



## **Comprehensive Care Management**

### **2010 Formulary**

#### **(List of Covered Drugs)**

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

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

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## **What is the Comprehensive Care Management Formulary?**

A formulary is a list of covered drugs selected by Comprehensive Care Management 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. Comprehensive Care Management will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Comprehensive Care Management network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## **Can the Formulary change?**

Generally, if you are taking a drug on our 2010 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2010 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2010. To get updated information about the drugs covered by Comprehensive Care Management, please visit our Web site at [www.ccmny.org](http://www.ccmny.org) or call Member Services at 1-877-226-8500, 7 days a week from 8:00 AM through 8:00 PM. TTY/TDD users should call 1-800-650-2774. If there is a mid year non-maintenance formulary change, we will add an errata sheet to the formulary explaining the change.

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular, Hypertension & Lipids". If you know what your drug is used for, look for the category name in the list that begins on page 2. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 25. The Index provides an alphabetical list of all of the drugs included in this document. Both brand

name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

### **What are generic drugs?**

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

### **Are there any restrictions on my coverage?**

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

- **Prior Authorization:** Comprehensive Care Management requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Comprehensive Care Management before you fill your prescriptions. If you don't get approval, Comprehensive Care Management may not cover the drug.
- **Quantity Limits:** For certain drugs, Comprehensive Care Management limits the amount of the drug that Comprehensive Care Management will cover. For example, Comprehensive Care Management provides 30 tablets per prescription for CRESTOR. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Comprehensive Care Management requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Comprehensive Care Management may not cover drug B unless you try Drug A first. If Drug A does not work for you, Comprehensive Care Management will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at [www.ccmny.org](http://www.ccmny.org).

You can ask Comprehensive Care Management to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Comprehensive Care Management's formulary?" on page iv for information about how to request an exception.

### **What if my drug is not on the Formulary?**

If your drug is not included in this formulary, you should first contact Member Services and confirm that your drug is not covered. If you learn that Comprehensive Care Management does not cover your drug, you have two options:

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

## **How do I request an exception to the Comprehensive Care Management's Formulary?**

You can ask Comprehensive Care Management to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

Generally, Comprehensive Care Management will only approve your request for an exception if the alternative drugs included on the plan's formulary or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover

the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

### **For more information**

For more detailed information about your Comprehensive Care Management prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Comprehensive Care Management, please call Member Services at 1-877-226-8500, 7 days a week from 8:00 AM through 8:00 PM. TTY/TDD users should call 1-800-650-2774. Or visit [www.ccmny.org](http://www.ccmny.org).

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).

## Comprehensive Care Management's Formulary

The formulary below provides coverage information about some of the drugs covered by Comprehensive Care Management. If you have trouble finding your drug in the list, turn to the Index that begins on page 25.

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

The information in the Notes column tells you if Comprehensive Care Management has any special requirements for coverage of your drug.

Below is a list of abbreviations that may appear on the following pages in the Requirement/Limits column that tells you if there are any special requirements for coverage of your drug.

### List of Abbreviations

**QL:** Quantity Limit. For certain drugs, the **Plan** limits the amount of the drug that we will cover. For example, the **Plan** provides 34 tablets per prescription for CRESTOR<sup>®</sup>.

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

**PA:** Prior Authorization. The **Plan** requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

**HI:** Home Infusion. This prescription drug may be covered under our medical benefit. For more information, call Customer Service.

**GC:** Gap Coverage. We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

**LA:** Limited Availability. This prescription may be available only at certain pharmacies. For more information, call Customer Service.

**FF:** Free First Fill. This prescription drug may be provided at a reduced cost-sharing amount the first time you fill it.

**ED:** Enhanced Drug. This prescription drug is not normally covered in a Medicare prescription drug plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

**CB:** Capped Benefit. This prescription drug has a capped benefit limit.

**MO:** Mail Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

## Commonly Prescribed Therapeutic Drug Categories

### ANTI - INFECTIVES

#### ANTIFUNGAL AGENTS

Drug Name	Drug Tier	Reqs./ Limits
<b>Generic</b>		
<i>amphotericin b</i>	1	PA MO
<i>clotrimazole troc</i>	1	MO
<i>fluconazole susr; tabs</i>	1	MO
<i>fluconazole in dextrose inj</i> 400mg/200ml	1	
<i>griseofulvin microsize</i>	1	MO
<i>itraconazole</i>	1	QL MO
<i>ketoconazole</i>	1	MO
<i>nystatin tabs; susp</i>	1	MO
<i>terbinafine tabs</i>	1	QL MO

#### Brand

ANCOBON	2	MO
DIFLUCAN IN NAACL INJ 200MG/100ML; 0.9%	2	MO
ERAXIS INJ 100MG	2	
GRIS-PEG	3	MO
NOXAFIL	2	MO
SPORANOX ORAL SOLN	2	MO
VFEND	2	QL MO
VFEND IV	2	MO

#### ANTIVIRALS

##### Generic

<i>acyclovir susp; tabs; caps; inj</i> 500mg	1	MO
<i>amantadine</i>	1	MO
<i>didanosine</i>	1	MO
<i>famciclovir</i>	1	MO
<i>foscarnet sodium</i>	1	PA MO
<i>ribapak</i>	4	PA MO
<i>ribasphere tabs 200mg</i>	1	PA MO
<i>ribasphere tabs 400mg</i>	4	PA
<i>ribasphere caps; tabs 600mg</i>	4	PA MO
<i>ribavirin tabs 200mg</i>	1	PA

Drug Name	Drug Tier	Reqs./ Limits
<i>ribavirin caps</i>	4	PA
<i>rimantadine hcl</i>	1	MO
<i>stavudine</i>	1	MO
<i>valacyclovir hcl</i>	1	QL MO
<i>zidovudine</i>	1	MO

##### Brand

APTIVUS ORAL SOLN	4	
APTIVUS CAPS	4	MO
ATRIPLA	4	MO
BARACLUDE ORAL SOLN	2	QL MO
BARACLUDE TABS	4	QL MO
COMBIVIR	4	MO
CRIXIVAN CAPS 100MG	2	
CRIXIVAN CAPS 333MG; 200MG; 400MG	2	MO
CYTOVENE	2	PA MO
EMTRIVA ORAL SOLN	2	
EMTRIVA CAPS	2	MO
EPIVIR	2	MO
EPIVIR HBV	2	MO
EPZICOM	4	MO
FUZEON	4	MO
HEPSERA	4	QL MO
INTELENCE	4	MO
INVIRASE	4	MO
ISENTRESS	4	MO
KALETRA TABS 100MG; 25MG	2	MO
KALETRA ORAL SOLN; TABS 200MG; 50MG	4	MO
LEXIVA SUSP	2	MO
LEXIVA TABS	4	MO
NORVIR ORAL SOLN; CAPS	2	MO
PREZISTA TABS 75MG	2	MO
PREZISTA TABS 600MG; 400MG	4	MO
REBETOL ORAL SOLN	2	PA MO
RELENZA DISKHALER	2	QL MO
RESCRIPTOR	3	MO
RETROVIR IV INFUSION	2	MO
REYATAZ	4	MO

Drug Name	Drug Tier	Reqs./ Limits	Drug Name	Drug Tier	Reqs./ Limits
SELZENTRY	4	MO	CEFUROXIME/DEXTROSE	2	
SUSTIVA	2	MO	FORTAZ INJ 1GM/50ML; 5%;	2	
TAMIFLU SUSR	2	MO	2GM/50ML; 5%; INJ 1GM; 6GM		
TAMIFLU CAPS	2	QL MO	FORTAZ INJ 2GM	2	MO
TRIZIVIR	4	MO	MAXIPIME INJ	3	MO
TRUVADA	4	MO	SUPRAX	3	MO
TYZEKA	4	MO	TAZICEF INJ 6GM; 2GM; 1GM	2	
VALCYTE	4	MO	ZINACEF INJ 750MG; 1.5GM	2	
VALTREX	2	QL MO	ZINACEF IN ISO-OSMOTIC	2	
VIDEX PEDIATRIC ORAL	2	MO	DEXTROSE		
SOLN 2GM			ZINACEF IN ISO-OSMOTIC	2	
VIRACEPT	2	MO	DILUENT		
VIRAMUNE	2	MO			
VIREAD	2	MO			
ZIAGEN	2	MO			
<b>CEPHALOSPORINS</b>			<b>ERYTHROMYCINS / OTHER</b>		
<b>Generic</b>			<b>MACROLIDES</b>		
<i>cefactor</i>	1	MO	<b>Generic</b>		
<i>cefadroxil</i>	1	MO	<i>azithromycin tabs; susr; inj 500mg</i>	1	MO
<i>cefazolin inj 20gm; 500mg; inj 500mg; 5%; 1gm; 5%</i>	1		<i>clarithromycin</i>	1	MO
<i>cefazolin inj 1gm</i>	1	MO	<i>clarithromycin er</i>	1	MO
<i>cefdinir</i>	1	MO	<i>e.e.s. 400</i>	1	MO
<i>cefepime inj 2gm</i>	1		<i>erythrocin stearate</i>	1	MO
<i>cefepime inj 1gm</i>	1	MO	<i>erythromycin / sulfisoxazole</i>	1	MO
<i>cefotaxime sodium inj 1gm; 500mg; 10gm</i>	1		<b>Brand</b>		
<i>cefotaxime sodium inj 2gm</i>	1	MO	E.E.S. GRANULES	2	MO
<i>cefoxitin sodium inj 10gm; 2gm</i>	1		ERY-TAB	2	MO
<i>cefoxitin sodium inj 1gm</i>	1	MO	ERYTHROCIN	2	
<i>cefpodoxime proxetil</i>	1	MO	LACTOBIONATE INJ 500MG		
<i>ceftriaxone sodium inj 10gm</i>	1		ERYTHROMYCIN BASE	2	MO
<i>ceftriaxone sodium inj 250mg; 500mg</i>	1	MO	ZMAX	2	MO
<i>cefuroxime axetil</i>	1	MO	<b>MISCELLANEOUS ANTIINFECTIVES</b>		
<i>cefuroxime sodium inj 7.5gm</i>	1		<b>Generic</b>		
<i>cefuroxime sodium inj 1.5gm; 750mg</i>	1	MO	<i>amikacin sulfate</i>	1	MO
<i>cephalexin</i>	1	MO	<i>amikin inj 250mg/ml</i>	1	
<b>Brand</b>			<i>chloroquine</i>	1	MO
CEFTRIAXONE/DEXTROSE	2		<i>clindamycin hcl</i>	1	MO
			<i>clindamycin phosphate advantage</i>	1	
			<i>colistimethate sodium</i>	1	MO
			<i>ethambutol tabs 400mg</i>	1	
			<i>ethambutol tabs 100mg</i>	1	MO
			<i>gentamicin sulfate inj 10mg/ml</i>	1	

Drug Name	Drug Tier	Reqs./ Limits	Drug Name	Drug Tier	Reqs./ Limits
<i>gentamicin sulfate inj 40mg/ml</i>	1	MO	NEUTREXIN	2	
<i>gentamicin sulfate/0.9% sodium chloride inj</i>	1		PASER	2	MO
<i>gentamicin sulfate/sodium chloride inj 1.2mg/ml; 0.9%</i>	1		PRIMAQUINE	2	MO
<i>hydroxychloroquine</i>	1	MO	PRIMAXIN I.M.	2	MO
<i>isonarif</i>	1	MO	PRIMAXIN IV INJ	2	MO
<i>isoniazid tabs</i>	1	MO	QUALAQUIN	2	MO
<i>isotonic gentamicin inj 0.6mg/ml; 0.9%; 0.8mg/ml; 0.9%</i>	1		SEROMYCIN	2	MO
<i>mebendazole</i>	1	MO	STREPTOMYCIN SULFATE	2	MO
<i>mefloquine hcl</i>	1	MO	STROMEKTOL	2	MO
<i>metronidazole</i>	1	MO	TOBI	4	PA MO
<i>metronidazole in nacl 0.79%</i>	1	MO	TOBRAMYCIN SULFATE / SODIUM CHLORIDE	2	
<i>neomycin sulfate</i>	1	MO	TRECTOR	2	MO
<i>paromomycin</i>	1	MO	TYGACIL	2	MO
<i>pyrazinamide</i>	1	MO	XIFAXAN	3	QL MO
<i>rifampin caps</i>	1	MO	ZYVOX INJ	2	MO
<i>tobramycin inj 10mg/ml</i>	1		ZYVOX SUSR; TABS	2	QL MO
<i>tobramycin inj 80mg/2ml</i>	1	MO			
<b>Brand</b>			<b>PENICILLINS</b>		
ALBENZA	2	MO	<b>Generic</b>		
ALINIA	2	MO	<i>amoclan susr 200mg/5ml; 28.5mg/5ml; 400mg/5ml; 57mg/5ml</i>	1	MO
AZACTAM INJ 2GM	2	MO	<i>amoxicillin</i>	1	MO
AZACTAM IN DEXTROSE	2		<i>amoxicillin/clavulanate potassium chew; susr; tabs</i>	1	MO
BILTRICIDE	2	MO	<i>amoxicillin/potassium clavulanate tabs 875mg; 125mg</i>	1	MO
CAPASTAT SULFATE	3		<i>amoxil caps; susr 250mg/5ml</i>	1	MO
CLEOCIN GALAXY	2		<i>ampicillin inj 1gm; 10gm</i>	1	
CLEOCIN PEDIATRIC GRANULES	2	MO	<i>ampicillin susr; caps</i>	1	MO
COARTEM	2	MO	<i>ampicillin-sulbactam inj 10gm; 5gm</i>	1	
CUBICIN	2	MO	<i>ampicillin-sulbactam inj 2gm; 1gm</i>	1	MO
DAPSONE	2	MO	<i>dicloxacillin sodium</i>	1	MO
DARAPRIM	2	MO	<i>nafcillin sodium inj 10gm</i>	1	
FANSIDAR	2	MO	<i>nafcillin sodium inj 1gm</i>	1	MO
ISONIAZID SYRP	2	MO	<i>penicillin g potassium</i>	1	
KETEK	2	QL MO	<i>penicillin v potassium</i>	1	MO
MALARONE	2	MO	<i>pfizerpen-g inj 20mu</i>	1	
MEPRON	4	MO	<i>piperacillin sodium/ tazobactam sodium inj 3gm; 0.375gm</i>	1	MO
MYCOBUTIN	2	MO			
NEBUPENT	2	PA MO			

Drug Name	Drug Tier	Reqs./ Limits
<i>veetids oral soln</i>	1	MO
<b>Brand</b>		
AMPICILLIN INJ 125MG	2	
AUGMENTIN XR	2	MO
BICILLIN C-R	2	MO
BICILLIN L-A	2	MO
NALLPEN/DEXTROSE	2	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ	2	
PENICILLIN G PROCAINE	2	MO
PENICILLIN G SODIUM	2	
UNASYN INJ 2GM; 1GM	2	MO
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML; 5%; 3GM/50ML; 0.375GM/50ML	2	
ZOSYN INJ 3GM; 0.375GM	2	MO

## QUINOLONES

### Generic

<i>ciprofloxacin inj 400mg</i>	1	
<i>ciprofloxacin tabs</i>	1	MO
<i>ofloxacin</i>	1	MO

### Brand

AVELOX INJ	2	
AVELOX TABS	2	MO
AVELOX ABC PACK	2	MO
CIPRO I.V.-IN D5W	2	MO
LEVAQUIN INJ 25MG/ML; ORAL SOLN 25MG/ML; TABS	2	MO
LEVAQUIN PREMIX	2	
NOROXIN	3	MO

## SULFA'S / RELATED AGENTS

### Generic

<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole / trimethoprim</i>	1	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO
<i>sulfatrim</i>	1	MO

### Brand

GANTRISIN PEDIATRIC	2	MO
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## TETRACYCLINES

### Generic

Drug Name	Drug Tier	Reqs./ Limits
<i>demeclocycline hcl</i>	1	MO
<i>doxycycline hyclate caps; inj; tabs</i>	1	MO
<i>doxycycline monohydrate susr; tabs 50mg; 75mg; 150mg</i>	1	MO
<i>minocycline hcl</i>	1	MO
<i>minocycline hcl er</i>	1	
<i>tetracycline hcl</i>	1	MO

### Brand

VIBRAMYCIN SYRP	2	MO
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## URINARY TRACT AGENTS

### Generic

<i>methenamine hippurate</i>	1	MO
<i>nitrofurantoin macrocrystalline caps 50mg</i>	1	MO
<i>nitrofurantoin monohydrate</i>	1	MO
<i>trimethoprim</i>	1	MO

### Brand

FURADANTIN	2	MO
MACRODANTIN CAPS 25MG	2	MO
PRIMSOL	3	MO

## VANCOMYCIN

### Generic

<i>vancomycin inj 1000mg</i>	1	MO
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### Brand

VANCOCIN ORAL	2	MO
VANCOMYCIN HCL ISO-OSMOTIC DEXTROSE	2	
VANCOMYCIN INJ 10GM	2	
VIBATIV INJ 250MG	2	

## ANTINEOPLASTIC /

## IMMUNOSUPPRESSANT DRUGS

### ADJUNCTIVE AGENTS

### Generic

<i>leucovorin calcium tabs 25mg; 5mg; inj 350mg; 100mg</i>	1	MO
<i>mesna</i>	1	MO

### Brand

ELITEK INJ 1.5MG	4	
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Drug Name	Drug Tier	Reqs./ Limits
LEUCOVORIN CALCIUM TABS 10MG; 15MG	2	MO
MESNEX TABS	2	MO

### ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

#### Generic

<i>adriamycin inj 2mg/ml</i>	1	
<i>azathioprine</i>	1	PA MO
<i>azathioprine sodium</i>	1	PA MO
<i>bicalutamide</i>	1	MO
<i>bleomycin sulfate inj 30unit</i>	1	
<i>carboplatin inj 150mg/15ml</i>	1	MO
<i>cisplatin</i>	1	MO
<i>cladribine</i>	1	MO
<i>cyclophosphamide inj 500mg; 1gm</i>	1	MO
<i>cyclophosphamide tabs</i>	1	PA MO
<i>cyclosporine inj 50mg/ml</i>	1	PA
<i>cyclosporine oral soln 100mg/ml; caps 25mg; 100mg; 100mg</i>	1	PA MO
<i>cytarabine inj 500mg</i>	1	MO
<i>cytarabine aqueous inj 20mg/ml</i>	1	MO
<i>dacarbazine inj 200mg</i>	1	MO
<i>doxorubicin hcl</i>	1	
<i>epirubicin hcl inj 50mg/25ml</i>	1	
<i>etoposide inj</i>	1	MO
<i>fludarabine phosphate inj 50mg</i>	1	MO
<i>fluorouracil</i>	1	MO
<i>flutamide</i>	1	MO
<i>gengraf</i>	1	PA MO
<i>hydroxyurea</i>	1	MO
<i>idarubicin hcl</i>	1	
<i>ifosfamide/mesna</i>	4	
<i>irinotecan</i>	1	MO
<i>leuprolide acetate</i>	1	MO
<i>megestrol acetate</i>	1	MO
<i>melphalan hydrochloride</i>	1	
<i>mercaptopurine</i>	1	MO
<i>methotrexate</i>	1	PA MO
<i>methotrexate sodium inj 25mg/ml</i>	1	MO
<i>mitomycin inj 20mg</i>	1	MO
<i>mitoxantrone hcl</i>	1	MO

Drug Name	Drug Tier	Reqs./ Limits
<i>mycophenolate mofetil</i>	1	PA MO
<i>octreotide</i>	1	MO
<i>onxol</i>	1	
<i>oxaliplatin inj 100mg/20ml</i>	1	MO
<i>paclitaxel</i>	1	MO
<i>pentostatin</i>	1	
<i>tacrolimus</i>	1	PA MO
<i>tamoxifen citrate</i>	1	MO
<i>thiotepa</i>	1	MO
<i>tretinoin</i>	1	MO
<i>vinblastine sulfate inj 10mg</i>	1	
<i>vincasar pfs</i>	1	
<i>vincristine sulfate</i>	1	
<i>vinorelbine tartrate</i>	1	MO

#### Brand

ABRAXANE	3	MO
AFINITOR	4	PA QL MO
ALIMTA INJ 500MG	3	MO
ALKERAN INJ	3	
ARIMIDEX	2	MO
AROMASIN	2	MO
ARRANON	3	
AVASTIN	3	MO
BICNU	3	MO
CAMPATH	3	MO
CEENU	2	MO
CELLCEPT	2	PA MO
CLOLAR	3	
COSMEGEN	3	MO
CYCLOSPORINE CAPS 50MG	2	PA
CYTOXAN	3	MO
DAUNORUBICIN HCL INJ	3	
DAUNOXOME	3	MO
DROXIA	2	MO
ELLENC	3	MO
ELOXATIN	3	MO
ELSPAR	3	MO
EMCYT	2	MO
ERBITUX	3	MO
ETOPOPHOS	3	MO
FARESTON	3	MO

Drug Name	Drug Tier	Reqs./ Limits	Drug Name	Drug Tier	Reqs./ Limits
FASLODEX	4	MO	SANDIMMUNE INJ 50MG/ML	2	PA
FEMARA	2	MO	SANDIMMUNE CAPS; ORAL SOLN 100MG/ML	2	PA MO
FLUDARABINE PHOSPHATE INJ 50MG/2ML	2		SANDOSTATIN INJ 50MCG/ML; 100MCG/ML; 500MCG/ML	4	MO
GEMZAR INJ 1GM	3	MO	SANDOSTATIN LAR DEPOT	3	MO
GLEEVEC	4	MO	SOMATULINE DEPOT	4	MO
HERCEPTIN	3	MO	SPRYCEL	4	QL MO
HEXALEN	4	MO	SUTENT	4	PA QL MO
HYCAMTIN INJ	3	MO	TABLOID	2	MO
IFEX INJ 3GM	3	MO	TARCEVA	4	PA QL MO
IFOSFAMIDE INJ 1GM	3		TARGRETIN	2	MO
LEUKERAN	2	MO	TASIGNA	4	MO
LEUSTATIN	2	MO	TAXOTERE	4	MO
LUPRON DEPOT KIT 3.75MG	2	MO	THALOMID	4	PA MO
LUPRON DEPOT KIT 22.5MG; 7.5MG; 11.25MG; 30MG	4	MO	TRELSTAR DEPOT	3	
LUPRON DEPOT-PED KIT 11.25MG; 15MG	4	MO	TRELSTAR LA	3	
LYSODREN	2	MO	TRISENOX	2	MO
MATULANE	4	MO	TYKERB	4	LA QL MO
MEGACE ES	3	MO			MO
METHOTREXATE SODIUM INJ 1GM	3		VELCADE	3	MO
MUSTARGEN	3	MO	VIDAZA	4	QL MO
MYFORTIC	2	PA MO	VOTRIENT	4	MO
MYLOTARG	3	MO	ZANOSAR	3	MO
NEORAL	2	PA MO	ZOLINZA	4	MO
NEXAVAR	4	LA PA QL MO	<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b>		
NILANDRON	3	MO	<b>ANTICONVULSANTS</b>		
NIPENT	3	MO	<b>Generic</b>		
ONCASPAR	3	MO	<i>carbamazepine</i>	1	MO
ONTAK	3		<i>carbamazepine er</i>	1	MO
PHOTOFRIN	3		<i>divalproex sodium</i>	1	MO
PROGRAF INJ	2	PA	<i>epitol</i>	1	MO
PROGRAF CAPS	2	PA MO	<i>ethosuximide</i>	1	MO
RAPAMUNE ORAL SOLN; TABS 1MG; 2MG	2	PA MO	<i>fosphenytoin sodium</i>	1	MO
REVLIMID	4	LA MO	<i>gabapentin</i>	1	MO
RHEUMATREX	3	PA MO	<i>lamotrigine</i>	1	MO
RITUXAN	2	PA MO	<i>levetiracetam</i>	1	MO
			<i>oxcarbazepine</i>	1	MO

Drug Name	Drug Tier	Reqs./ Limits
<i>phenytoin</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>primidone</i>	1	MO
<i>topiramate</i>	1	MO
<i>valproate sodium</i>	1	MO
<i>valproic acid</i>	1	MO
<i>zonisamide</i>	1	MO

Brand		
BANZEL	2	MO
CARBATROL	2	MO
CELONTIN	2	MO
DILANTIN CAPS 30MG	2	MO
DILANTIN INFATABS	2	MO
EQUETRO	2	MO
FELBATOL	2	MO
GABITRIL	2	MO
KEPPRA INJ 500MG/5ML	2	
LAMICTAL ODT TBDP	2	MO
LAMICTAL XR	2	MO
LYRICA	2	QL MO
NEURONTIN ORAL SOLN	2	MO
PEGANONE	2	MO
PHENYTOIN SODIUM	2	
SABRIL	2	MO
TEGRETOL-XR TB12 100MG	2	MO
TRILEPTAL SUSP	2	MO
VIMPAT INJ	2	
VIMPAT TABS	2	MO

### ANTIPARKINSONISM AGENTS

Generic		
<i>benztropine mesylate inj</i>	1	
<i>benztropine mesylate tabs</i>	1	MO
<i>bromocriptine mesylate</i>	1	MO
<i>carbidopa / levodopa</i>	1	MO
<i>carbidopa/levodopa cr</i>	1	MO
<i>carbidopa/levodopa odt</i>	1	MO
<i>carbidopa/levodopa sr tbc 50mg; 200mg</i>	1	MO
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole</i>	1	MO
<i>selegiline</i>	1	MO

Drug Name	Drug Tier	Reqs./ Limits
<i>trihexphenidyl</i>	1	MO

Brand		
APOKYN	2	LA PA MO
AZILECT	2	MO
COGENTIN	2	MO
COMTAN	2	MO
LODOSYN	2	MO
MIRAPEX	2	MO
REQUIP XL	2	MO
STALEVO 100	2	MO
STALEVO 125	2	MO
STALEVO 150	2	MO
STALEVO 200	2	MO
STALEVO 50	2	MO
STALEVO 75	2	MO
TASMAR	3	MO
ZELAPAR	2	MO

### MIGRAINE / CLUSTER HEADACHE THERAPY

Generic		
<i>dihydroergotamine mesylate</i>	1	MO
<i>ergotamine tartrate / caffeine</i>	1	MO
<i>migergot</i>	1	MO
<i>sumatriptan succinate tabs; inj 6mg/0.5ml</i>	1	QL MO

Brand		
MAXALT	2	QL MO
MAXALT-MLT	2	QL MO
MIGRANAL	3	QL MO

### MISCELLANEOUS NEUROLOGICAL THERAPY

Generic		
<i>galantamine hydrobromide oral soln</i>	1	MO
<i>galantamine hydrobromide tabs; cp24</i>	1	QL MO

Brand		
ARICEPT	2	QL MO
ARICEPT ODT	2	QL MO
COPAXONE	4	PA QL MO

Drug Name	Drug Tier	Reqs./ Limits
EXELON ORAL SOLN	2	MO
EXELON CAPS; PT24	2	QL MO
MYTELASE	2	MO
NAMENDA ORAL SOLN	3	MO
NAMENDA TABS	3	QL MO
NAMENDA TITRATION PAK	3	MO
XENAZINE	4	LA MO

### MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

#### Generic

<i>baclofen</i>	1	MO
<i>carisoprodol</i>	1	MO
<i>carisoprodol /aspirin</i>	1	MO
<i>chlorzoxazone tabs 250mg</i>	1	
<i>chlorzoxazone tabs 500mg</i>	1	MO
<i>cyclobenzaprine hcl</i>	1	MO
<i>dantrolene sodium caps</i>	1	MO
<i>methocarbamol</i>	1	MO
<i>orphenadrine /asa /caffeine</i>	1	MO
<i>orphenadrine citrate</i>	1	MO
<i>orphenadrine citrate er</i>	1	MO
<i>orphenadrine compound ds</i>	1	MO
<i>pyridostigmine bromide</i>	1	MO
<i>regonol</i>	1	
<i>tizanidine hcl</i>	1	MO

#### Brand

MESTINON SYRP	2	MO
MESTINON TIMESPAN	2	MO

### NARCOTIC ANALGESICS

#### Generic

<i>acetaminophen / codeine oral soln; tabs 300mg; 15mg</i>	1	MO
<i>acetaminophen/codeine #3</i>	1	MO
<i>acetaminophen/codeine #4</i>	1	MO
<i>buprenorphine hcl inj</i>	1	
<i>buprenorphine hcl subl</i>	1	MO
<i>codeine sulfate</i>	1	MO
<i>duramorph</i>	1	MO
<i>endocet</i>	1	MO
<i>fentanyl citrate</i>	1	

Drug Name	Drug Tier	Reqs./ Limits
<i>fentanyl citrate oral transmucosal</i>	1	PA QL MO
<i>fentanyl patches</i>	1	MO
<i>hydrocodone / acetaminophen tabs; oral soln</i>	1	MO
<i>hydrocodone / ibuprofen</i>	1	MO
<i>hydrocodone /acetaminophen-hs</i>	1	MO
<i>hydrocodone</i>	1	MO
<i>bitartrate/acetaminophen</i>		
<i>hydromorphone hcl inj 10mg/ml; tabs</i>	1	MO
<i>levorphanol tartrate</i>	1	MO
<i>margesic-h</i>	1	MO
<i>meperidine hcl inj 10mg/ml; 50mg/ml</i>	1	
<i>meperidine hcl tabs; oral soln 50mg/5ml; inj 75mg/ml; 25mg/ml</i>	1	MO
<i>methadone hcl inj 10mg/ml</i>	1	
<i>methadone hcl conc; tabs</i>	1	MO
<i>methadose tabs 10mg</i>	1	
<i>methadose tabs 5mg</i>	1	MO
<i>morphine sulfate inj 5mg/ml; 0.5mg/ml</i>	1	
<i>morphine sulfate inj 1mg/ml; oral soln 20mg/ml; 10mg/5ml; 20mg/5ml; tabs</i>	1	MO
<i>morphine sulfate er</i>	1	MO
<i>oxycodone /acetaminophen tabs 325mg; 5mg</i>	1	
<i>oxycodone /acetaminophen tabs 650mg; 10mg; 325mg; 2.5mg; caps</i>	1	MO
<i>oxycodone /apap tabs 500mg; 7.5mg</i>	1	MO
<i>oxycodone /aspirin</i>	1	MO
<i>oxycodone hcl tabs 30mg; 15mg; 5mg</i>	1	MO
<i>oxycodone hcl er</i>	1	MO
<i>oxycodone-apap</i>	1	MO
<i>reprexain tabs 10mg; 200mg</i>	1	MO
<i>roxicet tabs 325mg; 5mg</i>	1	MO
<i>stagesic</i>	1	MO

Drug Name	Drug Tier	Reqs./ Limits
<i>trezix</i>	1	MO
<i>zerlor</i>	1	MO

Brand	Drug Tier	Reqs./ Limits
BUPRENEX	2	MO
DILAUDID INJ	2	MO
DILAUDID-5	2	MO
DILAUDID-HP INJ 10MG/ML	2	
EMBEDA CPCR 20MG; 0.8MG; 30MG; 1.2MG; 50MG; 2MG	3	MO
INFUMORPH 200	2	MO
INFUMORPH 500	2	MO
KADIAN	2	MO
LEVO DROMORAN	2	
METHADONE HCL ORAL SOLN 10MG/5ML; 5MG/5ML	2	MO
ONSOLIS	2	
OPANA ER	2	MO
OXYCONTIN	2	MO
ROXICET ORAL SOLN	2	MO
SUBUTEX	2	MO

### NON-NARCOTIC ANALGESICS

Generic	Drug Tier	Reqs./ Limits
<i>butorphanol tartrate inj 2mg/ml; 1mg/ml</i>	1	MO
<i>butorphanol tartrate nasal soln 10mg/ml</i>	1	PA QL MO
<i>depade</i>	1	MO
<i>diclofenac potassium</i>	1	MO
<i>diclofenac sodium</i>	1	MO
<i>diclofenac sodium ec</i>	1	MO
<i>diclofenac sodium xr</i>	1	MO
<i>diflunisal</i>	1	MO
<i>etodolac</i>	1	MO
<i>fenoprofen calcium</i>	1	MO
<i>flurbiprofen</i>	1	MO
<i>ibuprofen susp; tabs 400mg; 600mg; 800mg</i>	1	MO
<i>indomethacin</i>	1	MO
<i>indomethacin er</i>	1	MO
<i>ketoprofen</i>	1	MO
<i>ketoprofen er</i>	1	MO

Drug Name	Drug Tier	Reqs./ Limits
<i>meclofenamate sodium</i>	1	MO
<i>meloxicam</i>	1	MO
<i>nabumetone</i>	1	MO
<i>naloxone</i>	1	
<i>naltrexone</i>	1	MO
<i>naproxen</i>	1	MO
<i>naproxen sodium tabs 275mg; 550mg</i>	1	MO
<i>oxaprozin</i>	1	MO
<i>piroxicam</i>	1	MO
<i>sulindac</i>	1	MO
<i>tolmetin sodium</i>	1	MO
<i>tramadol</i>	1	MO
<i>tramadol hcl er</i>	1	MO

Brand	Drug Tier	Reqs./ Limits
ARTHROTEC 50	3	MO
ARTHROTEC 75	3	MO
CELEBREX	2	QL MO
FLECTOR	3	MO
SUBOXONE	2	MO
VOLTAREN GEL	2	MO

### PROPOXYPHENE

Generic	Drug Tier	Reqs./ Limits
<i>balacet 325</i>	1	MO
<i>propoxyphene /acetaminophen</i>	1	MO
<i>propoxyphene hcl</i>	1	MO
<i>propoxyphene-n /acetaminophen</i>	1	MO

### PSYCHOTHERAPEUTIC DRUGS

Generic	Drug Tier	Reqs./ Limits
<i>amitriptyline</i>	1	MO
<i>amoxapine</i>	1	MO
<i>amphetamine /dextroamphetamine tabs</i>	1	PA MO
<i>budeprion sr</i>	1	QL MO
<i>budeprion xl</i>	1	QL MO
<i>bupropion hcl</i>	1	MO
<i>bupropion hcl sr tb12 100mg; 200mg</i>	1	QL MO
<i>bupirone hcl</i>	1	MO
<i>chlordiazepoxide /amitriptyline</i>	1	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<i>chlorpromazine tabs 50mg; 100mg; 200mg; inj</i>	1	MO	<i>perphenazine tabs 2mg; 16mg</i>	1	MO
<i>chlorpromazine tabs 25mg; 10mg</i>	1	PA MO	<i>perphenazine tabs 4mg; 8mg</i>	1	PA MO
<i>citalopram oral soln</i>	1	MO	<i>protriptyline hcl</i>	1	MO
<i>citalopram tabs</i>	1	QL MO	<i>risperidone oral soln</i>	1	MO
<i>clomipramine</i>	1	MO	<i>risperidone tabs</i>	1	QL MO
<i>clozapine tabs 50mg; 25mg; 100mg</i>	1		<i>risperidone odt</i>	1	QL MO
<i>desipramine</i>	1	MO	<i>sertraline conc</i>	1	MO
<i>dexmethylphenidate</i>	1	PA MO	<i>sertraline tabs</i>	1	QL MO
<i>dextroamphetamine sulfate</i>	1	PA MO	<i>thioridazine</i>	1	MO
<i>dextroamphetamine sulfate er</i>	1	PA MO	<i>thiothixene</i>	1	MO
<i>doxepin</i>	1	MO	<i>tranlycypromine</i>	1	MO
<i>fluoxetine oral soln</i>	1	MO	<i>trazodone</i>	1	MO
<i>fluoxetine tabs; caps</i>	1	QL MO	<i>trifluoperazine</i>	1	MO
<i>fluphenazine conc</i>	1		<i>trimipramine maleate</i>	1	
<i>fluphenazine elix; inj; tabs</i>	1	MO	<i>venlafaxine hcl</i>	1	QL MO
<i>fluphenazine decanoate inj</i>	1	MO	<i>zaleplon</i>	1	MO
<i>fluvoxamine</i>	1	QL MO	<i>zolpidem</i>	1	MO
<i>haloperidol</i>	1	MO			
<i>haloperidol decanoate inj</i>	1	MO	<b>Brand</b>		
<i>haloperidol lactate inj</i>	1	MO	ABILIFY INJ 9.75MG/1.3ML	3	
<i>imipramine</i>	1	MO	ABILIFY ORAL SOLN 1MG/ML	3	MO
<i>imipramine pamoate</i>	1	MO	ABILIFY TABS	3	QL MO
<i>lithium carbonate</i>	1	MO	ABILIFY DISCMELT	3	QL MO
<i>lithium carbonate er</i>	1	MO	CLOZAPINE TABS 200MG	2	
<i>lithium citrate</i>	1	MO	CYMBALTA	2	QL MO
<i>loxapine</i>	1	MO	EFFEXOR XR	2	QL MO
<i>maprotiline</i>	1	MO	EMSAM	3	QL MO
<i>metadate er</i>	1	PA MO	FANAPT	3	QL MO
<i>methylin tabs</i>	1	PA MO	FANAPT TITRATION PACK	3	MO
<i>methylin er</i>	1	PA MO	FAZACLO	3	
<i>methylphenidate hcl</i>	1	PA	FOCALIN	3	PA MO
<i>methylphenidate hcl sr</i>	1	PA	FOCALIN XR CP24 5MG; 10MG; 20MG; 15MG	2	PA MO
<i>mirtazapine</i>	1	QL MO	GEODON INJ	2	MO
<i>mirtazapine odt tbdp 30mg; 45mg</i>	1	QL MO	GEODON CAPS	2	QL MO
<i>nefazodone</i>	1	QL MO	HALDOL DECANOATE	2	MO
<i>nortriptyline</i>	1	MO	INVEGA	2	MO
<i>paroxetine susp</i>	1		LEXAPRO ORAL SOLN	2	MO
<i>paroxetine tabs</i>	1	QL MO	LEXAPRO TABS	2	QL MO
<i>paroxetine er tb24 12.5mg; 25mg</i>	1	QL MO	MARPLAN	2	MO
			METADATE CD	3	PA MO

Drug Name	Drug Tier	Reqs./ Limits
METHYLIN CHEW; ORAL SOLN	3	PA MO
MOBAN	2	MO
NARDIL	2	MO
ORAP	2	MO
PRISTIQ	2	QL MO
PROVIGIL	2	PA QL MO
RISPERDAL CONSTA SUSR 12.5MG; 25MG	2	MO
RISPERDAL CONSTA SUSR 37.5MG; 50MG	4	MO
RISPERDAL M-TAB TBDP 1MG	2	QL MO
RITALIN LA	3	PA MO
ROZEREM	3	MO
SAPHRIS	3	QL MO
SEROQUEL	2	QL MO
SEROQUEL XR	2	QL MO
STRATTERA	2	MO
SURMONTIL CAPS 100MG	3	MO
SYMBYAX	3	QL MO
XYREM	4	PA
ZYPREXA INJ	2	MO
ZYPREXA TABS	2	QL MO
ZYPREXA ZYDIS	2	QL MO

## CARDIOVASCULAR, HYPERTENSION / LIPIDS

### ANTIARRHYTHMIC AGENTS

#### Generic

<i>amiodarone inj</i>	1	
<i>amiodarone tabs</i>	1	MO
<i>disopyramide phosphate</i>	1	MO
<i>flecainide acetate</i>	1	MO
<i>mexiletine</i>	1	MO
<i>pacerone tabs 200mg</i>	1	MO
<i>procainamide</i>	1	
<i>propafenone hcl</i>	1	MO
<i>quinidine gluconate cr</i>	1	MO
<i>quinidine sulfate</i>	1	MO
<i>quinidine sulfate er</i>	1	MO
<i>sorine</i>	1	MO

Drug Name	Drug Tier	Reqs./ Limits
<i>sotalol</i>	1	MO
<b>Brand</b>		
MULTAQ	2	MO
NORPACE CR CP12 100MG	2	MO
PACERONE TABS 300MG	2	
PACERONE TABS 100MG; 400MG	2	MO
RYTHMOL SR	2	MO
TIKOSYN	3	MO

### ANTIHYPERTENSIVE THERAPY

#### Generic

<i>acebutolol</i>	1	MO
<i>afeditab cr</i>	1	MO
<i>amiloride</i>	1	MO
<i>amiloride / hydrochlorothiazide</i>	1	MO
<i>amlodipine / benazepril</i>	1	QL MO
<i>amlodipine besylate</i>	1	MO
<i>atenolol</i>	1	MO
<i>atenolol / chlorthalidone</i>	1	MO
<i>benazepril</i>	1	MO
<i>benazepril / hydrochlorothiazide</i>	1	QL MO
<i>betaxolol hcl tabs</i>	1	
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol fumarate / hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	1	MO
<i>captopril</i>	1	MO
<i>captopril / hydrochlorothiazide</i>	1	QL MO
<i>cartia xt</i>	1	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide</i>	1	MO
<i>chlorothiazide sodium</i>	1	MO
<i>chlorthalidone tabs 25mg; 50mg</i>	1	MO
<i>clonidine ptwk</i>	1	
<i>clonidine tabs</i>	1	MO
<i>dilt-cd cp24 180mg; 120mg; 300mg</i>	1	MO
<i>diltiazem cd cp24 120mg; 240mg; 300mg</i>	1	MO
<i>diltiazem hcl inj 25mg/5ml</i>	1	
<i>diltiazem hcl cp24 360mg; tabs</i>	1	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<i>diltiazem hcl er cp12; cp24 420mg</i>	1	MO
<i>dilt-xr cp24 240mg; 180mg</i>	1	
<i>diltzac</i>	1	MO
<i>doxazosin</i>	1	QL MO
<i>enalapril</i>	1	MO
<i>enalapril / hydrochlorothiazide</i>	1	QL MO
<i>eplerenone</i>	1	MO
<i>felodipine er tb24 2.5mg</i>	1	
<i>felodipine er tb24 5mg; 10mg</i>	1	MO
<i>fosinopril</i>	1	MO
<i>fosinopril / hydrochlorothiazide</i>	1	QL MO
<i>furosemide oral soln 10mg/ml; inj 10mg/ml; tabs</i>	1	MO
<i>guanfacine hcl</i>	1	MO
<i>hydralazine</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>isradipine</i>	1	MO
<i>labetalol inj</i>	1	
<i>labetalol tabs</i>	1	MO
<i>lisinopril</i>	1	MO
<i>lisinopril / hydrochlorothiazide</i>	1	QL MO
<i>methyclothiazide</i>	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol / hydrochlorothiazide</i>	1	MO
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate inj</i>	1	
<i>metoprolol tartrate tabs</i>	1	MO
<i>minoxidil tabs</i>	1	MO
<i>moexipril</i>	1	MO
<i>moexipril / hydrochlorothiazide</i>	1	QL MO
<i>nadolol tabs 160mg</i>	1	
<i>nadolol tabs 80mg; 20mg; 40mg</i>	1	MO
<i>nadolol / bendroflumethiazide</i>	1	MO
<i>nicardipine caps</i>	1	MO
<i>nifediac cc</i>	1	MO
<i>nifedical xl</i>	1	MO
<i>nifedipine</i>	1	MO
<i>nifedipine er tb24 30mg; 60mg</i>	1	
<i>nifedipine er tb24 90mg</i>	1	MO
<i>nimodipine</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<i>nisoldipine</i>	1	MO
<i>perindopril erbumine</i>	1	MO
<i>pindolol</i>	1	MO
<i>prazosin</i>	1	QL MO
<i>propranolol /hydrochlorothiazide</i>	1	MO
<i>propranolol hcl inj 1mg/ml</i>	1	
<i>propranolol hcl tabs; oral soln 20mg/5ml; 40mg/5ml</i>	1	MO
<i>propranolol hcl er</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinapril / hydrochlorothiazide</i>	1	QL MO
<i>quinaretic</i>	1	QL MO
<i>ramipril</i>	1	MO
<i>reserpine</i>	1	MO
<i>spironolactone</i>	1	MO
<i>spironolactone / hydrochlorothiazide</i>	1	MO
<i>taztia xt</i>	1	MO
<i>terazosin hcl</i>	1	QL MO
<i>timolol maleate</i>	1	MO
<i>toremide</i>	1	MO
<i>trandolapril</i>	1	MO
<i>triamterene / hydrochlorothiazide</i>	1	MO
<i>verapamil inj</i>	1	
<i>verapamil tabs</i>	1	MO
<i>verapamil er</i>	1	MO

#### **Brand**

BIDIL	2	QL MO
CATAPRES-TTS	2	MO
COREG CR	2	MO
DEMSER	2	MO
DIBENZYLINE	3	MO
DILTIAZEM HCL INJ 100MG	2	
DIOVAN	2	QL MO
DIOVAN HCT	2	QL MO
EDECIN	2	MO
EXFORGE	2	QL MO
EXFORGE HCT	2	QL MO
FUROSEMIDE ORAL SOLN 8MG/ML	2	MO

Drug Name	Drug Tier	Reqs./ Limits
LOTREL CAPS 5MG; 40MG; 10MG; 40MG	2	QL MO
MICARDIS	2	QL MO
MICARDIS HCT	2	QL MO
SODIUM EDECRIN	2	
SULAR	2	MO
TEKTURNA	2	QL MO
TEKTURNA HCT	2	QL MO
TOPROL XL	3	MO
VALTURNA	2	QL MO

### CARDIAC GLYCOSIDES

#### Generic

<i>digoxin inj 0.25mg/ml</i>	1	
<i>digoxin oral soln 0.05mg/ml; tabs</i>	1	MO

#### Brand

LANOXIN INJ	2	
LANOXIN TABS	2	MO

### COAGULATION THERAPY

#### Generic

<i>cilostazol</i>	1	QL MO
<i>dipyridamole tabs</i>	1	MO
<i>heparin sodium inj 5000unit/ml; 1000unit/ml; 10000unit/ml</i>	1	MO
<i>heparin sodium dcu</i>	1	MO
<i>heparin sodium/d5w</i>	1	
<i>heparin sodium/nacl 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	
<i>jantoven</i>	1	MO
<i>pentopak</i>	1	MO
<i>pentoxifylline er</i>	1	MO
<i>pentoxil</i>	1	MO
<i>ticlopidine hcl</i>	1	QL MO
<i>warfarin</i>	1	MO

#### Brand

AGGRENOX	2	MO
ARIXTRA INJ 2.5MG/0.5ML	2	MO
ARIXTRA INJ 5MG/0.4ML; 7.5MG/0.6ML; 10MG/0.8ML	4	MO
CYKLOKAPRON	2	MO

Drug Name	Drug Tier	Reqs./ Limits
EFFIENT	2	MO
FRAGMIN	2	MO
HEPARIN SODIUM INJ 2500UNIT/ML	2	
HEPARIN SODIUM INJ 2000UNIT/ML	2	MO
HEPARIN SODIUM/NACL 0.45%	2	
LOVENOX INJ 30MG/0.3ML; 40MG/0.4ML	2	MO
LOVENOX INJ 120MG/0.8ML; 60MG/0.6ML; 100MG/ML; 300MG/3ML; 150MG/ML; 80MG/0.8ML	4	MO
PLAVIX	2	MO
PROMACTA TABS 25MG; 50MG	4	LA PA QL MO

### LIPID/CHOLESTEROL LOWERING

#### AGENTS

#### Generic

<i>cholestyramine</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>colestipol</i>	1	MO
<i>fenofibrate</i>	1	MO
<i>fenofibrate micronized</i>	1	MO
<i>gemfibrozil</i>	1	MO
<i>lovastatin</i>	1	QL MO
<i>pravastatin</i>	1	QL MO
<i>prevalite</i>	1	MO
<i>simvastatin</i>	1	QL MO

#### Brand

CADUET	2	QL MO
COLESTID GRAN	2	MO
CRESTOR	2	QL MO
LIPITOR	2	QL MO
LOVAZA	2	MO
NIASPAN	2	MO
SIMCOR	2	MO
TRICOR	2	MO
TRILIPIX	2	MO
ZETIA	2	QL MO

Drug Name	Drug Tier	Reqs./ Limits
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
<b>Brand</b>		
RANEXA	2	MO
<b>NITRATES</b>		
<b>Generic</b>		
<i>isosorbide dinitrate</i>	1	MO
<i>isosorbide dinitrate er</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO
<i>nitro-bid</i>	1	MO
<i>nitroglycerin pt24 0.2mg/hr; 0.6mg/hr</i>	1	
<i>nitroglycerin pt24 0.4mg/hr</i>	1	MO
<i>nitroglycerin inj</i>	1	PA
<i>nitroglycerin transdermal pt24 0.1mg/hr</i>	1	MO
<b>Brand</b>		
IMDUR TB24 120MG; 30MG	3	MO
MONOKET TABS 10MG	3	MO
NITROLINGUAL PUMPSPRAY	2	MO
NITROSTAT	2	MO
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<b>Generic</b>		
<i>calcipotriene</i>	1	MO
<i>selenium sulfide lotn 2.5%</i>	1	MO
<b>Brand</b>		
SORIATANE CK	2	
<b>BURN THERAPY</b>		
<b>Generic</b>		
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO
<i>thermazene</i>	1	MO
<b>Brand</b>		
SULFAMYLON	2	MO
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
<b>Generic</b>		

Drug Name	Drug Tier	Reqs./ Limits
<i>ammonium lactate</i>	1	MO
<i>fluorouracil</i>	1	MO
<i>imiquimod</i>	1	MO
<i>laclotion</i>	1	
<i>podofilox</i>	1	MO
<b>Brand</b>		
8-MOP	2	MO
ALDARA	3	MO
CARAC	2	MO
CARMOL-HC	2	MO
CONDYLOX GEL	2	MO
ELIDEL	3	MO
FLUOROPLEX	2	MO
OXSORALEN ULTRA	4	MO
PANRETIN	2	MO
PROTOPIC	3	MO
REGRANEX	2	PA MO
SOLARAZE	2	MO
ULESFIA	3	
VEREGEN	3	MO
ZONALON	2	MO
<b>THERAPY FOR ACNE</b>		
<b>Generic</b>		
<i>amnestem</i>	1	
<i>avita crea</i>	1	MO
<i>claravis</i>	1	
<i>clindamycin phosphate gel; lotn; external soln; swab</i>	1	MO
<i>clindamycin/benzoyl peroxide</i>	1	MO
<i>ery</i>	1	MO
<i>erythromycin gel; external soln</i>	1	MO
<i>erythromycin / benzoyl peroxide</i>	1	MO
<i>metronidazole</i>	1	MO
<i>sotret</i>	1	
<i>tretinoin</i>	1	MO
<b>Brand</b>		
AZELEX	2	MO
DIFFERIN CREA; GEL	2	MO
FINACEA	2	MO
METROGEL	2	MO

Drug Name	Drug Tier	Reqs./ Limits
<b>TOPICAL ANESTHETICS</b>		
<b>Generic</b>		
<i>lidocaine inj 0.5%; 1%</i>	1	
<i>lidocaine gel; oint; external soln 4%</i>	1	MO
<i>lidocaine / prilocaine crea</i>	1	MO
<i>lidocaine viscous</i>	1	MO
<b>Brand</b>		
EMLA	3	MO
LIDODERM	2	PA MO
<b>TOPICAL ANTIBACTERIALS</b>		
<b>Generic</b>		
<i>gentamicin sulfate crea; oint 0.1%</i>	1	MO
<i>mupirocin</i>	1	MO
<i>sodium sulfacetamide</i>	1	MO
<b>Brand</b>		
ALTABAX	2	MO
BACTROBAN CREA	2	MO
PHISOHEX	2	MO
<b>TOPICAL ANTIFUNGALS</b>		
<b>Generic</b>		
<i>ciclopirox</i>	1	MO
<i>ciclopirox nail lacquer</i>	1	MO
<i>ciclopirox olamine</i>	1	MO
<i>clotrimazole crea; external soln</i>	1	MO
<i>clotrimazole / betamethasone</i>	1	MO
<i>econazole nitrate</i>	1	MO
<i>ketoconazole</i>	1	MO
<i>kuric</i>	1	MO
<i>nyamyc</i>	1	MO
<i>nystatin crea; oint; powd</i>	1	MO
<i>nystatin / triamcinolone</i>	1	MO
<i>nystop</i>	1	MO
<i>pedi-dri</i>	1	MO
<b>Brand</b>		
ERTACZO	2	MO
NAFTIN	2	MO
XOLEGEL	2	MO
<b>TOPICAL ANTIVIRALS</b>		
<b>Brand</b>		

Drug Name	Drug Tier	Reqs./ Limits
DENAVIR	2	MO
ZOVIRAX CREA; OINT	3	MO
<b>TOPICAL CORTICOSTEROIDS</b>		
<b>Generic</b>		
<i>ala cort</i>	1	MO
<i>ala-cort</i>	1	MO
<i>alclometasone dipropionate</i>	1	MO
<i>amcinonide oint</i>	1	
<i>amcinonide lotn; crea</i>	1	MO
<i>augmented betamethasone dipropionate</i>	1	MO
<i>betamethasone dipropionate crea; gel; oint</i>	1	MO
<i>betamethasone valerate lotn</i>	1	
<i>betamethasone valerate oint; crea</i>	1	MO
<i>beta-val</i>	1	MO
<i>clobetasol propionate external soln</i>	1	
<i>clobetasol propionate oint; gel; foam</i>	1	MO
<i>clobetasol propionate e</i>	1	MO
<i>cormax crea</i>	1	MO
<i>del-beta</i>	1	
<i>desonide</i>	1	MO
<i>desoximetasone</i>	1	MO
<i>diflorasone diacetate</i>	1	MO
<i>fluocinolone acetonide</i>	1	MO
<i>fluocinonide gel; oint; external soln</i>	1	MO
<i>fluocinonide emollient base</i>	1	
<i>fluticasone propionate</i>	1	MO
<i>halobetasol propionate</i>	1	MO
<i>hydrocortisone crea 2.5%; 1%; lotn; oint 2.5%; 1%</i>	1	MO
<i>hydrocortisone butyrate</i>	1	MO
<i>hydrocortisone valerate</i>	1	MO
<i>mometasone furoate</i>	1	MO
<i>prednicarbate</i>	1	MO
<i>triamcinolone acetonide crea; oint; lotn</i>	1	MO
<i>triderm crea</i>	1	MO

Drug Name	Drug Tier	Reqs./ Limits
<b>Brand</b>		
CAPEX	2	MO
CLOBEX SHAM; LOTN	2	MO
CORDRAN TAPE	2	MO
DERMA-SMOOTHIE / FS BODY OIL	2	MO
LOCOID LOTN	2	MO
LUXIQ	2	MO
PANDEL	2	MO

### TOPICAL ENZYMES

Brand	Drug Tier	Reqs./ Limits
SANTYL	2	MO

### TOPICAL SCABICIDES / PEDICULICIDES

Generic	Drug Tier	Reqs./ Limits
<i>acticin</i>	1	MO
<i>malathion</i>	1	MO
<i>permethrin crea</i>	1	MO

Brand	Drug Tier	Reqs./ Limits
EURAX	2	MO
LINDANE	2	MO
OVIDE	2	MO

### DIAGNOSTICS / MISCELLANEOUS AGENTS

#### MISCELLANEOUS AGENTS

Generic	Drug Tier	Reqs./ Limits
<i>alcohol 5%/dextrose 5%</i>	1	
<i>alendronate sodium tabs 40mg</i>	1	PA MO
<i>anagrelide hydrochloride</i>	1	MO
<i>dextrose 10% flex container</i>	1	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%</i>	1	MO
<i>dextrose 5%/lactated ringers</i>	1	MO
<i>dextrose 5%/nacl 0.2%</i>	1	
<i>dextrose 5%/nacl 0.225%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	MO
<i>dextrose 5%/nacl 0.9%</i>	1	MO
<i>etidronate disodium</i>	1	MO
<i>kionex powd</i>	1	MO

Drug Name	Drug Tier	Reqs./ Limits
<i>levocarnitine oral soln 1gm/10ml; tabs</i>	1	MO
<i>midodrine</i>	1	MO
<i>pilocarpine hcl tabs</i>	1	MO
<i>sodium chloride inj 0.9%</i>	1	MO
<i>sodium chloride 0.9%</i>	1	MO
<i>sodium polystyrene sulfonate powd</i>	1	MO

### Brand

ACTONEL TABS 30MG	3	PA MO
ADAGEN	4	LA MO
ANTABUSE TABS 250MG	2	MO
BUPHENYL	2	MO
CAMPRAL	2	QL MO
CHEMET	2	MO
CLINIMIX / DEXTROSE	2	
DEXTROSE 10%/NAACL 0.45%	2	
DEXTROSE 10%/NAACL 0.2%	2	
DEXTROSE 5%/NAACL 0.33%	2	
EVOXAC	3	MO
EXJADE	4	LA MO
FOSRENOL CHEW 250MG	2	
FOSRENOL CHEW 500MG; 750MG; 1000MG	2	MO
INCRELEX	4	LA PA MO
ORFADIN	4	LA MO
PROLASTIN INJ	4	LA
RENAGEL	2	MO
REVELA	2	MO
RILUTEK	4	MO
SKELID	3	PA QL MO
SYPRINE	2	MO
THIOLA	2	MO

### SMOKING DETERRENTS

#### Generic

<i>buproban</i>	1	PA QL MO
<i>bupropion hcl sr tb12 150mg</i>	1	PA QL MO

#### Brand

CHANTIX	2	PA MO
NICOTROL INHALER	3	PA QL MO
NICOTROL NASAL	3	PA MO

Drug Name	Drug Tier	Reqs./ Limits
<b>EAR, NOSE / THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<b>Generic</b>		
<i>chlorhexidine gluconate oral rinse</i>	1	MO
<i>ipratropium bromide nasal soln 0.03%; 0.06%</i>	1	MO
<i>perio gard</i>	1	MO
<i>triamcinolone in orabase</i>	1	MO
<b>Brand</b>		
BACTROBAN NASAL	2	MO
TYZINE	2	MO
TYZINE PEDIATRIC NASAL DROPS	2	
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<b>Generic</b>		
<i>acetasol hc</i>	1	MO
<i>acetic acid</i>	1	MO
<i>acetic acid / hydrocortisone</i>	1	MO
<i>borofair</i>	1	MO
<i>ofloxacin</i>	1	MO
<b>Brand</b>		
DERMOTIC	2	MO
FLOXIN OTIC	2	MO
<b>OTIC STEROID / ANTIBIOTIC</b>		
<b>Generic</b>		
<i>cortomycin</i>	1	MO
<i>neomycin /polymyxin /hc</i>	1	MO
<i>neomycin /polymyxin /hydrocortisone susp</i>	1	MO
<b>Brand</b>		
CIPRO HC	3	MO
CIPRODEX	2	MO
COLY-MYCIN S	2	MO
CORTISPORIN-TC	2	MO
PEDIOTIC	2	
<b>ENDOCRINE/DIABETES ADRENAL HORMONES</b>		

Drug Name	Drug Tier	Reqs./ Limits
<b>Generic</b>		
<i>a-hydrocort</i>	1	MO
<i>a-methapred</i>	1	PA MO
<i>cortisone acetate</i>	1	MO
<i>dexamethasone elix; tabs 0.5mg; 1.5mg; 4mg; 0.75mg; 6mg; inj 4mg/ml</i>	1	MO
<i>fludrocortisone acetate</i>	1	MO
<i>hydrocortisone tabs</i>	1	MO
<i>methylprednisolone tabs 32mg</i>	1	PA
<i>methylprednisolone tabs 4mg; 8mg; 4mg; 16mg</i>	1	PA MO
<i>methylprednisolone acetate</i>	1	PA MO
<i>methylprednisolone</i>	1	PA
<i>sodiumsuccinate inj 40mg; 125mg</i>		
<i>prednisolone sodium phosphate oral soln 15mg/5ml; 5mg/5ml</i>	1	PA MO
<i>prednisone oral soln; tabs</i>	1	PA MO
<i>solu-medrol inj 500mg</i>	1	PA
<b>Brand</b>		
DEPO-MEDROL	2	PA MO
DEXAMETHASONE TABS 1MG; 2MG	2	MO
DEXAMETHASONE INTENSOL	2	MO
METHYLPREDNISOLONE	2	PA MO
SODIUMSUCCINATE INJ 1000MG		
PREDNISONE INTENSOL	2	PA MO
SOLU-CORTEF INJ 100MG; 250MG	2	MO
SOLU-MEDROL INJ 2GM	2	PA
SOLU-MEDROL INJ 40MG; 125MG	2	PA MO
<b>ANTITHYROID AGENTS</b>		
<b>Generic</b>		
<i>methimazole</i>	1	MO
<i>propylthiouracil</i>	1	MO
<b>DIABETES THERAPY</b>		
<b>Generic</b>		
<i>acarbose</i>	1	QL MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<i>glimepiride</i>	1	QL MO	HUMALOG MIX 75/25	2	MO
<i>glipizide</i>	1	QL MO	HUMALOG MIX 75/25 PEN	2	MO
<i>glipizide / metformin</i>	1	QL MO	HUMALOG PEN	2	MO
<i>glipizide er tb24 2.5mg</i>	1	QL	HUMULIN 50/50	2	MO
<i>glipizide xl tb24 10mg; 5mg</i>	1	QL MO	HUMULIN 70/30	2	MO
<i>glyburide</i>	1	MO	HUMULIN 70/30 PEN	2	MO
<i>glyburide / metformin</i>	1	QL MO	HUMULIN N	2	MO
<i>glyburide micronized</i>	1	QL MO	HUMULIN N U-100 PEN	2	MO
<i>glycron tabs 1.5mg; 3mg</i>	1	MO	HUMULIN R	2	MO
<i>metformin hcl</i>	1	QL MO	HUMULIN R U-500	2	MO
<i>metformin hcl er</i>	1	QL MO	(CONCENTRATED)		
<i>nateglinide</i>	1	QL MO	JANUMET	2	QL MO
<i>tolazamide</i>	1	MO	JANUVIA	2	QL MO
<i>tolbutamide</i>	1	MO	LANTUS	2	MO
<b>Brand</b>			LANTUS SOLOSTAR	2	MO
ACTOPLUS MET	2	QL MO	LEVEMIR	2	MO
ACTOS	2	QL MO	LEVEMIR FLEXPEN	2	MO
ALCOHOL PREPS	2		NOVOLIN 70/30	2	MO
AVANDAMET	2	QL MO	NOVOLIN 70/30 INNOLET	2	MO
AVANDARYL	2	QL MO	NOVOLIN N	2	MO
AVANDIA	2	QL MO	NOVOLIN N INNOLET	2	MO
BD INSULIN SYRINGE	2	MO	NOVOLIN R	2	MO
SAFETYGLIDE/1ML/29G X 1/2"			NOVOLIN R INNOLET	2	
BD INSULIN SYRINGE	2	MO	NOVOLOG	2	MO
ULTRAFINE/0.3ML/31G X 5/16"			NOVOLOG FLEXPEN	2	MO
BD INSULIN SYRINGE	2	MO	NOVOLOG MIX 70/30	2	MO
ULTRAFINE/0.5ML/30G X 1/2"			NOVOLOG MIX 70/30	2	MO
BD INSULIN SYRINGE	2	MO	PREFILLED FLEXPEN		
ULTRAFINE/1ML/31G X 5/16"			ONGLYZA	2	QL MO
BD PEN	2	MO	PRANDIN	2	QL MO
NEEDLE/ULTRAFINE/29G X 12.7MM			PROGLYCEM	2	MO
BYETTA	3	QL ST MO	RELION 70/30	2	MO
CURITY GAUZE PADS 2"X2"	2	MO	RELION N	2	MO
DUETACT	2	QL MO	RELION R	2	MO
GLUCAGEN HYPOKIT	2	MO	SYMLIN	3	QL MO
GLUCAGON EMERGENCY KIT	2	MO	SYMLINPEN 120	3	QL MO
GLYCRON TABS 4.5MG	2		SYMLINPEN 60	3	QL MO
HUMALOG	2	MO			
HUMALOG MIX 50/50	2	MO	<b>MISCELLANEOUS HORMONES</b>		
HUMALOG MIX 50/50 PEN	2	MO	<b>Generic</b>		
			<i>androxy</i>	1	PA MO
			<i>cabergoline</i>	1	QL MO

Drug Name	Drug Tier	Reqs./ Limits
<i>calcitonin-salmon</i>	1	QL MO
<i>calcitriol caps; inj 1mcg/ml; oral soln 1mcg/ml</i>	1	MO
<i>danazol</i>	1	MO
<i>desmopressin acetate nasal soln; inj; tabs</i>	1	MO
<i>fortical</i>	1	QL MO
<i>oxandrolone</i>	1	PA MO
<i>testosterone cypionate oil 100mg/ml</i>	1	PA MO
<i>testosterone enanthate</i>	1	PA MO

#### Brand

ALDURAZYME	4	LA PA MO
ANADROL-50	3	PA MO
ANDROGEL	2	PA MO
CEREZYME INJ 200UNIT	4	LA PA MO
FABRAZYME INJ 35MG	4	LA PA MO
HECTOROL	2	MO
KUVAN	4	LA MO
NAGLAZYME	4	LA MO
SAMSCA	4	QL MO
SENSIPAR TABS 30MG	2	MO
SENSIPAR TABS 60MG; 90MG	4	MO
SOMAVERT	2	PA QL MO
STIMATE	2	MO
SYNAREL	3	MO
ZAVESCA	2	LA
ZEMPLAR	2	MO

#### THYROID HORMONES

##### Generic

<i>levothyroxine tabs</i>	1	
<i>levoxyl</i>	1	MO
<i>liothyronine sodium inj</i>	1	
<i>liothyronine sodium tabs</i>	1	MO
<i>unithroid</i>	1	MO

##### Brand

SYNTHROID	2	MO
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#### GASTROENTEROLOGY

##### ANTIDIARRHEALS / ANTISPASMODICS

##### Generic

Drug Name	Drug Tier	Reqs./ Limits
<i>atropine sulfate inj 0.1mg/ml</i>	1	
<i>dicyclomine hcl caps; oral soln 10mg/5ml; tabs</i>	1	MO
<i>diphenoxylate / atropine</i>	1	MO
<i>glycopyrrolate</i>	1	MO
<i>lonox</i>	1	
<i>loperamide hcl caps</i>	1	MO

##### Brand

ATROPINE SULFATE INJ 0.05MG/ML	2	
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#### MISCELLANEOUS GASTROINTESTINAL AGENTS

##### Generic

<i>balsalazide</i>	1	
<i>compro</i>	1	MO
<i>constulose</i>	1	MO
<i>dronabinol</i>	1	PA MO
<i>enulose</i>	1	MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n/ flavor pack</i>	1	MO
<i>generlac</i>	1	MO
<i>granisetron tabs</i>	1	PA QL
<i>granisetron inj</i>	1	QL MO
<i>hydrocortisone enem</i>	1	MO
<i>lactulose oral soln</i>	1	MO
<i>meclizine hcl</i>	1	MO
<i>mesalamine enem</i>	1	MO
<i>metoclopramide</i>	1	MO
<i>ondansetron hcl inj 4mg/2ml</i>	1	MO
<i>ondansetron hcl oral soln 4mg/5ml</i>	1	PA MO
<i>ondansetron hcl tabs 24mg</i>	1	PA QL
<i>ondansetron hcl tabs 4mg; 8mg</i>	1	PA QL MO
<i>ondansetron odt</i>	1	PA QL MO
<i>pancrelipase</i>	1	
<i>pancrelipase mst</i>	1	MO
<i>pancron 10</i>	1	
<i>pancron 20</i>	1	
<i>peg 3350 / electrolytes</i>	1	MO
<i>polyethylene glycol 3350 powd</i>	1	MO
<i>prochlorperazine</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<i>prochlorperazine edisylate</i>	1	MO	<b>Generic</b>		
<i>prochlorperazine maleate</i>	1	PA MO	<i>famotidine tabs 20mg; 40mg; inj</i>	1	MO
<i>procto-pak</i>	1		<i>famotidine premixed</i>	1	
<i>proctosol hc</i>	1	MO	<i>lansoprazole</i>	1	QL MO
<i>proctozone-hc</i>	1	MO	<i>misoprostol</i>	1	MO
<i>sulfasalazine tabs</i>	1	MO	<i>nizatidine</i>	1	MO
<i>sulfazine</i>	1	MO	<i>omeprazole cpdr</i>	1	QL MO
<i>sulfazine ec</i>	1		<i>ranitidine hcl caps; syrp; tabs</i>	1	MO
<i>trilyte</i>	1		<i>300mg; 150mg</i>		
<i>ursodiol tabs</i>	1		<i>sucralfate</i>	1	MO
<i>ursodiol caps</i>	1	MO	<b>Brand</b>		
<b>Brand</b>			CARAFATE SUSP	2	MO
AMITIZA	2	MO	KAPIDEX	3	QL ST MO
ASACOL	2	MO	NEXIUM	2	QL MO
ASACOL HD	2	MO	NEXIUM I.V. INJ 20MG	2	
CANASA	2	MO	NEXIUM I.V. INJ 40MG	2	MO
CORTIFOAM	2	MO	PEPCID SUSR	2	MO
CREON	3	MO	PREVPAC	3	MO
CYSTADANE	2	MO	PYLERA	2	MO
DIPENTUM	3	MO	ZANTAC INJ 50MG/50ML;	2	MO
EMEND CAPS	2	PA QL MO	0.45%		
ENTOCORT EC	2	MO	<b>IMMUNOLOGY, VACCINES /</b>		
GASTROCROM	2	MO	<b>BIOTECHNOLOGY</b>		
LOTRONEX	2	QL MO	<b>BIOTECHNOLOGY DRUGS</b>		
PANCREASE MT	3	MO	<b>Generic</b>		
PANCRECARB MS	3	MO	<i>omnitrope inj 5mg/1.5ml</i>	1	PA MO
PENTASA	2	MO	<b>Brand</b>		
RELISTOR INJ	2	MO	ACTIMMUNE	4	LA PA MO
REMICADE	4	PA MO	ARANESP	2	PA QL MO
SUCRAID	4		ARCALYST	4	LA MO
TRANSDERM-SCOP	3	MO	AVONEX	4	PA QL MO
ULTRASE	2	MO	BETASERON	4	PA QL MO
ULTRASE MT 12	2	MO	EPOGEN INJ 40000UNIT/ML;	3	PA QL MO
ULTRASE MT 18	2	MO	4000UNIT/ML; 3000UNIT/ML;		
ULTRASE MT 20	2	MO	10000UNIT/ML; 2000UNIT/ML		
URSO 250	2	MO	EPOGEN INJ 20000UNIT/ML	4	PA QL MO
URSO FORTE	2	MO	INTRON-A INJ; KIT	2	PA MO
VIOKASE	2	MO	INTRON-A WITH DILUENT INJ	2	PA MO
VIOKASE 16	2	MO	10MU		
ZENPEP	2	MO	LEUKINE	4	PA MO
<b>ULCER THERAPY</b>					

Drug Name	Drug Tier	Reqs./ Limits	Drug Name	Drug Tier	Reqs./ Limits
MOZOBIL	4	MO	JE-VAX	2	MO
NEULASTA	3	PA QL MO	MENACTRA	2	
NEUMEGA	4	PA QL MO	MENOMUNE-A/C/Y/W-135	2	MO
NEUPOGEN	4	PA QL MO	MERUVAX II W/DILUENT 10 DOSE	2	MO
NORDITROPIN CARTRIDGE	4	PA MO	M-M-R II W/DILUENT 10 DOSE	2	MO
NORDITROPIN NORDIFLEX	4	PA MO	PEDIARIX	2	PA
PEN INJ			PEDVAX HIB	2	
PEGASYS KIT	4	PA QL MO	PROQUAD	2	
PEG-INTRON KIT	4	PA QL MO	RABAVERT	2	MO
50MCG/0.5ML			RECOMBIVAX HB INJ	2	PA
PEG-INTRON REDIPEN	4	PA QL MO	RECOMBIVAX HB SUSP	2	PA MO
PEG-INTRON REDIPEN PAK 4 KIT	4	PA QL MO	ROTATEQ	2	
PROCRIT	2	PA QL MO	TETANUS / DIPHTHERIA	2	MO
PROLEUKIN	4	MO	TOXOIDS-ADSORBED ADULT		
REBIF	4	PA QL MO	THYMOGLOBULIN	2	PA
REBIF TITRATION PACK	4	PA MO	TRIHIBIT	2	
TEV-TROPIN	4	PA MO	TRIPEDIA	2	
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>			TWINRIX	2	PA MO
<b>Generic</b>			TYPHIM VI	2	
<i>tetanus toxoid adsorbed</i>	1		VAQTA SUSP	2	MO
<b>Brand</b>			VARIVAX	2	
ACTHIB	2		VIVOTIF BERNA	2	MO
ADACEL	2	MO	YF-VAX	2	
ATTENUVAX	2	MO	ZOSTAVAX	2	PA MO
BOOSTRIX	2	MO	<b>MUSCULOSKELETAL / RHEUMATOLOGY</b>		
CERVARIX	2	PA	<b>GOUT THERAPY</b>		
COMVAX	2	PA MO	<b>Generic</b>		
DAPTACEL	2	MO	<i>allopurinol</i>	1	MO
DECAVAC	2	MO	<i>probenecid</i>	1	MO
DIPHTHERIA/TETANUS TOXOID PEDIATRIC	2		<i>probenecid / colchicine</i>	1	MO
ENGERIX-B SUSP	2	PA	<b>Brand</b>		
ENGERIX-B SUSP	2	PA MO	COLCRYST	2	MO
GARDASIL	2	PA MO	ULORIC	2	MO
HAVRIX SUSP 720ELU/0.5ML	2		<b>OSTEOPOROSIS THERAPY</b>		
HAVRIX SUSP 1440ELU/ML	2	MO	<b>Generic</b>		
IMOVAX RABIES (H.D.C.V.)	2		<i>alendronate sodium tabs 5mg; 10mg; 35mg; 70mg</i>	1	MO
INFANRIX	2	MO	<b>Brand</b>		
IPOL INACTIVATED IPV	2	MO			

Drug Name	Drug Tier	Reqs./ Limits
ACTONEL TABS 75MG	3	ST
ACTONEL TABS 150MG; 5MG; 35MG	3	ST MO
ACTONEL WITH CALCIUM	3	ST MO
BONIVA TABS	2	MO
EVISTA	2	QL MO
FORTEO	2	QL MO

### OTHER RHEUMATOLOGICALS

#### Generic

<i>leflunomide</i>	1	QL MO
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#### Brand

CUPRIMINE CAPS 125MG	2	
CUPRIMINE CAPS 250MG	2	MO
DEPEN TITRATABS	2	MO
ENBREL	4	PA QL MO
HUMIRA KIT 20MG/0.4ML	4	PA MO
HUMIRA KIT 40MG/0.8ML	4	PA QL MO
HUMIRA PEN-CROHNS DISEASE STARTER	4	PA MO
RIDAURA	3	MO

### OBSTETRICS / GYNECOLOGY

#### ESTROGENS / PROGESTINS

#### Generic

<i>camila</i>	1	MO
<i>errin</i>	1	MO
<i>estradiol ptwk</i>	1	
<i>estradiol tabs</i>	1	MO
<i>estradiol / norethindrone acetate</i>	1	MO
<i>estropipate</i>	1	MO
<i>gynodiol tabs 1mg; 2mg; 0.5mg</i>	1	MO
<i>jolivette</i>	1	MO
<i>medroxyprogesterone acetate</i>	1	MO
<i>nora-be</i>	1	MO
<i>norethindrone</i>	1	MO
<i>ortho-est</i>	1	

#### Brand

ALORA	2	MO
CLIMARA PRO	2	MO
COMBIPATCH	2	MO
DEPO-PROVERA	2	MO

Drug Name	Drug Tier	Reqs./ Limits
DEPO-SUBQ PROVERA 104	3	MO
DIVIGEL	2	MO
ESTRADERM	2	MO
ESTRASORB	3	MO
ESTRING	3	MO
ESTROGEL	3	MO
FEMHRT 1/5	3	MO
FEMHRT LOW DOSE	3	MO
GYNODIOL TABS 1.5MG	3	
MENEST	3	MO
MENOSTAR	3	MO
PREFEST	3	MO
PREMARIN TABS	2	MO
PREMARIN W/APPLICATOR	2	MO
PREMPHASE	2	MO
PREMPRO	2	MO
PROMETRIUM	2	MO
VAGIFEM	2	MO
VIVELLE-DOT	2	MO

### MISCELLANEOUS OB/GYN

#### Generic

<i>clindamycin phosphate crea</i>	1	MO
<i>metronidazole vaginal</i>	1	MO
<i>miconazole 3</i>	1	MO
<i>terconazole</i>	1	MO
<i>vandazole</i>	1	MO
<i>zazole supp</i>	1	
<i>zazole crea 0.4%</i>	1	MO

#### Brand

CLEOCIN SUPP	2	MO
GYNAZOLE-1	2	
NUVARING	3	MO
ORTHO EVRA	3	MO

### ORAL CONTRACEPTIVES / RELATED AGENTS

#### Generic

<i>apri</i>	1	MO
<i>aranelle</i>	1	
<i>aviane</i>	1	MO
<i>balziva</i>	1	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<i>cesia</i>	1	MO
<i>cryselle-28</i>	1	MO
<i>enpresse-28</i>	1	MO
<i>junel</i>	1	MO
<i>junel fe 1.5/30</i>	1	MO
<i>junel fe 1/20</i>	1	MO
<i>kariva</i>	1	MO
<i>kelnor 1/35</i>	1	MO
<i>leena</i>	1	MO
<i>lessina-28</i>	1	MO
<i>levora</i>	1	MO
<i>low-ogestrel</i>	1	MO
<i>lutera</i>	1	MO
<i>microgestin 1.5/30</i>	1	MO
<i>microgestin 1/20</i>	1	MO
<i>microgestin fe</i>	1	MO
<i>microgestin fe 1.5/30</i>	1	MO
<i>mononessa</i>	1	MO
<i>necon 0.5/35-28</i>	1	MO
<i>necon 1/35-28</i>	1	MO
<i>necon 1/50-28</i>	1	MO
<i>necon 10/11-28</i>	1	MO
<i>necon 7/7/7</i>	1	MO
<i>next choice</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7</i>	1	MO
<i>ogestrel</i>	1	MO
<i>portia-28</i>	1	MO
<i>previfem</i>	1	MO
<i>quasense</i>	1	MO
<i>reclipsen</i>	1	MO
<i>solia</i>	1	MO
<i>sprintec 28</i>	1	MO
<i>sronyx</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>trinessa</i>	1	MO
<i>tri-previfem</i>	1	MO
<i>tri-sprintec</i>	1	MO
<i>trivora-28</i>	1	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<i>velivet</i>	1	MO
<i>zovia 1/35e</i>	1	MO
<i>zovia 1/50e</i>	1	MO
<b>Brand</b>		
PLAN B	2	
<b>OXYTOCICS</b>		
<b>Brand</b>		
METHERGINE TABS	2	
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
<b>Generic</b>		
<i>ak-poly-bac</i>	1	MO
<i>ak-tob</i>	1	
<i>bacitracin oint</i>	1	MO
<i>bacitracin / polymyxin b</i>	1	MO
<i>ciprofloxacin ophthalmic soln 0.3%</i>	1	MO
<i>erythromycin oint</i>	1	MO
<i>gentak</i>	1	MO
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	1	MO
<i>gentamicin sulfate oint 0.3%</i>	1	
<i>gentalol</i>	1	MO
<i>neomycin /bacitracin /polymyxin</i>	1	MO
<i>neomycin /polymyxin /gramicidin</i>	1	MO
<i>ofloxacin</i>	1	MO
<i>polycin b</i>	1	
<i>romycin</i>	1	MO
<i>tobramycin ophthalmic soln 0.3%</i>	1	MO
<i>tobrasol</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	MO
<b>Brand</b>		
AZASITE	2	MO
CILOXAN OINT	2	MO
NATACYN	2	MO
TOBREX OINT	2	MO
VIGAMOX	2	MO
ZYMAR	2	MO
<b>ANTIVIRALS</b>		

Drug Name	Drug Tier	Reqs./ Limits
<b>Generic</b>		
<i>trifluridine</i>	1	MO
<b>Brand</b>		
ZIRGAN	3	
<b>BETA-BLOCKERS</b>		
<b>Generic</b>		
<i>betaxolol hcl ophthalmic soln</i>	1	MO
<i>carteolol hcl</i>	1	MO
<i>levobunolol hcl</i>	1	MO
<i>metipranolol</i>	1	MO
<i>timolol maleate</i>	1	MO
<i>timolol maleate ophthalmic gel forming</i>	1	MO
<b>Brand</b>		
ISTALOL	2	MO
TIMOPTIC OCUDOSE	2	MO
<b>CYCLOPLEGIC MYDRIATICS</b>		
<b>Generic</b>		
<i>mydral ophthalmic soln 1%</i>	1	
<i>mydral ophthalmic soln 0.5%</i>	1	MO
<i>tropicacyl ophthalmic soln 1%</i>	1	
<i>tropicacyl ophthalmic soln 0.5%</i>	1	MO
<i>tropicamide</i>	1	MO
<b>DIRECT ACTING MIOTICS</b>		
<b>Brand</b>		
PILOPINE HS	2	MO
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
<b>Generic</b>		
<i>azelastine hcl</i>	1	
<i>cromolyn sodium ophthalmic soln</i>	1	MO
<i>parcaine</i>	1	MO
<i>proparacaine hcl</i>	1	MO
<b>Brand</b>		
ALAMAST	2	MO
ALOCRIAL	3	MO
LACRISERT	2	MO
PATADAY	2	MO
PATANOL	2	MO
RESTASIS	2	MO

Drug Name	Drug Tier	Reqs./ Limits
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<b>Generic</b>		
<i>diclofenac sodium</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
<i>ketorolac tromethamine ophthalmic soln 0.4%; 0.5%</i>	1	MO
<b>Brand</b>		
ACULAR	2	MO
ACULAR LS	2	MO
NEVANAC	2	MO
XIBROM	2	MO
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<b>Generic</b>		
<i>acetazolamide</i>	1	MO
<i>acetazolamide sodium</i>	1	
<i>methazolamide</i>	1	MO
<b>OTHER GLAUCOMA DRUGS</b>		
<b>Generic</b>		
<i>dorzolamide hcl</i>	1	MO
<i>dorzolamide hcl/timolol maleate</i>	1	MO
<b>Brand</b>		
AZOPT	2	MO
COMBIGAN	2	MO
TRAVATAN Z	2	MO
XALATAN	2	MO
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
<b>Generic</b>		
<i>bac /poly /neomy /hc</i>	1	MO
<i>neomycin /polymyxin /dexamethasone</i>	1	MO
<i>neomycin /polymyxin /hydrocortisone susp</i>	1	MO
<i>poly-dex susp</i>	1	
<i>poly-dex oint</i>	1	MO
<i>tobramycin /dexamethasone</i>	1	MO
<b>Brand</b>		
ZYLET	2	MO
<b>STERIODS</b>		

Drug Name	Drug Tier	Reqs./ Limits
<b>Generic</b>		
<i>dexamethasone ophthalmic soln 0.1%</i>	1	MO
<i>fluorometholone</i>	1	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	1	MO
<b>Brand</b>		
ALREX	2	MO
FML	2	MO
FML FORTE	2	MO
LOTEMAX	2	MO
<b>STEROID-SULFONAMIDE COMBINATIONS</b>		
<b>Generic</b>		
<i>sulfacetamide sodium / prednisolone sodium phospho</i>	1	MO
<b>SULFONAMIDES</b>		
<b>Generic</b>		
<i>sodium sulfacetamide</i>	1	MO
<b>Brand</b>		
BLEPH-10	2	MO
<b>SYMPATHOMIMETICS</b>		
<b>Generic</b>		
<i>apraclonidine</i>	1	MO
<i>brimonidine tartrate ophthalmic soln 0.2%</i>	1	MO
<i>dipivefrin hcl</i>	1	
<b>Brand</b>		
ALPHAGAN P	2	MO
IOPIDINE	3	MO
<b>VASOCONSTRICTOR DECONGESTANTS</b>		
<b>Generic</b>		
<i>ak-con</i>	1	MO
<i>naphazoline hcl</i>	1	
<b>RESPIRATORY / ALLERGY ANTIHISTAMINE / ANTIALLERGENIC AGENTS</b>		
<b>Generic</b>		

Drug Name	Drug Tier	Reqs./ Limits
<i>carbinoxamine maleate</i>	1	MO
<i>cetirizine hcl syrup</i>	1	MO
<i>clemastine fumarate tabs 2.68mg; syrup</i>	1	MO
<i>diphenhydramine hcl inj; caps</i>	1	MO
<i>epinephrine hcl inj 0.1mg/ml</i>	1	
<i>fexofenadine hcl</i>	1	QL MO
<i>hydroxyzine hcl inj 25mg/ml</i>	1	
<i>hydroxyzine hcl inj 50mg/ml</i>	1	MO
<i>hydroxyzine hcl tabs; syrup</i>	1	PA MO
<i>palgic liqd</i>	1	MO
<i>phenadoz</i>	1	
<i>promethazine hcl inj 25mg/ml</i>	1	
<i>promethazine hcl inj 50mg/ml; supp</i>	1	MO
<i>promethazine hcl syrup; tabs</i>	1	PA MO
<i>promethegan supp 25mg</i>	1	
<i>promethegan supp 50mg</i>	1	MO
<b>Brand</b>		
ASTELIN	2	MO
CLARINEX SYRP	2	MO
CLARINEX TABS	2	QL MO
CLARINEX REDITABS	2	QL MO
CLARINEX-D 12 HOUR	2	QL MO
CLARINEX-D 24 HOUR	2	QL MO
EPIPEN DEVI	2	MO
EPIPEN-JR DEVI	2	MO
TWINJECT	2	MO
<b>PULMONARY AGENTS</b>		
<b>Generic</b>		
<i>acetylcysteine</i>	1	PA MO
<i>albuterol sulfate tabs; syrup</i>	1	MO
<i>albuterol sulfate nebu</i>	1	PA MO
<i>albuterol sulfate er</i>	1	MO
<i>aminophylline inj</i>	1	
<i>aminophylline tabs</i>	1	MO
<i>budesonide</i>	1	PA MO
<i>cromolyn sodium nebu</i>	1	PA MO
<i>flunisolide nasal soln 0.025%</i>	1	MO
<i>fluticasone propionate</i>	1	MO

Drug Name	Drug Tier	Reqs./ Limits
<i>ipratropium bromide inhalation soln 0.02%</i>	1	PA MO
<i>ipratropium bromide/albuterol sulfate</i>	1	PA MO
<i>metaproterenol sulfate</i>	1	MO
<i>terbutaline sulfate</i>	1	MO
<i>theochron</i>	1	MO
<i>theophylline cr tb12 200mg; 300mg</i>	1	MO
<i>theophylline er</i>	1	MO

Brand	Drug Tier	Reqs./ Limits
ACCOLATE	3	QL MO
ADVAIR DISKUS	2	QL MO
ADVAIR HFA	2	QL MO
ASMANEX 120 METERED DOSES	2	MO
ASMANEX 14 METERED DOSES	2	
ASMANEX 30 METERED DOSES	2	MO
ASMANEX 60 METERED DOSES	2	MO
ATROVENT HFA	2	QL MO
BRETHINE INJ	2	MO
COMBIVENT	2	QL MO
ELIXOPHYLLIN	3	MO
FLOVENT DISKUS	2	MO
FLOVENT HFA	2	MO
FORADIL AEROLIZER	2	QL MO
LETAIRIS	4	LA MO
NASONEX	2	MO
PROAIR HFA	2	QL MO
PULMICORT	2	PA MO
PULMOZYME	4	PA MO
REVATIO TABS	4	QL MO
SEREVENT DISKUS	2	QL MO
SINGULAIR	2	QL MO
SPIRIVA HANDIHALER	2	QL MO
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	2	QL

Drug Name	Drug Tier	Reqs./ Limits
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	2	QL MO
THEO-24	3	MO
TRACLEER	4	LA PA MO
VENTOLIN HFA	2	QL MO
VERAMYST	2	MO
ZYFLO CR	3	QL MO

## UROLOGICALS

### ANTICHOLINERGICS / ANTISPASMODICS

Generic	Drug Tier	Reqs./ Limits
<i>flavoxate hcl</i>	1	MO
<i>oxybutynin</i>	1	MO
<i>oxybutynin er</i>	1	QL MO

Brand	Drug Tier	Reqs./ Limits
DETROL	2	QL MO
DETROL LA	2	QL MO
ENABLEX	2	QL MO
OXYTROL	2	QL MO
VESICARE	2	QL MO

### BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

Generic	Drug Tier	Reqs./ Limits
<i>finasteride</i>	1	QL MO
<i>tamsulosin hcl</i>	1	QL MO

Brand	Drug Tier	Reqs./ Limits
AVODART	2	QL MO
FLOMAX	2	QL MO
UROXATRAL	2	QL MO

### CHOLINERGIC STIMULANTS

Generic	Drug Tier	Reqs./ Limits
<i>bethanechol chloride</i>	1	MO

### MISCELLANEOUS UROLOGICALS

Generic	Drug Tier	Reqs./ Limits
<i>potassium citrate extended-release</i>	1	MO

Brand	Drug Tier	Reqs./ Limits
CYSTAGON	2	LA
ELMIRON	2	MO

Drug Name	Drug Tier	Reqs./ Limits	Drug Name	Drug Tier	Reqs./ Limits
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>			<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>ELECTROLYTES</b>			<b>ELECTROLYTES</b>		
<b>Generic</b>			<b>Generic</b>		
<i>calcium acetate</i>	1		DEXTROSE 5%/POTASSIUM CHLORIDE 0.075%	2	
<i>eliphos</i>	1	MO	KAON-CL-10	3	MO
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1		KCL 0.15%/D5W/NACL 0.2%	2	
<i>kcl 0.15%/d5w/lr</i>	1		KCL 0.15%/D5W/NACL 0.225%	2	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1		KCL 0.224%/D5W/NACL 0.2%	2	
<i>kcl 0.3%/d5w/lr iv lac ring</i>	1		KCL 0.3%/D5W/NACL 0.2%	2	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1		KLOR-CON M15	3	MO
<i>kcl 0.3%/d5w/nacl 0.9%</i>	1		K-TABS	3	MO
<i>klor-con 10</i>	1	MO	LACTATED RINGERS	2	MO
<i>klor-con 8</i>	1	MO	LACTATED RINGERS	2	MO
<i>klor-con m20</i>	1	MO	VIAFLEX		
<i>potassium chloride inj 10meq/100ml; 2meq/ml; 10meq/50ml</i>	1		MAGNESIUM SULFATE IN D5W INJ 5%; 10MG/ML	2	
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	1		NORMOSOL INJ	2	
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	1	MO	POTASSIUM CHLORIDE INJ 30MEQ/100ML; 0.4MEQ/ML	2	
<i>potassium chloride 0.15% nacl 0.9%</i>	1		POTASSIUM CHLORIDE 0.075%/D5W/NACL 0.225%	2	
<i>potassium chloride 0.224%/d5w</i>	1		POTASSIUM CHLORIDE 0.15% /NACL 0.45% VIAFLEX	2	
<i>potassium chloride 0.224%d5w/nacl 0.33%</i>	1		POTASSIUM CHLORIDE 0.15%/D5W	2	
<i>potassium chloride 0.3%/d5w</i>	1		POTASSIUM CHLORIDE 0.22% D5W/NACL 0.45%	2	
<i>potassium chloride cr tbc</i>	1		POTASSIUM CHLORIDE 0.3%/ NACL 0.9%	2	
<i>potassium chloride er cpr; tbc 20meq</i>	1	MO	<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
<i>potassium chloride sr</i>	1		<b>Generic</b>		
<i>ringers injection</i>	1		<i>intralipid emul 2.25%; 20%</i>	1	
<i>sodium bicarbonate inj 7.5%; 8.4%</i>	1		<i>novamine</i>	1	
<i>sodium chloride inj 3%; 5%</i>	1		<i>premasol inj</i>	1	
<i>sodium chloride inj 2.5meq/ml</i>	1	MO	<b>Brand</b>		
<i>sodium chloride 0.45% viaflex</i>	1	MO	AMINOSYN INJ	2	
<b>Brand</b>			AMINOSYN II INJ	2	
			AMINOSYN II M	2	
			AMINOSYN-HBC	2	
			AMINOSYN-HF	2	
			AMINOSYN-PF	2	
			AMINOSYN-PF 7%	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
CLINIMIX / DEXTROSE	2	
CLINISOL SF	2	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2	
FREAMINE HBC	2	
FREAMINE III INJ	2	MO
HEPATAMINE	2	
HEPATASOL	2	
INTRALIPID EMUL 1.7%; 30%	2	
IONOSOL	2	
ISOLYTE INJ	2	
KCL 0.15%/D10W/NACL 0.2%	2	
LIPOSYN III EMUL 1.8%; 2.5%; 30%	2	
NEPHRAMINE	2	
NORMOSOL INJ	2	
PLASMA-LYTE INJ	2	
PREMASOL INJ	2	
RENAMIN	2	
TRAVASOL	2	
TRAVASOL 8.5%/DEXTROSE 10%	2	
TRAVASOL 8.5%/DEXTROSE 20%	2	
TRAVASOL 8.5%/DEXTROSE 50%	2	
TRAVASOL 8.5%/ELECTROLYTES	2	
TROPHAMINE	2	
<b>VITAMINS / HEMATINICS</b>		
<b>Generic</b>		
<i>prenatabs obn</i>	1	
<i>sodium fluoride tabs</i>	1	

8	
8-MOP.....	15
<b>A</b>	
ABILIFY.....	11
ABILIFY DISCMELT.....	11
ABRAXANE.....	6
<i>acarbose</i> .....	18
ACCOLATE.....	27
<i>acebutolol</i> .....	12
<i>acetaminophen / codeine</i> .....	9
<i>acetaminophen/codeine #3</i> .....	9
<i>acetaminophen/codeine #4</i> .....	9
<i>acetazol hc</i> .....	18
<i>acetazolamide</i> .....	25
<i>acetazolamide sodium</i> .....	25
<i>acetic acid</i> .....	18
<i>acetic acid / hydrocortisone</i> .....	18
<i>acetylcysteine</i> .....	26
ACTHIB.....	22
<i>acticin</i> .....	17
ACTIMMUNE.....	21
ACTONEL.....	17, 23
ACTONEL WITH CALCIUM.....	23
ACTOPLUS MET.....	19
ACTOS.....	19
ACULAR.....	25
ACULAR LS.....	25
<i>acyclovir</i> .....	2
ADACEL.....	22
ADAGEN.....	17
<i>adriamycin</i> .....	6
ADVAIR DISKUS.....	27
ADVAIR HFA.....	27
<i>afeditab cr</i> .....	12
AFINITOR.....	6
AGGRENOX.....	14
<i>a-hydrocort</i> .....	18
<i>ak-con</i> .....	26
<i>ak-poly-bac</i> .....	24
<i>ak-tob</i> .....	24
<i>ala cort</i> .....	16

<i>ala-cort</i> .....	16
ALAMAST.....	25
ALBENZA.....	4
<i>albuterol sulfate</i> .....	26
<i>albuterol sulfate er</i> .....	26
<i>alclometasone dipropionate</i> .....	16
<i>alcohol 5%/dextrose 5%</i> .....	17
ALCOHOL PREPS.....	19
ALDARA.....	15
ALDURAZYME.....	20
<i>alendronate sodium</i> .....	17, 22
ALIMTA.....	6
ALINIA.....	4
ALKERAN.....	6
<i>allopurinol</i> .....	22
ALOCRIAL.....	25
ALORA.....	23
ALPHAGAN P.....	26
ALREX.....	26
ALTABAX.....	16
<i>amantadine</i> .....	2
<i>amcinonide</i> .....	16
<i>a-methapred</i> .....	18
<i>amikacin sulfate</i> .....	3
<i>amikin</i> .....	3
<i>amiloride</i> .....	12
<i>amiloride / hydrochlorothiazide</i> .....	12
<i>aminophylline</i> .....	26
AMINOSYN.....	28
AMINOSYN II.....	28
AMINOSYN II M.....	28
AMINOSYN-HBC.....	28
AMINOSYN-HF.....	28
AMINOSYN-PF.....	28
AMINOSYN-PF 7%.....	28
<i>amiodarone</i> .....	12
AMITIZA.....	21
<i>amitriptyline</i> .....	10
<i>amlodipine / benazepril</i> .....	12
<i>amlodipine besylate</i> .....	12
<i>ammonium lactate</i> .....	15
<i>amnesteem</i> .....	15

<i>amoclan</i> .....	4	ATROPINE SULFATE .....	20
<i>amoxapine</i> .....	10	ATROVENT HFA .....	27
<i>amoxicillin</i> .....	4	ATTENUVAX.....	22
<i>amoxicillin/clavulanate potassium</i> .....	4	<i>augmented betamethasone dipropionate</i> .....	16
<i>amoxicillin/potassium clavulanate</i> .....	4	AUGMENTIN XR.....	5
<i>amoxil</i> .....	4	AVANDAMET.....	19
<i>amphetamine /dextroamphetamine</i> .....	10	AVANDARYL .....	19
<i>amphotericin b</i> .....	2	AVANDIA.....	19
<i>ampicillin</i> .....	4	AVASTIN.....	6
AMPICILLIN.....	5	AVELOX .....	5
<i>ampicillin-sulbactam</i> .....	4	AVELOX ABC PACK .....	5
ANADROL-50.....	20	<i>aviane</i> .....	23
<i>anagrelide hydrochloride</i> .....	17	<i>avita</i> .....	15
ANCOBON .....	2	AVODART.....	27
ANDROGEL.....	20	AVONEX.....	21
<i>androxy</i> .....	19	AZACTAM.....	4
ANTABUSE.....	17	AZACTAM IN DEXTROSE.....	4
APOKYN .....	8	AZASITE.....	24
<i>apraclonidine</i> .....	26	<i>azathioprine</i> .....	6
<i>apri</i> .....	23	<i>azathioprine sodium</i> .....	6
APTIVUS .....	2	<i>azelastine hcl</i> .....	25
<i>aranelle</i> .....	23	AZELEX .....	15
ARANESP.....	21	AZILECT .....	8
ARCALYST .....	21	<i>azithromycin</i> .....	3
ARICEPT .....	8	AZOPT.....	25
ARICEPT ODT.....	8	<b>B</b>	
ARIMIDEX.....	6	<i>bac /poly/neomy /hc</i> .....	25
ARIXTRA .....	14	<i>bacitracin</i> .....	24
AROMASIN.....	6	<i>bacitracin / polymyxin b</i> .....	24
ARRANON .....	6	<i>baclofen</i> .....	9
ARTHROTEC 50.....	10	BACTROBAN.....	16, 18
ARTHROTEC 75.....	10	BACTROBAN NASAL.....	18
ASACOL.....	21	<i>balacet 325</i> .....	10
ASACOL HD .....	21	<i>balsalazide</i> .....	20
ASMANEX 120 METERED DOSES .....	27	<i>balziva</i> .....	23
ASMANEX 14 METERED DOSES.....	27	BANZEL.....	8
ASMANEX 30 METERED DOSES.....	27	BARACLUDGE .....	2
ASMANEX 60 METERED DOSES.....	27	BD INSULIN SYRINGE	
ASTELIN .....	26	SAFETYGLIDE/1ML/29G X 1/2 .....	19
<i>atenolol</i> .....	12	BD INSULIN SYRINGE	
<i>atenolol / chlorthalidone</i> .....	12	ULTRAFINE/0.3ML/31G X 5/16 .....	19
ATRIPLA .....	2		
<i>atropine sulfate</i> .....	20		

BD INSULIN SYRINGE	
ULTRAFINE/0.5ML/30G X 1/2.....	19
BD INSULIN SYRINGE ULTRAFINE/1ML/31G	
X 5/16.....	19
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	
.....	19
<i>benazepril</i> .....	12
<i>benazepril / hydrochlorothiazide</i> .....	12
<i>benztropine mesylate</i> .....	8
<i>betamethasone dipropionate</i> .....	16
<i>betamethasone valerate</i> .....	16
BETASERON.....	21
<i>beta-val</i> .....	16
<i>betaxolol hcl</i> .....	12, 25
<i>bethanechol chloride</i> .....	27
<i>bicalutamide</i> .....	6
BICILLIN C-R.....	5
BICILLIN L-A.....	5
BICNU.....	6
BIDIL.....	13
BILTRICIDE.....	4
<i>bisoprolol fumarate</i> .....	12
<i>bisoprolol fumarate / hydrochlorothiazide</i> .....	12
<i>bleomycin sulfate</i> .....	6
BLEPH-10.....	26
BONIVA.....	23
BOOSTRIX.....	22
<i>borofair</i> .....	18
BRETHINE.....	27
<i>brimonidine tartrate</i> .....	26
<i>bromocriptine mesylate</i> .....	8
<i>budeprion sr</i> .....	10
<i>budeprion xl</i> .....	10
<i>budesonide</i> .....	26
<i>bumetanide</i> .....	12
BUPHENYL.....	17
BUPRENEX.....	10
<i>buprenorphine hcl</i> .....	9
<i>buproban</i> .....	17
<i>bupropion hcl</i> .....	10, 17
<i>bupropion hcl sr</i> .....	10, 17
<i>buspirone hcl</i> .....	10
<i>butorphanol tartrate</i> .....	10

BYETTA.....	19
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## C

<i>cabergoline</i> .....	19
CADUET.....	14
<i>calcipotriene</i> .....	15
<i>calcitonin-salmon</i> .....	20
<i>calcitriol</i> .....	20
<i>calcium acetate</i> .....	28
<i>camila</i> .....	23
CAMPATH.....	6
CAMPRAL.....	17
CANASA.....	21
CAPASTAT SULFATE.....	4
CAPEX.....	17
<i>captopril</i> .....	12
<i>captopril / hydrochlorothiazide</i> .....	12
CARAC.....	15
CARAFATE.....	21
<i>carbamazepine</i> .....	7
<i>carbamazepine er</i> .....	7
CARBATROL.....	8
<i>carbidopa / levodopa</i> .....	8
<i>carbidopa/levodopa cr</i> .....	8
<i>carbidopa/levodopa odt</i> .....	8
<i>carbidopa/levodopa sr</i> .....	8
<i>carbinoxamine maleate</i> .....	26
<i>carboplatin</i> .....	6
<i>carisoprodol</i> .....	9
<i>carisoprodol /aspirin</i> .....	9
CARMOL-HC.....	15
<i>carteolol hcl</i> .....	25
<i>cartia xt</i> .....	12
<i>carvedilol</i> .....	12
CATAPRES-TTS.....	13
CEENU.....	6
<i>cefaclor</i> .....	3
<i>cefadroxil</i> .....	3
<i>cefazolin</i> .....	3
<i>cefdinir</i> .....	3
<i>cefepime</i> .....	3
<i>cefotaxime sodium</i> .....	3
<i>cefoxitin sodium</i> .....	3

<i>cefpodoxime proxetil</i> .....	3	<i>clarithromycin</i> .....	3
<i>ceftriaxone sodium</i> .....	3	<i>clarithromycin er</i> .....	3
CEFTRIAZONE/DEXTROSE .....	3	<i>clemastine fumarate</i> .....	26
<i>cefuroxime axetil</i> .....	3	CLEOCIN .....	4, 23
<i>cefuroxime sodium</i> .....	3	CLEOCIN GALAXY .....	4
CEFUROXIME/DEXTROSE .....	3	CLEOCIN PEDIATRIC GRANULES .....	4
CELEBREX .....	10	CLIMARA PRO .....	23
CELLCEPT .....	6	<i>clindamycin hcl</i> .....	3
CELONTIN .....	8	<i>clindamycin phosphate</i> .....	3, 15, 23
<i>cephalexin</i> .....	3	<i>clindamycin phosphate add-vantage</i> .....	3
CEREZYME .....	20	<i>clindamycin/benzoyl peroxide</i> .....	15
CERVARIX .....	22	CLINIMIX / DEXTROSE .....	17, 29
<i>cesia</i> .....	24	CLINISOL SF .....	29
<i>cetirizine hcl</i> .....	26	<i>clobetasol propionate</i> .....	16
CHANTIX.....	17	<i>clobetasol propionate e</i> .....	16
CHEMET .....	17	CLOBEX.....	17
<i>chlordiazepoxide /amitriptyline</i> .....	10	CLOLAR.....	6
<i>chlorhexidine gluconate oral rinse</i> .....	18	<i>clomipramine</i> .....	11
<i>chloroquine</i> .....	3	<i>clonidine</i> .....	12
<i>chlorothiazide</i> .....	12	<i>clotrimazole</i> .....	2, 16
<i>chlorothiazide sodium</i> .....	12	<i>clotrimazole / betamethasone</i> .....	16
<i>chlorpromazine</i> .....	11	<i>clozapine</i> .....	11
<i>chlorthalidone</i> .....	12	CLOZAPINE .....	11
<i>chlorzoxazone</i> .....	9	COARTEM.....	4
<i>cholestyramine</i> .....	14	<i>codeine sulfate</i> .....	9
<i>cholestyramine light</i> .....	14	COGENTIN .....	8
<i>ciclopirox</i> .....	16	COLCRYS .....	22
<i>ciclopirox nail lacquer</i> .....	16	COLESTID .....	14
<i>ciclopirox olamine</i> .....	16	<i>colestipol</i> .....	14
<i>cilostazol</i> .....	14	<i>colistimethate sodium</i> .....	3
CILOXAN.....	24	COLY-MYCIN S.....	18
CIPRO HC.....	18	COMBIGAN.....	25
CIPRO I.V.-IN D5W .....	5	COMBIPATCH .....	23
CIPRODEX.....	18	COMBIVENT.....	27
<i>ciprofloxacin</i> .....	5, 24	COMBIVIR.....	2
<i>cisplatin</i> .....	6	<i>compro</i> .....	20
<i>citalopram</i> .....	11	COMTAN .....	8
<i>cladribine</i> .....	6	COMVAX.....	22
<i>claravis</i> .....	15	CONDYLOX .....	15
CLARINEX.....	26	<i>constulose</i> .....	20
CLARINEX REDITABS .....	26	COPAXONE.....	8
CLARINEX-D 12 HOUR .....	26	CORDRAN TAPE .....	17
CLARINEX-D 24 HOUR .....	26	COREG CR.....	13

<i>cormax</i> .....	16	DEPO-MEDROL.....	18
CORTIFOAM.....	21	DEPO-PROVERA.....	23
<i>cortisone acetate</i> .....	18	DEPO-SUBQ PROVERA 104.....	23
CORTISPORIN-TC.....	18	DERMA-SMOOTHIE / FS BODY OIL.....	17
<i>cortomycin</i> .....	18	DERMOTIC.....	18
COSMEGEN.....	6	<i>desipramine</i> .....	11
CREON.....	21	<i>desmopressin acetate</i> .....	20
CRESTOR.....	1, 14	<i>desonide</i> .....	16
CRIVAN.....	2	<i>desoximetasone</i> .....	16
<i>cromolyn sodium</i> .....	25, 26	DETROL.....	27
<i>cryselle-28</i> .....	24	DETROL LA.....	27
CUBICIN.....	4	<i>dexamethasone</i> .....	18, 26
CUPRIMINE.....	23	DEXAMETHASONE.....	18
CURITY GAUZE PADS 2.....	19	DEXAMETHASONE INTENSOL.....	18
<i>cyclobenzaprine hcl</i> .....	9	<i>dexmethylphenidate</i> .....	11
<i>cyclophosphamide</i> .....	6	<i>dextroamphetamine sulfate</i> .....	11
<i>cyclosporine</i> .....	6	<i>dextroamphetamine sulfate er</i> .....	11
CYCLOSPORINE.....	6	<i>dextrose 10% flex container</i> .....	17
CYKLOKAPRON.....	14	DEXTROSE 10%/NAACL 0.2%.....	17
CYMBALTA.....	11	<i>dextrose 2.5%/sodium chloride 0.45%</i> .....	17
CYSTADANE.....	21	<i>dextrose 5%</i> .....	17
CYSTAGON.....	27	<i>dextrose 5%/lactated ringers</i> .....	17
<i>cytarabine</i> .....	6	<i>dextrose 5%/nacl 0.2%</i> .....	17
<i>cytarabine aqueous</i> .....	6	<i>dextrose 5%/nacl 0.225%</i> .....	17
CYTOVENE.....	2	DEXTROSE 5%/NAACL 0.33%.....	17
CYTOXAN.....	6	<i>dextrose 5%/nacl 0.45%</i> .....	17
<b>D</b>		<i>dextrose 5%/nacl 0.9%</i> .....	17
<i>dacarbazine</i> .....	6	DEXTROSE 5%/POTASSIUM CHLORIDE	
<i>danazol</i> .....	20	0.075%.....	28
<i>dantrolene sodium</i> .....	9	DIBENZYLINE.....	13
DAPSONE.....	4	<i>diclofenac potassium</i> .....	10
DAPTACEL.....	22	<i>diclofenac sodium</i> .....	10, 25
DARAPRIM.....	4	<i>diclofenac sodium ec</i> .....	10
DAUNORUBICIN HCL.....	6	<i>diclofenac sodium xr</i> .....	10
DAUNOXOME.....	6	<i>dicloxacillin sodium</i> .....	4
DECAVAC.....	22	<i>dicyclomine hcl</i> .....	20
<i>del-beta</i> .....	16	<i>didanosine</i> .....	2
<i>demeclocycline hcl</i> .....	5	DIFFERIN.....	15
DEMSER.....	13	<i>diflorasone diacetate</i> .....	16
DENAVIR.....	16	DIFLUCAN IN NAACL.....	2
<i>depade</i> .....	10	<i>diflunisal</i> .....	10
DEPEN TITRATABS.....	23	<i>digoxin</i> .....	14
		<i>dihydroergotamine mesylate</i> .....	8

DILANTIN.....	8	ELIDEL.....	15
DILANTIN INFATABS .....	8	<i>eliphos</i> .....	28
DILAUDID .....	10	ELITEK.....	5
DILAUDID-5 .....	10	ELIXOPHYLLIN .....	27
DILAUDID-HP.....	10	ELLENCÉ.....	6
<i>dilt-cd</i> .....	12	ELMIRON .....	27
<i>diltiazem cd</i> .....	12	ELOXATIN .....	6
<i>diltiazem hcl</i> .....	12, 13	ELSPAR.....	6
DILTIAZEM HCL .....	13	EMBEDA.....	10
<i>diltiazem hcl er</i> .....	13	EMCYT.....	6
<i>dilt-xr</i> .....	13	EMEND .....	21
<i>diltzac</i> .....	13	EMLA .....	16
DIOVAN .....	13	EMSAM.....	11
DIOVAN HCT .....	13	EMTRIVA .....	2
DIPENTUM .....	21	ENABLEX.....	27
<i>diphenhydramine hcl</i> .....	26	<i>enalapril</i> .....	13
<i>diphenoxylate / atropine</i> .....	20	<i>enalapril / hydrochlorothiazide</i> .....	13
DIPHThERIA/TETANUS TOXOID PEDIATRIC .....	22	ENBREL.....	23
<i>dipivefrin hcl</i> .....	26	<i>endocet</i> .....	9
<i>dipyridamole</i> .....	14	ENGERIX-B.....	22
<i>disopyramide phosphate</i> .....	12	<i>enpresse-28</i> .....	24
<i>divalproex sodium</i> .....	7	ENTOCORT EC .....	21
DIVIGEL.....	23	<i>enulose</i> .....	20
<i>dorzolamide hcl</i> .....	25	<i>epinephrine hcl</i> .....	26
<i>dorzolamide hcl/timolol maleate</i> .....	25	EPIPEN .....	26
<i>doxazosin</i> .....	13	EPIPEN-JR .....	26
<i>doxepin</i> .....	11	<i>epirubicin hcl</i> .....	6
<i>doxorubicin hcl</i> .....	6	<i>epitol</i> .....	7
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