

***i*Care Family Care Partnership Plan (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.

This document includes *i*Care Family Care Partnership (HMO) Plan's partial formulary as of 09/01/2010. For a complete, updated formulary, please visit our Web site at www.icare-wi.org or call 1-800-777-4376, 7 days-a-week, 8:00 a.m. to 8:00 p.m. TTY/TDD users should call 1-800-947-3529.

H2237_IC398
10/14/2009

Last Updated 09/01/2010
HPMS Formulary ID: 00010168
Version: 13

INTERPRETER SERVICES

For help to interpret this, free of charge, please call
1-800-777-4376 (TTY: 1-800-947-3529)

- Reciba asistencia gratuita para traducir esta, por favor llame
1-800-777-4376 (TTY: 1-800-947-3529)
 - Peb muaj kev pab pub dawb rau nej nrog txhais cov ntawv no, thov hu
1-800-777-4376 (TTY: 1-800-947-3529)
 - Пожалуйста, позвоните нам, если вам будет нужна бесплатная помощь в переводе
1-800-777-4376 (TTY: 1-800-947-3529)
 - ຕ້ອງການຊ່ວຍເຫຼືອແປສິ່ງນີ້, ຈະແປໃຫ້ພຣີ, ກະຣຸນາໂທ
1-800-777-4376 (TTY: 1-800-947-3529)
-

What is the *iCare Family Care Partnership (HMO) Formulary?*

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

Under the Medicaid program, Partnership members will have access to all Medicaid covered drugs either through our formulary or, if medically necessary, through the exception process.

This document is a partial formulary and includes only some of the drugs covered by *iCare Family Care Partnership (HMO)*. For a complete listing of all prescription drugs covered by *iCare Family Care Partnership (HMO)*, please visit our Web site at www.icare-wi.org or call 1-800-777-4376, 7 days-a-week, 8:00 a.m. to 8:00 p.m. TTY/TDD users should call 1-800-947-3529.

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, 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 09/01/2010. To get updated information about the drugs covered by *iCare Family Care Partnership (HMO)*, please visit our Web site at www.icare-wi.org or call Member Services at 1-800-777-4376, 7 days-a-week, 8:00 a.m. to 8:00 p.m. TTY/TDD users should call 1-800-947-3529.

If we have any approved mid-year non-maintenance formulary changes, *iCare Family Care Partnership (HMO)* will mail you an errata sheet to update your printed formulary.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page T-1. 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, “Cardiac.” If you know what your drug is used for, look for the category name in the list that begins on page T-1. 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 I-1. 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?

iCare Family Care Partnership (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:** *iCare Family Care Partnership (HMO)* requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from *iCare Family Care Partnership (HMO)* before you fill your prescriptions. If you don’t get approval, *iCare Family Care Partnership (HMO)* may not cover the drug.
- **Quantity Limits:** For certain drugs, *iCare Family Care Partnership (HMO)* limits the amount of the drug that *iCare Family Care Partnership (HMO)* will cover. For example, *iCare Family Care Partnership (HMO)* provides 60 capsules per prescription for Celebrex. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, *iCare Family Care Partnership (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, *iCare Family Care Partnership (HMO)* may not cover drug B unless you try Drug A first. If Drug A does not work for you, *iCare Family Care Partnership (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 T-1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.icare-wi.org.

You can ask *iCare Family Care Partnership Plan* to make an exception to these restrictions or limits. See the section, “How do I request an exception to the *iCare Family Care Partnership (HMO)* formulary?” on page 6 for information about how to request an exception.

What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. *iCare Family Care Partnership (HMO)* pays for certain OTC drugs as part of your Medicaid benefit. *iCare Family Care Partnership (HMO)* will provide these OTC drugs at no cost to you. The cost to *iCare Family Care Partnership (HMO)* of these OTC drugs will not count toward your total drug costs. Over the counter drugs require a legal prescription in order to be covered. The list of covered OTC drugs is on page 12 and is also available at www.icare-wi.org. Partnership members will have access to all Medicaid covered over-the-counter drugs. For members enrolled in Medicare, the cost to *iCare Family Care Partnership (HMO)* of these OTC drugs will not count toward your total Medicare Part D drug costs.

What if my drug is not on the Formulary?

If your drug is not included in this list of covered drugs, you should first contact Member Services and ask if your drug is covered. This document includes only a partial list of covered drugs, so *iCare Family Care Partnership (HMO)* may cover your drug. You can contact Member Services at 1-800-777-4376, 7 days-a-week, 8:00 a.m. to 8:00 p.m. TTY/TDD users should call 1-800-947-3529.

If you learn that *iCare Family Care Partnership (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 *iCare Family Care Partnership (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 *iCare Family Care Partnership (HMO)*.
- You can ask *iCare Family Care Partnership (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 *iCare Family Care Partnership (HMO)* Formulary?

You can ask *iCare Family Care Partnership (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, *iCare Family Care Partnership (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.

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 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.

As a continuing member in the plan, we will also cover an emergency supply of medication if you are experiencing a level of care change. This may include unplanned changes in treatment settings such as being discharged from a hospital or being admitted to a long-term care facility. For each of your drugs that is not on our formulary or for situations where your ability to get your drugs is limited, we will cover up to a temporary 30-day supply (up to a 31-day supply if you are a resident of a long-term facility), while you are waiting for an exception request to be processed.

For more information

For more detailed information about your *iCare* Family Care Partnership (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about *iCare* Family Care Partnership (HMO), please call Member Services at 1-800-777-4376, 7 days-a-week, 8:00 a.m. to 8:00 p.m. (TTY/TDD users should call 1-800-947-3529.) Or visit www.icare-wi.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.

If you have questions about Wisconsin Medicaid, please call 1-800-362-3002. TTY users should call 1-888-701-1251. You can call 24 hours a day, 7 days a week. Or, visit www.dhs.wisconsin.gov.

***iCare* Family Care Partnership (HMO) Formulary**

The abridged formulary that begins on page T-1 provides coverage information about some of the drugs covered by *iCare* Family Care Partnership (HMO). If you have trouble finding your drug in the list, turn to the Index that begins on page I-1. Remember: This is only a partial list of drugs covered by *iCare* Family Care Partnership (HMO). If your prescription is not in this partial formulary, please visit our Web site at www.icare-wi.org or call Member Services at 1-800-777-4376, 7 days-a-week, 8:00 a.m. to 8:00 p.m. TTY/TDD users should call 1-800-947-3529 for additional help.

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

The information in the Notes column tells you if *iCare* Family Care Partnership (HMO) has any special requirements for coverage of your drug.

Co-pay Tiers

This drug formulary includes two tiers described below:

The co-payment you pay depends on the tier (or coverage level) assigned to your prescription drugs.

Tier 1 = Generic drug co-pay

Tier 2 = Other drug co-pay

For co-pay amounts, please refer to your Summary of Benefits.

A tier noted with \$0 co-pay indicates that there is no copayment for the drug.

The following abbreviations may be found within the body of this document:

COVERAGE NOTES ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
Utilization Management Restrictions		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from <i>iCare Family Care Partnership (HMO)</i> before you fill your prescription for this drug. Without prior approval, <i>iCare Family Care Partnership (HMO)</i> may not cover this drug.
QL	Quantity Limit Restriction	<i>iCare Family Care Partnership (HMO)</i> limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before <i>iCare Family Care Partnership (HMO)</i> will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.
Other Special Requirements for Coverage		
EX	Excluded Part D 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 towards 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.
LA	Limited Access Drug	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-800-777-4376, 7 days-a-week, 8:00 a.m. to 8:00 p.m. TTY/TDD users should call 1-800-947-3529.

STRENGTH AND DOSAGE FORM ABBREVIATIONS

ABBREVIATION	DESCRIPTION
adh. patch	adhesive patch
aer pow ba	aerosol powder, breath activated
aer refill	aerosol refill
aer w/adap	aerosol with adapter
ampul	ampule
blkbaginj	bulk bag injection
cap dr mp	capsule, delayed release, multiphasic
cap ds pk	capsule, dose pack
cap sprink	capsule, sprinkle
cap sr pel	capsule sustained release pellet
cap w/dev	capsule with device
cap.sa 24h	capsule, 24 hour sustained action
cap.sr 12h	capsule, sustained release 12 hour
cap.sr 24h	capsule, sustained release 24 hour
cap24h pel	capsule, 24 hour sustained release pellets
capsule cr	capsule, controlled release
capsule dr	capsule, delayed release
capsule sa	capsule, sustained action
combo. pkg	combination package
cpmp 12hr	capsule, multiphasic, 12 hour
cpmp 24hr	capsule, multiphasic, 24 hour
cpmp 30-70	capsule, multiphasic, 30%-70%
cpmp 50-50	capsule, multiphasic, 50%-50%
cream(gm)	cream (grams)
cream/appl	cream with applicator
crm sr(gm)	cream, sustained release (grams)
dehp fr bg	di(2-ethylhexyl)phthalate free bag
dis needle	needle, disposable
disk w/dev	disk with inhalation device
disp syrin	disposable syringe
drop recon	drops, reconstituted
drops susp	drops, suspension
emul packt	emulsion packet
foam/appl.	aerosol, foam with applicator
froz.piggy	frozen piggyback
g	gram
gel (gm)	gel (grams)
gel md pmp	gel in metered dose pump
gel (ml)	gel (milliliters)
gel w/appl	gel with applicator
gel/pf app	gel with prefilled applicator
gran pack	granule pack
hfa aer ad	hfa aerosol adapter

STRENGTH AND DOSAGE FORM ABBREVIATIONS

ABBREVIATION	DESCRIPTION
infus. btl	infusion bottle
insuln pen	insulin pen
irrig soln	solution, irrigating
iv soln.	intravenous solution
jel	jelly
kt crm cs	kit, cream corticosteroid
kt oint cs	kit, ointment corticosteroid
kt tpsp cc	kit, topical suspension and complimentary cream
lozenge hd	lozenge handle
m.ht patch	medicated, heated patch
mcg	microgram
med. pad	medicated pad
med. swab	medicated swab
med. tape	medicated tape
mg	milligram
ml	milliliter
muc sr 12h	mucoadhesive system, 12 hour sustained release
oint.(gm)	ointment (grams)
oral conc.	concentrate, oral
oral susp	oral suspension
paste (gm)	paste (grams)
patch td24	patch, transdermal 24 hour
patch td72	patch, transdermal 72 hour
patch tds	patch, transdermal biweekly
patch tdwk	patch, transdermal weekly
pca syring	patient controlled analgesic syringe
pca vial	patient controlled analgesic vial
pe/2	phenytoin sodium equivalent units per 2 milliliter vial
pe/10	phenytoin sodium equivalent units per 10 milliliter vial
pen ij kit	pen injector kit
pen injctr	pen injector
pggybk btl	piggyback intravenous bottle
powd pack	powder pack
sol/pf app	solution with pre-filled applicator
sol-gel	gel-forming solution
soln recon	solution, reconstituted, oral
spray susp	spray, suspension
supp.rect	suppository, rectal
supp.vag	suppository, vaginal
sus mc rec	suspension, microcapsule reconstituted
sus sr rec	suspension, sustained release, reconstituted
suspdr pkt	suspension, delayed release packet
susp recon	suspension, reconstituted
syringekit	syringe kit

STRENGTH AND DOSAGE FORM ABBREVIATIONS

ABBREVIATION	DESCRIPTION
tab chew	tablet, chewable
tab disper	tablet, dispersable
tab ds pk	tablet, dose pack
tab er2 24	tablet, extended release 24 hour (2)
tab mphase	tablet, multiphasic
tab osm 24	tablet, osmotic 24 hour
tab part	tablet, particles
tab prt sr	tablet, sustained release particles
tab rap dr	tablet, rapid disintegrating, delayed release
tab rapdis	tablet, rapid disintegrating
tab subl	tablet, sublingual
tab.sr 12h	tablet, sustained release, 12 hour
tab.sr 24h	tablet, sustained release, 24 hour
tablet dr	tablet, delayed release
tablet eff	tablet, effervescent
tablet sa	tablet, sustained action
tablet sol	tablet, soluble
tabsrgr24h	tablets regular 24 hour release
tbdspk 3mo	tablet, dose pack, 3 months
tbmp 12hr	tablet, multiphasic, 12 hour
tbmp 24hr	tablet, multiphasic, 24 hour
u	unit
vag ring	vaginal ring

iCare Family Care Partnership (HMO)

Medicaid Over-The-Counter Drugs

Medicaid OTC Medication - Generic	(Reference Brand Name)
Acetaminophen	
Aluminum Hydroxide	
Artificial Tears	
Aspirin	
Bacitracin	
Bacitracin/Polymixin B Sulfate	
Bismuth Subsalicylate	Pepto-Bismol
Calcium Carbonate (suspension, chew tab)	
Capsaicin	Zostrix
Carboxymethylcellulose 0.5% Opth	
Castor Oil	
Cetirizine	Zyrtec
Cetirizine/Pseudoephedrine	Zyrtec-D
Clotrimazole	Lotrimin
Contraceptive Products	
Dimenhydrinate	
Diphenhydramine	Benadryl
Docusate Sodium (enema)	
Ferrous Gluconate	
Ferrous Sulfate	
Guaifenesin/Codeine	
Guaifenesin/Dextromethorphan	

Hydrocortisone (topical)	
Ibuprofen	
Loratadine	Claritin
Loratadine/Pseudoephedrine	Claritin-D
Lubricant eye ointments	Lacrilube
Mag Carb/Al Hydrox/Alginic AC	
Mag Hydrox/Al Hydrox/Simeth	Maalox
Magnesium Hydroxide/Al Hydrox	
Malgaldrate	
Malgaldrate/Simethicone	
Meclizine	
Miconazole	Monistat
Neomycin/Bacitracin/Polymixin	
Neomycin/Bacitracin/Polymixin/Lidocaine	
Nicotine gum	Nicorette
Nicotine patch	Nicoderm CQ
Permethrin	Nix
Pin-X	
Piperonyl butoxide/Pyrethrins	Rid
Pseudoephedrine	Sudafed
Pyridoxine	
Simethicone	
Sodium Bicarbonate	
Therapeutic Oral Electrolyte Replacement Solution	
Tolnaftate	Tinactin

**2010 iCare Family Care Partnership (HMO)
NON-PART D COVERED PRODUCTS**

You may be eligible for all or part of the benefits listed below. Please call Member Services at 1-800-777-4376, 24 hours a day, seven days a week. TTY/TDD users should call 1-800-947-3529. These Prescription drugs are not normally covered by a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for these drugs does not count towards 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 these drugs. These prescription drugs are not covered by a Medicare Prescription Drug Plan. Please contact member services for further information.

Barbiturates		
Butalbital/acetaminophen	\$0 Copay	EX
Butalbital/acetaminophen/caffeine	\$0 Copay	EX
Butalbital/aspirin/caffeine	\$0 Copay	EX
Phenobarbital	\$0 Copay	EX
Benzodiazepines		
Alprazolam	\$0 Copay	EX
Chlordiazepoxide	\$0 Copay	EX
Clonazepam	\$0 Copay	EX
Clorazepate	\$0 Copay	EX
Diazepam	\$0 Copay	EX
Estazolam	\$0 Copay	EX
Flurazepam	\$0 Copay	EX
Lorazepam	\$0 Copay	EX
Midazolam	\$0 Copay	EX
Oxazepam	\$0 Copay	EX

Temazepam	\$0 Copay	EX
Triazolam	\$0 Copay	EX
Cough and Cold		
Guaifenesin/Codeine	\$0 Copay	EX
Guaifenesin/Hydrocodone	\$0 Copay	EX
Hydrocodone/Homatropine	\$0 Copay	EX
Prescription Vitamins		
Calcitriol	\$0 Copay	EX
Cyanocobalamin/FA/Pyridoxine	\$0 Copay	EX
Dialyvite	\$0 Copay	EX
Folic Acid	\$0 Copay	EX
Mephyton	\$0 Copay	EX
Vicap Forte (multivitamin)	\$0 Copay	EX
Vitamin D 50,000 units	\$0 Copay	EX

Drug Name	Drug Tier	Notes
Acidifying Agents		
Acidifying Agents		
<i>ammonium chloride</i> (Ammonium Chloride)	1	vial
Adrenals		
Adrenals		
<i>dexamethasone</i> (Decadron)	1	elixir, tablet
ENTOCORT EC	2	cap.sr 24h
FLOVENT	2	aer w/adap; 44mcg
FLOVENT DISKUS	2	disk w/dev
FLOVENT HFA	2	aer w/adap
<i>hydrocortisone</i> (Cortef)	1	tablet
<i>methylprednisolone</i> (Medrol)	1	tab ds pk, tablet
<i>prednisone</i> (Prednisone)	1	solution, tab ds pk, tablet
PREDNISONO INTENSOL	2	oral conc
PULMICORT FLEXHALER	2	ST, QL: aer pow ba 1 in 25 days
QVAR	2	aer w/adap
Alkalinizing Agents		
Alkalinizing Agents		
<i>potassium citrate</i> (Urocit-K)	1	tablet sa
<i>sodium bicarbonate</i> (Sodium Bicarbonate)	1	disp syrin
<i>sodium lactate</i> (Sodium Lactate)	1	iv soln (vial)
Alpha-Adrenergic Blocking Agents		
Alpha-Adrenergic Blocking Agents		
<i>doxazosin mesylate</i> (Cardura)	1	tablet
<i>prazosin hcl</i> (Minipress)	1	capsule
<i>terazosin hcl</i> (Hytrin)	1	capsule
Ammonia Detoxicants		
Ammonia Detoxicants		
BUPHENYL	2	powder, tablet
<i>lactulose</i> (Lactulose)	1	solution
LITHOSTAT	2	tablet
Analgesics and Antipyretics		
Non-Steroidal Anti-inflammatory Agents		
CELEBREX	2	ST, QL: capsule 62 in 31 days
<i>diclofenac sodium</i> (Voltaren-XR)	1	tab.sr 24h, tablet dr
<i>ibuprofen</i> (Motrin)	1	oral susp, tablet
INDOCIN	2	oral susp
<i>indomethacin</i> (Indocin)	1	capsule, capsule sa

Drug Name		Drug Tier	Notes
<i>meloxicam</i>	(Mobic)	1	oral susp, tablet
<i>nabumetone</i>	(Relafen)	1	tablet
<i>naproxen</i>	(Naprosyn)	1	oral susp, tablet, tablet dr
<i>sulindac</i>	(Clinoril)	1	tablet
	VOLTAREN	2	ST gel (gm)
Opiate Agonists			
<i>acetaminophen with codeine</i>	(Tylenol-codeine No.3)	1	elixir, tablet
<i>fentanyl</i>	(Duragesic)	1	PA, QL: patch td72; 20 in 30 100mcg/hr days
<i>fentanyl</i>	(Duragesic)	1	PA, QL: patch td72; 12mcg/ 10 in 30 hr, 25mcg/hr, 50mcg/hr, 75mcg/hr
<i>hydrocodone bit/acetaminophen</i>	(Vicodin)	1	capsule, solution, tablet
	KADIAN	2	ST cap sr pel
<i>methadone hcl</i>	(Methadose)	1	oral conc, solution, tablet, vial
<i>morphine sulfate</i>	(MS Contin)	1	solution, tablet, tablet sa
<i>oxycodone hcl</i>	(Oxycontin)	1	QL: 124 tab.sr 12h; 80mg in 31 days
<i>oxycodone hcl</i>	(Oxycontin)	1	QL: 62 tab.sr 12h; 10mg, in 31 20mg, 40mg days
<i>oxycodone hcl</i>	(Roxicodone)	1	tablet
<i>oxycodone hcl/acetaminophen</i>	(Percocet)	1	capsule, solution, tablet
	OXYCONTIN	2	QL: 124 tab.sr 12h; 80mg in 31 days
	OXYCONTIN	2	QL: 62 tab.sr 12h; 10mg, in 31 15mg, 20mg, 30mg, 40mg, 60mg days
<i>tramadol hcl</i>	(Ultram)	1	tab.sr 24h, tablet
Opiate Partial Agonists			
<i>butorphanol tartrate</i>	(Butorphanol Tartrate)	1	disp syrin, spray
	SUBOXONE	2	tab subl

Drug Name		Drug Tier	Notes
Androgens			
Androgens			
	ANDRODERM	2	PA, QL: patch td24; 2.5mg/ 60 in 30 24hr days
	ANDRODERM	2	PA, QL: patch td24; 5mg/ 30 in 30 24hr days
	ANDROGEL	2	PA, QL: gel packet 310 in 31 days
	ANDROID	2	capsule
	METHITEST	2	tablet
<i>testosterone</i>	(Tesamone-100)	1	PA vial
<i>testosterone cypionate</i>	(Depo-testosterone)	1	PA vial
	TESTRED	2	capsule
Anorexigenics, Respiratory, Cerebral Stimulants			
Amphetamines			
<i>amphet asp/amphet/d-amphet</i>	(Adderall)	1	tablet
<i>dextroamphetamine sulfate</i>	(Dexedrine)	1	capsule sa, tablet
Anorexigenics, Respiratory, Cerebral Stimulants, Miscellaneous			
	CONCERTA	2	ST, QL: tab er 24 31 in 31 days
<i>methylphenidate hcl</i>	(Ritalin)	1	tablet, tablet sa
	PROVIGIL	2	PA, QL: tablet 62 in 31 days
Anthelmintics			
Anthelmintics			
<i>mebendazole</i>	(Vermox)	1	tab chew
	STROMECTOL	2	tablet
Antiallergic Agents			
Antiallergic Agents			
	ASTELIN	2	spray/pump
	ASTEPRO	2	spray/pump
<i>azelastine hcl</i>	(Astelin)	1	drops, spray/pump
	PATADAY	2	ST drops
	PATANOL	2	ST drops
Antibacterials			
Aminoglycosides			
<i>gentamicin sulfate</i>	(Garamycin)	1	vial

Drug Name		Drug Tier	Notes
<i>neomycin sulfate</i>	(Neomycin Sulfate)	1	solution, tablet
Antibacterials, Miscellaneous			
<i>bacitracin</i>	(Bacitracin)	1	vial
<i>clindamycin hcl</i>	(Cleocin HCl)	1	capsule
<i>clindamycin phosphate</i>	(Cleocin Phosphate)	1	vial
	VANCOCIN HCL	2	capsule
<i>vancomycin hcl</i>	(Vancomycin HCl)	1	vial
	ZYVOX	2	iv soln, susp recon, tablet
Cephalosporins			
<i>cefadroxil hydrate</i>	(Duricef)	1	capsule, susp recon, tablet
<i>cefдинир</i>	(Omnicef)	1	capsule, susp recon
<i>cefподoxime proxetil</i>	(Vantin)	1	susp recon, tablet
<i>cefprozil</i>	(Cefzil)	1	susp recon, tablet
<i>ceftriaxone sodium</i>	(Rocephin)	1	vial
<i>cefuroxime axetil</i>	(Ceftin)	1	susp recon, tablet
<i>cephalexin monohydrate</i>	(Keflex)	1	capsule, susp recon, tablet
Chloramphenicol			
<i>chloramphenicol na succ</i>	(Chloromycetin)	1	vial
Macrolides			
<i>azithromycin</i>	(Zithromax)	1	susp recon, tablet, vial
<i>clarithromycin</i>	(Biaxin)	1	susp recon, tab.sr 24h, tablet
<i>erythromycin base</i>	(Erythromycin Base)	1	tablet
	ZMAX	2	sus sr rec
Miscellaneous B-Lactam Antibiotics			
	DORIBAX	2	vial
	INVANZ	2	vial
	MERREM	2	vial
	PRIMAXIN	2	vial
	PRIMAXIN I.M.	2	vial
Penicillins			
<i>amox tr/potassium clavulanate</i>	(Augmentin XR)	1	susp recon, tab chew, tab.sr 12h, tablet
<i>amoxicillin trihydrate</i>	(Amoxil)	1	capsule, susp recon, tab chew, tablet
<i>ampicillin trihydrate</i>	(Ampicillin Trihydrate)	1	capsule, susp recon
<i>dicloxacillin sodium</i>	(Dynapen)	1	capsule
<i>penicillin v potassium</i>	(Veetids 250)	1	susp recon, tablet

Drug Name		Drug Tier	Notes
Quinolones			
	AVELOX	2	tablet
	AVELOX ABC PACK	2	tablet
<i>ciprofloxacin hcl</i>	(Cipro)	1	tablet
	LEVAQUIN	2	piggyback
	LEVAQUIN	2	solution, tablet, vial
Sulfonamides (Systemic)			
<i>sulfamethoxazole/ trimethoprim</i>	(Septra Ds)	1	oral susp, tablet, vial
<i>sulfasalazine</i>	(Azulfidine)	1	tablet, tablet dr
Tetracyclines			
<i>doxycycline hyclate</i>	(Doryx)	1	capsule, capsule dr, tablet, vial
<i>minocycline hcl</i>	(Minocin)	1	capsule, tablet
<i>tetracycline hcl</i>	(Ala-tet)	1	capsule
Anticholinergic Agents			
Antimuscarinics/Antispasmodics			
	ATROVENT HFA	2	hfa aer ad
<i>methscopolamine bromide</i>	(Pamine)	1	tablet
	SPIRIVA	2	ST cap w/dev
Anticonvulsants			
Anticonvulsants, Miscellaneous			
<i>carbamazepine</i>	(Tegretol XR)	1	oral susp, tab chew, tab.sr 12h, tablet
	CARBATROL	2	cpmp 12hr
<i>divalproex sodium</i>	(Depakote ER)	1	cap sprink, tab.sr 24h, tablet dr
<i>gabapentin</i>	(Neurontin)	1	capsule, tablet
	KEPPRA	2	vial
	LAMICTAL (BLUE)	2	tab ds pk
	LAMICTAL (GREEN)	2	tab ds pk
	LAMICTAL (ORANGE)	2	tab ds pk
<i>lamotrigine</i>	(Lamictal)	1	tab disper, tablet
<i>levetiracetam</i>	(Keppra)	1	solution, tablet
	LYRICA	2	QL: 93 in 31 days capsule
	NEURONTIN	2	solution
	TEGRETOL XR	2	tab.sr 12h; 100mg
Barbiturates (Anticonvulsants)			
<i>primidone</i>	(Mysoline)	1	tablet

Drug Name		Drug Tier	Notes
Hydantoins			
	DILANTIN	2	capsule; 30mg
	DILANTIN	2	tab chew
	PHENYTEK	2	capsule
<i>phenytoin</i>	(Dilantin-125)	1	oral susp
<i>phenytoin sodium extended</i>	(Dilantin)	1	capsule
Succinimides			
	CELONTIN	2	capsule
<i>ethosuximide</i>	(Zarontin)	1	capsule, syrup
Antidiabetic Agents			
Alpha-Glucosidase Inhibitors			
<i>acarbose</i>	(Precose)	1	tablet
	GLYSET	2	tablet
Amylinomimetics			
	SYMLIN	2	PA vial
	SYMLINPEN 120	2	PA pen injctr
	SYMLINPEN 60	2	PA pen injctr
Biguanides			
<i>metformin hcl</i>	(Glucophage)	1	tab.sr 24h, tablet
Dipeptidyl Peptidase-4 (dpp-4) Inhibitors			
	JANUMET	2	ST tablet
	JANUVIA	2	ST tablet
Incretin Mimetics			
	BYETTA	2	PA pen injctr
	VICTOZA 3-PAK	2	PA, QL: pen injctr 9 in 30 days
Insulins			
	HUMULIN N	2	insuln pen, vial
	LANTUS	2	vial
	LANTUS SOLOSTAR	2	insuln pen
	LEVEMIR	2	insuln pen, vial
	NOVOLIN N	2	vial
	NOVOLIN N INNOLET	2	insuln pen
	NOVOLOG	2	insuln pen, vial
	NOVOLOG MIX 70-30	2	insuln pen, vial
Meglitinides			
<i>nateglinide</i>	(Starlix)	1	ST tablet
	PRANDIMET	2	ST tablet
	PRANDIN	2	ST tablet
Sulfonylureas			
<i>glipizide</i>	(Glucotrol)	1	tab er 24, tablet
<i>glyburide</i>	(Micronase)	1	tablet

Drug Name	Drug Tier	Notes
Thiazolidinediones		
ACTOPLUS MET	2	ST tablet
ACTOS	2	ST tablet
AVANDIA	2	ST tablet
Antidiarrhea Agents		
Antidiarrhea Agents		
<i>diphenoxylate hcl/atrop sulf</i> (Lomotil)	1	liquid, tablet
<i>loperamide hcl</i> (Imodium)	1	capsule
Antiemetics		
5-HT3 Receptor Antagonists		
<i>granisetron hcl</i> (Kytril)	1	PA solution, tablet
<i>granisetron hcl</i> (Kytril)	1	vial
<i>ondansetron</i> (Zofran)	1	PA tab rapdis
<i>ondansetron hcl</i> (Zofran)	1	PA solution, tablet
Antiemetics, Miscellaneous		
<i>dronabinol</i> (Marinol)	1	capsule
EMEND	2	PA, QL: cap ds pk 12 in 1 day
EMEND	2	PA, QL: capsule; 80mg 8 in 1 day
EMEND	2	PA, QL: capsule; 40mg, 4 in 1 125mg day
TRANSDERM-SCOP	2	patch td72
Antihistamines (GI Drugs)		
ANTIVERT	2	tablet; 50mg
<i>meclizine hcl</i> (Antivert)	1	tablet
<i>prochlorperazine maleate</i> (Compazine)	1	supp.rect, tablet
<i>trimethobenzamide hcl</i> (Tigan)	1	capsule, disp syrin
Antifungals (Systemic)		
Allylamines		
<i>terbinafine hcl</i> (Lamisil)	1	tablet
Antifungals, Miscellaneous		
<i>griseofulvin,microsize</i> (Grifulvin V)	1	oral susp
GRIS-PEG	2	tablet
Azoles		
<i>fluconazole</i> (Diflucan)	1	susp recon, tablet
<i>itraconazole</i> (Sporanox)	1	capsule
<i>ketoconazole</i> (Nizoral)	1	tablet
SPORANOX	2	solution

Drug Name	Drug Tier	Notes
Echinocandins		
CANCIDAS	2	vial
ERAXIS (ALCOHOL DILUENT)	2	vial
Polyenes		
AMBISOME	2	PA vial
<i>amphotericin b</i> (Amphocin)	1	PA vial
<i>nystatin</i> (Mycostatin)	1	oral susp, tablet
Pyrimidines		
ANCOBON	2	capsule
Antiglaucoma Agents		
Alpha-Adrenergic Agonists (EENT)		
ALPHAGAN P	2	drops
<i>brimonidine tartrate</i> (Alphagan P)	1	drops
COMBIGAN	2	drops
Beta-Adrenergic Blocking Agents (EENT)		
ISTALOL	2	drop daily
<i>levobunolol hcl</i> (Betagan)	1	drops
<i>timolol maleate</i> (Timoptic-XE)	1	drops, sol-gel
TIMOPTIC	2	ST drops; 0.5%
Carbonic Anhydrase Inhibitors (EENT)		
<i>acetazolamide</i> (Diamox)	1	capsule sa, tablet
<i>acetazolamide sodium</i> (Acetazolamide Sodium)	1	vial
AZOPT	2	drops susp
<i>dorzolamide hcl</i> (Trusopt)	1	drops
<i>dorzolamide hcl/timolol maleate</i> (Cosopt)	1	drops
<i>methazolamide</i> (Neptazane)	1	tablet
Miotics		
PHOSPHOLINE IODIDE	2	drops
PILOPINE HS	2	gel (gm)
Prostaglandin Analogs		
TRAVATAN	2	drops
XALATAN	2	drops
Antihemorrhagic Agents		
Hemostatics		
CYKLOKAPRON	2	ampul
Antihypoglycemic Agents		
Glycogenolytic Agents		
GLUCAGEN	2	kit
GLUCAGON EMERGENCY KIT	2	kit

Drug Name		Drug Tier	Notes
Anti-infectives (EENT)			
Antibacterials (EENT)			
<i>bacitracin</i>	(Bacitracin)	1	oint.(gm)
	CIPRODEX	2	drops susp
<i>ciprofloxacin hcl</i>	(Ciloxan)	1	drops
<i>doxycycline hyclate</i>	(Periostat)	1	tablet
<i>erythromycin base</i>	(Erythromycin Base)	1	oint.(gm)
<i>neo/polymyx b sulf/ dexameth</i>	(Ak-trol)	1	drops susp, oint.(gm)
<i>neomy sulf/polymyx b sulf/hc</i>	(Oticin HC)	1	drops susp, solution
<i>ofloxacin</i>	(Ocuflox)	1	drops
<i>tobramycin sulfate/ dexameth</i>	(Tobradex)	1	drops susp
	VIGAMOX	2	drops
	ZYMAR	2	drops
	ZYMAXID	2	drops
Antifungals (EENT)			
	NATACYN	2	drops susp
Antivirals (EENT)			
<i>trifluridine</i>	(Viroptic)	1	drops
EENT Anti-infectives, Miscellaneous			
<i>acetic acid</i>	(Vosol)	1	solution
<i>acetic acid/ hydrocortisone</i>	(Vosol HC)	1	drops
<i>chlorhexidine gluconate</i>	(Peridex)	1	mouthwash
Anti-infectives (Skin and Mucous Membrane)			
Antibacterials (Skin and Mucous Membrane)			
<i>clindamycin phosphate</i>	(Cleocin)	1	cream/appl, gel (gm), lotion, med. swab, solution
<i>metronidazole</i>	(Vandazole)	1	gel w/appl
<i>mupirocin</i>	(Bactroban)	1	oint.(gm)
Antifungals (Skin and Mucous Membrane)			
<i>ciclopirox olamine</i>	(Loprox)	1	cream(gm), suspension
<i>clotrimazole</i>	(Mycelex)	1	cream(gm), solution, troche
<i>clotrimazole/betamet diprop</i>	(Lotrisone)	1	cream(gm), lotion
<i>econazole nitrate</i>	(Spectazole)	1	cream(gm)
<i>ketoconazole</i>	(Nizoral)	1	cream(gm), shampoo

Drug Name	Drug Tier	Notes
<i>nystatin</i> (Mycostatin)	1	cream(gm), oint.(gm), powder
<i>nystatin/triamcin</i> (Mycogen II)	1	cream(gm), oint.(gm)
Antivirals (Skin and Mucous Membrane)		
DENAVIR	2	cream(gm)
ZOVIRAX	2	QL: 10 cream(gm) in 1 day
ZOVIRAX	2	QL: 15 oint.(gm) in 1 day
Local Anti-infectives, Miscellaneous		
<i>metronidazole</i> (Metrocream)	1	cream(gm), gel (gm), lotion
<i>silver sulfadiazine</i> (Thermazene)	1	cream(gm)
Scabicides and Pediculicides		
EURAX	2	cream(gm), lotion
<i>permethrin</i> (Elimite)	1	cream(gm)
Anti-infectives (systemic), Misc.		
Anti-infectives (systemic), Misc.		
Anti-inflammatory Agents (EENT)		
Corticosteroids (EENT)		
ALREX	2	drops susp
<i>fluticasone propionate</i> (Flonase)	1	spray susp
LOTEMAX	2	drops susp
NASONEX	2	ST, QL: spray/pump 34 in 28 days
<i>prednisolone acetate</i> (Pred Forte)	1	drops susp
EENT Anti-inflammatory Agents, Miscellaneous		
RESTASIS	2	PA, QL: droperette 64 in 31 days
EENT Non-Steroidal Anti-inflammatory Agents		
<i>diclofenac sodium</i> (Voltaren)	1	drops
<i>ketorolac tromethamine</i> (Acular LS)	1	drops
NEVANAC	2	drops susp
Anti-inflammatory Agents (GI Drugs)		
Anti-inflammatory Agents (GI Drugs)		
APRISO	2	cap.sr 24h
ASACOL	2	tablet dr
ASACOL HD	2	tablet dr
<i>balsalazide disodium</i> (Colazal)	1	capsule
CANASA	2	supp.rect
DIPENTUM	2	capsule

Drug Name		Drug Tier	Notes
<i>mesalamine</i>	(Rowasa)	1	enema
	PENTASA	2	capsule sa
Anti-inflammatory Agents (Respiratory)			
Leukotriene Modifiers			
	ACCOLATE	2	tablet
	SINGULAIR	2	gran pack, tab chew, tablet
Mast Cell Stabilizers			
<i>cromolyn sodium</i>	(Cromolyn Sodium)	1	drops
	GASTROCROM	2	solution
Anti-inflammatory Agents (Skin and Mucous)			
Anti-inflammatory Agents (Skin and Mucous)			
	ANUSOL-HC	1	cream(gm)
<i>betamet diprop/prop gly</i>	(Diprolene)	1	cream(gm), oint.(gm)
<i>betamethasone dipropionate</i>	(Del-beta)	1	cream(gm), gel (gm), lotion, oint.(gm)
<i>clobetasol propionate</i>	(Olux)	1	cream(gm), foam, gel (gm), oint.(gm), solution
<i>desonide</i>	(Desowen)	1	cream(gm), lotion, oint.(gm)
<i>desoximetasone</i>	(Topicort)	1	cream(gm), gel (gm), oint.(gm)
<i>fluocinonide</i>	(Lidex)	1	cream(gm), gel (gm), oint.(gm), solution
<i>fluticasone propionate</i>	(Cutivate)	1	cream(gm), oint.(gm)
<i>hydrocortisone</i>	(Proctocort)	1	cream(gm), enema, lotion, oint.(gm)
<i>triamcinolone acetonide</i>	(Kenalog)	1	cream(gm), lotion, oint.(gm), paste (gm)
Antilipemic Agents			
Antilipemic Agents, Miscellaneous			
	LOVAZA	2	capsule
<i>niacin</i>	(Niacin)	1	tablet
	NIASPAN	2	tablet sa
Bile Acid Sequestrants			
<i>cholestyramine/sucrose</i>	(Questran)	1	packet
<i>colestipol hcl</i>	(Colestid)	1	granules, tablet
	WELCHOL	2	powd pack, tablet

Drug Name	Drug Tier	Notes
Cholesterol Absorption Inhibitors		
ZETIA	2	tablet
Fibric Acid Derivatives		
<i>fenofibrate, micronized</i> (Lofibra)	1	capsule
<i>gemfibrozil</i> (Lopid)	1	tablet
TRICOR	2	tablet
HMG-CoA Reductase Inhibitors		
CRESTOR	2	tablet
LIPITOR	2	tablet
<i>simvastatin</i> (Zocor)	1	tablet
Antimanic Agents		
Antimanic Agents		
<i>lithium carbonate</i> (Lithobid)	1	capsule, tablet, tablet sa
<i>lithium citrate</i> (Lithium Citrate)	1	solution
Antimigraine Agents		
Selective Serotonin Agonists		
MAXALT	2	QL: 18 in 28 days tablet
MAXALT MLT	2	QL: 18 in 28 days tab rapdis
<i>sumatriptan succinate</i> (Imitrex)	1	QL: 4 in 28 days kit-refill
<i>sumatriptan succinate</i> (Imitrex)	1	QL: 9 in 28 days tablet, vial
TREXIMET	2	QL: 9 in 28 days tablet
Antimycobacterials		
Antimycobacterials, Miscellaneous		
<i>dapsone</i> (Dapsone)	1	tablet
Antituberculosis Agents		
<i>ethambutol hcl</i> (Myambutol)	1	tablet
<i>isoniazid</i> (Nydrasid)	1	syrup, tablet, vial
MYCOBUTIN	2	capsule
<i>rifampin</i> (Rifadin)	1	capsule, vial
Antineoplastic Agents		
Antineoplastic Agents		
AFINITOR	2	tablet; 5mg, 10mg
ARIMIDEX	2	tablet
AROMASIN	2	tablet
AVASTIN	2	vial
<i>bicalutamide</i> (Casodex)	1	tablet

Drug Name		Drug Tier	Notes
<i>cyclophosphamide</i>	(Cytoxan)	1	ST tablet
<i>cyclophosphamide</i>	(Cytoxan)	1	PA vial
	DROXIA	2	capsule
	ELIGARD	2	disp syrin
	EMCYT	2	capsule
	FASLODEX	2	disp syrin
	FEMARA	2	tablet
<i>fluorouracil</i>	(Adrucil)	1	PA vial
<i>flutamide</i>	(Eulexin)	1	capsule
	GLEEVEC	2	tablet
<i>hydroxyurea</i>	(Hydrea)	1	capsule
	IRESSA	2	tablet
	LEUKERAN	2	tablet
<i>leuprolide acetate</i>	(Lupron)	1	kit
	LUPRON DEPOT	2	disp syrin, kit
	LUPRON DEPOT-PED	2	kit
	MATULANE	2	capsule
	MEGACE ES	2	oral susp
<i>megestrol acetate</i>	(Megace)	1	oral susp, tablet
<i>mercaptopurine</i>	(Purinethol)	1	tablet
<i>methotrexate sodium</i>	(Methotrexate)	1	ST tablet
<i>methotrexate sodium/pf</i>	(Methotrexate Sodium/PF)	1	PA vial
	NEXAVAR	2	tablet
	NILANDRON	2	tablet
	SPRYCEL	2	tablet
	SUTENT	2	capsule
<i>tamoxifen citrate</i>	(Nolvadex)	1	tablet
	TARCEVA	2	tablet
	TARGRETIN	2	capsule
	TASIGNA	2	capsule
<i>tretinoin</i>	(Tretinoin)	1	capsule
	TREXALL	2	ST tablet
	TYKERB	2	tablet
	VOTRIENT	2	tablet
Antiparkinsonian Agents			
Adamantanes (CNS)			
<i>amantadine hcl</i>	(Symmetrel)	1	capsule, syrup, tablet
Anticholinergic Agents (CNS)			
<i>benztropine mesylate</i>	(Cogentin)	1	tablet, vial
<i>trihexyphenidyl hcl</i>	(Trihexyphenidyl HCl)	1	elixir, tablet
Catechol-O-Methyltransferase (COMT) Inhibitors			
	COMTAN	2	tablet
	TASMAR	2	tablet

Drug Name		Drug Tier	Notes
Dopamine Precursors			
<i>carbidopa/levodopa</i>	(Sinemet 25-100)	1	tab rapdis, tablet, tablet sa
	STALEVO 100	2	tablet
	STALEVO 125	2	tablet
	STALEVO 150	2	tablet
	STALEVO 200	2	tablet
	STALEVO 50	2	tablet
	STALEVO 75	2	tablet
Dopamine Receptor Agonists			
	MIRAPEX	2	tablet; 0.75mg
<i>pramipexole di-hcl</i>	(Mirapex)	1	tablet
<i>ropinirole hcl</i>	(Requip)	1	tablet
Monoamine Oxidase B Inhibitors			
	AZILECT	2	tablet
<i>selegiline hcl</i>	(Eldepryl)	1	capsule, tablet
	ZELAPAR	2	tab rapdis
Antiprotozoals			
Amebicides			
<i>paromomycin sulfate</i>	(Humatin)	1	capsule
Antimalarials			
<i>hydroxychloroquine sulfate</i>	(Plaquenil)	1	tablet
	MALARONE	2	tablet
	QUALAQUIN	2	PA capsule
Antiprotozoals, Miscellaneous			
	MEPRON	2	oral susp
<i>metronidazole</i>	(Flagyl)	1	capsule, tablet
Antipruritics and Local Anesthetics			
Antipruritics and Local Anesthetics			
<i>lidocaine hcl</i>	(Xylocaine)	1	oint.(gm)
<i>lidocaine/prilocaine</i>	(EMLA)	1	cream(gm)
	LIDODERM	2	adh. patch
Antithrombotic Agents			
Anticoagulants			
	ARIXTRA	2	PA, QL: disp syrin; 5mg/ 5.6 in 28 0.4ml days
	ARIXTRA	2	PA, QL: disp syrin; 10mg/ 11.2 in 0.8ml 28 days
	ARIXTRA	2	PA, QL: disp syrin; 2.5mg/ 7 in 28 0.5 days

Drug Name	Drug Tier	Notes
ARIXTRA	2	PA, QL: disp syrin; 7.5mg/ 8.4 in 28 0.6 days
COUMADIN	2	vial
<i>heparin sodium, porcine</i> (Hep-lock)	1	vial
LOVENOX	2	PA, QL: disp syrin; 40mg/ 8 in 28 0.4ml days
LOVENOX	2	PA, QL: disp syrin; 30mg/ 6 in 28 0.3ml days
LOVENOX	2	PA, QL: vial 24 in 28 days
LOVENOX	2	PA, QL: disp syrin; 100mg/ 20 in 30 ml days
LOVENOX	2	PA, QL: disp syrin; 150mg/ 20 in 28 ml days
LOVENOX	2	PA, QL: disp syrin; 120mg/ 16 in 30 .8ml days
LOVENOX	2	PA, QL: disp syrin; 80mg/ 16 in 28 0.8ml days
LOVENOX	2	PA, QL: disp syrin; 60mg/ 12 in 28 0.6ml days
<i>warfarin sodium</i> (Coumadin)	1	tablet
Platelet Aggregation Inhibitors		
<i>cilostazol</i> (Pletal)	1	tablet
PLAVIX	2	tablet
<i>ticlopidine hcl</i> (Ticlid)	1	tablet
Platelet-reducing Agents		
<i>anagrelide hcl</i> (Agrylin)	1	capsule
Antiulcer Agents and Acid Suppressants		
Histamine H2-Antagonists		
<i>famotidine</i> (Pepcid)	1	tablet, vial
<i>ranitidine hcl</i> (Zantac)	1	capsule, syrup, tablet, vial
Prostaglandins		
<i>misoprostol</i> (Cytotec)	1	tablet
Protectants		
CARAFATE	2	oral susp

Drug Name	Drug Tier	Notes
<i>sucralfate</i> (Carafate)	1	tablet
Proton Pump Inhibitors		
NEXIUM	2	capsule dr, suspdr pkt
<i>omeprazole</i> (Prilosec)	1	capsule dr
<i>pantoprazole sodium</i> (Protonix)	1	tablet dr
Antivirals (Systemic)		
Adamantanes		
<i>rimantadine hcl</i> (Flumadine)	1	tablet
Antiretrovirals		
ATRIPLA	2	tablet
COMBIVIR	2	tablet
EPIVIR	2	solution, tablet
EPIVIR HBV	2	solution, tablet
ISENTRESS	2	tablet
KALETRA	2	solution, tablet
NORVIR	2	capsule, solution, tablet
PREZISTA	2	tablet
REYATAZ	2	capsule
SUSTIVA	2	capsule, tablet
TRUVADA	2	tablet
VIREAD	2	tablet
Antivirals, Miscellaneous		
<i>foscarnet sodium</i> (Foscavir)	1	PA infus. btl
Interferons		
INFERGEN	2	PA vial
INTRON A	2	PA pen ij kit, vial
PEGASYS	2	PA kit
PEGINTRON	2	PA kit
PEGINTRON REDIPEN	2	PA pen ij kit
Monoclonal Antibodies		
SYNAGIS	2	vial
Neuraminidase Inhibitors		
RELENZA	2	disk w/dev
TAMIFLU	2	QL: 48 capsule; 45mg in 180 days
TAMIFLU	2	QL: 84 capsule; 30mg in 180 days
TAMIFLU	2	QL: 525 susp recon in 180 days

Drug Name	Drug Tier	Notes
TAMIFLU	2	QL: 42 capsule; 75mg in 180 days
Nucleosides and Nucleotides		
<i>acyclovir</i> (Zovirax)	1	capsule, oral susp, tablet
<i>famciclovir</i> (Famvir)	1	tablet
HEPSERA	2	tablet
<i>valacyclovir hcl</i> (Valtrex)	1	tablet
VALCYTE	2	PA soln recon
VALCYTE	2	tablet
Anxiolytics, Sedatives and Hypnotics		
Anxiolytics, Sedatives and Hypnotics, Miscellaneous		
<i>hydroxyzine hcl</i> (Hyzine)	1	syrup, tablet, vial
LUNESTA	2	ST tablet
<i>zolpidem tartrate</i> (Ambien)	1	tablet
Astringents		
Astringents		
Autonomic Drugs, Miscellaneous		
Autonomic Drugs, Miscellaneous		
CHANTIX	2	PA tab ds pk, tablet
NICOTROL	2	cartridge
NICOTROL NS	2	spray
Beta-Adrenergic Blocking Agents		
Beta-Adrenergic Blocking Agents		
<i>atenolol</i> (Tenormin)	1	tablet
<i>carvedilol</i> (Coreg)	1	tablet
COREG CR	2	cpmp 24hr
<i>labetalol hcl</i> (Trandate)	1	tablet, vial
<i>metoprolol succinate</i> (Toprol XL)	1	tab.sr 24h
<i>metoprolol tartrate</i> (Lopressor)	1	tablet, vial
<i>nadolol</i> (Corgard)	1	tablet
<i>propranolol hcl</i> (Inderal LA)	1	cap.sa 24h, solution, tablet, vial
<i>sotalol hcl</i> (Betapace)	1	tablet
<i>timolol maleate</i> (Timolol Maleate)	1	tablet
Calcium Channel Blocking Agents		
Calcium Channel Blocking Agents, Miscellaneous		
CARDIZEM CD	2	cap.sr 24h; 360mg

Drug Name		Drug Tier	Notes
<i>diltiazem hcl</i>	(Cardizem CD)	1	cap.sr 12h, cap.sr 24h, capsule cr, capsule sa, disp syrin, tab.sr 24h, tablet, vial port
<i>verapamil hcl</i>	(Calan SR)	1	ampul, cap24h pct, cap24h pel, tablet, tablet sa
Dihydropyridines			
<i>amlodipine besylate</i>	(Norvasc)	1	tablet
<i>amlodipine besylate/ benazepril</i>	(Lotrel)	1	capsule
	EXFORGE	2	ST tablet
	LOTREL	2	capsule; 5mg-40mg, 10mg-40mg
<i>nifedipine</i>	(Procardia XL)	1	capsule, tab er 24, tablet sa
Caloric Agents			
Caloric Agents			
	AMINOSYN	2	PA iv soln; 10%
	AMINOSYN	2	PA iv soln; 3.5%
	AMINOSYN	2	PA iv soln; 8.5%
	AMINOSYN	2	PA iv soln; 7%
	AMINOSYN	2	PA iv soln; 5%
	AMINOSYN II 3.5% M-DEXTROSE 5%	2	PA iv soln
	AMINOSYN II 3.5%-DEXTROSE 25%	2	PA iv soln
	AMINOSYN II 3.5%-DEXTROSE 5%	2	PA iv soln
	AMINOSYN II 4.25% M-DEXT 10%	2	PA iv soln
	AMINOSYN II 4.25%-DEXTROSE 25%	2	PA iv soln
	AMINOSYN II 5% IN 25% DEXTROSE	2	PA iv soln
	AMINOSYN II	2	PA iv soln; 10%
	AMINOSYN II	2	PA iv soln; 8.5%
	AMINOSYN II	2	PA iv soln; 15%
	AMINOSYN II	2	PA iv soln; 7%
	AMINOSYN II IN DEXTROSE	2	PA iv soln
	AMINOSYN II with LYTES-CA-DW	2	PA iv soln

Drug Name	Drug Tier	Notes
AMINOSYN M	2	PA iv soln
AMINOSYN with ELECTROLYTES	2	PA iv soln
AMINOSYN-HBC	2	PA iv soln
AMINOSYN-HF	2	PA iv soln
AMINOSYN-PF	2	PA iv soln
CLINIMIX	2	PA iv soln
CLINIMIX E	2	PA iv soln
CLINISOL	2	PA iv soln
<i>dextrose 10%-0.5 normal saline</i> (Dextrose 10%-0.5 Normal Saline)	1	PA iv soln.
<i>dextrose 10%-1/4 normal saline</i> (Dextrose 10%-1/4 Normal Saline)	1	PA dehp fr bg
<i>dextrose 10%-water</i> (Dextrose 10%-water)	1	PA iv soln
<i>dextrose 2.5%-0.5normal saline</i> (Dextrose 2.5%-0.5 Normal Saline)	1	iv soln.
<i>dextrose 5%-1/2 normal saline</i> (Dextrose 5%-1/2 Normal Saline)	1	iv soln
<i>dextrose 5%-1/3 normal saline</i> (Dextrose 5%-1/3 Normal Saline)	1	iv soln
<i>dextrose 5%-1/4 normal saline</i> (Dextrose 5%-1/4 Normal Saline)	1	iv soln
<i>dextrose 5%-normal saline</i> (Dextrose 5%-Normal Saline)	1	iv soln
<i>dextrose 5%-water</i> (Dextrose 5%-water)	1	iv soln
<i>ethyl alcohol/d5w</i> (Ethyl Alcohol/D5W)	1	iv soln
FREAMINE HBC	2	PA iv soln
FREAMINE III	2	PA iv soln
FREAMINE III with ELECTROLYTES	2	PA iv soln
HEPATAMINE	2	PA iv soln
HEPATASOL	2	PA iv soln
INTRALIPID	2	PA emulsion
LIPOSYN II	2	PA emulsion
LIPOSYN III	2	PA emulsion
NEPHRAMINE	2	PA iv soln
NOVAMINE	2	PA iv soln
PREMASOL	2	PA iv soln
PROCALAMINE	2	PA iv soln
PROSOL	2	PA iv soln
QUICK MIX with LYTES	2	PA iv soln
RENAMIN	2	PA iv soln
TRAVASOL	2	PA iv soln

Drug Name	Drug Tier	Notes
TRAVASOL W/ ELECTROLYTES	2	PA iv soln.
TRAVASOL with DEXTROSE	2	PA iv soln
TRAVASOL with ELECTROLYTES	2	PA iv soln
TROPHAMINE	2	PA iv soln
Cardiac Drugs		
Antiarrhythmic Agents		
<i>amiodarone hcl</i> (Cordarone)	1	disp syrin, tablet
<i>flecainide acetate</i> (Tambocor)	1	tablet
<i>propafenone hcl</i> (Rythmol)	1	tablet
RYTHMOL SR	2	cap.sr 12h
TIKOSYN	2	capsule
Cardiac Drugs, Miscellaneous		
RANEXA	2	PA, QL: tab.sr 12h; 1000mg 60 in 30 days
RANEXA	2	PA, QL: tab.sr 12h; 500mg 90 in 30 days
Cardiotonic Agents		
DIGOXIN	2	solution
<i>digoxin</i> (Lanoxin)	1	ampul, tablet
LANOXIN PEDIATRIC	2	ampul
Cathartics and Laxatives		
Cathartics and Laxatives		
<i>peg 3350/na sulf,bicarb,cl/kcl</i> (Colyte with Flavor Packets)	1	soln recon
<i>polyethylene glycol 3350</i> (Miralax)	1	powder
<i>sod chloride/nahco3/kcl/pegs</i> (Nulytely with Flavor Packs)	1	soln recon
Cell Stimulants and Proliferants		
Cell Stimulants and Proliferants		
KEPIVANCE	2	vial
<i>tretinoin</i> (Retin-A)	1	cream(gm), gel (gm)
Central Nervous System Agents, Miscellaneous		
Central Nervous System Agents, Miscellaneous		
NAMENDA	2	PA, QL: tablet 62 in 31 days

Drug Name	Drug Tier	Notes
NAMENDA	2	PA, QL: solution 360 in 30 days
NAMENDA	2	PA, QL: tab ds pk 49 in 28 days
STRATTERA	2	PA capsule
Cholelitholytic Agents		
Cholelitholytic Agents		
<i>ursodiol</i> (Urso)	1	capsule, tablet
Contraceptives		
Contraceptives		
<i>ethinyl estradiol/drospirenone</i> (Yaz)	1	tablet; 0.03-3mg
<i>levonorgestrel-eth estra</i> (Alesse-28)	1	tablet, tbdspk 3mo
<i>norethindrone-ethinyl estrad</i> (Modicon)	1	tablet
<i>norgestimate-ethinyl estradiol</i> (Ortho-cyclen)	1	tablet
YAZ	2	tablet
Depigmenting and Pigmenting Agents		
Depigmenting Agents		
Pigmenting Agents		
8-MOP	2	capsule
OXSORALEN-ULTRA	2	capsule
UVADEX	2	vial
Devices		
Devices		
<i>needles, insulin disposable</i> (Needles, Insulin Disposable)	2	dis needle
<i>syring w-ndl, disp, insul, 0.5ml</i> (Syring W-ndl, disp, insul, 0.5ml)	2	disp syrin
<i>syringe w-ndl, disp, insul, 1ml</i> (Syringe W-ndl, Disp, insul, 1ml)	2	disp syrin
Digestants		
Digestants		
CREON	2	capsule dr
ZENPEP	2	capsule dr
Diuretics		
Diuretics, Miscellaneous		
SAMSCA	2	QL: 30 tablet; 15mg in 30 days

Drug Name	Drug Tier	Notes
SAMSCA	2	QL: 60 tablet; 30mg in 30 days
Loop Diuretics		
<i>bumetanide</i> (Bumex)	1	tablet, vial
<i>furosemide</i> (Lasix)	1	solution, tablet, vial
<i>torseamide</i> (Demadex)	1	tablet, vial
Potassium-Sparing Diuretics		
<i>amiloride/ hydrochlorothiazide</i> (Amiloride/ hydrochlorothiazide)	1	tablet
<i>triamterene/ hydrochlorothiazid</i> (Dyazide)	1	capsule, tablet
Thiazide Diuretics		
<i>chlorothiazide</i> (Diuril)	1	tablet
<i>hydrochlorothiazide</i> (Microzide)	1	capsule, tablet
Thiazide-Like Diuretics		
<i>chlorthalidone</i> (Hygroton)	1	tablet
<i>indapamide</i> (Lozol)	1	tablet
<i>metolazone</i> (Zaroxolyn)	1	tablet
EENT Drugs, Miscellaneous		
EENT Drugs, Miscellaneous		
<i>carteolol hcl</i> (Carteolol HCl)	1	drops
<i>ipratropium bromide</i> (Atrovent)	1	spray
LACRISERT	2	insert
Emollients, Demulcents, and Protectants		
Basic Lotions and Liniments		
<i>ammonium lactate</i> (Lac-hydrin)	1	lotion
Basic Ointments and Protectants		
<i>ammonium lactate</i> (Lac-hydrin)	1	cream(gm)
Enzymes		
Enzymes		
ADAGEN	2	vial
ALDURAZYME	2	vial
ARALAST NP	2	vial
CEREDASE	2	vial
CEREZYME	2	vial
ELAPRASE	2	vial
ELITEK	2	vial
FABRAZYME	2	vial
MYOZYME	2	vial
NAGLAZYME	2	vial
PROLASTIN C	2	vial
SUCRAID	2	solution

Drug Name	Drug Tier	Notes
VPRIV	2	vial
ZEMAIRA	2	vial
Estrogens and Antiestrogens		
Estrogen Agonist-Antagonists		
EVISTA	2	tablet
Estrogens		
ALORA	2	patch tds
CLIMARA	2	patch tdk
ESTRACE	2	cream/appl
ESTRADERM	2	patch tds
<i>estradiol</i> (Climara)	1	patch tdk, tablet
PREMARIN	2	cream/appl, tablet, vial
VIVELLE-DOT	2	patch tds
First Generation Antihistamines		
Ethanolamine Derivatives		
<i>clemastine fumarate</i> (Tavist Allergy)	1	syrup, tablet
<i>diphenhydramine hcl</i> (Benadryl)	1	capsule, vial
First Generation Antihistamine Derivatives, Miscellaneous		
<i>cyproheptadine hcl</i> (Cyproheptadine HCl)	1	syrup, tablet
Phenothiazine Derivatives		
<i>phenylephrine hcl/ prometh hcl</i> (Phenylephrine HCl/prometh HCl)	1	syrup
<i>promethazine hcl</i> (Phenergan)	1	supp.rect, syrup, tablet, vial
Propylamine Derivatives		
<i>dexchlorpheniramine maleate</i> (Dexchlorpheniramine Maleate)	1	syrup
Genitourinary Smooth Muscle Relaxants		
Genitourinary Smooth Muscle Relaxants		
DETROL	2	tablet
DETROL LA	2	cap.sr 24h
<i>oxybutynin chloride</i> (Ditropan)	1	syrup, tab er 24, tablet
GI Drugs, Miscellaneous		
GI Drugs, Miscellaneous		
CIMZIA	2	PA, QL: kit, syringe kit 6 in 1 day
LOTRONEX	2	tablet
RELISTOR	2	PA, QL: kit 28 in 28 days

Drug Name	Drug Tier	Notes
Gold Compounds		
Gold Compounds		
RIDAURA	2	capsule
Gonadotropins		
Gonadotropins		
CHORIONIC GONADOTROPIN	1	vial
SYNAREL	2	spray
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET	2	capsule
CUPRIMINE	2	capsule
DEPEN	2	tablet
EXJADE	2	tab disper
Hematopoietic Agents		
Hematopoietic Agents		
ARANESP	2	PA, QL: disp syrin; 60mcg/ 1.2 in 28 0.3, 150mcg/0.3 days
ARANESP	2	PA, QL: disp syrin; 4 in 28 500mcg/ml, vial days
ARANESP	2	PA, QL: disp syrin; 2.4 in 28 300mcg/0.6 days
ARANESP	2	PA, QL: disp syrin; 2 in 28 100mcg/0.5 days
ARANESP	2	PA, QL: disp syrin; 40mcg/ 1.6 in 28 0.4, 200mcg/0.4 days
ARANESP	2	PA, QL: disp syrin; 25mcg/ 1.68 in 0.42 28 days
EPOGEN	2	PA, QL: vial; 2000/ml, 12 in 28 3000/ml, 4000/ml days
EPOGEN	2	PA, QL: vial; 20000/ml, 4 in 28 40000/ml days
EPOGEN	2	PA, QL: vial; 10000/ml 6 in 28 days

Drug Name	Drug Tier	Notes
PROCRIT	2	PA, QL: vial; 2000/ml, 12 in 28 3000/ml, 4000/ml, 10000/ml
PROCRIT	2	PA, QL: vial; 20000/ml, 4 in 28 40000/ml
Hemorrhologic Agents		
Hemorrhologic Agents		
<i>pentoxifylline</i> (Pentoxifylline)	1	tablet sa
Hypotensive Agents		
Central Alpha-Agonists		
<i>clonidine</i> (Catapres-TTS 3)	1	patch tdwk
<i>clonidine hcl</i> (Catapres)	1	tablet
<i>guanabenz acetate</i> (Wytensin)	1	tablet
<i>guanfacine hcl</i> (Tenex)	1	tablet
Direct Vasodilators		
<i>hydralazine hcl</i> (Apresoline)	1	tablet, vial
<i>minoxidil</i> (Minoxidil)	1	tablet
Peripheral Adrenergic Inhibitors		
<i>reserpine</i> (Serpasil)	1	tablet
Ion-Removing Agents		
Other Ion-removing Agents		
Phosphate-Removing Agents		
<i>calcium acetate</i> (Phoslo)	1	capsule, tablet
RENAGEL	2	ST tablet
RENVELA	2	ST powd pack, tablet
Potassium-Removing Agents		
<i>sodium polystyrene sulfonate</i> (Kayexalate)	1	oral susp, powder
Irrigating Solutions		
Irrigating Solutions		
<i>ringers solution</i> (Tis-u-sol)	1	irrig soln
<i>sodium chloride irrig solution</i> (Sodium Chloride Irrig Solution)	1	irrig soln
<i>water for irrigation,sterile</i> (Water for Irrigation, Sterile)	1	irrig soln
Keratolytic Agents		
Keratolytic Agents		
ACANYA	1	gel (gm)
Keratoplastic Agents		
Keratoplastic Agents		
VECTICAL	2	ST oint.(gm)

Drug Name	Drug Tier	Notes
Local Anesthetics (EENT)		
Local Anesthetics (EENT)		
<i>lidocaine hcl</i> (Anestacon)	1	jel, jel/pf app, solution
<i>proparacaine hcl</i> (Ophthetic)	1	drops
Local Anesthetics (Parenteral)		
Local Anesthetics (Parenteral)		
<i>lidocaine hcl</i> (Xylocaine)	1	vial
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTONEL	2	ST, QL: tablet; 35mg 4 in 28 days
ACTONEL	2	ST, QL: tablet; 5mg, 30mg 31 in 31 days
ACTONEL	2	ST, QL: tablet; 75mg 2 in 28 days
ACTONEL	2	ST, QL: tablet; 150mg 1 in 28 days
ACTONEL with CALCIUM	2	ST, QL: tab ds pk 28 in 28 days
<i>alendronate sodium</i> (Fosamax)	1	tablet
<i>allopurinol</i> (Zyloprim)	1	tablet
AVODART	2	capsule
AVONEX	2	kit
AVONEX ADMINISTRATION PACK	2	kit
<i>azathioprine</i> (Imuran)	1	PA tablet
BONIVA	2	ST syringekit
BONIVA	2	ST, QL: tablet; 150mg 1 in 28 days
BONIVA	2	ST, QL: tablet; 2.5mg 31 in 31 days
CELLCEPT	2	PA vial
CELLCEPT	2	PA susp recon
COPAXONE	2	kit
ELMIRON	2	capsule

Drug Name	Drug Tier	Notes
ENBREL	2	PA disp syrin, kit, pen injctr
<i>finasteride</i> (Proscar)	1	tablet
FOSAMAX	2	QL: 300 in 28 days solution
HUMIRA	2	PA kit, pen ij kit
<i>leflunomide</i> (Arava)	1	tablet
<i>leucovorin calcium</i> (Leucovorin Calcium)	1	tablet, vial
<i>mycophenolate mofetil</i> (Cellcept)	1	PA capsule, tablet
PROGRAF	2	PA ampul
REBIF	2	disp syrin
REVLIMID	2	LA capsule
SENSIPAR	2	tablet
<i>tacrolimus anhydrous</i> (Prograf)	1	PA capsule
<i>tamsulosin hcl</i> (Flomax)	1	cap.sr 24h
ULORIC	2	ST tablet
Mucolytic Agents		
Mucolytic Agents		
<i>acetylcysteine</i> (Mucomyst)	1	vial
Multivitamin Preparations		
Multivitamin Preparations		
<i>prenatal vit/fe fumarate/ fa</i> (Tricare)	2	tablet
Mydriatics		
Mydriatics		
<i>dipivefrin hcl</i> (Dipivefrin HCl)	1	drops
<i>tropicamide</i> (Mydral)	1	drops
Opiate Antagonists		
Opiate Antagonists		
<i>naloxone hcl</i> (Narcan)	1	ampul, disp syrin
<i>naltrexone hcl</i> (Revia)	1	tablet
Oxytocics		
Oxytocics		
METHERGINE	2	tablet
Parasympathomimetics (Cholinergic Agents)		
Parasympathomimetics (Cholinergic Agents)		
ARICEPT	2	PA, QL: tablet 31 in 31 days
ARICEPT ODT	2	PA, QL: tab rapdis 31 in 31 days

Drug Name	Drug Tier	Notes
EXELON	2	PA, QL: capsule 62 in 31 days
EXELON	2	PA, QL: patch td24 30 in 30 days
EXELON	2	PA, QL: solution 240 in 31 days
<i>galantamine hydrobromide</i> (Razadyne ER)	1	cap24h pel, solution, tablet
Parathyroid		
Parathyroid		
<i>calcitonin, salmon, synthetic</i> (Miacalcin)	1	spray/pump
FORTEO	2	PA, QL: pen injctr 3 in 28 days
FORTICAL	2	spray/pump
MIACALCIN	2	vial
Pharmaceutical Aids		
Pharmaceutical Aids		
<i>gauze bandage</i> (Gauze Bandage)	2	bandage
Pituitary		
Pituitary		
<i>desmopressin acetate</i> (DDAVP)	1	tablet, vial
GENOTROPIN	2	PA cartridge, disp syrin
HUMATROPE	2	PA cartridge, vial
NORDITROPIN NORDIFLEX	2	PA pen injctr
NUTROPIN	2	PA vial
NUTROPIN AQ	2	PA cartridge, vial
OMNITROPE	2	PA cartridge, vial
SAIZEN	2	PA vial
SEROSTIM	2	PA vial
STIMATE	2	spray/pump
TEV-TROPIN	2	PA vial
ZORBTIVE	2	PA vial
Progestins		
Progestins		
DEPO-PROVERA	2	vial; 400mg/ml
DEPO-SUBQ PROVERA 104	2	disp syrin

Drug Name	Drug Tier	Notes
<i>medroxyprogesterone acet</i> (Provera)	1	tablet, vial
PROCHIEVE	2	gel/pf app; 4%
PROMETRIUM	2	capsule
Prokinetic Agents		
Prokinetic Agents		
<i>metoclopramide hcl</i> (Reglan)	1	solution, tablet, vial
Psychotherapeutic Agents		
Antidepressants		
<i>amitriptyline hcl</i> (Vanatrip)	1	tablet
<i>bupropion hcl</i> (Wellbutrin)	1	tab.sr 24h, tablet, tablet sa
<i>citalopram hydrobromide</i> (Celexa)	1	solution, tablet
CYMBALTA	2	ST capsule dr
<i>doxepin hcl</i> (Sinequan)	1	capsule, oral conc
EFFEXOR XR	2	cap.sr 24h
<i>fluoxetine hcl</i> (Prozac)	1	capsule, solution, tablet
LEXAPRO	2	ST, QL: solution 720 in 31 days
LEXAPRO	2	ST, QL: tablet 31 in 31 days
<i>mirtazapine</i> (Remeron)	1	tab rapdis, tablet
<i>nortriptyline hcl</i> (Pamelor)	1	capsule, solution
<i>paroxetine hcl</i> (Paxil CR)	1	oral susp, tab.sr 24h, tablet
<i>sertraline hcl</i> (Zoloft)	1	oral conc, tablet
<i>trazodone hcl</i> (Desyrel)	1	tablet
<i>venlafaxine hcl</i> (Effexor)	1	tablet
Antipsychotic Agents		
ABILIFY	2	QL: vial 161.2 in 28 days
ABILIFY	2	QL: 31 tablet in 31 days
ABILIFY	2	QL: 930 solution in 31 days

Drug Name	Drug Tier	Notes
ABILIFY DISCMELT	2	QL: 62 in 31 days tab rapdis; 15mg
ABILIFY DISCMELT	2	QL: 93 in 31 days tab rapdis; 10mg
<i>clozapine</i> (Clozaril)	1	QL: 93 in 31 days tablet; 25mg, 50mg
<i>clozapine</i> (Clozaril)	1	QL: 140 in 31 days tablet; 200mg
<i>clozapine</i> (Clozaril)	1	QL: 279 in 31 days tablet; 100mg
FAZACLO	2	QL: 93 in 31 days tab rapdis; 12.5mg, 25mg
FAZACLO	2	QL: 279 in 31 days tab rapdis; 100mg
GEODON	2	QL: 6 in 28 days vial
GEODON	2	QL: 62 in 31 days capsule
<i>haloperidol</i> (Haldol)	1	tablet
<i>risperidone</i> (Risperdal M-tab)	1	QL: 124 in 31 days tab rapdis; 3mg, 4mg
<i>risperidone</i> (Risperdal)	1	QL: 62 in 31 days tab rapdis; 0.25mg, 0.5mg, 1mg, 2mg, tablet
<i>risperidone</i> (Risperdal)	1	QL: 496 in 31 days solution
SEROQUEL	2	QL: 93 in 31 days tablet
SEROQUEL XR	2	QL: 62 in 31 days tab.sr 24h; 50mg, 150mg, 300mg, 400mg
SEROQUEL XR	2	QL: 31 in 31 days tab.sr 24h; 200mg

Drug Name		Drug Tier	Notes
ZYPREXA		2	QL: 31 tablet, vial in 31 days
ZYPREXA ZYDIS		2	QL: 31 tab rapdis in 31 days
Renin-Angiotensin-Aldosterone System Inhibitors			
Angiotensin II Receptor Antagonists			
DIOVAN		2	tablet
DIOVAN HCT		2	tablet
<i>losartan potassium</i>	(Cozaar)	1	tablet
Angiotensin-Converting Enzyme Inhibitors			
<i>benazepril hcl</i>	(Lotensin)	1	tablet
<i>captopril</i>	(Capoten)	1	tablet
<i>enalapril maleate</i>	(Vasotec)	1	tablet
<i>lisinopril</i>	(Prinivil)	1	tablet
<i>lisinopril/ hydrochlorothiazide</i>	(Zestoretic)	1	tablet
<i>ramipril</i>	(Altace)	1	capsule
Mineralocorticoid (Aldosterone) Antagonists			
<i>eplerenone</i>	(Inspra)	1	tablet
<i>spironolact/ hydrochlorothiazid</i>	(Aldactazide)	1	tablet
<i>spironolactone</i>	(Aldactone)	1	tablet
Renin Inhibitors			
TEKTURNA		2	ST tablet
TEKTURNA HCT		2	ST tablet
VALTURNA		2	ST tablet
Replacement Preparations			
Replacement Preparations			
<i>1/2 normal saline</i>	(1/2 Normal Saline)	1	iv soln
<i>dextrose 5%-lactated ringers</i>	(Dextrose 5%-Lactated Ringers)	1	iv soln
<i>electrolyte-48 solution/ d5w</i>	(Electrolyte-48 Solution/D5W)	1	iv soln
IONOSOL B with DEXTROSE 5%		2	iv soln
IONOSOL MB-DEXTROSE 5%		2	iv soln
IONOSOL T-DEXTROSE 5%		2	iv soln
ISOLYTE H with DEXTROSE		2	iv soln
ISOLYTE P with DEXTROSE		2	iv soln
ISOLYTE S		2	iv soln

Drug Name		Drug Tier	Notes
	ISOLYTE S with DEXTROSE	2	iv soln
	LACTATED RINGERS	2	iv soln
<i>normal saline</i>	(Normal Saline)	1	iv soln
	NORMOSOL-R PH 7.4	2	iv soln
	PLASMA-LYTE 148	2	iv soln
	PLASMA-LYTE 148 IN DEXTROSE	2	iv soln
	PLASMA-LYTE 56	2	iv soln
	PLASMA-LYTE 56 IN DEXTROSE	2	iv soln
	PLASMA-LYTE A PH 7.4	2	iv soln
<i>potassium chloride</i>	(K-Dur)	1	capsule sa, piggyback, tab prt sr, tablet sa, vial
<i>potassium chloride in 1/2 ns</i>	(Potassium Chloride in 1/2 NS)	1	iv soln
<i>potassium chloride in d5-1/2ns</i>	(Potassium Chloride In D5-1/2ns)	1	iv soln
<i>potassium chloride in d5-1/3ns</i>	(Potassium Chloride In D5-1/3ns)	1	iv soln
<i>potassium chloride/d10-1/4ns</i>	(Potassium Chloride/D10-1/4 NS)	1	iv soln
<i>potassium chloride/d5-0.25ns</i>	(Potassium Chloride/D5-0.25 NS)	1	iv soln, iv soln.
<i>potassium chloride/d5lr</i>	(Potassium Chloride/D5 LR)	1	iv soln
<i>potassium chloride/d5-ns</i>	(Potassium Chloride/D5-NS)	1	iv soln
<i>potassium chloride/d5w</i>	(Potassium Chloride/D5W)	1	iv soln
<i>potassium chloride/ns</i>	(Potassium Chloride/NS)	1	iv soln
<i>ringers solution</i>	(Ringers Solution)	1	iv soln
<i>sodium chloride 3%</i>	(Sodium Chloride 3%)	1	iv soln.
<i>sodium chloride 5%</i>	(Sodium Chloride 5%)	1	iv soln.
<i>sodium chloride</i>	(Sodium Chloride)	1	vial
	TPN ELECTROLYTES	2	vial
Respiratory Smooth Muscle Relaxants			
Respiratory Smooth Muscle Relaxants			
<i>aminophylline</i>	(Aminophylline)	1	tablet, vial
<i>theophylline anhydrous</i>	(Uniphyll)	1	elixir, tab.sr 12h, tablet sa
Respiratory Tract Agents, Miscellaneous			
Respiratory Tract Agents, Miscellaneous			
	XOLAIR	2	PA vial
Second Generation Antihistamines			
Second Generation Antihistamines			
	ALLEGRA-D 12 HOUR	2	tab.sr 12h

Drug Name		Drug Tier	Notes
	ALLEGRA-D 24 HOUR	2	tab.sr 24h
<i>fexofenadine hcl</i>	(Allegra)	1	tablet
	XYZAL	2	solution, tablet
Serums			
Serums			
	CARIMUNE NF NANOFILTERED	2	PA vial
	FLEBOGAMMA DIF	2	PA vial
	GAMASTAN S-D	2	PA vial
	GAMMAGARD LIQUID	2	PA vial
	GAMUNEX	2	PA vial
	OCTAGAM	2	PA vial
	POLYGAM S-D	2	PA vial
	PRIVIGEN	2	PA vial
	VIVAGLOBIN	2	PA vial
Skeletal Muscle Relaxants			
Centrally-Acting Skeletal Muscle Relaxants			
<i>carisoprodol</i>	(Soma)	1	tablet
<i>cyclobenzaprine hcl</i>	(Flexeril)	1	tablet
<i>methocarbamol</i>	(Robaxin)	1	tablet
Direct-Acting Skeletal Muscle Relaxants			
<i>dantrolene sodium</i>	(Dantrium)	1	capsule
Gaba-Derivative Skeletal Muscle Relaxants			
<i>baclofen</i>	(Lioresal)	1	tablet
Skeletal Muscle Relaxants			
Skin and Mucous Membrane Agents, Miscellaneous			
Skin and Mucous Membrane Agents, Miscellaneous			
<i>calcipotriene</i>	(Dovonex)	1	solution
	CARAC	2	cream(gm)
	DOVONEX	2	cream(gm)
	ELIDEL	2	PA cream(gm)
	FLUOROPLEX	2	cream(gm)
<i>fluorouracil</i>	(Efudex)	1	cream(gm), solution
<i>imiquimod</i>	(Aldara)	1	PA, QL: cream pack 24 in 30 days
	PROTOPIC	2	PA oint.(gm)
	SANTYL	2	ointment(gm)
Somatotropin Agonists and Antagonists			
Somatotropin Agonists			
	INCRELEX	2	vial
Somatotropin Antagonists			
	SOMAVERT	2	vial

Drug Name	Drug Tier	Notes
Sympatholytic Adrenergic Blocking Agents		
Sympatholytic Adrenergic Blocking Agents		
CAFERGOT	1	tablet
DIBENZYLINE	2	capsule
<i>dihydroergotamine mesylate</i> (D.H.E. 45)	1	ampul
<i>ergoloid mesylates</i> (Ergoloid Mesylates)	1	tablet
<i>ergotamine tartrate/caffeine</i> (Cafergot)	1	supp.rect, tablet
MIGRANAL	2	spray/pump
Sympathomimetic (Adrenergic) Agents		
Alpha- and Beta-Adrenergic Agonists		
<i>epinephrine</i> (Epinephrine)	1	disp syrin; 0.1mg/ml
EPIPEN	2	pen injctr
EPIPEN JR	2	pen injctr
TWINJECT	2	combo. pkg
Alpha-Adrenergic Agonists		
<i>midodrine hcl</i> (Proamatine)	1	tablet
Beta-Adrenergic Agonists		
ADVAIR DISKUS	2	QL: 62 in 31 days disk w/dev
ADVAIR HFA	2	QL: 12 in 28 days aer w/adap
<i>albuterol sulfate</i> (Proventil)	1	solution, syrup, tab.sr 12h, tablet
PROAIR HFA	2	hfa aer ad
PROVENTIL HFA	2	hfa aer ad
VENTOLIN HFA	2	hfa aer ad
Thyroid and Antithyroid Agents		
Antithyroid Agents		
<i>methimazole</i> (Tapazole)	1	tablet
<i>propylthiouracil</i> (Propylthiouracil)	1	tablet
Thyroid Agents		
<i>levothyroxine sodium</i> (Levothroid)	1	tablet
<i>liothyronine sodium</i> (Cytomel)	1	tablet, vial
Toxoids		
Toxoids		
ADACEL	2	vial
BOOSTRIX	2	disp syrin
TETANUS DIPHTHERIA TOXOIDS	2	vial

Drug Name	Drug Tier	Notes
TETANUS TOXOID ADSORBED	1	PA vial
TETANUS-DIPHTERIA-DECAVAC	2	disp syrin
Uricosuric Agents		
Uricosuric Agents		
<i>colchicine/probenecid</i> (Colchicine/probenecid)	1	tablet
<i>probenecid</i> (Benemid)	1	tablet
Urinary Anti-infectives		
Urinary Anti-infectives		
<i>nitrofurantoin macrocrystal</i> (Macrochantin)	1	capsule
<i>nitrofurantoin/nitrofurantoin mac</i> (Macrobid)	1	capsule
PRIMSOL	2	solution
<i>trimethoprim</i> (Proloprim)	1	tablet
Vaccines		
Vaccines		
ACTHIB	2	vial
ATTENUVAX VACCINE with DILUENT	2	PA vial
ENGERIX-B	2	PA disp syrin
ENGERIX-B	2	PA vial
GARDASIL	2	vial
HAVRIX	2	PA disp syrin, vial
IMOVAX RABIES VACCINE	2	PA vial
IPOL	2	disp syrin
MENOMUNE-A-C-Y-W-135	2	vial
M-M-R II VACCINE	2	vial
RECOMBIVAX HB	2	PA vial; 10mcg/ml
RECOMBIVAX HB	2	PA vial; 40mcg/ml
TWINRIX	2	vial
TYPHIM VI	2	disp syrin
VAQTA	2	PA vial
VARIVAX VACCINE	2	vial
VIVOTIF BERNA	2	capsule dr
YF-VAX	2	vial
ZOSTAVAX	2	vial
Vasoconstrictors		
Vasoconstrictors		
<i>naphazoline hcl</i> (Albalon)	1	drops
TYZINE	2	drops

Drug Name	Drug Tier	Notes
Vasodilating Agents		
Nitrates and Nitrites		
<i>isosorbide dinitrate</i> (Isordil)	1	tab subl, tablet, tablet sa
<i>isosorbide mononitrate</i> (Imdur)	1	tab.sr 24h, tablet
<i>nitroglycerin</i> (Nitro-dur)	1	patch td24, vial
NITROLINGUAL	2	spray
NITROSTAT	2	tab subl
Phosphodiesterase Inhibitors		
ADCIRCA	2	PA tablet
REVATIO	2	PA tablet
REVATIO	2	PA, QL: vial 37.5 in 1 day
Vasodilating Agents		
Vasodilating Agents, Miscellaneous		
AGGRENOX	2	cpmp 12hr
<i>dipyridamole</i> (Persantine)	1	tablet
TRACLEER	2	LA tablet
Vitamin D		
Vitamin D		
<i>calcitriol</i> (Rocaltrol)	1	ampul, capsule, solution, vial
HECTOROL	2	ampul, capsule

INDEX

1/2 normal saline.....	T-31	ALLEGRA-D 12 HOUR	T-32
1/2 Normal Saline	T-31	ALLEGRA-D 24 HOUR	T-33
8-MOP.....	T-21	<i>allopurinol</i>	T-26
ABILIFY.....	T-29	ALORA.....	T-23
ABILIFY DISCMELT.....	T-30	Alphagan P.....	T-8
ACANYA	T-25	ALPHAGAN P	T-8
<i>acarbose</i>	T-6	ALREX	T-10
ACCOLATE	T-11	Altace	T-31
<i>acetaminophen with codeine</i>	T-2	<i>amantadine hcl</i>	T-13
<i>acetazolamide</i>	T-8	Ambien.....	T-17
<i>acetazolamide sodium</i>	T-8	AMBISOME.....	T-8
Acetazolamide Sodium	T-8	<i>amiloride/hydrochlorothiazide</i>	T-22
<i>acetic acid</i>	T-9	Amiloride/hydrochlorothiazide.....	T-22
<i>acetic acid/hydrocortisone</i>	T-9	<i>aminophylline</i>	T-32
<i>acetylcysteine</i>	T-27	Aminophylline	T-32
ACTHIB.....	T-35	AMINOSYN	T-18
ACTONEL.....	T-26	AMINOSYN II	T-18
ACTONEL with CALCIUM	T-26	AMINOSYN II 3.5% M-DEXTROSE 5%...	T-18
ACTOPLUS MET	T-7	AMINOSYN II 3.5%-DEXTROSE 25%	T-18
ACTOS	T-7	AMINOSYN II 3.5%-DEXTROSE 5% T-18	
Acular LS.....	T-10	AMINOSYN II 4.25% M-DEXT 10%. T-18	
<i>acyclovir</i>	T-17	AMINOSYN II 4.25%-DEXTROSE 25% ...	T-18
ADACEL	T-34	AMINOSYN II 5% IN 25% DEXTROSE....	T-18
ADAGEN.....	T-22	AMINOSYN II IN DEXTROSE	T-18
ADCIRCA.....	T-36	AMINOSYN II with LYTES-CA-DW. T-18	
Adderall.....	T-3	AMINOSYN M	T-19
Adrucil	T-13	AMINOSYN with ELECTROLYTES . T-19	
ADVAIR DISKUS.....	T-34	AMINOSYN-HBC	T-19
ADVAIR HFA	T-34	AMINOSYN-HF.....	T-19
AFINITOR.....	T-12	AMINOSYN-PF	T-19
AGGRENOX	T-36	<i>amiodarone hcl</i>	T-20
Agrylin	T-15	<i>amitriptyline hcl</i>	T-29
Ak-trol.....	T-9	<i>amlodipine besylate</i>	T-18
Ala-tet	T-5	<i>amlodipine besylate/benazepril</i>	T-18
Albalon.....	T-35	<i>ammonium chloride</i>	T-1
<i>albuterol sulfate</i>	T-34	Ammonium Chloride	T-1
Aldactazide	T-31	<i>ammonium lactate</i>	T-22
Aldactone	T-31	<i>amox tr/potassium clavulanate</i>	T-4
Aldara.....	T-33	<i>amoxicillin trihydrate</i>	T-4
ALDURAZYME.....	T-22		
<i>alendronate sodium</i>	T-26		
Alesse-28.....	T-21		
Allegra.....	T-33		

Amoxil	T-4	<i>azelastine hcl</i>	T-3
<i>amphet asp/amphet/d-amphet</i>	T-3	AZILECT	T-14
Amphocin.....	T-8	<i>azithromycin</i>	T-4
<i>amphotericin b</i>	T-8	AZOPT	T-8
<i>ampicillin trihydrate</i>	T-4	Azulfidine	T-5
Ampicillin Trihydrate	T-4	<i>bacitracin</i>	T-4, T-9
<i>anagrelide hcl</i>	T-15	Bacitracin	T-4, T-9
ANCOBON.....	T-8	<i>baclofen</i>	T-33
ANDRODERM.....	T-3	Bactroban	T-9
ANDROGEL.....	T-3	<i>balsalazide disodium</i>	T-10
ANDROID	T-3	Benadryl.....	T-23
Anestacon.....	T-26	<i>benazepril hcl</i>	T-31
Antivert	T-7	Benemid	T-35
ANTIVERT.....	T-7	<i>benztropine mesylate</i>	T-13
ANUSOL-HC	T-11	Betagan	T-8
Apresoline.....	T-25	<i>betamet diprop/prop gly</i>	T-11
APRISO	T-10	<i>betamethasone dipropionate</i>	T-11
ARALAST NP	T-22	Betapace.....	T-17
ARANESP	T-24	Biaxin.....	T-4
Arava.....	T-27	<i>bicalutamide</i>	T-12
ARICEPT	T-27	BONIVA	T-26
ARICEPT ODT.....	T-27	BOOSTRIX.....	T-34
ARIMIDEX.....	T-12	<i>brimonidine tartrate</i>	T-8
ARIXTRA	T-14, T-15	<i>bumetanide</i>	T-22
AROMASIN	T-12	Bumex	T-22
ASACOL.....	T-10	BUPHENYL	T-1
ASACOL HD.....	T-10	<i>bupropion hcl</i>	T-29
Astelin.....	T-3	<i>butorphanol tartrate</i>	T-2
ASTELIN.....	T-3	Butorphanol Tartrate.....	T-2
ASTEPRO.....	T-3	BYETTA.....	T-6
<i>atenolol</i>	T-17	Cafergot.....	T-34
ATRIPLA.....	T-16	CAFERGOT	T-34
Atrovent	T-22	Calan SR	T-18
ATROVENT HFA	T-5	<i>calcipotriene</i>	T-33
ATTENUVAX VACCINE with DILUENT.		<i>calcitonin, salmon, synthetic</i>	T-28
T-35		calcitriol	T-36
Augmentin XR.....	T-4	<i>calcium acetate</i>	T-25
AVANDIA	T-7	CANASA	T-10
AVASTIN	T-12	CANCIDAS	T-8
AVELOX	T-5	Capoten	T-31
AVELOX ABC PACK	T-5	<i>captopril</i>	T-31
AVODART	T-26	CARAC.....	T-33
AVONEX.....	T-26	Carafate.....	T-16
AVONEX ADMINISTRATION PACK		CARAFATE	T-15
T-26		<i>carbamazepine</i>	T-5
<i>azathioprine</i>	T-26	CARBATROL	T-5

<i>carbidopa/levodopa</i>	T-14	<i>clemastine fumarate</i>	T-23
Cardizem CD	T-18	Cleocin	T-9
CARDIZEM CD	T-17	Cleocin HCl	T-4
Cardura	T-1	Cleocin Phosphate	T-4
CARIMUNE NF NANOFILTERED....	T-33	Climara	T-23
<i>carisoprodol</i>	T-33	CLIMARA	T-23
<i>carteolol hcl</i>	T-22	<i>clindamycin hcl</i>	T-4
Carteolol HCl	T-22	<i>clindamycin phosphate</i>	T-4, T-9
<i>carvedilol</i>	T-17	CLINIMIX	T-19
Casodex	T-12	CLINIMIX E	T-19
Catapres	T-25	CLINISOL	T-19
Catapres-TTS 3	T-25	Clinoril	T-2
<i>cefadroxil hydrate</i>	T-4	<i>clobetasol propionate</i>	T-11
<i>cefdinir</i>	T-4	<i>clonidine</i>	T-25
<i>cefepodoxime proxetil</i>	T-4	<i>clonidine hcl</i>	T-25
<i>cefprozil</i>	T-4	<i>clotrimazole</i>	T-9
Ceftin	T-4	<i>clotrimazole/betamet diprop</i>	T-9
<i>ceftriaxone sodium</i>	T-4	<i>clozapine</i>	T-30
<i>cefuroxime axetil</i>	T-4	Clozaril	T-30
Cefzil	T-4	Cogentin	T-13
CELEBREX	T-1	Colazal	T-10
Celexa	T-29	<i>colchicine/probenecid</i>	T-35
Cellcept	T-27	Colchicine/probenecid	T-35
CELLCEPT	T-26	Colestid	T-11
CELONTIN	T-6	<i>colestipol hcl</i>	T-11
<i>cephalexin monohydrate</i>	T-4	Colyte with Flavor Packets	T-20
CEREDASE	T-22	COMBIGAN	T-8
CEREZYME	T-22	COMBIVIR	T-16
CHANTIX	T-17	Compazine	T-7
CHEMET	T-24	COMTAN	T-13
<i>chloramphenicol na succ</i>	T-4	CONCERTA	T-3
<i>chlorhexidine gluconate</i>	T-9	COPAXONE	T-26
Chloromycetin	T-4	Cordarone	T-20
<i>chlorothiazide</i>	T-22	Coreg	T-17
<i>chlorthalidone</i>	T-22	COREG CR	T-17
<i>cholestyramine/sucrose</i>	T-11	Corgard	T-17
CHORIONIC GONADOTROPIN	T-24	Cortef	T-1
<i>ciclopirox olamine</i>	T-9	Cosopt	T-8
<i>cilostazol</i>	T-15	Coumadin	T-15
Ciloxan	T-9	COUMADIN	T-15
CIMZIA	T-23	Cozaar	T-31
Cipro	T-5	CREON	T-21
CIPRODEX	T-9	CRESTOR	T-12
<i>ciprofloxacin hcl</i>	T-5, T-9	<i>cromolyn sodium</i>	T-11
<i>citalopram hydrobromide</i>	T-29	Cromolyn Sodium	T-11
<i>clarithromycin</i>	T-4	CUPRIMINE	T-24

Cutivate.....	T-11	Dextrose 5%-1/2 Normal Saline.....	T-19
<i>cyclobenzaprine hcl</i>	T-33	<i>dextrose 5%-1/3 normal saline</i>	T-19
<i>cyclophosphamide</i>	T-13	Dextrose 5%-1/3 Normal Saline.....	T-19
CYKLOKAPRON.....	T-8	<i>dextrose 5%-1/4 normal saline</i>	T-19
CYMBALTA.....	T-29	Dextrose 5%-1/4 Normal Saline.....	T-19
<i>cyproheptadine hcl</i>	T-23	<i>dextrose 5%-lactated ringers</i>	T-31
Cyproheptadine HCl.....	T-23	Dextrose 5%-Lactated Ringers.....	T-31
Cytomel.....	T-34	<i>dextrose 5%-normal saline</i>	T-19
Cytotec.....	T-15	Dextrose 5%-Normal Saline.....	T-19
Cytosan.....	T-13	<i>dextrose 5%-water</i>	T-19
D.H.E. 45.....	T-34	Dextrose 5%-water.....	T-19
Dantrium.....	T-33	Diamox.....	T-8
<i>dantrolene sodium</i>	T-33	DIBENZYLINE.....	T-34
<i>dapsone</i>	T-12	<i>diclofenac sodium</i>	T-1, T-10
Dapsone.....	T-12	<i>dicloxacillin sodium</i>	T-4
DDAVP.....	T-28	Diflucan.....	T-7
Decadron.....	T-1	<i>digoxin</i>	T-20
Del-beta.....	T-11	DIGOXIN.....	T-20
Demadox.....	T-22	<i>dihydroergotamine mesylate</i>	T-34
DENAVIR.....	T-10	Dilantin.....	T-6
Depakote ER.....	T-5	DILANTIN.....	T-6
DEPEN.....	T-24	Dilantin-125.....	T-6
DEPO-PROVERA.....	T-28	<i>diltiazem hcl</i>	T-18
DEPO-SUBQ PROVERA 104.....	T-28	DIOVAN.....	T-31
Depo-testosterone.....	T-3	DIOVAN HCT.....	T-31
<i>desmopressin acetate</i>	T-28	DIPENTUM.....	T-10
<i>desonide</i>	T-11	<i>diphenhydramine hcl</i>	T-23
Desowen.....	T-11	<i>diphenoxylate hcl/atrop sulf</i>	T-7
<i>desoximetasone</i>	T-11	<i>dipivefrin hcl</i>	T-27
Desyrel.....	T-29	Dipivefrin HCl.....	T-27
DETROL.....	T-23	Diprolene.....	T-11
DETROL LA.....	T-23	<i>dipyridamole</i>	T-36
<i>dexamethasone</i>	T-1	Ditropan.....	T-23
<i>dexchlorpheniramine maleate</i>	T-23	Diuril.....	T-22
Dexchlorpheniramine Maleate.....	T-23	<i>divalproex sodium</i>	T-5
Dexedrine.....	T-3	DORIBAX.....	T-4
<i>dextroamphetamine sulfate</i>	T-3	Doryx.....	T-5
<i>dextrose 10%-0.5 normal saline</i>	T-19	<i>dorzolamide hcl</i>	T-8
Dextrose 10%-0.5 Normal Saline.....	T-19	<i>dorzolamide hcl/timolol maleat</i>	T-8
<i>dextrose 10%-1/4 normal saline</i>	T-19	Dovonex.....	T-33
Dextrose 10%-1/4 Normal Saline.....	T-19	DOVONEX.....	T-33
<i>dextrose 10%-water</i>	T-19	<i>doxazosin mesylate</i>	T-1
Dextrose 10%-water.....	T-19	<i>doxepin hcl</i>	T-29
Dextrose 2.5%-0.5 Normal Saline.....	T-19	<i>doxycycline hyclate</i>	T-5, T-9
<i>dextrose 2.5%-0.5normal saline</i>	T-19	<i>dronabinol</i>	T-7
<i>dextrose 5%-1/2 normal saline</i>	T-19	DROXIA.....	T-13

Duragesic	T-2	Eulexin	T-13
Duricef	T-4	EURAX	T-10
Dyazide	T-22	EVISTA	T-23
Dynapen	T-4	EXELON	T-28
<i>econazole nitrate</i>	T-9	EXFORGE	T-18
Effexor	T-29	EXJADE	T-24
EFFEXOR XR	T-29	FABRAZYME	T-22
Efudex	T-33	<i>famciclovir</i>	T-17
ELAPRASE	T-22	<i>famotidine</i>	T-15
Eldepryl	T-14	Famvir	T-17
<i>electrolyte-48 solution/d5w</i>	T-31	FASLODEX	T-13
Electrolyte-48 Solution/D5W	T-31	FAZACLO	T-30
ELIDEL	T-33	FEMARA	T-13
ELIGARD	T-13	<i>fenofibrate, micronized</i>	T-12
Elimate	T-10	<i>fentanyl</i>	T-2
ELITEK	T-22	<i>fexofenadine hcl</i>	T-33
ELMIRON	T-26	<i>finasteride</i>	T-27
EMCYT	T-13	Flagyl	T-14
EMEND	T-7	FLEBOGAMMA DIF	T-33
EMLA	T-14	<i>flecainide acetate</i>	T-20
<i>enalapril maleate</i>	T-31	Flexeril	T-33
ENBREL	T-27	Flomax	T-27
ENGERIX-B	T-35	Flonase	T-10
ENTOCORT EC	T-1	FLOVENT	T-1
<i>epinephrine</i>	T-34	FLOVENT DISKUS	T-1
Epinephrine	T-34	FLOVENT HFA	T-1
EPIPEN	T-34	<i>fluconazole</i>	T-7
EPIPEN JR	T-34	Flumadine	T-16
EPIVIR	T-16	<i>fluocinonide</i>	T-11
EPIVIR HBV	T-16	FLUOROPLEX	T-33
<i>eplerenone</i>	T-31	<i>fluorouracil</i>	T-13, T-33
EPOGEN	T-24	<i>fluoxetine hcl</i>	T-29
ERAXIS ALCOHOL DILUENT	T-8	<i>flutamide</i>	T-13
<i>ergoloid mesylates</i>	T-34	<i>fluticasone propionate</i>	T-10, T-11
Ergoloid Mesylates	T-34	FORTEO	T-28
<i>ergotamine tartrate/caffeine</i>	T-34	FORTICAL	T-28
<i>erythromycin base</i>	T-4, T-9	Fosamax	T-26
Erythromycin Base	T-4, T-9	FOSAMAX	T-27
ESTRACE	T-23	<i>foscarnet sodium</i>	T-16
ESTRADERM	T-23	Foscavir	T-16
<i>estradiol</i>	T-23	FREAMINE HBC	T-19
<i>ethambutol hcl</i>	T-12	FREAMINE III	T-19
<i>ethinyl estradiol/drospirenone</i>	T-21	FREAMINE III with ELECTROLYTES	T-19
<i>ethosuximide</i>	T-6	<i>furosemide</i>	T-22
<i>ethyl alcohol/d5w</i>	T-19	<i>gabapentin</i>	T-5
Ethyl Alcohol/D5W	T-19		

<i>galantamine hydrobromide</i>	T-28	<i>hydroxyurea</i>	T-13
GAMASTAN S-D	T-33	<i>hydroxyzine hcl</i>	T-17
GAMMAGARD LIQUID.....	T-33	Hygroton	T-22
GAMUNEX	T-33	Hytrin	T-1
Garamycin.....	T-3	Hyzine.....	T-17
GARDASIL	T-35	<i>ibuprofen</i>	T-1
GASTROCROM.....	T-11	Imdur.....	T-36
<i>gauze bandage</i>	T-28	<i>imiquimod</i>	T-33
Gauze Bandage	T-28	Imitrex.....	T-12
<i>gemfibrozil</i>	T-12	Imodium.....	T-7
GENOTROPIN.....	T-28	IMOVAX RABIES VACCINE	T-35
<i>gentamicin sulfate</i>	T-3	Imuran	T-26
GEODON.....	T-30	INCRELEX.....	T-33
GLEEVEC	T-13	<i>indapamide</i>	T-22
<i>glipizide</i>	T-6	Inderal LA.....	T-17
GLUCAGEN.....	T-8	Indocin	T-1
GLUCAGON EMERGENCY KIT.....	T-8	INDOCIN.....	T-1
Glucophage	T-6	<i>indomethacin</i>	T-1
Glucotrol	T-6	INFERGEN.....	T-16
<i>glyburide</i>	T-6	Inspra.....	T-31
GLYSET	T-6	INTRALIPID	T-19
<i>granisetron hcl</i>	T-7	INTRON A.....	T-16
Grifulvin V.....	T-7	INVANZ	T-4
<i>griseofulvin,microsize</i>	T-7	IONOSOL B with DEXTROSE 5%.....	T-31
GRIS-PEG.....	T-7	IONOSOL MB-DEXTROSE 5%	T-31
<i>guanabenz acetate</i>	T-25	IONOSOL T-DEXTROSE 5%.....	T-31
<i>guanfacine hcl</i>	T-25	IPOL.....	T-35
Haldol.....	T-30	<i>ipratropium bromide</i>	T-22
<i>haloperidol</i>	T-30	IRESSA.....	T-13
HAVRIX.....	T-35	ISENTRESS.....	T-16
HECTOROL	T-36	ISOLYTE H with DEXTROSE	T-31
<i>heparin sodium,porcine</i>	T-15	ISOLYTE P with DEXTROSE.....	T-31
HEPATAMINE.....	T-19	ISOLYTE S.....	T-31
HEPATASOL	T-19	ISOLYTE S with DEXTROSE.....	T-32
Hep-lock.....	T-15	<i>isoniazid</i>	T-12
HEPSERA.....	T-17	Isordil	T-36
Humatin.....	T-14	<i>isosorbide dinitrate</i>	T-36
HUMATROPE.....	T-28	<i>isosorbide mononitrate</i>	T-36
HUMIRA	T-27	ISTALOL	T-8
HUMULIN N.....	T-6	<i>itraconazole</i>	T-7
<i>hydralazine hcl</i>	T-25	JANUMET	T-6
Hydrea.....	T-13	JANUVIA	T-6
<i>hydrochlorothiazide</i>	T-22	KADIAN.....	T-2
<i>hydrocodone bit/acetaminophen</i>	T-2	KALETRA	T-16
<i>hydrocortisone</i>	T-1, T-11	Kayexalate.....	T-25
<i>hydroxychloroquine sulfate</i>	T-14	K-Dur	T-32

Keflex.....	T-4	LIPOSYN III.....	T-19
Kenalog.....	T-11	<i>lisinopril</i>	T-31
KEPIVANCE.....	T-20	<i>lisinopril/hydrochlorothiazide</i>	T-31
Keppra.....	T-5	<i>lithium carbonate</i>	T-12
KEPPRA.....	T-5	<i>lithium citrate</i>	T-12
<i>ketoconazole</i>	T-7, T-9	Lithium Citrate.....	T-12
<i>ketorolac tromethamine</i>	T-10	Lithobid.....	T-12
Kytril.....	T-7	LITHOSTAT.....	T-1
<i>labetalol hcl</i>	T-17	Lofibra.....	T-12
Lac-hydrin.....	T-22	Lomotil.....	T-7
LACRISERT.....	T-22	<i>loperamide hcl</i>	T-7
LACTATED RINGERS.....	T-32	Lopid.....	T-12
<i>lactulose</i>	T-1	Lopressor.....	T-17
Lactulose.....	T-1	Loprox.....	T-9
Lamictal.....	T-5	<i>losartan potassium</i>	T-31
LAMICTAL BLUE.....	T-5	LOTEMAX.....	T-10
LAMICTAL GREEN.....	T-5	Lotensin.....	T-31
LAMICTAL ORANGE.....	T-5	Lotrel.....	T-18
Lamisil.....	T-7	LOTREL.....	T-18
<i>lamotrigine</i>	T-5	Lotrisone.....	T-9
Lanoxin.....	T-20	LOTRONEX.....	T-23
LANOXIN PEDIATRIC.....	T-20	LOVAZA.....	T-11
LANTUS.....	T-6	LOVENOX.....	T-15
LANTUS SOLOSTAR.....	T-6	Lozol.....	T-22
Lasix.....	T-22	LUNESTA.....	T-17
<i>leflunomide</i>	T-27	Lupron.....	T-13
<i>leucovorin calcium</i>	T-27	LUPRON DEPOT.....	T-13
Leucovorin Calcium.....	T-27	LUPRON DEPOT-PED.....	T-13
LEUKERAN.....	T-13	LYRICA.....	T-5
<i>leuprolide acetate</i>	T-13	Macrobid.....	T-35
LEVAQUIN.....	T-5	Macrodantin.....	T-35
LEVEMIR.....	T-6	MALARONE.....	T-14
<i>levetiracetam</i>	T-5	Marinol.....	T-7
<i>levobunolol hcl</i>	T-8	MATULANE.....	T-13
<i>levonorgestrel-eth estra</i>	T-21	MAXALT.....	T-12
Levothyroid.....	T-34	MAXALT MLT.....	T-12
<i>levothyroxine sodium</i>	T-34	<i>mebendazole</i>	T-3
LEXAPRO.....	T-29	<i>meclizine hcl</i>	T-7
Lidex.....	T-11	Medrol.....	T-1
<i>lidocaine hcl</i>	T-14, T-26	<i>medroxyprogesterone acet</i>	T-29
<i>lidocaine/prilocaine</i>	T-14	Megace.....	T-13
LIDODERM.....	T-14	MEGACE ES.....	T-13
Lioresal.....	T-33	<i>megestrol acetate</i>	T-13
<i>liothyronine sodium</i>	T-34	<i>meloxicam</i>	T-2
LIPITOR.....	T-12	MENOMUNE-A-C-Y-W-135.....	T-35
LIPOSYN II.....	T-19	MEPRON.....	T-14

<i>mercaptopurine</i>	T-13	Mucomyst	T-27
MERREM	T-4	<i>mupirocin</i>	T-9
<i>mesalamine</i>	T-11	Myambutol	T-12
<i>metformin hcl</i>	T-6	Mycelex	T-9
<i>methadone hcl</i>	T-2	MYCOBUTIN	T-12
Methadose	T-2	Mycogen II	T-10
<i>methazolamide</i>	T-8	<i>mycophenolate mofetil</i>	T-27
METHERGINE	T-27	Mycostatin	T-8, T-10
<i>methimazole</i>	T-34	Mydral	T-27
METHITEST	T-3	MYOZYME	T-22
<i>methocarbamol</i>	T-33	Mysoline	T-5
Methotrexate	T-13	<i>nabumetone</i>	T-2
<i>methotrexate sodium</i>	T-13	<i>nadolol</i>	T-17
<i>methotrexate sodium/pf</i>	T-13	NAGLAZYME	T-22
Methotrexate Sodium/PF	T-13	<i>naloxone hcl</i>	T-27
<i>methscopolamine bromide</i>	T-5	<i>naltrexone hcl</i>	T-27
<i>methylphenidate hcl</i>	T-3	NAMENDA	T-20, T-21
<i>methylprednisolone</i>	T-1	<i>naphazoline hcl</i>	T-35
<i>metoclopramide hcl</i>	T-29	Naprosyn	T-2
<i>metolazone</i>	T-22	<i>naproxen</i>	T-2
<i>metoprolol succinate</i>	T-17	Narcan	T-27
<i>metoprolol tartrate</i>	T-17	NASONEX	T-10
Metrocream	T-10	NATACYN	T-9
<i>metronidazole</i>	T-9, T-10, T-14	<i>nateglinide</i>	T-6
Miacalcin	T-28	<i>needles, insulin disposable</i>	T-21
MIACALCIN	T-28	Needles, Insulin Disposable	T-21
Micronase	T-6	<i>neo/polymyx b sulf/dexameth</i>	T-9
Microzide	T-22	<i>neomy sulf/polymyx b sulf/hc</i>	T-9
<i>midodrine hcl</i>	T-34	<i>neomycin sulfate</i>	T-4
MIGRANAL	T-34	Neomycin Sulfate	T-4
Minipress	T-1	NEPHRAMINE	T-19
Minocin	T-5	Neptazane	T-8
<i>minocycline hcl</i>	T-5	Neurontin	T-5
<i>minoxidil</i>	T-25	NEURONTIN	T-5
Minoxidil	T-25	NEVANAC	T-10
Miralax	T-20	NEXAVAR	T-13
Mirapex	T-14	NEXIUM	T-16
MIRAPEX	T-14	<i>niacin</i>	T-11
<i>mirtazapine</i>	T-29	Niacin	T-11
<i>misoprostol</i>	T-15	NIASPAN	T-11
M-M-R II VACCINE	T-35	NICOTROL	T-17
Mobic	T-2	NICOTROL NS	T-17
Modicon	T-21	<i>nifedipine</i>	T-18
<i>morphine sulfate</i>	T-2	NILANDRON	T-13
Motrin	T-1	Nitro-dur	T-36
MS Contin	T-2	<i>nitrofurantoin macrocrystal</i>	T-35

<i>nitrofurantoin/nitrofurantoin mac</i>	T-35	<i>pantoprazole sodium</i>	T-16
<i>nitroglycerin</i>	T-36	<i>paromomycin sulfate</i>	T-14
NITROLINGUAL.....	T-36	<i>paroxetine hcl</i>	T-29
NITROSTAT.....	T-36	PATADAY.....	T-3
Nizoral.....	T-7, T-9	PATANOL.....	T-3
Nolvadex.....	T-13	Paxil CR.....	T-29
NORDITROPIN NORDIFLEX.....	T-28	<i>peg 3350/na sulf,bicarb,cl/kcl</i>	T-20
<i>norethindrone-ethinyl estrad</i>	T-21	PEGASYS.....	T-16
<i>norgestimate-ethinyl estradiol</i>	T-21	PEGINTRON.....	T-16
<i>normal saline</i>	T-32	PEGINTRON REDIPEN.....	T-16
Normal Saline.....	T-32	<i>penicillin v potassium</i>	T-4
NORMOSOL-R PH 7.4.....	T-32	PENTASA.....	T-11
<i>nortriptyline hcl</i>	T-29	<i>pentoxifylline</i>	T-25
Norvasc.....	T-18	Pentoxifylline.....	T-25
NORVIR.....	T-16	Pepcid.....	T-15
NOVAMINE.....	T-19	Percocet.....	T-2
NOVOLIN N.....	T-6	Peridex.....	T-9
NOVOLIN N INNOLET.....	T-6	Periostat.....	T-9
NOVOLOG.....	T-6	<i>permethrin</i>	T-10
NOVOLOG MIX 70-30.....	T-6	Persantine.....	T-36
Nulytely with Flavor Packs.....	T-20	Phenergan.....	T-23
NUTROPIN.....	T-28	<i>phenylephrine hcl/prometh hcl</i>	T-23
NUTROPIN AQ.....	T-28	Phenylephrine HCl/prometh HCl.....	T-23
Nydrazid.....	T-12	PHENYTEK.....	T-6
<i>nystatin</i>	T-8, T-10	<i>phenytoin</i>	T-6
<i>nystatin/triamcin</i>	T-10	<i>phenytoin sodium extended</i>	T-6
OCTAGAM.....	T-33	Phoslo.....	T-25
Ocuflox.....	T-9	PHOSPHOLINE IODIDE.....	T-8
<i>ofloxacin</i>	T-9	PILOPINE HS.....	T-8
Olux.....	T-11	Plaquenil.....	T-14
<i>omeprazole</i>	T-16	PLASMA-LYTE 148.....	T-32
Omnicef.....	T-4	PLASMA-LYTE 148 IN DEXTROSE.....	T-32
OMNITROPE.....	T-28	PLASMA-LYTE 56.....	T-32
<i>ondansetron</i>	T-7	PLASMA-LYTE 56 IN DEXTROSE.....	T-32
<i>ondansetron hcl</i>	T-7	PLASMA-LYTE A PH 7.4.....	T-32
Ophthetic.....	T-26	PLAVIX.....	T-15
Ortho-cyclen.....	T-21	Pletal.....	T-15
Oticin HC.....	T-9	<i>polyethylene glycol 3350</i>	T-20
OXSORALEN-ULTRA.....	T-21	POLYGAM S-D.....	T-33
<i>oxybutynin chloride</i>	T-23	<i>potassium chloride</i>	T-32
<i>oxycodone hcl</i>	T-2	<i>potassium chloride in 1/2 ns</i>	T-32
<i>oxycodone hcl/acetaminophen</i>	T-2	Potassium Chloride in 1/2 NS.....	T-32
Oxycontin.....	T-2	<i>potassium chloride in d5-1/2ns</i>	T-32
OXYCONTIN.....	T-2	Potassium Chloride In D5-1/2ns.....	T-32
Pamelor.....	T-29	<i>potassium chloride in d5-1/3ns</i>	T-32
Pamine.....	T-5	Potassium Chloride In D5-1/3ns.....	T-32

Potassium Chloride/D10-1/4 NS.....	T-32	Proloprim	T-35
<i>potassium chloride/d10-1/4ns</i>	T-32	<i>promethazine hcl</i>	T-23
Potassium Chloride/D5 LR.....	T-32	PROMETRIUM.....	T-29
Potassium Chloride/D5-0.25 NS.....	T-32	<i>propafenone hcl</i>	T-20
<i>potassium chloride/d5-0.25ns</i>	T-32	<i>proparacaine hcl</i>	T-26
<i>potassium chloride/d5lr</i>	T-32	<i>propranolol hcl</i>	T-17
<i>potassium chloride/d5-ns</i>	T-32	<i>propylthiouracil</i>	T-34
Potassium Chloride/D5-NS.....	T-32	Propylthiouracil.....	T-34
<i>potassium chloride/d5w</i>	T-32	Proscar.....	T-27
Potassium Chloride/D5W.....	T-32	PROSOL.....	T-19
<i>potassium chloride/ns</i>	T-32	Protonix.....	T-16
Potassium Chloride/NS.....	T-32	PROTOPIC.....	T-33
<i>potassium citrate</i>	T-1	Proventil.....	T-34
<i>pramipexole di-hcl</i>	T-14	PROVENTIL HFA.....	T-34
PRANDIMET.....	T-6	Provera.....	T-29
PRANDIN.....	T-6	PROVIGIL.....	T-3
<i>prazosin hcl</i>	T-1	Prozac.....	T-29
Precose.....	T-6	PULMICORT FLEXHALER.....	T-1
Pred Forte.....	T-10	Purinethol.....	T-13
<i>prednisolone acetate</i>	T-10	QUALAQUIN.....	T-14
<i>prednisone</i>	T-1	Questran.....	T-11
Prednisone.....	T-1	QUICK MIX with LYTES.....	T-19
PREDNISONE INTENSOL.....	T-1	QVAR.....	T-1
PREMARIN.....	T-23	<i>ramipril</i>	T-31
PREMASOL.....	T-19	RANEXA.....	T-20
<i>prenatal vit/fe fumarate/fa</i>	T-27	<i>ranitidine hcl</i>	T-15
PREZISTA.....	T-16	Razadyne ER.....	T-28
Prilosec.....	T-16	REBIF.....	T-27
PRIMAXIN.....	T-4	RECOMBIVAX HB.....	T-35
PRIMAXIN I.M.....	T-4	Reglan.....	T-29
<i>primidone</i>	T-5	Relafen.....	T-2
PRIMSOL.....	T-35	RELENZA.....	T-16
Prinivil.....	T-31	RELISTOR.....	T-23
PRIVIGEN.....	T-33	Remeron.....	T-29
PROAIR HFA.....	T-34	RENAGEL.....	T-25
Proamatine.....	T-34	RENAMIN.....	T-19
<i>probenecid</i>	T-35	REVELA.....	T-25
PROCALAMINE.....	T-19	Requip.....	T-14
Procardia XL.....	T-18	<i>reserpine</i>	T-25
PROCHIEVE.....	T-29	RESTASIS.....	T-10
<i>prochlorperazine maleate</i>	T-7	Retin-A.....	T-20
PROCRIT.....	T-25	REVATIO.....	T-36
Proctocort.....	T-11	Revia.....	T-27
Prograf.....	T-27	REVLIMID.....	T-27
PROGRAF.....	T-27	REYATAZ.....	T-16
PROLASTIN C.....	T-22	RIDAURA.....	T-24

Rifadin.....	T-12	<i>sodium polystyrene sulfonate</i>	T-25
<i>rifampin</i>	T-12	Soma.....	T-33
<i>rimantadine hcl</i>	T-16	SOMAVERT.....	T-33
<i>ringers solution</i>	T-25, T-32	<i>sotalol hcl</i>	T-17
Ringers Solution.....	T-32	Spectazole.....	T-9
Risperdal.....	T-30	SPIRIVA.....	T-5
Risperdal M-tab.....	T-30	<i>spironolact/hydrochlorothiazid</i>	T-31
<i>risperidone</i>	T-30	<i>spironolactone</i>	T-31
Ritalin.....	T-3	Sporanox.....	T-7
Robaxin.....	T-33	SPORANOX.....	T-7
Rocaltrol.....	T-36	SPRYCEL.....	T-13
Rocephin.....	T-4	STALEVO 100.....	T-14
<i>ropinirole hcl</i>	T-14	STALEVO 125.....	T-14
Rowasa.....	T-11	STALEVO 150.....	T-14
Roxicodone.....	T-2	STALEVO 200.....	T-14
Rythmol.....	T-20	STALEVO 50.....	T-14
RYTHMOL SR.....	T-20	STALEVO 75.....	T-14
SAIZEN.....	T-28	Starlix.....	T-6
SAMSCA.....	T-21, T-22	STIMATE.....	T-28
SANTYL.....	T-33	STRATTERA.....	T-21
<i>selegiline hcl</i>	T-14	STROMECTOL.....	T-3
SENSIPAR.....	T-27	SUBOXONE.....	T-2
Septra Ds.....	T-5	SUCRAID.....	T-22
SEROQUEL.....	T-30	<i>sucralfate</i>	T-16
SEROQUEL XR.....	T-30	<i>sulfamethoxazole/trimethoprim</i>	T-5
SEROSTIM.....	T-28	<i>sulfasalazine</i>	T-5
Serpasil.....	T-25	<i>sulindac</i>	T-2
<i>sertraline hcl</i>	T-29	<i>sumatriptan succinate</i>	T-12
<i>silver sulfadiazine</i>	T-10	SUSTIVA.....	T-16
<i>simvastatin</i>	T-12	SUTENT.....	T-13
Sinemet 25-100.....	T-14	SYMLIN.....	T-6
Sinequan.....	T-29	SYMLINPEN 120.....	T-6
SINGULAIR.....	T-11	SYMLINPEN 60.....	T-6
<i>sod chloride/nahco3/kcl/pegs</i>	T-20	Symmetrel.....	T-13
<i>sodium bicarbonate</i>	T-1	SYNAGIS.....	T-16
Sodium Bicarbonate.....	T-1	SYNAREL.....	T-24
<i>sodium chloride</i>	T-32	<i>syring w-ndl, disp, insul, 0.5ml</i>	T-21
Sodium Chloride.....	T-32	Syring W-ndl, disp, insul, 0.5ml.....	T-21
<i>sodium chloride 3%</i>	T-32	<i>syringe w-ndl, disp, insul, 1ml</i>	T-21
Sodium Chloride 3%.....	T-32	Syringe W-ndl, Disp, insul, 1ml.....	T-21
<i>sodium chloride 5%</i>	T-32	<i>tacrolimus anhydrous</i>	T-27
Sodium Chloride 5%.....	T-32	Tambocor.....	T-20
<i>sodium chloride irrig solution</i>	T-25	TAMIFLU.....	T-16, T-17
Sodium Chloride Irrig Solution.....	T-25	<i>tamoxifen citrate</i>	T-13
<i>sodium lactate</i>	T-1	<i>tamsulosin hcl</i>	T-27
Sodium Lactate.....	T-1	Tapazole.....	T-34

TARCEVA.....	T-13	TRAVASOL with ELECTROLYTES..	T-20
TARGRETIN.....	T-13	TRAVATAN.....	T-8
TASIGNA.....	T-13	<i>trazodone hcl</i>	T-29
TASMAR.....	T-13	<i>tretinoin</i>	T-13, T-20
Tavist Allergy.....	T-23	Tretinoin.....	T-13
Tegretol XR.....	T-5	TREXALL.....	T-13
TEGRETOL XR.....	T-5	TREXIMET.....	T-12
TEKTURNA.....	T-31	<i>triamcinolone acetonide</i>	T-11
TEKTURNA HCT.....	T-31	<i>triamterene/hydrochlorothiazid</i>	T-22
Tenex.....	T-25	Tricare.....	T-27
Tenormin.....	T-17	TRICOR.....	T-12
<i>terazosin hcl</i>	T-1	<i>trifluridine</i>	T-9
<i>terbinafine hcl</i>	T-7	<i>trihexyphenidyl hcl</i>	T-13
Tesamone-100.....	T-3	Trihexyphenidyl HCl.....	T-13
<i>testosterone</i>	T-3	<i>trimethobenzamide hcl</i>	T-7
<i>testosterone cypionate</i>	T-3	<i>trimethoprim</i>	T-35
TESTRED.....	T-3	TROPHAMINE.....	T-20
TETANUS DIPHTHERIA TOXOIDS.....	T-34	<i>tropicamide</i>	T-27
TETANUS TOXOID ADSORBED.....	T-35	Trusopt.....	T-8
TETANUS-DIPHTHERIA-DECAVAC.....	T-35	TRUVADA.....	T-16
<i>tetracycline hcl</i>	T-5	TWINJECT.....	T-34
TEV-TROPIN.....	T-28	TWINRIX.....	T-35
<i>theophylline anhydrous</i>	T-32	TYKERB.....	T-13
Thermazene.....	T-10	Tylenol-codeine No.3.....	T-2
Ticlid.....	T-15	TYPHIM VI.....	T-35
<i>ticlopidine hcl</i>	T-15	TYZINE.....	T-35
Tigan.....	T-7	ULORIC.....	T-27
TIKOSYN.....	T-20	Ultram.....	T-2
<i>timolol maleate</i>	T-8, T-17	Uniphyl.....	T-32
Timolol Maleate.....	T-17	Urocit-K.....	T-1
TIMOPTIC.....	T-8	Urso.....	T-21
Timoptic-XE.....	T-8	<i>ursodiol</i>	T-21
Tis-u-sol.....	T-25	UVADEX.....	T-21
Tobradex.....	T-9	<i>valacyclovir hcl</i>	T-17
<i>tobramycin sulfate/dexameth</i>	T-9	VALCYTE.....	T-17
Topicort.....	T-11	Valtrex.....	T-17
Toprol XL.....	T-17	VALTURNA.....	T-31
<i>torseamide</i>	T-22	Vanatrip.....	T-29
TPN ELECTROLYTES.....	T-32	VANCOCIN HCL.....	T-4
TRACLEER.....	T-36	<i>vancomycin hcl</i>	T-4
<i>tramadol hcl</i>	T-2	Vancomycin HCl.....	T-4
Trandate.....	T-17	Vandazole.....	T-9
TRANSDERM-SCOP.....	T-7	Vantin.....	T-4
TRAVASOL.....	T-19	VAQTA.....	T-35
TRAVASOL W/ELECTROLYTES.....	T-20	VARIVAX VACCINE.....	T-35
TRAVASOL with DEXTROSE.....	T-20	Vasotec.....	T-31

VECTICAL.....	T-25	Xylocaine.....	T-14, T-26
Veetids 250.....	T-4	XYZAL.....	T-33
<i>venlafaxine hcl</i>	T-29	Yaz.....	T-21
VENTOLIN HFA.....	T-34	YAZ.....	T-21
<i>verapamil hcl</i>	T-18	YF-VAX.....	T-35
Vermox.....	T-3	Zantac.....	T-15
Vicodin.....	T-2	Zarontin.....	T-6
VICTOZA 3-PAK.....	T-6	Zaroxolyn.....	T-22
VIGAMOX.....	T-9	ZELAPAR.....	T-14
VIREAD.....	T-16	ZEMAIRA.....	T-23
Viroptic.....	T-9	ZENPEP.....	T-21
VIVAGLOBIN.....	T-33	Zestoretic.....	T-31
VIVELLE-DOT.....	T-23	ZETIA.....	T-12
VIVOTIF BERNA.....	T-35	Zithromax.....	T-4
Voltaren.....	T-10	ZMAX.....	T-4
VOLTAREN.....	T-2	Zocor.....	T-12
Voltaren-XR.....	T-1	Zofran.....	T-7
Vosol.....	T-9	Zoloft.....	T-29
Vosol HC.....	T-9	<i>zolpidem tartrate</i>	T-17
VOTRIENT.....	T-13	ZORBTIVE.....	T-28
VPRIV.....	T-23	ZOSTAVAX.....	T-35
<i>warfarin sodium</i>	T-15	Zovirax.....	T-17
Water for Irrigation, Sterile.....	T-25	ZOVIRAX.....	T-10
<i>water for irrigation,sterile</i>	T-25	Zyloprim.....	T-26
WELCHOL.....	T-11	ZYMAR.....	T-9
Wellbutrin.....	T-29	ZYMAXID.....	T-9
Wytensin.....	T-25	ZYPREXA.....	T-31
XALATAN.....	T-8	ZYPREXA ZYDIS.....	T-31
XOLAIR.....	T-32	ZYVOX.....	T-4