

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



2012 FORMULARY

List of Covered Drugs

UPMC for You
Advantage (HMO SNP)
Affiliate of UPMC Health Plan

UPMC for Life
Options (HMO SNP)
UPMC Health Plan Medicare Program

UPMC for Life
Specialty Plan (HMO SNP)
UPMC Health Plan Medicare Program

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

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options is a Medicare-approved Part D sponsor.

This document may be available in an alternative format such as Braille, large print, or audio. Please call Member Services at 1-800-606-8648. TTY/TDD user call 1-866-407-8762.

2012 Approved Formulary File Submission ID 12250-08

What is the UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options Formulary?

A formulary is a list of covered drugs selected by UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary change?

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

The enclosed formulary is current as of March 2012. To get updated information about the drugs covered by UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options, please visit our Web site at www.upmchealthplan.com/medicare/partd.html or call Member Services at 1-800-606-864, seven days a week from 8 a.m. to 8 p.m. TTY/TDD users should call 1-866-407-8762.

If UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options makes non-maintenance drug changes to this formulary that were approved by the Centers for Medicare & Medicaid Services (CMS), we will notify members by mailing errata sheets that list the prescription drug, change made, and the effective date. This will enable members to have the most up-to-date information regarding the covered drugs on the UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options formulary.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Medications”. If you know what your drug is used for, look for the category name in the list that begins on page number 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 102. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options before you fill your prescriptions. If you don't get approval, UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options may not cover the drug.
- **Quantity Limits:** For certain drugs, UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options limits the amount of the drug that UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options will cover. For example, UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options provides up to 93 tablets a month per prescription for morphine. This may be in addition to a standard one month or three month supply.

- **Step Therapy:** In some cases, UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options may not cover Drug B unless you try Drug A first. If Drug A does not work for you, UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.upmchealthplan.com/medicare/partd/html.

You can ask UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options to make an exception to these restrictions or limits. See the section, “How do I request an exception to the UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options formulary?” on page v for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Member Services and confirm that your drug is not covered. If you learn that UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options.
- You can ask UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options Formulary?

You can ask UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained on our non-preferred brand tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are on the specialty tier.

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting a formulary, tiering, or utilization restriction exception you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's or prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescriber's or prescribing physician's supporting statement.

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 91-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you are an existing member of UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options and your level of care changes (i.e., going home after a stay in a long-term care facility), UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options covers transition supplies of non-formulary or otherwise limited medications. For the first 31 days after entering a long-term care facility or for the first 31 days after being discharged from a long-term care facility, you can get up to a 31-day supply of your current medications to allow time for you and your physician to switch to a formulary alternative or request an exception. After your first 31-day supply, we will not pay for these drugs.

For more information

For more detailed information about your UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options, please call Member Services at 1-800-606-8648, available seven days a week from 8 a.m. to 8 p.m.* TTY/TDD users should call 1-866-407-8762. Or visit www.upmchealthplan.com/medicare/partd.html.

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

UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options. If you have trouble finding your drug in the list, turn to the Index that begins on page 102.

- The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., LEXAPRO) and generic drugs are listed in lower-case italics (e.g., *bupropion*).
- The information in the Requirements/Limits column tells you if UPMC *for Life* Specialty Plan/UPMC *for You* Advantage/UPMC *for Life* Options has any special requirements for coverage of your drug.

Key to Drug Table	
Tier Column	
1	Generic drug tier
2	Preferred Brand Name drug tier
3	Non-Preferred Brand Name drug tier
4	Specialty drug tier

*From February 15 through October 14, we are available from 8 a.m. to 8 p.m., Monday through Friday, and 8 a.m. to 3 p.m. on Saturday.

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

* The symbol LTD 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 PA in the Requirements/Limits column indicates that prior authorization may apply.

* The symbol PA in the Requirements/Limits column indicates that prior authorization may apply to individuals who are starting the medication for the first time or for the first time in a long time.

* The symbol BvD in the Requirements/Limits column indicates that prior authorization may apply to ensure drug is paid under Medicare Part B if required by Medicare.

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

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

General Drug Table

Drug Name	Generic	Drug Tier	Requirements/Limits
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ANESTHETICS

LOCAL ANESTHETICS

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

<i>lidocaine hcl cream, - dental/mucous membrn</i>		1	
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Drug Name	Generic	Drug Tier	Requirements/Limits
<i>products, -gel, -lotion, -oint</i>			
<i>lidocaine hcl viscous</i>		1	
<i>lidocaine-prilocaine</i>		1	
LIDODERM	<i>lidocaine</i>	3	PA, QLL (93/31)
<i>pre-attached lta kit</i>		1	

ANTIINFECTIVES

AMEBICIDES

<i>paromomycin sulfate</i>		1	
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AMINOGLYCOSIDES

<i>amikacin sulfate injection INJ</i>		1	
<i>gentamicin 90 mg/ns 100 ml pb, -100 mg/ns 100 ml, -iso gentamicin 100 mg/100 ml, -60 mg/ns 50 ml pb, -isoton gentamicin 60 mg/50 ml, -70 mg/ns 50 ml pb, -80 mg/ns 50 ml pb, -isoton gentamicin 80 mg/50 ml INJ</i>		1	
<i>gentamicin sulfate injection INJ</i>		1	
ISOTON GENTAMICIN 60 MG/100 ML, -80 MG/NS 100 ML PB, - ISOTON GENTAMICIN 80 MG/100 ML, -ISO GENTAMICIN 120 MG/100 ML INJ	<i>gentamicin/sodium chloride</i>	3	
<i>kanamycin sulfate injection INJ</i>		1	
NEO-FRADIN	<i>neomycin</i>	2	
<i>neomycin sulfate tablet</i>		1	
TOBI	<i>tobramycin/sodium chloride</i>	4	BvD, QLL (280/28)

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>tobramycin sulfate in ns INJ</i>		1	
<i>tobramycin sulfate injection INJ</i>		1	

ANTHELMINTICS

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

ANTIINFECTIVES SPECIALIZED INDICATIONS

DAPSONE TABLET	<i>dapsone</i>	2	
FLAGYL ER	<i>metronidazole</i>	3	
<i>metro iv INJ</i>		1	
<i>metronidazole capsule, -tablet</i>		1	
<i>metronidazole injection INJ</i>		1	

ANTIRETROVIRALS AND PROTEASE INH

APTIVUS	<i>tipranavir</i>	4	
ATRIPLA	<i>emtricitabine/tenofovir/efavir</i>	4	
COMBIVIR	<i>lamivudine/zidovudine</i>	4	
COMPLERA	<i>emtricitab/rilpivirine/tenofov</i>	4	
CRIXIVAN	<i>indinavir</i>	2	
<i>didanosine</i>		1	
EDURANT	<i>rilpivirine hydrochloride</i>	4	
EMTRIVA	<i>emtricitabine</i>	2	
EPIVIR	<i>lamivudine</i>	2	
EPZICOM	<i>abacavir sulfate/lamivudine</i>	4	
FUZEON INJ	<i>enfuvirtide</i>	4	
INCIVEK	<i>telaprevir</i>	4	PA, QLL (186 tabs/31)
INTELENCE	<i>etravirine</i>	4	
INVIRASE CAPSULE	<i>saquinavir mesylate</i>	3	

Drug Name	Generic	Drug Tier	Requirements/Limits
INVIRASE TABLET	<i>saquinavir mesylate</i>	4	
ISENTRESS	<i>raltegravir potassium</i>	4	
KALETRA 100-25 MG TABLET	<i>ritonavir/lopinavir</i>	3	
KALETRA SOLUTION, - 200-50 MG TABLET	<i>ritonavir/lopinavir</i>	4	
<i>lamivudine</i>		1	
<i>lamivudine-zidovudine</i>		4	
LEXIVA ORAL SUSP	<i>fosamprenavir calcium</i>	3	
LEXIVA TABLET	<i>fosamprenavir calcium</i>	4	
NORVIR	<i>ritonavir</i>	3	
PREZISTA 400 MG TABLET, -600 MG TABLET	<i>darunavir ethanolate</i>	4	
PREZISTA 75 MG TABLET, -150 MG TABLET	<i>darunavir ethanolate</i>	2	
RESCRIPTOR	<i>delavirdine mesylate</i>	2	
RETROVIR INJECTION INJ	<i>zidovudine</i>	3	
REYATAZ 100 MG CAPSULE	<i>atazanavir sulfate</i>	2	
REYATAZ 150 MG CAPSULE, -200 MG CAPSULE, -300 MG CAPSULE	<i>atazanavir sulfate</i>	4	
SELZENTRY	<i>maraviroc</i>	4	
<i>stavudine</i>		1	
SUSTIVA	<i>efavirenz</i>	2	
TRIZIVIR	<i>zidovudine/lamivudine/abacavir</i>	4	
TRUVADA	<i>emtricitabine/tenofovir</i>	4	
VICTRELIS	<i>boceprevir</i>	4	PA, QLL (372/31)
VIDEX	<i>didanosine</i>	3	
VIRACEPT POWDER	<i>nelfinavir mesylate</i>	3	
VIRACEPT TABLET	<i>nelfinavir mesylate</i>	4	
VIRAMUNE	<i>nevirapine</i>	3	
VIRAMUNE XR	<i>nevirapine</i>	3	
VIREAD 300 MG TABLET	<i>tenofovir disproxil fumarate</i>	4	
ZIAGEN	<i>abacavir sulfate</i>	2	

Drug Name	Generic	Drug Tier	Requirements/Limits
<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>	3	
PASER	<i>aminosalicylic acid</i>	3	
PRIFTIN	<i>rifapentine</i>	3	
<i>pyrazinamide</i>		1	
RIFAMATE	<i>rifampin/isoniazid</i>	3	
<i>rifampin capsule</i>		1	
<i>rifampin injection</i> INJ		1	
RIFATER	<i>rifampin/inh/pyrazinamide</i>	3	
SEROMYCIN	<i>cycloserine</i>	3	
STREPTOMYCIN SULFATE INJECTION INJ	<i>streptomycin</i>	2	
TRECTOR	<i>ethionamide</i>	3	

CEPHALOSPORINS

CEDAX	<i>ceftibuten</i>	3	
<i>cefaclor</i>		1	
<i>cefaclor er</i>		1	
<i>cefadroxil</i>		1	
<i>cefazolin sodium</i> INJ		1	
<i>cefdinir</i>		1	
CEFDITOREN PIVOXIL 400 MG TAB	<i>cefditoren pivoxil</i>	3	
<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	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>cefepodoxime proxetil</i>		1	
<i>cefprozil</i>		1	
<i>ceftazidime</i> INJ		1	
<i>ceftriaxone</i> INJ		1	
<i>cefuroxime axetil</i>		1	
<i>cefuroxime injection</i> INJ		1	
<i>cefuroxime sodium</i> INJ		1	
<i>cefuroxime tablet</i>		1	
<i>cephalexin</i>		1	
FORTAZ 500 MG VIAL INJ	<i>ceftazidime</i>	3	
FORTAZ IN ISO- OSMOTIC DEXTROSE INJ	<i>ceftazidime</i>	3	
KEFLEX 750 MG CAPSULE	<i>cephalexin</i>	3	
SPECTRACEF	<i>cefditoren pivoxil</i>	3	
SUPRAX	<i>cefixime</i>	3	
TEFLARO INJ	<i>ceftaroline fosamil acetate</i>	3	

CHLORAMPHENICOLS

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

CLEOCIN HCL 75 MG CAPSULE	<i>clindamycin hcl</i>	3	
CLEOCIN PHOSPHATE IN D5W INJ	<i>clindamycin phosphate</i>	3	
<i>clindamycin hcl capsule</i>		1	
<i>clindamycin palmitate hcl</i>		1	
<i>clindamycin phosphate injection</i> INJ		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
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ERYTHROMYCINS

ERYPED 200	<i>erythromycin ethylsuccinate</i>	3	
ERYPED 400	<i>erythromycin ethylsuccinate</i>	3	
ERY-TAB	<i>erythromycin base</i>	3	
ERYTHROCIN LACTOBIONATE INJ	<i>erythromycin lactobionate</i>	3	
<i>erythrocin stearate</i>		1	
<i>erythromycin e.c. cap, -tablet</i>		1	
<i>erythromycin ethylsuccinate tablet</i>		1	
PCE	<i>erythromycin base</i>	3	

ORAL ANTIFUNGAL DRUGS

ANCOBON	<i>flucytosine</i>	4	
<i>clotrimazole lozenge</i>		1	
<i>fluconazole suspension, -tablet</i>		1	
<i>flucytosine</i>		4	
GRIFULVIN V	<i>griseofulvin microsize</i>	2	
<i>griseofulvin oral susp</i>		1	
GRIS-PEG	<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole capsule</i>		1	PA, QLL (366/90)
<i>ketoconazole tablet</i>		1	
NOXAFIL	<i>posaconazole</i>	4	PA
<i>nystatin oral susp, -50,000,000 units pwd, -150,000,000 units pwd, -500,000,000 units pwd, -tablet</i>		1	
<i>terbinafine hcl tablet</i>		1	
VFEND SUSPENSION	<i>voriconazole</i>	4	
<i>voriconazole 200 mg tablet</i>		4	
<i>voriconazole 50 mg tablet</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
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OTHER ANTIINFECTIVE DRUGS

ALINIA	<i>nitazoxanide</i>	2	
AZACTAM-ISO-OSMOT 1 GM/50 ML INJ	<i>aztreonam/dextrose water</i>	3	
AZACTAM-ISO-OSMOT 2 GM/50 ML INJ	<i>aztreonam/dextrose water</i>	4	
<i>aztreonam</i> INJ		1	
<i>baciiim</i> INJ		1	
<i>bacitracin injection</i> INJ		1	
CAYSTON	<i>aztreonam lysine</i>	4	QLL (84/28), LTD
<i>colistimethate 150 mg vial</i> INJ		4	
CUBICIN INJ	<i>daptomycin</i>	4	BvD
DIFICID	<i>fidaxomicin</i>	4	QLL (20 tabs/10), ST
DORIBAX 500 MG VIAL INJ	<i>doripenem</i>	3	
<i>imipenem-cilastatin 250 mg v/</i> INJ		1	
<i>imipenem-cilastatin 500 mg v/</i> INJ		4	
INVANZ INJ	<i>ertapenem sodium</i>	3	
LINCOCIN INJ	<i>lincomycin</i>	3	
MEPRON	<i>atovaquone</i>	4	
<i>meropenem</i> INJ		1	
NEBUPENT	<i>pentamidine</i>	3	BvD
<i>polymyxin b sulfate injection</i> INJ		1	
PRIMAXIN INJ	<i>imipenem/cilastatin sodium</i>	3	
PRIMAXIN I.M. INJ	<i>imipenem/cilastatin sodium</i>	3	
SYNERCID INJ	<i>quinupristin/dalfopristin</i>	4	
TYGACIL INJ	<i>tigecycline</i>	4	
VANCOGIN HCL	<i>vancomycin</i>	4	
VANCOMYCIN INJ	<i>vancomycin</i>	1	BvD
<i>vancomycin 500 mg a/v vial, -500 mg vial, -750 mg vial, -1 gm add-van vial, -1 gm vial, -5 gm vial, -10 gm vial</i> INJ		1	BvD
VANCOMYCIN HCL	<i>vancomycin</i>	4	BvD

Drug Name	Generic	Drug Tier	Requirements/Limits
1G/200 ML BAG INJ			
VIBATIV 250 MG VIAL INJ	<i>telavancin</i>	3	
VIBATIV 750 MG VIAL INJ	<i>telavancin</i>	4	
XIFAXAN 200 MG TABLET	<i>rifaximin</i>	3	QLL (9/3)
XIFAXAN 550 MG TABLET	<i>rifaximin</i>	4	PA, QLL (62/31)
ZYVOX INJECTION INJ	<i>linezolid</i>	4	
ZYVOX ORAL SUSP, - TABLET	<i>linezolid</i>	4	

OTHER ANTIVIRAL DRUGS

<i>acyclovir capsule, -oral susp, -tablet</i>		1	
<i>acyclovir sodium</i> INJ		1	
<i>amantadine</i>		1	
BARACLUDE SOLUTION	<i>entecavir</i>	3	
BARACLUDE TABLET	<i>entecavir</i>	4	
DENAVIR	<i>penciclovir</i>	2	
EPIVIR HBV	<i>lamivudine</i>	2	
<i>famciclovir</i>		1	
<i>foscarnet sodium</i> INJ		1	
<i>ganciclovir 250 mg capsule</i>		1	
<i>ganciclovir 500 mg capsule</i>		4	
<i>ganciclovir sodium</i> INJ		1	
HEPSERA	<i>adefovir dipivoxil</i>	4	
REBETOL SOLUTION	<i>ribavirin</i>	3	
RELENZA	<i>zanamivir</i>	2	QLL (120/365)
RIBAPAK	<i>ribavirin</i>	4	
RIBASPHERE 400 MG TABLET, -600 MG TABLET	<i>ribavirin</i>	4	
<i>ribasphere capsule, -200 mg tablet</i>		1	
<i>ribavirin capsule, -</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>tablet</i>			
<i>rimantadine hcl</i>		1	
TAMIFLU 12 MG/ML SUSPENSION	<i>oseltamivir phosphate</i>	2	QLL (900/180)
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 (240/365)
TYZEKA	<i>telbivudine</i>	4	
<i>valacyclovir</i>		1	
VALCYTE	<i>valganciclovir</i>	4	
VIRAZOLE	<i>ribavirin</i>	4	
VISTIDE INJ	<i>cidofovir</i>	4	
ZOVIRAX CREAM, - OINT	<i>acyclovir</i>	2	

OTHER MACROLIDES

<i>azithromycin injection INJ</i>		1	
<i>azithromycin packet, - suspension, -tablet</i>		1	
<i>clarithromycin er</i>		1	
<i>clarithromycin suspension, -tablet</i>		1	

OTHER TOPICAL ANTIFUNGALS

<i>ciclopirox cream, -gel, - lotion, -soln, top</i>		1	
<i>clotrimazole cream, - soln, top</i>		1	
<i>econazole nitrate cream</i>		1	
<i>ketoconazole cream, - oil, shampoo, cleanser</i>		1	
NAFTIN 1% CREAM, - PUMP 1% CREAM, -GEL	<i>naftifine</i>	3	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>nyamyc</i>		1	
<i>nystatin cream, -oint, -100,000 unit/gm powd</i>		1	
<i>nystop</i>		1	
OXISTAT	<i>oxiconazole</i>	3	
<i>pedi-dri</i>		1	

PARENTERAL ANTIFUNGALS

ABELCET INJ	<i>amphotericin b lipid complex</i>	4	
AMBISOME INJ	<i>amphotericin b liposome</i>	4	
AMPHOTEC INJ	<i>ampho b c-s</i>	3	
<i>amphotericin b injection</i> INJ		1	
CANCIDAS INJ	<i>caspofungin acetate</i>	4	
ERAXIS (WATER DILUENT) INJ	<i>anidulafungin</i>	3	
<i>fluconazole in dextrose</i> INJ		1	
<i>fluconazole in saline</i> INJ		1	
MYCAMINE INJ	<i>micafungin sodium</i>	4	
VFEND IV INJ	<i>voriconazole</i>	3	

PENICILLINS

<i>amox tr-potassium clavulanate</i>		1	
<i>amoxicillin</i>		1	
<i>amoxicillin-clavulanate</i> <i>er</i>		1	
<i>ampicillin sodium</i> INJ		1	
<i>ampicillin trihydrate</i>		1	
<i>ampicillin-sulbactam</i> INJ		1	
BICILLIN C-R INJ	<i>pen g procaine/pen g benz</i>	3	
BICILLIN L-A INJ	<i>penicillin g benzathine</i>	3	
<i>dicloxacillin sodium</i>		1	
<i>nafcillin</i> INJ		4	
<i>nafcillin 1 gm add-van</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>vial, -1 gm vial INJ</i>			
<i>nafcillin 2 gm add-vant vial, -2 gm vial, -10 gm bulk vial, -10 gm vial INJ</i>		4	
<i>oxacillin 1 gm add-vantage vl, -1 gm vial INJ</i>		1	
<i>oxacillin 1 gm/ 50 ml inj INJ</i>		1	
<i>oxacillin 2 gm add-vantage vl, -2 gm vial, -10 gm vial INJ</i>		4	
<i>oxacillin 2 gm/ 50 ml inj INJ</i>		4	
PEN G K 1 MILLION UNIT/50 ML INJ	<i>pen g pot/dextrose-water</i>	2	
PEN G K 2 MILLION UNIT/50 ML, -PEN G K 3 MILLION UNIT/50 ML INJ	<i>pen g pot/dextrose-water</i>	3	
<i>penicillin g potassium INJ</i>		1	
<i>penicillin g procaine INJ</i>		1	
<i>penicillin g sodium INJ</i>		1	
<i>penicillin v potassium</i>		1	
PFIZERPEN INJ	<i>penicillin g potassium</i>	3	
<i>piperacillin INJ</i>		1	
<i>piperacillin-tazobactam INJ</i>		1	
TIMENTIN INJ	<i>ticarcillin/k clavulanate</i>	3	
UNASYN 1.5 GM ADD-VANTAGE VL, -1.5 GM PIGGYBACK BOTTLE, -3 GM ADD-VANTAGE VIAL, -3 GM PIGGYBACK BOTTLE INJ	<i>ampicillin sodium/sulbactam na</i>	3	
ZOSYN 2.25 GM GALAXY BAG, -2.25 GM PRE-MIX BAG, -3.375	<i>piperacillin/tazobactam na/d5w</i>	3	

Drug Name	Generic	Drug Tier	Requirements/Limits
GM GALAXY BAG, - 3.375 GM PRE MIX- BAG, -4.5 GM GALAXY BAG, -4.5 GM PRE-MIX BAG INJ			

PLASMODICIDES

<i>atovaquone-proguanil hcl</i>		1	
<i>chloroquine phosphate tablet</i>		1	
COARTEM	<i>artemether/lumefantrine</i>	2	
DARAPRIM	<i>pyrimethamine</i>	2	
<i>hydroxychloroquine sulfate tablet</i>		1	
MALARONE	<i>atovaquone/proguanil hcl</i>	2	
<i>mefloquine hcl</i>		1	
PRIMAQUINE	<i>primaquine</i>	2	
QUALAQUIN	<i>quinine sulfate</i>	3	PA

QUINOLONES

AVELOX	<i>moxifloxacin</i>	3	
AVELOX ABC PACK	<i>moxifloxacin</i>	3	
AVELOX IV INJ	<i>moxifloxacin</i>	3	
<i>ciprofloxacin INJ</i>		1	
<i>ciprofloxacin er 1,000 mg tab</i>		1	QLL (14/14)
<i>ciprofloxacin er 500 mg tablet</i>		1	QLL (28/31)
<i>ciprofloxacin hcl tablet</i>		1	
<i>ciprofloxacin-d5w INJ</i>		1	
FACTIVE	<i>gemifloxacin</i>	3	QLL (7/30)
LEVAQUIN INJECTION INJ	<i>levofloxacin</i>	3	
LEVAQUIN SOLUTION	<i>levofloxacin</i>	3	
<i>levofloxacin injection INJ</i>		1	
<i>levofloxacin solution, -</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>tablet</i>			
<i>levofloxacin-d5w INJ</i>		1	
NOROXIN	<i>norfloxacin</i>	3	
<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 oral susp, -tablet</i>		1	

TETRACYCLINES

<i>demeclocycline hcl tablet</i>		1	
<i>doxycycline hyclate capsule, -hyc dr 75 mg cap, -100 mg tab</i>		1	
<i>doxycycline hyclate injection INJ</i>		1	
<i>doxycycline mono 50 mg cap, -mono 100 mg cap, -tablet</i>		1	
<i>minocycline hcl capsule, -tablet</i>		1	
<i>tetracycline hcl capsule</i>		1	
VIBRAMYCIN SUSPENSION, -SYRUP	<i>doxycycline calcium</i>	2	

TOPICAL ANTIBACTERIAL DRUGS

BACTROBAN NASAL	<i>mupirocin calcium</i>	3	
<i>gentamicin sulfate cream, -0.1% ointment</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>mupirocin oint</i>		1	
<i>silver sulfadiazine cream</i>		1	
<i>ssd</i>		1	
<i>ssd af</i>		1	
<i>thermazene</i>		1	

TOPICAL ANTIFUNGAL-CORTICOSTEROID COMB.

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

URINARY ANTIINFECTIVES

FURADANTIN	<i>nitrofurantoin</i>	2	
MACRODANTIN 25 MG CAPSULE	<i>nitrofurantoin macrocrystal</i>	2	
<i>methenamine hippurate</i>		1	
<i>methenamine mandelate e.c. tab, - tablet</i>		1	
MONUROL	<i>fosfomycin tromethamine</i>	3	
<i>nitrofurantoin macrocrystal capsule</i>		1	
<i>nitrofurantoin mono-macro</i>		1	
<i>nitrofurantoin oral susp</i>		1	
<i>trimethoprim tablet</i>		1	

VAGINAL ANTIFUNGALS

<i>miconazole 3 200 mg vag supp</i>		1	
<i>nystatin vaginal products</i>		1	
<i>terconazole</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
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ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS

ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS

ABRAXANE INJ	<i>paclitaxel</i>	4	BvD
<i>adriamycin 10 mg vial, -20 mg vial, -50 mg vial</i> INJ		1	BvD
<i>adriamycin 2 mg/ml vial</i> INJ		1	BvD
AFINITOR	<i>everolimus</i>	4	PA, QLL (31/31)
ALIMTA INJ	<i>pemetrexed disodium</i>	4	
ALKERAN INJECTION INJ	<i>melphalan</i>	3	BvD
ALKERAN TABLET	<i>melphalan</i>	3	BvD
AMEVIVE INJ	<i>alefacept</i>	4	PA, QLL (24/365), LTD
<i>amifostine</i> INJ		1	
<i>anagrelide hcl</i>		1	
<i>anastrozole tablet</i>		1	
ARRANON INJ	<i>nelarabine</i>	3	BvD
AVASTIN INJ	<i>bevacizumab</i>	4	
AZASAN	<i>azathioprine</i>	3	BvD
<i>azathioprine sodium</i> INJ		1	BvD
<i>azathioprine tablet</i>		1	BvD
BENLYSTA INJ	<i>belimumab</i>	4	PA
<i>bicalutamide</i>		1	
BICNU INJ	<i>carmustine</i>	3	BvD
<i>bleomycin sulfite 15</i> <i>unit vial</i> INJ		1	BvD
<i>bleomycin sulfite 30</i> <i>unit vial</i> INJ		1	BvD
BUSULFEX INJ	<i>busulfan</i>	3	BvD
CAMPATH INJ	<i>alemtuzumab</i>	4	
CAPRELSA	<i>vandetanib</i>	4	PA, QLL (31 tabs/31)
<i>carboplatin 150 mg vial</i> INJ		1	BvD
<i>carboplatin 150 mg/15</i> <i>ml vial</i> INJ		1	BvD
CEENU	<i>lomustine</i>	2	

Drug Name	Generic	Drug Tier	Requirements/Limits
CELLCEPT INJECTION INJ	<i>mycophenolate mofetil</i>	3	BvD
CELLCEPT ORAL SUSP	<i>mycophenolate mofetil</i>	4	BvD
CIMZIA 200 MG VIAL KIT, -200 MG/ML SYRINGE KIT INJ	<i>certolizumab pegol</i>	4	PA, QLL (6/28)
<i>cisplatin injection</i> INJ		1	BvD
<i>cladribine</i> INJ		4	BvD
CLOLAR INJ	<i>clofarabine</i>	4	BvD
COSMEGEN INJ	<i>dactinomycin</i>	3	BvD
<i>cyclophosphamide tablet</i>		1	BvD
<i>cyclosporine 25 mg capsule, -100 mg capsule, -solution</i>		1	BvD
<i>cyclosporine 50 mg softgel</i>		1	
<i>cyclosporine injection</i> INJ		1	BvD
<i>cyclosporine modified</i>		1	BvD
<i>cytarabine 100 mg vial, -1 gm vial, -2 gm vial</i> INJ		1	BvD
<i>cytarabine 20 mg/ml vial, -100 mg/ml vial, -500 mg vial</i> INJ		1	BvD
<i>dacarbazine</i> INJ		1	BvD
DACOGEN INJ	<i>decitabine</i>	4	
DEPO-PROVERA 400 MG/ML VIAL INJ	<i>medroxyprogesterone</i>	3	
<i>dexrazoxane</i> INJ		1	BvD
<i>docetaxel 160 mg/16 ml vial, -20 mg/2 ml vial, -20 mg/ml vial, -20 mg/0.5 ml vial, -80 mg/2 ml vial</i> INJ		4	BvD
<i>docetaxel 80 mg/4 ml vial</i> INJ		1	BvD
<i>docetaxel 80 mg/8 ml vial</i> INJ		4	BvD
<i>doxorubicin hcl</i> INJ		1	BvD

Drug Name	Generic	Drug Tier	Requirements/Limits
DROXIA	<i>hydroxyurea</i>	3	
ELIGARD 22.5 MG SYRINGE INJ	<i>leuprolide</i>	3	PA, QLL (1/84)
ELIGARD 30 MG SYRINGE INJ	<i>leuprolide</i>	3	PA, QLL (1/112)
ELIGARD 45 MG SYRINGE INJ	<i>leuprolide</i>	3	PA, QLL (1/168)
ELIGARD 7.5 MG SYRINGE INJ	<i>leuprolide</i>	3	PA, QLL (1/28)
ELITEK INJ	<i>rasburicase</i>	4	
ELLECE INJ	<i>epirubicin hcl</i>	3	BvD
ELSPAR INJ	<i>asparaginase</i>	3	BvD
EMCYT	<i>estramustine phosphate sodium</i>	3	
ENBREL INJ	<i>etanercept</i>	4	PA, QLL (8/28)
<i>epirubicin 50 mg/25 ml vial</i> INJ		1	BvD
<i>epirubicin hcl 50 mg vial</i> INJ		1	BvD
ETHYOL INJ	<i>amifostine</i>	3	
<i>exemestane</i>		1	
FARESTON	<i>toremifene</i>	2	
FASLODEX INJ	<i>fulvestrant</i>	4	
FIRMAGON 2 X 120 MG VIALS INJ	<i>degarelix acetate</i>	4	PA, QLL (2/365)
FIRMAGON 80 MG VIAL INJ	<i>degarelix acetate</i>	3	PA, QLL (4/28)
<i>flutamide</i>		1	
<i>gengraf</i>		1	BvD
GLEEVEC 100 MG TABLET	<i>imatinib mesylate</i>	4	PA, QLL (93/31)
GLEEVEC 400 MG TABLET	<i>imatinib mesylate</i>	4	PA, QLL (62/31)
HALAVEN INJ	<i>eribulin mesylate</i>	4	
<i>hecoria 0.5 mg capsule, -1 mg capsule</i>		1	BvD
<i>hecoria 5 mg capsule</i>		4	BvD
HEXALEN	<i>altretamine</i>	4	
HUMIRA INJ	<i>adalimumab</i>	4	PA, QLL (5.60/28)
<i>hydroxyurea capsule</i>		1	
IRESSA	<i>gefitinib</i>	4	PA, QLL (31/31),

Drug Name	Generic	Drug Tier	Requirements/Limits
			LTD
JAKAFI	<i>ruxolitinib phosphate</i>	4	PA, QLL (62/31)
<i>leflunomide</i>		1	
<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>	4	PA, QLL (1/168)
LYSODREN	<i>mitotane</i>	2	
MATULANE	<i>procarbazine</i>	4	
MEGACE ES	<i>megestrol</i>	3	
<i>megestrol acetate oral susp, -tablet</i>		1	
<i>melphalan hcl</i> INJ		1	BvD
<i>mercaptopurine tablet</i>		1	
MESNEX INJECTION INJ	<i>mesna</i>	2	
MESNEX TABLET	<i>mesna</i>	2	
<i>methotrexate injection</i> INJ		1	BvD
<i>methotrexate tablet</i>		1	BvD
<i>mitoxantrone hcl</i> INJ		1	BvD
MUSTARGEN INJ	<i>mechlorethamine</i>	3	
<i>mycophenolate mofetil</i>		1	BvD
MYFORTIC	<i>mycophenolate sodium</i>	2	BvD
NEXAVAR	<i>sorafenib tosylate</i>	4	PA, QLL (124/31), LTD
NILANDRON	<i>nilutamide</i>	2	
NULOJIX INJ	<i>belatacept</i>	4	PA
<i>octreotide acet 50 mcg/ml amp, -acet 50 mcg/ml syr, -acet 50 mcg/ml vial, -acet 100 mcg/ml amp, -acet 100 mcg/ml syr, -acet 100 mcg/ml vl, -acet 200 mcg/ml vl</i> INJ		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>octreotide acet 500 mcg/ml amp, -acet 500 mcg/ml syr, -acet 500 mcg/ml vl, -1,000 mcg/ml vial</i> INJ		4	
ONTAK INJ	<i>denileukin diftitox</i>	4	BvD
ORENCIA 125 MG/ML SYRINGE INJ	<i>abatacept/maltose</i>	4	PA, QLL (4/28)
ORENCIA 250 MG VIAL INJ	<i>abatacept/maltose</i>	4	PA
ORTHOCLONE OKT-3 INJ	<i>muronab-cd3</i>	3	BvD
<i>paclitaxel</i> INJ		1	BvD
<i>pentostatin</i> INJ		1	BvD
PROGRAF INJECTION INJ	<i>tacrolimus</i>	3	BvD
RAPAMUNE 2 MG TABLET	<i>sirolimus</i>	4	PA
RAPAMUNE SOLUTION, -0.5 MG TABLET, -1 MG TABLET	<i>sirolimus</i>	3	PA
REMICADE INJ	<i>infliximab</i>	4	PA
REVLIMID	<i>lenalidomide</i>	4	PA, QLL (31/31), LTD
RITUXAN INJ	<i>rituximab</i>	4	PA
SANDOSTATIN 0.05 MG/ML AMPUL INJ	<i>octreotide</i>	3	
SANDOSTATIN 0.1 MG/ML AMPUL, -0.2 MG/ML VIAL, -0.5 MG/ML AMPUL, -1 MG/ML VIAL INJ	<i>octreotide</i>	4	
SANDOSTATIN LAR INJ	<i>octreotide</i>	4	PA, QLL (1/28)
SIMPONI 50 MG/0.5 ML PEN INJEC INJ	<i>golimumab</i>	4	PA, QLL (0.5/28)
SIMPONI 50 MG/0.5 ML SYRINGE INJ	<i>golimumab</i>	4	PA, QLL (0.50/28)
SIMULECT INJ	<i>basiliximab</i>	3	BvD
SOMATULINE DEPOT INJ	<i>lanreotide acetate</i>	4	PA, QLL (1/28)
SPRYCEL	<i>dasatinib</i>	4	PA, QLL (31/31)

Drug Name	Generic	Drug Tier	Requirements/Limits
STELARA 45 MG/0.5 ML SYRINGE INJ	<i>ustekinumab</i>	4	PA, QLL (0.50/28)
STELARA 90 MG/ML SYRINGE INJ	<i>ustekinumab</i>	4	PA, QLL (1/28)
SUTENT	<i>sunitinib malate</i>	4	PA, QLL (31/31)
TABLOID	<i>thioguanine</i>	3	
<i>tacrolimus 0.5 mg capsule, -1 mg capsule</i>		1	BvD
<i>tacrolimus 5 mg capsule</i>		4	BvD
<i>tamoxifen citrate tablet</i>		1	
TARCEVA 100 MG TABLET, -150 MG TABLET	<i>erlotinib hcl</i>	4	PA, QLL (31/31)
TARCEVA 25 MG TABLET	<i>erlotinib hcl</i>	4	PA
TARGRETIN CAPSULE	<i>bexarotene</i>	4	PA
TARGRETIN GEL	<i>bexarotene</i>	4	
TASIGNA 150 MG CAPSULE	<i>nilotinib hydrochloride</i>	4	PA, QLL (124 caps/31)
TASIGNA 200 MG CAPSULE	<i>nilotinib hydrochloride</i>	4	PA, QLL (124/31)
THERACYS INJ	<i>bcg vaccine</i>	3	
<i>thiotepa injection INJ</i>		1	BvD
TORISEL INJ	<i>temsirolimus</i>	4	BvD
TRELSTAR 11.25 MG SYRINGE, -22.5 MG VIAL INJ	<i>triptorelin pamoate</i>	4	PA, QLL (1/84)
TRELSTAR 22.5 MG SYRINGE INJ	<i>triptorelin pamoate</i>	4	BvD, QLL (1 syringes/84)
TRELSTAR 3.75 MG SYRINGE INJ	<i>triptorelin pamoate</i>	4	PA, QLL (1/28)
TRELSTAR DEPOT INJ	<i>triptorelin pamoate</i>	4	BvD, QLL (1/28)
TRELSTAR LA INJ	<i>triptorelin pamoate</i>	4	BvD, QLL (1 syringes/84)
<i>tretinoin capsule</i>		4	
TRISENOX INJ	<i>arsenic trioxide</i>	3	BvD
TYKERB	<i>lapatinib ditosylate</i>	4	PA, QLL (186/31)
TYSABRI INJ	<i>natalizumab</i>	4	PA, QLL (15/28), LTD
UVADEX INJ	<i>methoxsalen</i>	3	BvD

Drug Name	Generic	Drug Tier	Requirements/Limits
VANDETANIB	<i>vandetanib</i>	4	PA, QLL (31/31), LTD
VANTAS INJ	<i>histrelin ac</i>	4	BvD
VECTIBIX INJ	<i>panitumumab</i>	4	BvD
VELCADE INJ	<i>bortezomib</i>	4	
VIDAZA INJ	<i>azacitidine</i>	4	
<i>vinblastine 1 mg/ml vial</i> INJ		1	BvD
<i>vinblastine sulf 10 mg vial</i> INJ		1	BvD
<i>vincasar pfs</i> INJ		1	BvD
<i>vincristine sulfate</i> INJ		1	BvD
<i>vinorelbine tartrate</i> INJ		1	BvD
VOTRIENT	<i>pazopanib</i>	4	PA, QLL (124/31)
XALKORI	<i>crizotinib</i>	4	PA, QLL (62/31)
ZANOSAR INJ	<i>streptozocin</i>	3	BvD
ZELBORAF	<i>vemurafenib</i>	4	PA, QLL (248/31)
ZOLADEX INJ	<i>goserelin acetate</i>	3	BvD
ZOLINZA	<i>vorinostat</i>	4	PA, QLL (124/31)
ZORTRESS 0.25 MG TABLET	<i>everolimus</i>	2	PA
ZORTRESS 0.5 MG TABLET, -0.75 MG TABLET	<i>everolimus</i>	4	PA
ZYTIGA	<i>abiraterone acetate</i>	4	PA, QLL (124/31)

AUTONOMIC AND CNS MEDICATIONS

ANALGESICS

<i>acetaminophen-tramadol</i>		1	QLL (40/5)
<i>butorphanol tartrate injection</i> INJ		1	
<i>nalbuphine hcl injection</i> INJ		1	
PRIALT INJ	<i>ziconotide acetate</i>	3	
<i>tramadol hcl tablet</i>		1	QLL (248/31)
<i>tramadol hcl-acetaminophen</i>		1	QLL (40/5)

Drug Name	Generic	Drug Tier	Requirements/Limits
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ANTIDEMENTIA DRUGS

<i>donepezil hcl</i>		1	
EXELON ADH. PATCH	<i>rivastigmine tartrate</i>	2	
EXELON SOLUTION	<i>rivastigmine tartrate</i>	3	
<i>galantamine hbr</i>		1	
<i>galantamine hydrobromide</i>		1	
NAMENDA	<i>memantine hcl</i>	2	
RAZADYNE SOLUTION	<i>galantamine</i>	3	
<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 INJ</i>		1	
<i>benztropine mesylate tablet</i>		1	
<i>trihexyphenidyl hcl</i>		1	

ANTIPSYCHOTIC DRUGS

ABILIFY DISCMELT	<i>aripiprazole</i>	3	PA, QLL (62/31)
ABILIFY INJECTION INJ	<i>aripiprazole</i>	3	PA
ABILIFY SOLUTION	<i>aripiprazole</i>	3	PA, QLL (900/30)
ABILIFY TABLET	<i>aripiprazole</i>	3	PA, QLL (31/31)
<i>chlorpromazine hcl injection INJ</i>		1	
<i>chlorpromazine hcl tablet</i>		1	
<i>clozapine</i>		1	
FANAPT 1 MG TABLET, -2 MG TABLET, -4 MG	<i>iloperidone</i>	3	PA, QLL (62/31)

Drug Name	Generic	Drug Tier	Requirements/Limits
TABLET, -6 MG TABLET, -8 MG TABLET, -10 MG TABLET, -12 MG TABLET			
FANAPT TITRATION PACK	<i>iloperidone</i>	3	PA
FAZACLO	<i>clozapine</i>	3	
<i>fluphenazine decanoate injection</i> INJ		1	
<i>fluphenazine hcl elix, - solution, -tablet</i>		1	
<i>fluphenazine hcl injection</i> INJ		1	
GEODON CAPSULE	<i>ziprasidone</i>	2	QLL (62/31)
GEODON INJECTION INJ	<i>ziprasidone</i>	2	
<i>haloperidol dec 50 mg/ml vial, -dec 100 mg/ml vial</i> INJ		1	
<i>haloperidol decanoate 100</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>	3	PA, QLL (31/31)
INVEGA ER 6 MG TABLET	<i>paliperidone</i>	3	PA, QLL (62/31)
INVEGA SUSTENNA 117 MG PREF SY INJ	<i>paliperidone</i>	4	PA, QLL (1.5/28)
INVEGA SUSTENNA 156 MG PREF SY INJ	<i>paliperidone</i>	4	PA, QLL (2/28)
INVEGA SUSTENNA 234 MG PREF SY INJ	<i>paliperidone</i>	4	PA, QLL (3/28)
INVEGA SUSTENNA 39 MG PREF SYR INJ	<i>paliperidone</i>	3	PA, QLL (0.5/28)

Drug Name	Generic	Drug Tier	Requirements/Limits
INVEGA SUSTENNA 78 MG PREF SYR INJ	<i>paliperidone</i>	3	PA, QLL (1/28)
LATUDA 40 MG TABLET, -80 MG TABLET	<i>lurasidone hcl</i>	3	PA, QLL (31/31)
<i>loxapine</i>		1	
<i>olanzapine 15 mg tablet, -20 mg tablet</i>		1	QLL (62/31)
<i>olanzapine 2.5 mg tablet, -5 mg tablet, -7.5 mg tablet, -10 mg tablet</i>		1	QLL (31/31)
<i>olanzapine injection</i> INJ		1	
<i>olanzapine odt 15 mg tablet, -20 mg tablet</i>		1	QLL (62/31)
<i>olanzapine odt 5 mg tablet, -10 mg tablet</i>		1	QLL (31/31)
ORAP	<i>pimozide</i>	2	
<i>perphenazine</i>		1	
RISPERDAL CONSTA 12.5 MG SYR, -25 MG SYR INJ	<i>risperidone</i>	3	PA, QLL (4/28)
RISPERDAL CONSTA 37.5 MG SYR, -50 MG SYR INJ	<i>risperidone</i>	4	PA, QLL (4/28)
<i>risperidone m-tab</i>		1	QLL (62/31)
<i>risperidone odt</i>		1	QLL (62/31)
<i>risperidone solution</i>		1	
<i>risperidone tablet</i>		1	QLL (62/31)
SAPHRIS	<i>asenapine</i>	3	PA, QLL (62/31)
SEROQUEL	<i>quetiapine fumarate</i>	3	PA, QLL (93/31)
SEROQUEL XR 150 MG TABLET, -200 MG TABLET	<i>quetiapine fumarate</i>	3	PA, QLL (31/31)
SEROQUEL XR 50 MG TABLET, -300 MG TABLET, -400 MG TABLET	<i>quetiapine fumarate</i>	3	PA, QLL (62/31)
<i>thioridazine hcl</i>		1	
<i>thiothixene</i>		1	
<i>trifluoperazine hcl</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
ZYPREXA 15 MG TABLET, -20 MG TABLET	<i>olanzapine</i>	2	QLL (62/31)
ZYPREXA 2.5 MG TABLET, -5 MG TABLET, -7.5 MG TABLET, -10 MG TABLET	<i>olanzapine</i>	2	QLL (31/31)
ZYPREXA INJECTION INJ	<i>olanzapine</i>	2	
ZYPREXA RELPREVV 210 MG VIAL, -300 MG VIAL INJ	<i>olanzapine pamoate</i>	4	PA, QLL (2 vials/28)
ZYPREXA RELPREVV 405 MG VIAL INJ	<i>olanzapine pamoate</i>	4	PA, QLL (1 vials/28)
ZYPREXA ZYDIS 15 MG TABLET, -20 MG TABLET	<i>olanzapine</i>	2	QLL (62/31)
ZYPREXA ZYDIS 5 MG TABLET, -10 MG TABLET	<i>olanzapine</i>	2	QLL (31/31)

ANTIVERTIGO AND ANTIEMETIC DRUGS

ALOXI INJ	<i>palonosetron hcl</i>	3	
ANZEMET 100 MG TABLET	<i>dolasetron mesylate</i>	3	BvD, QLL (14/30), ST
ANZEMET 50 MG TABLET	<i>dolasetron mesylate</i>	3	BvD, QLL (7/30), ST
ANZEMET INJECTION INJ	<i>dolasetron mesylate</i>	3	
<i>compro</i>		1	
<i>dronabinol 10 mg capsule</i>		4	BvD
<i>dronabinol 2.5 mg capsule, -5 mg capsule</i>		1	BvD
EMEND 125 MG CAPSULE	<i>aprepitant</i>	3	BvD, QLL (2/31)
EMEND 40 MG CAPSULE	<i>aprepitant</i>	3	BvD, QLL (1/30)
EMEND 80 MG	<i>aprepitant</i>	3	BvD, QLL (4/30)

Drug Name	Generic	Drug Tier	Requirements/Limits
CAPSULE			
EMEND INJECTION INJ	<i>aprepitant</i>	3	BvD, QLL (2/31)
EMEND TRIFOLD PACK	<i>aprepitant</i>	3	BvD, QLL (6/28)
<i>granisetron hcl 0.1 mg/ml vial INJ</i>		1	QLL (140/30)
<i>granisetron hcl 1 mg/ml vial, -4 mg/4 ml vial INJ</i>		1	QLL (14/30)
<i>granisetron hcl tablet</i>		1	BvD, QLL (31/31), ST
<i>granisol</i>		1	BvD, QLL (310/31), ST
<i>meclizine hcl tablet</i>		1	
<i>ondansetron hcl 24 mg tablet</i>		1	BvD, QLL (31/31)
<i>ondansetron hcl 4 mg tablet, -8 mg tablet</i>		1	BvD, QLL (93/31)
<i>ondansetron hcl in dextrose INJ</i>		1	
<i>ondansetron hcl injection, -vial INJ</i>		1	
<i>ondansetron hcl solution</i>		1	BvD, QLL (930/31)
<i>ondansetron in sodium chloride INJ</i>		1	
<i>ondansetron odt</i>		1	BvD, QLL (93/31)
<i>phenadoz</i>		1	
<i>prochlorperazine edisylate injection INJ</i>		1	
<i>prochlorperazine maleate rectal, -tablet</i>		1	
<i>promethazine hcl rectal</i>		1	
<i>promethegan</i>		1	
SANCUSO	<i>granisetron</i>	2	QLL (4/28), ST
TRANSDERM-SCOP	<i>scopolamine</i>	3	
<i>trimethobenzamide hcl capsule</i>		1	
<i>trimethobenzamide hcl injection INJ</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
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ANXIOLYTICS

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

CARBAMAZEPINES

<i>carbamazepine capsule sustained action, -chew tab, -oral susp, -tablet</i>		1	
<i>carbamazepine er</i>		1	
<i>carbamazepine xr</i>		1	
CARBATROL	<i>carbamazepine</i>	3	
<i>epitol</i>		1	
EQUETRO	<i>carbamazepine</i>	3	
<i>oxcarbazepine</i>		1	
TEGRETOL XR 100 MG TABLET	<i>carbamazepine</i>	2	
TRILEPTAL SUSPENSION	<i>oxcarbazepine</i>	3	

CLASS II NARCOTICS

ABSTRAL	<i>fentanyl citrate</i>	4	PA, QLL (124/31)
<i>codeine phosphate injection INJ</i>		1	
<i>codeine sulfate</i>		1	
DEMEROL 75 MG/ML SYRINGE INJ	<i>meperidine</i>	2	
<i>diskets</i>		1	
<i>endocet</i>		1	
<i>endodan</i>		1	
<i>fentanyl 100 mcg/hr patch</i>		1	QLL (30/30)
<i>fentanyl 12 mcg/hr patch, -25 mcg/hr patch, -50 mcg/hr patch, -75 mcg/hr patch</i>		1	QLL (10/30)
<i>fentanyl citrate</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>injection INJ</i>			
<i>fentanyl citrate lozenge</i>		4	PA, QLL (120/30)
FENTORA	<i>fentanyl citrate</i>	4	PA, QLL (124/31)
<i>hydromorphone hcl 1 mg/ml amp, -1 mg/ml syringe, -2 mg/ml syringe, -2 mg/ml vial, -2 mg/ml amp, -2 mg/ml vl, -4 mg/ml syrin, -10 mg/ml vial, -50 mg/5 ml vial, -500 mg/50 ml via, -10 mg/ml amp INJ</i>		1	
<i>hydromorphone hcl rectal, -tablet</i>		1	
<i>levorphanol tartrate tablet</i>		1	
<i>meperidine hcl injection INJ</i>		1	
<i>meperidine hcl solution, -tablet</i>		1	
<i>meperitab</i>		1	
<i>methadone hcl injection INJ</i>		1	
<i>methadone hcl solution, -tablet</i>		1	
<i>methadone intensol</i>		1	
<i>methadose</i>		1	
<i>morphine 0.5 mg/ml ampul p-f, -0.5 mg/ml vial, -1 mg/ml ampul p-f, -1 mg/ml syringe, -1 mg/ml vial p-f, -1 mg/ml vial, -2 mg/ml syringe, -4 mg/ml syringe, -5 mg/ml vial, -8 mg/ml ampule, -8 mg/ml syringe, -8 mg/ml vial, -10 mg/ml ampul, -10 mg/ml syringe, -10 mg/ml vial, -15 mg/ml syringe, -15</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>mg/ml vial, -25 mg/ml vial, -25 mg/ml vl, -50 mg/ml vial INJ</i>			
<i>morphine 100 mg/10 ml vial, -300 mg/20 ml vial INJ</i>		1	
<i>morphine sulfate er tablet sustained action</i>		1	QLL (93/31)
<i>morphine sulfate in dextrose INJ</i>		1	
<i>morphine sulfate rectal, -solution, -tablet</i>		1	
ONSOLIS	<i>fentanyl citrate</i>	4	PA, QLL (124/31), LTD
OPANA ER	<i>oxymorphone</i>	2	QLL (62/31)
<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	QLL (124/31)
<i>oxycodone-acetaminophen</i>		1	
<i>oxycodone-aspirin</i>		1	
<i>oxymorphone hcl tablet</i>		1	
<i>oxymorphone hcl tablet sustained action</i>		1	QLL (62/31)
<i>roxicet 5-325 tablet</i>		1	
ROXICET SOLUTION	<i>oxycodone/acetaminophen</i>	3	

CLASS III NARCOTICS

<i>acetaminoph-caff-dihydrocodein</i>		1	
<i>acetaminophen-codeine</i>		1	
<i>buprenorphine 2 mg tablet sl</i>		1	PA, QLL (186/31)
<i>buprenorphine 8 mg tablet sl</i>		1	PA, QLL (124/31)
<i>co-gesic</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>hydrocodone bit-ibuprofen</i>		1	
<i>hydrocodone-acetaminophen</i>		1	
SUBOXONE 2 MG-0.5 MG SL FILM	<i>buprenorphine/naloxone</i>	2	PA, QLL (124/31)
SUBOXONE 8 MG-2 MG SL FILM	<i>buprenorphine/naloxone</i>	2	PA, QLL (93/31)
<i>trezix</i>		1	

CLASS IV NARCOTICS

BUPRENORPHINE 0.3 MG/ML SYRN INJ	<i>buprenorphine</i>	3	
<i>buprenorphine 0.3 mg/ml vial</i> INJ		2	
<i>pentazocine-acetaminophen</i>		1	
<i>pentazocine-naloxone hcl</i>		1	

CNS STIMULANT DRUGS

<i>amphetamine salts 10 mg tab</i>		1	QLL (186/31)
<i>amphetamine salts 12.5 mg tb</i>		1	QLL (155/31)
<i>amphetamine salts 15 mg tab</i>		1	QLL (124/31)
<i>amphetamine salts 20 mg tab</i>		1	QLL (93/31)
<i>amphetamine salts 30 mg tab</i>		1	QLL (62/31)
<i>amphetamine salts 5 mg tab</i>		1	QLL (372/31)
<i>amphetamine salts 7.5 mg tab</i>		1	QLL (248/31)
<i>d-amphetamine er 10 mg capsule, -10 mg tab</i>		1	QLL (186/31)
<i>d-amphetamine er 15 mg capsule</i>		1	QLL (124/31)

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>d-amphetamine er 5 mg capsule</i>		1	QLL (279/31)
<i>dexmethylphenidate 10 mg tab</i>		1	QLL (62/31)
<i>dexmethylphenidate 2.5 mg tab</i>		1	QLL (248/31)
<i>dexmethylphenidate 5 mg tab</i>		1	QLL (124/31)
<i>dextroamp-amphet er 15 mg cap, - dextroamp-amphet er 20 mg cap, - dextroamp-amphet er 25 mg cap, - dextroamp-amphet er 30 mg cap</i>		1	QLL (62/31)
<i>dextroamp-amphet er 5 mg cap, -dextroamp-amphet er 10 mg cap</i>		1	QLL (31/31)
<i>dextroamphetamine 5 mg tab</i>		1	QLL (372/31)
<i>metadate er</i>		1	QLL (93/31)
<i>methamphetamine hcl</i>		1	
<i>methylin 10 mg tablet</i>		1	QLL (310/31)
<i>methylin 20 mg tablet</i>		1	QLL (155/31)
<i>methylin 5 mg tablet</i>		1	QLL (620/31)
<i>methylin er 10 mg tablet</i>		1	QLL (310/31)
<i>methylin er 20 mg tablet</i>		1	QLL (155/31)
<i>methylphenidate 10 mg tablet</i>		1	QLL (310/31)
<i>methylphenidate 20 mg tablet</i>		1	QLL (155/31)
<i>methylphenidate 5 mg tablet</i>		1	QLL (620/31)
<i>methylphenidate er 10 mg tab</i>		1	QLL (310/31)
METHYLPHENIDATE ER 18 MG TAB, -27 MG TAB, -54 MG TAB	<i>methylphenidate</i>	1	QLL (31/31)

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>methylphenidate er 20 mg tab</i>		1	QLL (155/31)
METHYLPHENIDATE ER 36 MG TAB	<i>methylphenidate</i>	1	QLL (62/31)
<i>methylphenidate hcl solution</i>		1	
<i>methylphenidate sr</i>		1	QLL (155/31)
NUVIGIL	<i>armodafinil</i>	3	PA, QLL (31/31)
PROVIGIL	<i>modafinil</i>	2	PA, QLL (62/31)

DRUGS TO PREVENT AND TREAT HEADACHES

<i>ascomp with codeine</i>		1	
<i>butalb-caff-acetaminoph-codein</i>		1	
<i>butalbital compound-codeine</i>		1	
<i>butorphanol tartrate aerosol</i>		1	
<i>dihydroergotamine mesylate injection INJ</i>		1	
<i>ergotamine-caffeine</i>		1	
MAXALT 10 MG TABLET	<i>rizatriptan benzoate</i>	2	QLL (12/30)
MAXALT 5 MG TABLET	<i>rizatriptan benzoate</i>	2	QLL (24/30)
MAXALT MLT 10 MG TABLET	<i>rizatriptan benzoate</i>	2	QLL (12/30)
MAXALT MLT 5 MG TABLET	<i>rizatriptan benzoate</i>	2	QLL (24/30)
<i>migergot</i>		1	
MIGRANAL	<i>dihydroergotamine</i>	3	
<i>naratriptan hcl</i>		1	QLL (9/28)
SUMATRIPTAN 20 MG NASAL SPRAY	<i>sumatriptan</i>	1	QLL (12/31)
<i>sumatriptan 4 mg/0.5 ml kit, -4 mg/0.5 ml refill, -6 mg/0.5 ml inject, -6 mg/0.5 ml refill, -6 mg/0.5 ml syrng INJ</i>		1	QLL (8 vials/28)
<i>sumatriptan 4 mg/0.5 ml vial INJ</i>		1	QLL (4/28)

Drug Name	Generic	Drug Tier	Requirements/Limits
SUMATRIPTAN 5 MG NASAL SPRAY	<i>sumatriptan</i>	1	QLL (32/31)
<i>sumatriptan 6 mg/0.5 ml vial</i> INJ		1	QLL (8/28)
<i>sumatriptan succinate tablet</i>		1	QLL (9/31)

HYDANTOINS

DILANTIN 30 MG CAPSULE, -CHEW TAB	<i>phenytoin</i>	2	
<i>fosphenytoin sodium</i> INJ		1	
PEGANONE	<i>ethotoin</i>	3	
<i>phenytoin oral susp</i>		1	
<i>phenytoin sodium extended</i>		1	
<i>phenytoin sodium injection</i> INJ		1	

MAO INHIBITORS

EMSAM	<i>selegiline</i>	3	
MARPLAN	<i>isocarboxazid</i>	3	
<i>phenelzine sulfate tablet</i>		1	
<i>tranylcypromine sulfate</i>		1	

OTHER ANTICONVULSANTS

BANZEL	<i>rufinamide</i>	3	PA
<i>felbamate</i>		1	
FELBATOL	<i>felbamate</i>	3	
<i>gabapentin capsule, -solution, -tablet</i>		1	
GABITRIL	<i>tiagabine</i>	2	
GRALISE	<i>gabapentin</i>	3	PA
HORIZANT	<i>gabapentin enacarbil</i>	3	PA, QLL (31/31)
KEPPRA XR	<i>levetiracetam</i>	3	
LAMICTAL ODT	<i>lamotrigine</i>	3	ST

Drug Name	Generic	Drug Tier	Requirements/Limits
LAMICTAL ODT (BLUE)	<i>lamotrigine</i>	3	ST
LAMICTAL ODT (GREEN)	<i>lamotrigine</i>	3	ST
LAMICTAL ODT (ORANGE)	<i>lamotrigine</i>	3	ST
<i>lamotrigine</i>		1	
<i>levetiracetam injection</i> INJ		1	
<i>levetiracetam solution, -tablet, -tablet sustained action</i>		1	
LYRICA 225 MG CAPSULE, -300 MG CAPSULE	<i>pregabalin</i>	3	PA, QLL (62/31)
LYRICA 25 MG CAPSULE, -50 MG CAPSULE, -75 MG CAPSULE, -100 MG CAPSULE, -150 MG CAPSULE, -200 MG CAPSULE	<i>pregabalin</i>	3	PA, QLL (93/31)
<i>primidone tablet</i>		1	
SABRIL	<i>vigabatrin</i>	4	PA, QLL (186/31), LTD
<i>topiragen</i>		1	
<i>topiramate sprinkle, -tablet</i>		1	
VIMPAT INJECTION INJ	<i>lacosamide</i>	3	PA
VIMPAT SOLUTION, -TABLET	<i>lacosamide</i>	3	PA
<i>zonisamide</i>		1	

OTHER ANTIDEPRESSANTS

<i>budeprion sr</i>		1	
<i>budeprion xl 150 mg tablet</i>		1	QLL (93/31)
<i>budeprion xl 300 mg tablet</i>		1	QLL (31/31)
<i>bupropion hcl sr</i>		1	
<i>bupropion hcl tablet</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>bupropion hcl xl 150 mg tablet</i>		1	QLL (93/31)
<i>bupropion hcl xl 300 mg tablet</i>		1	QLL (31/31)
<i>chlordiazepoxide-amitriptyline</i>		1	
CYMBALTA 20 MG CAPSULE	<i>duloxetine</i>	2	QLL (62/31), ST
CYMBALTA 30 MG CAPSULE, -60 MG CAPSULE	<i>duloxetine</i>	2	QLL (31/31), ST
<i>maprotiline hcl</i>		1	
<i>mirtazapine</i>		1	
<i>nefazodone hcl</i>		1	
<i>perphenazine-amitriptyline</i>		1	
PRISTIQ ER	<i>desvenlafaxine succinate</i>	3	QLL (31/31), ST
SAVELLA 12.5 MG TABLET, -25 MG TABLET, -50 MG TABLET, -100 MG TABLET	<i>milnacipran hcl</i>	3	PA, QLL (62/31)
SAVELLA TITRATION PACK	<i>milnacipran hcl</i>	3	PA, QLL (55/365)
<i>trazodone hcl tablet</i>		1	
<i>venlafaxine hcl</i>		1	
<i>venlafaxine hcl er 150 mg cap</i>		1	QLL (62/31), ST
<i>venlafaxine hcl er 37.5 mg cap</i>		1	QLL (31/31), ST
<i>venlafaxine hcl er 75 mg cap</i>		1	QLL (93/31), ST

OTHER ANTIPARKINSON DRUGS

APOKYN INJ	<i>apomorphine hcl</i>	4	QLL (93/31), LTD
AZILECT	<i>rasagiline mesylate</i>	3	
<i>bromocriptine mesylate capsule, -tablet</i>		1	
<i>carbidopa-levodopa</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
COMTAN	<i>entacapone</i>	2	
LODOSYN	<i>carbidopa</i>	3	
<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	
ZELAPAR	<i>selegiline</i>	3	

OTHER CNS/AUTONOMIC DRUGS

ANTABUSE	<i>disulfiram</i>	3	
<i>atropine sulfate injection INJ</i>		1	
CAMPRAL	<i>acamprosate calcium</i>	2	
<i>depade</i>		1	
<i>disulfiram tablet</i>		1	
<i>guanidine hcl</i>		1	
MESTINON SYRUP	<i>pyridostigmine</i>	3	
MYTELASE	<i>ambenonium chloride</i>	2	
<i>naloxone hcl injection INJ</i>		1	
<i>naltrexone hcl tablet</i>		1	
<i>neostigmine methylsulfate INJ</i>		1	
NUDEXTA	<i>dextromethorphan/quinidine</i>	3	PA, QLL (62/31)
<i>physostigmine salicylate injection INJ</i>		1	
PROSTIGMIN	<i>neostigmine bromide</i>	2	
<i>pyridostigmine bromide tablet</i>		1	
REGONOL INJ	<i>pyridostigmine</i>	3	
STRATTERA 10 MG CAPSULE, -40 MG	<i>atomoxetine</i>	2	QLL (31/31)

Drug Name	Generic	Drug Tier	Requirements/Limits
CAPSULE, -60 MG CAPSULE, -80 MG CAPSULE, -100 MG CAPSULE			
STRATTERA 18 MG CAPSULE	<i>atomoxetine</i>	2	QLL (62/31)
STRATTERA 25 MG CAPSULE	<i>atomoxetine</i>	2	QLL (93/31)
XENAZINE 12.5 MG TABLET	<i>tetrabenazine</i>	4	PA, QLL (93/31), LTD
XENAZINE 25 MG TABLET	<i>tetrabenazine</i>	4	PA, QLL (124/31), LTD
XYREM	<i>sodium oxybate</i>	4	PA, QLL (558/31), LTD

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

<i>zaleplon</i>		1	
<i>zolpidem tartrate</i>		1	

SELECTIVE SEROTONIN REUPTAKE INHIBITORS

<i>citalopram</i>		1	
<i>citalopram hbr</i>		1	
<i>escitalopram oxalate</i>		1	PA
<i>fluoxetine hcl capsule, -solution, -tablet</i>		1	
<i>fluvoxamine maleate</i>		1	
LEXAPRO 10 MG TABLET	<i>escitalopram oxalate</i>	3	PA, QLL (47/31)
LEXAPRO 5 MG TABLET, -20 MG	<i>escitalopram oxalate</i>	3	PA, QLL (31/31)

Drug Name	Generic	Drug Tier	Requirements/Limits
TABLET			
LEXAPRO SOLUTION	<i>escitalopram oxalate</i>	3	PA, QLL (620/31)
<i>paroxetine hcl</i>		1	
<i>selfemra</i>		1	
<i>sertraline hcl solution, - tablet</i>		1	
VIIBRYD	<i>vilazodone hydrochloride</i>	3	PA, QLL (31/31)

SMOKING CESSATION PRODUCTS

<i>buproban</i>		1	
CHANTIX 0.5 MG TABLET, -1 MG CONT MONTH BOX, -1 MG CONT MONTH PAK, -1 MG TABLET	<i>varenicline tartrate</i>	3	QLL (336/365)
CHANTIX STARTING MONTH BOX, - STARTING MONTH PAK	<i>varenicline tartrate</i>	3	QLL (106/365)
NICOTROL	<i>nicotine inhaler</i>	2	
NICOTROL NS	<i>nicotine ns</i>	2	

SUCCINIMIDES

CELONTIN	<i>methsuximide</i>	3	
<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>	3	
<i>trimipramine maleate capsule</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
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VALPROIC ACID AND DERIVATIVES

DEPACON INJ	<i>valproate sodium</i>	3	
<i>divalproex sodium</i>		1	
<i>divalproex sodium er</i>		1	
STAVZOR	<i>valproic acid</i>	3	
<i>valproate sodium injection</i> INJ		1	
<i>valproic acid capsule, - syrup</i>		1	

CARDIOVASCULAR MEDICATIONS

AMIODARONES

<i>amiodarone hcl injection</i> INJ		1	
<i>amiodarone hcl tablet</i>		1	
PACERONE 100 MG TABLET	<i>amiodarone</i>	3	
<i>pacerone 200 mg tablet, -400 mg tablet</i>		1	

ANGIOTENSIN CONVERTING ENZYME INHIBITORS

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

ANGIOTENSIN II RECEPTOR ANTAGONISTS

AVAPRO	<i>irbesartan</i>	3	ST
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Drug Name	Generic	Drug Tier	Requirements/Limits
BENICAR	<i>olmesartan medoxomil</i>	3	ST
DIOVAN	<i>valsartan</i>	2	
EDARBI	<i>azilsartan medoxomil</i>	3	ST
<i>losartan potassium</i>		1	
MICARDIS	<i>telmisartan</i>	2	

ANTIDYSRHYTHMIC DRUGS

<i>disopyramide phosphate</i>		1	
<i>flecainide acetate</i>		1	
<i>mexiletine hcl capsule</i>		1	
<i>procainamide hcl injection INJ</i>		1	
<i>propafenone hcl</i>		1	
<i>quinidine gluconate injection INJ</i>		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	
<i>betaxolol hcl tablet</i>		1	
<i>bisoprolol fumarate</i>		1	
BYSTOLIC	<i>nebivolol hcl</i>	3	PA
<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	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>propranolol hcl capsule sustained action, - solution, -tablet</i>		1	
<i>propranolol hcl injection</i> INJ		1	
<i>timolol maleate tablet</i>		1	

CALCIUM ANTAGONISTS

<i>afeditab cr</i>		1	
<i>amlodipine besylate tablet</i>		1	
CARDENE I.V. INJ	<i>nicardipine</i>	3	
<i>cartia xt</i>		1	
<i>dilt-cd</i>		1	
<i>diltiazem 24hr cd</i>		1	
<i>diltiazem 24hr er</i>		1	
<i>diltiazem er</i>		1	
<i>diltiazem hcl injection</i> INJ		1	
<i>diltiazem hcl tablet</i>		1	
<i>dilt-xr</i>		1	
<i>diltzac er</i>		1	
<i>felodipine er</i>		1	
<i>isradipine</i>		1	
<i>matzim la</i>		1	
<i>nicardipine hcl capsule</i>		1	
<i>nicardipine hcl injection</i> INJ		1	
<i>nifediac cc</i>		1	
<i>nifedical xl</i>		1	
<i>nifedipine capsule</i>		1	
<i>nifedipine er 30 mg tablet, -60 mg tablet, -90 mg tablet</i>		1	
<i>nimodipine</i>		1	
<i>nisoldipine</i>		1	
<i>taztia xt</i>		1	
<i>verapamil er 120 mg tablet, -180 mg tablet, -</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>240 mg tablet</i>			
<i>verapamil er pm</i>		1	
<i>verapamil hcl capsule sustained action, - tablet, -er 120 mg tablet, -er 240 mg tablet</i>		1	
<i>verapamil hcl injection INJ</i>		1	

CARDIAC GLYCOSIDES

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

CENTRALLY ACTING ANTIHYPERTENSIVES

<i>clonidine</i>		1	
<i>clonidine hcl injection INJ</i>		1	
<i>clonidine hcl tablet</i>		1	
DURACLON INJ	<i>clonidine</i>	3	
<i>guanabenz acetate tablet</i>		1	
<i>guanfacine hcl</i>		1	
<i>methyldopa</i>		1	
<i>methyldopate hcl INJ</i>		1	

DRUGS FOR PHEOCHROMOCYTOMA

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

ENDOTHELIN RECPTR ANTAGONIST

LETAIRIS	<i>ambrisentan</i>	4	PA, QLL (31/31), LTD
TRACLEER	<i>bosentan</i>	4	PA, QLL (62/31), LTD

Drug Name	Generic	Drug Tier	Requirements/Limits
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HMG-COA REDUCTASE INHIBITORS

<i>amlodipine-atorvastatin</i>		1	
<i>atorvastatin calcium</i>		1	
<i>lovastatin</i>		1	
<i>pravastatin sodium</i>		1	
SIMCOR	<i>niacin/simvastatin</i>	2	ST
<i>simvastatin</i>		1	
VYTORIN	<i>ezetimibe/simvastatin</i>	3	ST

HYPOLIPOPROTEINEMICS

<i>cholestyramine</i>		1	
<i>cholestyramine light</i>		1	
<i>colestipol hcl</i>		1	
<i>fenofibrate</i>		1	
<i>gemfibrozil tablet</i>		1	
LOVAZA	<i>omega-3 acid ethyl esters</i>	2	
NIASPAN	<i>niacin</i>	2	
TRICOR	<i>fenofibrate</i>	2	
TRILIPIX	<i>fenofibric acid</i>	3	
WELCHOL	<i>colesevelam</i>	2	
ZETIA	<i>ezetimibe</i>	2	

LOOP DIURETICS

<i>bumetanide injection</i> INJ		1	
<i>bumetanide tablet</i>		1	
EDECIN	<i>ethacrynic acid</i>	2	
<i>furosemide injection</i> INJ		1	
<i>furosemide solution, - tablet</i>		1	
SODIUM EDECIN INJ	<i>ethacrynate sodium</i>	3	
<i>toremide injection</i> INJ		1	
<i>toremide tablet</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
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NITRATES

<i>isoditrate</i>		1	
<i>isosorbide dinitrate</i>		1	
<i>isosorbide mononitrate</i>		1	
<i>isosorbide mononitrate er</i>		1	
<i>nitro-bid</i>		1	
NITRO-DUR 0.3 MG/HR PATCH, -0.8 MG/HR PATCH	<i>nitroglycerin</i>	2	
<i>nitroglycerin injection INJ</i>		1	
<i>nitroglycerin patch</i>		1	
NITROLINGUAL	<i>nitroglycerin</i>	2	
NITROSTAT	<i>nitroglycerin</i>	2	

OTHER ANTIARRHYTHMICS

<i>ibutilide fumarate INJ</i>		1	
MULTAQ	<i>dronedarone</i>	2	
<i>sorine</i>		1	
<i>sotalol</i>		1	
<i>sotalol af</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	
AVALIDE	<i>irbesartan/hctz</i>	3	ST
<i>benazepril-hydrochlorothiazide</i>		1	
BENICAR HCT	<i>olmesartan medoxomil/hctz</i>	3	ST
<i>bisoprolol-hydrochlorothiazide</i>		1	
<i>captopril-hydrochlorothiazide</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
DIOVAN HCT	<i>hctz/valsartan</i>	2	
<i>enalapril-hydrochlorothiazide</i>		1	
EXFORGE	<i>amlodipine/valsartan</i>	2	
EXFORGE HCT	<i>amlodipine/valsartan/hctz</i>	2	
<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	
<i>moexipril-hydrochlorothiazide</i>		1	
<i>nadolol-bendroflumethiazide</i>		1	
<i>propranolol-hydrochlorothiazid</i>		1	
<i>quinapril-hydrochlorothiazide</i>		1	
<i>reserpine tablet</i>		1	
TEKAMLO	<i>aliskiren/amlodipine</i>	2	ST
TEKTURNA	<i>aliskiren hemifumarate</i>	2	ST
TEKTURNA HCT	<i>aliskiren/hydrochlorothiazid</i>	2	ST
<i>trandolapril-verapamil</i>		1	
TWYNSTA	<i>telmisartan/amlodipine</i>	2	
VALTURNA	<i>aliskiren/valsartan</i>	2	ST

OTHER CARDIOVASCULAR DRUGS

ISUPREL INJ	<i>isoproterenol hcl</i>	3	
<i>midodrine hcl</i>		1	
<i>pentopak</i>		1	
<i>pentoxifylline tablet sustained action</i>		1	
RANEXA ER 1,000 MG	<i>ranolazine</i>	2	QLL (62/31)

Drug Name	Generic	Drug Tier	Requirements/Limits
TABLET			
RANEXA ER 500 MG TABLET	<i>ranolazine</i>	2	QLL (124/31)

OTHER VASODILATING DRUGS

ADCIRCA	<i>adcirca (tadalafil)</i>	4	PA, QLL (62/31)
<i>epoprostenol sodium</i> INJ		4	PA
REMODULIN INJ	<i>treprostinil sodium</i>	4	PA, LTD
REVATIO TABLET	<i>revatio (sildenafil citrate)</i>	4	PA, QLL (93/31)
<i>veletri</i> INJ		4	PA
VENTAVIS 10 MCG/1 ML SOLUTION	<i>iloprost</i>	4	PA
VENTAVIS 20 MCG/1 ML SOLUTION	<i>iloprost</i>	4	PA

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</i> INJ		1	
<i>chlorthalidone</i>		1	
DIURIL	<i>chlorothiazide</i>	2	
DIURIL SODIUM INJ	<i>chlorothiazide sodium</i>	3	
<i>hydrochlorothiazide capsule, -tablet</i>		1	
<i>indapamide</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>methyclothiazide</i>		1	
<i>metolazone</i>		1	

VASODILATOR ANTIHYPERTENSIVES

CARDURA XL	<i>doxazosin</i>	3	QLL (31/31)
<i>doxazosin mesylate</i>		1	
<i>hydralazine hcl injection</i> INJ		1	
<i>hydralazine hcl tablet</i>		1	
<i>minoxidil tablet</i>		1	
<i>prazosin hcl</i>		1	
<i>terazosin hcl</i>		1	

DERMATOLOGICAL MEDICATIONS

ANTIACNE DRUGS

<i>adapalene</i>		1	PA
<i>bp 10-1</i>		1	
<i>clindacin p</i>		1	
<i>clindamycin phosphate</i> <i>gel, -lotion, -soln, top, -</i> <i>swabs, applicators</i>		1	
<i>clindamycin-benzoyl</i> <i>peroxide</i>		1	
<i>ery</i>		1	
<i>erythromycin gel, -soln,</i> <i>top, -swabs, applicators</i>		1	
<i>erythromycin-benzoyl</i> <i>peroxide</i>		1	
<i>metronidazole cream, -</i> <i>gel, -lotion</i>		1	
<i>prascion</i>		1	
<i>rosadan cream</i>		1	
<i>rosaderm emulsion</i>		1	
<i>sodium sulf-sulfur</i> <i>cleanser, -sulf-sulfur</i> <i>wash, -sod</i> <i>sulfacetamide-sulfur</i> <i>lotn, -sod.sulfacet-</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>sulfur susp</i>			
<i>sulfacetamide sodium-sulfur</i>		1	
<i>topisulf</i>		1	
<i>tretinoin 0.025% cream, -0.05% cream, -0.1% cream, -gel</i>		1	PA
<i>vitazol</i>		1	

ANTIPRURITIC DRUGS

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

ANTIPSORIASIS AND ANTIECZEMA DRUGS

<i>calcipotriene</i>		1	
<i>selenium sulfide 2.25% shampoo, -2.5% lotion</i>		1	
SORIATANE	<i>acitretin</i>	4	
SORIATANE CK	<i>acitretin/emollient comb</i>	4	
<i>sulfacetamide sodium lotion</i>		1	
TAZORAC	<i>tazarotene</i>	3	PA
VECTICAL	<i>calcitriol</i>	4	
ZITHRANOL-RR	<i>anthralin</i>	3	

KERATOLYTIC DRUGS

CONDYLOX GEL	<i>podofilox</i>	3	
<i>podofilox</i>		1	

ORAL DERMATOLOGICAL DRUGS

8-MOP	<i>methoxsalen</i>	4	
<i>amnesteam</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>claravis</i>		1	
OXSORALEN-ULTRA	<i>methoxsalen</i>	4	
<i>sotret</i>		1	

SCABICIDES

<i>acticin</i>		1	
LINDANE	<i>benzene hexachloride gamma</i>	2	
<i>malathion</i>		1	
<i>permethrin cream</i>		1	
ULESFIA	<i>benzyl alcohol</i>	2	

TOPICAL ANTI-INFLAMMATORY DRUGS

VOLTAREN GEL	<i>diclofenac sodium</i>	3	QLL (1000/31)
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TOPICAL CORTICOSTEROID DRUGS

<i>alclometasone dipropionate</i>		1	
<i>amcinonide</i>		1	
<i>betamethasone dipropionate cream, -gel, -lotion, -oint</i>		1	
<i>betamethasone valerate cream, -lotion, -oint</i>		1	
<i>clobetasol emollient</i>		1	
<i>clobetasol propionate cream, -gel, -oint, -soln, top</i>		1	
<i>desonide cream, -lotion, -oint</i>		1	
<i>desoximetasone cream, -gel, -oint</i>		1	
<i>diflorasone diacetate</i>		1	
<i>fluocinolone acetonide cream, -oil, shampoo, cleanser, -oint, -soln, top</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>fluocinonide cream, -gel, -oint, -soln, top</i>		1	
<i>fluocinonide emollient</i>		1	
<i>fluocinonide-e</i>		1	
<i>fluticasone propionate cream, -oint</i>		1	
<i>halobetasol propionate</i>		1	
<i>hydrocortisone 1% cream</i>		1	
<i>hydrocortisone 1% cream, -plus 1% cream, -2.5% cream, -2.5% lotion, -1% absorbase, -1% ointment, -2.5% ointment</i>		1	
<i>hydrocortisone 1% oint</i>		1	
<i>hydrocortisone butyrate</i>		1	
<i>hydrocortisone valerate</i>		1	
<i>lidocaine 3%-hc 0.5% cream, -hc 3-0.5% cream, -lotion</i>		1	
<i>mometasone furoate cream, -lotion, -oint</i>		1	
<i>prednicarbate</i>		1	
<i>triamcinolone acetonide cream, -lotion, -oint</i>		1	
<i>triderm</i>		1	

TOPICAL DERMATOLOGICAL DRUGS

ALDARA	<i>imiquimod</i>	2	
<i>ammonium lactate cream, -lotion</i>		1	
CARAC	<i>fluorouracil</i>	3	
ELIDEL	<i>pimecrolimus</i>	3	PA
FLUOROPLEX	<i>fluorouracil</i>	3	
<i>fluorouracil cream, -soln, top</i>		1	
<i>hypercare</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>imiquimod cream</i>		1	
PANRETIN	<i>alitretinoin</i>	4	
PROTOPIC	<i>tacrolimus</i>	3	PA
PRUDOXIN	<i>doxepin</i>	2	
QUTENZA	<i>capsaicin/skin cleanser</i>	4	PA, QLL (4 pkg/90)
REGRANEX	<i>becaplermin</i>	4	
<i>remeven</i>		1	
SANTYL	<i>collagenase</i>	2	
SOLARAZE	<i>diclofenac sodium</i>	3	
<i>u40</i>		1	
<i>u-ker a urea emollient</i>		1	
<i>urea 40</i>		1	
<i>urea 40% cream, -50% cream, -40% gel, -50% nail gel, -35% lotion, -40% lotion, -50% nail stick</i>		1	
<i>x-viate cream, -gel</i>		1	
ZONALON	<i>doxepin</i>	2	

DIAGNOSTIC AND MISCELLANEOUS MEDICATIONS

DIAGNOSTIC PRODUCTS

CHEMET	<i>succimer</i>	2	
EXJADE	<i>deferasirox</i>	4	LTD
FERRIPROX	<i>deferiprone</i>	4	PA

MISCELLANEOUS DRUGS

ADAGEN INJ	<i>pegademase bovine</i>	4	PA, LTD
<i>aminocaproic acid injection INJ</i>		1	
<i>aminocaproic acid syrup, -tablet</i>		1	
AMPYRA	<i>dalfampridine</i>	4	PA, QLL (62/31), LTD
BUPHENYL	<i>sodium phenylbutyrate</i>	4	PA
CARBAGLU	<i>carglumic acid</i>	4	PA
COPAXONE INJ	<i>glatiramer acetate</i>	4	QLL (30/30)
CYKLOKAPRON INJ	<i>tranexamic acid</i>	2	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>ergoloid mesylates tablet</i>		1	
<i>fomepizole INJ</i>		1	
GILENYA	<i>fingolimod hydrochloride</i>	4	PA, QLL (62/31)
LYSTEDA	<i>tranexamic acid</i>	3	PA, QLL (30/28)
ORFADIN	<i>nitisinone</i>	4	PA, LTD
THALOMID 150 MG CAPSULE, -200 MG CAPSULE	<i>thalidomide</i>	4	PA, QLL (62/31)
THALOMID 50 MG CAPSULE, -100 MG CAPSULE	<i>thalidomide</i>	4	PA
<i>tranexamic acid injection INJ</i>		1	

EAR-NOSE-THROAT MEDICATIONS

DRUGS AFFECTING THE EAR

<i>acetasol hc</i>		1	
<i>acetic acid otic drops</i>		1	
<i>acetic acid-aluminum</i>		1	
<i>antipyrine-benzocaine</i>		1	
<i>aurodex</i>		1	
<i>auroguard</i>		1	
<i>chloroxylenol-pramoxine hcl</i>		1	
CIPRO HC	<i>ciprofloxacin/hc</i>	3	
CIPRODEX	<i>ciprofloxacin/dexameth</i>	3	
COLY-MYCIN S	<i>neomycin sulfate/colist sul/hc</i>	3	
CORTISPORIN-TC	<i>neomycin/colist sul/hc/thonz</i>	3	
<i>cortomycin</i>		1	
DERMOTIC	<i>fluocinolone acetonide</i>	2	
<i>fluocinolone acetonide oil</i>		1	
<i>hydrocortisone-acetic acid</i>		1	
<i>neomycin-polymyxin-hc suspensions, (not oral)</i>		1	
<i>neomycin-polymyxin-hydrocort</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>ofloxacin otic drops</i>		1	

DRUGS AFFECTING THE NOSE

<i>azelastine hcl nasal drops/sprays</i>		1	
<i>flunisolide nasal inhaled steroids</i>		1	
<i>fluticasone propionate nasal inhaled steroids</i>		1	
<i>ipratropium bromide nasal drops/sprays</i>		1	
NASONEX	<i>mometasone</i>	3	ST
PATANASE	<i>olopatadine hcl</i>	3	
TYZINE	<i>tetrahydrozoline</i>	2	
VERAMYST	<i>fluticasone furoate</i>	2	

DRUGS AFFECTING THE THROAT AND MOUTH

<i>chlorhexidine gluconate dental/mucous membrn products</i>		1	
<i>doxycycline hyclate 20 mg tab</i>		1	
EVOXAC	<i>cevimeline</i>	2	
<i>pilocarpine hcl tablet</i>		1	
<i>triamcinolone acetonide paste</i>		1	

ENDOCRINE MEDICATIONS

AMYLIN ANALOGUES

SYMLIN INJ	<i>pramlintide acetate</i>	2	QLL (20/28), ST
SYMLINPEN 120 INJ	<i>pramlintide acetate</i>	2	QLL (10.80/28), ST
SYMLINPEN 60 INJ	<i>pramlintide acetate</i>	2	QLL (12/28), ST

ANTITHYROID DRUGS

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

Drug Name	Generic	Drug Tier	Requirements/Limits
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DIPEPTIDYL PEPTIDASE-IV INHIB AND COMBOS

JANUMET	<i>sitagliptin phos/metformin hcl</i>	2	
JANUVIA	<i>sitagliptin phosphate</i>	2	
JUVISYNC	<i>sitagliptin/simvastatin</i>	2	
KOMBIGLYZE XR	<i>saxagliptin hcl/metformin hcl</i>	2	
ONGLYZA	<i>saxagliptin hydrochloride</i>	2	
TRADJENTA	<i>linagliptin</i>	3	

GLUCOCORTICOID DRUGS

A-HYDROCORT INJ	<i>hydrocortisone sod succinate</i>	3	
<i>a-methapred 40 mg vial</i> INJ		1	
ARISTOSPAN INJ	<i>triamcinolone hexacetonide</i>	3	
<i>baycadron</i>		1	
<i>betamethasone acetate-sod phos</i> INJ		1	
CELESTONE INJECTION INJ	<i>betamethasone/betamethasone</i>	2	
<i>cortisone acetate tablet</i>		1	
DEPO-MEDROL 20 MG/ML VIAL INJ	<i>methylprednisolone acetate</i>	3	
<i>dexamethasone elix, - tablet</i>		1	
<i>dexamethasone intensol</i>		1	
<i>dexamethasone sodium phosphate injection</i> INJ		1	
<i>hydrocortisone tablet</i>		1	
KENALOG-10 INJ	<i>triamcinolone acetoneide</i>	2	
KENALOG-40 INJ	<i>triamcinolone acetoneide</i>	2	
<i>methylprednisolone acetate injection</i> INJ		1	
<i>methylprednisolone sod succ</i> INJ		1	
<i>methylprednisolone tab(in convenience package), -tablet</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>prednisolone 15 mg/5 ml soln</i>		1	
<i>prednisolone 5 mg/5 ml soln, -6.7 mg/5 ml soln, -15 mg/5 ml soln</i>		1	
<i>prednisone intensol</i>		1	
<i>prednisone solution, -tab(in convenience package), -tablet</i>		1	
SOLU-CORTEF INJ	<i>hydrocortisone sod succinate</i>	3	
SOLU-CORTEF (PF) INJ	<i>hydrocortisone sod succinate</i>	3	
SOLU-MEDROL INJ	<i>methylprednisolone sod succ</i>	3	
SOLU-MEDROL (PF) INJ	<i>methylprednisolone sod succ</i>	3	
<i>zema-pak 10 day 1.5 mg tablet, -13 day 1.5 mg tablet</i>		1	

GLUCOSE ELEVATING DRUGS

GLUCAGEN 1 MG HYPOKIT INJ	<i>glucagon, human recombinant</i>	2	
GLUCAGEN 1 MG VIAL INJ	<i>glucagon, human recombinant</i>	3	
GLUCAGON EMERGENCY KIT INJ	<i>glucagon, human recombinant</i>	3	
PROGLYCEM	<i>diazoxide</i>	2	

HYPOGLYCEMIC DRUGS

VICTOZA 2-PAK INJ	<i>liraglutide</i>	2	
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INCRETIN MIMETICS

BYETTA INJ	<i>exenatide</i>	2	QLL (2.40/28)
VICTOZA 3-PAK INJ	<i>liraglutide</i>	2	

INSULIN

APIDRA INJ		3	
APIDRA SOLOSTAR INJ		3	

Drug Name	Generic	Drug Tier	Requirements/Limits
HUMALOG INJ		2	
HUMALOG MIX 50-50 INJ		2	
HUMALOG MIX 75-25 INJ		2	
HUMULIN 70-30 INJ		2	
HUMULIN N INJ		2	
HUMULIN R INJ		2	
LANTUS INJ		2	
LANTUS SOLOSTAR INJ		2	
LEVEMIR INJ		2	
NOVOLIN 70-30 INJ		2	
NOVOLIN N INJ		2	
NOVOLIN R INJ		2	
NOVOLOG INJ		2	
NOVOLOG MIX 70-30 INJ		2	

MINERALOCORTICOID DRUGS

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

<i>acarbose</i>		1	
ACTOPLUS MET	<i>pioglitazone hcl/metformin hc</i>	2	
ACTOPLUS MET XR	<i>pioglitazone hcl/metformin hc</i>	2	
ACTOS	<i>pioglitazone hcl</i>	2	
AVANDAMET	<i>rosiglitazone/metformin hcl</i>	2	LTD
AVANDARYL	<i>rosiglitazone maleate/glimepiride</i>	2	LTD
AVANDIA	<i>rosiglitazone maleate</i>	2	LTD
<i>chlorpropamide</i>		1	
DUETACT	<i>pioglitazone/glimepiride</i>	2	
FORTAMET	<i>metformin</i>	3	
<i>glimepiride</i>		1	
<i>glipizide er</i>		1	
<i>glipizide tablet</i>		1	
<i>glipizide xl</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
<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	
GLYSET	<i>miglitol</i>	3	
<i>metformin hcl</i>		1	
<i>metformin hcl er</i>		1	
<i>nateglinide</i>		1	
PRANDIN	<i>repaglinide</i>	2	
RIOMET	<i>metformin</i>	3	
<i>tolazamide</i>		1	
<i>tolbutamide</i>		1	

OTHER ENDOCRINE DRUGS

ACTONEL 150 MG TABLET	<i>risedronate</i>	2	QLL (1/28), ST
ACTONEL 35 MG TABLET	<i>risedronate</i>	2	QLL (4/28), ST
ACTONEL 5 MG TABLET, -30 MG TABLET	<i>risedronate</i>	2	QLL (31/31), ST
ALDURAZYME INJ	<i>laronidase</i>	4	PA, LTD
<i>alendronate sodium</i>		1	
ATELVIA	<i>risedronate</i>	2	QLL (4/28), ST
BONIVA INJECTION INJ	<i>ibandronate</i>	3	BvD, QLL (3/90), ST
BONIVA TABLET	<i>ibandronate</i>	3	QLL (1/28), ST
<i>cabergoline</i>		1	
<i>calcitonin-salmon</i>		1	
CEREDASE INJ	<i>alglucerase</i>	4	LTD
CEREZYME 200 UNITS VIAL INJ	<i>imiglucerase</i>	4	PA, LTD
CEREZYME 400 UNITS VIAL INJ	<i>imiglucerase</i>	4	PA
<i>desmopressin acetate injection</i> INJ		1	
<i>desmopressin acetate nasal drops/sprays, -solution, -tablet</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
ELAPRASE INJ	<i>idursulfase</i>	4	PA, LTD
<i>etidronate disodium</i>		1	
FABRAZYME 35 MG VIAL INJ	<i>agalsidase</i>	4	PA, LTD
FABRAZYME 5 MG VIAL INJ	<i>agalsidase</i>	4	PA
FORTEO INJ	<i>teriparatide</i>	4	QLL (2.40/28), ST
<i>fortical</i>		1	
KUVAN	<i>sapropterin dihydrochloride</i>	4	PA, LTD
LUMIZYME INJ	<i>alglucosidase alfa</i>	4	PA, LTD
MIACALCIN INJECTION INJ	<i>calcitonin</i>	3	BvD
MYOZYME INJ	<i>alglucosidase alfa</i>	4	PA, LTD
NAGLAZYME INJ	<i>galsulfase</i>	4	PA, LTD
<i>pamidronate disodium</i> INJ		1	BvD
PROLIA INJ	<i>denosumab</i>	3	PA, QLL (1/168)
RECLAST INJ	<i>zoledronic acid</i>	3	QLL (100/365), ST
SAMSCA 15 MG TABLET	<i>tolvaptan</i>	4	PA, QLL (31/31)
SAMSCA 30 MG TABLET	<i>tolvaptan</i>	4	PA, QLL (62/31)
SENSIPAR 30 MG TABLET	<i>cinacalcet hcl</i>	2	
SENSIPAR 60 MG TABLET, -90 MG TABLET	<i>cinacalcet hcl</i>	4	
SOMAVERT 10 MG VIAL, -20 MG VIAL INJ	<i>pegvisomant</i>	4	PA, LTD
SOMAVERT 15 MG VIAL INJ	<i>pegvisomant</i>	4	PA, QLL (62/31), LTD
VPRIV INJ	<i>velaglucerase alfa</i>	4	PA
XGEVA INJ	<i>denosumab</i>	4	PA, QLL (1/28)
ZAVESCA	<i>miglustat</i>	4	PA, LTD
ZOMETA INJ	<i>zoledronic acid</i>	4	

THYROID SUPPLEMENTS

ARMOUR THYROID	<i>thyroid</i>	2	
<i>levothroid</i>		1	
<i>levothyroxine 200 mcg vial, -500 mcg vial</i> INJ		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tablet</i>		1	
<i>liothyronine sodium injection INJ</i>		1	
<i>liothyronine sodium tablet</i>		1	
THYROLAR-1	<i>liotrix</i>	2	
THYROLAR-1/2	<i>liotrix</i>	2	
THYROLAR-1/4	<i>liotrix</i>	2	
THYROLAR-2	<i>liotrix</i>	2	
THYROLAR-3	<i>liotrix</i>	2	
TRIOSTAT INJ	<i>liothyronine</i>	2	
<i>unithroid</i>		1	

GASTROINTESTINAL MEDICATIONS

ANTIDIARRHEAL DRUGS

<i>diphenoxylate-atropine</i>		1	
<i>loperamide capsule</i>		1	
MOTOFEN	<i>difenoxin/atropine sulfate</i>	3	
<i>paregoric</i>		1	

ANTISPASMODICS/DRUGS AFFECT GI MOTILITY

BENTYL INJECTION INJ	<i>dicyclomine</i>	3	
<i>dicyclomine hcl capsule, -syrup, -tablet</i>		1	
<i>dicyclomine hcl injection INJ</i>		1	
<i>glycopyrrolate injection INJ</i>		1	
<i>glycopyrrolate tablet</i>		1	
<i>methscopolamine bromide tablet</i>		1	
<i>metoclopramide hcl injection INJ</i>		1	
<i>metoclopramide hcl syrup, -tablet</i>		1	
<i>propantheline bromide tablet</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
SAL-TROPINE	<i>atropine sulfate</i>	2	
SCOPACE	<i>scopolamine</i>	2	
SCOPOLAMINE HYDROBROMIDE INJECTION INJ	<i>scopolamine</i>	2	

ANTIULCER DRUGS

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

IRRITABLE BOWEL DRUGS

AMITIZA	<i>lubiprostone</i>	2	QLL (62/31)
LOTRONEX	<i>alosetron</i>	4	

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>	3	

OTHER ANTIULCER DRUGS

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

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>sucralfate oral susp, - tablet</i>		1	

OTHER GI DRUGS

APRISO	<i>mesalamine</i>	2	
ASACOL	<i>mesalamine</i>	2	
ASACOL HD	<i>mesalamine</i>	2	
<i>balsalazide disodium</i>		1	
<i>budesonide ec</i>		1	
CANASA	<i>mesalamine</i>	3	
CORTIFOAM	<i>hydrocortisone acetate</i>	3	
CREON	<i>amylase/lipase/protease</i>	2	
DIPENTUM	<i>olsalazine</i>	3	
ENTOCORT EC	<i>budesonide</i>	4	
<i>gavilyte-c</i>		1	
<i>gavilyte-g</i>		1	
<i>gavilyte-n</i>		1	
HALFLYTELY-BISACODYL	<i>electrolyte solution/peg's</i>	3	
HELIDAC	<i>tetracyc hcl/bis ss/metronid</i>	3	
<i>hydrocortisone rectal</i>		1	
LIALDA	<i>mesalamine</i>	3	
<i>mesalamine rectal</i>		1	
PANCREAZE	<i>amylase/lipase/protease</i>	3	
PANCRELIPASE 5,000	<i>amylase/lipase/protease</i>	3	
<i>peg 3350-electrolyte</i>		1	
<i>peg-3350 and electrolytes</i>		1	
<i>peg-3350 with flavor packs</i>		1	
PENTASA	<i>mesalamine</i>	3	
PREVPAC	<i>lansoprazole/amox tr/clarith</i>	3	
<i>procto-pak</i>		1	
<i>proctosol-hc</i>		1	
<i>proctozone-hc</i>		1	
RELISTOR 12 MG/0.6 ML KIT, -12 MG/0.6 ML VIAL INJ	<i>methylnaltrexone bromide</i>	3	PA
RELISTOR 8 MG/0.4 ML	<i>methylnaltrexone bromide</i>	4	PA

Drug Name	Generic	Drug Tier	Requirements/Limits
SYRINGE, -12 MG/0.6 ML SYRINGE INJ			
SUCRAID	<i>sacrosidase</i>	4	PA
<i>sulfasalazine dr</i>		1	
<i>sulfasalazine tablet</i>		1	
<i>sulfazine</i>		1	
<i>sulfazine ec</i>		1	
<i>trilyte with flavor packets</i>		1	
<i>ursodiol capsule, -tablet</i>		1	
ZENPEP	<i>amylase/lipase/protease</i>	2	

PROTON PUMP INHIBITORS

DEXILANT	<i>dexlansoprazole</i>	3	QLL (30/30), ST
<i>lansoprazole capsule sustained action, -tablet</i>		1	QLL (31/31)
<i>omeprazole capsule sustained action</i>		1	QLL (62/31)
<i>pantoprazole sodium</i>		1	QLL (62/31)
PROTONIX IV INJ	<i>pantoprazole</i>	3	

IMMUNOLOGICALS AND VACCINES

DRUGS FOR HEREDITARY ANGIOEDEMA

CINRYZE INJ	<i>c1 esterase inhibitor</i>	4	PA, QLL (20 vials/30)
FIRAZYR INJ	<i>icatibant acetate</i>	4	PA, QLL (3/31)

ERYTHROID STIMULANTS

ARANESP 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	<i>darbepoetin alfa</i>	4	PA
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Drug Name	Generic	Drug Tier	Requirements/Limits
SYRINGE INJ			
ARANESP 25 MCG/0.42 ML SYRING, -25 MCG/ML VIAL, -40 MCG/0.4 ML SYRINGE, -40 MCG/ML VIAL, -60 MCG/0.3 ML SYRINGE, -60 MCG/ML VIAL INJ	<i>darbepoetin alfa</i>	3	PA
EPOGEN 2,000 UNITS/ML VIAL, -3,000 UNITS/ML VIAL, -4,000 UNITS/ML VIAL, -20,000 UNITS/2 ML VIAL, -20,000 UNITS/ML VIAL INJ	<i>epoetin alfa</i>	2	PA
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	PA
PROCRIT 20,000 UNITS/ML VIAL, -40,000 UNITS/ML VIAL INJ	<i>epoetin alfa</i>	4	PA

GROWTH HORMONES AND RELATED DRUGS

EGRIFTA INJ	<i>tesamorelin acetate</i>	4	PA, QLL (62/31)
GENOTROPIN MINIQUICK 0.2 MG INJ	<i>somatropin</i>	2	PA
GENOTROPIN MINIQUICK 0.4 MG, - MINIQUICK 0.6 MG, - MINIQUICK 0.8 MG, - MINIQUICK 1 MG, - MINIQUICK 1.2 MG, - MINIQUICK 1.4 MG, - MINIQUICK 1.6 MG, - MINIQUICK 1.8 MG, - MINIQUICK 2 MG, -5	<i>somatropin</i>	4	PA

Drug Name	Generic	Drug Tier	Requirements/Limits
MG CARTRIDGE, -12 MG CARTRIDGE INJ			
HUMATROPE 5 MG VIAL, -12 MG CARTRIDGE, -24 MG CARTRIDGE INJ	<i>somatropin</i>	4	PA
HUMATROPE 6 MG CARTRIDGE INJ	<i>somatropin</i>	3	PA
NORDITROPIN INJ	<i>somatropin</i>	4	PA
NORDITROPIN FLEXPRO INJ	<i>somatropin</i>	4	PA
NORDITROPIN NORDIFLEX INJ	<i>somatropin</i>	4	PA
NUTROPIN INJ	<i>somatropin</i>	4	PA
NUTROPIN AQ INJ	<i>somatropin</i>	4	PA
NUTROPIN AQ NUSPIN INJ	<i>somatropin</i>	4	PA
OMNITROPE 5 MG/1.5 ML CRTG, -10 MG/1.5 ML CRTG INJ	<i>somatropin</i>	3	PA
OMNITROPE 5.8 MG VIAL INJ	<i>somatropin</i>	4	PA
SAIZEN INJ	<i>somatropin</i>	4	PA
SEROSTIM INJ	<i>somatropin</i>	4	PA, LTD
TEV-TROPIN INJ	<i>somatropin</i>	3	PA
ZORBTIVE INJ	<i>somatropin</i>	4	PA, LTD

HEMATOPOIETIC AGENTS

MOZOBIL INJ	<i>plerixafor</i>	4	PA, QLL (9.60/4)
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IMMUNOLOGICALS AND VACCINES

ACTHIB INJ	<i>haemophilus b-tet toxoid</i>	2	
ADACEL INJ	<i>diphther,pertuss,tetanus vac</i>	2	
ARANESP 150 MCG/0.75 ML VIAL INJ	<i>darbepoetin alfa</i>	4	PA
ATGAM INJ	<i>lymphocyte immune globulin</i>	4	BvD
BCG VACCINE (TICE STRAIN) INJ	<i>bcg vaccine</i>	3	

Drug Name	Generic	Drug Tier	Requirements/Limits
BERINERT INJ	<i>c1 esterase inhibitor</i>	4	PA
BOOSTRIX INJ	<i>diphther,pertuss,tetanus vac</i>	2	
CARIMUNE NF NANOFILTERED INJ	<i>immune globulin - iv</i>	4	PA
CERVARIX INJ	<i>human papillomav vacc bival/pf</i>	2	PA
COMVAX INJ	<i>hepatitis b/haemophilus b vacc</i>	2	
DAPTACEL INJ	<i>diphther,pertuss,tetanus vac</i>	2	
DECAVAC INJ	<i>tetanus,diphtheria toxoid</i>	2	
DIPHThERIA-TETANUS TOXOID INJ	<i>tetanus,diphtheria toxoid</i>	2	
ENGERIX-B INJ	<i>hepatitis b virus vaccine</i>	2	
EPOGEN 10,000 UNITS/ML VIAL INJ	<i>epoetin alfa</i>	2	PA
FLEBOGAMMA INJ	<i>immune globulin - iv</i>	4	
FLEBOGAMMA DIF 10% VIAL INJ	<i>immune globulin - iv</i>	4	BvD
FLEBOGAMMA DIF 5% VIAL INJ	<i>immune globulin - iv</i>	4	
GAMASTAN S-D INJ	<i>immune globulin - im</i>	2	PA
GAMMAGARD LIQUID INJ	<i>immune globulin - iv</i>	4	PA
GAMMAGARD S-D INJ	<i>immune globulin - iv</i>	4	PA
GAMMAPLEX INJ	<i>immune globulin - iv</i>	4	PA
GAMUNEX INJ	<i>immune globulin - iv</i>	4	PA
GAMUNEX-C INJ	<i>immune globulin - iv/sq</i>	4	PA
GARDASIL INJ	<i>human papillomavirus vacc</i>	2	PA
HAVRIX INJ	<i>hepatatis a virus vaccine</i>	2	
HIZENTRA INJ	<i>immune globulin- sq</i>	4	PA
IMOVAX RABIES VACCINE INJ	<i>rabies vaccine,human diploid</i>	2	
INFANRIX INJ	<i>diphther,pertuss,tetanus vac</i>	2	
INFANRIX PF INJ	<i>diphther,pertuss,tetanus vac</i>	2	
IPOL INJ	<i>poliomyelitis vac,killed</i>	2	
IXIARO INJ	<i>japanese encephalitis vaccine</i>	3	
JE-VAX INJ	<i>japanese encephalitis vaccine</i>	2	
KALBITOR INJ	<i>ecallantide</i>	4	PA
KEPIVANCE INJ	<i>palifermin</i>	4	LTD
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	

Drug Name	Generic	Drug Tier	Requirements/Limits
MENVEO A-C-Y-W-135-DIP	<i>mening vac a,c,y,w-135 dip</i>	2	
M-M-R II VACCINE INJ	<i>measles,mumps&rubella vaccine</i>	2	
OCTAGAM INJ	<i>immune globulin - iv</i>	4	
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>	4	PA
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	
ROTARIX	<i>rotavirus vac, live att, 89-12</i>	2	
ROTATEQ	<i>rotavirus vac, live pentav</i>	2	
SYNAGIS 100 MG/1 ML VIAL INJ	<i>palivizumab</i>	4	PA
SYNAGIS 50 MG/0.5 ML VIAL INJ	<i>palivizumab</i>	4	PA, LTD
TETANUS DIPHTHERIA TOXOIDS INJ	<i>tetanus,diphtheria toxoid</i>	2	
<i>tetanus toxoid adsorbed</i> INJ		1	
TETANUS-DIPHTHERIA-DECAVAC INJ	<i>tetanus,diphtheria toxoid</i>	2	
THYMOGLOBULIN INJ	<i>lymphocyte immune globulin</i>	4	BvD
TRIHIBIT INJ	<i>dp (a) ped/hib conj-tet</i>	2	
TRIPEDIA INJ	<i>diphther,pertuss,tetanus vac</i>	2	
TWINRIX INJ	<i>hep b vir recomb/hep a vir</i>	2	
TYPHIM VI INJ	<i>typhoid vaccine</i>	2	
VAQTA INJ	<i>hepatatis a virus vaccine</i>	2	
VARIVAX VACCINE INJ	<i>varicella virus vaccine live</i>	2	
VIVAGLOBIN INJ	<i>immune globulin- sq</i>	4	PA
YF-VAX INJ	<i>yellow fever vaccine</i>	2	
ZOSTAVAX INJ	<i>varicella vacc/pf</i>	2	PA, QLL (1/365)

INSULIN LIKE GROWTH FACTORS-1

INCRELEX INJ	<i>mecasermin</i>	4	PA, LTD
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Drug Name	Generic	Drug Tier	Requirements/Limits
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INTERFERONS

ACTIMMUNE INJ	<i>interferon gamma-1b, recomb.</i>	4	PA, LTD
AVONEX INJ	<i>interferon beta-1a</i>	4	QLL (4/28)
AVONEX ADMINISTRATION PACK INJ	<i>interferon beta-1a</i>	4	QLL (4/28)
BETASERON INJ	<i>interferon beta-1b</i>	4	QLL (14/28), ST
INFERGEN 15 MCG/0.5 ML VIAL INJ	<i>interferon alfacon-1</i>	4	PA, QLL (12/30)
INFERGEN 9 MCG/0.3 ML VIAL INJ	<i>interferon alfacon-1</i>	4	PA, QLL (31/31)
INTRON A 3 MILLION UNIT/ML PEN, -6 MILLION UNIT/ML VL, -10 MILLION UNITS VIAL INJ	<i>interferon alfa-2b , recomb.</i>	2	PA
INTRON A 5 MILLION UNIT/ML PEN, -10 MILLION UNIT PEN, -10 MILLION UNIT/ML, -18 MILLION UNITS VIAL, -50 MILLION UNITS VIAL INJ	<i>interferon alfa-2b , recomb.</i>	4	PA
PEGASYS 180 MCG/0.5 ML SYRINGE INJ	<i>peginterferon alfa-2a</i>	4	PA, QLL (4 syringes/28)
PEGASYS 180 MCG/ML VIAL INJ	<i>peginterferon alfa-2a</i>	4	PA, QLL (4/28)
PEGASYS PROCLICK INJ	<i>peginterferon alfa-2a</i>	4	PA, QLL (4/28)
PEGINTRON INJ	<i>peginterferon alfa-2b</i>	4	PA, QLL (4/28)
PEGINTRON REDIPEN INJ	<i>peginterferon alfa-2b</i>	4	PA, QLL (4/28)
REBIF INJ	<i>interferon beta-1a/albumin</i>	4	QLL (12/30)
SYLATRON INJ	<i>peginterferon alfa-2b</i>	4	PA
SYLATRON 4-PACK INJ	<i>peginterferon alfa-2b</i>	4	PA

INTERLEUKIN RECPTR ANTAGONIST

ACTEMRA 200 MG/10 ML VIAL INJ	<i>tocilizumab</i>	4	PA, QLL (40/28)
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Drug Name	Generic	Drug Tier	Requirements/Limits
ACTEMRA 80 MG/4 ML VIAL, -400 MG/20 ML VIAL INJ	<i>tocilizumab</i>	4	PA, QLL (40 ml/28)
ARCALYST INJ	<i>rilonacept</i>	4	PA, LTD
ILARIS INJ	<i>canakinumab</i>	4	PA, QLL (1/56), LTD
KINERET INJ	<i>anakinra</i>	4	PA, QLL (20.10/30)

INTERLEUKINS

NEUMEGA INJ	<i>oprelvekin</i>	4	
PROLEUKIN INJ	<i>aldesleukin</i>	4	

MYELOID STIMULANTS

LEUKINE INJ	<i>sargramostim</i>	4	
NEULASTA INJ	<i>pegfilgrastim</i>	4	PA
NEUPOGEN INJ	<i>filgrastim</i>	4	PA

THROMBOPOIETIC AGENTS

PROMACTA 25 MG TABLET	<i>eltrombopag olamine</i>	4	PA, QLL (93/31), LTD
PROMACTA 50 MG TABLET, -75 MG TABLET	<i>eltrombopag olamine</i>	4	PA, QLL (31/31), LTD

MEDICAL (MISCELLANEOUS) SUPPLIES

DIABETIC SUPPLIES

AIMSCO INS SYR 0.3 ML 29GX1/2, -AIMSCO INS SYR 0.3 ML 30GX5/16, -AIMSCO INS SYR 0.5 ML 28GX1/2, -AIMSCO INS SYR 0.5 ML 29GX1/2, -AIMSCO INS SYR 1 ML 28GX1/2, -AIMSCO INS SYR 1 ML 29GX1/2, -AIMSCO INS SYR 1 ML		2	
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Drug Name	Generic	Drug Tier	Requirements/Limits
30GX5/16, -AIMSCO SYRING 0.3 ML 31GX5/16, -AIMSCO SYRING 0.5 ML 30GX5/16, -AIMSCO SYRING 0.5 ML 31GX5/16, -BD INSULIN SYR 0.3 ML 28GX1/2, -BD INSULIN SYR 0.3 ML 29GX1/2, - BD INSULIN SYR 0.3 ML 30GX1/2, -BD INSULIN SYR 0.3ML 31GX5/16, -BD INSULIN SYR 0.5 ML 28GX1/2, -BD INSULIN SYR 0.5 ML 29GX1/2, - BD INSULIN SYR 0.5 ML 30GX1/2, -BD INSULIN SYR 0.5ML 31GX5/16, -BD INSULIN SYR 1 ML 25GX1, -BD INSULIN SYR 1 ML 25GX5/8, -BD INSULIN SYR 1 ML 26GX1/2, -BD INSULIN SYR 1 ML 27GX5/8, -BD INSULIN SYR 1 ML 28GX1/2, -BD INSULIN SYR 1 ML 29GX1/2, -BD INSULIN SYR 1 ML 30GX1/2, -BD INSULIN SYR 1 ML 31GX5/16, - BD INSULIN SYRINGE 1 ML, -BD INSULIN U100- 3/10 ML SYR, - CAREONE INS SYR 1 ML 30GX5/16, -FIFTY50 INSULIN SYRINGE 0.3 ML, -FIFTY50 INSULIN SYRINGE 0.5 ML, - FIFTY50 INSULIN			

Drug Name	Generic	Drug Tier	Requirements/Limits
SYRINGE 1 ML, -INS SYR 0.3 ML 29GX1/2, - INS SYR 0.3 ML 30GX5/16, -INS SYR 0.5 ML 28GX1/2, -INS SYR 0.5 ML 29GX1/2, - INS SYR 0.5 ML 30GX1/2, -INS SYR 0.5 ML 30GX5/16, -INS SYR 1 ML 28GX1/2, -INS SYR 1 ML 29GX1/2, - INS SYR 1 ML 30GX5/16, -INS SYR 1 ML 31GX5/16, -INS SYR U100 1 ML 28GX1/2, - INS SYRIN 0.3 ML 30GX1/2, -INS SYRIN 1 ML 29GX1/2, -INS SYRING 0.3 ML 30GX5/16, -INS SYRINGE 1 ML 28GX1/2, -INS SYRINGE 1 ML 30GX1/2, -INS SYRINGE 1 ML 30GX5/16, -INS SYRINGE 3/10 ML, - INSUL SYR 0.3 ML 31GX5/16, -INSUL SYR 0.5 ML 28GX1/2, - INSUL SYR 0.5 ML 30GX1/2, -INSUL SYR 0.5 ML 31GX5/16, -0.3 ML SYRINGE, -0.5 ML SYRINGE, -1 ML SYRINGE, -1/2 ML SYRINGE, -3/10 ML SYRINGE, -SYR 0.3 ML 29GX1/2, -SYR 0.5 ML 28GX1/2, -SYR 1 ML 29GX1/2, -SYR 1 ML 30GX5/16, -SYR 1 ML			

Drug Name	Generic	Drug Tier	Requirements/Limits
31GX5/16, -SYRIN 0.3 ML 29GX1/2, -SYRIN 0.3 ML 30GX1/2, -SYRIN 0.3 ML 30GX5/16, -SYRIN 0.3 ML 31GX5/16, -SYRIN 0.3 ML 31GX5/16, -SYRIN 0.5 ML 28GX1/2, -SYRIN 0.5 ML 29GX1/2, -SYRIN 0.5 ML 30GX1/2, -SYRIN 0.5 ML 30GX5/16, -SYRIN 0.5 ML 30GX5/16, -SYRIN 0.5 ML 31			
1ST TIER UNIFINE PNTIP 6MM 31G, -1ST TIER UNIFINE PNTIP 8MM 31G, -1ST TIER UNIFINE PNTIP 12MM 29G		2	
1ST TIER UNIFINE PNTIP 8MM 31G		2	
AIMSCO MINI ULTRA-THIN II		2	
AIMSCO ULTRA THIN II		2	
ALCOHOL PADS		2	
ALCOHOL PREP PADS		2	
ALCOHOL PREP SWABS		2	
ALCOHOL SWAB		2	
ALCOHOL SWABS		2	
ALCOHOL WIPES		2	
AUTO INJECTOR		2	
AUTOJECT 2		2	
AUTOPEN		2	
CLICKFINE		2	
CURAD GAUZE PADS		2	
CURITY ALCOHOL PREPS		2	
CURITY GAUZE SPONGES		2	

Drug Name	Generic	Drug Tier	Requirements/Limits
EASY COMFORT INSULIN SYRINGE		2	
EASY TOUCH INSULIN NEEDLES - DISPOSABLE, -INSULIN SYRINGES - DISPOSABLE		2	
EASY TOUCH INSULIN SYRINGE		2	
EXEL INSULIN SYRINGE		2	
FREESTYLE PRECISION		2	
GLUCOPRO		2	
HUMAPEN LUXURA HD		2	
HUMAPEN MEMOIR		2	
IN CONTROL PEN NEEDLE		2	
INJECT-EASE		2	
INSULIN PEN NEEDLE		2	
INSULIN SYR 1/2 ML BULK PACK, -1 ML SYRN 27X1/2, -1 ML SYRN 28GX1/2, -INSUL SYR U100, -INSUL SYR U100 0.5 ML, -INSUL SYR U100 1 ML, -INSULIN SYR 0.3 ML, -INSULIN SYR 0.5 ML, -INSULIN SYR 1 ML, -INSULIN SYR U-100, -INSULIN SYRN 3/10 ML, -SYRINGE 0.3 ML, -SYRINGE 0.5 ML, -SYRINGE 1 ML		2	
INSULIN SYRINGE 0.3 ML, -INSULIN SYRINGE 0.5 ML, -INSULIN SYRINGE 1 ML, -0.3 ML, -0.5 ML, -1 ML		2	
INSUMED		2	
INSUPEN		2	

Drug Name	Generic	Drug Tier	Requirements/Limits
INTEGRA SYRINGE INSULIN SYRINGES - DISPOSABLE		2	
LISCO		2	
LITE TOUCH INSULIN 1 ML SYR		3	
LITE TOUCH INSULIN NEEDLES - DISPOSABLE, -INSULIN 0.3 ML SYR, -INSULIN 0.5 ML SYR, -INSULIN SYR 0.3 ML, -INSULIN SYR 0.5 ML, -INSULIN SYR 1 ML		2	
LITE TOUCH INSULIN PEN NEEDLES		2	
MAGELLAN INSULIN SAFETY SYRNG		2	
MAGELLAN INSULIN SYRINGE		2	
MONOJECT INSULIN SYR U-100		2	
MONOJECT INSULIN SYRINGES - DISPOSABLE		2	
NOVOFINE 32		2	
NOVOFINE AUTOCOVER		2	
NOVOPEN 3		2	
NOVOPEN JR		2	
ORSINI INSULIN SYRINGE		2	
PEN NEEDLE		2	
PRECISION		2	
PRODIGY INSULIN SYRINGE		2	
PRODIGY PEN NEEDLE		2	
SAFESNAP INSULIN SYRINGE		2	
SAFETYGLIDE INSULIN SYRINGE		2	

Drug Name	Generic	Drug Tier	Requirements/Limits
SAFETYGLIDE SYRINGE INSULIN SYRINGES - DISPOSABLE		2	
SINGLE USE SWAB		2	
SURE COMFORT		2	
SURE COMFORT ALCOHOL		2	
SURE-FINE PEN NEEDLES		2	
SURE-JECT INSULIN SYRINGE		2	
SURE-PREP ALCOHOL PREP PADS		2	
TERUMO INSULIN SYRINGE		2	
TERUMO SURGUARD		2	
THINPRO INSULIN SYRINGE		2	
TOPCARE CLICKFINE		2	
TOPCARE ULTRA COMFORT		2	
ULTICARE INSULIN NEEDLES - DISPOSABLE, -INSULIN SYRINGES - DISPOSABLE		2	
ULTIGUARD INSULIN SYRINGES - DISPOSABLE		2	
ULTILET ALCOHOL SWAB		2	
ULTRACOMFORT INSULIN NEEDLES - DISPOSABLE, -INSULIN SYRINGES - DISPOSABLE		2	
UNIFINE PENTIPS		2	
VANISHPOINT INSULIN SYRINGES - DISPOSABLE		2	
VERSALON PAD,		2	

Drug Name	Generic	Drug Tier	Requirements/Limits
MEDICATED PAD			
WEBCOL		2	

MUSCULOSKELETAL MEDICATIONS

CNS MUSCLE RELAXANTS

<i>carisoprodol 350 mg tablet</i>		1	
<i>carisoprodol compound</i>		1	
<i>carisoprodol compound-codeine</i>		1	
<i>carisoprodol-aspirin</i>		1	
<i>chlorzoxazone</i>		1	
<i>cyclobenzaprine 5 mg tablet, -10 mg tablet</i>		1	
<i>methocarbamol tablet</i>		1	
<i>orphenadrine citrate injection INJ</i>		1	
<i>orphenadrine citrate tablet sustained action</i>		1	
<i>orphenadrine compound</i>		1	
<i>orphenadrine compound forte</i>		1	
RILUTEK	<i>riluzole</i>	4	

DIRECT MUSCLE RELAXANTS

<i>baclofen tablet</i>		1	
<i>dantrolene sodium capsule</i>		1	
DYSPORT INJ	<i>abobotulinumtoxina</i>	3	BvD, QLL (2/28)
GABLOFEN 40,000 MCG/20 ML VIAL, - 10,000 MCG/20 ML VIAL INJ	<i>baclofen</i>	3	
<i>tizanidine hcl tablet</i>		1	
XEOMIN 100 UNITS VIAL INJ	<i>incobotulinumtoxina</i>	3	BvD, QLL (4/84)
XEOMIN 50 UNITS VIAL	<i>incobotulinumtoxina</i>	3	PA, QLL (8/84)

Drug Name	Generic	Drug Tier	Requirements/Limits
INJ			

DRUGS TO PREVENT AND TREAT GOUT

<i>allopurinol sodium</i> INJ		1	
<i>allopurinol</i> tablet		1	
COLCRYS	<i>colchicine</i>	3	
KRYSTEXXA INJ	<i>pegloticase</i>	4	PA, QLL (2 vials/28)
<i>probenecid</i>		1	
<i>probenecid-colchicine</i>		1	
ULORIC 40 MG TABLET	<i>febuxostat</i>	2	QLL (31/31), ST
ULORIC 80 MG TABLET	<i>febuxostat</i>	2	ST

NON-STEROIDAL ANTIINFLAMMATORY AGENTS

CELEBREX	<i>celecoxib</i>	2	
<i>diclofenac potassium</i>		1	
<i>diclofenac sodium e.c. tab, -tablet sustained action</i>		1	
<i>etodolac capsule, -tablet, -tablet sustained action</i>		1	
<i>fenoprofen calcium tablet</i>		1	
<i>flurbiprofen tablet</i>		1	
<i>ibuprofen oral susp, -400 mg tablet, -600 mg tablet, -800 mg tablet</i>		1	
<i>indomethacin capsule, -capsule sustained action</i>		1	
<i>indomethacin injection</i> INJ		1	
<i>ketoprofen capsule, -capsule sustained action</i>		1	
<i>ketorolac 15 mg/ml carpject, -15 mg/ml isecure, -15 mg/ml vial,</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>-30 mg/ml carpject, -30 mg/ml isecure, -30 mg/ml vial, -300 mg/10 ml vial INJ</i>			
<i>ketorolac 60 mg/2 ml vial INJ</i>		1	QLL (20/5)
<i>ketorolac tromethamine tablet</i>		1	QLL (20/5)
<i>meclofenamate sodium capsule</i>		1	
<i>meloxicam oral susp, -tablet</i>		1	
<i>nabumetone</i>		1	
<i>naproxen e.c. tab, -oral susp, -tablet</i>		1	
<i>naproxen sodium 275 mg tab, -550 mg tab</i>		1	
<i>oxaprozin</i>		1	
<i>piroxicam capsule</i>		1	
<i>sulindac tablet</i>		1	
<i>tolmetin sodium</i>		1	

OTHER DRUGS FOR ARTHRITIS

CUPRIMINE	<i>penicillamine</i>	2	
DEPEN	<i>penicillamine</i>	2	
<i>myochrysine INJ</i>		1	
RIDAURA	<i>auranofin</i>	2	
SYPRINE	<i>trientine</i>	4	

SALICYLATES AND RELATED DRUGS

<i>choline mag trisalicylate</i>		1	
<i>diflunisal tablet</i>		1	
<i>salsalate tablet</i>		1	

NUTRITION, BLOOD MODIFIERS, ELECTROLYTES

ANTIPLATELET DRUGS

AGGRENEX	<i>aspirin/dipyridamole</i>	2	
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Drug Name	Generic	Drug Tier	Requirements/Limits
BRILINTA	<i>ticagrelor</i>	3	QLL (62/31)
<i>cilostazol</i>		1	
<i>dipyridamole tablet</i>		1	
EFFIENT	<i>prasugrel</i>	2	QLL (31/31)
PLAVIX	<i>clopidogrel</i>	2	
<i>ticlopidine hcl</i>		1	

BLOOD DETOXICANTS

<i>constulose</i>		1	
<i>enulose</i>		1	
FOSRENOL	<i>lanthanum carbonate</i>	3	
<i>generlac</i>		1	
<i>lactulose</i>		1	
REVELA	<i>sevelamer carbonate</i>	2	

ELECTROLYTES, IRRIGATING SOLUTIONS, ETC.

AMINOSYN INJ	<i>amino acids</i>	3	
AMINOSYN II INJ	<i>amino acids</i>	3	
AMINOSYN II 3.5% M- DEXTROSE 5% INJ	<i>amino acids</i>	3	
AMINOSYN II 3.5%- DEXTROSE 25% INJ	<i>amino acids</i>	3	
AMINOSYN II 3.5%- DEXTROSE 5% INJ	<i>amino acids</i>	3	
AMINOSYN II 4.25%- DEXTROSE 25% INJ	<i>amino acids</i>	3	
AMINOSYN II 5% IN 25% DEXTROSE INJ	<i>amino acids</i>	3	
AMINOSYN II IN DEXTROSE INJ	<i>amino acids</i>	3	
AMINOSYN II WITH LYTES-CA-DW INJ	<i>amino acids</i>	3	
AMINOSYN M INJ	<i>amino acids</i>	3	
AMINOSYN WITH ELECTROLYTES INJ	<i>amino acids</i>	3	
AMINOSYN-HBC INJ	<i>amino acids</i>	3	
AMINOSYN-HF INJ	<i>amino acids</i>	3	
AMINOSYN-PF INJ	<i>amino acids</i>	3	

Drug Name	Generic	Drug Tier	Requirements/Limits
AMINOSYN-RF INJ	<i>amino acids</i>	3	
AMMONIUM CHLORIDE INJECTION INJ	<i>ammonium chloride</i>	2	
CLINIMIX INJ	<i>amino acids</i>	3	
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>	3	
CLINISOL INJ	<i>amino acids</i>	3	
CYSTAGON	<i>cysteamine</i>	2	LTD
<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 ringers injection</i> INJ		1	
<i>dextrose in water</i> INJ		1	
<i>dextrose with sodium chloride</i> INJ		1	
FREAMINE HBC INJ	<i>amino acids</i>	3	
FREAMINE III INJ	<i>amino acids</i>	3	
FREAMINE III WITH ELECTROLYTES INJ	<i>aa 3%/electrolyte-tpn/glycerin</i>	3	
HEPATAMINE INJ	<i>amino acids</i>	3	

Drug Name	Generic	Drug Tier	Requirements/Limits
HEPATASOL INJ	<i>amino acids</i>	3	
IONOSOL B WITH DEXTROSE 5% INJ	<i>electrolyte solutions</i>	3	
IONOSOL MB-DEXTROSE 5% INJ	<i>electrolyte solutions</i>	3	
IONOSOL T-DEXTROSE 5% INJ	<i>electrolyte solutions</i>	3	
ISOLYTE H WITH DEXTROSE INJ	<i>dextrose/electrolytes</i>	3	
ISOLYTE M WITH DEXTROSE INJ	<i>dextrose/electrolytes</i>	3	
ISOLYTE P WITH DEXTROSE INJ	<i>dextrose/electrolytes</i>	3	
ISOLYTE S INJ	<i>electrolyte solutions</i>	3	
ISOLYTE S WITH DEXTROSE INJ	<i>dextrose/electrolytes</i>	3	
<i>lactated ringers injection</i> INJ		1	
<i>lactated ringers solution</i>		1	BvD
<i>magnesium sulfate injection</i> INJ		1	
MAGNESIUM SULFATE-D5W INJ	<i>magnesium sulfate/d5w</i>	2	
NEPHRAMINE INJ	<i>amino acids</i>	3	
NORMOSOL-M AND DEXTROSE INJ	<i>dextrose/electrolytes</i>	3	
NORMOSOL-R INJ	<i>electrolyte solutions</i>	3	
NORMOSOL-R AND DEXTROSE INJ	<i>electrolyte solutions</i>	3	
NORMOSOL-R PH 7.4 INJ	<i>electrolyte solutions</i>	3	
<i>nutrilyte</i> INJ		1	
<i>nutrilyte ii</i> INJ		1	
PHYSIOLYTE	<i>physiological irrigation soln</i>	3	BvD
PHYSIOSOL	<i>physiological irrigation soln</i>	3	BvD
PLASMA-LYTE 148 INJ	<i>electrolyte solutions</i>	3	
PLASMA-LYTE 148 IN DEXTROSE INJ	<i>electrolyte solutions</i>	3	
PLASMA-LYTE 56 INJ	<i>electrolyte solutions</i>	3	
PLASMA-LYTE 56 IN DEXTROSE INJ	<i>d5w/electrolyte-56 solution</i>	3	

Drug Name	Generic	Drug Tier	Requirements/Limits
PLASMA-LYTE A PH 7.4 INJ	<i>electrolyte solutions</i>	3	
PLASMA-LYTE R INJ	<i>electrolyte solutions</i>	3	
<i>potassium chl-normal saline</i> INJ		1	
<i>potassium chloride-nacl</i> INJ		1	
PREMASOL INJ	<i>amino acids</i>	3	
PROCALAMINE INJ	<i>aa 3%/electrolyte-tpn/glycerin</i>	3	
PROSOL INJ	<i>amino acids</i>	3	
<i>ringers injection</i> INJ		1	
<i>ringers irrigation</i>		1	BvD
<i>saline 0.45% soln-excel con, -0.45% soln, -saline 0.9% soln-excel cont, -0.9% soln, -0.9% soln., -0.9% solution, -cl 2.5 meq/ml vial, -3% iv soln, -4 meq/ml vl, -5% iv soln</i> INJ		1	
<i>sodium acetate injection</i> INJ		1	
<i>sodium bicarbonate injection</i> INJ		1	
<i>sodium chloride solution</i>		1	
<i>sodium lactate injection</i> INJ		1	
<i>tis-u-sol</i>		1	BvD
TPN ELECTROLYTES INJ	<i>electrolyte solutions</i>	2	
TPN ELECTROLYTES II INJ	<i>electrolyte solutions</i>	3	
TRAVASOL INJ	<i>amino acids</i>	3	
TROPHAMINE INJ	<i>amino acids</i>	3	

FLUORIDE PRODUCTS

<i>epiflur 0.5 mg tablet chewable, -1 mg tablet</i>		1	
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Drug Name	Generic	Drug Tier	Requirements/Limits
<i>chewable</i>			
<i>fluor-a-day 0.5 mg tab chew, -1 mg tablet chew</i>		1	
<i>fluoritab chew tab</i>		1	
<i>ludent fluoride 0.5 mg tb chew, -1 mg tab chew</i>		1	
PREVIDENT 5000	<i>sodium fluoride</i>	2	
PREVIDENT DENTAL/MUCOUS MEMBRN PRODUCTS	<i>sodium fluoride</i>	2	
<i>sf</i>		1	
<i>sf 5000 plus</i>		1	
<i>sodium fluoride 0.5 mg(1.1 mg), -1 mg (2.2 mg), -oral drops</i>		1	
<i>stannous fluoride dental/mucous membrn products</i>		1	

INJECTABLE ANTICOAGULANTS

ARGATROBAN INJ	<i>argatroban</i>	4	
ARGATROBAN-SODIUM CHLORIDE INJ	<i>argatroban in 0.9 % sod chlor</i>	4	
ARIXTRA 2.5 MG SYRINGE INJ	<i>fondaparinux sodium</i>	3	QLL (60/365)
ARIXTRA 5 MG SYRINGE, -7.5 MG SYRINGE, -10 MG SYRINGE INJ	<i>fondaparinux sodium</i>	4	QLL (60/365)
<i>enoxaparin 100 mg/ml syr, -120 mg/0.8 ml syr, -150 mg/ml syr INJ</i>		4	QLL (60/365)
<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 INJ</i>		1	QLL (60/365)
<i>fondaparinux 2.5 mg/0.5 ml syr INJ</i>		1	QLL (60 syringes/365)

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>fondaparinux 5 mg/0.4 ml syr, -7.5 mg/0.6 ml syr, -10 mg/0.8 ml syr</i> INJ		4	QLL (60 syringes/365)
FRAGMIN 2,500 UNITS SYRINGE, -5,000 UNITS SYRINGE, -25,000 UNITS/ML VIAL INJ	<i>dalteparin (porcine)</i>	3	QLL (60/365)
FRAGMIN 7,500 UNITS SYRINGE, -10,000 UNITS SYRINGE, -12,500 UNITS SYRINGE, -15,000 UNITS SYRINGE, -18,000 UNITS SYRINGE INJ	<i>dalteparin (porcine)</i>	4	QLL (60/365)
<i>heparin sodium in 0.45% nacl</i> INJ		1	BvD
<i>heparin sodium in 5% dextrose</i> INJ		1	BvD
<i>heparin sodium injection</i> INJ		1	BvD
<i>heparin sodium-ns</i> INJ		1	BvD
LOVENOX 300 MG/3 ML VIAL INJ	<i>enoxaparin</i>	3	QLL (60/365)

ORAL ANTICOAGULANTS, VITAMIN K

<i>jantoven</i>		1	
PRADAXA	<i>dabigatran etexilate mesylate</i>	2	
<i>warfarin sodium tablet</i>		1	

OTHER DRUGS AFFECTING COAGULATION

XARELTO 10 MG TABLET	<i>rivaroxaban</i>	2	QLL (60/365)
XARELTO 15 MG TABLET, -20 MG TABLET	<i>rivaroxaban</i>	2	QLL (31/31)

Drug Name	Generic	Drug Tier	Requirements/Limits
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POTASSIUM REMOVING RESINS

<i>kalexate</i>		1	
KAYEXALATE	<i>sodium polystyrene sulfonate</i>	2	
<i>kionex oral susp</i>		1	
<i>sodium polystyrene sulfonate</i>		1	
<i>sps</i>		1	

POTASSIUM SUPPLEMENTS

<i>dextrose in lactated ringers INJ</i>		1	
<i>ed k+10</i>		1	
EFFER-K 10 MEQ TABLET EFF, -20 MEQ TABLET EFF	<i>potassium bicarb/ca</i>	3	
<i>epiklor</i>		1	
<i>k effervescent</i>		1	
<i>kcl 20 meq in d5w solution, -kcl 40 meq in d5w solution INJ</i>		1	
<i>klor-con 10</i>		1	
<i>klor-con 20 meq packet</i>		1	
<i>klor-con 8</i>		1	
<i>klor-con m10</i>		1	
<i>klor-con m15</i>		1	
<i>klor-con m20</i>		1	
<i>potassium acetate injection INJ</i>		1	
<i>potassium bicarbonate unique tablet formulation</i>		1	
<i>potassium chloride capsule sustained action, -solution, -tablet sustained action, -unique tablet formulation</i>		1	
<i>potassium chloride in</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>d5lr</i> INJ			
<i>potassium chloride injection</i> INJ		1	
<i>sodium citrate & citric acid</i>		1	

OTHER THERAPEUTIC VITAMINS AND MINERALS

<i>calcitriol capsule, -solution</i>		1	BvD
<i>calcitriol injection</i> INJ		1	BvD
<i>calcium acetate capsule, -tablet</i>		1	
CARNITOR INJECTION INJ	<i>levocarnitine</i>	3	BvD
<i>eliphos</i>		1	
HECTOROL CAPSULE	<i>doxercalciferol</i>	2	BvD
HECTOROL INJECTION INJ	<i>doxercalciferol</i>	2	BvD
<i>levocarnitine injection</i> INJ		1	BvD
<i>levocarnitine solution, -tablet</i>		1	BvD
PHOSLYRA	<i>calcium acetate</i>	3	
ZEMPLAR CAPSULE	<i>paricalcitol</i>	3	BvD
ZEMPLAR INJECTION INJ	<i>paricalcitol</i>	3	BvD

VITAMINS AND MINERALS AND RELATED PRODUCTS

INTRALIPID INJ	<i>fat emulsions</i>	2	
LIPOSYN II INJ	<i>fat emulsions</i>	3	
<i>liposyn iii</i> INJ		1	

OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS

ANDROGEN DRUGS

ANADROL-50	<i>oxymetholone</i>	4	PA
ANDRODERM 2.5 MG/24HR PATCH, -5	<i>testosterone</i>	2	PA

Drug Name	Generic	Drug Tier	Requirements/Limits
MG/24HR PATCH			
ANDROGEL 1% GEL PUMP, -1%(2.5G) GEL PACKET	<i>testosterone</i>	3	PA
ANDROGEL 1.62% GEL PUMP, -1%(5G) GEL PACKET	<i>testosterone</i>	2	PA
ANDROXY	<i>fluoxymesterone</i>	2	
<i>danazol capsule</i>		1	
<i>oxandrolone tablet</i>		1	
STRIANT	<i>testosterone</i>	3	PA
TESTIM	<i>testosterone</i>	3	PA
TESTOPEL INJ	<i>testosterone</i>	3	
<i>testosterone cypionate injection INJ</i>		1	PA
<i>testosterone enanthate injection INJ</i>		1	PA

CONTRACEPTIVES

<i>altavera</i>		1	
<i>amethia</i>		1	
<i>amethia lo</i>		1	
<i>amethyst</i>		1	
<i>apri</i>		1	
<i>aranelle</i>		1	
<i>aviane</i>		1	
<i>azurette</i>		1	
<i>balziva</i>		1	
<i>briellyn</i>		1	
<i>camrese</i>		1	
<i>camrese lo</i>		1	
<i>caziant</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>gildess fe</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>introvale</i>		1	
<i>jolessa</i>		1	
<i>junel</i>		1	
<i>junel fe</i>		1	
<i>kariva</i>		1	
<i>kelnor 1-35</i>		1	
<i>leena</i>		1	
<i>lessina</i>		1	
<i>levonorgestrel</i>		1	
<i>levonorg-eth estrad eth estrad</i>		1	
<i>levora-28</i>		1	
<i>loryna</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>norethindrone-ethin estradiol</i>		1	
<i>norgestimate-ethinyl estradiol</i>		1	
<i>norgestrel-ethiny estra</i>		1	
<i>nortrel</i>		1	
NUVARING	<i>etonogestrel/ethin estradiol</i>	3	QLL (1/28)
<i>ocella</i>		1	
<i>ogestrel</i>		1	
<i>orsythia</i>		1	
ORTHO EVRA	<i>ethinyl estradiol/norelgest</i>	3	QLL (3/28)
PLAN B	<i>levonorgestrel</i>	3	
PLAN B ONE-STEP	<i>levonorgestrel</i>	2	
<i>portia</i>		1	
<i>previfem</i>		1	
<i>quasense</i>		1	
<i>reclipsen</i>		1	
<i>solia</i>		1	
<i>sprintec</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>sronyx</i>		1	
<i>syeda</i>		1	
<i>tilia fe</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>vestura</i>		1	
<i>zarah</i>		1	
<i>zenchent</i>		1	
<i>zenchent fe</i>		1	
<i>zeosa</i>		1	
<i>zovia 1-35e</i>		1	
<i>zovia 1-50e</i>		1	

ESTROGEN DRUGS

DELESTROGEN INJ	<i>estradiol valerate</i>	3	
DEPO-ESTRADIOL INJ	<i>estradiol cypionate</i>	3	
DIVIGEL	<i>estradiol</i>	3	
ELESTRIN	<i>estradiol</i>	3	
ESTRACE VAGINAL PRODUCTS	<i>estradiol</i>	3	
<i>estradiol adh. patch</i>		1	QLL (4/28)
<i>estradiol tablet</i>		1	
<i>estradiol valerate injection</i> INJ		1	
ESTRING	<i>estradiol</i>	3	
<i>estropipate</i>		1	
EVAMIST	<i>estradiol</i>	3	
FEMRING	<i>estradiol</i>	3	
FEMTRACE 0.45 MG TABLET, -0.9 MG TABLET	<i>estradiol</i>	3	
MENEST	<i>estrogens, esterified</i>	3	
MENOSTAR	<i>estradiol</i>	3	QLL (4/28)
PREMARIN INJECTION INJ	<i>estrogens, conjugated</i>	3	

Drug Name	Generic	Drug Tier	Requirements/Limits
PREMARIN TABLET, - VAGINAL PRODUCTS	<i>estrogens, conjugated</i>	2	
VAGIFEM	<i>estradiol</i>	3	

ESTROGEN/PROGESTIN COMBINATIONS

ANGELIQ	<i>estradiol/drospirenone</i>	3	
CLIMARA PRO	<i>estradiol/levonorgestrel</i>	3	QLL (4/28)
COMBIPATCH	<i>estradiol/noreth ac</i>	3	QLL (8/28)
<i>estradiol-norethindrone acetat</i>		1	
<i>jevantage</i>		1	
<i>jinteli</i>		1	
<i>mimvey</i>		1	
PREFEST	<i>estradiol/norgestimate</i>	3	
PREMPHASE	<i>estrogen/medroxyprogesterone</i>	2	
PREMPRO	<i>estrogen/medroxyprogesterone</i>	2	

OB/GYN TOPICAL ANTIINFECTIVES

ACID JELLY	<i>acetic ac/ricinoleic/oxyquinol</i>	2	
CLEOCIN 100 MG VAGINAL OVULE	<i>clindamycin phosphate</i>	2	
<i>clindamycin phosphate vaginal products</i>		1	
<i>metronidazole vaginal products</i>		1	
<i>vandazole</i>		1	

OXYTOCICS

METHERGINE INJECTION INJ	<i>methylergonovine</i>	3	
<i>methylergonovine maleate injection INJ</i>		1	
<i>methylergonovine maleate tablet</i>		1	
<i>oxytocin injection INJ</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
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PRENATAL VITAMINS

<i>co-natal fa</i>		1	
<i>dualvit ob</i>		1	
<i>inatal advance</i>		1	
<i>inatal gt</i>		1	
<i>inatal ultra</i>		1	
<i>multi-nate dha extra</i>		1	
<i>ob + dha</i>		1	
<i>ob 90 + dha</i>		1	
<i>ob-natal one</i>		1	
<i>pnv ob+dha</i>		1	
<i>prenacare</i>		1	
<i>prenafirst</i>		1	
<i>prenaplus</i>		1	
<i>prenatabs fa</i>		1	
<i>prenatabs rx</i>		1	
<i>prenatal 19</i>		1	
<i>prenatal ad</i>		1	
<i>prenatal low iron</i>		1	
<i>prenatal multivitamin w-iron</i>		1	
<i>prenatal plus</i>		1	
<i>prenatal-u</i>		1	
<i>re-nata 29 ob</i>		1	
<i>se-natal one</i>		1	
<i>setonet</i>		1	
<i>setonet-ec</i>		1	
<i>trinatal gt</i>		1	
<i>vinacal</i>		1	
<i>vinate az</i>		1	QLL (31 tabs/31)
<i>vinate az extra</i>		1	
<i>vinate c</i>		1	
<i>vinate calcium</i>		1	
<i>vinate care</i>		1	
<i>vinate gt</i>		1	
<i>vinate ic</i>		1	
<i>vinate ii</i>		1	
<i>vinate one</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>vinate pn care</i>		1	
<i>vinate ultra</i>		1	
<i>vinate-m</i>		1	
<i>vitafol-ob</i>		1	
<i>vitafol-pn</i>		1	

PROGESTIN DRUGS

<i>camila</i>		1	
DEPO-SUBQ PROVERA 104 INJ	<i>medroxyprogesterone</i>	3	QLL (1/84)
<i>errin</i>		1	
<i>heather</i>		1	
<i>jolivette</i>		1	
MAKENA INJ	<i>hydroxyprogest caproate</i>	4	PA
<i>medroxyprogesterone acetate injection INJ</i>		1	QLL (1/84)
<i>medroxyprogesterone acetate tablet</i>		1	
<i>nora-be</i>		1	
<i>norethindrone</i>		1	
<i>norethindrone acetate tablet</i>		1	
PROMETRIUM	<i>progesterone</i>	3	

SELECTIVE ESTROGEN RECEPTOR MODULATOR

EVISTA	<i>raloxifene</i>	2	
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SPECIALIZED OB/GYN DRUGS

<i>chorionic gonadotropin injection INJ</i>		1	PA
<i>leuprolide acetate injection INJ</i>		1	PA
LUPRON DEPOT 11.25 MG 3MO KIT, -22.5 MG 3MO KIT INJ	<i>leuprolide</i>	3	PA, QLL (1/84)
LUPRON DEPOT 3.75 MG KIT INJ	<i>leuprolide</i>	3	PA, QLL (1/28)

Drug Name	Generic	Drug Tier	Requirements/Limits
LUPRON DEPOT 7.5 MG KIT INJ	<i>leuprolide</i>	4	PA, QLL (1/28)
LUPRON DEPOT-4 MONTH KIT INJ	<i>leuprolide</i>	3	PA, QLL (1/112)
LUPRON DEPOT-PED 11.25 MG 3MO INJ	<i>leuprolide</i>	4	QLL (1 kits/84)
LUPRON DEPOT-PED 30 MG 3MO KIT INJ	<i>leuprolide</i>	4	PA, QLL (1 kits/84)
LUPRON DEPOT-PED 7.5 MG KIT, -11.25 MG KIT, -15 MG KIT INJ	<i>leuprolide</i>	4	PA, QLL (1/28)
SUPPRELIN LA INJ	<i>histrelin ac</i>	4	PA
SYNAREL	<i>nafarelin</i>	4	PA

OPHTHALMIC MEDICATIONS
ANTIGLAUCOMA DRUGS

<i>acetazolamide capsule sustained action, -tablet</i>		1	
<i>acetazolamide sodium INJ</i>		1	
<i>apraclonidine hcl</i>		1	
AZOPT	<i>brinzolamide</i>	3	
<i>betaxolol hcl ophth drops</i>		1	
BETIMOL	<i>timolol</i>	3	
BETOPTIC S	<i>betaxolol</i>	3	
<i>brimonidine tartrate</i>		1	
<i>carteolol hcl</i>		1	
COMBIGAN	<i>brimonidine tartrate/timolol</i>	3	
<i>dorzolamide hcl</i>		1	
<i>dorzolamide-timolol</i>		1	
IOPIDINE	<i>apraclonidine</i>	3	
ISOPTO CARBACHOL	<i>carbachol</i>	3	
<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>	3	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>pilocarpine hcl ophth drops</i>		1	
PILOPINE HS	<i>pilocarpine hcl</i>	3	
<i>timolol maleate ophth drops</i>		1	
TRAVATAN Z	<i>travoprost</i>	3	ST

OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS

BLEPHAMIDE	<i>sulfacetamide/prednisolone ac</i>	3	
BLEPHAMIDE S.O.P.	<i>sulfacetamide/prednisolone ac</i>	3	
<i>neomycin-bacitracin-poly-hc</i>		1	
<i>neomycin-polymyxin-dexameth</i>		1	
<i>neomycin-polymyxin-hc ophth drops</i>		1	
<i>poly-dex</i>		1	
POLY-PRED	<i>neomycin/polymyxin/prednisol</i>	3	
PRED-G	<i>gentamicin/prednisolone</i>	3	
<i>sulfacetamide-prednisolone</i>		1	
TOBRADEX OINT	<i>tobramycin sulfat/dexameth</i>	2	
<i>tobramycin-dexamethasone</i>		1	
ZYLET	<i>tobramycin/lotepred etab</i>	3	

OPHTHALMIC CORTICOSTEROID DRUGS

ALREX	<i>loteprednol etabonate</i>	3	
<i>dexamethasone sodium phosphate ophth drops</i>		1	
DUREZOL	<i>difluprednate</i>	3	
<i>fluorometholone ophth drops</i>		1	
FML FORTE	<i>fluorometholone</i>	3	
FML S.O.P.	<i>fluorometholone</i>	3	
LOTEMAX	<i>loteprednol etabonate</i>	3	
MAXIDEX	<i>dexamethasone</i>	3	
PRED MILD	<i>prednisolone acetate</i>	3	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>prednisolone acetate ophth drops</i>		1	
<i>prednisolone sodium phosphate ophth drops</i>		1	
VEXOL	<i>rimexolone</i>	3	

OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS

<i>ak-poly-bac</i>		1	
AZASITE	<i>azithromycin</i>	3	
<i>bacitracin 500 unit/gm ointmnt</i>		1	
<i>bacitracin-polymyxin eye oint</i>		1	
BESIVANCE	<i>besifloxacin</i>	3	
CILOXAN OINT	<i>ciprofloxacin</i>	3	
<i>ciprofloxacin hcl ophth drops</i>		1	
<i>erythromycin oint</i>		1	
<i>garamycin ophth drops</i>		1	
<i>gentak</i>		1	
<i>gentamicin 3 mg/gm eye oint, -ophth drops</i>		1	
<i>gentasol</i>		1	
<i>levofloxacin ophth drops</i>		1	
MOXEZA	<i>moxifloxacin</i>	3	
<i>neomycin-bacitracin-polymyxin</i>		1	
<i>neomycin-polymyxin-gramicidin</i>		1	
<i>ofloxacin ophth drops</i>		1	
<i>polymyxin b sul-trimethoprim</i>		1	
<i>romycin</i>		1	
<i>sulfacetamide sodium oint, -ophth drops</i>		1	
<i>sulfamide</i>		1	
<i>tobramycin sulfate ophth drops</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>tobrasol</i>		1	
TOBEX OINT	<i>tobramycin</i>	2	
VIGAMOX	<i>moxifloxacin</i>	3	
ZYMAR	<i>gatifloxacin</i>	2	
ZYMAXID	<i>gatifloxacin</i>	2	

OPHTHALMIC TOPICAL ANTIVIRAL DRUGS

<i>trifluridine ophth drops</i>		1	
VIROPTIC	<i>trifluridine</i>	3	

OTHER OPHTHALMIC DRUGS

ACUVAIL	<i>ketorolac</i>	3	QLL (60/365)
<i>ak-con</i>		1	
<i>ak-dilate 10% eye drops</i>		1	
<i>akorn balanced salt</i>		1	
ALAMAST	<i>pemirolast potassium</i>	3	
ALOCRIAL	<i>nedocromil</i>	3	
ALOMIDE	<i>lodoxamide</i>	3	
<i>altafrin</i>		1	
<i>atropine care</i>		1	
<i>atropine sulfate oint, - ophth drops</i>		1	
<i>azelastine hcl ophth drops</i>		1	
BEPREVE	<i>bepotastine besilate</i>	3	
BOTOX 100 UNITS VIAL INJ	<i>botulinum toxin a</i>	3	PA, QLL (4/84)
BOTOX 200 UNITS VIAL INJ	<i>botulinum toxin a</i>	3	BvD, QLL (2/84)
BROMDAY	<i>bromfenac</i>	3	
<i>bromfenac sodium</i>		1	
<i>cromolyn sodium ophth drops</i>		1	
CYCLOGYL	<i>cyclopentolate</i>	3	
<i>cyclopentolate hcl ophth drops</i>		1	
<i>diclofenac sodium</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>ophth drops</i>			
EMADINE	<i>emedastine difumarate</i>	3	
<i>epinastine hcl</i>		1	
<i>flurbiprofen sodium</i>		1	
<i>homatropaire</i>		1	
<i>ketorolac tromethamine ophth drops</i>		1	
LUCENTIS INJ	<i>ranibizumab</i>	4	PA
<i>mydral</i>		1	
NATACYN	<i>natamycin</i>	2	
<i>neofrin</i>		1	
NEVANAC	<i>nepafenac</i>	3	
<i>parcaine</i>		1	
<i>phenylephrine hcl ophth drops</i>		1	
<i>proparacaine hcl ophth drops</i>		1	
RESTASIS	<i>cyclosporine</i>	3	
<i>tropicacyl</i>		1	
<i>tropicamide ophth drops</i>		1	
XIBROM	<i>bromfenac</i>	3	
ZIRGAN	<i>ganciclovir</i>	2	

RESPIRATORY MEDICATIONS

ANTIHIISTAMINE/DECONGESTANT COMBINATIONS

<i>promethazine vc</i>		1	
SEMPREX-D	<i>pse/acrivas</i>	3	

ANTIHIISTAMINES

<i>arbinoxa</i>		1	
<i>carbinoxamine maleate</i>		1	
<i>clemastine fumarate syrup, -fum 2.68 mg tab</i>		1	
<i>cyproheptadine hcl syrup, -tablet</i>		1	
<i>dexchlorpheniramine</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
<i>maleate</i>			
<i>diphenhydramine 50 mg capsule, -elix</i>		1	
<i>diphenhydramine hcl injection INJ</i>		1	
<i>fexofenadine hcl 180 mg tab</i>		1	
<i>fexofenadine hcl 30 mg tablet, -60 mg tablet, -180 mg tablet</i>		1	
<i>levocetirizine dihydrochloride</i>		1	
<i>promethazine hcl injection INJ</i>		1	
<i>promethazine hcl syrup, -tablet</i>		1	
XYZAL SOLUTION	<i>levocetirizine dihydrochlor</i>	3	PA

BETA-2 ADRENERGIC DRUGS

<i>albuterol sulfate nebs</i>		1	BvD
<i>albuterol sulfate syrup, -tablet, -tablet sustained action</i>		1	
ARCAPTA NEOHALER	<i>indacaterol maleate</i>	3	
BROVANA	<i>arformoterol tartrate</i>	3	BvD
FORADIL	<i>formoterol fumarate</i>	2	
<i>levalbuterol concentrate</i>		1	BvD, ST
MAXAIR AUTOHALER	<i>pirbuterol</i>	3	
<i>metaproterenol sulfate syrup, -tablet</i>		1	
PERFOROMIST	<i>formoterol fumarate</i>	3	BvD
PROAIR HFA	<i>albuterol</i>	3	ST
PROVENTIL HFA	<i>albuterol</i>	3	ST
SEREVENT DISKUS	<i>salmeterol</i>	2	
<i>terbutaline sulfate injection INJ</i>		1	
<i>terbutaline sulfate tablet</i>		1	
VENTOLIN HFA	<i>albuterol</i>	2	

Drug Name	Generic	Drug Tier	Requirements/Limits
XOPENEX	<i>levalbuterol</i>	3	BvD, ST
XOPENEX HFA	<i>levalbuterol</i>	3	ST

LEUKOTRIENE MODIFIERS

SINGULAIR	<i>montelukast sodium</i>	2	QLL (31/31)
<i>zafirlukast</i>		1	

METHYL XANTHINE DRUGS

<i>aminophylline injection</i> INJ		1	
<i>aminophylline tablet</i>		1	
ELIXOPHYLLIN	<i>theophylline</i>	2	
<i>theochron</i>		1	
<i>theophylline anhydrous</i> <i>tablet sustained action</i>		1	
<i>theophylline tablet</i> <i>sustained action</i>		1	

OTHER DRUGS FOR ASTHMA

<i>acetylcysteine nebs</i>		1	BvD
ADRENALICK INJ	<i>epinephrine hcl</i>	3	
ADRENALIN CHLORIDE NEBS	<i>epinephrine hcl</i>	2	
ADVAIR DISKUS	<i>salmeterol/fluticasone</i>	2	
ADVAIR HFA	<i>salmeterol/fluticasone</i>	2	
ATROVENT HFA	<i>ipratropium</i>	3	
<i>budesonide nebs</i>		1	BvD
COMBIVENT	<i>albuterol sulfate/ipratropium</i>	3	
<i>cromolyn sodium nebs</i>		1	BvD
<i>cromolyn sodium</i> <i>solution</i>		1	
DALIRESP	<i>roflumilast</i>	3	PA
DULERA	<i>mometasone/formoterol</i>	3	
<i>epinephrine 0.1 mg/ml</i> <i>syringe, -1 mg/ml</i> <i>ampul, -1 mg/ml vial</i> INJ		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
EPIPEN INJ	<i>epinephrine hcl</i>	2	
EPIPEN JR INJ	<i>epinephrine hcl</i>	2	
FLOVENT DISKUS	<i>fluticasone propionate</i>	2	
FLOVENT HFA	<i>fluticasone propionate</i>	2	
GASTROCROM	<i>cromolyn</i>	2	
<i>ipratropium bromide nebs</i>		1	BvD
<i>ipratropium-albuterol</i>		1	BvD
QVAR	<i>beclomethasone</i>	2	
SPIRIVA	<i>tiotropium bromide</i>	2	
SYMBICORT	<i>budesonide/formoterol fum</i>	2	
TWINJECT INJ	<i>epinephrine hcl</i>	3	
XOLAIR INJ	<i>omalizumab</i>	4	PA, QLL (30/28), LTD

OTHER RESPIRATORY DRUGS

ARALAST NP 1,000 MG VIAL INJ	<i>alpha-1-proteinase inhibitor</i>	4	PA
ARALAST NP 500 MG VIAL INJ	<i>alpha-1-proteinase inhibitor</i>	4	PA, LTD
GLASSIA INJ	<i>alpha-1-proteinase inhibitor</i>	4	PA, LTD
PROLASTIN 1,000 MG VIAL INJ	<i>alpha-1-proteinase inhibitor</i>	4	PA
PROLASTIN 500 MG VIAL INJ	<i>alpha-1-proteinase inhibitor</i>	4	PA, LTD
PROLASTIN C INJ	<i>alpha-1-proteinase inhibitor</i>	4	PA, LTD
PULMOZYME	<i>deoxyribonuclease</i>	4	PA, QLL (155/31)
ZEMAIRA INJ	<i>alpha-1-proteinase inhibitor</i>	4	PA, LTD

UROLOGICAL MEDICATIONS

ANTICHOLINERGIC ANTISPASMODICS

DETROL	<i>tolterodine tartrate</i>	2	
DETROL LA	<i>tolterodine tartrate</i>	2	
<i>flavoxate hcl</i>		1	
GELNIQUE	<i>oxybutynin</i>	3	
<i>oxybutynin chloride er</i>		1	
<i>oxybutynin chloride syrup, -tablet</i>		1	

Drug Name	Generic	Drug Tier	Requirements/Limits
TOVIAZ	<i>fesoterodine fumarate</i>	2	
<i>tropium chloride</i>		1	
VESICARE	<i>solifenacin succinate</i>	2	

CHOLINERGIC STIMULANTS

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

<i>acetic acid 0.25% irrig soln</i>		1	
<i>alfuzosin hcl</i>		1	
AVODART	<i>dutasteride</i>	2	
CYSTADANE	<i>betaine hcl</i>	2	
<i>cytra-k</i>		1	
ELMIRON	<i>pentosan polysulfate sodium</i>	2	
<i>finasteride tablet</i>		1	
JALYN	<i>dutasteride/tamsulosin hcl</i>	2	
<i>neomy-polymyxin b 40 mg/ml amp INJ</i>		1	
<i>potassium citrate TABLET SUSTAINED ACTION</i>		1	
<i>potassium citrate-citric acid</i>		1	
<i>tamsulosin hcl</i>		1	
<i>tricitrates</i>		1	

Index:

1ST TIER UNIFINE PNTIP 6MM 31G, -
1ST TIER UNIFINE PNTIP 8MM 31G,
-1ST TIER UNIFINE PNTIP 12MM
29G, 72
1ST TIER UNIFINE PNTIP 8MM 31G,
72
8-MOP, 50
aa 3%/electrolyte-tpn/glycerin, 81, 82
abacavir sulfate, 4
abacavir sulfate/lamivudine, 3
abatacept/maltose, 20
ABELCET, 11
ABILIFY DISCMELT, 23
ABILIFY INJECTION, 23
ABILIFY SOLUTION, 23
ABILIFY TABLET, 23
abiraterone acetate, 22
abobotulinumtoxinA, 76
ABRAXANE, 16
ABSTRAL, 28
acamprosate calcium, 37
acarbose, 57
acebutolol hcl capsule, 41
acetaminophen-caf-dihydrocodein, 30
acetaminophen-codeine, 30
acetaminophen-tramadol, 22
acetazolamide hc, 53
acetazolamide capsule sustained
action, -tablet, 93
acetazolamide sodium, 93
acetic ac/ricinoleic/oxyquinol, 90
acetic acid 0.25% irrig soln, 101
acetic acid otic drops, 53
acetic acid-aluminum, 53
acetylcysteine nebs, 99
ACID JELLY, 90
acitretin, 49
acitretin/emollient comb, 49
ACTEMRA 200 MG/10 ML VIAL, 69
ACTEMRA 80 MG/4 ML VIAL, -400
MG/20 ML VIAL, 69
ACTHIB, 65
acticin, 50
ACTIMMUNE, 68
ACTONEL 150 MG TABLET, 58
ACTONEL 35 MG TABLET, 58
ACTONEL 5 MG TABLET, -30 MG
TABLET, 58
ACTOPLUS MET, 57
ACTOPLUS MET XR, 57
ACTOS, 57
ACUVAIL, 96
acyclovir, 10
acyclovir capsule, -oral susp, -tablet, 9
acyclovir sodium, 9
ADACEL, 66
ADAGEN, 52
adalimumab, 18
adapalene, 48
ADCIRCA, 47
adcirca (tadalafil), 47
adefovir dipivoxil, 9
ADRENACLICK, 99
ADRENALIN CHLORIDE NEBS, 99
adriamycin 10 mg vial, -20 mg vial, -
50 mg vial, 16
adriamycin 2 mg/ml vial, 16
ADVAIR DISKUS, 99
ADVAIR HFA, 99
afeditab cr, 42
AFINITOR, 16
agalsidase, 59
AGGRENOLX, 79
A-HYDROCORT, 55
AIMSCO INS SYR 0.3 ML 29GX1/2, -
AIMSCO INS SYR 0.3 ML 30GX5/16,
-AIMSCO INS SYR 0.5 ML 28GX1/2,
-AIMSCO INS SYR 0.5 ML 29GX1/2,
-AIMSCO INS SYR 1 ML 28GX1/2, -
AIMSCO INS SYR 1 ML 29GX1/2, -
AIMSCO INS SYR 1 ML 30GX5/16, -
AIMSCO SYRING 0.3 ML 31GX5/16,

-AIMSCO SYRING 0.5 ML 30GX5/16,
-AIMSCO SYRING 0.5 ML 31GX5/16,
-BD INSULIN SYR 0.3 ML 28GX1/2, -
BD INSULIN SYR 0.3 ML 29GX1/2, -
BD INSULIN SYR 0.3 ML 30GX1/2, -
BD INSULIN SYR 0.3ML 31GX5/16, -
BD INSULIN SYR 0.5 ML 28GX1/2, -
BD INSULIN SYR 0.5 ML 29GX1/2, -
BD INSULIN SYR 0.5 ML 30GX1/2, -
BD INSULIN SYR 0.5ML 31GX5/16, -
BD INSULIN SYR 1 ML 25GX1, -BD
INSULIN SYR 1 ML 25GX5/8, -BD
INSULIN SYR 1 ML 26GX1/2, -BD
INSULIN SYR 1 ML 27GX5/8, -BD
INSULIN SYR 1 ML 28GX1/2, -BD
INSULIN SYR 1 ML 29GX1/2, -BD
INSULIN SYR 1 ML 30GX1/2, -BD
INSULIN SYR 1 ML 31GX5/16, -BD
INSULIN SYRINGE 1 ML, -BD
INSULIN U100-3/10 ML SYR, -
CAREONE INS SYR 1 ML 30GX5/16,
-FIFTY50 INSULIN SYRINGE 0.3 ML,
-FIFTY50 INSULIN SYRINGE 0.5 ML,
-FIFTY50 INSULIN SYRINGE 1 ML, -
INS SYR 0.3 ML 29GX1/2, -INS SYR
0.3 ML 30GX5/16, -INS SYR 0.5 ML
28GX1/2, -INS SYR 0.5 ML 29GX1/2,
-INS SYR 0.5 ML 30GX1/2, -INS SYR
0.5 ML 30GX5/16, -INS SYR 1 ML
28GX1/2, -INS SYR 1 ML 29GX1/2, -
INS SYR 1 ML 30GX5/16, -INS SYR 1
ML 31GX5/16, -INS SYR U100 1 ML
28GX1/2, -INS SYRIN 0.3 ML
30GX1/2, -INS SYRIN 1 ML
29GX1/2, -INS SYRING 0.3 ML
30GX5/16, -INS SYRINGE 1 ML
28GX1/2, -INS SYRINGE 1 ML
30GX1/2, -INS SYRINGE 1 ML
30GX5/16, -INS SYRINGE 3/10 ML, -
INSUL SYR 0.3 ML 31GX5/16, -
INSUL SYR 0.5 ML 28GX1/2, -INSUL
SYR 0.5 ML 30GX1/2, -INSUL SYR

0.5 ML 31GX5/16, -0.3 ML SYRINGE,
-0.5 ML SYRINGE, -1 ML SYRINGE, -
1/2 ML SYRINGE, -3/10 ML
SYRINGE, -SYR 0.3 ML 29GX1/2, -
SYR 0.5 ML 28GX1/2, -SYR 1 ML
29GX1/2, -SYR 1 ML 30GX5/16, -
SYR 1 ML 31GX5/16, -SYRIN 0.3 ML
29GX1/2, -SYRIN 0.3 ML 30GX1/2, -
SYRIN 0.3 ML 30GX5/16, -SYRIN 0.3
ML 31GX5/16, -SYRIN 0.3 ML
31GX5/16, -SYRIN 0.5 ML 28GX1/2,
-SYRIN 0.5 ML 29GX1/2, -SYRIN 0.5
ML 30GX1/2, -SYRIN 0.5 ML
30GX5/16, -SYRIN 0.5 ML
30GX5/16, -SYRIN 0.5 ML 31, 69
AIMSCO MINI ULTRA-THIN II, 72
AIMSCO ULTRA THIN II, 72
ak-con, 96
ak-dilate 10% eye drops, 96
akorn balanced salt, 96
ak-poly-bac, 95
ALAMAST, 96
albendazole, 3
ALBENZA, 3
albuterol, 98, 99
albuterol sulfate nebs, 98
albuterol sulfate syrup, -tablet, -tablet
sustained action, 98
albuterol sulfate/ipratropium, 99
alclometasone dipropionate, 50
ALCOHOL PADS, 72
ALCOHOL PREP PADS, 72
ALCOHOL PREP SWABS, 72
ALCOHOL SWAB, 72
ALCOHOL SWABS, 72
ALCOHOL WIPES, 72
ALDARA, 51
aldesleukin, 69
ALDURAZYME, 58
alefacept, 16
alemtuzumab, 16
alendronate sodium, 58

alfuzosin hcl, 101
alglucerase, 58
alglucosidase alfa, 59
ALIMTA, 16
ALINIA, 8
aliskiren hemifumarate, 46
aliskiren/amlodipine, 46
aliskiren/amlodipine/hctz, 45
aliskiren/hydrochlorothiazid, 46
aliskiren/valsartan, 46
alitretinoin, 52
ALKERAN INJECTION, 16
ALKERAN TABLET, 16
allopurinol sodium, 77
allopurinol tablet, 77
ALOCRIL, 96
ALOMIDE, 96
alosetron, 61
ALOXI, 26
alpha-1-proteinase inhibitor, 100
ALREX, 94
altafrin, 96
altavera, 87
altretamine, 18
amantadine, 9
ambenonium chloride, 37
AMBISOME, 11
ambrisentan, 43
amcinonide, 50
AMEBICIDES, 2
a-methapred 40 mg vial, 55
amethia, 87
amethia lo, 87
amethyst, 87
AMEVIVE, 16
amifostine, 16, 18
amikacin sulfate injection, 2
amiloride hcl tablet, 47
amiloride-hydrochlorothiazide, 47
amino acids, 79, 80, 81, 82
aminocaproic acid injection, 52
aminocaproic acid syrup, -tablet, 52

AMINOGLYCOSIDES, 2
aminophylline injection, 99
aminophylline tablet, 99
aminosalicylic acid, 5
AMINOSYN, 79
AMINOSYN II, 79
AMINOSYN II 3.5% M-DEXTROSE 5%,
79
AMINOSYN II 3.5%-DEXTROSE 25%,
79
AMINOSYN II 3.5%-DEXTROSE 5%,
79
AMINOSYN II 4.25%-DEXTROSE 25%,
79
AMINOSYN II 5% IN 25% DEXTROSE,
79
AMINOSYN II IN DEXTROSE, 79
AMINOSYN II WITH LYTES-CA-DW, 79
AMINOSYN M, 79
AMINOSYN WITH ELECTROLYTES, 79
AMINOSYN-HBC, 80
AMINOSYN-HF, 80
AMINOSYN-PF, 80
AMINOSYN-RF, 80
amiodarone, 40
amiodarone hcl injection, 40
amiodarone hcl tablet, 40
AMIODARONES, 40
AMITIZA, 61
amitriptyline hcl tablet, 39
amlodipine besylate tablet, 42
amlodipine besylate-benazepril, 45
amlodipine/valsartan, 46
amlodipine/valsartan/hctz, 46
amlodipine-atorvastatin, 44
ammonium chloride, 80
AMMONIUM CHLORIDE INJECTION,
80
ammonium lactate cream, -lotion, 51
amnesteem, 50
amox tr-potassium clavulanate, 11
amoxapine, 38

amoxicillin, 11
 amoxicillin-clavulanate er, 11
 amphetamine salts 10 mg tab, 31
 amphetamine salts 12.5 mg tb, 31
 amphetamine salts 15 mg tab, 31
 amphetamine salts 20 mg tab, 31
 amphetamine salts 30 mg tab, 31
 amphetamine salts 5 mg tab, 31
 amphetamine salts 7.5 mg tab, 31
 ampho b c-s, 11
 AMPHOTEC, 11
 amphotericin b injection, 11
 amphotericin b lipid complex, 11
 amphotericin b liposome, 11
 ampicillin sodium, 11
 ampicillin sodium/sulbactam na, 12
 ampicillin trihydrate, 11
 ampicillin-sulbactam, 11
 AMPYRA, 52
 AMTURNIDE, 45
 amylase/lipase/protease, 62, 63
 AMYLIN ANALOGUES, 54
 ANADROL-50, 87
 anagrelide hcl, 16
 anakinra, 69
 ANALGESICS, 22
 anastrozole tablet, 16
 ANCOBON, 7
 ANDRODERM 2.5 MG/24HR PATCH, -5
 MG/24HR PATCH, 87
 ANDROGEL 1% GEL PUMP, -1%(2.5G)
 GEL PACKET, 87
 ANDROGEL 1.62% GEL PUMP, -
 1%(5G) GEL PACKET, 87
 ANDROGEN DRUGS, 87
 ANDROXY, 87
 ANESTHETICS, 1
 ANGELIQ, 90
 ANGIOTENSIN CONVERTING ENZYME
 INHIBITORS, 40
 ANGIOTENSIN II RECEPTOR
 ANTAGONISTS, 41
 anidulafungin, 11
 ANTABUSE, 37
 ANTHELMINTICS, 3
 anthralin, 49
 ANTIACNE DRUGS, 48
 ANTICHOLINERGIC
 ANTISPASMODICS, 100
 ANTIDEMENTIA DRUGS, 23
 ANTIDIARRHEAL DRUGS, 60
 ANTIDYSRHYTHMIC DRUGS, 41
 ANTIGLAUCOMA DRUGS, 93
 ANTIHISTAMINE/DECONGESTANT
 COMBINATIONS, 97
 ANTIHISTAMINES, 97
 ANTIINFECTIVES, 2
 ANTIINFECTIVES SPECIALIZED
 INDICATIONS, 3
 ANTIMANIA DRUGS, 23
 ANTINEOPLASTIC/IMMUNOSUPPRESS
 ANT DRUGS, 16
 ANTIPARKINSON ANTICHOLINERGIC
 DRUGS, 23
 ANTIPLATELET DRUGS, 79
 ANTIPRURITIC DRUGS, 49
 ANTIPSORIASIS AND ANTIECZEMA
 DRUGS, 49
 ANTIPSYCHOTIC DRUGS, 23
 antipyrine-benzocaine, 53
 ANTIRETROVIRALS AND PROTEASE
 INH, 3
 ANTISPASMODICS/DRUGS AFFECT GI
 MOTILITY, 60
 ANTITHYROID DRUGS, 55
 ANTITUBERCULOSIS DRUGS, 5
 ANTIULCER DRUGS, 61
 ANTIVERTIGO AND ANTIEMETIC
 DRUGS, 26
 ANXIOLYTICS, 28
 ANZEMET 100 MG TABLET, 26
 ANZEMET 50 MG TABLET, 26
 ANZEMET INJECTION, 26
 APIDRA, 57

APIDRA SOLOSTAR, 57
 APOKYN, 36
 apomorphine hcl, 36
 apraclonidine, 93
 apraclonidine hcl, 93
 aprepitant, 26, 27
 apri, 87
 APRISO, 62
 APTIVUS, 3
 ARALAST NP 1,000 MG VIAL, 100
 ARALAST NP 500 MG VIAL, 100
 aranelle, 87
 ARANESP 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, 63
 ARANESP 150 MCG/0.75 ML VIAL, 66
 ARANESP 25 MCG/0.42 ML SYRINGE, -
 25 MCG/ML VIAL, -40 MCG/0.4 ML
 SYRINGE, -40 MCG/ML VIAL, -60
 MCG/0.3 ML SYRINGE, -60 MCG/ML
 VIAL, 64
 arbinoxa, 97
 ARCALYST, 69
 ARCAPTA NEOHALER, 98
 arformoterol tartrate, 98
 argatroban, 83
 ARGATROBAN, 83
 argatroban in 0.9 % sod chlor, 83
 ARGATROBAN-SODIUM CHLORIDE, 83
 aripiprazole, 23
 ARISTOSPAN, 55
 ARIXTRA 2.5 MG SYRINGE, 83
 ARIXTRA 5 MG SYRINGE, -7.5 MG
 SYRINGE, -10 MG SYRINGE, 83
 armodafinil, 33
 ARMOUR THYROID, 60
 ARRANON, 16
 arsenic trioxide, 21
 artemether/lumefantrine, 13
 ASACOL, 62
 ASACOL HD, 62
 ascomp with codeine, 33
 asenapine, 25
 asparaginase, 18
 aspirin/dipyridamole, 79
 atazanavir sulfate, 4
 ATELVIA, 58
 atenolol tablet, 41
 atenolol-chlorthalidone, 45
 ATGAM, 66
 atomoxetine, 37, 38
 atorvastatin calcium, 44
 atovaquone, 8
 atovaquone/proguanil hcl, 13
 atovaquone-proguanil hcl, 13
 ATRIPLA, 3
 atropine care, 96
 atropine sulfate, 61
 atropine sulfate injection, 37
 atropine sulfate oint, -ophth drops, 96
 ATROVENT HFA, 99
 auranofin, 78
 aurodex, 53
 auroguard, 53
 AUTO INJECTOR, 72
 AUTOJECT 2, 72
 AUTONOMIC AND CNS MEDICATIONS,
 22
 AUTOPEN, 72
 AVALIDE, 45
 AVANDAMET, 57
 AVANDARYL, 57
 AVANDIA, 57
 AVAPRO, 41
 AVASTIN, 16
 AVELOX, 13
 AVELOX ABC PACK, 13
 AVELOX IV, 13
 aviane, 87
 AVODART, 101

AVONEX, 68
 AVONEX ADMINISTRATION PACK, 68
 azacitidine, 22
 AZACTAM-ISO-OSMOT 1 GM/50 ML, 8
 AZACTAM-ISO-OSMOT 2 GM/50 ML, 8
 AZASAN, 16
 AZASITE, 95
 azathioprine, 16
 azathioprine sodium, 16
 azathioprine tablet, 16
 azelastine hcl nasal drops/sprays, 54
 azelastine hcl ophth drops, 96
 AZILECT, 36
 azilsartan medoxomil, 41
 azithromycin, 95
 azithromycin injection, 10
 azithromycin packet, -suspension, -
 tablet, 10
 AZOPT, 93
 aztreonam, 8
 aztreonam lysine, 8
 aztreonam/dextrose water, 8
 azurette, 87
 baciim, 8
 bacitracin 500 unit/gm ointmnt, 95
 bacitracin injection, 8
 bacitracin-polymyxin eye oint, 95
 baclofen, 76
 baclofen tablet, 76
 BACTROBAN NASAL, 14
 balsalazide disodium, 62
 balziva, 87
 BANZEL, 34
 BARACLUDGE SOLUTION, 9
 BARACLUDGE TABLET, 9
 basiliximab, 20
 baycadron, 55
 bcg vaccine, 21, 66
 BCG VACCINE (TICE STRAIN), 66
 becaplermin, 52
 beclomethasone, 100
 belatacept, 19
 belimumab, 16
 benazepril hcl tablet, 40
 benazepril-hydrochlorothiazide, 45
 BENICAR, 41
 BENICAR HCT, 45
 BENLYSTA, 16
 BENTYL INJECTION, 60
 benzene hexachloride gamma, 50
 benztropine mesylate injection, 23
 benztropine mesylate tablet, 23
 benzyl alcohol, 50
 bepotastine besilate, 96
 BEPREVE, 96
 BERINERT, 66
 besifloxacin, 95
 BESIVANCE, 95
 BETA-2 ADRENERGIC DRUGS, 98
 BETA-ADRENERGIC ANTAGONIST
 DRUGS, 41
 betaine hcl, 101
 betamethasone acetate-sod phos, 55
 betamethasone dipropionate cream, -
 gel, -lotion, -oint, 50
 betamethasone valerate cream, -
 lotion, -oint, 50
 betamethasone/betamethasone, 55
 BETASERON, 68
 betaxolol, 93
 betaxolol hcl ophth drops, 93
 betaxolol hcl tablet, 41
 bethanechol chloride tablet, 101
 BETIMOL, 93
 BETOPTIC S, 93
 bevacizumab, 16
 bexarotene, 21
 bicalutamide, 16
 BICILLIN C-R, 11
 BICILLIN L-A, 11
 BICNU, 16
 BILTRICIDE, 3
 bimatoprost, 94
 bisoprolol fumarate, 41

bisoprolol-hydrochlorothiazide, 45
 bleomycin sulfate 15 unit vial, 16
 bleomycin sulfate 30 unit vial, 16
 BLEPHAMIDE, 94
 BLEPHAMIDE S.O.P., 94
 BLOOD DETOXICANTS, 79
 boceprevir, 4
 BONIVA INJECTION, 58
 BONIVA TABLET, 58
 BOOSTRIX, 66
 bortezomib, 22
 bosentan, 44
 BOTOX 100 UNITS VIAL, 96
 BOTOX 200 UNITS VIAL, 96
 botulinum toxin a, 96
 bp 10-1, 48
 briellyn, 87
 BRILINTA, 79
 brimonidine tartrate, 93
 brimonidine tartrate/timolol, 93
 brinzolamide, 93
 BROMDAY, 96
 bromfenac, 96, 97
 bromfenac sodium, 97
 bromocriptine mesylate capsule, -
 tablet, 36
 BROVANA, 98
 buprenorphine sr, 35
 buprenorphine xl 150 mg tablet, 35
 buprenorphine xl 300 mg tablet, 35
 budesonide, 62
 budesonide ec, 62
 budesonide nebs, 99
 budesonide/formoterol fum, 100
 bumetanide injection, 44
 bumetanide tablet, 44
 BUPHENYL, 52
 buprenorphine, 31
 BUPRENORPHINE 0.3 MG/ML SYRN,
 31
 buprenorphine 0.3 mg/ml vial, 31
 buprenorphine 2 mg tablet sl, 30
 buprenorphine 8 mg tablet sl, 30
 buprenorphine/naloxone, 31
 buproban, 39
 bupropion hcl sr, 35
 bupropion hcl tablet, 36
 bupropion hcl xl 150 mg tablet, 36
 bupropion hcl xl 300 mg tablet, 36
 buspirone hcl tablet, 28
 busulfan, 16
 BUSULFEX, 16
 butalb-caff-acetaminoph-codein, 33
 butalbital compound-codeine, 33
 butorphanol tartrate aerosol, 33
 butorphanol tartrate injection, 22
 BYETTA, 56
 BYSTOLIC, 41
 c1 esterase inhibitor, 63, 66
 cabergoline, 58
 calcipotriene, 49
 calcitonin, 59
 calcitonin-salmon, 58
 calcitriol, 49
 calcitriol capsule, -solution, 86
 calcitriol injection, 86
 calcium acetate, 86
 calcium acetate capsule, -tablet, 86
 CALCIUM ANTAGONISTS, 42
 camila, 92
 CAMPATH, 16
 CAMPRAL, 37
 camrese, 87
 camrese lo, 87
 canakinumab, 69
 CANASA, 62
 CANCIDAS, 11
 CAPASTAT SULFATE, 5
 CAPRELSA, 16
 capreomycin, 5
 capsaicin/skin cleanser, 52
 captopril tablet, 40
 captopril-hydrochlorothiazide, 46
 CARAC, 51

CARAFATE ORAL SUSP, 62
 carbachol, 94
 CARBAGLU, 53
 carbamazepine, 28
 carbamazepine capsule sustained
 action, -chew tab, -oral susp, -
 tablet, 28
 carbamazepine er, 28
 carbamazepine xr, 28
 CARBAMAZEPINES, 28
 CARBATROL, 28
 carbidopa, 37
 carbidopa/levodopa/entacap, 37
 carbidopa-levodopa, 37
 carbinoxamine maleate, 98
 carboplatin 150 mg vial, 16
 carboplatin 150 mg/15 ml vial, 16
 CARDENE I.V., 42
 CARDIAC GLYCOSIDES, 43
 CARDIOVASCULAR MEDICATIONS, 40
 CARDURA XL, 48
 carglumic acid, 53
 CARIMUNE NF NANOFILTERED, 66
 carisoprodol 350 mg tablet, 76
 carisoprodol compound, 76
 carisoprodol compound-codeine, 76
 carisoprodol-aspirin, 76
 carmustine, 16
 CARNITOR INJECTION, 86
 carteolol hcl, 93
 cartia xt, 42
 carvedilol, 41
 caspofungin acetate, 11
 CAYSTON, 8
 caziant, 87
 CEDAX, 5
 CEENU, 16
 cefaclor, 5
 cefaclor er, 5
 cefadroxil, 5
 cefazolin sodium, 5
 cefdinir, 5
 cefditoren pivoxil, 5, 6
 CEFDITOREN PIVOXIL 400 MG TAB, 5
 cefepime hcl, 5
 cefixime, 6
 cefotaxime sodium, 5
 cefotetan, 5
 cefoxitin, 5
 cefoxitin sodium, 5
 cefpodoxime proxetil, 6
 cefprozil, 6
 ceftaroline fosamil acetate, 6
 ceftazidime, 6
 ceftibuten, 5
 ceftriaxone, 6
 cefuroxime axetil, 6
 cefuroxime injection, 6
 cefuroxime sodium, 6
 cefuroxime tablet, 6
 CELEBREX, 77
 celecoxib, 77
 CELESTONE INJECTION, 55
 CELLCEPT INJECTION, 17
 CELLCEPT ORAL SUSP, 17
 CELONTIN, 39
 CENTRALLY ACTING
 ANTIHYPERTENSIVES, 43
 cephalixin, 6
 CEPHALOSPORINS, 5
 CEREDASE, 58
 CEREZYME 200 UNITS VIAL, 58
 CEREZYME 400 UNITS VIAL, 58
 certolizumab pegol, 17
 CERVARIX, 66
 cesia, 87
 cevimeline, 54
 CHANTIX 0.5 MG TABLET, -1 MG
 CONT MONTH BOX, -1 MG CONT
 MONTH PAK, -1 MG TABLET, 39
 CHANTIX STARTING MONTH BOX, -
 STARTING MONTH PAK, 39
 CHEMET, 52
 chlorambucil, 19

chloramphenicol sod succinate, 6
 CHLORAMPHENICOLS, 6
 chlordiazepoxide-amitriptyline, 36
 chlorhexidine gluconate dental/mucous
 membrn products, 54
 chloroquine phosphate tablet, 13
 chlorothiazide, 47
 chlorothiazide sodium, 47
 chloroxylenol-pramoxine hcl, 53
 chlorpromazine hcl injection, 23
 chlorpromazine hcl tablet, 23
 chlorpropamide, 57
 chlorthalidone, 47
 chlorzoxazone, 76
 cholestyramine, 44
 cholestyramine light, 44
 choline mag trisalicylate, 78
 CHOLINERGIC STIMULANTS, 101
 chorionic gonadotropin injection, 92
 ciclopirox cream, -gel, -lotion, -soln,
 top, 10
 cidofovir, 10
 cilostazol, 79
 CILOXAN OINT, 95
 cimetidine injection, 61
 cimetidine solution, -tablet, 61
 CIMZIA 200 MG VIAL KIT, -200 MG/ML
 SYRINGE KIT, 17
 cinacalcet hcl, 59
 CINRYZE, 63
 CIPRO HC, 53
 CIPRODEX, 53
 ciprofloxacin, 13, 95
 ciprofloxacin er 1,000 mg tab, 13
 ciprofloxacin er 500 mg tablet, 13
 ciprofloxacin hcl ophth drops, 95
 ciprofloxacin hcl tablet, 13
 ciprofloxacin/dexameth, 53
 ciprofloxacin/hc, 53
 ciprofloxacin-d5w, 13
 cisplatin injection, 17
 citalopram, 38
 citalopram hbr, 38
 cladribine, 17
 claravis, 50
 clarithromycin er, 10
 clarithromycin suspension, -tablet, 10
 CLASS II NARCOTICS, 28
 CLASS III NARCOTICS, 30
 CLASS IV NARCOTICS, 31
 clemastine fumarate syrup, -fum 2.68
 mg tab, 98
 CLEOCIN 100 MG VAGINAL OVULE, 90
 CLEOCIN HCL 75 MG CAPSULE, 6
 CLEOCIN PHOSPHATE IN D5W, 6
 CLICKFINE, 72
 CLIMARA PRO, 90
 clindacin p, 48
 clindamycin hcl, 6
 clindamycin hcl capsule, 6
 clindamycin palmitate hcl, 6
 clindamycin phosphate, 6, 90
 clindamycin phosphate gel, -lotion, -
 soln, top, -swabs, applicators, 48
 clindamycin phosphate injection, 6
 clindamycin phosphate vaginal
 products, 90
 clindamycin-benzoyl peroxide, 48
 CLINDAMYCINS, 6
 CLINIMIX, 80
 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,
 80
 CLINISOL, 80
 clobetasol emollient, 50
 clobetasol propionate cream, -gel, -
 ointment, -soln, top, 50
 clofarabine, 17
 CLOLAR, 17
 clomipramine hcl capsule, 39
 clonidine, 43

clonidine hcl injection, 43
 clonidine hcl tablet, 43
 clopidogrel, 79
 clotrimazole cream, -solv, top, 10
 clotrimazole lozenge, 7
 clotrimazole-betamethasone, 15
 clozapine, 23, 24
 CNS MUSCLE RELAXANTS, 76
 CNS STIMULANT DRUGS, 31
 COARTEM, 13
 codeine phosphate injection, 28
 codeine sulfate, 28
 co-gesic, 31
 colchicine, 77
 COLCRYS, 77
 colesevelam, 44
 colestipol hcl, 44
 colistimethate 150 mg vial, 8
 collagenase, 52
 COLY-MYCIN S, 53
 COMBIGAN, 93
 COMBIPATCH, 90
 COMBIVENT, 99
 COMBIVIR, 3
 COMPLERA, 3
 compro, 26
 COMTAN, 37
 COMVAX, 66
 co-natal fa, 91
 CONDYLOX GEL, 49
 constulose, 79
 CONTRACEPTIVES, 87
 COPAXONE, 53
 CORTIFOAM, 62
 cortisone acetate tablet, 55
 CORTISPORIN-TC, 53
 cortomycin, 53
 COSMEGEN, 17
 CREON, 62
 CRIXIVAN, 3
 crizotinib, 22
 cromolyn, 100
 cromolyn sodium nebs, 99
 cromolyn sodium ophth drops, 97
 cromolyn sodium solution, 99
 cryselle, 88
 CUBICIN, 8
 CUPRIMINE, 78
 CURAD GAUZE PADS, 72
 CURITY ALCOHOL PREPS, 73
 CURITY GAUZE SPONGES, 73
 cyclafem, 88
 cyclobenzaprine 5 mg tablet, -10 mg
 tablet, 76
 CYCLOGYL, 97
 cyclopentolate, 97
 cyclopentolate hcl ophth drops, 97
 cyclophosphamide tablet, 17
 cycloserine, 5
 cyclosporine, 97
 cyclosporine 25 mg capsule, -100 mg
 capsule, -solution, 17
 cyclosporine 50 mg softgel, 17
 cyclosporine injection, 17
 cyclosporine modified, 17
 CYKLOKAPRON, 53
 CYMBALTA 20 MG CAPSULE, 36
 CYMBALTA 30 MG CAPSULE, -60 MG
 CAPSULE, 36
 cyproheptadine hcl syrup, -tablet, 98
 CYSTADANE, 101
 CYSTAGON, 80
 cysteamine, 80
 cytarabine 100 mg vial, -1 gm vial, -2
 gm vial, 17
 cytarabine 20 mg/ml vial, -100 mg/ml
 vial, -500 mg vial, 17
 cytra-k, 101
 d5w/electrolyte-56 solution, 82
 d5w/kcl 10 meq/l iv solution, -d5w-kcl
 30 meq/l iv solution, 80
 dabigatran etexilate mesylate, 84
 dacarbazine, 17
 DACOGEN, 17

dactinomycin, 17
 dalfampridine, 52
 DALIRESP, 100
 dalteparin (porcine), 84
 d-amphetamine er 10 mg capsule, -10 mg tab, 31
 d-amphetamine er 15 mg capsule, 31
 d-amphetamine er 5 mg capsule, 32
 danazol capsule, 87
 dantrolene sodium capsule, 76
 dapsone, 3
 DAPSONE TABLET, 3
 DAPTACEL, 66
 daptomycin, 8
 DARAPRIM, 13
 darbepoetin alfa, 63, 64, 66
 darunavir ethanolate, 4
 dasatinib, 20
 DECAVAC, 66
 decitabine, 17
 deferasirox, 52
 deferiprone, 52
 degarelix acetate, 18
 delavirdine mesylate, 4
 DELESTROGEN, 89
 demeclocycline hcl tablet, 14
 DEMEROL 75 MG/ML SYRINGE, 28
 DEMSER, 43
 DENAVIR, 9
 denileukin diftitox, 20
 denosumab, 59
 deoxyribonuclease, 100
 DEPACON, 40
 depade, 37
 DEPEN, 78
 DEPO-ESTRADIOL, 89
 DEPO-MEDROL 20 MG/ML VIAL, 55
 DEPO-PROVERA 400 MG/ML VIAL, 17
 DEPO-SUBQ PROVERA 104, 92
 DERMATOLOGICAL MEDICATIONS, 48
 DERMOTIC, 53
 desipramine hcl tablet, 38
 desmopressin acetate injection, 58
 desmopressin acetate nasal drops/sprays, -solution, -tablet, 59
 desonide cream, -lotion, -oint, 50
 desoximetasone cream, -gel, -oint, 50
 desvenlafaxine succinate, 36
 DETROL, 100
 DETROL LA, 101
 dexamethasone, 95
 dexamethasone elix, -tablet, 55
 dexamethasone intensol, 55
 dexamethasone sodium phosphate injection, 55
 dexamethasone sodium phosphate ophth drops, 94
 dexchlorpheniramine maleate, 98
 DEXILANT, 63
 dexlansoprazole, 63
 dexmethylphenidate 10 mg tab, 32
 dexmethylphenidate 2.5 mg tab, 32
 dexmethylphenidate 5 mg tab, 32
 dexrazoxane, 17
 dextroamp-amphet er 15 mg cap, - dextroamp-amphet er 20 mg cap, - dextroamp-amphet er 25 mg cap, - dextroamp-amphet er 30 mg cap, 32
 dextroamp-amphet er 5 mg cap, - dextroamp-amphet er 10 mg cap, 32
 dextroamphetamine 5 mg tab, 32
 dextromethorphan/quinidine, 37
 dextrose 10%-1/4ns, 80
 dextrose 10%-1/4ns-kcl, 80
 dextrose 5%-1/2ns-kcl, 80
 dextrose 5%-1/3ns-kcl, 80
 dextrose 5%-1/4ns-kcl, 80
 dextrose 5%-electrolyte #48, 80
 dextrose 5%-ns-kcl, 80
 dextrose in lactated ringers, 85
 dextrose in ringers injection, 80
 dextrose in water, 80

dextrose with sodium chloride, 80
dextrose/electrolytes, 81
DIABETIC SUPPLIES, 69
DIAGNOSTIC AND MISCELLANEOUS
MEDICATIONS, 52
DIAGNOSTIC PRODUCTS, 52
diazoxide, 56
DIBENZYLINE, 43
diclofenac potassium, 77
diclofenac sodium, 50, 52
diclofenac sodium e.c. tab, -tablet
sustained action, 77
diclofenac sodium ophth drops, 97
dicloxacillin sodium, 11
dicyclomine, 60
dicyclomine hcl capsule, -syrup, -
tablet, 60
dicyclomine hcl injection, 60
didanosine, 3, 4
difenoxyin/atropine sulfate, 60
DIFICID, 8
diflorasone diacetate, 50
diflunisal tablet, 78
difluprednate, 94
digoxin injection, 43
digoxin solution, -tablet, 43
dihydroergotamine, 33
dihydroergotamine mesylate injection,
33
DILANTIN 30 MG CAPSULE, -CHEW
TAB, 34
dilt-cd, 42
diltiazem 24hr cd, 42
diltiazem 24hr er, 42
diltiazem er, 42
diltiazem hcl injection, 42
diltiazem hcl tablet, 42
dilt-xr, 42
diltzac er, 42
DIOVAN, 41
DIOVAN HCT, 46
DIPENTUM, 62
DIPEPTIDYL PEPTIDASE-IV INHIB
AND COMBOS, 55
diphenhydramine 50 mg capsule, -elix,
98
diphenhydramine hcl injection, 98
diphenoxylate-atropine, 60
diphther, pertuss, tetanus vac, 66, 67
DIPHTHERIA-TETANUS TOXOID, 66
dipyridamole tablet, 79
DIRECT MUSCLE RELAXANTS, 76
diskets, 28
disopyramide phosphate, 41
disulfiram, 37
disulfiram tablet, 37
DIURIL, 47
DIURIL SODIUM, 47
divalproex sodium, 40
divalproex sodium er, 40
DIVIGEL, 89
docetaxel 160 mg/16 ml vial, -20 mg/2
ml vial, -20 mg/ml vial, -20 mg/0.5
ml vial, -80 mg/2 ml vial, 17
docetaxel 80 mg/4 ml vial, 17
docetaxel 80 mg/8 ml vial, 17
dofetilide, 45
dolasetron mesylate, 26
donepezil hcl, 23
DORIBAX 500 MG VIAL, 8
doripenem, 8
dorzolamide hcl, 93
dorzolamide-timolol, 93
doxazosin, 48
doxazosin mesylate, 48
doxepin, 52
doxepin hcl capsule, -solution, 39
doxercalciferol, 86
doxorubicin hcl, 17
doxycycline calcium, 14
doxycycline hyclate 20 mg tab, 54
doxycycline hyclate capsule, -hyc dr 75
mg cap, -100 mg tab, 14
doxycycline hyclate injection, 14

doxycycline mono 50 mg cap, -mono
100 mg cap, -tablet, 14
dp (a) ped/hib conj-tet, 67
dronabinol 10 mg capsule, 26
dronabinol 2.5 mg capsule, -5 mg
capsule, 26
dronedarone, 45
DROXIA, 18
DRUGS AFFECTING THE EAR, 53
DRUGS AFFECTING THE NOSE, 54
DRUGS AFFECTING THE THROAT AND
MOUTH, 54
DRUGS FOR HEREDITARY
ANGIOEDEMA, 63
DRUGS FOR PHEOCHROMOCYTOMA,
43
DRUGS TO PREVENT AND TREAT
GOUT, 77
DRUGS TO PREVENT AND TREAT
HEADACHES, 33
dualvit ob, 91
DUETACT, 57
DULERA, 100
duloxetine, 36
DURACLON, 43
DUREZOL, 94
dutasteride, 101
dutasteride/tamsulosin hcl, 101
DYSPORT, 76
EAR-NOSE-THROAT MEDICATIONS, 53
EASY COMFORT INSULIN SYRINGE, 73
EASY TOUCH INSULIN NEEDLES -
DISPOSABLE, -INSULIN SYRINGES -
DISPOSABLE, 73
EASY TOUCH INSULIN SYRINGE, 73
ecallantide, 67
echothiophate iodide, 94
econazole nitrate cream, 10
ed k+10, 85
EDARBI, 41
EDECIN, 44
EDURANT, 3
efavirenz, 4
EFFER-K 10 MEQ TABLET EFF, -20
MEQ TABLET EFF, 85
EFFIENT, 79
EGRIFTA, 64
ELAPRASE, 59
electrolyte solution/peg's, 62
electrolyte solutions, 81, 82
ELECTROLYTES, IRRIGATING
SOLUTIONS, ETC., 79
ELESTRIN, 89
ELIDEL, 51
ELIGARD 22.5 MG SYRINGE, 18
ELIGARD 30 MG SYRINGE, 18
ELIGARD 45 MG SYRINGE, 18
ELIGARD 7.5 MG SYRINGE, 18
eliphos, 86
ELITEK, 18
ELIXOPHYLLIN, 99
ELLECE, 18
ELMIRON, 101
ELSPAR, 18
eltrombopag olamine, 69
EMADINE, 97
EMCYT, 18
emedastine difumarate, 97
EMEND 125 MG CAPSULE, 26
EMEND 40 MG CAPSULE, 26
EMEND 80 MG CAPSULE, 26
EMEND INJECTION, 27
EMEND TRIFOLD PACK, 27
emoquette, 88
EMSAM, 34
emtricitab/rilpivirine/tenofovir, 3
emtricitabine, 3
emtricitabine/tenofovir, 4
emtricitabine/tenofovir/efavir, 3
EMTRIVA, 3
enalapril maleate tablet, 40
enalapril-hydrochlorothiazide, 46
ENBREL, 18
endocet, 28

ENDOCRINE MEDICATIONS, 54
 endodan, 28
 ENDOTHELIN RECPTR ANTAGONIST,
 43
 enfuvirtide, 3
 ENGERIX-B, 66
 enoxaparin, 84
 enoxaparin 100 mg/ml syr, -120
 mg/0.8 ml syr, -150 mg/ml syr, 83
 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, 83
 enpresse, 88
 entacapone, 37
 entecavir, 9
 ENTOCORT EC, 62
 enulose, 79
 epiflur 0.5 mg tablet chewable, -1 mg
 tablet chewable, 83
 epiklor, 85
 epinastine hcl, 97
 epinephrine 0.1 mg/ml syringe, -1
 mg/ml ampul, -1 mg/ml vial, 100
 epinephrine hcl, 99, 100
 EPIPEN, 100
 EPIPEN JR, 100
 epirubicin 50 mg/25 ml vial, 18
 epirubicin hcl, 18
 epirubicin hcl 50 mg vial, 18
 epitol, 28
 EPIVIR, 3
 EPIVIR HBV, 9
 eplerenone, 47
 epoetin alfa, 64, 66
 EPOGEN 10,000 UNITS/ML VIAL, 66
 EPOGEN 2,000 UNITS/ML VIAL, -3,000
 UNITS/ML VIAL, -4,000 UNITS/ML
 VIAL, -20,000 UNITS/2 ML VIAL, -
 20,000 UNITS/ML VIAL, 64
 epoprostenol sodium, 47
 EPZICOM, 3
 EQUETRO, 28
 ERAXIS (WATER DILUENT), 11
 ergoloid mesylates tablet, 53
 ergotamine-caffeine, 33
 eribulin mesylate, 18
 erlotinib hcl, 21
 errin, 92
 ertapenem sodium, 8
 ery, 48
 ERYPED 200, 7
 ERYPED 400, 7
 ERY-TAB, 7
 ERYTHROCIN LACTOBIONATE, 7
 erythrocin stearate, 7
 ERYTHROID STIMULANTS, 63
 erythromycin base, 7
 erythromycin e.c. cap, -tablet, 7
 erythromycin ethylsuccinate, 7
 erythromycin ethylsuccinate tablet, 7
 erythromycin gel, -soln, top, -swabs,
 applicators, 48
 erythromycin lactobionate, 7
 erythromycin oint, 95
 erythromycin-benzoyl peroxide, 48
 ERYTHROMYCINS, 7
 erythromycin-sulfisoxazole, 14
 escitalopram oxalate, 38, 39
 ESTRACE VAGINAL PRODUCTS, 89
 estradiol, 89, 90
 estradiol adh. patch, 89
 estradiol cypionate, 89
 estradiol tablet, 89
 estradiol valerate, 89
 estradiol valerate injection, 89
 estradiol/drospirenone, 90
 estradiol/levonorgestrel, 90
 estradiol/noreth ac, 90
 estradiol/norgestimate, 90
 estradiol-norethindrone acetat, 90
 estramustine phosphate sodium, 18
 ESTRING, 89
 ESTROGEN DRUGS, 89
 estrogen/medroxyprogesterone, 90

ESTROGEN/PROGESTIN
 COMBINATIONS, 90
 estrogens,conjugated, 90
 estrogens,esterified, 90
 estropipate, 89
 etanercept, 18
 ethacrynate sodium, 44
 ethacrynic acid, 44
 ethambutol hcl, 5
 ethinyl estradiol/norelgest, 88
 ethionamide, 5
 ethosuximide capsule, -syrup, 39
 ethotoin, 34
 ETHYOL, 18
 etidronate disodium, 59
 etodolac capsule, -tablet, -tablet
 sustained action, 77
 etonogestrel/ethin estradiol, 88
 etravirine, 3
 EVAMIST, 89
 everolimus, 16, 22
 EVISTA, 92
 EVOXAC, 54
 EXEL INSULIN SYRINGE, 73
 EXELON ADH. PATCH, 23
 EXELON SOLUTION, 23
 exemestane, 18
 exenatide, 56
 EXFORGE, 46
 EXFORGE HCT, 46
 EXJADE, 52
 ezetimibe, 44
 ezetimibe/simvastatin, 44
 FABRAZYME 35 MG VIAL, 59
 FABRAZYME 5 MG VIAL, 59
 FACTIVE, 13
 famciclovir, 9
 famotidine injection, 61
 famotidine oral susp, -20 mg tablet, -
 40 mg tablet, 61
 FANAPT 1 MG TABLET, -2 MG TABLET,
 -4 MG TABLET, -6 MG TABLET, -8
 MG TABLET, -10 MG TABLET, -12
 MG TABLET, 23
 FANAPT TITRATION PACK, 24
 FARESTON, 18
 FASLODEX, 18
 fat emulsions, 86
 FAZACLO, 24
 febuxostat, 77
 felbamate, 34
 FELBATOL, 34
 felodipine er, 42
 FEMRING, 89
 FEMTRACE 0.45 MG TABLET, -0.9 MG
 TABLET, 90
 fenofibrate, 44
 fenofibric acid, 44
 fenoprofen calcium tablet, 77
 fentanyl 100 mcg/hr patch, 28
 fentanyl 12 mcg/hr patch, -25 mcg/hr
 patch, -50 mcg/hr patch, -75 mcg/hr
 patch, 28
 fentanyl citrate, 28, 29, 30
 fentanyl citrate injection, 28
 fentanyl citrate lozenge, 29
 FENTORA, 29
 FERRIPROX, 52
 fesoterodine fumarate, 101
 fexofenadine hcl 180 mg tab, 98
 fexofenadine hcl 30 mg tablet, -60 mg
 tablet, -180 mg tablet, 98
 fidaxomicin, 8
 filgrastim, 69
 finasteride tablet, 101
 fingolimod hydrochloride, 53
 FIRAZYR, 63
 FIRMAGON 2 X 120 MG VIALS, 18
 FIRMAGON 80 MG VIAL, 18
 FLAGYL ER, 3
 flavoxate hcl, 101
 FLEBOGAMMA, 66
 FLEBOGAMMA DIF 10% VIAL, 66
 FLEBOGAMMA DIF 5% VIAL, 66

flecainide acetate, 41
 FLOVENT DISKUS, 100
 FLOVENT HFA, 100
 fluconazole in dextrose, 11
 fluconazole in saline, 11
 fluconazole suspension, -tablet, 7
 flucytosine, 7
 fludrocortisone acetate tablet, 57
 flunisolide nasal inhaled steroids, 54
 fluocinolone acetonide, 53
 fluocinolone acetonide cream, -
 oil,shampoo,cleanser, -oint, -soln,
 top, 51
 fluocinolone acetonide oil, 53
 fluocinonide cream, -gel, -oint, -soln,
 top, 51
 fluocinonide emollient, 51
 fluocinonide-e, 51
 fluor-a-day 0.5 mg tab chew, -1 mg
 tablet chew, 83
 FLUORIDE PRODUCTS, 83
 fluoritab chew tab, 83
 fluorometholone, 95
 fluorometholone ophth drops, 95
 FLUOROPLEX, 51
 fluorouracil, 51
 fluorouracil cream, -soln, top, 52
 fluoxetine hcl capsule, -solution, -
 tablet, 38
 fluoxymesterone, 87
 fluphenazine decanoate injection, 24
 fluphenazine hcl elix, -solution, -tablet,
 24
 fluphenazine hcl injection, 24
 flurbiprofen sodium, 97
 flurbiprofen tablet, 77
 flutamide, 18
 fluticasone furoate, 54
 fluticasone propionate, 100
 fluticasone propionate cream, -oint, 51
 fluticasone propionate nasal inhaled
 steroids, 54
 fluvoxamine maleate, 38
 FML FORTE, 95
 FML S.O.P., 95
 fomepizole, 53
 fondaparinux 2.5 mg/0.5 ml syr, 84
 fondaparinux 5 mg/0.4 ml syr, -7.5
 mg/0.6 ml syr, -10 mg/0.8 ml syr,
 84
 fondaparinux sodium, 83
 FORADIL, 98
 formoterol fumarate, 98
 FORTAMET, 57
 FORTAZ 500 MG VIAL, 6
 FORTAZ IN ISO-OSMOTIC DEXTROSE,
 6
 FORTEO, 59
 fortical, 59
 fosamprenavir calcium, 4
 foscarnet sodium, 9
 fosfomycin tromethamine, 15
 fosinopril sodium, 40
 fosinopril-hydrochlorothiazide, 46
 fosphenytoin sodium, 34
 FOSRENOL, 79
 FRAGMIN 2,500 UNITS SYRINGE, -
 5,000 UNITS SYRINGE, -25,000
 UNITS/ML VIAL, 84
 FRAGMIN 7,500 UNITS SYRINGE, -
 10,000 UNITS SYRINGE, -12,500
 UNITS SYRINGE, -15,000 UNITS
 SYRINGE, -18,000 UNITS SYRINGE,
 84
 FREAMINE HBC, 80
 FREAMINE III, 81
 FREAMINE III WITH ELECTROLYTES,
 81
 FREESTYLE PRECISION, 73
 fulvestrant, 18
 FURADANTIN, 15
 furosemide injection, 44
 furosemide solution, -tablet, 44
 FUZEON, 3

gabapentin, 34
gabapentin capsule, -solution, -tablet,
34
gabapentin enacarbil, 34
GABITRIL, 34
GABLOFEN 40,000 MCG/20 ML VIAL, -
10,000 MCG/20 ML VIAL, 76
galantamine, 23
galantamine hbr, 23
galantamine hydrobromide, 23
galsulfase, 59
GAMASTAN S-D, 66
GAMMAGARD LIQUID, 66
GAMMAGARD S-D, 66
GAMMAPLEX, 66
GAMUNEX, 66
GAMUNEX-C, 66
ganciclovir, 97
ganciclovir 250 mg capsule, 9
ganciclovir 500 mg capsule, 9
ganciclovir sodium, 9
garamycin ophth drops, 95
GARDASIL, 66
GASTROCROM, 100
GASTROINTESTINAL MEDICATIONS,
60
gatifloxacin, 96
gavilyte-c, 62
gavilyte-g, 62
gavilyte-n, 62
gefitinib, 18
GELNIQUE, 101
gemfibrozil tablet, 44
gemifloxacin, 13
generlac, 79
gengraf, 18
GENOTROPIN MINIQUICK 0.2 MG, 64
GENOTROPIN MINIQUICK 0.4 MG, -
MINIQUICK 0.6 MG, -MINIQUICK
0.8 MG, -MINIQUICK 1 MG, -
MINIQUICK 1.2 MG, -MINIQUICK
1.4 MG, -MINIQUICK 1.6 MG, -
MINIQUICK 1.8 MG, -MINIQUICK 2
MG, -5 MG CARTRIDGE, -12 MG
CARTRIDGE, 64
gentak, 95
gentamicin 3 mg/gm eye oint, -ophth
drops, 95
gentamicin 90 mg/ns 100 ml pb, -100
mg/ns 100 ml, -iso gentamicin 100
mg/100 ml, -60 mg/ns 50 ml pb, -
isoton gentamicin 60 mg/50 ml, -70
mg/ns 50 ml pb, -80 mg/ns 50 ml
pb, -isoton gentamicin 80 mg/50 ml,
2
gentamicin sulfate cream, -0.1%
ointment, 14
gentamicin sulfate injection, 2
gentamicin/prednisolone, 94
gentamicin/sodium chloride, 2
gentasol, 95
GEODON CAPSULE, 24
GEODON INJECTION, 24
gianvi, 88
gildess fe, 88
GILENYA, 53
GLASSIA, 100
glatiramer acetate, 53
GLEEEVEC 100 MG TABLET, 18
GLEEEVEC 400 MG TABLET, 18
glimepiride, 58
glipizide er, 58
glipizide tablet, 58
glipizide xl, 58
glipizide-metformin, 58
GLUCAGEN 1 MG HYPOKIT, 56
GLUCAGEN 1 MG VIAL, 56
GLUCAGON EMERGENCY KIT, 56
glucagon, human recombinant, 56
GLUCOCORTICOID DRUGS, 55
GLUCOPRO, 73
GLUCOSE ELEVATING DRUGS, 56
glyburide micronized, 58
glyburide tablet, 58

glyburide-metformin hcl, 58
 glycopyrrolate injection, 60
 glycopyrrolate tablet, 60
 glycron, 58
 GLYSET, 58
 golimumab, 20
 goserelin acetate, 22
 GRALISE, 34
 granisetron, 27
 granisetron hcl 0.1 mg/ml vial, 27
 granisetron hcl 1 mg/ml vial, -4 mg/4 ml vial, 27
 granisetron hcl tablet, 27
 granisol, 27
 GRIFULVIN V, 7
 griseofulvin microsize, 7
 griseofulvin oral susp, 7
 griseofulvin ultramicrosize, 7
 GRIS-PEG, 7
 GROWTH HORMONES AND RELATED DRUGS, 64
 guanabenz acetate tablet, 43
 guanfacine hcl, 43
 guanidine hcl, 37
 haemophilus b vaccine, 67
 haemophilus b-tet toxoid, 65
 HALAVEN, 18
 HALFLYTELY-BISACODYL, 62
 halobetasol propionate, 51
 haloperidol dec 50 mg/ml vial, -dec 100 mg/ml vial, 24
 haloperidol decanoate 100, 24
 haloperidol lactate injection, 24
 haloperidol lactate solution, 24
 haloperidol tablet, 24
 HAVRIX, 66
 hctz/valsartan, 46
 heather, 92
 hecoria 0.5 mg capsule, -1 mg capsule, 18
 hecoria 5 mg capsule, 18
 HECTOROL CAPSULE, 86
 HECTOROL INJECTION, 86
 HELIDAC, 62
 HEMATOPOIETIC AGENTS, 65
 hep b vaccine/dp (a) t-polio, 67
 hep b vir recomb/hep a vir, 67
 heparin sodium in 0.45% nacl, 84
 heparin sodium in 5% dextrose, 84
 heparin sodium injection, 84
 heparin sodium-ns, 84
 HEPATAMINE, 81
 HEPATASOL, 81
 hepatatis a virus vaccine, 66, 67
 hepatitis b virus vaccine, 66, 67
 hepatitis b/haemophilus b vacc, 66
 HEPSERA, 9
 HEXALEN, 18
 histrelin ac, 22, 93
 HIZENTRA, 66
 HMG-COA REDUCTASE INHIBITORS, 44
 homatropaire, 97
 HORIZANT, 34
 HUMALOG, 57
 HUMALOG MIX 50-50, 57
 HUMALOG MIX 75-25, 57
 human papillomav vacc bival/pf, 66
 human papillomavirus vacc, 66
 HUMAPEN LUXURA HD, 73
 HUMAPEN MEMOIR, 73
 HUMATROPE 5 MG VIAL, -12 MG CARTRIDGE, -24 MG CARTRIDGE, 65
 HUMATROPE 6 MG CARTRIDGE, 65
 HUMIRA, 18
 HUMULIN 70-30, 57
 HUMULIN N, 57
 HUMULIN R, 57
 HYDANTOINS, 34
 hydralazine hcl injection, 48
 hydralazine hcl tablet, 48
 hydrochlorothiazide capsule, -tablet, 47

hydrocodone bit-ibuprofen, 31
hydrocodone-acetaminophen, 31
hydrocortisone 1% cream, 51
hydrocortisone 1% cream, -plus 1%
cream, -2.5% cream, -2.5% lotion, -
1% absorbbase, -1% ointment, -
2.5% ointment, 51
hydrocortisone 1% oint, 51
hydrocortisone acetate, 62
hydrocortisone butyrate, 51
hydrocortisone rectal, 62
hydrocortisone sod succinate, 55, 56
hydrocortisone tablet, 55
hydrocortisone valerate, 51
hydrocortisone-acetic acid, 53
hydromorphone hcl 1 mg/ml amp, -1
mg/ml syringe, -2 mg/ml syringe, -2
mg/ml vial, -2 mg/ml amp, -2 mg/ml
vl, -4 mg/ml syrin, -10 mg/ml vial, -
50 mg/5 ml vial, -500 mg/50 ml via,
-10 mg/ml amp, 29
hydromorphone hcl rectal, -tablet, 29
hydroxychloroquine sulfate tablet, 13
hydroxyprogesterone caproate, 92
hydroxyurea, 18
hydroxyurea capsule, 18
hydroxyzine hcl injection, 49
hydroxyzine hcl syrup, -tablet, 49
hydroxyzine pamoate capsule, 49
hypercare, 52
HYPOGLYCEMIC DRUGS, 56
HYPOLIPOPROTEINEMICS, 44
ibandronate, 58
ibuprofen oral susp, -400 mg tablet, -
600 mg tablet, -800 mg tablet, 77
ibutilide fumarate, 45
icatibant acetate, 63
idursulfase, 59
ILARIS, 69
iloperidone, 23, 24
iloprost, 47
imatinib mesylate, 18
imiglucerase, 58
imipenem/cilastatin sodium, 8
imipenem-cilastatin 250 mg vl, 8
imipenem-cilastatin 500 mg vl, 8
imipramine hcl tablet, 39
imipramine pamoate, 39
imiquimod, 51
imiquimod cream, 52
immune globulin - im, 66
immune globulin - iv, 66, 67
immune globulin - iv/sq, 66
immune globulin- sq, 66, 67
IMMUNOLOGICALS AND VACCINES,
63, 65
IMOVAX RABIES VACCINE, 66
IN CONTROL PEN NEEDLE, 73
inatal advance, 91
inatal gt, 91
inatal ultra, 91
INCIVEK, 3
incobotulinumtoxinA, 77
INCRELEX, 68
INCRETIN MIMETICS, 56
indacaterol maleate, 98
indapamide, 48
indinavir, 3
indomethacin capsule, -capsule
sustained action, 77
indomethacin injection, 77
INFANRIX, 66
INFANRIX PF, 66
INFERGEN 15 MCG/0.5 ML VIAL, 68
INFERGEN 9 MCG/0.3 ML VIAL, 68
infliximab, 20
INJECTABLE ANTICOAGULANTS, 83
INJECT-EASE, 73
INSULIN, 57
INSULIN LIKE GROWTH FACTORS-1,
68
INSULIN PEN NEEDLE, 73
INSULIN SYR 1/2 ML BULK PACK, -1
ML SYRN 27X1/2, -1 ML SYRN

28GX1/2, -INSUL SYR U100, -INSUL SYR U100 0.5 ML, -INSUL SYR U100 1 ML, -INSULIN SYR 0.3 ML, -INSULIN SYR 0.5 ML, -INSULIN SYR 1 ML, -INSULIN SYR U-100, -INSULIN SYRN 3/10 ML, -SYRINGE 0.3 ML, -SYRINGE 0.5 ML, -SYRINGE 1 ML, 73
 INSULIN SYRINGE 0.3 ML, -INSULIN SYRINGE 0.5 ML, -INSULIN SYRINGE 1 ML, -0.3 ML, -0.5 ML, -1 ML, 73
 INSUMED, 74
 INSUPEN, 74
 INTEGRA SYRINGE INSULIN SYRINGES - DISPOSABLE, 74
 INTELENCE, 3
 interferon alfa-2b , recomb., 68
 interferon alfacon-1, 68
 interferon beta-1a, 68
 interferon beta-1a/albumin, 68
 interferon beta-1b, 68
 interferon gamma-1b, recomb., 68
 INTERFERONS, 68
 INTERLEUKIN RECPTR ANTAGONIST, 69
 INTERLEUKINS, 69
 INTRALIPID, 86
 INTRON A 3 MILLION UNIT/ML PEN, -6 MILLION UNIT/ML VL, -10 MILLION UNITS VIAL, 68
 INTRON A 5 MILLION UNIT/ML PEN, -10 MILLION UNIT PEN, -10 MILLION UNIT/ML, -18 MILLION UNITS VIAL, -50 MILLION UNITS VIAL, 68
 introvale, 88
 INVANZ, 8
 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, 24
 INVEGA SUSTENNA 156 MG PREF SY, 24
 INVEGA SUSTENNA 234 MG PREF SY, 24
 INVEGA SUSTENNA 39 MG PREF SYR, 24
 INVEGA SUSTENNA 78 MG PREF SYR, 25
 INVIRASE CAPSULE, 3
 INVIRASE TABLET, 4
 IONOSOL B WITH DEXTROSE 5%, 81
 IONOSOL MB-DEXTROSE 5%, 81
 IONOSOL T-DEXTROSE 5%, 81
 IOPIDINE, 93
 IPOL, 66
 ipratropium, 99
 ipratropium bromide nasal drops/sprays, 54
 ipratropium bromide nebs, 100
 ipratropium-albuterol, 100
 irbesartan, 41
 irbesartan/hctz, 45
 IRESSA, 18
 IRRITABLE BOWEL DRUGS, 61
 ISENTRESS, 4
 isocarboxazid, 34
 isoditrate, 45
 ISOLYTE H WITH DEXTROSE, 81
 ISOLYTE M WITH DEXTROSE, 81
 ISOLYTE P WITH DEXTROSE, 81
 ISOLYTE S, 81
 ISOLYTE S WITH DEXTROSE, 81
 isonarif, 5
 isoniazid injection, 5
 isoniazid syrup, -tablet, 5
 isoproterenol hcl, 46
 ISOPTO CARBACHOL, 94
 isosorbide dinitrate, 45
 isosorbide mononitrate, 45
 isosorbide mononitrate er, 45
 ISOTON GENTAMICIN 60 MG/100 ML, -80 MG/NS 100 ML PB, -ISOTON

GENTAMICIN 80 MG/100 ML, -ISO
GENTAMICIN 120 MG/100 ML, 2
isradipine, 42
ISUPREL, 46
itraconazole capsule, 7
ivermectin, 3
IXIARO, 66
JAKAFI, 19
JALYN, 101
jantoven, 84
JANUMET, 55
JANUVIA, 55
japanese encephalitis vaccine, 66, 67
jevantique, 90
JE-VAX, 67
jinteli, 90
jolessa, 88
jolivette, 92
junel, 88
junel fe, 88
JUVISYNC, 55
k effervescent, 85
KALBITOR, 67
KALETRA 100-25 MG TABLET, 4
KALETRA SOLUTION, -200-50 MG
TABLET, 4
kalexate, 85
kanamycin sulfate injection, 2
kariva, 88
KAYEXALATE, 85
kcl 20 meq in d5w solution, -kcl 40
meq in d5w solution, 85
KEFLEX 750 MG CAPSULE, 6
kelnor 1-35, 88
KENALOG-10, 55
KENALOG-40, 55
KEPIVANCE, 67
KEPPRA XR, 34
KERATOLYTIC DRUGS, 49
ketoconazole cream, -
oil,shampoo,cleanser, 10
ketoconazole tablet, 7

ketoprofen capsule, -capsule sustained
action, 77
ketorolac, 96
ketorolac 15 mg/ml carpject, -15
mg/ml isecure, -15 mg/ml vial, -30
mg/ml carpject, -30 mg/ml isecure,
-30 mg/ml vial, -300 mg/10 ml vial,
78
ketorolac 60 mg/2 ml vial, 78
ketorolac tromethamine ophth drops,
97
ketorolac tromethamine tablet, 78
KINERET, 69
kionex oral susp, 85
klor-con 10, 85
klor-con 20 meq packet, 85
klor-con 8, 85
klor-con m10, 85
klor-con m15, 85
klor-con m20, 85
KOMBIGLYZE XR, 55
KRYSTEXXA, 77
KUVAN, 59
labetalol hcl injection, 41
labetalol hcl tablet, 41
lacosamide, 35
lactated ringers injection, 81
lactated ringers solution, 81
lactulose, 79
LAMICTAL ODT, 35
LAMICTAL ODT (BLUE), 35
LAMICTAL ODT (GREEN), 35
LAMICTAL ODT (ORANGE), 35
lamivudine, 3, 4, 9
lamivudine/zidovudine, 3
lamivudine-zidovudine, 4
lamotrigine, 35
lanreotide acetate, 20
lansoprazole capsule sustained action,
-tablet, 63
lansoprazole/amox tr/clarith, 62
lanthanum carbonate, 79

LANTUS, 57
 LANTUS SOLOSTAR, 57
 lapatinib ditosylate, 21
 laronidase, 58
 latanoprost, 94
 LATUDA 40 MG TABLET, -80 MG
 TABLET, 25
 LAXATIVES AND CATHARTICS, 61
 leena, 88
 leflunomide, 19
 lenalidomide, 20
 lessina, 88
 LETAIRIS, 43
 letrozole, 19
 leucovorin calcium injection, 19
 leucovorin calcium tablet, 19
 LEUKERAN, 19
 LEUKINE, 69
 LEUKOTRIENE MODIFIERS, 99
 leuprolide, 18, 19, 93
 leuprolide acetate injection, 93
 levalbuterol, 99
 levalbuterol concentrate, 98
 LEVAQUIN INJECTION, 13
 LEVAQUIN SOLUTION, 13
 LEVEMIR, 57
 levetiracetam, 34
 levetiracetam injection, 35
 levetiracetam solution, -tablet, -tablet
 sustained action, 35
 levobunolol hcl, 94
 levocarnitine, 86
 levocarnitine injection, 86
 levocarnitine solution, -tablet, 86
 levocetirizine dihydrochlor, 98
 levocetirizine dihydrochloride, 98
 levofloxacin, 13
 levofloxacin injection, 13
 levofloxacin ophth drops, 95
 levofloxacin solution, -tablet, 13
 levofloxacin-d5w, 14
 levonorgestrel, 88
 levonorg-eth estrad eth estrad, 88
 levora-28, 88
 levorphanol tartrate tablet, 29
 levothroid, 60
 levothyroxine 200 mcg vial, -500 mcg
 vial, 60
 levothyroxine sodium tablet, 60
 LEXAPRO 10 MG TABLET, 38
 LEXAPRO 5 MG TABLET, -20 MG
 TABLET, 38
 LEXAPRO SOLUTION, 39
 LEXIVA ORAL SUSP, 4
 LEXIVA TABLET, 4
 LIALDA, 62
 lidocaine, 2
 lidocaine 3%-hc 0.5% cream, -hc 3-
 0.5% cream, -lotion, 51
 lidocaine hcl cream, -dental/mucous
 membrn products, -gel, -lotion, -
 oint, 1
 lidocaine hcl injection, 1
 lidocaine hcl viscous, 2
 lidocaine-prilocaine, 2
 LIDODERM, 2
 linagliptin, 55
 LINCOCIN, 8
 lincomycin, 8
 LINDANE, 50
 linezolid, 9
 liothyronine, 60
 liothyronine sodium injection, 60
 liothyronine sodium tablet, 60
 liotrix, 60
 LIPOSYN II, 86
 liposyn iii, 86
 liraglutide, 56
 LISCO, 74
 lisinopril tablet, 40
 lisinopril-hydrochlorothiazide, 46
 LITE TOUCH INSULIN 1 ML SYR, 74
 LITE TOUCH INSULIN NEEDLES -
 DISPOSABLE, -INSULIN 0.3 ML SYR,

-INSULIN 0.5 ML SYR, -INSULIN SYR 0.3 ML, -INSULIN SYR 0.5 ML, -INSULIN SYR 1 ML, 74
 LITE TOUCH INSULIN PEN NEEDLES, 74
 lithium, 23
 lithium carbonate capsule, -tablet, -tablet sustained action, 23
 LOCAL ANESTHETICS, 1
 LODOSYN, 37
 Iodoxamide, 96
 lomustine, 16
 LOOP DIURETICS, 44
 loperamide capsule, 60
 loryna, 88
 losartan potassium, 41
 losartan-hydrochlorothiazide, 46
 LOTEMAX, 95
 loteprednol etabonate, 94, 95
 LOTRONEX, 61
 lovastatin, 44
 LOVAZA, 44
 LOVENOX 300 MG/3 ML VIAL, 84
 low-ogestrel, 88
 loxapine, 25
 lubiprostone, 61
 LUCENTIS, 97
 ludent fluoride 0.5 mg tb chew, -1 mg tab chew, 83
 LUMIGAN, 94
 LUMIZYME, 59
 LUPRON DEPOT 11.25 MG 3MO KIT, -22.5 MG 3MO KIT, 93
 LUPRON DEPOT 3.75 MG KIT, 93
 LUPRON DEPOT 45 MG 6MO KIT, 19
 LUPRON DEPOT 7.5 MG KIT, 93
 LUPRON DEPOT-4 MONTH KIT, 93
 LUPRON DEPOT-PED 11.25 MG 3MO, 93
 LUPRON DEPOT-PED 30 MG 3MO KIT, 93
 LUPRON DEPOT-PED 7.5 MG KIT, -11.25 MG KIT, -15 MG KIT, 93
 lurasidone hcl, 25
 lutera, 88
 lymphocyte immune globulin, 66, 67
 LYRICA 225 MG CAPSULE, -300 MG CAPSULE, 35
 LYRICA 25 MG CAPSULE, -50 MG CAPSULE, -75 MG CAPSULE, -100 MG CAPSULE, -150 MG CAPSULE, -200 MG CAPSULE, 35
 LYSODREN, 19
 LYSTEDA, 53
 MACRODANTIN 25 MG CAPSULE, 15
 MAGELLAN INSULIN SAFETY SYRNG, 74
 MAGELLAN INSULIN SYRINGE, 74
 magnesium sulfate injection, 81
 magnesium sulfate/d5w, 81
 MAGNESIUM SULFATE-D5W, 81
 MAKENA, 92
 MALARONE, 13
 malathion, 50
 MAO INHIBITORS, 34
 maprotiline hcl, 36
 maraviroc, 4
 MARPLAN, 34
 MATULANE, 19
 matzim la, 42
 MAXAIR AUTOHALER, 98
 MAXALT 10 MG TABLET, 33
 MAXALT 5 MG TABLET, 33
 MAXALT MLT 10 MG TABLET, 33
 MAXALT MLT 5 MG TABLET, 33
 MAXIDEX, 95
 measles,mumps&rubella vaccine, 67
 measles,mumps,rub,varicella, 67
 mebendazole chew tab, 3
 mecasermin, 68
 mechlorethamine, 19
 meclizine hcl tablet, 27
 meclufenamate sodium capsule, 78

MEDICAL (MISCELLANEOUS)

SUPPLIES, 69
medroxyprogesterone, 17, 92
medroxyprogesterone acetate injection, 92
medroxyprogesterone acetate tablet, 92
mefloquine hcl, 13
MEGACE ES, 19
megestrol, 19
megestrol acetate oral susp, -tablet, 19
meloxicam oral susp, -tablet, 78
melphalan, 16
melphalan hcl, 19
memantine hcl, 23
MENACTRA, 67
MENEST, 90
mening vac a,c,y,w-135 dip, 67
meningococcal vac a,c,y,w-135, 67
MENOMUNE-A-C-Y-W-135, 67
MENOSTAR, 90
MENVEO A-C-Y-W-135-DIP, 67
meperidine, 28
meperidine hcl injection, 29
meperidine hcl solution, -tablet, 29
meperitab, 29
meprobamate, 28
MEPRON, 8
mercaptapurine tablet, 19
meropenem, 8
mesalamine, 62
mesalamine rectal, 62
mesna, 19
MESNEX INJECTION, 19
MESNEX TABLET, 19
MESTINON SYRUP, 37
metadate er, 32
metaproterenol sulfate syrup, -tablet, 98
metformin, 57, 58
metformin hcl, 58
metformin hcl er, 58
methadone hcl injection, 29
methadone hcl solution, -tablet, 29
methadone intensol, 29
methadose, 29
methamphetamine hcl, 32
methazolamide tablet, 94
methenamine hippurate, 15
methenamine mandelate e.c. tab, -tablet, 15
METHERGINE INJECTION, 90
methimazole tablet, 55
methocarbamol tablet, 76
methotrexate injection, 19
methotrexate tablet, 19
methoxsalen, 21, 50
methscopolamine bromide tablet, 60
methsuximide, 39
methyclothiazide, 48
METHYL XANTHINE DRUGS, 99
methyldopa, 43
methyldopa-hydrochlorothiazide, 46
methyldopate hcl, 43
methylergonovine, 90
methylergonovine maleate injection, 91
methylergonovine maleate tablet, 91
methylin 10 mg tablet, 32
methylin 20 mg tablet, 32
methylin 5 mg tablet, 32
methylin er 10 mg tablet, 32
methylin er 20 mg tablet, 32
methylnaltrexone bromide, 63
methylphenidate, 32, 33
methylphenidate 10 mg tablet, 32
methylphenidate 20 mg tablet, 32
methylphenidate 5 mg tablet, 32
methylphenidate er 10 mg tab, 32
METHYLPHENIDATE ER 18 MG TAB, -27 MG TAB, -54 MG TAB, 32
methylphenidate er 20 mg tab, 33

METHYLPHENIDATE ER 36 MG TAB, 33
 methylphenidate hcl solution, 33
 methylphenidate sr, 33
 methylprednisolone acetate, 55
 methylprednisolone acetate injection, 55
 methylprednisolone sod succ, 55, 56
 methylprednisolone tab(in convenience package), -tablet, 56
 metipranolol, 94
 metoclopramide hcl injection, 61
 metoclopramide hcl syrup, -tablet, 61
 metolazone, 48
 metoprolol succinate, 41
 metoprolol tartrate injection, 41
 metoprolol tartrate tablet, 41
 metoprolol-hydrochlorothiazide, 46
 metro iv, 3
 metronidazole, 3
 metronidazole capsule, -tablet, 3
 metronidazole cream, -gel, -lotion, 48
 metronidazole injection, 3
 metronidazole vaginal products, 90
 metyrosine, 43
 mexiletine hcl capsule, 41
 MIACALCIN INJECTION, 59
 micafungin sodium, 11
 MICARDIS, 41
 MICARDIS HCT, 46
 miconazole 3 200 mg vag supp, 15
 microgestin, 88
 microgestin fe, 88
 midodrine hcl, 46
 migergot, 33
 miglitol, 58
 miglustat, 59
 MIGRANAL, 33
 milnacipran hcl, 36
 mimvey, 90
 MINERALOCORTICOID DRUGS, 57
 minocycline hcl capsule, -tablet, 14
 minoxidil tablet, 48
 mirtazapine, 36
 MISCELLANEOUS DRUGS, 52
 misoprostol, 62
 mitotane, 19
 mitoxantrone hcl, 19
 M-M-R II VACCINE, 67
 modafinil, 33
 moexipril hcl, 40
 moexipril-hydrochlorothiazide, 46
 mometasone, 54
 mometasone furoate cream, -lotion, - oint, 51
 mometasone/formoterol, 100
 MONOJECT INSULIN SYR U-100, 74
 MONOJECT INSULIN SYRINGES - DISPOSABLE, 74
 mononessa, 88
 montelukast sodium, 99
 MONUROL, 15
 morphine 0.5 mg/ml ampul p-f, -0.5 mg/ml vial, -1 mg/ml ampul p-f, -1 mg/ml syringe, -1 mg/ml vial p-f, -1 mg/ml vial, -2 mg/ml syringe, -4 mg/ml syringe, -5 mg/ml vial, -8 mg/ml ampule, -8 mg/ml syringe, -8 mg/ml vial, -10 mg/ml ampul, -10 mg/ml syringe, -10 mg/ml vial, -15 mg/ml syringe, -15 mg/ml vial, -25 mg/ml vial, -25 mg/ml vl, -50 mg/ml vial, 29
 morphine 100 mg/10 ml vial, -300 mg/20 ml vial, 30
 morphine sulfate er tablet sustained action, 30
 morphine sulfate in dextrose, 30
 morphine sulfate rectal, -solution, - tablet, 30
 MOTOFEN, 60
 MOXEZA, 95
 moxifloxacin, 13, 95, 96
 MOZOBIL, 65

MULTAQ, 45
 multi-nate dha extra, 91
 mupirocin calcium, 14
 mupirocin oint, 15
 muronab-cd3, 20
 MUSCULOSKELETAL MEDICATIONS,
 76
 MUSTARGEN, 19
 MYCAMINE, 11
 MYCOBUTIN, 5
 mycophenolate mofetil, 17, 19
 mycophenolate sodium, 19
 mydral, 97
 MYELOID STIMULANTS, 69
 MYFORTIC, 19
 myochrysine, 78
 MYOZYME, 59
 MYTELASE, 37
 nabumetone, 78
 nadolol tablet, 42
 nadolol-bendroflumethiazide, 46
 nafarelin, 93
 nafcillin, 11
 nafcillin 1 gm add-van vial, -1 gm vial,
 11
 nafcillin 2 gm add-vant vial, -2 gm vial,
 -10 gm bulk vial, -10 gm vial, 12
 naftifine, 10
 NAFTIN 1% CREAM, -PUMP 1%
 CREAM, -GEL, 10
 NAGLAZYME, 59
 nalbuphine hcl injection, 22
 naloxone hcl injection, 37
 naltrexone hcl tablet, 37
 NAMENDA, 23
 naproxen e.c. tab, -oral susp, -tablet,
 78
 naproxen sodium 275 mg tab, -550
 mg tab, 78
 naratriptan hcl, 33
 NASONEX, 54
 NATACYN, 97
 natalizumab, 21
 natamycin, 97
 nateglinide, 58
 nebivolol hcl, 41
 NEBUPENT, 8
 necon, 88
 nedocromil, 96
 nefazodone hcl, 36
 nelarabine, 16
 nelfinavir mesylate, 4
 NEO-FRADIN, 2
 neofrin, 97
 neomycin, 2
 neomycin sulfate tablet, 2
 neomycin sulfate/colist sul/hc, 53
 neomycin/colist sul/hc/thonz, 53
 neomycin/polymyxin/prednisol, 94
 neomycin-bacitracin-poly-hc, 94
 neomycin-bacitracin-polymyxin, 95
 neomycin-polymyxin-dexameth, 94
 neomycin-polymyxin-gramicidin, 95
 neomycin-polymyxin-hc ophth drops,
 94
 neomycin-polymyxin-hc suspensions,
 (not oral), 53
 neomycin-polymyxin-hydrocort, 54
 neomy-polymyxin b 40 mg/ml amp,
 101
 neostigmine bromide, 37
 neostigmine methylsulfate, 37
 nepafenac, 97
 NEPHRAMINE, 81
 NEULASTA, 69
 NEUMEGA, 69
 NEUPOGEN, 69
 NEVANAC, 97
 nevirapine, 4
 NEXAVAR, 19
 next choice, 88
 niacin, 44
 niacin/simvastatin, 44
 NIASPAN, 44

nicardipine, 42
 nicardipine hcl capsule, 42
 nicardipine hcl injection, 42
 nicotine inhaler, 39
 nicotine ns, 39
 NICOTROL, 39
 NICOTROL NS, 39
 nifediac cc, 42
 nifedical xl, 42
 nifedipine capsule, 42
 nifedipine er 30 mg tablet, -60 mg
 tablet, -90 mg tablet, 42
 NILANDRON, 19
 nilotinib hydrochloride, 21
 nilutamide, 19
 nimodipine, 42
 nisoldipine, 42
 nitazoxanide, 8
 nitisinone, 53
 NITRATES, 45
 nitro-bid, 45
 NITRO-DUR 0.3 MG/HR PATCH, -0.8
 MG/HR PATCH, 45
 nitrofurantoin, 15
 nitrofurantoin macrocrystal, 15
 nitrofurantoin macrocrystal capsule, 15
 nitrofurantoin mono-macro, 15
 nitrofurantoin oral susp, 15
 nitroglycerin, 45
 nitroglycerin injection, 45
 nitroglycerin patch, 45
 NITROLINGUAL, 45
 NITROSTAT, 45
 nizatidine, 61
 NON-STEROIDAL
 ANTIINFLAMMATORY AGENTS, 77
 nora-be, 92
 NORDITROPIN, 65
 NORDITROPIN FLEXPLO, 65
 NORDITROPIN NORDIFLEX, 65
 norethindrone, 92
 norethindrone acetate tablet, 92
 norethindrone-ethin estradiol, 88
 norfloxacin, 14
 norgestimate-ethinyl estradiol, 88
 norgestrel-ethiny estra, 88
 NORMOSOL-M AND DEXTROSE, 81
 NORMOSOL-R, 81
 NORMOSOL-R AND DEXTROSE, 81
 NORMOSOL-R PH 7.4, 81
 NOROXIN, 14
 nortrel, 88
 nortriptyline hcl capsule, -solution, 38
 NORVIR, 4
 NOVOFINE 32, 74
 NOVOFINE AUTOCOVER, 74
 NOVOLIN 70-30, 57
 NOVOLIN N, 57
 NOVOLIN R, 57
 NOVOLOG, 57
 NOVOLOG MIX 70-30, 57
 NOVOPEN 3, 74
 NOVOPEN JR, 74
 NOXAFIL, 7
 NUEDEXTA, 37
 NULOJIX, 19
 nutrilite, 81
 nutrilite ii, 81
 NUTRITION,BLOOD
 MODIFIERS,ELECTROLYTES, 79
 NUTROPIN, 65
 NUTROPIN AQ, 65
 NUTROPIN AQ NUSPIN, 65
 NUVARING, 88
 NUVIGIL, 33
 nyamyc, 11
 nystatin cream, -oint, -100,000
 unit/gm powd, 11
 nystatin oral susp, -50,000,000 units
 powd, -150,000,000 units powd, -
 500,000,000 units powd, -tablet, 7
 nystatin vaginal products, 15
 nystatin-triamcinolone, 15
 nystop, 11

ob + dha, 91
 ob 90 + dha, 91
 OB/GYN TOPICAL ANTIINFECTIVES,
 90
 ob-natal one, 91
 OBSTETRICAL AND GYNECOLOGICAL
 MEDICATIONS, 87
 ocella, 88
 OCTAGAM, 67
 octreotide, 20
 octreotide acet 50 mcg/ml amp, -acet
 50 mcg/ml syr, -acet 50 mcg/ml vial,
 -acet 100 mcg/ml amp, -acet 100
 mcg/ml syr, -acet 100 mcg/ml vl, -
 acet 200 mcg/ml vl, 19
 octreotide acet 500 mcg/ml amp, -acet
 500 mcg/ml syr, -acet 500 mcg/ml
 vl, -1,000 mcg/ml vial, 20
 ofloxacin ophth drops, 95
 ofloxacin otic drops, 54
 ofloxacin tablet, 14
 ogestrel, 88
 olanzapine, 26
 olanzapine 15 mg tablet, -20 mg
 tablet, 25
 olanzapine 2.5 mg tablet, -5 mg tablet,
 -7.5 mg tablet, -10 mg tablet, 25
 olanzapine injection, 25
 olanzapine odt 15 mg tablet, -20 mg
 tablet, 25
 olanzapine odt 5 mg tablet, -10 mg
 tablet, 25
 olanzapine pamoate, 26
 olmesartan medoxomil, 41
 olmesartan medoxomil/hctz, 45
 olopatadine hcl, 54
 olsalazine, 62
 omalizumab, 100
 omega-3 acid ethyl esters, 44
 omeprazole capsule sustained action,
 63
 OMNITROPE 5 MG/1.5 ML CRTG, -10
 MG/1.5 ML CRTG, 65
 OMNITROPE 5.8 MG VIAL, 65
 ondansetron hcl 24 mg tablet, 27
 ondansetron hcl 4 mg tablet, -8 mg
 tablet, 27
 ondansetron hcl in dextrose, 27
 ondansetron hcl injection, -vial, 27
 ondansetron hcl solution, 27
 ondansetron in sodium chloride, 27
 ondansetron odt, 27
 ONGLYZA, 55
 ONSOLIS, 30
 ONTAK, 20
 OPANA ER, 30
 OPHTHALMIC
 ANTIINFECTIVE/CORTICOSTEROIDS
 , 94
 OPHTHALMIC CORTICOSTEROID
 DRUGS, 94
 OPHTHALMIC MEDICATIONS, 93
 OPHTHALMIC TOPICAL
 ANTIBACTERIAL DRUGS, 95
 OPHTHALMIC TOPICAL ANTIVIRAL
 DRUGS, 96
 oprelvekin, 69
 ORAL ANTICOAGULANTS, VITAMIN K,
 84
 ORAL ANTIFUNGAL DRUGS, 7
 ORAL DERMATOLOGICAL DRUGS, 50
 ORAL HYPOGLYCEMICS AND COMBOS,
 57
 ORAP, 25
 ORENCIA 125 MG/ML SYRINGE, 20
 ORENCIA 250 MG VIAL, 20
 ORFADIN, 53
 orphenadrine citrate injection, 76
 orphenadrine citrate tablet sustained
 action, 76
 orphenadrine compound, 76
 orphenadrine compound forte, 76
 ORSINI INSULIN SYRINGE, 74

orsythia, 88
 ORTHO EVRA, 88
 ORTHOCLONE OKT-3, 20
 oseltamivir phosphate, 10
 OSMOPREP, 61
 OTHER ANTIARRHYTHMICS, 45
 OTHER ANTICONVULSANTS, 34
 OTHER ANTIDEPRESSANTS, 35
 OTHER ANTIHYPERTENSIVES, 45
 OTHER ANTIINFECTIVE DRUGS, 8
 OTHER ANTIPARKINSON DRUGS, 36
 OTHER ANTIULCER DRUGS, 62
 OTHER ANTIVIRAL DRUGS, 9
 OTHER CARDIOVASCULAR DRUGS, 46
 OTHER CNS/AUTONOMIC DRUGS, 37
 OTHER DRUGS AFFECTING
 COAGULATION, 84
 OTHER DRUGS FOR ARTHRITIS, 78
 OTHER DRUGS FOR ASTHMA, 99
 OTHER ENDOCRINE DRUGS, 58
 OTHER GENITOURINARY PRODUCTS,
 101
 OTHER GI DRUGS, 62
 OTHER MACROLIDES, 10
 OTHER OPHTHALMIC DRUGS, 96
 OTHER RESPIRATORY DRUGS, 100
 OTHER TOPICAL ANTIFUNGALS, 10
 OTHER VASODILATING DRUGS, 47
 oxacillin 1 gm add-vantage vl, -1 gm
 vial, 12
 oxacillin 1 gm/ 50 ml inj, 12
 oxacillin 2 gm add-vantage vl, -2 gm
 vial, -10 gm vial, 12
 oxacillin 2 gm/ 50 ml inj, 12
 oxandrolone tablet, 87
 oxaprozin, 78
 oxcarbazepine, 28
 oxiconazole, 11
 OXISTAT, 11
 OXSORALEN-ULTRA, 50
 oxybutynin, 101
 oxybutynin chloride er, 101
 oxybutynin chloride syrup, -tablet, 101
 oxycodone concentrate, 30
 oxycodone hcl, 30
 oxycodone hcl-acetaminophen, 30
 oxycodone hcl-aspirin, 30
 oxycodone hcl-ibuprofen, 30
 oxycodone/acetaminophen, 30
 oxycodone-acetaminophen, 30
 oxycodone-aspirin, 30
 oxymetholone, 87
 oxymorphone, 30
 oxymorphone hcl tablet, 30
 oxymorphone hcl tablet sustained
 action, 30
 OXYTOCICS, 90
 oxytocin injection, 91
 PACERONE 100 MG TABLET, 40
 pacerone 200 mg tablet, -400 mg
 tablet, 40
 paclitaxel, 16, 20
 palifermin, 67
 paliperidone, 24, 25
 palivizumab, 67
 palonosetron hcl, 26
 pamidronate disodium, 59
 PANCREAZE, 62
 PANCRELIPASE 5,000, 62
 panitumumab, 22
 PANRETIN, 52
 pantoprazole, 63
 pantoprazole sodium, 63
 paracaine, 97
 paregoric, 60
 PARENTERAL ANTIFUNGALS, 11
 paricalcitol, 86
 paromomycin sulfate, 2
 paroxetine hcl, 39
 PASER, 5
 PATANASE, 54
 pazopanib, 22
 PCE, 7
 PEDIARIX, 67

pedi-dri, 11
 PEDVAXHIB, 67
 peg 3350-electrolyte, 62
 peg-3350 and electrolytes, 62
 peg-3350 with flavor packs, 62
 pegademase bovine, 52
 PEGANONE, 34
 PEGASYS 180 MCG/0.5 ML SYRINGE, 68
 PEGASYS 180 MCG/ML VIAL, 68
 PEGASYS PROCLICK, 68
 pegfilgrastim, 69
 peginterferon alfa-2a, 68
 peginterferon alfa-2b, 68
 PEGINTRON, 68
 PEGINTRON REDIPEN, 68
 pegloticase, 77
 pegvisomant, 59
 pemetrexed disodium, 16
 pemirolast potassium, 96
 PEN G K 1 MILLION UNIT/50 ML, 12
 PEN G K 2 MILLION UNIT/50 ML, -PEN G K 3 MILLION UNIT/50 ML, 12
 pen g pot/dextrose-water, 12
 pen g procaine/pen g benz, 11
 PEN NEEDLE, 74
 penciclovir, 9
 penicillamine, 78
 penicillin g benzathine, 11
 penicillin g potassium, 12
 penicillin g procaine, 12
 penicillin g sodium, 12
 penicillin v potassium, 12
 PENICILLINS, 11
 pentamidine, 8
 PENTASA, 62
 pentazocine-acetaminophen, 31
 pentazocine-naloxone hcl, 31
 pentopak, 46
 pentosan polysulfate sodium, 101
 pentostatin, 20
 pentoxifylline tablet sustained action, 46
 PERFOROMIST, 98
 perindopril erbumine, 40
 permethrin cream, 50
 perphenazine, 25
 perphenazine-amitriptyline, 36
 PFIZERPEN, 12
 phenadoz, 27
 phenelzine sulfate tablet, 34
 phenoxybenzamine, 43
 phenylephrine hcl ophth drops, 97
 phenytoin, 34
 phenytoin oral susp, 34
 phenytoin sodium extended, 34
 phenytoin sodium injection, 34
 PHOSLYRA, 86
 PHOSPHOLINE IODIDE, 94
 physiological irrigation soln, 81
 PHYSIOLYTE, 81
 PHYSIOSOL, 81
 physostigmine salicylate injection, 37
 pilocarpine hcl, 94
 pilocarpine hcl ophth drops, 94
 pilocarpine hcl tablet, 54
 PILOPINE HS, 94
 pimecrolimus, 51
 pimozone, 25
 pindolol, 42
 pioglitazone hcl, 57
 pioglitazone hcl/metformin hc, 57
 pioglitazone/glimepiride, 57
 piperacillin, 12
 piperacillin/tazobactam na/d5w, 12
 piperacillin-tazobactam, 12
 pirbuterol, 98
 piroxicam capsule, 78
 PLAN B, 88
 PLAN B ONE-STEP, 88
 PLASMA-LYTE 148, 81
 PLASMA-LYTE 148 IN DEXTROSE, 81
 PLASMA-LYTE 56, 82

PLASMA-LYTE 56 IN DEXTROSE, 82
 PLASMA-LYTE A PH 7.4, 82
 PLASMA-LYTE R, 82
 PLASMODICIDES, 13
 PLAVIX, 79
 plerixafor, 65
 pnv ob+dha, 91
 podofilox, 49
 poliomyelitis vac,killed, 66
 poly-dex, 94
 polyethylene glycol 3350, 61
 polyethylene glycol 3350 packet, 61
 polymyxin b sulfate injection, 8
 polymyxin b sul-trimethoprim, 95
 POLY-PRED, 94
 portia, 89
 posaconazole, 7
 potassium acetate injection, 85
 potassium bicarb/ca, 85
 potassium bicarbonate unique tablet
 formulation, 85
 potassium chl-normal saline, 82
 potassium chloride capsule sustained
 action, -solution, -tablet sustained
 action, -unique tablet formulation,
 85
 potassium chloride in d5lr, 86
 potassium chloride injection, 86
 potassium chloride-nacl, 82
 potassium citrate TABLET SUSTAINED
 ACTION, 101
 potassium citrate-citric acid, 101
 POTASSIUM REMOVING RESINS, 85
 POTASSIUM SPARING DIURETICS, 47
 POTASSIUM SUPPLEMENTS, 85
 PRADAXA, 84
 pramipexole dihydrochloride, 37
 pramlintide acetate, 54
 PRANDIN, 58
 prascion, 48
 prasugrel, 79
 pravastatin sodium, 44
 praziquantel, 3
 prazosin hcl, 48
 pre-attached lta kit, 2
 PRECISION, 74
 PRED MILD, 95
 PRED-G, 94
 prednicarbate, 51
 prednisolone 15 mg/5 ml soln, 56
 prednisolone 5 mg/5 ml soln, -6.7
 mg/5 ml soln, -15 mg/5 ml soln, 56
 prednisolone acetate, 95
 prednisolone acetate ophth drops, 95
 prednisolone sodium phosphate ophth
 drops, 95
 prednisone intensol, 56
 prednisone solution, -tab(in
 convenience package), -tablet, 56
 PREFEST, 90
 pregabalin, 35
 PREMARIN INJECTION, 90
 PREMARIN TABLET, -VAGINAL
 PRODUCTS, 90
 PREMASOL, 82
 PREMPHASE, 90
 PREMPRO, 90
 prenacare, 91
 prenafirst, 91
 prenaplus, 91
 prenatalabs fa, 91
 prenatalabs rx, 91
 prenatal 19, 91
 prenatal ad, 91
 prenatal low iron, 91
 prenatal multivitamin w-iron, 91
 prenatal plus, 91
 PRENATAL VITAMINS, 91
 prenatal-u, 91
 PREVIDENT 5000, 83
 PREVIDENT DENTAL/MUCOUS
 MEMBRN PRODUCTS, 83
 previfem, 89
 PREVPAC, 62

PREZISTA 400 MG TABLET, -600 MG TABLET, 4
 PREZISTA 75 MG TABLET, -150 MG TABLET, 4
 PRIALT, 22
 PRIFTIN, 5
 primaquine, 13
 PRIMAQUINE, 13
 PRIMAXIN, 8
 PRIMAXIN I.M., 8
 primidone tablet, 35
 PRISTIQ ER, 36
 PRIVIGEN, 67
 PROAIR HFA, 98
 probenecid, 77
 probenecid-colchicine, 77
 procainamide hcl injection, 41
 PROCALAMINE, 82
 procarbazine, 19
 prochlorperazine edisylate injection, 27
 prochlorperazine maleate rectal, -tablet, 27
 PROCRIIT 2,000 UNITS/ML VIAL, -3,000 UNITS/ML VIAL, -4,000 UNITS/ML VIAL, -10,000 UNITS/ML VIAL, 64
 PROCRIIT 20,000 UNITS/ML VIAL, -40,000 UNITS/ML VIAL, 64
 procto-pak, 63
 proctosol-hc, 63
 proctozone-hc, 63
 PRODIGY INSULIN SYRINGE, 74
 PRODIGY PEN NEEDLE, 74
 progesterone, 92
 PROGESTIN DRUGS, 92
 PROGLYCEM, 56
 PROGRAF INJECTION, 20
 PROLASTIN 1,000 MG VIAL, 100
 PROLASTIN 500 MG VIAL, 100
 PROLASTIN C, 100
 PROLEUKIN, 69
 PROLIA, 59
 PROMACTA 25 MG TABLET, 69
 PROMACTA 50 MG TABLET, -75 MG TABLET, 69
 promethazine hcl injection, 98
 promethazine hcl rectal, 27
 promethazine hcl syrup, -tablet, 98
 promethazine vc, 97
 prometegan, 27
 PROMETRIUM, 92
 propafenone hcl, 41
 propantheline bromide tablet, 61
 proparacaine hcl ophth drops, 97
 propranolol hcl capsule sustained action, -solution, -tablet, 42
 propranolol hcl injection, 42
 propranolol-hydrochlorothiazid, 46
 propylthiouracil tablet, 55
 PROQUAD, 67
 PROSOL, 82
 PROSTIGMIN, 37
 PROTON PUMP INHIBITORS, 63
 PROTONIX IV, 63
 PROTOPIC, 52
 protriptyline hcl, 38
 PROVENTIL HFA, 98
 PROVIGIL, 33
 PRUDOXIN, 52
 pse/acrivias, 97
 PULMOZYME, 100
 pyrazinamide, 5
 pyridostigmine, 37
 pyridostigmine bromide tablet, 37
 pyrimethamine, 13
 QUALAQUIN, 13
 quasense, 89
 quetiapine fumarate, 25
 quinapril hcl, 40
 quinapril-hydrochlorothiazide, 46
 quinidine gluconate injection, 41
 quinidine gluconate tablet sustained action, 41

quinidine sulfate tablet, -tablet
 sustained action, 41
 quinine sulfate, 13
 QUINOLONONES, 13
 quinupristin/dalfopristin, 8
 QUTENZA, 52
 QVAR, 100
 RABAVERT, 67
 rabies vac,pf chick-emb cell, 67
 rabies vaccine,human diploid, 66
 raloxifene, 92
 raltegravir potassium, 4
 ramipril, 40
 RANEXA ER 1,000 MG TABLET, 47
 RANEXA ER 500 MG TABLET, 47
 ranibizumab, 97
 ranitidine hcl capsule, -syrup, -150 mg
 tablet, -300 mg tablet, 61
 ranitidine hcl injection, 61
 ranolazine, 47
 RAPAMUNE 2 MG TABLET, 20
 RAPAMUNE SOLUTION, -0.5 MG
 TABLET, -1 MG TABLET, 20
 rasagiline mesylate, 36
 rasburicase, 18
 RAZADYNE SOLUTION, 23
 REBETOL SOLUTION, 9
 REBIF, 68
 RECLAST, 59
 reclusen, 89
 RECOMBIVAX HB, 67
 REGONOL, 37
 REGRANEX, 52
 RELENZA, 9
 RELISTOR 12 MG/0.6 ML KIT, -12
 MG/0.6 ML VIAL, 63
 RELISTOR 8 MG/0.4 ML SYRINGE, -12
 MG/0.6 ML SYRINGE, 63
 remeven, 52
 REMICADE, 20
 REMODULIN, 47
 re-nata 29 ob, 91
 RENVELA, 79
 repaglinide, 58
 RESCRIPTOR, 4
 reserpine tablet, 46
 RESPIRATORY MEDICATIONS, 97
 RESTASIS, 97
 RETROVIR INJECTION, 4
 revatio (sildenafil citrate), 47
 REVATIO TABLET, 47
 REVLIMID, 20
 REYATAZ 100 MG CAPSULE, 4
 REYATAZ 150 MG CAPSULE, -200 MG
 CAPSULE, -300 MG CAPSULE, 4
 RIBAPAK, 9
 RIBASPHERE 400 MG TABLET, -600
 MG TABLET, 9
 ribasphere capsule, -200 mg tablet, 9
 ribavirin, 9, 10
 ribavirin capsule, -tablet, 9
 RIDAURA, 78
 rifabutin, 5
 RIFAMATE, 5
 rifampin capsule, 5
 rifampin injection, 5
 rifampin/inh/pyrazinamide, 5
 rifampin/isoniazid, 5
 rifapentine, 5
 RIFATER, 5
 rifaximin, 9
 rilonacept, 69
 rilpivirine hydrochloride, 3
 RILUTEK, 76
 riluzole, 76
 rimantadine hcl, 10
 rimexolone, 95
 ringers injection, 82
 ringers irrigation, 82
 RIOMET, 58
 risedronate, 58
 RISPERDAL CONSTA 12.5 MG SYR, -25
 MG SYR, 25

RISPERDAL CONSTA 37.5 MG SYR, -50
 MG SYR, 25
 risperidone, 25
 risperidone m-tab, 25
 risperidone odt, 25
 risperidone solution, 25
 risperidone tablet, 25
 ritonavir, 4
 ritonavir/lopinavir, 4
 RITUXAN, 20
 rituximab, 20
 rivaroxaban, 84, 85
 rivastigmine, 23
 rivastigmine tartrate, 23
 rizatriptan benzoate, 33
 roflumilast, 100
 romycin, 96
 ropinirole hcl, 37
 rosadan cream, 48
 rosaderm emulsion, 48
 rosiglitazone maleate, 57
 rosiglitazone maleate/glimepir, 57
 rosiglitazone/metformin hcl, 57
 ROTARIX, 67
 ROTATEQ, 67
 rotavirus vac, live att, 89-12, 67
 rotavirus vac, live pentav, 67
 roxicet 5-325 tablet, 30
 ROXICET SOLUTION, 30
 rufinamide, 34
 ruxolitinib phosphate, 19
 SABRIL, 35
 sacrosidase, 63
 SAFESNAP INSULIN SYRINGE, 75
 SAFETYGLIDE INSULIN SYRINGE, 75
 SAFETYGLIDE SYRINGE INSULIN
 SYRINGES - DISPOSABLE, 75
 SAIZEN, 65
 SALICYLATES AND RELATED DRUGS,
 78
 saline 0.45% soln-excel con, -0.45%
 soln, -saline 0.9% soln-excel cont, -
 0.9% soln, -0.9% soln., -0.9%
 solution, -cl 2.5 meq/ml vial, -3% iv
 soln, -4 meq/ml vl, -5% iv soln, 82
 salmeterol, 99
 salmeterol/fluticasone, 99
 salsalate tablet, 78
 SAL-TROPINE, 61
 SAMSCA 15 MG TABLET, 59
 SAMSCA 30 MG TABLET, 59
 SANCUSO, 27
 SANDOSTATIN 0.05 MG/ML AMPUL,
 20
 SANDOSTATIN 0.1 MG/ML AMPUL, -
 0.2 MG/ML VIAL, -0.5 MG/ML
 AMPUL, -1 MG/ML VIAL, 20
 SANDOSTATIN LAR, 20
 SANTYL, 52
 SAPHRIS, 25
 sapropterin dihydrochloride, 59
 saquinavir mesylate, 3, 4
 sargramostim, 69
 SAVELLA 12.5 MG TABLET, -25 MG
 TABLET, -50 MG TABLET, -100 MG
 TABLET, 36
 SAVELLA TITRATION PACK, 36
 saxagliptin hcl/metformin hcl, 55
 saxagliptin hydrochloride, 55
 SCABICIDES, 50
 SCOPACE, 61
 scopolamine, 27, 61
 SCOPOLAMINE HYDROBROMIDE
 INJECTION, 61
 SECONDARY AMINES, 38
 SEDATIVE/HYPNOTIC DRUGS, 38
 SELECTIVE ESTROGEN RECEPTOR
 MODULATOR, 92
 SELECTIVE SEROTONIN REUPTAKE
 INHIBITORS, 38
 selegiline, 34, 37
 selegiline hcl capsule, -tablet, 37
 selenium sulfide 2.25% shampoo, -
 2.5% lotion, 49

selfemra, 39
SELZENTRY, 4
SEMPREX-D, 97
se-natal one, 91
SENSIPAR 30 MG TABLET, 59
SENSIPAR 60 MG TABLET, -90 MG
TABLET, 59
SEREVENT DISKUS, 99
SEROMYCIN, 5
SEROQUEL, 25
SEROQUEL XR 150 MG TABLET, -200
MG TABLET, 25
SEROQUEL XR 50 MG TABLET, -300
MG TABLET, -400 MG TABLET, 25
SEROSTIM, 65
sertraline hcl solution, -tablet, 39
setonet, 91
setonet-ec, 91
sevelamer carbonate, 79
sf, 83
sf 5000 plus, 83
silver sulfadiazine cream, 15
SIMCOR, 44
SIMPONI 50 MG/0.5 ML PEN INJEC, 20
SIMPONI 50 MG/0.5 ML SYRINGE, 20
SIMULECT, 20
simvastatin, 44
SINGLE USE SWAB, 75
SINGULAIR, 99
sirolimus, 20
sitagliptin phos/metformin hcl, 55
sitagliptin phosphate, 55
sitagliptin/simvastatin, 55
SMOKING CESSATION PRODUCTS, 39
sodium acetate injection, 82
sodium bicarbonate injection, 82
sodium chloride solution, 82
sodium citrate & citric acid, 86
SODIUM EDECRIN, 44
sodium fluoride, 83
sodium fluoride 0.5 mg(1.1 mg), -1
mg (2.2 mg), -oral drops, 83
sodium lactate injection, 82
sodium oxybate, 38
sodium phenylbutyrate, 52
sodium phosphate/na biphos, 61, 62
sodium polystyrene sulfonate, 85
sodium sulf-sulfur cleanser, -sulf-sulfur
wash, -sod sulfacetamide-sulfur
lotn, -sod.sulfacet-sulfur susp, 48
SOLARAZE, 52
solia, 89
solifenacin succinate, 101
SOLU-CORTEF, 56
SOLU-CORTEF (PF), 56
SOLU-MEDROL, 56
SOLU-MEDROL (PF), 56
somatropin, 64, 65
SOMATULINE DEPOT, 20
SOMAVERT 10 MG VIAL, -20 MG VIAL,
59
SOMAVERT 15 MG VIAL, 59
sorafenib tosylate, 19
SORIATANE, 49
SORIATANE CK, 49
sorine, 45
sotalol, 45
sotalol af, 45
sotret, 50
SPECIALIZED OB/GYN DRUGS, 92
SPECTRACEF, 6
SPIRIVA, 100
spironolactone tablet, 47
spironolactone-hctz, 47
sprintec, 89
SPRYCEL, 20
sps, 85
sronyx, 89
ssd, 15
ssd af, 15
STALEVO 100, 37
STALEVO 125, 37
STALEVO 150, 37
STALEVO 200, 37

STALEVO 50, 37
 STALEVO 75, 37
 stannous fluoride dental/mucous
 membrn products, 83
 stavudine, 4
 STAVZOR, 40
 STELARA 45 MG/0.5 ML SYRINGE, 21
 STELARA 90 MG/ML SYRINGE, 21
 STRATTERA 10 MG CAPSULE, -40 MG
 CAPSULE, -60 MG CAPSULE, -80 MG
 CAPSULE, -100 MG CAPSULE, 37
 STRATTERA 18 MG CAPSULE, 38
 STRATTERA 25 MG CAPSULE, 38
 streptomycin, 5
 STREPTOMYCIN SULFATE INJECTION,
 5
 streptozocin, 22
 STRIANT, 87
 STROMECTION, 3
 SUBOXONE 2 MG-0.5 MG SL FILM, 31
 SUBOXONE 8 MG-2 MG SL FILM, 31
 succimer, 52
 SUCCINIMIDES, 39
 SUCRAID, 63
 sucralfate, 62
 sucralfate oral susp, -tablet, 62
 sulfacetamide sodium lotion, 49
 sulfacetamide sodium oint, -ophth
 drops, 96
 sulfacetamide sodium-sulfur, 49
 sulfacetamide/prednisolone ac, 94
 sulfacetamide-prednisolone, 94
 sulfadiazine tablet, 14
 sulfamethoxazole-trimethoprim
 injection, 14
 sulfamethoxazole-trimethoprim oral
 susp, -tablet, 14
 sulfamide, 96
 sulfasalazine dr, 63
 sulfasalazine tablet, 63
 sulfazine, 63
 sulfazine ec, 63

SULFONAMIDES, 14
 sulindac tablet, 78
 sumatriptan, 33, 34
 SUMATRIPTAN 20 MG NASAL SPRAY,
 33
 sumatriptan 4 mg/0.5 ml kit, -4
 mg/0.5 ml refill, -6 mg/0.5 ml inject,
 -6 mg/0.5 ml refill, -6 mg/0.5 ml
 syrng, 33
 sumatriptan 4 mg/0.5 ml vial, 33
 SUMATRIPTAN 5 MG NASAL SPRAY,
 34
 sumatriptan 6 mg/0.5 ml vial, 34
 sumatriptan succinate tablet, 34
 sunitinib malate, 21
 SUPPRELIN LA, 93
 SUPRAX, 6
 SURE COMFORT, 75
 SURE COMFORT ALCOHOL, 75
 SURE-FINE PEN NEEDLES, 75
 SURE-JECT INSULIN SYRINGE, 75
 SURE-PREP ALCOHOL PREP PADS, 75
 SURMONTIL, 39
 SUSTIVA, 4
 SUTENT, 21
 syeda, 89
 SYLATRON, 68
 SYLATRON 4-PACK, 68
 SYMBICORT, 100
 SYMLIN, 54
 SYMLINPEN 120, 54
 SYMLINPEN 60, 54
 SYNAGIS 100 MG/1 ML VIAL, 67
 SYNAGIS 50 MG/0.5 ML VIAL, 67
 SYNAREL, 93
 SYNERCID, 8
 SYPRINE, 78
 TABLOID, 21
 tacrolimus, 20, 52
 tacrolimus 0.5 mg capsule, -1 mg
 capsule, 21
 tacrolimus 5 mg capsule, 21

TAMIFLU 12 MG/ML SUSPENSION, 10
TAMIFLU 30 MG GELCAP, 10
TAMIFLU 45 MG GELCAP, -75 MG
GELCAP, 10
TAMIFLU 6 MG/ML SUSPENSION, 10
tamoxifen citrate tablet, 21
tamsulosin hcl, 101
TARCEVA 100 MG TABLET, -150 MG
TABLET, 21
TARCEVA 25 MG TABLET, 21
TARGRETIN CAPSULE, 21
TARGRETIN GEL, 21
TASIGNA 150 MG CAPSULE, 21
TASIGNA 200 MG CAPSULE, 21
tazarotene, 49
TAZORAC, 49
taztia xt, 43
TEFLARO, 6
TEGRETOL XR 100 MG TABLET, 28
TEKAMLO, 46
TEKTURNA, 46
TEKTURNA HCT, 46
telaprevir, 3
telavancin, 9
telbivudine, 10
telmisartan, 41
telmisartan/amlodipine, 46
telmisartan/hctz, 46
temsirolimus, 21
tenofovir disproxil fumarate, 4
terazosin hcl, 48
terbinafine hcl tablet, 7
terbutaline sulfate injection, 99
terbutaline sulfate tablet, 99
terconazole, 15
teriparatide, 59
TERTIARY AMINES, 39
TERUMO INSULIN SYRINGE, 75
TERUMO SURGUARD, 75
tesamorelin acetate, 64
TESTIM, 87
TESTOPEL, 87
testosterone, 87
testosterone cypionate injection, 87
testosterone enanthate injection, 87
TETANUS DIPHTHERIA TOXOIDS, 67
tetanus toxoid adsorbed, 67
tetanus,diphtheria toxoid, 66, 67
TETANUS-DIPHTERIA-DECAVAC, 67
tetrabenazine, 38
tetracyc hcl/bis ss/metronid, 62
tetracycline hcl capsule, 14
TETRACYCLINES, 14
tetrahydrozoline, 54
TEV-TROPIN, 65
thalidomide, 53
THALOMID 150 MG CAPSULE, -200
MG CAPSULE, 53
THALOMID 50 MG CAPSULE, -100 MG
CAPSULE, 53
theochron, 99
theophylline, 99
theophylline anhydrous tablet
sustained action, 99
theophylline tablet sustained action,
99
THERACYS, 21
THERAPEUTIC VITAMINS AND
MINERALS, 86
thermazene, 15
THIAZIDE AND RELATED DRUGS, 47
THINPRO INSULIN SYRINGE, 75
thioguanine, 21
thioridazine hcl, 25
thiotepa injection, 21
thiothixene, 25
THROMBOPOIETIC AGENTS, 69
THYMOGLOBULIN, 67
thyroid, 60
THYROID SUPPLEMENTS, 60
THYROLAR-1, 60
THYROLAR-1/2, 60
THYROLAR-1/4, 60
THYROLAR-2, 60

THYROLAR-3, 60
 tiagabine, 34
 ticagrelor, 79
 ticarcillin/k clavulanate, 12
 ticlopidine hcl, 79
 tigecycline, 8
 TIKOSYN, 45
 tilia fe, 89
 TIMENTIN, 12
 timolol, 93
 timolol maleate ophth drops, 94
 timolol maleate tablet, 42
 tiotropium bromide, 100
 tipranavir, 3
 tis-u-sol, 82
 tizanidine hcl tablet, 77
 TOBI, 2
 TOBRADEX OINT, 94
 tobramycin, 96
 tobramycin sulfate in ns, 3
 tobramycin sulfate injection, 3
 tobramycin sulfate ophth drops, 96
 tobramycin sulfate/dexameth, 94
 tobramycin/lotepred etab, 94
 tobramycin/sodium chloride, 2
 tobramycin-dexamethasone, 94
 tobrasol, 96
 TOBEX OINT, 96
 tocilizumab, 69
 tolazamide, 58
 tolbutamide, 58
 tolmetin sodium, 78
 tolterodine tartrate, 100, 101
 tolvaptan, 59
 TOPCARE CLICKFINE, 75
 TOPCARE ULTRA COMFORT, 75
 TOPICAL ANESTHETICS, 1
 TOPICAL ANTIBACTERIAL DRUGS, 14
 TOPICAL ANTIFUNGAL-
 CORTICOSTEROID COMB., 15
 TOPICAL ANTI-INFLAMMATORY
 DRUGS, 50
 TOPICAL CORTICOSTEROID DRUGS,
 50
 TOPICAL DERMATOLOGICAL DRUGS,
 51
 topiragen, 35
 topiramate sprinkle, -tablet, 35
 topisulf, 49
 toremifene, 18
 TORISEL, 21
 torsemide injection, 44
 torsemide tablet, 45
 TOVIAZ, 101
 TPN ELECTROLYTES, 82
 TPN ELECTROLYTES II, 82
 TRACLEER, 44
 TRADJENTA, 55
 tramadol hcl tablet, 22
 tramadol hcl-acetaminophen, 22
 trandolapril, 40
 trandolapril-verapamil, 46
 tranexamic acid, 53
 tranexamic acid injection, 53
 TRANSDERM-SCOP, 27
 tranylcypromine sulfate, 34
 TRAVASOL, 82
 TRAVATAN Z, 94
 travoprost, 94
 trazodone hcl tablet, 36
 TRECATOR, 5
 TRELSTAR 11.25 MG SYRINGE, -22.5
 MG VIAL, 21
 TRELSTAR 22.5 MG SYRINGE, 21
 TRELSTAR 3.75 MG SYRINGE, 21
 TRELSTAR DEPOT, 21
 TRELSTAR LA, 21
 treprostinil sodium, 47
 tretinoin 0.025% cream, -0.05%
 cream, -0.1% cream, -gel, 49
 tretinoin capsule, 21
 trezix, 31
 triamcinolone acetonide, 55

triamcinolone acetonide cream, -lotion,
 -oint, 51
 triamcinolone acetonide paste, 54
 triamcinolone hexacetonide, 55
 triamterene-hctz, 47
 triamterene-hydrochlorothiazid, 47
 tricitrates, 101
 TRICOR, 44
 triderm, 51
 trientine, 78
 trifluoperazine hcl, 25
 trifluridine, 96
 trifluridine ophth drops, 96
 trihexyphenidyl hcl, 23
 TRIHIBIT, 67
 tri-legest fe, 89
 TRILEPTAL SUSPENSION, 28
 TRILIPIX, 44
 trilyte with flavor packets, 63
 trimethobenzamide hcl capsule, 27
 trimethobenzamide hcl injection, 27
 trimethoprim tablet, 15
 trimipramine, 39
 trimipramine maleate capsule, 39
 trinatal gt, 91
 trinessa, 89
 TRIOSTAT, 60
 TRIPEDIA, 67
 tri-previfem, 89
 triptorelin pamoate, 21
 TRISENOX, 21
 tri-sprintec, 89
 trivora-28, 89
 TRIZIVIR, 4
 TROPHAMINE, 82
 tropicacyl, 97
 tropicamide ophth drops, 97
 trospium chloride, 101
 TRUVADA, 4
 TWINJECT, 100
 TWINRIX, 67
 TWYNSTA, 46
 TYGACIL, 8
 TYKERB, 21
 TYPHIM VI, 67
 typhoid vaccine, 67
 TYSABRI, 21
 TYZEKA, 10
 TYZINE, 54
 u40, 52
 u-kera e urea emollient, 52
 ULESFIA, 50
 ULORIC 40 MG TABLET, 77
 ULORIC 80 MG TABLET, 77
 ULTICARE INSULIN NEEDLES -
 DISPOSABLE, -INSULIN SYRINGES -
 DISPOSABLE, 75
 ULTIGUARD INSULIN SYRINGES -
 DISPOSABLE, 75
 ULTILET ALCOHOL SWAB, 75
 ULTRACOMFORT INSULIN NEEDLES -
 DISPOSABLE, -INSULIN SYRINGES -
 DISPOSABLE, 75
 UNASYN 1.5 GM ADD-VANTAGE VL, -
 1.5 GM PIGGYBACK BOTTLE, -3 GM
 ADD-VANTAGE VIAL, -3 GM
 PIGGYBACK BOTTLE, 12
 UNIFINE PENTIPS, 75
 unithroid, 60
 urea 40, 52
 urea 40% cream, -50% cream, -40%
 gel, -50% nail gel, -35% lotion, -
 40% lotion, -50% nail stick, 52
 URINARY ANTIINFECTIVES, 15
 UROLOGICAL MEDICATIONS, 100
 ursodiol capsule, -tablet, 63
 ustekinumab, 21
 UVADEX, 21
 VAGIFEM, 90
 VAGINAL ANTIFUNGALS, 15
 valacyclovir, 10
 VALCYTE, 10
 valganciclovir, 10
 valproate sodium, 40

valproate sodium injection, 40
 valproic acid, 40
 VALPROIC ACID AND DERIVATIVES,
 40
 valproic acid capsule, -syrup, 40
 valsartan, 41
 VALTURNA, 46
 VANCOCIN HCL, 8
 vancomycin, 8
 VANCOMYCIN, 8
 vancomycin 500 mg a/v vial, -500 mg
 vial, -750 mg vial, -1 gm add-van
 vial, -1 gm vial, -5 gm vial, -10 gm
 vial, 8
 VANCOMYCIN HCL 1G/200 ML BAG, 8
 vandazole, 90
 vandetanib, 16, 22
 VANDETANIB, 22
 VANISHPOINT INSULIN SYRINGES -
 DISPOSABLE, 76
 VANTAS, 22
 VAQTA, 67
 varenicline tartrate, 39
 varicella vacc/pf, 67
 varicella virus vaccine live, 67
 VARIVAX VACCINE, 67
 VASODILATOR ANTIHYPERTENSIVES,
 48
 VECTIBIX, 22
 VECTICAL, 49
 velaglucerase alfa, 59
 VELCADE, 22
 veletri, 47
 velivet, 89
 vemurafenib, 22
 venlafaxine hcl, 36
 venlafaxine hcl er 150 mg cap, 36
 venlafaxine hcl er 37.5 mg cap, 36
 venlafaxine hcl er 75 mg cap, 36
 VENTAVIS 10 MCG/1 ML SOLUTION,
 47
 VENTAVIS 20 MCG/1 ML SOLUTION,
 47
 VENTOLIN HFA, 99
 VERAMYST, 54
 verapamil er 120 mg tablet, -180 mg
 tablet, -240 mg tablet, 43
 verapamil er pm, 43
 verapamil hcl capsule sustained action,
 -tablet, -er 120 mg tablet, -er 240
 mg tablet, 43
 verapamil hcl injection, 43
 VERSALON PAD, MEDICATED PAD, 76
 VESICARE, 101
 vestura, 89
 VEXOL, 95
 VFEND IV, 11
 VFEND SUSPENSION, 7
 VIBATIV 250 MG VIAL, 9
 VIBATIV 750 MG VIAL, 9
 VIBRAMYCIN SUSPENSION, -SYRUP,
 14
 VICTOZA 2-PAK, 56
 VICTOZA 3-PAK, 56
 VICTRELIS, 4
 VIDAZA, 22
 VIDEX, 4
 vigabatrin, 35
 VIGAMOX, 96
 VIIBRYD, 39
 vilazodone hydrochloride, 39
 VIMPAT INJECTION, 35
 VIMPAT SOLUTION, -TABLET, 35
 vinacal, 91
 vinate az, 91
 vinate az extra, 91
 vinate c, 91
 vinate calcium, 92
 vinate care, 92
 vinate gt, 92
 vinate ic, 92
 vinate ii, 92
 vinate one, 92

vinate pn care, 92
 vinate ultra, 92
 vinate-m, 92
 vinblastine 1 mg/ml vial, 22
 vinblastine sulf 10 mg vial, 22
 vincasar pfs, 22
 vincristine sulfate, 22
 vinorelbine tartrate, 22
 VIRACEPT POWDER, 4
 VIRACEPT TABLET, 4
 VIRAMUNE, 4
 VIRAMUNE XR, 4
 VIRAZOLE, 10
 VIREAD 300 MG TABLET, 4
 VIROPTIC, 96
 VISICOL, 62
 VISTIDE, 10
 vitafol-ob, 92
 vitafol-pn, 92
 VITAMINS AND MINERALS AND
 RELATED PRODUCTS, 86
 vitazol, 49
 VIVAGLOBIN, 67
 VOLTAREN GEL, 50
 voriconazole, 7, 11
 voriconazole 200 mg tablet, 7
 voriconazole 50 mg tablet, 7
 vorinostat, 22
 VOTRIENT, 22
 VPRIV, 59
 VYTORIN, 44
 warfarin sodium tablet, 84
 WEBCOL, 76
 WELCHOL, 44
 XALKORI, 22
 XARELTO 10 MG TABLET, 84
 XARELTO 15 MG TABLET, -20 MG
 TABLET, 85
 XENAZINE 12.5 MG TABLET, 38
 XENAZINE 25 MG TABLET, 38
 XEOMIN 100 UNITS VIAL, 77
 XEOMIN 50 UNITS VIAL, 77
 XGEVA, 59
 XIBROM, 97
 XIFAXAN 200 MG TABLET, 9
 XIFAXAN 550 MG TABLET, 9
 XOLAIR, 100
 XOPENEX, 99
 XOPENEX HFA, 99
 x-viate cream, -gel, 52
 XYREM, 38
 XYZAL SOLUTION, 98
 yellow fever vaccine, 67
 YF-VAX, 67
 zafirlukast, 99
 zaleplon, 38
 zanamivir, 9
 ZANOSAR, 22
 zarah, 89
 ZAVESCA, 59
 ZELAPAR, 37
 ZELBORAF, 22
 ZEMAIRA, 100
 zema-pak 10 day 1.5 mg tablet, -13
 day 1.5 mg tablet, 56
 ZEMPLAR CAPSULE, 86
 ZEMPLAR INJECTION, 86
 zenchent, 89
 zenchent fe, 89
 ZENPEP, 63
 zeosa, 89
 ZETIA, 44
 ZIAGEN, 4
 ziconotide acetate, 22
 zidovudine, 4, 5
 zidovudine/lamivudine/abacavir, 4
 ziprasidone, 24
 ZIRGAN, 97
 ZITHRANOL-RR, 49
 ZOLADEX, 22
 zoledronic acid, 59
 ZOLINZA, 22
 zolpidem tartrate, 38
 ZOMETA, 59

ZONALON, 52
zonisamide, 35
ZORBTIVE, 65
ZORTRESS 0.25 MG TABLET, 22
ZORTRESS 0.5 MG TABLET, -0.75 MG
TABLET, 22
ZOSTAVAX, 67
ZOSYN 2.25 GM GALAXY BAG, -2.25
GM PRE-MIX BAG, -3.375 GM
GALAXY BAG, -3.375 GM PRE MIX-
BAG, -4.5 GM GALAXY BAG, -4.5 GM
PRE-MIX BAG, 12
zovia 1-35e, 89
zovia 1-50e, 89
ZOVIRAX CREAM, -OINT, 10
ZYLET, 94
ZYMAR, 96

ZYMAXID, 96
ZYPREXA 15 MG TABLET, -20 MG
TABLET, 26
ZYPREXA 2.5 MG TABLET, -5 MG
TABLET, -7.5 MG TABLET, -10 MG
TABLET, 26
ZYPREXA INJECTION, 26
ZYPREXA RELPREVV 210 MG VIAL, -
300 MG VIAL, 26
ZYPREXA RELPREVV 405 MG VIAL, 26
ZYPREXA ZYDIS 15 MG TABLET, -20
MG TABLET, 26
ZYPREXA ZYDIS 5 MG TABLET, -10 MG
TABLET, 26
ZYTIGA, 22
ZYVOX INJECTION, 9
ZYVOX ORAL SUSP, -TABLET, 9

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