



# UPREHS Prime Medicare Part D Plan (Employer PDP)

## Preferred Part D Formulary

(List of Preferred Covered Drugs)

### January 1, 2011

**NEW!** Just a \$9 copayment gets you a 90-day supply of any Tier 1 Generic drug from the Depot Drug Mail Pharmacy while you are in your Initial Coverage benefit stage. That is just \$3 for each 30-day supply. Don't let the so-called \$4 drugs fool you!

- 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 2011 formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

E7316FORM2011



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

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

**Just a \$9 copayment gets you a 90-day supply of any Tier 1 Generic drug from the Depot Drug Mail Pharmacy while you are in your Initial Coverage benefit stage. That is just \$3 for each 30-day supply. Don't let the so-called \$4 drugs fool you!**

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 2011.

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 2011 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. 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. 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 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 and they will send you a list.

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

**Just a \$9 copayment gets you a 90-day supply of any Tier 1 Generic drug from the Depot Drug Mail Pharmacy while you are in your Initial Coverage benefit stage. That is just \$3 for each 30-day supply. Don't let the so-called \$4 drugs fool you!** 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.

## 2011 30-Day Copayment Amounts for Part D Drugs

<b>2011 30-Day Copayment Amounts for Part D Drugs</b>	<b>Tier 1 Generic Drugs 30-Day</b>	<b>Tier 2 Brand Preferred 30-Day</b>	<b>Tier 3 Brand Non- Preferred 30-Day</b>	<b>Tier 4 Specialty Drugs 30-Day</b>
<b>Depot Drug Mail Pharmacy Preferred Pharmacy \$\$\$ Your Best Money Saver 30, 60 or 90-Day Supplies Available</b>	<b>\$3</b>	<b>\$15</b>	Higher of \$40 or 33% of drug cost	Higher of \$50 or 33% of drug cost
Ascend Specialty Drug Mail Pharmacy - Preferred Pharmacy for chronic diseases requiring self-injectable medications, and those for oncology (cancer) or transplant (not insulin) \$\$\$ Your Best Money Saver 30-Day Supply Available	\$7	\$20	Higher of \$40 or 33% of drug cost	Higher of \$50 or 33% of drug cost
Depot Drug Walk-In Pharmacies Preferred Pharmacies \$\$\$ Your Best Money Saver	\$7	\$20	Higher of \$40 or 33% of drug cost	Higher of \$50 or 33% of drug cost
National Retail Pharmacy Network Non-Preferred Pharmacies 30-Day or less Supply Only	\$15	\$30	Higher of \$50 or 33% of drug cost	Higher of \$100 or 33% of drug cost
Out-of-Network Pharmacy - Emergency Only We refund you the UPREHS cost for the Part D drug minus your tier copayment amount. You pay any charges above UPREHS cost. Non-Part D drugs are not covered.	\$15	\$30	Higher of \$50 or 33% of drug cost	Higher of \$100 or 33% of drug cost

**If the actual cost of a drug is less than the Tier copayment amount for that drug, you will pay the actual cost plus dispensing fee, not the copayment! Some "\$4" drugs would cost you less under this rule so make sure that you use your UPREHS ID Card!**

**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?*

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.

## What are generic drugs?

**Just a \$9 copayment gets you a 90-day supply of any Tier 1 Generic drug from the Depot Drug Mail Pharmacy while you are in your Initial Coverage benefit stage. That is just \$3 for each 30-day supply. Don't let the so-called \$4 drugs fool you!** UPREHS covers both brand name 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 brands.

## 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 2011. 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 (Medical) 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 (Medical) 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. 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:

- **FORMULARY LISTING**

Drugs in this listing are grouped depending on the type of Therapeutic (Medical) Category that they are used to treat. Physicians most often used this list to identify your formulary drugs. The Therapeutic (Medical) Category drugs are listed alphabetically in their Drug Class and the drugs within the class are listed alphabetically by name. A Therapeutic (Medical) 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 (Medical) 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 (Medical) Category Listing. You can turn to that page in the Therapeutic (Medical) Category to see the coverage information for that drug.

## Using drug Tiers

**Just a \$9 copayment gets you a 90-day supply of any Tier 1 Generic drug from the Depot Drug Mail Pharmacy while you are in your Initial Coverage benefit stage. That is just \$3 for each 30-day supply. Don't let the so-called \$4 drugs fool you!** UPREHS includes all covered Part D drugs in our 2011 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 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*). **Remember! Just \$3 for a 30-day supply from the Depot Drug Mail Pharmacy while you are in your Initial Coverage and Out-of-Pocket benefit stages for ANY of these drugs.**
- **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 List

- **DRUG CLASS:** This is the Therapeutic Category (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.
  - **PA** (Prior Authorization): Medicare requires us to pre-authorize certain drugs that could be covered under Part B or Part D. This means that you will need to get approval before you fill them and 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.
  - **PAE** (Prior Authorization End Stage Renal Disease (ESRD)): New for 2011. Medicare has changed the rules for these drugs. Immunosuppressive therapy for ESRD beneficiaries following a Medicare-covered kidney transplant and drug payments for ESRD dialysis facility drugs are now paid under Part B and not Part D. These drugs are denied by the Part D plan.
  - **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 List**

- **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 (Medical Condition) Formulary List**

Drug Name	Drug Tier	Notes
<b>Analgesics</b>		
<b>Opioid Analgesics</b>		
<i>acetaminophen/caffeine/dihydrocodeine bitartrate</i>	1	RO
<i>acetaminophen/codeine</i>	1	RO
<i>acetaminophen/codeine #3</i>	1	RO
<i>acetaminophen/codeine #4</i>	1	RO
<i>ascomp/codeine</i>	1	RO
<i>astramorph</i>	1	RO
<i>balacet 325</i>	1	RO
<i>buprenorphine hcl</i>	1	RO
<i>butalbital /apap /caffeine /codeine</i>	1	RO
<i>butorphanol tartrate</i>	1	RO
<i>capital/codeine</i>	1	RO
<i>co-gesic</i>	1	RO
<i>codeine sulfate</i>	1	RO
<b>DILAUDID-5</b>	2	RO
<i>duramorph</i>	1	RO
<i>endocet</i>	1	RO
<i>endodan</i>	1	RO
<i>fentanyl</i>	1	RO
<i>fentanyl citrate</i>	1	RO
<i>fentanyl citrate oral transmucosal</i>	1	RO
<i>hydrocodone /acetaminophen</i>	1	RO
<i>hydrocodone /acetaminophen-hs</i>	1	RO
<i>hydrocodone /ibuprofen</i>	1	RO
<i>hydrocodone bitartrate/acetaminophen</i>	1	RO
<i>hydromorphone hcl</i>	1	RO
<i>infumorph 200</i>	1	RO
<i>infumorph 500</i>	1	RO
<b>KADIAN</b>	2	RO
<i>levorphanol tartrate</i>	1	RO
<i>margesic-h</i>	1	RO
<i>meperidine hcl</i>	1	RO
<i>methadone hcl</i>	1	RO
<i>methadose</i>	1	RO
<i>morphine sulfate</i>	1	RO
<i>morphine sulfate er</i>	1	RO
<i>nalbuphine hcl</i>	1	RO
<b>NUCYNTA</b>	2	RO
<i>oxycodone /acetaminophen</i>	1	RO
<i>oxycodone /apap</i>	1	RO
<i>oxycodone /aspirin</i>	1	RO
<i>oxycodone /ibuprofen</i>	1	RO
<i>oxycodone hcl</i>	1	RO
<i>oxycodone-apap</i>	1	RO
<b>OXYCONTIN</b>	2	RO
<i>pentazocine /acetaminophen</i>	1	RO
<i>pentazocine/naloxone hcl</i>	1	RO
<i>propoxyphene /acetaminophen</i>	1	RO
<i>propoxyphene hcl</i>	1	RO

Alphabetical Formulary List

Drug Name	Drug Tier	Notes
<i>propoxyphene-n /acetaminophen</i>	1	RO
<i>reprexain tabs 10mg; 200mg</i>	1	RO
<i>roxicet tabs 325mg; 5mg</i>	1	RO
<i>roxicodone</i>	1	RO
<i>stagesic</i>	1	RO
<i>tramadol hcl</i>	1	
<i>tramadol hcl er</i>	1	
<i>tramadol hydrochloride/acetaminophen</i>	1	
ULTRAM ER TB24 300MG	2	
<i>vicodin hp</i>	1	RO
<i>zerlor</i>	1	RO
ZYDONE	2	RO

**Anesthetics**

**Local Anesthetics**

<i>anestacon</i>	1	
<i>lidocaine</i>	1	
<i>lidocaine hcl</i>	1	
<i>lidocaine hcl jelly</i>	1	
<i>lidocaine viscous</i>	1	
<i>lidocaine/prilocaine</i>	1	
LIDODERM	2	

**Anti-inflammatory Agents**

**Nonsteroidal Anti-inflammatory Drugs**

ARTHROTEC 50	2	
ARTHROTEC 75	2	
CELEBREX	2	
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>diclofenac sodium ec</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>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 500MG, 750MG	2	
NAPRELAN TB24 375MG	2	
<i>naproxen</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium</i>	1	
<i>oxaprozin</i>	1	

Drug Name	Drug Tier	Notes
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate</i>	1	
<i>gentamicin sulfate</i>	1	
<i>gentamicin sulfate/0.9% 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 add-vantage</i>	1	
<i>clindamycin phosphate foam</i>	1	
<i>clindamycin phosphate crea</i>	1	
<i>colistimethate sodium</i>	1	
CORTISPORIN CREA, OINT	2	
<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>neomycin/polymyxin b sulfates</i>	1	
<i>nitrofurantoin macrocrystalline</i>	1	
<i>nitrofurantoin monohydrate</i>	1	
PHISOHEX	2	
<i>polymyxin b sulfate</i>	1	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
<i>thermazene</i>	1	
<i>trimethoprim</i>	1	
<i>vancomycin hcl</i>	1	PA
<i>vandazole</i>	1	
XIFAXAN	2	
ZYVOX	4	SP
<b>Beta-lactam, Cephalosporins</b>		
CEDAX	2	
<i>cefaclor</i>	1	
<i>cefaclor er</i>	1	

Alphabetical Formulary List

Drug Name	Drug Tier	Notes
<i>cefadroxil</i>	1	
<i>cefazolin sodium</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 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 2GM	2	
<i>tazicef</i>	1	
<i>zinacef inj 7.5gm</i>	1	
<b>Beta-lactam, Other</b>		
AZACTAM	2	
AZACTAM IN DEXTROSE	2	
AZACTAM IN ISO-OSMOTIC DEXTROSE	2	
DORIBAX	2	
INVANZ	2	
MERREM	2	
PRIMAXIN I.M.	2	
PRIMAXIN IV	2	
<b>Beta-lactam, Penicillins</b>		
<i>amoxicillin</i>	1	
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>amoxicillin/potassium clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium</i>	1	
<i>ampicillin-sulbactam</i>	1	
<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>piperacillin sodium</i>	1	
<i>piperacillin sodium/ tazobactam sodium</i>	1	
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML	2	
<b>Macrolides</b>		
<i>azithromycin</i>	1	

Drug Name	Drug Tier	Notes
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	1	
<i>e.e.s. 400</i>	1	
ERY-TAB	2	
<i>erythrocin stearate</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	
NOROXIN	2	
<i>ofloxacin</i>	1	
ZYMAXID	2	
<b>Sulfonamides</b>		
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole /trimethoprim</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfatrim</i>	1	
<b>Tetracyclines</b>		
<i>demeclocycline hcl</i>	1	
<i>doxycycline hyclate</i>	1	
<i>doxycycline monohydrate</i>	1	
<i>minocycline hcl</i>	1	
<i>minocycline hcl er</i>	1	
<i>tetracycline hcl</i>	1	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
KEPPRA INJ	2	
<i>levetiracetam</i>	1	
<b>Calcium Channel Modifying Agents</b>		
CELONTIN	2	
<i>ethosuximide</i>	1	
LYRICA	2	
<i>zonisamide</i>	1	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
<i>gabapentin</i>	1	
GABITRIL	2	
<i>primidone</i>	1	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
<b>Glutamate Reducing Agents</b>		

Alphabetical Formulary List

Drug Name	Drug Tier	Notes
LAMICTAL ODT	2	
LAMICTAL XR	2	
<i>lamotrigine</i>	1	
<i>topiramate</i>	1	
<b>Sodium Channel Inhibitors</b>		
<i>carbamazepine</i>	1	
<i>carbamazepine er</i>	1	
DILANTIN INFATABS	2	
<i>epitol</i>	1	
<i>fosphenytoin sodium</i>	1	
<i>oxcarbazepine susp</i>	1	
<i>oxcarbazepine tabs 300mg</i>	1	
<i>oxcarbazepine tabs 150mg, 600mg</i>	1	
PEGANONE	2	
<i>phenytoin</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended caps 200mg, 300mg</i>	1	
<i>phenytoin sodium extended caps 100mg</i>	1	
TEGRETOL-XR TB12 100MG	2	
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
<i>ergoloid mesylates</i>	1	
<b>Cholinesterase Inhibitors</b>		
ARICEPT	2	
ARICEPT ODT	2	
EXELON	2	
<i>galantamine hydrobromide soln</i>	1	
<i>galantamine hydrobromide cp24, tabs</i>	1	
<b>Glutamate Pathway Modifiers</b>		
NAMENDA	2	
NAMENDA TITRATION PAK	2	
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
<i>budeprion sr</i>	1	
<i>budeprion xl</i>	1	
<i>bupropion hcl</i>	1	
<i>bupropion hcl sr</i>	1	
<i>maprotiline hcl</i>	1	
<i>mirtazapine</i>	1	
<i>mirtazapine odt</i>	1	
<i>nefazodone hcl</i>	1	
<i>trazodone hcl</i>	1	
<b>Monoamine Oxidase Inhibitors</b>		
MARPLAN	2	
NARDIL	2	
<i>tranylcypromine sulfate</i>	1	
<b>Serotonin/ Norepinephrine Reuptake Inhibitors</b>		
<i>citalopram hydrobromide</i>	1	
CYMBALTA	2	
EFFEXOR XR	2	

Drug Name	Drug Tier	Notes
<i>fluoxetine dr</i>	1	
<i>fluoxetine hcl</i>	1	
<i>fluvoxamine maleate</i>	1	
LEXAPRO	2	
LUVOX CR	2	
<i>paroxetine hcl</i>	1	
<i>paroxetine hcl er</i>	1	
PRISTIQ	2	QL
<i>selfemra</i>	1	
<i>sertraline hcl</i>	1	
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er</i>	1	
<b>Tricyclics</b>		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
<i>chlordiazepoxide /amitriptyline</i>	1	RO
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
<i>nortriptyline hcl</i>	1	
<i>perphenazine /amitriptyline</i>	1	
<i>protriptyline hcl</i>	1	
TOFRANIL-PM	2	
<b>Antidotes, Deterrents, and Toxicologic Agents</b>		
<b>Antidotes</b>		
CUPRIMINE	2	
EXJADE	4	SP
<i>fomepizole</i>	1	
<i>kionex</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
<b>Deterrents</b>		
ANTABUSE	2	
<i>buproban</i>	1	
CAMPRAL	2	
NICOTROL INHALER	2	
<b>Toxicologic Agents</b>		
<i>depade</i>	1	
<i>naloxone hcl</i>	1	
<i>naltrexone hcl</i>	1	
<b>Antiemetics</b>		
<b>Antiemetics</b>		
ANZEMET	2	PA
<i>compro</i>	1	
<i>dronabinol</i>	1	PA; RO
EMEND	2	PA
<i>granisetron hcl</i>	1	PA
<i>granisol</i>	1	PA
<i>meclizine hcl</i>	1	

Alphabetical Formulary List

Drug Name	Drug Tier	Notes
<i>metoclopramide hcl</i>	1	
<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	
<i>promethazine hcl</i>	1	
<i>promethegan</i>	1	
TRANSDERM-SCOP	2	
<i>trimethobenzamide hcl</i>	1	

**Antifungals**

**Antifungals**

<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	
GRIFULVIN V	2	
<i>griseofulvin microsize</i>	1	
<i>itraconazole</i>	1	
<i>ketoconazole</i>	1	
<i>kuric</i>	1	
LAMISIL SOLN	2	
<i>miconazole 3</i>	1	
NAFTIN	2	
<i>nyamyc</i>	1	
<i>nystatin</i>	1	
<i>nystatin/triamcinolone</i>	1	
<i>nystop</i>	1	
OXISTAT	2	
<i>pedi-dri</i>	1	
SPORANOX SOLN	2	
<i>terbinafine hcl</i>	1	
<i>terconazole</i>	1	
<i>zazole</i>	1	

**Antigout Agents**

**Antigout Agents**

<i>allopurinol</i>	1	
<i>allopurinol sodium</i>	1	
<i>probenecid</i>	1	
<i>probenecid /colchicine</i>	1	

**Antimigraine Agents**

**Abortive**

Drug Name	Drug Tier	Notes
AXERT	2	QL
<i>dihydroergotamine mesylate</i>	1	
<i>ergotamine tartrate/caffeine</i>	1	
FROVA	2	QL
IMITREX SOLN	2	QL
MAXALT	2	QL
MAXALT-MLT	2	QL
<i>migergot</i>	1	
MIGRANAL	2	
RELPAX	2	QL
<i>sumatriptan succinate tabs</i>	1	QL
<i>sumatriptan succinate inj</i>	1	QL
TREXIMET	2	
ZOMIG ZMT	2	QL
ZOMIG SOLN	2	QL
ZOMIG TABS	2	QL
<b>Antimyasthenic Agents</b>		
<b><i>Parasympathomimetics</i></b>		
<i>guanidine hcl</i>	1	
MESTINON TIMESPAN	2	
<i>pyridostigmine bromide</i>	1	
<i>regonol</i>	1	
<b>Antimycobacterials</b>		
<b><i>Antimycobacterials, Other</i></b>		
<i>dapsone</i>	1	
MYCOBUTIN	2	
<b><i>Antituberculars</i></b>		
<i>ethambutol hcl</i>	1	
<i>isonarif</i>	1	
<i>isoniazid</i>	1	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
<b>Antineoplastics</b>		
<b><i>Alkylating Agents</i></b>		
BUSULFEX	2	PA; SP
CEENU	2	
<i>cyclophosphamide</i>	1	PA
<i>dacarbazine</i>	1	PA
HEXALEN	2	
<i>ifosfamide</i>	1	PA
<i>ifosfamide/mesna</i>	1	PA
LEUKERAN	2	
MATULANE	2	SP
<i>melphalan hydrochloride</i>	1	PA; SP
<i>thiotepa</i>	1	PA
TREANDA	4	PA; SP
<b><i>Antiangiogenic Agents</i></b>		
REVLIMID	2	
THALOMID	4	SP
VOTRIENT	4	SP

Drug Name	Drug Tier	Notes
<b>Antiestrogens/Modifiers</b>		
EMCYT	2	
FARESTON	2	
FASLODEX	2	PA; SP
<i>tamoxifen citrate</i>	1	
<b>Antimetabolites</b>		
ALIMTA	4	PA; SP
<i>cladribine</i>	1	PA; SP
<i>cytarabine</i>	1	PA
<i>cytarabine aqueous</i>	1	PA
ELITEK	4	PA; SP
<i>fludarabine phosphate</i>	1	PA; SP
<i>fluorouracil</i>	1	PA
GEMZAR	4	PA; SP
<i>hydroxyurea</i>	1	
<i>mercaptopurine</i>	1	
<i>pentostatin</i>	1	PA; SP
TABLOID	2	
<b>Antineoplastics, Other</b>		
ABRAXANE	4	PA; SP
<i>adriamycin</i>	1	PA; SP
<i>amifostine</i>	1	PA; SP
<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>daunorubicin hcl</i>	1	PA; SP
<i>dexrazoxane</i>	1	PA
<i>doxorubicin hcl</i>	1	PA; SP
ELOXATIN	4	PA; SP
ELSPAR	2	PA
<i>epirubicin hcl</i>	1	PA; SP
ETOPOPHOS	4	PA; SP
<i>etoposide</i>	1	PA; SP
<i>firmagon</i>	1	PA
HYCAMTIN	4	PA; SP
<i>idarubicin hcl</i>	1	PA
<i>irinotecan</i>	1	PA; SP
ISTODAX	4	SP
IXEMPRA KIT	2	PA; SP
<i>mesna</i>	1	PA
MESNEX	4	PA; SP
<i>mitomycin</i>	1	PA
<i>mitoxantrone hcl</i>	1	PA; SP
NOVANTRONE	4	PA; SP
ONCASPAR	4	PA; SP
ONTAK	4	PA; SP
<i>oxaliplatin</i>	1	PA; SP
<i>paclitaxel</i>	1	PA; SP

Drug Name	Drug Tier	Notes
PROLEUKIN	4	PA; SP
TAXOTERE	4	PA; SP
<i>toposar</i>	1	PA; SP
TRISENOX	2	PA
TYKERB	4	SP
VIDAZA	4	PA; SP
<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
ZOLINZA	4	SP
<b>Aromatase Inhibitors, 3rd Generation</b>		
ARIMIDEX	2	
AROMASIN	2	
FEMARA	2	
<b>Molecular Target Inhibitors</b>		
AFINITOR	4	SP
GLEEVEC	4	SP
IRESSA	4	SP
NEXAVAR	4	SP
SPRYCEL	4	SP
SUTENT	4	SP
TARCEVA	2	SP
TASIGNA	4	SP
<b>Monoclonal Antibodies</b>		
ARZERRA	4	PA; SP
AVASTIN	4	PA; SP
CAMPATH	4	PA; SP
ERBITUX	4	SP
HERCEPTIN	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	
STROMEKTOL	2	
<b>Antiprotozoals</b>		
<i>chloroquine phosphate</i>	1	
<i>daraprim</i>	1	
<i>hydroxychloroquine sulfate</i>	1	
<i>mefloquine hcl</i>	1	
MEPRON	4	SP
NEBUPENT	2	PA
<i>primaquine phosphate</i>	1	
<i>qualaquin</i>	1	
<b>Pediculicides/ Scabicides</b>		
<i>acticin</i>	1	

Alphabetical Formulary List

Drug Name	Drug Tier	Notes
EURAX	2	
<i>lindane</i>	1	
<i>malathion</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 inj</i>	1	
<i>benztropine mesylate tabs</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa cr</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa/levodopa sr</i>	1	
COMTAN	2	
LODOSYN	2	
MIRAPEX ER	2	
MIRAPEX TABS 0.75MG	2	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole hcl</i>	1	
<i>selegiline hcl</i>	1	
TASMAR	2	
<i>trihexyphenidyl hcl</i>	1	
<b>Antipsychotics</b>		
<b>Atypicals</b>		
ABILIFY	2	
ABILIFY DISCMELT	2	
<i>clozapine</i>	1	
GEODON INJ	2	
GEODON CAPS 60MG	2	
GEODON CAPS 20MG, 40MG, 80MG	2	
RISPERDAL CONSTA	2	
<i>risperidone</i>	1	
RISPERIDONE ODT TBDP 0.25MG	1	
<i>risperidone odt tbdp 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	1	
SAPHRIS	2	
SEROQUEL	2	
SEROQUEL XR	2	
SYMBYAX	2	
ZYPREXA	2	
ZYPREXA ZYDIS	2	
<b>Conventional</b>		
<i>chlorpromazine hcl</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
<i>loxapine succinate</i>	1	

Drug Name	Drug Tier	Notes
ORAP	2	
<i>perphenazine</i>	1	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen</i>	1	
<i>dantrolene sodium</i>	1	
<i>tizanidine hcl</i>	1	
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
<i>foscarnet sodium</i>	1	PA
<i>ganciclovir</i>	1	
VALCYTE	4	SP
VISTIDE	4	SP
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors</b>		
INTELENCE	2	
RESCRIPTOR	2	
SUSTIVA	2	
VIRAMUNE	2	
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors</b>		
COMBIVIR	2	
<i>didanosine</i>	1	
EMTRIVA	2	
EPIVIR	2	
EPIVIR HBV	2	
EPZICOM	2	
RETROVIR IV INFUSION	2	
<i>stavudine</i>	1	
TRIZIVIR	2	
TRUVADA	4	SP
VIDEX PEDIATRIC	2	
VIREAD	2	
ZIAGEN	2	
<i>zidovudine</i>	1	
<b>Anti-HIV Agents, Other</b>		
FUZEON	2	SP
ISENTRESS	2	
SELZENTRY	2	
<b>Anti-HIV Agents, Protease Inhibitors</b>		
APTIVUS	2	
CRIXIVAN CAPS 400MG	2	
CRIXIVAN CAPS 100MG, 200MG, 333MG	2	
INVIRASE	4	SP
KALETRA	2	
LEXIVA	2	
NORVIR TABS	2	

Alphabetical Formulary List

Drug Name	Drug Tier	Notes
NORVIR CAPS, SOLN	2	
REYATAZ	2	
VIRACEPT POWD	2	
VIRACEPT TABS	2	
<b>Anti-influenza Agents</b>		
<i>amantadine hcl</i>	1	
RELENZA DISKHALER	2	
<i>rimantadine hcl</i>	1	
TAMIFLU	2	
<b>Antihepatitis Agents</b>		
COPEGUS	4	SP
HEPSERA	2	
REBETOL	4	SP
<i>ribapak</i>	1	SP
<i>ribasphere</i>	1	SP
<i>ribavirin</i>	1	SP
<b>Antitherpetic Agents</b>		
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	
DENAVIR	2	
<i>famciclovir</i>	1	
<i>valacyclovir hcl</i>	1	
ZOVIRAX CREA, OINT	2	
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>bupirone hcl</i>	1	
<i>meprobamate</i>	1	
<b>Bipolar Agents</b>		
<b>Bipolar Agents</b>		
<i>lithium carbonate</i>	1	
<i>lithium carbonate er tbc 450mg</i>	1	
<i>lithium carbonate er tbc 300mg</i>	1	
<i>lithium citrate</i>	1	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose</i>	1	
ACTOPLUS MET	2	
ACTOPLUS MET XR	2	
ACTOS	2	
AVANDAMET	2	
AVANDARYL	2	
AVANDIA	2	
BYETTA	2	
<i>chlorpropamide</i>	1	
DUETACT TABS 2MG; 30MG	2	
DUETACT TABS 4MG; 30MG	2	
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	

Drug Name	Drug Tier	Notes
<i>glipizide/metformin hcl</i>	1	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hcl</i>	1	
<i>glycron tabs 1.5mg, 3mg, 6mg</i>	1	
GLYSET	2	
JANUMET	2	
JANUVIA	2	
<i>metformin hcl</i>	1	
<i>metformin hcl er</i>	1	
<i>nateglinide</i>	1	
ONGLYZA	2	
PRANDIN	2	
SYMLIN	2	
SYMLINPEN 120	2	
SYMLINPEN 60	2	
<i>tolazamide</i>	1	
<i>tolbutamide</i>	1	
VICTOZA	2	
<b>Glycemic Agents</b>		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
<b>Insulins</b>		
HUMALOG	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 PEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 PEN	2	
HUMALOG PEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 PEN	2	
HUMULIN N	2	
HUMULIN N U-100 PEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
<b>Blood Products/Modifiers/ Volume Expanders</b>		
<b>Anticoagulants</b>		
ARIXTRA	4	SP
COUMADIN INJ	2	
COUMADIN TABS	2	
FRAGMIN	2	
<i>heparin sodium</i>	1	
<i>heparin sodium dcu</i>	1	
<i>heparin sodium/d5w</i>	1	
<i>heparin sodium/nacl 0.45%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	
<i>jantoven</i>	1	
LOVENOX	2	

Alphabetical Formulary List

Drug Name	Drug Tier	Notes
<i>warfarin sodium</i>	1	
<b>Blood Formation Products</b>		
ARANESP ALBUMIN FREE	4	PA; SP
EPOGEN	4	PA; SP
LEUKINE	2	SP
MOZOBIL	4	SP
NEULASTA	4	SP
NEUMEGA	4	SP
NEUPOGEN	4	SP
PROCRIT	4	PA; SP
<b>Blood Products/Modifiers/ Volume Expanders</b>		
PROMACTA	4	SP
<b>Coagulants</b>		
CYKLOKAPRON	2	
<b>Platelet Aggregation Inhibitors</b>		
<i>cilostazol</i>	1	
<i>dipyridamole</i>	1	
PLAVIX	2	
<i>ticlopidine hcl</i>	1	
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine hcl ptwk</i>	1	
<i>clonidine hcl tabs</i>	1	
<i>clorpres</i>	1	
<i>guanabenz acetate</i>	1	
<i>guanfacine hcl</i>	1	
<i>methyldopa</i>	1	
<i>methyldopa /hydrochlorothiazide</i>	1	
<i>methyldopate hcl</i>	1	
<i>midodrine hcl</i>	1	
<b>Alpha-adrenergic Blocking Agents</b>		
DIBENZYLINE	2	
<i>doxazosin mesylate</i>	1	
<i>prazosin hcl</i>	1	
<i>reserpine tabs 0.25mg</i>	1	
<i>reserpine tabs 0.1mg</i>	1	
<i>terazosin hcl</i>	1	
<b>Antiarrhythmics</b>		
<i>acebutolol hcl</i>	1	
<i>amiodarone hcl inj</i>	1	
<i>amiodarone hcl tabs</i>	1	
<i>disopyramide phosphate</i>	1	
<i>flecainide acetate</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	2	
NORPACE CR CP12 150MG	2	
NORPACE CR CP12 100MG	2	
PACERONE TABS 100MG	2	
<i>pacerone tabs 200mg</i>	1	
<i>procainamide hcl</i>	1	

Drug Name	Drug Tier	Notes
<i>propafenone hcl</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine gluconate cr</i>	1	
<i>quinidine sulfate</i>	1	
<i>quinidine sulfate er</i>	1	
RYTHMOL SR	2	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hydrochloride</i>	1	
TIKOSYN	2	
<b>Beta-adrenergic Blocking Agents</b>		
<i>atenolol</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>carvedilol</i>	1	
COREG CR	2	
<i>labetalol hcl inj</i>	1	
<i>labetalol hcl tabs</i>	1	
<i>metoprolol /hydrochlorothiazide</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate</i>	1	
<i>nadolol</i>	1	
<i>nadolol /bendroflumethiazide</i>	1	
<i>pindolol</i>	1	
<i>propranolol /hydrochlorothiazide</i>	1	
<i>propranolol hcl</i>	1	
<i>propranolol hcl er</i>	1	
<i>timolol maleate</i>	1	
<b>Calcium Channel Blocking Agents</b>		
<i>afeditab cr</i>	1	
<i>amlodipine besylate</i>	1	
CARDIZEM LA TB24 120MG	2	
<i>cartia xt</i>	1	
<i>dilt-cd cp24 300mg</i>	1	
<i>dilt-cd cp24 120mg</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem cd</i>	1	
<i>diltiazem hcl er tb24</i>	1	
<i>diltiazem hcl er cp12, cp24</i>	1	
<i>diltiazem hcl inj</i>	1	
<i>diltiazem hcl cp24, tabs</i>	1	
<i>diltzac</i>	1	
DYNACIRC CR	2	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
<i>nicardipine hcl</i>	1	
<i>nifediac cc</i>	1	
<i>nifedical xl</i>	1	

Alphabetical Formulary List

Drug Name	Drug Tier	Notes
<i>nifedipine</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
SULAR	2	
<i>taztia xt</i>	1	
<i>verapamil hcl er</i>	1	
<i>verapamil hcl inj</i>	1	
<i>verapamil hcl tabs</i>	1	
<b>Cardiovascular Agents, Other</b>		
<i>digoxin</i>	1	
<i>lanoxin</i>	1	
RANEXA TB12 1000MG	2	
RANEXA TB12 500MG	2	
<b>Diuretics</b>		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	
ALDACTAZIDE TABS 50MG; 50MG	2	
<i>amiloride /hydrochlorothiazide</i>	1	
<i>amiloride hcl</i>	1	
<i>bumetanide</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorothiazide sodium</i>	1	
<i>chlorthalidone</i>	1	
<i>furosemide</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>methazolamide</i>	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
<i>samsca</i>	1	SP
<i>spironolactone</i>	1	
<i>spironolactone /hydrochlorothiazide</i>	1	
<i>toremide inj</i>	1	
<i>toremide tabs</i>	1	
<i>triamterene /hydrochlorothiazide</i>	1	
<b>Dyslipidemics</b>		
ANTARA	2	
CADUET	2	
<i>cholestyramine light</i>	1	
<i>colestipol hcl</i>	1	
CRESTOR	2	
<i>fenofibrate</i>	1	
<i>fenofibrate micronized</i>	1	
<i>gemfibrozil</i>	1	
LIPITOR	2	
<i>lovastatin</i>	1	
LOVAZA	2	
<i>niacor</i>	1	
NIASPAN	2	

Drug Name	Drug Tier	Notes
<i>pravastatin sodium</i>	1	
<i>prevalite</i>	1	
SIMCOR	2	
<i>simvastatin</i>	1	
TRICOR	2	
TRIGLIDE	2	
TRILIPIX	2	
VYTORIN	2	
WELCHOL PACK	2	
WELCHOL TABS	2	
ZETIA	2	
<b>Renin-angiotensin-aldosterone System Inhibitors</b>		
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
AZOR	2	
<i>benazepril hcl</i>	1	
<i>benazepril hcl/hydrochlorothiazide</i>	1	
BENICAR	2	
BENICAR HCT	2	
<i>captopril</i>	1	
<i>captopril /hydrochlorothiazide</i>	1	
DIOVAN	2	
DIOVAN HCT	2	
<i>enalapril maleate</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>eperenone</i>	1	
EXFORGE	2	
EXFORGE HCT	2	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>fosinopril sodium tabs 40mg</i>	1	
<i>fosinopril sodium tabs 10mg, 20mg</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril /hydrochlorothiazide</i>	1	
<i>losartan potassium</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
LOTREL CAPS 10MG; 40MG, 5MG; 40MG	2	
<i>moexipril /hydrochlorothiazide</i>	1	
<i>moexipril hcl tabs 15mg</i>	1	
<i>moexipril hcl tabs 7.5mg</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril /hydrochlorothiazide</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
TARKA TBCR 1MG; 240MG	2	
TEKTURNA	2	
TEKTURNA HCT	2	
<i>trandolapril</i>	1	
<i>trandolapril/verapamil hcl</i>	1	
VALTURNA	2	
<b>Vasodilators</b>		
<i>hydralazine hcl</i>	1	

Alphabetical Formulary List

Drug Name	Drug Tier	Notes
<i>isochron</i>	1	
ISORDIL TITRADOSE TABS 40MG	2	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide dinitrate er</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>minitran</i>	1	
<i>minoxidil</i>	1	
<i>nitroglycerin</i>	1	
<i>nitroglycerin transdermal</i>	1	
NITROLINGUAL PUMPSPRAY	2	
<b>Central Nervous System Agents</b>		
<b>Amphetamines, ADHD</b>		
ADDERALL XR	2	RO
<i>amphetamine /dextroamphetamine</i>	1	RO
<i>dextroamphetamine sulfate</i>	1	RO
<i>dextroamphetamine sulfate er</i>	1	RO
<i>methamphetamine hcl</i>	1	
<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	RO
RILUTEK	4	SP
<b>Dental and Oral Agents</b>		
<b>Dental and Oral Agents</b>		
<i>chlorhexidine gluconate oral rinse</i>	1	
KEPIVANCE	2	PA
<i>periogard</i>	1	
<i>pilocarpine hcl</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>triamcinolone in orabase</i>	1	
<b>Dermatological Agents</b>		
<b>Dermatological Agents</b>		
AMEVIVE	4	SP
<i>ammonium lactate</i>	1	
<i>amnesteem</i>	1	
<i>avita</i>	1	
AZELEX	2	
BENZACLIN CARE KIT	2	
<i>calcipotriene</i>	1	
CARAC	2	
<i>claravis</i>	1	

Drug Name	Drug Tier	Notes
<i>clindamycin phosphate</i>	1	
<i>clindamycin/benzoyl peroxide</i>	1	
CONDYLOX GEL	2	
DIFFERIN	2	
DOVONEX CREA	2	
ELIDEL	2	
<i>ery</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin/benzoyl peroxide</i>	1	
<i>fluorouracil</i>	1	
<i>imiquimod</i>	1	
<i>laclotion</i>	1	
<i>metronidazole</i>	1	
NORITATE	2	
OXSORALEN	2	
OXSORALEN ULTRA	2	
<i>podofilox</i>	1	
PROTOPIC	2	
REGRANEX	2	
RETIN-A MICRO	2	
SANTYL	2	
<i>selenium sulfide</i>	1	
<i>sodium sulfacetamide</i>	1	
SOLARAZE	2	
<i>sotret</i>	1	
STELARA	4	SP
TACLONEX	2	
TACLONEX SCALP	2	
TAZORAC	2	
<i>tretinoin</i>	1	
<i>u-cort</i>	1	

### Enzyme Replacements/ Modifiers

#### **Enzyme Replacements/ Modifiers**

ADAGEN	4	SP
CEREZYME	4	SP
CREON	2	
ELAPRASE	4	SP
FABRAZYME	4	SP
NAGLAZYME	4	SP
ORFADIN	4	SP
PANCREAZE	2	
PULMOZYME	2	PA
VPRIV	4	SP
ZENPEP	2	

### Gastrointestinal Agents

#### **Antispasmodics, Gastrointestinal**

<i>atropine sulfate</i>	1	
<i>dicyclomine hcl</i>	1	
<i>glycopyrrolate</i>	1	
<i>methscopolamine bromide</i>	1	

Drug Name	Drug Tier	Notes
<b>Gastrointestinal Agents, Other</b>		
AMITIZA	2	
<i>constulose</i>	1	
<i>diphenoxylate/atropine</i>	1	
<i>enulose</i>	1	
GASTROCROM	2	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/ flavor pack</i>	1	
<i>generlac</i>	1	
GOLYTELY SOLR 227.1GM; 2.82GM; 6.36GM; 5.53GM; 21.5GM	2	
HALFLYTELY BOWEL PREP	2	
KRISTALOSE	2	
<i>lactulose</i>	1	
<i>loperamide hcl</i>	1	
MOVIPREP	2	
OSMOPREP	2	
<i>polyethylene glycol 3350</i>	1	
<i>trilyte</i>	1	
<i>ursodiol</i>	1	
VISICOL	2	
<b>Histamine2 (H2) Blocking Agents</b>		
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
<i>famotidine</i>	1	
<i>famotidine premixed</i>	1	
<i>nizatidine soln</i>	1	
<i>nizatidine caps</i>	1	
<i>ranitidine hcl</i>	1	
<b>Irritable Bowel Syndrome Agents</b>		
LOTRONEX	2	
<b>Protectants</b>		
CARAFATE SUSP	2	
<i>misoprostol</i>	1	
<i>sucralfate</i>	1	
<b>Proton Pump Inhibitors</b>		
DEXILANT	2	
<i>lansoprazole</i>	1	
NEXIUM	2	
NEXIUM I.V.	2	
<i>omeprazole</i>	1	
<i>pantoprazole sodium</i>	1	
PREVACID SOLUTAB	2	
PROTONIX INJ, PACK	2	
ZEGERID PACK	2	
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
DETROL	2	
DETROL LA	2	

Drug Name	Drug Tier	Notes
ENABLEX	2	
<i>flavoxate hcl</i>	1	
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride er</i>	1	
OXYTROL	2	
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>tamsulosin hcl</i>	1	
UROXATRAL	2	
<b>Genitourinary Agents, Other</b>		
<i>bethanechol chloride</i>	1	
ELMIRON	2	
<b>Phosphate Binders</b>		
<i>calcium acetate</i>	1	PA
FOSRENOL	2	PA
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>		
<b>Glucocorticoids/ Mineralocorticoids</b>		
<i>ala cort</i>	1	
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</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	
DERMA-SMOOTHIE/FS BODY OIL	2	
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
<i>diflorasone diacetate</i>	1	
<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 valerate</i>	1	
<i>isovate</i>	1	
<i>lokara</i>	1	
LUXIQ	2	
<i>mometasone furoate</i>	1	
OLUX-E	2	
<i>prednicarbate</i>	1	
<i>procto-pak</i>	1	

Alphabetical Formulary List

Drug Name	Drug Tier	Notes
<i>proctocream-hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
<i>triamcinolone acetonide</i>	1	
<i>triamcinolone acetonide in absorbase</i>	1	
<i>triderm</i>	1	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>		
<b><i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</i></b>		
<i>chorionic gonadotropin</i>	1	SP
<i>desmopressin acetate</i>	1	
GENOTROPIN	4	SP
GENOTROPIN MINIQUICK	4	SP
HUMATROPE	4	SP
HUMATROPE COMBO PACK	4	SP
INCRELEX	4	SP
NORDITROPIN CARTRIDGE	4	SP
NORDITROPIN NORDIFLEX PEN	4	SP
<i>novarel</i>	1	SP
NUTROPIN	4	SP
NUTROPIN AQ	4	SP
NUTROPIN AQ PEN	4	SP
OMNITROPE	4	SP
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	1	SP
SAIZEN	4	SP
SAIZEN CLICK.EASY	4	SP
SEROSTIM	4	SP
STIMATE	2	
TEV-TROPIN	4	SP
ZORBTIVE	4	SP
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>		
<b><i>Anabolic Steroids</i></b>		
<i>oxandrolone</i>	1	
<b><i>Androgens</i></b>		
ANDRODERM	2	
ANDROGEL	2	RO
ANDROID	2	
ANDROXY	2	
<i>danazol</i>	1	
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
TESTRED	2	
<b><i>Estrogens</i></b>		
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aviane</i>	1	
<i>balziva</i>	1	
CENESTIN	2	

Drug Name	Drug Tier	Notes
<i>cesia</i>	1	
<i>cryselle-28</i>	1	
DEPO-ESTRADIOL	2	
<i>enpresse-28</i>	1	
ESTRACE CREA	2	
ESTRADERM	2	
<i>estradiol</i>	1	
<i>estradiol valerate</i>	1	
<i>estradiol/norethindrone acetate</i>	1	
<i>estropipate</i>	1	
GYNODIOL	2	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>leena</i>	1	
<i>lessina-28</i>	1	
<i>levora 0.15/30-28</i>	1	
LOESTRIN 24 FE	2	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>mononessa</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>necon 1/35-28</i>	1	
<i>necon 10/11-28</i>	1	
<i>necon 7/7/7</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
NUVARING	2	
<i>ocella</i>	1	
<i>ogestrel</i>	1	
ORTHO EVRA	2	
<i>ortho-est</i>	1	
OVCON-50 28	2	
<i>portia-28</i>	1	
PREMARIN W/APPLICATOR	2	
PREMARIN INJ	2	
PREMARIN TABS	2	
<i>previfem</i>	1	
PROMETRIUM	2	
<i>quasense</i>	1	
<i>reclipsen</i>	1	

Alphabetical Formulary List

Drug Name	Drug Tier	Notes
<i>solia</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>trinessa</i>	1	
<i>trivora-28</i>	1	
VAGIFEM TABS 10MCG	2	
VAGIFEM TABS 25MCG	2	
<i>velivet</i>	1	
VIVELLE-DOT	2	
YAZ	2	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
<b>Progestins</b>		
<i>camila</i>	1	
CLIMARA PRO	2	
COMBIPATCH	2	
DEPO-PROVERA	2	
<i>errin</i>	1	
FEMHRT 1/5	2	
FEMHRT LOW DOSE	2	
<i>jolivette</i>	1	
<i>medroxyprogesterone acetate</i>	1	
MEGACE ES	2	
<i>megestrol acetate</i>	1	
<i>next choice</i>	1	
<i>nora-be</i>	1	
<i>norethindrone acetate</i>	1	
PREMPHASE	2	
PREMPRO	2	
PROMETRIUM	2	
<b>Selective Estrogen Receptor Modifying Agents</b>		
EVISTA	2	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
<i>levothroid tabs 137mcg</i>	1	
<i>levothroid tabs 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levothyroxine sodium</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium inj</i>	1	
<i>liothyronine sodium tabs</i>	1	
SYNTHROID	2	
<i>unithroid</i>	1	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		

Drug Name	Drug Tier	Notes
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN	2	
<b>Hormonal Agents, Suppressant (Parathyroid)</b>		
<b>Hormonal Agents, Suppressant (Parathyroid)</b>		
SENSIPAR	2	PA
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline</i>	1	
<i>leuprolide acetate</i>	1	SP
LUPRON DEPOT	4	SP
LUPRON DEPOT-PED	4	SP
<i>octreotide acetate</i>	1	SP
SANDOSTATIN LAR DEPOT	2	SP
SOMATULINE DEPOT	4	SP
SOMAVERT	4	SP
<b>Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)</b>		
<b>Antiandrogens</b>		
AVODART	2	
<i>bicalutamide</i>	1	
<i>finasteride</i>	1	
<i>flutamide</i>	1	
NILANDRON	2	
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
<b>Immunological Agents</b>		
<b>Immune Suppressants</b>		
<i>azathioprine</i>	1	PA
<i>azathioprine sodium</i>	1	PA
CELLCEPT	4	PA; SP
CELLCEPT INTRAVENOUS	4	PA; SP
CIMZIA	4	SP
<i>cyclosporine</i>	1	PA; SP
<i>cyclosporine modified</i>	1	PA; SP
ENBREL	4	SP
<i>gengraf</i>	1	PA; SP
HUMIRA	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
ORENCIA	4	SP
PROGRAF INJ	2	PA; SP
RAPAMUNE	2	PA; SP
REMICADE	4	SP
SIMPONI	4	SP
<i>tacrolimus</i>	1	PA; SP
<b>Immunizing Agents, Passive</b>		
<i>carimune nanofiltered</i>	1	PA; SP

Alphabetical Formulary List

Drug Name	Drug Tier	Notes
<i>gamastan s/d</i>	1	PA; SP
GAMMAGARD LIQUID	4	PA; SP
VIVAGLOBIN	4	PA; SP
<b>Immunomodulators</b>		
ACTIMMUNE	4	SP
ARCALYST	4	SP
AVONEX	4	SP
BETASERON	4	SP
COPAXONE	4	SP
EXTAVIA	2	SP
INFERGEN	2	SP
INTRON-A	4	SP
INTRON-A W/DILUENT	4	SP
KINERET	4	SP
<i>leflunomide</i>	1	
PEG-INTRON	2	SP
PEG-INTRON REDIPEN	2	SP
PEGASYS	4	SP
REBIF	4	SP
REBIF TITRATION PACK	2	SP
RIDAURA	2	
SYNAGIS	4	SP
<b>Vaccines</b>		
ATTENUVAX	2	
COMVAX	2	
DAPTACEL	2	
DIPHThERIA/TETANUS TOXOID PEDIATRIC	2	
ENGERIX-B	2	PA
HAVRIX	2	
IMOVAX RABIES (H.D.C.V.)	2	PA
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	PA
RECOMBIVAX HB	2	PA
TETANUS TOXOID ADSORBED	2	PA
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	2	
TWINRIX	2	PA
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
ZOSTAVAX	2	

**Inflammatory Bowel Disease Agents**

**Glucocorticoids**

Drug Name	Drug Tier	Notes
<i>a-hydrocort</i>	1	
<i>a-methapred</i>	1	
<i>colocort</i>	1	
<i>cortisone acetate</i>	1	
DEPO-MEDROL INJ 20MG/ML	2	
<i>dexamethasone</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
ENTOCORT EC	2	
<i>hydrocortisone</i>	1	
<i>methylprednisolone</i>	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sodiumsuccinate</i>	1	
MILLIPRED	2	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
SOLU-MEDROL INJ 2GM	2	
VERIPRED 20	2	
<b>Salicylates</b>		
ASACOL	2	
ASACOL HD	2	
<i>balsalazide disodium</i>	1	
CANASA	2	
DIPENTUM	2	
<i>mesalamine</i>	1	
<b>Sulfonamides</b>		
<i>sulfasalazine</i>	1	
<i>sulfazine ec</i>	1	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
ACTONEL	2	
<i>alendronate sodium</i>	1	
BONIVA TABS	2	
BONIVA INJ	2	SP
<i>calcitonin-salmon</i>	1	
<i>calcitriol</i>	1	PA
<i>etidronate disodium</i>	1	
FORTEO	4	SP
<i>fortical</i>	1	
FOSAMAX PLUS D	2	
FOSAMAX SOLN	2	
HECTOROL INJ	2	PA
HECTOROL CAPS 1MCG	2	PA
HECTOROL CAPS 0.5MCG, 2.5MCG	2	PA
MIACALCIN INJ	2	
<i>pamidronate disodium</i>	1	SP
SKELID	2	
ZEMPLAR INJ	2	PA
ZEMPLAR CAPS	2	PA
ZOMETA	2	PA; SP

Alphabetical Formulary List

Drug Name	Drug Tier	Notes
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
alcohol 5%/dextrose 5%	1	PA
alcohol preps	1	
anagrelide hydrochloride	1	
bd insulin syringe safetyglide/1ml/29g x 1/2"	1	
bd insulin syringe ultrafine/0.3ml/31g x 5/16"	1	
bd insulin syringe ultrafine/0.5ml/30g x 1/2"	1	
bd insulin syringe ultrafine/1ml/31g x 5/16"	1	
curity gauze pads 2"x2"	1	
intralipid inj 2.25%; 20%	1	PA
lactated ringers irrigation	1	
levocarnitine tabs	1	PA
levocarnitine inj, oral soln	1	PA
liposyn iii inj 1.8%; 2.5%; 30%	1	PA
pentopak	1	
pentoxifylline er	1	
sodium chloride	1	
sodium chloride 0.9%	1	
sodium chloride 0.45% viaflex	1	
sterile water irrigation	1	
<b>Ophthalmic Agents</b>		
<b>Ophthalmic Agents, Other</b>		
ak-con	1	
ak-tob	1	
bacitracin	1	
bacitracin/polymyxin b	1	
BLEPHAMIDE S.O.P.	2	
CILOXAN	2	
ciprofloxacin hcl	1	
dexasporin	1	
erythromycin	1	
gentak	1	
gentamicin sulfate	1	
gentasol	1	
mydral	1	
naphazoline hcl	1	
NATACYN	2	
neomycin /bacitracin /polymyxin	1	
neomycin /polymyxin /bacitracin /hydrocortisone	1	
neomycin /polymyxin /dexamethasone	1	
neomycin /polymyxin /gramicidin	1	
neomycin /polymyxin /hydrocortisone	1	
ofloxacin	1	
parcaine	1	
poly-dex	1	
polycin b	1	
proparacaine hcl	1	
QUIXIN	2	
RESTASIS	2	

Drug Name	Drug Tier	Notes
<i>romycin</i>	1	
<i>sodium sulfacetamide</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
TOBRADEX	2	
<i>tobramycin /dexamethasone</i>	1	
<i>tobramycin sulfate</i>	1	
<i>tobrasol</i>	1	
<i>trifluridine</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
<i>tropicamide</i>	1	
VIGAMOX	2	
ZYLET	2	
ZYMAR	2	
<b>Ophthalmic Anti-allergy Agents</b>		
ALAMAST	2	
ALOCRIL	2	
ALOMIDE	2	
<i>azelastine hcl</i>	1	
<i>cromolyn sodium</i>	1	
ELESTAT	2	
PATADAY	2	
PATANOL	2	
<b>Ophthalmic Anti-inflammatories</b>		
ALREX	2	
<i>dexamethasone sodium phosphate</i>	1	
<i>diclofenac sodium</i>	1	
FLAREX	2	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	
<i>ketorolac tromethamine</i>	1	
LOTEMAX	2	
MAXIDEX	2	
NEVANAC	2	
PRED MILD	2	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
VEXOL	2	
XIBROM	2	
<b>Ophthalmic Antiglaucoma Agents</b>		
ALPHAGAN P SOLN 0.1%	2	
<i>apraclonidine</i>	1	
AZOPT	2	
<i>betaxolol hcl</i>	1	
BETIMOL	2	
BETOPTIC-S	2	
<i>brimonidine tartrate</i>	1	
<i>carteolol hcl</i>	1	
COMBIGAN	2	

Alphabetical Formulary List

Drug Name	Drug Tier	Notes
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl/timolol maleate</i>	1	
IOPIDINE SOLN 1%	2	
<i>istalol</i>	1	
<i>levobunolol hcl</i>	1	
<i>metipranolol</i>	1	
PHOSPHOLINE IODIDE	2	
PILOPINE HS	2	
<i>timolol maleate</i>	1	
<i>timolol maleate ophthalmic gel forming</i>	1	
<b>Ophthalmic Prostaglandin and Prostanoid Analogs</b>		
LUMIGAN	2	
TRAVATAN Z	2	
XALATAN	2	
<b>Otic Agents</b>		
<b>Otic Agents</b>		
<i>acetazol hc</i>	1	
<i>acetic acid</i>	1	
<i>acetic acid/hydrocortisone</i>	1	
<i>borofair</i>	1	
CIPRO HC	2	
CIPRODEX	2	
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-inflammatories, Inhaled Corticosteroids</b>		
ADVAIR DISKUS	2	
ADVAIR HFA	2	
AEROBID-M	2	
ASMANEX 120 METERED DOSES	2	
ASMANEX 14 METERED DOSES	2	
ASMANEX 30 METERED DOSES	2	
ASMANEX 60 METERED DOSES	2	
<i>budesonide</i>	1	PA
FLOVENT DISKUS	2	
FLOVENT HFA	2	
<i>flunisolide</i>	1	
<i>fluticasone propionate</i>	1	
NASONEX	2	
PULMICORT FLEXHALER	2	
PULMICORT SUSP 1MG/2ML	2	PA
RHINOCORT AQUA	2	
SYMBICORT	2	
<b>Antihistamines</b>		
ALLEGRA-D 12 HOUR	2	
ALLEGRA-D 24 HOUR	2	
<i>azelastine hcl</i>	1	
<i>carbinoxamine maleate</i>	1	

Drug Name	Drug Tier	Notes
<i>cetirizine hcl</i>	1	
CLARINEX	2	
CLARINEX REDITABS	2	
CLARINEX-D 12 HOUR	2	
CLARINEX-D 24 HOUR	2	
<i>clemastine fumarate</i>	1	
<i>cyproheptadine hcl</i>	1	
<i>dexchlorpheniramine maleate</i>	1	
<i>diphenhydramine hcl</i>	1	
<i>fexofenadine hcl</i>	1	
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>promethazine vc</i>	1	
<b>Antileukotrienes</b>		
ACCOLATE	2	
SINGULAIR	2	
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA	2	
<i>ipratropium bromide/albuterol sulfate</i>	1	PA
<i>ipratropium bromide nasal soln</i>	1	
<i>ipratropium bromide inhalation soln</i>	1	PA
SPIRIVA HANDIHALER	2	
<b>Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)</b>		
<i>aminophylline</i>	1	
<i>theochron</i>	1	
<i>theophylline er</i>	1	
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate er</i>	1	
<i>albuterol sulfate syrp, tabs</i>	1	
<i>albuterol sulfate nebu</i>	1	PA
COMBIVENT	2	
<i>epinephrine hcl</i>	1	
EIPEN 2-PAK	2	
EIPEN-JR 2-PAK	2	
FORADIL AEROLIZER	2	
<i>levalbuterol</i>	1	PA
<i>metaproterenol sulfate</i>	1	
PERFOROMIST	2	PA
<i>proair hfa</i>	1	
PROVENTIL HFA	2	
SEREVENT DISKUS	2	
<i>terbutaline sulfate</i>	1	
VENTOLIN HFA	2	
XOPENEX	2	PA
XOPENEX HFA	2	
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium</i>	1	PA
<b>Pulmonary Antihypertensives</b>		
ADCIRCA	4	SP

Alphabetical Formulary List

Drug Name	Drug Tier	Notes
LETAIRIS	4	SP
REMODULIN	4	PA; SP
REVATIO TABS	4	SP
TRACLEER	2	
VENTAVIS	4	SP
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine</i>	1	PA
ARALAST NP	2	
<i>ipratropium bromide</i>	1	
PROLASTIN	2	
TYZINE	2	
TYZINE PEDIATRIC NASAL DROPS	2	
XOLAIR	4	SP
<b>Sedatives/Hypnotics</b>		
<b>Sedatives/Hypnotics</b>		
AMBIEN CR	2	RO
LUNESTA	2	RO
ROZEREM	2	
<i>zaleplon</i>	1	RO
<i>zolpidem tartrate</i>	1	RO
<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>metaxalone</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	
<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
<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>dextrose 10%/nacl 0.45%</i>	1	
<i>dextrose 5% /electrolyte #48 viaflex</i>	1	
<i>dextrose 10% flex container</i>	1	PA
<i>dextrose 10%/nacl 0.2%</i>	1	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%</i>	1	PA

Drug Name	Drug Tier	Notes
<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>ed k+10</i>	1	
<i>freamine iii</i>	1	PA
<i>hepatamine</i>	1	PA
<i>isolyte-m/dextrose 5%</i>	1	
<i>kaon-cl-10</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/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 0.9%</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	
<i>klor-con 8</i>	1	
<i>klor-con m20</i>	1	
<i>lactated ringers</i>	1	
<i>leucovorin calcium</i>	1	PA
<i>magnesium sulfate</i>	1	
<i>magnesium sulfate in d5w</i>	1	
<i>normosol-m in d5w</i>	1	
<i>normosol-r in d5w</i>	1	
<i>novamine</i>	1	PA
<i>physiolyte</i>	1	
<i>physiosol irrigation</i>	1	
<i>plasma-lyte-r</i>	1	
<i>potassium chloride</i>	1	
<i>potassium chloride 0.075%/d5w/nacl 0.225%</i>	1	
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	1	
<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 0.22% d5w/nacl 0.45%</i>	1	
<i>potassium chloride 0.224%/d5w</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 cr</i>	1	
<i>potassium chloride er tbc</i>	1	
<i>potassium chloride er cpcr</i>	1	
<i>potassium chloride sr</i>	1	
<i>potassium citrate extended-release</i>	1	

Alphabetical Formulary List

Drug Name	Drug Tier	Notes
<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
PROSOL	2	PA
<i>ringers injection</i>	1	
<i>ringers irrigation</i>	1	
<i>sodium bicarbonate</i>	1	
<i>sodium fluoride</i>	1	
<i>sodium lactate</i>	1	
<i>tis-u-sol</i>	1	
<i>tpn electrolytes ftv</i>	1	
<b>Vitamins</b>		
<i>prenatabs obn</i>	1	

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ABRAXANE	10
acarbose	14
ACCOLATE	33
acebutolol hcl	16
acetaminophen/caffeine/dihydrocodeine bitartrate	1
acetaminophen/codeine	1
acetaminophen/codeine #3	1
acetaminophen/codeine #4	1
acetazol hc	32
acetazolamide	18
acetazolamide sodium	18
acetic acid	32
acetic acid/hydrocortisone	32
acetylcysteine	34
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ACTONEL	29
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ADDERALL XR	20
adriamycin	10
ADVAIR DISKUS	32
ADVAIR HFA	32
AEROBID-M	32
afeditab cr	17
AFINITOR	11
a-hydrocort	29
ak-con	30
ak-tob	30
ala cort	23
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ALAMAST	31
albuterol sulfate	33
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alcohol 5%/dextrose 5%	30
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ALREX	31
amantadine hcl	12
amantadine hcl	14
AMBIEN CR	34
amcinonide	23
a-methapred	29
AMEVIVE	20
amifostine	10
amikacin sulfate	3
amiloride /hydrochlorothiazide	18
amiloride hcl	18
aminophylline	33
aminosyn 8.5%/electrolytes	34
aminosyn ii 8.5%/electrolytes	34
aminosyn-hf	34
amiodarone hcl	16
AMITIZA	22
amitriptyline hcl	7
amlodipine besylate	17
amlodipine besylate/benazepril hydrochloride	19
ammonium chloride	34
ammonium lactate	20
amnesteem	20
amoxapine	7
amoxicillin	4
amoxicillin/clavulanate potassium	4
amoxicillin/clavulanate potassium er	4
amoxicillin/potassium clavulanate	4
amphetamine /dextroamphetamine	20
amphotericin b	8
ampicillin	4
ampicillin sodium	4
ampicillin-sulbactam	4
anagrelide hydrochloride	30
ANCOBON	8
ANDRODERM	24
ANDROGEL	24
ANDROID	24
ANDROXY	24
anestacon	2
ANTABUSE	7
ANTARA	18
ANZEMET	7

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<i>apraclonidine</i>	31	<i>azithromycin</i>	4
<i>apri</i>	24	AZOPT	31
APTIVUS	13	AZOR	19
ARALAST NP	34	<i>baciim</i>	3
<i>aranelle</i>	24	<i>bacitracin</i>	3
ARANESP ALBUMIN FREE	16	<i>bacitracin</i>	30
ARCALYST	28	<i>bacitracin/polymyxin b</i>	30
ARICEPT	6	<i>baclofen</i>	13
ARICEPT ODT	6	BACTROBAN	3
ARIMIDEX	11	BACTROBAN NASAL	3
ARIXTRA	15	<i>balacet 325</i>	1
AROMASIN	11	<i>balsalazide disodium</i>	29
ARTHROTEC 50	2	<i>balziva</i>	24
ARTHROTEC 75	2	<i>bd insulin syringe safetyglide/1ml/29g x</i>	30
ARZERRA	11	<i>1/2"</i>	
ASACOL	29	<i>bd insulin syringe ultrafine/0.3ml/31g x</i>	30
ASACOL HD	29	<i>5/16"</i>	
<i>ascomp/codeine</i>	1	<i>bd insulin syringe ultrafine/0.5ml/30g x</i>	30
ASMANEX 120 METERED DOSES	32	<i>1/2"</i>	
ASMANEX 14 METERED DOSES	32	<i>bd insulin syringe ultrafine/1ml/31g x</i>	30
ASMANEX 30 METERED DOSES	32	<i>5/16"</i>	
ASMANEX 60 METERED DOSES	32	<i>benazepril hcl</i>	19
<i>astramorph</i>	1	<i>benazepril hcl/hydrochlorothiazide</i>	19
<i>atamet</i>	12	BENICAR	19
<i>atenolol</i>	17	BENICAR HCT	19
<i>atenolol/chlorthalidone</i>	17	BENZAACLIN CARE KIT	20
<i>atropine sulfate</i>	21	<i>benztropine mesylate</i>	12
ATROVENT HFA	33	<i>betamethasone dipropionate</i>	23
ATTENUVAX	28	<i>betamethasone valerate</i>	23
<i>augmented betamethasone</i>	23	BETASERON	28
<i>dipropionate</i>		<i>beta-val</i>	23
AVANDAMET	14	<i>betaxolol hcl</i>	17
AVANDARYL	14	<i>betaxolol hcl</i>	31
AVANDIA	14	<i>bethanechol chloride</i>	23
AVASTIN	11	BETIMOL	31
AVELOX	5	BETOPTIC-S	31
AVELOX ABC PACK	5	<i>bicalutamide</i>	27
<i>aviane</i>	24	BILTRICIDE	11
<i>avita</i>	20	<i>bisoprolol fumarate</i>	17
AVODART	27	<i>bisoprolol fumarate/hydrochlorothiazide</i>	17
AVONEX	28	<i>bleomycin sulfate</i>	10
AXERT	9	BLEPHAMIDE S.O.P.	30
AZACTAM	4	BONIVA	29
AZACTAM IN DEXTROSE	4	<i>borofair</i>	32
AZACTAM IN ISO-OSMOTIC	4	<i>brimonidine tartrate</i>	31
DEXTROSE		<i>bromocriptine mesylate</i>	12
<i>azathioprine</i>	27	<i>budeprion sr</i>	6
<i>azathioprine sodium</i>	27	<i>budeprion xl</i>	6
<i>azelastine hcl</i>	31	<i>budesonide</i>	32
<i>azelastine hcl</i>	32	<i>bumetanide</i>	18
AZELEX	20	<i>buprenorphine hcl</i>	1

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<i>buproban</i>	7
<i>bupropion hcl</i>	6
<i>bupropion hcl sr</i>	6
<i>bupirone hcl</i>	14
BUSULFEX	9
<i>butalbital /apap /caffeine /codeine</i>	1
<i>butorphanol tartrate</i>	1
BYETTA	14
<i>cabergoline</i>	27
CADUET	18
<i>calcipotriene</i>	20
<i>calcitonin-salmon</i>	29
<i>calcitriol</i>	29
<i>calcium acetate</i>	23
<i>camila</i>	26
CAMPATH	11
CAMPRAL	7
CAMPTOSAR	10
CANASA	29
CAPEX	23
<i>capital/codeine</i>	1
<i>captopril</i>	19
<i>captopril /hydrochlorothiazide</i>	19
CARAC	20
CARAFATE	22
<i>carbamazepine</i>	6
<i>carbamazepine er</i>	6
<i>carbidopa/levodopa</i>	12
<i>carbidopa/levodopa cr</i>	12
<i>carbidopa/levodopa odt</i>	12
<i>carbidopa/levodopa sr</i>	12
<i>carbinoxamine maleate</i>	32
<i>carboplatin</i>	10
CARDIZEM LA	17
<i>carimune nanofiltered</i>	27
<i>carisoprodol</i>	34
<i>carisoprodol /aspirin</i>	34
<i>carisoprodol /aspirin /codeine</i>	34
<i>carteolol hcl</i>	31
<i>cartia xt</i>	17
<i>carvedilol</i>	17
CEDAX	3
CEENU	9
<i>cefaclor</i>	3
<i>cefaclor er</i>	3
<i>cefadroxil</i>	4
<i>cefazolin sodium</i>	4
<i>cefdinir</i>	4
<i>cefepime</i>	4
<i>cefotaxime sodium</i>	4
<i>cefotetan</i>	4

Drug Name	Page #
<i>cefoxitin sodium</i>	4
<i>cefepodoxime proxetil</i>	4
<i>cefprozil</i>	4
<i>ceftazidime</i>	4
<i>ceftriaxone sodium</i>	4
<i>ceftriaxone/dextrose</i>	4
<i>cefuroxime axetil</i>	4
<i>cefuroxime sodium</i>	4
<i>cefuroxime/dextrose</i>	4
CELEBREX	2
CELLCEPT	27
CELLCEPT INTRAVENOUS	27
CELONTIN	5
CENESTIN	24
<i>cephalexin</i>	4
CEREZYME	21
<i>cesia</i>	25
<i>cetirizine hcl</i>	33
<i>chloramphenicol sodium succinate</i>	3
<i>chlordiazepoxide /amitriptyline</i>	7
<i>chlorhexidine gluconate oral rinse</i>	20
<i>chloroquine phosphate</i>	11
<i>chlorothiazide</i>	18
<i>chlorothiazide sodium</i>	18
<i>chlorpromazine hcl</i>	12
<i>chlorpropamide</i>	14
<i>chlorthalidone</i>	18
<i>chlorzoxazone</i>	34
<i>cholestyramine light</i>	18
<i>chorionic gonadotropin</i>	24
<i>ciclopirox</i>	8
<i>ciclopirox nail lacquer</i>	8
<i>ciclopirox olamine</i>	8
<i>cilostazol</i>	16
CILOXAN	30
<i>cimetidine</i>	22
<i>cimetidine hcl</i>	22
CIMZIA	27
CIPRO HC	32
CIPRODEX	32
<i>ciprofloxacin</i>	5
<i>ciprofloxacin er</i>	5
<i>ciprofloxacin extended-release</i>	5
<i>ciprofloxacin hcl</i>	5
<i>ciprofloxacin hcl</i>	30
<i>cisplatin</i>	10
<i>citalopram hydrobromide</i>	6
<i>cladribine</i>	10
<i>claravis</i>	20
CLARINEX	33
CLARINEX REDITABS	33

Drug Name	Page #	Drug Name	Page #
CLARINEX-D 12 HOUR	33	CREON	21
CLARINEX-D 24 HOUR	33	CRESTOR	18
<i>clarithromycin</i>	5	CRIXIVAN	13
<i>clarithromycin er</i>	5	<i>cromolyn sodium</i>	31
<i>clemastine fumarate</i>	33	<i>cromolyn sodium</i>	33
CLIMARA PRO	26	<i>cryselle-28</i>	25
<i>clindamycin hcl</i>	3	CUPRIMINE	7
<i>clindamycin phosphate</i>	3	<i>curity gauze pads 2"x2"</i>	30
<i>clindamycin phosphate</i>	21	<i>cyclobenzaprine hcl</i>	34
<i>clindamycin phosphate add-vantage</i>	3	<i>cyclophosphamide</i>	9
<i>clindamycin/benzoyl peroxide</i>	21	<i>cyclosporine</i>	27
<i>clinimix 4.25%/dextrose 10%</i>	34	<i>cyclosporine modified</i>	27
<i>clinimix 4.25%/dextrose 20%</i>	34	CYKLOKAPRON	16
<i>clinimix 4.25%/dextrose 25%</i>	34	CYMBALTA	6
<i>clinimix e 4.25%/dextrose 25%</i>	34	<i>cyproheptadine hcl</i>	33
<i>clinisol sf 15%</i>	34	<i>cytarabine</i>	10
<i>clobetasol propionate</i>	23	<i>cytarabine aqueous</i>	10
<i>clobetasol propionate e</i>	23	<i>dacarbazine</i>	9
CLOBEX	23	<i>danazol</i>	24
<i>clomipramine hcl</i>	7	<i>dantrolene sodium</i>	13
<i>clonidine hcl</i>	16	<i>dapsone</i>	9
<i>clorpres</i>	16	DAPTACEL	28
<i>clotrimazole</i>	8	<i>daraprim</i>	11
<i>clotrimazole/betamethasone</i>	8	<i>daunorubicin hcl</i>	10
<i>dipropionate</i>		<i>demeclocycline hcl</i>	5
<i>clozapine</i>	12	DENAVIR	14
<i>codeine sulfate</i>	1	<i>depade</i>	7
<i>co-gesic</i>	1	DEPO-ESTRADIOL	25
<i>colestipol hcl</i>	18	DEPO-MEDROL	29
<i>colistimethate sodium</i>	3	DEPO-PROVERA	26
<i>colocort</i>	29	DERMA-SMOOTH/FS BODY OIL	23
COMBIGAN	31	<i>desipramine hcl</i>	7
COMBIPATCH	26	<i>desmopressin acetate</i>	24
COMBIVENT	33	<i>desonide</i>	23
COMBIVIR	13	<i>desoximetasone</i>	23
<i>compro</i>	7	DETROL	22
COMTAN	12	DETROL LA	22
COMVAX	28	<i>dexamethasone</i>	29
CONCERTA	20	<i>dexamethasone sodium phosphate</i>	29
CONDYLOX	21	<i>dexamethasone sodium phosphate</i>	31
<i>constulose</i>	22	<i>dexasporin</i>	30
COPAXONE	28	<i>dexchlorpheniramine maleate</i>	33
COPEGUS	14	DEXILANT	22
CORDRAN TAPE	23	<i>dexmethylphenidate hcl</i>	20
COREG CR	17	<i>dexrazoxane</i>	10
<i>cortisone acetate</i>	29	<i>dextroamphetamine sulfate</i>	20
CORTISPORIN	3	<i>dextroamphetamine sulfate er</i>	20
CORTISPORIN-TC	32	<i>dextrose 10%/nacl 0.45%</i>	34
<i>cortomycin</i>	32	<i>dextrose 5% /electrolyte #48 viaflex</i>	34
COSMEGEN	10	<i>dextrose 10% flex container</i>	34
COUMADIN	15	<i>dextrose 10%/nacl 0.2%</i>	34

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<i>dextrose 2.5%/sodium chloride 0.45%</i>	34	DUETACT	14
<i>dextrose 5%</i>	34	<i>duramorph</i>	1
<i>dextrose 5%/nacl 0.2%</i>	35	DYNACIRC CR	17
<i>dextrose 5%/nacl 0.225%</i>	35	<i>e.e.s. 400</i>	5
<i>dextrose 5%/nacl 0.33%</i>	35	<i>econazole nitrate</i>	8
<i>dextrose 5%/nacl 0.45%</i>	35	<i>ed k+10</i>	35
<i>dextrose 5%/nacl 0.9%</i>	35	EFFEXOR XR	6
<i>dextrose 5%/potassium chloride 0.075%</i>	35	ELAPRASE	21
DIBENZYLINE	16	ELESTAT	31
<i>diclofenac potassium</i>	2	ELIDEL	21
<i>diclofenac sodium</i>	2	ELITEK	10
<i>diclofenac sodium</i>	31	ELMIRON	23
<i>diclofenac sodium ec</i>	2	ELOXATIN	10
<i>diclofenac sodium xr</i>	2	ELSPAR	10
<i>dicloxacillin sodium</i>	4	EMCYT	10
<i>dicyclomine hcl</i>	21	EMEND	7
<i>didanosine</i>	13	EMTRIVA	13
DIFFERIN	21	ENABLEX	23
<i>diflorasone diacetate</i>	23	<i>enalapril maleate</i>	19
<i>diflunisal</i>	2	<i>enalapril maleate/hydrochlorothiazide</i>	19
<i>digoxin</i>	18	ENBREL	27
<i>dihydroergotamine mesylate</i>	9	<i>endocet</i>	1
DILANTIN INFATABS	6	<i>endodan</i>	1
DILAUDID-5	1	ENGERIX-B	28
<i>dilt-cd</i>	17	<i>enpresse-28</i>	25
<i>diltiazem cd</i>	17	ENTOCORT EC	29
<i>diltiazem hcl</i>	17	<i>enulose</i>	22
<i>diltiazem hcl er</i>	17	<i>epinephrine hcl</i>	33
<i>dilt-xr</i>	17	EPIPEN 2-PAK	33
<i>diltzac</i>	17	EPIPEN-JR 2-PAK	33
DIOVAN	19	<i>epirubicin hcl</i>	10
DIOVAN HCT	19	<i>epitol</i>	6
DIPENTUM	29	EPIVIR	13
<i>diphenhydramine hcl</i>	33	EPIVIR HBV	13
<i>diphenoxylate/atropine</i>	22	<i>eplerenone</i>	19
DIPHThERIA/TETANUS TOXOID	28	EPOGEN	16
PEDIATRIC		EPZICOM	13
<i>dipyridamole</i>	16	ERBITUX	11
<i>disopyramide phosphate</i>	16	<i>ergoloid mesylates</i>	6
<i>divalproex sodium</i>	5	<i>ergotamine tartrate/caffeine</i>	9
<i>divalproex sodium er</i>	5	<i>errin</i>	26
DORIBAX	4	<i>ery</i>	21
<i>dorzolamide hcl</i>	32	ERY-TAB	5
<i>dorzolamide hcl/timolol maleate</i>	32	<i>erythrocine stearate</i>	5
DOVONEX	21	<i>erythromycin</i>	21
<i>doxazosin mesylate</i>	16	<i>erythromycin</i>	30
<i>doxepin hcl</i>	7	<i>erythromycin /sulfisoxazole</i>	5
<i>doxorubicin hcl</i>	10	<i>erythromycin base</i>	5
<i>doxycycline hyclate</i>	5	<i>erythromycin/benzoyl peroxide</i>	21
<i>doxycycline monohydrate</i>	5	ESTRACE	25
<i>dronabinol</i>	7	ESTRADERM	25

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<i>estradiol</i>	25	<i>fluorometholone</i>	31
<i>estradiol valerate</i>	25	<i>fluorouracil</i>	10
<i>estradiol/norethindrone acetate</i>	25	<i>fluorouracil</i>	21
<i>estropipate</i>	25	<i>fluoxetine dr</i>	7
<i>ethambutol hcl</i>	9	<i>fluoxetine hcl</i>	7
<i>ethosuximide</i>	5	<i>fluphenazine decanoate</i>	12
<i>etidronate disodium</i>	29	<i>fluphenazine hcl</i>	12
<i>etodolac</i>	2	<i>flurbiprofen</i>	2
<i>etodolac er</i>	2	<i>flurbiprofen sodium</i>	31
ETOPOPHOS	10	<i>flutamide</i>	27
<i>etoposide</i>	10	<i>fluticasone propionate</i>	23
EURAX	12	<i>fluticasone propionate</i>	32
EVISTA	26	<i>fluvoxamine maleate</i>	7
EXELDERM	8	FML	31
EXELON	6	FML FORTE	31
EXFORGE	19	<i>fomepizole</i>	7
EXFORGE HCT	19	FORADIL AEROLIZER	33
EXJADE	7	FORTEO	29
EXTAVIA	28	<i>fortical</i>	29
FABRAZYME	21	FOSAMAX	29
<i>famciclovir</i>	14	FOSAMAX PLUS D	29
<i>famotidine</i>	22	<i>foscarnet sodium</i>	13
<i>famotidine premixed</i>	22	<i>fosinopril sodium</i>	19
FARESTON	10	<i>fosinopril sodium/hydrochlorothiazide</i>	19
FASLODEX	10	<i>fosphenytoin sodium</i>	6
<i>felodipine er</i>	17	FOSRENOL	23
FEMARA	11	FRAGMIN	15
FEMHRT 1/5	26	<i>freamine iii</i>	35
FEMHRT LOW DOSE	26	FROVA	9
<i>fenofibrate</i>	18	<i>furosemide</i>	18
<i>fenofibrate micronized</i>	18	FUZEON	13
<i>fenoprofen calcium</i>	2	<i>gabapentin</i>	5
<i>fentanyl</i>	1	GABITRIL	5
<i>fentanyl citrate</i>	1	<i>galantamine hydrobromide</i>	6
<i>fentanyl citrate oral transmucosal</i>	1	<i>gamastan s/d</i>	28
<i>fexofenadine hcl</i>	33	GAMMAGARD LIQUID	28
<i>finasteride</i>	27	<i>ganciclovir</i>	13
<i>firmagon</i>	10	GASTROCROM	22
FLAREX	31	<i>gavilyte-c</i>	22
<i>flavoxate hcl</i>	23	<i>gavilyte-g</i>	22
<i>flecainide acetate</i>	16	<i>gavilyte-n/ flavor pack</i>	22
FLOVENT DISKUS	32	<i>gemfibrozil</i>	18
FLOVENT HFA	32	GEMZAR	10
<i>fluconazole</i>	8	<i>generlac</i>	22
<i>fluconazole in dextrose</i>	8	<i>gengraf</i>	27
<i>fludarabine phosphate</i>	10	GENOTROPIN	24
<i>fludrocortisone acetate</i>	23	GENOTROPIN MINIQUICK	24
<i>flunisolide</i>	32	<i>gentak</i>	30
<i>fluocinolone acetonide</i>	23	<i>gentamicin sulfate</i>	3
<i>fluocinonide</i>	23	<i>gentamicin sulfate</i>	30
<i>fluocinonide emollient base</i>	23	<i>gentamicin sulfate/0.9% sodium chloride</i>	3

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<i>gentamicin sulfate/sodium chloride</i>	3	HUMIRA	27
<i>gentasol</i>	30	HUMIRA PEN-CROHNS	27
GEODON	12	DISEASESTARTER	
GLEEVEC	11	HUMULIN 70/30	15
<i>glimepiride</i>	14	HUMULIN 70/30 PEN	15
<i>glipizide</i>	14	HUMULIN N	15
<i>glipizide er</i>	14	HUMULIN N U-100 PEN	15
<i>glipizide xl</i>	14	HUMULIN R	15
<i>glipizide/metformin hcl</i>	15	HUMULIN R U-500 (CONCENTRATED)	15
GLUCAGEN HYPOKIT	15	HYCAMTIN	10
GLUCAGON EMERGENCY KIT	15	<i>hydralazine hcl</i>	19
<i>glyburide</i>	15	<i>hydrochlorothiazide</i>	18
<i>glyburide micronized</i>	15	<i>hydrocodone /acetaminophen</i>	1
<i>glyburide/metformin hcl</i>	15	<i>hydrocodone /acetaminophen-hs</i>	1
<i>glycopyrrolate</i>	21	<i>hydrocodone /ibuprofen</i>	1
<i>glycron</i>	15	<i>hydrocodone bitartrate/acetaminophen</i>	1
GLYSET	15	<i>hydrocortisone</i>	23
GOLYTELY	22	<i>hydrocortisone</i>	29
<i>granisetron hcl</i>	7	<i>hydrocortisone butyrate</i>	23
<i>granisol</i>	7	<i>hydrocortisone valerate</i>	23
GRIFULVIN V	8	<i>hydromorphone hcl</i>	1
<i>griseofulvin microsize</i>	8	<i>hydroxychloroquine sulfate</i>	11
<i>guanabenz acetate</i>	16	<i>hydroxyurea</i>	10
<i>guanfacine hcl</i>	16	<i>hydroxyzine hcl</i>	33
<i>guanidine hcl</i>	9	<i>hydroxyzine pamoate</i>	33
GYNODIOL	25	<i>ibuprofen</i>	2
HALFLYTELY BOWEL PREP	22	<i>idarubicin hcl</i>	10
<i>halobetasol propionate</i>	23	<i>ifosfamide</i>	9
<i>haloperidol</i>	12	<i>ifosfamide/mesna</i>	9
<i>haloperidol decanoate</i>	12	<i>imipramine hcl</i>	7
<i>haloperidol lactate</i>	12	<i>imipramine pamoate</i>	7
HAVRIX	28	<i>imiquimod</i>	21
HECTOROL	29	IMITREX	9
<i>heparin sodium</i>	15	IMOVAX RABIES (H.D.C.V.)	28
<i>heparin sodium dcu</i>	15	INCRELEX	24
<i>heparin sodium/d5w</i>	15	<i>indapamide</i>	18
<i>heparin sodium/nacl 0.45%</i>	15	<i>indomethacin</i>	2
<i>heparin sodium/sodium chloride 0.9%</i>	15	<i>indomethacin er</i>	2
<i>premix</i>		INFERGEN	28
<i>hepatamine</i>	35	<i>infumorph 200</i>	1
HEPSERA	14	<i>infumorph 500</i>	1
HERCEPTIN	11	INTELENCE	13
HEXALEN	9	<i>intralipid</i>	30
HUMALOG	15	INTRON-A	28
HUMALOG MIX 50/50	15	INTRON-A W/DILUENT	28
HUMALOG MIX 50/50 PEN	15	INVANZ	4
HUMALOG MIX 75/25	15	INVIRASE	13
HUMALOG MIX 75/25 PEN	15	IOPIDINE	32
HUMALOG PEN	15	IPOL INACTIVATED IPV	28
HUMATROPE	24	<i>ipratropium bromide</i>	33
HUMATROPE COMBO PACK	24	<i>ipratropium bromide</i>	34

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<i>ipratropium bromide/albuterol sulfate</i>	33	<i>ketorolac tromethamine</i>	2
IRESSA	11	<i>ketorolac tromethamine</i>	31
<i>irinotecan</i>	10	KINERET	28
ISENTRESS	13	<i>kionex</i>	7
<i>isochron</i>	20	<i>klor-con 10</i>	35
<i>isolyte-m/dextrose 5%</i>	35	<i>klor-con 8</i>	35
<i>isonarif</i>	9	<i>klor-con m20</i>	35
<i>isoniazid</i>	9	KRISTALOSE	22
ISORDIL TITRADOSE	20	<i>kuric</i>	8
<i>isosorbide dinitrate</i>	20	<i>labetalol hcl</i>	17
<i>isosorbide dinitrate er</i>	20	<i>laclotion</i>	21
<i>isosorbide mononitrate</i>	20	<i>lactated ringers</i>	35
<i>isosorbide mononitrate er</i>	20	<i>lactated ringers irrigation</i>	30
<i>isotonic gentamicin</i>	3	<i>lactulose</i>	22
<i>isovate</i>	23	LAMICTAL ODT	6
<i>isradipine</i>	17	LAMICTAL XR	6
<i>istalol</i>	32	LAMISIL	8
ISTODAX	10	<i>lamotrigine</i>	6
<i>itraconazole</i>	8	<i>lanoxin</i>	18
IXEMPRA KIT	10	<i>lansoprazole</i>	22
<i>jantoven</i>	15	LANTUS	15
JANUMET	15	LANTUS SOLOSTAR	15
JANUVIA	15	<i>leena</i>	25
JE-VAX	28	<i>leflunomide</i>	28
<i>jolivette</i>	26	<i>lessina-28</i>	25
<i>junel 1.5/30</i>	25	LETAIRIS	34
<i>junel 1/20</i>	25	<i>leucovorin calcium</i>	35
<i>junel fe 1.5/30</i>	25	LEUKERAN	9
<i>junel fe 1/20</i>	25	LEUKINE	16
KADIAN	1	<i>leuprolide acetate</i>	27
KALETRA	13	<i>levabuterol</i>	33
<i>kanamycin sulfate</i>	3	LEVAQUIN	5
<i>kaon-cl-10</i>	35	<i>levetiracetam</i>	5
<i>kariva</i>	25	<i>levobunolol hcl</i>	32
<i>kcl 0.075%/d5w/nacl 0.45%</i>	35	<i>levocarnitine</i>	30
<i>kcl 0.15%/d10w/nacl 0.2%</i>	35	<i>levora 0.15/30-28</i>	25
<i>kcl 0.15%/d5w/lr</i>	35	<i>levorphanol tartrate</i>	1
<i>kcl 0.15%/d5w/nacl 0.2%</i>	35	<i>levothroid</i>	26
<i>kcl 0.15%/d5w/nacl 0.225%</i>	35	<i>levothyroxine sodium</i>	26
<i>kcl 0.15%/d5w/nacl 0.9%</i>	35	<i>levoxyl</i>	26
<i>kcl 0.3%/d5w/lr iv lac ring</i>	35	LEXAPRO	7
<i>kcl 0.3%/d5w/nacl 0.2%</i>	35	LEXIVA	13
<i>kcl 0.3%/d5w/nacl 0.45%</i>	35	<i>lidocaine</i>	2
<i>kcl 0.3%/d5w/nacl 0.9%</i>	35	<i>lidocaine hcl</i>	2
<i>kelnor 1/35</i>	25	<i>lidocaine hcl jelly</i>	2
KEPIVANCE	20	<i>lidocaine viscous</i>	2
KEPPRA	5	<i>lidocaine/prilocaine</i>	2
KETEK	5	LIDODERM	2
<i>ketoconazole</i>	8	<i>lindane</i>	12
<i>ketoprofen</i>	2	<i>liothyronine sodium</i>	26
<i>ketoprofen er</i>	2	LIPITOR	18

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<i>liposyn iii</i>	30	<i>meprobamate</i>	14
<i>lisinopril</i>	19	MEPRON	11
<i>lisinopril /hydrochlorothiazide</i>	19	<i>mercaptopurine</i>	10
<i>lithium carbonate</i>	14	MERREM	4
<i>lithium carbonate er</i>	14	MERUVAX II W/DILUENT 10 DOSE	28
<i>lithium citrate</i>	14	<i>mesalamine</i>	29
LODOSYN	12	<i>mesna</i>	10
LOESTRIN 24 FE	25	MESNEX	10
<i>lokara</i>	23	MESTINON TIMESPAN	9
<i>loperamide hcl</i>	22	<i>metadate er</i>	20
<i>losartan potassium</i>	19	<i>metaproterenol sulfate</i>	33
<i>losartan potassium/hydrochlorothiazide</i>	19	<i>metaxalone</i>	34
LOTEMAX	31	<i>metformin hcl</i>	15
LOTREL	19	<i>metformin hcl er</i>	15
LOTRONEX	22	<i>methadone hcl</i>	1
<i>lovastatin</i>	18	<i>methadose</i>	1
LOVAZA	18	<i>methamphetamine hcl</i>	20
LOVENOX	15	<i>methazolamide</i>	18
<i>low-ogestrel</i>	25	<i>methenamine hippurate</i>	3
<i>loxapine succinate</i>	12	<i>methimazole</i>	27
LUMIGAN	32	<i>methocarbamol</i>	34
LUNESTA	34	<i>methotrexate</i>	27
LUPRON DEPOT	27	<i>methotrexate sodium</i>	27
LUPRON DEPOT-PED	27	<i>methscopolamine bromide</i>	21
<i>lutra</i>	25	<i>methyclothiazide</i>	18
LUVOX CR	7	<i>methyldopa</i>	16
LUXIQ	23	<i>methyldopa /hydrochlorothiazide</i>	16
LYRICA	5	<i>methyldopate hcl</i>	16
LYSODREN	27	<i>methylin</i>	20
<i>magnesium sulfate</i>	35	<i>methylin er</i>	20
<i>magnesium sulfate in d5w</i>	35	<i>methylphenidate hcl</i>	20
<i>malathion</i>	12	<i>methylphenidate hcl sr</i>	20
<i>maprotiline hcl</i>	6	<i>methylprednisolone</i>	29
<i>margesic-h</i>	1	<i>methylprednisolone acetate</i>	29
MARPLAN	6	<i>methylprednisolone sodiumsuccinate</i>	29
MATULANE	9	<i>metipranolol</i>	32
MAXALT	9	<i>metoclopramide hcl</i>	8
MAXALT-MLT	9	<i>metolazone</i>	18
MAXIDEX	31	<i>metoprolol /hydrochlorothiazide</i>	17
MAXIPIME	4	<i>metoprolol succinate er</i>	17
<i>mebendazole</i>	11	<i>metoprolol tartrate</i>	17
<i>meclizine hcl</i>	7	<i>metronidazole</i>	3
<i>meclofenamate sodium</i>	2	<i>metronidazole</i>	21
<i>medroxyprogesterone acetate</i>	26	<i>metronidazole in nacl 0.79%</i>	3
<i>mefloquine hcl</i>	11	<i>metronidazole vaginal</i>	3
MEGACE ES	26	<i>mexiletine hcl</i>	16
<i>megestrol acetate</i>	26	MIACALCIN	29
<i>meloxicam</i>	2	<i>miconazole 3</i>	8
<i>melphalan hydrochloride</i>	9	<i>microgestin 1.5/30</i>	25
MENOMUNE-A/C/Y/W-135	28	<i>microgestin 1/20</i>	25
<i>meperidine hcl</i>	1	<i>microgestin fe</i>	25

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<i>microgestin fe 1.5/30</i>	25	<i>necon 0.5/35-28</i>	25
<i>midodrine hcl</i>	16	<i>necon 1/35-28</i>	25
<i>migergot</i>	9	<i>necon 10/11-28</i>	25
MIGRANAL	9	<i>necon 7/7/7</i>	25
MILLIPRED	29	<i>nefazodone hcl</i>	6
<i>minitran</i>	20	<i>neomycin /bacitracin /polymyxin</i>	30
<i>minocycline hcl</i>	5	<i>neomycin /polymyxin /bacitracin</i>	30
<i>minocycline hcl er</i>	5	<i>/hydrocortisone</i>	
<i>minoxidil</i>	20	<i>neomycin /polymyxin /dexamethasone</i>	30
MIRAPEX	12	<i>neomycin /polymyxin /gramicidin</i>	30
MIRAPEX ER	12	<i>neomycin /polymyxin /hc</i>	32
<i>mirtazapine</i>	6	<i>neomycin /polymyxin /hydrocortisone</i>	30
<i>mirtazapine odt</i>	6	<i>neomycin /polymyxin /hydrocortisone</i>	32
<i>misoprostol</i>	22	<i>neomycin sulfate</i>	3
<i>mitomycin</i>	10	<i>neomycin/polymyxin b sulfates</i>	3
<i>mitoxantrone hcl</i>	10	NEULASTA	16
M-M-R II W/DILUENT 10 DOSE	28	NEUMEGA	16
<i>moexipril /hydrochlorothiazide</i>	19	NEUPOGEN	16
<i>moexipril hcl</i>	19	NEVANAC	31
<i>mometasone furoate</i>	23	NEXAVAR	11
<i>mononessa</i>	25	NEXIUM	22
<i>morphine sulfate</i>	1	NEXIUM I.V.	22
<i>morphine sulfate er</i>	1	<i>next choice</i>	26
MOVIPREP	22	<i>niacor</i>	18
MOZOBIL	16	NIASPAN	18
MULTAQ	16	<i>nicardipine hcl</i>	17
<i>mupirocin</i>	3	NICOTROL INHALER	7
MYCOBUTIN	9	<i>nifediac cc</i>	17
<i>mycophenolate mofetil</i>	27	<i>nifedical xl</i>	17
<i>mydral</i>	30	<i>nifedipine</i>	18
<i>nabumetone</i>	2	<i>nifedipine er</i>	18
<i>nadolol</i>	17	NILANDRON	27
<i>nadolol /bendroflumethiazide</i>	17	<i>nimodipine</i>	18
<i>nafcillin sodium</i>	4	<i>nisoldipine</i>	18
NAFTIN	8	<i>nitrofurantoin macrocrystalline</i>	3
NAGLAZYME	21	<i>nitrofurantoin monohydrate</i>	3
<i>nalbuphine hcl</i>	1	<i>nitroglycerin</i>	20
<i>naloxone hcl</i>	7	<i>nitroglycerin transdermal</i>	20
<i>naltrexone hcl</i>	7	NITROLINGUAL PUMPSPRAY	20
NAMENDA	6	<i>nizatidine</i>	22
NAMENDA TITRATION PAK	6	<i>nora-be</i>	26
<i>naphazoline hcl</i>	30	NORDITROPIN CARTRIDGE	24
NAPRELAN	2	NORDITROPIN NORDIFLEX PEN	24
<i>naproxen</i>	2	<i>norethindrone acetate</i>	26
<i>naproxen dr</i>	2	NORITATE	21
<i>naproxen sodium</i>	2	<i>normosol-m in d5w</i>	35
NARDIL	6	<i>normosol-r in d5w</i>	35
NASONEX	32	NOROXIN	5
NATACYN	30	NORPACE CR	16
<i>nateglinide</i>	15	<i>nortrel 0.5/35 (28)</i>	25
NEBUPENT	11	<i>nortrel 1/35 (21)</i>	25

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<i>nortrel 1/35 (28)</i>	25	<i>oxycodone /apap</i>	1
<i>nortrel 7/7/7</i>	25	<i>oxycodone /aspirin</i>	1
<i>nortriptyline hcl</i>	7	<i>oxycodone /ibuprofen</i>	1
NORVIR	13	<i>oxycodone hcl</i>	1
<i>novamine</i>	35	<i>oxycodone-apap</i>	1
NOVANTRONE	10	OXYCONTIN	1
<i>novarel</i>	24	OXYTROL	23
NUCYNTA	1	PACERONE	16
NUTROPIN	24	<i>paclitaxel</i>	10
NUTROPIN AQ	24	<i>pamidronate disodium</i>	29
NUTROPIN AQ PEN	24	PANCREAZE	21
NUVARING	25	<i>pantoprazole sodium</i>	22
<i>nyamyc</i>	8	<i>parcaine</i>	30
<i>nystatin</i>	8	<i>paromomycin sulfate</i>	3
<i>nystatin/triamcinolone</i>	8	<i>paroxetine hcl</i>	7
<i>nystop</i>	8	<i>paroxetine hcl er</i>	7
<i>ocella</i>	25	PATADAY	31
<i>octreotide acetate</i>	27	PATANOL	31
<i>ofloxacin</i>	5	PEDIARIX	28
<i>ofloxacin</i>	30	<i>pedi-dri</i>	8
<i>ogestrel</i>	25	PEDVAX HIB	28
OLUX-E	23	PEGANONE	6
<i>omeprazole</i>	22	PEGASYS	28
OMNITROPE	24	PEG-INTRON	28
ONCASPAR	10	PEG-INTRON REDIPEN	28
<i>ondansetron hcl</i>	8	<i>penicillin g potassium</i>	4
<i>ondansetron odt</i>	8	<i>penicillin g potassium in iso-osmotic dextrose</i>	4
ONGLYZA	15	<i>penicillin g procaine</i>	4
ONTAK	10	<i>penicillin g sodium</i>	4
ORAP	13	<i>penicillin v potassium</i>	4
ORENCIA	27	<i>pentazocine /acetaminophen</i>	1
ORFADIN	21	<i>pentazocine/naloxone hcl</i>	1
<i>orphenadrine /asa /caffeine</i>	34	<i>pentopak</i>	30
<i>orphenadrine citrate</i>	34	<i>pentostatin</i>	10
<i>orphenadrine citrate er</i>	34	<i>pentoxifylline er</i>	30
<i>orphenadrine compound ds</i>	34	PERFOROMIST	33
ORTHO EVRA	25	<i>perindopril erbumine</i>	19
<i>ortho-est</i>	25	<i>periogard</i>	20
OSMOPREP	22	<i>permethrin</i>	12
OVCON-50 28	25	<i>perphenazine</i>	13
<i>oxacillin sodium</i>	4	<i>perphenazine /amitriptyline</i>	7
<i>oxaliplatin</i>	10	<i>phenadoz</i>	8
<i>oxandrolone</i>	24	<i>phenytoin</i>	6
<i>oxaprozin</i>	2	<i>phenytoin sodium</i>	6
<i>oxcarbazepine</i>	6	<i>phenytoin sodium extended</i>	6
OXISTAT	8	PHISOHEX	3
OXSORALEN	21	PHOSPHOLINE IODIDE	32
OXSORALEN ULTRA	21	<i>physiolyte</i>	35
<i>oxybutynin chloride</i>	23	<i>physiosol irrigation</i>	35
<i>oxybutynin chloride er</i>	23	<i>pilocarpine hcl</i>	20
<i>oxycodone /acetaminophen</i>	1		

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<i>pilocarpine hydrochloride</i>	20	<i>prenatabs obn</i>	36
PILOPINE HS	32	PREVACID SOLUTAB	22
<i>pindolol</i>	17	<i>prevalite</i>	19
<i>piperacillin sodium</i>	4	<i>previfem</i>	25
<i>piperacillin sodium/ tazobactam sodium</i>	4	<i>primaquine phosphate</i>	11
<i>piroxicam</i>	3	PRIMAXIN I.M.	4
<i>plasma-lyte-r</i>	35	PRIMAXIN IV	4
PLAVIX	16	<i>primidone</i>	5
<i>podofilox</i>	21	PRISTIQ	7
<i>polycin b</i>	30	<i>proair hfa</i>	33
<i>poly-dex</i>	30	<i>probenecid</i>	8
<i>polyethylene glycol 3350</i>	22	<i>probenecid /colchicine</i>	8
<i>polymyxin b sulfate</i>	3	<i>procainamide hcl</i>	16
<i>portia-28</i>	25	<i>prochlorperazine</i>	8
<i>potassium chloride</i>	35	<i>prochlorperazine edisylate</i>	8
<i>potassium chloride 0.075%/d5w/nacl</i>	35	<i>prochlorperazine maleate</i>	8
<i>0.225%</i>		PROCRIT	16
<i>potassium chloride 0.15% d5w/nacl</i>	35	<i>proctocream-hc</i>	24
<i>0.33%</i>		<i>procto-pak</i>	23
<i>potassium chloride 0.15% d5w/nacl</i>	35	<i>proctosol hc</i>	24
<i>0.45% viaflex</i>		<i>proctozone-hc</i>	24
<i>potassium chloride 0.15% nacl 0.9%</i>	35	PROGRAF	27
<i>potassium chloride 0.15%/d5w</i>	35	PROLASTIN	34
<i>potassium chloride 0.22% d5w/nacl</i>	35	PROLEUKIN	11
<i>0.45%</i>		PROMACTA	16
<i>potassium chloride 0.224%/d5w</i>	35	<i>promethazine hcl</i>	8
<i>potassium chloride 0.224%/d5w/nacl</i>	35	<i>promethazine vc</i>	33
<i>0.33%</i>		<i>promethegan</i>	8
<i>potassium chloride 0.3%/ nacl 0.9%</i>	35	PROMETRIUM	25
<i>potassium chloride 0.3%/d5w</i>	35	PROMETRIUM	26
<i>potassium chloride cr</i>	35	<i>propafenone hcl</i>	17
<i>potassium chloride er</i>	35	<i>proparacaine hcl</i>	30
<i>potassium chloride sr</i>	35	<i>propoxyphene /acetaminophen</i>	1
<i>potassium citrate extended-release</i>	35	<i>propoxyphene hcl</i>	1
<i>pramipexole dihydrochloride</i>	12	<i>propoxyphene-n /acetaminophen</i>	2
PRANDIN	15	<i>propranolol /hydrochlorothiazide</i>	17
<i>pravastatin sodium</i>	19	<i>propranolol hcl</i>	17
<i>prazosin hcl</i>	16	<i>propranolol hcl er</i>	17
PRED MILD	31	<i>propylthiouracil</i>	27
<i>prednicarbate</i>	23	PROQUAD	28
<i>prednisolone</i>	29	PROSOL	36
<i>prednisolone acetate</i>	31	PROTONIX	22
<i>prednisolone sodium phosphate</i>	29	PROTOPIC	21
<i>prednisolone sodium phosphate</i>	31	<i>protriptyline hcl</i>	7
<i>prednisone</i>	29	PROVENTIL HFA	33
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	24	PROVIGIL	20
PREMARIN	25	PULMICORT	32
PREMARIN W/APPLICATOR	25	PULMICORT FLEXHALER	32
<i>premasol</i>	36	PULMOZYME	21
PREMPHASE	26	<i>pyrazinamide</i>	9
PREMPRO	26	<i>pyridostigmine bromide</i>	9

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<i>qualaquin</i>	11	<i>roxicet</i>	2
<i>quasense</i>	25	<i>roxicodone</i>	2
<i>quinapril /hydrochlorothiazide</i>	19	ROZEREM	34
<i>quinapril hcl</i>	19	RYTHMOL SR	17
<i>quinidine gluconate</i>	17	SAIZEN	24
<i>quinidine gluconate cr</i>	17	SAIZEN CLICK.EASY	24
<i>quinidine sulfate</i>	17	<i>samsca</i>	18
<i>quinidine sulfate er</i>	17	SANDOSTATIN LAR DEPOT	27
QUIXIN	30	SANTYL	21
RABAVERT	28	SAPHRIS	12
<i>ramipril</i>	19	<i>selegiline hcl</i>	12
RANEXA	18	<i>selenium sulfide</i>	21
<i>ranitidine hcl</i>	22	<i>selfemra</i>	7
RAPAMUNE	27	SELZENTRY	13
REBETOL	14	SENSIPAR	27
REBIF	28	SEREVENT DISKUS	33
REBIF TITRATION PACK	28	SEROQUEL	12
<i>reclipsen</i>	25	SEROQUEL XR	12
RECOMBIVAX HB	28	SEROSTIM	24
<i>regonol</i>	9	<i>sertraline hcl</i>	7
REGRANEX	21	<i>silver sulfadiazine</i>	3
RELENZA DISKHALER	14	SIMCOR	19
RELPAK	9	SIMPONI	27
REMICADE	27	<i>simvastatin</i>	19
REMODULIN	34	SINGULAIR	33
<i>reprexain</i>	2	SKELID	29
RESCRIPTOR	13	<i>sodium bicarbonate</i>	36
<i>reserpine</i>	16	<i>sodium chloride</i>	30
RESTASIS	30	<i>sodium chloride 0.9%</i>	30
RETIN-A MICRO	21	<i>sodium chloride 0.45% viaflex</i>	30
RETROVIR IV INFUSION	13	<i>sodium fluoride</i>	36
REVATIO	34	<i>sodium lactate</i>	36
REVLIMID	9	<i>sodium polystyrene sulfonate</i>	7
REYATAZ	14	<i>sodium sulfacetamide</i>	21
RHINOCORT AQUA	32	<i>sodium sulfacetamide</i>	31
<i>ribapak</i>	14	SOLARAZE	21
<i>ribasphere</i>	14	<i>solia</i>	26
<i>ribavirin</i>	14	SOLU-MEDROL	29
RIDAURA	28	SOMATULINE DEPOT	27
<i>rifampin</i>	9	SOMAVERT	27
RILUTEK	20	<i>sorine</i>	17
<i>rimantadine hcl</i>	14	<i>sotalol hcl</i>	17
<i>ringers injection</i>	36	<i>sotalol hydrochloride</i>	17
<i>ringers irrigation</i>	36	<i>sotret</i>	21
RISPERDAL CONSTA	12	SPIRIVA HANDIHALER	33
<i>risperidone</i>	12	<i>spironolactone</i>	18
RISPERIDONE ODT	12	<i>spironolactone /hydrochlorothiazide</i>	18
RITALIN LA	20	SPORANOX	8
RITUXAN	11	<i>sprintec 28</i>	26
<i>romycin</i>	31	SPRYCEL	11
<i>ropinirole hcl</i>	12	<i>sronyx</i>	26

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<i>ssd</i>	3	<i>terbutaline sulfate</i>	33
<i>stagesic</i>	2	<i>terconazole</i>	8
<i>stavudine</i>	13	<i>testosterone cypionate</i>	24
STELARA	21	<i>testosterone enanthate</i>	24
<i>sterile water irrigation</i>	30	TESTRED	24
STIMATE	24	TETANUS TOXOID ADSORBED	28
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