV, 16
eplerenone, 38
epoetin alfa, 50
EPZICOM, 12
ergoloid mesylates tablet, 41
ergotamine-caffeine, 28
eribulin mesylate, 21
erlotinib hcl, 22
errin, 61
ertapenem sodium, 15
ery, 39
ERYPED 200, 14
ERYPED 400, 14
ERY-TAB, 14
ERYTHROCIN LACTOBIONATE, 14
erythrocin stearate, 14
erythromycin base, 14
erythromycin ethylsuccinate, 14
erythromycin ethylsuccinate tablet, 14
erythromycin gel, -solution non-oral, 39
erythromycin lactobionate, 14
erythromycin ointment, 63
erythromycin tablet, 14
erythromycin-benzoyl peroxide, 39
ERYTHROMYCINS, 14
erythromycin-sulfisoxazole, 19
esomeprazole mag trihyd, 48
ESTRACE CREAM WITH APPLICATOR, 60
estradiol, 60
estradiol patch transdermal weekly, 60
estradiol tablet, 60
estradiol valerate injection, 60
estradiol-norethindrone acetat, 60
estramustine phosphate sodium, 21
ESTROGEN DRUGS, 60

estrogen/medroxyprogesterone, 61
 ESTROGEN/PROGESTIN COMBINATIONS, 60
 estrogens,conjugated, 60
 estrogens,esterified, 60
 estropipate, 60
 etanercept, 21
 ethambutol hcl, 13
 ethionamide, 13
 ethosuximide capsule, -syrup, 32
 ethotoin, 28
 etidronate disodium, 45
 etodolac, 53
 etravirine, 12
 EURAX, 40
 everolimus, 20, 22, 23
 EVISTA, 45
 EXELON PATCH TRANSDERMAL 24 HOURS, -
 SOLUTION, 23
 exemestane, 21
 exenatide, 43
 EXFORGE, 37
 EXFORGE HCT, 37
 EXJADE, 41
 ezetimibe, 36
 ezetimibe/simvastatin, 35, 36
 FABRAZYME, 45
 famciclovir 125 mg tablet, 16
 famciclovir 250 mg tablet, 16
 famciclovir 500 mg tablet, 16
 famotidine injection, 47
 famotidine suspension oral, -20 mg tablet, -
 40 mg tablet, 47
 FANAPT TABLET, 24
 FANAPT TABLET DOSE PACK, 24
 FARESTON, 21
 FASLODEX, 21
 fat emulsions, 58, 59
 FAZACLO, 24
 febuxostat, 53
 felbamate, 29
 FELBATOL SUSPENSION ORAL, 29
 FELBATOL TABLET, 29
 felodipine er, 34
 fenofibrate, 36
 fenoprofen calcium tablet, 53
 fentanyl, 26
 fentanyl citrate injection, 26
 fentanyl citrate lozenge, 26
 fexofenadine hcl 180 mg tab, 64
 fexofenadine hcl 180 mg tablet, 64
 fexofenadine hcl 30 mg tablet, -60 mg tablet,
 64
 filgrastim, 52
 finasteride tablet, 67
 fingolimod hydrochloride, 41
 flavoxate hcl, 66
 flecainide acetate, 33
 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, 44
 flunisolide 0.025% spray, 42
 fluocinolone acetonide, 42
 fluocinolone acetonide cream, -ointment, -
 solution non-oral, 40
 fluocinonide emollient, 40
 fluocinonide gel, -ointment, -solution non-
 oral, 40
 FLUORIDE PRODUCTS, 57
 fluorometholone, 62
 fluorometholone suspension drops, 62
 FLUOROPLEX, 41
 fluorouracil, 41
 fluorouracil cream, -solution non-oral, 41
 fluoxetine dr, 31
 fluoxetine hcl 10 mg capsule, -10 mg tablet,
 31
 fluoxetine hcl 20 mg capsule, -solution, -20
 mg tablet, 31
 fluoxetine hcl 40 mg capsule, 31
 fluoxymesterone, 59
 fluphenazine decanoate injection, 24
 fluphenazine hcl elixir, -solution, -tablet, 24
 fluphenazine hcl injection, 24
 flurbiprofen sodium, 64

flurbiprofen tablet, 53
 flutamide, 21
 fluticasone propionate cream, -ointment, 40
 fluticasone propionate nasal inhaled steroids,
 42
 fluvoxamine maleate 100 mg tab, 31
 fluvoxamine maleate 25 mg tab, 31
 fluvoxamine maleate 50 mg tab, 31
 FML S.O.P., 62
 fomepizole, 41
 fondaparinux 2.5 mg/0.5 ml syr, -5 mg/0.4
 ml syr, 57
 fondaparinux 7.5 mg/0.6 ml syr, -10 mg/0.8
 ml syr, 57
 fondaparinux sodium, 57
 FORADIL, 64
 formoterol fumarate, 64
 FORTEO, 45
 fortical, 45
 fosamprenavir calcium, 12
 foscarnet sodium, 16
 fosinopril sodium, 33
 fosinopril-hydrochlorothiazide, 37
 fosphenytoin sodium, 28
 FREAMINE III, 56
 FROVA, 28
 frovatriptan, 28
 fulvestrant, 21
 furosemide injection, 36
 furosemide solution, -tablet, 36
 FUZEON, 12
 gabapentin, 29
 gabapentin capsule, -solution, -tablet, 29
 GABITRIL, 29
 galantamine hbr, 23
 galantamine hydrobromide, 23
 galsulfase, 46
 GAMASTAN S-D, 49
 GAMUNEX, 49
 ganciclovir, 16
 ganciclovir sodium, 16
 GARDASIL, 49
 GASTROCROM, 66
 GASTROINTESTINAL MEDICATIONS, 46
 gavilyte-c, 48
 gavilyte-g, 48
 gavilyte-n, 48
 gefitinib, 21
 gemfibrozil tablet, 36
 generlac, 54
 gengraf, 21
 gentak, 63
 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, 11
 gentamicin sulfate cream, -0.1% ointment,
 19
 gentamicin sulfate drops, 63
 gentamicin sulfate injection, 11
 gentasol, 63
 GEODON CAPSULE, 24
 GEODON INJECTION, 24
 gianvi, 59
 GILENYA, 41
 glatiramer acetate, 41
 GLEEVEC, 21
 glimepiride, 44
 glipizide er, 44
 glipizide tablet, 44
 glipizide xl, 44
 glipizide-metformin, 45
 GLUCAGEN, 43
 GLUCAGON EMERGENCY KIT, 43
 glucagon, human recombinant, 43
 GLUCOCORTICOID DRUGS, 43
 GLUCOSE ELEVATING DRUGS, 43
 glyburide micronized, 45
 glyburide tablet, 45
 glyburide-metformin hcl, 45
 glycopyrrolate injection, 46
 glycopyrrolate tablet, 46
 glycron, 45
 granisetron hcl injection, 25
 granisetron hcl tablet, 25
 granisol, 25
 GRIFULVIN V, 14
 griseofulvin microsize, 14
 griseofulvin suspension oral, 14

griseofulvin ultramicrosize, 15
 GRIS-PEG, 15
 GROWTH HORMONES AND RELATED
 DRUGS, 49
 guanabenz acetate tablet, 35
 guanfacine hcl, 35
 guanidine hcl, 30
 haemophilus b vaccine, 50
 haemophilus b-tet toxoid, 49
 HALAVEN, 21
 halobetasol propionate, 40
 haloperidol decanoate, 24
 haloperidol lactate injection, 24
 haloperidol lactate solution, 24
 haloperidol tablet, 24
 HAVRIX, 50
 hctz/valsartan, 37
 hep b vaccine/dp (a) t-polio, 50
 hep b vir recomb/hep a vir, 50
 heparin sodium in 0.45% nacl, 57
 heparin sodium in 5% dextrose, 57
 heparin sodium injection, 57
 heparin sodium-ns, 57
 HEPATAMINE, 56
 HEPATASOL, 56
 hepatatis a virus vaccine, 50
 hepatitis b virus vaccine, 49, 50
 hepatitis b/haemophilus b vacc, 49
 HEPSERA, 16
 HEXALEN, 21
 HIZENTRA 1 GRAM/5 ML VIAL, 50
 HMG-COA REDUCTASE INHIBITORS, 35
 human papillomav vacc bival/pf, 49
 human papillomavirus vacc, 49
 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, 28
 hydralazine hcl injection, 38
 hydralazine hcl tablet, 38
 hydrochlorothiazide capsule, -tablet, 38
 hydrocodone bit-ibuprofen, 27
 hydrocodone-acetaminophen, 27
 hydrocortisone 1% cream, -2.5% cream, -
 lotion, -1% absorbbase, -1% ointment, -
 2.5% ointment, 40
 hydrocortisone acetate, 40, 47
 hydrocortisone butyrate, 40
 hydrocortisone enema, 48
 hydrocortisone plus 1% cream, --aloe 1%
 cream, -1% oint, 40
 hydrocortisone tablet, 43
 hydrocortisone valerate, 40
 hydrocortisone-acetic acid, 42
 hydromorphone hcl injection, 26
 hydromorphone hcl tablet, 26
 hydroxychloroquine sulfate tablet, 18
 hydroxyurea, 20
 hydroxyurea capsule, 21
 hydroxyzine hcl injection, 39
 hydroxyzine hcl syrup, -tablet, 39
 hydroxyzine pamoate capsule, 39
 HYPOGLYCEMIC DRUGS, 43
 HYPOLIPOPROTEINEMICS, 36
 ibandronate, 45
 ibuprofen suspension oral, -400 mg tablet, -
 600 mg tablet, -800 mg tablet, 53
 idursulfase, 45
 ILARIS, 51
 iloperidone, 24
 imatinib mesylate, 21
 imiglucerase, 45
 imipenem/cilastatin sodium, 15
 imipramine hcl tablet, 32
 imipramine pamoate, 32
 imiquimod, 41
 imiquimod cream, 41
 immune globulin - im, 49
 immune globulin - iv, 49, 50
 immune globulin- sq, 50
 IMMUNOLOGICALS AND VACCINES, 49
 IMOVAX RABIES VACCINE, 50
 INCIVEK, 12
 INCRELEX, 51
 indapamide, 38
 indinavir, 12

indomethacin capsule, -capsule sustained
 action, 53
 INFANRIX, 50
 INFERGEN, 51
 infliximab, 22
 INJECTABLE ANTICOAGULANTS, 57
 INSULIN, 44
 INSULIN LIKE GROWTH FACTORS-1, 51
 INSULIN SYRINGE, 52
 INTELENCE, 12
 interferon alfa-2b , recomb., 51
 interferon alfacon-1, 51
 interferon beta-1a, 51
 interferon beta-1a/albumin, 51
 interferon beta-1b, 51
 interferon gamma-1b, recomb., 51
 INTERFERONS, 51
 INTERLEUKIN RECPTR ANTAGONIST, 51
 INTERLEUKINS, 52
 INTRALIPID 30% IV FAT EMUL, 58
 INTRON A 3 MILLION UNIT/ML PEN, -10
 MILLION UNITS VIAL, 51
 INTRON A 5 MILLION UNIT/ML PEN, -6
 MILLION UNIT/ML VL, -10 MILLION UNIT
 PEN, 51
 introvale, 59
 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, 24
 INVIRASE, 12
 IONOSOL B WITH DEXTROSE 5%, 56
 IONOSOL MB-DEXTROSE 5%, 56
 IONOSOL T-DEXTROSE 5%, 56
 IPOL, 50
 ipratropium, 65
 ipratropium 0.03% spray, 42
 ipratropium 0.06% spray, 42
 ipratropium bromide solution non-oral, 66
 IRESSA, 21
 IRRITABLE BOWEL DRUGS, 47
 ISENTRESS, 12
 iso gentamicin 100 mg/100 ml, -isoton
 gentamicin 60 mg/50 ml, -isoton
 gentamicin 80 mg/50 ml, 11
 isocarboxazid, 28
 ISOLYTE H WITH DEXTROSE, 56
 ISOLYTE M WITH DEXTROSE, 56
 ISOLYTE P WITH DEXTROSE, 56
 ISOLYTE S, 56
 ISOLYTE S WITH DEXTROSE, 56
 isonarif, 13
 isoniazid injection, 13
 isoniazid syrup, -tablet, 13
 isosorbide dinitrate, 36
 isosorbide mononitrate, 36
 isosorbide mononitrate er, 36
 isradipine, 34
 itraconazole, 15
 itraconazole capsule, 15
 ivermectin, 11
 IXIARO, 50
 jantoven, 58
 JANUMET, 45
 JANUVIA, 45
 japanese encephalitis vaccine, 50
 JE-VAX, 50
 jinteli, 61
 jolivette, 61
 junel, 59
 junel fe, 59
 KALETRA 100-25 MG TABLET, 12
 KALETRA SOLUTION, -200-50 MG TABLET,
 12
 kanamycin sulfate injection, 11
 kaon-cl 10, 58
 kariva, 59
 kcl 20 meq in d5w solution, -kcl 40 meq in
 d5w solution, 58
 kelnor 1-35, 59
 KEPIVANCE, 50
 KERATOLYTIC DRUGS, 39
 ketoconazole cream, -shampoo, 17
 ketoconazole tablet, 15

ketoprofen capsule, -capsule 24hr sustained
release pellets, 53
ketorolac tromethamine drops, 64
ketorolac tromethamine injection, 53
ketorolac tromethamine tablet, 53
KINERET, 51
klor-con 10, 58
klor-con 8, 58
klor-con m15, 58
klor-con m20, 58
KOMBIGLYZE XR 2.5-1,000 MG TAB, 45
KOMBIGLYZE XR 5-1,000 MG TAB, -5-500
MG TABLET, 45
KUVAN, 45
labetalol hcl injection, 33
labetalol hcl tablet, 33
lacosamide, 29
lactated ringers injection, 56
lactulose, 54
LAMISIL PACKET, 15
lamivudine, 12, 16
lamivudine/zidovudine, 12
lamotrigine, 29
lansoprazole dr 15 mg capsule, -odt 15 mg
tablet, 48
lansoprazole dr 30 mg capsule, -odt 30 mg
tablet, 48
LANTUS 100 UNITS/ML VIAL, 44
lapatinib ditosylate, 22
laronidase, 45
latanoprost, 62
LATUDA, 24
LAXATIVES AND CATHARTICS, 47
leena, 59
leflunomide, 21
lenalidomide, 22
lessina, 59
LETAIRIS, 35
letrozole, 21
leucovorin calcium injection, 21
leucovorin calcium tablet, 21
LEUKERAN, 21
LEUKINE, 52
LEUKOTRIENE MODIFIERS, 65

leuprolide, 20, 21, 61
leuprolide acetate injection, 61
LEVEMIR 100 UNITS/ML VIAL, 44
levetiracetam injection, 29
levetiracetam solution, -tablet, 29
levobunolol hcl, 62
levocarnitine injection, 58
levocarnitine solution, -tablet, 58
levocetirizine dihydrochloride, 64
levofloxacin drops, 63
levofloxacin solution, -tablet, 18
levofloxacin-d5w, 18
levora-28, 59
levorphanol tartrate tablet, 26
levothroid, 46
levothyroxine sodium tablet, 46
levoxyl, 46
LEXIVA SUSPENSION ORAL, 12
LEXIVA TABLET, 12
lidocaine, 11
lidocaine hcl injection, 11
lidocaine hcl jel, -ointment, -solution non-
oral, 11
lidocaine hcl viscous, 11
lidocaine-prilocaine, 11
LIDODERM, 11
LINDANE, 40
linezolid, 15, 16
liothyronine sodium injection, 46
liothyronine sodium tablet, 46
liotrix, 46
LIPOFEN, 36
LIPOSYN II, 59
liposyn iii, 59
lisinopril tablet, 33
lisinopril-hydrochlorothiazide, 37
lithium, 23
lithium carbonate capsule, -tablet, -tablet
sustained action, 23
LOCAL ANESTHETICS, 11
LODOSYN, 30
lomustine, 20
LOOP DIURETICS, 36
loperamide capsule, 46

losartan potassium, 33
 losartan-hydrochlorothiazide, 37
 LOTRONEX, 47
 lovastatin 10 mg tablet, 35
 lovastatin 20 mg tablet, -40 mg tablet, 35
 lovastatin/niacin, 35
 LOVAZA, 36
 LOVENOX 300 MG VIAL, -300 MG/3 ML VIAL,
 57
 low-ogestrel, 59
 loxapine, 24
 lubiprostone, 47
 LUMIGAN, 62
 LUMIZYME, 46
 LUPRON DEPOT 3.75 MG KIT, -11.25 MG
 3MO KIT, -22.5 MG 3MO KIT, --4 MONTH
 KIT, 61
 LUPRON DEPOT 45 MG 6MO KIT, 21
 LUPRON DEPOT 7.5 MG KIT, 61
 LUPRON DEPOT-PED 11.25 MG KIT, -15 MG
 KIT, 61
 lurasidone hcl, 24
 luteru, 59
 lymphocyte immune globulin, 49
 LYRICA, 29
 LYSODREN, 21
 mafenide acetate, 19
 magnesium sulfate injection, 56
 magnesium sulfate/d5w, 56
 MAGNESIUM SULFATE-D5W, 56
 MALARONE 250-100 MG TABLET, 18
 MALARONE 62.5-25 MG PED TAB, 18
 malathion, 40
 MAO INHIBITORS, 28
 maprotiline hcl, 29
 maraviroc, 12
 margesic h, 27
 MARPLAN, 28
 MATULANE, 21
 MAXALT, 28
 MAXALT MLT, 28
 measles vaccine, atten, 49
 measles, mumps & rubella vaccine, 50
 measles, mumps, rub, varicella, 50
 mebendazole tablet chewable, 11
 mecasermin, 51
 mechlorethamine, 21
 meclizine hcl tablet, 25
 meclufenamate sodium capsule, 53
 MEDICAL (MISCELLANEOUS) SUPPLIES, 9,
 52
 medroxyprogesterone, 20
 medroxyprogesterone acetate injection, 61
 medroxyprogesterone acetate tablet, 61
 mefenamic acid capsule, 54
 mefloquine hcl, 18
 MEGACE ES, 21
 megestrol, 21
 megestrol acetate suspension oral, -tablet,
 21
 meloxicam 7.5 mg tablet, 54
 meloxicam suspension oral, -15 mg tablet, 54
 memantine hcl, 23
 MENACTRA, 50
 MENEST, 60
 meningococcal vac a,c,y,w-135, 50
 MENOMUNE-A-C-Y-W-135, 50
 meperidine hcl injection, 26
 meprobamate, 26
 MEPRON, 15
 mercaptopurine tablet, 21
 meropenem, 15
 MERUVAX II VACCINE W-DILUENT, 50
 mesalamine, 47, 48
 mesalamine enema, 48
 mesna, 21
 MESNEX TABLET, 21
 MESTINON SYRUP, -TABLET SUSTAINED
 ACTION, 30
 METADATE CD, 27
 metadate er, 27
 metaproterenol sulfate syrup, -tablet, 65
 metaxalone, 52
 metformin, 45
 metformin hcl, 45
 metformin hcl er tablet sustained release
 24hr, 45
 methadone hcl injection, 26

methadone hcl solution, -tablet, 26
 methadose, 26
 methamphetamine hcl, 27
 methazolamide tablet, 62
 methenamine hippurate, 19
 METHERGINE TABLET, 61
 methimazole tablet, 42
 METHITEST, 59
 methocarbamol tablet, 52
 methotrexate injection, 21
 methotrexate tablet, 21
 methoxsalen, 39, 41
 methsuximide, 32
 methyclothiazide, 38
 METHYL XANTHINE DRUGS, 65
 methyl dopa, 35
 methyl dopa-hydrochlorothiazide, 37
 methyl dopate hcl, 35
 methyl ergonovine, 61
 methyl ergonovine maleate tablet, 61
 methylin er, 28
 methylin tablet, 28
 methyl naltrexone bromide, 48
 methylphenidate, 27
 methylphenidate hcl solution, -tablet, 28
 methylphenidate sr, 28
 methylprednisolone acetate injection, 43
 methylprednisolone sod succ, 43
 methylprednisolone tablet, -tablet dose pack,
 43
 methyltestosterone, 59
 metipranolol, 62
 metoclopramide hcl injection, 46
 metoclopramide hcl solution oral, -tablet, 47
 metolazone, 38
 metoprolol succinate, 33
 metoprolol tartrate injection, 34
 metoprolol tartrate tablet, 34
 metoprolol-hydrochlorothiazide, 37
 metronidazole capsule, -tablet, 12
 metronidazole cream, -gel, -lotion, 39
 metronidazole gel with applicator, 61
 metronidazole injection, 12
 metyrosine, 35
 mexiletine hcl capsule, 33
 MIACALCIN INJECTION, 46
 micafungin sodium, 17
 MICARDIS, 33
 MICARDIS HCT, 37
 miconazole 3 suppository vaginal, 20
 microgestin, 60
 microgestin fe, 60
 midodrine hcl, 37
 migergot, 28
 miglustat, 46
 milnacipran hcl, 30
 MINERALOCORTICOID DRUGS, 44
 minocycline hcl capsule, -tablet, -tablet
 sustained release 24hr, 19
 minoxidil tablet, 38
 mirtazapine, 29
 MISCELLANEOUS DRUGS, 41
 misoprostol, 47
 mitotane, 21
 mitoxantrone hcl, 21
 M-M-R II VACCINE, 50
 modafinil, 28
 moexipril hcl, 33
 moexipril-hydrochlorothiazide, 37
 mometasone, 65
 mometasone furoate cream, -ointment, -
 solution non-oral, 40
 mononessa, 60
 montelukast sodium, 65
 morphine sulfate injection, 26
 morphine sulfate solution, -tablet, 27
 morphine sulfate tablet sustained action, 27
 MOXEZA, 63
 moxifloxacin, 18, 63
 MOZOBIL, 50
 mupirocin ointment, 19
 muronab-cd3, 22
 MUSCULOSKELETAL MEDICATIONS, 52
 MUSTARGEN, 21
 MYCAMINE, 17
 MYCOBUTIN, 13
 mycophenolate mofetil, 20
 mycophenolate mofetil capsule, 21

mycophenolate mofetil tablet, 21
mycophenolate sodium, 21
mydral, 64
MYELOID STIMULANTS, 52
MYFORTIC, 21
MYOZYME, 46
nabilone, 25
nabumetone, 54
nadolol tablet, 34
nadolol-bendroflumethiazide, 37
nafarelin, 61
nafcillin, 18
nafcillin sodium, 18
NAGLAZYME, 46
nalbuphine hcl injection, 23
naloxone hcl injection, 30
naltrexone hcl tablet, 30
NAMENDA, 23
naphazoline hcl drops, 64
naproxen sodium 275 mg tab, -550 mg tab,
54
naproxen suspension oral, -tablet, -tablet
enteric coated, 54
naratriptan hcl, 28
NATACYN, 64
natalizumab, 22
natamycin, 64
nateglinide, 45
necon, 60
nefazodone hcl, 29
nelfinavir mesylate, 13
neomycin sulfate tablet, 11
neomycin-bacitracin-poly-hc, 62
neomycin-bacitracin-polymyxin, 63
neomycin-poly-hc eye drops, 62
neomycin-polymixin-hc ear susp, -ear susp,
42
neomycin-polymyxin b, 67
neomycin-polymyxin-dexameth, 62
neomycin-polymyxin-gramicidin, 63
neomycin-polymyxin-hydrocort, 42
NEPHRAMINE, 56
NEULASTA, 52
NEUMEGA, 52

NEUPOGEN, 52
NEURONTIN SOLUTION, 29
nevirapine, 13
NEXAVAR, 21
NEXIUM DR 20 MG CAPSULE, -DR 10 MG
PACKET, -DR 20 MG PACKET, 48
NEXIUM DR 40 MG CAPSULE, -DR 40 MG
PACKET, 48
NEXIUM I.V., 48
next choice, 60
niacin, 36
niacin/simvastatin, 35
NIASPAN, 36
nicardipine hcl capsule, 34
nicardipine hcl injection, 34
nicotine inhaler, 32
nicotine ns, 32
NICOTROL, 32
NICOTROL NS, 32
nifediac cc, 34
nifedical xl, 34
nifedipine capsule, 34
nifedipine er, 34
NILANDRON, 22
nilotinib hydrochloride, 22
nilutamide, 22
nimodipine, 34
nisoldipine, 34
nitazoxanide, 15
nitisinone, 41
NITRATES, 36
nitro-bid, 36
nitrofurantoin macrocrystal capsule, 20
nitrofurantoin mono-macro, 20
nitrofurantoin suspension oral, 20
nitroglycerin, 36
nitroglycerin injection, 36
nitroglycerin patch, 36
NITROSTAT, 36
nizatidine, 47
NON-STEROIDAL ANTIINFLAMMATORY
AGENTS, 53
nora-be, 61
norethindrone acetate tablet, 61

NORMOSOL-M AND DEXTROSE, 56
NORMOSOL-R AND DEXTROSE, 56
NORMOSOL-R PH 7.4, 56
nortrel, 60
nortriptyline hcl capsule, -solution, 31
NORVIR CAPSULE, -TABLET, 12
NORVIR SOLUTION, 12
NOVAMINE, 56
NOVOFINE 32, 52
NOVOFINE AUTOCOVER, 52
NOVOLIN 70-30 100 UNIT/ML VIAL, 44
NOVOLIN N 100 UNITS/ML VIAL, 44
NOVOLIN R 100 UNITS/ML VIAL, 44
NOVOLOG, 44
NOVOLOG MIX 70-30, 44
NOXAFIL, 15
NUEDEXTA, 31
NULOJIX, 22
NUTRITION,BLOOD
MODIFIERS,ELECTROLYTES, 54
nyamyc, 17
nystatin cream, -ointment, -100,000 unit/gm
powd, 17
nystatin suspension oral, -500,000 unit oral
tab, 15
nystatin-triamcinolone, 19
nystop, 17
OB/GYN TOPICAL ANTIINFECTIVES, 61
OBSTETRICAL AND GYNECOLOGICAL
MEDICATIONS, 59
ocella, 60
octreotide, 22
octreotide acet 100 mcg/ml amp, -acet 200
mcg/ml vl, -acet 500 mcg/ml amp, -1,000
mcg/ml vial, 22
octreotide acet 50 mcg/ml amp, 22
ofloxacin 0.3% ear drops, 42
ofloxacin 0.3% eye drops, 63
ofloxacin tablet, 18
ogestrel, 60
olanzapine, 25
omalizumab, 66
omega-3 acid ethyl esters, 36
omeprazole dr 10 mg capsule, 48

omeprazole dr 20 mg capsule, -dr 40 mg
capsule, 48
omeprazole-bicarb 20-1,100 cap, 48
omeprazole-bicarb 40-1,100 cap, 48
OMNITROPE, 49
ondansetron hcl 24 mg tablet, 25
ondansetron hcl 4 mg tablet, -8 mg tablet,
25
ondansetron hcl injection, 25
ondansetron hcl solution, 25
ondansetron odt, 25
ONGLYZA, 45
OPANA ER, 27
OPHTHALMIC
ANTIINFECTIVE/CORTICOSTEROIDS, 62
OPHTHALMIC CORTICOSTEROID DRUGS, 62
OPHTHALMIC MEDICATIONS, 62
OPHTHALMIC TOPICAL ANTIBACTERIAL
DRUGS, 63
OPHTHALMIC TOPICAL ANTIVIRAL DRUGS,
63
oprelvekin, 52
ORAL ANTICOAGULANTS, VITAMIN K, 58
ORAL ANTIFUNGAL DRUGS, 14
ORAL DERMATOLOGICAL DRUGS, 39
ORAL HYPOGLYCEMICS AND COMBOS, 44
ORAP, 24
ORENCIA, 22
ORFADIN, 41
orphenadrine citrate injection, 52
orphenadrine citrate tablet sustained action,
53
orphenadrine compound, 53
orphenadrine compound forte, 53
orsythia, 60
ORTHOCLONE OKT-3, 22
oseltamivir phosphate, 16
OSMOPREP, 47
OTHER ANTIARRHYTHMICS, 36
OTHER ANTICONVULSANTS, 29
OTHER ANTIDEPRESSANTS, 29
OTHER ANTIHYPERTENSIVES, 37
OTHER ANTIINFECTIVE DRUGS, 15
OTHER ANTIPARKINSON DRUGS, 30

OTHER ANTIULCER DRUGS, 47
 OTHER ANTIVIRAL DRUGS, 16
 OTHER CARDIOVASCULAR DRUGS, 37
 OTHER CNS/AUTONOMIC DRUGS, 30
 OTHER DRUGS FOR ARTHRITIS, 54
 OTHER DRUGS FOR ASTHMA, 65
 OTHER ENDOCRINE DRUGS, 45
 OTHER GENITOURINARY PRODUCTS, 67
 OTHER GI DRUGS, 47
 OTHER MACROLIDES, 17
 OTHER OPHTHALMIC DRUGS, 63
 OTHER RESPIRATORY DRUGS, 66
 OTHER TOPICAL ANTIFUNGALS, 17
 OTHER VASODILATING DRUGS, 37
 oxacillin, 18
 oxacillin 1 gm vial, 18
 oxacillin 10 gm vial, 18
 oxandrolone tablet, 59
 oxaprozin, 54
 oxcarbazepine, 26
 OXSORALEN, 41
 OXSORALEN-ULTRA, 39
 oxybutynin chloride syrup, -tablet, 66
 oxybutynin cl er 10 mg tablet, -cl er 15 mg
 tablet, 66
 oxybutynin cl er 5 mg tablet, 66
 oxycodone, 27
 oxycodone concentrate, 27
 oxycodone hcl, 27
 oxycodone hcl-acetaminophen, 27
 oxycodone hcl-aspirin, 27
 oxycodone hcl-ibuprofen, 27
 oxycodone-acetaminophen, 27
 oxycodone-aspirin, 27
 OXYCONTIN, 27
 oxymetholone, 59
 oxymorphone, 27
 oxymorphone hcl tablet, 27
 OXYTOCICS, 61
 pacerone, 32
 palgic, 64
 palifermin, 50
 paliperidone, 24
 palonosetron hcl, 25
 pamidronate disodium, 46
 PANCRELIPASE 5,000, 48
 PANRETIN, 41
 pantoprazole sod dr 20 mg tab, 48
 pantoprazole sod dr 40 mg tab, 48
 paracaine, 64
 PARENTERAL ANTIFUNGALS, 17
 paromomycin sulfate, 11
 paroxetine hcl 10 mg tablet, -40 mg tablet,
 31
 paroxetine hcl 20 mg tablet, -30 mg tablet, -
 tablet sustained release 24hr, 31
 paroxetine hcl suspension oral, 31
 PASER, 13
 pazopanib, 22
 PEDIARIX, 50
 pedi-dri, 17
 PEDVAXHIB, 50
 pegademase bovine, 41
 PEGANONE, 28
 PEGASYS 180 MCG/0.5 ML SYRINGE, 51
 PEGASYS 180 MCG/ML VIAL, 51
 pegfilgrastim, 52
 peginterferon alfa-2a, 51
 peginterferon alfa-2b, 51
 PEGINTRON 50 MCG KIT, 51
 PEGINTRON 80 MCG KIT, -120 MCG KIT, -
 150 MCG KIT, 51
 PEGINTRON REDIPEN, 51
 pegvisomant, 46
 pemetrexed disodium, 20
 PEN NEEDLE, 52
 penciclovir, 16
 penicillamine, 54
 penicillin g potassium, 18
 penicillin g procaine, 18
 penicillin g sodium, 18
 penicillin v potassium, 18
 PENICILLINS, 17
 PENTASA, 48
 pentopak, 37
 pentosan polysulfate sodium, 67
 pentoxifylline tablet sustained action, 37
 perindopril erbumine, 33

periogard, 42
 permethrin cream, 40
 perphenazine, 24
 perphenazine-amitriptyline, 30
 phenadoz, 25
 phenelzine sulfate tablet, 29
 phenoxybenzamine, 35
 phenytoin, 28
 phenytoin sodium extended, 28
 phenytoin sodium injection, 28
 phenytoin suspension oral, 28
 PHOSPHOLINE IODIDE, 62
 pilocarpine hcl tablet, 42
 pimecrolimus, 41
 pimozide, 24
 pindolol, 34
 pioglitazone hcl, 44
 pioglitazone hcl/metformin hc, 44
 pioglitazone/glimepiride, 44
 piperacillin, 18
 piperacillin-tazobactam, 18
 piroxicam capsule, 54
 PLASMA-LYTE 148, 56
 PLASMA-LYTE 148 IN DEXTROSE, 56
 PLASMA-LYTE 56, 56
 PLASMA-LYTE 56 IN DEXTROSE, 56
 PLASMA-LYTE A PH 7.4, 56
 PLASMA-LYTE R, 56
 PLASMODICIDES, 18
 PLAVIX, 54
 plerixafor, 50
 podofilox, 39
 poliomyelitis vac,killed, 50
 polycin-b, 63
 poly-dex, 62
 polyethylene glycol 3350, 47
 polyethylene glycol 3350 packet, 47
 polymyxin b sulfate injection, 15
 polymyxin b sul-trimethoprim, 63
 portia, 60
 posaconazole, 15
 potassium chl-normal saline, 56
 potassium chloride capsule sustained action,
 -solution, -tablet
 sust.releaseparticles/crystals, -tablet
 sustained action, 58
 potassium chloride in d5lr, 58
 potassium chloride injection, 58
 potassium chloride-nacl, 56
 potassium citrate TABLET SUSTAINED
 ACTION, 67
 POTASSIUM REMOVING RESINS, 58
 POTASSIUM SPARING DIURETICS, 38
 POTASSIUM SUPPLEMENTS, 58
 PRADAXA, 58
 pramipexole dihydrochloride, 30
 pramlintide acetate, 43
 prasugrel, 54
 pravastatin sodium, 35
 prazosin hcl, 38
 PRED MILD, 62
 prednicarbate, 40
 prednisolone acetate, 62
 prednisolone acetate suspension drops, 63
 prednisolone sodium phosphate drops, 63
 prednisolone sodium phosphate solution, 43
 prednisolone solution oral, 43
 prednisone intensol, 43
 prednisone solution, -tablet, 43
 pregabalin, 29
 PREMARIN CREAM WITH APPLICATOR, 60
 PREMASOL, 56
 PREMPHASE, 61
 PREMPRO, 61
 prevalite, 36
 previfem, 60
 PREZISTA 400 MG TABLET, -600 MG
 TABLET, 12
 PREZISTA 75 MG TABLET, -150 MG TABLET,
 12
 PRIFTIN, 13
 primaquine, 18
 PRIMAQUINE, 18
 PRIMAXIN 250 MG VIAL, 15
 PRIMAXIN 500 MG VIAL, 15
 PRIMAXIN I.M., 15
 primidone tablet, 29
 PRIMSOL, 20

PRISTIQ, 30
 PRIVIGEN, 50
 PROAIR HFA, 65
 probenecid, 53
 probenecid-colchicine, 53
 procainamide hcl injection, 33
 PROCALAMINE, 56
 procarbazine, 21
 prochlorperazine edisylate, 26
 prochlorperazine maleate suppository rectal, -tablet, 26
 PROCRIT 2,000 UNITS/ML VIAL, -3,000 UNITS/ML VIAL, -4,000 UNITS/ML VIAL, -10,000 UNITS/ML VIAL, 50
 PROCRIT 20,000 UNITS/ML VIAL, -40,000 UNITS/ML VIAL, 50
 procto-pak, 48
 proctosol-hc, 48
 proctozone-hc, 48
 progesterone, 61
 PROGESTIN DRUGS, 61
 PROGLYCEM, 43
 PROGRAF INJECTION, 22
 PROLASTIN, 66
 PROLASTIN C, 66
 PROLEUKIN, 52
 PROMACTA, 52
 promethazine hcl injection, 64
 promethazine hcl suppository rectal, 26
 promethazine hcl syrup, -tablet, 64
 prometegan, 26
 PROMETRIUM, 61
 propafenone hcl, 33
 propantheline bromide tablet, 47
 proparacaine hcl drops, 64
 propranolol hcl capsule sustained action, -solution, -tablet, 34
 propranolol hcl injection, 34
 propranolol-hydrochlorothiazid, 37
 propylthiouracil tablet, 42
 PROQUAD, 50
 PROTON PUMP INHIBITORS, 48
 PROTOPIC, 41
 protriptyline hcl, 31
 PROVENTIL HFA, 65
 PROVIGIL, 28
 pyrazinamide, 13
 pyridostigmine, 30
 pyridostigmine bromide tablet, 31
 pyrimethamine, 18
 QUALAQUIN, 18
 quasense, 60
 quetiapine fumarate, 25
 quinapril hcl, 33
 quinapril-hydrochlorothiazide, 37
 quinidine gluconate injection, 33
 quinidine gluconate tablet sustained action, 33
 quinidine sulfate tablet, -tablet sustained action, 33
 quinine sulfate, 18
 QUINOLONES, 18
 quinupristin/dalfopristin, 15
 QVAR, 66
 RABAVERT, 50
 rabies vac,pf chick-emb cell, 50
 rabies vaccine,human diploid, 50
 raloxifene, 45
 raltegravir potassium, 12
 ramelteon, 31
 ramipril, 33
 RANEXA, 37
 ranitidine hcl capsule, -syrup, -150 mg tablet, -300 mg tablet, 47
 ranitidine hcl injection, 47
 ranolazine, 37
 RAPAMUNE, 22
 rapiflux, 31
 rasburicase, 21
 REBIF 22 MCG/0.5 ML SYRINGE, -44 MCG/0.5 ML SYRINGE, 51
 REBIF TITRATION PACK, 51
 RECLAST, 46
 reclusen, 60
 RECOMBIVAX HB, 50
 REGRANEX, 41
 RELENZA, 16
 RELISTOR, 48

REMICADE, 22
REMODULIN, 37
RENAMIN, 56
REVELA, 54
reprexain, 27
RESCRIPTOR, 12
reserpine tablet, 37
RESPIRATORY MEDICATIONS, 64
RESTASIS, 64
RETROVIR INJECTION, 12
revatio (sildenafil citrate), 37, 38
REVATIO INJECTION, 37
REVATIO TABLET, 38
REVLIMID, 22
REYATAZ, 12
ribapak, 16
ribasphere 200 mg tablet, 16
ribasphere capsule, -400 mg tablet, -600 mg
tablet, 16
ribavirin, 16
ribavirin 200 mg tablet, 16
ribavirin capsule, -400 mg tablet, -600 mg
tablet, 16
RIDAURA, 54
rifabutin, 13
rifampin capsule, 13
rifampin injection, 13
rifapentine, 13
rifaximin, 15
rilonacept, 51
rilpivirine hydrochloride, 12
RILUTEK, 53
riluzole, 53
rimantadine hcl, 16
ringers injection, 56
RIOMET, 45
RISPERDAL CONSTA 12.5 MG SYR, -25 MG
SYR, 24
RISPERDAL CONSTA 37.5 MG SYR, -50 MG
SYR, 24
risperidone, 24
risperidone odt, 24
risperidone solution, 24
risperidone tablet, 24

ritonavir, 12
ritonavir/lopinavir, 12
RITUXAN, 22
rituximab, 22
rivaroxaban, 58
rivastigmine, 23
rivastigmine tartrate, 23
rizatriptan benzoate, 28
romycin, 63
ropinirole hcl, 30
rosiglitazone maleate, 44
rosiglitazone maleate/glimepir, 44
rosiglitazone/metformin hcl, 44
rosuvastatin calcium, 35
ROTATEQ, 50
rotavirus vac, live pentav, 50
roxicet tablet, 27
ROZEREM, 31
rubella vaccine, 50
rufinamide, 29
SABRIL, 29
SALICYLATES AND RELATED DRUGS, 54
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, 57
salmeterol/fluticasone, 65
SAMSCA, 46
SANCTURA XR, 66
SANDIMMUNE CAPSULE, 22
SANDOSTATIN LAR 10 MG KIT, -30 MG KIT,
22
SANDOSTATIN LAR 20 MG KIT, 22
SANTYL, 41
SAPHRIS, 24
sapropterin dihydrochloride, 45
saquinavir mesylate, 12
sargramostim, 52
SAVELLA TABLET, 30
SAVELLA TABLET DOSE PACK, 30
saxagliptin hcl/metformin hcl, 45
saxagliptin hydrochloride, 45
SCABICIDES, 40
SECONDARY AMINES, 31

SEDATIVE/HYPNOTIC DRUGS, 31
 SELECTIVE SEROTONIN REUPTAKE
 INHIBITORS, 31
 selegiline, 28
 selegiline hcl capsule, -tablet, 30
 selenium sulfide 2.5% lotion, 39
 selfemra 10 mg capsule, 31
 selfemra 20 mg capsule, 32
 SELZENTRY, 12
 SENSIPAR, 46
 SEROMYCIN, 13
 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, 32
 sertraline hcl 50 mg tablet, -100 mg tablet,
 32
 sertraline hcl solution, 32
 sevelamer carbonate, 54
 silver sulfadiazine cream, 19
 SIMCOR 500-20 MG TABLET, -500-40 MG
 TABLET, -1,000-40 MG TABLET, 35
 SIMCOR 750-20 MG TABLET, -1,000-20 MG
 TABLET, 35
 SIMULECT, 22
 simvastatin, 35
 SINGULAIR, 65
 sirolimus, 22
 sitagliptin phos/metformin hcl, 45
 sitagliptin phosphate, 45
 SMOKING CESSATION PRODUCTS, 32
 sodium bicarbonate injection, 57
 sodium chloride solution, 57
 sodium fluoride tablet, 57
 sodium lactate injection, 57
 sodium oxybate, 31
 sodium phenylbutyrate, 41
 sodium phosphate/na biphos, 47
 sodium polystyrene sulfonate powder, 58
 SOLARAZE, 41
 solia, 60
 somatropin, 49
 SOMAVERT, 46
 sorafenib tosylate, 21
 SORIATANE, 39
 SORIATANE CK, 39
 sorine, 36
 sotalol, 36
 sotret, 39
 SPECIALIZED OB/GYN DRUGS, 61
 SPIRIVA, 66
 spironolactone tablet, 38
 spironolactone-hctz, 38
 SPORANOX SOLUTION, 15
 sprintec, 60
 SPRYCEL, 22
 sronyx, 60
 ssd, 19
 stagesic, 27
 STALEVO 100, 30
 STALEVO 125, 30
 STALEVO 150, 30
 STALEVO 200, 30
 STALEVO 50, 30
 STALEVO 75, 30
 stavudine, 12
 STRATTERA, 31
 STROMECTOL, 11
 SUBOXONE FILM MEDICATED, 27
 SUBOXONE TABLET SUBLINGUAL, 27
 succimer, 41
 SUCCINIMIDES, 32
 sucralfate, 47
 sucralfate tablet, 47
 sulfacetamide sodium drops, 63
 sulfacetamide sodium suspension topical, 39
 sulfacetamide-prednisolone, 62
 sulfadiazine tablet, 19
 sulfamethoxazole-trimethoprim injection, 19
 sulfamethoxazole-trimethoprim suspension
 oral, -tablet, 19
 SULFAMYLON, 19
 sulfasalazine tablet, 48

sulfatrim, 19
sulfazine ec, 48
SULFONAMIDES, 19
sulindac tablet, 54
sumatriptan 4 mg/0.5 ml vial, -6 mg/0.5 ml vial, 28
sumatriptan 6 mg/0.5 ml inject, 28
sumatriptan succinate tablet, 28
sunitinib malate, 22
SUPRAX, 14
SURMONTIL, 32
SUSTIVA, 12
SUTENT, 22
SYLATRON, 51
SYMBICORT, 66
SYMLIN, 43
SYMLINPEN 120, 43
SYMLINPEN 60, 43
SYNAREL, 61
SYNERCID, 15
SYPRINE, 54
TABLOID, 22
tacrolimus, 22, 41
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
TAMIFLU 6 MG/ML SUSPENSION, 16
tamoxifen citrate tablet, 22
tamsulosin hcl, 67
TARCEVA, 22
TARGRETIN, 22
TASIGNA, 22
TASMAR, 30
tazarotene, 39
TAZORAC, 39
taztia xt, 34
TEGRETOL XR 100 MG TABLET, 26
TEKAMLO, 37
TEKTURNA, 37
TEKTURNA HCT, 37
telaprevir, 12
telbivudine, 16
telmisartan, 33
telmisartan/amlodipine, 37
telmisartan/hctz, 37
tenofovir disoproxil fumarate, 13
terazosin 1 mg capsule, -2 mg capsule, -5 mg capsule, 38
terazosin 10 mg capsule, 38
terbinafine, 15
terbinafine hcl tablet, 15
terbutaline sulfate injection, 65
terbutaline sulfate tablet, 65
terconazole 0.4% cream, 20
terconazole 0.8% cream, 20
terconazole suppository vaginal, 20
teriparatide, 45
TERTIARY AMINES, 32
tesamorelin acetate, 49
TESTIM, 59
testosterone, 59
testosterone cypionate injection, 59
testosterone enanthate injection, 59
TETANUS DIPHTHERIA TOXOIDS, 50
tetanus toxoid adsorbed, 50
tetanus,diphtheria toxoid, 49, 50
TETANUS-DIPHTERIA-DECAVAC, 50
tetrabenazine, 31
tetracycline hcl capsule, 19
TETRACYCLINES, 19
tetrahydrozoline, 42
TEV-TROPIN, 49
thalidomide, 41
THALOMID, 41
theochron, 65
theophylline, 65
theophylline anhydrous tablet sustained release 12hr, 65
THERAPEUTIC VITAMINS AND MINERALS, 58
thermazene, 19
THIAZIDE AND RELATED DRUGS, 38
thioguanine, 22
thioridazine hcl, 25
thiothixene, 25
THROMBOPOIETIC AGENTS, 52

THYROID SUPPLEMENTS, 46
 THYROLAR-1, 46
 THYROLAR-1/4, 46
 THYROLAR-2, 46
 THYROLAR-3, 46
 tiagabine, 29
 ticagrelor, 54
 tigecycline, 15
 TIKOSYN, 36
 timolol maleate drops, -gel-forming solution, 62
 timolol maleate tablet, 34
 tiotropium bromide, 66
 tipranavir, 12
 tizanidine hcl tablet, 53
 tobramycin sulfate drops, 63
 tobramycin sulfate in ns, 11
 tobramycin sulfate injection, 11
 tobramycin/lotepred etab, 62
 tobramycin-dexamethasone, 62
 tobrasol, 63
 tocilizumab, 51
 tolazamide, 45
 tolbutamide, 45
 tolcapone, 30
 tolmetin sodium, 54
 tolvaptan, 46
 TOPICAL ANESTHETICS, 11
 TOPICAL ANTIBACTERIAL DRUGS, 19
 TOPICAL ANTIFUNGAL-CORTICOSTEROID COMB., 19
 TOPICAL CORTICOSTEROID DRUGS, 40
 TOPICAL DERMATOLOGICAL DRUGS, 41
 topiramate capsule sprinkle, -tablet, 29
 toremifene, 21
 torsemide injection, 36
 torsemide tablet, 36
 TRACLEER, 35
 tramadol hcl tablet, 23
 tramadol hcl tablet sustained release 24hr, 23
 tramadol hcl-acetaminophen, 23
 trandolapril, 33
 tranexamic acid, 41
 tranylcypromine sulfate, 29
 TRAVASOL, 57
 trazodone hcl tablet, 30
 TRECATOR, 13
 TRELSTAR 22.5 MG VIAL, 22
 TRELSTAR 3.75 MG SYRINGE, -11.25 MG SYRINGE, 22
 treprostinil sodium, 37
 tretinoin 0.025% cream, -0.05% cream, -0.1% cream, -gel, 39
 tretinoin capsule, 22
 triamcinolone acetonide aerosol spray, 42
 triamcinolone acetonide cream, -lotion, -ointment, 41
 triamcinolone acetonide paste, 42
 triamterene-hctz, 38
 triamterene-hydrochlorothiazid, 38
 triderm, 41
 trientine, 54
 trifluoperazine hcl, 25
 trifluridine drops, 63
 trihexyphenidyl hcl, 23
 TRIHIBIT, 50
 tri-legest fe, 60
 trilyte with flavor packets, 48
 trimethobenzamide hcl capsule, 26
 trimethobenzamide hcl injection, 26
 trimethoprim, 20
 trimethoprim tablet, 20
 trimipramine, 32
 trinessa, 60
 TRIPEDIA, 50
 tri-previfem, 60
 triptorelin pamoate, 22
 tri-sprintec, 60
 trivora-28, 60
 TRIZIVIR, 12
 TROPHAMINE, 57
 tropicamide drops, 64
 trospium chloride, 66
 TRUVADA, 12
 TWINRIX, 50
 TWYNSTA, 37
 TYGACIL, 15

TYKERB, 22
 TYPHIM VI, 50
 typhoid vaccine, 50
 TYSABRI, 22
 TYZEKA, 16
 TYZINE, 42
 ULORIC, 53
 ULTILET INSULIN SYRINGE, 52
 unithroid, 46
 URINARY ANTIINFECTIVES, 19
 UROLOGICAL MEDICATIONS, 66
 UROXATRAL, 67
 ursodiol capsule, -tablet, 48
 VAGIFEM, 60
 VAGINAL ANTIFUNGALS, 20
 valacyclovir, 16
 VALCYTE, 16
 valganciclovir, 16
 valproate sodium injection, 32
 VALPROIC ACID AND DERIVATIVES, 32
 valproic acid capsule, -syrup, 32
 valsartan, 33
 VANCOCIN HCL, 15
 vancomycin, 15
 vancomycin 1 gm vial, -10 gm vial, 15
 vancomycin hcl 1g/200 ml bag, 15
 vandazole, 61
 vandetanib, 22
 VANDETANIB, 22
 VAQTA, 50
 varenicline tartrate, 32
 varicella vacc/pf, 50
 varicella virus vaccine live, 50
 VARIVAX VACCINE, 50
 VASODILATOR ANTIHYPERTENSIVES, 38
 velaglucerase alfa, 46
 VELCADE, 22
 velivet, 60
 venlafaxine hcl, 30
 venlafaxine hcl er 37.5 mg cap, -150 mg cap,
 30
 venlafaxine hcl er 75 mg cap, 30
 verapamil er, 34
 verapamil er pm, 34
 verapamil hcl injection, 34
 verapamil hcl tablet, -tablet sustained action,
 34
 veripred 20, 43
 VFEND IV, 17
 VFEND SUSPENSION, 15
 VFEND TABLET, 15
 VICTRELIS, 12
 VIDAZA, 22
 VIDEX, 13
 vigabatrin, 29
 VIGAMOX, 63
 VIIBRYD, 32
 vilazodone hydrochloride, 32
 VIMPAT INJECTION, 29
 VIMPAT SOLUTION, -TABLET, 29
 VIRACEPT, 13
 VIRAMUNE, 13
 VIRAMUNE XR, 13
 VIRAZOLE, 16
 VIREAD, 13
 VISICOL, 47
 VITAMINS AND MINERALS AND RELATED
 PRODUCTS, 58
 voriconazole, 15, 17
 voriconazole 200 mg tablet, 15
 voriconazole 50 mg tablet, 15
 vorinostat, 22
 VOTRIENT, 22
 VPRIV, 46
 VYTORIN 10-10 MG TABLET, 35
 VYTORIN 10-20 MG TABLET, -10-40 MG
 TABLET, -10-80 MG TABLET, 36
 warfarin sodium tablet, 58
 XARELTO, 58
 XENAZINE, 31
 XERESE, 16
 XGEVA, 46
 XIFAXAN 200 MG TABLET, 15
 XIFAXAN 550 MG TABLET, 15
 XOLAIR, 66
 XYREM, 31
 yellow fever vaccine, 50
 YF-VAX, 50

zafirlukast, 65
zaleplon 10 mg capsule, 31
zaleplon 5 mg capsule, 31
zamicet, 27
zanamivir, 16
ZAVESCA, 46
ZENPEP DR 5,000 UNITS CAPSULE, -DR
10,000 UNITS CAPSULE, -DR 15,000
UNITS CAPSULE, -DR 20,000 UNITS
CAPSULE, 48
zeosa, 60
ZETIA, 36
ZIAGEN, 13
zidovudine, 12, 13
zidovudine/lamivudine/abacavir, 12
zileuton, 65
ziprasidone, 24
zoledronic acid, 46
ZOLINZA, 22
zolmitriptan, 28
zolpidem tartrate, 31
ZOMETA, 46
ZOMIG SPRAY NON-AEROSOL, 28
ZONALON, 41
zonisamide, 29
ZORTRESS 0.25 MG TABLET, 22
ZORTRESS 0.5 MG TABLET, -0.75 MG
TABLET, 23
ZOSTAVAX, 50
zovia 1-35e, 60
zovia 1-50e, 60
ZOVIRAX CREAM, -OINTMENT, 17
ZYCLARA, 41
ZYFLO CR, 65
ZYLET, 62
ZYPREXA INJECTION, 25
ZYPREXA TABLET, 25
ZYPREXA ZYDIS, 25
ZYTIGA, 23
ZYVOX INJECTION, 15
ZYVOX SUSPENSION RECONSTITUTED
ORAL, -TABLET, 16

