



VANTAGE MEDICARE
A D V A N T A G E



Making Healthcare Work!



Prescription Drug Plan 2010 for State Retirees



888.823.1910



www.VHP-StateGroup.com

Vantage Medicare Advantage Prescription Drug Plan

2010 Abridged Formulary

What is the Vantage Medicare Advantage Formulary?

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

This document is a partial formulary and includes only some of the drugs covered by Vantage Medicare Advantage. For a complete listing of all prescription drugs covered by Vantage Medicare Advantage, please visit our website at www.vhp-stategroup.com or call (888) 823-1910, 8am – 8pm, and seven days a week from November 15, 2009, through March 1, 2010. After March 1, 2010, Member Services may be reached from 8am – 8pm Monday – Friday. TTY users should call (866) 524-5144.

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 improve the safety of your drugs.

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 the date printed on the cover. To get updated information about the drugs covered by Vantage Medicare Advantage, please visit our website at www.vhp-stategroup.com or call Member Services at (888) 823-1910, 8am – 8pm, and seven days a week from November 15, 2009, through March 1, 2010. After March 1, 2010, Member Services may be reached from 8am – 8pm Monday – Friday. TTY users should call (866) 524-5144.

In the event of mid-year non-maintenance formulary changes that are approved by CMS, Vantage Medicare Advantage shall update the printed formulary. The updated version of the printed formulary will be available upon request and the changes will be included in notices to members using the affected drug(s) no less than 60 days prior to the effective date of the change. The mid-year non-maintenance formulary changes will also be made to the searchable online formulary as well.

How do I use the Formulary?

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

Medical Condition The formulary begins on page 6. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in this formulary. 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 found at the back of this book. 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?

Vantage Medicare Advantage 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:** Vantage Medicare Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Vantage Medicare Advantage before you fill your prescriptions. If you do not get approval, Vantage Medicare Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, Vantage Medicare Advantage limits the amount of the drug that Vantage Medicare Advantage will cover. This may be in addition to a standard one month or three-month supply.
- **Step Therapy:** In some cases, Vantage Medicare Advantage 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, Vantage Medicare

Advantage may not cover drug B unless you try Drug A first. If Drug A does not work for you, Vantage Medicare Advantage will then cover Drug B.

- **Generic Substitution:** When there is a generic version of a brand-name drug available, the Vantage Medicare Advantage network pharmacies will automatically give you the generic version, unless your doctor has informed the plan that you must take the brand-name drug and the request has been approved.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 6.

You can ask Vantage Medicare Advantage to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Vantage Medicare Advantage Formulary?” below 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 list of covered drugs, you should first contact Member Services and ask if your drug is covered. This document includes only a partial list of covered drugs, so Vantage Medicare Advantage may cover your drug. You can contact Member Services at (888) 823-1910, 8am – 8pm, and seven days a week from November 15, 2009, through March 1, 2010. After March 1, 2010, Member Services may be reached from 8am – 8pm Monday – Friday. TTY users should call (866) 524-5144.

If you learn that the Vantage Medicare Advantage does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Vantage Medicare Advantage. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Vantage Medicare Advantage.
- You can ask Vantage Medicare Advantage 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 Vantage Medicare Advantage Formulary?

You can ask Vantage Medicare Advantage 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, Vantage Medicare Advantage limits the amount of the drug that is covered. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred tier, you can ask us to cover it at the cost-sharing amount that applies to the 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 the Specialty Drug tier (Tier 4).

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

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

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

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

Current enrollees with a level of care change (e.g., from a hospital to a long-term care facility) must follow standard Prior Authorization procedures during the transition period. Vantage Medicare Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Vantage before you fill your prescriptions during the transition period.

For more information

For more detailed information about your Vantage Medicare Advantage prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Vantage Medicare Advantage, please call Member Services at (888) 823-1910, 8am – 8pm, and seven days a week November 15, 2009, through March 1, 2010. After March 1, 2010, Member Services may be reached from 8am – 8pm Monday – Friday. TTY users should call (866) 524-5144. Or, visit www.vhp-stategroup.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 users should call 1-877-486-2048. Or, visit www.medicare.gov.

Vantage Medicare Advantage’s Formulary

The abridged formulary that begins on the next page provides coverage information about some of the drugs covered by Vantage Medicare Advantage. If you have trouble finding your drug in the list, turn to the Index at the back of the book. Remember: This is only a partial list of drugs covered by the Vantage Medicare Advantage. If your prescription is not in the partial formulary, please visit our website at www.vhp-stategroup.com or call Member Services at (888) 823-1910, 8am-8pm, and seven days a week November 15, 2009, through March 1, 2010. After March 1, 2010, Member Services may be reached from 8am – 8pm Monday – Friday. TTY users should call (866) 524-5144 for additional help.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR) and generic drugs are listed in lower-case italics (e.g., *acetaminophen/codeine*). The information in the Notes column tells you if Vantage Medicare Advantage has any special requirements for coverage of your drug. The formulary includes drugs which may have a Quantity Limit (QL) for that particular drug, or which may require Prior Authorization (PA) from Vantage Medicare Advantage before receiving them.

Key to Abbreviations in Formulary	
B/D	B versus D determination drugs require the plan to make a determination as to whether a drug is covered under the Medicare Part B or Part D benefits.
LA	Limited Access drugs may require special storage or additional handling that some pharmacies may not be able to provide; therefore these drugs will only be available at certain pharmacies or through mail-order.
MO	Mail Order
OINT	Ointment
PA	Prior Authorization
QL	Quantity Limits
SOLN	Solution
ST	Step Therapy
SYR	Syrup

Vantage Medicare Advantage Drug Index

DRUG NAME	DRUG TIER	NOTES
ANALGESICS		
COX-2 INHIBITORS		
CELEBREX	2	
GOUT		
<i>allopurinol sodium</i>	1	MO
<i>colchicine</i>	1	MO
<i>probenecid</i>	1	MO
<i>probenecid/colchicine</i>	1	MO
MISCELLANEOUS		
<i>nalbuphine hcl</i>	1	
NARCOTIC ANALGESICS		
<i>acetaminophen/codeine</i>	1	
<i>ascomp/cod cap 30mg</i>	1	
<i>balacet 325 tab</i>	1	
<i>but/apap/caffeine w codeine</i>	1	
<i>butorphanol inj</i>	1	
<i>co-gesic</i>	1	
<i>hydrocodone/acetaminophen</i>	1	
<i>margesic-h</i>	1	
<i>pentazocine/acetaminophen</i>	1	
<i>pentazocine/naloxone hcl</i>	1	
<i>propoxyphene-n/acetaminophen</i>	1	
<i>propoxyphene hcl</i>	1	
<i>propoxyphene/acetaminophen</i>	1	
<i>stagesic</i>	1	
<i>trezix</i>	1	
<i>vanacet</i>	1	
<i>vicodin hp</i>	1	
<i>zerlor</i>	1	
NARCOTIC ANALGESICS, CII		
<i>astramorph</i>	1	
AVINZA	2	QL
DILAUDID-5	2	
<i>duramorph</i>	1	
<i>endocet</i>	1	
<i>fentanyl</i>	1	QL
<i>fentanyl cit inj</i>	1	
FENTANYL CITRATE ORAL LOZ	4	QL, PA
FENTORA	4	QL, PA
<i>hydromorphone hcl</i>	1	
KADIAN	2	QL

DRUG NAME	DRUG TIER	NOTES
<i>levorphanol tartrate</i>	1	
<i>meperidine</i>	1	
<i>methadone hcl</i>	1	
<i>methadone sol</i>	1	
<i>methadone tab</i>	1	QL
<i>methadose</i>	1	QL
<i>morphine sul inj</i>	1	
<i>morphine sul tab</i>	1	
<i>morphine sul tab er</i>	1	QL
OPANA ER	2	QL
<i>oxycodone/acetaminophen</i>	1	
<i>oxycodone/aspirin</i>	1	
<i>oxycodone/ibuprofen</i>	1	
<i>oxycodone hcl</i>	1	
OXYCONTIN	2	QL
ROXICET SOL	2	
<i>roxicet tab 5-325mg</i>	1	
NON-NARCOTIC ANALGESICS		
<i>tramadol/apap tab</i>	1	
<i>tramadol hcl tab 50mg</i>	1	
NSAIDS		
<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>ibu tab</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 inj</i>	1	
<i>ketorolac tab</i>	1	QL
<i>meclofenamate sodium</i>	1	
<i>meloxicam</i>	1	
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>naproxen dr</i>	1	

DRUG NAME	DRUG TIER	NOTES
<i>naproxen sodium</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl</i>	1	
ANTI-INFECTIVES		
ANTIBACTERIALS		
<i>amikacin sulfate</i>	1	
<i>amoxicillin</i>	1	
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxil</i>	1	
<i>amoxil sus 250/5ml</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium</i>	1	
<i>ampicillin-sulbactam</i>	1	
AVELOX	2	
AVELOX ABC PACK	2	
<i>azithromycin</i>	1	
BICILLIN C-R	2	
BICILLIN L-A	2	
<i>cefactor</i>	1	
<i>cefactor er</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin inj 1gm</i>	1	
CEFAZOLIN INJ 1GM/50ML	2	
<i>cefazolin inj 20gm</i>	1	
CEFAZOLIN INJ 500MG	2	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
<i>cefotaxime sodium</i>	1	
<i>cefoxitin sodium</i>	1	
<i>cefepodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftriaxone sodium</i>	1	
CEFUROX/DEXT INJ 750MG	2	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
<i>cephalexin</i>	1	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin er</i>	1	

DRUG NAME	DRUG TIER	NOTES
<i>ciprofloxacin hcl</i>	1	
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	1	
<i>demeclocycline hcl</i>	1	
<i>dicloxacillin sodium</i>	1	
<i>doxy-caps</i>	1	
<i>doxycycline monohydrate</i>	1	
<i>doxycycl hyc cap 50mg</i>	1	
<i>doxycycl hyc cap 100mg</i>	1	
<i>doxycycl hyc inj 100mg</i>	1	
<i>doxycycl hyc tab 100mg</i>	1	
<i>doxycycline sus 25mg/5ml</i>	1	
<i>doxycycline tab 20mg</i>	1	
<i>e.e.s. 400</i>	1	
ERYTHROCIN LACTOBIONATE	2	
<i>erythrocin stearate</i>	1	
<i>erythromycin base</i>	1	
<i>gentam/nacl inj 60mg, 80mg, 100mg</i>	1	
<i>gentamicin inj 10mg/ml . 40mg/ml</i>	1	
<i>kanamycin sulfate</i>	1	
LEVAQUIN	2	
LEVAQUIN PREMIX	2	
<i>minocycline hcl</i>	1	
<i>myrac</i>	1	
<i>nafcillin sodium</i>	1	
<i>neomycin sulfate</i>	1	
<i>ofloxacin</i>	1	
<i>oxacillin sodium</i>	1	
<i>paromomycin sulfate</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin gk inj 5mu, 20mu</i>	1	
<i>penicillin v potassium</i>	1	
<i>pfizerpen g inj 5mu</i>	1	
<i>streptomycin sulfate</i>	1	
<i>sulfadiazine</i>	1	
<i>tazicef</i>	1	
<i>tetracycline hcl</i>	1	
<i>tobramycin sulfate</i>	1	
<i>trimox</i>	1	
<i>veetids</i>	1	
<i>zinacef inj 7.5gm</i>	1	
ZOSYN	2	
ANTIFUNGALS		

DRUG NAME	DRUG TIER	NOTES
<i>amphotericin b</i>	1	
ANCOBON	2	
<i>clotrimazole</i>	1	
<i>fluconazole</i>	1	
GRISEOFULVIN SUS	2	
GRIS-PEG TAB 125MG	2	
<i>gris-peg tab 250mg</i>	1	
<i>itraconazole</i>	1	PA
<i>ketoconazole</i>	1	
<i>nystatin</i>	1	
<i>terbinafine hcl</i>	1	PA
ANTIMALARIALS		
<i>chloroquine phosphate</i>	1	
DARAPRIM	2	
MALARONE	2	
<i>mefloquine hcl</i>	1	
QUALAQUIN	2	
ANTIRETROVIRAL AGENTS		
APTIVUS	2	MO
ATRIPLA	4	MO
COMBIVIR	2	MO
CRIXIVAN	2	MO
<i>didanosine</i>	1	MO
EMTRIVA	2	MO
EPIVIR	2	MO
EPZICOM	2	MO
FUZEON	4	MO
INTELENCE	2	MO
INVIRASE	2	MO
ISENTRESS	4	MO
KALETRA	2	MO
LEXIVA	2	MO
NORVIR	2	MO
PREZISTA TAB 75MG	2	MO
PREZISTA TAB 400MG, 600MG	4	MO
RESCRIPTOR	2	MO
RETROVIR IV INFUSION	2	MO
REYATAZ	2	MO
SELZENTRY	4	MO
<i>stavudine</i>	1	MO
SUSTIVA	2	MO
TRIZIVIR	2	MO
TRUVADA	2	MO

DRUG NAME	DRUG TIER	NOTES
VIDEX	2	MO
VIDEX EC	3	MO
VIRACEPT	2	MO
VIRAMUNE	2	MO
VIREAD	2	MO
ZERIT CAP	3	MO
ZIAGEN	2	MO
<i>zidovudine</i>	1	MO
ANTI-TUBERCULAR AGENTS		
<i>ethambutol hcl</i>	1	
<i>isonarif</i>	1	
<i>isoniazid</i>	1	
MYCOBUTIN	2	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
ANTIVIRALS		
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	
BARACLUDE	2	
COPEGUS	4	PA
CYTOVENE	2	MO
EPIVIR HBV	2	MO
<i>famciclovir</i>	1	
<i>foscarnet sodium</i>	1	MO
<i>ganciclovir cap 250mg</i>	1	MO
GANCICLOVIR CAP 500MG	4	MO
HEPSERA	4	
REBETOL	4	PA
RIBAPAK	4	PA
RIBASPHERE CAP 200MG	4	PA
<i>ribasphere tab 200mg</i>	1	PA
RIBASPHERE TAB 400MG, 600MG	4	PA
RIBAVIRIN CAP 200MG	4	PA
<i>ribavirin tab 200mg</i>	1	PA
RIBAVIRIN TAB 400MG, 600MG	4	PA
<i>rimantadine hcl</i>	1	
TAMIFLU	2	
TYZEKA	2	
VALCYTE	4	MO
VALTREX	2	
MISCELLANEOUS		
ALBENZA	2	
ALINIA	2	QL

DRUG NAME	DRUG TIER	NOTES
<i>baciim</i>	1	
<i>chloramphenicol sodium su</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate</i>	1	
<i>colistimethate sodium</i>	1	B/D
<i>dapsone</i>	1	
<i>erythromycin/sulfisoxazole</i>	1	
INVANZ	2	
MACRODANTIN CAP 25MG	2	
<i>mebendazole</i>	1	
<i>methenamine hippurate</i>	1	
<i>metronidazole</i>	1	
<i>metronidazole in nacl 0.7</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohydrate</i>	1	
<i>polymyxin b sulfate</i>	1	
<i>sulfamethoxazole/trimethoprim</i>	1	
<i>sulfatrim</i>	1	
<i>trimethoprim</i>	1	
<i>vancomycin hcl</i>	1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
ALKERAN	2	MO
BICNU	2	MO
BUSULFEX	2	MO
CEENU	2	MO
CYCLOPHOSPHAMIDE INJ	2	MO
<i>cyclophosphamide tab</i>	1	B/D, MO
<i>dacarbazine</i>	1	MO
EMCYT	2	MO
IFEX	2	MO
<i>ifosfamide</i>	1	MO
LEUKERAN	2	MO
MUSTARGEN	2	MO
<i>thiotepa</i>	1	MO
ANTHRACYCLINES		
<i>adriamycin</i>	1	MO
DAUNORUBICIN HCL	2	MO
DAUNOXOME	2	MO
<i>doxorubicin hcl</i>	1	MO
ELLENC	2	MO
<i>epirubicin hcl</i>	1	MO
<i>idarubicin hcl</i>	1	MO

DRUG NAME	DRUG TIER	NOTES
ANTIBIOTICS		
<i>bleomycin sulfate</i>	1	MO
COSMEGEN	2	MO
<i>mitomycin</i>	1	MO
ANTIMETABOLITES		
<i>cytarabine</i>	1	MO
FLUOROURACIL INJ	2	MO
GEMZAR	2	MO
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium</i>	1	MO
<i>pentostatin</i>	1	MO
TABLOID	2	MO
ANTIMITOTIC, TAXOIDS		
<i>onxol</i>	1	MO
<i>paclitaxel</i>	1	MO
ANTI-MITOTIC, VINCA ALKALOIDS		
<i>vincasar pfs</i>	1	MO
<i>vincristine sulfate</i>	1	MO
<i>vinorelbine tartrate</i>	1	MO
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	4	MO
CAMPATH	2	MO
ONTAK	2	MO
PROLEUKIN	4	MO
RITUXAN	4	MO, PA
HORMONAL ANTINEOPLASTIC AGENTS		
ARIMIDEX	2	MO
AROMASIN	2	MO
CASODEX	2	MO
DEPO-PROVERA	2	MO
FARESTON	2	MO
FASLODEX	2	MO
FEMARA	2	MO
<i>flutamide</i>	1	MO
<i>leuprolide acetate</i>	1	MO
LUPRON DEPOT INJ 3.75MG, 11.25MG	2	MO
LUPRON DEPOT INJ 7.5MG, 22.5MG, 30MG	4	MO
LUPRON DEPOT-PED	4	MO
MEGACE ES SUS	2	MO
MEGACE ORAL SUS 40MG/ML	3	MO
<i>megestrol acetate</i>	1	MO
NILANDRON	2	MO
<i>tamoxifen citrate</i>	1	MO

DRUG NAME	DRUG TIER	NOTES
KINASE INHIBITORS		
AFINITOR	4	MO
GLEEVEC	4	MO
IRESSA	4	MO
NEXAVAR	4	MO
SPRYCEL	4	MO
SUTENT	4	MO
TARCEVA	4	MO
TASIGNA	4	MO
TYKERB	4	MO
MISCELLANEOUS		
DROXIA	2	MO
<i>hydroxyurea</i>	1	MO
<i>irinotecan</i>	1	MO
<i>mitoxantrone hcl</i>	1	MO
TARGRETIN	4	MO
TRETINOIN	4	MO
ZOLINZA	4	MO
NUCLEOSIDE ANALOGS		
<i>cladribine</i>	1	MO
<i>fludarabine phosphate</i>	1	MO
PLATINUM COORDINATION COMPLEX		
<i>carboplatin</i>	1	MO
<i>cisplatin</i>	1	MO
PROTECTIVE AGENTS		
<i>amifostine</i>	1	MO
<i>dexrazoxane</i>	1	MO
<i>ifosfamide/mesna</i>	1	MO
<i>leucovorin calcium</i>	1	MO
<i>mesna</i>	1	MO
MESNEX TAB	2	MO
TOPOISOMERASE INHIBITORS		
<i>etoposide</i>	1	MO
<i>toposar</i>	1	MO
CARDIOVASCULAR		
ACE INHIBITORS		
<i>benazepril hcl</i>	1	MO
<i>captopril</i>	1	MO
<i>enalapril maleate</i>	1	MO
<i>fosinopril sodium</i>	1	MO
<i>lisinopril</i>	1	MO
<i>moexipril hcl</i>	1	MO
<i>quinapril hcl</i>	1	MO

Employer group plans include coverage through the gap for generic and brand drugs.

DRUG NAME	DRUG TIER	NOTES
<i>ramipril</i>	1	MO
<i>trandolapril</i>	1	MO
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate/benazepril</i>	1	MO
<i>benazepril hcl/hctz</i>	1	MO
<i>captopril/hctz</i>	1	MO
<i>enalapril maleate/hctz</i>	1	MO
<i>fosinopril sodium/hctz</i>	1	MO
<i>lisinopril/hctz</i>	1	MO
<i>moexipril/hctz</i>	1	MO
<i>quinapril/hctz</i>	1	MO
<i>quinaretic</i>	1	MO
ADRENOLYTICS, CENTRAL		
CATAPRES-TTS	2	MO
<i>clonidine hcl</i>	1	MO
<i>guanabenz acetate</i>	1	MO
<i>guanfacine hcl</i>	1	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	1	MO
<i>spironolactone</i>	1	MO
ALPHA BLOCKERS		
<i>doxazosin mesylate</i>	1	MO
<i>prazosin hcl</i>	1	MO
<i>terazosin hcl</i>	1	MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
BENICAR	3	MO
COZAAR	2	MO
DIOVAN	3	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
BENICAR HCT	3	MO
DIOVAN HCT	3	MO
HYZAAR	2	MO
ANTI-ARRHYTHMICS		
<i>amiodarone hcl</i>	1	MO
<i>disopyramide phosphate</i>	1	MO
<i>flecainide acetate</i>	1	MO
<i>mexiletine hcl</i>	1	MO
<i>pacerone tab 200mg</i>	1	MO
PACERONE TAB 400MG	3	MO
<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

DRUG NAME	DRUG TIER	NOTES
RYTHMOL SR	2	MO
<i>sorine</i>	1	MO
<i>sotalol hcl</i>	1	MO
TIKOSYN	2	MO
ANTILIPEMICS		
<i>cholestyramine</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>colestipol hcl</i>	1	MO
CRESTOR	2	MO
<i>fenofibrate</i>	1	MO
<i>fenofibrate micronized</i>	1	MO
<i>gemfibrozil</i>	1	MO
LIPITOR	2	MO
<i>lovastatin</i>	1	MO
<i>niacor</i>	1	MO
NIASPAN	2	MO
<i>pravastatin sodium</i>	1	MO
<i>prevalite</i>	1	MO
SIMCOR	2	MO
<i>simvastatin</i>	1	MO
TRICOR	2	MO
WELCHOL	2	MO
ZETIA	2	MO
BETA-BLOCKERS		
<i>acebutolol hcl</i>	1	MO
<i>atenolol</i>	1	MO
<i>betaxolol hcl</i>	1	MO
<i>bisoprolol fumarate</i>	1	MO
BYSTOLIC	2	MO
<i>carvedilol</i>	1	MO
COREG CR	2	MO
<i>labetalol hcl</i>	1	MO
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate</i>	1	MO
<i>nadolol</i>	1	MO
<i>pindolol</i>	1	MO
<i>propranolol hcl</i>	1	MO
<i>propranolol hcl er</i>	1	MO
<i>timolol maleate</i>	1	MO
BETA-BLOCKER / DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone</i>	1	MO
<i>bisoprolol fumarate/hctz</i>	1	MO
<i>metoprolol/hctz</i>	1	MO

DRUG NAME	DRUG TIER	NOTES
<i>nadolol/bendroflumethiazide</i>	1	MO
<i>propranolol/hctz</i>	1	MO
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	1	MO
<i>amlodipine besylate</i>	1	MO
CARDIZEM CD CAP 360MG/24	2	MO
<i>cartia xt</i>	1	MO
<i>dilt-cd</i>	1	MO
<i>diltiazem cd</i>	1	MO
<i>diltiazem hcl</i>	1	MO
<i>diltiazem hcl er</i>	1	MO
<i>dilt-xr</i>	1	MO
<i>felodipine er</i>	1	MO
<i>isradipine</i>	1	MO
<i>nicardipine hcl</i>	1	MO
<i>nifediac cc</i>	1	MO
<i>nifedical xl</i>	1	MO
<i>nifedipine</i>	1	MO
<i>nifedipine er</i>	1	MO
<i>nimodipine</i>	1	MO
<i>nisoldipine</i>	1	MO
<i>taztia xt</i>	1	MO
<i>verapamil hcl</i>	1	MO
<i>verapamil hcl er</i>	1	MO
CALCIUM CHANNEL BLOCKER / ANTILIPEMIC COMBINATIONS		
CADUET	3	MO
DIGITALIS GLYCOSIDES		
<i>digoxin</i>	1	MO
LANOXIN TAB	2	MO
DIRECT RENIN INHIBITORS		
TEKTURNA	2	MO
DIURETICS		
<i>acetazolamide</i>	1	MO
<i>acetazolamide sodium</i>	1	MO
ALDACTAZIDE TAB 50/50	2	MO
<i>amiloride hcl</i>	1	MO
<i>amiloride/hctz</i>	1	MO
<i>bumetanide</i>	1	MO
<i>chlorothiazide</i>	1	MO
<i>chlorthalidone</i>	1	MO
DEMADEX INJ	2	MO
<i>furosemide</i>	1	MO
<i>hydralazine hcl</i>	1	MO

DRUG NAME	DRUG TIER	NOTES
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>methazolamide</i>	1	MO
<i>methyclothiazide</i>	1	MO
<i>metolazone</i>	1	MO
<i>spironolactone/hctz</i>	1	MO
THALITONE	2	MO
<i>toremide</i>	1	MO
<i>triamterene/hctz</i>	1	MO
MISCELLANEOUS		
BIDIL	2	MO
<i>methyldopa</i>	1	MO
<i>methyldopa/hctz</i>	1	MO
<i>methyldopate hcl</i>	1	MO
<i>midodrine hcl</i>	1	MO
<i>minoxidil</i>	1	MO
RANEXA	2	MO
<i>reserpine</i>	1	MO
NITRATES		
<i>isochron</i>	1	MO
<i>isosorbide dinitrate</i>	1	MO
<i>isosorbide dinitrate er</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO
<i>minitran</i>	1	MO
<i>nitroglycerin transdermal</i>	1	MO
<i>nitroglycerin</i>	1	MO
NITROLINGUAL PUMPSPRAY	2	MO
NITROSTAT	2	MO
PULMONARY ARTERIAL HYPERTENSION		
LETAIRIS	4	
REMODULIN	4	
REVATIO	4	PA
TRACLEER	4	LA
VENTAVIS	4	B/D
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>bupirone hcl</i>	1	MO
<i>fluvoxamine maleate</i>	1	MO
<i>meprobamate</i>	1	MO
ANTICONVULSANTS		
<i>carbamazepine</i>	1	MO
CARBATROL	2	MO

DRUG NAME	DRUG TIER	NOTES
CELONTIN	2	MO
DILANTIN	2	MO
DILANTIN INFATABS	2	MO
<i>divalproex sodium</i>	1	MO
<i>epitol</i>	1	MO
<i>ethosuximide</i>	1	MO
<i>fosphenytoin sodium</i>	1	MO
<i>gabapentin</i>	1	MO, QL
GABITRIL	2	MO
KEPPRA INJ	2	MO
<i>lamotrigine</i>	1	MO
<i>levetiracetam</i>	1	MO
LYRICA	2	MO, QL
<i>oxcarbazepine</i>	1	MO
PEGANONE	2	MO
<i>phenytoin</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>phenytoin sodium inj</i>	1	MO
<i>primidone</i>	1	MO
TEGRETOL-XR	2	MO
TOPAMAX	2	MO
TOPAMAX SPRINKLE	2	MO
<i>valproate sodium</i>	1	MO
<i>valproic acid</i>	1	MO
<i>zonisamide</i>	1	MO
ANTIDEMENTIA		
ARICEPT	2	MO
ARICEPT ODT	2	MO
EXELON	2	MO
<i>galantamine hydrobromide</i>	1	MO
NAMENDA	2	MO
NAMENDA TITRATION PAK	2	MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i>	1	MO
<i>amoxapine</i>	1	MO
<i>budeprion sr</i>	1	MO
<i>budeprion xl</i>	1	MO
<i>bupropion hcl</i>	1	MO
<i>bupropion hcl sr</i>	1	MO
<i>citalopram hydrobromide</i>	1	MO
<i>clomipramine hcl</i>	1	MO
CYMBALTA	2	MO
<i>desipramine hcl</i>	1	MO

DRUG NAME	DRUG TIER	NOTES
<i>doxepin hcl</i>	1	MO
EFFEXOR XR	2	MO
EMSAM	2	MO
<i>fluoxetine hcl</i>	1	MO
<i>imipramine hcl</i>	1	MO
<i>imipramine pamoate</i>	1	MO
LEXAPRO	2	MO
<i>maprotiline hcl</i>	1	MO
MARPLAN	2	MO
<i>mirtazapine</i>	1	MO
<i>mirtazapine odt</i>	1	MO
NARDIL	2	MO
<i>nefazodone hcl</i>	1	MO
<i>nortriptyline hcl</i>	1	MO
<i>paroxetine hcl</i>	1	MO
<i>paroxetine hcl er</i>	1	MO
PRISTIQ	2	MO
<i>protriptyline hcl</i>	1	MO
<i>sertraline hcl</i>	1	MO
<i>tranylcypromine sulfate</i>	1	MO
<i>trazodone hcl</i>	1	MO
<i>trimipramine maleate</i>	1	MO
<i>venlafaxine hcl</i>	1	MO
ANTIPARKINSON AGENTS		
<i>amantadine hcl</i>	1	MO
<i>atamet</i>	1	MO
AZILECT	2	MO
<i>benztropine mesylate</i>	1	MO
<i>bromocriptine mesylate</i>	1	MO
<i>carbidopa/levodopa cr</i>	1	MO
<i>carbidopa/levodopa odt</i>	1	MO
<i>carbidopa/levodopa sr</i>	1	MO
COGENTIN	2	MO
COMTAN	2	MO
MIRAPEX	2	MO
<i>ropinirole hcl</i>	1	MO
<i>selegiline hcl</i>	1	MO
STALEVO	2	MO
TASMAR	3	MO
<i>trihexyphenidyl hcl</i>	1	MO
ANTIPSYCHOTICS		
ABILIFY	3	MO
ABILIFY DISCMELT	3	MO

DRUG NAME	DRUG TIER	NOTES
<i>chlorpromazine hcl</i>	1	MO
<i>clozapine</i>	1	MO
FAZACLO	2	MO
<i>fluphenazine decanoate</i>	1	MO
<i>fluphenazine hcl</i>	1	MO
GEODON	2	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	1	MO
<i>haloperidol lactate</i>	1	MO
<i>loxapine succinate</i>	1	MO
MOBAN	2	MO
ORAP	2	
<i>perphenazine</i>	1	MO
<i>risperidone</i>	1	MO
SEROQUEL	2	MO
SEROQUEL XR	2	MO
<i>thioridazine hcl</i>	1	MO
<i>thiothixene</i>	1	MO
<i>trifluoperazine hcl</i>	1	MO
ZYPREXA	2	MO
ZYPREXA ZYDIS	2	MO
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine salt combo</i>	1	PA
<i>dexmethylphenidate hcl</i>	1	PA
<i>dextroamphet cap er</i>	1	
<i>dextroamphet tab</i>	1	PA
<i>metadate tab</i>	1	PA
<i>methylin tab</i>	1	PA
<i>methylin er tab</i>	1	
<i>methylphenidate hcl</i>	1	PA
<i>methylphenidate hcl sr</i>	1	PA
STRATTERA	2	PA
HUNTINGTON'S DISEASE AGENT		
XENAZINE	4	PA
HYPNOTICS		
<i>zaleplon</i>	1	
<i>zolpidem tartrate</i>	1	
MIGRAINE		
<i>dihydroergotamine mesylate</i>	1	
<i>ergotamine tartrate/caffeine</i>	1	
GUANIDINE HCL	2	
<i>migergot</i>	1	
MIGRANAL	2	QL

DRUG NAME	DRUG TIER	NOTES
RELPAX	2	QL
<i>sumatriptan succinate</i>	1	QL
MISCELLANEOUS		
<i>ergoloid mesylates</i>	1	
<i>lithium carbonate</i>	1	MO
<i>lithium carbonate er</i>	1	MO
<i>lithium citrate</i>	1	MO
<i>pyridostigmine bromide</i>	1	
MULTIPLE SCLEROSIS AGENTS		
AVONEX	4	
BETASERON	4	
COPAXONE	4	
REBIF	4	
REBIF TITRATION PACK	4	
TYSABRI	4	LA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i>	1	
<i>carisoprodol</i>	1	
<i>carisoprodol/aspirin</i>	1	
<i>carisoprodol/aspirin/codeine</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>dantrolene sodium</i>	1	
<i>methocarbamol</i>	1	
<i>orphenadrine/asa/caffeine</i>	1	
<i>orphenadrine compound ds</i>	1	
<i>orphenadrine citrate</i>	1	
<i>orphenadrine citrate er</i>	1	
SKELAXIN	2	
<i>tizanidine hcl</i>	1	
NARCOLEPSY/CATAPLEXY		
PROVIGIL	2	PA
XYREM	4	LA
PSYCHOTHERAPEUTIC-MISCELLANEOUS		
ANTABUSE TAB 250MG	2	
<i>buprenorphin inj 0.3mg/ml</i>	1	
CAMPRAL	2	
<i>chlordiazepoxide/amitriptyline</i>	1	
CHANTIX	2	PA
<i>depade</i>	1	
<i>naloxone hcl</i>	1	
<i>naltrexone hcl</i>	1	
NICOTROL INHALER	2	

DRUG NAME	DRUG TIER	NOTES
<i>perphenazine/amitriptyline</i>	1	
SUBOXONE	2	
SUBUTEX	2	
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANDRODERM	2	MO, PA
ANDROGEL	2	MO, PA
OXANDRIN TAB 10MG	4	MO, PA
OXANDROLONE TAB 10MG	4	MO, PA
<i>oxandrolone tab 2.5mg</i>	1	MO, PA
TESTIM	2	MO, PA
<i>testosterone cypionate</i>	1	MO
<i>testosterone enanthate</i>	1	MO
ANTIDIABETICS		
<i>acarbose</i>	1	MO
ACTOPLUS MET	2	MO
ACTOS	2	MO
ALCOHOL PREPS	2	MO
APIDRA	2	MO
AVANDAMET	2	MO
AVANDARYL	2	MO
AVANDIA	2	MO
BD INSULIN SYRINGE SAFETY	2	MO
BD INSULIN SYRINGE ULTRAF	2	MO
BD ULTRA-FINE ORIGINAL PE	2	MO
BYETTA	2	MO
<i>chlorpropamide</i>	1	MO
CURITY GAUZE PADS 2"X2"	2	MO
DUETACT	2	MO
FORTAMET	3	MO
<i>glimepiride</i>	1	MO
<i>glipizide</i>	1	MO
<i>glipizide er</i>	1	MO
<i>glipizide xl</i>	1	MO
<i>glipizide/metformin hcl</i>	1	MO
<i>glyburide</i>	1	MO
<i>glyburide micronized</i>	1	MO
<i>glyburide/metformin hcl</i>	1	MO
<i>glycron</i>	1	MO
HUMALOG	2	MO
HUMALOG MIX 50/50	2	MO
HUMALOG MIX 75/25	2	MO
HUMULIN 50/50	2	MO

DRUG NAME	DRUG TIER	NOTES
HUMULIN 70/30	2	MO
HUMULIN N	2	MO
HUMULIN R	2	MO
HUMULIN R U-500 (CONCENTRATE)	2	MO
JANUMET	2	MO
JANUVIA	2	MO
LANTUS	2	MO
LEVEMIR	2	MO
<i>metformin hcl</i>	1	MO
<i>metformin hcl er</i>	1	MO
NOVOLIN 70/30	2	MO
NOVOLIN N	2	MO
NOVOLIN R	2	MO
NOVOLOG	2	MO
NOVOLOG MIX 70/30	2	MO
PRANDIN	2	MO
RELION 70/30	2	MO
RELION N	2	MO
RELION R	2	MO
SYMLIN / SYMLINPEN 60	2	MO
<i>tolazamide</i>	1	MO
<i>tolbutamide</i>	1	MO
BISPHOSPHONATES		
<i>alendronate sodium</i>	1	MO
<i>etidronate disodium</i>	1	MO
<i>pamidronate disodium</i>	1	MO
CALCITONINS		
<i>calcitonin spr 200/act</i>	1	MO
<i>fortical spr 200/act</i>	1	MO
MIACALCIN INJ 200/ML	2	MO
CALCIUM RECEPTOR ANTAGONISTS		
SENSIPAR TAB 30MG	2	MO
SENSIPAR TAB 60MG, 90MG	4	MO
CHELATING AGENTS		
EXJADE	4	
SYPRINE	2	
CONTRACEPTIVES		
<i>apri</i>	1	MO
<i>aranelle</i>	1	MO
<i>aviane</i>	1	MO
<i>balziva</i>	1	MO
<i>camila</i>	1	MO
<i>cesia</i>	1	MO

DRUG NAME	DRUG TIER	NOTES
<i>cryselle-28</i>	1	MO
<i>enpresse-28</i>	1	MO
<i>errin</i>	1	MO
<i>jolivette</i>	1	MO
<i>junel 1.5/30</i>	1	MO
<i>junel 1/20</i>	1	MO
<i>junel fe 1.5/30</i>	1	MO
<i>junel fe 1/20</i>	1	MO
<i>kariva</i>	1	MO
<i>kelnor 1/35</i>	1	MO
<i>leena</i>	1	MO
<i>lessina-28</i>	1	MO
<i>levora 0.15/30-28</i>	1	MO
<i>low-ogestrel</i>	1	MO
<i>lutera</i>	1	MO
<i>medroxyprogesterone acetate</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
NECON 10/11-28	2	MO
<i>necon 7/7/7</i>	1	MO
<i>nordette-28</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 7/7/7</i>	1	MO
NUVARING	2	MO
<i>ocella</i>	1	MO
<i>ogestrel</i>	1	MO
ORTHO EVRA	2	MO
ORTHO TRI-CYCLEN LO	2	MO
PLAN B	2	
<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

DRUG NAME	DRUG TIER	NOTES
<i>sronyx</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-norinyl 28</i>	1	MO
<i>tri-previfem</i>	1	MO
<i>tri-sprintec</i>	1	MO
<i>trivora-28</i>	1	MO
<i>velivet</i>	1	MO
<i>zovia</i>	1	MO
ENDOMETRIOSIS		
<i>danazol</i>	1	MO
SYNAREL	2	
ENZYME REPLACEMENTS		
CYSTADANE	2	
CYSTAGON	2	
<i>levocarnitine</i>	1	
ESTROGENS		
ALORA	2	MO
<i>estradiol valerate</i>	1	MO
ESTRADERM	2	MO
<i>estradiol</i>	1	MO
<i>estropipate</i>	1	MO
<i>gynodiol tab 0.5mg, 1mg, 2mg</i>	1	MO
GYNODIOL TAB 1.5MG	2	MO
<i>ortho-est</i>	1	MO
PREMARIN	2	MO
PREMARIN W/APPLICATOR	2	MO
VAGIFEM	2	MO
VIVELLE-DOT	2	MO
ESTROGEN / PROGESTINS		
CLIMARA PRO	2	MO
COMBIPATCH	2	MO
<i>estradiol/norethindrone acetate</i>	1	MO
PREMPHASE	2	MO
PREMPRO	2	MO
GLUCOCORTICOIDS		
<i>a-hydrocort</i>	1	
<i>a-methapred</i>	1	
<i>cortisone acetate</i>	1	
<i>dexamethasone</i>	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone sodium pho inj</i>	1	
DEXPAK 13 DAY	2	
<i>fludrocortisone acetate</i>	1	

DRUG NAME	DRUG TIER	NOTES
<i>hydrocortisone</i>	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sodium</i>	1	
<i>methylprednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
PREDNISONE INTENSOL	2	
SOLU-CORTEF INJ 250MG	2	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	2	MO
GLUCAGON EMERGENCY KIT	2	MO
PROGLYCEM	2	MO
HUMAN GROWTH HORMONES		
GENOTROPIN INJ 0.2MG	2	PA
GENOTROPIN INJ 0.4MG	4	PA
GENOTROPIN INJ 0.6MG	4	PA
GENOTROPIN INJ 0.8MG	4	PA
GENOTROPIN INJ 1MG	4	PA
GENOTROPIN INJ 1.2MG	4	PA
GENOTROPIN INJ 1.4MG	4	PA
GENOTROPIN INJ 1.6MG	4	PA
GENOTROPIN INJ 1.8MG	4	PA
GENOTROPIN INJ 2MG	4	PA
GENOTROPIN INJ 5.8MG	4	PA
GENOTROPIN INJ 13.8MG	4	PA
HUMATROPE	4	PA
HUMATROPE COMBO PACK	4	PA
INCRELEX	4	PA
NORDITROPIN NORDIFLEX PEN	4	PA
NUTROPIN	4	PA
NUTROPIN AQ	4	PA
SAIZEN	4	PA
SAIZEN CLICK.EASY	4	PA
SEROSTIM	4	PA
TEV-TROPIN	4	PA
ZORBTIVE	4	PA
MISCELLANEOUS		
<i>cabergoline</i>	1	
<i>chorionic gonadotropin</i>	1	B/D
<i>novarel</i>	1	B/D
OCTREOTIDE ACETATE	4	PA
<i>pregnyl w/diluent benzyl</i>	1	B/D
SANDOSTATIN	4	PA

DRUG NAME	DRUG TIER	NOTES
SANDOSTATIN LAR DEPOT	4	PA
SOMATULINE DEPOT	4	PA
SOMAVERT	4	PA
PARATHYROID HORMONES		
FORTEO	4	MO, PA
PHOPHATE BINDER AGENTS		
PHOSLO	2	MO
REVELA	2	MO
PROGESTINS		
<i>norethindrone acetate</i>	1	MO
PROMETRIUM	3	MO
SELECTIVE ESTROGEN RECEPTOR MODULATORS		
EVISTA TAB 60MG	2	MO
THYROID AGENTS		
CYTOMEL	2	MO
<i>levothroid</i>	1	MO
<i>levothyroxine sodium</i>	1	MO
<i>levoxyl</i>	1	MO
<i>liothyronine sodium</i>	1	MO
<i>methimazole</i>	1	MO
<i>propylthiouracil</i>	1	MO
SYNTHROID	2	MO
<i>unithroid</i>	1	MO
VASOPRESSINS		
DDAVP	3	MO
<i>desmopressin acetate</i>	1	MO
GASTROINTESTINAL		
ANTIDIARRHEALS		
<i>diphenoxylate/atropine</i>	1	
<i>lonox</i>	1	
<i>loperamide hcl</i>	1	
ANTIEMETICS		
<i>compro</i>	1	
<i>dronabinol cap 2.5mg</i>	1	QL
<i>dronabinol cap 5mg</i>	1	QL
EMEND CAP 40MG	2	
EMEND CAP 80MG	2	QL, B/D
EMEND CAP 80-125MG	2	QL, B/D
EMEND CAP 125MG	2	QL, B/D
<i>granisetron inj</i>	1	
<i>granisetron tab 1mg</i>	1	B/D
<i>granisol sol</i>	1	B/D
<i>meclizine hcl</i>	1	

DRUG NAME	DRUG TIER	NOTES
<i>metoclopramide hcl</i>	1	
<i>ondansetron inj</i>	1	
<i>ondansetron hcl</i>	1	B/D
<i>ondansetron odt</i>	1	B/D
<i>phenadoz</i>	1	
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine edisylate</i>	1	MO
<i>prochlorperazine maleate</i>	1	MO
<i>promethazine hcl</i>	1	
<i>promethegan</i>	1	
TRANSDERM-SCOP	2	
<i>trimethobenzamide hcl</i>	1	
ANTISPASMODICS		
<i>atropine sulfate</i>	1	
<i>dicyclomine hcl</i>	1	
<i>glycopyrrolate</i>	1	
<i>methscopolamine bromide</i>	1	
<i>propantheline bromide</i>	1	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
<i>famotidine</i>	1	
<i>famotidine premixed</i>	1	
<i>nizatidine</i>	1	
PEPCID SUS	2	
<i>ranitidine hcl</i>	1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	1	MO
CANASA	2	MO
<i>colocort</i>	1	
DIPENTUM	2	MO
ENTOCORT EC	2	
<i>mesalamine</i>	1	MO
<i>sulfasalazine</i>	1	MO
IRRITABLE BOWEL SYNDROME		
LOTRONEX	2	
LAXATIVES		
<i>constulose</i>	1	
<i>enulose</i>	1	
HALFLYTELY BOWEL PREP	2	
<i>lactulose</i>	1	
<i>peg 3350/electrolytes</i>	1	
RELISTOR	2	

DRUG NAME	DRUG TIER	NOTES
<i>trilyte</i>	1	
MISCELLANEOUS		
AMITIZA	2	
CARAFATE SUSP	2	
GASTROCROM	2	
<i>misoprostol</i>	1	
<i>sucralfate</i>	1	
URSO 250 / URSO FORTE	2	MO
<i>ursodiol</i>	1	MO
PANCREATIC ENZYMES		
LIPRAM	2	MO
PANCRELIPASE	2	MO
ULTRASE / ULTRASE MT	2	MO
VIOKASE	2	MO
PROTON PUMP INHIBITOR/ANTI-INFECTIVE COMBINATIONS		
PREVPAC MIS	2	
PROTON PUMP INHIBITORS		
<i>omeprazole</i>	1	
<i>pantoprazole sodium</i>	1	
SALIVA STIMULANTS		
EVOXAC	2	
<i>pilocarpine hcl</i>	1	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
AVODART	2	MO
<i>finasteride</i>	1	MO
FLOMAX	2	MO
UROXATRAL	2	MO
MISCELLANEOUS		
<i>bethanechol chloride</i>	1	MO
ELMIRON	2	MO
<i>potassium citrate extended</i>	1	MO
THIOLA	2	MO
URINARY ANTISPASMODICS		
DETROL LA	2	MO
ENABLEX	2	MO
<i>flavoxate hcl</i>	1	MO
<i>oxybutynin chloride</i>	1	MO
<i>oxybutynin chloride er</i>	1	MO
OXYTROL	2	MO
SANCTURA	2	MO
SANCTURA XR	2	MO
VESICARE	2	MO

DRUG NAME	DRUG TIER	NOTES
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUP 100MG	2	
<i>clindamycin cre 2% vag</i>	1	
<i>metronidazole vaginal</i>	1	
<i>miconazole 3</i>	1	
<i>terconazole</i>	1	
<i>vandazole</i>	1	
<i>zazole</i>	1	
HEMATOLOGIC		
ANTICOAGULANTS		
ARIXTRA	2	
COUMADIN	2	MO
<i>heparin sod inj 1000/ml</i>	1	
HEPARIN SOD INJ 2000/ML	2	
HEPARIN SOD INJ 2500/ML	2	
<i>heparin sod inj 5000/ml</i>	1	
<i>heparin sod inj 10000/ml</i>	1	
<i>heparin sod inj 20000/ml</i>	1	
<i>heparin sodium/d5w</i>	1	
<i>heparin sodium/nacl 0.9%</i>	1	
<i>jantoven</i>	1	MO
LOVENOX	2	
<i>warfarin sodium</i>	1	MO
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 25MCG	2	PA
ARANESP INJ 40MCG	4	PA
ARANESP INJ 60MCG	4	PA
ARANESP INJ 100MCG	4	PA
ARANESP INJ 150MCG	4	PA
ARANESP INJ 200MCG	4	PA
ARANESP INJ 300MCG	4	PA
ARANESP INJ 500MCG	4	PA
EPOGEN INJ 2000/ML	2	PA
EPOGEN INJ 3000/ML	2	PA
EPOGEN INJ 4000/ML	2	PA
EPOGEN INJ 10000/ML	4	PA
EPOGEN INJ 20000/ML	4	PA
EPOGEN INJ 40000/ML	4	PA
LEUKINE	4	PA
NEULASTA	4	PA
NEUMEGA	4	PA
NEUPOGEN	4	PA
PROCRIT INJ 2000/ML	2	PA

DRUG NAME	DRUG TIER	NOTES
PROCRIT INJ 3000/ML	2	PA
PROCRIT INJ 4000/ML	2	PA
PROCRIT INJ 10000/ML	4	PA
PROCRIT INJ 20000/ML	4	PA
PROCRIT INJ 40000/ML	4	PA
IDIOPATHIC THROMBOCYTOPENIC PURPURA AGENT		
PROMACTA	4	
MISCELLANEOUS		
<i>anagrelide hydrochloride</i>	1	MO
<i>cilostazol</i>	1	MO
CYKLOKAPRON	2	
<i>pentopak</i>	1	MO
<i>pentoxifylline er</i>	1	MO
<i>pentoxil</i>	1	MO
PLATELET AGGREGATION INHIBITORS		
AGGRENEX	2	MO
<i>dipyridamole</i>	1	MO
PLAVIX	2	MO
<i>ticlopidine hcl</i>	1	MO
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
CUPRIMINE	2	
ENBREL	4	PA
ENBREL SURECLICK	4	PA
HUMIRA	4	PA
HUMIRA PEN-CROHNS DISEASE	4	PA
<i>hydroxychloroquine sulfate</i>	1	MO
KINERET	4	PA
<i>leflunomide</i>	1	MO
<i>methotrexate</i>	1	MO
ORENCIA	4	PA
REMICADE	4	MO, PA
RHEUMATREX	2	MO
RIDAURA	2	
IMMUNOGLOBULINS		
FLEBOGAMMA	4	PA
GAMASTAN S/D	2	
GAMMAGARD LIQUID	4	PA
OCTAGAM	4	PA
POLYGAM S/D	4	PA
IMMUNOMODULATORS		
ACTIMMUNE	4	MO
ALFERON N	4	MO

DRUG NAME	DRUG TIER	NOTES
INFERGEN	4	PA
INTRON-A INJ 3MU PEN	4	MO
INTRON-A INJ 5MU PEN	4	MO
INTRON-A INJ 10MU	2	MO
INTRON-A INJ 10MU PEN	4	MO
INTRON-A INJ 18MU	4	MO
PEGASYS	4	PA
PEG-INTRON	4	PA
PEG-INTRON REDIPEN	4	PA
PEG-INTRON REDIPEN PAK 4	4	PA
REVLIMID	4	PA, LA
THALOMID	4	PA
IMMUNOSUPPRESSANTS		
AZASAN	2	B/D
<i>azathioprine</i>	1	B/D
<i>azathioprine sodium</i>	1	
<i>cyclosporine</i>	1	B/D, MO
<i>cyclosporine inj</i>	1	MO
<i>cyclosporine modified inj</i>	1	B/D, MO
<i>gengraf</i>	1	B/D, MO
NEORAL	2	B/D, MO
PROGRAF	2	B/D, MO
RAPAMUNE	2	B/D, MO
VACCINES		
ACTHIB	2	
ADACEL	2	
ATTENUVAX	2	
BOOSTRIX	2	
COMVAX	2	
DAPTACEL	2	
DECAVAC	2	B/D
DIPHTHERIA/TETANUS TOXOID	2	B/D
ENGERIX-B	2	B/D
GARDASIL	2	
HAVRIX	2	
HIBTITER	2	
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
IPOL INACTIVATED IPV	2	
JE-VAX	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MERUVAX II W/DILUENT 10 D	2	

DRUG NAME	DRUG TIER	NOTES
M-M-R II W/DILUENT 10 DOS	2	
PEDIARIX	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	B/D
ROTATEQ	2	
SYNAGIS	4	
TETANUS TOXOID ADSORBED	2	B/D
TETANUS/DIPHThERIA TOXOID	2	B/D
TRIHIBIT	2	
TRIPEDIA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VIVOTIF BERNA	2	
YF-VAX	2	
ZOSTAVAX	2	
NUTRITIONAL/SUPPLEMENTS		
<i>ELECTROLYTES</i>		
<i>ed k+10</i>	1	MO
<i>kayexalate</i>	1	
<i>klor-con 8</i>	1	MO
<i>klor-con 10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>k-tabs</i>	1	MO
<i>magnesium su inj 50%</i>	1	MO
<i>potassium chloride</i>	1	MO
<i>potassium chloride cr</i>	1	MO
<i>potassium chloride er</i>	1	MO
<i>sodium bicarbonate</i>	1	
<i>sodium chloride</i>	1	
<i>sodium fluoride</i>	1	
<i>sodium lactate</i>	1	
<i>sodium polystyrene sulfon</i>	1	
<i>tpn electrolytes ftv</i>	1	
<i>IV NUTRITION</i>		
AMINESS	2	B/D
AMINOSYN	2	B/D
AMINOSYN 7%/ELECTROLYTES	2	B/D
<i>aminosyn 8.5%/electrolytes</i>	1	B/D

DRUG NAME	DRUG TIER	NOTES
AMINOSYN II	2	B/D
AMINOSYN II 3.5%/DEXTROSE	2	B/D
AMINOSYN II 3.5%/DEXTROSE	2	B/D
AMINOSYN II 4.25%/DEXTROSE	2	B/D
<i>aminosyn ii 4.25/dextrose</i>	1	B/D
AMINOSYN II 5%/DEXTROSE 25	2	B/D
<i>aminosyn ii 8.5%/electrolytes</i>	1	B/D
AMINOSYN II M 3.5%/DEXTROSE	2	B/D
AMINOSYN M	2	B/D
AMINOSYN-HBC	2	B/D
AMINOSYN-HF	2	B/D
AMINOSYN-PF	2	B/D
AMINOSYN-PF 7%	2	B/D
CLINIMIX 2.75%/DEXTROSE 5	2	B/D
<i>clinimix 4.25%/dextrose 1</i>	1	B/D
<i>clinimix 4.25%/dextrose 2</i>	1	B/D
CLINIMIX 4.25%/DEXTROSE 5	2	B/D
CLINIMIX 5%/DEXTROSE 15%	2	B/D
CLINIMIX 5%/DEXTROSE 20%	2	B/D
CLINIMIX 5%/DEXTROSE 25%	2	B/D
CLINIMIX E 2.75%/DEXTROSE	2	B/D
CLINIMIX E 4.25%/DEXTROSE	2	B/D
CLINIMIX E 5%/DEXTROSE 15	2	B/D
CLINIMIX E 5%/DEXTROSE 20	2	B/D
CLINIMIX E 5%/DEXTROSE 25	2	B/D
CLINIMIX E 5%/DEXTROSE 35	2	B/D
<i>clinisol sf 15%</i>	1	B/D
FREAMINE HBC 6.9%	2	B/D
<i>freamine iii</i>	1	B/D
FREAMINE III 3%	2	B/D
<i>hepatamine</i>	1	B/D
HEPATASOL	2	B/D
<i>intralipid inj 20%</i>	1	B/D
INTRALIPID INJ 30%	2	B/D
NEPHRAMINE	2	B/D
<i>novamine</i>	1	B/D
PREMASOL 10%	2	B/D
<i>premasol 6%</i>	1	B/D
PROCALAMINE	2	B/D
PROSOL	2	B/D
RENAMIN	2	B/D
TRAVASOL	2	B/D
TRAVASOL 2.75%/DEXTROSE 1	2	B/D

DRUG NAME	DRUG TIER	NOTES
TRAVASOL 2.75%/DEXTROSE 5	2	B/D
<i>travasol 3.5%/electrolytes</i>	1	B/D
TRAVASOL 8.5%/DEXTROSE 10	2	B/D
TRAVASOL 8.5%/DEXTROSE 20	2	B/D
TRAVASOL 8.5%/DEXTROSE 50	2	B/D
<i>travasol 8.5%/electrolytes</i>	1	B/D
TROPHAMINE INJ 6%	2	B/D
TROPHAMINE INJ 10%	2	B/D
IV REPLACEMENT SOLUTIONS		
<i>alcohol 5%/dextrose 5%</i>	1	
<i>dextrose 10%/nacl 0.45%</i>	1	
DEXTROSE 5%	2	
<i>dextrose 10%</i>	1	
<i>dextrose 10%/nacl 0.2%</i>	1	
<i>dextrose 2.5%/nacl 0.45%</i>	1	
<i>dextrose 5%</i>	1	
<i>dextrose 5%/nacl 0.2%</i>	1	
<i>dextrose 5%/nacl 0.225%</i>	1	
<i>dextrose 5%/nacl 0.33%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.9%</i>	1	
DEXTROSE 5%/POTASSIUM CHL	2	
IONOSOL-B/DEXTROSE 5%	2	
IONOSOL-MB/DEXTROSE 5%	2	
IONOSOL-T/DEXTROSE 5%	2	
ISOLYTE-H/DEXTROSE 5%	2	
<i>isolyte-m/dextrose 5%</i>	1	
ISOLYTE-P/DEXTROSE 5%	2	
ISOLYTE-S	2	
ISOLYTE-S/DEXTROSE 5%	2	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	
KCL 0.15%/D10W/NACL 0.2%	2	
KCL 0.15%/D5W/LR	2	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	
<i>kcl 0.224%/d5w/nacl 0.2%</i>	1	
KCL 0.3%/D5W/LR IV LAC RI	2	
<i>kcl 0.3%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	
KCL 0.3%/D5W/NACL 0.9%	2	
<i>lactated ringer's viaflex</i>	1	
MAGNESIUM SULFATE IN D5W	2	
<i>normosol-m in d5w</i>	1	

DRUG NAME	DRUG TIER	NOTES
NORMOSOL-R	2	
<i>normosol-r in d5w</i>	1	
<i>plasma-lyte 56</i>	1	
PLASMA-LYTE A	2	
PLASMA-LYTE-148	2	
PLASMA-LYTE-148/D5W	2	
PLASMA-LYTE-56/D5W	2	
PLASMA-LYTE-R	2	
<i>potassium chloride 0.075%</i>	1	
POTASSIUM CHLORIDE 0.15%	2	
<i>potassium chloride 0.15%/</i>	1	
<i>potassium chloride 0.22%</i>	1	
<i>potassium chloride 0.224%</i>	1	
POTASSIUM CHLORIDE 0.3%/	2	
<i>potassium chloride 0.3%/d</i>	1	
<i>ringer's injection</i>	1	
<i>sodium chloride 0.45% via</i>	1	
VITAMINS		
<i>calcitriol cap 0.25mcg</i>	1	
<i>calcitriol cap 0.5mcg</i>	1	
<i>calcitriol inj 1mcg/ml</i>	1	
<i>calcitriol sol 1mcg/ml</i>	1	
CALCITRIOL INJ 2MCG/ML	2	
HECTOROL	2	
<i>prenatabs obn</i>	1	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
COMBIVENT AER	2	MO, QL
<i>ipratropium/ sol albuter</i>	1	B/D, MO, Q/L
ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	2	MO, QL
<i>ipratropium sol inhal</i>	1	B/D, MO, Q/L
<i>ipratropium spr</i>	1	MO
SPIRIVA CAP HANDIHLR	2	MO, QL
ANTIHISTAMINE / DECONGESTANT COMBINATIONS		
ALLEGRA-D 12 HOUR	3	
CLARINEX-D 12 HOUR	3	
<i>promethazine vc</i>	1	
ANTIHISTAMINES, LOW / NON-SEDATING		
ASTELIN	2	QL
<i>fexofenadine hcl</i>	1	
ANTIHISTAMINES, SEDATING		

DRUG NAME	DRUG TIER	NOTES
<i>clemastine fumarate</i>	1	
<i>cyproheptadine hcl</i>	1	
<i>dexchlorpheniramine maleate</i>	1	
<i>diphenhydramine hcl</i>	1	
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
BETA AGONISTS		
<i>albuterol neb</i>	1	B/D, MO, Q/L
<i>albuterol syp</i>	1	MO
<i>albuterol tab</i>	1	MO
<i>metaproterenol sulfate</i>	1	MO
PROAIR HFA	2	MO, QL
SEREVENT DISKUS	2	MO, QL
<i>terbutaline sulfate</i>	1	MO
LEUKOTRIENE RECEPTOR ANTAGONISTS		
ACCOLATE	3	MO
SINGULAIR	2	MO
MAST CELL STABILIZERS		
<i>cromolyn sodium neb</i>	1	B/D, MO, Q/L
INTAL INHALER	2	MO, QL
MISCELLANEOUS		
<i>acetylcysteine</i>	1	B/D
<i>epinephrine hcl</i>	1	MO
EPIPEN 2-PAK / EPIPEN-JR 2-PAK	2	
TYZINE	2	
TYZINE PEDIATRIC NASAL DR	2	
NASAL STEROIDS		
<i>flunisolide</i>	1	QL
<i>fluticasone propionate</i>	1	QL
NASONEX	2	QL
STEROID INHALANTS		
ASMANEX	2	MO, QL
FLOVENT DISKUS	2	MO, QL
FLOVENT HFA	2	MO, QL
QVAR	2	MO, QL
STEROID / BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	2	MO, QL
ADVAIR HFA	2	MO, QL
SYMBICORT	2	MO, QL
XANTHINES		
<i>aminophylline</i>	1	MO
ELIXOPHYLLIN	2	MO

Employer group plans include coverage through the gap for generic and brand drugs.

DRUG NAME	DRUG TIER	NOTES
THEO-24	2	MO
<i>theochron</i>	1	MO
<i>theophylline er</i>	1	MO
<i>theophylline cr</i>	1	MO
TOPICAL		
DERMATOLOGY, ACNE		
<i>amnesteem</i>	1	
<i>avita</i>	1	PA
AZELEX	2	
<i>claravis</i>	1	
DIFFERIN	2	PA
<i>ery</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin/benzoyl peroxide</i>	1	
<i>sodium sulfacetamide</i>	1	
<i>sotret</i>	1	
<i>tretinoin</i>	1	PA
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC	2	
FLUOROPLEX	2	
<i>fluorouracil</i>	1	MO
SOLARAZE	2	
DERMATOLOGY, ANTIBIOTICS		
ALTABAX	2	
BACTROBAN CRE 2%	2	
<i>gentamicin sulfate</i>	1	
<i>mupirocin</i>	1	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
<i>thermazene</i>	1	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i>	1	
<i>ciclopirox nail lacquer</i>	1	
<i>ciclopirox olamine</i>	1	
<i>clotrimazole/betamethasone</i>	1	
<i>econazole nitrate</i>	1	
<i>kuric</i>	1	
LOPROX SHAMPOO	2	
<i>nystatin/triamcinolone</i>	1	
<i>nystop</i>	1	
<i>pedi-dri</i>	1	
DERMATOLOGY, ANTIPRURITIC		
<i>proctocream-hc</i>	1	

DRUG NAME	DRUG TIER	NOTES
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
ZONALON	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>calcipotriene</i>	1	
DOVONEX CRE	2	
OXSORALEN ULTRA	4	
DERMATOLOGY, ANTISEBORRHEICS		
NIZORAL	3	
<i>selenium sulfide</i>	1	
DERMATOLOGY, ANTIVIRALS		
DENAVIR	2	
ZOVIRAX	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide</i>	1	
<i>augmented betamethasone</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
<i>beta-val</i>	1	
<i>clobetasol propionate</i>	1	
<i>clobetasol propionate e</i>	1	
<i>cormax</i>	1	
<i>del-beta</i>	1	
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
<i>diflorasone diacetate</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 butyrate</i>	1	
<i>hydrocortisone in absorb</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>isovate</i>	1	
<i>lokara</i>	1	
<i>mometasone furoate</i>	1	
<i>prednicarbate</i>	1	
<i>proctocort</i>	1	
<i>texacort</i>	1	
TEXACORT	2	

DRUG NAME	DRUG TIER	NOTES
<i>triamcinolone acetonide</i>	1	
<i>triderm</i>	1	
<i>u-cort</i>	1	
DERMATOLOGY, IMMUNOMODULATORS		
ELIDEL	2	ST
PROTOPIC	2	ST
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine</i>	1	
<i>lidocaine hcl jelly</i>	1	
<i>lidocaine/prilocaine</i>	1	
LIDODERM	2	PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate</i>	1	
<i>laclotion</i>	1	
<i>podofilox</i>	1	
DERMATOLOGY, ROSACEA		
METROGEL	2	
ORACEA	2	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>acticin</i>	1	
EURAX	2	
<i>lindane</i>	1	
OVIDE	2	
<i>permethrin</i>	1	
DERMATOLOGY, WOUND CARE AGENTS		
<i>lactated ringer's irrigation sol</i>	1	
<i>neomycin/polymyxin b sulfate</i>	1	
<i>physiolyte</i>	1	
<i>physiosol irrigation</i>	1	
REGRANEX	4	PA
<i>ringer's irrigation</i>	1	
SANTYL	2	
<i>sodium chloride 0.9%</i>	1	
<i>sterile water irrigation</i>	1	
<i>tis-u-sol</i>	1	
MOUTH / THROAT / DENTAL AGENTS		
<i>chlorhexidine gluconate</i>	1	
<i>lidocaine viscous</i>	1	
<i>periogard</i>	1	
<i>triamcinolone in orabase</i>	1	
OPHTHALMIC		
<i>ak-con</i>	1	
<i>ak-poly-bac</i>	1	

DRUG NAME	DRUG TIER	NOTES
<i>ak-tob</i>	1	
ALPHAGAN P	2	
ALREX	2	
AZOPT	2	
<i>bac/poly/neomy/hc</i>	1	
<i>bacitracin oin oph</i>	1	
<i>bacitracin/polymyxin b</i>	1	
BETOPTIC-S	2	MO
BLEPHAMIDE S.O.P.	2	
<i>brimonidine tartrate</i>	1	MO
<i>carteolol hcl</i>	1	
CILOXAN OIN 0.3% OP	2	
CILOXAN SOL 0.3% OP	3	
COMBIGAN	2	MO
<i>cromolyn sodium</i>	1	MO
<i>dexasporin</i>	1	
<i>dipivefrin hcl</i>	1	
<i>dorzolamide hcl</i>	1	MO
<i>dorzolamide hcl/timolol m</i>	1	MO
<i>fluorometholone</i>	1	
<i>fluor-op</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
<i>genoptic</i>	1	
<i>gentak</i>	1	
<i>gentasol</i>	1	
LACRISERT	2	MO
<i>levobunolol hcl</i>	1	MO
<i>metipranolol</i>	1	MO
<i>mydral</i>	1	
<i>naphazoline hcl</i>	1	
NATACYN	2	
<i>neomycin/bacitracin/polym</i>	1	
<i>neomycin/polymyxin/dex</i>	1	
<i>neomycin/polymyxin/gramic</i>	1	
<i>neomycin/polymyxin/hydroc</i>	1	
<i>ocusulf-10</i>	1	
<i>parcaine</i>	1	
PATADAY	2	
PATANOL	2	
PILOPINE HS	2	
<i>polycin b</i>	1	
<i>poly-dex oin 0.1% op</i>	1	

DRUG NAME	DRUG TIER	NOTES
<i>poly-pred</i>	1	
<i>prednisolone acetate</i>	1	
<i>proparacaine hcl</i>	1	
RESTASIS	2	
<i>romycin</i>	1	
<i>sulfacetamide sodium/pred</i>	1	
<i>tobramycin/dexamethasone</i>	1	
<i>tobrasol</i>	1	
TOBEX OIN	2	
TOBEX SOL	3	
TRAVATAN Z	2	
<i>trifluridine</i>	1	
<i>trimethoprim sulfate/poly</i>	1	
<i>tropicacyl</i>	1	
<i>tropicamide</i>	1	
VIGAMOX	2	
XIBROM	2	
OTIC		
<i>acetasol hc</i>	1	
<i>acetic acid</i>	1	
<i>borofair</i>	1	
<i>cortomycin</i>	1	
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<i>diltiazem cd</i>	17	<i>enalapril maleate/hctz</i>	15
<i>diltiazem hcl</i>	17	ENBREL.....	32
<i>diltiazem hcl er</i>	17	ENBREL SURECLICK	32
<i>dilt-xr</i>	17	<i>endocet</i>	6
DIOVAN.....	15	ENGERIX-B	33
DIOVAN HCT.....	15	<i>enpresse-28</i>	25
DIPENTUM.....	29	ENTOCORT EC	29
<i>diphenhydramine hcl</i>	38	<i>enulose</i>	29
<i>diphenoxylate/atropine</i>	28	<i>epinephrine hcl</i>	38
<i>dipivefrin hcl</i>	42	EIPEN 2-PAK / EIPEN-JR 2-PAK.....	38
DIPHTHERIA/TETANUS TOXOID	33	<i>epirubicin hcl</i>	12
<i>dipyridamole</i>	32	<i>epitol</i>	19
<i>disopyramide phosphate</i>	15	EPIVIR	10
<i>divalproex sodium</i>	19	EPIVIR HBV	11
<i>dorzolamide hcl</i>	42	<i>eplerenone</i>	15
<i>dorzolamide hcl/timolol m</i>	42	EPOGEN INJ 10000/ML.....	31
DOVONEX CRE	40	EPOGEN INJ 2000/ML.....	31
<i>doxazosin mesylate</i>	15	EPOGEN INJ 20000/ML.....	31
<i>doxepin hcl</i>	20	EPOGEN INJ 3000/ML.....	31
<i>doxorubicin hcl</i>	12	EPOGEN INJ 4000/ML.....	31
<i>doxy-caps</i>	9	EPOGEN INJ 40000/ML.....	31
<i>doxycycl hyc cap 100mg</i>	9	EPZICOM.....	10
<i>doxycycl hyc cap 50mg</i>	9	<i>ergoloid mesylates</i>	22
<i>doxycycl hyc inj 100mg</i>	9	<i>ergotamine tartrate/caffeine</i>	21
<i>doxycycl hyc tab 100mg</i>	9	<i>errin</i>	25
<i>doxycycline monohydrate</i>	9	<i>ery</i>	39
<i>doxycycline sus 25mg/5ml</i>	9	ERYTHROCIN LACTOBIONATE	9
<i>doxycycline tab 20mg</i>	9	<i>erythrocin stearate</i>	9
<i>dronabinol cap 2.5mg</i>	28	<i>erythromycin</i>	39
<i>dronabinol cap 5mg</i>	28	<i>erythromycin base</i>	9
DROXIA.....	14	<i>erythromycin/benzoyl peroxide</i>	39
DUETACT	23	<i>erythromycin/sulfisoxazole</i>	12
<i>duramorph</i>	6	ESTRADERM.....	26
<i>e.e.s. 400</i>	9	<i>estradiol</i>	26
<i>econazole nitrate</i>	39	<i>estradiol valerate</i>	26
<i>ed k+10</i>	34	<i>estradiol/norethindrone acetate</i>	26
EFFEXOR XR.....	20	<i>estropipate</i>	26
ELIDEL	41	<i>ethambutol hcl</i>	11
ELIXOPHYLLIN	38	<i>ethosuximide</i>	19
ELLECE	12	<i>etidronate disodium</i>	24

<i>etodolac</i>	7	<i>fluvoxamine maleate</i>	18
<i>etodolac er</i>	7	FML.....	42
<i>etoposide</i>	14	FORTAMET	23
EURAX	41	FORTEO	28
EVISTA TAB 60MG	28	<i>fortical spr 200/act</i>	24
EVOXAC.....	30	<i>foscarnet sodium</i>	11
EXELON	19	<i>fosinopril sodium</i>	14
EXJADE.....	24	<i>fosinopril sodium/hctz</i>	15
<i>famciclovir</i>	11	<i>fosphenytoin sodium</i>	19
<i>famotidine</i>	29	FREAMINE HBC 6.9%.....	35
<i>famotidine premixed</i>	29	<i>freamine iii</i>	35
FARESTON	13	FREAMINE III 3%.....	35
FASLODEX.....	13	<i>furosemide</i>	17
FAZACLO	21	FUZEON	10
<i>felodipine er</i>	17	<i>gabapentin</i>	19
FEMARA.....	13	GABITRIL.....	19
<i>fenofibrate</i>	16	<i>galantamine hydrobromide</i>	19
<i>fenofibrate micronized</i>	16	GAMASTAN S/D	32
<i>fenoprofen calcium</i>	7	GAMMAGARD LIQUID	32
<i>fentanyl</i>	6	<i>ganciclovir cap 250mg</i>	11
<i>fentanyl cit inj</i>	6	GANCICLOVIR CAP 500MG	11
FENTANYL CITRATE ORAL LOZ	6	GARDASIL	33
FENTORA.....	6	GASTROCROM	30
<i>fexofenadine hcl</i>	37	<i>gemfibrozil</i>	16
<i>finasteride</i>	30	GEMZAR.....	13
<i>flavoxate hcl</i>	30	<i>gengraf</i>	33
FLEBOGAMMA	32	<i>genoptic</i>	42
<i>flecainide acetate</i>	15	GENOTROPIN INJ 0.2MG	27
FLOMAX.....	30	GENOTROPIN INJ 0.4MG	27
FLOVENT DISKUS.....	38	GENOTROPIN INJ 0.6MG	27
FLOVENT HFA	38	GENOTROPIN INJ 0.8MG	27
<i>fluconazole</i>	10	GENOTROPIN INJ 1.2MG	27
<i>fludarabine phosphate</i>	14	GENOTROPIN INJ 1.4MG	27
<i>fludrocortisone acetate</i>	26	GENOTROPIN INJ 1.6MG	27
<i>flunisolide</i>	38	GENOTROPIN INJ 1.8MG	27
<i>fluocinolone acetonide</i>	40	GENOTROPIN INJ 13.8MG	27
<i>fluocinonide</i>	40	GENOTROPIN INJ 1MG	27
<i>fluocinonide emollient base</i>	40	GENOTROPIN INJ 2MG	27
<i>fluorometholone</i>	42	GENOTROPIN INJ 5.8MG	27
<i>fluor-op</i>	42	<i>gentak</i>	42
FLUOROPLEX.....	39	<i>gentam/nacl inj 60mg, 80mg, 100mg</i>	9
<i>fluorouracil</i>	39	<i>gentamicin inj 10mg/ml . 40mg/ml</i>	9
FLUOROURACIL INJ	13	<i>gentamicin sulfate</i>	39
<i>fluoxetine hcl</i>	20	<i>gentasol</i>	42
<i>fluphenazine decanoate</i>	21	GEODON	21
<i>fluphenazine hcl</i>	21	GLEEVEC	14
<i>flurbiprofen</i>	7	<i>glimepiride</i>	23
<i>flurbiprofen sodium</i>	42	<i>glipizide</i>	23
<i>flutamide</i>	13	<i>glipizide er</i>	23
<i>fluticasone propionate</i>	38, 40	<i>glipizide xl</i>	23

<i>glipizide/metformin hcl</i>	23	<i>hydralazine hcl</i>	17
GLUCAGEN HYPOKIT	27	<i>hydrochlorothiazide</i>	18
GLUCAGON EMERGENCY KIT	27	<i>hydrocodone/acetaminophen</i>	6
<i>glyburide</i>	23	<i>hydrocortisone</i>	27
<i>glyburide micronized</i>	23	<i>hydrocortisone butyrate</i>	40
<i>glyburide/metformin hcl</i>	23	<i>hydrocortisone in absorb</i>	40
<i>glycopyrrolate</i>	29	<i>hydrocortisone valerate</i>	40
<i>glycron</i>	23	<i>hydromorphone hcl</i>	6
<i>granisetron inj</i>	28	<i>hydroxychloroquine sulfate</i>	32
<i>granisetron tab 1mg</i>	28	<i>hydroxyurea</i>	14
<i>granisol sol</i>	28	<i>hydroxyzine hcl</i>	38
GRISEOFULVIN SUS	10	<i>hydroxyzine pamoate</i>	38
GRIS-PEG TAB 125MG	10	HYZAAR	15
<i>gris-peg tab 250mg</i>	10	<i>ibu tab</i>	7
<i>guanabenz acetate</i>	15	<i>ibuprofen</i>	7
<i>guanfacine hcl</i>	15	<i>idarubicin hcl</i>	12
GUANIDINE HCL	21	IFEX	12
<i>gynodiol tab 0.5mg, 1mg, 2mg</i>	26	<i>ifosfamide</i>	12
GYNODIOL TAB 1.5MG	26	<i>ifosfamide/mesna</i>	14
HALFLYTELY BOWEL PREP	29	<i>imipramine hcl</i>	20
<i>halobetasol propionate</i>	40	<i>imipramine pamoate</i>	20
<i>haloperidol</i>	21	IMOVAX RABIES (H.D.C.V.)	33
<i>haloperidol decanoate</i>	21	INCRELEX	27
<i>haloperidol lactate</i>	21	<i>indapamide</i>	18
HAVRIX	33	<i>indomethacin</i>	7
HECTOROL	37	<i>indomethacin er</i>	7
<i>heparin sod inj 1000/ml</i>	31	INFANRIX	33
<i>heparin sod inj 10000/ml</i>	31	INFERGEN	33
HEPARIN SOD INJ 2000/ML	31	INTAL INHALER	38
<i>heparin sod inj 20000/ml</i>	31	INTELENCE	10
HEPARIN SOD INJ 2500/ML	31	<i>intralipid inj 20%</i>	35
<i>heparin sod inj 5000/ml</i>	31	INTRALIPID INJ 30%	35
<i>heparin sodium/d5w</i>	31	INTRON-A INJ 10MU	33
<i>heparin sodium/nacl 0.9%</i>	31	INTRON-A INJ 10MU PEN	33
<i>hepatamine</i>	35	INTRON-A INJ 18MU	33
HEPATASOL	35	INTRON-A INJ 3MU PEN	33
HEPSERA	11	INTRON-A INJ 5MU PEN	33
HIBTITER	33	INVANZ	12
HUMALOG	23	INVIRASE	10
HUMALOG MIX 50/50	23	IONOSOL-B/DEXTROSE 5%	36
HUMALOG MIX 75/25	23	IONOSOL-MB/DEXTROSE 5%	36
HUMATROPE	27	IONOSOL-T/DEXTROSE 5%	36
HUMATROPE COMBO PACK	27	IPOL INACTIVATED IPV	33
HUMIRA	32	<i>ipratropium spr</i>	37
HUMIRA PEN-CROHNS DISEASE	32	<i>ipratropium sol inhal</i>	37
HUMULIN 50/50	23	<i>ipratropium/ sol albuter</i>	37
HUMULIN 70/30	24	IRESSA	14
HUMULIN N	24	<i>irinotecan</i>	14
HUMULIN R	24	ISENTRESS	10
HUMULIN R U-500 (CONCENTRATE)	24	<i>isochron</i>	18

ISOLYTE-H/DEXTROSE 5%	36	<i>k-tabs</i>	34
<i>isolyte-m/dextrose 5%</i>	36	<i>kuric</i>	39
ISOLYTE-P/DEXTROSE 5%	36	<i>labetalol hcl</i>	16
ISOLYTE-S	36	<i>laclotion</i>	41
ISOLYTE-S/DEXTROSE 5%	36	LACRISERT	42
<i>isonarif</i>	11	<i>lactated ringer's irrigation sol</i>	41
<i>isoniazid</i>	11	<i>lactated ringer's viaflex</i>	36
<i>isosorbide dinitrate</i>	18	<i>lactulose</i>	29
<i>isosorbide dinitrate er</i>	18	<i>lamotrigine</i>	19
<i>isosorbide mononitrate</i>	18	LANOXIN TAB	17
<i>isosorbide mononitrate er</i>	18	LANTUS	24
<i>isovate</i>	40	<i>leena</i>	25
<i>isradipine</i>	17	<i>leflunomide</i>	32
<i>itraconazole</i>	10	<i>lessina-28</i>	25
<i>jantoven</i>	31	LETAIRIS	18
JANUMET	24	<i>leucovorin calcium</i>	14
JANUVIA.....	24	LEUKERAN.....	12
JE-VAX	33	LEUKINE	31
<i>jolivette</i>	25	<i>leuprolide acetate</i>	13
<i>junel 1.5/30</i>	25	LEVAQUIN	9
<i>junel 1/20</i>	25	LEVAQUIN PREMIX	9
<i>junel fe 1.5/30</i>	25	LEVEMIR	24
<i>junel fe 1/20</i>	25	<i>levetiracetam</i>	19
KADIAN	6	<i>levobunolol hcl</i>	42
KALETRA	10	<i>levocarnitine</i>	26
<i>kanamycin sulfate</i>	9	<i>levora 0.15/30-28</i>	25
<i>kariva</i>	25	<i>levorphanol tartrate</i>	7
<i>kayexalate</i>	34	<i>levothroid</i>	28
<i>kcl 0.075%/d5w/nacl 0.45%</i>	36	<i>levothyroxine sodium</i>	28
KCL 0.15%/D10W/NACL 0.2%	36	<i>levoxyl</i>	28
KCL 0.15%/D5W/LR	36	LEXAPRO	20
<i>kcl 0.15%/d5w/nacl 0.2%</i>	36	LEXIVA.....	10
<i>kcl 0.15%/d5w/nacl 0.9%</i>	36	<i>lidocaine</i>	41
<i>kcl 0.224%/d5w/nacl 0.2%</i>	36	<i>lidocaine hcl</i>	8
KCL 0.3%/D5W/LR IV LAC RI	36	<i>lidocaine hcl jelly</i>	41
<i>kcl 0.3%/d5w/nacl 0.2%</i>	36	<i>lidocaine viscous</i>	41
<i>kcl 0.3%/d5w/nacl 0.45%</i>	36	<i>lidocaine/prilocaine</i>	41
KCL 0.3%/D5W/NACL 0.9%	36	LIDODERM	41
<i>kelnor 1/35</i>	25	<i>lindane</i>	41
KEPPRA INJ.....	19	<i>liothyronine sodium</i>	28
<i>ketoconazole</i>	10	LIPITOR	16
<i>ketoprofen</i>	7	LIPRAM.....	30
<i>ketoprofen er</i>	7	<i>lisinopril</i>	14
<i>ketorolac inj</i>	7	<i>lisinopril/hctz</i>	15
<i>ketorolac tab</i>	7	<i>lithium carbonate</i>	22
KINERET	32	<i>lithium carbonate er</i>	22
<i>klor-con 10</i>	34	<i>lithium citrate</i>	22
<i>klor-con 8</i>	34	<i>lokara</i>	40
<i>klor-con m15</i>	34	<i>lonox</i>	28
<i>klor-con m20</i>	34	<i>loperamide hcl</i>	28

LOPROX SHAMPOO.....	39	<i>methotrexate sodium</i>	13
LOTRONEX	29	<i>methscopolamine bromide</i>	29
<i>lovastatin</i>	16	<i>methyclothiazide</i>	18
LOVENOX	31	<i>methyldopa</i>	18
<i>low-ogestrel</i>	25	<i>methyldopa/hctz</i>	18
<i>loxapine succinate</i>	21	<i>methyldopate hcl</i>	18
LUPRON DEPOT INJ 3.75MG, 11.25MG... 13		<i>methylin er tab</i>	21
LUPRON DEPOT INJ 7.5MG, 22.5MG, 30MG	13	<i>methylin tab</i>	21
.....	13	<i>methylphenidate hcl</i>	21
LUPRON DEPOT-PED	13	<i>methylphenidate hcl sr</i>	21
<i>lutera</i>	25	<i>methylprednisolone</i>	27
LYRICA.....	19	<i>methylprednisolone acetate</i>	27
MACRODANTIN CAP 25MG	12	<i>methylprednisolone sodium</i>	27
<i>magnesium su inj 50%</i>	34	<i>metipranolol</i>	42
MAGNESIUM SULFATE IN D5W	36	<i>metoclopramide hcl</i>	29
MALARONE.....	10	<i>metolazone</i>	18
<i>maprotiline hcl</i>	20	<i>metoprolol succinate er</i>	16
<i>margesic-h</i>	6	<i>metoprolol tartrate</i>	16
MARPLAN	20	<i>metoprolol/hctz</i>	16
<i>mebendazole</i>	12	METROGEL	41
<i>meclizine hcl</i>	28	<i>metronidazole</i>	12
<i>meclofenamate sodium</i>	7	<i>metronidazole in nacl 0.7</i>	12
<i>medroxyprogesterone acetate</i>	25	<i>metronidazole vaginal</i>	31
<i>mefloquine hcl</i>	10	<i>mexiletine hcl</i>	15
MEGACE ES SUS	13	MIACALCIN INJ 200/ML	24
MEGACE ORAL SUS 40MG/ML	13	<i>miconazole 3</i>	31
<i>megestrol acetate</i>	13	<i>microgestin 1.5/30</i>	25
<i>meloxicam</i>	7	<i>microgestin 1/20</i>	25
MENACTRA.....	33	<i>microgestin fe</i>	25
MENOMUNE-A/C/Y/W-135	33	<i>microgestin fe 1.5/30</i>	25
<i>meperidine</i>	7	<i>midodrine hcl</i>	18
<i>meprobamate</i>	18	<i>migergot</i>	21
<i>mercaptapurine</i>	13	MIGRANAL	21
MERUVAX II W/DILUENT 10 D	33	<i>minitran</i>	18
<i>mesalamine</i>	29	<i>minocycline hcl</i>	9
<i>mesna</i>	14	<i>minoxidil</i>	18
MESNEX TAB.....	14	MIRAPEX	20
<i>metadate tab</i>	21	<i>mirtazapine</i>	20
<i>metaproterenol sulfate</i>	38	<i>mirtazapine odt</i>	20
<i>metformin hcl</i>	24	<i>misoprostol</i>	30
<i>metformin hcl er</i>	24	<i>mitomycin</i>	13
<i>methadone hcl</i>	7	<i>mitoxantrone hcl</i>	14
<i>methadone sol</i>	7	M-M-R II W/DILUENT 10 DOS.....	34
<i>methadone tab</i>	7	MOBAN	21
<i>methadose</i>	7	<i>moexipril hcl</i>	14
<i>methazolamide</i>	18	<i>moexipril/hctz</i>	15
<i>methenamine hippurate</i>	12	<i>mometasone furoate</i>	40
<i>methimazole</i>	28	<i>mononessa</i>	25
<i>methocarbamol</i>	22	<i>morphine sul inj</i>	7
<i>methotrexate</i>	32	<i>morphine sul tab</i>	7

<i>morphine sul tab er</i>	7	<i>nimodipine</i>	17
<i>mupirocin</i>	39	<i>nisoldipine</i>	17
MUSTARGEN.....	12	<i>nitrofurantoin macrocrystal</i>	12
MYCOBUTIN.....	11	<i>nitrofurantoin monohydrate</i>	12
<i>mydral</i>	42	<i>nitroglycerin</i>	18
<i>myrac</i>	9	<i>nitroglycerin transdermal</i>	18
<i>nabumetone</i>	7	NITROLINGUAL PUMPSPRAY.....	18
<i>nadolol</i>	16	NITROSTAT.....	18
<i>nadolol/bendroflumethiazide</i>	17	<i>nizatidine</i>	29
<i>nafcillin sodium</i>	9	NIZORAL.....	40
<i>nalbuphine hcl</i>	6	<i>nordette-28</i>	25
<i>naloxone hcl</i>	22	NORDITROPIN NORDIFLEX PEN.....	27
<i>naltrexone hcl</i>	22	<i>norethindrone acetate</i>	28
NAMENDA.....	19	<i>normosol-m in d5w</i>	36
NAMENDA TITRATION PAK.....	19	NORMOSOL-R.....	37
<i>naphazoline hcl</i>	42	<i>normosol-r in d5w</i>	37
<i>naproxen</i>	7	<i>nortrel 0.5/35 (28)</i>	25
<i>naproxen dr</i>	7	<i>nortrel 1/35 (21)</i>	25
<i>naproxen sodium</i>	8	<i>nortrel 1/35 (28)</i>	25
NARDIL.....	20	<i>nortrel 7/7/7</i>	25
NASONEX.....	38	<i>nortriptyline hcl</i>	20
NATACYN.....	42	NORVIR.....	10
<i>necon 0.5/35-28</i>	25	<i>novamine</i>	35
<i>necon 1/35-28</i>	25	<i>novarel</i>	27
<i>necon 1/50-28</i>	25	NOVOLIN 70/30.....	24
NECON 10/11-28.....	25	NOVOLIN N.....	24
<i>necon 7/7/7</i>	25	NOVOLIN R.....	24
<i>nefazodone hcl</i>	20	NOVOLOG.....	24
<i>neomycin sulfate</i>	9	NOVOLOG MIX 70/30.....	24
<i>neomycin/bacitracin/polym</i>	42	NUTROPIN.....	27
<i>neomycin/polymyxin b sulfate</i>	41	NUTROPIN AQ.....	27
<i>neomycin/polymyxin/dex</i>	42	NUVARING.....	25
<i>neomycin/polymyxin/gramic</i>	42	<i>nystatin</i>	10
<i>neomycin/polymyxin/hc</i>	43	<i>nystatin/triamcinolone</i>	39
<i>neomycin/polymyxin/hydroc</i>	42	<i>nystop</i>	39
NEORAL.....	33	<i>ocella</i>	25
NEPHRAMINE.....	35	OCTAGAM.....	32
NEULASTA.....	31	OCTREOTIDE ACETATE.....	27
NEUMEGA.....	31	<i>ocusulf-10</i>	42
NEUPOGEN.....	31	<i>ofloxacin</i>	9
NEXAVAR.....	14	<i>ogestrel</i>	25
<i>niacor</i>	16	<i>omeprazole</i>	30
NIASPAN.....	16	<i>ondansetron hcl</i>	29
<i>nicardipine hcl</i>	17	<i>ondansetron inj</i>	29
NICOTROL INHALER.....	22	<i>ondansetron odt</i>	29
<i>nifediac cc</i>	17	ONTAK.....	13
<i>nifedical xl</i>	17	<i>onxol</i>	13
<i>nifedipine</i>	17	OPANA ER.....	7
<i>nifedipine er</i>	17	ORACEA.....	41
NILANDRON.....	13	ORAP.....	21

ORENCIA	32	<i>pentopak</i>	32
<i>orphenadrine citrate</i>	22	<i>pentostatin</i>	13
<i>orphenadrine citrate er</i>	22	<i>pentoxifylline er</i>	32
<i>orphenadrine compound ds</i>	22	<i>pentoxil</i>	32
<i>orphenadrine/asa/caffeine</i>	22	PEPCID SUS	29
ORTHO EVRA	25	<i>periogard</i>	41
ORTHO TRI-CYCLEN LO	25	<i>permethrin</i>	41
<i>ortho-est</i>	26	<i>perphenazine</i>	21
OVIDE	41	<i>perphenazine/amitriptyline</i>	23
<i>oxacillin sodium</i>	9	<i>pfizerpen g inj 5mu</i>	9
OXANDRIN TAB 10MG	23	<i>phenadoz</i>	29
OXANDROLONE TAB 10MG	23	<i>phenytoin</i>	19
<i>oxandrolone tab 2.5mg</i>	23	<i>phenytoin sodium extended</i>	19
<i>oxaprozin</i>	8	<i>phenytoin sodium inj</i>	19
<i>oxcarbazepine</i>	19	PHOSLO	28
OXSORALEN ULTRA	40	<i>physiolyte</i>	41
<i>oxybutynin chloride</i>	30	<i>physiosol irrigation</i>	41
<i>oxybutynin chloride er</i>	30	<i>pilocarpine hcl</i>	30
<i>oxycodone hcl</i>	7	PILOPINE HS	42
<i>oxycodone/acetaminophen</i>	7	<i>pindolol</i>	16
<i>oxycodone/aspirin</i>	7	<i>piroxicam</i>	8
<i>oxycodone/ibuprofen</i>	7	PLAN B	25
OXYCONTIN	7	<i>plasma-lyte 56</i>	37
OXYTROL	30	PLASMA-LYTE A	37
<i>pacerone tab 200mg</i>	15	PLASMA-LYTE-148	37
PACERONE TAB 400MG	15	PLASMA-LYTE-148/D5W	37
<i>paclitaxel</i>	13	PLASMA-LYTE-56/D5W	37
<i>pamidronate disodium</i>	24	PLASMA-LYTE-R	37
PANCRELIPASE	30	PLAVIX	32
<i>pantoprazole sodium</i>	30	<i>podofilox</i>	41
<i>parcaine</i>	42	<i>polycin b</i>	42
<i>paromomycin sulfate</i>	9	<i>poly-dex oin 0.1% op</i>	42
<i>paroxetine hcl</i>	20	POLYGAM S/D	32
<i>paroxetine hcl er</i>	20	<i>polymyxin b sulfate</i>	12
PATADAY	42	<i>poly-pred</i>	43
PATANOL	42	<i>portia-28</i>	25
PEDIARIX	34	<i>potassium chloride</i>	34
<i>pedi-dri</i>	39	<i>potassium chloride 0.075%</i>	37
PEDVAX HIB	34	POTASSIUM CHLORIDE 0.15%	37
<i>peg 3350/electrolytes</i>	29	<i>potassium chloride 0.15%/</i>	37
PEGANONE	19	<i>potassium chloride 0.22%</i>	37
PEGASYS	33	<i>potassium chloride 0.224%</i>	37
PEG-INTRON	33	POTASSIUM CHLORIDE 0.3%/	37
PEG-INTRON REDIPEN	33	<i>potassium chloride 0.3%/d</i>	37
PEG-INTRON REDIPEN PAK 4	33	<i>potassium chloride cr</i>	34
<i>penicillin g sodium</i>	9	<i>potassium chloride er</i>	34
<i>penicillin v potassium</i>	9	<i>potassium citrate extended</i>	30
<i>penicillin gk inj 5mu, 20mu</i>	9	PRANDIN	24
<i>pentazocine/acetaminophen</i>	6	<i>pravastatin sodium</i>	16
<i>pentazocine/naloxone hcl</i>	6	<i>prazosin hcl</i>	15

<i>prednicarbate</i>	40	<i>propoxyphene-n/acetaminophen</i>	6
<i>prednisolone acetate</i>	43	<i>propranolol hcl</i>	16
<i>prednisolone sodium phosphate</i>	27	<i>propranolol hcl er</i>	16
<i>prednisone</i>	27	<i>propranolol/hctz</i>	17
PREDNISON INTENSOL	27	<i>propylthiouracil</i>	28
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<i>prevalite</i>	16	<i>quasense</i>	25
<i>previfem</i>	25	<i>quinapril hcl</i>	14
PREVPAC MIS	30	<i>quinapril/hctz</i>	15
PREZISTA TAB 400MG, 600MG	10	<i>quinaretic</i>	15
PREZISTA TAB 75MG.....	10	<i>quinidine gluconate cr</i>	15
<i>primidone</i>	19	<i>quinidine sulfate</i>	15
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<i>probenecid</i>	6	RABAVERT	34
<i>probenecid/colchicine</i>	6	<i>ramipril</i>	15
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<i>prochlorperazine edisylate</i>	29	RAPAMUNE	33
<i>prochlorperazine maleate</i>	29	REBETOL	11
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<i>proctocort</i>	40	RELION N	24
<i>proctocream-hc</i>	39	RELION R	24
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<i>proctozone-hc</i>	40	RELPAK.....	22
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<i>propoxyphene/acetaminophen</i>	6	RIBAPAK.....	11

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<i>ribasphere tab 200mg</i>	11	SOLU-CORTEF INJ 250MG	27
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<i>selenium sulfide</i>	40	<i>sulfatrim</i>	12
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<i>sodium chloride</i>	34	TARGRETIN	14
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<i>sodium chloride 0.45% via</i>	37	TASMAR	20
<i>sodium fluoride</i>	34	<i>tazicef</i>	9
<i>sodium lactate</i>	34	<i>taztia xt</i>	17
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