



# UPREHS Prime Medicare Part D Plan (Employer PDP)

## Preferred Part D Formulary (List of Preferred Covered Drugs)

**January 1, 2010**

- **Please read: This Formulary Book contains information about the drugs we cover in this plan.**
- **UPREHS includes all Medicare Part D covered drugs in our formulary however; only a partial list of preferred formulary drugs in Tiers 1, 2, and 4 are listed in this book.**
- **For a list of nonpreferred formulary Tier 3 drugs, or a complete updated formulary, please visit our website at [www.uphealth.com](http://www.uphealth.com) or call Customer Services at 1-800-547-0421, Monday through Friday, from 7:30 AM to 3:30 PM, Mountain Time. TTY/TDD users call the national number 711.**
- **Note to existing members: This 2010 formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.**

E7316FORM2010



Medicare<sup>Rx</sup>  
Prescription Drug Coverage



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## What is the UPREHS Prime Medicare Part D Plan Formulary?

UPREHS saves you money and stretches your benefits. Depot Drug Mail Pharmacy charges less money for your drugs than retail pharmacies. Less money charged to your benefit gives you more prescriptions before you need to pay out of pocket. You must fill all maintenance prescriptions from the preferred Depot Drug Mail Pharmacy. Maintenance prescriptions are those you intend to take longer than 30 days.

Follow prescription-ordering instructions in your Prime Medicare Part D Plan Benefit Guide. You can order refills through the UPREHS toll-free telephone lines from 4 AM to 11 PM, Mountain Time at 1-800-547-0421, or the UPREHS website at [www.uphealth.com](http://www.uphealth.com). Your doctor can fax your new prescription to us at 801-595-4440 or you may mail it to us at:

Depot Drug Mail Pharmacy  
PO Box 165090  
Salt Lake City, UT 84116-5090

A formulary is a list of covered drugs selected by UPREHS 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. UPREHS will generally cover the drugs listed in our formulary as long as the drug is medically necessary, is filled at a network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review detailed instructions in your UPREHS Prime Medicare Part D Plan Benefit Guide for 2010.

This document is a partial formulary list and includes only some of the drugs UPREHS covers. For a list of nonpreferred formulary Tier 3 drugs, or a complete listing of all prescription drugs covered, please visit our website at [www.uphealth.com](http://www.uphealth.com) or call Customer Services at 1-800-547-0421, Monday through Friday, from 7:30 AM to 3:30 PM, Mountain Time. TTY/TDD users call the national number 711.

## Can the formulary change?

Usually if you are taking a drug included in our 2010 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 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 preferred 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 know it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available at the beginning of the plan year, except for cases in which you can save additional money or improve the safety of your drugs.

If we remove drugs from our formulary, add prior authorization, quantity limits on a drug, or move a drug to a higher cost sharing Tier, we must notify members who take the drug of the change at least 60 days before the date that the change becomes effective, or at the time the member requests a refill of the drug. At that time, the member will receive a 60-day supply of the drug. If Medicare or 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.

To get updated information about the drugs covered by UPREHS Prime Medicare Part D Plan please visit our website at [www.uphealth.com](http://www.uphealth.com), or call Customer Services at 1-800-547-0421, Monday through Friday from 7:30 am to 3:30 pm, Mountain Time. TTY/TDD users should call the national access number 711.

## What if my drug is not on the formulary?

UPREHS includes all Medicare Part D covered drugs in your formulary. This Formulary Book is a partial list of preferred formulary Tier 1, 2 and 4 drugs available under your plan. To save space, we have eliminated listing most of the different forms of the same drug, but they are covered. If your Medicare Part D drug is not included in the formulary in the preferred Tiers 1, 2 or 4, then it is included in the non-preferred Tier 3 at that cost-sharing amount. The Tier 3 non-preferred drugs have equivalents in Tier 1, 2 or 4 and are too numerous to print. For a list of nonpreferred Tier 3 drugs you can go to our website at [www.uphealth.com](http://www.uphealth.com) anytime, or call Customer Services at 1-800-547-0421, Monday through Friday from 7:30 am to 3:30 pm, Mountain Time.

## What are generic drugs?

UPREHS covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## How much will I pay for my Prime Medicare Part D Plan Covered Drugs?

You must fill all maintenance prescriptions from the preferred Depot Drug Mail Pharmacy. Maintenance prescriptions are those you intend to take longer than 30 days.

## 2010 30-Day Copayment Amounts for Part D Drugs

PHARMACY TYPE	TIER 1 30-DAY	TIER 2 30-DAY	TIER 3 30-DAY	TIER 4 30-DAY
<b>Depot Drug Mail Pharmacy - Preferred Pharmacy</b> <b>\$\$\$ Your Best Money Saver</b> <b>30, 60, or 90-Day Supplies Available</b>	\$5	\$10	Higher of \$40 or 33% of drug cost	Higher of \$50 or 33% of drug cost
<b>Ascend Specialty Drug Mail Order Pharmacy - Preferred Pharmacy for self-injectable medications, and those for oncology (cancer) or transplant (not insulin)</b> <b>\$\$\$ Your Best Money Saver</b> <b>30-Day Supply Available</b>	\$5	\$10	Higher of \$40 or 33% of drug cost	Higher of \$50 or 33% of drug cost
<b>Depot Drug Walk-In Pharmacies - Preferred Pharmacies</b> <b>\$\$\$ Your Best Money Saver</b> <b>30, 60, or 90-Day Supplies Available</b>	\$7	\$15	Higher of \$40 or 33% of drug cost	Higher of \$100 or 33% of drug cost
<b>National Retail Pharmacy Network Non-Preferred Pharmacies</b> <b>30-day or less Supply Only</b>	\$15	\$30	Higher of \$50 or 33% of drug cost	Higher of \$100 or 33% of drug cost
<b>Out-of-Network Pharmacy - Emergency or Urgent Only</b> <b>We refund you the UPREHS cost for the Part D drug minus your Tier copay amount. You pay any charges above UPREHS cost. Non-Part D drugs are not covered.</b>	\$15	\$30	Higher of \$50 or 33% of drug cost	Higher of \$100 or 33% of drug cost

UPREHS saves you money two ways and stretches your benefits. Your copayment is less at the preferred Depot Drug Mail Pharmacy, and Depot Drug Walk-In Pharmacies. Depot Drug Pharmacies charge less money for your drugs than retail pharmacies. This is the charge you never see because it goes against your benefit. Less money charged to your benefit gives you more prescriptions before you need to pay out of pocket! **You must fill all maintenance prescriptions from the preferred Depot Drug Mail Pharmacy.** Maintenance prescriptions are those you intend to take longer than 30 days.

**NOTE:** If you qualify for extra help with your drug costs, your costs may be different than those described below. Continue reading to the topic titled *What do I need to know if I'm receiving extra help from Medicare to pay for my prescription drugs?*

## **What do I need to know if I'm receiving extra help from Medicare to pay for my prescription drugs?**

You may receive (or may have received) a letter from Medicare, the Railroad Retirement Board, or the Social Security Administration (SSA) about your eligibility for extra help in 2010. Read this important information carefully. If you don't know what level of extra help you qualify for, you can call 1-800-MEDICARE (1-800-633-4227) for this information. TTY/TDD users should call 1-877-486-2048. They are available 24 hours a day, 7 days a week. UPREHS does not make this determination and we receive the information from Medicare.

## **How do I request a Tiering or quantity limit exception to the formulary?**

You can ask UPREHS to make a Tiering or quantity limit exception to our Part D drug coverage rules. **However, we strongly encourage you to check with your physician first to see if one of our preferred formulary Part D drugs in Tiers 1, 2 or 4 will serve your needs before you ask for a Tier 3 exception.** You may not ask for a Tiering exception to drugs in Tiers 1, 2 or 4 because UPREHS has already placed them in the best value for your cost sharing that is possible. The only drugs eligible for a Tiering exception are those in Tier 3.

UPREHS-preferred formulary drugs stretch your Medicare Part D benefits and dollars. All Depot Drug Pharmacies charge less money for your drugs than retail pharmacies. Less money charged to your benefit gives you more prescriptions before you need to pay out of pocket! And you will pay less when you are paying out of pocket. Remember, you must fill all maintenance prescriptions from the preferred Depot Drug Mail Pharmacy. Maintenance prescriptions are those you intend to take longer than 30 days.

If you learn that your Part D drug is in our nonpreferred Tier 3 and you would like to change it, you can do the following:

- You can show your doctor the preferred UPREHS drug formulary list and ask him or her to prescribe a similar drug that is a preferred formulary drug on Tier 1, 2 or 4. If you lose your book, you or your doctor can print a new formulary list or look at the list from our website at [www.uphealth.com](http://www.uphealth.com).
  - You can ask UPREHS to cover your Tier 3 drug at the Tier 2 or Tier 4 cost-sharing amount with your doctor's documentation justifying your need for the nonpreferred Tier 3 drug instead of the equivalent preferred Tier 1, 2 or 4 drug.
  - Usually UPREHS will only approve your request for a higher level of coverage (Tiering exception) for a Part D drug with your physician's written supporting medical and scientific documentation that the preferred formulary drug would not be as effective as the nonpreferred drug, would not be as effective in treating your condition, and/or would cause you to have adverse medical effects.

- You can ask us to waive quantity limits on your drug. For example, for certain drugs, UPREHS limits the amount of the drug that we will cover.
  - You can ask us to waive the quantity limit and cover more with your physician's supporting statement explaining why the number of doses available has been ineffective in the treatment of your Therapeutic Category, or
  - Your physician's supporting documentation that the preferred formulary drug would not be as effective as the nonpreferred drug, 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 Tiering or quantity limit exception. When you are requesting a Tiering or quantity limit exception you must submit a statement from your physician supporting your request, or have him call Customer Services. 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 about changing my drugs before I request an exception?**

We strongly encourage you to check with your physician to see if one of our Part D preferred formulary drugs in Tiers 1, 2 or 4 will serve your needs. UPREHS saves you money and stretches your benefits. Depot Drug Mail Pharmacy charges less money for your drugs than retail pharmacies. Less money charged to your benefit gives you more prescriptions before you need to pay out of pocket! Preferred formulary drugs stretch your Medicare Part D benefits and cost less.

As a new or continuing member in our plan you may be taking drugs that are not on our preferred formulary. Or, you may be taking a drug for which the quantity we allow for each prescription is limited. **You should talk to your doctor** to decide if you should switch to an appropriate drug that is on our preferred formulary or that does not have quantity limitations.

If you are a resident of a long-term care facility, and you need a drug that has quantity limitations, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a different preferred formulary drug, or a quantity exception. You do not need transitioning to a preferred formulary Part D drug (Tiers 1, 2 or 4) because all other covered Part D drugs are included in our nonpreferred Tier 3.

### **For more information**

For more detailed information about your UPREHS Prime Medicare Part D Plan prescription drug coverage, please review your UPREHS Prime Medicare Part D Plan Benefit Guide that we will be sending to you soon and other plan materials provided to you.

If you have questions about the UPREHS Prime Medicare Part D Plan, please call Customer Services at 1-800-547-0421, Monday through Friday from 7:30 am to 3:30 pm, Mountain Time. TTY/TDD users should call the national access number 711. Or visit us at [www.uphealth.com](http://www.uphealth.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).

## How to use the UPREHS Prime Medicare Part D Plan Formulary Book

The formulary provides coverage information about the drugs covered by UPREHS. If you have trouble finding your drug in the Therapeutic Category List, turn to the Alphabetical Listing. Generic drugs are listed in lower-case italics (e.g., *amitriptyline*) within the formulary lists. Brand name drugs are capitalized in the formulary lists (e.g., LEVAQUIN).

### Use the preferred Ascend Specialty Pharmacy

Ascend Specialty Pharmacy provides self-injectable medications that treat conditions such as Rheumatoid Arthritis, Multiple Sclerosis, Hepatitis-C, Cancer, Transplant and other conditions requiring self-injectable medications (excluding insulin). These medications often require special mail handling because of spoilage possibilities. UPREHS believes that you should have specialized care provided by Ascend including educational materials and pharmacy counseling to help you understand your medication therapy.

UPREHS saves you money and stretches your benefits by using the UPREHS preferred Ascend Specialty Pharmacy. We even provide you with the same low Tier copayment amounts through Ascend as you get when you use the Depot Drug Mail Pharmacy. Specialty Pharmacy medications are very expensive so UPREHS has contracted with Ascend for very low costs for you. Less money charged to your benefit gives you more prescriptions before you need to pay out of pocket. You have the option to enroll in this additional benefit at no cost and have specialty medications delivered directly to you by Ascend Specialty Pharmacy. You will always be advised when to expect your shipment and most medications are shipped overnight via priority mail. In addition, you will be provided with unlimited access to skilled specialty pharmacy consultation. You may contact them at 1-800-850-9122 toll-free.

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

- THERAPEUTIC CATEGORY FORMULARY LISTING (MEDICAL LISTING)**  
 Drugs in this listing are grouped depending on the type of Therapeutic Category that they are used to treat. Physicians most often used this list to identify your formulary drugs. The Therapeutic Category drugs are listed alphabetically in their Drug Class and the drugs within the class are listed alphabetically by name. A Therapeutic Category Drug Class can have numerous sub-classes. For example, drugs used to treat pain are listed under the Drug Class category, *Analgesics* and then under the sub-class Opioid Analgesics; then alphabetically *aspirin/codeine* by name. Another example are drugs used to treat a heart condition are listed under the Drug Class, *Cardiovascular Agents* and then alphabetically by sub-class Platelet Aggregation Inhibitors and then alphabetically by name PLAVIX. If you know what your drug is used for, look for the Therapeutic Category. Then look under the *Drug Name* for your drug.
- ALPHABETICAL LISTING**  
 Drugs are listed alphabetically by name with the page where the drug is under the Therapeutic Category Listing. You can turn to that page in the Therapeutic Category to see the coverage information for that drug.

### Using drug Tiers

UPREHS includes all covered Part D drugs in our 2010 formulary. Drugs listed in Tiers 1, 2, and 4 are preferred formulary drugs which are the only drugs listed in this book. All other covered Part D drugs are included in the UPREHS nonpreferred Tier 3. You may view or print Tier 3 Part D drugs are on our website at [www.uphealth.com](http://www.uphealth.com) or call Customer Services for more information. Following is a description of the types of drugs included in the formulary Tiers available under the UPREHS Prime Medicare Part D Plan:

- **TIER 1:** Preferred formulary Generic drugs. Generic drugs appear in italicized small letters (*aspirin/codeine*).
- **TIER 2:** Preferred formulary Brand Name drugs. Brand name drugs appear in capital letters (PLAVIX).
- **TIER 3:** All Medicare Part D covered drugs not included in Tiers 1, 2 or 4 (not listed in this book). For a list of Tier 3 drugs go to [www.uphealth.com](http://www.uphealth.com) or call Customer Services at 1-800-547-0421, Monday through Friday from 7:30 AM to 3:30 PM, Mountain Time. TTY/TDD users should call the national access number 711.
- **TIER 4:** High-cost preferred formulary drugs.

## Column Descriptions in the Therapeutic Category (medical condition) formulary listing

- **DRUG CLASS:** This is the Therapeutic Category class (medical condition) the drug is assigned to. The Therapeutic Category drugs are listed alphabetically in their Drug Class and the drugs within the class are listed alphabetically by name. A Therapeutic Category Drug Class can have numerous sub-classes.
- **DRUG NAME:** This is the name of the drug that **IS covered** on the UPREHS preferred formulary.
- **COPAY TIER:** This is the Tier placement for the drug. Tier levels define your copayment amount for that drug.
- **BI - BENEFIT INDICATOR:** This column provides additional coverage information for certain drugs.
  - **EB (Extended Benefit):** An EB drug is a drug that Medicare Part D does not cover, but UPREHS has chosen to cover it as an Extended Benefit for you. UPREHS covers EB drugs using the money we give to you to expand your Part D coverage. You can use the EB benefit money to pay for Part D drugs - or to pay for EB drugs. When you have used up your EB amount, you will pay out of pocket for the drug plus a small dispensing fee. EB drugs are never applied to your Medicare Part D deductible amount, your Medicare benefit, nor are your copayments applied to your out of pocket expenses. If you are receiving extra help to pay for your prescriptions, you will not receive any extra help to pay for these drug copayments.
  - **MO (Mail Order):** These drugs are considered to usually be maintenance prescriptions, or those taken for longer than 30 days. Depot Drug Mail Pharmacy supplies these prescriptions to you. Ordering is easy and obtaining refills is even easier.
  - **PA (Prior Authorization):** You (or your physician) must get prior authorization for certain drugs. This means that you will need to get approval from UPREHS before you fill your prescriptions. If you don't get approval, UPREHS may not cover the drug. Depending on your situation, these drugs could be covered by either Medicare Part B or Part D.
  - **RO (Retail Only):** There are certain drugs that Depot Drug Mail Pharmacy does NOT supply. Because of complex Federal requirements applied to dispensing these drugs, UPREHS has determined that it is in the best interest of our members and the pharmacy program to have these drugs supplied through your local retail network pharmacy. Depot Drug Walk-in Pharmacies supply RO drugs.
  - **SP (Specialty Drug):** Ascend Specialty Pharmacy provides self-injectable medications that treat conditions such as Rheumatoid Arthritis, Multiple Sclerosis, Hepatitis-C, Cancer, Transplant and other conditions requiring self-injectable medications (excluding insulin). Drugs with this SP indicator are available through the Ascend Specialty Pharmacy. UPREHS saves you money and

stretches your benefits when you use the preferred Ascend Specialty Pharmacy for these drugs. You may contact Ascend at 1-800-850-9122 toll-free.

- **QL** (Quantity Limit): For certain drugs, Federal or State laws require UPREHS to limit the amount of the drug that we will cover per prescription. For example, UPREHS provides 18 tablets per prescription for Imitrex.

### **Column Descriptions in the Alphabetical Formulary Listing**

- **DRUG NAME:** This is the name of the drug that **IS covered** on the UPREHS formulary in alphabetical order.
- **PAGE #:** This is the page number where you go to find the coverage information for that drug in the Therapeutic Category list.

## Therapeutic Category Formulary List

Drug Name	Drug Tier	BI	Drug Name	Drug Tier	BI
<b>Analgesics</b>			<b>Analgesics, continued</b>		
<i>Nonsteroidal Anti-inflammatory Drugs</i>			<i>methadone hcl</i>	1	RO
<i>endodan</i>	1	RO	<i>methadose</i>	1	RO
<i>mst 600</i>	1		<i>morphine sulfate</i>	1	RO
<b>Opioid Analgesics</b>			<i>morphine sulfate er</i>	1	RO
<i>acetaminophen/caffeine/</i>	1	RO	<i>morphine sulfate/ns</i>	1	RO
<i>dihydrocodeine bitartrate</i>	1	RO	<i>nalbuphine hcl</i>	1	RO
<i>acetaminophen/codeine</i>	1	RO	<i>oxycodone /acetaminophen</i>	1	RO
<i>acetaminophen/codeine #2</i>	1	RO	<i>oxycodone /apap</i>	1	RO
<i>acetaminophen/codeine #3</i>	1	RO	<i>oxycodone /aspirin</i>	1	RO
<i>acetaminophen/codeine #4</i>	1	RO	<i>oxycodone /ibuprofen</i>	1	RO
ACTIQ	2	RO	<i>oxycodone hcl</i>	1	RO
<i>ascomp/codeine</i>	1	RO	<i>oxycodone hcl er</i>	1	RO
<i>astramorph</i>	1	RO	<i>oxycodone-apap</i>	1	RO
<i>balacet 325</i>	1	RO	OXYCONTIN TB12	2	RO
<i>buprenorphine hcl</i>	1	RO	40MG		
<i>butalbital /apap /caffeine</i>	1	RO	<i>oxycontin tb12 40mg</i>	1	RO
<i>/codeine</i>	1	RO	OXYCONTIN TB12		
<i>butorphanol tartrate</i>	1	RO	10MG, 15MG, 20MG,	2	RO
<i>capital/codeine</i>	1	RO	30MG, 60MG, 80MG		
<i>co-gesic</i>	1	RO	<i>pentazocine /acetaminophen</i>	1	RO
DILAUDID-5	2	RO	<i>pentazocine/naloxone hcl</i>	1	RO
<i>dolacet</i>	1	RO	<i>propoxyphene /acetaminophen</i>	1	RO
<i>duramorph</i>	1	RO	<i>propoxyphene hcl</i>	1	RO
<i>endocet</i>	1	RO	<i>propoxyphene-n</i>	1	RO
<i>fentanyl</i>	1	RO	<i>/acetaminophen</i>		
<i>fentanyl citrate</i>	1	RO	<i>roxicet tabs 325mg; 5mg</i>	1	RO
<i>fentanyl citrate oral</i>	1	RO	ROXICODONE SOLN	1	RO
<i>transmucosal</i>	1	RO	<i>roxicondone tabs</i>	1	RO
<i>hydrocodone /acetaminophen</i>	1	RO	<i>stagesic</i>	1	RO
<i>hydrocodone /</i>	1	RO	<i>tramadol hcl</i>	1	
<i>acetaminophen-hs</i>	1	RO	<i>tramadol</i>	1	
<i>hydrocodone /ibuprofen</i>	1	RO	<i>hydrochloride/acetaminophen</i>	1	
<i>hydrocodone</i>	1	RO	<i>trezix</i>	1	RO
<i>bitartrate/acetaminophen</i>	1	RO	ULTRAM ER	2	
<i>hydromorphone hcl</i>	1	RO	<i>vanacet</i>	1	RO
<i>infumorph 200</i>	1	RO	<i>vicodin hp</i>	1	RO
<i>infumorph 500</i>	1	RO	<i>zilor</i>	1	RO
KADIAN	2	RO	ZYDONE	2	RO
LEVO DROMORAN	2	RO	<b>Anesthetics</b>		
<i>levorphanol tartrate</i>	1	RO	<b>Local Anesthetics</b>		
<i>margesic-h</i>	1	RO	<i>anestacon</i>	1	
<i>meperidine hcl</i>	1	RO	EMLA /TEGADERM	2	
<i>meperitab</i>	1	RO	<i>lidocaine</i>	1	
			<i>lidocaine hcl jelly</i>	1	

Drug Name	Drug Tier	BI
<b>Anesthetics, continued</b>		
<i>lidocaine hcl inj, external soln</i>	1	
<i>lidocaine viscous</i>	1	
<i>lidocaine/prilocaine</i>	1	
LIDODERM	2	
<b>Anti-inflammatory Agents</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
ARTHROTEC 50	2	
ARTHROTEC 75	2	
CELEBREX	2	
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>diclofenac sodium dr</i>	1	
<i>diclofenac sodium ec</i>	1	
<i>diclofenac sodium er</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>indomethacin er</i>	1	
<i>ketoprofen</i>	1	
<i>ketoprofen er</i>	1	
<i>ketorolac tromethamine</i>	1	
<i>meclofenamate sodium</i>	1	
<i>meloxicam</i>	1	
<i>nabumetone</i>	1	
NAPRELAN TB24 375MG	2	
<i>naproxen</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
PREVACID NAPRAPAC	2	
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate</i>	1	
CORTISPORIN	2	
<i>gentamicin sulfate</i>	1	

Drug Name	Drug Tier	BI
<b>Antibacterials, continued</b>		
<i>gentamicin sulfate/0.9%</i>	1	
<i>sodium chloride</i>	1	
<i>gentamicin sulfate/sodium chloride</i>	1	
<i>isotonic gentamicin</i>	1	
<i>kanamycin sulfate</i>	1	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
<i>streptomycin sulfate</i>	1	
<i>tobramycin sulfate</i>	1	
<i>tobramycin sulfate/sodium chloride</i>	1	
<b>Antibacterials, Other</b>		
<i>baciim</i>	1	
<i>bacitracin</i>	1	
BACTROBAN NASAL	2	
BACTROBAN CREA	2	
<i>chloramphenicol sodium succinate</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate</i>	1	
<i>clindamycin phosphate add-vantage</i>	1	
<i>colistimethate sodium</i>	1	
<i>methenamine hippurate</i>	1	
<i>metronidazole</i>	1	
<i>metronidazole in nacl 0.79%</i>	1	
<i>metronidazole vaginal</i>	1	
<i>mupirocin</i>	1	
<i>neocin</i>	1	
<i>neomycin /bacitracin /polymyxin</i>	1	
<i>neomycin/polymyxin b sulfates</i>	1	
<i>nitrofurantoin macrocrystalline</i>	1	
<i>nitrofurantoin monohydrate</i>	1	
NORITATE	2	
PHISOHEX	2	
<i>polymyxin b sulfate</i>	1	
<i>silver sulfadiazine ssd</i>	1	
<i>ssd af</i>	1	
<i>thermazene</i>	1	
<i>trimethoprim</i>	1	
<i>vancomycin hcl</i>	1	
<i>vandazole</i>	1	

Drug Name	Drug Tier	BI
<b>Antibacterials, continued</b>		
XIFAXAN	2	
ZYVOX	4	
<b>Beta-lactam, Cephalosporins</b>		
CEDAX	2	
<i>cefaclor</i>	1	
<i>cefaclor er</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium</i>	1	
<i>cefazolin sodium/dextrose</i>	1	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
<i>cefotaxime sodium</i>	1	
<i>cefotetan</i>	1	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i>	1	
<i>ceftriaxone in iso-osmotic dextrose</i>	1	
<i>ceftriaxone sodium</i>	1	
<i>ceftriaxone/dextrose</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
<i>cefuroxime/dextrose</i>	1	
<i>cephalexin</i>	1	
MAXIPIME INJ 1GM	2	
MAXIPIME INJ 2GM, 500MG	2	
<i>tazicef</i>	1	
<i>zinacef inj 7.5gm</i>	1	
<b>Beta-lactam, Other</b>		
AZACTAM	2	
AZACTAM IN	2	
DEXTROSE	2	
DORIBAX	2	
INVANZ	2	
MERREM	2	
PRIMAXIN I.M.	2	
PRIMAXIN IV	2	
<b>Beta-lactam, Penicillins</b>		
<i>amoclan</i>	1	
<i>amoxicillin</i>	1	
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/potassium clavulanate</i>	1	

Drug Name	Drug Tier	BI
<b>Antibacterials, continued</b>		
<i>amoxil</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium</i>	1	
<i>ampicillin-sulbactam</i>	1	
AUGMENTIN XR	2	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium</i>	1	
<i>oxacillin sodium</i>	1	
<i>penicillin g potassium</i>	1	
<i>penicillin g potassium in iso-osmotic dextrose</i>	1	
<i>penicillin g procaine</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	
<i>pfizerpen-g inj 5mu</i>	1	
<i>piperacillin sodium</i>	1	
<i>trimox</i>	1	
<i>veetids</i>	1	
ZOSYN	2	
<b>Macrolides</b>		
<i>azithromycin</i>	1	
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	1	
<i>e.e.s. 400</i>	1	
<i>ery</i>	1	
ERY-TAB	2	
<i>erythrocin stearate</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin /sulfisoxazole</i>	1	
<i>erythromycin base</i>	1	
KETEK	2	
ZMAX	2	
<b>Quinolones</b>		
AVELOX	2	
AVELOX ABC PACK	2	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin er</i>	1	
<i>ciprofloxacin extended-release</i>	1	
<i>ciprofloxacin hcl</i>	1	
LEVAQUIN	2	
LEVAQUIN PREMIX	2	
NOROXIN	2	
<i>ofloxacin</i>	1	
QUIXIN	2	
ZYMAR	2	
<b>Sulfonamides</b>		

Drug Name	Drug Tier	BI
<b>Antibacterials, continued</b>		
<i>sodium sulfacetamide</i>	1	
<i>sulf-10</i>	1	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole</i>	1	
<i>/trimethoprim</i>		
<i>Sulfamethoxazole</i>	1	
<i>/trimethoprim ds</i>		
<i>sulfatrim</i>	1	
<b>Tetracyclines</b>	1	
<i>demeclocycline hcl</i>	1	
<i>doxy-caps</i>	1	
<i>doxycycline hyclate</i>	1	
<i>doxycycline monohydrate</i>	1	
<i>minocycline hcl</i>	1	
<i>tetracycline hcl</i>	1	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
KEPPRA INJ	2	MO
<i>levetiracetam</i>	1	MO
<b>Calcium Channel Modifying Agents</b>		
CELONTIN	2	MO
<i>ethosuximide</i>	1	MO
LYRICA	2	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
<i>divalproex sodium</i>	1	MO
<i>gabapentin</i>	1	MO
GABITRIL	2	MO
<i>primidone</i>	1	MO
<i>valproate sodium</i>	1	MO
<i>valproic acid</i>	1	MO
<i>zonisamide</i>	1	MO
<b>Glutamate Reducing Agents</b>		
LAMICTAL ODT	2	MO
LAMICTAL		
STARTER/TAKING		
CARBAMAZEPINE/NOT	2	MO
TAKING VALPROATE		
LAMICTAL		
STARTER/TAKING	2	MO
VALPROATE		
<i>lamotrigine</i>	1	MO
<i>topiramate</i>	1	MO
<b>Sodium Channel Inhibitors</b>		
<i>carbamazepine</i>	1	MO

Drug Name	Drug Tier	BI
<b>Anticonvulsants, continued</b>		
<i>carbamazepine er</i>	1	MO
DILANTIN INFATABS	2	MO
DILANTIN CAPS 30MG	2	MO
<i>epitol</i>	1	MO
<i>fosphenytoin sodium</i>	1	
<i>oxcarbazepine</i>	1	MO
PEGANONE	2	MO
<i>phenytoin</i>	1	MO
<i>phenytoin sodium</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
TEGRETOL-XR TB12	2	MO
100MG		
TRILEPTAL SUSP	2	MO
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
<i>ergoloid mesylates</i>	1	MO
<b>Cholinesterase Inhibitors</b>		
ARICEPT	2	MO
ARICEPT ODT	2	MO
EXELON	2	MO
<i>galantamine hydrobromide</i>	1	MO
RAZADYNE SOLN	2	MO
<b>Glutamate Pathway Modifiers</b>		
NAMENDA	2	MO
NAMENDA TITRATION	2	MO
PAK		
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
<i>budeprion sr</i>	1	MO
<i>budeprion xl</i>	1	MO
<i>bupropion hcl</i>	1	MO
<i>bupropion hcl sr</i>	1	MO
EFFEXOR XR	2	MO
<i>mirtazapine</i>	1	MO
<i>mirtazapine odt</i>	1	MO
<i>nefazodone hcl</i>	1	MO
<i>trazodone hcl</i>	1	MO
<i>venlafaxine hcl</i>	1	MO
<b>Monoamine Oxidase Inhibitors</b>		
MARPLAN	2	MO
NARDIL	2	MO
<i>tranlycypromine sulfate</i>	1	MO
<b>Serotonin/ Norepinephrine Reuptake Inhibitors</b>		
<i>citalopram hydrobromide</i>	1	MO
CYMBALTA	2	MO

Drug Name	Drug Tier	BI
<b>Antidepressants, continued</b>		
<i>fluoxetine hcl</i>	1	MO
<i>fluvoxamine maleate</i>	1	MO
LEXAPRO	2	MO
LUVOX CR	2	MO
<i>paroxetine hcl</i>	1	MO
<i>paroxetine hcl er</i>	1	MO
PRISTIQ	2	MO
PROZAC WEEKLY	2	MO
<i>selfemra</i>	1	MO
<i>sertraline hcl</i>	1	MO
SYMBYAX	2	MO
<i>venlafaxine hcl er</i>	1	MO
<b>Tricyclics</b>		
<i>amitriptyline hcl</i>	1	MO
<i>amoxapine</i>	1	MO
<i>chlordiazepoxide /amitriptyline</i>	1	RO
<i>clomipramine hcl</i>	1	MO
<i>desipramine hcl</i>	1	MO
<i>doxepin hcl</i>	1	MO
<i>imipramine hcl</i>	1	MO
<i>imipramine pamoate</i>	1	MO
<i>maprotiline hcl</i>	1	MO
<i>nortriptyline hcl</i>	1	MO
<i>perphenazine /amitriptyline</i>	1	MO
<i>protriptyline hcl</i>	1	MO
SURMONTIL CAPS	2	MO
100MG	2	MO
TOFRANIL-PM	2	MO
<i>trimipramine maleate</i>	1	MO
<b>Antidotes, Deterrents, and Toxicologic Agents</b>		
<b>Antidotes</b>		
CUPRIMINE	2	
EXJADE	2	MO
<i>fomepizole</i>	1	
<i>kionex</i>	1	
<i>sodium polystyrene sulfonate sps</i>	1	
<b>Deterrents</b>		
ANTABUSE	2	MO
<i>buproban</i>	1	
CAMPRAL	2	MO
<i>depade</i>	1	
NICOTROL INHALER	2	
<b>Toxicologic Agents</b>		
<i>naloxone hcl</i>	1	

Drug Name	Drug Tier	BI
<b>Antidotes, Deterrents, and Toxicologic Agents, continued</b>		
<i>naltrexone hcl</i>	1	
<b>Antiemetics</b>		
<b>Antiemetics</b>		
ANZEMET	2	PA
<i>compro</i>	1	
<i>dronabinol</i>	1	PA
EMEND	2	PA
<i>granisetron hcl</i>	1	PA
<i>granisol</i>	1	
<i>metoclopramide hcl</i>	1	MO
<i>ondansetron hcl</i>	1	PA
<i>ondansetron odt</i>	1	PA
<i>phenadoz</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	MO
<i>promethazine hcl</i>	1	
<i>promethegan</i>	1	
TRANSDERM-SCOP	2	
<i>trimethobenzamide hcl</i>	1	
<b>Antifungals</b>		
<b>Antifungals</b>		
<i>amphotericin b</i>	1	PA
ANCOBON	2	
<i>ciclopirox</i>	1	
<i>ciclopirox nail lacquer</i>	1	
<i>ciclopirox olamine</i>	1	
<i>clotrimazole</i>	1	
<i>clotrimazole/betamethasone dipropionate</i>	1	
<i>econazole nitrate</i>	1	
EXELDERM	2	
<i>fluconazole</i>	1	
<i>fluconazole in dextrose</i>	1	
<i>fluconazole in nacl</i>	1	
GRIFULVIN V	2	
<i>griseofulvin microsize</i>	1	
<i>itraconazole</i>	1	
<i>ketoconazole</i>	1	
<i>kuric</i>	1	
LOPROX SHAMPOO	2	
<i>miconazole 3</i>	1	
NAFTIN	2	
<i>nyamyc</i>	1	

Drug Name	Drug Tier	BI
<b>Antifungals, continued</b>		
<i>nystatin</i>	1	
<i>nystatin/triamcinolone</i>	1	
<i>nystop</i>	1	
OXISTAT	2	
<i>pedi-dri</i>	1	
<i>selenium sulfide</i>	1	
SPORANOX SOLN	2	
<i>terbinafine hcl</i>	1	
<i>terconazole</i>	1	
<i>zazole</i>	1	
<b>Antigout Agents</b>		
<i>Antigout Agents</i>		
<i>allopurinol</i>	1	MO
<i>allopurinol sodium</i>	1	MO
<i>colchicine</i>	1	MO
<i>probenecid</i>	1	MO
<i>probenecid/colchicine</i>	1	MO
<b>Antimigraine Agents</b>		
<i>Abortive</i>		
AXERT	2	QL
<i>dihydroergotamine mesylate</i>	1	
<i>ergotamine tartrate/caffeine</i>	1	
FROVA	2	QL
IMITREX STATDOSE	2	QL
REFILL INJ 6MG/0.5ML	2	QL
IMITREX STATDOSE	2	QL
SYSTEM	2	QL
IMITREX SOLN	2	QL
MAXALT	2	QL
MAXALT-MLT	2	QL
<i>migergot</i>	1	
MIGRANAL	2	
RELPAK	2	QL
<i>sumatriptan succinate</i>	1	QL
TREXIMET	2	
ZOMIG	2	QL
ZOMIG ZMT	2	QL
<b>Antimyasthenic Agents</b>		
<i>Parasympathomimetics</i>		
<i>bethanechol chloride</i>	1	
<i>guanidine hcl</i>	1	
MESTINON TIMESPAN	2	
<i>pyridostigmine bromide</i>	1	
<i>regonol</i>	1	

Drug Name	Drug Tier	BI
<b>Antimycobacterials</b>		
<i>Antimycobacterials, Other</i>		
<i>dapsone</i>	1	
MYCOBUTIN	2	
<i>Antituberculars</i>		
<i>ethambutol hcl</i>	1	
<i>isonarif</i>	1	
<i>isoniazid</i>	1	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
<b>Antineoplastics</b>		
<i>Alkylating Agents</i>		
ALKERAN	2	PA; SP
BUSULFEX	2	PA; SP
CEENU	2	
HEXALEN	2	
LEUKERAN	2	
MATULANE	2	SP
<i>thiotepa</i>	1	PA
TREANDA	2	SP
<i>Antiangiogenic Agents</i>		
REVLIMID	2	
THALOMID	4	SP
<i>Antiestrogens/Modifiers</i>		
EMCYT	2	
FARESTON	2	
FASLODEX	2	SP
<i>tamoxifen citrate</i>	1	
<i>Antimetabolites</i>		
<i>cladribine</i>	1	PA; SP
ELITEK	4	PA; SP
<i>fludarabine phosphate</i>	1	PA; SP
<i>fluorouracil</i>	1	PA
<i>hydroxyurea</i>	1	
<i>mercaptopurine</i>	1	
TABLOID	2	
<i>Antineoplastics, Other</i>		
<i>adriamycin</i>	1	PA
<i>amifostine</i>	1	
AVASTIN	2	PA; SP

Drug Name	Drug Tier	BI
<b>Antineoplastics, continued</b>		
<i>bleomycin sulfate</i>	1	PA
CAMPTOSAR	4	PA; SP
<i>carboplatin</i>	1	PA; SP
<i>cisplatin</i>	1	PA
COSMEGEN	2	PA
<i>cyclophosphamide</i>	1	PA
<i>cytarabine</i>	1	PA
<i>cytarabine aqueous</i>	1	PA
<i>dacarbazine</i>	1	PA
<i>daunorubicin hcl inj 20mg</i>	1	PA
<i>daunorubicin hcl inj 5mg/ml</i>	1	PA; SP
<i>doxorubicin hcl</i>	1	PA
ELOXATIN	4	SP
ELSPAR	2	PA
<i>epirubicin hcl</i>	1	PA; SP
<i>etoposide</i>	1	PA; SP
<i>firmagon</i>	1	
HYCANTIN	4	PA; SP
<i>idarubicin hcl</i>	1	PA
<i>ifosfamide</i>	1	PA
<i>ifosfamide/mesna</i>	1	PA
<i>irinotecan</i>	1	PA; SP
IXEMPRA KIT	2	PA; SP
<i>mesna</i>	1	PA
MESNEX	4	PA
<i>mitomycin</i>	1	PA
<i>mitoxantrone hcl</i>	1	PA; SP
ONCASPAR	4	PA
ONTAK	4	PA; SP
<i>onxol</i>	1	PA; SP
<i>paclitaxel</i>	1	PA; SP
<i>pentostatin</i>	1	SP
PROLEUKIN	4	SP

Drug Name	Drug Tier	BI
<b>Antineoplastics, continued</b>		
TAXOTERE	2	PA; SP
<i>toposar</i>	1	PA
TRISENOX	2	PA
TYKERB	2	
<i>vinblastine sulfate</i>	1	PA
<i>vincasar pfs</i>	1	PA
<i>vincristine sulfate</i>	1	PA
<i>vinorelbine tartrate</i>	1	PA; SP
<b>Aromatase Inhibitors, 3rd Generation</b>		
ARIMIDEX	2	
AROMASIN	2	
FEMARA	2	
<b>Molecular Target Inhibitors</b>		
GLEEVEC	2	SP
IRESSA	4	
NEXAVAR	2	SP
SPRYCEL	4	SP
SUTENT	2	SP
TARCEVA	2	SP
TASIGNA	2	
<b>Monoclonal Antibodies</b>		
CAMPATH	4	PA; SP
ERBITUX	2	PA; SP
HERCEPTIN	4	PA; SP
MYLOTARG	4	PA; SP
RITUXAN	2	PA; SP
<b>Retinoids</b>		
TARGRETIN	4	SP
<i>tretinoin</i>	1	
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
BILTRICIDE	2	
<i>mebendazole</i>	1	
STROMECTOL	2	
<b>Antiprotozoals</b>		
<i>chloroquine phosphate</i>	1	
<i>daraprim</i>	1	
<i>hydroxychloroquine sulfate</i>	1	

Drug Name	Drug Tier	BI
<b>Antiparasitics, continued</b>		
<i>mefloquine hcl</i>	1	
MEPRON	4	
NEBUPENT	2	
<i>primaquine phosphate</i>	1	
<i>qualaquin</i>	1	
TINDAMAX	2	
<b>Pediculicides/ Scabicides</b>		
<i>acticin</i>	1	
EURAX	2	
<i>lindane</i>	1	
<i>permethrin</i>	1	
<b>Antiparkinson Agents</b>		
<b>Antiparkinson Agents</b>		
<i>amantadine hcl</i>	1	
<i>atamet</i>	1	
<i>benztropine mesylate</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa cr</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa/levodopa sr</i>	1	
COGENTIN	2	
COMTAN	2	
LODOSYN	2	
MIRAPEX	2	
<i>ropinirole hcl</i>	1	
<i>selegiline hcl</i>	1	
TASMAR	2	
<i>trihexyphenidyl hcl</i>	1	
<b>Antipsychotics</b>		
<b>Atypicals</b>		
ABILIFY DISCMELT	2	MO
ABILIFY INJ	2	
ABILIFY ORAL SOLN, TABS	2	MO
<i>clozapine</i>	1	
GEODON	2	MO
RISPERDAL CONSTA	2	
RISPERDAL M-TAB	2	MO
TBDP 1MG	2	MO
<i>risperidone</i>	1	MO
<i>risperidone odt tbdp</i>	1	MO
SEROQUEL	2	MO
SEROQUEL XR	2	MO
SYMBYAX	2	MO

Drug Name	Drug Tier	BI
<b>Antipsychotics, continued</b>		
ZYPREXA ZYDIS	2	MO
ZYPREXA INJ	2	
ZYPREXA TABS	2	MO
<b>Conventional</b>		
<i>chlorpromazine hcl inj</i>	1	
<i>chlorpromazine hcl tabs</i>	1	MO
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl inj</i>	1	
<i>fluphenazine hcl conc, elix, tabs</i>	1	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
<i>loxapine succinate</i>	1	MO
ORAP	2	MO
<i>perphenazine</i>	1	MO
<i>thioridazine hcl</i>	1	MO
<i>thiothixene</i>	1	MO
<i>trifluoperazine hcl</i>	1	MO
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen</i>	1	MO
<i>dantrolene sodium</i>	1	
<i>tizanidine hcl</i>	1	MO
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
CYTOVENE	2	PA
<i>foscarnet sodium</i>	1	PA
FOSCAVIR	4	PA
<i>ganciclovir</i>	1	MO
VALCYTE	4	MO
VISTIDE	4	
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors</b>		
INTELENCE	2	MO
RESCRIPTOR	2	MO
SUSTIVA	2	MO
VIRAMUNE	2	MO
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors</b>		
COMBIVIR	2	MO
<i>didanosine</i>	1	MO
EMTRIVA	2	MO

Drug Name	Drug Tier	BI
<b>Antivirals, continued</b>		
EPIVIR	2	MO
EPIVIR HBV	2	MO
EPZICOM	2	MO
RETROVIR IV INFUSION	2	
<i>stavudine</i>	1	MO
TRIZIVIR	2	MO
TRUVADA	4	MO
VIDEX PEDIATRIC	2	MO
VIREAD	2	MO
ZIAGEN	2	MO
<i>zidovudine</i>	1	MO
<b>Anti-HIV Agents, Other</b>		
FUZEON	2	SP
ISENTRESS	2	MO
SELZENTRY	2	MO
<b>Anti-HIV Agents, Protease Inhibitors</b>		
APTIVUS	2	MO
CRIXIVAN	2	MO
INVIRASE	4	MO
KALETRA	2	MO
LEXIVA	2	
NORVIR	2	MO
REYATAZ	2	MO
VIRACEPT	2	MO
<b>Anti-influenza Agents</b>		
RELENZA DISKHALER	2	
<i>rimantadine hcl</i>	1	
TAMIFLU	2	
<b>Antih hepatitis Agents</b>		
COPEGUS	4	SP
HEPSERA	2	MO
<i>ribapak</i>	1	SP
<i>ribasphere</i>	1	SP
<i>ribavirin</i>	1	SP
<b>Antiherpetic Agents</b>		
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	
DENAVIR	2	
<i>famciclovir</i>	1	
VALTREX	2	
ZOVIRAX CREA, OINT	2	

Drug Name	Drug Tier	BI
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>alprazolam xr</i>	1	EB
<i>buspirone hcl</i>	1	
<i>clorazepate dipotassium</i>	1	EB
<i>diazepam</i>	1	EB
<i>meprobamate</i>	1	
<i>tranxene t</i>	1	EB
<b>Bipolar Agents</b>		
<b>Bipolar Agents</b>		
LAMICTAL		
STARTER/NOT TAKING	2	MO
CARBAMAZEPINE		
<i>lithium carbonate</i>	1	MO
<i>lithium carbonate er</i>	1	MO
<i>lithium citrate</i>	1	MO
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose</i>	1	MO
ACTOPLUS MET	2	MO
ACTOS	2	MO
AVANDAMET	2	MO
AVANDARYL	2	MO
AVANDIA	2	MO
BYETTA	2	MO
<i>chlorpropamide</i>	1	MO
DUETACT	2	MO
<i>glimepiride</i>	1	MO
<i>glipizide</i>	1	MO
<i>glipizide er</i>	1	MO
<i>glipizide xl</i>	1	MO
<i>glipizide/metformin hcl</i>	1	MO
<i>glyburide</i>	1	MO
<i>glyburide micronized</i>	1	MO
<i>glyburide/metformin hcl</i>	1	MO
<i>glycron tabs 1.5mg, 3mg, 6mg</i>	1	MO
GLYSET	2	MO
JANUMET	2	MO
JANUVIA	2	MO
<i>metformin hcl</i>	1	MO
<i>metformin hcl er</i>	1	MO
PRANDIN	2	MO
STARLIX	2	MO
SYMLIN	2	MO
SYMLINPEN 120	2	MO
SYMLINPEN 60	2	MO

Drug Name	Drug Tier	BI
<b>Blood Glucose Regulators, continued</b>		
<i>tolazamide</i>	1	MO
<i>tolbutamide</i>	1	MO
<b>Glycemic Agents</b>		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
<b>Insulins</b>		
HUMALOG	2	MO
HUMALOG MIX 50/50	2	MO
HUMALOG MIX 75/25	2	MO
HUMULIN 50/50	2	MO
HUMULIN 70/30	2	MO
HUMULIN N	2	MO
HUMULIN R	2	MO
HUMULIN R U-500 (CONCENTRATED)	2	MO
LANTUS	2	MO
LANTUS FOR OPTICLIK	2	MO
<b>Blood Products/Modifiers/ Volume Expanders</b>		
<b>Anticoagulants</b>		
ARIXTRA	4	
COUMADIN INJ	2	
COUMADIN TABS	2	MO
FRAGMIN	2	
<i>heparin sodium</i>	1	
<i>heparin sodium dcu</i>	1	
<i>heparin sodium/d5w</i>	1	
<i>heparin sodium/nacl 0.9%</i>	1	
<i>jantoven</i>	1	MO
LOVENOX	2	
<i>warfarin sodium</i>	1	MO
<b>Blood Formation Products</b>		
ARANESP ALBUMIN FREE	4	SP
EPOGEN	4	SP
LEUKINE	2	SP
NEULASTA	2	SP
NEUPOGEN	2	SP
PROCRIT	4	SP
<b>Blood Products/Modifiers/ Volume Expanders</b>		
PROMACTA	4	
<b>Coagulants</b>		
CYKLOKAPRON	2	
<b>Platelet Aggregation Inhibitors</b>		

Drug Name	Drug Tier	BI
<b>Blood Products/Modifiers/ Volume Expanders, continued</b>		
<i>cilostazol</i>	1	MO
<i>dipyridamole</i>	1	MO
PLAVIX	2	MO
<i>ticlopidine hcl</i>	1	MO
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
CATAPRES-TTS-1	2	MO
CATAPRES-TTS-2	2	MO
CATAPRES-TTS-3	2	MO
<i>clonidine hcl</i>	1	MO
<i>clorpres</i>	1	MO
<i>guanabenz acetate</i>	1	MO
<i>guanfacine hcl</i>	1	MO
<i>methyldopa</i>	1	MO
<i>methyldopa /hydrochlorothiazide</i>	1	MO
<i>methyldopate hcl</i>	1	
<i>midodrine hcl</i>	1	
<b>Alpha-adrenergic Blocking Agents</b>		
DIBENZYLINE	2	
<i>prazosin hcl</i>	1	MO
<i>reserpine</i>	1	MO
<b>Antiarrhythmics</b>		
<i>amiodarone hcl inj</i>	1	
<i>amiodarone hcl tabs</i>	1	MO
<i>disopyramide phosphate</i>	1	MO
<i>disopyramide phosphate er</i>	1	MO
<i>flecainide acetate</i>	1	MO
<i>mexiletine hcl</i>	1	MO
NORPACE CR CP12 100MG	2	MO
PACERONE TABS 100MG, 300MG	2	MO
<i>pacerone tabs 200mg</i>	1	MO
<i>procainamide hcl</i>	1	
<i>propafenone hcl</i>	1	MO
<i>quinidine gluconate</i>	1	MO
<i>quinidine gluconate cr</i>	1	MO
<i>quinidine gluconate er</i>	1	MO
<i>quinidine gluconate sa</i>	1	MO
<i>quinidine sulfate</i>	1	MO
<i>quinidine sulfate er</i>	1	MO
RYTHMOL SR	2	MO

Drug Name	Drug Tier	BI
<b>Cardiovascular Agents, continued</b>		
<i>sorine</i>	1	MO
<i>sotalol hcl</i>	1	MO
TIKOSYN	2	
<i>verapamil hcl er</i>	1	MO
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hcl</i>	1	MO
<i>atenolol</i>	1	MO
<i>atenolol/chlorthalidone</i>	1	MO
<i>betaxolol hcl</i>	1	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol fumarate/ hydrochlorothiazide</i>	1	MO
CARTROL	2	MO
<i>carvedilol</i>	1	MO
COREG CR	2	MO
<i>labetalol hcl</i>	1	MO
<i>metoprolol</i>	1	MO
<i>/hydrochlorothiazide</i>		
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate</i>	1	MO
<i>nadolol</i>	1	MO
<i>nadolol /bendroflumethiazide</i>	1	MO
<i>pindolol</i>	1	MO
<i>propranolol</i>	1	MO
<i>/hydrochlorothiazide</i>		
<i>propranolol hcl</i>	1	MO
<i>propranolol hcl er</i>	1	MO
<i>timolide 10/25</i>	1	MO
<i>timolol maleate</i>	1	MO
TOPROL XL	2	MO
<b>Calcium Channel Blocking Agents</b>		
<i>afeditab cr</i>	1	MO
<i>amlodipine besylate</i>	1	MO
CARDIZEM LA	2	MO
<i>cartia xt</i>	1	MO
<i>dilt-cd cp24 120mg, 180mg, 240mg</i>	1	MO
<i>dilt-xr</i>	1	MO
<i>diltiazem cd</i>	1	MO
<i>diltiazem hcl</i>	1	MO
<i>diltiazem hcl er</i>	1	MO
<i>diltzac</i>	1	MO
DYNACIRC CR	2	MO
<i>felodipine er</i>	1	MO
<i>isradipine</i>	1	MO
<i>nicardipine hcl inj</i>	1	

Drug Name	Drug Tier	BI
<b>Cardiovascular Agents, continued</b>		
<i>nicardipine hcl caps</i>	1	MO
<i>nifediac cc</i>	1	MO
<i>nifedical xl</i>	1	MO
<i>nifedipine</i>	1	MO
<i>nifedipine er</i>	1	MO
<i>nimodipine</i>	1	MO
<i>nisoldipine</i>	1	MO
SULAR	2	MO
<i>taztia xt</i>	1	MO
<i>verapamil hcl er</i>	1	MO
<i>verapamil hcl inj</i>	1	
<i>verapamil hcl tabs</i>	1	MO
<b>Cardiovascular Agents, Other</b>		
<i>digoxin</i>	1	MO
LANOXIN	1	MO
RANEXA	2	MO
<b>Diuretics</b>		
<i>acetazolamide</i>	1	MO
<i>acetazolamide sodium</i>	1	MO
<i>amiloride /hydrochlorothiazide</i>	1	MO
<i>amiloride hcl</i>	1	MO
<i>bumetanide inj</i>	1	
<i>bumetanide tabs</i>	1	MO
<i>chlorothiazide</i>	1	MO
<i>chlorthalidone</i>	1	MO
<i>furosemide</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>methyclothiazide</i>	1	MO
<i>metolazone</i>	1	MO
<i>toremide</i>	1	MO
<i>triamterene</i>	1	MO
<i>/hydrochlorothiazide</i>		
<b>Dyslipidemics</b>		
ANTARA	2	MO
CADUET	2	MO
<i>cholestyramine</i>	1	MO
<i>cholestyramine light</i>	1	MO
COLESTID FLAVORED	2	MO
COLESTID PACK	2	MO
<i>colestipol hcl</i>	1	MO
CRESTOR	2	MO
<i>fenofibrate</i>	1	MO
<i>fenofibrate micronized</i>	1	MO
<i>gemfibrozil</i>	1	MO
LIPITOR	2	MO

Drug Name	Drug Tier	BI
<b>Cardiovascular Agents, continued</b>		
<i>lovastatin</i>	1	MO
LOVAZA	2	MO
<i>niacor</i>	1	
NIASPAN	2	MO
<i>pravastatin sodium</i>	1	MO
<i>prevalite</i>	1	MO
<i>simvastatin</i>	1	MO
TRICOR	2	MO
TRIGLIDE	2	MO
VYTORIN	2	MO
WELCHOL	2	MO
ZETIA	2	MO
<b>Renin-angiotensin-aldosterone System Inhibitors</b>		
ALDACTAZIDE	2	MO
<i>amlodipine besylate/benazepril hydrochloride</i>	1	MO
AZOR	2	MO
<i>benazepril hcl</i>	1	MO
<i>benazepril hcl/hydrochlorothiazide</i>	1	MO
BENICAR	2	MO
BENICAR HCT	2	MO
<i>captopril</i>	1	MO
<i>captopril /hydrochlorothiazide</i>	1	MO
COZAAR	2	MO
DIOVAN	2	MO
DIOVAN HCT	2	MO
<i>enalapril maleate</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	1	MO
EXFORGE	2	MO
EXFORGE HCT	2	MO
<i>fosinopril sodium</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
HYZAAR	2	MO
<i>lisinopril</i>	1	MO
<i>lisinopril /hydrochlorothiazide</i>	1	MO
LOTREL CAPS 10MG; 40MG, 5MG; 40MG	2	MO
<i>moexipril /hydrochlorothiazide</i>	1	MO
<i>moexipril hcl</i>	1	MO
<i>quinapril /hydrochlorothiazide</i>	1	MO
<i>quinapril hcl</i>	1	MO

Drug Name	Drug Tier	BI
<b>Cardiovascular Agents, continued</b>		
<i>quinaretic</i>	1	MO
<i>ramipril</i>	1	MO
<i>spironolactone</i>	1	MO
<i>spironolactone /hydrochlorothiazide</i>	1	MO
TARKA	2	MO
TEKTRNA	2	MO
TEKTRNA HCT	2	MO
<i>trandolapril</i>	1	MO
<b>Vasodilators</b>		
<i>hydralazine hcl</i>	1	MO
<i>isochron</i>	1	MO
ISORDIL TITRADOSE	2	MO
TABS 40MG	2	MO
<i>isosorbide dinitrate</i>	1	MO
<i>isosorbide dinitrate er</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO
<i>minitran</i>	1	MO
<i>minoxidil</i>	1	MO
<i>nitroglycerin</i>	1	MO
<i>nitroglycerin transdermal</i>	1	MO
NITROLINGUAL	2	MO
PUMPSPRAY	2	MO
<i>rauwolfia /bendroflumethiazide</i>	1	
REMODULIN	2	PA
VENTAVIS	2	
<b>Central Nervous System Agents</b>		
<b>Amphetamines, ADHD</b>		
<i>amphetamine salt combo</i>	1	RO
<i>dextroamphetamine sulfate</i>	1	RO
<i>dextroamphetamine sulfate er</i>	1	RO
LIQUADD	2	RO
<b>Non-amphetamines, ADHD</b>		
CONCERTA	2	RO
<i>dexmethylphenidate hcl</i>	1	RO
<i>metadate er</i>	1	RO
<i>methylin er</i>	1	RO
<i>methylin tabs</i>	1	RO
<i>methylphenidate hcl</i>	1	RO
<i>methylphenidate hcl sr</i>	1	RO
RITALIN LA	2	RO
STRATTERA	2	
<b>Non-amphetamines, Other</b>		
PROVIGIL	2	
RILUTEK	4	MO

Drug Name	Drug Tier	BI
<b>Dental and Oral Agents</b>		
<i>Dental and Oral Agents</i>		
<i>chlorhexidine gluconate</i>	1	
<i>chlorhexidine gluconate oral rinse</i>	1	
KEPIVANCE	2	PA
<i>periogard</i>	1	
<i>pilocarpine hcl</i>	1	MO
<i>pilocarpine hydrochloride</i>	1	MO
<i>triamcinolone in orabase</i>	1	
<b>Dermatological Agents</b>		
<i>Dermatological Agents</i>		
ALDARA	2	
AMEVIVE	4	SP
<i>ammonium lactate</i>	1	
<i>amnestem</i>	1	
<i>avita</i>	1	
AZELEX	2	
BENZACLIN CARE KIT	2	
<i>calcipotriene</i>	1	
CARAC	2	
<i>claravis</i>	1	
<i>clindamycin phosphate</i>	1	
CONDYLOX GEL	2	
DIFFERIN	2	
DOVONEX CREA	2	
ELIDEL	2	
<i>erythromycin/benzoyl peroxide</i>	1	
<i>fluorouracil</i>	1	
<i>laclotion</i>	1	
OXSORALEN	2	
OXSORALEN ULTRA	2	
<i>podocon 25 in benzoin tincture</i>	1	
<i>podofilox</i>	1	
PROTOPIC	2	
REGRANEX	2	
RETIN-A MICRO	2	
SANTYL	2	
SOLARAZE	2	
<i>sotret</i>	1	
TACLONEX	2	
TACLONEX SCALP	2	
TAZORAC	2	
<i>tretinoin</i>	1	
<b>Enzyme Replacements/ Modifiers</b>		
<i>Enzyme Replacements/ Modifiers</i>		
CEREZYME	2	SP

Drug Name	Drug Tier	BI
<b>Enzyme Replacements/ Modifiers</b>		
CREON	2	MO
FABRAZYME	4	SP
<i>lipram 4500</i>	1	MO
<i>lipram-pn10</i>	1	MO
<i>lipram-pn16</i>	1	MO
<i>lipram-pn20</i>	1	MO
<i>lipram-ul12</i>	1	MO
<i>lipram-ul18</i>	1	MO
<i>lipram-ul20</i>	1	MO
PANCRECARB MS-16	2	MO
PANCRECARB MS-4	2	MO
PANCRECARB MS-8	2	MO
<i>pancrelipase</i>	1	MO
<i>pancrelipase mst-16</i>	1	MO
<i>pancron 10</i>	1	MO
<i>pancron 20</i>	1	MO
PULMOZYME	2	PA
<i>ultrase</i>	1	MO
ULTRASE MT 12	2	MO
ULTRASE MT 18	2	MO
ULTRASE MT 20	2	MO
<b>Gastrointestinal Agents</b>		
<i>Antispasmodics, Gastrointestinal</i>		
<i>atropine sulfate</i>	1	
<i>dicyclomine hcl</i>	1	
<i>glycopyrrolate</i>	1	
<i>methscopolamine bromide</i>	1	
<i>propantheline bromide</i>	1	
<i>Gastrointestinal Agents, Other</i>		
AMITIZA	2	MO
<i>colyte</i>	1	
<i>colyte-flavor packs</i>	1	
<i>constulose</i>	1	
DIPENTUM	2	MO
<i>diphenoxylate/atropine</i>	1	
<i>emulose</i>	1	MO
GASTROCROM	2	MO
<i>generlac</i>	1	MO
GOLYTELY	2	
HALFLYTELY BOWEL	2	
PREP	2	
KRISTALOSE	2	
<i>lactulose</i>	1	
<i>lofene</i>	1	
<i>lonox</i>	1	
<i>loperamide hcl</i>	1	

Drug Name	Drug Tier	BI
<b>Gastrointestinal Agents, continued</b>		
<i>metoclopramide hcl</i>	1	MO
MOVIPREP	2	
NULYTELY/FLAVOR PACKS	2	
<i>peg 3350/electrolytes</i>	1	
<i>polyethylene glycol 3350</i>	1	
<i>trilyte</i>	1	
<i>ursodiol tabs</i>	1	
<i>ursodiol caps</i>	1	MO
VISICOL	2	
<b>Histamine2 (H2) Blocking Agents</b>		
<i>cimetidine</i>	1	MO
<i>cimetidine hcl</i>	1	MO
<i>famotidine premixed</i>	1	
<i>famotidine inj</i>	1	
<i>famotidine tabs</i>	1	MO
<i>nizatidine</i>	1	MO
<i>ranitidine hcl inj</i>	1	
<i>ranitidine hcl caps, syrp, tabs</i>	1	MO
<b>Irritable Bowel Syndrome Agents</b>		
LOTRONEX	2	MO
<b>Protectants</b>		
<i>misoprostol</i>	1	MO
<i>sucralfate</i>	1	MO
<b>Proton Pump Inhibitors</b>		
NEXIUM	2	MO
NEXIUM I.V.	2	
<i>omeprazole</i>	1	MO
<i>pantoprazole sodium</i>	1	MO
PREVACID	2	MO
PREVACID SOLUTAB	2	MO
PROTONIX	2	MO
ZEGERID PACK	2	MO
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
DETROL	2	MO
DETROL LA	2	MO
ENABLEX	2	MO
<i>flavoxate hcl</i>	1	MO
<i>oxybutynin chloride</i>	1	MO
<i>oxybutynin chloride er</i>	1	MO
OXYTROL	2	MO
<b>Benign Prostatic Hypertrophy Agents</b>		
AVODART	2	MO

Drug Name	Drug Tier	BI
<b>Genitourinary Agents, continued</b>		
<i>doxazosin mesylate</i>	1	MO
<i>finasteride</i>	1	MO
FLOMAX	2	MO
<i>terazosin hcl</i>	1	MO
UROXATRAL	2	MO
<b>Genitourinary Agents, Other</b>		
ELMIRON	2	
THIOLA	2	
<b>Phosphate Binders</b>		
<i>calcium acetate</i>	1	MO
FOSRENOL	2	MO
<b>Hormonal Agents, Stimulant/Replacement/ Modifying (Adrenal)</b>		
<b>Glucocorticoids/Mineralocorticoids</b>		
<i>a-hydrocort</i>	1	
<i>a-methapred</i>	1	
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>alphatrex</i>	1	
<i>amcinonide</i>	1	
<i>augmented betamethasone dipropionate</i>	1	
<i>beta-val</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
CAPEX	2	
<i>clobetasol propionate</i>	1	
<i>clobetasol propionate e</i>	1	
CLOBEX	2	
CORDRAN TAPE	2	
<i>cormax</i>	1	
<i>cortisone acetate</i>	1	
<i>del-beta</i>	1	
DEPO-MEDROL INJ 20MG/ML	2	
DERMA-SMOOTH/FS BODY OIL	2	
DERMA-SMOOTH/FS SCALP OIL	2	
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
<i>dexamethasone</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>diflorasone diacetate</i>	1	

Drug Name	Drug Tier	BI
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal), continued</b>		
<i>fludrocortisone acetate</i>	1	
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide emollient base</i>	1	
<i>fluticasone propionate</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone in absorbbase</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>isovate</i>	1	
<i>locoid oint, soln</i>	1	
<i>lokara</i>	1	
LUXIQ	2	
<i>methylprednisolone</i>	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sodiumsuccinate</i>	1	
MILLIPRED	2	
<i>mometasone furoate</i>	1	
OLUX-E	2	
<i>prednicarbate</i>	1	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
<i>procto-kit</i>	1	
<i>procto-pak</i>	1	
<i>proctocream-hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
<i>texacort soln 1%</i>	1	
<i>triamcinolone acetonide</i>	1	
<i>triamcinolone acetonide in absorbbase</i>	1	
<i>triderm</i>	1	
<i>u-cort</i>	1	
VERIPRED 20	2	

Drug Name	Drug Tier	BI
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</i>		
<i>desmopressin acetate</i>	1	MO
GENOTROPIN	2	SP
<i>minirin</i>	1	MO
NORDITROPIN		
NORDIFLEX PEN INJ 10MG/1.5ML	4	SP
<i>novarel</i>	1	SP
NUTROPIN AQ PEN INJ 20MG/2ML	4	
NUTROPIN AQ PEN INJ 10MG/2ML	4	SP
OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML	4	
OMNITROPE INJ 5.8MG	4	SP
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	1	SP
STIMATE	2	MO
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>		
<i>Anabolic Steroids</i>		
<i>oxandrolone</i>	1	
<i>Androgens</i>		
ANDRODERM	2	
ANDROGEL	2	
ANDROGEL PUMP	2	
ANDROID	2	
ANDROXY	2	
<i>danazol</i>	1	
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
TESTRED	2	
<i>Estrogens</i>		
CENESTIN	2	MO
DEPO-ESTRADIOL	2	
ESTRACE CREA	2	MO
ESTRADERM	2	MO
<i>estradiol</i>	1	MO
<i>estradiol valerate</i>	1	
<i>estradiol/norethindrone acetate</i>	1	MO

Drug Name	Drug Tier	BI
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers), continued</b>		
ESTRING	2	MO
<i>estropipate</i>	1	MO
GYNODIOL TABS 1.5MG	2	MO
<i>gynodiol tabs 0.5mg, 1mg, 2mg</i>	1	MO
<i>ocella</i>	1	MO
<i>ortho-est</i>	1	MO
PREMARIN	2	MO
PREMARIN W/APPLICATOR	2	MO
<i>tri-legest fe</i>	1	MO
<i>tri-lo-sprintec</i>	1	MO
VAGIFEM	2	MO
VIVELLE-DOT	2	MO
<b>Progestins</b>		
<i>apri</i>	1	MO
<i>aranelle</i>	1	MO
<i>aviane</i>	1	MO
<i>balziva</i>	1	MO
<i>camila</i>	1	MO
<i>cesia</i>	1	MO
CLIMARA PRO	2	MO
COMBIPATCH	2	MO
<i>cryselle-28</i>	1	MO
DEPO-PROVERA	2	
<i>enpresse-28</i>	1	MO
<i>errin</i>	1	MO
FEMHRT 1/5	2	MO
FEMHRT LOW DOSE	2	MO
<i>jolessa</i>	1	MO
<i>jolivette</i>	1	MO
<i>junel 1.5/30</i>	1	MO
<i>junel 1/20</i>	1	MO
<i>junel fe 1.5/30</i>	1	MO
<i>junel fe 1/20</i>	1	MO
<i>kariva</i>	1	MO
<i>kelnor 1/35</i>	1	MO
<i>leena</i>	1	MO
<i>lessina-28</i>	1	MO
<i>levora 0.15/30-28</i>	1	MO
LOESTRIN 24 FE	2	MO
<i>low-ogestrel</i>	1	MO
<i>lutera</i>	1	MO
<i>medroxyprogesterone acetate</i>	1	MO

Drug Name	Drug Tier	BI
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers), continued</b>		
MEGACE ES	2	MO
<i>megestrol acetate</i>	1	
<i>microgestin 1.5/30</i>	1	MO
<i>microgestin 1/20</i>	1	MO
<i>microgestin fe</i>	1	MO
<i>microgestin fe 1.5/30</i>	1	MO
<i>mononessa</i>	1	MO
<i>necon 0.5/35-28</i>	1	MO
<i>necon 1/35-28</i>	1	MO
<i>necon 1/50-28</i>	1	MO
<i>necon 10/11-28</i>	1	MO
<i>necon 7/7/7</i>	1	MO
<i>nora-be</i>	1	MO
<i>norethindrone acetate</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7</i>	1	MO
NUVARING	2	MO
<i>ogestrel</i>	1	MO
ORTHO EVRA	2	MO
OVCON-50 28	2	MO
<i>portia-28</i>	1	MO
PREMPHASE	2	MO
PREMPRO	2	MO
<i>previfem</i>	1	MO
PROMETRIUM	2	
<i>quasense</i>	1	MO
<i>reclipsen</i>	1	MO
<i>solia</i>	1	MO
<i>sprintec 28</i>	1	MO
<i>sronyx</i>	1	MO
<i>tri-previfem</i>	1	MO
<i>tri-sprintec</i>	1	MO
<i>trinessa</i>	1	MO
<i>trivora-28</i>	1	MO
<i>velivet</i>	1	MO
YAZ	2	MO
<i>zovia 1/35e</i>	1	MO
<i>zovia 1/50e</i>	1	MO
<b>Selective Estrogen Receptor Modifying Agents</b>		
EVISTA	2	MO

Drug Name	Drug Tier	BI
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</i>		
<i>levothroid</i>	1	MO
<i>levothyroxine sodium</i>	1	MO
<i>levoxyl</i>	1	MO
<i>liothyronine sodium</i>	1	MO
SYNTHROID	2	MO
<i>unithroid</i>	1	MO
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN	2	
<b>Hormonal Agents, Suppressant (Parathyroid)</b>		
<i>Hormonal Agents, Suppressant (Parathyroid)</i>		
SENSIPAR	2	MO
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	1	MO
<i>leuprolide acetate</i>	1	SP
LUPRON 2 WEEK SUPPLY	4	SP
LUPRON DEPOT	4	SP
LUPRON DEPOT-PED	4	SP
<i>octreotide acetate</i>	1	SP
SANDOSTATIN LAR DEPOT	2	SP
SOMATULINE DEPOT	2	SP
SOMAVERT	2	
<b>Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)</b>		
<i>Antiandrogens</i>		
<i>bicalutamide</i>	1	
<i>flutamide</i>	1	
NILANDRON	2	
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>Antithyroid Agents</i>		
<i>methimazole</i>	1	MO
<i>propylthiouracil</i>	1	MO

Drug Name	Drug Tier	BI
<b>Immunological Agents</b>		
<i>Immune Suppressants</i>		
<i>azathioprine</i>	1	PA
<i>azathioprine sodium</i>	1	PA
CELLCEPT	4	PA; SP
CELLCEPT INTRAVENOUS	4	PA; SP
CIMZIA	4	SP
<i>cyclosporine</i>	1	PA; SP
<i>cyclosporine modified caps 50mg</i>	1	PA; SP
<i>cyclosporine modified soln</i>	1	PA; SP
ENBREL	4	SP
ENBREL SURECLICK	4	SP
<i>gengraf</i>	1	PA; SP
HUMIRA	4	SP
HUMIRA PEN	4	SP
HUMIRA PEN-CROHNS DISEASESTARTER	4	SP
<i>methotrexate</i>	1	PA
<i>methotrexate sodium</i>	1	PA
<i>mycophenolate mofetil</i>	1	PA; SP
PROGRAF	2	PA; SP
RAPAMUNE	2	PA; SP
REMICADE	4	SP
SIMPONI	4	SP
<i>Immunizing Agents, Passive</i>		
<i>carimune nanofiltered</i>	1	PA; SP
<i>flebogamma</i>	1	PA; SP
<i>gamastan s/d</i>	1	PA
GAMMAGARD LIQUID	4	PA; SP
<i>polygam s/d</i>	1	PA; SP
<i>Immunomodulators</i>		
ACTIMMUNE	4	
ARCALYST	4	MO

Drug Name	Drug Tier	BI
<b>Immunological Agents, continued</b>		
AVONEX	2	SP
BETASERON	2	SP
COPAXONE	4	SP
INFERGEN	2	SP
INTRON-A	4	SP
INTRON-A W/DILUENT	4	SP
KINERET	4	SP
<i>leflunomide</i>	1	MO
PEG-INTRON	2	SP
PEG-INTRON REDIPEN	2	SP
PEG-INTRON REDIPEN	2	SP
PAK 4	2	SP
REBIF	2	SP
REBIF TITRATION	2	SP
PACK	2	SP
RIDAURA	2	MO
<b>Vaccines</b>		
ATTENUVAX	2	
COMVAX	2	
DAPTACEL	2	
DIPHTHERIA/TETANUS TOXOID PEDIATRIC	2	
ENGERIX-B	2	PA
HAVRIX	2	
HIBTITER	2	
IMOVAX RABIES (H.D.C.V.)	2	
IPOL INACTIVATED IPV	2	
JE-VAX	2	
M-M-R II W/DILUENT 10 DOSE	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
TETANUS TOXOID ADSORBED	2	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	2	
TWINRIX	2	

Drug Name	Drug Tier	BI
<b>Immunological Agents, continued</b>		
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VIVOTIF BERNA	2	
ZOSTAVAX	2	
<b>Inflammatory Bowel Disease Agents</b>		
<b>Glucocorticoids</b>		
<i>colocort</i>	1	
ENTOCORT EC	2	
<i>hydrocortisone</i>	1	
<i>methylprednisolone</i>	1	
MILLIPRED	2	
<b>Salicylates</b>		
ASACOL	2	MO
ASACOL HD	2	MO
<i>balsalazide disodium</i>	1	MO
CANASA	2	MO
<i>mesalamine</i>	1	MO
<b>Sulfonamides</b>		
<i>sulfasalazine</i>	1	MO
<i>sulfazine</i>	1	MO
<i>sulfazine ec</i>	1	MO
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
ACTONEL	2	MO
ACTONEL WITH CALCIUM	2	MO
<i>alendronate sodium</i>	1	MO
BONIVA	2	MO
<i>calcitonin-salmon</i>	1	MO
<i>calcitriol</i>	1	MO
<i>etidronate disodium</i>	1	MO
FORTEO	4	SP
<i>fortical</i>	1	MO
FOSAMAX PLUS D	2	MO
FOSAMAX SOLN	2	MO
HECTOROL	2	MO
MIACALCIN INJ	2	MO
<i>pamidronate disodium</i>	1	
SKELID	2	MO
ZEMPLAR INJ	2	
ZEMPLAR CAPS	2	MO
ZOMETETA	2	PA; SP

Drug Name	Drug Tier	BI
<b>Miscellaneous Therapeutic Agents</b>		
<i>Miscellaneous Therapeutic Agents</i>		
<i>alcohol 5%/dextrose 5%</i>	1	
<i>alcohol preps</i>	1	
<i>anagrelide hydrochloride</i>	1	
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	1	
<i>bd insulin syringe ultrafine/0.3ml/31g x 5/16"</i>	1	
<i>bd insulin syringe ultrafine/0.5ml/30g x 1/2"</i>	1	
<i>bd insulin syringe ultrafine/1ml/31g x 5/16"</i>	1	
<i>curity gauze pads 2"x2"</i>	1	
<i>dexrazoxane</i>	1	PA
<i>intralipid inj 2.25%; 20%</i>	1	PA
<i>levocarnitine</i>	1	
<i>liposyn iii</i>	1	PA
<i>pentopak</i>	1	
<i>pentoxifylline er</i>	1	
<i>pentoxil</i>	1	
<i>sterile water irrigation</i>	1	
<b>Ophthalmic Agents</b>		
<i>Ophthalmic Agents, Other</i>		
<i>ak-con</i>	1	
<i>ak-poly-bac</i>	1	
<i>ak-tob</i>	1	
<i>bac /poly /neomy /hc</i>	1	
<i>bacitracin</i>	1	
<i>bacitracin/polymyxin b</i>	1	
<b>CILOXAN</b>	2	
<i>genoptic</i>	1	
<i>gentak</i>	1	
<i>gentasol</i>	1	
<i>mydral</i>	1	MO
<i>naphazoline hcl</i>	1	
<b>NATACYN</b>	2	
<i>neocin-pg</i>	1	
<i>neomycin /polymyxin /gramicidin</i>	1	
<i>ocusulf-10</i>	1	
<i>ofloxacin</i>	1	
<i>parcaine</i>	1	
<i>polycin b</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	

Drug Name	Drug Tier	BI
<b>Ophthalmic Agents, continued</b>		
<i>proparacaine hcl</i>	1	
<b>RESTASIS</b>	2	MO
<i>romycin</i>	1	
<i>tobrasol</i>	1	
<i>trifluridine</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
<i>tropicacyl</i>	1	MO
<i>tropicamide</i>	1	MO
<b>VIGAMOX</b>	2	
<i>Ophthalmic Anti-allergy Agents</i>		
<b>ALAMAST</b>	2	
<b>ALOCRIL</b>	2	
<b>ALOMIDE</b>	2	
<i>cromolyn sodium</i>	1	
<b>ELESTAT</b>	2	
<b>OPTIVAR</b>	2	
<b>PATADAY</b>	2	
<b>PATANOL</b>	2	
<i>Ophthalmic Anti-inflammatories</i>		
<b>ACULAR</b>	2	
<b>ACULAR LS</b>	2	
<b>ALREX</b>	2	
<b>BLEPHAMIDE S.O.P.</b>	2	
<i>dexamethasone sodium phosphate</i>	1	
<i>dexasol</i>	1	
<i>dexasporin</i>	1	
<i>diclofenac sodium</i>	1	
<b>FLAREX</b>	2	
<i>fluor-op</i>	1	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
<b>FML</b>	2	
<b>FML FORTE</b>	2	
<b>LOTEMAX</b>	2	
<b>MAXIDEX</b>	2	
<i>neo /poly /bac /hc</i>	1	
<i>neomycin /polymyxin /dexamethasone</i>	1	
<i>neomycin /polymyxin /hydrocortisone</i>	1	
<b>NEVANAC</b>	2	
<i>poly-dex</i>	1	
<b>PRED MILD</b>	2	
<i>prednisolone acetate</i>	1	

Drug Name	Drug Tier	BI
<b>Ophthalmic Agents, continued</b>		
<i>prednisolone sodium phosphate</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
TOBRADEX OINT	2	
<i>tobramycin /dexamethasone</i>	1	
VEXOL	2	
XIBROM	2	
ZYLET	2	
<b>Ophthalmic Antiglaucoma Agents</b>		
ALPHAGAN P	2	MO
AZOPT	2	MO
<i>betaxolol hcl</i>	1	MO
BETIMOL	2	MO
BETOPTIC-S	2	MO
<i>brimonidine tartrate</i>	1	MO
<i>carteolol hcl</i>	1	MO
COMBIGAN	2	MO
<i>dipivefrin hcl</i>	1	MO
<i>dorzolamide hcl</i>	1	MO
<i>dorzolamide hcl/timolol maleate</i>	1	MO
IOPIDINE	2	MO
<i>istalol</i>	1	MO
<i>levobunolol hcl</i>	1	MO
<i>methazolamide</i>	1	MO
<i>metipranolol</i>	1	MO
PHOSPHOLINE IODIDE	2	MO
PILOPINE HS	2	MO
<i>timolol maleate</i>	1	MO
<b>Ophthalmic Prostaglandin and Prostanamide Analogs</b>		
LUMIGAN	2	
TRAVATAN	2	MO
TRAVATAN Z	2	MO
XALATAN	2	MO
<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	
CIPRO HC	2	
CIPRODEX	2	

Drug Name	Drug Tier	BI
<b>Otic Agents, continued</b>		
CORTISPORIN-TC	2	
<i>cortomycin</i>	1	
<i>neomycin /polymyxin /hc</i>	1	
<i>neomycin /polymyxin /hydrocortisone</i>	1	
<b>Respiratory Tract Agents</b>		
<b>Anti-inflammatory, Inhaled Corticosteroids</b>		
ADVAIR DISKUS	2	MO
ADVAIR HFA	2	MO
AEROBID	2	MO
AEROBID-M	2	MO
ASMANEX 120 METERED DOSES	2	MO
ASMANEX 14 METERED DOSES	2	MO
ASMANEX 30 METERED DOSES	2	MO
ASMANEX 60 METERED DOSES	2	MO
AZMACORT	2	MO
BECONASE AQ	2	MO
FLOVENT DISKUS	2	MO
FLOVENT HFA	2	MO
<i>fluticasone propionate</i>	1	MO
NASACORT AQ	2	MO
PULMICORT	2	MO
PULMICORT FLEXHALER	2	MO
QVAR	2	MO
RHINOCORT AQUA	2	MO
SYMBICORT	2	MO
<b>Antihistamines</b>		
ALLEGRA-D 12 HOUR	2	MO
ALLEGRA-D 24 HOUR	2	MO
ASTELIN	2	MO
<i>carbinoxamine maleate</i>	1	
<i>cetirizine hcl</i>	1	MO
CLARINEX	2	MO
CLARINEX REDITABS	2	MO
CLARINEX-D 12 HOUR	2	MO
CLARINEX-D 24 HOUR	2	MO
<i>clemastine fumarate</i>	1	
<i>cyproheptadine hcl</i>	1	
<i>dexchlorpheniramine maleate</i>	1	
<i>diphenhydramine hcl</i>	1	

Drug Name	Drug Tier	BI
<b>Respiratory Tract Agents, continued</b>		
<i>fexofenadine hcl</i>	1	MO
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>meclizine hcl</i>	1	
<i>promethazine hcl</i>	1	
<i>promethazine vc</i>	1	
<b>Antileukotrienes</b>		
ACCOLATE	2	MO
SINGULAIR	2	MO
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA	2	MO
<i>ipratropium bromide</i>	1	MO
<i>ipratropium bromide/albuterol sulfate</i>	1	MO
SPIRIVA HANDIHALER	2	MO
<b>Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)</b>		
<i>aminophylline</i>	1	MO
<i>theochron</i>	1	MO
<i>theophylline cr</i>	1	MO
<i>theophylline er</i>	1	MO
<i>theophylline td</i>	1	MO
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate</i>	1	MO
<i>albuterol sulfate er</i>	1	MO
COMBIVENT	2	MO
<i>epinephrine hcl</i>	1	
EIPEN 2-PAK	2	
EIPEN-JR 2-PAK	2	
FORADIL AEROLIZER	2	MO
<i>metaproterenol sulfate</i>	1	MO
PERFOROMIST	2	MO
<i>proair hfa</i>	1	MO
PROVENTIL HFA	2	MO
SEREVENT DISKUS	2	MO
<i>terbutaline sulfate</i>	1	MO
<i>theophylline er</i>	1	MO
VENTOLIN HFA	2	MO
XOPENEX	2	MO
XOPENEX	2	MO
CONCENTRATE	2	MO
XOPENEX HFA	2	MO
<b>Mast Cell Stabilizers</b>		

Drug Name	Drug Tier	BI
<b>Respiratory Tract Agents, continued</b>		
<i>cromolyn sodium</i>	1	MO
INTAL INHALER	2	MO
<b>Pulmonary Antihypertensives</b>		
TRACLEER	2	
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine</i>	1	
ARALAST	2	
<i>benzonatate</i>	1	
<i>flunisolide</i>	1	MO
<i>ipratropium bromide</i>	1	MO
NASONEX	2	MO
PROLASTIN	2	
TYZINE	2	
TYZINE PEDIATRIC	2	
NASAL DROPS	2	
<b>Sedatives/Hypnotics</b>		
<b>Sedatives/Hypnotics</b>		
AMBIEN CR	2	
LUNESTA	2	
ROZEREM	2	
<i>triazolam</i>	1	EB
<i>zaleplon</i>	1	
<i>zolpidem tartrate</i>	1	
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>carisoprodol</i>	1	
<i>carisoprodol /aspirin</i>	1	
<i>carisoprodol /aspirin /codeine</i>	1	RO
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>methocarbamol</i>	1	
<i>orphenadrine /asa /caffeine</i>	1	
<i>orphenadrine citrate</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>orphenadrine compound ds</i>	1	
SKELAXIN	2	
<b>Therapeutic Nutrients/Minerals/ Electrolytes</b>		
<b>Electrolytes/Minerals</b>		
<i>aminosyn 8.5%/electrolytes</i>	1	PA
<i>aminosyn ii 8.5%/electrolytes</i>	1	PA
<i>aminosyn-hf</i>	1	PA
<i>ammonium chloride</i>	1	
<i>clinimix 4.25%/dextrose 10%</i>	1	PA
<i>clinimix 4.25%/dextrose 20%</i>	1	PA

Drug Name	Drug Tier	BI
<b>Therapeutic Nutrients/Minerals/ Electrolytes, continued</b>		
<i>clinimix 4.25%/dextrose 25%</i>	1	PA
<i>clinimix e 4.25%/dextrose 25%</i>	1	PA
<i>clinisol sf 15%</i>	1	PA
<i>delflex-lc/1.5% dextrose</i>	1	
<i>delflex-lc/2.5% dextrose</i>	1	
<i>delflex-lc/4.25% dextrose</i>	1	
<i>delflex-lm/1.5% dextrose</i>	1	
<i>delflex-lm/2.5% dextrose</i>	1	
<i>delflex-lm/4.25% dextrose</i>	1	
<i>delflex-sm/1.5% dextrose</i>	1	
<i>delflex-sm/2.5% dextrose</i>	1	
<i>dextrose 10%/nacl 0.45%</i>	1	
<i>dextrose 2.5%</i>	1	PA
<i>dextrose 5% /electrolyte #48</i>	1	
<i>viaflex</i>	1	
<i>dextrose 10% flex container</i>	1	PA
<i>dextrose 10%/nacl 0.2%</i>	1	
<i>dextrose 2.5%/nacl 0.45%</i>	1	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%</i>	1	PA
<i>dextrose 5%/lactated ringer's</i>	1	
<i>dextrose 5%/nacl 0.2%</i>	1	
<i>dextrose 5%/nacl 0.225%</i>	1	
<i>dextrose 5%/nacl 0.33%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.9%</i>	1	
<i>dextrose 5%/potassium chloride 0.075%</i>	1	
<i>dextrose 5%/potassium chloride 0.15%</i>	1	
<i>dextrose 5%/sodium chloride 0.2%</i>	1	
<i>dextrose 5%/sodium chloride 0.33%</i>	1	
<i>dextrose 5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%/sodium chloride 0.9%</i>	1	
<i>ed k+10</i>	1	
<i>freamine iii</i>	1	PA
<i>hepatamine</i>	1	PA
<i>inpersol-lm/1.5% dextrose</i>	1	
<i>inpersol-lm/2.5% dextrose</i>	1	
<i>inpersol-lm/4.25% dextrose</i>	1	

Drug Name	Drug Tier	BI
<b>Therapeutic Nutrients/Minerals/ Electrolytes, continued</b>		
<i>inpersol/dextrose</i>	1	
<i>isolyte-m/dextrose 5%</i>	1	
<b>K-PHOS</b>	2	MO
<i>k-vescent</i>	1	MO
<i>kaon-cl-10</i>	1	MO
<i>kcl 0.075%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.15%/d10w/nacl 0.2%</i>	1	
<i>kcl 0.15%/d5w/ nacl 0.3%</i>	1	
<i>kcl 0.15%/d5w/lr</i>	1	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.225%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	
<i>kcl 0.224%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.3%/d5w/lr</i>	1	
<i>kcl 0.3%/d5w/lr iv lac ring</i>	1	
<i>kcl 0.3%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	1	
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>lactated ringer's dextrose 5%</i>	1	
<i>viaflex</i>	1	
<i>lactated ringer's irrigation</i>	1	
<i>lactated ringer's viaflex</i>	1	
<i>leucovorin calcium</i>	1	PA
<i>magnesium sulfate</i>	1	
<i>magnesium sulfate in d5w</i>	1	
<i>normosol -r</i>	1	
<i>normosol-m in d5w</i>	1	
<i>normosol-r in d5w</i>	1	
<i>novamine</i>	1	PA
<b>OSMOPREP</b>	2	
<i>physiolyte</i>	1	
<i>physiosol irrigation</i>	1	
<i>plasma-lyte-r</i>	1	
<i>potassium chloride</i>	1	
<i>potassium chloride</i>	1	
<i>0.075%/d5w/nacl 0.225%</i>	1	
<i>potassium chloride 0.15%</i>	1	
<i>d5w/nacl 0.33%</i>	1	

Drug Name	Drug Tier	BI
<b>Therapeutic Nutrients/Minerals/ Electrolytes, continued</b>		
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	1	
<i>potassium chloride 0.15% nacl 0.9%</i>	1	
<i>potassium chloride 0.15%/d5w</i>	1	
<i>potassium chloride 0.15%/ nacl 0.9%</i>	1	
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	1	
<i>potassium chloride 0.224%/d5w</i>	1	
<i>potassium chloride 0.224%/d5w/nacl 0.45%</i>	1	
<i>potassium chloride 0.224%d5w/nacl 0.33%</i>	1	
<i>potassium chloride 0.3%/ nacl 0.9%</i>	1	
<i>potassium chloride 0.3%/d5w</i>	1	
<i>potassium chloride 0.3%/nacl 0.9%/viaflex</i>	1	
<i>potassium chloride cr</i>	1	
<i>potassium chloride er</i>	1	
<i>potassium chloride sr</i>	1	
<i>potassium citrate extended- release</i>	1	
<i>premasol inj 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml</i>	1	PA
<b>PROSOL</b>	2	
<i>ringer's injection</i>	1	
<i>ringer's irrigation</i>	1	
<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>sodium fluoride</i>	1	

Drug Name	Drug Tier	BI
<b>Therapeutic Nutrients/Minerals/ Electrolytes, continued</b>		
<i>sodium lactate</i>	1	
<i>tis-u-sol</i>	1	
<i>tis-u-sol viaflex</i>	1	
<i>tpn electrolytes fiv</i>	1	
<i>travasol 3.5%/electrolytes</i>	1	PA
<i>travasol 8.5%/electrolytes</i>	1	PA
<b>Unclassified</b>		
<b>No Classification</b>		
<i>alprazolam</i>	1	EB
<i>alprazolam er</i>	1	EB
<i>alprazolam xr</i>	1	EB
<i>anolor 300</i>	1	EB
<i>betavent</i>	1	EB
<i>butalbital/apap/caffeine</i>	1	EB
<i>chlordiazepoxide hcl</i>	1	EB
<i>clonazepam</i>	1	EB
<i>clonazepam orally</i>	1	EB
<i>disintegrating</i>		
<i>clorazepate dipotassium</i>	1	EB
<i>diazepam</i>	1	EB
<i>esterified</i>	1	EB
<i>estrogens/methyltestosterone</i>		
<i>esterified estrogens/ methyltestosterone hs</i>	1	EB
<i>flurazepam hcl</i>	1	EB
<i>hydrocortisone /iodoquinol</i>	1	EB
<i>lorazepam</i>	1	EB
<i>midazolam hcl</i>	1	EB
<i>oxazepam</i>	1	EB
<i>phenobarbital</i>	1	EB
<i>temazepam</i>	1	EB
<i>triazolam</i>	1	EB

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<i>acetaminophen/codeine #3</i> ..	8	ALLEGRA-D 12 HOUR ..	27	<i>amoxicillin/clavulanate potassium</i> .....	10
<i>acetaminophen/codeine #4</i> ..	8	ALLEGRA-D 24 HOUR ..	27	<i>amoxicillin/potassium clavulanate</i> .....	10
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<i>chlorpromazine hcl inj</i> ..... 15	<i>clobetasol propionate</i> ..... 21	COZAAR ..... 19
<i>chlorpromazine hcl tabs</i> .... 15	<i>clobetasol propionate e</i> .... 21	CREON ..... 20
<i>chlorpropamide</i> ..... 16	CLOBEX..... 21	CRESTOR..... 18
<i>chlorthalidone</i> ..... 18	<i>clomipramine hcl</i> ..... 12	CRIXIVAN ..... 16
<i>chlorzoxazone</i> ..... 28	<i>clonazepam</i> ..... 30	<i>cromolyn sodium</i> ..... 26, 28
<i>cholestyramine</i> ..... 18	<i>clonazepam orally</i>	<i>cryselle-28</i> ..... 23
<i>cholestyramine light</i> ..... 18	<i>disintegrating</i> ..... 30	CUPRIMINE..... 12
<b>Cholinesterase Inhibitors</b> . 11	<i>clonidine hcl</i> ..... 17	<i>curity gauze pads 2</i> ..... 26
<i>ciclopirox</i> ..... 12	<i>clorazepate</i>	<i>cyclobenzaprine hcl</i> ..... 28
<i>ciclopirox nail lacquer</i> ..... 12	<i>dipotassium</i> ..... 16, 30	<i>cyclophosphamide</i> ..... 14
<i>ciclopirox olamine</i> ..... 12	<i>clorpres</i> ..... 17	<i>cyclosporine</i> ..... 24
<i>cilostazol</i> ..... 17	<i>clotrimazole</i> ..... 12	<i>cyclosporine modified caps</i>
CILOXAN..... 26	<i>clotrimazole/betamethasone</i>	<i>50mg</i> ..... 24
<i>cimetidine</i> ..... 21	<i>dipropionate</i> ..... 12	<i>cyclosporine modified</i>
<i>cimetidine hcl</i> ..... 21	<i>clozapine</i> ..... 15	<i>soln</i> ..... 24
CIMZIA ..... 24	<b>Coagulants</b> ..... 17	CYKLOKAPRON..... 17
CIPRO HC ..... 27	COGENTIN ..... 15	CYMBALTA ..... 11
CIPRODEX..... 27	<i>co-gesic</i> ..... 8	<i>cyproheptadine hcl</i> ..... 27
<i>ciprofloxacin</i> ..... 10	<i>colchicine</i> ..... 13	<i>cytarabine</i> ..... 14
<i>ciprofloxacin er</i> ..... 10	COLESTID FLAVORED. 18	<i>cytarabine aqueous</i> ..... 14
<i>ciprofloxacin extended-</i>	COLESTID PACK..... 18	CYTOVENE ..... 15
<i>release</i> ..... 10	<i>colestipol hcl</i> ..... 18	<i>dacarbazine</i> ..... 14
<i>ciprofloxacin hcl</i> ..... 10	<i>colistimethate sodium</i> ..... 9	<i>danazol</i> ..... 22
<i>cisplatin</i> ..... 14	<i>colocort</i> ..... 25	<i>dantrolene sodium</i> ..... 15
<i>citalopram hydrobromide</i> . 11	<i>colyte</i> ..... 20	<i>dapsone</i> ..... 13
<i>cladribine</i> ..... 13	<i>colyte-flavor packs</i> ..... 20	DAPTACEL..... 25
<i>claravis</i> ..... 20	COMBIGAN..... 27	<i>daraprim</i> ..... 14
CLARINEX ..... 27	COMBIPATCH ..... 23	<i>daunorubicin hcl inj 20mg</i> 14
CLARINEX REDITABS.. 27	COMBIVENT ..... 28	<i>daunorubicin hcl inj</i>
CLARINEX-D 12 HOUR. 27	COMBIVIR..... 15	<i>5mg/ml</i> ..... 14
CLARINEX-D 24 HOUR. 27	<i>compro</i> ..... 12	<i>del-beta</i> ..... 21
<i>clarithromycin</i> ..... 10	COMTAN ..... 15	<i>delflex-lc/1.5% dextrose</i> ... 29
<i>clarithromycin er</i> ..... 10	COMVAX..... 25	<i>delflex-lc/2.5% dextrose</i> ... 29
<i>clemastine fumarate</i> ..... 27	CONCERTA ..... 19	<i>delflex-lc/4.25% dextrose</i> .. 29
CLIMARA PRO ..... 23	CONDYLOX GEL ..... 20	<i>delflex-lm/1.5% dextrose</i> ... 29
<i>clindamycin hcl</i> ..... 9	<i>constulose</i> ..... 20	<i>delflex-lm/2.5% dextrose</i> ... 29
<i>clindamycin phosphate</i> .. 9, 20	<b>Conventional</b> ..... 15	<i>delflex-lm/4.25% dextrose</i> .. 29
<i>clindamycin phosphate add-</i>	COPAXONE..... 25	<i>delflex-sm/1.5% dextrose</i> .. 29
<i>vantage</i> ..... 9	COPEGUS ..... 16	<i>delflex-sm/2.5% dextrose</i> .. 29
<i>clinimix 4.25%/dextrose</i>	CORDRAN TAPE ..... 21	<i>demeclocycline hcl</i> ..... 11
<i>10%</i> ..... 28	COREG CR..... 18	DENAVIR..... 16
<i>clinimix 4.25%/dextrose</i>	<i>cormax</i> ..... 21	<i>Dental and Oral Agents</i> ... 20
<i>20%</i> ..... 28	<i>cortisone acetate</i> ..... 21	<i>depade</i> ..... 12
	CORTISPORIN ..... 9, 27	DEPO-ESTRADIOL..... 22

DEPO-MEDROL INJ 20MG/ML .....	21	<i>dextrose 5%/sodium chloride</i> 0.2% .....	29	DORIBAX.....	10
DEPO-PROVERA .....	23	<i>dextrose 5%/sodium chloride</i> 0.33% .....	29	<i>dorzolamide hcl</i> .....	27
DERMA-SMOOTH/FS BODY OIL.....	21	<i>dextrose 5%/sodium chloride</i> 0.45% .....	29	<i>dorzolamide hcl/timolol</i> maleate .....	27
DERMA-SMOOTH/FS SCALP OIL .....	21	<i>dextrose 5%/sodium chloride</i> 0.9% .....	29	DOVONEX CREA .....	20
<i>Dermatological Agents</i> .....	20	<i>diazepam</i> .....	16, 30	<i>doxazosin mesylate</i> .....	21
<i>desipramine hcl</i> .....	12	DIBENZYLIN .....	17	<i>doxepin hcl</i> .....	12
<i>desmopressin acetate</i> .....	22	<i>diclofenac potassium</i> .....	9	<i>doxorubicin hcl</i> .....	14
<i>desonide</i> .....	21	<i>diclofenac sodium</i> .....	9, 26	<i>doxy-caps</i> .....	11
<i>desoximetasone</i> .....	21	<i>diclofenac sodium dr</i> .....	9	<i>doxycycline hyclate</i> .....	11
<b>Deterrents</b> .....	12	<i>diclofenac sodium ec</i> .....	9	<i>doxycycline monohydrate</i> ..	11
DETROL.....	21	<i>diclofenac sodium er</i> .....	9	<i>dronabinol</i> .....	12
DETROL LA .....	21	<i>diclofenac sodium xr</i> .....	9	DUETACT .....	16
<i>dexamethasone</i> .....	21, 26	<i>dicloxacillin sodium</i> .....	10	<i>duramorph</i> .....	8
<i>dexamethasone sodium</i> phosphate .....	21, 26	<i>dicyclomine hcl</i> .....	20	DYNACIRC CR.....	18
<i>dexasol</i> .....	26	<i>didanosine</i> .....	15	<b>Dyslipidemics</b> .....	18
<i>dexasporin</i> .....	26	DIFFERIN.....	20	<i>e.e.s. 400</i> .....	10
<i>dexchlorpheniramine</i> maleate .....	27	<i>diflorasone diacetate</i> .....	21	<i>econazole nitrate</i> .....	12
<i>dexmethylphenidate hcl</i> .....	19	<i>diflunisal</i> .....	9	<i>ed k+10</i> .....	29
<i>dexrazoxane</i> .....	26	<i>digoxin</i> .....	18	EFFEXOR XR .....	11
<i>dextroamphetamine sulfate</i> <i>dextroamphetamine sulfate</i> <i>er</i> .....	19	<i>dihydroergotamine</i> mesylate.....	13	<b>Electrolytes/Minerals</b> .....	28
<i>dextrose 10% flex</i> container .....	29	DILANTIN CAPS 30MG. 11		ELESTAT .....	26
<i>dextrose 10%/nacl 0.2%</i> ...	29	DILANTIN INFATABS .. 11		ELIDEL.....	20
<i>dextrose 10%/nacl 0.45%</i> .	29	DILAUDID-5.....	8	ELITEK.....	13
<i>dextrose 2.5%</i> .....	29	<i>dilt-cd cp24 120mg, 180mg,</i> 240mg.....	18	ELMIRON.....	21
<i>dextrose 2.5%/nacl 0.45%</i> 29		<i>diltiazem cd</i> .....	18	ELOXATIN.....	14
<i>dextrose 2.5%/sodium</i> <i>chloride 0.45%</i> .....	29	<i>diltiazem hcl</i> .....	18	ELSPAR.....	14
<i>dextrose 5%</i> .....	29	<i>diltiazem hcl er</i> .....	18	EMCYT.....	13
<i>dextrose 5% /electrolyte #48</i> <i>viaflex</i> .....	29	<i>dilt-xr</i> .....	18	EMEND.....	12
<i>dextrose 5%/lactated ringer's</i> .....	29	<i>diltzac</i> .....	18	EMLA /TEGADERM.....	8
<i>dextrose 5%/nacl 0.2%</i> .....	29	DIOVAN.....	19	EMTRIVA.....	15
<i>dextrose 5%/nacl 0.225%</i> .	29	DIOVAN HCT .....	19	ENABLEX .....	21
<i>dextrose 5%/nacl 0.33%</i> ...	29	DIPENTUM .....	20	<i>enalapril maleate</i> .....	19
<i>dextrose 5%/nacl 0.45%</i> ...	29	<i>diphenhydramine hcl</i> .....	27	<i>enalapril maleate/</i> <i>hydrochlorothiazide</i> .....	19
<i>dextrose 5%/nacl 0.9%</i> .....	29	<i>diphenoxylate/atropine</i> .....	20	ENBREL .....	24
<i>dextrose 5%/potassium</i> <i>chloride 0.075%</i> .....	29	<i>dipivefrin hcl</i> .....	27	ENBREL SURECLICK ...	24
<i>dextrose 5%/potassium</i> <i>chloride 0.15%</i> .....	29	DIPHTHERIA/TETANUS TOXOID PEDIATRIC .25		<i>endocet</i> .....	8
		<i>dipyridamole</i> .....	17	<i>endodan</i> .....	8
		<i>disopyramide phosphate</i> ...	17	ENGERIX-B .....	25
		<i>disopyramide phosphate er</i> 17		<i>enpresse-28</i> .....	23
		<b>Diuretics</b> .....	18	ENTOCORT EC .....	25
		<i>divalproex sodium</i> .....	11	<i>enulose</i> .....	20
		<i>dolacet</i> .....	8	<i>Enzyme Replacements/</i> <i>Modifiers</i> .....	20
				<i>epinephrine hcl</i> .....	28
				EPIPEN 2-PAK.....	28
				EPIPEN-JR 2-PAK .....	28
				<i>epirubicin hcl</i> .....	14

<i>epitol</i> .....	11	<i>famotidine premixed</i> .....	21	FML.....	26
EPIVIR.....	16	<i>famotidine tabs</i> .....	21	FML FORTE.....	26
EPIVIR HBV .....	16	FARESTON .....	13	<i>fomepizole</i> .....	12
<i>eplerenone</i> .....	19	FASLODEX.....	13	FORADIL AEROLIZER ..	28
EPOGEN.....	17	<i>felodipine er</i> .....	18	FORTEO .....	25
EPZICOM.....	16	FEMARA .....	14	<i>fortical</i> .....	25
ERBITUX .....	14	FEMHRT 1/5 .....	23	FOSAMAX PLUS D.....	25
<i>ergoloid mesylates</i> .....	11	FEMHRT LOW DOSE.....	23	FOSAMAX SOLN.....	25
<i>ergotamine tartrate/caffeine</i> .....	13	<i>fenofibrate</i> .....	18	<i>foscarnet sodium</i> .....	15
<i>errin</i> .....	23	<i>fenofibrate micronized</i> .....	18	FOSCAVIR.....	15
<i>ery</i> .....	10	<i>fenopropfen calcium</i> .....	9	<i>fosinopril sodium</i> .....	19
ERY-TAB .....	10	<i>fentanyl</i> .....	8	<i>fosinopril sodium/ hydrochlorothiazide</i> .....	19
<i>erythrocin stearate</i> .....	10	<i>fentanyl citrate</i> .....	8	<i>fosphenytoin sodium</i> .....	11
<i>erythromycin</i> .....	10, 20	<i>fentanyl citrate oral transmucosal</i> .....	8	FOSRENOL .....	21
<i>erythromycin /sulfisoxazole</i> .....	10	<i>fexofenadine hcl</i> .....	28	FRAGMIN .....	17
<i>erythromycin base</i> .....	10	<i>finasteride</i> .....	21	<i>freamine iii</i> .....	29
<i>erythromycin/benzoyl peroxide</i> .....	20	<i>firmagon</i> .....	14	FROVA .....	13
<i>esterified estrogens/ methyltestosterone hs</i> ....	30	FLAREX .....	26	<i>furosemide</i> .....	18
<i>esterified estrogens/methyl testosterone</i> .....	30	<i>flavoxate hcl</i> .....	21	FUZEON .....	16
ESTRACE CREA .....	22	<i>flebogamma</i> .....	24	<i>gabapentin</i> .....	11
ESTRADERM .....	22	<i>flecainide acetate</i> .....	17	GABITRIL .....	11
<i>estradiol</i> .....	22	FLOMAX.....	21	<i>galantamine hydrobromide</i>	11
<i>estradiol valerate</i> .....	22	FLOVENT DISKUS .....	27	<i>gamastan s/d</i> .....	24
<i>estradiol/norethindrone acetate</i> .....	22	FLOVENT HFA .....	27	<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b> .....	11
ESTRING.....	23	<i>fluconazole</i> .....	12	GAMMAGARD LIQUID.	24
<b>Estrogens</b> .....	22	<i>fluconazole in dextrose</i> .....	12	<i>ganciclovir</i> .....	15
<i>estropipate</i> .....	23	<i>fluconazole in nacl</i> .....	12	GASTROCROM.....	20
<i>ethambutol hcl</i> .....	13	<i>fludarabine phosphate</i> .....	13	<i>Gastrointestinal Agents</i> .....	20, 21
<i>ethosuximide</i> .....	11	<i>fludrocortisone acetate</i> .....	22	<b>Gastrointestinal Agents, Other</b> .....	20
<i>etidronate disodium</i> .....	25	<i>flunisolide</i> .....	28	<i>gemfibrozil</i> .....	18
<i>etodolac</i> .....	9	<i>fluocinolone acetonide</i> .....	22	<i>generlac</i> .....	20
<i>etodolac er</i> .....	9	<i>fluocinonide</i> .....	22	<i>engraf</i> .....	24
<i>etoposide</i> .....	14	<i>fluocinonide emollient base</i> .....	22	<i>Genitourinary Agents</i> .....	21
EURAX.....	15	<i>fluorometholone</i> .....	26	<b>Genitourinary Agents, Other</b> .....	21
EVISTA .....	23	<i>fluor-op</i> .....	26	<i>genoptic</i> .....	26
EXELDERM.....	12	<i>fluorouracil</i> .....	13, 20	GENOTROPIN .....	22
EXELON.....	11	<i>fluoxetine hcl</i> .....	12	<i>gentak</i> .....	26
EXFORGE .....	19	<i>fluphenazine decanoate</i> .....	15	<i>gentamicin sulfate</i> .....	9
EXFORGE HCT .....	19	<i>fluphenazine hcl conc, elix, tabs</i> .....	15	<i>gentamicin sulfate/0.9% sodium chloride</i> .....	9
EXJADE .....	12	<i>fluphenazine hcl inj</i> .....	15	<i>gentamicin sulfate/sodium chloride</i> .....	9
FABRAZYME .....	20	<i>flurazepam hcl</i> .....	30	<i>gentalol</i> .....	26
<i>famciclovir</i> .....	16	<i>flurbiprofen</i> .....	9, 26		
<i>famotidine inj</i> .....	21	<i>flurbiprofen sodium</i> .....	26		
		<i>flutamide</i> .....	24		
		<i>fluticasone propionate</i> .....	22, 27		
		<i>fluvoxamine maleate</i> .....	12		

GEODON.....	15	<i>hepatamine</i> .....	29	<i>hydrocodone</i>	
GLEEVEC .....	14	HEPSERA.....	16	<i>bitartrate/acetaminophen</i>	8
<i>glimepiride</i> .....	16	HERCEPTIN.....	14	<i>hydrocortisone</i> .....	22, 25, 30
<i>glipizide</i> .....	16	HEXALEN.....	13	<i>hydrocortisone /iodoquinol</i>	30
<i>glipizide er</i> .....	16	HIBTITER .....	25	<i>hydrocortisone butyrate</i> ....	22
<i>glipizide xl</i> .....	16	<b>Histamine2 (H2) Blocking</b>		<i>hydrocortisone in</i>	
<i>glipizide/metformin hcl</i> .....	16	<b>Agents</b> .....	21	<i>absorbace</i> .....	22
GLUCAGEN HYPOKIT ..	17	<i>Hormonal Agents, Stimulant/</i>		<i>hydrocortisone valerate</i> ....	22
GLUCAGON		<i>Replacement/ Modifying</i>		<i>hydromorphone hcl</i> .....	8
EMERGENCY KIT .....	17	<i>(Adrenal)</i> .....	21, 22	<i>hydroxychloroquine sulfate</i>	14
<b>Glucocorticoids</b> .....	25	<i>Hormonal Agents, Stimulant/</i>		<i>hydroxyurea</i> .....	13
<b>Glucocorticoids/</b>		<i>Replacement/ Modifying</i>		<i>hydroxyzine hcl</i> .....	28
<b>Mineralocorticoids</b> .....	21	<i>(Pituitary)</i> .....	22	<i>hydroxyzine pamoate</i> .....	28
<b>Glutamate Pathway</b>		<i>Hormonal Agents, Stimulant/</i>		HYZAAR .....	19
<b>Modifiers</b> .....	11	<i>Replacement/ Modifying</i>		<i>ibu</i> .....	9
<b>Glutamate Reducing</b>		<i>(Thyroid)</i> .....	24	<i>ibuprofen</i> .....	9
<b>Agents</b> .....	11	<i>Hormonal Agents,</i>		<i>idarubicin hcl</i> .....	14
<i>glyburide</i> .....	16	<i>Suppressant (Adrenal)</i> ... 24		<i>ifosfamide</i> .....	14
<i>glyburide micronized</i> .....	16	<i>Hormonal Agents,</i>		<i>ifosfamide/mesna</i> .....	14
<i>glyburide/metformin hcl</i> ....	16	<i>Suppressant</i>		<i>imipramine hcl</i> .....	12
<b>Glycemic Agents</b> .....	17	<i>(Parathyroid)</i> .....	24	<i>imipramine pamoate</i> .....	12
<i>glycopyrrolate</i> .....	20	<i>Hormonal Agents,</i>		IMITREX SOLN.....	13
<i>glycron tabs 1.5mg, 3mg,</i>		<i>Suppressant (Pituitary)</i> .24		IMITREX STATDOSE	
<i>6mg</i> .....	16	<i>Hormonal Agents,</i>		REFILL INJ 6MG/0.5ML	
GLYSET .....	16	<i>Suppressant (Sex</i>		.....	13
GOLYTELY .....	20	<i>Hormones/ Modifiers)</i> ... 24		IMITREX STATDOSE	
<i>granisetron hcl</i> .....	12	<i>Hormonal Agents,</i>		SYSTEM.....	13
<i>granisol</i> .....	12	<i>Suppressant (Thyroid)</i> ... 24		<b>Immune Suppressants</b> .....	24
GRIFULVIN V .....	12	HUMALOG .....	17	<b>Immunizing Agents,</b>	
<i>griseofulvin microsize</i> .....	12	HUMALOG MIX 50/50 ...	17	<b>Passive</b> .....	24
<i>guanabenz acetate</i> .....	17	HUMALOG MIX 75/25 ...	17	<i>Immunological Agents</i> . 24, 25	
<i>guanfacine hcl</i> .....	17	HUMIRA .....	24	<b>Immunomodulators</b> .....	24
<i>guanidine hcl</i> .....	13	HUMIRA PEN .....	24	IMO VAX RABIES	
<i>gynodiol tabs 0.5mg, 1mg,</i>		HUMIRA PEN-CROHNS		(H.D.C.V.).....	25
<i>2mg</i> .....	23	DISEASESTARTER ....	24	<i>indapamide</i> .....	18
GYNODIOL TABS 1.5MG		HUMULIN 50/50.....	17	<i>indomethacin</i> .....	9
.....	23	HUMULIN 70/30.....	17	<i>indomethacin er</i> .....	9
HALFLYTELY BOWEL		HUMULIN N.....	17	INFERGEN.....	25
PREP .....	20	HUMULIN R.....	17	<b>Inflammatory Bowel</b>	
<i>halobetasol propionate</i> .....	22	HUMULIN R U-500		<b>Disease Agents</b> .....	25
<i>haloperidol</i> .....	15	(CONCENTRATED)....	17	<i>infumorph 200</i> .....	8
<i>haloperidol decanoate</i> .....	15	HYCANTIN .....	14	<i>infumorph 500</i> .....	8
<i>haloperidol lactate</i> .....	15	<i>hydralazine hcl</i> .....	19	<i>inpersol/dextrose</i> .....	29
HAVRIX.....	25	<i>hydrochlorothiazide</i> .....	18	<i>inpersol-lm/1.5% dextrose</i>	29
HECTOROL .....	25	<i>hydrocodone /</i>		<i>inpersol-lm/2.5% dextrose</i>	29
<i>heparin sodium</i> .....	17	<i>acetaminophen-hs</i> .....	8	<i>inpersol-lm/4.25% dextrose</i>	
<i>heparin sodium dcu</i> .....	17	<i>hydrocodone /</i>		.....	29
<i>heparin sodium/d5w</i> .....	17	<i>acetaminophen</i> .....	8	<b>Insulins</b> .....	17
<i>heparin sodium/nacl 0.9%</i>	17	<i>hydrocodone /ibuprofen</i> .....	8	INTAL INHALER .....	28

INTELENCE.....	15	<i>kcl 0.075%/d5w/nacl 0.45%</i>	TAKING VALPROATE	11
INTRON-A .....	25	.....	LAMICTAL	
INTRON-A W/DILUENT	25	<i>kcl 0.15%/d10w/nacl 0.2%</i>	STARTER/TAKING	
INVANZ .....	10	<i>kcl 0.15%/d5w/ nacl 0.3%</i>	VALPROATE.....	11
INVIRASE.....	16	<i>kcl 0.15%/d5w/lr .....</i>	<i>lamotrigine .....</i>	11
IOPIDINE .....	27	<i>kcl 0.15%/d5w/nacl 0.2%..</i>	LANOXIN .....	18
IPOL INACTIVATED IPV		<i>kcl 0.15%/d5w/nacl 0.225%</i>	LANTUS.....	17
.....	25	.....	LANTUS FOR OPTICLIK17	
<i>ipratropium bromide .....</i>	28	<i>kcl 0.15%/d5w/nacl 0.45%</i>	<i>leena .....</i>	23
<i>ipratropium</i>		<i>kcl 0.15%/d5w/nacl 0.9%..</i>	<i>leflunomide.....</i>	25
<i>bromide/albuterol sulfate</i>		<i>kcl 0.224%/d5w/nacl 0.2%</i>	<i>lessina-28 .....</i>	23
.....	28	<i>kcl 0.3%/d5w/lr .....</i>	<i>leucovorin calcium .....</i>	29
IRESSA.....	14	<i>kcl 0.3%/d5w/lr iv lac ring</i>	LEUKERAN .....	13
<i>irinotecan .....</i>	14	<i>kcl 0.3%/d5w/nacl 0.2%... </i>	LEUKINE .....	17
<b>Irritable Bowel Syndrome</b>		<i>kcl 0.3%/d5w/nacl 0.45%..</i>	<i>leuprolide acetate.....</i>	24
<b>Agents .....</b>	21	<i>kcl 0.3%/d5w/nacl 0.9%... </i>	LEVAQUIN .....	10
ISENTRESS.....	16	<i>kelnor 1/35 .....</i>	LEVAQUIN PREMIX.....	10
<i>isochron.....</i>	19	KEPIVANCE .....	<i>levetiracetam .....</i>	11
<i>isolyte-m/dextrose 5%.....</i>	29	KEPPRA INJ.....	LEVO DROMORAN.....	8
<i>isonarif.....</i>	13	KETEK.....	<i>levobunolol hcl .....</i>	27
<i>isoniazid .....</i>	13	<i>ketoconazole.....</i>	<i>levocarnitine.....</i>	26
ISORDIL TITRADOSE		<i>ketoprofen.....</i>	<i>levora 0.15/30-28 .....</i>	23
TABS 40MG.....	19	<i>ketoprofen er .....</i>	<i>levorphanol tartrate .....</i>	8
<i>isosorbide dinitrate .....</i>	19	<i>ketorolac tromethamine .....</i>	<i>levothroid .....</i>	24
<i>isosorbide dinitrate er.....</i>	19	KINERET.....	<i>levothyroxine sodium .....</i>	24
<i>isosorbide mononitrate .....</i>	19	<i>kionex .....</i>	<i>levoxyl .....</i>	24
<i>isosorbide mononitrate er. </i>	19	<i>klor-con 10 .....</i>	LEXAPRO .....	12
<i>isotonic gentamicin .....</i>	9	<i>klor-con 8 .....</i>	LEXIVA.....	16
<i>isovate .....</i>	22	<i>klor-con m10 .....</i>	<i>lidocaine.....</i>	8, 9
<i>isradipine .....</i>	18	<i>klor-con m20 .....</i>	<i>lidocaine hcl inj, external</i>	
<i>istalol.....</i>	27	K-PHOS .....	<i>soln .....</i>	9
<i>itraconazole.....</i>	12	KRISTALOSE .....	<i>lidocaine hcl jelly .....</i>	8
IXEMPRA KIT .....	14	<i>kuric .....</i>	<i>lidocaine viscous .....</i>	9
<i>jantoven.....</i>	17	<i>k-vescent.....</i>	<i>lidocaine/prilocaine .....</i>	9
JANUMET.....	16	<i>labetalol hcl.....</i>	LIDODERM.....	9
JANUVIA .....	16	<i>laclotion .....</i>	<i>lindane.....</i>	15
JE-VAX.....	25	<i>lactated ringer's dextrose 5%</i>	<i>liothyronine sodium.....</i>	24
<i>jolessa .....</i>	23	<i>viaflex .....</i>	LIPITOR .....	18
<i>jolivette.....</i>	23	<i>lactated ringer's irrigation</i>	<i>liposyn iii.....</i>	26
<i>junel 1.5/30 .....</i>	23	<i>lactated ringer's viaflex.....</i>	<i>lipram 4500 .....</i>	20
<i>junel 1/20 .....</i>	23	<i>lactulose .....</i>	<i>lipram-pn10.....</i>	20
<i>junel fe 1.5/30.....</i>	23	LAMICTAL ODT.....	<i>lipram-pn16.....</i>	20
<i>junel fe 1/20.....</i>	23	LAMICTAL	<i>lipram-pn20.....</i>	20
KADIAN.....	8	STARTER/NOT TAKING	<i>lipram-ul12.....</i>	20
KALETRA.....	16	CARBAMAZEPINE.....	<i>lipram-ul18.....</i>	20
<i>kanamycin sulfate.....</i>	9	LAMICTAL	<i>lipram-ul20.....</i>	20
<i>kaon-cl-10 .....</i>	29	STARTER/TAKING	LIQUADD.....	19
<i>kariva .....</i>	23	CARBAMAZEPINE/NOT	<i>lisinopril .....</i>	19
<i>kcl 0.075%/d5w/nacl 0.2%</i>	29			

<i>lisinopril</i>	<i>meclofenamate sodium</i> ..... 9	<i>methylprednisolone</i>
/ <i>hydrochlorothiazide</i> ..... 19	<i>medroxyprogesterone acetate</i>	<i>sodiumsuccinate</i> ..... 22
<i>lithium carbonate</i> ..... 16	..... 23	<i>metipranolol</i> ..... 27
<i>lithium carbonate er</i> ..... 16	<i>mefloquine hcl</i> ..... 15	<i>metoclopramide hcl</i> ..... 12, 21
<i>lithium citrate</i> ..... 16	MEGACE ES ..... 23	<i>metolazone</i> ..... 18
<b>Local Anesthetics</b> ..... 8	<i>megestrol acetate</i> ..... 23	<i>metoprolol</i>
<i>locoid oint, soln</i> ..... 22	<i>meloxicam</i> ..... 9	/ <i>hydrochlorothiazide</i> ..... 18
LODOSYN ..... 15	MENOMUNE-A/C/Y/W-135	<i>metoprolol succinate er</i> ..... 18
LOESTRIN 24 FE..... 23	..... 25	<i>metoprolol tartrate</i> ..... 18
<i>lofene</i> ..... 20	<i>meperidine hcl</i> ..... 8	<i>metronidazole</i> ..... 9
<i>lokara</i> ..... 22	<i>meperitab</i> ..... 8	<i>metronidazole in nacl 0.79%</i>
<i>lonox</i> ..... 20	<i>meprobamate</i> ..... 16	..... 9
<i>loperamide hcl</i> ..... 20	MEPRON ..... 15	<i>metronidazole vaginal</i> ..... 9
LOPROX SHAMPOO ..... 12	<i>mercaptapurine</i> ..... 13	<i>mexiletine hcl</i> ..... 17
<i>lorazepam</i> ..... 30	MERREM ..... 10	MIACALCIN INJ ..... 25
LOTEMAX ..... 26	MERUVAX II W/DILUENT	<i>miconazole 3</i> ..... 12
LOTRONEX ..... 21	10 DOSE ..... 25	<i>microgestin 1.5/30</i> ..... 23
<i>lovastatin</i> ..... 19	<i>mesalamine</i> ..... 25	<i>microgestin 1/20</i> ..... 23
LOVAZA ..... 19	<i>mesna</i> ..... 14	<i>microgestin fe</i> ..... 23
LOVENOX ..... 17	MESNEX ..... 14	<i>microgestin fe 1.5/30</i> ..... 23
<i>low-ogestrel</i> ..... 23	MESTINON TIMESPAN. 13	<i>midazolam hcl</i> ..... 30
<i>loxapine succinate</i> ..... 15	<b>Metabolic Bone Disease</b>	<i>midodrine hcl</i> ..... 17
LUMIGAN..... 27	<i>Agents</i> ..... 25	<i>migergot</i> ..... 13
LUNESTA ..... 28	<i>metadate er</i> ..... 19	MIGRANAL ..... 13
LUPRON 2 WEEK	<i>metaproterenol sulfate</i> ..... 28	MILLIPRED ..... 22, 25
SUPPLY ..... 24	<i>metformin hcl</i> ..... 16	<i>minirin</i> ..... 22
LUPRON DEPOT..... 24	<i>metformin hcl er</i> ..... 16	<i>minitran</i> ..... 19
LUPRON DEPOT-PED.... 24	<i>methadone hcl</i> ..... 8	<i>minocycline hcl</i> ..... 11
<i>lutera</i> ..... 23	<i>methadose</i> ..... 8	<i>minoxidil</i> ..... 19
LUVOX CR ..... 12	<i>methazolamide</i> ..... 27	MIRAPEX..... 15
LUXIQ ..... 22	<i>methenamine hippurate</i> ..... 9	<i>mirtazapine</i> ..... 11
LYRICA..... 11	<i>methimazole</i> ..... 24	<i>mirtazapine odt</i> ..... 11
LYSODREN ..... 24	<i>methocarbamol</i> ..... 28	<b>Miscellaneous Therapeutic</b>
<b>Macrolides</b> ..... 10	<i>methotrexate</i> ..... 24	<i>Agents</i> ..... 26
<i>magnesium sulfate</i> ..... 29	<i>methotrexate sodium</i> ..... 24	<i>misoprostol</i> ..... 21
<i>magnesium sulfate in d5w</i> . 29	<i>methscopolamine bromide</i> 20	<i>mitomycin</i> ..... 14
<i>maprotiline hcl</i> ..... 12	<i>methyclothiazide</i> ..... 18	<i>mitoxantrone hcl</i> ..... 14
<i>margesic-h</i> ..... 8	<i>methylidopa</i> ..... 17	M-M-R II W/DILUENT 10
MARPLAN ..... 11	<i>methylidopa</i>	DOSE ..... 25
<b>Mast Cell Stabilizers</b> ..... 28	/ <i>hydrochlorothiazide</i> ..... 17	<i>moexipril</i>
MATULANE ..... 13	<i>methylidopate hcl</i> ..... 17	/ <i>hydrochlorothiazide</i> ..... 19
MAXALT ..... 13	<i>methylin er</i> ..... 19	<i>moexipril hcl</i> ..... 19
MAXALT-MLT ..... 13	<i>methylin tabs</i> ..... 19	<b>Molecular Target</b>
MAXIDEX..... 26	<i>methylphenidate hcl</i> ..... 19	<b>Inhibitors</b> ..... 14
MAXIPIME INJ 1GM ..... 10	<i>methylphenidate hcl sr</i> ..... 19	<i>mometasone furoate</i> ..... 22
MAXIPIME INJ 2GM,	<i>methylprednisolone</i> ..... 22, 25	<b>Monoamine Oxidase</b>
500MG ..... 10	<i>methylprednisolone acetate</i>	<b>Inhibitors</b> ..... 11
<i>mebendazole</i> ..... 14	..... 22	<b>Monoclonal Antibodies</b> .... 14
<i>meclizine hcl</i> ..... 28		<i>mononessa</i> ..... 23

<i>morphine sulfate</i> ..... 8	<i>neomycin /polymyxin</i>	NORPACE CR CP12
<i>morphine sulfate er</i> ..... 8	/ <i>hydrocortisone</i> ..... 26, 27	100MG ..... 17
<i>morphine sulfate/ns</i> ..... 8	<i>neomycin sulfate</i> ..... 9	<i>nortrel 0.5/35 (28)</i> ..... 23
MOVIPREP ..... 21	<i>neomycin/polymyxin b</i>	<i>nortrel 1/35 (21)</i> ..... 23
<i>mst 600</i> ..... 8	<i>sulfates</i> ..... 9	<i>nortrel 1/35 (28)</i> ..... 23
<i>mupirocin</i> ..... 9	NEULASTA..... 17	<i>nortrel 7/7/7</i> ..... 23
MYCOBUTIN ..... 13	NEUPOGEN ..... 17	<i>nortriptyline hcl</i> ..... 12
<i>mycophenolate mofetil</i> ..... 24	NEVANAC ..... 26	NORVIR ..... 16
<i>mydral</i> ..... 26	NEXAVAR ..... 14	<i>novamine</i> ..... 29
MYLOTARG..... 14	NEXIUM..... 21	<i>novarel</i> ..... 22
<i>nabumetone</i> ..... 9	NEXIUM I.V. .... 21	NULYTELY/FLAVOR
<i>nadolol</i> ..... 18	<i>niacor</i> ..... 19	PACKS..... 21
<i>nadolol /bendroflumethiazide</i>	NIASPAN ..... 19	NUTROPIN AQ PEN INJ
..... 18	<i>nicardipine hcl caps</i> ..... 18	10MG/2ML ..... 22
<i>nafcillin sodium</i> ..... 10	<i>nicardipine hcl inj</i> ..... 18	NUTROPIN AQ PEN INJ
NAFTIN..... 12	NICOTROL INHALER... 12	20MG/2ML ..... 22
<i>nalbuphine hcl</i> ..... 8	<i>nifediac cc</i> ..... 18	NUVARING ..... 23
<i>naloxone hcl</i> ..... 12	<i>nifedical xl</i> ..... 18	<i>nyamyc</i> ..... 12
<i>naltrexone hcl</i> ..... 12	<i>nifedipine</i> ..... 18	<i>nystatin</i> ..... 13
NAMENDA ..... 11	<i>nifedipine er</i> ..... 18	<i>nystatin/triamcinolone</i> ..... 13
NAMENDA TITRATION	NILANDRON..... 24	<i>nystop</i> ..... 13
PAK..... 11	<i>nimodipine</i> ..... 18	<i>ocella</i> ..... 23
<i>naphazoline hcl</i> ..... 26	<i>nisoldipine</i> ..... 18	<i>octreotide acetate</i> ..... 24
NAPRELAN TB24 375MG 9	<i>nitrofurantoin</i>	<i>ocusulf-10</i> ..... 26
<i>naproxen</i> ..... 9	<i>macrocrystalline</i> ..... 9	<i>ofloxacin</i> ..... 10, 26
<i>naproxen dr</i> ..... 9	<i>nitrofurantoin monohydrate</i> 9	<i>ogestrel</i> ..... 23
<i>naproxen sodium</i> ..... 9	<i>nitroglycerin</i> ..... 19	OLUX-E..... 22
NARDIL ..... 11	<i>nitroglycerin transdermal</i> . 19	<i>omeprazole</i> ..... 21
NASACORT AQ ..... 27	NITROLINGUAL	OMNITROPE INJ
NASONEX ..... 28	PUMPSPRAY ..... 19	10MG/1.5ML,
NATACYN ..... 26	<i>nizatidine</i> ..... 21	5MG/1.5ML ..... 22
NEBUPENT..... 15	<b>No Classification</b> ..... 30	OMNITROPE INJ 5.8MG 22
<i>necon 0.5/35-28</i> ..... 23	<b>Non-amphetamines, ADHD</b>	ONCASPAR ..... 14
<i>necon 1/35-28</i> ..... 23	..... 19	<i>ondansetron hcl</i> ..... 12
<i>necon 1/50-28</i> ..... 23	<b>Non-amphetamines, Other</b>	<i>ondansetron odt</i> ..... 12
<i>necon 10/11-28</i> ..... 23	..... 19	ONTAK..... 14
<i>necon 7/7/7</i> ..... 23	<b>Nonsteroidal Anti-</b>	<i>onxol</i> ..... 14
<i>nefazodone hcl</i> ..... 11	<b>inflammatory Drugs</b> ... 8, 9	<i>Ophthalmic Agents</i> ..... 26, 27
<i>neo /poly /bac /hc</i> ..... 26	<i>nora-be</i> ..... 23	<b>Ophthalmic Agents, Other</b> 26
<i>neocin</i> ..... 9, 26	NORDITROPIN	<b>Ophthalmic Anti-allergy</b>
<i>neocin-pg</i> ..... 26	NORDIFLEX PEN INJ	<b>Agents</b> ..... 26
<i>neomycin /bacitracin</i>	10MG/1.5ML ..... 22	<b>Ophthalmic</b>
/ <i>polymyxin</i> ..... 9	<i>norethindrone acetate</i> ..... 23	<b>Antiglaucoma Agents</b> ... 27
<i>neomycin /polymyxin</i>	NORITATE..... 9	<b>Ophthalmic Anti-</b>
/ <i>dexamethasone</i> ..... 26	<i>normosol -r</i> ..... 29	<b>inflammatories</b> ..... 26
<i>neomycin /polymyxin</i>	<i>normosol-m in d5w</i> ..... 29	<b>Ophthalmic Prostaglandin</b>
/ <i>gramicidin</i> ..... 26	<i>normosol-r in d5w</i> ..... 29	<b>and Prostaglandin</b>
<i>neomycin /polymyxin /hc</i> ... 27	NOROXIN ..... 10	<b>Analogs</b> ..... 27
		<b>Opioid Analgesics</b> ..... 8

OPTIVAR .....	26	<i>paromomycin sulfate</i> .....	9	<i>piroxicam</i> .....	9
ORAP .....	15	<i>paroxetine hcl</i> .....	12	<i>plasma-lyte-r</i> .....	29
<i>orphenadrine /asa /</i>		<i>paroxetine hcl er</i> .....	12	Platelet Aggregation	
<i>caffeine</i> .....	28	PATADAY .....	26	Inhibitors .....	5, 17
<i>orphenadrine citrate</i> .....	28	PATANOL .....	26	PLAVIX .....	17
<i>orphenadrine citrate er</i> .....	28	PEDIARIX .....	25	<i>podocon 25 in benzoin</i>	
<i>orphenadrine compound ds</i>	28	<b>Pediculicides/ Scabicides</b> .	15	<i>tincture</i> .....	20
ORTHO EVRA.....	23	<i>pedi-dri</i> .....	13	<i>podofilox</i> .....	20
<i>ortho-est</i> .....	23	PEDVAX HIB.....	25	<i>polycin b</i> .....	26
OSMOPREP .....	29	<i>peg 3350/electrolytes</i> .....	21	<i>poly-dex</i> .....	26
<i>Otic Agents</i> .....	27	PEGANONE .....	11	<i>polyethylene glycol 3350</i> ...	21
OVCON-50 28 .....	23	PEG-INTRON.....	25	<i>polygam s/d</i> .....	24
<i>oxacillin sodium</i> .....	10	PEG-INTRON REDIPEN.	25	<i>polymyxin b sulfate</i> .....	9, 26
<i>oxandrolone</i> .....	22	PEG-INTRON REDIPEN		<i>polymyxin b</i>	
<i>oxaprozin</i> .....	9	PAK 4.....	25	<i>sulfate/trimethoprim</i>	
<i>oxazepam</i> .....	30	<i>penicillin g potassium</i> .....	10	<i>sulfate</i> .....	26
<i>oxcarbazepine</i> .....	11	<i>penicillin g potassium in iso-</i>		<i>portia-28</i> .....	23
OXISTAT .....	13	<i>osmotic dextrose</i> .....	10	<i>potassium chloride</i> .....	29, 30
OXSORALEN .....	20	<i>penicillin g procaine</i> .....	10	<i>potassium chloride</i>	
OXSORALEN ULTRA ....	20	<i>penicillin g sodium</i> .....	10	0.075%/d5w/nacl	
<i>oxybutynin chloride</i> .....	21	<i>penicillin v potassium</i> .....	10	0.225% .....	29
<i>oxybutynin chloride er</i> .....	21	<i>pentazocine /acetaminophen</i>	8	<i>potassium chloride 0.15%</i>	
<i>oxycodone /acetaminophen</i> .	8	<i>pentazocine/naloxone hcl</i> ....	8	d5w/nacl 0.33%.....	29
<i>oxycodone /apap</i> .....	8	<i>pentopak</i> .....	26	<i>potassium chloride 0.15%</i>	
<i>oxycodone /aspirin</i> .....	8	<i>pentostatin</i> .....	14	d5w/nacl 0.45% viaflex .	30
<i>oxycodone /ibuprofen</i> .....	8	<i>pentoxifylline er</i> .....	26	<i>potassium chloride 0.15%</i>	
<i>oxycodone hcl</i> .....	8	<i>pentoxil</i> .....	26	nacl 0.9%.....	30
<i>oxycodone hcl er</i> .....	8	PERFOROMIST .....	28	<i>potassium chloride 0.15%/</i>	
<i>oxycodone-apap</i> .....	8	<i>periogard</i> .....	20	nacl 0.9%.....	30
OXYCONTIN TB12 10MG,		<i>permethrin</i> .....	15	<i>potassium chloride</i>	
15MG, 20MG, 30MG,		<i>perphenazine</i> .....	12, 15	0.15%/d5w.....	30
60MG, 80MG.....	8	<i>perphenazine /amitriptyline</i>		d5w/nacl 0.45%.....	30
OXYCONTIN TB12 40MG	8	.....	12	<i>potassium chloride</i>	
OXYTROL .....	21	<i>pfizerpen-g inj 5mu</i> .....	10	0.224%/d5w.....	30
PACERONE TABS 100MG,		<i>phenadoz</i> .....	12	<i>potassium chloride</i>	
300MG .....	17	<i>phenobarbital</i> .....	30	0.224%/d5w/nacl 0.45%	30
<i>pacerone tabs 200mg</i> .....	17	<i>phenytoin</i> .....	11	<i>potassium chloride</i>	
<i>paclitaxel</i> .....	14	<i>phenytoin sodium</i> .....	11	0.224%d5w/nacl 0.33%	30
<i>pamidronate disodium</i> .....	25	<i>phenytoin sodium extended</i>	11	<i>potassium chloride 0.3%/</i>	
PANCRECARB MS-16....	20	PHISOHEX.....	9	nacl 0.9%.....	30
PANCRECARB MS-4.....	20	<b>Phosphate Binders</b> .....	21	<i>potassium chloride</i>	
PANCRECARB MS-8.....	20	PHOSPHOLINE IODIDE.	27	0.3%/d5w.....	30
<i>pancrelipase</i> .....	20	<i>physiolyte</i> .....	29	<i>potassium chloride</i>	
<i>pancrelipase mst-16</i> .....	20	<i>physiosol irrigation</i> .....	29	0.3%/nacl 0.9%/viaflex .	30
<i>pancron 10</i> .....	20	<i>pilocarpine hcl</i> .....	20	<i>potassium chloride cr</i> .....	30
<i>pancron 20</i> .....	20	<i>pilocarpine hydrochloride</i> .	20	<i>potassium chloride er</i> .....	30
<i>pantoprazole sodium</i> .....	21	PILOPINE HS.....	27	<i>potassium chloride sr</i> .....	30
<b>Parasympathomimetics</b> ....	13	<i>pindolol</i> .....	18		
<i>parcaine</i> .....	26	<i>piperacillin sodium</i> .....	10		

<i>potassium citrate extended-release</i> .....	30	<i>promethegan</i> .....	12	<i>ramipril</i> .....	19
PRANDIN.....	16	PROMETRIUM.....	23	RANEXA .....	18
<i>pravastatin sodium</i> .....	19	<i>propafenone hcl</i> .....	17	<i>ranitidine hcl caps, syrp,</i>	
<i>prazosin hcl</i> .....	17	<i>propantheline bromide</i> .....	20	<i>tabs</i> .....	21
PRED MILD .....	26	<i>proparacaine hcl</i> .....	26	<i>ranitidine hcl inj</i> .....	21
<i>prednicarbate</i> .....	22	<i>propoxyphene</i>		RAPAMUNE .....	24
<i>prednisolone</i> .....	22, 26, 27	<i>/acetaminophen</i> .....	8	<i>rauwolfia</i>	
<i>prednisolone acetate</i> .....	26	<i>propoxyphene hcl</i> .....	8	<i>/bendroflumethiazide</i> .....	19
<i>prednisolone sodium</i>		<i>propoxyphene-n</i>		RAZADYNE SOLN .....	11
<i>phosphate</i> .....	22, 27	<i>/acetaminophen</i> .....	8	REBIF .....	25
<i>prednisone</i> .....	22	<i>propranolol</i>		REBIF TITRATION	
<i>pregnyl w/diluent benzyl</i>		<i>/hydrochlorothiazide</i> .....	18	PACK .....	25
<i>alcohol/nacl</i> .....	22	<i>propranolol hcl</i> .....	18	<i>reclipsen</i> .....	23
PREMARIN .....	23	<i>propranolol hcl er</i> .....	18	RECOMBIVAX HB .....	25
PREMARIN		<i>propylthiouracil</i> .....	24	<i>regonol</i> .....	13
W/APPLICATOR.....	23	PROQUAD .....	25	REGANEX.....	20
PREMPHASE .....	23	PROSOL .....	30	RELENZA DISKHALER. 16	
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