



BlueCross BlueShield  
of Illinois

# BLUE MEDICARE<sup>SM</sup>RX

2007 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.

To help you determine which medications are covered by Blue MedicareRx, we are providing you with a copy of the 2007 Blue MedicareRx Formulary. The drugs that are included in this listing were selected by a staff of health care professionals based on their effectiveness, quality, safety and value.

The following pages will provide you with details on how to use this listing, restrictions and/or limits that may apply and other important information needed to manage your Blue MedicareRx coverage. Please review this information carefully.

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### ***What Is The Blue MedicareRx Formulary?***

The Blue MedicareRx Formulary is a list of covered drugs. These drugs have been selected by Blue MedicareRx in consultation with a team of health care providers. They represent the prescription therapies believed to be a necessary part of a quality treatment program.

When reviewing the drugs on the list, you should consider the following:

- The Blue MedicareRx Formulary has been approved by the Centers for Medicare & Medicaid Services.
- There are both brand and generic medications in the Blue MedicareRx formulary.
- The formulary includes some of the most commonly prescribed medications.
- The Food and Drug Administration (FDA) regulates these drugs for safe and effective use.
- Blue MedicareRx will generally cover the drugs listed on the formulary as long as the drug is medically necessary, filled at an in-network pharmacy, and plan rules are followed.
- All drugs qualify for Transition of Care (TOC) process. (Please see page 3 for more information.)

### ***Can The Blue MedicareRx Formulary Change?***

Yes, the Blue MedicareRx Formulary is updated on an ongoing basis and is subject to change.

Below is a list of some of the circumstances which would create a formulary change:

- A new drug is added to the formulary.
- The FDA deems a drug to be unsafe or the drug is removed from the market.
- A brand medication loses its patent and a generic version becomes available making the brand medication covered at a higher copayment.

### ***How Will I Know If A Drug I Am Taking Has Been Removed From The Formulary?***

If a drug is removed from the Blue MedicareRx formulary; or a prior authorization, quantity limit and/or step therapy restriction is added to a drug; or a drug is moved to a higher cost-sharing level, we will notify effective 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.

Because you should be able to have access to the drugs that were available when you enrolled in Blue MedicareRx, even though a drug is removed from the formulary, those currently taking that drug will be able to continue to take that drug for the remainder of the coverage year at the same cost-sharing level.

However, 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. If you ever have any questions about the drugs on this Formulary, please visit our Web site at [www.bcbsil.com](http://www.bcbsil.com) or call 1-888-285-2249, Monday-Sunday, 8 a.m.-8 p.m., CST. For the hearing or speech impaired, please call 1-888-285-2252.

### ***How Do I Use The Blue MedicareRx Formulary?***

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

#### Medical Condition

The formulary begins on page 5. The drugs listed in this formulary are grouped into categories depending on the type of medical conditions the drugs are used to treat.

For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents.” If you know which category your drug falls into, you can locate your drug by finding the category name.

### Alphabetical Listing

If you are unsure what drug category your medication falls into, you can also find your drug by using the Index that begins on page 43. The Index provides an alphabetical list of the drugs included in this formulary, including both brand and generic drugs. Next to the drug name, you will see the page number where you can find specific coverage information. Turn to the page listed in the Index to find your medication.

### *What Are Generic Drugs?*

A generic drug has the same active-ingredient formula as the brand drug, but usually costs less than brand drugs. Generic drugs listed in this formulary are regulated by the FDA. You can identify generic drugs by those that are in lowercase letters (i.e., warfarin sodium).

### *What Is A Specialty Tier?*

A specialty tier is a way to better manage drugs that are very high cost, while continuing to provide member access to these products. In 2007, drugs such as injectable antibiotics, biological agents, and chemotherapeutic agents will be included in the specialty tier.

### *Are There Any Restrictions On Coverage?*

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

- **Prior Authorization:** Blue MedicareRx requires that for certain drugs you obtain authorization prior to filling your prescription. If you do not get prior approval for these drugs, Blue MedicareRx may not cover the cost of the drug.

- **Quantity Limits:** For certain drugs, Blue MedicareRx limits the amount of the drug that Blue MedicareRx will cover by limiting the number of units per prescription. For example, CELEBREX can be filled for only 60 capsules per month for each prescription. This may be in addition to a standard 30- or 90-day supply.
- **Step Therapy:** For some drugs, before Blue MedicareRx will cover your prescription, we will require that you first try certain other drugs to treat your medical condition. For example, if Drug A and Drug B both treat your medical condition, Blue MedicareRx may not cover drug B unless you try Drug A first. If Drug A does not work for you, Blue MedicareRx will then cover Drug B.

You can find out if your drug has any additional requirements or limits by calling Customer Service at 1-888-285-2249, Monday-Sunday, 8 a.m.-8 p.m., CST. For the hearing or speech impaired, please call 1-888-285-2252.

You can ask Blue MedicareRx to make an exception to these restrictions or limits. Please refer to section, “How Do I Request An Exception To The Blue MedicareRx Formulary?”

### *What If My Drug Is Not On The Formulary?*

If you learn that Blue MedicareRx does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Blue MedicareRx. When you receive that list, discuss it with your doctor and ask him/her to prescribe a similar drug that is covered by Blue MedicareRx.
- You can ask Blue MedicareRx to make an exception and cover your drug. Please refer to the next section “How Do I Request an Exception to the Blue MedicareRx Formulary?”

### ***How Do I Request An Exception To The Blue MedicareRx Formulary?***

Before filling your prescription, you should contact us to ask for an initial coverage decision for a formulary, tiering or utilization restriction exception. To do this, please call Customer Service at 1-888-285-2249, Monday-Sunday, 8 a.m.-8 p.m., CST. For the hearing or speech impaired, please call 1-888-285-2252. When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request.

Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

Below are the reasons in which you can ask for an exception:

- You can ask us to cover your drug even if it is not on the Blue MedicareRx Formulary.
- You can ask us to waive coverage restrictions or limitations that may apply to your drug. For example, if quantity limits apply to your drug, you can ask Blue MedicareRx to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. For example, if your drug is listed on Level 3, you can ask us to cover it at the cost-sharing amount that applies to drugs on a lower level. This would lower the amount you pay for your drug.  
Please note: If we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for that drug. In addition, you may not ask us to provide a higher level of coverage for drugs that are in the specialty level.

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

### ***What Do I Do Before I Can Talk To My Doctor About Changing My Drugs Or Requesting An Exception?***

If you are a new member in the Blue MedicareRx 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 requires prior authorization, step therapy or quantity limits. You should talk to your doctor to decide if you should switch to an appropriate drug that is covered in the Blue MedicareRx Formulary or request a formulary exception so that you can continue to take the drug prescribed to you. 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.

### ***Transition Of Care***

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 the prescription is filled at a Blue MedicareRx 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. You may be eligible for further supply under the Formulary Exception request process.

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 Blue MedicareRx. If you need a drug that is not on

our formulary or 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.

If you experience an unplanned transition from one treatment setting to another, like entering a long-term care facility, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but requires prior authorization, step therapy or quantity limits. 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 in a different treatment setting.

You will also be eligible for a temporary 30- or 31-day supply as stated above.

**For More Information**

For more detailed information about your Blue MedicareRx prescription drug coverage, please review your Evidence of Coverage and other Blue MedicareRx materials found in your Welcome Kit.

If you have questions about Blue MedicareRx, please visit our website at [www.bcbsil.com](http://www.bcbsil.com) or call Customer Service at 1-888-285-2249, Monday-Sunday, 8 a.m.-8 p.m., CST. For the hearing or speech impaired, please call 1-888-285-2252.

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. For the hearing or speech impaired, please call 1-877-486-2048. Or, visit [www.medicare.gov](http://www.medicare.gov).

**Blue MedicareRx Comprehensive Formulary**

The formulary that begins on the next page provides coverage information about all of the drugs covered by Blue MedicareRx.

When locating your drug, turn to the Index that begins on page 43. When you find the drug you are looking for, turn to the page number listed to the right of the drug name.

Once you reach that page, the layout is as follows:

- The first column of the chart lists the drug name. Brand drugs are capitalized (e.g., LIPITOR) and generic drugs are listed in lower case (e.g., warfarin sodium).
- The information in the Prior Authorization, Quantity Limit and Step Therapy columns will tell you if Blue MedicareRx has any special requirements for coverage of that drug.
- The information listed in the 4-Level formulary column will tell you at what level your drug is covered.
  - 1 = Generic drugs
  - 2 = Preferred brand drugs
  - 3 = Brand drugs
  - S = Specialty drugs

Below is the key for abbreviations within the drug list.

caps. . . . .	capsules
conc. . . . .	concentrate
crm. . . . .	cream
DR . . . . .	delayed-release
ER. . . . .	extended-release
inj. . . . .	injection
IR . . . . .	immediate release
liq. . . . .	liquid
NF . . . . .	non-formulary
oint. . . . .	ointment
soln . . . . .	solution
supp. . . . .	suppositories
susp. . . . .	suspension
tabs . . . . .	tablets

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
<b>ANALGESICS</b>				
acetaminophen/caffeine/dihydrocodeine	1			
acetaminophen/codeine	1			
acetaminophen/salicylamide/phenyltoloxamine	1			
ACTIQ	3			
ACUFLEX	3			
ALCET	3			
ALPAIN	3			
ANAPROX	3			
aspirin/codeine	1			
AVINZA	3			
BANCAP-HC	3			
butorphanol nasal	1			
CAPITAL/CODEINE	3			
CELEBREX	2	X		
CODEINE PHOSPHATE	3			
codeine sulfate tabs, 30 mg, 60 mg	1			
CODEINE SULFATE tabs, 15 mg	3			
COMBUNOX	3			
CYMBALTA	3			X
DARVOCET	3			
DARVOCET-N	3			
DARVON	3			
DARVON-N	3			
DEMEROL	3			
DEPODUR	3			
diflunisal	1			
DILAUDID	3			
DILAUDID-HP	3			
DOLOGESIC	3			
DOLOPHINE	3			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
DURABAC	3			
DURAGESIC 12	3			
DURAGESIC	3			
EC-NAPROSYN	3			
EQUAGESIC	3			
etodolac	1			
fentanyl transdermal	1			
FLEXTRA	3			
FLEXTRA 650	3			
FLEXTRA DS	3			
HYCET	3			
hydrocodone/acetaminophen	1			
hydrocodone/ibuprofen	1			
hydromorphone	1			
HYDROMORPHONE/IV FLUID	3			
ibuprofen	1			
KADIAN	3			
ketoprofen	1			
ketorolac	1		X	
LAGESIC	3			
LEVACET	3			
LEVO-DROMORAN	3			
levorphanol	1			
LORCET	3			
LORCET PLUS	3			
LORTAB	3			
LYNOX	3			
MAXIDONE	3			
meperidine	1			
MEPERIDINE/IV FLUID	3			
methadone	1			
METHADONE conc	3			

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DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
METHADONE oral soln	3			
MORPHINE/IV FLUID	3			
morphine sulfate	1			
MORPHINE SULFATE	3			
morphine sulfate ER	1			
MOTRIN	3			
MS CONTIN	3			
NALFON	3			
NAPROSYN	3			
naproxen	1			
naproxen DR	1			
naproxen sodium	1			
NORCO	3			
NUMORPHAN	3			
ORAMORPH SR	3			
oxycodone	1			
oxycodone ER	1	X		
oxycodone/acetaminophen	1			
oxycodone/aspirin	1			
OXYCONTIN	3	X		
OXYIR	3			
PANLOR	3			
pentazocine/acetaminophen	1			
pentazocine/naloxone	1			
PERCOCET	3			
PERCODAN	3			
PERLOXX	3			
phenyltoloxamine/acetaminophen	1			
phenyltoloxamine/magnesium salicylate	1			
PONSTEL	3			
propoxyphene hcl	1			
propoxyphene hcl/acetaminophen	1			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
propoxyphene napsylate/acetaminophen	1			
RELAGESIC	3			
REPREXAIN	3			
RMS	3			
ROXANOL	3			
ROXICET	3			
ROXICODONE	3			
STAFLEX	3			
STAGESIC-10	3			
SUBOXONE	3			
SUBUTEX	3			
SYNALGOS-DC	3			
TALACEN	3			
TALWIN NX	3			
tramadol	1			
tramadol/acetaminophen	1			
TRYCET	3			
TYLENOL/CODEINE	3			
TYLOX	3			
ULTRACET	3			
ULTRAM	3			
ULTRAM ER	3			
VICODIN	3			
VICOPROFEN	3			
VOPAC	3			
XODOL	3			
ZYDONE	3			
<b>ANESTHETICS</b>				
lidocaine local inj	1			
lidocaine viscous	1			
XYLOCAINE local inj	3			
XYLOCAINE VISCOUS	3			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
<b>ANTIBACTERIALS</b>				
acetic acid vaginal	1			
ADOXA	3			
amikacin	1			
AMIKIN inj	3			
amoxicillin	1			
amoxicillin/k clavulanate	1			
AMOXIL susp, 50 mg/mL	3			
AMOXIL	3			
ampicillin	1			
ampicillin sodium inj	1			
ampicillin/sulbactam inj	1			
AUGMENTIN	3			
AUGMENTIN XR	2			
AVELOX	3			
AVELOX inj	3			
AZACTAM inj	3			
azithromycin	1			
AZITHROMYCIN powder pack	2			
bacitracin inj	1			
BACTRIM	3			
BIAXIN	3			
BIAXIN XL	3			
BICILLIN C-R inj	3			
BICILLIN L-A inj	3			
CAPASTAT inj	3			
CEDAX	3			
CEFACLOR susp	3			
cefaclor caps	1			
cefaclor ER	1			
cefadroxil	1			
cefazolin inj	1			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
CEFAZOLIN inj	3			
CEFIZOX inj	3			
cefotaxime inj	1			
cefoxitin inj	1			
CEFOXITIN inj	3			
cefpodoxime	1			
cefprozil	1			
ceftazidime inj	1			
CEFTAZIDIME inj	3			
CEFTIN	3			
ceftriaxone inj	1			
CEFTRIAZONE inj	3			
cefuroxime axetil	1			
cefuroxime sodium inj	1			
CEFUROXIME SODIUM for IV	3			
CEFZIL	3			
cephalexin	1			
CEPHALEXIN tabs	3			
CHLORAMPHENICOL	3			
CIPRO I.V.	3			
CIPRO susp	3			
CIPRO tabs	3			
CIPRO XR	3			
ciprofloxacin	1			
CIPROFLOXACIN tabs, 100 mg	3			
CLAFORAN inj	3			
clarithromycin	1			
CLARITHROMYCIN susp	3			
CLEOCIN inj	3			
CLEOCIN caps, 75 mg	3			
CLEOCIN granules	3			
CLEOCIN	3			

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DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
clindamycin caps	1			
clindamycin inj	1			
colistimethate sodium	S			
COLY-MYCIN-M	S			
CUBICIN	S			
DECLOMYCIN	3			
demeclocycline	1			
dicloxacillin	1			
DISPERMOX	3			
DORYX	3			
doxycycline hyclate	1			
DOXYCYCLINE HYCLATE DR caps	3			
DOXYCYCLINE HYCLATE inj	3			
doxycycline monohydrate	1			
DURICEF	3			
DYNABAC	3			
DYNACIN	3			
ERYC	3			
ERYPED	3			
ERY-TAB	3			
ERYTHROCIN inj	3			
erythromycin DR	1			
erythromycin ethylsuccinate	1			
ERYTHROMYCIN FILMTABS	3			
ERYTHROMYCIN LACTOBIONATE	3			
erythromycin stearate	1			
erythromycin/sulfisoxazole	1			
FACTIVE	3			
FEM PH	3			
FLAGYL	3			
FLAGYL ER	3			
FORTAZ inj	3			
FURADANTIN	3			
FUROXONE	3			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
GANTRISIN PEDIATRIC	3			
gentamicin inj	1			
GENTAMICIN inj	3			
GEOCILLIN	2			
HIPREX	3			
INVANZ	S			
KANAMYCIN	3			
KEFLEX caps, 250 mg, 500 mg, susp	3			
KETEK	2			
LEVAQUIN	2			
LEVAQUIN I.V.	3			
LINCOCIN	3			
MACROBID	3			
MACRODANTIN	3			
MANDELAMINE	3			
MAXIPIME	S			
MEFOXIN	3			
MERREM	S			
methenamine hippurate	1			
methenamine mandelate	1			
METRO IV	3			
metronidazole	1			
metronidazole inj	1			
MINOCIN	3			
minocycline	1			
MONODOX	3			
MONUROL	3			
nafcillin inj	1			
NAFCILLIN inj	3			
NEO-FRADIN	3			
neomycin sulfate tabs	1			
nitrofurantoin macrocrystalline	1			
nitrofurantoin monohydrate macrocrystalline	1			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
NOROXIN	3			
ofloxacin	1			
OMNICEF	2			
OXACILLIN SODIUM inj	3			
PANIXINE	3			
PCE	3			
PEDIAZOLE	3			
penicillin g potassium inj	1			
PENICILLIN G POTASSIUM inj	3			
PENICILLIN G PROCAINE inj	3			
PENICILLIN G SODIUM inj	3			
penicillin v potassium	1			
PFIZERPEN-G	3			
PIPERACILLIN	3			
POLYMYXIN B inj	3			
PREVPAC	2			
PRIMAXIN	S			
PRIMSOL	3			
PROLOPRIM	3			
PROQUIN XR	3			
RANICLOR	3			
RELAGARD	3			
ROCEPHIN	3			
SEPTRA	3			
SPECTRACEF	3			
STREPTOMYCIN	3			
SULFADIAZINE	3			
sulfamethoxazole/trimethoprim	1			
SULFAMETHOXAZOLE/ TRIMETHOPRIM inj	3			
SUMYCIN	3			
SUPRAX	3			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
SYNERCID	S			
tetracycline	1			
TIMENTIN	S			
TOBI	S			
tobramycin inj	1			
TOBRAMYCIN inj	3			
trimethoprim	1			
TYGACIL	S			
UNASYN	3			
UREX	3			
VANCOCIN caps	2			
VANCOMYCIN inj	3			
vancomycin inj	1			
VANTIN	3			
VIBRAMYCIN	3			
VIBRATAB	3			
XIFAXAN	3			
ZINACEF	3			
ZITHROMAX inj	3			
ZITHROMAX powder pack	2			
ZITHROMAX susp, tabs	3			
ZMAX	2			
ZOSYN	S			
ZYVOX inj	S			
ZYVOX susp, tabs	2			
<b>ANTICONVULSANTS</b>				
carbamazepine	1			
CARBATROL	3			
CELONTIN	3			
DEPACON	3			
DEPAKENE	3			
DEPAKOTE	2			

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DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
DEPAKOTE ER	2			
DILANTIN	3			
DILANTIN caps, 30 mg, tabs	3			
ethosuximide	1			
FELBATOL	3			
gabapentin	1			
GABARONE	3			
GABITRIL	3			
KEPPRA	2			
LAMICTAL chew, 2 mg, tabs	2			
LAMICTAL chew, 5 mg, 25 mg	3			
lamotrigine chew,5 mg, 25 mg	1			
LYRICA	3			
MYSOLINE	3			
NEURONTIN soln	3			
NEURONTIN	3			
PEGANONE	3			
PHENYTEK	3			
phenytoin sodium extended	1			
PHENYTOIN SODIUM PROMPT	3			
phenytoin susp	1			
primidone	1			
TEGRETOL	3			
TEGRETOL XR	3			
TOPAMAX	2			X
TRILEPTAL	3			
valproic acid	1			
ZARONTIN	3			
ZONEGRAN	3			
zonisamide	1			
<b>ANTIDEMENTIA AGENTS</b>				
ARICEPT	2			
ARICEPT ODT	2			
COGNEX	3			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
ergoloid mesylates tabs	1			
EXELON	2			
NAMENDA	2			
RAZADYNE	3			
RAZADYNE ER	3			
<b>ANTIDEPRESSANTS</b>				
amitriptyline	1			
AMOXAPINE	3			
ANAFRANIL	3			
bupropion	1			
bupropion ER 12 hr	1			
CELEXA	3			X
chlordiazepoxide/amitriptyline	1			
citalopram	1			
clomipramine	1			
CYMBALTA	3			X
desipramine	1			
doxepin	1			
EFFEXOR	3			X
EFFEXOR XR	2			X
EMSAM	3			
fluoxetine	1			
fluvoxamine	1			
imipramine hcl	1			
IMIPRAMINE PAMOATE	3			
LEXAPRO	3			X
LIMBITROL	3			
maprotiline 25 mg	1			
MAPROTILINE 50 mg, 75 mg	3			
MARPLAN	3			
mirtazapine	1			
mirtazapine orally disintegrating tabs	1			
NARDIL	2			
nefazodone	1			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
NORPRAMIN	3			
nortriptyline	1			
PAMELOR	3			
PARNATE	3			
paroxetine	1			
PAXIL	3			X
PAXIL CR	3			X
PAXIL susp	3			X
perphenazine/amitriptyline 2/25, 4/25	1			
PERPHENAZINE/AMITRIPTYLINE 2/10, 4/10, 4/50	3			
PEXEVA	3			X
PROZAC	3			X
PROZAC WEEKLY	3			
REMERON	3			
REMERON SOLUTAB	3			
SARAFEM	3			
sertraline	1			
SURMONTIL	3			
SYMBYAX	3			
TOFRANIL	3			
TOFRANIL-PM	3			
tranylcypromine	1			
trazodone	1			
VIVACTIL	3			
venlafaxine	1			X
WELLBUTRIN	3			
WELLBUTRIN SR	3			
WELLBUTRIN XL	2			
ZOLOFT	3			X
<b>ANTIDOTES, DETERRENTS, AND TOXICOLOGIC AGENTS</b>				
ACETADOTE	3			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
ANTABUSE	3			
bupropion ER 12 hr (smoking deterrent)	1			
CAMPRAL	3			
CHEMET	3			
EXJADE	S			
KAYEXALATE	3			
naltrexone	1			
nicotine transdermal	1			
NICOTROL inhaler	3			
NICOTROL nasal spray	3			
REVIA	3			
sodium polystyrene sulfonate	1			
SYPRINE	3			
ZYBAN	3			
<b>ANTIEMETICS</b>				
ANTIVERT	3			
ANZEMET	3			
chlorpromazine	1			
CHLORPROMAZINE inj	3			
EMEND	2			
hydroxyzine hcl	1			
hydroxyzine pamoate	1			
KYTRIL	3			
MARINOL	3			
meclizine	1			
metoclopramide	1			
prochlorperazine	1			
promethazine	1			
REGLAN	3			
SCOPACE	3			
SCOPOLAMINE inj	3			
scopolamine tabs	1			

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DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
TIGAN caps	3			
TRANSDERM-SCOP	3			
trimethobenzamide caps	1			
VISTARIL	3			
ZOFRAN	2			
ZOFRAN ODT	2			
<b>ANTIFUNGALS</b>				
ABELCET	S			
AMBISOME	S			
ANCOBON	3			
AMPHOTEC	S			
amphotericin b for inj	1			
BIO-STATIN caps	3			
CANCIDAS	S			
clotrimazole	1			
DIFLUCAN	3			
DIFLUCAN IV	3			
fluconazole	1			
fluconazole IV	1			
GRIFULVIN V	3			
griseofulvin microsize susp	1			
GRIS-PEG	2			
GYNAZOLE-1	3			
itraconazole	1			
ketoconazole	1			
LAMISIL	2			
MYCAMINE	S			
MYCELEX troche	3			
NIZORAL	3			
nystatin	1			
NYSTATIN	3			
SPORANOX	3			
SPORANOX IV	S			
TERAZOL 3	3			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
TERAZOL 7	3			
terconazole	1			
VFEND IV	S			
ZAZOLE 0.8%	3			
<b>ANTIGOUT AGENTS</b>				
allopurinol	1			
ALOPRIM	3			
colchicine	1			
probenecid	1			
probenecid/colchicine	1			
ZYLOPRIM	3			
<b>ANTI-INFLAMMATORIES</b>				
ANAPROX	3			
ANSAID	3			
ARTHROTEC	3			
aspirin DR	1			
aspirin ER	1			
CATAFLAM	3			
CELEBREX	2		X	
choline & magnesium salicylates	1			
DAYPRO	3			
diclofenac potassium	1			
diclofenac sodium DR	1			
diclofenac sodium ER	1			
diflunisal	1			
EASPRIN	3			
EC-NAPROSYN	3			
etodolac	1			
etodolac ER	1			
FELDENE	3			
fenoprofen	1			
flurbiprofen	1			
ibuprofen	1			
INDOCIN SR	3			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
indomethacin	1			
indomethacin ER	1			
ketoprofen	1			
ketoprofen ER	1			
MAGAN	3			
magnesium salicylate	1			
MECLOFENAMATE	3			
meloxicam	1			
MELOXICAM susp	3			
MOBIC	3			
MOTRIN	3			
nabumetone	1			
NALFON	3			
NAPRELAN	3			
NAPROSYN	3			
naproxen	1			
naproxen DR	1			
naproxen sodium	1			
naproxen sodium ER	1			
NOVASAL	3			
oxaprozin	1			
piroxicam	1			
salsalate	1			
sulindac	1			
tolmetin sodium	1			
TOLMETIN SODIUM 200 mg, 600 mg	3			
VOLTAREN	3			
VOLTAREN-XR	3			
ZORPRIN	3			
<b>ANTIMIGRAINE AGENTS</b>				
AMERGE	3		X	

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
AXERT	3		X	
butalbital/acetaminophen/ caffeine/codeine	1			
butalbital/aspirin/caffeine/codeine	1			
CAFERGOT	3			
DEPAKOTE ER	2			
ERGOMAR	3			
ergotamine/caffeine	1			
FIORICET/CODEINE	3			
FIORINAL/CODEINE	3			
FROVA	3		X	
IMITREX	2		X	
MAXALT	3		X	
MAXALT-MLT	3		X	
MIGERGOT	3			
MIGRANAL	2			
RELPAX	3		X	
ZOMIG	2		X	
ZOMIG ZMT	2		X	
<b>ANTIMYASTHENIC AGENTS</b>				
ENLON-PLUS	3			
GUANIDINE	3			
MESTINON syr	3			
MESTINON tabs	3			
MESTINON TIMESPAN	3			
MYTELASE	3			
PROSTIGMIN	3			
pyridostigmine	1			
<b>ANTIMYCOBACTERIALS</b>				
CAPASTAT	3			
DAPSONE	3			
ethambutol	1			

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DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
isoniazid inj	1			
isoniazid tabs	1			
ISONIAZID syrup	3			
MYAMBUTOL	3			
MYCOBUTIN	2			
NYDRAZID	3			
PASER	3			
PRIFTIN	3			
pyrazinamide	1			
RIFADIN caps	3			
RIFADIN inj	3			
RIFAMATE	3			
rifampin caps	1			
rifampin inj	1			
RIFATER	3			
SEROMYCIN	3			
TRECTOR	3			
TRECTOR-SC	3			
<b>ANTINEOPLASTICS</b>				
ABRAXANE	S			
ACTIMMUNE	S			
ADRIAMYCIN	3			
adriamycin	1			
ALFERON N	S			
ALKERAN	S			
ALIMTA	S			
AVASTIN	S			
BEXXAR	S			
BEXXAR 131 IODINE	S			
BICNU	S			
BLENOXANE	S			
bleomycin	S			
BUSULFEX	S			
CAMPATH	S			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
CAMPTOSAR	S			
carboplatin	S			
CEENU	3			
CERUBIDINE	S			
cisplatin	1			
cladribine	S			
CLOLAR	S			
COSMEGEN	S			
cyclophosphamide	1			
CYCLOPHOSPHAMIDE	3			
cytarabine inj	1			
CYTARABINE for inj	3			
CYTARABINE inj, 100 mg/mL	3			
CYTOXAN	3			
CYTOXAN, inj lyophilized 2 g, tabs	3			
dacarbazine	1			
DACARBAZINE	3			
DACOGEN	S			
DAUNORUBICIN	S			
daunorubicin	S			
DAUNOXOME	S			
DEPOCYT	3			
dexrazoxane	S			
DOXIL	3			
doxorubicin	1			
DROXIA	3			
DTIC-DOME inj	3			
ELITEK	S			
ELLECE	S			
ELOXATIN	S			
ELSPAR	S			
ERBITUX	S			
ETHYOL	S			
ETOPOPHOS	3			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
etoposide inj	1			
floxuridine	1			
FLUDARA	S			
fludarabine for inj	S			
FLUDARABINE inj	S			
fluorouracil inj	1			
FLUOROURACIL inj	3			
FUDR	3			
GEMZAR	S			
GLEEVEC	S			
HERCEPTIN	S			
HEXALEN	S			
HYCAMTIN	S			
HYDREA	3			
hydroxyurea	1			
IDAMYCIN PFS	S			
idarubicin	S			
IFEX	S			
IFEX/MESNEX	S			
ifosfamide/mesna	S			
INTRON-A	S			
IRESSA	S			
KEPIVANCE	S			
LEUCOVORIN CALCIUM	3			
LEUCOVORIN CALCIUM inj, 500 mg	3			
leucovorin calcium	1			
LEUKERAN	3			
LEUSTATIN	S			
MATULANE	S			
mercaptopurine	1			
mesna	S			
MESNEX	S			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
methotrexate inj	1			
methotrexate tabs	1			
mitomycin	1			
mitoxantrone	S			
MUSTARGEN	S			
MUTAMYCIN	3			
MYLOTARG	S			
NAVELBINE	S			
NEXAVAR	S			
NIPENT	S			
NOVANTRONE	S			
ONCASPAR	S			
ONTAK	S			
paclitaxel	S			
PARAPLATIN	S			
PHOTOFRIN	S			
PLATINOL AQ	3			
PROLEUKIN	S			
PURINETHOL	3			
QUADRAMET	S			
REVLIMID	S			
RHEUMATREX	3			
RITUXAN	S			
ROFERON-A	S			
SPRYCEL	S			
SUTENT	S			
TABLOID	3			
TARCEVA	S			
TARGRETIN	S			
TAXOL	S			
TAXOTERE	S			
TEMODAR	S			

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DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
THERACYS	3			
THIOGUANINE	S			
thiotepa	1			
TICE BCG	3			
TREXALL	3			
TRISENOX	S			
UVADEX	3			
VELCADE	S			
VESANOID	S			
VIDAZA	S			
VINBLASTINE	S			
vincristine	1			
vinorelbine	S			
VINORELBINE	S			
VUMON	S			
XELODA	S			
ZANOSAR	S			
ZEVALIN	S			
ZINECARD	S			
<b>ANTIPARASITICS</b>				
ALBENZA	3			
ALINIA	3			
ARALEN tabs	3			
BILTRICIDE	3			
chloroquine phosphate	1			
DARAPRIM	3			
ELIMITE	3			
EURAX	3			
FANSIDAR	3			
HALFAN	3			
HUMATIN	3			
hydroxychloroquine	1			
LARIAM	3			
LINDANE	3			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
MALARONE	3			
mebendazole	1			
mefloquine	1			
MEPRON	2			
MINTEZOL	3			
OVIDE	3			
paromomycin	1			
PENTAM 300	3			
pentamidine inj	1			
permethrin	1			
PLAQUENIL	3			
PRIMAQUINE	3			
quinine sulfate	1			
QUININE SULFATE 200 mg	3			
STROMECTOL	3			
SULFURATED LIME	3			
TINDAMAX	3			
YODOXIN	3			
<b>ANTIPARKINSON AGENTS</b>				
AKINETON	3			
amantadine	1			
APOKYN	S			
benztropine	1			
bromocriptine	1			
carbidopa/levodopa	1			
carbidopa/levodopa ER	1			
COMTAN	2			
diphenhydramine	1			
ELDEPRYL	3			
KEMADRIN	3			
LODOSYN	3			
MIRAPEX	2			
PARCOPA	3			
PARLODEL	3			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
pergolide mesylate	1			
PERMAX	3			
REQUIP	3			
selegiline	1			
SINEMET	3			
SINEMET CR	3			
STALEVO	3			
SYMMETREL	3			
TASMAR	2			
trihexyphenidyl	1			
<b>ANTIPSYCHOTICS</b>				
ABILIFY	3			
chlorpromazine	1			
CHLORPROMAZINE inj	3			
clozapine 25 mg, 50 mg, 100 mg	1			
CLOZAPINE 200 mg	3			
CLOZARIL	3			
FAZACLO	3			
fluphenazine	1			
fluphenazine decanoate	1			
FLUPHENAZINE elixir, conc	3			
GEODON	2			
HALDOL DECANOATE	3			
haloperidol	1			
HALOPERIDOL 10 mg, 20 mg	3			
haloperidol decanoate	1			
loxapine	1			
LOXITANE	3			
MOBAN	3			
NAVANE	3			
ORAP	3			
perphenazine	1			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
PERPHENAZINE conc	2			
RISPERDAL	2			
RISPERDAL M-TAB	2			
RISPERDAL CONSTA	2			
SEROQUEL	2			
thioridazine	1			
thiothixene	1			
trifluoperazine	1			
ZYPREXA	3			
ZYPREXA ZYDIS	3			
<b>ANTIVIRALS</b>				
acyclovir caps, susp, tabs	1			
acyclovir inj	1			
ACYCLOVIR inj	3			
AGENERASE	2			
amantadine	1			
APTIVUS	3			
ATRIPLA	3			
BARACLUDGE	2			
COMBIVIR	2			
COPEGUS	S			
CRIXIVAN	2			
CYTOVENE inj	S			
didanosine DR	1			
EMTRIVA	3			
EPIVIR	2			
EPIVIR HBV	2			
EPZICOM	2			
FAMVIR	3			
FLUMADINE	3			
foscarnet	S			
FOSCAVIR	S			

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DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
FUZEON	S			
GANCICLOVIR	2			
HEPSERA	3			
INVIRASE	3			
KALETRA	3			
LEXIVA	2			
NORVIR	3			
PREZISTA	3			
REBETOL	S			
RESCRIPTOR	3			
RETROVIR	3			
RETROVIR IV	3			
REYATAZ	2			
ribavirin	S			
rimantadine	1			
SUSTIVA	2			
SYMMETREL	3			
TAMIFLU	3			
TRIZIVIR	2			
TRUVADA	3			
VALCYTE	2			
VALTREX	2			
VIDEX	3			
VIRACEPT	3			
VIRAMUNE	3			
VIREAD	3			
VISTIDE	S			
ZERIT	2			
ZIAGEN	2			
zidovudine	1			
ZOVIRAX caps, tabs	3			
<b>ANXIOLYTICS</b>				
BUSPAR	3			
bupirone	1			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
doxepin	1			
hydroxyzine hcl	1			
hydroxyzine pamoate	1			
LEXAPRO	3			X
meprobamate 400 mg	1			
MEPROBAMATE 200 mg	3			
paroxetine	1			
PAXIL	3			X
PAXIL CR	3			X
PAXIL susp	3			X
sertraline	1			
VANSPAR	3			
VISTARIL	3			
ZOLOFT	3			X
<b>BIPOLAR AGENTS</b>				
DEPAKOTE tabs	2			
EQUETRO	3			
GEODON	2			
lithium carbonate caps, 150 mg, 300 mg	1			
LITHIUM CARBONATE caps 150 mg	3			
LITHIUM CARBONATE caps 600 mg, tabs 300 mg	3			
lithium carbonate ER	1			
lithium citrate syrup	1			
LITHOBID	3			
SYMBYAX	3			
<b>BLOOD GLUCOSE REGULATORS</b>				
ACTOPLUS MET	3			
ACTOS	2			
ALCOHOL SWABS	2			
AMARYL	3			
AVANDAMET	2			
AVANDARYL	3			
AVANDIA	2			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
BYETTA	2			
chlorpropamide	1			
DIABETA	3			
DIABINESE	3			
FORTAMET	3			
glimepiride	1			
glipizide	1			
glipizide ER	1			
glipizide/metformin	1			
GLUCAGEN KIT	2			
GLUCAGON KIT	2			
GLUCOPHAGE	3			
GLUCOPHAGE XR	3			
GLUCOTROL	3			
GLUCOTROL XL	3			
GLUCOVANCE	3			
glyburide	1			
glyburide micronized	1			
glyburide/metformin	1			
GLYCRON 4.5 mg	3			
GLYNASE	3			
GLYSET	2			
HUMALOG	3			
HUMALOG MIX 75/25	3			
HUMALOG MIX 50/50	3			
HUMULIN 50/50	3			
HUMULIN 70/30	3			
HUMULIN N	3			
HUMULIN R	3			
INSULIN INJECTION DEVICE/ NOVOLIN	2			
INSULIN INJECTION DEVICE	2			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
INSULIN SYRINGE/NEEDLE	2			
LANTUS	2			
METAGLIP	3			
metformin	1			
metformin ER	1			
MICRONASE	3			
NOVOLIN 70/30	2			
NOVOLIN N	2			
NOVOLIN R	2			
NOVOLOG	2			
NOVOLOG MIX 70/30	2			
PRANDIN	2			
PRECOSE	3			
RELION N	3			
RELION R	3			
RELION 70/30	3			
RIOMET	3			
STARLIX	3			
SYMLIN	2			
tolazamide	1			
TOLAZAMIDE 100 mg	3			
TOLBUTAMIDE	3			
<b>BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS</b>				
AGGRENOX	3			
AGRYLIN	3			
AMICAR	3			
aminocaproic acid	1			
anagrelide	1			
ARANESP	S			
ARIXTRA	2			
cilostazol	1			

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DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
COUMADIN	3			
dipyridamole	1			
EPOGEN	S			
FRAGMIN	3			
HEPARIN SODIUM inj	3			
heparin sodium inj	1			
INNOHEP	3			
LEUKINE	S			
LOVENOX	2			
NEULASTA	S			
NEUMEGA	S			
NEUPOGEN	S			
pentoxifylline ER	1			
PERSANTINE	3			
PLAVIX	2			
PLETAL	3			
PROCRIT	S			
TRENTAL	3			
warfarin sodium	1			
<b>CARDIOVASCULAR AGENTS</b>				
ACCUPRIL	3			X
ACCURETIC	3			X
acebutolol	1			
ACEON	3			X
acetazolamide	1			
ADALAT CC	3			
ADVICOR	3	X		
ALDACTAZIDE	3			
ALDACTONE	3			
ALTACE	2			X
ALTOPREV	3	X		
AMILORIDE	3			
amiloride/hydrochlorothiazide	1			
amiodarone 200 mg, 400 mg	1			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
AMYL NITRITE	3			
ANTARA	3			
ATACAND	3			X
ATACAND HCT	3			X
atenolol	1			
atenolol/chlorthalidone	1			
AVALIDE	3			X
AVAPRO	3			X
benazepril	1			
benazepril/hydrochlorothiazide	1			
BENICAR	3			X
BENICAR HCT	3			X
BETAPACE	3			
BETAPACE AF	3			
betaxolol	1			
BIDIL	3			
bisoprolol	1			
bisoprolol/hydrochlorothiazide	1			
bumetanide	1			
BUMEX	3			
CADUET	3			
CALAN	3			
CALAN SR	3			
CAPOTEN	3			X
CAPOZIDE	3			X
captopril	1			
captopril/hydrochlorothiazide	1			
CARDENE	3			
CARDENE SR	3			
CARDIZEM	3			
CARDIZEM CD	3			
CARDIZEM LA	3			
CARDURA	3			
CARTROL	3			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
CATAPRES	3			
CATAPRES-TTS	3			
chlorothiazide	1			
chlorthalidone 25 mg, 50 mg	1			
cholestyramine light powder	1			
cholestyramine powder	1			
clonidine	1			
CLORPRES	3			
COLESTID	3			
colestipol	1			
CORDARONE	3			
COREG	2			
CORGARD 120 mg	3			
CORGARD	3			
CORZIDE	3			
COVERA-HS	3			
COZAAR	2			X
CRESTOR	2	X		
DEMADEX	3			
DEMSEER	3			
DIAMOX SEQUELS	3			
DIBENZYLIN	2			
digoxin	1			
DIGOXIN oral solution	3			
DILACOR XR	3			
DILATRATE SR	3			
diltiazem	1			
diltiazem ER	1			
DIOVAN	2			X
DIOVAN HCT	2			X
disopyramide	1			
disopyramide ER	1			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
DIURIL susp	3			
doxazosin	1			
DYAZIDE	3			
DYNACIRC CR	3			
DYRENIUM	3			
EDECRIN	3			
enalapril	1			
enalapril/hydrochlorothiazide	1			
ETHMOZINE	3			
felodipine ER	1			
fenofibrate	1			
flecainide	1			
fosinopril	1			
fosinopril/hydrochlorothiazide	1			
furosemide	1			
FUROSEMIDE oral soln, 8 mg/mL	3			
gemfibrozil	1			
GUANABENZ	3			
guanfacine	1			
hydralazine	1			
HYDRALAZINE/ HYDROCHLOROTHIAZIDE	3			
hydrochlorothiazide	1			
HYTRIN	3			
HYZAAR	2			X
IMDUR	3			
indapamide	1			
INDERAL	3			
INDERAL LA	3			
INDERIDE	3			
INNOPRAN XL	3			
INSPIRA	3			

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DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
INVERSINE	3			
ISMOTIC soln	3			
ISOPTIN SR	3			
ISORDIL	3			
isosorbide dinitrate	1			
isosorbide dinitrate ER	1			
isosorbide mononitrate	1			
isosorbide mononitrate ER	1			
isradipine	1			
KERLONE	3			
labetalol	1			
LANOXICAPS	3			
LANOXIN	3			
LASIX	3			
LESCOL	3	X		
LESCOL XL	3	X		
LEVATOL	3			
LEXXEL	3			
LIPITOR	2	X		
lisinopril	1			
lisinopril/hydrochlorothiazide	1			
LOFIBRA	3			
LOPID	3			
LOPRESSOR	3			
LOPRESSOR HCT	3			
LOTENSIN	3		X	
LOTENSIN HCT	3		X	
LOTREL	2			
lovastatin	1	X		
MAVIK	3		X	
MAXZIDE	3			
MAXZIDE-25	3			
methazolamide	1			
METHYCLOTHIAZIDE	3			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
methyldopa	1			
methyldopa/hydrochlorothiazide	1			
metolazone	1			
metoprolol tartrate	1			
metoprolol/hydrochlorothiazide	1			
MEVACOR	3		X	
mexiletine	1			
MICARDIS	3			X
MICARDIS HCT	3			X
MICROZIDE	3			
midodrine	1			
MINIPRESS	3			
minoxidil	1			
MONOKET	3			
MONOPRIL	3			X
MONOPRIL HCT	3			X
nadolol	1			
NIASPAN	2			
nicardipine	1			
nifedipine	1			
nifedipine ER	1			
NIMOTOP	3			
NITROBID oint	3			
NITRO-DUR	3			
NITROGARD	3			
nitroglycerin ER	1			
nitroglycerin sublingual	1			
nitroglycerin transdermal	1			
NITROLINGUAL spray	3			
NITROSTAT	3			
NORPACE	3			
NORPACE CR	3			
NORVASC	2			
OMACOR	2			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
PACERONE 100 mg, 300 mg, 400 mg	3			
papaverine ER	1			
pindolol	1			
PLENDIL	3			
PRAVACHOL	3	X		
pravastatin	1	X		
prazosin	1			
PRINIVIL	3		X	
PRINZIDE	3		X	
PROAMATINE	3			
procainamide 250 mg	1			
PROCAINAMIDE 375 mg, 500 mg	3			
procainamide ER 500 mg	1			
PROCAINAMIDE ER 750 mg, 1000 mg	3			
PROCANBID	3			
PROCARDIA	3			
PROCARDIA XL	3			
PRONESTYL	3			
PRONESTYL SR	3			
propafenone	1			
propranolol	1			
PROPRANOLOL oral soln	3			
propranolol/hydrochlorothiazide	1			
QUESTRAN	3			
QUESTRAN LIGHT	3			
quinapril	1			
quinapril/hydrochlorothiazide	1			
quinidine gluconate ER	1			
quinidine sulfate	1			
QUINIDINE SULFATE ER	3			
RANEXA	2			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
RAUWOLFIA/ BENDROFLUMETHIAZIDE	3			
REMODULIN	S			
RESERPINE	3			
REVATIO	S	X		
RYTHMOL	3			
RYTHMOL SR	3			
simvastatin	1		X	
sotalol	1			
sotalol AF	1			
spironolactone	1			
spironolactone/hydrochlorothiazide	1			
SULAR	3			
TAMBOCOR	3			
TARKA	3			
TENORETIC	3			
TENORMIN	3			
terazosin	1			
TEVETEN	3			X
TEVETEN HCT	3			X
THALITONE	3			
TIAZAC	3			
TIKOSYN	3			
TIMOLIDE	3			
timolol maleate	1			
TOPROL XL	2			
torse mide	1			
TRACLEER	S			
TRANDATE	3			
triamterene/hydrochlorothiazide caps 37.5-25 mg	1			
triamterene/hydrochlorothiazide caps 50-25 mg	1			

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DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
triamterene/hydrochlorothiazide tabs 37.5-25 mg	1			
triamterene/hydrochlorothiazide tabs 75-50 mg	1			
TRICOR	3			
TRIGLIDE	3			
UNIRETIC	3			X
UNIVASC	3			X
VASERETIC	3			X
VASOTEC	3			X
VENTAVIS	S			
verapamil	1			
verapamil ER	1			
VERELAN	3			
VERELAN PM	3			
VYTORIN	3	X		
WELCHOL	3			
ZAROXOLYN	3			
ZEBETA	3			
ZESTORETIC	3			X
ZESTRIL	3			X
ZETIA	2			X
ZIAC	3			
ZOCOR	3	X		
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>				
ADDERALL	3			
ADDERALL XR	3			
amphetamine/dextroamphetamine	1			
CONCERTA	3			
DESOXYN	3			
DEXEDRINE	3			
dextroamphetamine	1			
dextroamphetamine ER	1			
DEXTROSTAT 10 mg	3			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
FOCALIN	3			
FOCALIN ER	3			
METADATE CD	3			
METADATE ER 10 mg	3			
METHYLIN chewable tablet, oral solution	3			
methylin ER	1			
methylphenidate	1			
methylphenidate ER	1			
PROVIGIL	3			
RILUTEK	3			
RITALIN	3			
RITALIN LA	3			
RITALIN SR	3			
STRATTERA	3			
XYREM	S			
<b>DENTAL AND ORAL AGENTS</b>				
ARESTIN	3			
chlorhexidine gluconate	1			
DEBACTEROL	3			
doxycycline hyclate 20 mg	1			
EVOXAC	3			
GEL-KAM	3			
OMNII	3			
OMNII MED	3			
PERIDEX	3			
PERIOSTAT	3			
pilocarpine tabs	1			
PREVIDENT	3			
SALAGEN	3			
sodium fluoride cream, gel 1.1%, rinse	1			
SODIUM FLUORIDE gel 1%	3			
stannous fluoride	1			
THERA-FLUR-N	3			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
triamcinolone acetonide paste	1			
<b>DERMATOLOGICAL AGENTS</b>				
8-MOP	3			
AC CUTANE	3			
ACCUZYME	3			
ACLOVATE	3			
AKNE-MYCIN	3			
ALA-SCALP	3			
alclometasone	1			
aluminum chloride	1			
amcinonide	1			
AMERICAINE	3			
amino acids/urea	1			
AMINO-CERV	3			
ANACAINE	3			
ANAMANTLE HC	3			
ANUSOL-HC	3			
ARISTOCORT A	3			
AVAR	3			
AZELEX	3			
BACTROBAN	3			
BENSAL HP	3			
BENZAC	3			
BENZA CLIN	3			
BENZAGEL	3			
BENZAMYCIN	3			
BENZASHAVE	3			
BENZI Q	3			
benzoyl peroxide	1			
benzoyl peroxide/urea	1			
betamethasone dipropionate	1			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
betamethasone dipropionate, augmented	1			
betamethasone valerate	1			
BREVOXYL	3			
CAPEX	3			
CAPITROL	3			
CARAC	3			
CARMOL	3			
CARMOL-HC	3			
ciclopirox	1			
CLEOCIN-T	3			
CLINAC BPO	3			
CLINDAGEL	3			
clindamycin	1			
CLINDESSE	3			
clobetasol	1			
CLOBEX	3			
CLODERM	3			
clotrimazole	1			
clotrimazole/betamethasone	1			
COAL TAR	3			
CONDYLOX	3			
CORDRAN	3			
CORTANE-B	3			
CORTIFOAM	3			
CORTISPORIN	3			
CUTIVATE	3			
CYCLOCORT	3			
DENAVIR	3			
DERMA-SMOOTH	3			
DERMATOP	3			
desonide	1			

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DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
DESOWEN	3			
desoximetasone	1			
DESOXIMETASONE crm 0.05%	3			
DESQUAM	3			
DESQUAM-X	3			
DIFFERIN	3			
diflorasone	1			
DIPROLENE	3			
DOVONEX	2			
doxepin	1			
DRITHO-SCALP	3			
DRYSOL	3			
DUAC	3			
econazole	1			
EFUDEX	3			
ELOCON	3			
EMLA	3			
ERTACZO	3			
ERYGEL	3			
erythromycin	1			
erythromycin/benzoyl peroxide	1			
ETHEZYME	3			
EVOCLIN	3			
EXELDERM	3			
FINACEA	3			
fluocinolone acetonide	1			
fluocinonide	1			
FLUOROPLEX	3			
fluorouracil topical soln	1			
fluticasone	1			
gentamicin	1			
GORDOFILM	3			
GORDONS UREA	3			
GRANULEX	3			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
halobetasol	1			
HALOG	3			
hydrocortisone	1			
hydrocortisone butyrate	1			
hydrocortisone valerate	1			
HYTONE	3			
INOVA	3			
isotretinoin	1			
KENALOG	3			
KERALAC	3			
ketoconazole	1			
KLARON	3			
LAC-HYDRIN	3			
lactic acid	1			
lactic acid/vitamin E	1			
LACTINOL	3			
LACTINOL-E	3			
LAMISIL	2			
LEVULAN	3			
LIDAMANTLE	3			
LIDEX	3			
lidocaine	1			
lidocaine/hydrocortisone acetate	1			
lidocaine/prilocaine	1			
LIDODERM	3			
LOCOID LIPOCREAM	3			
LOPROX	3			
LOTRISONE	3			
LUXIQ	3			
MENTAX	3			
METROCREAM 0.75%	3			
METROGEL 1%	3			
METROGEL VAGINAL	3			
METROLOTION	3			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
metronidazole	1			
mometasone	1			
MONISTAT	3			
mupirocin	1			
MYCOSTATIN	3			
NAFTIN	3			
NEOBENZ MICRO	3			
NIZORAL	3			
NORITATE	3			
NUOX	3			
NUZON	3			
nystatin	1			
nystatin/triamcinolone	1			
OLUX	3			
OPTASE	3			
OVACE	3			
OXISTAT	3			
OXSORALEN ULTRA	2			
PANAFIL	3			
PANDEL	3			
PANRETIN	3			
papain/urea	1			
papain/urea/chlorophyllin	1			
PENLAC	3			
PHISOHEX	3			
PLEXION	3			
podofilox	1			
podophyllum resin	1			
PONTOCAINE	3			
PROCTOCORT	3			
PSORCON E	3			
PSORiatec	3			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
RECTACREME HC	3			
RECTAGEL HC	3			
REGRANEX	2	X		
RETIN-A	3			
RETIN-A MICRO	3			
ROSAC	3			
ROSULA	3			
ROSULA NS	3			
ROZEX	3			
SALEX	3			
salicylic acid	1			
SANTYL	3			
SEB-PREV	3			
selenium sulfide	1			
SELSEB	3			
SELSUN	3			
SILVADENE	3			
SILVER NITRATE	3			
silver sulfadiazine	1			
sodium chloride irrigation	1			
sodium thiosulfate/salicylic acid	1			
SOLARAZE	2			
SORIATANE	3			
SPECTAZOLE	3			
sulfacetamide sodium	1			
sulfacetamide sodium lotion/urea shampoo kit	1			
sulfacetamide sodium/sulfur	1			
sulfacetamide sodium/sulfur/urea	1			
sulfacetamide sodium/urea	1			
SULFACET-R	3			
SULFAMYLON	3			

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DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
SULFOXYL	3			
SYNALAR	3			
TARGRETIN	S			
TAZORAC	3			
TEMOVATE	3			
TEXACORT	3			
TOPICORT	3			
TRETIN-X	3			
tretinoin	1			
triamcinolone acetonide	1			
TRIAMCINOLONE ACETONIDE oint 0.05%	3			
TRIAZ	3			
TRIAZ CLEANSER	3			
trypsin/castor oil/peruvian balsam	1			
ULTRALYTIC	3			
ULTRAVATE	3			
UMECTA	3			
urea	1			
urea/hydrocortisone acetate	1			
VANOS	3			
VANOXIDE-HC	3			
water for irrigation	1			
WESTCORT	3			
XENADERM	3			
XERAC-AC	3			
XYLOCAINE	3			
ZACLIR	3			
Z-CLINZ	3			
ZODERM	3			
ZONALON	3			
ZOVIRAX	3			
<b>ENZYME REPLACEMENTS/ MODIFIERS</b>				
ALDURAZYME	S			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
BUPHENYL	3			
CEREDASE	S			
CEREZYME	S			
CREON	3			
CYSTADANE	3			
CYSTAGON	3			
DYGASE	3			
ENZYCAP	3			
ENZYMAX	3			
FABRAZYME	S			
KUTRASE	3			
KU-ZYME	3			
LAPASE	3			
LIPRAM	3			
MYOZYME	S			
NAGLAZYME	S			
ORFADIN	3			
PALCAPS	3			
PALIPASE	3			
PALPEON	3			
PALTRASE V8	3			
PANCREASE MT	3			
PANCRECARB	3			
PANCRELIPASE	3			
PANCRON	3			
PANGESTYM	3			
PANOCAPS	3			
PANOKASE	3			
PLARETASE	3			
SUCRAID	3			
ULTRACAPS	3			
ULTRASE	2			
VIOKASE	2			
ZAVESCA	S			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
<b>GASTROINTESTINAL AGENTS</b>				
ACIPHEX	3		X	
ACTIGALL	3			
AMITIZA	3			
ANASPAZ	3			
atropine sulfate tabs	1			
AXID	3			
B & O SUPPRETTES	3			
belladonna alkaloids/opium supp	1			
BELLADONNA TINCTURE	3			
BENTYL	3			
CANTIL	3			
CARAFATE	3			
cimetidine	1			
cimetidine inj	1			
COLYTE	3			
COLYTROL	3			
CYSTOSPAZ	3			
CYTOTEC	3			
dicyclomine	1			
diphenoxylate/atropine	1			
famotidine	1			
FOSRENOL	3			
GASTROCROM	3			
glycopyrrolate	1			
GOLYTELY	2			
HALFLYTELY	2			
HOMAPIN-10	3			
hyoscyamine	1			
hyoscyamine sulfate	1			
hyoscyamine sulfate ER	1			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
hyoscyamine sulfate orally disintegrating tabs	1			
IB-STAT	3			
KRISTALOSE	3			
lactulose	1			
LEVBID	3			
LEVSIN	3			
LEVSINEX	3			
LITHOSTAT	3			
LOMOTIL	3			
LOTRONEX	2			
MAR-SPAS	3			
MIRALAX	2			
misoprostol	1			
MOTOFEN	3			
NEXIUM	2		X	
NEXIUM inj	3			
nizatidine	1			
NULEV	3			
NULYTELY	2			
OCL	3			
octreotide	1			
omeprazole DR	1		X	
OPIUM TINCTURE	3			
PAMINE	3			
PAMINE FORTE	3			
paregoric	1			
peg 3350/kcl/sod bicarb/nacl for soln 420 g	1			
peg 3350/kcl/sod bicarb/nacl/na sulf for soln 240 g	1			
PEPCID	3			
PEPCID RPD	3			

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DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
polyethylene glycol 3350 oral powder	1			
PREVACID	2	X		
PREVACID inj	3			
PREVACID SOLUTAB	2	X		
PRILOSEC	3	X		
PROPANTHELINE 15 mg	3			
PRO-BANTHINE 7.5 mg	3			
PROTONIX	2	X		
PROTONIX inj	3			
ranitidine	1			
REMICADE	S			
RENAGEL	2			
ROBINUL	3			
ROBINUL FORTE	3			
SAL-TROPINE	3			
SANDOSTATIN	3			
SANDOSTATIN LAR DEPOT	3			
SIMETYL	3			
sucralfate tabs	1			
SYMAX DUOTAB	3			
TAGAMET	3			
TALADINE	3			
URSO	3			
ursodiol	1			
ZANTAC syrup	3			
ZANTAC	3			
ZEGERID	3	X		
ZELNORM	2			
<b>GENITOURINARY AGENTS</b>				
ANASPAZ	3			
AVODART	2			
bethanechol	1			
CARDURA	3			
COLYTROL	3			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
CYSTOSPAZ	3			
CYSTOSPAZ-M	3			
DETROL	2	X		
DETROL LA	2	X		
DITROPAN	3	X		
DITROPAN XL	3	X		
doxazosin	1			
ELMIRON	3			
ENABLEX	3	X		
finasteride	1			
flavoxate	1			
FLOMAX	2			
HELIDAC	3			
hyoscyamine	1			
hyoscyamine sulfate	1			
hyoscyamine sulfate ER	1			
hyoscyamine sulfate orally disintegrating tabs	1			
HYTRIN	3			
IB-STAT	3			
LEVBID	3			
LEVSIN	3			
LEVSINEX	3			
MAR-SPAS	3			
methenamine/bella alk/meth blue/phenyl sal	1			
methenamine/hyosc/meth blue/sod biphos/phenyl sal	1			
neomycin/polymyxin B GU	1			
NEOSPORIN GU	3			
NULEV	3			
oxybutynin	1	X		
OXYTROL	3	X		
phenazopyridine	1			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
phenazopyridine/butabarbital/hyoscyamine	1			
PROSCAR	3			
PYRIDIUM	3			
PYRIDIUM PLUS	3			
SANCTURA	3	X		
SYMAX DUOTAB	3			
terazosin	1			
THIOLA	3			
URECHOLINE	3			
URELLE	3			
URETRON D/S	3			
URISED	3			
URISPAS	3			
URISYM	3			
URITACT DS	3			
URITACT-EC	3			
UROQID #2	3			
UTA	3			
UTIRA	3			
VESICARE	2		X	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING</b>				
ACTIVELLA	3			
ACTONEL	2		X	
ACTONEL PLUS CALCIUM	3		X	
ALORA	3			
ANADROL-50	3			
ANDRODERM	2			
ANDROGEL	3			
ANDROID	3			
ANDROXY	3			
AREZIA	3			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
ARISTOCORT	3			
ARMOUR THYROID	3			
AYGESTIN	3			
BIO-THROID	3			
BONIVA	3		X	
CALCIJEX	3			
calcitonin spray	1			
calcitriol	1			
CALCITRIOL inj 2 mcg/mL	3			
CELESTONE	3			
CENESTIN	3			
CERVIDIL VAGINAL	3			
CLIMARA	3			
CLIMARA PRO	3			
COMBIPATCH	2			
CORTEF 5 mg, 10 mg	3			
CORTEF 20 mg	3			
cortisone acetate	1			
CYTOMEL	2			
danazol	1			
DANAZOL 50 mg, 100 mg	3			
DDAVP	3			
DELATESTRYL	3			
DEPO-PROVERA 150 mg/mL	3			
DEPO-PROVERA 400 mg/mL	3			
DEPO-SUBQ PROVERA 104	3			
DEPO-TESTOSTERONE	3			
desmopressin	1			
dexamethasone	1			
DEXAMETHASONE conc, oral soln, tabs	3			
DEXAMETHASONE elixir	3			
DEXPAK	3			

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DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
DIDRONEL	3			
ENJUVIA	3			
ESCLIM	3			
ESTRACE	3			
ESTRACE CRM	3			
ESTRADERM	2			
estradiol	1			
estradiol transdermal	1			
ESTRASORB	3			
ESTRING	3			
ESTROGEL	3			
estropipate	1			
etidronate disodium	1			
EVISTA	2			
FEMHRT	3			
FEMRING	3			
FEMTRACE	3			
FLORINEF	3			
fludrocortisone	1			
FORTEO	S	X		
FOSAMAX	2		X	
FOSAMAX PLUS D	3		X	
GYNODIOL 1.5 mg	3			
HECTOROL	2			
HEMABATE	3			
hydrocortisone 20 mg	1			
INCRELEX	S			
levothyroxine (Levoxyl)	1			
Levoxyl	1			
liothyronine sodium inj	1			
MEDROL	3			
medroxyprogesterone	1			
MEGACE	3			
megestrol tabs	1			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
megestrol susp	1			
MENEST	3			
MENOSTAR	3			
METHERGINE	3			
METHITEST	3			
methylprednisolone	1			
MIACALCIN SPRAY	3			
MIRENA	3			
norethindrone acetate	1			
NUTROPIN	S	X		
NUTROPIN AQ	S	X		
NUVARING	3			
OGEN	3			
oral contraceptives	1			
ORAL CONTRACEPTIVES	3			
ORAPRED	3			
OXANDRIN	3			
pamidronate disodium	1			
PAMIDRONATE DISODIUM	3			
PEDIAPRED	3			
PITRESSIN	3			
prednisolone	1			
prednisolone sodium phosphate	1			
prednisone	1			
PREDNISON 50 mg	3			
PREDNISON conc, oral soln	3			
PREFEST	3			
PRELONE	3			
PREMARIN	2			
PREMARIN VAGINAL	2			
PREMPHASE	2			
PREMPRO	2			
PROCHIEVE	3			
PROMETRIUM	3			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
PROSTIN E2	3			
PROVERA	3			
ROCALTROL	3			
SKELID	3			
STERAPRED	3			
STIMATE	3			
STRIANT	3			
SYNTHROID	3			
TESTIM	3			
testosterone cypionate	1			
testosterone enanthate	1			
TESTRED	3			
thyroid	1			
THYROLAR	3			
TRIOSTAT	3			
VAGIFEM	2			
vasopressin	1			
VIVELLE	2			
VIVELLE-DOT	2			
ZEMPLAR	3			
<b>HORMONAL AGENTS, SUPPRESSANT</b>				
ARIMIDEX	2			
AROMASIN	2			
cabergoline	1			
CASODEX	3			
CYTADREN	2			
DOSTINEX	3			
ELIGARD	S			
EMCYT	S			
FARESTON	3			
FASLODEX	S			
FEMARA	2			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
flutamide	1			
leuprolide acetate	S			
LUPRON	S			
LUPRON DEPOT	S			
LYSODREN	S			
methimazole	1			
NILANDRON	3			
propylthiouracil	1			
PLENAXIS	S			
SENSIPAR	2			
SOMAVERT	S			
SYNAREL	S			
tamoxifen citrate	1			
TAPAZOLE	3			
TESLAC	S			
TRELSTAR	S			
VIADUR	S			
ZOLADEX	3			
<b>IMMUNOLOGICAL AGENTS</b>				
ACTHIB	3			
ADACEL	3			
ALDARA	3			
AMEVIVE	S			
ARAVA	3			
ATGAM	S			
AVONEX	S			
AZASAN	3			
azathioprine	1			
AZATHIOPRINE inj	3			
BETASERON	S			
BOOSTRIX	3			
CELLCEPT	S			

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DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
COMVAX	3			
COPAXONE	S			
CUPRIMINE	3			
cyclosporine	1			
cyclosporine modified	1			
CYCLOSPORINE MODIFIED 50 mg	3			
DAPTACEL	3			
DECAVAC	2			
DEPEN	3			
ELIDEL	3			X
ENBREL	S			X
ENGERIX-B	3			
HAVRIX	3			
HIBTITER	3			
IMURAN	3			
INFANRIX	3			
INFERGEN	S			
IPOL	3			
leflunomide	1			
MENACTRA	3			
MENOMUNE	3			
M-M-R II	3			
M-R-VAX II	3			
MYFORTIC	S			
NEORAL	3			
ORENCIA	S			
ORTHOCLONE OKT 3	S			
PEDIARIX	3			
PEDVAX HIB	3			
PEGASYS	S	X		
PEG-INTRON	S	X		
PROGRAF caps	S			
PROGRAF inj	3			
PROQUAD	2			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
PROTOPIC	2			X
RAPAMUNE	2			
RAPTIVA	S			
RECOMBIVAX HB	3			
RIDAURA	3			
SANDIMMUNE	3			
SIMULECT	S			
SYNAGIS	S			
TETANUS TOXOID ADSORBED	3			
THALOMID	S			
THYMOGLOBULIN	S			
TRIPEDIA	3			
TWINRIX	3			
TYSABRI	S			
VAQTA	3			
VARIVAX	3			
XOLAIR	S	X		
ZENAPAX	S			
<b>INFLAMMATORY BOWEL DISEASE AGENTS</b>				
ASACOL	2			
AZULFIDINE	3			
AZULFIDINE EN-TABS	3			
CANASA	2			
COLAZAL	3			
DIPENTUM	3			
ENTOCORT EC	2			
hydrocortisone enema	1			
mesalamine enema	1			
PENTASA	2			
ROWASA	3			
sulfasalazine	1			
sulfasalazine DR	1			
<b>OPHTHALMIC AGENTS</b>				
ACULAR	2			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
ACULAR LS	2			
ACULAR PF	3			
ALAMAST	3			
ALBALON	3			
ALOCRI	3			
ALOMIDE	3			
ALPHAGAN P	3			
ALREX	3			
AMO ENDOSOL	3			
atropine sulfate	1			
AZOPT	3			
bacitracin	1			
bacitracin/polymyxin B	1			
BETAGAN	3			
BETAXOLOL 0.5%	3			
BETIMOL	3			
BETOPTIC-S	3			
BLEPH-10	3			
BLEPHAMIDE	3			
BLEPHAMIDE S.O.P.	3			
brimonidine 0.2%	1			
BSS PLUS	3			
carbachol	1			
carteolol	1			
CILOXAN	3			
ciprofloxacin	1			
CORTISPORIN	3			
COSOPT	2			
CROLOM	3			
cromolyn sodium	1			
dexamethasone sodium phosphate	1			
dipivefrin	1			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
ECONOPRED PLUS	3			
ELESTAT	3			
EMADINE	3			
erythromycin	1			
FLAREX	3			
fluorometholone	1			
flurbiprofen	1			
FML FORTE	3			
FML LIQUIFLM	3			
FML S.O.P.	3			
FML-S	3			
gentamicin	1			
homatropine	1			
IOPIDINE	3			
ISOPTO ATROPINE	3			
ISOPTO CARBACHOL	3			
ISOPTO CARPINE	3			
ISOPTO HOMATROPINE	3			
ISTALOL	3			
ketotifen fumarate	1			
LACRISERT	3			
levobunolol	1			
LOTEMAX	3			
MAXIDEX	3			
MAXITROL	3			
metipranolol	1			
MUROCOLL-2	3			
MYDFRIN	3			
MYDRIACYL	3			
naphazoline	1			
NATACYN	3			
neomycin/polymyxin B/bacitracin	1			

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DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
neomycin/polymyxin B/bacitracin/hydrocortisone	1			
neomycin/polymyxin B/dexamethasone	1			
neomycin/polymyxin B/gramicidin	1			
neomycin/polymyxin B/hydrocortisone	1			
NEOSPORIN	3			
NEVANAC	3			
OCUFEN	3			
OCUFLOX	3			
ofloxacin	1			
ophthalmic irrigation	1			
OPTIPRANOLOL	3			
OPTIVAR	3			
PATANOL	3			
phenylephrine	1			
PHENYLEPHRINE soln 2.5% (refrigerated)	3			
PHOSPHOLINE IODIDE	3			
pilocarpine	1			
PILOPINE HS	3			
polymyxin B/trimethoprim	1			
POLY-PRED	3			
POLYTRIM	3			
PRED FORTE	3			
PRED MILD	3			
PRED-G	3			
PRED-G S.O.P	3			
prednisolone acetate	1			
prednisolone sodium phosphate	1			
PROPINE	3			
RESTASIS	2			
SULFACETAMIDE SODIUM OINT	3			
sulfacetamide sodium soln	1			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
sulfacetamide sodium/prednisolone	1			
timolol maleate soln	1			
timolol maleate gel forming soln	1			
TIMOPTIC	3			
TIMOPTIC-XE	3			
TOBRADEX	2			
tobramycin	1			
TOBREX	3			
TRAVATAN	2			
trifluridine	1			
tropicamide	1			
TRUSOPT	2			
VEXOL	3			
VIGAMOX	3			
VIROPTIC	3			
VOLTAREN	3			
XALATAN	2			
XIBROM	3			
ZADITOR	3			
ZYLET	3			
ZYMAR	3			
<b>OTIC AGENTS</b>				
acetic acid	1			
acetic acid/aluminum acetate	1			
ALBA-3	3			
antipyrine/benzocaine	1			
antipyrine/benzocaine/phenylephrine	1			
benzocaine	1			
CIPRO HC	3			
CIPRODEX	3			
COLY-MYCIN-S	3			
CORTANE-B	3			
CORTISPORIN OTIC	3			
CORTISPORIN-TC OTIC	3			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
CRESYLATE	3			
DERMOTIC	3			
FLOXIN OTIC	2			
hydrocortisone/acetic acid	1			
neomycin/polymyxin B/hydrocortisone	1			
OTICIN HC	3			
OTILAM EAR	3			
OTIX	3			
PEDIOTIC	3			
PRAMOTIC	3			
pramoxine/hydrocortisone/ chloroxylenol	1			
pramoxine/chloroxylenol	1			
TYMPAGESIC	3			
<b>RESPIRATORY TRACT AGENTS</b>				
ACCOLATE	2			X
ACCUHIST	3			
ADRENALIN	3			
ADVAIR DISKUS	2	X		
AEROBID	3	X		
AEROBID-M	3	X		
AEROHIST	3			
AEROKID	3			
AH-CHEW	3			
AH-CHEW D	3			
AH-CHEW II	3			
AHIST	3			
ALACOL	3			
albuterol inhaler	1	X		
albuterol sulfate tabs, syrup	1			
ALDEX	3			
ALDEX G	3			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
ALENAZE-D	3			
ALLEGRA	3			
ALLEGRA-D	2			
ALLERTAN	3			
ALLERX	3			
ALLERX-D	3			
ALLFEN JR	3			
ALUPENT INHALER	3		X	
AMBIFED-G	3			
AMERIFED	3			
aminophylline	1			
AQUATAB D	3			
ARIDEX-D	3			
ASMANEX	3		X	
ASTELIN	3			
ATROVENT HFA	2		X	
ATROVENT NASAL	3		X	
AZMACORT	3		X	
BECONASE AQ	3		X	
BENADRYL inj 50 mg/mL	3			
BIOHIST LA	3			
BRETHINE	3			
BROFED	3			
BROMFED	3			
BROMFED-PD	3			
brompheniramine/phenylephrine	1			
brompheniramine/ phenylephrine ER caps	1			
brompheniramine/pseudoephedrine	1			
brompheniramine/ pseudoephedrine ER caps	1			
brompheniramine/ pseudoephedrine ER tabs	1			

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DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
brompheniramine maleate ER tabs	1			
brompheniramine tannate	1			
BRONCAP	3			
BRONCHOLATE	3			
BRONCODUR	3			
BRONDIL	3			
BROVEX	3			
BROVEX CT	3			
BROVEX SR	3			
BROVEX-D	3			
C-HIST SR	3			
chlorpheniramine maleate ER caps	1			
chlorpheniramine/ methscopolamine ER tabs	1			
chlorpheniramine/phenylephrine	1			
chlorpheniramine/phenylephrine ER	1			
chlorpheniramine/phenylephrine/ methscopolamine	1			
chlorpheniramine/phenylephrine/ methscopolamine ER tabs	1			
chlorpheniramine/phenylephrine/ pyrilamine	1			
chlorpheniramine/phenylephrine/ pyrilamine ER	1			
chlorpheniramine/phenyltoloxamine/ phenylephrine	1			
chlorpheniramine/phenyltoloxamine/ phenylephrine ER	1			
chlorpheniramine/pseudoephedrine	1			
chlorpheniramine/ pseudoephedrine ER caps	1			
chlorpheniramine/ pseudoephedrine ER tabs	1			
chlorpheniramine/pseudoephedrine/ methscopolamine ER caps	1			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
chlorpheniramine tan/ phenylephrine tan	1			
chlorpheniramine tan/ pseudoephedrine tan	1			
CLARINEX	3			
CLARINEX REDITABS	3			
CLARINEX-D	3			
clemastine fumarate	1			
COMBIVENT INHALER	2		X	
COMHIST	3			
CONEX	3			
CONPEC	3			
cyproheptadine	1			
DALLERGY	3			
DALLERGY JR	3			
DECONAMINE	3			
DECONAMINE SR	3			
DECON-E	3			
DECONEX	3			
DECONSAL II	3			
DESPEC SR	3			
dexbrompheniramine/ pseudoephedrine ER	1			
dexchlorpheniramine maleate ER tabs	1			
DEXCHLORPHENIRAMINE syrup	3			
dexchlorpheniramine tan/ pseudoephedrine tan	1			
DIFIL-G	3			
DILEX-G	3			
diphenhydramine	1			
diphenhydramine tan/ phenylephrine tan	1			
DURAHIST	3			
DURAHIST D	3			
DURAHIST PE	3			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
DURAPHEN II	3			
DURATUSS	3			
DURATUSS GP	3			
DYLIX	3			
DYNEX	3			
dyphylline/guaifenesin	1			
DYTAN	3			
DYTAN-D	3			
ED A-HIST	3			
ED CHLORPED	3			
ED-BRON G	3			
ED-CHLOR-TAN	3			
ELIXOPHYLLIN	3			
ELIXOPHYLLIN-GG	3			
ENTEX	3			
ENTEX ER	3			
ENTEX LA	3			
ENTEX PSE	3			
ephedrine	1			
EPIPEN	2			
EPIPEN-JR	2			
EUDAL-SR	3			
EXTENDRYL	3			
EXTENDRYL JR	3			
EXTENDRYL SR	3			
fexofenadine	1			
FLONASE	3	X		
FLOVENT HFA	2	X		
flunisolide nasal	1	X		
fluticasone nasal	1	X		
FORADIL AEROLIZER	2	X		
GENTEX LA	3			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
GFN550/PSE60	3			
GILPHEX TR	3			
GUAIFED	3			
GUAIFED-PD	3			
guaifenesin	1			
GUAPHENYL II	3			
HEXAFED	3			
HEXAFLU	3			
HISTEX	3			
HISTEX SR	3			
hydroxyzine hcl	1			
hydroxyzine pamoate	1			
INTAL INHALER	2		X	
ipratropium bromide nasal	1		X	
J-MAX	3			
J-TAN	3			
J-TAN D	3			
LEVALL G	3			
LIQIBID-D	3			
LIQIBID-PD	3			
LODRANE	3			
LODRANE 12D	3			
LODRANE 12HR	3			
LODRANE 24	3			
LODRANE D	3			
LODRANE XR	3			
LUFYLLIN	3			
LUFYLLIN-GG	3			
LUSONAL	3			
LUSONEX	3			
MAXAIR AUTOHALER	3		X	
MAXIFED	3			

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DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
MAXIPHEN	3			
MAXIPHEN-G	3			
MEDENT LD	3			
metaproterenol syrup	1			
METAPROTERENOL TABS	3			
NALEX-A	3			
NASACORT AQ	3	X		
NASAREL	3	X		
NASATAB LA	3			
NASONEX	2	X		
NASOP	3			
NOREL EX	3			
NOREL SR	3			
OMNIHIST II	3			
ORGANIDIN NR	3			
PALGIC	3			
PANFIL-G	3			
PHANASIN	3			
PHENA-PLUS	3			
PHENA-S	3			
pheniramine/phenyltoloxamine/ pyrilamine	1			
phenylephrine chew tabs	1			
phenylephrine/guaifenesin	1			
phenylephrine/guaifenesin ER caps	1			
phenylephrine/guaifenesin ER tabs	1			
POLY HIST FORTE	3			
POLY HIST PD	3			
POLY-HISTINE	3			
POLY-VENT	3			
POLY-VENT JR	3			
PROAIR HFA	2	X		
PROFEN FORTE	3			
PROFEN II	3			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
PROLASTIN	S			
PROLEX D	3			
PROLEX PD	3			
promethazine	1			
PROMETHAZINE VC	3			
PROVENTIL HFA	3		X	
PROVENTIL inhaler	3		X	
pseudoephedrine/guaifenesin	1			
pseudoephedrine/guaifenesin ER	1			
pseudoephedrine/methscopolamine ER	1			
PULMICORT TURBUHALER	3		X	
PULMOZYME	S			
pyrilamine tan/phenylephrine tan	1			
P-TEX	3			
QDALL	3			
QDALL AR	3			
QUIBRON	3			
QVAR	2		X	
RESCON-JR	3			
RESCON-MX	3			
RESPA-1ST	3			
RESPAIRE-60	3			
RESPA-PE	3			
RHINOCORT AQUA	3		X	
RICOBID	3			
RICOBID NR	3			
RICOBID-D	3			
RICOBID-H	3			
RONDEC	3			
RYNA-12	3			
RYNA-12 S	3			
RYNATAN	3			
SEMPREX-D	3			
SEREVENT DISKUS	2		X	

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
SINA-12X	3			
SINGULAIR	3			X
SINUVENT PE	3			
SITREX	3			
SPIRIVA HANDIHALER	2	X		
SUDAL 12	3			
TANACOF-XR	3			
TANAFED DP	3			
terbutaline	1			
THEO-24	3			
THEOMAR GG	3			
theophylline ER caps	1			
theophylline ER tabs	1			
TILADE	2	X		
TOURO ALLERGY	3			
TOURO LA	3			
TUSNEL	3			
TWINJECT	3			
TYZINE	3			
TYZINE PEDIATRIC	3			
UNIPHYL	3			
VAZOL	3			
VAZOL-D	3			
VENTOLIN HFA	2	X		
VIRAVAN-S	3			
VIRAVAN-T	3			
VISTARIL	3			
VITA-NUMONYL	3			
VITA-NUMONYL EX	3			
VOSPIRE ER	3			
XEDEC	3			
XOPENEX HFA	3	X		

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
ZOTEX-GP	3			
ZOTEX GPX	3			
ZYFLO	2			X
ZYMINE	3			
ZYRTEC	3			
ZYRTEC-D	3			
<b>SEDATIVES/ HYPNOTICS</b>				
AMBIEN	2			
AMBIEN CR	3			
AQUACHLORAL	3			
CHLORAL HYDRATE supp	3			
chloral hydrate syrup	1			
LUNESTA	3			
PLACIDYL	3			
ROZEREM	3			
SOMNOTE	3			
SONATA	3			
<b>SKELETAL MUSCLE RELAXANTS</b>				
baclofen	1			
carisoprodol	1			
carisoprodol/aspirin	1			
carisoprodol/aspirin/codeine	1			
chlorzoxazone	1			
cyclobenzaprine	1			
DANTRIUM	3			
dantrolene	1			
FLEXERIL	3			
methocarbamol	1			
orphenadrine citrate ER	1			
orphenadrine/aspirin/caffeine	1			
PARAFON FORTE DSC	3			
ROBAXIN	3			

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DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
SKELAXIN	3			
SOMA	3			
SOMA COMPOUND	3			
SOMA CPD WITH CODEINE	3			
tizanidine	1			
ZANAFLEX	3			
<b>THERAPEUTIC NUTRIENTS/MINERALS/ ELECTROLYTES</b>				
AMINESS inj	3			
amino acid infusion	1			
AMINOSYN inj	3			
BICITRA	3			
CALCIBIND	3			
CARNITOR	3			
CITROLITH	3			
CLINIMIX inj	3			
fat emulsion IV	1			
FLUORABON	3			
FLURA-DROPS	3			
FREAMINE inj	3			
HEPATASOL inj	3			
INTRALIPID 30%	3			
IV FLUIDS	3			
iv fluids	1			
KAON	3			
KAON-CL	3			
K-DUR	3			
K-LOR	3			
KLOR-CON	3			
K-LYTE	3			
K-LYTE DS	3			
K-LYTE/CL	3			
K-PHOS	3			
K-PHOS MF	3			

DRUG NAME	4 Level Formulary	Prior Authorization	Quantity Limit	Step Therapy
K-PHOS NEUTRAL	3			
K-PHOS NO 2	3			
K-TABS	3			
levocarnitine	1			
liposyn III 30%	1			
LIPOSYN	3			
LURIDE	3			
MICRO-K	3			
NEPHRAMINE inj	3			
ORACIT	3			
PHOSLO	2			
POLYCITRA	3			
POLYCITRA-K	3			
POLYCITRA-LC	3			
potassium bicarbonate effervescent tabs	1			
potassium bicarbonate/chloride effervescent tabs	1			
potassium chloride ER	1			
potassium chloride oral soln	1			
potassium chloride powder for soln	1			
potassium citrate ER	1			
potassium citrate/citric acid	1			
potassium phosphate/sodium phosphates	1			
PREMASOL inj	3			
prenatal vitamins/folic acid	1			
PRENATAL VITAMINS/FOLIC ACID	3			
QUICK-K	3			
RENAMIN inj	3			
RUM-K	3			
SHOHL'S SOLN MODIFIED	3			
sodium citrate/citric acid soln	1			
sodium fluoride	1			

# INDEX

## Symbols

8-MOP . . . . . 24

## A

ABELCET . . . . . 12  
 ABILIFY . . . . . 17  
 ABRAXANE . . . . . 14  
 ACCOLATE . . . . . 37  
 ACCUHIST . . . . . 37  
 ACCUPRIL . . . . . 20  
 ACCURETIC . . . . . 20  
 ACCUTANE . . . . . 24  
 ACCUZYME . . . . . 24  
 acebutolol . . . . . 20  
 ACEON . . . . . 20  
 ACETADOTE . . . . . 11  
 acetaminophen/caffeine/  
 dihydrocodeine . . . . . 5  
 acetaminophen/codeine . . . . . 5  
 acetaminophen/salicylamide/  
 phenyltoloxamine . . . . . 5  
 acetazolamide . . . . . 20  
 acetic acid . . . . . 36  
 acetic acid/aluminum acetate . . . . . 36  
 acetic acid vaginal . . . . . 7  
 ACIPHEX . . . . . 28  
 ACLOVATE . . . . . 24  
 ACTHIB . . . . . 33  
 ACTIGALL . . . . . 28  
 ACTIMMUNE . . . . . 14  
 ACTIQ . . . . . 5  
 ACTIVELLA . . . . . 31  
 ACTONEL . . . . . 31  
 ACTONEL PLUS CALCIUM . . . . . 31  
 ACTOPLUS MET . . . . . 18  
 ACTOS . . . . . 18  
 ACUFLEX . . . . . 5  
 ACULAR . . . . . 34  
 ACULAR LS . . . . . 34  
 ACULAR PF . . . . . 34  
 ACYCLOVIR . . . . . 17  
 acyclovir . . . . . 17  
 ADACEL . . . . . 33  
 ADALAT CC . . . . . 20  
 ADDERALL . . . . . 24  
 ADDERALL XR . . . . . 24

ADOXA . . . . . 7  
 ADRENALIN . . . . . 37  
 ADRIAMYCIN . . . . . 14  
 adriamycin . . . . . 14  
 ADVAIR DISKUS . . . . . 37  
 ADVICOR . . . . . 20  
 AEROBID . . . . . 37  
 AEROBID-M . . . . . 37  
 AEROHIST . . . . . 37  
 AEROKID . . . . . 37  
 AGENERASE . . . . . 17  
 AGGRENOLX . . . . . 19  
 AGRYLIN . . . . . 19  
 AH-CHEW . . . . . 37  
 AH-CHEW D . . . . . 37  
 AH-CHEW II . . . . . 37  
 AHIST . . . . . 37  
 AKINETON . . . . . 16  
 AKNE-MYCIN . . . . . 24  
 ALA-SCALP . . . . . 25  
 ALACOL . . . . . 37  
 ALAMAST . . . . . 34  
 ALBA-3 . . . . . 36  
 ALBALON . . . . . 34  
 ALBENZA . . . . . 16  
 albuterol inhaler . . . . . 37  
 albuterol sulfate tabs, syrup . . . . . 37  
 ALCET . . . . . 5  
 alclometasone . . . . . 25  
 ALCOHOL SWABS . . . . . 18  
 ALDACTAZIDE . . . . . 20  
 ALDACTONE . . . . . 20  
 ALDARA . . . . . 33  
 ALDEX . . . . . 37  
 ALDEX G . . . . . 37  
 ALDURAZYME . . . . . 28  
 ALENAZE-D . . . . . 37  
 ALFERON N . . . . . 14  
 ALIMTA . . . . . 14  
 ALINIA . . . . . 16  
 ALKERAN . . . . . 14  
 ALLEGRA . . . . . 37  
 ALLEGRA-D . . . . . 37  
 ALLERTAN . . . . . 37  
 ALLERX . . . . . 37  
 ALLERX-D . . . . . 37  
 ALLFEN JR . . . . . 37  
 allopurinol . . . . . 12  
 ALOCRIL . . . . . 34  
 ALOMIDE . . . . . 34  
 ALOPRIM . . . . . 12

ALORA . . . . . 31  
 ALPAIN . . . . . 5  
 ALPHAGAN P . . . . . 34  
 ALREX . . . . . 34  
 ALTACE . . . . . 20  
 ALTOPREV . . . . . 20  
 aluminum chloride . . . . . 25  
 ALUPENT INHALER . . . . . 37  
 amantadine . . . . . 16, 17  
 AMARYL . . . . . 18  
 AMBIEN . . . . . 41  
 AMBIEN CR . . . . . 41  
 AMBIFED-G . . . . . 37  
 AMBISOME . . . . . 12  
 amcinonide . . . . . 25  
 AMERGE . . . . . 13  
 AMERICAINE . . . . . 25  
 AMERIFED . . . . . 37  
 AMEVIVE . . . . . 33  
 AMICAR . . . . . 19  
 amikacin . . . . . 7  
 AMIKIN inj . . . . . 7  
 AMILORIDE . . . . . 20  
 amiloride/hydrochlorothiazide . . . . . 20  
 AMINESS inj . . . . . 41  
 AMINO-CERV . . . . . 25  
 amino acid infusion . . . . . 41  
 amino acids/urea . . . . . 25  
 aminocaproic acid . . . . . 19  
 aminophylline . . . . . 37  
 AMINOSYN inj . . . . . 42  
 amiodarone . . . . . 20  
 AMITIZA . . . . . 28  
 amitriptyline . . . . . 10  
 AMO ENDOSOL . . . . . 34  
 AMOXAPINE . . . . . 10  
 amoxicillin . . . . . 7  
 amoxicillin/k clavulanate . . . . . 7  
 AMOXIL . . . . . 7  
 AMOXIL susp, 50 mg/mL . . . . . 7  
 amphetamine/  
 dextroamphetamine . . . . . 24  
 AMPHOTEC . . . . . 12  
 amphotericin b for inj . . . . . 12  
 ampicillin . . . . . 7  
 ampicillin/sulbactam inj . . . . . 7  
 ampicillin sodium inj . . . . . 7  
 AMYL NITRITE . . . . . 20  
 ANACAINE . . . . . 25  
 ANADROL-50 . . . . . 31  
 ANAfranil . . . . . 10

anagrelide	19	ATROVENT NASAL	37	BENTYL	29
ANAMANTLE HC	25	AUGMENTIN	7	BENZAC	25
ANAPROX	5, 12	AUGMENTIN XR	7	BENZAFLIN	25
ANASPAZ	28, 30	AVALIDE	20	BENZAGEL	25
ANCOBON	12	AVANDAMET	18	BENZAMYCIN	25
ANDRODERM	31	AVANDARYL	18	BENZASHAVE	25
ANDROGEL	31	AVANDIA	18	BENZIQU	25
ANDROID	31	AVAPRO	20	benzocaine	36
ANDROXY	31	AVAR	25	benzoyl peroxide	25
ANSAID	12	AVASTIN	14	benzoyl peroxide/urea	25
ANTABUSE	11	AVELOX	7	benztropine	16
ANTARA	20	AVINZA	5	BETAGAN	35
antipyrine/benzocaine	36	AVODART	30	betamethasone dipropionate	25
antipyrine/benzocaine/ phenylephrine	36	AVONEX	33	betamethasone dipropionate, augmented	25
ANTIVERT	11	AXERT	13	betamethasone valerate	25
ANUSOL-HC	25	AXID	28	BETAPACE	20
ANZEMET	11	AYGESTIN	31	BETAPACE AF	20
APOKYN	16	AZACTAM inj.	7	BETASERON	33
APTIVUS	17	AZASAN	33	betaxolol	20
AQUACHLORAL	41	azathioprine	33	BETAXOLOL 0.5%	35
AQUATAB D	37	AZATHIOPRINE inj.	33	bethanechol	30
ARALEN tabs	16	AZELEX	25	BETIMOL	35
ARANESP	19	azithromycin	7	BETOPTIC-S	35
ARAVA	33	AZITHROMYCIN powder pack	7	BEXXAR	14
AREZIA	31	AZMACORT	37	BEXXAR 131 IODINE	14
ARESTIN	24	AZOPT	35	BIAXIN	7
ARICEPT	10	AZULFIDINE	34	BIAXIN XL	7
ARICEPT ODT	10	AZULFIDINE EN-TABS	34	BICILLIN C-R inj.	7
ARIDEX-D	37			BICILLIN L-A inj.	7
ARIMIDEX	33	<b>B</b>		BICITRA	42
ARISTOCORT	31	B & O SUPPRETTES	28	BICNU	14
ARISTOCORT A	25	bacitracin	35	BIDIL	20
ARIXTRA	19	bacitracin/polymyxin B	35	BILTRICIDE	16
ARMOUR THYROID	31	bacitracin inj.	7	BIO-STATIN caps	12
AROMASIN	33	baclofen	41	BIO-THROID	31
ARTHROTEC	12	BACTRIM	7	BIOHIST LA	37
ASACOL	34	BACTROBAN	25	bisoprolol	20
ASMANEX	37	BANCAP-HC	5	bisoprolol/hydrochlorothiazide	20
aspirin/codeine	5	BARACLUDE	17	BLENOXANE	14
aspirin DR	12	BECONASE AQ	37	bleomycin	14
aspirin ER	12	belladonna alkaloids/ opium supp	29	BLEPH-10	35
ASTELIN	37	BELLADONNA TINCTURE	29	BLEPHAMIDE	35
ATACAND	20	BENADRYL inj.	37	BLEPHAMIDE S.O.P.	35
ATACAND HCT	20	benazepril	20	BONIVA	31
atenolol	20	benazepril/ hydrochlorothiazide	20	BOOSTRIX	33
atenolol/chlorthalidone	20	BENICAR	20	BRETHINE	37
ATGAM	33	BENICAR HCT	20	BREVOXYL	25
ATRIPLA	17	BENSAL HP	25	brimonidine	35
atropine sulfate	28, 35			BROFED	37
ATROVENT HFA	37			BROMFED	37

BROMFED-PD . . . . .	37	CAMPRAL . . . . .	11	cefepodoxime . . . . .	7
bromocriptine . . . . .	16	CAMPTOSAR . . . . .	14	cefprozil . . . . .	7
brompheniramine/ phenylephrine . . . . .	37	CANASA . . . . .	34	CEFTAZIDIME inj. . . . .	7
brompheniramine/ phenylephrine ER caps . . . . .	37	CANCIDAS . . . . .	12	ceftazidime inj . . . . .	7
brompheniramine/ pseudoephedrine . . . . .	37	CANTIL . . . . .	29	CEFTIN . . . . .	7
brompheniramine/ pseudoephedrine ER . . . . .	37	CAPASTAT . . . . .	7, 13	CEFTRIAXONE inj . . . . .	7
brompheniramine maleate ER tabs . . . . .	37	CAPEX . . . . .	25	ceftriaxone inj . . . . .	7
brompheniramine tannate . . . . .	37	CAPITAL/CODEINE . . . . .	5	cefuroxime axetil . . . . .	7
BRONCAP . . . . .	37	CAPITROL . . . . .	25	CEFUROXIME SODIUM for IV . . . . .	7
BRONCHOLATE . . . . .	37	CAPOTEN . . . . .	20	cefuroxime sodium inj . . . . .	7
BRONCODUR . . . . .	37	CAPOZIDE . . . . .	20	CEFZIL . . . . .	7
BRONDIL . . . . .	37	captopril . . . . .	20	CELEBREX . . . . .	5, 12
BROVEX . . . . .	37	captopril/hydrochlorothiazide . . . . .	20	CELESTONE . . . . .	31
BROVEX-D . . . . .	37	CARAC . . . . .	25	CELEXA . . . . .	10
BROVEX CT . . . . .	37	CARAFATE . . . . .	29	CELLCEPT . . . . .	33
BROVEX SR . . . . .	37	carbachol . . . . .	35	CELONTIN . . . . .	9
BSS PLUS . . . . .	35	carbamazepine . . . . .	9	CENESTIN . . . . .	31
bumetanide . . . . .	20	CARBATROL . . . . .	9	cephalexin . . . . .	7
BUMEX . . . . .	20	carbidopa/levodopa . . . . .	16	CEPHALEXIN tabs . . . . .	7
BUPHENYL . . . . .	28	carbidopa/levodopa ER . . . . .	16	CEREDASE . . . . .	28
bupropion . . . . .	10	carboplatin . . . . .	14	CEREZYME . . . . .	28
bupropion ER 12 hr . . . . .	10, 11	CARDENE . . . . .	20	CERUBIDINE . . . . .	14
BUSPAR . . . . .	18	CARDENE SR . . . . .	20	CERVIDIL VAGINAL . . . . .	31
buspirone . . . . .	18	CARDIZEM . . . . .	20	CHEMET . . . . .	11
BUSULFEX . . . . .	14	CARDIZEM CD . . . . .	20	CHLORAL HYDRATE supp . . . . .	41
butalbital/acetaminophen/ caffeine/codeine . . . . .	13	CARDIZEM LA . . . . .	20	chloral hydrate syrup . . . . .	41
butalbital/aspirin/caffeine/ codeine . . . . .	13	CARDURA . . . . .	20, 30	CHLORAMPHENICOL . . . . .	7
butorphanol nasal . . . . .	5	carisoprodol . . . . .	41	chlordiazepoxide/amitriptyline . . . . .	10
BYETTA . . . . .	18	carisoprodol/aspirin . . . . .	41	chlorhexidine gluconate . . . . .	24
		carisoprodol/aspirin/codeine . . . . .	41	chloroquine phosphate . . . . .	16
<b>C</b>		CARMOL . . . . .	25	chlorothiazide . . . . .	20
C-HIST SR . . . . .	38	CARMOL-HC . . . . .	25	chlorpheniramine/methscopol- amine ER tabs . . . . .	38
cabergoline . . . . .	33	CARNITOR . . . . .	42	chlorpheniramine/ phenylephrine . . . . .	38
CADUET . . . . .	20	carteolol . . . . .	35	chlorpheniramine/phenylephrine/ methscopolamine . . . . .	38
CAFERGOT . . . . .	13	CARTROL . . . . .	20	chlorpheniramine/phenylephrine/ methscopolamine ER tabs . . . . .	38
CALAN . . . . .	20	CASODEX . . . . .	33	chlorpheniramine/ phenylephrine/pyrilamine . . . . .	38
CALAN SR . . . . .	20	CATAFLAM . . . . .	12	chlorpheniramine/ phenylephrine/pyrilamine ER . . . . .	38
CALCIBIND . . . . .	42	CATAPRES . . . . .	20	chlorpheniramine/ phenylephrine ER . . . . .	38
CALCIJEX . . . . .	31	CATAPRES-TTS . . . . .	20	chlorpheniramine/phenyltolox- amine/phenylephrine . . . . .	38
calcitonin spray . . . . .	31	CEDEX . . . . .	7	chlorpheniramine/phenyltolox- amine/phenylephrine ER . . . . .	38
calcitriol . . . . .	31	CEENU . . . . .	14	chlorpheniramine/ pseudoephedrine . . . . .	38
CALCITRIOL inj . . . . .	31	cefaclor caps . . . . .	7		
CAMPATH . . . . .	14	cefaclor ER . . . . .	7		
		CEFACLOR susp . . . . .	7		
		cefadroxil . . . . .	7		
		CEFAZOLIN inj . . . . .	7		
		cefazolin inj . . . . .	7		
		CEFIZOX inj . . . . .	7		
		cefotaxime inj . . . . .	7		
		CEFOXITIN inj . . . . .	7		
		cefoxitin inj . . . . .	7		

chlorpheniramine/ pseudoephedrine/ methscopolamine ER caps . . .	38	clobetasol . . . . .	25	CORTISPORIN OTIC . . . . .	36
chlorpheniramine/ pseudoephedrine ER . . . . .	38	CLOBEX . . . . .	25	CORZIDE . . . . .	21
chlorpheniramine maleate ER caps . . . . .	38	CLODERM . . . . .	25	COSMEGEN . . . . .	14
chlorpheniramine tan/ phenylephrine tan . . . . .	38	CLOLAR . . . . .	14	COSOPT . . . . .	35
chlorpheniramine tan/ pseudoephedrine tan . . . . .	38	clomipramine . . . . .	10	COUMADIN . . . . .	19
chlorpromazine . . . . .	11, 17	clonidine . . . . .	21	COVERA-HS . . . . .	21
CHLORPROMAZINE inj . . . . .	11, 17	CLORPRES . . . . .	21	COZAAR . . . . .	21
chlorpropamide . . . . .	18	clotrimazole . . . . .	12, 25	CREON . . . . .	28
chlorthalidone . . . . .	20	clotrimazole/betamethasone . . . . .	25	CRESTOR . . . . .	21
chlorzoxazone . . . . .	41	CLOZAPINE . . . . .	17	CRESYLATE . . . . .	36
cholestyramine light powder . . . . .	20	clozapine . . . . .	17	CRIXIVAN . . . . .	17
cholestyramine powder . . . . .	20	CLOZARIL . . . . .	17	CROLOM . . . . .	35
choline & magnesium salicylates . . . . .	12	COAL TAR . . . . .	25	cromolyn sodium . . . . .	35
ciclopirox . . . . .	25	CODEINE PHOSPHATE . . . . .	5	CUBICIN . . . . .	8
cilostazol . . . . .	19	CODEINE SULFATE tabs, 15 mg . . . . .	5	CUPRIMINE . . . . .	33
CILOXAN . . . . .	35	codeine sulfate tabs, 30 mg, 60 mg . . . . .	5	CUTIVATE . . . . .	25
cimetidine . . . . .	29	COGNEX . . . . .	10	cyclobenzaprine . . . . .	41
CIPRO . . . . .	7	COLAZAL . . . . .	34	CYCLOCORT . . . . .	25
CIPRODEX . . . . .	36	colchicine . . . . .	12	CYCLOPHOSPHAMIDE . . . . .	14
ciprofloxacin . . . . .	7, 35	COLESTID . . . . .	21	cyclophosphamide . . . . .	14
CIPROFLOXACIN tabs, 100 mg . . . . .	7	colestipol . . . . .	21	cyclosporine . . . . .	33
CIPRO HC . . . . .	36	colistimethate sodium . . . . .	8	CYCLOSPORINE MODIFIED . . . . .	33
CIPRO XR . . . . .	7	COLY-MYCIN-M . . . . .	8	cyclosporine modified . . . . .	33
cisplatin . . . . .	14	COLY-MYCIN-S . . . . .	36	CYMBALTA . . . . .	5, 10
citalopram . . . . .	10	COLYTE . . . . .	29	cyproheptadine . . . . .	38
CITROLITH . . . . .	42	COLYTROL . . . . .	29, 30	CYSTADANE . . . . .	28
cladribine . . . . .	14	COMBIPATCH . . . . .	31	CYSTAGON . . . . .	28
CLAFORAN inj . . . . .	7	COMBIVENT INHALER . . . . .	38	CYSTOSPAZ . . . . .	29, 30
CLARINEX . . . . .	38	COMBIVIR . . . . .	17	CYSTOSPAZ-M . . . . .	30
CLARINEX-D . . . . .	38	COMBUNOX . . . . .	5	CYTADREN . . . . .	33
CLARINEX REDITABS . . . . .	38	COMHIST . . . . .	38	CYTARABINE . . . . .	14
clarithromycin . . . . .	7	COMTAN . . . . .	16	cytarabine inj . . . . .	14
CLARITHROMYCIN susp . . . . .	7	COMVAX . . . . .	33	CYTARABINE inj, 100 mg/mL . . . . .	14
clemastine fumarate . . . . .	38	CONCERTA . . . . .	24	CYTOMEL . . . . .	31
CLEOCIN . . . . .	7	CONDYLOX . . . . .	25	CYTOTEC . . . . .	29
CLEOCIN-T . . . . .	25	CONEX . . . . .	38	CYTOVENE . . . . .	17
CLIMARA . . . . .	31	CONPEC . . . . .	38	CYTOXAN . . . . .	14
CLIMARA PRO . . . . .	31	COPAXONE . . . . .	33	CYTOXAN, inj lyophilized 2 g, tabs . . . . .	14
CLINAC BPO . . . . .	25	COPEGUS . . . . .	17		
CLINDAGEL . . . . .	25	CORDARONE . . . . .	21	<b>D</b>	
clindamycin . . . . .	8, 25	CORDRAN . . . . .	25	DACARBAZINE . . . . .	14
CLINDESSE . . . . .	25	COREG . . . . .	21	dacarbazine . . . . .	14
CLINIMIX inj . . . . .	42	CORGARD . . . . .	21	DACOGEN . . . . .	14
		CORTANE-B . . . . .	25, 36	DALLERGY . . . . .	38
		CORTEF . . . . .	31	DALLERGY JR . . . . .	38
		CORTIFOAM . . . . .	25	DANAZOL . . . . .	31
		cortisone acetate . . . . .	31	danazol . . . . .	31
		CORTISPORIN . . . . .	25, 35	DANTRIUM . . . . .	41
		CORTISPORIN-TC OTIC . . . . .	36	dantrolene . . . . .	41

DAPSONE . . . . .	13	dexamethasone . . . . .	31	diphenhydramine tan/ phenylephrine tan . . . . .	38
DAPTACEL . . . . .	33	DEXAMETHASONE conc, oral soln, tabs . . . . .	31	diphenoxylate/atropine . . . . .	29
DARAPRIM . . . . .	16	DEXAMETHASONE elixir . . . . .	31	dipivefrin . . . . .	35
DARVOCET . . . . .	5	dexamethasone sodium phosphate . . . . .	35	DIPROLENE . . . . .	25
DARVOCET-N . . . . .	5	dexbrompheniramine/ pseudoephedrine ER . . . . .	38	dipyridamole . . . . .	19
DARVON . . . . .	5	dexchlorpheniramine maleate ER tabs . . . . .	38	disopyramide . . . . .	21
DARVON-N . . . . .	5	DEXCHLORPHENIRAMINE syrup . . . . .	38	disopyramide ER . . . . .	21
DAUNORUBICIN . . . . .	14	dexchlorpheniramine tan/ pseudoephedrine tan . . . . .	38	DISPERMOX . . . . .	8
daunorubicin . . . . .	14	DEXEDRINE . . . . .	24	DITROPAN . . . . .	30
DAUNOXOME . . . . .	14	DEXPAK . . . . .	31	DITROPAN XL . . . . .	30
DAYPRO . . . . .	12	dexrazoxane . . . . .	14	DIURIL susp . . . . .	21
DDAVP . . . . .	31	dextroamphetamine . . . . .	24	DOLOGESIC . . . . .	5
DEBACTEROL . . . . .	24	dextroamphetamine ER . . . . .	24	DOLOPHINE . . . . .	5
DECAVAC . . . . .	33	DEXTROSTAT 10 mg . . . . .	24	DORYX . . . . .	8
DECLOMYCIN . . . . .	8	DIABETA . . . . .	18	DOSTINEX . . . . .	33
DECON-E . . . . .	38	DIABINESE . . . . .	18	DOVONEX . . . . .	26
DECONAMINE . . . . .	38	DIAMOX SEQUELS . . . . .	21	doxazosin . . . . .	21, 30
DECONAMINE SR . . . . .	38	DIBENZYLIN . . . . .	21	doxepin . . . . .	10, 18, 26
DECONEX . . . . .	38	diclofenac potassium . . . . .	12	DOXIL . . . . .	14
DECONSAL II . . . . .	38	diclofenac sodium DR . . . . .	12	doxorubicin . . . . .	14
DELATESTRYL . . . . .	31	diclofenac sodium ER . . . . .	12	doxycycline hyclate . . . . .	8, 24
DEMADEX . . . . .	21	dicloxacillin . . . . .	8	DOXYCYCLINE HYCLATE DR caps . . . . .	8
demeclocycline . . . . .	8	dicyclomine . . . . .	29	DOXYCYCLINE HYCLATE inj . . . . .	8
DEMERSOL . . . . .	5	didanosine DR . . . . .	17	doxycycline monohydrate . . . . .	8
DEMSEER . . . . .	21	DIDRONEL . . . . .	31	DRITHO-SCALP . . . . .	26
DENAVIR . . . . .	25	DIFFERIN . . . . .	25	DROXIA . . . . .	14
DEPACON . . . . .	9	DIFIL-G . . . . .	38	DRYSOL . . . . .	26
DEPAKENE . . . . .	9	diflorasone . . . . .	25	DTIC-DOME inj . . . . .	14
DEPAKOTE . . . . .	9, 18	DIFLUCAN . . . . .	12	DUAC . . . . .	26
DEPAKOTE ER . . . . .	10, 13	diflunisal . . . . .	5, 12	DURABAC . . . . .	5
DEPEN . . . . .	33	digoxin . . . . .	21	DURAGESIC . . . . .	5
DEPO-PROVERA . . . . .	31	DIGOXIN oral solution . . . . .	21	DURAHIST . . . . .	38
DEPO-SUBQ PROVERA 104 . . . . .	31	DILACOR XR . . . . .	21	DURAHIST D . . . . .	38
DEPO-TESTOSTERONE . . . . .	31	DILANTIN . . . . .	10	DURAHIST PE . . . . .	38
DEPOCYT . . . . .	14	DILATRATE SR . . . . .	21	DURAPHEN II . . . . .	38
DEPODUR . . . . .	5	DILAUDID . . . . .	5	DURATUSS . . . . .	38
DERMA-SMOOTH . . . . .	25	DILAUDID-HP . . . . .	5	DURATUSS GP . . . . .	38
DERMATOP . . . . .	25	DILEX-G . . . . .	38	DURICEF . . . . .	8
DERMOTIC . . . . .	36	diltiazem . . . . .	21	DYAZIDE . . . . .	21
desipramine . . . . .	10	diltiazem ER . . . . .	21	DYGASE . . . . .	28
desmopressin . . . . .	31	DIOVAN . . . . .	21	DYLIX . . . . .	38
desonide . . . . .	25	DIOVAN HCT . . . . .	21	DYNABAC . . . . .	8
DESOWEN . . . . .	25	DIPENTUM . . . . .	34	DYNACIN . . . . .	8
DESOXIMETASONE . . . . .	25	diphenhydramine . . . . .	16, 38	DYNACIRC CR . . . . .	21
desoximetasone . . . . .	25			DYNEX . . . . .	38
DESOPYN . . . . .	24			dyphylline/guaifenesin . . . . .	38
DESPEC SR . . . . .	38			DYRENIUM . . . . .	21
DESQUAM . . . . .	25			DYTAN . . . . .	38
DESQUAM-X . . . . .	25			DYTAN-D . . . . .	38
DETROL . . . . .	30				
DETROL LA . . . . .	30				



FLUMADINE . . . . . 17  
 flunisolide nasal . . . . . 39  
 fluocinolone acetonide . . . . . 26  
 fluocinonide . . . . . 26  
 FLUORABON . . . . . 42  
 fluorometholone . . . . . 35  
 FLUOROPLEX . . . . . 26  
 fluorouracil . . . . . 14  
 FLUOROURACIL inj . . . . . 15  
 fluorouracil topical soln . . . . . 26  
 fluoxetine . . . . . 10  
 fluphenazine . . . . . 17  
 fluphenazine decanoate . . . . . 17  
 FLUPHENAZINE elixir, conc . . . . . 17  
 FLURA-DROPS . . . . . 42  
 flurbiprofen . . . . . 12, 35  
 flutamide . . . . . 33  
 fluticasone . . . . . 26  
 fluticasone nasal . . . . . 39  
 fluvoxamine . . . . . 10  
 FML-S . . . . . 35  
 FML FORTE . . . . . 35  
 FML LIQUIFLM . . . . . 35  
 FML S.O.P. . . . . 35  
 FOCALIN . . . . . 24  
 FOCALIN ER . . . . . 24  
 FORADIL AEROLIZER . . . . . 39  
 FORTAMET . . . . . 18  
 FORTAZ inj. . . . . 8  
 FORTEO . . . . . 32  
 FOSAMAX . . . . . 32  
 FOSAMAX PLUS D . . . . . 32  
 foscarnet . . . . . 17  
 FOSCAVIR . . . . . 17  
 fosinopril . . . . . 21  
 fosinopril/hydrochlorothiazide . . . . . 21  
 FOSRENOL . . . . . 29  
 FRAGMIN . . . . . 19  
 FREAMINE inj. . . . . 42  
 FROVA . . . . . 13  
 FUDR . . . . . 15  
 FURADANTIN . . . . . 8  
 FUROSEMIDE . . . . . 21  
 furosemide . . . . . 21  
 FUROXONE . . . . . 8  
 FUZEON . . . . . 17

**G**

gabapentin . . . . . 10  
 GABARONE . . . . . 10

GABITRIL . . . . . 10  
 GANCICLOVIR . . . . . 17  
 GANTRISIN PEDIATRIC . . . . . 8  
 GASTROCROM . . . . . 29  
 GEL-KAM . . . . . 24  
 gemfibrozil . . . . . 21  
 GEMZAR . . . . . 15  
 gentamicin . . . . . 8, 26, 35  
 GENTEX LA . . . . . 39  
 GEOCILLIN . . . . . 8  
 GEODON . . . . . 17, 18  
 GFN550/PSE60 . . . . . 39  
 GILPHEX TR. . . . . 39  
 GLEEVEC . . . . . 15  
 glimepiride . . . . . 18  
 glipizide . . . . . 19  
 glipizide/metformin . . . . . 19  
 glipizide ER . . . . . 19  
 GLUCAGEN KIT . . . . . 19  
 GLUCAGON KIT . . . . . 19  
 GLUCOPHAGE . . . . . 19  
 GLUCOPHAGE XR . . . . . 19  
 GLUCOTROL . . . . . 19  
 GLUCOTROL XL . . . . . 19  
 GLUCOVANCE . . . . . 19  
 glyburide . . . . . 19  
 glyburide/metformin . . . . . 19  
 glyburide micronized . . . . . 19  
 glycopyrrolate . . . . . 29  
 GLYCRON . . . . . 19  
 GLYNASE . . . . . 19  
 GLYSET . . . . . 19  
 GOLYTELY . . . . . 29  
 GORDOFILM . . . . . 26  
 GORDONS UREA . . . . . 26  
 GRANULEX . . . . . 26  
 GRIFULVIN V . . . . . 12  
 GRIS-PEG . . . . . 12  
 griseofulvin microsize susp . . . . . 12  
 GUAIFED . . . . . 39  
 GUAIFED-PD . . . . . 39  
 guaifenesin . . . . . 39  
 GUANABENZ . . . . . 21  
 guanfacine . . . . . 21  
 GUANIDINE . . . . . 13  
 GUAPHENYL II . . . . . 39  
 GYNAZOLE-1 . . . . . 12  
 GYNODIOL 1.5 mg . . . . . 32

**H**

HALDOL DECANOATE . . . . . 17  
 HALFAN . . . . . 16  
 HALFLYTELY . . . . . 29  
 halobetasol . . . . . 26  
 HALOG . . . . . 26  
 HALOPERIDOL . . . . . 17  
 haloperidol . . . . . 17  
 haloperidol decanoate . . . . . 17  
 HAVRIX . . . . . 34  
 HECTOROL . . . . . 32  
 HELIDAC . . . . . 30  
 HEMABATE . . . . . 32  
 HEPARIN SODIUM inj. . . . . 19  
 heparin sodium inj. . . . . 19  
 HEPATASOL inj . . . . . 42  
 HEPSERA . . . . . 17  
 HERCEPTIN . . . . . 15  
 HEXAFED . . . . . 39  
 HEXAFLU . . . . . 39  
 HEXALEN . . . . . 15  
 HIBTITER . . . . . 34  
 HIPREX . . . . . 8  
 HISTEX . . . . . 39  
 HISTEX SR . . . . . 39  
 HOMAPIN-10 . . . . . 29  
 homatropine . . . . . 35  
 HUMALOG . . . . . 19  
 HUMALOG MIX 50/50 . . . . . 19  
 HUMALOG MIX 75/25 . . . . . 19  
 HUMATIN . . . . . 16  
 HUMULIN 50/50 . . . . . 19  
 HUMULIN 70/30 . . . . . 19  
 HUMULIN N . . . . . 19  
 HUMULIN R . . . . . 19  
 HYCAMTIN . . . . . 15  
 HYCET . . . . . 5  
 hydralazine . . . . . 21  
 HYDRALAZINE/  
 HYDROCHLOROTHIAZIDE . . . . . 21  
 HYDREA . . . . . 15  
 hydrochlorothiazide . . . . . 21  
 hydrocodone/acetaminophen . . . . . 5  
 hydrocodone/ibuprofen . . . . . 5  
 hydrocortisone . . . . . 26, 32  
 hydrocortisone/acetic acid . . . . . 36  
 hydrocortisone butyrate . . . . . 26  
 hydrocortisone enema . . . . . 34  
 hydrocortisone valerate . . . . . 26  
 hydromorphone . . . . . 5

HYDROMORPHONE/IV FLUID . 5  
 hydroxychloroquine. . . . . 16  
 hydroxyurea. . . . . 15  
 hydroxyzine hcl . . . . . 11, 18, 39  
 hydroxyzine pamoate . 11, 18, 39  
 hyoscyamine . . . . . 29, 30  
 hyoscyamine sulfate . . . . . 29, 30  
 hyoscyamine sulfate ER . . 29, 30  
 hyoscyamine sulfate  
 orally disintegrating tabs. . 29, 30  
 HYTONE . . . . . 26  
 HYTRIN . . . . . 21, 30  
 HYZAAR. . . . . 21

**I**

IB-STAT . . . . . 29, 30  
 ibuprofen. . . . . 5, 12  
 IDAMYCIN PFS. . . . . 15  
 idarubicin. . . . . 15  
 IFEX . . . . . 15  
 IFEX/MESNEX . . . . . 15  
 ifosfamide/mesna . . . . . 15  
 IMDUR. . . . . 21  
 imipramine hcl . . . . . 10  
 IMIPRAMINE PAMOATE . . . . 10  
 IMITREX . . . . . 13  
 IMURAN. . . . . 34  
 INCRELEX . . . . . 32  
 indapamide . . . . . 21  
 INDERAL . . . . . 21  
 INDERAL LA . . . . . 21  
 INDERIDE . . . . . 21  
 INDOCIN SR. . . . . 12  
 indomethacin. . . . . 12  
 indomethacin ER . . . . . 12  
 INFANRIX. . . . . 34  
 INFERGEN . . . . . 34  
 INNOHEP . . . . . 20  
 INNOPRAN XL . . . . . 21  
 INOVA . . . . . 26  
 INSPRA . . . . . 21  
 INSULIN . . . . . 18, 19  
 INSULIN INJECTION DEVICE . 19  
 INSULIN INJECTION  
 DEVICE/NOVOLIN . . . . . 19  
 INSULIN SYRINGE/NEEDLE. . 19  
 INTAL INHALER. . . . . 39  
 INTRALIPID 30%. . . . . 42  
 INTRON-A . . . . . 15  
 INVANZ . . . . . 8

INVERSINE. . . . . 21  
 INVIRASE. . . . . 17  
 IOPIDINE. . . . . 35  
 IPOL . . . . . 34  
 ipratropium bromide nasal . . 39  
 IRESSA . . . . . 15  
 ISMOTIC soln. . . . . 21  
 isoniazid. . . . . 13  
 ISONIAZID syrup . . . . . 13  
 ISOPTIN SR. . . . . 21  
 ISOPTO ATROPINE . . . . . 35  
 ISOPTO CARBACHOL. . . . . 35  
 ISOPTO CARPINE . . . . . 35  
 ISOPTO HOMATROPINE. . . . . 35  
 ISORDIL . . . . . 21  
 isosorbide dinitrate . . . . . 21  
 isosorbide dinitrate ER . . . . 21  
 isosorbide mononitrate. . . . . 22  
 isosorbide mononitrate ER . . . 22  
 isotretinoin. . . . . 26  
 isradipine. . . . . 22  
 ISTALOL . . . . . 35  
 itraconazole. . . . . 12  
 IV FLUIDS . . . . . 42  
 iv fluids. . . . . 42

**J**

J-MAX . . . . . 39  
 J-TAN . . . . . 39  
 J-TAN D . . . . . 39

**K**

K-DUR . . . . . 42  
 K-LOR . . . . . 42  
 K-LYTE . . . . . 42  
 K-LYTE/CL . . . . . 42  
 K-LYTE DS . . . . . 42  
 K-PHOS . . . . . 42  
 K-PHOS MF. . . . . 42  
 K-PHOS NEUTRAL . . . . . 42  
 K-PHOS NO 2 . . . . . 42  
 K-TABS. . . . . 42  
 KADIAN . . . . . 5  
 KALETRA . . . . . 17  
 KANAMYCIN. . . . . 8  
 KAON . . . . . 42  
 KAON-CL . . . . . 42  
 KAYEXALATE . . . . . 11

KEFLEX caps,  
 250 mg, 500 mg, susp . . . . . 8  
 KEMADRIN . . . . . 16  
 KENALOG . . . . . 26  
 KEPIVANCE . . . . . 15  
 KEPRA . . . . . 10  
 KERALAC. . . . . 26  
 KERLONE. . . . . 22  
 KETEK. . . . . 8  
 ketoconazole. . . . . 12, 26  
 ketoprofen. . . . . 5, 13  
 ketoprofen ER . . . . . 13  
 ketorolac . . . . . 5  
 ketotifen fumarate. . . . . 35  
 KLARON . . . . . 26  
 Klor-Con . . . . . 42  
 KRISTALOSE . . . . . 29  
 KU-ZYME . . . . . 28  
 KUTRASE . . . . . 28  
 KYTRIL . . . . . 11

**L**

labetalol. . . . . 22  
 LAC-HYDRIN. . . . . 26  
 LACRISERT . . . . . 35  
 lactic acid . . . . . 26  
 lactic acid/vitamin E . . . . . 26  
 LACTINOL . . . . . 26  
 LACTINOL-E . . . . . 26  
 lactulose . . . . . 29  
 LAGESIC. . . . . 5  
 LAMICTAL chew, 2 mg, tabs. . 10  
 LAMICTAL chew, 5 mg, 25 mg . 10  
 LAMISIL. . . . . 12, 26  
 lamotrigine chew, 5 mg, 25 mg. . 10  
 LANOXICAPS . . . . . 22  
 LANOXIN . . . . . 22  
 LANTUS. . . . . 19  
 LAPASE . . . . . 28  
 LARIAM . . . . . 16  
 LASIX. . . . . 22  
 leflunomide . . . . . 34  
 LESCOL . . . . . 22  
 LESCOL XL . . . . . 22  
 LEUCOVORIN CALCIUM . . . . . 15  
 leucovorin calcium . . . . . 15  
 LEUKERAN. . . . . 15  
 LEUKINE . . . . . 20  
 leuprolide acetate . . . . . 33  
 LEUSTATIN . . . . . 15

LEVACET . . . . .	5	LOMOTIL . . . . .	29	MAXIDEX . . . . .	35	
LEVALL G . . . . .	39	LOPID . . . . .	22	MAXIDONE . . . . .	5	
LEVAQUIN . . . . .	8	LOPRESSOR . . . . .	22	MAXIFED . . . . .	39	
LEVATOL . . . . .	22	LOPRESSOR HCT . . . . .	22	MAXIPHEN . . . . .	39	
LEVBID . . . . .	29, 30	LOPROX . . . . .	26	MAXIPHEN-G . . . . .	39	
LEVO-DROMORAN . . . . .	5	LORCET . . . . .	5	MAXIPIME . . . . .	8	
levobunolol . . . . .	35	LORCET PLUS . . . . .	5	MAXITROL . . . . .	35	
levocarnitine . . . . .	42	LORTAB . . . . .	5	MAXZIDE . . . . .	22	
levorphanol . . . . .	5	LOTEMAX . . . . .	35	MAXZIDE-25 . . . . .	22	
levothyroxine (Levoxyl) . . . . .	32	LOTENSIN . . . . .	22	mebendazole . . . . .	16	
Levoxyl . . . . .	32	LOTENSIN HCT . . . . .	22	meclizine . . . . .	11	
LEVSIN . . . . .	29, 30	LOTREL . . . . .	22	MECLOFENAMATE . . . . .	13	
LEVSINEX . . . . .	29, 30	LOTRISONE . . . . .	26	MEDENT LD . . . . .	39	
LEVULAN . . . . .	26	LOTRONEX . . . . .	29	MEDROL . . . . .	32	
LEXAPRO . . . . .	10, 18	lovastatin . . . . .	22	medroxyprogesterone . . . . .	32	
LEXIVA . . . . .	17	LOVENOX . . . . .	20	mefloquine . . . . .	16	
LEXXEL . . . . .	22	loxapine . . . . .	17	MEFOXIN . . . . .	8	
LIDAMANTLE . . . . .	26	LOXITANE . . . . .	17	MEGACE . . . . .	32	
LIDEX . . . . .	26	LUFYLLIN . . . . .	39	megestrol . . . . .	32	
lidocaine . . . . .	6, 26	LUFYLLIN-GG . . . . .	39	meloxicam . . . . .	13	
lidocaine/ hydrocortisone acetate . . . . .	26	LUNESTA . . . . .	41	MELOXICAM susp . . . . .	13	
lidocaine/prilocaine . . . . .	26	LUPRON . . . . .	33	MENACTRA . . . . .	34	
LIDODERM . . . . .	26	LUPRON DEPOT . . . . .	33	MENEST . . . . .	32	
LIMBITROL . . . . .	10	LURIDE . . . . .	42	MENOMUNE . . . . .	34	
LINCOCIN . . . . .	8	LUSONAL . . . . .	39	MENOSTAR . . . . .	32	
LINDANE . . . . .	16	LUSONEX . . . . .	39	MENTAX . . . . .	26	
liothyronine sodium inj . . . . .	32	LUXIQ . . . . .	26	meperidine . . . . .	5	
LIPITOR . . . . .	22	LYNOX . . . . .	5	MEPERIDINE/IV FLUID . . . . .	5	
LIPOSYN . . . . .	42	LYRICA . . . . .	10	MEPROBAMATE . . . . .	18	
liposyn III 30% . . . . .	42	LYSODREN . . . . .	33	meprobamate . . . . .	18	
LIPRAM . . . . .	28	<b>M</b>			MEPRON . . . . .	16
LIQUIBID-D . . . . .	39	M-M-R II . . . . .	34	mercaptapurine . . . . .	15	
LIQUIBID-PD . . . . .	39	M-R-VAX II . . . . .	34	MERREM . . . . .	8	
lisinopril . . . . .	22	MACROBID . . . . .	8	mesalamine enema . . . . .	34	
lisinopril/hydrochlorothiazide . . . . .	22	MACRODANTIN . . . . .	8	mesna . . . . .	15	
LITHIUM CARBONATE . . . . .	18	MAGAN . . . . .	13	MESNEX . . . . .	15	
lithium carbonate . . . . .	18	magnesium salicylate . . . . .	13	MESTINON . . . . .	13	
lithium carbonate ER . . . . .	18	MALARONE . . . . .	16	MESTINON tabs . . . . .	13	
lithium citrate syrup . . . . .	18	MANDELAMINE . . . . .	8	MESTINON TIMESPAN . . . . .	13	
LITHOBID . . . . .	18	MAPROTILINE . . . . .	10	METADATE CD . . . . .	24	
LITHOSTAT . . . . .	29	maprotiline . . . . .	10	METADATE ER . . . . .	24	
LOCOID LIPOCREAM . . . . .	26	MAR-SPAS . . . . .	29, 30	METAGLIP . . . . .	19	
LODOSYN . . . . .	16	MARINOL . . . . .	11	metaproterenol syrup . . . . .	39	
LODRANE . . . . .	39	MARPLAN . . . . .	10	METAPROTERENOL TABS . . . . .	39	
LODRANE 12D . . . . .	39	MATULANE . . . . .	15	metformin . . . . .	19	
LODRANE 12HR . . . . .	39	MAVIK . . . . .	22	metformin ER . . . . .	19	
LODRANE 24 . . . . .	39	MAXAIR AUTOHALER . . . . .	39	METHADONE . . . . .	5, 6	
LODRANE D . . . . .	39	MAXALT . . . . .	13	methadone . . . . .	5	
LODRANE XR . . . . .	39	MAXALT-MLT . . . . .	13	methazolamide . . . . .	22	
LOFIBRA . . . . .	22			methenamine/bella alk/ meth blue/phenyl sal . . . . .	30	

methenamine/hyosc/meth blue/ sod biphos/phenyl sal . . . . .	30	mirtazapine orally disintegrating tabs . . . . .	10	NAPRELAN . . . . .	13
methenamine hippurate . . . . .	8	misoprostol . . . . .	29	NAPROSYN . . . . .	6, 13
methenamine mandelate . . . . .	8	mitomycin . . . . .	15	naproxen . . . . .	6, 13
METHERGINE . . . . .	32	mitoxantrone . . . . .	15	naproxen DR . . . . .	6, 13
methimazole . . . . .	33	MOBAN . . . . .	17	naproxen sodium . . . . .	6, 13
METHITEST . . . . .	32	MOBIC . . . . .	13	naproxen sodium ER . . . . .	13
methocarbamol . . . . .	41	mometasone . . . . .	26	NARDIL . . . . .	10
methotrexate . . . . .	15	MONISTAT . . . . .	26	NASACORT AQ . . . . .	39
METHYCLOTHIAZIDE . . . . .	22	MONODOX . . . . .	8	NASAREL . . . . .	39
methylidopa . . . . .	22	MONOKET . . . . .	22	NASATAB LA . . . . .	39
methylidopa/ hydrochlorothiazide . . . . .	22	MONOPRIL . . . . .	22	NASONEX . . . . .	39
METHYLIN chewable tablet, oral solution . . . . .	24	MONOPRIL HCT . . . . .	22	NASOP . . . . .	40
methylin ER . . . . .	24	MONUROL . . . . .	8	NATACYN . . . . .	35
methylphenidate . . . . .	24	MORPHINE/IV FLUID . . . . .	6	NAVANE . . . . .	17
methylphenidate ER . . . . .	24	MORPHINE SULFATE . . . . .	6	NAVELBINE . . . . .	15
methylprednisolone . . . . .	32	morphine sulfate . . . . .	6	nefazodone . . . . .	10
metipranolol . . . . .	35	morphine sulfate ER . . . . .	6	NEO-FRADIN . . . . .	8
metoclopramide . . . . .	11	MOTOFEN . . . . .	29	NEOBENZ MICRO . . . . .	26
metolazone . . . . .	22	MOTRIN . . . . .	6, 13	neomycin/polymyxin B/ bacitracin . . . . .	35
metoprolol/ hydrochlorothiazide . . . . .	22	MS CONTIN . . . . .	6	neomycin/polymyxin B/ bacitracin/hydrocortisone . . . . .	35
metoprolol tartrate . . . . .	22	mupirocin . . . . .	26	neomycin/polymyxin B/ dexamethasone . . . . .	35
METROCREAM 0.75% . . . . .	26	MUROCOLL-2 . . . . .	35	neomycin/polymyxin B/ gramicidin . . . . .	35
METROGEL 1% . . . . .	26	MUSTARGEN . . . . .	15	neomycin/polymyxin B/ hydrocortisone . . . . .	35, 36
METROGEL VAGINAL . . . . .	26	MUTAMYCIN . . . . .	15	neomycin/polymyxin B GU . . . . .	30
METRO IV . . . . .	8	MYAMBUTOL . . . . .	13	neomycin sulfate tabs . . . . .	8
METROLOTION . . . . .	26	MYCAMINE . . . . .	12	NEORAL . . . . .	34
metronidazole . . . . .	8, 26	MYCELEX troche . . . . .	12	NEOSPORIN . . . . .	35
MEVACOR . . . . .	22	MYCOBUTIN . . . . .	13	NEOSPORIN GU . . . . .	30
mexiletine . . . . .	22	MYCOSTATIN . . . . .	26	NEPHRAMINE inj . . . . .	42
MIACALCIN SPRAY . . . . .	32	MYDFRIN . . . . .	35	NEULASTA . . . . .	20
MICARDIS . . . . .	22	MYDRIACYL . . . . .	35	NEUMEGA . . . . .	20
MICARDIS HCT . . . . .	22	MYFORTIC . . . . .	34	NEUPOGEN . . . . .	20
MICRO-K . . . . .	42	MYLOTARG . . . . .	15	NEURONTIN . . . . .	10
MICRONASE . . . . .	19	MYOZYME . . . . .	28	NEVANAC . . . . .	35
MICROZIDE . . . . .	22	MYSOLINE . . . . .	10	NEXAVAR . . . . .	15
midodrine . . . . .	22	MYTELASE . . . . .	13	NEXIUM . . . . .	29
MIGERGOT . . . . .	13	<b>N</b>		NIASPAN . . . . .	22
MIGRANAL . . . . .	13	nabumetone . . . . .	13	nicardipine . . . . .	22
MINIPRESS . . . . .	22	nadolol . . . . .	22	nicotine transdermal . . . . .	11
MINOCIN . . . . .	8	NAFCILLIN inj . . . . .	8	NICOTROL inhaler . . . . .	11
minocycline . . . . .	8	nafcilin inj . . . . .	8	NICOTROL nasal spray . . . . .	11
minoxidil . . . . .	22	NAFTIN . . . . .	26	nifedipine . . . . .	22
MINTEZOL . . . . .	16	NAGLAZYME . . . . .	28	nifedipine ER . . . . .	22
MIRALAX . . . . .	29	NALEX-A . . . . .	39	NILANDRON . . . . .	33
MIRAPEX . . . . .	16	NALFON . . . . .	6, 13	NIMOTOP . . . . .	22
MIRENA . . . . .	32	naltrexone . . . . .	11	NIPENT . . . . .	15
mirtazapine . . . . .	10	NAMENDA . . . . .	10		
		naphazoline . . . . .	35		

NITRO-DUR . . . . .	22	ofloxacin . . . . .	9, 36	paclitaxel . . . . .	15
NITROBID oint. . . . .	22	OGEN . . . . .	32	PALCAPS . . . . .	28
nitrofurantoin macrocrystalline . . . . .	8	OLUX . . . . .	27	PALGIC . . . . .	40
nitrofurantoin monohydrate macrocrystalline . . . . .	8	OMACOR . . . . .	22	PALIPASE . . . . .	28
NITROGARD . . . . .	22	omeprazole DR . . . . .	29	PALPEON . . . . .	28
nitroglycerin ER . . . . .	22	OMNICEF . . . . .	9	PALTRASE V8 . . . . .	28
nitroglycerin sublingual . . . . .	22	OMNIHIST II . . . . .	40	PAMELOR . . . . .	11
nitroglycerin transdermal . . . . .	22	OMNII . . . . .	24	PAMIDRONATE DISODIUM . . . . .	32
NITROLINGUAL spray . . . . .	22	OMNII MED . . . . .	24	pamidronate disodium . . . . .	32
NITROSTAT . . . . .	22	ONCASPARG . . . . .	15	PAMINE . . . . .	29
nizatidine . . . . .	29	ONTAK . . . . .	15	PANAFIL . . . . .	27
NIZORAL . . . . .	12, 26	ophthalmic irrigation . . . . .	36	PANCREASE MT . . . . .	28
NORCO . . . . .	6	OPIUM TINCTURE . . . . .	29	PANCRECARB . . . . .	28
NOREL EX . . . . .	40	OPTASE . . . . .	27	PANCRELIPASE . . . . .	28
NOREL SR . . . . .	40	OPTIPRANOLOL . . . . .	36	PANCRON . . . . .	28
norethindrone acetate . . . . .	32	OPTIVAR . . . . .	36	PANDEL . . . . .	27
NORITATE . . . . .	27	ORACIT . . . . .	42	PANFIL-G . . . . .	40
NOROXIN . . . . .	9	ORAL CONTRACEPTIVES . . . . .	32	PANGESTYM . . . . .	28
NORPACE . . . . .	22	oral contraceptives . . . . .	32	PANIXINE . . . . .	9
NORPACE CR . . . . .	22	ORAMORPH SR . . . . .	6	PANLOR . . . . .	6
NORPRAMIN . . . . .	11	ORAP . . . . .	17	PANOCAPS . . . . .	28
nortriptyline . . . . .	11	ORAPRED . . . . .	32	PANOKASE . . . . .	28
NORVASC . . . . .	22	ORENCIA . . . . .	34	PANRETIN . . . . .	27
NORVIR . . . . .	18	ORFADIN . . . . .	28	papain/urea . . . . .	27
NOVANTRONE . . . . .	15	ORGANIDIN NR . . . . .	40	papain/urea/chlorophyllin . . . . .	27
NOVASAL . . . . .	13	orphenadrine/aspirin/caffeine . . . . .	41	papaverine ER . . . . .	22
NOVOLIN 70/30 . . . . .	19	orphenadrine citrate ER . . . . .	41	PARAFON FORTE DSC . . . . .	41
NOVOLIN N . . . . .	19	ORTHOCLONE OKT 3 . . . . .	34	PARAPLATIN . . . . .	15
NOVOLIN R . . . . .	19	OTICIN HC . . . . .	36	PARCOPA . . . . .	16
NOVOLOG . . . . .	19	OTILAM EAR . . . . .	36	paregoric . . . . .	29
NOVOLOG MIX 70/30 . . . . .	19	OTIX . . . . .	36	PARLODEL . . . . .	16
NULEV . . . . .	29, 30	OVACE . . . . .	27	PARNATE . . . . .	11
NULYTELY . . . . .	29	OVIDE . . . . .	16	paromomycin . . . . .	16
NUMORPHAN . . . . .	6	OXACILLIN SODIUM inj . . . . .	9	paroxetine . . . . .	11, 18
NUOX . . . . .	27	OXANDRIN . . . . .	32	PASER . . . . .	14
NUTROPIN . . . . .	32	oxaprozin . . . . .	13	PATANOL . . . . .	36
NUTROPIN AQ . . . . .	32	OXISTAT . . . . .	27	PAXIL . . . . .	11, 18
NUVARING . . . . .	32	OXSORALEN ULTRA . . . . .	27	PAXIL CR . . . . .	11, 18
NUZON . . . . .	27	oxybutynin . . . . .	30	PCE . . . . .	9
NYDRAZID . . . . .	13	oxycodone . . . . .	6	PEDIAPRED . . . . .	32
NYSTATIN . . . . .	12	oxycodone/acetaminophen . . . . .	6	PEDIARIX . . . . .	34
nystatin . . . . .	12, 27	oxycodone/aspirin . . . . .	6	PEDIAZOLE . . . . .	9
nystatin/triamcinolone . . . . .	27	oxycodone ER . . . . .	6	PEDIOTIC . . . . .	36
<b>O</b>		OXYCONTIN . . . . .	6	PEDVAX HIB . . . . .	34
OCL . . . . .	29	OXYIR . . . . .	6	PEG-INTRON . . . . .	34
octreotide . . . . .	29	OXYTROL . . . . .	30	peg 3350/kcl/sod bicarb/ nacl/na sulf for soln 240 g . . . . .	29
OCUFEN . . . . .	35	<b>P</b>		peg 3350/kcl/sod bicarb/ nacl for soln 420 g . . . . .	29
OCUFLOX . . . . .	35	P-TEX . . . . .	40	PEGANONE . . . . .	10
		PACERONE . . . . .	22	PEGASYS . . . . .	34

PENICILLIN G POTASSIUM inj . . . . .	9	PHENYTOIN		potassium phosphate/	
penicillin g potassium inj . . . . .	9	SODIUM PROMPT . . . . .	10	sodium phosphates . . . . .	42
PENICILLIN G PROCAINE inj . . . . .	9	phenytoin susp . . . . .	10	PRAMOTIC . . . . .	36
PENICILLIN G SODIUM inj . . . . .	9	PHISOHEX . . . . .	27	pramoxine/chloroxylenol . . . . .	37
penicillin v potassium . . . . .	9	PHOSLO . . . . .	42	pramoxine/hydrocortisone/ chloroxylenol . . . . .	37
PENLAC . . . . .	27	PHOSPHOLINE IODIDE . . . . .	36	PRANDIN . . . . .	19
PENTAM 300 . . . . .	16	PHOTOFRIN . . . . .	15	PRAVACHOL . . . . .	22
pentamidine inj . . . . .	16	pilocarpine . . . . .	24, 36	pravastatin . . . . .	22
PENTASA . . . . .	34	PILOPINE HS . . . . .	36	prazosin . . . . .	23
pentazocine/acetaminophen . . . . .	6	pindolol . . . . .	22	PRECOSE . . . . .	19
pentazocine/naloxone . . . . .	6	PIPERACILLIN . . . . .	9	PRED-G . . . . .	36
pentoxifylline ER . . . . .	20	piroxicam . . . . .	13	PRED-G S.O.P . . . . .	36
PEPCID . . . . .	29	PITRESSIN . . . . .	32	PRED FORTE . . . . .	36
PEPCID RPD . . . . .	29	PLACIDYL . . . . .	41	PRED MILD . . . . .	36
PERCOCET . . . . .	6	PLAQUENIL . . . . .	16	prednisolone . . . . .	32
PERCODAN . . . . .	6	PLARETASE . . . . .	28	prednisolone acetate . . . . .	36
pergolide mesylate . . . . .	16	PLATINOL AQ . . . . .	15	prednisolone sodium phosphate . . . . .	32, 36
PERIDEX . . . . .	24	PLAVIX . . . . .	20	PREDNISONE . . . . .	32
PERIOSTAT . . . . .	24	PLENAXIS . . . . .	33	prednisone . . . . .	32
PERLOXX . . . . .	6	PLENDIL . . . . .	22	PREFEST . . . . .	32
PERMAX . . . . .	16	PLETAL . . . . .	20	PRELONE . . . . .	32
permethrin . . . . .	16	PLEXION . . . . .	27	PREMARIN . . . . .	32
PERPHENAZINE . . . . .	17	podofilox . . . . .	27	PREMARIN VAGINAL . . . . .	32
perphenazine . . . . .	17	podophyllum resin . . . . .	27	PREMASOL inj . . . . .	42
PERPHENAZINE/ AMITRIPTYLINE . . . . .	11	POLY-HISTINE . . . . .	40	PREMPHASE . . . . .	32
perphenazine/amitriptyline . . . . .	11	POLY-PRED . . . . .	36	PREMPRO . . . . .	32
PERSANTINE . . . . .	20	POLY-VENT . . . . .	40	PRENATAL VITAMINS/ FOLIC ACID . . . . .	42
PEXEVA . . . . .	11	POLY-VENT JR . . . . .	40	prenatal vitamins/folic acid . . . . .	42
PFIZERPEN-G . . . . .	9	POLY-CITRA . . . . .	42	PREVACID . . . . .	29
PHANASIN . . . . .	40	POLY-CITRA-K . . . . .	42	PREVACID inj . . . . .	29
PHENA-PLUS . . . . .	40	POLY-CITRA-LC . . . . .	42	PREVACID SOLUTAB . . . . .	29
PHENA-S . . . . .	40	polyethylene glycol 3350 oral powder . . . . .	29	PREVIDENT . . . . .	24
phenazopyridine . . . . .	30	POLY HIST FORTE . . . . .	40	PREVPAC . . . . .	9
phenazopyridine/butabarbital/ hyoscyamine . . . . .	30	POLY HIST PD . . . . .	40	PREZISTA . . . . .	18
pheniramine/ phenyltoloxamine/pyrilamine . . . . .	40	polymyxin B/trimethoprim . . . . .	36	PRIFTIN . . . . .	14
phenylephrine . . . . .	36, 40	POLYMYXIN B inj . . . . .	9	PRIOSEC . . . . .	29
phenylephrine/guaifenesin . . . . .	40	POLYTRIM . . . . .	36	PRIMAQUINE . . . . .	16
phenylephrine/guaifenesin ER tabs . . . . .	40	PONSTEL . . . . .	6	PRIMAXIN . . . . .	9
PHENYLEPHRINE soln 2.5% (refrigerated) . . . . .	36	PONTOCAINE . . . . .	27	primidone . . . . .	10
phenyltoloxamine/ acetaminophen . . . . .	6	potassium bicarbonate/ chloride effervescent tabs . . . . .	42	PRIMSOL . . . . .	9
phenyltoloxamine/ magnesium salicylate . . . . .	6	potassium bicarbonate effervescent tabs . . . . .	42	PRINIVIL . . . . .	23
PHENYTEK . . . . .	10	potassium chloride ER . . . . .	42	PRINZIDE . . . . .	23
phenytoin sodium extended . . . . .	10	potassium chloride oral soln . . . . .	42	PRO-BANTHINE 7.5 mg . . . . .	29
		potassium chloride powder for soln . . . . .	42	PROAIR HFA . . . . .	40
		potassium citrate/citric acid . . . . .	42	PROAMATINE . . . . .	23
		potassium citrate ER . . . . .	42	probenecid . . . . .	12
				probenecid/colchicine . . . . .	12
				PROCAINAMIDE . . . . .	23

procainamide . . . . .	23	pseudoephedrine/ guaifenesin ER . . . . .	40	RELAGARD . . . . .	9
PROCAINAMIDE ER . . . . .	23	pseudoephedrine/ methscopolamine ER . . . . .	40	RELAGESIC . . . . .	6
procainamide ER . . . . .	23	PSORCON E . . . . .	27	RELION 70/30 . . . . .	19
PROCANBID . . . . .	23	PSORiatec . . . . .	27	RELION N . . . . .	19
PROCARDIA . . . . .	23	PULMICORT TURBUHALER . . . . .	40	RELION R . . . . .	19
PROCARDIA XL . . . . .	23	PULMOZYME . . . . .	40	RELPAx . . . . .	13
PROCHIEVE . . . . .	32	PURINETHOL . . . . .	15	REMERON . . . . .	11
prochlorperazine . . . . .	11	pyrazinamide . . . . .	14	REMERON SOLUTAB . . . . .	11
PROCRIT . . . . .	20	PYRIDIUM . . . . .	30	REMICADE . . . . .	30
PROCTOCORT . . . . .	27	PYRIDIUM PLUS . . . . .	30	REMODULIN . . . . .	23
PROFEN FORTE . . . . .	40	pyridostigmine . . . . .	13	RENAGEL . . . . .	30
PROFEN II . . . . .	40	pyrilamine tan/ phenylephrine tan . . . . .	40	RENAMIN inj . . . . .	42
PROGRAF . . . . .	34	<b>Q</b>		REPREXAIN . . . . .	6
PROLASTIN . . . . .	40	QDALL . . . . .	40	REQUIP . . . . .	16
PROLEUKIN . . . . .	15	QDALL AR . . . . .	40	RESCON-JR . . . . .	40
PROLEX D . . . . .	40	QUADRAMET . . . . .	15	RESCON-MX . . . . .	40
PROLEX PD . . . . .	40	QUESTRAN . . . . .	23	RESCRIPTOR . . . . .	18
PROLOPRIM . . . . .	9	QUESTRAN LIGHT . . . . .	23	RESERPINE . . . . .	23
promethazine . . . . .	11, 40	QUIBRON . . . . .	40	RESPA-1ST . . . . .	40
PROMETHAZINE VC . . . . .	40	QUICK-K . . . . .	42	RESPA-PE . . . . .	40
PROMETRIUM . . . . .	32	quinapril . . . . .	23	RESPIRE-60 . . . . .	40
PRONESTYL . . . . .	23	quinapril/hydrochlorothiazide . . . . .	23	RESTASIS . . . . .	36
PRONESTYL SR . . . . .	23	quinidine gluconate ER . . . . .	23	RETIN-A . . . . .	27
propafenone . . . . .	23	quinidine sulfate . . . . .	23	RETIN-A MICRO . . . . .	27
PROPANTHELINE . . . . .	29	QUINIDINE SULFATE ER . . . . .	23	RETROVIR . . . . .	18
PROPINE . . . . .	36	QUININE SULFATE . . . . .	16	REVATIO . . . . .	23
propoxyphene hcl . . . . .	6	quinine sulfate . . . . .	16	REVIA . . . . .	11
propoxyphene hcl/ acetaminophen . . . . .	6	QVAR . . . . .	40	REVLIMID . . . . .	15
propoxyphene napsylate/ acetaminophen . . . . .	6	<b>R</b>		REYATAZ . . . . .	18
PROPRANOLOL . . . . .	23	RANEXA . . . . .	23	RHEUMATREX . . . . .	15
propranolol . . . . .	23	RANICLOR . . . . .	9	RHINOCORT AQUA . . . . .	40
propranolol/ hydrochlorothiazide . . . . .	23	ranitidine . . . . .	30	ribavirin . . . . .	18
propylthiouracil . . . . .	33	RAPAMUNE . . . . .	34	RICOBID . . . . .	40
PROQUAD . . . . .	34	RAPTIVA . . . . .	34	RICOBID-D . . . . .	40
PROQUIN XR . . . . .	9	RAUWOLFIA/ BENDROFLUMETHIAZIDE . . . . .	23	RICOBID-H . . . . .	40
PROSCAR . . . . .	30	RAZADYNE . . . . .	10	RICOBID NR . . . . .	40
PROSTIGMIN . . . . .	13	RAZADYNE ER . . . . .	10	RIDAURA . . . . .	34
PROSTIN E2 . . . . .	32	REBETOL . . . . .	18	RIFADIN . . . . .	14
PROTONIX . . . . .	29	RECOMBIVAX HB . . . . .	34	RIFAMATE . . . . .	14
PROTONIX inj . . . . .	29	RECTACREME HC . . . . .	27	rifampin . . . . .	14
PROTOPIC . . . . .	34	RECTAGEL HC . . . . .	27	RIFATER . . . . .	14
PROVENTIL HFA . . . . .	40	REGLAN . . . . .	11	RILUTEK . . . . .	24
PROVENTIL inhaler . . . . .	40	REGRANEX . . . . .	27	rimantadine . . . . .	18
PROVERA . . . . .	32			RIOMET . . . . .	19
PROVIGIL . . . . .	24			RISPERDAL . . . . .	17
PROZAC . . . . .	11			RITALIN . . . . .	24
PROZAC WEEKLY . . . . .	11			RITALIN LA . . . . .	24
pseudoephedrine/guaifenesin . . . . .	40			RITALIN SR . . . . .	24
				RITUXAN . . . . .	15
				RMS . . . . .	6
				ROBAXIN . . . . .	41

ROBINUL.....	30	SILVADENE.....	27	SUBUTEX.....	6
ROBINUL FORTE.....	30	SILVER NITRATE.....	27	SUCRAID.....	28
ROCALTROL.....	32	silver sulfadiazine.....	27	sucralfate tabs.....	30
ROCEPHIN.....	9	SIMETYL.....	30	SUDAL 12.....	40
ROFERON-A.....	15	SIMULECT.....	34	SULAR.....	23
RONDEC.....	40	simvastatin.....	23	SULFACET-R.....	27
ROSAC.....	27	SINA-12X.....	40	sulfacetamide sodium....	27, 36
ROSULA.....	27	SINEMET.....	16	sulfacetamide sodium/ prednisolone.....	36
ROSULA NS.....	27	SINEMET CR.....	16	sulfacetamide sodium/sulfur..	27
ROWASA.....	34	SINGULAIR.....	40	sulfacetamide sodium/ sulfur/urea.....	27
ROXANOL.....	6	SINUVENT PE.....	40	sulfacetamide sodium/urea ..	27
ROXICET.....	6	SITREX.....	40	SULFACETAMIDE	
ROXICODONE.....	6	SKELAXIN.....	41	SODIUM OINT.....	36
ROZEREM.....	41	SKELID.....	32	SULFADIAZINE.....	9
ROZEX.....	27	sodium chloride irrigation soln .	27	sulfamethoxazole/trimethoprim .	9
RUM-K.....	42	sodium citrate/ citric acid soln .	42	SULFAMETHOXAZOLE/ TRIMETHOPRIM inj.....	9
RYNA-12.....	40	SODIUM FLUORIDE.....	24, 42	SULFAMYLON.....	27
RYNA-12 S.....	40	sodium fluoride.....	24, 42	sulfasalazine.....	34
RYNATAN.....	40	sodium polystyrene sulfonate..	11	sulfasalazine DR.....	34
RYTHMOL.....	23	sodium thiosulfate/ salicylic acid.....	27	SULFOXYL.....	27
RYTHMOL SR.....	23	SOLARAZE.....	27	SULFURATED LIME.....	16
<b>S</b>		SOMA.....	41	sulindac.....	13
SAL-TROPINE.....	30	SOMA COMPOUND.....	41	SUMYCIN.....	9
SALAGEN.....	24	SOMA CPD WITH CODEINE .	41	SUPRAX.....	9
SALEX.....	27	SOMAVERT.....	33	SURMONTIL.....	11
salicylic acid.....	27	SOMNOTE.....	41	SUSTIVA.....	18
salsalate.....	13	SONATA.....	41	SUTENT.....	15
SANCTURA.....	30	SORIATANE.....	27	SYMAX DUOTAB.....	30
SANDIMMUNE.....	34	sotalol.....	23	SYMBYAX.....	11, 18
SANDOSTATIN.....	30	sotalol AF.....	23	SYMLIN.....	19
SANDOSTATIN LAR DEPOT .	30	SPECTAZOLE.....	27	SYMMETREL.....	17, 18
SANTYL.....	27	SPECTRACEF.....	9	SYNAGIS.....	34
SARAFEM.....	11	SPIRIVA HANDIHALER.....	40	SYNALAR.....	27
SCOPACE.....	11	spironolactone.....	23	SYNALGOS-DC.....	6
SCOPOLAMINE inj.....	11	spironolactone/ hydrochlorothiazide.....	23	SYNAREL.....	33
scopolamine tabs.....	11	SPORANOX.....	12	SYNERCID.....	9
SEB-PREV.....	27	SPRYCEL.....	15	SYNTHROID.....	32
selegiline.....	16	STAFLEX.....	6	SYPRINE.....	11
selenium sulfide.....	27	STAGESIC-10.....	6	<b>T</b>	
SELSEB.....	27	STALEVO.....	17	TABLOID.....	15
SELSUN.....	27	stannous fluoride.....	24	TAGAMET.....	30
SEMPREX-D.....	40	STARLIX.....	19	TALACEN.....	6
SENSIPAR.....	33	STERAPRED.....	32	TALADINE.....	30
SEPTRA.....	9	STIMATE.....	32	TALWIN NX.....	6
SEREVENT DISKUS.....	40	STRATTERA.....	24	TAMBOCOR.....	23
SEROMYCIN.....	14	STREPTOMYCIN.....	9	TAMIFLU.....	18
SEROQUEL.....	17	STRIANT.....	32		
sertraline.....	11, 18	STROMECTOL.....	16		
SHOHL'S SOLN MODIFIED..	42	SUBOXONE.....	6		

tamoxifen citrate . . . . .	33	TIGAN caps. . . . .	12	tricitrates . . . . .	42
TANACOF-XR . . . . .	40	TIKOSYN . . . . .	23	TRICOR . . . . .	23
TANAFED DP . . . . .	40	TILADE . . . . .	41	trifluoperazine . . . . .	17
TAPAZOLE . . . . .	33	TIMENTIN . . . . .	9	trifluridine . . . . .	36
TARCEVA . . . . .	15	TIMOLIDE . . . . .	23	TRIGLIDE . . . . .	23
TARGRETIN . . . . .	15, 27	timolol maleate . . . . .	23, 36	trihexyphenidyl . . . . .	17
TARKA . . . . .	23	TIMOPTIC . . . . .	36	TRILEPTAL . . . . .	10
TASMAR . . . . .	17	TIMOPTIC-XE . . . . .	36	trimethobenzamide caps. . . . .	12
TAXOL . . . . .	15	TINDAMAX . . . . .	16	trimethoprim . . . . .	9
TAXOTERE . . . . .	15	tizanidine . . . . .	41	TRIOSTAT . . . . .	33
TAZORAC . . . . .	27	TOBI . . . . .	9	TRIPEDIA . . . . .	34
TEGRETOL . . . . .	10	TOBRADEX . . . . .	36	TRISENOX . . . . .	15
TEGRETOL XR . . . . .	10	tobramycin . . . . .	9, 36	TRIZIVIR . . . . .	18
TEMODAR . . . . .	15	TOBRAMYCIN inj . . . . .	9	TROPHAMINE inj. . . . .	42
TEMOVATE . . . . .	27	TOBREX . . . . .	36	tropicamide . . . . .	36
TENORETIC . . . . .	23	TOFRANIL . . . . .	11	TRUSOPT . . . . .	36
TENORMIN . . . . .	23	TOFRANIL-PM . . . . .	11	TRUVADA . . . . .	18
TERAZOL 3 . . . . .	12	TOLAZAMIDE . . . . .	19	TRYCET . . . . .	6
TERAZOL 7 . . . . .	12	tolazamide . . . . .	19	trypsin/castor oil/ peruvian balsam . . . . .	28
terazosin . . . . .	23, 30	TOLBUTAMIDE . . . . .	19	TUSNEL . . . . .	41
terbutaline . . . . .	40	tolmetin sodium . . . . .	13	TWINJECT . . . . .	41
terconazole . . . . .	12	TOLMETIN SODIUM 200 mg, 600 mg . . . . .	13	TWINRIX . . . . .	34
TESLAC . . . . .	33	TOPAMAX . . . . .	10	TYGACIL . . . . .	9
TESTIM . . . . .	32	TOPICORT . . . . .	27	TYLENOL/CODEINE . . . . .	6
testosterone cypionate . . . . .	33	TOPROL XL . . . . .	23	TYLOX . . . . .	6
testosterone enanthate . . . . .	33	torsemide . . . . .	23	TYMPAGESIC . . . . .	37
TESTRED . . . . .	33	TOURO ALLERGY . . . . .	41	TYSABRI . . . . .	34
TETANUS TOXOID ADSORBED . . . . .	34	TOURO LA . . . . .	41	TYZINE . . . . .	41
tetracycline . . . . .	9	TRACLEER . . . . .	23	TYZINE PEDIATRIC . . . . .	41
TEVETEN . . . . .	23	tramadol . . . . .	6		
TEVETEN HCT . . . . .	23	tramadol/acetaminophen . . . . .	6	<b>U</b>	
TEXACORT . . . . .	27	TRANDATE . . . . .	23	ULTRACAPS . . . . .	28
THALITONE . . . . .	23	TRANSDERM-SCOP . . . . .	12	ULTRACET . . . . .	6
THALOMID . . . . .	34	tranylcypromine . . . . .	11	ULTRALYTIC . . . . .	28
THEO-24 . . . . .	40	TRAVASOL inj . . . . .	42	ULTRAM . . . . .	6
THEOMAR GG . . . . .	41	TRAVATAN . . . . .	36	ULTRAM ER . . . . .	6
theophylline ER caps . . . . .	41	trazodone . . . . .	11	ULTRASE . . . . .	28
theophylline ER tabs . . . . .	41	TRECATOR . . . . .	14	ULTRAVATE . . . . .	28
THERA-FLUR-N . . . . .	24	TRECATOR-SC . . . . .	14	UMECTA . . . . .	28
THERACYS . . . . .	15	TRELSTAR . . . . .	33	UNASYN . . . . .	9
THIOGUANINE . . . . .	15	TRENTAL . . . . .	20	UNIPHYL . . . . .	41
THIOLA . . . . .	30	TRETIN-X . . . . .	27	UNIRETIC . . . . .	23
thioridazine . . . . .	17	tretinoin . . . . .	28	UNIVASC . . . . .	24
thiotepa . . . . .	15	TREXALL . . . . .	15	urea . . . . .	28
thiothixene . . . . .	17	TRIAMCINOLONE ACETONIDE . . . . .	28	urea/hydrocortisone acetate . . . . .	28
THYMOGLOBULIN . . . . .	34	triamcinolone acetonide . . . . .	24, 28	URECHOLINE . . . . .	30
thyroid . . . . .	33	triamterene/ hydrochlorothiazide . . . . .	23	URELLE . . . . .	31
THYROLAR . . . . .	33	TRIAZ . . . . .	28	URETRON D/S . . . . .	31
THIAZAC . . . . .	23			UREX . . . . .	9
TICE BCG . . . . .	15				

URISED . . . . .	31	VIDAZA . . . . .	16	XYREM . . . . .	24
URISPAS . . . . .	31	VIDEX . . . . .	18	<b>Y</b>	
URISYM . . . . .	31	VIGAMOX . . . . .	36	YODOXIN . . . . .	16
URITACT-EC . . . . .	31	VINBLASTINE . . . . .	16	<b>Z</b>	
URITACT DS . . . . .	31	vincristine . . . . .	16	Z-CLINZ . . . . .	28
URO-KP-NEUTRAL . . . . .	42	VINORELBINE . . . . .	16	ZACLIR . . . . .	28
UROCIT-K . . . . .	42	vinorelbine . . . . .	16	ZADITOR . . . . .	36
UROQID #2 . . . . .	31	VIOKASE . . . . .	28	ZANAFLEX . . . . .	41
URSO . . . . .	30	VIRACEPT . . . . .	18	ZANOSAR . . . . .	16
ursodiol . . . . .	30	VIRAMUNE . . . . .	18	ZANTAC . . . . .	30
UTA . . . . .	31	VIRAVAN-S . . . . .	41	ZARONTIN . . . . .	10
UTIRA . . . . .	31	VIRAVAN-T . . . . .	41	ZAROXOLYN . . . . .	24
UVADEX . . . . .	16	VIREAD . . . . .	18	ZAVESCA . . . . .	28
<b>V</b>		VIROPTIC . . . . .	36	ZAZOLE 0.8% . . . . .	12
VAGIFEM . . . . .	33	VISTARIL . . . . .	12, 18, 41	ZEBETA . . . . .	24
VALCYTE . . . . .	18	VISTIDE . . . . .	18	ZEGERID . . . . .	30
valproic acid . . . . .	10	VITA-NUMONYL . . . . .	41	ZELNORM . . . . .	30
VALTRES . . . . .	18	VITA-NUMONYL EX . . . . .	41	ZEMPLAR . . . . .	33
VANCOCIN caps . . . . .	9	VIVACTIL . . . . .	11	ZENAPAX . . . . .	34
VANCOMYCIN inj. . . . .	9	VIVELLE . . . . .	33	ZERIT . . . . .	18
vancomycin inj. . . . .	9	VIVELLE-DOT . . . . .	33	ZESTORETIC . . . . .	24
VANOS . . . . .	28	VOLTAREN . . . . .	13, 36	ZESTRIL . . . . .	24
VANOXIDE-HC . . . . .	28	VOLTAREN-XR . . . . .	13	ZETIA . . . . .	24
VANSPAR . . . . .	18	VOPAC . . . . .	6	ZEVALIN . . . . .	16
VANTIN . . . . .	9	VOSPIRE ER . . . . .	41	ZIAC . . . . .	24
VAQTA . . . . .	34	VUMON . . . . .	16	ZIAGEN . . . . .	18
VARIVAX . . . . .	34	VYTORIN . . . . .	24	zidovudine . . . . .	18
VASERETIC . . . . .	24	<b>W</b>		ZINACEF . . . . .	9
vasopressin . . . . .	33	warfarin sodium . . . . .	20	ZINECARD . . . . .	16
VASOTEC . . . . .	24	water for irrigation . . . . .	28	ZITHROMAX . . . . .	9
VAZOL . . . . .	41	WELCHOL . . . . .	24	ZITHROMAX susp, tabs . . . . .	9
VAZOL-D . . . . .	41	WELLBUTRIN . . . . .	11	ZMAX . . . . .	9
VELCADE . . . . .	16	WELLBUTRIN SR . . . . .	11	ZOCOR . . . . .	24
venlafaxine . . . . .	11	WELLBUTRIN XL . . . . .	11	ZODERM . . . . .	28
VENTAVIS . . . . .	24	WESTCORT . . . . .	28	ZOFRAN . . . . .	12
VENTOLIN HFA . . . . .	41	<b>X</b>		ZOFRAN ODT . . . . .	12
verapamil . . . . .	24	XALATAN . . . . .	36	ZOLADEX . . . . .	33
verapamil ER . . . . .	24	XEDEC . . . . .	41	ZOLOFT . . . . .	11, 18
VERELAN . . . . .	24	XELODA . . . . .	16	ZOMIG . . . . .	13
VERELAN PM . . . . .	24	XENADERM . . . . .	28	ZOMIG ZMT . . . . .	13
VESANOID . . . . .	16	XERAC-AC . . . . .	28	ZONALON . . . . .	28
VESICARE . . . . .	31	XIBROM . . . . .	36	ZONEGRAN . . . . .	10
VEXOL . . . . .	36	XIFAXAN . . . . .	9	zonisamide . . . . .	10
VFEND IV . . . . .	12	XODOL . . . . .	6	ZORPRIN . . . . .	13
VIADUR . . . . .	33	XOLAIR . . . . .	34	ZOSYN . . . . .	9
VIBRAMYCIN . . . . .	9	XOPENEX HFA . . . . .	41	ZOTEX-GP . . . . .	41
VIBRATAB . . . . .	9	XYLOCAINE . . . . .	6, 28	ZOTEX GPX . . . . .	41
VICODIN . . . . .	6				
VICOPROFEN . . . . .	6				

ZOVIRAX.....	18, 28
ZYBAN.....	11
ZYDONE.....	6
ZYFLO.....	41
ZYLET.....	36
ZYLOPRIM.....	12
ZYMAR.....	36
ZYMINE.....	41
ZYPREXA.....	17
ZYPREXA ZYDIS.....	17
ZYRTEC.....	41
ZYRTEC-D.....	41
ZYVOX.....	9

