

# 2010

## Comprehensive Formulary (List of Covered Drugs)

WellCare Signature (PDP) | WellCare Classic (PDP)

Prescription Drug Plans



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

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

Last updated (08/2009)

Formulary File #10114

Formulary Version #6

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## What is the WellCare Signature (PDP) and WellCare Classic (PDP) formulary?

A formulary is a list of covered drugs selected by WellCare Signature and Classic 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. WellCare Signature and Classic will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a WellCare Signature and Classic 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 2010 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2010 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, 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 08/2009. To get updated information about the drugs covered by WellCare Signature and Classic, please visit our Web site at [www.wellcarepdp.com](http://www.wellcarepdp.com) or call Customer Service at 1-888-517-5252, Monday–Sunday, 7am to 2am Eastern. TTY/TDD users should call 1-888-816-5252.

We update our printed formulary with any new changes via a monthly addendum. Please contact Customer Service or visit our Web site at [www.wellcarepdp.com](http://www.wellcarepdp.com) for more information.



## How do I use the formulary?

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

### Medical Condition

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

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 38. 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?

WellCare Signature and Classic cover 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:** WellCare Signature and Classic require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from WellCare Signature and Classic before you fill your prescriptions. If you don't get approval, WellCare Signature and Classic may not cover the drug.
- **Quantity Limits:** For certain drugs, WellCare Signature and Classic limit the amount of the drug that WellCare Signature and Classic will cover. For example, WellCare Signature and Classic provide 9 tablets for 31-days per prescription for *sumatriptan* 25mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, WellCare Signature and Classic require 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, WellCare Signature and Classic may not cover Drug B unless you try Drug A first. If Drug A does not work for you, WellCare Signature and Classic 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.wellcarepdp.com](http://www.wellcarepdp.com).

You can ask WellCare Signature and Classic to make an exception to these restrictions or limits. See the section, “How do I request an exception to the WellCare Signature and Classic formulary?” on this page 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 Customer Service and confirm that your drug is not covered.

If you learn that WellCare Signature and Classic do not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by WellCare Signature and Classic. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by WellCare Signature and Classic.
- You can ask WellCare Signature and Classic 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 WellCare Signature and Classic formulary?**

You can ask WellCare Signature and Classic 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, WellCare Signature and Classic 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 in our Tier 3 (non-preferred brand), you can ask us to cover it at the cost-sharing amount that applies to drugs in the Tier 2 (preferred brand) 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 in the Tier 4 (specialty).

Generally, WellCare Signature and Classic 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 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 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 93 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 93 days.

If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 93 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 93 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 experience a level of care change (such as being discharged from or admitted to a long-term care facility), your physician or pharmacy can call our Provider Service Center and request a one-time override. This one-time override will be a 31-day supply (unless you have a prescription written for fewer days).

## For more information

For more detailed information about your WellCare Signature and Classic prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about WellCare Signature and Classic, please call Customer Service at 1-888-517-5252, Monday–Sunday, 7am to 2am Eastern. TTY/TDD users should call 1-888-816-5252. Or visit [www.wellcarepdp.com](http://www.wellcarepdp.com).

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

## WellCare Signature and Classic formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by WellCare Signature and Classic. If you have trouble finding your drug in the list, turn to the Index that begins on page 38.

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

The information in the Notes column tells you if WellCare Signature and Classic have any special requirements for coverage of your drug.

- PA stands for Prior Authorization: Please see page II for details.
- QL stands for Quantity Limits: Please see page II for details.
- LA stands for Limited Access medication. This medication is available from the WellCare Specialty Pharmacy, and may be available from certain other pharmacies. For more information please refer to the Specialty Pharmacy section of your Pharmacy Directory or contact Customer Service at 1-888-550-5252, Monday–Sunday, 7am to 2am Eastern. TTY/TDD users should call 1-888-816-5252 for more information.
- ST stands for Step Therapy: Please see page II for details.

## Drug tier co-payment/coinsurance amounts

The WellCare Signature and Classic formulary is divided into four tiers: Tier 1 (generic), Tier 2 (preferred brand), Tier 3 (non-preferred brand), and Tier 4 (specialty) drugs. Generally, the co-payment and/or coinsurance percentage amounts listed below are the amounts you pay when you fill a prescription at a network pharmacy.

Plan Name	Deductible	Tier 1: 31-Day Generic Drug Co-payment*	Tier 2: 31-Day Preferred Brand Drug Co-payment*	Tier 3: 31-Day Non-Preferred Brand Drug Co-payment*	Tier 4: 31-Day/ 93-Day Specialty Drug Coinsurance	93-Day Retail/or Mail-Order Co-payment or Coinsurance*
WellCare Signature	\$0	\$0	\$42	\$85	33%	3x 31-Day Co-payment or Coinsurance
WellCare Classic	\$310	\$3–\$5	\$32–\$39	\$60–\$85	25%	3x 31-Day Co-payment or Coinsurance

\*Please refer to your Evidence of Coverage for the exact co-payment amount in your state.



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DRUG NAME	DRUG TIER	NOTES
<b>ANALGESICS</b>		
<b>OPIOID ANALGESICS</b>		
acetaminophen/codeine #3	1	QL (248 tabs per 31 days)
acetaminophen/codeine #4	1	QL (248 tabs per 31 days)
acetaminophen/codeine solution	1	
acetaminophen/codeine tablet	1	QL (248 tabs per 31 days)
buprenorphine hcl	1	
butalbital/acetaminophen/caffeine/codeine	1	QL (186 caps per 31 days)
co-gesic	1	QL (248 tabs per 31 days)
duramorph	1	
endocet	1	QL (248 tabs per 31 days)
fentanyl patch	1	QL (20 patches per 31 days)
hydrocodone/acetaminophen-hs	1	QL (248 tabs per 31 days)
hydrocodone/acetaminophen solution 500mg/15ml; 7.5mg/15ml	1	
hydrocodone/acetaminophen tablet 660mg; 10mg	1	QL (186 tabs per 31 days)
hydrocodone/acetaminophen tablet 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg, 500mg; 10mg, 500mg; 5mg, 500mg; 7.5mg, 650mg; 10mg, 650mg; 7.5mg, 750mg; 7.5mg	1	QL (248 tabs per 31 days)
hydrocodone/ibuprofen	1	QL (155 tabs per 31 days)
hydrocodone bitartrate/acetaminophen	1	QL (248 tabs per 31 days)
hydromorphone hcl injection	1	
hydromorphone hcl tablet	1	QL (248 tabs per 31 days)
meperidine hcl tablet	1	QL (248 tabs per 31 days)
meperidine hcl oral solution	1	QL (500 mls per 31 days)
meperidine hcl injection 10mg/ml, 25mg/ml, 50mg/ml, 75mg/ml	1	
methadone hcl concentrate, solution	1	
methadone hcl tablet	1	QL (248 tabs per 31 days)
methadose	1	QL (248 tabs per 31 days)
morphine sulfate er	1	QL (248 tabs per 31 days)
morphine sulfate injection, oral solution	1	
morphine sulfate tablet	1	QL (248 tabs per 31 days)
oxycodone/acetaminophen	1	QL (248 tabs/caps per 31 days)
oxycodone hcl	1	QL (248 tabs per 31 days)
propoxyphene/acetaminophen	1	QL (186 tabs per 31 days)
propoxyphene hcl	1	QL (186 caps per 31 days)
propoxyphene-n/acetaminophen	1	QL (186 tabs per 31 days)
reprexain tablet 10mg; 200mg	1	QL (155 tabs per 31 days)
SUBUTEX	3	PA
tramadol hcl	1	QL (248 tabs per 31 days)
tramadol hydrochloride/acetaminophen	1	QL (248 tabs per 31 days)

DRUG NAME	DRUG TIER	NOTES
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
<i>lidocaine</i>	1	
<i>lidocaine hcl jelly</i>	1	
<i>lidocaine/prilocaine</i>	1	
LIDODERM	3	QL (93 patches per 31 days), PA
<i>phenazopyridine hcl</i>	1	
<b>ANTI-INFLAMMATORY AGENTS</b>		
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>		
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>diclofenac sodium ec tablet delayed release 50mg</i>	1	
<i>diclofenac sodium xr</i>	1	
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>fenoprofen calcium</i>	1	
<i>flurbiprofen</i>	1	
<i>ibu</i>	1	
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1	
<i>ketoprofen er</i>	1	QL (31 caps per 31 days)
<i>ketoprofen capsule 75mg</i>	1	QL (124 caps per 31 days)
<i>ketoprofen capsule 50mg</i>	1	QL (186 caps per 31 days)
<i>ketorolac tromethamine</i>	1	QL (20 mls per 31 days)
<i>meloxicam tablet</i>	1	
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>naproxen sodium</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
VOLTAREN GEL	2	
<b>ANTIBACTERIALS</b>		
<b>AMINOGLYCOSIDES</b>		
<i>amikacin sulfate</i>	1	
<i>gentamicin sulfate</i>	1	
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	1	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>ANTIBACTERIALS</b> <i>(continued)</i>		
<b>AMINOGLYCOSIDES</b> <i>(continued)</i>		
<i>tobramycin sulfate</i>	1	
<i>tobrasol</i>	1	
<b>ANTIBACTERIALS, OTHER</b>		
<i>bacitracin</i>	1	
<i>clindamycin hcl capsule</i>	1	
<i>clindamycin phosphate add-vantage</i>	1	
<i>clindamycin phosphate cream</i>	1	
<i>colistimethate sodium</i>	1	
<i>methenamine hippurate</i>	1	
<i>metronidazole cream, tablet</i>	1	
<i>mupirocin</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>nitrofurantoin macrocrystalline</i>	1	
<i>nitrofurantoin monohydrate</i>	1	
<i>polycin b</i>	1	
<i>silver sulfadiazine</i>	1	
<i>thermazene</i>	1	
<i>trimethoprim</i>	1	
TYGACIL	4	
VANCOCIN HCL CAPSULE	2	PA
<i>vancomycin hcl injection</i>	1	
<i>vandazole</i>	1	
ZYVOX	4	PA
<b>BETA-LACTAM, CEPHALOSPORINS</b>		
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium</i>	1	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
CEFIZOX IN DEXTROSE 5%	3	
<i>cefotaxime sodium</i>	1	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i>	1	
<i>ceftriaxone sodium</i>	1	
<i>ceftriaxone/dextrose</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>ANTIBACTERIALS</b> <i>(continued)</i>		
<b>BETA-LACTAM, CEPHALOSPORINS</b> <i>(continued)</i>		
<i>cephalexin</i>	1	
SUPRAX	3	
<b>BETA-LACTAM, OTHER</b>		
INVANZ	3	
PRIMAXIN I.M.	2	
PRIMAXIN IV	2	
<b>BETA-LACTAM, PENICILLINS</b>		
<i>amoxicillin</i>	1	
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/potassium clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium injection 1gm</i>	1	
<i>ampicillin-sulbactam</i>	1	
BICILLIN C-R	2	
BICILLIN L-A	2	
<i>dicloxacillin sodium</i>	1	
<i>oxacillin sodium</i>	1	
<i>penicillin g potassium</i>	1	
PENICILLIN G PROCAINE	2	
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium</i>	1	
TIMENTIN	2	
<i>veetids</i>	1	
ZOSYN	3	
<b>MACROLIDES</b>		
<i>azithromycin</i>	1	
<i>clarithromycin</i>	1	
<i>e.e.s. 400</i>	1	
<i>ery-tab</i>	1	
<i>erythrocin lactobionate</i>	1	
<i>erythrocin stearate</i>	1	
<i>erythromycin/sulfisoxazole</i>	1	
<i>erythromycin base</i>	1	
<i>romycin</i>	1	
<b>QUINOLONES</b>		
<i>ciprofloxacin ophthalmic</i>	1	
<i>ciprofloxacin hcl solution</i>	1	
<i>ciprofloxacin hcl tablet 250mg, 500mg, 750mg</i>	1	
LEVAQUIN PREMIX	2	

DRUG NAME	DRUG TIER	NOTES
<b>ANTIBACTERIALS</b> <i>(continued)</i>		
<b>QUINOLONES</b> <i>(continued)</i>		
LEVAQUIN INJECTION, TABLET	2	
<i>ofloxacin</i>	1	
<b>SULFONAMIDES</b>		
<i>ocusulf-10 solution</i>	1	
<i>sodium sulfacetamide solution</i>	1	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole/trimethoprim</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl</i>	1	
<i>doxycycline hyclate capsule, tablet</i>	1	
<i>doxycycline hyclate injection 100mg</i>	1	
<i>doxycycline monohydrate suspension reconstituted</i>	1	
<i>minocycline hcl capsule</i>	1	
<i>tetracycline hcl</i>	1	
<b>ANTICONVULSANTS</b>		
<b>ANTICONVULSANTS, OTHER</b>		
BANZEL	3	PA
KEPPRA INJECTION	4	
<i>levetiracetam</i>	1	
VIMPAT INJECTION	3	PA
VIMPAT TABLET	3	PA
<b>CALCIUM CHANNEL MODIFYING AGENTS</b>		
CELONTIN	2	
<i>ethosuximide</i>	1	
LYRICA	3	PA
<i>zonisamide</i>	1	
<b>GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS</b>		
<i>divalproex sodium</i>	1	
<i>gabapentin capsule 400mg</i>	1	QL (279 caps per 31 days)
<i>gabapentin capsule 100mg, 300mg</i>	1	QL (372 caps per 31 days)
<i>gabapentin tablet 800mg</i>	1	QL (140 tabs per 31 days)
<i>gabapentin tablet 600mg</i>	1	QL (186 tabs per 31 days)
GABITRIL	3	
NEURONTIN SOLUTION	3	PA
<i>primidone</i>	1	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>ANTICONVULSANTS</b> <i>(continued)</i>		
<b>GLUTAMATE REDUCING AGENTS</b>		
FELBATOL TABLET	3	
FELBATOL SUSPENSION	4	
<i>lamotrigine</i>	1	
<i>topiramate</i>	1	
<b>SODIUM CHANNEL INHIBITORS</b>		
<i>carbamazepine</i>	1	
DILANTIN INFATABS	2	
DILANTIN CAPSULE 30MG	2	
<i>epitol</i>	1	
<i>fosphenytoin sodium</i>	1	
<i>oxcarbazepine</i>	1	
PEGANONE	3	
PHENYTEK	2	
<i>phenytoin</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	
TRILEPTAL SUSPENSION	3	
<b>ANTIDEMENTIA AGENTS</b>		
<b>ANTIDEMENTIA AGENTS, OTHER</b>		
<i>ergoloid mesylates</i>	1	
<b>CHOLINESTERASE INHIBITORS</b>		
ARICEPT	3	
ARICEPT ODT	3	
EXELON	2	
<i>galantamine hydrobromide</i>	1	
<b>GLUTAMATE PATHWAY MODIFIERS</b>		
NAMENDA	2	
NAMENDA TITRATION PAK	2	
<b>ANTIDEPRESSANTS</b>		
<b>ANTIDEPRESSANTS, OTHER</b>		
<i>budeprion sr</i>	1	
<i>budeprion xl</i>	1	
<i>buproban</i>	1	
<i>bupropion hcl</i>	1	
<i>bupropion hcl sr</i>	1	
<i>mirtazapine</i>	1	
<i>mirtazapine odt</i>	1	
<i>nefazodone hcl</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>ANTIDEPRESSANTS (continued)</b>		
<b>ANTIDEPRESSANTS, OTHER (continued)</b>		
<i>trazodone hcl</i>	1	
<b>MONOAMINE OXIDASE INHIBITORS</b>		
EMSAM	3	PA
MARPLAN	3	
NARDIL	2	
<i>tranylcypromine sulfate</i>	1	
<b>SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS</b>		
<i>citalopram hydrobromide</i>	1	
CYMBALTA	3	ST
<i>fluoxetine hcl capsule, solution</i>	1	
<i>fluvoxamine maleate</i>	1	
LEXAPRO	3	ST
<i>paroxetine hcl</i>	1	
PRISTIQ	3	ST
<i>sertraline hcl</i>	1	
<i>venlafaxine hcl</i>	1	
VENLAFAXINE HCL ER	3	QL (31 tabs per 31 days)
<b>TRICYCLICS</b>		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
<i>chlordiazepoxide/amitriptyline</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
<i>maprotiline hcl</i>	1	
<i>nortriptyline hcl</i>	1	
<i>perphenazine/amitriptyline</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate</i>	1	
<b>ANTIDOTES, DETERRENTS, AND TOXICOLOGIC AGENTS</b>		
<b>ANTIDOTES</b>		
EXJADE	4	PA, LA
<i>fomepizole</i>	4	
<i>kionex</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
SYPRINE	3	

DRUG NAME	DRUG TIER	NOTES
<b>ANTIDOTES, DETERRENTS, AND TOXICOLOGIC AGENTS</b> <i>(continued)</i>		
<b>DETERRENTS</b>		
ANTABUSE	2	
CAMPRAL	3	
CHANTIX STARTER PACK	3	QL (180 tabs per 365 days)
CHANTIX TABLET	3	QL (340 tabs per 365 days)
NICOTROL NS	3	
<b>TOXICOLOGIC AGENTS</b>		
<i>depade</i>	1	
<i>naltrexone hcl</i>	1	
SUBOXONE	2	PA
<b>ANTIEMETICS</b>		
<b>ANTIEMETICS</b>		
<i>compro</i>	1	
<i>dronabinol capsule 2.5mg</i>	1	QL (62 caps per 31 days), PA
<i>dronabinol capsule 10mg, 5mg</i>	4	PA
EMEND COMBO PACK	3	PA
EMEND CAPSULE 125MG, 80MG	3	PA
<i>granisetron hcl injection</i>	1	QL (10 mls per 31 days), PA
<i>granisetron hcl tablet</i>	1	QL (31 tabs per 31 days), PA
<i>meclizine hcl</i>	1	
<i>metoclopramide hcl</i>	1	
<i>ondansetron hcl injection</i>	1	
<i>ondansetron hcl oral solution</i>	1	PA
<i>ondansetron hcl tablet 24mg</i>	1	QL (31 tabs per 31 days)
<i>ondansetron hcl tablet 4mg, 8mg</i>	1	QL (62 tabs per 31 days)
<i>ondansetron odt</i>	1	QL (62 tabs per 31 days)
<i>phenadoz</i>	1	
<i>prochlorperazine suppository</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl</i>	1	
<i>promethegan</i>	1	
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGALS</b>		
<i>amphotericin b</i>	1	
ANCOBON	3	
<i>ciclopirox</i>	1	
<i>ciclopirox nail lacquer</i>	1	PA
<i>ciclopirox olamine</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>ANTIFUNGALS (continued)</b>		
<b>ANTIFUNGALS (continued)</b>		
<i>clotrimazole/betamethasone dipropionate</i>	1	
<i>clotrimazole cream</i>	1	
<i>econazole nitrate</i>	1	
<i>fluconazole</i>	1	
<i>fluconazole in dextrose</i>	1	
GRIFULVIN V	2	
<i>griseofulvin microsize</i>	1	
<i>itraconazole</i>	1	PA
<i>ketoconazole</i>	1	
MYCAMINE	4	PA
NAFTIN	2	
<i>nyamyc</i>	1	
<i>nystatin</i>	1	
<i>nystatin/triamcinolone</i>	1	
<i>nystop</i>	1	
<i>pedi-dri</i>	1	
<i>selenium sulfide</i>	1	
<i>terbinafine hcl</i>	1	
<i>terconazole</i>	1	
VFEND TABLET	4	PA
<i>zazole</i>	1	
<b>ANTIGOUT AGENTS</b>		
<b>ANTIGOUT AGENTS</b>		
<i>allopurinol</i>	1	
<i>colchicine</i>	1	
<i>probenecid</i>	1	
<b>ANTIMIGRAINE AGENTS</b>		
<b>ABORTIVE</b>		
<i>dihydroergotamine mesylate</i>	1	
<i>ergotamine tartrate/caffeine</i>	1	
<i>sumatriptan nasal spray</i>	1	QL (12 units per 31 days)
<i>sumatriptan succinate refill</i>	1	QL (8 mls per 31 days)
<i>sumatriptan succinate injection</i>	1	QL (8 mls per 31 days)
<i>sumatriptan succinate tablet</i>	1	QL (9 tabs per 31 days)
<b>ANTIMYASTHENIC AGENTS</b>		
<b>PARASYMPATHOMIMETICS</b>		
<i>bethanechol chloride</i>	1	
GUANIDINE HCL	2	

DRUG NAME	DRUG TIER	NOTES
<b>ANTIMYASTHENIC AGENTS</b> <i>(continued)</i>		
<b>PARASYMPATHOMIMETICS</b> <i>(continued)</i>		
MESTINON TIMESPAN	2	
MESTINON SYRUP	2	
<i>pyridostigmine bromide</i>	1	
<b>ANTIMYCOBACTERIALS</b>		
<b>ANTIMYCOBACTERIALS, OTHER</b>		
DAPSONE	2	
MYCOBUTIN	3	
<b>ANTITUBERCULARS</b>		
CAPASTAT SULFATE	4	
<i>ethambutol hcl</i>	1	
<i>isoniazid syrup, tablet</i>	1	
PASER	3	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
SEROMYCIN	2	
TRECTOR	3	
<b>ANTINEOPLASTICS</b>		
<b>ALKYLATING AGENTS</b>		
CEENU	2	
<i>cyclophosphamide</i>	1	PA
HEXALEN	3	PA
LEUKERAN	2	
MATULANE	4	
TREANDA	4	PA
<b>ANTIANGIOGENIC AGENTS</b>		
REVLIMID	4	PA, LA
THALOMID	4	QL (28 caps per 28 days), PA
<b>ANTIESTROGENS/MODIFIERS</b>		
EMCYT	3	PA
FARESTON	3	PA
FASLODEX	4	PA
<i>tamoxifen citrate</i>	1	
<b>ANTIMETABOLITES</b>		
DROXIA	2	
ELITEK	4	PA
<i>hydroxyurea</i>	1	
<i>mercaptopurine</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>ANTINEOPLASTICS</b> <i>(continued)</i>		
<b>ANTIMETABOLITES</b> <i>(continued)</i>		
TABLOID	3	PA
<b>ANTINEOPLASTICS, OTHER</b>		
<i>bleomycin sulfate</i>	1	PA
<i>ifosfamide</i>	1	
IXEMPRA KIT	4	PA
<i>leucovorin calcium</i>	1	
<i>mesna solution</i>	1	
MESNEX TABLET	4	
<i>mitoxantrone hcl</i>	1	PA
ONTAK	4	PA
<i>pentostatin</i>	1	PA
PROLEUKIN	4	PA
TRISENOX	3	PA
TYKERB	4	PA, LA
VELCADE	4	PA
VIDAZA	4	PA
ZOLINZA	4	PA
<b>AROMATASE INHIBITORS, 3RD GENERATION</b>		
ARIMIDEX	3	
AROMASIN	2	
FEMARA	2	
<b>MOLECULAR TARGET INHIBITORS</b>		
AFINITOR	4	PA
GLEEVEC	4	PA
IRESSA	4	LA
NEXAVAR	4	PA, LA
SPRYCEL	4	PA
SUTENT	4	QL (31 caps per 31 days), PA
TARCEVA	4	PA
TASIGNA	4	PA
<b>MONOCLONAL ANTIBODIES</b>		
CAMPATH	4	PA, LA
RITUXAN	4	PA, LA
<b>RETINOIDS</b>		
PANRETIN	4	
TARGRETIN	4	PA
<i>tretinoin</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>ANTIPARASITICS</b>		
<b>ANTHELMINTICS</b>		
ALBENZA	2	
<i>mebendazole</i>	1	
<b>ANTIPROTOZOALS</b>		
<i>chloroquine phosphate</i>	1	
DARAPRIM	2	
<i>hydroxychloroquine sulfate</i>	1	
<i>mefloquine hcl</i>	1	
NEUTREXIN	4	PA
<b>PEDICULICIDES/SCABICIDES</b>		
<i>acticin</i>	1	
EURAX	3	
OVIDE	3	
<i>permethrin</i>	1	
<b>ANTIPARKINSON AGENTS</b>		
<b>ANTIPARKINSON AGENTS</b>		
<i>benztropine mesylate</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa cr</i>	1	
<i>carbidopa/levodopa sr</i>	1	
COMTAN	2	
MIRAPEX	3	
<i>ropinirole hcl</i>	1	
<i>selegiline hcl</i>	1	
TASMAR	3	
<i>trihexyphenidyl hcl</i>	1	
<b>ANTIPSYCHOTICS</b>		
<b>ATYPICALS</b>		
ABILIFY DISCMELT TABLET DISPERSIBLE 15MG	3	QL (62 tabs per 31 days), PA
ABILIFY DISCMELT TABLET DISPERSIBLE 10MG	3	QL (93 tabs per 31 days), PA
ABILIFY ORAL SOLUTION	3	QL (1050 mls per 31 days), PA
ABILIFY INJECTION	3	QL (19.5 mls per 31 days), PA
ABILIFY TABLET	3	QL (31 tabs per 31 days), PA
<i>clozapine</i>	1	
FAZACLO TABLET DISPERSIBLE 12.5MG	3	QL (62 tabs per 31 days), PA
GEODON INJECTION	3	QL (12 mls per 31 days), PA
GEODON CAPSULE	3	QL (62 caps per 31 days), PA

DRUG NAME	DRUG TIER	NOTES
<b>ANTIPSYCHOTICS</b> <i>(continued)</i>		
<b>ATYPICALS</b> <i>(continued)</i>		
INVEGA TABLET EXTENDED RELEASE 24 HOUR 3MG, 9MG	3	QL (31 tabs per 31 days), PA
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6MG	3	QL (62 tabs per 31 days), PA
RISPERDAL CONSTA INJECTION 12.5MG, 25MG	3	QL (2 vials per 28 days), PA
RISPERDAL CONSTA INJECTION 37.5MG, 50MG	4	QL (2 vials per 28 days), PA
RISPERDAL M-TAB TABLET DISPERSIBLE 1MG	3	QL (124 tabs per 31 days)
<i>risperidone m-tab</i>	1	QL (124 tabs per 31 days)
<i>risperidone odt</i>	1	QL (124 tabs per 31 days)
<i>risperidone tablet</i>	1	QL (124 tabs per 31 days)
<i>risperidone solution</i>	1	QL (270 mls per 31 days)
SEROQUEL	2	QL (93 tabs per 31 days)
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 200MG	2	QL (124 tabs per 31 days)
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150MG, 50MG	2	QL (31 tabs per 31 days)
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 400MG	2	QL (62 tabs per 31 days)
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 300MG	2	QL (93 tabs per 31 days)
SYMBYAX	3	QL (31 caps per 31 days), PA
ZYPREXA ZYDIS	3	QL (31 tabs per 31 days), PA
ZYPREXA TABLET	3	QL (31 tabs per 31 days), PA
ZYPREXA INJECTION	3	QL (6 vials per 31 days), PA
<b>CONVENTIONAL</b>		
<i>chlorpromazine hcl</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
<i>loxapine succinate</i>	1	
MOBAN	3	
NAVANE CAPSULE 20MG	2	
ORAP	2	
<i>perphenazine</i>	1	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>ANTISPASTICITY AGENTS</b>		
<b>ANTISPASTICITY AGENTS</b>		
<i>baclofen tablet</i>	1	
<i>tizanidine hcl</i>	1	
<b>ANTIVIRALS</b>		
<b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>		
CYTOVENE	3	PA
<i>foscarnet sodium</i>	1	PA
<i>ganciclovir</i>	1	
VALCYTE	4	PA
<b>ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS</b>		
RESCRIPTOR	2	
SUSTIVA	3	
VIRAMUNE	2	
<b>ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS</b>		
ATRIPLA	4	
COMBIVIR	2	
<i>didanosine</i>	1	
EMTRIVA	2	
EPIVIR	2	
EPIVIR HBV	2	
EPZICOM	2	
INTELENCE	3	QL (124 tabs per 31 days)
RETROVIR IV INFUSION	3	
<i>stavudine</i>	1	
TRIZIVIR	4	
TRUVADA	4	
VIDEX PEDIATRIC	2	
VIREAD	2	
ZIAGEN	2	
<i>zidovudine</i>	1	
<b>ANTI-HIV AGENTS, OTHER</b>		
FUZEON	4	
ISENTRESS	4	QL (62 tabs per 31 days)
SELZENTRY	4	QL (124 tabs per 31 days)
<b>ANTI-HIV AGENTS, PROTEASE INHIBITORS</b>		
APTIVUS	3	
CRIXIVAN	2	
INVIRASE	3	
KALETRA	3	

DRUG NAME	DRUG TIER	NOTES
<b>ANTIVIRALS</b> <i>(continued)</i>		
<b>ANTI-HIV AGENTS, PROTEASE INHIBITORS</b> <i>(continued)</i>		
LEXIVA	3	
NORVIR	2	
PREZISTA TABLET 75MG	2	
PREZISTA TABLET 300MG, 400MG, 600MG	4	
REYATAZ	4	
VIRACEPT	2	
<b>ANTI-INFLUENZA AGENTS</b>		
<i>amantadine hcl capsule, syrup</i>	1	
RELENZA DISKHALER	2	
<i>rimantadine hcl</i>	1	
TAMIFLU SUSPENSION RECONSTITUTED	2	
TAMIFLU CAPSULE 75MG	2	
TAMIFLU CAPSULE 30MG, 45MG	2	QL (20 caps per 365 days)
<b>ANTIHEPATITIS AGENTS</b>		
BARACLUDE SOLUTION	3	
BARACLUDE TABLET	4	
HEPSERA	4	
PEGASYS	4	PA
<i>ribavirin tablet 200mg</i>	1	
TYZEKA	3	PA
<b>ANTIHERPETIC AGENTS</b>		
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	
DENAVIR CREAM	2	
<i>famciclovir</i>	1	
VALTREX	3	QL (62 tabs per 31 days)
ZOVIRAX CREAM, OINTMENT	3	
<b>ANXIOLYTICS</b>		
<b>ANXIOLYTICS, OTHER</b>		
<i>buspirone hcl</i>	1	
<i>meprobamate</i>	1	
<b>BIPOLAR AGENTS</b>		
<b>BIPOLAR AGENTS</b>		
<i>lithium carbonate</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium citrate syrup</i>	1	
SYMBYAX	3	QL (31 caps per 31 days), PA

DRUG NAME	DRUG TIER	NOTES
<b>BLOOD GLUCOSE REGULATORS</b>		
<b>ANTIDIABETIC AGENTS</b>		
<i>acarbose</i>	1	
ACTOPLUS MET	3	
ACTOS	3	
AVANDAMET	2	
AVANDARYL	2	
AVANDIA	2	
BYETTA	3	PA
<i>chlorpropamide</i>	1	
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hcl</i>	1	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hcl</i>	1	
<i>glycron</i>	1	
JANUMET	3	
JANUVIA	3	
<i>metformin hcl</i>	1	
<i>metformin hcl er</i>	1	
PRANDIMET	3	
PRANDIN	3	
STARLIX	3	
SYMLIN	3	PA
SYMLINPEN 60	3	PA
<i>tolazamide</i>	1	
<i>tolbutamide</i>	1	
<b>GLYCEMIC AGENTS</b>		
GLUCAGON EMERGENCY KIT	2	QL (4 kits per 31 days)
PROGLYCEM	3	
<b>INSULINS</b>		
LANTUS	2	QL (60 mls per 31 days)
LANTUS FOR OPTICLIK	2	QL (60 mls per 31 days)
LANTUS SOLOSTAR	2	QL (60 mls per 31 days)
LEVEMIR	3	QL (60 mls per 31 days)
LEVEMIR FLEXPEN	3	QL (60 mls per 31 days)
NOVOLIN 70/30	2	QL (60 mls per 31 days)
NOVOLIN 70/30 INNOLET	2	QL (60 mls per 31 days)

DRUG NAME	DRUG TIER	NOTES
<b>BLOOD GLUCOSE REGULATORS</b> <i>(continued)</i>		
<b>INSULINS</b> <i>(continued)</i>		
NOVOLIN N	2	QL (60 mls per 31 days)
NOVOLIN N INNOLET	2	QL (60 mls per 31 days)
NOVOLIN R	2	QL (60 mls per 31 days)
NOVOLIN R INNOLET	2	QL (60 mls per 31 days)
NOVOLOG	2	QL (60 mls per 31 days)
NOVOLOG FLEXPEN	2	QL (60 mls per 31 days)
NOVOLOG MIX 70/30	2	QL (60 mls per 31 days)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	QL (60 mls per 31 days)
NOVOLOG PENFILL	2	QL (60 mls per 31 days)
<b>BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS</b>		
<b>ANTICOAGULANTS</b>		
ARIXTRA INJECTION 2.5MG/0.5ML	2	QL (16 mls per 31 days)
ARIXTRA INJECTION 10MG/0.8ML	4	QL (11.2 mls per 31 days)
ARIXTRA INJECTION 5MG/0.4ML	4	QL (5.6 mls per 31 days)
ARIXTRA INJECTION 7.5MG/0.6ML	4	QL (8.4 mls per 31 days)
COUMADIN	2	
<i>heparin sodium</i>	1	
<i>heparin sodium dcu</i>	1	
<i>jantoven</i>	1	
LOVENOX INJECTION 30MG/0.3ML, 40MG/0.4ML	2	QL (8.4 mls per 31 days)
LOVENOX INJECTION 60MG/0.6ML	4	QL (16.8 mls per 31 days)
LOVENOX INJECTION 120MG/0.8ML, 80MG/0.8ML	4	QL (22.4 mls per 31 days)
LOVENOX INJECTION 300MG/3ML	4	QL (24 mls per 31 days)
LOVENOX INJECTION 100MG/ML, 150MG/ML	4	QL (28 mls per 31 days)
<i>warfarin sodium</i>	1	
<b>BLOOD FORMATION PRODUCTS</b>		
NEUPOGEN	4	PA
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	4	PA
<b>BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS</b>		
PROMACTA	4	PA, LA
<b>COAGULANTS</b>		
CYKLOKAPRON	2	
<b>PLATELET AGGREGATION INHIBITORS</b>		
AGGRENOX	3	
<i>cilostazol</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS</b> <i>(continued)</i>		
<b>PLATELET AGGREGATION INHIBITORS</b> <i>(continued)</i>		
<i>dipyridamole</i>	1	
<i>pentoxifylline er</i>	1	
PLAVIX	2	QL (31 tabs per 31 days)
<i>ticlopidine hcl</i>	1	
<b>CARDIOVASCULAR AGENTS</b>		
<b>ALPHA-ADRENERGIC AGONISTS</b>		
<i>clonidine hcl</i>	1	
CLORPRES	2	
<i>guanabenz acetate</i>	1	
<i>guanfacine hcl</i>	1	
<i>methyldopa</i>	1	
<i>methyldopa/hydrochlorothiazide</i>	1	
<i>midodrine hcl</i>	1	
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
<i>doxazosin mesylate</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl</i>	1	
<i>disopyramide phosphate</i>	1	
<i>disopyramide phosphate er</i>	1	
<i>flecainide acetate</i>	1	
<i>mexiletine hcl</i>	1	
NORPACE CR	3	
<i>procainamide hcl</i>	1	
<i>propafenone hcl</i>	1	
<i>quinidine gluconate cr</i>	1	
<i>quinidine sulfate</i>	1	
<i>quinidine sulfate er</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
TIKOSYN	3	
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>CARDIOVASCULAR AGENTS</b> <i>(continued)</i>		
<b>BETA-ADRENERGIC BLOCKING AGENTS</b> <i>(continued)</i>		
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>carvedilol</i>	1	
COREG CR	2	
<i>labetalol hcl</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate</i>	1	
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol/hydrochlorothiazide</i>	1	
<i>propranolol hcl</i>	1	
<i>propranolol hcl er</i>	1	
<i>timolol maleate</i>	1	
<b>CALCIUM CHANNEL BLOCKING AGENTS</b>		
<i>amlodipine besylate</i>	1	
<i>cartia xt</i>	1	
<i>dilt-cd</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem cd</i>	1	
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl er</i>	1	
<i>diltzac</i>	1	
<i>felodipine er</i>	1	
<i>nicardipine hcl capsule</i>	1	
<i>nifediac cc</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine</i>	4	
<i>taztia xt</i>	1	
<i>verapamil hcl</i>	1	
<i>verapamil hcl er</i>	1	
<b>CARDIOVASCULAR AGENTS, OTHER</b>		
<i>digoxin</i>	1	
LANOXIN	2	
RANEXA	3	PA
<i>reserpine</i>	1	
<b>DIURETICS</b>		
<i>acetazolamide</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>CARDIOVASCULAR AGENTS</b> <i>(continued)</i>		
<b>DIURETICS</b> <i>(continued)</i>		
<i>amiloride hcl</i>	1	
<i>bumetanide</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
<i>furosemide solution, tablet</i>	1	
<i>hydrochlorothiazide capsule</i>	1	
<i>hydrochlorothiazide tablet 25mg, 50mg</i>	1	
<i>indapamide</i>	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	
<i>toremide</i>	1	
<i>triamterene/hydrochlorothiazide</i>	1	
<b>DYSLIPIDEMICS</b>		
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colestipol hcl tablet, granules</i>	1	
CRESTOR	2	
<i>fenofibrate</i>	1	
<i>fenofibrate micronized</i>	1	
<i>gemfibrozil</i>	1	
<i>lovastatin</i>	1	
LOVAZA	3	PA
<i>micronized colestipol hcl</i>	1	
NIACOR	2	
<i>pravastatin sodium</i>	1	
<i>prevalite</i>	1	
<i>simvastatin</i>	1	
VYTORIN	2	
ZETIA	3	
<b>RENIN- ANGIOTENSIN- ALDOSTERONE SYSTEM INHIBITORS</b>		
<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (31 caps per 31 days)
<i>benazepril hcl</i>	1	
<i>benazepril hcl/hydrochlorothiazide</i>	1	
<i>captopril</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	
COZAAR	2	
DIOVAN	2	

DRUG NAME	DRUG TIER	NOTES
<b>CARDIOVASCULAR AGENTS</b> <i>(continued)</i>		
<b>RENIN- ANGIOTENSIN- ALDOSTERONE SYSTEM INHIBITORS</b> <i>(continued)</i>		
DIOVAN HCT	2	
<i>enalapril maleate</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
HYZAAR	2	
<i>lisinopril</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>moexipril/hydrochlorothiazide</i>	1	
<i>moexipril hcl</i>	1	
<i>quinapril hcl</i>	1	
<i>quinaretic</i>	1	
<i>ramipril</i>	1	
TEKTURNA	2	ST
TEKTURNA HCT	2	ST
<i>trandolapril</i>	1	
<b>VASODILATORS</b>		
<i>hydralazine hcl</i>	1	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>minoxidil</i>	1	
NITRO-BID	2	
<i>nitroglycerin</i>	1	
<i>nitroglycerin transdermal</i>	1	
NITROLINGUAL PUMPSPRAY	2	
NITROSTAT	2	
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>AMPHETAMINES, ADHD</b>		
<i>amphetamine salt combo</i>	1	
<i>dextroamphetamine sulfate</i>	1	PA
<i>dextroamphetamine sulfate er</i>	1	PA
<b>NON-AMPHETAMINES, ADHD</b>		
<i>dexmethylphenidate hcl</i>	1	
<i>metadate er</i>	1	
<i>methylin er</i>	1	
<i>methylin tablet</i>	1	
<i>methylphenidate hcl</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>CENTRAL NERVOUS SYSTEM AGENTS (continued)</b>		
<b>NON-AMPHETAMINES, ADHD (continued)</b>		
<i>methylphenidate hcl sr</i>	1	
<b>NON-AMPHETAMINES, OTHER</b>		
PROVIGIL	2	PA
RILUTEK	4	
XYREM	4	PA, LA
<b>DENTAL AND ORAL AGENTS</b>		
<b>DENTAL AND ORAL AGENTS</b>		
<i>chlorhexidine gluconate oral rinse</i>	1	
<i>dentagel</i>	1	
<i>karigel</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>sodium fluoride gel</i>	1	
<i>triamcinolone in orabase</i>	1	
<b>DERMATOLOGICAL AGENTS</b>		
<b>DERMATOLOGICAL AGENTS</b>		
8-MOP	2	
ALDARA	3	PA
<i>ammonium lactate</i>	1	
AZELEX	2	
<i>calcipotriene</i>	1	
<i>clindamycin phosphate</i>	1	
CONDYLOX GEL	3	
DERMA-SMOOTHIE/FS BODY OIL	2	
DOVONEX CREAM	3	
<i>erythromycin</i>	1	
<i>erythromycin/benzoyl peroxide</i>	1	
FINACEA	2	
FLUOROPLEX	3	
<i>fluorouracil</i>	1	
<i>laclotion</i>	1	
<i>podofilox solution</i>	1	
REGRANEX	3	PA
SANTYL	3	
SORIATANE CK KIT 10MG	3	
SORIATANE CK KIT 25MG	4	
TAZORAC	3	PA

DRUG NAME	DRUG TIER	NOTES
<b>DERMATOLOGICAL AGENTS (continued)</b>		
<b>DERMATOLOGICAL AGENTS (continued)</b>		
<i>tretinoin</i>	1	
<i>urea</i>	1	
<b>ENZYME REPLACEMENTS/MODIFIERS</b>		
<b>ENZYME REPLACEMENTS/MODIFIERS</b>		
ADAGEN	4	PA
ALDURAZYME	4	PA, LA
BUPHENYL TABLET	4	PA
CEREDASE	4	PA, LA
CEREZYME	4	PA, LA
CYSTADANE	3	PA
CYSTAGON	3	PA
ELAPRASE	4	PA
FABRAZYME	4	PA, LA
LIPRAM 4500	2	
LIPRAM-PN10	2	
LIPRAM-PN16	2	
LIPRAM-PN20	2	
MYOZYME	4	PA, LA
NAGLAZYME	4	PA, LA
ORFADIN	4	PA
PANCREASE MT 10	3	
PANCREASE MT 16	3	
PANCREASE MT 20	3	
PANCREASE MT 4	3	
PANCRELIPASE	2	
SUCRAID	4	PA
ZAVESCA	4	PA, LA
<b>GASTROINTESTINAL AGENTS</b>		
<b>ANTISPASMODICS, GASTROINTESTINAL</b>		
ANASPAZ	2	
<i>atropine sulfate</i>	1	
<i>colidrops pediatric</i>	1	
<i>dicyclomine hcl</i>	1	
<i>glycopyrrolate</i>	1	
<i>hyoscyamine</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>hyoscyamine sulfate ir/hyoscyamine sulfate sr</i>	1	
<i>hyosyne</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>GASTROINTESTINAL AGENTS</b> <i>(continued)</i>		
<b>ANTISPASMODICS, GASTROINTESTINAL</b> <i>(continued)</i>		
<i>methscopolamine bromide</i>	1	
<i>propantheline bromide</i>	1	
<b>GASTROINTESTINAL AGENTS, OTHER</b>		
<i>diphenoxylate/atropine</i>	1	
<i>enulose</i>	1	
GASTROCROM	4	
<i>generlac</i>	1	
HALFLYTELY BOWEL PREP	2	
<i>lactulose</i>	1	
<i>lonox</i>	1	
<i>loperamide hcl</i>	1	
<i>metoclopramide hcl</i>	1	
NULYTELY/FLAVOR PACKS	2	
<i>peg 3350/electrolytes</i>	1	
<i>polyethylene glycol 3350</i>	1	
<i>ursodiol capsule 300mg</i>	1	
<b>HISTAMINE2 (H2) BLOCKING AGENTS</b>		
<i>cimetidine</i>	1	
<i>famotidine premixed</i>	1	
<i>famotidine tablet</i>	1	
<i>ranitidine hcl injection, syrup, tablet</i>	1	
<b>IRRITABLE BOWEL SYNDROME AGENTS</b>		
LOTRONEX TABLET 0.5MG	2	QL (62 tabs per 31 days), PA
LOTRONEX TABLET 1MG	4	QL (62 tabs per 31 days), PA
<b>PROTECTANTS</b>		
CARAFATE SUSPENSION	2	
<i>misoprostol</i>	1	
<i>sucralfate</i>	1	
<b>PROTON PUMP INHIBITORS</b>		
<i>omeprazole</i>	1	
<i>pantoprazole sodium</i>	1	
PROTONIX INJECTION	3	PA
ZEGERID	2	
<b>GENITOURINARY AGENTS</b>		
<b>ANTISPASMODICS, URINARY</b>		
ENABLEX	2	
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride tablet</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>GENITOURINARY AGENTS (continued)</b>		
<b>BENIGN PROSTATIC HYPERTROPHY AGENTS</b>		
AVODART	2	
<i>finasteride</i>	1	
FLOMAX	3	
<b>GENITOURINARY AGENTS, OTHER</b>		
LITHOSTAT	3	
THIOLA	3	
<b>PHOSPHATE BINDERS</b>		
<i>calcium acetate</i>	1	
<i>eliphos</i>	1	
FOSRENOL	2	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)</b>		
<b>GLUCOCORTICOIDS/MINERALOCORTICOIDS</b>		
<i>alclometasone dipropionate</i>	1	
<i>amcinonide</i>	1	
<i>augmented betamethasone dipropionate</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate gel, ointment, solution</i>	1	
CLODERM	3	
CORDRAN	3	
<i>cormax</i>	1	
CORTIFOAM	3	
<i>cortisone acetate</i>	1	
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
<i>dexamethasone</i>	1	
<i>diflorasone diacetate</i>	1	
<i>fludrocortisone acetate</i>	1	
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide gel, solution, ointment</i>	1	
<i>fluocinonide emollient base cream</i>	1	
<i>fluticasone propionate</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone valerate</i>	1	
MEDROL TABLET 2MG	3	
<i>methylprednisolone acetate</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (continued)</b>		
<b>GLUCOCORTICOIDS/MINERALOCORTICOIDS (continued)</b>		
<i>methylprednisolone sodium succinate</i>	1	
<i>methylprednisolone tablet 4mg</i>	1	
<i>methylprednisolone tablet 4mg dose pack</i>	1	
<i>methylprednisolone tablet 16mg, 32mg, 8mg</i>	1	
<i>millipred tablet</i>	1	
<i>mometasone furoate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
<i>procto-pak</i>	1	
<i>proctocream-hc</i>	1	
<i>proctosol hc cream</i>	1	
<i>triamcinolone acetonide</i>	1	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)</b>		
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)</b>		
<i>chorionic gonadotropin</i>	1	PA
<i>desmopressin acetate injection, tablet</i>	1	
<i>desmopressin acetate nasal solution</i>	1	QL (15 mls per 31 days)
HUMATROPE	4	PA
HUMATROPE COMBO PACK	4	PA
INCRELEX	4	PA, LA
TEV-TROPIN	4	PA
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)</b>		
<b>ANABOLIC STEROIDS</b>		
ANADROL-50	4	PA
<i>oxandrolone tablet 2.5mg</i>	1	QL (124 tabs per 31 days), PA
<i>oxandrolone tablet 10mg</i>	4	QL (62 tabs per 31 days), PA
<b>ANDROGENS</b>		
<i>danazol</i>	1	
METHITEST	2	PA
TESTIM	2	PA
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
<b>ESTROGENS</b>		
<i>caziant</i>	1	
CENESTIN	2	
<i>cesia</i>	1	
ENJUUIA	2	
ESTRACE CREAM	3	

DRUG NAME	DRUG TIER	NOTES
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (continued)</b>		
<b>ESTROGENS (continued)</b>		
ESTRADERM	2	
<i>estradiol</i>	1	
<i>estropipate</i>	1	
<i>gynodiol</i>	1	
<i>leena</i>	1	
MENEST	2	
<i>ortho-est</i>	1	
PREMARIN	2	
PREMARIN W/APPLICATOR	2	
<i>tri-legest fe</i>	1	
VIVELLE-DOT	2	
<b>PROGESTINS</b>		
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aviane</i>	1	
<i>balziva</i>	1	
<i>brevicon-28</i>	1	
<i>camila</i>	1	
COMBIPATCH	2	
<i>cryselle-28</i>	1	
<i>enpresse-28</i>	1	
<i>errin</i>	1	
FEMHRT 1/5	2	
FEMHRT LOW DOSE	2	
<i>jolivette</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>kelnor 1/35</i>	1	
<i>lessina-28</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	
<i>medroxyprogesterone acetate</i>	1	
<i>megestrol acetate</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (continued)</b>		
<b>PROGESTINS (continued)</b>		
<i>mononessa</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>necon 1/35-28</i>	1	
<i>necon 1/50-28</i>	1	
<i>necon 10/11-28</i>	1	
<i>necon 7/7/7</i>	1	
<i>nora-be</i>	1	
<i>norethindrone acetate</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>ocella</i>	1	
PLAN B	3	
<i>portia-28</i>	1	
PREMPHASE	2	
PREMPRO	2	
PREVIFEM	2	
<i>quasense</i>	1	
<i>reclipsen</i>	1	
<i>solia</i>	1	
<i>sprintec 28</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>trinessa</i>	1	
<i>trivora-28</i>	1	
<i>velivet</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
<b>SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS</b>		
EVISTA	2	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)</b>		
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)</b>		
ARMOUR THYROID	2	
<i>levothroid</i>	1	
<i>levothyroxine sodium</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium tablet</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (continued)</b>		
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (continued)</b>		
SYNTHROID	2	
THYROLAR-1	2	
THYROLAR-1/2	2	
THYROLAR-1/4	2	
THYROLAR-2	2	
THYROLAR-3	2	
<i>unithroid</i>	1	
<b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL)</b>		
<b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL)</b>		
LYSODREN	2	
<b>HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)</b>		
<b>HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)</b>		
SENSIPAR TABLET 30MG	2	QL (31 tabs per 31 days)
SENSIPAR TABLET 60MG, 90MG	4	
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY)</b>		
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY)</b>		
<i>octreotide acetate injection 50mcg/ml</i>	1	PA
<i>octreotide acetate injection 1000mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml</i>	4	PA
SOMAVERT	4	PA
<b>HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)</b>		
<b>ANTIANDROGENS</b>		
<i>bicalutamide</i>	1	
<i>flutamide</i>	1	
NILANDRON	3	
<b>HORMONAL AGENTS, SUPPRESSANT (THYROID)</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
<b>IMMUNOLOGICAL AGENTS</b>		
<b>IMMUNE SUPPRESSANTS</b>		
<i>azathioprine</i>	1	PA
<i>azathioprine sodium</i>	1	PA
CELLCEPT SUSPENSION RECONSTITUTED	3	PA
CIMZIA	4	PA
CUPRIMINE	2	
<i>cyclosporine</i>	1	PA
<i>cyclosporine modified capsule 100mg</i>	1	PA

DRUG NAME	DRUG TIER	NOTES
<b>IMMUNOLOGICAL AGENTS</b> <i>(continued)</i>		
<b>IMMUNE SUPPRESSANTS</b> <i>(continued)</i>		
<i>cyclosporine modified solution</i>	1	PA
HUMIRA	4	PA
HUMIRA PEN-CROHNS DISEASESTARTER	4	PA
<i>methotrexate</i>	1	
<i>methotrexate sodium</i>	1	PA
<i>mycophenolate mofetil</i>	1	PA
MYFORTIC	3	PA
PROGRAF INJECTION	2	PA
PROGRAF CAPSULE 0.5MG, 1MG	2	PA
PROGRAF CAPSULE 5MG	4	PA
RAPAMUNE SOLUTION	2	PA
RAPAMUNE TABLET 2MG	2	PA
RAPAMUNE TABLET 1MG	2	QL (62 tabs per 31 days), PA
REMICADE	4	PA
TREXALL	3	
<b>IMMUNIZING AGENTS, PASSIVE</b>		
CARIMUNE NANOFILTERED	4	PA
THYMOGLOBULIN	2	PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE	4	PA, LA
BETASERON	4	PA
COPAXONE	4	PA
INTRON-A W/DILUENT	3	PA
INTRON-A INJECTION 3MU/0.2ML	3	PA
INTRON-A INJECTION 10MU/ 0.2ML, 5MU/0.2ML, 6000000UNIT/ML	4	PA
<i>leflunomide</i>	1	
REBIF	4	PA
RIDAURA	2	
<b>VACCINES</b>		
ACTHIB	2	
ADACEL	2	
ATTENUVAX	2	
BOOSTRIX	2	
COMVAX	2	
DAPTACEL	2	
DECAVAC	2	
DIPHTHERIA/TETANUS TOXOID PEDIATRIC	2	
ENGERIX-B	2	PA

DRUG NAME	DRUG TIER	NOTES
<b>IMMUNOLOGICAL AGENTS</b> <i>(continued)</i>		
<b>VACCINES</b> <i>(continued)</i>		
GARDASIL	2	PA
HAVRIX	2	
HIBTITER	2	
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
IPOL INACTIVATED IPV	2	
JE-VAX	2	
M-M-R II W/DILUENT 10 DOSE	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MERUVAX II W/DILUENT 10 DOSE	2	
PEDIARIX	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	PA
ROTATEQ	2	
TETANUS TOXOID ADSORBED	2	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	2	
TRIHIBIT	2	
TRIPEDIA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VIVOTIF BERNA	2	
YF-VAX	2	
ZOSTAVAX	2	
<b>INFLAMMATORY BOWEL DISEASE AGENTS</b>		
<b>GLUCOCORTICOIDS</b>		
<i>colocort</i>	1	
ENTOCORT EC	3	
<i>hydrocortisone enema</i>	1	
<b>SALICYLATES</b>		
ASACOL	2	
<i>balsalazide disodium</i>	1	
CANASA	3	
<i>mesalamine</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>INFLAMMATORY BOWEL DISEASE AGENTS</b> <i>(continued)</i>		
<b>SULFONAMIDES</b>		
<i>sulfasalazine</i>	1	
<i>sulfazine ec</i>	1	
<b>METABOLIC BONE DISEASE AGENTS</b>		
<b>METABOLIC BONE DISEASE AGENTS</b>		
<i>alendronate sodium tablet 40mg</i>	1	
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL (4 tabs per 28 days)
BONIVA INJECTION	3	PA
BONIVA TABLET 2.5MG	2	
BONIVA TABLET 150MG	2	QL (1 tab, per 28 days)
<i>calcitonin-salmon</i>	1	
<i>calcitriol capsule, oral solution</i>	1	
<i>calcitriol injection 2mcg/ml</i>	1	
<i>etidronate disodium</i>	1	
FORTEO	4	QL (2.4 mls per 28 days), PA
HECTOROL	2	
MIACALCIN INJECTION	3	PA
<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>	1	PA
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<i>alcohol preps</i>	1	
<i>anagrelide hydrochloride</i>	1	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	2	
BD ULTRA-FINE ORIGINAL PEN NEEDLES/29G X 12.7MM	2	
CURITY GAUZE PADS 2"X2"	2	
XENAZINE	4	PA, LA
<b>OPHTHALMIC AGENTS</b>		
<b>OPHTHALMIC AGENTS, OTHER</b>		
<i>atropine sulfate</i>	1	
AZASITE	2	
<i>bacitracin</i>	1	
<i>bacitracin/polymyxin b</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>OPHTHALMIC AGENTS</b> <i>(continued)</i>		
<b>OPHTHALMIC AGENTS, OTHER</b> <i>(continued)</i>		
<i>erythromycin</i>	1	
<i>gentak</i>	1	
LACRISERT	3	
NATACYN	2	
<i>ofloxacin</i>	1	
RESTASIS	2	
<i>trifluridine</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
VIGAMOX	2	
ZYMAR	2	
<b>OPHTHALMIC ANTI-ALLERGY AGENTS</b>		
ALOCRIL	2	
<i>cromolyn sodium</i>	1	
<i>naphazoline hcl</i>	1	
<b>OPHTHALMIC ANTI-INFLAMMATORIES</b>		
ACULAR	3	
<i>bac/poly/neomy/hc</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>diclofenac sodium</i>	1	
<i>fluor-op</i>	1	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
LOTEMAX	3	
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/hydrocortisone</i>	1	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	1	
TOBRADEX OINTMENT	3	
<i>tobramycin/dexamethasone</i>	1	
VEXOL	2	
XIBROM	3	QL (2.5 mls per 31 days)
<b>OPHTHALMIC ANTIGLAUCOMA AGENTS</b>		
AZOPT	2	
<i>betaxolol hcl</i>	1	
BETOPTIC-S	2	
<i>brimonidine tartrate</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>OPHTHALMIC AGENTS</b> <i>(continued)</i>		
<b>OPHTHALMIC ANTIGLAUCOMA AGENTS</b> <i>(continued)</i>		
<i>carteolol hcl</i>	1	
<i>dipivefrin hcl</i>	1	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl/timolol maleate</i>	1	
<i>levobunolol hcl</i>	1	
<i>methazolamide</i>	1	
<i>metipranolol</i>	1	
PILOPINE HS	2	
<i>timolol maleate</i>	1	QL (10 mls per 31 days)
<b>OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS</b>		
LUMIGAN	2	QL (2.5 mls per 31 days)
XALATAN	3	QL (2.5 mls per 31 days)
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS</b>		
<i>acetazol hc</i>	1	
<i>acetic acid</i>	1	
<i>acetic acid/aluminum acetate</i>	1	
<i>borofair</i>	1	
<i>cortomycin</i>	1	
DERMOTIC	2	
<i>neomycin/polymyxin/hc</i>	1	
<b>RESPIRATORY TRACT AGENTS</b>		
<b>ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS</b>		
ADVAIR DISKUS	2	QL (60 blisters per 30 days)
ADVAIR HFA	2	QL (12 grams per 30 days)
ASMANEX	2	
FLOVENT DISKUS	3	
FLOVENT HFA	3	
QVAR	2	QL (21.9 grams per 31 days)
SYMBICORT	2	
<b>ANTI-HISTAMINES</b>		
ASTELIN	3	
<i>cyproheptadine hcl</i>	1	
<i>diphenhydramine hcl</i>	1	
<i>fexofenadine hcl</i>	1	
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>promethazine vc</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>RESPIRATORY TRACT AGENTS (continued)</b>		
<b>ANTILEUKOTRIENES</b>		
ACCOLATE	3	PA
SINGULAIR	2	
<b>BRONCHODILATORS, ANTICHOLINERGIC</b>		
ATROVENT HFA	2	
<i>ipratropium bromide nasal solution</i>	1	
<i>ipratropium bromide inhalation solution</i>	1	PA
SPIRIVA HANDIHALER	3	QL (30 caps per 30 days)
<b>BRONCHODILATORS, PHOSPHODIESTERASE INHIBITORS (XANTHINES)</b>		
<i>aminophylline</i>	1	
THEO-24	2	
<i>theochron</i>	1	
<i>theophylline er</i>	1	
UNIPHYL	2	
<b>BRONCHODILATORS, SYMPATHOMIMETIC</b>		
<i>albuterol sulfate er</i>	1	
<i>albuterol sulfate syrup, tablet</i>	1	
<i>albuterol sulfate nebulization solution 0.083%, 0.5%, 0.63mg/3ml</i>	1	PA
COMBIVENT	2	
EPIPEN 2-PAK	2	
<i>ipratropium bromide/albuterol sulfate</i>	1	PA
<i>metaproterenol sulfate</i>	1	
SEREVENT DISKUS	3	QL (60 blisters per 30 days)
<i>terbutaline sulfate</i>	1	
VENTOLIN HFA	2	
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sodium</i>	1	PA
INTAL INHALER	3	
<b>PULMONARY ANTIHYPERTENSIVES</b>		
LETAIRIS	4	PA, LA
REVATIO	4	PA
TRACLEER	4	PA, LA
<b>RESPIRATORY TRACT AGENTS, OTHER</b>		
<i>acetylcysteine</i>	1	PA
<i>flunisolide</i>	1	
<i>fluticasone propionate</i>	1	
NASONEX	2	
PROLASTIN	4	PA, LA
PULMOZYME	4	PA

DRUG NAME	DRUG TIER	NOTES
<b>RESPIRATORY TRACT AGENTS (continued)</b>		
<b>RESPIRATORY TRACT AGENTS, OTHER (continued)</b>		
TYZINE	2	
XOLAIR	4	PA, LA
<b>SEDATIVES/HYPNOTICS</b>		
<b>SEDATIVES/HYPNOTICS</b>		
<i>zaleplon</i>	1	
<i>zolpidem tartrate tablet 10mg</i>	1	QL (31 tabs per 31 days)
<i>zolpidem tartrate tablet 5mg</i>	1	QL (62 tabs per 31 days)
<b>SKELETAL MUSCLE RELAXANTS</b>		
<b>SKELETAL MUSCLE RELAXANTS</b>		
<i>carisoprodol</i>	1	QL (124 tabs per 31 days)
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine hcl</i>	1	QL (93 tabs per 31 days)
<i>methocarbamol</i>	1	
<b>THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES</b>		
<b>ELECTROLYTES/MINERALS</b>		
AMINESS	2	
AMINOSYN	2	
CLINIMIX 2.75%/DEXTROSE 5%	3	
CLINIMIX 4.25%/DEXTROSE 10%	3	
CLINIMIX 4.25%/DEXTROSE 20%	3	
CLINIMIX 4.25%/DEXTROSE 25%	3	
CLINIMIX 4.25%/DEXTROSE 5%	3	
CLINIMIX 5%/DEXTROSE 15%	3	
CLINIMIX 5%/DEXTROSE 20%	3	
CLINIMIX 5%/DEXTROSE 25%	3	
CLINISOL SF 15%	2	
DEXTROSE 10%/NAACL 0.45%	2	
DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX	2	
DEXTROSE 10% FLEX CONTAINER	2	
DEXTROSE 10%/NAACL 0.2%	2	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	2	
DEXTROSE 5%	2	
DEXTROSE 5%/NAACL 0.2%	2	
DEXTROSE 5%/NAACL 0.225%	2	
DEXTROSE 5%/NAACL 0.33%	2	
DEXTROSE 5%/NAACL 0.45%	2	
DEXTROSE 5%/NAACL 0.9%	2	
DEXTROSE 5%/POTASSIUM CHLORIDE 0.075%	2	

DRUG NAME	DRUG TIER	NOTES
<b>THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES</b> <i>(continued)</i>		
<b>ELECTROLYTES/MINERALS</b> <i>(continued)</i>		
FREAMINE III	3	
HEPATAMINE	3	
INTRALIPID	2	
KCL 0.3%/D5W/LR IV LAC RING	2	
<i>klor-con packets</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
LACTATED RINGER'S VIAFLEX	2	
NEPHRAMINE	3	
NORMOSOL-M IN D5W	2	
NORMOSOL-R	2	
NORMOSOL-R IN D5W	2	
NOVAMINE	2	
PHYSIOLYTE	2	
POTASSIUM CHLORIDE 0.15%/D5W	2	
<i>potassium chloride cr</i>	1	
<i>potassium chloride er capsule extended release 10meq</i>	1	
<i>potassium chloride er tablet extended release</i>	1	
<i>potassium chloride injection 2meq/ml</i>	1	
<i>potassium citrate extended-release</i>	1	
PROCALAMINE	3	
RENAMIN	2	
<i>sodium bicarbonate</i>	1	
<i>sodium chloride</i>	1	
<i>sodium chloride 0.9%</i>	1	
<i>sodium chloride 0.45% viaflex</i>	1	
<i>tpn electrolytes ftv</i>	1	
TRAVASOL	3	
TROPHAMINE INJECTION 97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	2	
UROKIT-K 10	2	
<b>VITAMINS</b>		
<i>prenatabs obn</i>	1	
<i>prenatal plus</i>	1	

**INDEX**

<b>DRUG NAME</b>	<b>PAGE #</b>	<b>DRUG NAME</b>	<b>PAGE #</b>
8-MOP .....	22	<i>amlodipine besylate</i> .....	19
<b>A</b>			
ABILIFY DISCMELT TABLET DISPERSIBLE 10MG .....	12	<i>amlodipine besylate/benazepril hydrochloride</i> .....	20
ABILIFY DISCMELT TABLET DISPERSIBLE 15MG .....	12	<i>ammonium lactate</i> .....	22
ABILIFY INJECTION .....	12	<i>amoxapine</i> .....	7
ABILIFY ORAL SOLUTION .....	12	<i>amoxicillin</i> .....	4
ABILIFY TABLET .....	12	<i>amoxicillin/clavulanate potassium</i> .....	4
<i>acarbose</i> .....	16	<i>amoxicillin/potassium clavulanate</i> .....	4
ACCOLATE .....	35	<i>amphetamine salt combo</i> .....	21
<i>acebutolol hcl</i> .....	18	<i>amphotericin b</i> .....	8
<i>acetaminophen/codeine #3</i> .....	1	<i>ampicillin</i> .....	4
<i>acetaminophen/codeine #4</i> .....	1	<i>ampicillin sodium injection 1gm</i> .....	4
<i>acetaminophen/codeine solution</i> .....	1	<i>ampicillin-sulbactam</i> .....	4
<i>acetaminophen/codeine tablet</i> .....	1	ANADROL-50 .....	26
<i>acetasol hc</i> .....	34	<i>anagrelide hydrochloride</i> .....	32
<i>acetazolamide</i> .....	19	ANASPAZ .....	23
<i>acetic acid</i> .....	34	ANCOBON .....	8
<i>acetic acid/aluminum acetate</i> .....	34	ANTABUSE .....	8
<i>acetylcysteine</i> .....	35	<i>apri</i> .....	27
ACTHIB .....	30	APTIVUS .....	14
<i>acticin</i> .....	12	<i>aranelle</i> .....	27
ACTIMMUNE .....	30	ARICEPT .....	6
ACTOPLUS MET .....	16	ARICEPT ODT .....	6
ACTOS .....	16	ARIMIDEX .....	11
ACULAR .....	33	ARIXTRA INJECTION 10MG/0.8ML .....	17
<i>acyclovir</i> .....	15	ARIXTRA INJECTION 2.5MG/0.5ML .....	17
<i>acyclovir sodium</i> .....	15	ARIXTRA INJECTION 5MG/0.4ML .....	17
ADACEL .....	30	ARIXTRA INJECTION 7.5MG/0.6ML .....	17
ADAGEN .....	23	ARMOUR THYROID .....	28
ADVAIR DISKUS .....	34	AROMASIN .....	11
ADVAIR HFA .....	34	ASACOL .....	31
AFINITOR .....	11	ASMANEX .....	34
AGGRENOLX .....	17	ASTELIN .....	34
ALBENZA .....	12	<i>atenolol</i> .....	18
<i>albuterol sulfate er</i> .....	35	<i>atenolol/chlorthalidone</i> .....	18
<i>albuterol sulfate nebulization solution 0.083%, 0.5%, 0.63mg/3ml</i> .....	35	ATRIPLA .....	14
<i>albuterol sulfate syrup, tablet</i> .....	35	<i>atropine sulfate</i> .....	23, 32
<i>alclometasone dipropionate</i> .....	25	ATROVENT HFA .....	35
<i>alcohol preps</i> .....	32	ATTENUVAX .....	30
ALDARA .....	22	<i>augmented betamethasone dipropionate</i> .....	25
ALDURAZYME .....	23	AVANDAMET .....	16
<i>alendronate sodium tablet 35mg, 70mg</i> .....	32	AVANDARYL .....	16
<i>alendronate sodium tablet 40mg</i> .....	32	AVANDIA .....	16
<i>allopurinol</i> .....	9	<i>aviane</i> .....	27
ALOCRIAL .....	33	AVODART .....	25
<i>amantadine hcl capsule, syrup</i> .....	15	AZASITE .....	32
<i>amcinonide</i> .....	25	<i>azathioprine</i> .....	29
<i>amikacin sulfate</i> .....	2	<i>azathioprine sodium</i> .....	29
<i>amiloride hcl</i> .....	20	AZELEX .....	22
<i>amiloride/hydrochlorothiazide</i> .....	19	<i>azithromycin</i> .....	4
AMINESS .....	36	AZOPT .....	33
<i>aminophylline</i> .....	35	<b>B</b>	
AMINOSYN .....	36	<i>bac/poly/neomy/hc</i> .....	33
<i>amiodarone hcl</i> .....	18	<i>bacitracin</i> .....	3, 32
<i>amitriptyline hcl</i> .....	7	<i>bacitracin/polymyxin b</i> .....	32
		<i>baclofen tablet</i> .....	14
		<i>balsalazide disodium</i> .....	31

**INDEX**

<b>DRUG NAME</b>	<b>PAGE #</b>	<b>DRUG NAME</b>	<b>PAGE #</b>
<b>B (continued)</b>			
<i>balziva</i> .....	27	CAMPRAL .....	8
BANZEL .....	5	CANASA .....	31
BARACLUDE SOLUTION .....	15	CAPASTAT SULFATE .....	10
BARACLUDE TABLET .....	15	<i>captopril</i> .....	20
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" .....	32	<i>captopril/hydrochlorothiazide</i> .....	20
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" .....	32	CARAFATE SUSPENSION .....	24
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" .....	32	<i>carbamazepine</i> .....	6
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16" .....	32	<i>carbidopa/levodopa</i> .....	12
BD ULTRA-FINE ORIGINAL PEN NEEDLES/29G X 12.7MM .....	32	<i>carbidopa/levodopa cr</i> .....	12
<i>benazepril hcl</i> .....	20	<i>carbidopa/levodopa sr</i> .....	12
<i>benazepril hcl/hydrochlorothiazide</i> .....	20	CARIMUNE NANOFILTERED .....	30
<i>benztropine mesylate</i> .....	12	<i>carisoprodol</i> .....	36
<i>betamethasone dipropionate</i> .....	25	<i>carteolol hcl</i> .....	34
<i>betamethasone valerate</i> .....	25	<i>cartia xt</i> .....	19
BETASERON .....	30	<i>carvedilol</i> .....	19
<i>betaxolol hcl</i> .....	18, 33	<i>caziant</i> .....	26
<i>bethanechol chloride</i> .....	9	CEENU .....	10
BETOPTIC-S .....	33	<i>cefaclor</i> .....	3
<i>bicalutamide</i> .....	29	<i>cefadroxil</i> .....	3
BICILLIN C-R .....	4	<i>cefazolin sodium</i> .....	3
BICILLIN L-A .....	4	<i>cefdinir</i> .....	3
<i>bisoprolol fumarate</i> .....	18	<i>cefepime</i> .....	3
<i>bisoprolol fumarate/hydrochlorothiazide</i> .....	19	CEFIZOX IN DEXTROSE 5% .....	3
<i>bleomycin sulfate</i> .....	11	<i>cefotaxime sodium</i> .....	3
BONIVA INJECTION .....	32	<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i> .....	3
BONIVA TABLET 150MG .....	32	<i>cefpodoxime proxetil</i> .....	3
BONIVA TABLET 2.5MG .....	32	<i>cefprozil</i> .....	3
BOOSTRIX .....	30	<i>ceftazidime</i> .....	3
<i>borofair</i> .....	34	<i>ceftriaxone sodium</i> .....	3
<i>brevicon-28</i> .....	27	<i>ceftriaxone/dextrose</i> .....	3
<i>brimonidine tartrate</i> .....	33	<i>cefuroxime axetil</i> .....	3
<i>bromocriptine mesylate</i> .....	12	<i>cefuroxime sodium injection 1.5gm, 750mg</i> .....	3
<i>budeprion sr</i> .....	6	CELLCEPT SUSPENSION RECONSTITUTED .....	29
<i>budeprion xl</i> .....	6	CELONTIN .....	5
<i>bumetanide</i> .....	20	CENESTIN .....	26
BUPHENYL TABLET .....	23	<i>cephalexin</i> .....	4
<i>buprenorphine hcl</i> .....	1	CEREDASE .....	23
<i>buproban</i> .....	6	CEREZYME .....	23
<i>bupropion hcl</i> .....	6	<i>cesia</i> .....	26
<i>bupropion hcl sr</i> .....	6	CHANTIX STARTER PACK .....	8
<i>buspirone hcl</i> .....	15	CHANTIX TABLET .....	8
<i>butalbital/acetaminophen/caffeine/codeine</i> .....	1	<i>chlordiazepoxide/amitriptyline</i> .....	7
BYETTA .....	16	<i>chlorhexidine gluconate oral rinse</i> .....	22
<b>C</b>		<i>chloroquine phosphate</i> .....	12
<i>calcipotriene</i> .....	22	<i>chlorothiazide</i> .....	20
<i>calcitonin-salmon</i> .....	32	<i>chlorpromazine hcl</i> .....	13
<i>calcitriol capsule, oral solution</i> .....	32	<i>chlorpropamide</i> .....	16
<i>calcitriol injection 2mcg/ml</i> .....	32	<i>chlorthalidone</i> .....	20
<i>calcium acetate</i> .....	25	<i>chlorzoxazone</i> .....	36
<i>camila</i> .....	27	<i>cholestyramine</i> .....	20
CAMPATH .....	11	<i>cholestyramine light</i> .....	20
		<i>chorionic gonadotropin</i> .....	26
		<i>ciclopirox</i> .....	8
		<i>ciclopirox nail lacquer</i> .....	8
		<i>ciclopirox olamine</i> .....	8
		<i>cilostazol</i> .....	17
		<i>cimetidine</i> .....	24

**INDEX**

<b>DRUG NAME</b>	<b>PAGE #</b>	<b>DRUG NAME</b>	<b>PAGE #</b>
<b>C (continued)</b>			
CIMZIA .....	29	cyclobenzaprine hcl .....	36
ciprofloxacin hcl solution .....	4	cyclophosphamide .....	10
ciprofloxacin hcl tablet 250mg, 500mg, 750mg .....	4	cyclosporine .....	29
ciprofloxacin ophthalmic .....	4	cyclosporine modified capsule 100mg .....	29
citalopram hydrobromide .....	7	cyclosporine modified solution .....	30
clarithromycin .....	4	CYKLOKAPRON .....	17
clindamycin hcl capsule .....	3	CYMBALTA .....	7
clindamycin phosphate .....	22	cyproheptadine hcl .....	34
clindamycin phosphate add-vantage .....	3	CYSTADANE .....	23
clindamycin phosphate cream .....	3	CYSTAGON .....	23
CLINIMIX 2.75%/DEXTROSE 5% .....	36	CYTOVENE .....	14
CLINIMIX 4.25%/DEXTROSE 10% .....	36	<b>D</b>	
CLINIMIX 4.25%/DEXTROSE 20% .....	36	danazol .....	26
CLINIMIX 4.25%/DEXTROSE 25% .....	36	DAPSONE .....	10
CLINIMIX 4.25%/DEXTROSE 5% .....	36	DAPTACEL .....	30
CLINIMIX 5%/DEXTROSE 15% .....	36	DARAPRIM .....	12
CLINIMIX 5%/DEXTROSE 20% .....	36	DECAVAC .....	30
CLINIMIX 5%/DEXTROSE 25% .....	36	demeclocycline hcl .....	5
CLINISOL SF 15% .....	36	DENAVIR CREAM .....	15
clobetasol propionate e .....	25	dentagel .....	22
clobetasol propionate gel, ointment, solution .....	25	depade .....	8
CLODERM .....	25	DERMA-SMOOTH/FS BODY OIL .....	22
clomipramine hcl .....	7	DERMOTIC .....	34
clonidine hcl .....	18	desipramine hcl .....	7
CLORPRES .....	18	desmopressin acetate injection, tablet .....	26
clotrimazole cream .....	9	desmopressin acetate nasal solution .....	26
clotrimazole/betamethasone dipropionate .....	9	desonide .....	25
clozapine .....	12	desoximetasone .....	25
co-gesic .....	1	dexamethasone .....	25
colchicine .....	9	dexamethasone sodium phosphate .....	33
colestipol hcl tablet, granules .....	20	dexmethylphenidate hcl .....	21
colidrops pediatric .....	23	dextroamphetamine sulfate .....	21
colistimethate sodium .....	3	dextroamphetamine sulfate er .....	21
colocort .....	31	DEXTROSE 10% FLEX CONTAINER .....	36
COMBIPATCH .....	27	DEXTROSE 10%/NACL 0.2% .....	36
COMBIVENT .....	35	DEXTROSE† 10%/NACL 0.45% .....	36
COMBIVIR .....	14	DEXTROSE 2.5%/SODIUM CHLORIDE 0.45% .....	36
compro .....	8	DEXTROSE 5% .....	36
COMTAN .....	12	DEXTROSE† 5%/ELECTROLYTE #48 VIAFLEX .....	36
COMVAX .....	30	DEXTROSE 5%/NACL 0.2% .....	36
CONDYLOX GEL .....	22	DEXTROSE 5%/NACL 0.225% .....	36
COPAXONE .....	30	DEXTROSE 5%/NACL 0.33% .....	36
CORDRAN .....	25	DEXTROSE 5%/NACL 0.45% .....	36
COREG CR .....	19	DEXTROSE 5%/NACL 0.9% .....	36
cormax .....	25	DEXTROSE 5%/POTASSIUM CHLORIDE 0.075% .....	36
CORTIFOAM .....	25	diclofenac potassium .....	2
cortisone acetate .....	25	diclofenac sodium .....	2, 33
cortomycin .....	34	diclofenac sodium ec tablet delayed release 50mg .....	2
COUMADIN .....	17	diclofenac sodium xr .....	2
COZAAR .....	20	dicloxacillin sodium .....	4
CRESTOR .....	20	dicyclomine hcl .....	23
CRIXIVAN .....	14	didanosine .....	14
cromolyn sodium .....	33, 35	diflorasone diacetate .....	25
cryselle-28 .....	27	diflunisal .....	2
CUPRIMINE .....	29	digoxin .....	19
CURITY GAUZE PADS 2"X2" .....	32	dihydroergotamine mesylate .....	9

**INDEX**

<b>DRUG NAME</b>	<b>PAGE #</b>	<b>DRUG NAME</b>	<b>PAGE #</b>
<b>D (continued)</b>			
DILANTIN CAPSULE 30MG .....	6	EPZICOM .....	14
DILANTIN INFATABS .....	6	ergoloid mesylates .....	6
dilt-cd .....	19	ergotamine tartrate/caffeine .....	9
diltiazem cd .....	19	errin .....	27
diltiazem hcl .....	19	ery-tab .....	4
diltiazem hcl er .....	19	erythrocin lactobionate .....	4
dilt-xr .....	19	erythrocin stearate .....	4
diltzac .....	19	erythromycin .....	22, 33
DIOVAN .....	20	erythromycin base .....	4
DIOVAN HCT .....	21	erythromycin/benzoyl peroxide .....	22
diphenhydramine hcl .....	34	erythromycin/sulfisoxazole .....	4
diphenoxylate/atropine .....	24	ESTRACE CREAM .....	26
dipivefrin hcl .....	34	ESTRADERM .....	27
DIPHTHERIA/TETANUS TOXOID PEDIATRIC .....	30	estradiol .....	27
dipyridamole .....	18	estropipate .....	27
disopyramide phosphate .....	18	ethambutol hcl .....	10
disopyramide phosphate er .....	18	ethosuximide .....	5
divalproex sodium .....	5	etidronate disodium .....	32
dorzolamide hcl .....	34	etodolac .....	2
dorzolamide hcl/timolol maleate .....	34	etodolac er .....	2
DOVONEX CREAM .....	22	EURAX .....	12
doxazosin mesylate .....	18	EVISTA .....	28
doxepin hcl .....	7	EXELON .....	6
doxycycline hyclate capsule, tablet .....	5	EXJADE .....	7
doxycycline hyclate injection 100mg .....	5		
doxycycline monohydrate suspension reconstituted .....	5	<b>F</b>	
dronabinol capsule 10mg, 5mg .....	8	FABRAZYME .....	23
dronabinol capsule 2.5mg .....	8	famciclovir .....	15
DROXIA .....	10	famotidine premixed .....	24
duramorph .....	1	famotidine tablet .....	24
		FARESTON .....	10
<b>E</b>		FASLODEX .....	10
e.e.s. 400 .....	4	FAZACLO TABLET DISPERSIBLE 12.5MG .....	12
econazole nitrate .....	9	FELBATOL SUSPENSION .....	6
ELAPRASE .....	23	FELBATOL TABLET .....	6
eliphos .....	25	felodipine er .....	19
ELITEK .....	10	FEMARA .....	11
EMCYT .....	10	FEMHRT 1/5 .....	27
EMEND CAPSULE 125MG, 80MG .....	8	FEMHRT LOW DOSE .....	27
EMEND COMBO PACK .....	8	fenofibrate .....	20
EMSAM .....	7	fenofibrate micronized .....	20
EMTRIVA .....	14	fenoprofen calcium .....	2
ENABLEX .....	24	fentanyl patch .....	1
enalapril maleate .....	21	fexofenadine hcl .....	34
enalapril maleate/hydrochlorothiazide .....	21	FINACEA .....	22
endocet .....	1	finasteride .....	25
ENGERIX-B .....	30	flecainide acetate .....	18
ENJUVIA .....	26	FLOMAX .....	25
enpresse-28 .....	27	FLOVENT DISKUS .....	34
ENTOCORT EC .....	31	FLOVENT HFA .....	34
enulose .....	24	fluconazole .....	9
EPIPEN 2-PAK .....	35	fluconazole in dextrose .....	9
epitol .....	6	fludrocortisone acetate .....	25
EPIVIR .....	14	flunisolide .....	35
EPIVIR HBV .....	14	fluocinolone acetonide .....	25
		fluocinonide emollient base cream .....	25
		fluocinonide gel, solution, ointment .....	25

**INDEX**

<b>DRUG NAME</b>	<b>PAGE #</b>	<b>DRUG NAME</b>	<b>PAGE #</b>
<b>F (continued)</b>			
fluorometholone .....	33	guanabenz acetate .....	18
fluor-op .....	33	guanfacine hcl .....	18
FLUOROPLEX .....	22	GUANIDINE HCL .....	9
fluorouracil .....	22	gynodiol .....	27
fluoxetine hcl capsule, solution .....	7	<b>H</b>	
fluphenazine decanoate .....	13	HALFLYTELY BOWEL PREP .....	24
fluphenazine hcl .....	13	haloperidol .....	13
flurbiprofen .....	2	haloperidol decanoate .....	13
flurbiprofen sodium .....	33	haloperidol lactate .....	13
flutamide .....	29	HAVRIX .....	31
fluticasone propionate .....	25, 35	HECTOROL .....	32
fluvoxamine maleate .....	7	heparin sodium .....	17
FML .....	33	heparin sodium dcu .....	17
fomepizole .....	7	HEPATAMINE .....	37
FORTEO .....	32	HEPSERA .....	15
foscarnet sodium .....	14	HEXALEN .....	10
fosinopril sodium .....	21	HIBTITER .....	31
fosinopril sodium/hydrochlorothiazide .....	21	HUMATROPE .....	26
fosphenytoin sodium .....	6	HUMATROPE COMBO PACK .....	26
FOSRENOL .....	25	HUMIRA .....	30
FREAMINE III .....	37	HUMIRA PEN-CROHNS DISEASESTARTER .....	30
furosemide solution, tablet .....	20	hydralazine hcl .....	21
FUZEON .....	14	hydrochlorothiazide capsule .....	20
<b>G</b>		hydrochlorothiazide tablet 25mg, 50mg .....	20
gabapentin capsule 100mg, 300mg .....	5	hydrocodone bitartrate/acetaminophen .....	1
gabapentin capsule 400mg .....	5	hydrocodone/acetaminophen solution 500mg/15ml, 7.5mg/15ml .....	1
gabapentin tablet 600mg .....	5	hydrocodone/acetaminophen tablet 325mg, 10mg, 325mg, 5mg, 325mg, 7.5mg, 500mg, 10mg, 500mg, 5mg, 500mg, 7.5mg, 650mg, 10mg, 650mg, 7.5mg, 750mg, 7.5mg .....	1
gabapentin tablet 800mg .....	5	hydrocodone/acetaminophen tablet 660mg, 10mg .	1
GABITRIL .....	5	hydrocodone/acetaminophen-hs .....	1
galantamine hydrobromide .....	6	hydrocodone/ibuprofen .....	1
ganciclovir .....	14	hydrocortisone .....	25
GARDASIL .....	31	hydrocortisone butyrate .....	25
GASTROCROM .....	24	hydrocortisone enema .....	31
gemfibrozil .....	20	hydrocortisone valerate .....	25
generlac .....	24	hydromorphone hcl injection .....	1
gentak .....	33	hydromorphone hcl tablet .....	1
gentamicin sulfate .....	2	hydroxychloroquine sulfate .....	12
GEODON CAPSULE .....	12	hydroxyurea .....	10
GEODON INJECTION .....	12	hydroxyzine hcl .....	34
GLEEVEC .....	11	hydroxyzine pamoate .....	34
glimepiride .....	16	hyoscyamine .....	23
glipizide .....	16	hyoscyamine sulfate .....	23
glipizide er .....	16	hyoscyamine sulfate ir/hyoscyamine sulfate sr .....	23
glipizide xl .....	16	hyosyne .....	23
glipizide/metformin hcl .....	16	HYZAAR .....	21
GLUCAGON EMERGENCY KIT .....	16	<b>I</b>	
glyburide .....	16	ibu .....	2
glyburide micronized .....	16	ibuprofen .....	2
glyburide/metformin hcl .....	16	ifosfamide .....	11
glycopyrrolate .....	23	imipramine hcl .....	7
glycron .....	16	imipramine pamoate .....	7
granisetron hcl injection .....	8	IMOVAX RABIES (H.D.C.V.) .....	31
granisetron hcl tablet .....	8		
GRIFULVIN V .....	9		
griseofulvin microsize .....	9		

**INDEX**

<b>DRUG NAME</b>	<b>PAGE #</b>	<b>DRUG NAME</b>	<b>PAGE #</b>
<b>I (continued)</b>			
INCRELEX .....	26	<i>klor-con m15</i> .....	37
<i>indapamide</i> .....	20	<i>klor-con m20</i> .....	37
<i>indomethacin</i> .....	2	<i>klor-con packets</i> .....	37
INFANRIX .....	31	<b>L</b>	
INTAL INHALER .....	35	<i>labetalol hcl</i> .....	19
INTELENCE .....	14	<i>laclotion</i> .....	22
INTRALIPID .....	37	LACRISERT .....	33
INTRON-A INJECTION 10MU/0.2ML, 5MU/0.2ML, 6000000UNIT/ML .....	30	LACTATED RINGERS VIAFLEX .....	37
INTRON-A INJECTION 3MU/0.2ML .....	30	<i>lactulose</i> .....	24
INTRON-A W/DILUENT .....	30	<i>lamotrigine</i> .....	6
INVANZ .....	4	LANOXIN .....	19
INVEGA TABLET EXTENDED RELEASE 24 HOUR 3MG, 9MG .....	13	LANTUS .....	16
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6MG .....	13	LANTUS FOR OPTICLIK .....	16
INVIRASE .....	14	LANTUS SOLOSTAR .....	16
IPOL INACTIVATED IPV .....	31	<i>leena</i> .....	27
<i>ipratropium bromide inhalation solution</i> .....	35	<i>leflunomide</i> .....	30
<i>ipratropium bromide nasal solution</i> .....	35	<i>lessina-28</i> .....	27
<i>ipratropium bromide/albuterol sulfate</i> .....	35	LETAIRIS .....	35
IRESSA .....	11	<i>leucovorin calcium</i> .....	11
ISENTRESS .....	14	LEUKERAN .....	10
<i>isoniazid syrup, tablet</i> .....	10	LEVAQUIN INJECTION, TABLET .....	5
<i>isosorbide dinitrate</i> .....	21	LEVAQUIN PREMIX .....	4
<i>isosorbide mononitrate</i> .....	21	LEVEMIR .....	16
<i>isosorbide mononitrate er</i> .....	21	LEVEMIR FLEXPEN .....	16
<i>isotonic gentamicin injection 0.8mg/ml, 0.9%</i> .....	2	<i>levetiracetam</i> .....	5
<i>itraconazole</i> .....	9	<i>levobunolol hcl</i> .....	34
IXEMPRA KIT .....	11	<i>levora 0.15/30-28</i> .....	27
<b>J</b>		<i>levothroid</i> .....	28
<i>jantoven</i> .....	17	<i>levothyroxine sodium</i> .....	28
JANUMET .....	16	<i>levoxyl</i> .....	28
JANUVIA .....	16	LEXAPRO .....	7
JE-VAX .....	31	LEXIVA .....	15
<i>jolivette</i> .....	27	<i>lidocaine</i> .....	2
<i>junel 1.5/30</i> .....	27	<i>lidocaine hcl jelly</i> .....	2
<i>junel 1/20</i> .....	27	<i>lidocaine/prilocaine</i> .....	2
<i>junel fe 1.5/30</i> .....	27	LIDODERM .....	2
<i>junel fe 1/20</i> .....	27	<i>liothyronine sodium tablet</i> .....	28
<b>K</b>		LIPRAM 4500 .....	23
KALETRA .....	14	LIPRAM-PN10 .....	23
<i>karigel</i> .....	22	LIPRAM-PN16 .....	23
KCL 0.3%/D5W/LR IV LAC RING .....	37	LIPRAM-PN20 .....	23
<i>kelnor 1/35</i> .....	27	<i>lisinopril</i> .....	21
KEPPRA INJECTION .....	5	<i>lisinopril/hydrochlorothiazide</i> .....	21
<i>ketoconazole</i> .....	9	<i>lithium carbonate</i> .....	15
<i>ketoprofen capsule 50mg</i> .....	2	<i>lithium carbonate er</i> .....	15
<i>ketoprofen capsule 75mg</i> .....	2	<i>lithium citrate syrup</i> .....	15
<i>ketoprofen er</i> .....	2	LITHOSTAT .....	25
<i>ketorolac tromethamine</i> .....	2	<i>lonox</i> .....	24
<i>kionex</i> .....	7	<i>loperamide hcl</i> .....	24
<i>klor-con 10</i> .....	37	LOTEMAX .....	33
<i>klor-con 8</i> .....	37	LOTRONEX TABLET 0.5MG .....	24
		LOTRONEX TABLET 1MG .....	24
		<i>lovastatin</i> .....	20
		LOVAZA .....	20
		LOVENOX INJECTION 100MG/ML, 150MG/ML .....	17

**INDEX**

<b>DRUG NAME</b>	<b>PAGE #</b>	<b>DRUG NAME</b>	<b>PAGE #</b>
<b>L (continued)</b>			
LOVENOX INJECTION 120MG/0.8ML, 80MG/0.8ML	17	<i>methylin er</i>	21
LOVENOX INJECTION 300MG/3ML	17	<i>methylin tablet</i>	21
LOVENOX INJECTION 30MG/0.3ML, 40MG/0.4ML	17	<i>methylphenidate hcl</i>	21
LOVENOX INJECTION 60MG/0.6ML	17	<i>methylphenidate hcl sr</i>	22
<i>low-ogestrel</i>	27	<i>methylprednisolone acetate</i>	25
<i>loxapine succinate</i>	13	<i>methylprednisolone sodium succinate</i>	26
LUMIGAN	34	<i>methylprednisolone tablet 16mg, 32mg, 8mg</i>	26
<i>lutera</i>	27	<i>methylprednisolone tablet 4mg</i>	26
LYRICA	5	<i>methylprednisolone tablet 4mg dose pack</i>	26
LYSODREN	29	<i>metipranolol</i>	34
<b>M</b>		<i>metoclopramide hcl</i>	8, 24
<i>maprotiline hcl</i>	7	<i>metolazone</i>	20
MARPLAN	7	<i>metoprolol succinate er</i>	19
MATULANE	10	<i>metoprolol tartrate</i>	19
<i>mebendazole</i>	12	<i>metoprolol/hydrochlorothiazide</i>	19
<i>meclizine hcl</i>	8	<i>metronidazole cream, tablet</i>	3
MEDROL TABLET 2MG	25	<i>mexiletine hcl</i>	18
<i>medroxyprogesterone acetate</i>	27	MIACALCIN INJECTION	32
<i>mefloquine hcl</i>	12	<i>microgestin 1/20</i>	27
<i>megestrol acetate</i>	27	<i>microgestin fe</i>	27
<i>meloxicam tablet</i>	2	<i>microgestin fe 1.5/30</i>	27
MENACTRA	31	<i>micronized colestipol hcl</i>	20
MENEST	27	<i>midodrine hcl</i>	18
MENOMUNE-A/C/Y/W-135	31	<i>millipred tablet</i>	26
<i>meperidine hcl injection 10mg/ml, 25mg/ml, 50mg/ml, 75mg/ml</i>	1	<i>minocycline hcl capsule</i>	5
<i>meperidine hcl oral solution</i>	1	<i>minoxidil</i>	21
<i>meperidine hcl tablet</i>	1	MIRAPEX	12
<i>meprobamate</i>	15	<i>mirtazapine</i>	6
<i>mercaptopurine</i>	10	<i>mirtazapine odt</i>	6
MERUVAX II W/DILUENT 10 DOSE	31	<i>misoprostol</i>	24
<i>mesalamine</i>	31	<i>mitoxantrone hcl</i>	11
<i>mesna solution</i>	11	M-M-R II W/DILUENT 10 DOSE	31
MESNEX TABLET	11	MOBAN	13
MESTINON SYRUP	10	<i>moexipril hcl</i>	21
MESTINON TIMESPAN	10	<i>moexipril/hydrochlorothiazide</i>	21
<i>metadate er</i>	21	<i>mometasone furoate</i>	26
<i>metaproterenol sulfate</i>	35	<i>mononessa</i>	28
<i>metformin hcl</i>	16	<i>morphine sulfate er</i>	1
<i>metformin hcl er</i>	16	<i>morphine sulfate injection, oral solution</i>	1
<i>methadone hcl concentrate, solution</i>	1	<i>morphine sulfate tablet</i>	1
<i>methadone hcl tablet</i>	1	<i>mupirocin</i>	3
<i>methadose</i>	1	MYCAMINE	9
<i>methazolamide</i>	34	MYCOBUTIN	10
<i>methenamine hippurate</i>	3	<i>mycophenolate mofetil</i>	30
<i>methimazole</i>	29	MYFORTIC	30
METHITEST	26	MYOZYME	23
<i>methocarbamol</i>	36	<b>N</b>	
<i>methotrexate</i>	30	<i>nabumetone</i>	2
<i>methotrexate sodium</i>	30	<i>nadolol</i>	19
<i>methscopolamine bromide</i>	24	NAFTIN	9
<i>methyclothiazide</i>	20	NAGLAZYME	23
<i>methyldopa</i>	18	<i>naltrexone hcl</i>	8
<i>methyldopa/hydrochlorothiazide</i>	18	NAMENDA	6
		NAMENDA TITRATION PAK	6
		<i>naphazoline hcl</i>	33
		<i>naproxen</i>	2

**INDEX**

<b>DRUG NAME</b>	<b>PAGE #</b>	<b>DRUG NAME</b>	<b>PAGE #</b>
<b>N (continued)</b>			
<i>naproxen sodium</i> .....	2	NOVOLOG FLEXPEN .....	17
NARDIL .....	7	NOVOLOG MIX 70/30 .....	17
NASONEX .....	35	NOVOLOG MIX 70/30 PREFILLED FLEXPEN .....	17
NATACYN .....	33	NOVOLOG PENFILL .....	17
NAVANE CAPSULE 20MG .....	13	NULYTELY/FLAVOR PACKS .....	24
<i>necon 0.5/35-28</i> .....	28	<i>nyamyc</i> .....	9
<i>necon 1/35-28</i> .....	28	<i>nystatin</i> .....	9
<i>necon 1/50-28</i> .....	28	<i>nystatin/triamcinolone</i> .....	9
<i>necon 10/11-28</i> .....	28	<i>nystop</i> .....	9
<i>necon 7/7/7</i> .....	28	<b>O</b>	
nefazodone hcl .....	6	<i>ocella</i> .....	28
neomycin sulfate .....	2	<i>octreotide acetate injection 1000mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml</i> .....	29
neomycin/bacitracin/polymyxin .....	3	<i>octreotide acetate injection 50mcg/ml</i> .....	29
neomycin/polymyxin/dexamethasone .....	33	ocusulf-10 solution .....	5
neomycin/polymyxin/hc .....	34	ofloxacin .....	5, 33
neomycin/polymyxin/hydrocortisone .....	33	omeprazole .....	24
NEPHRAMINE .....	37	ondansetron hcl injection .....	8
NEUPOGEN .....	17	ondansetron hcl oral solution .....	8
NEURONTIN SOLUTION .....	5	ondansetron hcl tablet 24mg .....	8
NEUTREXIN .....	12	ondansetron hcl tablet 4mg, 8mg .....	8
NEXAVAR .....	11	ondansetron odt .....	8
NIACOR .....	20	ONTAK .....	11
<i>nicardipine hcl capsule</i> .....	19	ORAP .....	13
NICOTROL NS .....	8	ORFADIN .....	23
<i>nifediac cc</i> .....	19	<i>ortho-est</i> .....	27
<i>nifedical xl</i> .....	19	OVIDE .....	12
<i>nifedipine er</i> .....	19	<i>oxacillin sodium</i> .....	4
NILANDRON .....	29	<i>oxandrolone tablet 10mg</i> .....	26
<i>nimodipine</i> .....	19	<i>oxandrolone tablet 2.5mg</i> .....	26
NITRO-BID .....	21	oxaprozin .....	2
<i>nitrofurantoin macrocrystalline</i> .....	3	oxcarbazepine .....	6
<i>nitrofurantoin monohydrate</i> .....	3	<i>oxybutynin chloride er</i> .....	24
<i>nitroglycerin</i> .....	21	<i>oxybutynin chloride tablet</i> .....	24
<i>nitroglycerin transdermal</i> .....	21	oxycodone hcl .....	1
NITROLINGUAL PUMPSPRAY .....	21	oxycodone/acetaminophen .....	1
NITROSTAT .....	21	<b>P</b>	
<i>nora-be</i> .....	28	<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i> .....	32
<i>norethindrone acetate</i> .....	28	PANCREASE MT 10 .....	23
NORMOSOL-M IN D5W .....	37	PANCREASE MT 16 .....	23
NORMOSOL-R .....	37	PANCREASE MT 20 .....	23
NORMOSOL-R IN D5W .....	37	PANCREASE MT 4 .....	23
NORPACE CR .....	18	PANCRELIPASE .....	23
<i>nortrel 0.5/35 (28)</i> .....	28	PANRETIN .....	11
<i>nortrel 1/35 (21)</i> .....	28	<i>pantoprazole sodium</i> .....	24
<i>nortrel 1/35 (28)</i> .....	28	<i>paromomycin sulfate</i> .....	2
<i>nortrel 7/7/7</i> .....	28	<i>paroxetine hcl</i> .....	7
<i>nortriptyline hcl</i> .....	7	PASER .....	10
NORVIR .....	15	PEDIARIX .....	31
NOVAMINE .....	37	<i>pedi-dri</i> .....	9
NOVOLIN 70/30 .....	16	PEDVAX HIB .....	31
NOVOLIN 70/30 INNOLET .....	16	<i>peg 3350/electrolytes</i> .....	24
NOVOLIN N .....	17	PEGANONE .....	6
NOVOLIN N INNOLET .....	17	PEGASYS .....	15
NOVOLIN R .....	17	<i>penicillin g potassium</i> .....	4
NOVOLIN R INNOLET .....	17		
NOVOLOG .....	17		

**INDEX**

<b>DRUG NAME</b>	<b>PAGE #</b>	<b>DRUG NAME</b>	<b>PAGE #</b>
<b>P (continued)</b>			
PENICILLIN G PROCAINE .....	4	<i>probenecid</i> .....	9
<i>penicillin v potassium</i> .....	4	<i>procainamide hcl</i> .....	18
<i>pentostatin</i> .....	11	PROCALAMINE .....	37
<i>pentoxifylline er</i> .....	18	<i>prochlorperazine edisylate</i> .....	8
<i>perigard</i> .....	22	<i>prochlorperazine maleate</i> .....	8
<i>permethrin</i> .....	12	<i>prochlorperazine suppository</i> .....	8
<i>perphenazine</i> .....	13	PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML .....	17
<i>perphenazine/amitriptyline</i> .....	7	PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML .....	17
<i>phenadoz</i> .....	8	<i>proctocream-hc</i> .....	26
<i>phenazopyridine hcl</i> .....	2	<i>procto-pak</i> .....	26
PHENYTEK .....	6	<i>proctosol hc cream</i> .....	26
<i>phenytoin</i> .....	6	PROGLYCEM .....	16
<i>phenytoin sodium</i> .....	6	PROGRAF CAPSULE 0.5MG, 1MG .....	30
<i>phenytoin sodium extended</i> .....	6	PROGRAF CAPSULE 5MG .....	30
PHYSIOLYTE .....	37	PROGRAF INJECTION .....	30
<i>pilocarpine hcl</i> .....	22	PROLASTIN .....	35
<i>pilocarpine hydrochloride</i> .....	22	PROLEUKIN .....	11
PILOPINE HS .....	34	PROMACTA .....	17
<i>pindolol</i> .....	19	<i>promethazine hcl</i> .....	8
<i>piperacillin sodium</i> .....	4	<i>promethazine vc</i> .....	34
<i>piroxicam</i> .....	2	<i>promethegan</i> .....	8
PLAN B .....	28	<i>propafenone hcl</i> .....	18
PLAVIX .....	18	<i>propanteline bromide</i> .....	24
<i>podofilox solution</i> .....	22	<i>propoxyphene hcl</i> .....	1
<i>polycin b</i> .....	3	<i>propoxyphene/acetaminophen</i> .....	1
<i>polyethylene glycol 3350</i> .....	24	<i>propoxyphene-n/acetaminophen</i> .....	1
<i>portia-28</i> .....	28	<i>propranolol hcl</i> .....	19
POTASSIUM CHLORIDE 0.15%/D5W .....	37	<i>propranolol hcl er</i> .....	19
<i>potassium chloride cr</i> .....	37	<i>propranolol/hydrochlorothiazide</i> .....	19
<i>potassium chloride er capsule extended release</i> <i>10meq</i> .....	37	<i>propylthiouracil</i> .....	29
<i>potassium chloride er tablet extended release</i> .....	37	PROQUAD .....	31
<i>potassium chloride injection 2meq/ml</i> .....	37	PROTONIX INJECTION .....	24
<i>potassium citrate extended-release</i> .....	37	<i>protriptyline hcl</i> .....	7
PRANDIMET .....	16	PROVIGIL .....	22
PRANDIN .....	16	PULMOZYME .....	35
<i>pravastatin sodium</i> .....	20	<i>pyrazinamide</i> .....	10
<i>prazosin hcl</i> .....	18	<i>pyridostigmine bromide</i> .....	10
<i>prednisolone acetate</i> .....	33	<b>Q</b>	
<i>prednisolone sodium phosphate</i> .....	26, 33	<i>quasense</i> .....	28
<i>prednisone</i> .....	26	<i>quinapril hcl</i> .....	21
PREMARIN .....	27	<i>quinaretic</i> .....	21
PREMARIN W/APPLICATOR .....	27	<i>quinidine gluconate cr</i> .....	18
PREMPHASE .....	28	<i>quinidine sulfate</i> .....	18
PREMPRO .....	28	<i>quinidine sulfate er</i> .....	18
<i>prenatabs obn</i> .....	37	QVAR .....	34
<i>prenatal plus</i> .....	37	<b>R</b>	
<i>prevalite</i> .....	20	RABAVERT .....	31
PREVIFEM .....	28	<i>ramipril</i> .....	21
PREZISTA TABLET 300MG, 400MG, 600MG .....	15	RANEXA .....	19
PREZISTA TABLET 75MG .....	15	<i>ranitidine hcl injection, syrup, tablet</i> .....	24
PRIFTIN .....	10	RAPAMUNE SOLUTION .....	30
PRIMAXIN I.M. ....	4	RAPAMUNE TABLET 1MG .....	30
PRIMAXIN IV .....	4	RAPAMUNE TABLET 2MG .....	30
<i>primidone</i> .....	5	REBIF .....	30
PRISTIQ .....	7		

**INDEX**

<b>DRUG NAME</b>	<b>PAGE #</b>	<b>DRUG NAME</b>	<b>PAGE #</b>
<b>R (continued)</b>			
<i>reclipsen</i> .....	28	<i>sodium chloride 0.45% viaflex</i> .....	37
RECOMBIVAX HB .....	31	<i>sodium chloride† 0.9%</i> .....	37
REGRANEX .....	22	<i>sodium fluoride gel</i> .....	22
RELENZA DISKHALER .....	15	<i>sodium polystyrene sulfonate</i> .....	7
REMICADE .....	30	<i>sodium sulfacetamide solution</i> .....	5
RENAMIN .....	37	<i>solia</i> .....	28
<i>reprexain tablet 10mg, 200mg</i> .....	1	SOMAVERT .....	29
RESCRIPTOR .....	14	SORIATANE CK KIT 10MG .....	22
<i>reserpine</i> .....	19	SORIATANE CK KIT 25MG .....	22
RESTASIS .....	33	<i>sorine</i> .....	18
RETROVIR IV INFUSION .....	14	<i>sotalol hcl</i> .....	18
REVATIO .....	35	SPIRIVA HANDIHALER .....	35
REVLIMID .....	10	<i>spironolactone</i> .....	20
REYATAZ .....	15	<i>spironolactone/hydrochlorothiazide</i> .....	20
<i>ribavirin tablet 200mg</i> .....	15	<i>sprintec 28</i> .....	28
RIDAURA .....	30	SPRYCEL .....	11
<i>rifampin</i> .....	10	STARLIX .....	16
RILUTEK .....	22	<i>stavudine</i> .....	14
<i>rimantadine hcl</i> .....	15	SUBOXONE .....	8
RISPERDAL CONSTA INJECTION 12.5MG, 25MG .....	13	SUBUTEX .....	1
RISPERDAL CONSTA INJECTION 37.5MG, 50MG .....	13	SUCRAID .....	23
RISPERDAL M-TAB TABLET DISPERSIBLE 1MG .....	13	<i>sucralfate</i> .....	24
<i>risperidone m-tab</i> .....	13	<i>sulfacetamide sodium/prednisolone sodium phosphate</i> .....	33
<i>risperidone odt</i> .....	13	<i>sulfadiazine</i> .....	5
<i>risperidone solution</i> .....	13	<i>sulfamethoxazole/trimethoprim</i> .....	5
<i>risperidone tablet</i> .....	13	<i>sulfamethoxazole/trimethoprim ds</i> .....	5
RITUXAN .....	11	<i>sulfasalazine</i> .....	32
<i>romycin</i> .....	4	<i>sulfazine ec</i> .....	32
<i>ropinirole hcl</i> .....	12	<i>sulindac</i> .....	2
ROTATEQ .....	31	<i>sumatriptan nasal spray</i> .....	9
<b>S</b>		<i>sumatriptan succinate injection</i> .....	9
SANTYL .....	22	<i>sumatriptan succinate refill</i> .....	9
<i>selegiline hcl</i> .....	12	<i>sumatriptan succinate tablet</i> .....	9
<i>selenium sulfide</i> .....	9	SUPRAX .....	4
SELZENTRY .....	14	SUSTIVA .....	14
SENSIPAR TABLET 30MG .....	29	SUTENT .....	11
SENSIPAR TABLET 60MG, 90MG .....	29	SYMBICORT .....	34
SEREVENT DISKUS .....	35	SYMBYAX .....	13, 15
SEROMYCIN .....	10	SYMLIN .....	16
SEROQUEL .....	13	SYMLINPEN 60 .....	16
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150MG, 50MG .....	13	SYNTHROID .....	29
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 200MG .....	13	SYPRINE .....	7
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 300MG .....	13	<b>T</b>	
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 400MG .....	13	TABLOID .....	11
<i>sertraline hcl</i> .....	7	TAMIFLU CAPSULE 30MG, 45MG .....	15
<i>silver sulfadiazine</i> .....	3	TAMIFLU CAPSULE 75MG .....	15
<i>simvastatin</i> .....	20	TAMIFLU SUSPENSION RECONSTITUTED .....	15
SINGULAIR .....	35	<i>tamoxifen citrate</i> .....	10
<i>sodium bicarbonate</i> .....	37	TARCEVA .....	11
<i>sodium chloride</i> .....	37	TARGRETIN .....	11
		TASIGNA .....	11
		TASMAR .....	12
		TAZORAC .....	22
		<i>taztia xt</i> .....	19
		TEKTURNA .....	21

**INDEX**

<b>DRUG NAME</b>	<b>PAGE #</b>	<b>DRUG NAME</b>	<b>PAGE #</b>
<b>T (continued)</b>			
TEKTURNA HCT .....	21	trifluridine .....	33
terazosin hcl .....	18	trihexyphenidyl hcl .....	12
terbinafine hcl .....	9	TRIHIBIT .....	31
terbutaline sulfate .....	35	tri-legest fe .....	27
terconazole .....	9	TRILEPTAL SUSPENSION .....	6
TESTIM .....	26	trimethoprim .....	3
testosterone cypionate .....	26	trimethoprim sulfate/polymyxin b sulfate .....	33
testosterone enanthate .....	26	trimipramine maleate .....	7
TETANUS TOXOID ADSORBED .....	31	trinessa .....	28
TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT .....	31	TRIPEDIA .....	31
tetracycline hcl .....	5	tri-previfem .....	28
TEV-TROPIN .....	26	TRISENOX .....	11
THALOMID .....	10	tri-sprintec .....	28
THEO-24 .....	35	trivora-28 .....	28
theochron .....	35	TRIZIVIR .....	14
theophylline er .....	35	TROPHAMINE INJECTION 97MEQ/L, 0.54GM/100ML, 1.2GM/100ML, 0.32GM/100ML, 0, 0, 0.5GM/100ML, 0.36GM/100ML, 0.48GM/100ML, 0.82GM/100ML, 1.4GM/100ML, 1.2GM/100ML, 0.34GM/100ML, 0.48GM/100ML, 0.68GM/100ML, 0.38GM/100ML, 5MEQ/L, 0.025GM/100ML, 0.42GM/100ML, 0.2G .....	37
thermazene .....	3	TRUVADA .....	14
THIOLA .....	25	TWINRIX .....	31
thioridazine hcl .....	13	TYGACIL .....	3
thiothixene .....	13	TYKERB .....	11
THYMOGLOBULIN .....	30	TYPHIM VI .....	31
THYROLAR-1 .....	29	TYZEKA .....	15
THYROLAR-1/2 .....	29	TYZINE .....	36
THYROLAR-1/4 .....	29		
THYROLAR-2 .....	29	<b>U</b>	
THYROLAR-3 .....	29	UNIPHYL .....	35
ticlopidine hcl .....	18	unithroid .....	29
TIKOSYN .....	18	urea .....	23
TIMENTIN .....	4	UROCIT-K 10 .....	37
timolol maleate .....	19, 34	ursodiol capsule 300mg .....	24
tizanidine hcl .....	14	<b>V</b>	
TOBRADEX OINTMENT .....	33	VALCYTE .....	14
tobramycin sulfate .....	3	valproate sodium .....	5
tobramycin/dexamethasone .....	33	valproic acid .....	5
tobrasol .....	3	VALTREX .....	15
tolazamide .....	16	VANCOGIN HCL CAPSULE .....	3
tolbutamide .....	16	vancomycin hcl injection .....	3
topiramate .....	6	vandazole .....	3
torseamide .....	20	VAQTA .....	31
tpn electrolytes ftv .....	37	VARIVAX .....	31
TRACLEER .....	35	veetids .....	4
tramadol hcl .....	1	VELCADE .....	11
tramadol hydrochloride/acetaminophen .....	1	velivet .....	28
trandolapril .....	21	venlafaxine hcl .....	7
tranylcypromine sulfate .....	7	VENLAFAXINE HCL ER .....	7
TRAVASOL .....	37	VENTOLIN HFA .....	35
trazodone hcl .....	7	verapamil hcl .....	19
TREANDA .....	10	verapamil hcl er .....	19
TRECTOR .....	10	VEXOL .....	33
tretinoin .....	11, 23	VFEND TABLET .....	9
TREXALL .....	30	VIDAZA .....	11
triamcinolone acetonide .....	26		
triamcinolone in orabase .....	22		
triamterene/hydrochlorothiazide .....	20		
trifluoperazine hcl .....	13		

**INDEX**

<b>DRUG NAME</b>	<b>PAGE #</b>
<b>V (continued)</b>	
VIDEX PEDIATRIC .....	14
VIGAMOX .....	33
VIMPAT INJECTION .....	5
VIMPAT TABLET .....	5
VIRACEPT .....	15
VIRAMUNE .....	14
VIREAD .....	14
VIVELLE-DOT .....	27
VIVOTIF BERNA .....	31
VOLTAREN GEL .....	2
VYTORIN .....	20
<b>W</b>	
<i>warfarin sodium</i> .....	17
<b>X</b>	
XALATAN .....	34
XENAZINE .....	32
XIBROM .....	33
XOLAIR .....	36
XYREM .....	22
<b>Y</b>	
YF-VAX .....	31
<b>Z</b>	
<i>zaleplon</i> .....	36
ZAVESCA .....	23
<i>zazole</i> .....	9
ZEGERID .....	24
ZETIA .....	20
ZIAGEN .....	14
<i>zidovudine</i> .....	14
ZOLINZA .....	11
<i>zolpidem tartrate tablet 10mg</i> .....	36
<i>zolpidem tartrate tablet 5mg</i> .....	36
<i>zonisamide</i> .....	5
ZOSTAVAX .....	31
ZOSYN .....	4
<i>zovia 1/35e</i> .....	28
<i>zovia 1/50e</i> .....	28
ZOVIRAX CREAM, OINTMENT .....	15
ZYMAR .....	33
ZYPREXA INJECTION .....	13
ZYPREXA TABLET .....	13
ZYPREXA ZYDIS .....	13
ZYVOX .....	3

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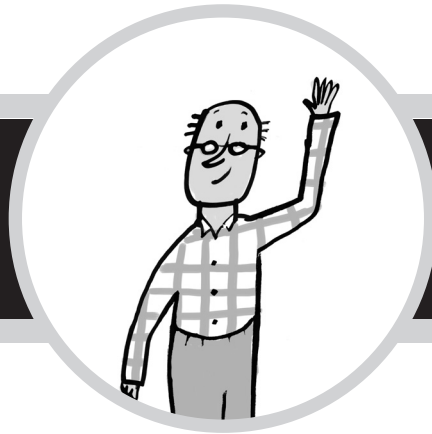
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