



**The Health Plan  
SecureCare HMO  
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 SecureCare HMO Formulary?**

A formulary is a list of covered drugs selected by SecureCare HMO 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. SecureCare HMO will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a SecureCare HMO 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 7/1/2010. To get updated information about the drugs covered by SecureCare HMO, please visit our website at [www.healthplan.org](http://www.healthplan.org) or call Member Services at 1-800-593-0339, 24 hours a day, 7 days a week (except Thanksgiving and Christmas). TTY/TDD users should call 1-800-716-3231.

## **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 Agents, 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 40. 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?**

SecureCare HMO 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:** SecureCare HMO requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from SecureCare HMO before you fill your prescriptions. If you don't get approval, SecureCare HMO may not cover the drug.
- **Quantity Limits:** For certain drugs, SecureCare HMO limits the amount of the drug that SecureCare HMO will cover. For example, SecureCare HMO provides 34 tablets per prescription for CRESTOR. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, SecureCare HMO 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, SecureCare HMO may not cover Drug B unless you try Drug A first. If Drug A does not work for you, SecureCare HMO 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.healthplan.org](http://www.healthplan.org).

You can ask SecureCare HMO to make an exception to these restrictions or limits. See the section, "How do I request an exception to the SecureCare HMO 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 ask if your drug is covered. If you learn that SecureCare HMO does not cover your drug, you have two options:

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

You can ask SecureCare HMO 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, SecureCare HMO limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our Tier 3, you can ask us to cover it at the cost-sharing amount that applies to drugs in Tier 2 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 specialty drugs that are in Tier 4.

Generally, SecureCare HMO 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 believes 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 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-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.

Other times when we will cover a temporary 30-day transition supply (or less, if you have a prescription written for fewer days) include:

- When you enter a long-term care facility
- When you leave a long-term care facility
- When you are discharged from a hospital
- When you leave a skilled nursing facility
- When you cancel hospice care

**SecureCare HMO** will send you a letter within 3 business days of your filling a temporary transition supply notifying you that this was a temporary supply and explaining your options.

### **For more information**

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

If you have questions about SecureCare HMO, please call Member Services at 1-800-593-0339, 24 hours a day, 7 days a week (except Thanksgiving and Christmas). TTY/TDD users should call 1-800-716-3231. Or visit [www.healthplan.org](http://www.healthplan.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)

## SecureCare HMO's Formulary

The formulary that begins on page 2 provides coverage information about some of the drugs covered by SecureCare HMO. If you have trouble finding your drug in the list, turn to the Index that begins on page 40.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., NEXIUM®) and generic drugs are listed in lowercase italics (e.g., *omeprazole*).

The information in the Notes column tells you if SecureCare HMO has any special requirements for coverage of your drug.

### Initial Coverage Table

	<b>Retail Pharmacy</b> 34-day Supply	<b>Retail Pharmacy</b> 90-day Supply	<b>Mail-Order Pharmacy</b> 90-day Supply
Generic (Tier 1) *	\$10.00	\$30.00	\$20.00
Preferred Brand (Tier 2)	\$35.00	\$105.00	\$70.00
Non-preferred Brand (Tier 3)	50%	50%	50%
Specialty (Tier 4)	20%	20%	20%

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

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	GC PA MO
<i>clotrimazole troc</i>	1	GC MO
<i>fluconazole susr; tabs</i>	1	GC MO
<i>fluconazole in dextrose inj 400mg/200ml</i>	1	GC
<i>griseofulvin microsize</i>	1	GC MO
<i>itraconazole</i>	1	GC QL MO
<i>ketoconazole</i>	1	GC MO
<i>nystatin susp; tabs</i>	1	GC MO
<i>terbinafine tabs</i>	1	GC 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 caps; inj 500mg; susp; tabs</i>	1	GC MO
<i>amantadine</i>	1	GC MO
<i>didanosine</i>	1	GC MO
<i>famciclovir</i>	1	GC MO
<i>foscarnet sodium</i>	1	GC PA MO
<i>ribapak</i>	4	PA MO

Drug Name	Drug Tier	Reqs./ Limits
<i>ribasphere tabs 200mg</i>	1	GC PA MO
<i>ribasphere tabs 400mg</i>	4	PA
<i>ribasphere tabs 600mg; caps</i>	4	PA MO
<i>ribavirin tabs 200mg</i>	1	GC PA
<i>ribavirin caps</i>	4	PA
<i>rimantadine hcl</i>	1	GC MO
<i>stavudine</i>	1	GC MO
<i>valacyclovir hcl</i>	1	GC QL MO
<i>zidovudine</i>	1	GC 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	2	MO
PREZISTA TABS 75MG	2	MO
PREZISTA TABS 600MG; 400MG	4	MO

Drug Name	Drug Tier	Reqs./ Limits
REBETOL ORAL SOLN	2	PA MO
RELENZA DISKHALER	2	QL MO
RESCRIPTOR	3	MO
RETROVIR IV INFUSION	2	MO
REYATAZ	4	MO
SELZENTRY	4	MO
SUSTIVA	2	MO
TAMIFLU SUSR	2	MO
TAMIFLU CAPS	2	QL MO
TRIZIVIR	4	MO
TRUVADA	4	MO
TYZEKA	4	MO
VALCYTE ORAL SOLN	4	
VALCYTE TABS	4	MO
VALTREX	2	QL MO
VIDEX PEDIATRIC ORAL SOLN 2GM	2	MO
VIRACEPT	2	MO
VIRAMUNE	2	MO
VIREAD	2	MO
ZIAGEN	2	MO

### CEPHALOSPORINS

#### Generic

<i>cefaclor</i>	1	GC MO
<i>cefadroxil</i>	1	GC MO
<i>cefazolin inj 500mg; 5%; 1gm; 5%; inj 20gm; 500mg</i>	1	GC
<i>cefazolin inj 1gm</i>	1	GC MO
<i>cefdinir</i>	1	GC MO
<i>cefepime inj 2gm</i>	1	GC
<i>cefepime inj 1gm</i>	1	GC MO
<i>cefotaxime sodium inj 1gm; 500mg; 10gm</i>	1	GC
<i>cefotaxime sodium inj 2gm</i>	1	GC MO
<i>cefoxitin sodium inj 10gm; 2gm</i>	1	GC
<i>cefoxitin sodium inj 1gm</i>	1	GC MO
<i>cefpodoxime proxetil</i>	1	GC MO
<i>ceftriaxone sodium inj 10gm</i>	1	GC
<i>ceftriaxone sodium inj 250mg; 500mg</i>	1	GC MO
<i>cefuroxime axetil</i>	1	GC MO

Drug Name	Drug Tier	Reqs./ Limits
<i>cefuroxime sodium inj 7.5gm</i>	1	GC
<i>cefuroxime sodium inj 1.5gm; 750mg</i>	1	GC MO
<i>cephalexin</i>	1	GC MO

#### Brand

CEFTRIAXONE/DEXTROSE	2	
CEFUROXIME/DEXTROSE	2	
FORTAZ INJ 1GM/50ML; 5%; 2GM/50ML; 5%; INJ 1GM; 6GM	2	
FORTAZ INJ 2GM	2	MO
MAXIPIME INJ	3	MO
SUPRAX	3	MO
TAZICEF INJ 6GM; 2GM; 1GM	2	
ZINACEF INJ 750MG; 1.5GM	2	
ZINACEF IN ISO-OSMOTIC DEXTROSE	2	
ZINACEF IN ISO-OSMOTIC DILUENT	2	

### ERYTHROMYCINS / OTHER

#### MACROLIDES

#### Generic

<i>azithromycin inj 500mg; susr; tabs</i>	1	GC MO
<i>clarithromycin</i>	1	GC MO
<i>clarithromycin er e.e.s. 400</i>	1	GC MO
<i>erythrocin stearate</i>	1	GC MO
<i>erythromycin / sulfisoxazole</i>	1	GC MO

#### Brand

E.E.S. GRANULES	2	MO
ERY-TAB	2	MO
ERYTHROCIN LACTOBIONATE INJ 500MG	2	
ERYTHROMYCIN BASE	2	MO
ZMAX	2	MO

### MISCELLANEOUS ANTIINFECTIVES

#### Generic

<i>amikacin sulfate</i>	1	GC MO
<i>amikin inj 250mg/ml</i>	1	GC
<i>chloroquine</i>	1	GC MO
<i>clindamycin hcl</i>	1	GC MO

Drug Name	Drug Tier	Reqs./ Limits	Drug Name	Drug Tier	Reqs./ Limits
<i>clindamycin phosphate add-vantage</i>	1	GC	FANSIDAR	2	MO
<i>colistimethate sodium</i>	1	GC MO	ISONIAZID SYRP	2	MO
<i>ethambutol tabs 400mg</i>	1	GC	KETEK	2	QL MO
<i>ethambutol tabs 100mg</i>	1	GC MO	MALARONE	2	MO
<i>gentamicin sulfate inj 10mg/ml</i>	1	GC	MEPRON	4	MO
<i>gentamicin sulfate inj 40mg/ml</i>	1	GC MO	MYCOBUTIN	2	MO
<i>gentamicin sulfate/0.9% sodium chloride inj</i>	1	GC	NEBUPENT	2	PA MO
<i>gentamicin sulfate/sodium chloride inj 1.2mg/ml; 0.9%</i>	1	GC	NEUTREXIN	2	
<i>hydroxychloroquine</i>	1	GC MO	PASER	2	MO
<i>isonarif</i>	1	GC MO	PRIMAQUINE	2	MO
<i>isoniazid tabs</i>	1	GC MO	PRIMAXIN I.M.	2	MO
<i>isotonic gentamicin inj 0.6mg/ml; 0.9%; 0.8mg/ml; 0.9%</i>	1	GC	PRIMAXIN IV INJ	2	MO
<i>mebendazole</i>	1	GC MO	QUALAQUIN	2	MO
<i>mefloquine hcl</i>	1	GC MO	SEROMYCIN	2	MO
<i>metronidazole</i>	1	GC MO	STREPTOMYCIN SULFATE	2	MO
<i>metronidazole in nacl 0.79%</i>	1	GC MO	STROMECTOL	2	MO
<i>neomycin sulfate</i>	1	GC MO	TOBI	4	PA MO
<i>paromomycin</i>	1	GC MO	TOBRAMYCIN SULFATE / SODIUM CHLORIDE	2	
<i>pyrazinamide</i>	1	GC MO	TRECTOR	2	MO
<i>rifampin caps</i>	1	GC MO	TYGACIL	2	MO
<i>tobramycin inj 10mg/ml</i>	1	GC	XIFAXAN TABS 200MG	3	QL MO
<i>tobramycin inj 80mg/2ml</i>	1	GC MO	ZYVOX INJ	2	MO
			ZYVOX SUSR; TABS	2	QL 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	GC MO
AZACTAM INJ 2GM	2	MO	<i>amoxicillin</i>	1	GC MO
AZACTAM IN DEXTROSE	2		<i>amoxicillin/clavulanate potassium chew; susr; tabs</i>	1	GC MO
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 1GM; 0	2		<i>amoxicillin/clavulanate potassium susr</i>	1	MO
BILTRICIDE	2	MO	<i>amoxicillin/clavulanate potassium er</i>	1	GC MO
CAPASTAT SULFATE	3		<i>amoxicillin/potassium clavulanate tabs 875mg; 125mg</i>	1	GC MO
CLEOCIN GALAXY	2		<i>amoxil caps; susr 250mg/5ml</i>	1	GC MO
CLEOCIN PEDIATRIC GRANULES	2	MO	<i>ampicillin inj 1gm; 10gm</i>	1	GC
COARTEM	2	MO	<i>ampicillin susr; caps</i>	1	GC MO
CUBICIN	2	MO			
DAPSONE	2	MO			
DARAPRIM	2	MO			

Drug Name	Drug Tier	Reqs./ Limits
<i>ampicillin-sulbactam inj 10gm; 5gm</i>	1	GC
<i>ampicillin-sulbactam inj 2gm; 1gm</i>	1	GC MO
<i>dicloxacillin sodium</i>	1	GC MO
<i>nafcillin sodium inj 10gm</i>	1	GC
<i>nafcillin sodium inj 1gm</i>	1	GC MO
<i>penicillin g potassium</i>	1	GC
<i>penicillin v potassium</i>	1	GC MO
<i>pfizerpen-g inj 20mu</i>	1	GC
<i>piperacillin sodium/ tazobactam sodium inj 3gm; 0.375gm</i>	1	GC MO
<i>veetids oral soln</i>	1	GC MO

#### Brand

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	GC
<i>ciprofloxacin tabs</i>	1	GC MO
<i>ofloxacin</i>	1	GC MO

##### Brand

AVELOX INJ	2	
AVELOX TABS	2	MO
AVELOX ABC PACK	2	MO
CIPRO I.V.-IN D5W	2	MO
LEVAQUIN INJ 5%; 750MG/150ML	2	
LEVAQUIN INJ 25MG/ML; ORAL SOLN 25MG/ML; TABS	2	MO

Drug Name	Drug Tier	Reqs./ Limits
NOROXIN	3	MO

#### SULFA'S / RELATED AGENTS

##### Generic

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

##### Brand

GANTRISIN PEDIATRIC	2	MO
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#### TETRACYCLINES

##### Generic

<i>demeclocycline hcl</i>	1	GC MO
<i>doxycycline hyclate caps; inj; tabs</i>	1	GC MO
<i>doxycycline monohydrate susr; tabs 50mg; 75mg; 150mg</i>	1	GC MO
<i>minocycline hcl</i>	1	GC MO
<i>minocycline hcl er</i>	1	GC
<i>tetracycline hcl</i>	1	GC MO

##### Brand

VIBRAMYCIN SYRP	2	MO
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#### URINARY TRACT AGENTS

##### Generic

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

##### Brand

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

#### VANCOMYCIN

##### Generic

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

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

Drug Name	Drug Tier	Reqs./ Limits
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<b>Generic</b>		
<i>leucovorin calcium inj 350mg; 100mg; tabs 25mg; 5mg</i>	1	GC MO
<i>mesna</i>	1	GC MO
<b>Brand</b>		
ELITEK INJ 1.5MG	4	
LEUCOVORIN CALCIUM TABS 10MG; 15MG	2	MO
MESNEX TABS	2	MO
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>Generic</b>		
<i>adriamycin inj 2mg/ml</i>	1	GC
<i>azathioprine</i>	1	GC PA MO
<i>azathioprine sodium</i>	1	GC PA MO
<i>bicalutamide</i>	1	GC MO
<i>bleomycin sulfate inj 30unit</i>	1	GC
<i>carboplatin inj 150mg/15ml</i>	1	GC MO
<i>cisplatin</i>	1	GC MO
<i>cladribine</i>	1	GC MO
<i>cyclophosphamide inj 500mg; 1gm</i>	1	GC MO
<i>cyclophosphamide tabs</i>	1	GC PA MO
<i>cyclosporine inj 50mg/ml</i>	1	GC PA
<i>cyclosporine oral soln 100mg/ml; caps 25mg; 100mg; 100mg</i>	1	GC PA MO
<i>cytarabine inj 500mg</i>	1	GC MO
<i>cytarabine aqueous inj 20mg/ml</i>	1	GC MO
<i>dacarbazine inj 200mg</i>	1	GC MO
<i>doxorubicin hcl</i>	1	GC
<i>epirubicin hcl inj 50mg/25ml</i>	1	GC
<i>etoposide inj</i>	1	GC MO
<i>fludarabine phosphate inj 50mg</i>	1	GC MO
<i>fluorouracil</i>	1	GC MO
<i>flutamide</i>	1	GC MO

Drug Name	Drug Tier	Reqs./ Limits
<i>gengraf</i>	1	GC PA MO
<i>hydroxyurea</i>	1	GC MO
<i>idarubicin hcl</i>	1	GC
<i>ifosfamide inj 1gm</i>	1	GC
<i>ifosfamide/mesna</i>	4	
<i>irinotecan</i>	1	GC MO
<i>leuprolide acetate</i>	1	GC MO
<i>megestrol acetate</i>	1	GC MO
<i>melphalan hydrochloride</i>	1	
<i>mercaptopurine</i>	1	GC MO
<i>methotrexate</i>	1	GC PA MO
<i>methotrexate sodium inj 25mg/ml</i>	1	GC MO
<i>mitomycin inj 20mg</i>	1	GC MO
<i>mitoxantrone hcl</i>	1	GC MO
<i>mycophenolate mofetil</i>	1	GC PA MO
<i>octreotide</i>	1	GC MO
<i>onxol</i>	1	GC
<i>oxaliplatin inj 100mg/20ml</i>	1	MO
<i>paclitaxel</i>	1	GC MO
<i>pentostatin</i>	1	GC
<i>tacrolimus</i>	1	GC PA MO
<i>tamoxifen citrate</i>	1	GC MO
<i>thiotepa</i>	1	GC MO
<i>tretinoin</i>	1	GC MO
<i>vinblastine sulfate inj 10mg</i>	1	GC
<i>vincasar pfs</i>	1	GC
<i>vincristine sulfate</i>	1	GC
<i>vinorelbine tartrate</i>	1	GC MO
<b>Brand</b>		
ABRAXANE	3	MO
AFINITOR	4	PA QL MO
ALIMTA INJ 500MG	3	MO
ALKERAN INJ	3	
ARIMIDEX	2	MO
AROMASIN	2	MO
ARRANON	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
AVASTIN	3	MO	MUSTARGEN	3	MO
BICNU	3	MO	MYFORTIC	2	PA MO
CAMPATH	3	MO	MYLOTARG	3	
CEENU	2	MO	NEORAL	2	PA MO
CELLCEPT	2	PA MO	NEXAVAR	4	LA PA
CLOLAR	3				QL MO
COSMEGEN	3	MO	NILANDRON	3	MO
CYCLOSPORINE CAPS 50MG	2	PA	NIPENT	3	MO
CYTOXAN	3	MO	ONCASPAR	3	MO
DAUNORUBICIN HCL INJ	3		ONTAK	3	
DAUNOXOME	3	MO	PHOTOFRIN	3	
DROXIA	2	MO	PROGRAF INJ	2	PA
ELLENC	3	MO	PROGRAF CAPS	2	PA MO
ELOXATIN	3	MO	RAPAMUNE ORAL SOLN; TABS	2	PA MO
ELSPAR	3	MO	1MG; 2MG		
EMCYT	2	MO	REVLIMID	4	LA MO
ERBITUX	3	MO	RHEUMATREX	3	PA MO
ETOPOPHOS	3	MO	RITUXAN	2	PA MO
FARESTON	3	MO	SANDIMMUNE INJ 50MG/ML	2	PA
FASLODEX	4	MO	SANDIMMUNE ORAL SOLN	2	PA MO
FEMARA	2	MO	100MG/ML; CAPS		
FLUDARABINE PHOSPHATE	2		SANDOSTATIN INJ 50MCG/ML;	4	MO
INJ 50MG/2ML			100MCG/ML; 500MCG/ML		
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
HYCAMTIN INJ	3	MO			MO
IFEX INJ 3GM	3	MO	TABLOID	2	MO
LEUKERAN	2	MO	TARCEVA	4	PA QL
LEUSTATIN	2	MO			MO
LUPRON DEPOT KIT 3.75MG	2	MO	TARGRETIN	2	MO
LUPRON DEPOT KIT 7.5MG;	4	MO	TASIGNA CAPS 200MG	4	MO
11.25MG; 30MG; 22.5MG			TAXOTERE	4	MO
LUPRON DEPOT-PED KIT	4	MO	THALOMID	4	PA MO
11.25MG; 15MG			TRELSTAR DEPOT	3	
LYSODREN	2	MO	TRELSTAR LA	3	
MATULANE	4	MO	TRISENOX	2	MO
MEGACE ES	3	MO	TYKERB	4	LA QL
METHOTREXATE SODIUM INJ	3				MO
1GM			VELCADE	3	MO

Drug Name	Drug Tier	Reqs./ Limits
VIDAZA	4	QL MO
VOTRIENT	4	MO
ZANOSAR	3	MO
ZOLINZA	4	MO

## AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

### ANTICONVULSANTS

#### Generic

<i>carbamazepine susp</i>	1	GC
<i>carbamazepine tabs; chew</i>	1	GC MO
<i>carbamazepine er</i>	1	GC MO
<i>divalproex sodium</i>	1	GC MO
<i>epitol</i>	1	GC MO
<i>ethosuximide</i>	1	GC MO
<i>fosphenytoin sodium</i>	1	GC MO
<i>gabapentin</i>	1	GC MO
<i>lamotrigine</i>	1	GC MO
<i>levetiracetam oral soln 100mg/ml; tabs</i>	1	GC MO
<i>oxcarbazepine</i>	1	GC MO
<i>phenytoin</i>	1	GC MO
<i>phenytoin sodium extended</i>	1	GC MO
<i>primidone</i>	1	GC MO
<i>topiramate</i>	1	GC MO
<i>valproate sodium</i>	1	GC MO
<i>valproic acid</i>	1	GC MO
<i>zonisamide</i>	1	GC 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

Drug Name	Drug Tier	Reqs./ Limits
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 200MG/20ML	2	
VIMPAT TABS	2	MO

### ANTIPARKINSONISM AGENTS

#### Generic

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

#### Brand

APOKYN	2	LA PA MO
AZILECT	2	MO
COGENTIN	2	MO
COMTAN	2	MO
LODOSYN	2	MO
MIRAPEX	2	MO
MIRAPEX ER	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

Drug Name	Drug Tier	Reqs./ Limits
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### MIGRAINE / CLUSTER HEADACHE THERAPY

#### Generic

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

#### Brand

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

### MISCELLANEOUS NEUROLOGICAL THERAPY

#### Generic

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

#### Brand

ARICEPT	2	QL MO
ARICEPT ODT	2	QL MO
COPAXONE	4	PA QL MO
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	GC MO
<i>carisoprodol</i>	1	GC MO
<i>carisoprodol / aspirin</i>	1	GC MO
<i>chlorzoxazone tabs 250mg</i>	1	GC
<i>chlorzoxazone tabs 500mg</i>	1	GC MO
<i>cyclobenzaprine hcl</i>	1	GC MO

Drug Name	Drug Tier	Reqs./ Limits
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<i>dantrolene sodium caps</i>	1	GC MO
<i>metaxalone</i>	1	GC
<i>methocarbamol</i>	1	GC MO
<i>orphenadrine /asa /caffeine</i>	1	GC MO
<i>orphenadrine citrate</i>	1	GC MO
<i>orphenadrine citrate er</i>	1	GC MO
<i>orphenadrine compound ds</i>	1	GC MO
<i>pyridostigmine bromide</i>	1	GC MO
<i>regonol</i>	1	GC
<i>tizanidine hcl</i>	1	GC MO

#### Brand

MESTINON SYRP	2	MO
MESTINON TIMESPAN	2	MO

### NARCOTIC ANALGESICS

#### Generic

<i>acetaminophen / codeine oral soln; tabs 300mg; 15mg</i>	1	GC MO
<i>acetaminophen/codeine #3</i>	1	GC MO
<i>acetaminophen/codeine #4</i>	1	GC MO
<i>buprenorphine hcl inj</i>	1	GC
<i>buprenorphine hcl subl</i>	1	GC MO
<i>codeine sulfate</i>	1	MO
<i>duramorph</i>	1	GC MO
<i>endocet</i>	1	GC MO
<i>fentanyl citrate</i>	1	GC
<i>fentanyl citrate oral transmucosal</i>	1	GC PA QL MO
<i>fentanyl patches</i>	1	GC MO
<i>hydrocodone / acetaminophen oral soln; tabs</i>	1	GC MO
<i>hydrocodone / ibuprofen</i>	1	GC MO
<i>hydrocodone /acetaminophen-hs</i>	1	GC MO
<i>hydrocodone</i>	1	GC MO
<i>bitartrate/acetaminophen</i>		
<i>hydromorphone hcl inj 10mg/ml; tabs</i>	1	GC MO
<i>levorphanol tartrate</i>	1	GC MO
<i>margesic-h</i>	1	GC MO
<i>meperidine hcl inj 50mg/ml; 10mg/ml</i>	1	GC

Drug Name	Drug Tier	Reqs./ Limits
<i>meperidine hcl inj 75mg/ml; 25mg/ml; oral soln 50mg/5ml; tabs</i>	1	GC MO
<i>methadone hcl inj 10mg/ml</i>	1	GC
<i>methadone hcl tabs; conc</i>	1	GC MO
<i>methadose tabs 10mg</i>	1	GC
<i>methadose tabs 5mg</i>	1	GC MO
<i>morphine sulfate inj 5mg/ml; 0.5mg/ml</i>	1	GC
<i>morphine sulfate inj 1mg/ml; oral soln 20mg/ml; 10mg/5ml; 20mg/5ml; tabs</i>	1	GC MO
<i>morphine sulfate er</i>	1	GC MO
<i>oxycodone /acetaminophen tabs 325mg; 5mg</i>	1	GC
<i>oxycodone /acetaminophen tabs 650mg; 10mg; 325mg; 2.5mg; caps</i>	1	GC MO
<i>oxycodone /apap tabs 500mg; 7.5mg</i>	1	GC MO
<i>oxycodone /aspirin</i>	1	GC MO
<i>oxycodone hcl tabs 30mg; 15mg; 5mg</i>	1	GC MO
<i>oxycodone hcl er</i>	1	GC MO
<i>oxycodone-apap</i>	1	GC MO
<i>reprexain tabs 10mg; 200mg</i>	1	GC MO
<i>roxicet tabs 325mg; 5mg</i>	1	GC MO
<i>stagesic</i>	1	GC MO
<i>trezix</i>	1	GC MO
<i>zerlor</i>	1	GC MO

#### Brand

BUPRENEX	2	MO
DILAUDID INJ	2	MO
DILAUDID-5	2	MO
DILAUDID-HP INJ 10MG/ML	2	
EMBEDA CPR 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

Drug Name	Drug Tier	Reqs./ Limits
ONSOLIS	2	
OPANA ER	2	MO
OXYCONTIN	2	MO
ROXICET ORAL SOLN	2	MO
SUBUTEX	2	MO

#### NON-NARCOTIC ANALGESICS

##### Generic

<i>butorphanol tartrate inj 2mg/ml; 1mg/ml</i>	1	GC MO
<i>butorphanol tartrate nasal soln 10mg/ml</i>	1	GC PA QL MO
<i>depade</i>	1	GC MO
<i>diclofenac potassium</i>	1	GC MO
<i>diclofenac sodium</i>	1	GC MO
<i>diclofenac sodium ec</i>	1	GC MO
<i>diclofenac sodium xr</i>	1	GC MO
<i>diflunisal</i>	1	GC MO
<i>etodolac</i>	1	GC MO
<i>fenoprofen calcium</i>	1	GC MO
<i>flurbiprofen</i>	1	GC MO
<i>ibuprofen susp; tabs 400mg; 600mg; 800mg</i>	1	GC MO
<i>indomethacin caps</i>	1	GC MO
<i>indomethacin er</i>	1	GC MO
<i>ketoprofen</i>	1	GC MO
<i>ketoprofen er</i>	1	GC MO
<i>meclofenamate sodium</i>	1	GC MO
<i>meloxicam</i>	1	GC MO
<i>nabumetone</i>	1	GC MO
<i>naloxone</i>	1	GC
<i>naltrexone</i>	1	GC MO
<i>naproxen</i>	1	GC MO
<i>naproxen sodium tabs 275mg; 550mg</i>	1	GC MO
<i>oxaprozin</i>	1	GC MO
<i>piroxicam</i>	1	GC MO
<i>sulindac</i>	1	GC MO
<i>tolmetin sodium</i>	1	GC MO
<i>tramadol</i>	1	GC MO
<i>tramadol hcl er</i>	1	GC MO

##### Brand

Drug Name	Drug Tier	Reqs./ Limits	Drug Name	Drug Tier	Reqs./ Limits
ARTHROTEC 50	3	MO	<i>dextroamphetamine sulfate er</i>	1	GC PA MO
ARTHROTEC 75	3	MO	<i>doxepin</i>	1	GC MO
CELEBREX	2	QL MO	<i>fluoxetine oral soln</i>	1	GC MO
FLECTOR	3	MO	<i>fluoxetine tabs; caps</i>	1	GC QL MO
SUBOXONE	2	MO	<i>fluoxetine dr</i>	1	GC QL MO
VOLTAREN GEL	2	MO	<i>fluphenazine conc</i>	1	GC
<b>PROPOXYPHENE</b>			<i>fluphenazine elix; inj; tabs</i>	1	GC MO
<b>Generic</b>			<i>fluphenazine decanoate inj</i>	1	GC MO
<i>balacet 325</i>	1	GC MO	<i>fluvoxamine</i>	1	GC QL MO
<i>propoxyphene /acetaminophen</i>	1	GC MO	<i>haloperidol</i>	1	GC MO
<i>propoxyphene hcl</i>	1	GC MO	<i>haloperidol decanoate inj</i>	1	GC MO
<i>propoxyphene-n /acetaminophen</i>	1	GC MO	<i>haloperidol lactate inj</i>	1	GC MO
<b>PSYCHOTHERAPEUTIC DRUGS</b>			<i>imipramine</i>	1	GC MO
<b>Generic</b>			<i>imipramine pamoate</i>	1	GC MO
<i>amitriptyline</i>	1	GC MO	<i>lithium carbonate</i>	1	GC MO
<i>amoxapine</i>	1	GC MO	<i>lithium carbonate er</i>	1	GC MO
<i>amphetamine /dextroamphetamine tabs</i>	1	GC PA MO	<i>lithium citrate</i>	1	GC MO
<i>budeprion sr</i>	1	GC QL MO	<i>loxapine</i>	1	GC MO
<i>budeprion xl</i>	1	GC QL MO	<i>maprotiline</i>	1	GC MO
<i>bupropion hcl</i>	1	GC MO	<i>metadate er</i>	1	GC PA MO
<i>bupropion hcl sr tb12 100mg; 200mg</i>	1	GC QL MO	<i>methamphetamine hcl</i>	1	GC PA MO
<i>bupirone hcl</i>	1	GC MO	<i>methylin tabs</i>	1	GC PA MO
<i>chlordiazepoxide /amitriptyline</i>	1	GC MO	<i>methylin er</i>	1	GC PA MO
<i>chlorpromazine inj; tabs 50mg; 100mg; 200mg</i>	1	GC MO	<i>methylphenidate hcl</i>	1	GC PA
<i>chlorpromazine tabs 25mg; 10mg</i>	1	GC PA MO	<i>methylphenidate hcl sr</i>	1	GC PA
<i>citalopram oral soln</i>	1	GC MO	<i>mirtazapine</i>	1	GC QL MO
<i>citalopram tabs</i>	1	GC QL MO	<i>mirtazapine odt tbdp 30mg; 45mg</i>	1	GC QL MO
<i>clomipramine</i>	1	GC MO	<i>nefazodone</i>	1	GC QL MO
<i>clozapine tabs 50mg; 25mg; 100mg</i>	1	GC	<i>nortriptyline</i>	1	GC MO
<i>desipramine</i>	1	GC MO	<i>paroxetine susp</i>	1	GC MO
<i>dexmethylphenidate</i>	1	GC PA MO			
<i>dextroamphetamine sulfate</i>	1	GC PA MO			

Drug Name	Drug Tier	Reqs./ Limits	Drug Name	Drug Tier	Reqs./ Limits
<i>paroxetine tabs</i>	1	GC QL MO	GEODON INJ	2	MO
<i>paroxetine er tb24 12.5mg; 25mg</i>	1	GC QL MO	GEODON CAPS	2	QL MO
<i>perphenazine tabs 2mg; 16mg</i>	1	GC MO	HALDOL DECANOATE	2	MO
<i>perphenazine tabs 4mg; 8mg</i>	1	GC PA MO	INVEGA	2	MO
<i>protriptyline hcl</i>	1	GC MO	INVEGA SUSTENNA	2	MO
<i>risperidone oral soln</i>	1	GC MO	LEXAPRO ORAL SOLN	2	MO
<i>risperidone tabs</i>	1	GC QL MO	LEXAPRO TABS	2	QL MO
<i>risperidone odt</i>	1	GC QL MO	MARPLAN	2	MO
<i>sertraline conc</i>	1	GC MO	METADATE CD	3	PA MO
<i>sertraline tabs</i>	1	GC QL MO	METHYLIN CHEW; ORAL SOLN	3	PA MO
<i>thioridazine</i>	1	GC MO	MOBAN	2	MO
<i>thiothixene</i>	1	GC MO	NARDIL	2	MO
<i>tranlycypromine</i>	1	GC MO	ORAP	2	MO
<i>trazodone</i>	1	GC MO	PAXIL SUSP	2	MO
<i>trifluoperazine</i>	1	GC MO	PRISTIQ	2	QL MO
<i>trimipramine maleate</i>	1	GC	PROVIGIL	2	PA QL MO
<i>venlafaxine hcl</i>	1	GC QL MO	RISPERDAL CONSTA SUSR	2	MO
<i>zaleplon</i>	1	GC MO	25MG; 12.5MG		
<i>zolpidem</i>	1	GC MO	RISPERDAL CONSTA SUSR	4	MO
<b>Brand</b>			37.5MG; 50MG		
ABILIFY INJ 9.75MG/1.3ML	3		RISPERDAL M-TAB TBDP 1MG	2	QL MO
ABILIFY ORAL SOLN 1MG/ML	3	MO	RITALIN LA	3	PA MO
ABILIFY TABS	3	QL MO	ROZEREM	3	MO
ABILIFY DISCMELT	3	QL MO	SAPHRIS	3	QL MO
CLOZAPINE TABS 200MG	2		SEROQUEL	2	QL MO
CYMBALTA	2	QL MO	SEROQUEL XR	2	QL MO
EFFEXOR XR	2	QL MO	STRATTERA	2	MO
EMSAM	3	QL MO	SURMONTIL CAPS 100MG	3	MO
FANAPT	3	QL MO	SYMBYAX	3	QL MO
FANAPT TITRATION PACK	3	MO	XYREM	4	PA
FAZACLO	3		ZYPREXA INJ	2	MO
FOCALIN	3	PA MO	ZYPREXA TABS	2	QL MO
FOCALIN XR CP24 5MG; 10MG; 20MG; 15MG	2	PA MO	ZYPREXA RELPREVV SUSR	2	
			405MG		
			ZYPREXA ZYDIS	2	QL MO
			<b>CARDIOVASCULAR,</b>		
			<b>HYPERTENSION / LIPIDS</b>		
			<b>ANTIARRHYTHMIC AGENTS</b>		
			<b>Generic</b>		

Drug Name	Drug Tier	Reqs./ Limits	Drug Name	Drug Tier	Reqs./ Limits
<i>amiodarone inj</i>	1	GC	<i>captopril / hydrochlorothiazide</i>	1	GC QL MO
<i>amiodarone tabs</i>	1	GC MO	<i>cartia xt</i>	1	GC MO
<i>disopyramide phosphate</i>	1	GC MO	<i>carvedilol</i>	1	GC MO
<i>flecainide acetate</i>	1	GC MO	<i>chlorothiazide</i>	1	GC MO
<i>mexiletine</i>	1	GC MO	<i>chlorothiazide sodium</i>	1	GC MO
<i>pacerone tabs 200mg</i>	1	GC MO	<i>chlorthalidone tabs 25mg; 50mg</i>	1	GC MO
<i>procainamide</i>	1	GC	<i>clonidine ptwk</i>	1	
<i>propafenone hcl</i>	1	GC MO	<i>clonidine tabs</i>	1	GC MO
<i>quinidine gluconate cr</i>	1	GC MO	<i>dilt-cd cp24 180mg; 120mg; 300mg</i>	1	GC MO
<i>quinidine sulfate</i>	1	GC MO	<i>diltiazem cd cp24 120mg; 240mg; 300mg</i>	1	GC MO
<i>quinidine sulfate er</i>	1	GC MO	<i>diltiazem hcl inj 25mg/5ml</i>	1	GC
<i>sorine</i>	1	GC MO	<i>diltiazem hcl tabs; cp24 360mg</i>	1	GC MO
<i>sotalol</i>	1	GC MO	<i>diltiazem hcl er tb24</i>	1	GC
<b>Brand</b>			<i>diltiazem hcl er cp12; cp24 420mg</i>	1	GC MO
MULTAQ	2	MO	<i>dilt-xr cp24 240mg; 180mg</i>	1	GC
NORPACE CR CP12 100MG	2	MO	<i>diltzac</i>	1	GC MO
PACERONE TABS 300MG	2		<i>doxazosin</i>	1	GC QL MO
PACERONE TABS 100MG; 400MG	2	MO	<i>enalapril</i>	1	GC MO
RYTHMOL SR	2	MO	<i>enalapril / hydrochlorothiazide</i>	1	GC QL MO
TIKOSYN	3	MO	<i>eplerenone</i>	1	GC MO
<b>ANTIHYPERTENSIVE THERAPY</b>			<i>felodipine er tb24 2.5mg</i>	1	GC
<b>Generic</b>			<i>felodipine er tb24 5mg; 10mg</i>	1	GC MO
<i>acebutolol</i>	1	GC MO	<i>fosinopril</i>	1	GC MO
<i>afeditab cr</i>	1	GC MO	<i>fosinopril / hydrochlorothiazide</i>	1	GC QL MO
<i>amiloride</i>	1	GC MO	<i>furosemide inj 10mg/ml; oral soln 10mg/ml; tabs</i>	1	GC MO
<i>amiloride / hydrochlorothiazide</i>	1	GC MO	<i>guanfacine hcl</i>	1	GC MO
<i>amlodipine / benazepril</i>	1	GC QL MO	<i>hydralazine</i>	1	GC MO
<i>amlodipine besylate</i>	1	GC MO	<i>hydrochlorothiazide</i>	1	GC MO
<i>atenolol</i>	1	GC MO	<i>indapamide</i>	1	GC MO
<i>atenolol / chlorthalidone</i>	1	GC MO	<i>isradipine</i>	1	GC MO
<i>benazepril</i>	1	GC MO	<i>labetalol inj</i>	1	GC
<i>benazepril / hydrochlorothiazide</i>	1	GC QL MO	<i>labetalol tabs</i>	1	GC MO
<i>betaxolol hcl tabs</i>	1	GC	<i>lisinopril tabs 5mg</i>	1	GC
<i>bisoprolol fumarate</i>	1	GC MO	<i>lisinopril tabs 30mg; 40mg; 20mg; 2.5mg; 10mg</i>	1	GC MO
<i>bisoprolol fumarate / hydrochlorothiazide</i>	1	GC MO			
<i>bumetanide</i>	1	GC MO			
<i>captopril</i>	1	GC MO			

Drug Name	Drug Tier	Reqs./ Limits	Drug Name	Drug Tier	Reqs./ Limits
<i>lisinopril / hydrochlorothiazide</i>	1	GC QL MO	<i>ramipril</i>	1	GC MO
<i>losartan potassium</i>	1	GC QL MO	<i>reserpine</i>	1	GC MO
<i>losartan potassium/hydrochlorothiazide</i>	1	GC QL MO	<i>spironolactone</i>	1	GC MO
<i>losartan</i>	1	GC QL MO	<i>spironolactone / hydrochlorothiazide</i>	1	GC MO
<i>methyclothiazide</i>	1	GC MO	<i>taztia xt</i>	1	GC MO
<i>metolazone</i>	1	GC MO	<i>terazosin hcl</i>	1	GC QL MO
<i>metoprolol / hydrochlorothiazide</i>	1	GC MO	<i>timolol maleate</i>	1	GC MO
<i>metoprolol succinate er</i>	1	GC	<i>torseamide tabs</i>	1	GC MO
<i>metoprolol tartrate inj</i>	1	GC	<i>trandolapril</i>	1	GC MO
<i>metoprolol tartrate tabs</i>	1	GC MO	<i>triamterene / hydrochlorothiazide</i>	1	GC MO
<i>minoxidil tabs</i>	1	GC MO	<i>verapamil inj</i>	1	GC
<i>moexipril</i>	1	GC MO	<i>verapamil tabs</i>	1	GC MO
<i>moexipril / hydrochlorothiazide</i>	1	GC QL MO	<i>verapamil er</i>	1	GC MO
<i>nadolol tabs 160mg</i>	1	GC	<b>Brand</b>		
<i>nadolol tabs 80mg; 20mg; 40mg</i>	1	GC MO	BIDIL	2	QL MO
<i>nadolol / bendroflumethiazide</i>	1	GC MO	CATAPRES-TTS	2	MO
<i>nicardipine caps</i>	1	GC MO	COREG CR	2	MO
<i>nifediac cc</i>	1	GC MO	DEMSEER	2	MO
<i>nifedical xl</i>	1	GC MO	DIBENZYLINE	3	MO
<i>nifedipine</i>	1	GC MO	DILTIAZEM HCL INJ 100MG	2	
<i>nifedipine er tb24 30mg; 60mg</i>	1	GC	DIOVAN	2	QL MO
<i>nifedipine er tb24 90mg</i>	1	GC MO	DIOVAN HCT	2	QL MO
<i>nimodipine</i>	4	MO	EDECRIN	2	MO
<i>nisoldipine tb24 20mg; 30mg; 40mg</i>	1	GC MO	EXFORGE	2	QL MO
<i>perindopril erbumine</i>	1	GC MO	EXFORGE HCT	2	QL MO
<i>pindolol</i>	1	GC MO	FUROSEMIDE ORAL SOLN 8MG/ML	2	MO
<i>prazosin</i>	1	GC QL MO	LOTREL CAPS 5MG; 40MG; 10MG; 40MG	2	QL MO
<i>propranolol /hydrochlorothiazide</i>	1	GC MO	MICARDIS	2	QL MO
<i>propranolol hcl inj 1mg/ml</i>	1	GC	MICARDIS HCT	2	QL MO
<i>propranolol hcl oral soln 20mg/5ml; 40mg/5ml; tabs</i>	1	GC MO	SODIUM EDECRIN	2	
<i>propranolol hcl er</i>	1	GC MO	SULAR	2	MO
<i>quinapril</i>	1	GC MO	TEKTURNA	2	QL MO
<i>quinapril / hydrochlorothiazide</i>	1	GC QL MO	TEKTURNA HCT	2	QL MO
<i>quinaretic</i>	1	GC QL MO	TOPROL XL	3	MO
			TWYNSTA	2	QL MO
			VALTURNA	2	QL MO
			<b>CARDIAC GLYCOSIDES</b>		

Drug Name	Drug Tier	Reqs./ Limits
<b>Generic</b>		
<i>digoxin inj 0.25mg/ml</i>	1	GC
<i>digoxin oral soln 0.05mg/ml; tabs</i>	1	GC MO
<b>Brand</b>		
LANOXIN INJ	2	
LANOXIN TABS	2	MO

### COAGULATION THERAPY

Generic	Drug Tier	Reqs./ Limits
<i>cilostazol</i>	1	GC QL MO
<i>dipyridamole tabs</i>	1	GC MO
<i>heparin sodium inj 5000unit/ml; 1000unit/ml; 10000unit/ml</i>	1	GC MO
<i>heparin sodium dcu</i>	1	GC MO
<i>heparin sodium/d5w</i>	1	GC
<i>heparin sodium/nacl 0.9%</i>	1	GC
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	GC
<i>jantoven</i>	1	GC MO
<i>pentopak</i>	1	GC MO
<i>pentoxifylline er</i>	1	GC MO
<i>pentoxil</i>	1	GC MO
<i>ticlopidine hcl</i>	1	GC QL MO
<i>warfarin</i>	1	GC 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
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 40MG/0.4ML; 30MG/0.3ML	2	MO

Drug Name	Drug Tier	Reqs./ Limits
LOVENOX INJ 80MG/0.8ML; 120MG/0.8ML; 60MG/0.6ML; 100MG/ML; 300MG/3ML; 150MG/ML	4	MO
PLAVIX	2	MO
PROMACTA TABS 25MG; 50MG	4	LA PA QL MO

### LIPID/CHOLESTEROL LOWERING AGENTS

#### Generic

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

### MISCELLANEOUS CARDIOVASCULAR AGENTS

#### Brand

RANEXA	2	MO
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### NITRATES

#### Generic

Drug Name	Drug Tier	Reqs./ Limits
<i>isosorbide dinitrate</i>	1	GC MO
<i>isosorbide dinitrate er</i>	1	GC MO
<i>isosorbide mononitrate</i>	1	GC MO
<i>isosorbide mononitrate er</i>	1	GC MO
<i>nitro-bid</i>	1	GC MO
<i>nitroglycerin pt24 0.2mg/hr;</i> <i>0.6mg/hr</i>	1	GC
<i>nitroglycerin pt24 0.4mg/hr</i>	1	GC MO
<i>nitroglycerin inj</i>	1	GC PA
<i>nitroglycerin transdermal pt24</i> <i>0.1mg/hr</i>	1	GC MO

#### Brand

IMDUR TB24 120MG; 30MG	3	MO
MONOKET TABS 10MG	3	MO
NITROLINGUAL PUMPSPRAY	2	MO
NITROSTAT	2	MO

### DERMATOLOGICALS/TOPICAL

#### THERAPY

#### ANTIPSORIATIC / ANTISEBORRHEIC

##### Generic

<i>calcipotriene</i>	1	GC MO
<i>selenium sulfide lotn 2.5%</i>	1	GC MO

##### Brand

SORIATANE CAPS 17.5MG; 22.5MG	2	MO
SORIATANE CK	2	

#### BURN THERAPY

##### Generic

<i>silver sulfadiazine</i>	1	GC MO
<i>ssd</i>	1	GC MO
<i>thermazene</i>	1	GC MO

##### Brand

SULFAMYLON	2	MO
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#### MISCELLANEOUS DERMATOLOGICALS

##### Generic

<i>ammonium lactate</i>	1	GC MO
<i>fluorouracil</i>	1	GC MO
<i>imiquimod</i>	1	GC MO
<i>laclotion</i>	1	GC

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

#### Brand

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

#### THERAPY FOR ACNE

##### Generic

<i>amneestem</i>	1	GC
<i>avita crea</i>	1	GC MO
<i>claravis</i>	1	GC
<i>clindamycin phosphate foam; gel;</i> <i>lotn; external soln; swab</i>	1	GC MO
<i>clindamycin/benzoyl peroxide</i>	1	MO
<i>ery</i>	1	GC MO
<i>erythromycin gel; external soln</i>	1	GC MO
<i>erythromycin / benzoyl peroxide</i>	1	GC MO
<i>metronidazole</i>	1	GC MO
<i>sotret</i>	1	GC
<i>tretinoin</i>	1	GC MO

##### Brand

AZELEX	2	MO
DIFFERIN CREA; GEL	2	MO
FINACEA	2	MO
METROGEL	2	MO

#### TOPICAL ANESTHETICS

##### Generic

<i>lidocaine inj 0.5%; 1%</i>	1	GC
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Drug Name	Drug Tier	Reqs./ Limits
<i>lidocaine external soln 4%; gel; oint</i>	1	GC MO
<i>lidocaine / prilocaine crea</i>	1	GC MO
<i>lidocaine viscous</i>	1	GC MO

Brand	Drug Tier	Reqs./ Limits
EMLA	3	MO
LIDODERM	2	PA MO

### TOPICAL ANTIBACTERIALS

Generic	Drug Tier	Reqs./ Limits
<i>gentamicin sulfate crea; oint 0.1%</i>	1	GC MO
<i>mupirocin</i>	1	GC MO
<i>sodium sulfacetamide</i>	1	GC MO

Brand	Drug Tier	Reqs./ Limits
ALTABAX	2	MO
BACTROBAN CREA	2	MO
PHISOHEX	2	MO

### TOPICAL ANTIFUNGALS

Generic	Drug Tier	Reqs./ Limits
<i>ciclopirox</i>	1	GC MO
<i>ciclopirox nail lacquer</i>	1	GC MO
<i>ciclopirox olamine</i>	1	GC MO
<i>clotrimazole crea; external soln</i>	1	GC MO
<i>clotrimazole / betamethasone</i>	1	GC MO
<i>econazole nitrate</i>	1	GC MO
<i>ketconazole</i>	1	GC MO
<i>kuric</i>	1	GC MO
<i>nyamyc</i>	1	GC MO
<i>nystatin crea; oint; powd</i>	1	GC MO
<i>nystatin / triamcinolone</i>	1	GC MO
<i>nystop</i>	1	GC MO
<i>pedi-dri</i>	1	GC MO

Brand	Drug Tier	Reqs./ Limits
ERTACZO	2	MO
NAFTIN	2	MO
XOLEGEL	2	MO

### TOPICAL ANTIVIRALS

Brand	Drug Tier	Reqs./ Limits
DENAVIR	2	MO
ZOVIRAX CREA; OINT	3	MO

### TOPICAL CORTICOSTEROIDS

Drug Name	Drug Tier	Reqs./ Limits
<b>Generic</b>		

<i>ala cort</i>	1	GC MO
<i>ala-cort</i>	1	GC MO
<i>alclometasone dipropionate</i>	1	GC MO
<i>amcinonide oint</i>	1	GC
<i>amcinonide crea; lotn</i>	1	GC MO
<i>augmented betamethasone dipropionate</i>	1	GC MO
<i>betamethasone dipropionate crea; gel; oint</i>	1	GC MO
<i>betamethasone valerate lotn</i>	1	GC
<i>betamethasone valerate oint; crea</i>	1	GC MO
<i>beta-val</i>	1	GC MO
<i>clobetasol propionate external soln</i>	1	GC
<i>clobetasol propionate foam; gel; oint</i>	1	GC MO
<i>clobetasol propionate e</i>	1	GC MO
<i>cormax crea</i>	1	GC MO
<i>del-beta</i>	1	GC
<i>desonide</i>	1	GC MO
<i>desoximetasone</i>	1	GC MO
<i>diflorasone diacetate</i>	1	GC MO
<i>fluocinolone acetonide</i>	1	GC MO
<i>fluocinonide gel; oint; external soln</i>	1	GC MO
<i>fluocinonide emollient base</i>	1	GC
<i>fluticasone propionate</i>	1	GC MO
<i>halobetasol propionate</i>	1	GC MO
<i>hydrocortisone crea 2.5%; 1%; lotn; oint 2.5%; 1%</i>	1	GC MO
<i>hydrocortisone butyrate</i>	1	GC MO
<i>hydrocortisone valerate</i>	1	GC MO
<i>mometasone furoate</i>	1	GC MO
<i>prednicarbate</i>	1	GC MO
<i>triamcinolone acetonide crea; lotn; oint</i>	1	GC MO
<i>triderm crea</i>	1	GC MO

Brand	Drug Tier	Reqs./ Limits
CAPEX	2	MO
CLOBEX LOTN; SHAM	2	MO
CORDRAN TAPE	2	MO

Drug Name	Drug Tier	Reqs./ Limits
DERMA-SMOOTH / FS BODY OIL	2	MO
LOCOID LOTN	2	MO
LUXIQ	2	MO
PANDEL	2	MO

### TOPICAL ENZYMES

#### Brand

SANTYL	2	MO
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### TOPICAL SCABICIDES / PEDICULICIDES

#### Generic

<i>acticin</i>	1	GC MO
<i>malathion</i>	1	MO
<i>permethrin crea</i>	1	GC MO

#### Brand

EURAX	2	MO
LINDANE	2	MO
OVIDE	2	MO

### DIAGNOSTICS / MISCELLANEOUS AGENTS

#### MISCELLANEOUS AGENTS

#### Generic

<i>alcohol 5%/dextrose 5%</i>	1	GC
<i>alendronate sodium tabs 40mg</i>	1	GC PA MO
<i>anagrelide hydrochloride</i>	1	GC MO
<i>dextrose 10% flex container</i>	1	GC
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	GC
<i>dextrose 5%</i>	1	GC MO
<i>dextrose 5%/lactated ringers</i>	1	GC MO
<i>dextrose 5%/nacl 0.2%</i>	1	GC
<i>dextrose 5%/nacl 0.225%</i>	1	GC
<i>dextrose 5%/nacl 0.45%</i>	1	GC MO
<i>dextrose 5%/nacl 0.9%</i>	1	GC MO
<i>etidronate disodium</i>	1	GC MO
<i>kionex powd</i>	1	GC MO
<i>levocarnitine oral soln 1gm/10ml; tabs</i>	1	GC MO
<i>midodrine</i>	1	GC MO
<i>pilocarpine hcl tabs</i>	1	GC MO

Drug Name	Drug Tier	Reqs./ Limits
<i>sodium chloride inj 0.9%</i>	1	GC MO
<i>sodium chloride 0.9%</i>	1	GC MO
<i>sodium polystyrene sulfonate powd</i>	1	GC 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%/NACL 0.45%	2	
DEXTROSE 10%/NACL 0.2%	2	
DEXTROSE 5%/NACL 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>buprobán</i>	1	GC PA QL MO
<i>bupropion hcl sr tb12 150mg</i>	1	GC 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	GC MO
<i>ipratropium bromide nasal soln 0.03%; 0.06%</i>	1	GC MO
<i>perio gard</i>	1	GC MO
<i>triamcinolone in orabase</i>	1	GC 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	GC MO
<i>acetic acid</i>	1	GC MO
<i>acetic acid / hydrocortisone</i>	1	GC MO
<i>borofair</i>	1	GC MO
<i>ofloxacin</i>	1	GC MO
<b>Brand</b>		
DERMOTIC	2	MO
FLOXIN OTIC	2	MO
<b>OTIC STEROID / ANTIBIOTIC</b>		
<b>Generic</b>		
<i>cortomycin</i>	1	GC MO
<i>neomycin /polymyxin /hc</i>	1	GC MO
<i>neomycin /polymyxin /hydrocortisone susp</i>	1	GC 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</b>		
<b>ADRENAL HORMONES</b>		

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

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

Drug Name	Drug Tier	Reqs./ Limits	Drug Name	Drug Tier	Reqs./ Limits
NOVOLOG MIX 70/30	2	MO	HECTOROL	2	MO
PREFILLED FLEXPEN			KUVAN	4	LA MO
ONGLYZA	2	QL MO	NAGLAZYME	4	LA MO
PRANDIN	2	QL MO	SAMSCA	4	QL MO
PROGLYCEM	2	MO	SENSIPAR TABS 30MG	2	MO
RELION 70/30	2	MO	SENSIPAR TABS 60MG; 90MG	4	MO
RELION N	2	MO	SOMAVERT	2	PA QL
RELION R	2				MO
SYMLIN	3	QL MO	STIMATE	2	MO
SYMLINPEN 120	3	QL MO	SYNAREL	3	MO
SYMLINPEN 60	3	QL MO	ZAVESCA	2	LA
<b>MISCELLANEOUS HORMONES</b>			ZEMPLAR	2	MO
<b>Generic</b>			<b>THYROID HORMONES</b>		
<i>androxy</i>	1	GC PA MO	<b>Generic</b>		
<i>cabergoline</i>	1	GC QL MO	<i>levothyroxine tabs</i>	1	GC
<i>calcitonin-salmon</i>	1	GC QL MO	<i>levoxyl</i>	1	GC MO
<i>calcitriol caps; inj 1mcg/ml; oral soln 1mcg/ml</i>	1	GC MO	<i>liothyronine sodium inj</i>	1	GC
<i>danazol</i>	1	GC MO	<i>liothyronine sodium tabs</i>	1	GC MO
<i>desmopressin acetate inj; nasal soln; tabs</i>	1	GC MO	<i>unithroid</i>	1	GC MO
<i>fortical</i>	1	GC QL MO	<b>Brand</b>		
<i>oxandrolone</i>	1	GC PA MO	SYNTHROID	2	MO
<i>testosterone cypionate oil 100mg/ml</i>	1	GC PA MO	<b>GASTROENTEROLOGY</b>		
<i>testosterone enanthate</i>	1	GC PA MO	<b>ANTIDIARRHEALS / ANTISPASMODICS</b>		
<b>Brand</b>			<b>Generic</b>		
ALDURAZYME	4	LA PA MO	<i>atropine sulfate inj 0.1mg/ml</i>	1	GC
ANADROL-50	3	PA MO	<i>dicyclomine hcl caps; oral soln 10mg/5ml; tabs</i>	1	GC MO
ANDROGEL	2	PA MO	<i>diphenoxylate / atropine</i>	1	GC MO
CEREZYME INJ 200UNIT	4	LA PA MO	<i>glycopyrrolate</i>	1	GC MO
FABRAZYME INJ 35MG	4	LA PA MO	<i>lonox</i>	1	GC
			<i>loperamide hcl caps</i>	1	GC MO
			<b>Brand</b>		
			ATROPINE SULFATE INJ 0.05MG/ML	2	
			<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
			<b>Generic</b>		
			<i>balsalazide</i>	1	GC
			<i>compro</i>	1	GC MO
			<i>constulose</i>	1	GC MO

Drug Name	Drug Tier	Reqs./ Limits	Drug Name	Drug Tier	Reqs./ Limits
<i>dronabinol</i>	1	GC PA MO	AMITIZA	2	MO
<i>enulose</i>	1	GC MO	ASACOL	2	MO
<i>gavilyte-c</i>	1	GC MO	ASACOL HD	2	MO
<i>gavilyte-g</i>	1	MO	CANASA	2	MO
<i>gavilyte-n/ flavor pack</i>	1	GC MO	CORTIFOAM	2	MO
<i>generlac</i>	1	GC MO	CREON	3	MO
<i>granisetron tabs</i>	1	GC PA QL	CYSTADANE	2	MO
<i>granisetron inj</i>	1	GC QL MO	DIPENTUM	3	MO
<i>hydrocortisone enem</i>	1	GC MO	EMEND CAPS	2	PA QL MO
<i>lactulose oral soln</i>	1	GC MO	ENTOCORT EC	2	MO
<i>meclizine hcl</i>	1	GC MO	GASTROCROM	2	MO
<i>mesalamine enem</i>	1	GC MO	LOTRONEX	2	QL MO
<i>metoclopramide</i>	1	GC MO	PENTASA	2	MO
<i>ondansetron hcl inj 4mg/2ml</i>	1	GC MO	RELISTOR INJ	2	MO
<i>ondansetron hcl oral soln 4mg/5ml</i>	1	GC PA MO	REMICADE	4	PA MO
<i>ondansetron hcl tabs 24mg</i>	1	GC PA QL	SUCRAID	4	
<i>ondansetron hcl tabs 4mg; 8mg</i>	1	GC PA QL MO	TRANSDERM-SCOP	3	MO
<i>ondansetron odt</i>	1	GC PA QL MO	URSO 250	2	MO
<i>peg 3350 / electrolytes</i>	1	GC MO	URSO FORTE	2	MO
<i>polyethylene glycol 3350 powd</i>	1	GC MO	ZENPEP	2	MO
<i>prochlorperazine</i>	1	GC	<b>ULCER THERAPY</b>		
<i>prochlorperazine edisylate</i>	1	GC MO	<b>Generic</b>		
<i>prochlorperazine maleate</i>	1	GC PA MO	<i>famotidine inj; tabs 20mg; 40mg</i>	1	GC MO
<i>procto-pak</i>	1	GC	<i>famotidine premixed</i>	1	GC
<i>proctosol hc</i>	1	GC MO	<i>lansoprazole</i>	1	GC QL MO
<i>proctozone-hc</i>	1	GC MO	<i>misoprostol</i>	1	GC MO
<i>sulfasalazine tabs</i>	1	GC MO	<i>nizatidine</i>	1	GC MO
<i>sulfazine</i>	1	GC MO	<i>omeprazole cpdr</i>	1	GC QL MO
<i>sulfazine ec</i>	1	GC	<i>ranitidine hcl caps; syrps; tabs 300mg; 150mg</i>	1	GC MO
<i>trilyte</i>	1	GC MO	<i>sucralfate</i>	1	GC MO
<i>ursodiol tabs</i>	1	GC	<b>Brand</b>		
<i>ursodiol caps</i>	1	GC MO	CARAFATE SUSP	2	MO
<b>Brand</b>			DEXILANT	3	QL ST MO
			KAPIDEX	3	QL ST MO
			NEXIUM	2	QL MO

Drug Name	Drug Tier	Reqs./ Limits	Drug Name	Drug Tier	Reqs./ Limits
NEXIUM I.V. INJ 20MG	2		NORDITROPIN NORDIFLEX	4	PA MO
NEXIUM I.V. INJ 40MG	2	MO	PEN INJ		
PEPCID SUSR	2	MO	PEGASYS KIT	4	PA QL MO
PREVPAC	3	MO	PEG-INTRON KIT 50MCG/0.5ML	4	PA QL MO
PYLERA	2	MO	PEG-INTRON REDIPEN	4	PA QL MO
ZANTAC INJ 50MG/50ML; 0.45%	2	MO	PEG-INTRON REDIPEN PAK 4 KIT	4	PA QL MO
<b>IMMUNOLOGY, VACCINES / BIOTECHNOLOGY</b>			<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		
<b>BIOTECHNOLOGY DRUGS</b>			<b>Generic</b>		
<b>Generic</b>			<i>tetanus toxoid adsorbed</i>		
<i>omnitrope inj 5mg/1.5ml</i>	1	GC PA MO		1	GC
<b>Brand</b>			<b>Brand</b>		
ACTIMMUNE	4	LA PA MO	ACTHIB	2	
ARANESP	2	PA QL MO	ADACEL	2	MO
ARCALYST	4	LA MO	ATTENUVAX	2	MO
AVONEX	4	PA QL MO	BOOSTRIX	2	MO
BETASERON	4	PA QL MO	CERVARIX	2	PA
EPOGEN INJ 40000UNIT/ML	3	PA QL	COMVAX	2	PA MO
EPOGEN INJ 4000UNIT/ML; 3000UNIT/ML; 10000UNIT/ML; 2000UNIT/ML	3	PA QL MO	DAPTACEL	2	MO
EPOGEN INJ 20000UNIT/ML	4	PA QL MO	DECAVAC	2	MO
INTRON-A KIT; INJ	2	PA MO	DIPHThERIA/TETANUS TOXOID PEDIATRIC	2	
INTRON-A WITH DILUENT INJ 10MU	2	PA MO	ENGERIX-B SUSP	2	PA
LEUKINE	4	PA MO	ENGERIX-B SUSP	2	PA MO
MOZOBIL	4	MO	GARDASIL	2	PA MO
NEULASTA	3	PA QL MO	HAVRIX SUSP 720ELU/0.5ML	2	
NEUMEGA	4	PA QL MO	HAVRIX SUSP 1440ELU/ML	2	MO
NEUPOGEN	4	PA QL MO	IMOVAX RABIES (H.D.C.V.)	2	
NORDITROPIN CARTRIDGE	4	PA MO	INFANRIX	2	MO
			IPOL INACTIVATED IPV	2	MO
			IXIARO	2	

Drug Name	Drug Tier	Reqs./ Limits
JE-VAX	2	MO
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	MO
MERUVAX II W/DILUENT 10 DOSE	2	MO
M-M-R II W/DILUENT 10 DOSE	2	MO
PEDIARIX	2	PA
PEDVAX HIB	2	MO
PROQUAD	2	
RBAVERT	2	MO
RECOMBIVAX HB INJ	2	PA
RECOMBIVAX HB SUSP	2	PA MO
ROTATEQ	2	
TETANUS / DIPHTHERIA	2	MO
TOXOIDS-ADSORBED ADULT		
THYMOGLOBULIN	2	PA
TRIHIBIT	2	
TRIPEDIA	2	
TWINRIX	2	PA MO
TYPHIM VI	2	
VAQTA SUSP	2	MO
VARIVAX	2	
VIVOTIF BERNA	2	MO
YF-VAX	2	
ZOSTAVAX	2	PA

## MUSCULOSKELETAL / RHEUMATOLOGY

### GOUT THERAPY

#### Generic

<i>allopurinol</i>	1	GC MO
<i>probenecid</i>	1	GC MO
<i>probenecid / colchicine</i>	1	GC MO

#### Brand

COLCRYS	2	MO
ULORIC	2	MO

### OSTEOPOROSIS THERAPY

#### Generic

<i>alendronate sodium tabs 5mg; 10mg; 35mg; 70mg</i>	1	GC MO
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#### Brand

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

#### Brand

ALORA	2	MO
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Drug Name	Drug Tier	Reqs./ Limits	Drug Name	Drug Tier	Reqs./ Limits
CLIMARA PRO	2	MO	<i>apri</i>	1	GC MO
COMBIPATCH	2	MO	<i>aranelle</i>	1	GC
CRINONE	2	PA MO	<i>aviane</i>	1	GC MO
DEPO-PROVERA	2	MO	<i>balziva</i>	1	GC MO
DEPO-SUBQ PROVERA 104	3	MO	<i>cesia</i>	1	GC MO
DIVIGEL	2	MO	<i>cryselles-28</i>	1	GC MO
ESTRADERM	2	MO	<i>enpresse-28</i>	1	GC MO
ESTRASORB	3	MO	<i>junel</i>	1	GC MO
ESTRING	3	MO	<i>junel fe 1.5/30</i>	1	GC MO
ESTROGEL	3	MO	<i>junel fe 1/20</i>	1	GC MO
FEMHRT 1/5	3	MO	<i>kariva</i>	1	GC MO
FEMHRT LOW DOSE	3	MO	<i>kelnor 1/35</i>	1	GC MO
GYNODIOL TABS 1.5MG	3		<i>leena</i>	1	GC MO
MENEST	3	MO	<i>lessina-28</i>	1	GC MO
MENOSTAR	3	MO	<i>levora</i>	1	GC MO
PREFEST	3	MO	<i>low-ogestrel</i>	1	GC MO
PREMARIN TABS	2	MO	<i>lutera</i>	1	GC MO
PREMARIN W/APPLICATOR	2	MO	<i>microgestin 1.5/30</i>	1	GC MO
PREMPHASE	2	MO	<i>microgestin 1/20</i>	1	GC MO
PREMPRO	2	MO	<i>microgestin fe</i>	1	GC MO
PROMETRIUM	2	MO	<i>microgestin fe 1.5/30</i>	1	GC MO
VAGIFEM	2	MO	<i>mononessa</i>	1	GC MO
VIVELLE-DOT	2	MO	<i>necon 0.5/35-28</i>	1	GC MO
<b>MISCELLANEOUS OB/GYN</b>					
<b>Generic</b>					
<i>clindamycin phosphate crea</i>	1	GC MO	<i>necon 1/35-28</i>	1	GC MO
<i>metronidazole vaginal</i>	1	GC MO	<i>necon 1/50-28</i>	1	GC MO
<i>miconazole 3</i>	1	GC MO	<i>necon 10/11-28</i>	1	GC MO
<i>terconazole</i>	1	GC MO	<i>necon 7/7/7</i>	1	GC MO
<i>vandazole</i>	1	GC MO	<i>next choice</i>	1	
<i>zazole supp</i>	1	GC	<i>nortrel 0.5/35 (28)</i>	1	GC MO
<i>zazole crea 0.4%</i>	1	GC MO	<i>nortrel 1/35 (21)</i>	1	GC MO
<b>Brand</b>					
CLEOCIN SUPP	2	MO	<i>nortrel 1/35 (28)</i>	1	GC MO
GYNAZOLE-1	2		<i>nortrel 7/7/7</i>	1	GC MO
NUVARING	3	MO	<i>ogestrel</i>	1	GC MO
ORTHO EVRA	3	MO	<i>portia-28</i>	1	GC MO
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>					
<b>Generic</b>					
			<i>previfem</i>	1	GC MO
			<i>quasense</i>	1	GC MO
			<i>reclipsen</i>	1	GC MO
			<i>solia</i>	1	GC MO
			<i>sprintec 28</i>	1	GC MO
			<i>sronyx</i>	1	GC MO
			<i>tri-legest fe</i>	1	GC MO

Drug Name	Drug Tier	Reqs./ Limits
<i>trinessa</i>	1	GC MO
<i>tri-previfem</i>	1	GC MO
<i>tri-sprintec</i>	1	GC MO
<i>trivora-28</i>	1	GC MO
<i>velivet</i>	1	GC MO
<i>zovia 1/35e</i>	1	GC MO
<i>zovia 1/50e</i>	1	GC MO

Brand	Drug Tier	Reqs./ Limits
PLAN B	2	

### OXYTOCICS

Brand	Drug Tier	Reqs./ Limits
METHERGINE TABS	2	

### OPHTHALMOLOGY

#### ANTIBIOTICS

Generic	Drug Tier	Reqs./ Limits
<i>ak-poly-bac</i>	1	GC MO
<i>ak-tob</i>	1	GC
<i>bacitracin oint</i>	1	GC MO
<i>bacitracin / polymyxin b</i>	1	GC MO
<i>ciprofloxacin ophthalmic soln 0.3%</i>	1	GC MO
<i>erythromycin oint</i>	1	GC MO
<i>gentak</i>	1	GC MO
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	1	GC MO
<i>gentamicin sulfate oint 0.3%</i>	1	GC
<i>gentsol</i>	1	GC MO
<i>neomycin /bacitracin /polymyxin</i>	1	GC MO
<i>neomycin /polymyxin /gramicidin</i>	1	GC MO
<i>ofloxacin</i>	1	GC MO
<i>polycin b</i>	1	GC
<i>romycin</i>	1	GC MO
<i>tobramycin ophthalmic soln 0.3%</i>	1	GC MO
<i>tobrasol</i>	1	GC
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	GC MO

Brand	Drug Tier	Reqs./ Limits
AZASITE	2	MO
CILOXAN OINT	2	MO
NATACYN	2	MO
TOBEX OINT	2	MO

Drug Name	Drug Tier	Reqs./ Limits
VIGAMOX	2	MO
ZYMAR	2	MO

### ANTIVIRALS

Generic	Drug Tier	Reqs./ Limits
<i>trifluridine</i>	1	GC MO

Brand	Drug Tier	Reqs./ Limits
ZIRGAN	3	MO

### BETA-BLOCKERS

Generic	Drug Tier	Reqs./ Limits
<i>betaxolol hcl ophthalmic soln</i>	1	GC MO
<i>carteolol hcl</i>	1	GC MO
<i>levobunolol hcl</i>	1	GC MO
<i>metipranolol</i>	1	GC MO
<i>timolol maleate</i>	1	GC MO
<i>timolol maleate ophthalmic gel forming</i>	1	GC MO

Brand	Drug Tier	Reqs./ Limits
ISTALOL	2	MO
TIMOPTIC OCUDOSE	2	MO

### CYCLOPLEGIC MYDRIATICS

Generic	Drug Tier	Reqs./ Limits
<i>mydral ophthalmic soln 1%</i>	1	GC
<i>mydral ophthalmic soln 0.5%</i>	1	GC MO
<i>tropicacyl ophthalmic soln 1%</i>	1	GC
<i>tropicacyl ophthalmic soln 0.5%</i>	1	GC MO
<i>tropicamide</i>	1	GC MO

### DIRECT ACTING MIOTICS

Brand	Drug Tier	Reqs./ Limits
PILOPINE HS	2	MO

### MISCELLANEOUS OPHTHALMOLOGICS

Generic	Drug Tier	Reqs./ Limits
<i>azelastine hcl ophthalmic soln 0.05%</i>	1	GC
<i>cromolyn sodium ophthalmic soln</i>	1	GC MO
<i>parcaine</i>	1	GC MO
<i>proparacaine hcl</i>	1	GC MO

Brand	Drug Tier	Reqs./ Limits
ALAMAST	2	MO
ALOCRIAL	3	MO

Drug Name	Drug Tier	Reqs./ Limits
LACRISERT	2	MO
PATADAY	2	MO
PATANOL	2	MO
RESTASIS	2	MO

### NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

#### Generic

<i>diclofenac sodium</i>	1	GC MO
<i>flurbiprofen sodium</i>	1	GC MO
<i>ketorolac tromethamine ophthalmic soln 0.4%; 0.5%</i>	1	GC MO

#### Brand

ACULAR	2	MO
ACULAR LS	2	MO
ACUVAIL	2	MO
NEVANAC	2	MO
XIBROM	2	MO

### ORAL DRUGS FOR GLAUCOMA

#### Generic

<i>acetazolamide</i>	1	GC MO
<i>acetazolamide sodium</i>	1	GC
<i>methazolamide</i>	1	GC MO

### OTHER GLAUCOMA DRUGS

#### Generic

<i>dorzolamide hcl</i>	1	GC MO
<i>dorzolamide hcl/timolol maleate</i>	1	GC MO

#### Brand

AZOPT	2	MO
COMBIGAN	2	MO
TRAVATAN Z	2	MO
XALATAN	2	MO

### STEROID-ANTIBIOTIC COMBINATIONS

#### Generic

<i>neomycin /polymyxin /bacitracin /hydrocortisone</i>	1	GC MO
<i>neomycin /polymyxin /dexamethasone</i>	1	GC MO
<i>neomycin /polymyxin /hydrocortisone susp</i>	1	GC MO
<i>poly-dex susp</i>	1	GC

Drug Name	Drug Tier	Reqs./ Limits
<i>poly-dex oint</i>	1	GC MO
<i>tobramycin /dexamethasone</i>	1	GC MO

#### Brand

ZYLET	2	MO
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### STEROIDS

#### Generic

<i>dexamethasone ophthalmic soln 0.1%</i>	1	GC MO
<i>fluorometholone</i>	1	GC MO
<i>prednisolone acetate</i>	1	GC MO
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	1	GC MO

#### Brand

ALREX	2	MO
FML	2	MO
FML FORTE	2	MO
LOTEMAX	2	MO

### STEROID-SULFONAMIDE COMBINATIONS

#### Generic

<i>sulfacetamide sodium / prednisolone sodium phospho</i>	1	GC MO
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### SULFONAMIDES

#### Generic

<i>sodium sulfacetamide</i>	1	GC MO
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#### Brand

BLEPH-10	2	MO
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### SYMPATHOMIMETICS

#### Generic

<i>apraclonidine</i>	1	MO
<i>brimonidine tartrate ophthalmic soln 0.2%</i>	1	GC MO
<i>dipivefrin hcl</i>	1	GC

#### Brand

ALPHAGAN P	2	MO
IOPIDINE	3	MO

### VASOCONSTRICTOR DECONGESTANTS

#### Generic

<i>ak-con</i>	1	GC MO
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Drug Name	Drug Tier	Reqs./ Limits
<i>naphazoline hcl</i>	1	GC

## RESPIRATORY AND ALLERGY

### ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS

#### Generic

<i>carbinoxamine maleate</i>	1	GC MO
<i>cetirizine hcl syrup</i>	1	GC MO
<i>clemastine fumarate syrup; tabs</i> 2.68mg	1	GC MO
<i>diphenhydramine hcl caps; inj</i>	1	GC MO
<i>epinephrine hcl inj 0.1mg/ml</i>	1	GC
<i>fexofenadine hcl</i>	1	GC QL MO
<i>hydroxyzine hcl inj 25mg/ml</i>	1	GC
<i>hydroxyzine hcl inj 50mg/ml</i>	1	GC MO
<i>hydroxyzine hcl syrup; tabs</i>	1	GC PA MO
<i>palgic liqd</i>	1	GC MO
<i>phenadoz</i>	1	GC
<i>promethazine hcl inj 25mg/ml</i>	1	GC
<i>promethazine hcl inj 50mg/ml; supp</i>	1	GC MO
<i>promethazine hcl syrup; tabs</i>	1	GC PA MO
<i>promethegan supp 25mg</i>	1	GC
<i>promethegan supp 50mg</i>	1	GC MO

#### Brand

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

### PULMONARY AGENTS

#### Generic

<i>acetylcysteine</i>	1	GC PA MO
<i>albuterol sulfate syrup; tabs</i>	1	GC MO

Drug Name	Drug Tier	Reqs./ Limits
<i>albuterol sulfate nebu</i>	1	GC PA MO
<i>albuterol sulfate er</i>	1	GC MO
<i>aminophylline inj</i>	1	GC
<i>aminophylline tabs</i>	1	GC MO
<i>budesonide</i>	1	GC PA MO
<i>cromolyn sodium nebu</i>	1	GC PA MO
<i>flunisolide nasal soln 0.025%</i>	1	GC MO
<i>fluticasone propionate</i>	1	GC MO
<i>ipratropium bromide inhalation soln 0.02%</i>	1	GC PA MO
<i>ipratropium bromide/albuterol sulfate</i>	1	GC PA MO
<i>metaproterenol sulfate</i>	1	GC MO
<i>terbutaline sulfate</i>	1	GC MO
<i>theochron</i>	1	GC MO
<i>theophylline cr tb12 200mg; 300mg</i>	1	GC MO
<i>theophylline er</i>	1	GC MO

#### Brand

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

Drug Name	Drug Tier	Reqs./ Limits
PERFOROMIST	2	PA 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	2	QL
80MCG/ACT; 4.5MCG/ACT		
SYMBICORT AERO	2	QL MO
160MCG/ACT; 4.5MCG/ACT		
THEO-24	3	MO
TRACLEER	4	LA MO
VENTOLIN HFA	2	QL MO
VERAMYST	2	MO
ZYFLO CR	3	QL MO

## UROLOGICALS

### ANTICHOLINERGICS /

### ANTISPASMODICS

#### Generic

<i>flavoxate hcl</i>	1	GC MO
<i>oxybutynin</i>	1	GC MO
<i>oxybutynin er</i>	1	GC QL MO

#### Brand

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

<i>finasteride</i>	1	GC QL MO
<i>tamsulosin hcl</i>	1	GC QL MO

#### Brand

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

## CHOLINERGIC STIMULANTS

#### Generic

<i>bethanechol chloride</i>	1	GC MO
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## MISCELLANEOUS UROLOGICALS

#### Generic

<i>potassium citrate extended-release</i>	1	GC MO
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#### Brand

CYSTAGON	2	LA
ELMIRON	2	MO

## VITAMINS, HEMATINICS /

## ELECTROLYTES

### ELECTROLYTES

#### Generic

<i>calcium acetate</i>	1	GC
<i>eliphos</i>	1	GC MO
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	GC
<i>kcl 0.15%/d5w/lr</i>	1	GC
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	GC
<i>kcl 0.3%/d5w/lr iv lac ring</i>	1	GC
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	GC
<i>kcl 0.3%/d5w/nacl 0.9%</i>	1	GC
<i>klor-con 10</i>	1	GC MO
<i>klor-con 8</i>	1	GC MO
<i>klor-con m20</i>	1	GC MO
<i>potassium chloride inj 2meq/ml; 10meq/50ml; 10meq/100ml</i>	1	GC
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	1	GC
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	1	GC MO
<i>potassium chloride 0.15% nacl 0.9%</i>	1	GC
<i>potassium chloride 0.224%/d5w</i>	1	GC
<i>potassium chloride 0.224%/d5w/nacl 0.33%</i>	1	GC
<i>potassium chloride 0.3%/d5w</i>	1	GC
<i>potassium chloride cr</i>	1	GC

Drug Name	Drug Tier	Reqs./ Limits	Drug Name	Drug Tier	Reqs./ Limits
<i>potassium chloride er cpcr; tbc</i>	1	GC MO	<b>Brand</b>		
<i>20meq</i>			AMINOSYN INJ	2	
<i>potassium chloride sr</i>	1	GC	AMINOSYN II INJ	2	
<i>ringers injection</i>	1	GC	AMINOSYN II M	2	
<i>sodium bicarbonate inj 7.5%; 8.4%</i>	1	GC	AMINOSYN-HBC	2	
<i>sodium chloride inj 3%; 5%</i>	1	GC	AMINOSYN-HF	2	
<i>sodium chloride inj 2.5meq/ml</i>	1	GC MO	AMINOSYN-PF	2	
<i>sodium chloride 0.45% viaflex</i>	1	GC MO	AMINOSYN-PF 7%	2	
<b>Brand</b>			CLINIMIX / DEXTROSE	2	
DEXTROSE 5%/POTASSIUM	2		CLINISOL SF	2	
CHLORIDE 0.075%			DEXTROSE 5% /ELECTROLYTE	2	
KAON-CL-10	3	MO	#48 VIAFLEX		
KCL 0.15%/D5W/NACL 0.2%	2		FREAMINE HBC	2	
KCL 0.15%/D5W/NACL 0.225%	2		FREAMINE III INJ	2	MO
KCL 0.224%/D5W/NACL 0.2%	2		HEPATAMINE	2	
KCL 0.3%/D5W/NACL 0.2%	2		HEPATASOL	2	
KLOR-CON M15	3	MO	INTRALIPID EMUL 1.7%; 30%	2	
K-TABS	3	MO	IONOSOL	2	
LACTATED RINGERS	2	MO	ISOLYTE INJ	2	
LACTATED RINGERS VIAFLEX	2	MO	KCL 0.15%/D10W/NACL 0.2%	2	
MAGNESIUM SULFATE IN D5W	2		LIPOSYN III EMUL 1.8%; 2.5%;	2	
INJ 5%; 10MG/ML			30%		
NORMOSOL INJ	2		NEPHRAMINE	2	
POTASSIUM CHLORIDE INJ	2		NORMOSOL INJ	2	
0.4MEQ/ML; 30MEQ/100ML			PLASMA-LYTE INJ	2	
POTASSIUM CHLORIDE	2		PREMASOL INJ	2	
0.075%/D5W/NACL 0.225%			RENAMIN	2	
POTASSIUM CHLORIDE 0.15%	2		TRAVASOL	2	
/NACL 0.45% VIAFLEX			TRAVASOL 8.5%/DEXTROSE	2	
POTASSIUM CHLORIDE	2		10%		
0.15%/D5W			TRAVASOL 8.5%/DEXTROSE	2	
POTASSIUM CHLORIDE 0.22%	2		20%		
D5W/NACL 0.45%			TRAVASOL 8.5%/DEXTROSE	2	
POTASSIUM CHLORIDE 0.3%/	2		50%		
NACL 0.9%			TRAVASOL	2	
			8.5%/ELECTROLYTES		
<b>MISCELLANEOUS NUTRITION</b>			TROPHAMINE	2	
<b>PRODUCTS</b>			<b>VITAMINS / HEMATINICS</b>		
<b>Generic</b>			<b>Generic</b>		
<i>intralipid emul 2.25%; 20%</i>	1	GC	<i>prenatabs obn</i>	1	GC
<i>novamine</i>	1	GC	<i>sodium fluoride tabs</i>	1	GC
<i>premasol inj</i>	1	GC			

8	
8-MOP	16

## A

ABILIFY	12
ABILIFY DISCMELT	12
ABRAXANE	6
acarbose	20
ACCOLATE	28
acebutolol	13
acetaminophen / codeine	9
acetaminophen/codeine #3	9
acetaminophen/codeine #4	9
acetasol hc	19
acetazolamide	27
acetazolamide sodium	27
acetic acid	19
acetic acid / hydrocortisone	19
acetylcysteine	28
ACTHIB	23
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ACTIMMUNE	23
ACTONEL	18, 24
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ACTOPLUS MET	20
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ACULAR LS	27
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adriamycin	6
ADVAIR DISKUS	28
ADVAIR HFA	28
afeditab cr	13
AFINITOR	6
AGGRENOX	15
a-hydrocort	19
ak-con	27
ak-poly-bac	26
ak-tob	26
ala cort	17

ala-cort	17
ALAMAST	26
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albuterol sulfate er	28
alclometasone dipropionate	17
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ALDARA	16
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allopurinol	24
ALORA	24
ALPHAGAN P	27
ALREX	27
amantadine	2
amcinonide	17
a-methapred	19
amikacin sulfate	3
amikin	3
amiloride	13
amiloride / hydrochlorothiazide	13
aminophylline	28
AMINOSYN	30
AMINOSYN II	30
AMINOSYN II M	30
AMINOSYN-HBC	30
AMINOSYN-HF	30
AMINOSYN-PF	30
AMINOSYN-PF 7%	30
amiodarone	13
AMITIZA	22
amitriptyline	11
amlodipine / benazepril	13
amlodipine besylate	13
ammonium lactate	16
amnesteem	16
amoclan	4
amoxapine	11
amoxicillin	4

<i>amoxicillin/clavulanate potassium</i> .....	4
<i>amoxicillin/clavulanate potassium er</i> .....	4
<i>amoxicillin/potassium clavulanate</i> .....	4
<i>amoxil</i> .....	4
<i>amphetamine /dextroamphetamine</i> .....	11
<i>amphotericin b</i> .....	2
<i>ampicillin</i> .....	4, 5
<i>ampicillin-sulbactam</i> .....	5
<i>anagrelide hydrochloride</i> .....	18
ANCOBON.....	2
ANDROGEL.....	21
<i>androxy</i> .....	21
ANTABUSE.....	18
APOKYN.....	8
<i>apraclonidine</i> .....	27
<i>apri</i> .....	25
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<i>aranelle</i> .....	25
ARANESP.....	23
ARCALYST.....	23
ARICEPT.....	9
ARICEPT ODT.....	9
ARIMIDEX.....	6
ARIXTRA.....	15
AROMASIN.....	6
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ASACOL.....	22
ASACOL HD.....	22
ASTELIN.....	28
<i>atenolol</i> .....	13
<i>atenolol / chlorthalidone</i> .....	13
ATRIPLA.....	2
<i>atropine sulfate</i> .....	21
ATROVENT HFA.....	28
ATTENUVAX.....	23
<i>augmented betamethasone dipropionate</i> .....	17
AVANDAMET.....	20
AVANDARYL.....	20
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AVASTIN.....	7
AVELOX.....	5
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<i>aviane</i> .....	25
<i>avita</i> .....	16
AVODART.....	29
AVONEX.....	23
<i>azathioprine</i> .....	6
<i>azathioprine sodium</i> .....	6
<i>azelastine hcl</i> .....	26
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<i>azithromycin</i> .....	3
AZOPT.....	27
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<i>bacitracin</i> .....	26, 27
<i>bacitracin / polymyxin b</i> .....	26
<i>baclofen</i> .....	9
BACTROBAN NASAL.....	19
<i>balacet 325</i> .....	11
<i>balsalazide</i> .....	21
<i>balziva</i> .....	25
BANZEL.....	8
BARACLUDE.....	2
BD INSULIN SYRINGE	
SAFETYGLIDE/1ML/29G X 1/2.....	20
BD INSULIN SYRINGE	
ULTRAFINE/0.3ML/31G X 5/16.....	20
BD INSULIN SYRINGE	
ULTRAFINE/0.5ML/30G X 1/2.....	20
BD INSULIN SYRINGE ULTRAFINE/1ML/31G	
X 5/16.....	20
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	
.....	20
<i>benazepril</i> .....	13
<i>benazepril / hydrochlorothiazide</i> .....	13
<i>benztropine mesylate</i> .....	8
<i>betamethasone dipropionate</i> .....	17
<i>betamethasone valerate</i> .....	17
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<i>beta-val</i> .....	17
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<i>bicalutamide</i> .....	6
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<i>bisoprolol fumarate</i> .....	13
<i>bisoprolol fumarate / hydrochlorothiazide</i> .....	13
<i>bleomycin sulfate</i> .....	6
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<i>borofair</i> .....	19
<i>brimonidine tartrate</i> .....	27
<i>bromocriptine mesylate</i> .....	8
<i>budeprion sr</i> .....	11
<i>budeprion xl</i> .....	11
<i>budesonide</i> .....	28
<i>bumetanide</i> .....	13
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<i>buprenorphine hcl</i> .....	9
<i>buproban</i> .....	18
<i>bupropion hcl</i> .....	11, 18
<i>bupropion hcl sr</i> .....	11, 18
<i>buspirone hcl</i> .....	11
<i>butorphanol tartrate</i> .....	10
BYETTA .....	20

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<i>cabergoline</i> .....	21
<i>calcipotriene</i> .....	16
<i>calcitonin-salmon</i> .....	21
<i>calcitriol</i> .....	21
<i>calcium acetate</i> .....	29
<i>camila</i> .....	24
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CANASA .....	22
CAPASTAT SULFATE.....	4
<i>captopril</i> .....	13
<i>captopril / hydrochlorothiazide</i> .....	13
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CARAFATE.....	22
<i>carbamazepine</i> .....	8
<i>carbamazepine er</i> .....	8
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<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> .....	28
<i>carboplatin</i> .....	6
<i>carisoprodol</i> .....	9
<i>carisoprodol /aspirin</i> .....	9
<i>carteolol hcl</i> .....	26
<i>cartia xt</i> .....	13
<i>carvedilol</i> .....	13
CEENU .....	7
<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>ceftriaxone sodium</i> .....	3
<i>cefuroxime axetil</i> .....	3
<i>cefuroxime sodium</i> .....	3
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<i>chlordiazepoxide /amitriptyline</i> .....	11
<i>chlorhexidine gluconate oral rinse</i> .....	19
<i>chloroquine</i> .....	3
<i>chlorothiazide</i> .....	13
<i>chlorothiazide sodium</i> .....	13
<i>chlorpromazine</i> .....	11
<i>chlorthalidone</i> .....	13
<i>chlorzoxazone</i> .....	9
<i>cholestyramine</i> .....	15
<i>cholestyramine light</i> .....	15
<i>ciclopirox</i> .....	17
<i>ciclopirox nail lacquer</i> .....	17

<i>ciclopirox olamine</i> .....	17
<i>cilostazol</i> .....	15
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<i>cisplatin</i> .....	6
<i>citalopram</i> .....	11
<i>cladribine</i> .....	6
<i>claravis</i> .....	16
<i>clarithromycin</i> .....	3
<i>clarithromycin er</i> .....	3
<i>clemastine fumarate</i> .....	28
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<i>clindamycin hcl</i> .....	3
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<i>clindamycin/benzoyl peroxide</i> .....	16
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<i>clobetasol propionate</i> .....	17
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<i>clomipramine</i> .....	11
<i>clonidine</i> .....	13
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<i>codeine sulfate</i> .....	9
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<i>colestipol</i> .....	15
<i>colistimethate sodium</i> .....	4
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<i>compro</i> .....	21
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<i>cormax</i> .....	17
<i>cortisone acetate</i> .....	19
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<i>cortomycin</i> .....	19
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<i>cyclobenzaprine hcl</i> .....	9
<i>cyclophosphamide</i> .....	6
<i>cyclosporine</i> .....	6
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CYMBALTA.....	12
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<i>cytarabine</i> .....	6
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<i>danazol</i> .....	21
<i>dantrolene sodium</i> .....	9
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<i>del-beta</i> .....	17
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<i>desipramine</i> .....	11	DIPHThERIA/TETANUS TOXOID PEDIATRIC	
<i>desmopressin acetate</i> .....	21	.....	23
<i>desonide</i> .....	17	<i>dipivefrin hcl</i> .....	27
<i>desoximetasone</i> .....	17	<i>dipyridamole</i> .....	15
DETROL .....	29	<i>disopyramide phosphate</i> .....	13
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<i>dexamethasone</i> .....	19, 27	<i>dorzolamide hcl</i> .....	27
<i>dexmethylphenidate</i> .....	11	<i>dorzolamide hcl/timolol maleate</i> .....	27
<i>dextroamphetamine sulfate</i> .....	11	<i>doxazosin</i> .....	13
<i>dextroamphetamine sulfate er</i> .....	11	<i>doxepin</i> .....	11
<i>dextrose 10% flex container</i> .....	18	<i>doxorubicin hcl</i> .....	6
<i>dextrose 2.5%/sodium chloride 0.45%</i> .....	18	<i>doxycycline hyclate</i> .....	5
<i>dextrose 5%</i> .....	18	<i>doxycycline monohydrate</i> .....	5
<i>dextrose 5%/lactated ringers</i> .....	18	<i>dronabinol</i> .....	22
<i>dextrose 5%/nacl 0.2%</i> .....	18	DROXIA .....	7
<i>dextrose 5%/nacl 0.225%</i> .....	18	DUETACT .....	20
<i>dextrose 5%/nacl 0.45%</i> .....	18	<i>duramorph</i> .....	9
<i>dextrose 5%/nacl 0.9%</i> .....	18	<b>E</b>	
DIBENZYLINE .....	14	<i>e.e.s. 400</i> .....	3
<i>diclofenac potassium</i> .....	10	<i>econazole nitrate</i> .....	17
<i>diclofenac sodium</i> .....	10, 27	EFFEXOR XR .....	12
<i>diclofenac sodium ec</i> .....	10	EFFIENT.....	15
<i>diclofenac sodium xr</i> .....	10	ELIDEL.....	16
<i>dicloxacillin sodium</i> .....	5	<i>eliphos</i> .....	29
<i>dicyclomine hcl</i> .....	21	ELITEK.....	6
<i>didanosine</i> .....	2	ELMIRON .....	29
<i>diflorasone diacetate</i> .....	17	ELOXATIN .....	7
<i>diflunisal</i> .....	10	ELSPAR.....	7
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