

Prescription Drug Plan
for Medicare Beneficiaries

BlueScript
for Medicare Part D

Abridged Formulary



BlueScript for Medicare Part D

Formulary **(List of Covered Drugs)**

This document includes BlueScript for Medicare Part D's partial formulary as of January 1, 2006. For a complete, updated formulary, please visit our Website at www.bcbsfl.com or call, toll free, (877)-352-2583 Monday - Thursday, 8:00 a.m. - 9:00 p.m. Eastern; Friday, 9:00 a.m. - 9:00 p.m. Eastern. TTY/TDD users should call the Florida Relay Service at 711.

What is the BlueScript for Medicare Part D Formulary?

A formulary is a list of drugs selected by BlueScript for Medicare Part D Option 1 and Option 2 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. BlueScript for Medicare Part D Option 1 and Option 2 will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a BlueScript for Medicare Part D Option 1 and Option 2 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 BlueScript for Medicare Part D Option 1 and Option 2. For a complete listing of all prescription drugs covered by BlueScript for Medicare Part D Option 1 and Option 2, please visit our Website at www.bcbsfl.com or call, toll free, (877)-352-2583 Monday - Thursday, 8:00 a.m. - 9:00 p.m. Eastern; Friday, 9:00 a.m. - 9:00 p.m. Eastern. TTY/TDD users should call the Florida Relay Service at 711.

Can the Formulary change?

Yes, BlueScript for Medicare Part D Option 1 and Option 2 may add or remove drugs from our formulary during the year. The enclosed formulary is current as of October 1, 2005. To get updated information about the drugs covered by BlueScript for Medicare Part D Option 1 and Option 2, please visit our Website at www.bcbsfl.com or call Customer Service, toll free, at (877)-352-2583 Monday - Thursday, 8:00 a.m. - 9:00 p.m. Eastern; Friday, 9:00 a.m. - 9:00 p.m. Eastern. TTY/TDD users should call the Florida Relay Service at 711. If we remove drugs from our formulary, or add

prior authorization or quantity limits on a drug, we must notify members who take the drug that it will be removed at least 60 days before the date that the change becomes effective, or at the time the member requests a refill of the drug, at 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.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. 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 the list that begins on page 8. 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 24. 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.

How much will I pay for BlueScript for Medicare Part D Option 1 and Option 2 Covered Drugs?

If you qualified for extra help with your drug costs, your costs for your drugs may be different than those described below. Please refer to your Evidence of Coverage or call Customer Service to find out what your cost are.

After you meet your yearly deductible, BlueScript for Medicare Part D Option 1 and Option 2 will pay part of the costs for your covered drugs and you will pay part.

The amount you pay depends on which drug tier your drug is in under our plan. (You can find out which drug tier your drug is in by looking in the formulary that begins on page 8.)

The amount you pay depends on whether you fill prescriptions at a retail pharmacy or a mail-order pharmacy. Generally, when you go to a retail pharmacy you will pay for a 31-day supply. In addition, if you fill your prescription through our mail-order pharmacy, you can get a 90-day supply.

If you are subscribe to BlueScript for Medicare Part D Option 1, you will pay a co-payment/ co-insurance for your drugs until your total drugs costs (the amount you paid, including the deductible, plus the amount BlueScript for Medicare Part D has paid) reach \$2,250.

Once your total drug costs reach \$2,250, there is a gap in your coverage. This means you have to pay the full amount for your drugs. You pay the full amount until you have paid \$3,600 out of pocket. After you have paid \$3,600 out of pocket, you will generally pay the greater of:

- \$2 for generic or preferred brand drug that is a multi-source drug, and
- \$5 for all other drugs, or
- 5% coinsurance.

If you are subscribe to BlueScript for Medicare Part D Option 2, you will pay a co-payment/ co-insurance for your drugs until your total drugs costs (the amount you paid, including the deductible, plus the amount BlueScript for Medicare Part D has paid) reach

\$2,250.

Once your total drug costs reach \$2,250, BlueScript for Medicare Part D Option 2 provides coverage only for Generic drugs until you have paid \$3,600 out of pocket. After you have paid \$3,600 out of pocket, you will generally pay the greater of:

- \$2 for generic or preferred brand drug that is a multi-source drug, and
- \$5 for all other drugs, or
- 5% coinsurance.

You can ask BlueScript for Medicare Part D Option 1 and Option 2 to make an exception to your drug's tier placement. See the section "How do I request an exception to the BlueScript for Medicare Part D Option 1 and Option 2 List of Covered Drugs?" for information about how to request an exception.

Are there any other restrictions on coverage?

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

- **Prior Authorization:** BlueScript for Medicare Part D Option 1 and Option 2 requires you to get prior authorization for certain drugs. (You may need prior authorization for drugs that are on the formulary or drugs that are not on the formulary **and** were approved for coverage through our exceptions process.) This means that you will need to get approval from BlueScript for Medicare Part D Option 1 and Option 2 before you fill your prescriptions. If you don't get approval, BlueScript for Medicare Part D Option 1 and Option 2 may not cover the drug.
- **Quantity Limits:** For certain drugs, BlueScript for Medicare Part D Option 1 and Option 2 limits the amount of the drug that BlueScript for Medicare Part D Option 1 and Option 2 will cover. For example, BlueScript for Medicare Part D Option 1 and Option 2 provide 18 pills per month for IMITREX 50mg for one copayment.

You can find out if your drug has any additional requirements or limits by looking in

the formulary that begins on page 8.

You can ask BlueScript for Medicare Part D Option 1 and Option 2 to make an exception to these restrictions or limits. See the section, "How do I request an exception to the BlueScript for Medicare Part D's 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 formulary, you should first contact Customer Service and ask if your drug is covered. This document includes only a partial list of covered drugs, so BlueScript for Medicare Part D Option 1 and Option 2 may cover your drug. You can contact Customer Service, toll free, at (877)-352-2583 Monday - Thursday, 8:00 a.m. - 9:00 p.m. Eastern; Friday, 9:00 a.m. - 9:00 p.m. Eastern. TTY/TDD users should call the Florida Relay Service at 711.

If you learn that BlueScript for Medicare Part D Option 1 and Option 2 does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by BlueScript for Medicare Part D Option 1 and Option 2. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by BlueScript for Medicare Part D Option 1 and Option 2.
- You can ask BlueScript for Medicare Part D Option 1 and Option 2 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 BlueScript for Medicare Part D Formulary?

You can ask BlueScript for Medicare Part D Option 1 and Option 2 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, BlueScript for Medicare Part D Option 1 and Option 2 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. For example, if your drug is usually considered a Tier 3 drug, you can ask us to cover it as a 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.

Generally, BlueScript for Medicare Part D Option 1 and Option 2 will only approve your request for an exception if the alternative drugs included on the plan's formulary, the low-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 your request.

What are generic drugs?

BlueScript for Medicare Part D Option 1 and Option 2 covers both brand-name drugs and generic drugs. A generic drug has the same active-ingredient formula as the brand name drug. Generic drugs usually cost less than brand name drugs and are approved by the Food and Drug Administration (FDA).

Generic drugs are listed in lower-case italics (e.g., *allopurinol*) within the formulary on page 8.

Brand-name drugs are capitalized in the formulary (e.g., ZYLOPRIM).

For more information

For more detailed information about your BlueScript for Medicare Part D Option 1 and Option 2 prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about BlueScript for Medicare Part D, please call Customer Service toll free, at **(877)-352-2583** Monday - Thursday, 8:00 a.m. - 9:00 p.m. Eastern; Friday, 9:00 a.m. - 9:00 p.m. Eastern. TTY/TDD users should call the Florida Relay Service at **711**. Or visit www.bcbsfl.com.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day / 7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

BlueScript for Medicare Part D's Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by BlueScript for Medicare Part D. If you have trouble finding your drug in the list, turn to the Index that begins on page 24. Remember: This is only a partial list of drugs covered by BlueScript for Medicare Part D Option 1 and Option 2. If your prescription is not in this partial formulary, please visit our Website at www.bcbsfl.com or call Customer Service, toll free, at **(877)-352-2583** Monday - Thursday, 8:00 a.m. - 9:00 p.m. Eastern; Friday, 9:00 a.m. - 9:00 p.m. Eastern. TTY/TDD users should call the Florida Relay Service at **711** for additional help.

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

The information in the Requirements/Limits column tells you if BlueScript for Medicare Part D Option 1 and Option 2 has any special requirements for coverage of your drug.

BlueScript for Medicare Part D's Formulary

COMMONLY PRESCRIBED THERAPEUTIC DRUG CATEGORIES

Anti-Infectives (Drugs for infections)

Drug Name	Drug Tier	Req./ Limits
Antifungal Agents		
Generics		
<i>amphotericin b</i>	1	PA
<i>fluconazole</i>	1	
<i>griseofulvin</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole</i>	1	
<i>ketoconazole</i>	1	
Brands		
ANCOBON	2	
GRIFULVIN V	2	
NYSTATIN	2	
LAMISIL	3	
MYCOSTATIN	3	

Antivirals

HIV/AIDS THERAPY

Brands		
AGENERASE	2	
COMBIVIR	2	
CRIXIVAN	2	
EMTRIVA	2	
EPIVIR	2	
EPZICOM	2	
FORTOVASE	2	
FUZEON	2	
HIVID	2	
INVIRASE	2	
KALETRA	2	
LEXIVA	2	
NORVIR	2	
RESCRIPTOR	2	
RETROVIR	2	
REYATAZ	2	
SUSTIVA	2	
TRIZIVIR	2	
TRUVADA	2	
VIRACEPT	2	
VIRAMUNE	2	
VIREAD	2	
ZERIT	2	
ZIAGEN	2	

Drug Name	Req./ Tier	Limits
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MISCELLANEOUS ANTIVIRALS

Generics		
<i>acyclovir</i>	1	
<i>amantadine</i>	1	
<i>ganciclovir</i>	1	
<i>ribavirin</i>	1	PA
<i>rimantadine</i>	1	
Brands		
COPEGUS	2	PA
EPIVIR HBV	2	
VALCYTE	2	
VALTREX	2	
VIRAZOLE	3	PA

Cephalosporins

Generics		
<i>cefaclor</i>	1	
<i>cefaclor ER</i>	1	
<i>cefepodoxime</i>	1	
<i>cefuroxime</i>	1	
<i>cefadroxil</i>	1	
<i>cephalexin</i>	1	
Brands		
CEFZIL	2	
LORABID	2	
OMNICEF	2	
SUPRAX	2	

Erythromycins & Other Macrolides

Generics		
<i>erythromycin</i>	1	
<i>erythromycin estolate</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
<i>erythromycin stearate</i>	1	
<i>erythromycin w/sulfisoxazole</i>	1	
Brands		
BIAXIN XL	2	
ZITHROMAX	2	

Miscellaneous Anti-Infectives

ANTIMALARIALS		
Generics		
<i>chloroquine phosphate</i>	1	
<i>hydroxychloroquine sulfate</i>	1	
<i>quinine sulfate</i>	1	

KEY: QL = Quantity Limitations may apply PA = Prior Approval may be required

<u>Drug Name</u>	<u>Drug Tier</u>	<u>Req./ Limits</u>
ANTIMALARIALS (continued)		
Brands		
CHLOROQUINE	2	
DARAPRIM	2	
FANSIDAR	2	
PRIMAQUINE	2	
ANTIMYCOBACTERIALS		
Generics		
<i>ethambutol</i>	1	
<i>isoniazid</i>	1	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
<i>rimactane</i>	1	
Brands		
ISONIAZID	2	
LAMPRENE	2	
MYCOBUTIN	2	
ANTIPARASITICS		
Generics		
<i>pentamidine</i>	1	PA
Brands		
ALINIA	2	
FUROXONE	2	
MEPRON	2	
MINTEZOL	2	
NEBUPENT	2	PA
YODOXIN	2	
HUMATIN	3	
MISCELLANEOUS ANTI-INFECTIVES		
Generics		
<i>clindamycin</i>	1	
Brands		
CLEOCIN	2	
DAPSONE	2	
TOBI	3	PA
Penicillins		
Generics		
<i>amoxicillin</i>	1	
<i>ampicillin</i>	1	
Brands		
AUGMENTIN	2	
AUGMENTIN ES-600	2	
GEOCILLIN	2	
Quinolones		
Generics		
<i>ciprofloxacin</i>	1	
<i>ofloxacin</i>	1	

<u>Drug Name</u>	<u>Drug Tier</u>	<u>Req./ Limits</u>
Brands		
AVELOX	2	
CIPROFLOXACIN	2	
Sulfas & Related Agents		
Generics		
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfisoxazole</i>	1	
Brands		
GANTRISIN	2	
Tetracyclines		
Generics		
<i>doxycycline</i>	1	
<i>tetracycline</i>	1	
Brands		
VIBRAMYCIN	3	
Urinary Tract Agents		
Generics		
<i>nitrofurantoin macrocrystal</i>	1	
<i>trimethoprim</i>	1	
Brands		
FURADANTIN	2	
NEGGRAM	2	
PRIMSOL	2	
Vancomycin		
Brands		
VANCOGIN	2	
VANCOMYCIN	2	PA
Antineoplastic & Immunosuppressant Drugs (Drugs for cancer & immune diseases)		
Brands		
LEUCOVORIN CALCIUM	2	PA
MESNEX	2	PA
ALKYLATING AGENTS		
Generics		
<i>neosar</i>	1	PA
Brands		
CEENU	2	
CYTOXAN	2	PA
LEUKERAN	2	

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Drug Name	Drug Tier	Req./ Limits
ANDROGENS, ESTROGENS, HORMONES & RELATED DRUGS		
Generics		
<i>flutamide</i>	1	
<i>megestrol</i>	1	
<i>tamoxifen</i>	1	
Brands		
ARIMIDEX	2	
AROMASIN	2	
CASODEX	2	
FARESTON	2	
FEMARA	2	
NILANDRON	2	
TESLAC	2	
MEGACE ES	3	
ANTIMETABOLITES		
Brands		
FLUDARA	2	PA
THIOGUANINE	2	
VIDAZA	2	PA
RHEUMATREX	3	
IMMUNOSUPPRESSANT DRUGS		
Generics		
<i>azathioprine</i>	1	PA
<i>cyclosporine</i>	1	PA
<i>gengraf</i>	1	PA
Brands		
CELLCEPT	2	PA
NEORAL	2	PA
PROGRAF	2	PA
RAPAMUNE	2	PA
MYFORTIC	3	PA
MISCELLANEOUS DRUGS		
Generics		
<i>hydroxyurea</i>	1	
<i>leuprolide</i>	1	PA
Brands		
CAMPATH	2	PA
DROXIA	2	
EMCYT	2	
GLEEVEC	2	
HEXALEN	2	
IRESSA	2	
LUPRON DEPOT	2	PA
LYSODREN	2	
MATULANE	2	
TARCEVA	2	
TARGRETIN	2	
VESANOID	2	

Drug Name	Drug Tier	Req./ Limits
ELIGARD	3	PA
LUPRON	3	PA
SANDOSTATIN	3	PA
ZOLADEX	3	
Autonomic & CNS Drugs, Neurology & Psych (Drugs for the Nervous System & Pain)		
Anticonvulsants		
Generics		
<i>carbamazepine</i>	1	
<i>ethosuximide</i>	1	
<i>gabapentin</i>	1	
<i>phenytoin</i>	1	
<i>phenytoin sodium injection</i>	1	PA
<i>valproic acid</i>	1	
Brands		
CELONTIN	2	
DEPAKOTE	2	
DEPAKOTE ER	2	
FELBATOL	2	
GABITRIL	2	
KEPPRA	2	
LAMICTAL	2	
PEGANONE	2	
TEGRETOL XR	2	
TOPAMAX	2	
TRILEPTAL	2	
ZONEGRAN	2	
CEREBYX	3	PA
DEPAKENE	3	
NEURONTIN	3	
Antiparkinsonism Agents		
Generics		
<i>benztropine</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa/levodopa</i>	1	
<i>pergolide</i>	1	
<i>selegiline</i>	1	
<i>trihexyphenidyl</i>	1	
Brands		
COMTAN	2	
MIRAPEX	2	
PARLODEL	2	
REQUIP	2	
TASMAR	2	

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Drug Name	Drug Tier	Req./ Limits
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Migraine & Cluster Headache Therapy

HEADACHE THERAPY

Generics

<i>apap/isometheptene/dichlphen</i>	1	
<i>dihydroergotamine</i>	1	
<i>ergotamine-caffeine</i>	1	

Brands

ERGOMAR	2	
IMITREX	2	QL
MAXALT	2	QL
MAXALT MLT	2	QL
MIGRANAL	2	QL

Miscellaneous Neurological Therapy

Brands

ARICEPT	2	
AVONEX	2	
COGNEX	2	
COPAXONE	2	
EXELON	2	
MYTELASE	2	
NAMENDA	2	
REMINYL	3	

Muscle Relaxants & Antispasmodic Therapy

Generics

<i>chlorzoxazone</i>	1	
<i>meprobamate</i>	1	
<i>methocarbamol</i>	1	
<i>orphenadrine</i>	1	

MYASTHENIA GRAVIS

Generics

<i>neostigmine</i>	1	
<i>pyridostigmine</i>	1	

Brands

MESTINON	2	
PROSTIGMIN	2	

Narcotic Analgesics

COMBINATION NARCOTIC/ANALGESICS

Generics

<i>acetaminophen w/codeine</i>	1	
<i>acetaminophen w/codeine #3</i>	1	
<i>acetaminophen w/codeine #4</i>	1	
<i>aspirin w/codeine</i>	1	

Drug Name	Drug Tier	Req./ Limits
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<i>hydrocodone ibuprofen</i>	1	
<i>hydrocodone w/acetaminophen</i>	1	
<i>hydrocodone-apap 7.5-650</i>	1	
<i>oxycodone w/acetaminophen</i>	1	
<i>oxycodone w/aspirin</i>	1	

Brands

ROXICET	2	
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NARCOTICS

Generics

<i>codeine</i>	1	
<i>fentanyl</i>	1	
<i>hydromorphone</i>	1	
<i>oxycodone</i>	1	

Brands

ACTIQ	2	
CODEINE	2	
METHADONE	2	
MORPHINE	2	
MSIR	2	
DURAGESIC	3	

Non-narcotic Analgesics

MISCELLANEOUS ANALGESICS

Generics

<i>pentazocine/acetaminophen</i>	1	
<i>tramadol</i>	1	

Brands

REVIA	3	
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NSAIDS/COX II INHIBITORS

Generics

<i>diclofenac</i>	1	
<i>etodolac</i>	1	
<i>fenoprofen</i>	1	
<i>flurbiprofen</i>	1	
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1	
<i>ketoprofen</i>	1	
<i>ketorolac</i>	1	
<i>meclofenamate</i>	1	
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	

Brands

CELEBREX	3	
RELAFEN	3	

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Drug Name	Drug Tier	Req./ Limits
SALICYLATES		
Generics		
<i>choline mag trisalicylate</i>	1	
<i>diflunisal</i>	1	
<i>salsalate</i>	1	
Propoxyphene		
Generics		
<i>propoxyphene napsylate</i>		
<i>-apap</i>	1	
Psychotherapeutic Drugs		
ANTIDEPRESSANT AGENTS		
Generics		
<i>amitriptyline</i>	1	
<i>bupropion</i>	1	
<i>bupropion SR</i>	1	
<i>citalopram</i>	1	
<i>doxepin</i>	1	
<i>fluoxetine</i>	1	
<i>fluvoxamine</i>	1	
<i>maprotiline</i>	1	
<i>nortriptyline</i>	1	
<i>paroxetine</i>	1	
<i>trazodone</i>	1	
Brands		
CYMBALTA	2	
EFFEXOR	2	
EFFEXOR XR	2	
LEXAPRO	2	
NARDIL	2	
PARNATE	2	
WELLBUTRIN XL	2	
ZOLOFT	2	
ANTIPSYCHOTICS		
Generics		
<i>clozapine</i>	1	
<i>fluphenazine</i>	1	
<i>haloperidol</i>	1	
<i>thioridazine</i>	1	
Brands		
CLOZARIL	2	
MOBAN	2	
ORAP	2	
RISPERDAL	2	
SERENTIL	2	
SEROQUEL	2	
ZYPREXA	2	
ZYPREXA ZYDIS	2	

Drug Name	Drug Tier	Req./ Limits
ANXIOLYTICS (Drugs for anxiety)		
Generics		
<i>bupirone</i>	1	
Brands		
VANSPAR	3	
HYPNOTIC AGENTS (Drugs for sleep)		
Brands		
CHLORAL HYDRATE	2	
AMBIEN	3	
SONATA	3	
MISCELLANEOUS PSYCHOTHERAPEUTIC AGENTS		
Generics		
<i>amphetamine</i>	1	
<i>ergoloid mesylates</i>	1	
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	1	
<i>methylphenidate</i>	1	
<i>methylphenidate ER</i>	1	
<i>pemoline</i>	1	
Brands		
ADDERALL XR	2	
LITHIUM CARBONATE	2	
STRATTERA	2	
Cardiovascular, Hypertension & Lipids (Heart disease, high blood pressure & cholesterol)		
Antiarrhythmic Agents		
Generics		
<i>amiodarone</i>	1	
<i>bretylum</i>	1	PA
<i>disopyramide</i>	1	
<i>flecainide</i>	1	
<i>mexiletine</i>	1	
<i>procainamide</i>	1	
<i>propafenone</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
<i>sotalol</i>	1	
<i>sotalol AF</i>	1	
Antiarrhythmic Agents (continued)		
Brands		
ETHMOZINE	2	
PROCAINAMIDE	2	

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Drug Name	Drug Tier	Req./ Limits
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Antihypertensive Therapy (High blood pressure)

ACE INHIBITORS

Generics

<i>benazepril</i>	1
<i>enalapril</i>	1
<i>lisinopril</i>	1
<i>quinapril</i>	1

Brands

ALTACE	2
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ADRENERGIC ANTAGONISTS & RELATED DRUGS

Generics

<i>clonidine</i>	1
<i>doxazosin</i>	1
<i>guanfacine</i>	1
<i>terazosin</i>	1

Brands

CATAPRES-TTS 1	2
CATAPRES-TTS 2	2
CATAPRES-TTS 3	2
TERAZOSIN 2mg	2

ANGIOTENSIN II RECEPTOR BLOCKERS

Brands

COZAAR	2
DIOVAN	2
DIOVAN HCT	2
HYZAAR	2

BETA BLOCKERS

Generics

<i>acebutolol</i>	1
<i>atenolol</i>	1
<i>betaxolol</i>	1
<i>bisoprolol</i>	1
<i>propranolol</i>	1

Brands

COREG	2
INNOPRAN XL	2
TOPROL XL	2

CALCIUM CHANNEL BLOCKERS

Generics

<i>diltiazem ER</i>	1
<i>diltiazem</i>	1
<i>diltiazem XR</i>	1
<i>felodipine ER</i>	1
<i>nicardipine</i>	1
<i>nifedipine</i>	1
<i>nifedipine ER</i>	1
<i>verapamil</i>	1

Drug Name	Drug Tier	Req./ Limits
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Brands

NIMOTOP	2
NORVASC	2
SULAR	2

OTHER ANTIHYPERTENSIVE COMBINATIONS

Generics

<i>atenolol/chlorthalidone</i>	1
<i>benazepril-hctz</i>	1
<i>enalapril-hctz</i>	1
<i>fosinopril-hctz</i>	1
<i>lisinopril-hctz</i>	1
<i>propranolol-hctz</i>	1

Brands

LOTREL	2
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THIAZIDE & RELATED DIURETICS

Generics

<i>amiloride</i>	1
<i>amiloride-hctz</i>	1
<i>bumetanide</i>	1
<i>chlorthalidone</i>	1
<i>furosemide</i>	1
<i>hydrochlorothiazide</i>	1
<i>indapamide</i>	1
<i>metolazone</i>	1
<i>spironolactone</i>	1
<i>spironolactone-hctz</i>	1
<i>toremide</i>	1
<i>triamterene-hctz</i>	1

Brands

INSPRA	3
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VASODILATORS

Generics

<i>hydralazine</i>	1
<i>minoxidil</i>	1

Cardiac Glycosides

Generics

<i>digoxin</i>	1
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Coagulation Therapy (Blood Thinners)

ANTICOAGULANTS

Generics

<i>warfarin sodium</i>	1
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KEY: QL = Quantity Limitations may apply PA = Prior Approval may be required

Drug Name	Drug Tier	Req./ Limits
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ANTIPLATELET DRUGS

Generics

<i>dipyridamole</i>	1	
<i>ticlopidine</i>	1	

Brands

AGGRENEX	3	
ARIXTRA	3	PA
FRAGMIN	3	PA
INNOHEP	3	PA
LOVENOX	2	PA
PLAVIX	2	

MISCELLANEOUS COAGULATION AGENTS

Generics

<i>pentoxifylline</i>	1	
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Lipid/Cholesterol Lowering Agents

Generics

<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>gemfibrozil</i>	1	
<i>lovastatin</i>	1	

Brands

COLESTID	2	
LIPITOR	2	
PRAVACHOL	2	
TRICOR	2	
ZETIA	2	
ZOCOR	2	

Miscellaneous Cardiovascular Agents

Generics

<i>dobutamine</i>	1	PA
<i>dopamine</i>	1	PA

Brands

ABBOKINASE	3	
CATHFLO ACTIVASE	3	

Nitrates

LONG ACTING NITRATES

Generics

<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	1	
<i>nitroglycerin</i>	1	
<i>nitroglycerin transdermal</i>	1	
<i>nitroglyn</i>	1	

Brands

NITRO-DUR	2	
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Drug Name	Drug Tier	Req./ Limits
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RAPID ACTING NITRATES

Generics

<i>nitroglycerin</i>	1	
<i>nitroquick</i>	1	
<i>nitrotab</i>	1	

Brands

NITROLINGUAL	2	
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Dermatologicals/ Topical Therapy

(Drugs for skin disease)

Antipsoriatic/Antiseborrheic (for Psoriasis or Seborrhea)

Generics

<i>HC pramoxine</i>	1	
<i>selenium sulfide</i>	1	

Brands

DOVONEX	2	
DRITHO-SCALP	2	
PRAMOSONE	2	
RAPTIVA	3	PA

Burn Therapy

Generics

<i>silver sulfadiazine</i>	1	
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Miscellaneous Dermatologicals

Generics

<i>fluorouracil</i>	1	
<i>podofilox</i>	1	
<i>tri-chlor</i>	1	
<i>urea</i>	1	

Brands

CONDYLOX	2	
EFUDEX	2	
ELIDEL	2	
PANRETIN	2	
LEVULAN	3	PA
REGANEX	3	

Therapy For Acne

Generics

<i>benzoyl peroxide</i>	1	
<i>clindamycin</i>	1	
<i>erythromycin</i>	1	

KEY: QL = Quantity Limitations may apply PA = Prior Approval may be required

Drug Name	Drug Tier	Req./ Limits
<i>erythromycin-benzoyl peroxide</i>	1	
<i>metronidazole</i>	1	
<i>sodium sulfacetamide-sulfur</i>	1	
<i>tretinoin</i>	1	PA
Brands		
DUAC	2	
FINACEA	2	
METROGEL	2	
RETIN-A MICRO	2	PA
SOTRET	2	
TAZORAC	2	

Topical Anesthetics (for pain)

Generics	Drug Tier	Req./ Limits
<i>lidocaine HCl viscous</i>	1	
Brands		
XYLOCAINE	2	

Topical Antibacterials (for infection)

Generics	Drug Tier	Req./ Limits
<i>gentamicin sulfate</i>	1	
<i>hydrocortisone w/ iodoquinol</i>	1	
<i>mupirocin</i>	1	
<i>triple antibiotic</i>	1	
Brands		
ALCORTIN	2	
BACTROBAN	2	

Topical Antifungals

Generics	Drug Tier	Req./ Limits
<i>ciclopirox</i>	1	
<i>clioquinol w/hydrocortisone</i>	1	
<i>clotrimazole-betamethasone</i>	1	
<i>econazole nitrate</i>	1	
<i>ketoconazole</i>	1	
<i>nystatin</i>	1	
<i>nystatin w/triamcinolone</i>	1	

Topical Antivirals

Brands	Drug Tier	Req./ Limits
DENAVIR	2	
ZOVIRAX	2	

Topical Corticosteroids

LOW POTENCY

Generics	Drug Tier	Req./ Limits
<i>alclometasone</i>	1	
<i>desonide</i>	1	
<i>fluocinolone</i>	1	
<i>hydrocortisone</i>	1	
<i>nutracort</i>	1	
Brands		
ACLOVATE	2	
CAPEX SHAMPOO	2	
DERMA-SMOOTH/FS	2	

Drug Name	Drug Tier	Req./ Limits
<i>alclometasone</i>	1	
<i>desonide</i>	1	
<i>fluocinolone</i>	1	
<i>hydrocortisone</i>	1	
<i>nutracort</i>	1	
Brands		
ACLOVATE	2	
CAPEX SHAMPOO	2	
DERMA-SMOOTH/FS	2	

MEDIUM POTENCY

Generics

<i>betamethasone valerate</i>	1
<i>desoximetasone</i>	1
<i>fluocinolone</i>	1
<i>fluticasone</i>	1
<i>hydrocortisone butyrate</i>	1
<i>hydrocortisone valerate</i>	1
<i>mometasone</i>	1
<i>triamcinolone</i>	1

Brands

ELOCON	2
TRIAMCINOLONE	2

HIGH POTENCY

Generics

<i>betamethasone dipropionate</i>	1
<i>betamethasone dp augmented</i>	1
<i>betamethasone valerate</i>	1
<i>desoximetasone</i>	1
<i>diflorasone</i>	1
<i>fluocinonide</i>	1
<i>triamcinolone acetonide</i>	1

Brands

DIPROLENE	2
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VERY HIGH POTENCY

Generics

<i>betamethasone dp augmented</i>	1
<i>clobetasol</i>	1
<i>diflorasone diacetate</i>	1
<i>halobetasol</i>	1

Topical Enzymes

Generics

<i>granul-derm</i>	1
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KEY: QL = Quantity Limitations may apply PA = Prior Approval may be required

Drug Name	Drug Tier	Req./ Limits
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Brands

SANTYL 2

Topical Scabicides/Pediculicides

Generics

acticin 1

permethrin 1

Brands

ELIMITE 3

Diagnosics & Miscellaneous Agents

Enzymes

Brands

ANANA FORTE 3

Irrigating Solutions

Brands

PHYSIOLYTE 3

SORBITOL 3

Miscellaneous Agents

Generics

yohimbine 1

Brands

AGRYLIN 2

ANTABUSE 2

CHEMET 2

DIDRONEL 2

RENAGEL 2

RILUTEK 2

SALAGEN 2

SYPRINE 2

THALOMID 2

ARALAST 3 PA

ZEMAIRA 3 PA

Smoking Deterrents

Generics

bupropion 1

Brands

NICOTROL 3

ZYBAN 3

Drug Name	Drug Tier	Req./ Limits
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Ear, Nose & Throat Medications

Miscellaneous Agents

Generics

chlorhexidine 1

perio gard 1

triamcinolone 1

Miscellaneous Otic Preparations (for ear disease)

Generics

a/b otic 1

acetazol HC 1

acetic acid/aluminum 1

acetic acid/hydrocortisone 1

allergen 1

antipyrine-benzocaine 1

Brands

FLOXIN 3

Otic Steroid/Antibiotic (for ear infections)

Generics

antibiotic ear solution 1

antibiotic ear suspension 1

antibiotic HC 1

neomycin/polymixin/HC 1

Brands

CIPRO HC 2

Endocrine/Diabetes (Diabetes & hormone therapy)

Adrenal Hormones

Generics

cortisone acetate 1

dexamethasone 1

fludrocortisone 1

hydrocortisone 1

methylprednisolone 1

methylprednisolone sod succ 1 PA

prednisolone 1

prednisolone sodium phosphate 1

prednisone 1

Brands

CORTEF 2

CORTONE 2

DEXAMETHASONE 2

KEY: QL = Quantity Limitations may apply PA = Prior Approval may be required

Drug Name	Drug Tier	Req./ Limits
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Antithyroid Agents (Thyroid therapy)

Generics

<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	

Diabetes Therapy

GLUCOSE ELEVATING AGENTS

Brands

GLUCAGON	2	
PROGLYCEM	2	

INSULIN THERAPY

Brands

HUMALOG	2	
HUMULIN U	2	
Iletin II LENTE	2	
Iletin II NPH	2	
Iletin II REGULAR	2	
LANTUS	2	
NOVOLIN	2	
NOVOLOG	2	
RELION	2	
VELOSULIN	2	

ORAL HYPOGLYCEMIC AGENTS

Generics

<i>glipizide</i>	1	
<i>glipizide ER</i>	1	
<i>glipizide XL</i>	1	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	
<i>metformin</i>	1	
<i>metformin ER</i>	1	

Brands

ACTOS	2	
AMARYL	2	
AVANDIA	2	
GLYSET	2	
PRANDIN	2	
STARLIX	2	
GLUCOVANCE	3	
METAGLIP	3	

Miscellaneous Hormones

Brands

HECTORAL	2	
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Drug Name	Drug Tier	Req./ Limits
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ANDROGENS

Generics

<i>estradiol/testosterone</i>	1	
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
<i>testosterone propionate</i>	1	

Brands

ANDROGEL	2	
DEPO-TESTOSTERONE	2	
TESTIM	2	

MISCELLANEOUS AGENTS

Generics

<i>desmopressin acetate</i>	1	
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Brands

CYTADREN	2	
DDAVP	2	
MIACALCIN	2	
SENSIPAR	2	
SOMAVERT	2	
SYNAREL	2	
ZAVESCA	2	
CEREDASE	3	PA
CEREZYME	3	PA

Thyroid Hormones

Generics

<i>levothyroxine sodium</i>	1	
<i>levoxyol</i>	1	
<i>thyroid</i>	1	

Brands

ARMOUR THYROID	2	
BIO-THROID	2	
CYTOMEL	2	
THYROID	2	

Gastroenterology (Gastrintestinal therapy)

ANTIDIARRHEALS

Generics

<i>diphenoxylate w/atropine</i>	1	
<i>paregoric</i>	1	

ANTISPASMODICS

Generics

<i>anaspaz</i>	1	
<i>cystospaz-m</i>	1	
<i>dicyclomine</i>	1	
<i>glycopyrrolate</i>	1	
<i>hyoscyamine</i>	1	

KEY: QL = Quantity Limitations may apply PA = Prior Approval may be required

Drug Name	Drug Tier	Req./ Limits
ANTISPASMODICS (continued)		
Brands		
PROPANTHELINE	2	
ANTIVERTIGO & ANTIEMETIC AGENTS		
Generics		
<i>dimenhydrinate</i>	1	
<i>prochlorperazine</i>	1	
Brands		
MARINOL	2	PA
ZOFRAN	2	PA
BOWEL EVACUANTS		
Generics		
<i>glycolax</i>	1	
<i>peg 3350/electrolyte</i>	1	
DIGESTIVE ENZYMES		
Generics		
<i>lipram</i>	1	
<i>pancrelipase</i>	1	
<i>pancrelipase mt-16</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
Generics		
<i>enulose</i>	1	
<i>HC pramoxine</i>	1	
<i>hemorrhoidal HC</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone acetate</i>	1	
<i>lactulose</i>	1	
<i>mesalamine</i>	1	
<i>metoclopramide</i>	1	
<i>proctosert HC</i>	1	
<i>sulfasalazine</i>	1	
<i>sulfasalazine EC</i>	1	
<i>sulfazine</i>	1	
<i>sulfazine EC</i>	1	
Brands		
ASACOL	2	
CANASA	2	
COLAZAL	2	
COLYTROL	2	
ENTOCORT EC	2	
HYDROCORTISONE	2	
PENTASA	2	
PROCTOFOAM-HC	2	
LOTRONEX	3	
REMICADE	3	PA
ZELNORM	3	

Drug Name	Drug Tier	Req./ Limits
Ulcer Therapy		
Generics		
<i>cimetidine</i>	1	
<i>famotidine</i>	1	
<i>misoprostol</i>	1	
<i>omeprazole</i>	1	
<i>ranitidine</i>	1	
<i>sucralfate</i>	1	
Brands		
HELIDAC	2	
NEXIUM	2	
PROTONIX	2	
Immunology, Vaccines & Biotechnology		
Biotechnology Drugs		
ERYTHROID STIMULANTS		
Brands		
PROCRIT	2	PA
ARANESP	3	PA
EPOGEN	3	PA
GROWTH HORMONES		
Brands		
NUTROPIN	2	PA
GENOTROPIN	3	PA
NORDITROPIN	3	PA
SEROSTIM	3	PA
INTERFERONS		
Brands		
ACTIMMUNE	2	
AVONEX	2	
INTRON A	2	PA
PEG-INTRON	2	PA
PEGASYS	2	PA
REBETRON	2	PA
ROFERON-A	2	PA
INTERLEUKINS		
Brands		
NEUMEGA	2	PA
PROLEUKIN	2	
MYELOID STIMULANTS		
Brands		
LEUKINE	2	PA
NEUPOGEN	2	PA
NEULASTA	3	PA

KEY: QL = Quantity Limitations may apply PA = Prior Approval may be required

Drug Name	Drug Tier	Req./ Limits
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Vaccines & Miscellaneous Immunologicals

Brands		
GAMIMUNE	3	PA
ENGERIX-B	3	PA
VARICELLA-ZOSTER IMMUNE GLOBULIN	3	

Musculoskeletal & Rheumatology (Muscle, bone & arthritis therapy)

Gout Therapy

Generics		
<i>allopurinol</i>	1	
<i>col-probenecid</i>	1	
<i>colchicine</i>	1	
<i>probenecid</i>	1	
<i>sulfinpyrazone</i>	1	

Osteoporosis Therapy

Brands		
ACTONEL	2	
EVISTA	2	
FOSAMAX	2	
FORTEO	3	PA

Other Rheumatologicals

MISCELLANEOUS AGENTS		
Generics		
<i>gold sodium thiomalate</i>	1	
Brands		
ARAVA	2	
CUPRIMINE	2	
ENBREL	2	PA
RIDAURA	2	
HUMIRA	3	PA

Obstetrics & Gynecology

Estrogens & Progestins

ESTROGEN COMBINATIONS		
Brands		
ACTIVELLA	2	
ESTRATEST	2	
ESTRATEST H.S.	2	
FEMHRT	2	
PREMPHASE	2	
PREMPRO	2	

Drug Name	Drug Tier	Req./ Limits
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ESTROGENS

Generics

<i>estradiol</i>	1	
<i>estradiol transdermal patch</i>	1	
<i>estradiol valerate</i>	1	
<i>estropipate</i>	1	
<i>ortho-est</i>	1	

Brands

MENEST	2	
PREMARIN	2	
VAGIFEM	2	
VIVELLE	2	

PROGESTINS

Generics

<i>medroxyprogesterone</i>	1	
<i>norethindrone</i>	1	

Brands

MICRONOR	2	
NOR-Q-D	2	
ORTHO MICRONOR	2	
OVRETTE	2	
PROMETRIUM	2	

Miscellaneous OB/GYN

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

Brands

ORTHO EVRA	2	
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VAGINAL ANTIFUNGALS

Generics

<i>miconazole 3</i>	1	
<i>nystatin</i>	1	
<i>terconazole</i>	1	

Brands

TERAZOL 3	2	
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VAGINAL CLEANSER/ANTI-INFECTIVES

Generics

<i>triple sulfa</i>	1	
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Brands

AVC	2	
CLEOCIN	2	
METROGEL-VAGINAL	2	

Oral Contraceptives & Related Agents

MONOPHASIC/BIPHASIC/TRIPHASIC AGENTS

Generics

<i>aviane</i>	1	
<i>kariva</i>	1	
<i>low-ogestrel</i>	1	

KEY: QL = Quantity Limitations may apply PA = Prior Approval may be required

Drug Name	Drug Tier	Req./ Limits
MONOPHASIC/BIPHASIC/TRIPHASIC AGENTS (continued)		
<i>necon</i>	1	
<i>tri-sprintec</i>	1	
<i>trivora-28</i>	1	
Brands		
ALESSE-28	2	
DEMULEN 1	2	
LO/OVRAL	2	
LOESTRIN	2	
LOESTRIN FE	2	
MIRCETTE	2	
MODICON	2	
NORDETTE	2	
ORTHO TRI-CYCLEN	2	
ORTHO-CEPT	2	
ORTHO-CYCLEN	2	
ORTHO-NOVUM	2	
OVRAL	2	
TRIPHASIL-28	2	
YASMIN 28	2	

Oxytocics

Brands	Drug Tier	Req./ Limits
METHERGINE	2	

Ophthalmology (Eye Therapy)

Antibiotics (for infection)

Generics	Drug Tier	Req./ Limits
<i>bacitracin</i>	1	
<i>bacitracin/polymyxin b</i>	1	
<i>ciprofloxacin HCl</i>	1	
<i>erythromycin</i>	1	
<i>gentafair</i>	1	
<i>gentamicin sulfate</i>	1	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>polymyxin b sul-trimethoprim</i>	1	
<i>triple antibiotic</i>	1	
Brands		
CILOXAN	2	
NATACYN	2	
TOBEX	2	
VIGAMOX	2	

Drug Name	Drug Tier	Req./ Limits
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Antivirals

Generics	Drug Tier	Req./ Limits
<i>trifluridine</i>	1	
Brands		
VIROPTIC	3	

Beta-blockers (for Glaucoma)

Generics	Drug Tier	Req./ Limits
<i>levobunolol</i>	1	
<i>timolol</i>	1	
Brands		
BETIMOL	2	
BETOPTIC S	2	

Cholinesterase Inhibitor Miotics

Brands	Drug Tier	Req./ Limits
PHOSPHOLINE IODIDE	2	

Cycloplegic Mydriatics

Generics	Drug Tier	Req./ Limits
<i>atropine</i>	1	
<i>cyclopentolate</i>	1	
<i>homatropine hydrobromide</i>	1	
<i>pentolair</i>	1	
Brands		
CYCLOGYL	2	

Direct Acting Miotics

Generics	Drug Tier	Req./ Limits
<i>pilocarpine</i>	1	

Miscellaneous Ophthalmologics

Generics	Drug Tier	Req./ Limits
<i>bss</i>	1	
<i>cromolyn sodium</i>	1	
<i>proparacaine</i>	1	
<i>tetracaine</i>	1	
Brands		
HYDROXYPROPYLMETHYL CELLULOSE	2	
ZADITOR	2	

Non-steroidal Anti-inflammatory Agents

Generics	Drug Tier	Req./ Limits
<i>flurbiprofen</i>	1	
Brands		
ACULAR	2	
ACULAR LS	2	
ACULAR PF	2	
DICLOFENAC SODIUM	2	
VOLTAREN	2	

KEY: QL = Quantity Limitations may apply PA = Prior Approval may be required

Drug Name	Drug Tier	Req./ Limits
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Oral Drugs for Glaucoma

Generics

<i>acetazolamide</i>	1
<i>methazolamide</i>	1

Brands

OSMOGLYN	3
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Other Glaucoma Drugs

Generics

<i>physostigmine salicylate</i>	1
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Brands

TRUSOPT	2
XALATAN	2
COSOPT	3
TRAVATAN	3

Steroid-Antibiotic Combinations

Generics

<i>neomycin-dexamethasone</i>	1
<i>neomycin-bacitracin-poly-HC</i>	1
<i>neomycin/polymyxin/dexameth</i>	1
<i>neomycin/polymyxin/HC</i>	1
<i>triple antibiotic HC</i>	1

Brands

POLY-PRED	2
TOBRADEX	2

Steroid-Sulfonamide Combinations

Generics

<i>sulfacetamide -prednisolone</i>	1
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Brands

BLEPHAMIDE	2
BLEPHAMIDE S.O.P.	2

Steroids

Generics

<i>dexamethasone</i>	1
<i>fluorometholone</i>	1
<i>prednisol</i>	1
<i>prednisolone acetate</i>	1
<i>prednisolone sodium phosphate</i>	1

Brands

FML S.O.P.	2
LOTEMAX	2
PRED MILD	2

Drug Name	Drug Tier	Req./ Limits
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Sulfonamides

Generics

<i>sulfacetamide sodium</i>	1
<i>sulfamide</i>	1

Brands

SODIUM SULAMYD	3
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Sympathomimetics

Generics

<i>dipivefrin</i>	1
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Brands

ALPHAGAN P	2
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Vasoconstrictor Decongestants

Generics

<i>naphazoline</i>	1
<i>phenylephrine</i>	1

Respiratory Allergy, Cough & Cold

Antihistamine & Antiallergenic Agents

ADRENERGICS

Generics

<i>epinephrine</i>	1
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Brands

ADRENALIN CHLORIDE	2
EPINEPHRINE	2
EIPEN	2
EIPEN JR.	2

ANTI-HISTAMINES

Generics

<i>carbinoxamine</i>	1
<i>clemastine fumarate</i>	1
<i>cyproheptadine</i>	1
<i>diphenhydramine</i>	1
<i>hydroxyzine</i>	1
<i>hydroxyzine pamoate</i>	1
<i>promethazine</i>	1

Brands

ALLEGRA	2
ASTELIN	2
ZYRTEC	2
CLARINEX	3

KEY: QL = Quantity Limitations may apply PA = Prior Approval may be required

Drug Name	Drug Tier	Req./ Limits
Pulmonary Agents (Lung therapy)		
BETA AGONISTS INHALERS		
Generics		
<i>albuterol</i>	1	
Brands		
ACCUNEB	2	PA
ALUPENT	2	
MAXAIR AUTOHALER	2	
PROVENTIL HFA	2	
SEREVENT	2	
SEREVENT DISKUS	2	
XOPENEX	3	PA
BETA AGONISTS ORAL		
Generics		
<i>albuterol</i>	1	
<i>terbutaline</i>	1	
Brands		
ALUPENT	2	
PROVENTIL	2	
INHALED CORTICOSTEROIDS		
Brands		
AZMACORT	2	
FLOVENT	2	
FLOVENT HFA	2	
PULMICORT RESPULES	2	PA
PULMICORT	3	
INTRANASAL STEROIDS		
Generics		
<i>flunisolide</i>	1	
Brands		
FLONASE	2	
NASONEX	2	
MISCELLANEOUS PULMONARY AGENTS		
Generics		
<i>cromolyn sodium</i>	1	PA
<i>ipratropium bromide</i>	1	PA
Brands		
ACCOLATE	2	
ADVAIR DISKUS	2	
ATROVENT	2	
COMBIVENT	2	
DUONEB	2	PA
INTAL	2	
PULMOZYME	2	PA
SINGULAIR	2	
SPIRIVA	2	

Drug Name	Drug Tier	Req./ Limits
TILADE	2	
TRACLEER	2	
VENTAVIS	2	
XANTHINES		
Generics		
<i>dyphylline gg</i>	1	
<i>theophylline</i>	1	
<i>theophylline ER</i>	1	
Brands		
QUIBRON-T	2	
SLO-BID	2	
Urologicals (Urinary Tract therapy)		
Anticholinergics & Antispasmodics (for spasms)		
Generics		
<i>oxybutynin chloride</i>	1	
Brands		
DETROL LA	2	
DITROPAN XL	2	
OXYTROL	2	
DETROL	3	
Benign Prostatic Hyperplasia (BPH) Therapy		
Brands		
FLOMAX	2	
PROSCAR	3	
Miscellaneous Urologicals		
Generics		
<i>bethanechol</i>	1	
<i>tricitrates</i>	1	
<i>uriseptic</i>	1	
Brands		
CYSTAGON	2	
ELMIRON	2	
K-PHOS M.F.	2	
K-PHOS NO.2	2	
CIALIS	3	QL
VIAGRA	3	QL
Urinary Anesthetics (for pain)		
Generics		
<i>phenazopyridine</i>	1	

KEY: QL = Quantity Limitations may apply PA = Prior Approval may be required

<u>Drug Name</u>	<u>Drug Tier</u>	<u>Req./ Limits</u>
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Vitamins, Hematinics & Electrolytes

Electrolytes

Generics

<i>k-phos neutral</i>	1	
<i>lugol's</i>	1	
<i>nutrilyte</i>	1	PA
<i>phospha 250 neutral</i>	1	
<i>strong iodine</i>	1	

Brands

PHOSLO	2	
TPN ELECTROLYTES	3	PA

<u>Drug Name</u>	<u>Drug Tier</u>	<u>Req./ Limits</u>
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POTASSIUM

Generics

<i>k effervescent</i>	1	
<i>k+ potassium</i>	1	
<i>klor-con</i>	1	
<i>potassium</i>	1	

Brands

POTASSIUM CHLORIDE	2	
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Vitamins & Hematinics

Generics

<i>cal-nate</i>	1	
<i>fluoritab</i>	1	
<i>lactocal-f</i>	1	

Brands

NATAFORT	2	
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KEY: QL = Quantity Limitations may apply PA = Prior Approval may be required

A	
<i>a/b otic</i>	16
ABBOKINASE.....	14
ACCOLATE.....	22
ACCUNEB.....	22
<i>acebutolol HCl</i>	13
<i>acetaminophen w/codeine</i>	11
<i>acetaminophen w/codeine #3</i>	11
<i>acetaminophen w/codeine #4</i>	11
<i>acetazol HC</i>	16
<i>acetazolamide</i>	21
<i>acetic acid/aluminum</i>	16
<i>acetic acid/hydrocortisone</i>	16
ACLOVATE.....	15
<i>acticin</i>	16
ACTIMMUNE.....	18
ACTIQ.....	11
ACTIVELLA.....	19
ACTONEL.....	19
ACTOS.....	17
ACULAR.....	20
ACULAR LS.....	20
ACULAR PF.....	20
<i>acyclovir</i>	8
ADDERALL XR.....	12
ADRENALIN CHLORIDE.....	21
ADVAIR DISKUS.....	22
AGENERASE.....	8
AGGRENEX.....	14
AGRYLIN.....	16
<i>albuterol</i>	22
<i>alclometasone</i>	15
<i>alclometasone dipropionate</i>	15
ALCORTIN.....	15
ALESSE-28.....	20
ALINIA.....	9
ALLEGRA.....	21
<i>allergen</i>	16
<i>allopurinol</i>	19
ALPHAGAN P.....	21
ALTACE.....	13
ALUPENT.....	22
<i>amantadine</i>	8
AMARYL.....	17
AMBIEN.....	12
<i>amiloride</i>	13
<i>amiloride w/hctz</i>	13
<i>amiodarone</i>	12
<i>amitriptyline</i>	12
<i>amoxicillin</i>	9
<i>amphetamine</i>	12
<i>amphotericin b</i>	8

<i>ampicillin</i>	9
ANANA FORTE.....	16
<i>anaspaz</i>	17
ANCOBON.....	8
ANDROGEL.....	17
ANTABUSE.....	16
<i>antibiotic ear solution</i>	16
<i>antibiotic ear suspension</i>	16
<i>antibiotic HC</i>	16
<i>antipyrine-benzocaine</i>	16
<i>apap/isometheptene/dichlphen</i>	11
ARALAST.....	16
ARANESP.....	18
ARAVA.....	19
ARICEPT.....	11
ARIMIDEX.....	10
ARIXTRA.....	14
ARMOUR THYROID.....	17
AROMASIN.....	10
ASACOL.....	18
<i>aspirin w/codeine</i>	11
ASTELIN.....	21
<i>atenolol</i>	13
<i>atenolol/chlorthalidone</i>	13
<i>atropine sulfate</i>	20
ATROVENT.....	22
AUGMENTIN.....	9
AUGMENTIN ES-600.....	9
AVANDIA.....	17
AVC.....	19
AVELOX.....	9
<i>aviane</i>	19
AVONEX.....	11,18
<i>azathioprine</i>	10
AZMACORT.....	22

B	
<i>bacitracin</i>	20
<i>bacitracin/polymyxin b</i>	20
BACTROBAN.....	15
<i>benazepril-hctz</i>	13
<i>benzoyl peroxide</i>	14
<i>benztropine</i>	10
<i>betamethasone dipropionate</i>	15
<i>betamethasone dp augmented</i>	15
<i>betamethasone valerate</i>	15
<i>betaxolol</i>	13
<i>bethanechol</i>	22
BETIMOL.....	20
BETOPTIC S.....	20
BIAXIN XL.....	8
BIO-THROID.....	17

<i>bisoprolol</i>	13	<i>cimetidine</i>	18
BLEPHAMIDE	21	CIPRO HC	16
BLEPHAMIDE S.O.P.	21	<i>ciprofloxacin</i>	9
<i>bretylum</i>	12	CIPROFLOXACIN	9
<i>bromocriptine</i>	10	<i>ciprofloxacin HCl</i>	20
<i>bss</i>	20	<i>citalopram</i>	12
<i>bumetanide</i>	13	CLARINEX	21
<i>bupropion</i>	12,16	<i>clemastine fumarate</i>	21
<i>bupropion SR</i>	12	CLEOCIN.....	9,19
<i>bupirone</i>	12	<i>clindamycin</i>	9,14
C		<i>clioquinol w/hydrocortisone</i>	15
<i>cal-nate</i>	23	<i>clobetasol propionate</i>	15
CAMPATH.....	10	<i>clonidine</i>	13
CANASA.....	18	<i>clotrimazole/betamethasone</i>	15
CAPEX SHAMPOO	15	<i>clozapine</i>	12
<i>carbamazepine</i>	10	CLOZARIL.....	12
<i>carbidopa/levodopa</i>	10	CODEINE	11
<i>carbinoxamine</i>	21	COGNEX.....	11
CASODEX.....	10	COLAZAL.....	18
CATAPRES-TTS 1.....	13	<i>colchicine</i>	19
CATAPRES-TTS 2.....	13	COLESTID.....	14
CATAPRES-TTS 3.....	13	<i>col-probenecid</i>	19
CATHFLO ACTIVASE	14	COLYTROL.....	18
CEENU	9	COMBIVENT.....	22
<i>cefaclor</i>	8	COMBIVIR	8
<i>cefaclor ER</i>	8	COMTAN	10
<i>cefadroxil</i>	8	CONDYLOX.....	14
<i>cefepodoxime</i>	8	COPAXONE	11
<i>cefuroxime</i>	8	COPEGUS.....	8
CEFZIL	8	COREG.....	13
CELEBREX.....	11	CORTEF	16
CELLCEPT.....	10	<i>cortisone acetate</i>	16
CELONTIN	10	CORTONE ACETATE	16
<i>cefadroxil</i>	8	COSOPT	21
<i>cephalexin</i>	8	COZAAR	13
CEREBYX.....	10	CRIXIVAN	8
CEREDASE	17	<i>cromolyn sodium</i>	20,22
CEREZYME.....	17	CUPRIMINE	19
CHEMET	16	CYCLOGYL.....	20
CHLORAL HYDRATE.....	12	<i>cyclopentolate</i>	20
<i>chlorhexidine</i>	16	<i>cyclosporine</i>	10
CHLOROQUINE.....	9	CYMBALTA.....	12
<i>chloroquine phosphate</i>	8	<i>cyproheptadine</i>	21
<i>chlorthalidone</i>	13	CYSTAGON	22
<i>chlorzoxazone</i>	11	<i>cystospaz-m</i>	17
<i>cholestyramine</i>	14	CYTADREN.....	17
<i>cholestyramine light</i>	14	CYTOMEL.....	17
<i>choline mag trisalicylate</i>	12	CYTOXAN	9
CIALIS.....	22	D	
<i>ciclopirox</i>	15	DAPSONE.....	9
CILOXAN	20	DARAPRIM	9

DDAVP	17	EFFEXOR XR	12
DEMULEN	20	EFUDEX	14
DENAVIR.....	15	ELIDEL	14
DEPAKENE	10	ELIGARD.....	10
DEPAKOTE	10	ELIMITE	16
DEPAKOTE ER.....	10	ELMIRON.....	22
DEPO-TESTOSTERONE	17	ELOCON	15
DERMA-SMOOTH/FS	15	EMCYT.....	10
<i>desmopressin acetate</i>	17	EMTRIVA	8
<i>desonide</i>	15	<i>enalapril</i>	13
<i>desoximetasone</i>	15	<i>enalapril-hctz</i>	13
DETROL	22	ENBREL	19
DETROL LA	22	ENGERIX-B.....	19
<i>dexamethasone</i>	16,21	ENTOCORT EC.....	18
DEXAMETHASONE	16	<i>enulose</i>	18
<i>diclofenac</i>	11	<i>epinephrine</i>	21
DICLOFENAC SODIUM	20	EPINEPHRINE.....	21
<i>dicyclomine</i>	17	EIPEN.....	21
DIDRONEL.....	16	EIPEN JR	21
<i>diflorasone</i>	15	EPIVIR	8
<i>diflunisal</i>	12	EPIVIR HBV.....	8
<i>digoxin</i>	13	EPOGEN	18
<i>dihydroergotamine</i>	11	EPZICOM	8
<i>diltiazem</i>	13	<i>ergoloid mesylates</i>	12
<i>diltiazem ER</i>	13	ERGOMAR.....	11
<i>diltiazem XR</i>	13	<i>ergotamine-caffeine</i>	11
<i>dimenhydrinate</i>	18	<i>erythrocin stearate</i>	8
DIOVAN	13	<i>erythromycin</i>	8,14,20
DIOVAN HCT	13	<i>erythromycin estolate</i>	8
<i>diphenhydramine</i>	21	<i>erythromycin ethylsuccinate</i>	8
<i>diphenoxylate w/atropine</i>	17	<i>erythromycin stearate</i>	8
<i>dipivefrin</i>	21	<i>erythromycin w/sulfisoxazole</i>	8
DIPROLENE	15	<i>erythromycin-benzoyl peroxide</i>	15
<i>dipyridamole</i>	14	<i>estradiol</i>	19
<i>disopyramide</i>	12	<i>estradiol transdermal patch</i>	19
DITROPAN XL	22	<i>estradiol valerate</i>	19
<i>dobutamine</i>	14	<i>estradiol/testosterone</i>	17
<i>dopamine</i>	14	ESTRATEST.....	19
DOVONEX	14	ESTRATEST H.S.....	19
<i>doxazosin</i>	13	<i>estropipate</i>	19
<i>doxepin</i>	12	<i>ethambutol</i>	9
<i>doxycycline</i>	9	ETHMOZINE	12
DRITHO-SCALP.....	14	<i>ethosuximide</i>	10
DROXIA	10	<i>etodolac</i>	11
DUAC.....	15	EVISTA.....	19
DUONEB.....	22	EXELON.....	11
DURAGESIC.....	11	F	
<i>dyphylline gg</i>	22	<i>famotidine</i>	18
E		FANSIDAR	9
<i>econazole nitrate</i>	15	FARESTON	10
EFFEXOR	12	FELBATOL	10

<i>felodipine ER</i>	13
FEMARA	10
FEMHRT.....	19
<i>fenoprofen</i>	11
<i>fentanyl</i>	11
FINACEA.....	15
<i>flecainide</i>	12
FLOMAX.....	22
FLONASE	22
FLOVENT.....	22
FLOVENT HFA.....	22
FLOXIN	16
<i>fluconazole</i>	8
FLUDARA	10
<i>fludrocortisone acetate</i>	16
<i>flunisolide</i>	22
<i>fluocinolone acetonide</i>	15
<i>fluocinonide</i>	15
<i>fluoritab</i>	23
<i>fluorometholone</i>	21
<i>fluorouracil</i>	14
<i>fluoxetine</i>	12
<i>fluphenazine</i>	12
<i>flurbiprofen</i>	11
<i>flurbiprofen sodium</i>	20
<i>flutamide</i>	10
<i>fluticasone 15</i>	
<i>fluvoxamine</i>	12
FML S.O.P.....	21
FORTEO	19
FORTOVASE.....	8
FOSAMAX.....	19
<i>fosinopril-hctz</i>	13
FRAGMIN	14
FURADANTIN	9
<i>furosemide</i>	13
FUROXONE.....	9
FUZEON	8

G

<i>gabapentin</i>	10
GABITRIL.....	10
GAMIMUNE	19
<i>ganciclovir</i>	8
GANTRISIN	9
<i>gemfibrozil</i>	14
<i>gengraf</i>	10
GENOTROPIN	18
<i>gentafair</i>	20
<i>gentamicin</i>	15,20
GEOCILLIN	9

GLEEVEC	10
<i>glipizide</i>	17
<i>glipizide ER</i>	17
<i>glipizide XL</i>	17
GLUCAGON	17
GLUCOVANCE	17
<i>glyburide</i>	17
<i>glyburide micronized</i>	17
<i>glyburide-metformin</i>	17
<i>glycolax</i>	18
<i>glycopyrrolate</i>	17
GLYSET.....	17
<i>gold sodium thiomalate</i>	19
<i>granul-derm</i>	15
GRIFULVIN V	8
<i>griseofulvin</i>	8
<i>griseofulvin ultramicrosize</i>	8
<i>guanfacine</i>	13

H

<i>halobetasol propionate</i>	15
<i>haloperidol</i>	12
<i>HC pramoxine</i>	14,18
HECTORAL	17
HELIDAC.....	18
<i>hemorrhoidal HC</i>	18
HEXALEN	10
HIVID.....	8
<i>homatropine hydrobromide</i>	20
HUMALOG	17
HUMATIN	9
HUMIRA	19
HUMULIN U	17
<i>hydralazine</i>	13
<i>hydrochlorothiazide</i>	13
<i>hydrocodone-ibuprofen</i>	11
<i>hydrocodone w/acetaminophen</i>	11
<i>hydrocodone-apap 7.5-650 tb</i>	11
<i>hydrocortisone</i>	15,16,18
HYDROCORTISONE.....	18
<i>hydrocortisone acetate</i>	18
<i>hydrocortisone butyrate</i>	15
<i>hydrocortisone valerate</i>	15
<i>hydrocortisone w/iodoquinol</i>	15
<i>hydromorphone</i>	11
<i>hydroxychloroquine sulfate</i>	8
HYDROXYPROPYLMETHYL CELLULOSE....	20
<i>hydroxyurea</i>	10
<i>hydroxyzine</i>	21
<i>hydroxyzine pamoate</i>	21
<i>hyoscyamine</i>	17

HYZAAR	13
I	
<i>ibuprofen</i>	11
ILETIN II LENTE	17
ILETIN II NPH	17
ILETIN II REGULAR.....	17
IMITREX	11
<i>indapamide</i>	13
<i>indomethacin</i>	11
INNOHEP	14
INNOPRAN XL	13
INSPRA.....	13
INTAL.....	22
INTRON A.....	18
INVIRASE	8
<i>ipratropium bromide</i>	22
IRESSA	10
<i>isoniazide</i>	9
<i>isosorbide dinitrate</i>	14
<i>isosorbide mononitrate</i>	14
<i>itraconazole</i>	8
K	
<i>k effervescent</i>	23
<i>k+ potassium</i>	23
KALETRA.....	8
<i>kariva</i>	19
KEPPRA	10
<i>ketoconazole</i>	8,15
<i>ketoprofen</i>	11
<i>ketorolac</i>	11
<i>klor-con</i>	23
K-PHOS M.F.....	22
<i>k-phos neutral</i>	23
K-PHOS NO.2	22
L	
<i>lactocal-f</i>	23
<i>lactulose</i>	18
LAMICTAL	10
LAMISIL.....	8
LAMPRENE	9
LANTUS	17
LEUCOVORIN CALCIUM	9
LEUKERAN	9
LEUKINE	18
<i>leuprolide</i>	10
<i>levobunolol</i>	20
<i>levothyroxine</i>	17
<i>levoxyl</i>	17
LEVULAN	14

LEXAPRO	12
LEXIVA.....	8
<i>lidocaine HCl viscous</i>	15
LIPITOR.....	14
<i>lipram</i>	18
<i>lisinopril</i>	13
<i>lisinopril-hctz</i>	13
<i>lithium carbonate</i>	12
LITHIUM CARBONATE	12
<i>lithium citrate</i>	12
LO/OVRAL	20
LOESTRIN	20
LOESTRIN FE	20
LORABID	8
LOTEMAX	21
LOTREL.....	13
LOTRONEX	18
<i>lovastatin</i>	14
LOVENOX.....	14
<i>low-ogestrel</i>	19
<i>lugol's</i>	23
LUPRON	10
LUPRON DEPOT	10
LYSODREN.....	10
M	
<i>maprotiline</i>	12
MARINOL	18
MATULANE.....	10
MAXAIR AUTOHALER	22
MAXALT	11
MAXALT MLT.....	11
<i>meclofenamate</i>	11
<i>medroxyprogesterone acetate</i>	19
MEGACE ES.....	10
<i>megestrol</i>	10
MENEST	19
<i>meprobamate</i>	11
MEPRON	9
<i>mesalamine</i>	18
MESNEX.....	9
MESTINON.....	11
METAGLIP	17
<i>metformin</i>	17
<i>metformin ER</i>	17
METHADONE	11
<i>methazolamide</i>	21
METHERGINE	20
<i>methimazole</i>	17
<i>methocarbamol</i>	11
<i>methylphenidate</i>	12

<i>methylphenidate ER</i>	12	NEUMEGA	18
<i>methylprednisolone</i>	16	NEUPOGEN.....	18
<i>methylprednisolone sod succ</i>	16	NEURONTIN	10
<i>metoclopramide</i>	18	NEXIUM	18
<i>metolazone</i>	13	<i>nicardipine</i>	13
METROGEL	15	NICOTROL.....	16
METROGEL-VAGINAL	19	<i>nifedipine</i>	13
<i>metronidazole</i>	15	<i>nifedipine ER</i>	13
<i>mexiletine</i>	12	NILANDRON	10
MIACALCIN	17	NIMOTOP	13
<i>miconazole 3</i>	19	<i>nitro-bid</i>	14
MICRONOR	19	NITRO-DUR	14
MIGRANAL.....	11	<i>nitrofurantoin macrocrystal</i>	9
<i>minoxidil</i>	13	<i>nitroglycerin</i>	14
MINTEZOL.....	9	<i>nitroglycerin transdermal</i>	14
MIRAPEX.....	10	<i>nitroglyn</i>	14
MIRCETTE	20	NITROLINGUAL	14
<i>misoprostol</i>	18	<i>nitroquick</i>	14
MOBAN	12	<i>nitrotab</i>	14
MODICON	20	NORDETTE	20
<i>mometasone</i>	15	NORDITROPIN	18
MORPHINE SULFATE	11	<i>norethindrone</i>	19
MSIR	11	NOR-Q-D	19
<i>mupirocin</i>	15	<i>nortriptyline</i>	12
MYCOBUTIN	9	NORVASC.....	13
MYCOSTATIN.....	8	NORVIR.....	8
MYFORTIC.....	10	NOVOLIN	17
MYTELASE	11	NOVOLOG.....	17
N		<i>nutracort</i>	15
<i>nabumetone</i>	11	<i>nutrilyte</i>	23
NAMENDA	11	NUTROPIN	18
<i>naphazoline HCl</i>	21	<i>nystatin</i>	15,19
<i>naproxen</i>	11	NYSTATIN	8
NARDIL.....	12	<i>nystatin w/triamcinolone</i>	15
NASONEX	22	O	
NATACYN	20	<i>ofloxacin</i>	9
NATAFORT	23	<i>omeprazole</i>	18
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<i>necon</i>	20	ORAP	12
NEGGRAM	9	<i>orphenadrine</i>	11
<i>neomycin w/dexamethasone</i>	21	ORTHO EVRA.....	19
<i>neomycin/polymyxin/dexameth</i>	21	ORTHO MICRONOR	19
<i>neomycin/polymyxin/HC</i>	16,21	ORTHO TRI-CYCLEN	20
<i>neomycin-bacitracin-poly-HC</i>	21	ORTHO-CEPT	20
<i>neomycin-bacitracin-polymyxin</i>	20	ORTHO-CYCLEN	20
<i>neomycin-polymyxin-gramicidin</i>	20	<i>ortho-est</i>	19
NEORAL	10	ORTHO-NOVUM	20
<i>neosar</i>	9	OSMOGLYN	21
<i>neostigmine</i>	11	OVRAL	20
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<i>oxaprozin</i>	11
<i>oxybutynin chloride</i>	22
<i>oxycodone</i>	11
<i>oxycodone w/acetaminophen</i>	11
<i>oxycodone w/aspirin</i>	11
OXYTROL	22

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<i>pancrelipase</i>	18
<i>pancrelipase mt-16</i>	18
PANRETIN	14
<i>paregoric</i>	17
PARLODEL	10
PARNATE	12
<i>paroxetine</i>	12
<i>peg 3350/electrolyte</i>	18
PEGANONE	10
PEGASYS	18
PEG-INTRON	18
<i>pemoline</i>	12
<i>pentamidine</i>	9
PENTASA	18
<i>pentazocine/acetaminophen</i>	11
<i>pentolair</i>	20
<i>pentoxifylline</i>	14
<i>pergolide</i>	10
<i>periogard</i>	16
<i>permethrin</i>	16
<i>phenazopyridine</i>	22
<i>phenylephrine</i>	21
<i>phenytoin</i>	10
<i>phenytoin sodium injection</i>	10
PHOSLO	23
<i>phospha 250 neutral</i>	23
PHOSPHOLINE IODIDE	20
PHYSIOLYTE	16
<i>physostigmine salicylate</i>	21
<i>pilocarpine</i>	20
<i>piroxicam</i>	11
PLAVIX	14
<i>podofilox</i>	14
<i>polymyxin b sul-trimethoprim</i>	20
POLY-PRED	21
<i>potassium</i>	23
POTASSIUM CHLORIDE	23
PRAMOSONE	14
PRANDIN	17
PRAVACHOL	14
PRED MILD	21
<i>prednisol</i>	21
<i>prednisolone</i>	16

<i>prednisolone acetate</i>	21
<i>prednisolone sodium phosphate</i>	16,21
<i>prednisone</i>	16
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PREMPHASE	19
PREMPRO	19
PRIMAQUINE	9
PRIMSOL	9
<i>probenecid</i>	19
<i>procainamide</i>	12
PROCAINAMIDE	12
<i>prochlorperazine</i>	18
PROCRIT	18
PROCTOFOAM-HC	18
<i>proctosert HC</i>	18
PROGLYCEM	17
PROGRAF	10
PROLEUKIN	18
<i>promethazine</i>	21
PROMETRIUM	19
<i>propafenone</i>	12
PROPANTHELINE	18
<i>proparacaine</i>	20
<i>propoxyphene napsylate-apap</i>	12
<i>propranolol</i>	13
<i>propranolol-hctz</i>	13
<i>propylthiouracil</i>	17
PROSCAR	22
PROSTIGMIN	11
PROTONIX	18
PROVENTIL	22
PROVENTIL HFA	22
PULMICORT	22
PULMICORT RESPULES	22
PULMOZYME	22
<i>pyrazinamide</i>	9
<i>pyridostigmine</i>	11

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QUIBRON-T	22
<i>quinapril</i>	13
<i>quinaretic</i>	13
<i>quinidine gluconate</i>	12
<i>quinidine sulfate</i>	12
<i>quinine sulfate</i>	8

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<i>ranitidine</i>	18
RAPAMUNE	10
RAPTIVA	14
REBETRON	18
REGANEX	14

RELAFEN	11
RELION	17
REMICADE	18
REMINYL	11
RENAGEL	16
REQUIP	10
RESCRIPTOR	8
RETIN-A MICRO	15
RETROVIR	8
REZIA	11
REYATAZ	8
RHEUMATREX	10
<i>ribavirin</i>	8
RIDAURA	19
<i>rifampin</i>	9
RILUTEK	16
<i>rimactane</i>	9
<i>rimantadine</i>	8
RISPERDAL	12
ROFERON-A	18
ROXICET	11

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SALAGEN	16
<i>salsalate</i>	12
SANDOSTATIN	10
SANTYL	16
<i>selegiline</i>	10
<i>selenium sulfide</i>	14
SENSIPAR	17
SERENTIL	12
SEREVENT	22
SEREVENT DISKUS	22
SEROQUEL	12
SEROSTIM	18
<i>silver sulfadiazine</i>	14
SINGULAIR	22
SLO-BID	22
SODIUM SULAMYD	21
<i>sodium sulfacetamide-sulfur</i>	15
SOMAVERT	17
SONATA	12
SORBITOL	16
<i>sotalol</i>	12
<i>sotalol AF</i>	12
SOTRET	15
SPIRIVA	22
<i>spironolactone</i>	13
<i>spironolactone w/hctz</i>	13
STARLIX	17
STRATTERA	12

<i>strong iodine</i>	23
<i>sucralfate</i>	18
SULAR	13
<i>sulfacetamide sodium</i>	21
<i>sulfacetamide-prednisolone</i>	21
<i>sulfadiazine</i>	9
<i>sulfamethoxazole-trimethoprim</i>	9
<i>sulfamide</i>	21
<i>sulfasalazine</i>	18
<i>sulfasalazine EC</i>	18
<i>sulfazine</i>	18
<i>sulfazine EC</i>	18
<i>sulfinpyrazone</i>	19
<i>sulfisoxazole</i>	9
SUPRAX	8
SUSTIVA	8
SYNAREL	17
SYPRINE	16

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<i>tamoxifen</i>	10
TARCEVA	10
TARGRETIN	10
TASMAR	10
TAZORAC	15
TEGRETOL XR	10
TERAZOL 3	19
<i>terazosin</i>	13
TERAZOSIN 2mg	13
<i>terbutaline</i>	22
<i>terconazole</i>	19
TESLAC	10
TESTIM	17
<i>testosterone cypionate</i>	17
<i>testosterone enanthate</i>	17
<i>testosterone propionate</i>	17
<i>tetracaine</i>	20
<i>tetracycline</i>	9
THALOMID	16
<i>theophylline</i>	22
<i>theophylline ER</i>	22
THIOGUANINE	10
<i>thioridazine</i>	12
<i>thyroid</i>	17
THYROID	17
<i>ticlopidine</i>	14
TILADE	22
<i>timolol</i>	20
TOBI	9
TOBRADEX	21
TOBREX	20

TOPAMAX	10
TOPROL XL	13
<i>toremide</i>	13
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TRACLEER	22
<i>tramadol</i>	11
TRAVATAN	21
<i>trazodone</i>	12
<i>tretinoin</i>	15
<i>triamcinolone</i>	15,16
TRIAMCINOLONE	15
<i>triamcinolone acetonide</i>	15
<i>triamterene-hctz</i>	13
<i>tri-chlor</i>	14
<i>tricitrates</i>	22
TRICOR	14
<i>trifluridine</i>	20
<i>trihexyphenidyl</i>	10
TRILEPTAL	10
<i>trimethoprim</i>	9
TRIPHASIL-28	20
<i>triple antibiotic</i>	15,20
<i>triple antibiotic HC</i>	21
<i>triple sulfa</i>	19
<i>tri-sprintec</i>	20
<i>trivora-28</i>	20
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TRUSOPT	21
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<i>urea</i>	14
<i>uriseptic</i>	22
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VALCYTE	8
<i>valproic acid</i>	10
VALTREX	8
VANCOGIN	9
VANCOMYCIN	9
VANSPAR	12
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VELOSULIN	17
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<i>verapamil</i>	13
VESANOID	10
VIAGRA	22
VIBRAMYCIN	9
VIDAZA	10
VIGAMOX	20
VIRACEPT	8

VIRAMUNE	8
VIRAZOLE	8
VIREAD	8
VIROPTIC	20
VIVELLE	19
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<i>warfarin</i>	13
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XALATAN	21
XOPENEX	22
XYLOCAINE	15
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YASMIN 28	20
YODOXIN	9
<i>yohimbine</i>	16
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ZADITOR	20
ZAVESCA	17
ZELNORM	18
ZEMAIRA	16
ZERIT	8
ZETIA	14
ZIAGEN	8
ZITHROMAX	8
ZOCOR	14
ZOFRAN	18
ZOLADEX	10
ZOLOFT	12
ZONEGRAN	10
ZOVIRAX	15
ZYBAN	16
ZYPREXA	12
ZYPREXA ZYDIS	12
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