

Group Health* Clear Care® 2010 Part D Abridged Formulary

2010 Part D Abridged Formulary (List of covered drugs)

Please read:

This document contains information about the drugs we cover in our Clear Care HMO plans.

Note to existing members:

This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

This document includes Group Health's partial formulary as of March 1st, 2010. For a complete, updated formulary, please visit our Web site at www.ghc.org or call **1-888-901-4600**, Monday–Friday, 8 a.m. to 8 p.m.

From Nov. 15, 2009–Feb. 28, 2010, we will be available every day of the week from 8 a.m. to 8 p.m. TTY/Relay users should call **1-800-833-6388**.

* Group Health refers to Group Health Cooperative.

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What is the Group Health Clear Care Part D Formulary?

A formulary is a list of covered drugs selected by Group Health in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Group Health will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Group Health network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a partial formulary and includes only some of the drugs covered by Group Health. For a complete listing of all prescription drugs covered by Group Health, please visit our Web site at www.ghc.org or call 1-888-901-4600 Monday – Friday, 8 a.m. to 8 p.m. From Nov. 15, 2009 through Feb. 28, 2010, we will be available every day of the week from 8 a.m. to 8 p.m. TTY/TDD users should call TTY WA Relay: 711 or 1-800-833-6388.

Can the Formulary change?

Generally, if you are taking a drug on our 2010 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2010 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1st, 2010. To get updated information about the drugs covered by Group Health, please visit our Web site at www.ghc.org or call Member Services at 1-888-901-4600, Monday – Friday, 8 a.m. to 8 p.m. From Nov. 15, 2009 through Feb. 28, 2010, we will be available every day of the week from 8 a.m. to 8 p.m. TTY/TDD users should call TTY WA Relay: 711 or 1-800-833-6388. Group Health will update print formularies in the event of mid-year non-maintenance formulary changes.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 6. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiac Drugs”. If you know what your drug is used for, look for the category name in the list that begins on page 6. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 21. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Group Health covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Group Health requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Group Health before you fill your prescriptions. If you don't get approval, Group Health may not cover the drug.
- **Quantity Limits:** For certain drugs, Group Health limits the amount of the drug that Group Health will cover. For example, Group Health provides 12 doses per prescription for MAXALT. This may be in addition to a standard one month or three month supply.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 6. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.ghc.org

You can ask Group Health to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Group Health formulary?" on page 2 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this list of covered drugs, you should first contact Member Services and ask if your drug is covered. This document includes only a partial list of covered drugs, so Group Health may cover your drug. You can contact Member Services at 1-888-901-4600, Monday – Friday, 8 a.m. to 8 p.m. From Nov. 15, 2009, through Feb. 28, 2010, we will be available every day of the week from 8 a.m. to 8 p.m. TTY/TDD users should call TTY WA Relay: 711 or 1-800-833-6388.

If you learn that Group Health does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Group Health. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Group Health
- You can ask Group Health to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Group Health Clear Care Formulary?

You can ask Group Health to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Group Health limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your

request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Group Health assures that members in transition have access to covered medication without an interruption in therapy.

For more information

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

If you have questions about Group Health, please call Member Services at 1-888-901-4600, Monday – Friday, 8 a.m. to 8 p.m. From Nov. 15th, 2009 through Feb. 28, 2010, we will be available every day of the week from 8 a.m. to 8 p.m. TTY/TDD users should call TTY WA Relay: 711 or 1-800-833-6388 Or visit www.ghc.org.

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

Group Health Clear Care Part D Formulary

The abridged formulary below provides coverage information about some of the drugs covered by Group Health. If you have trouble finding your drug in the list, turn to the Index that begins on page 21. Remember: This is only a partial list of drugs covered by Group Health. If your prescription is not in this partial formulary, please visit our Web site at www.ghc.org or call Member Services at 1-888-901-4600, Monday – Friday, 8 a.m. to 8 p.m. From Nov. 15, 2009 through Feb. 28, 2010, we will be available every day of the week from 8 a.m. to 8 p.m. TTY/TDD users should call TTY WA Relay: 711 or 1-800-833-6388 for additional help.

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

The second column of the chart lists the drug tier or coverage level. Group Health covers all Medicare Part D allowable prescription drugs at three levels of coverage: Preferred Generic (Tier 1), Preferred Brand (Tier 2), and Non-Preferred Generic and Non-Preferred Brand-name drugs (Tier 3). To determine the coverage level you will need to determine the tier level (1, 2, or 3) of your drug. Once you have found your drug, look in the “Tier” column to determine whether your drug is Tier 1 (Preferred Generic), Tier 2 (Preferred Brand-name), or Tier 3 (Non-Preferred Generic or Non-Preferred Brand-name). Once you have determined the type of drug, you can refer to your 2010 Summary of Benefits or Evidence of Coverage for information on the level of coverage.

Initial Coverage Level for 30 day supply*

Plans	Tier 1 (Preferred Generic)	Tier 2 (Preferred Brand)	Tier 3 (Non Preferred Generic or Brand)
Clear Care Essential (HMO)	\$4 copayment	\$14 copayment	50% coinsurance
Clear Care Optimal (HMO)	\$ 9 copayment	\$15 copayment	50% coinsurance
Clear Care Sound (HMO)	\$10 copayment	\$10 copayment	50% coinsurance
Clear Care Vital (HMO)	\$6 copayment	\$17 copayment	50% coinsurance
Clear Care Prestige (PPO)	\$6 copayment	\$17 copayment	50% coinsurance
Clear Care Elite (PPO)	\$9 copayment	\$15 copayment	50% coinsurance

*Coverage level shown does not reflect deductibles, gap coverage, or catastrophic benefit coverage. Please refer to your 2010 Summary of Benefits or Evidence of Coverage for details.

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

- **PA = Prior Authorization:** Group Health requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Group Health before you fill your prescriptions. If you don't get approval, Group Health may not cover the drug.
- **QL = Quantity Limits:** For certain drugs, Group Health limits the amount of the drug that Group Health will cover. For example, Group Health provides 12 doses per prescription for MAXALT. This may be in addition to a standard one month or three month supply.

- **ML = Maintenance List:** For certain drugs you take on a regular basis, for a chronic or long term medical condition, you may order up to a 90 day supply of the drugs through mail-order prescription drug services or retail pharmacies who have agreed to accept the mail-order cost-sharing amount for an extended supply of maintenance medications.
- **LA = Limited Availability:** This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or please call Customer Service at 1-888-901-4600, Monday – Friday, 8 a.m. to 8 p.m. From Nov. 15, 2009 through Feb. 28, 2010, we will be available every day of the week from 8 a.m. to 8 p.m. TTY/TDD users should call TTY WA Relay: 711 or 1-800-833-6388.
- **HI = Home Infusion:** For certain drugs, Group Health may be covered under your medical benefit. For more information, call Customer Service at 1-888-901-4600, Monday – Friday, 8 a.m. to 8 p.m. From Nov. 15, 2009 through Feb. 28, 2010, we will be available every day of the week from 8 a.m. to 8 p.m. TTY/TDD users should call TTY WA Relay: 711 or 1-800-833-6388

Drug Name	Drug Tier	Notes
ACIDIFYING AGENTS		
ACIDIFYING AGENTS		
ammonium chloride	1	
ADRENALS		
ADRENALS		
dexamethasone	1	ML
FLOVENT HFA	2	ML
methylprednisolone	1	ML
prednisone	1	ML
ALKALINIZING AGENTS		
ALKALINIZING AGENTS		
potassium citrate extended-release	1	ML
sodium bicarbonate	1	
ALPHA-ADRENERGIC BLOCKING AGENTS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin mesylate	1	ML
terazosin hcl	1	ML
AMMONIA DETOXICANTS		
AMMONIA DETOXICANTS		
lactulose	1	ML
LITHOSTAT	3	ML
ANALGESICS AND ANTIPIRETICS		
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
CELEBREX	3	ML
diclofenac sodium	1	ML
ibuprofen	1	ML
naproxen	1	ML
sulindac	1	ML
OPIATE AGONISTS		
acetaminophen/codeine	1	ML
fentanyl	1	
hydrocodone /acetaminophen	1	ML
morphine sulfate	1	ML
oxycodone /acetaminophen	1	ML
oxycodone hcl	1	ML
OPIATE PARTIAL AGONISTS		
butorphanol tartrate	1	ML
nalbuphine hcl	1	
ANDROGENS		
ANDROGENS		
testosterone cypionate	1	ML
testosterone enanthate	1	
ANOREXIGENICS,RESPIR.,CEREBRAL STIMULANT		
AMPHETAMINES		
amphetamine salt combo	1	ML
dextroamphetamine sulfate	1	ML
ANOREX.,RESPIR.,CEREBRAL STIMULANTS,MISC		
CONCERTA	2	
methylphenidate hcl	1	ML

Drug Name	Drug Tier	Notes
ANTHELMINTICS		
ANTHELMINTICS		
BILTRICIDE	2	ML
<i>mebendazole</i>	1	ML
ANTI-INFECTIVES (EENT)		
ANTIBACTERIALS (EENT)		
<i>doxycycline hyclate</i>	1	ML
<i>erythromycin</i>	1	ML
<i>sodium sulfacetamide</i>	1	ML
ANTIFUNGALS (EENT)		
NATACYN	2	
ANTIVIRALS (EENT)		
<i>trifluridine</i>	1	ML
EENT ANTI-INFECTIVES, MISCELLANEOUS		
<i>acetic acid</i>	1	ML
PERIDEX ORAL RINSE	3	
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
ANTIBACTERIALS (SKIN AND MUCOUS MEMBRANE)		
<i>erythromycin</i>	1	ML
<i>mupirocin</i>	1	ML
ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE)		
<i>clotrimazole</i>	1	ML
<i>nystatin</i>	1	ML
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)		
DENAVIR	3	ML
ZOVIRAX	3	ML
LOCAL ANTI-INFECTIVES, MISCELLANEOUS		
<i>selenium sulfide</i>	1	ML
<i>silver sulfadiazine</i>	1	ML
SCABICIDES AND PEDICULICIDES		
EURAX	2	
<i>permethrin</i>	1	ML
ANTI-INFLAMMATORY AGENTS (EENT)		
CORTICOSTEROIDS (EENT)		
<i>flunisolide</i>	1	ML
<i>fluticasone propionate</i>	1	ML
EENT ANTI-INFLAMMATORY AGENTS, MISC.		
RESTASIS	2	ML
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS		
<i>diclofenac sodium</i>	1	ML
<i>flurbiprofen sodium</i>	1	ML
ANTI-INFLAMMATORY AGENTS (GI DRUGS)		
ANTI-INFLAMMATORY AGENTS (GI DRUGS)		
ASACOL	2	ML
<i>mesalamine</i>	1	ML
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)		
LEUKOTRIENE MODIFIERS		
ACCOLATE	3	ML
SINGULAIR	2	ML
MAST-CELL STABILIZERS		

Drug Name	Drug Tier	Notes
<i>cromolyn sodium</i>	1	ML
GASTROCROM	2	ML
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS)		
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS)		
<i>desonide</i>	1	ML
<i>triamcinolone acetonide</i>	1	ML
ANTIALLERGIC AGENTS		
ANTIALLERGIC AGENTS		
ASTELIN	2	ML
PATANOL	2	ML
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>isotonic gentamicin inj 0.6mg/ml; 0.9%</i>	1	HI
<i>tobramycin sulfate/sodium chloride inj 0.9%; 0.8mg/ml</i>	1	HI
ANTIBACTERIALS, MISCELLANEOUS		
<i>clindamycin hcl</i>	1	ML
VANCOCIN HCL	2	
CEPHALOSPORINS		
<i>cefuroxime axetil</i>	1	ML
<i>cephalexin</i>	1	ML
MACROLIDES		
<i>azithromycin susr, tabs</i>	1	
<i>erythromycin base</i>	1	ML
MISCELLANEOUS B-LACTAM ANTIBIOTICS		
<i>cefotetan</i>	1	HI
PRIMAXIN IV	2	HI
PENICILLINS		
<i>amoxicillin</i>	1	ML
<i>amoxicillin/potassium clavulanate</i>	1	ML
<i>penicillin v potassium</i>	1	ML
QUINOLONES		
<i>ciprofloxacin hcl tabs</i>	1	ML
LEVAQUIN TABS	2	
LEVAQUIN SOLN	3	
SULFONAMIDES (SYSTEMIC)		
<i>sulfamethoxazole /trimethoprim</i>	1	ML
<i>sulfasalazine</i>	1	ML
TETRACYCLINES		
<i>doxycycline hyclate tabs</i>	1	ML
<i>tetracycline hcl</i>	1	ML
ANTICHOLINERGIC AGENTS		
ANTIMUSCARINICS/ANTISPASMODICS		
ATROVENT HFA	2	ML
<i>propantheline bromide</i>	1	ML
ANTICONVULSANTS		
ANTICONVULSANTS, MISCELLANEOUS		
<i>carbamazepine</i>	1	ML
<i>carbamazepine er</i>	1	
<i>divalproex sodium</i>	1	ML
<i>gabapentin</i>	1	ML

Drug Name	Drug Tier	Notes
<i>lamotrigine</i>	1	ML
<i>levetiracetam</i>	1	ML
<i>topiramate</i>	1	
<i>valproic acid</i>	1	ML
BARBITURATES (ANTICONVULSANTS)		
MYSOLINE	3	ML
<i>primidone</i>	1	ML
HYDANTOINS		
CEREBYX	2	HI; ML
<i>phenytoin sodium extended</i>	1	ML
SUCCINIMIDES		
CELONTIN	2	ML
<i>ethosuximide</i>	1	ML
ANTIDIABETIC AGENTS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	1	
GLYSET	3	ML
AMYLINOMIMETICS		
SYMLIN	3	
BIGUANIDES		
<i>metformin hcl</i>	1	ML
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS		
JANUMET	3	ML
JANUVIA	3	ML
INCRETIN MIMETICS		
BYETTA	3	
INSULINS		
LANTUS	2	ML
<i>novolin n</i>	1	ML
NOVOLIN R	2	ML
NOVOLOG	2	ML
MEGLITINIDES		
PRANDIN	3	ML
STARLIX	3	ML
SULFONYLUREAS		
<i>glipizide</i>	1	ML
<i>glyburide</i>	1	ML
THIAZOLIDINEDIONES		
ACTOS	3	ML
AVANDIA	3	ML
ANTIDIARRHEA AGENTS		
ANTIDIARRHEA AGENTS		
<i>diphenoxylate/atropine</i>	1	ML
<i>loperamide hcl</i>	1	ML
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET	3	PA
<i>ondansetron hcl</i>	1	PA
ANTIEMETICS, MISCELLANEOUS		
MARINOL	3	

Drug Name	Drug Tier	Notes
TRANSDERM-SCOP	2	ML
ANTIHISTAMINES (GI DRUGS)		
<i>meclizine hcl</i>	1	
<i>prochlorperazine</i>	1	ML
ANTIFUNGAL (SYSTEMIC)		
ALLYLAMINES		
LAMISIL	3	
<i>terbinafine hcl</i>	1	
ANTIFUNGALS, MISCELLANEOUS		
GRIS-PEG	2	ML
<i>griseofulvin microsize</i>	1	ML
AZOLES		
<i>fluconazole</i>	1	ML
<i>itraconazole</i>	1	
ECHINOCANDINS		
CANCIDAS	2	HI
MYCAMINE	3	HI
POLYENES		
AMBISOME	2	HI
<i>nystatin</i>	1	ML
PYRIMIDINES		
ANCOBON	2	
ANTIGLAUCOMA AGENTS		
ALPHA-ADRENERGIC AGONISTS (EENT)		
<i>brimonidine tartrate</i>	1	ML
BETA-ADRENERGIC BLOCKING AGENTS (EENT)		
<i>betaxolol hcl</i>	1	ML
<i>levobunolol hcl</i>	1	ML
<i>metipranolol</i>	1	ML
<i>timolol maleate</i>	1	ML
CARBONIC ANHYDRASE INHIBITORS (EENT)		
<i>acetazolamide</i>	1	ML
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl/timolol maleate</i>	1	
<i>methazolamide</i>	1	ML
MIOTICS		
PHOSPHOLINE IODIDE	3	ML
PILOPINE HS	3	ML
PROSTAGLANDIN ANALOGS		
LUMIGAN	2	ML
TRAVATAN Z	2	ML
XALATAN	2	ML
ANTIHEMORRHAGIC AGENTS		
HEMOSTATICS		
CYKLOKAPRON	3	
ANTIHYPOGLYCEMIC AGENTS		
GLYCOGENOLYTIC AGENTS		
GLUCAGON EMERGENCY KIT	2	ML
ANTILIPEMIC AGENTS		
ANTILIPEMIC AGENTS, MISCELLANEOUS		

Drug Name	Drug Tier	Notes
<i>niacor</i>	3	ML
NIASPAN	2	ML
BILE ACID SEQUESTRANTS		
<i>cholestyramine</i>	1	ML
<i>colestipol hcl</i>	1	ML
CHOLESTEROL ABSORPTION INHIBITORS		
VYTORIN	2	ML
ZETIA	2	ML
FIBRIC ACID DERIVATIVES		
<i>fenofibrate</i>	1	ML
LOFIBRA	3	ML
HMG-COA REDUCTASE INHIBITORS		
LIPITOR TABS 80MG	2	ML
LIPITOR TABS 10MG, 20MG, 40MG	3	ML
<i>pravastatin sodium</i>	1	ML
<i>simvastatin</i>	1	ML
ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium carbonate</i>	1	ML
<i>lithium carbonate er</i>	1	ML
ANTIMIGRAINE AGENTS		
SELECTIVE SEROTONIN AGONISTS		
MAXALT-MLT	2	QL; ML
<i>sumatriptan succinate</i>	1	QL
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, MISCELLANEOUS		
<i>dapsone</i>	1	
ANTITUBERCULOSIS AGENTS		
<i>isoniazid</i>	1	ML
<i>rifampin</i>	1	ML
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
<i>bicalutamide</i>	1	
<i>cyclophosphamide</i>	1	ML
<i>etoposide</i>	1	
FEMARA	2	ML
<i>flutamide</i>	1	ML
GLEEVEC	2	
<i>leuprolide acetate</i>	1	ML
<i>megestrol acetate</i>	1	ML
<i>methotrexate</i>	1	ML
<i>tamoxifen citrate</i>	1	ML
ANTIPARKINSONIAN AGENTS		
ADAMANTANES (CNS)		
<i>amantadine hcl</i>	1	ML
ANTICHOLINERGIC AGENTS (CNS)		
<i>benztropine mesylate</i>	1	ML
<i>trihexyphenidyl hcl</i>	1	ML
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.		
COMTAN	2	ML

Drug Name	Drug Tier	Notes
TASMAR	3	
DOPAMINE PRECURSORS		
<i>carbidopa/levodopa</i>	1	ML
STALEVO 100	2	ML
STALEVO 150	2	ML
STALEVO 200	2	ML
STALEVO 50	2	ML
DOPAMINE RECEPTOR AGONISTS		
MIRAPEX	1	ML
<i>ropinirole hcl</i>	1	ML
MONOAMINE OXIDASE B INHIBITORS		
AZILECT	2	ML
<i>selegiline hcl</i>	1	ML
ANTIPROTOZOALS		
AMEBICIDES		
<i>paromomycin sulfate</i>	1	
ANTIMALARIALS		
<i>hydroxychloroquine sulfate</i>	1	ML
<i>mefloquine hcl</i>	1	ML
ANTIPROTOZOALS, MISCELLANEOUS		
MEPRON	2	ML
<i>metronidazole</i>	1	ML
ANTIPRURITICS AND LOCAL ANESTHETICS		
ANTIPRURITICS AND LOCAL ANESTHETICS		
<i>lidocaine/prilocaine</i>	1	ML
LIDODERM	2	ML
ANTITHROMBOTIC AGENTS		
ANTICOAGULANTS		
LOVENOX	2	
<i>warfarin sodium</i>	1	ML
PLATELET-AGGREGATION INHIBITORS		
PLAVIX TABS 75MG	2	ML
PLAVIX TABS 300MG	3	
PLETAL	3	ML
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
HISTAMINE H2-ANTAGONISTS		
<i>cimetidine</i>	1	ML
<i>ranitidine hcl</i>	1	ML
PROSTAGLANDINS		
<i>misoprostol</i>	1	ML
PROTECTANTS		
<i>sucralfate</i>	1	ML
PROTON-PUMP INHIBITORS		
<i>omeprazole cpdr 10mg, 20mg</i>	1	ML
<i>omeprazole cpdr 40mg</i>	3	ML
<i>pantoprazole sodium</i>	1	ML
ANTIVIRALS (SYSTEMIC)		
ADAMANTANES		
<i>rimantadine hcl</i>	1	ML
ANTIRETROVIRALS		

Drug Name	Drug Tier	Notes
COMBIVIR	2	
<i>didanosine</i>	1	
EMTRIVA	2	
EPZICOM	2	
KALETRA	2	
LEXIVA	2	
PREZISTA	2	
<i>stavudine</i>	1	
TRUVADA	2	
VIRAMUNE	2	
ZIAGEN	2	
<i>zidovudine</i>	1	
ANTIVIRALS, MISCELLANEOUS		
<i>foscarnet sodium</i>	1	HI
FOSCAVIR	3	HI
INTERFERONS		
INTRON-A	2	
PEGASYS	2	
MONOCLONAL ANTIBODIES		
SYNAGIS	2	
NEURAMINIDASE INHIBITORS		
RELENZA DISKHALER	3	
TAMIFLU	2	
NUCLEOSIDES AND NUCLEOTIDES		
<i>acyclovir</i>	1	ML
BARACLUDE	2	
<i>ganciclovir</i>	1	
HEPSERA	2	
<i>ribavirin</i>	1	
VALCYTE	2	
ANXIOLYTICS, SEDATIVES AND HYPNOTICS		
ANXIOLYTICS, SEDATIVES AND HYPNOTICS, MISC.		
<i>bupirone hcl</i>	1	ML
<i>zaleplon</i>	3	ML
<i>zolpidem tartrate</i>	1	ML
AUTONOMIC DRUGS, MISCELLANEOUS		
AUTONOMIC DRUGS, MISCELLANEOUS		
CHANTIX	2	ML
NICOTROL INHALER	3	ML
BETA-ADRENERGIC BLOCKING AGENTS		
BETA-ADRENERGIC BLOCKING AGENTS		
<i>atenolol</i>	1	ML
<i>carvedilol</i>	1	ML
<i>labetalol hcl</i>	1	ML
<i>metoprolol tartrate</i>	1	ML
<i>nadolol</i>	1	ML
<i>propranolol hcl</i>	1	ML
<i>sotalol hcl</i>	1	ML
CALCIUM-CHANNEL BLOCKING AGENTS		
CALCIUM-CHANNEL BLOCKING AGENTS, MISC.		

Drug Name	Drug Tier	Notes
<i>diltiazem hcl</i>	1	ML
<i>verapamil hcl</i>	1	ML
DIHYDROPYRIDINES		
<i>amlodipine besylate</i>	1	ML
<i>felodipine er</i>	1	ML
<i>nifedipine</i>	1	ML
CALORIC AGENTS		
CALORIC AGENTS		
AMINOSYN	2	HI
TRAVASOL	2	HI
CARDIAC DRUGS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone hcl</i>	1	ML
<i>disopyramide phosphate</i>	1	ML
<i>quinidine gluconate cr</i>	1	ML
CARDIAC DRUGS, MISCELLANEOUS		
RANEXA	3	ML
CARDIOTONIC AGENTS		
DIGOXIN SOLN	2	ML
<i>digoxin tabs</i>	1	ML
CATHARTICS AND LAXATIVES		
CATHARTICS AND LAXATIVES		
OSMOPREP	2	
<i>trilyte</i>	1	
CELL STIMULANTS AND PROLIFERANTS		
CELL STIMULANTS AND PROLIFERANTS		
<i>retin-a</i>	1	ML
<i>tretinoin</i>	1	ML
CENTRAL NERVOUS SYSTEM AGENTS, MISC.		
CENTRAL NERVOUS SYSTEM AGENTS, MISC.		
NAMENDA	2	ML
STRATTERA	2	ML
CHOLELITHOLYTIC AGENTS		
CHOLELITHOLYTIC AGENTS		
URSO 250	2	ML
<i>ursodiol</i>	1	
CONTRACEPTIVES		
CONTRACEPTIVES		
<i>kariva</i>	1	ML
<i>necon 10/11-28</i>	1	ML
DEPIGMENTING AND PIGMENTING AGENTS		
PIGMENTING AGENTS		
8-MOP	2	
UVADEX	2	
DEVICES		
DEVICES		
<i>bd insulin syringe ultrafine/0.3ml/31g x 5/16"</i>	1	
<i>bd ultra-fine original pen needles/29g x 12.7mm</i>	1	
DIGESTANTS		
DIGESTANTS		

Drug Name	Drug Tier	Notes
CREON	3	
PANCRELIPASE	2	
DIURETICS		
LOOP DIURETICS		
<i>bumetanide</i>	1	ML
<i>furosemide</i>	1	ML
POTASSIUM-SPARING DIURETICS		
DYRENIUM	2	ML
<i>triamterene /hydrochlorothiazide</i>	1	ML
THIAZIDE DIURETICS		
<i>chlorothiazide</i>	1	ML
<i>hydrochlorothiazide</i>	1	ML
THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	1	ML
<i>metolazone</i>	1	ML
EENT DRUGS, MISCELLANEOUS		
EENT DRUGS, MISCELLANEOUS		
<i>carteolol hcl</i>	1	ML
IOPIDINE	3	ML
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS		
BASIC LOTIONS AND LINIMENTS		
<i>ammonium lactate</i>	3	
BASIC OINTMENTS AND PROTECTANTS		
<i>ammonium lactate</i>	3	ML
ENZYMES		
ENZYMES		
CEREDASE	2	HI
FABRAZYME	2	HI
ESTROGENS AND ANTIESTROGENS		
ESTROGEN AGONIST-ANTAGONISTS		
EVISTA	2	ML
ESTROGENS		
<i>climara</i>	1	ML
<i>estradiol</i>	1	ML
<i>estropipate</i>	1	ML
PREMARIN	2	ML
FIRST GENERATION ANTIHISTAMINES		
ETHANOLAMINE DERIVATIVES		
<i>clemastine fumarate</i>	3	ML
<i>diphenhydramine hcl</i>	1	ML
FIRST GEN. ANTIHIST. DERIVATIVES, MISC.		
<i>cyproheptadine hcl</i>	1	ML
PHENOTHIAZINE DERIVATIVES		
<i>promethazine hcl</i>	1	ML
PROPYLAMINE DERIVATIVES		
<i>dexchlorpheniramine maleate</i>	1	
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
DETROL LA	2	ML
<i>oxybutynin chloride</i>	1	ML

Drug Name	Drug Tier	Notes
GI DRUGS, MISCELLANEOUS		
GI DRUGS, MISCELLANEOUS		
CIMZIA	3	
LOTRONEX	3	
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA	2	ML
GONADOTROPINS		
GONADOTROPINS		
<i>chorionic gonadotropin</i>	1	ML
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
CUPRIMINE	2	ML
EXJADE	3	
HEMATOPOIETIC AGENTS		
HEMATOPOIETIC AGENTS		
ARANESP ALBUMIN FREE	3	
EPOGEN	2	
NEULASTA	3	
NEUPOGEN	2	
PROCRIT	2	
HEMORRHEOLOGIC AGENTS		
HEMORRHEOLOGIC AGENTS		
<i>pentoxifylline er</i>	1	ML
HYPOTENSIVE AGENTS		
CENTRAL ALPHA-AGONISTS		
<i>clonidine hcl</i>	1	ML
<i>methyldopa</i>	1	ML
DIRECT VASODILATORS		
<i>hydralazine hcl</i>	1	ML
<i>minoxidil</i>	1	ML
HYPOTENSIVE AGENTS, MISCELLANEOUS		
INVERSINE	2	
PERIPHERAL ADRENERGIC INHIBITORS		
<i>reserpine</i>	1	ML
ION-REMOVING AGENTS		
PHOSPHATE-REMOVING AGENTS		
FOSRENOL	3	
PHOSLO	2	ML
POTASSIUM-REMOVING AGENTS		
<i>sodium polystyrene sulfonate</i>	1	ML
IRRIGATING SOLUTIONS		
IRRIGATING SOLUTIONS		
<i>ringers irrigation</i>	1	
<i>sodium chloride 0.9%</i>	1	
KERATOLYTIC AGENTS		
KERATOLYTIC AGENTS		
<i>acanya</i>	1	
KERATOPLASTIC AGENTS		
KERATOPLASTIC AGENTS		

Drug Name	Drug Tier	Notes
VECTICAL	3	
LOCAL ANESTHETICS (EENT)		
LOCAL ANESTHETICS (EENT)		
<i>alcaine</i>	1	
<i>lidocaine hcl</i>	1	ML
LOCAL ANESTHETICS (PARENTERAL)		
LOCAL ANESTHETICS (PARENTERAL)		
<i>lidocaine hcl</i>	1	
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>alendronate sodium</i>	1	ML
<i>allopurinol</i>	1	ML
AVONEX	2	QL
<i>azathioprine</i>	1	PA; ML
BETASERON	2	QL
COPAXONE	2	QL
<i>cyclosporine</i>	1	PA
ENBREL	2	
<i>finasteride</i>	1	ML
HUMIRA	2	
<i>leflunomide</i>	1	
<i>mycophenolate mofetil</i>	1	PA
PROGRAF	2	PA
REBIF	2	QL
REVLIMID	2	LA
TYSABRI	3	LA
ZOMETA	2	HI
MUCOLYTIC AGENTS		
MUCOLYTIC AGENTS		
<i>acetylcysteine</i>	1	ML
MULTIVITAMIN PREPARATIONS		
MULTIVITAMIN PREPARATIONS		
<i>prenatabs obn</i>	1	
MYDRIATICS		
MYDRIATICS		
<i>dipivefrin hcl</i>	1	ML
<i>tropicamide</i>	1	
OPIATE ANTAGONISTS		
OPIATE ANTAGONISTS		
<i>naloxone hcl</i>	1	
<i>naltrexone hcl</i>	1	ML
OXYTOCICS		
OXYTOCICS		
METHERGINE	2	ML
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)		
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)		
ARICEPT	2	ML
<i>bethanechol chloride</i>	1	ML
PARATHYROID		
PARATHYROID		

Drug Name	Drug Tier	Notes
FORTEO	3	
FORTICAL	2	ML
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
curity gauze pads 2"x2"	1	
PITUITARY		
PITUITARY		
desmopressin acetate	1	ML
NORDITROPIN NORDIFLEX PEN	2	
PROGESTINS		
PROGESTINS		
medroxyprogesterone acetate	1	ML
norethindrone acetate	1	ML
PROKINETIC AGENTS		
PROKINETIC AGENTS		
metoclopramide hcl	1	ML
PSYCHOTHERAPEUTIC AGENTS		
ANTIDEPRESSANTS		
bupropion hcl	1	ML
citalopram hydrobromide	1	ML
fluoxetine hcl	1	ML
mirtazapine	1	ML
sertraline hcl	1	ML
trazodone hcl	1	ML
venlafaxine hcl	1	ML
VENLAFAXINE HCL ER	2	
ANTIPSYCHOTIC AGENTS		
clozapine	1	
haloperidol	1	ML
risperidone	1	ML
SEROQUEL	2	ML
ZYPREXA	2	ML
RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB		
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
COZAAR	2	ML
DIOVAN	3	ML
HYZAAR	3	ML
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS		
enalapril maleate	1	ML
lisinopril	1	ML
lisinopril /hydrochlorothiazide	1	ML
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS		
INSPRA	2	ML
spironolactone	1	ML
spironolactone /hydrochlorothiazide	1	ML
RENIN INHIBITORS		
TEKTURNA	3	ML
TEKTURNA HCT	3	
REPLACEMENT PREPARATIONS		
REPLACEMENT PREPARATIONS		

Drug Name	Drug Tier	Notes
<i>potassium chloride er</i>	1	ML
<i>sodium chloride 0.45% viaflex</i>	1	HI
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
<i>aminophylline</i>	1	
<i>theophylline er</i>	1	ML
RESPIRATORY TRACT AGENTS, MISCELLANEOUS		
RESPIRATORY TRACT AGENTS, MISCELLANEOUS		
XOLAIR	2	
SECOND GENERATION ANTIHISTAMINES		
SECOND GENERATION ANTIHISTAMINES		
CLARINEX	3	ML
<i>fexofenadine hcl</i>	1	ML
SERUMS		
SERUMS		
OCTAGAM	2	HI
VIVAGLOBIN	3	PA
SKELETAL MUSCLE RELAXANTS		
CENTRALLY ACTING SKELETAL MUSCLE RELAXANT		
<i>cyclobenzaprine hcl</i>	1	ML
<i>methocarbamol</i>	1	ML
<i>tizanidine hcl</i>	1	ML
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS		
<i>dantrolene sodium</i>	1	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT		
<i>baclofen</i>	1	ML
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS		
<i>orphenadrine /asa /caffeine</i>	3	
<i>orphenadrine citrate er</i>	1	ML
SKIN AND MUCOUS MEMBRANE AGENTS, MISC.		
SKIN AND MUCOUS MEMBRANE AGENTS, MISC.		
<i>calcipotriene</i>	1	ML
<i>fluorouracil</i>	1	ML
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
SOMATOTROPIN AGONISTS		
INCRELEX	3	
SOMATOTROPIN ANTAGONISTS		
SOMAVERT	2	LA
SYMPATHOLYTIC ADRENERGIC BLOCKING AGENTS		
SYMPATHOLYTIC ADRENERGIC BLOCKING AGENTS		
<i>dihydroergotamine mesylate</i>	1	
<i>ergotamine tartrate/caffeine</i>	1	
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ALPHA- AND BETA-ADRENERGIC AGONISTS		
<i>epinephrine hcl</i>	1	
EPIPEN 2-PAK	2	ML
TWINJECT	2	
ALPHA-ADRENERGIC AGONISTS		
<i>midodrine hcl</i>	1	ML
BETA-ADRENERGIC AGONISTS		

Drug Name	Drug Tier	Notes
COMBIVENT	2	ML
PROAIR HFA	2	QL; ML
SEREVENT DISKUS	2	ML
THYROID AND ANTITHYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole</i>	1	ML
<i>propylthiouracil</i>	1	ML
THYROID AGENTS		
CYTOMEL	3	ML
LEVOTHROID	2	ML
<i>levothyroxine sodium</i>	1	ML
TOXOIDS		
TOXOIDS		
<i>tetanus toxoid adsorbed</i>	1	PA
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	2	
URICOSURIC AGENTS		
URICOSURIC AGENTS		
<i>probenecid</i>	1	ML
<i>probenecid/colchicine</i>	1	ML
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVES		
<i>nitrofurantoin monohydrate</i>	1	ML
<i>trimethoprim</i>	1	ML
VACCINES		
VACCINES		
ENGERIX-B	2	PA
ZOSTAVAX	2	
VASOCONSTRICTORS		
VASOCONSTRICTORS		
<i>ak-con</i>	1	ML
TYZINE	2	
VASODILATING AGENTS		
NITRATES AND NITRITES		
<i>isosorbide dinitrate</i>	1	ML
<i>isosorbide mononitrate</i>	1	ML
NITROSTAT	2	ML
PHOSPHODIESTERASE INHIBITORS		
ADCIRCA	3	
REVATIO	2	ML
VASODILATING AGENTS, MISCELLANEOUS		
<i>dipyridamole</i>	1	ML
LETAIRIS	3	
VITAMIN D		
VITAMIN D		
<i>calcitriol</i>	1	ML
HECTOROL	2	ML
ZEMPLAR	3	ML

Index

Drug Name	Page #
8-MOP	14
<i>acanya</i>	16
<i>acarbose</i>	9
ACCOLATE	7
<i>acetaminophen/codeine</i>	6
<i>acetazolamide</i>	10
<i>acetic acid</i>	7
<i>acetylcysteine</i>	17
ACTOS	9
<i>acyclovir</i>	13
ADCIRCA	20
<i>ak-con</i>	20
<i>alcaine</i>	17
<i>alendronate sodium</i>	17
<i>allopurinol</i>	17
<i>amantadine hcl</i>	11
AMBISOME	10
<i>aminophylline</i>	19
AMINOSYN	14
<i>amiodarone hcl</i>	14
<i>amlodipine besylate</i>	14
<i>ammonium chloride</i>	6
<i>ammonium lactate</i>	15
<i>ammonium lactate</i>	15
<i>amoxicillin</i>	8
<i>amoxicillin/potassium clavulanate</i>	8
<i>amphetamine salt combo</i>	6
ANCOBON	10
ANZEMET	9
ARANESP ALBUMIN FREE	16
ARICEPT	17
ASACOL	7
ASTELIN	8
<i>atenolol</i>	13
ATROVENT HFA	8
AVANDIA	9
AVONEX	17
<i>azathioprine</i>	17
AZILECT	12
<i>azithromycin</i>	8
<i>baclofen</i>	19
BARACLUDE	13
<i>bd insulin syringe ultrafine/0.3ml/31g x 5/16"</i>	14
<i>bd ultra-fine original pen needles/29g x 12.7mm</i>	14
<i>benztropine mesylate</i>	11

Drug Name	Page #
BETASERON	17
<i>betaxolol hcl</i>	10
<i>bethanechol chloride</i>	17
<i>bicalutamide</i>	11
BILTRICIDE	7
<i>brimonidine tartrate</i>	10
<i>bumetanide</i>	15
<i>bupropion hcl</i>	18
<i>bupirone hcl</i>	13
<i>butorphanol tartrate</i>	6
BYETTA	9
<i>calcipotriene</i>	19
<i>calcitriol</i>	20
CANCIDAS	10
<i>carbamazepine</i>	8
<i>carbamazepine er</i>	8
<i>carbidopa/levodopa</i>	12
<i>carteolol hcl</i>	15
<i>carvedilol</i>	13
<i>cefotetan</i>	8
<i>cefuroxime axetil</i>	8
CELEBREX	6
CELONTIN	9
<i>cephalexin</i>	8
CEREBYX	9
CEREDASE	15
CHANTIX	13
<i>chlorothiazide</i>	15
<i>chlorthalidone</i>	15
<i>cholestyramine</i>	11
<i>chorionic gonadotropin</i>	16
<i>cimetidine</i>	12
CIMZIA	16
<i>ciprofloxacin hcl</i>	8
<i>citalopram hydrobromide</i>	18
CLARINEX	19
<i>clemastine fumarate</i>	15
<i>climara</i>	15
<i>clindamycin hcl</i>	8
<i>clonidine hcl</i>	16
<i>clotrimazole</i>	7
<i>clozapine</i>	18
<i>colestipol hcl</i>	11
COMBIVENT	20
COMBIVIR	13
COMTAN	11
CONCERTA	6
COPAXONE	17
COZAAR	18
CREON	15
<i>cromolyn sodium</i>	8

Drug Name	Page #
CUPRIMINE	16
<i>curity gauze pads 2"x2"</i>	18
<i>cyclobenzaprine hcl</i>	19
<i>cyclophosphamide</i>	11
<i>cyclosporine</i>	17
CYKLOKAPRON	10
<i>cyproheptadine hcl</i>	15
CYTOMEL	20
<i>dantrolene sodium</i>	19
<i>dapsone</i>	11
DENAVIR	7
<i>desmopressin acetate</i>	18
<i>desonide</i>	8
DETROL LA	15
<i>dexamethasone</i>	6
<i>dexchlorpheniramine maleate</i>	15
<i>dextroamphetamine sulfate</i>	6
<i>diclofenac sodium</i>	6
<i>diclofenac sodium</i>	7
<i>didanosine</i>	13
DIGOXIN	14
<i>dihydroergotamine mesylate</i>	19
<i>diltiazem hcl</i>	14
DIOVAN	18
<i>diphenhydramine hcl</i>	15
<i>diphenoxylate/atropine</i>	9
<i>dipivefrin hcl</i>	17
<i>dipyridamole</i>	20
<i>disopyramide phosphate</i>	14
<i>divalproex sodium</i>	8
<i>dorzolamide hcl</i>	10
<i>dorzolamide hcl/timolol maleate</i>	10
<i>doxazosin mesylate</i>	6
<i>doxycycline hyclate</i>	8
<i>doxycycline hyclate</i>	7
DYRENIUM	15
EMTRIVA	13
<i>enalapril maleate</i>	18
ENBREL	17
ENGERIX-B	20
<i>epinephrine hcl</i>	19
EPIPEN 2-PAK	19
EPOGEN	16
EPZICOM	13
<i>ergotamine tartrate/caffeine</i>	19
<i>erythromycin</i>	7
<i>erythromycin</i>	7
<i>erythromycin base</i>	8
<i>estradiol</i>	15
<i>estropipate</i>	15
<i>ethosuximide</i>	9

Drug Name	Page #
<i>etoposide</i>	11
EURAX	7
EVISTA	15
EXJADE	16
FABRAZYME	15
<i>felodipine er</i>	14
FEMARA	11
<i>fenofibrate</i>	11
<i>fentanyl</i>	6
<i>fexofenadine hcl</i>	19
<i>finasteride</i>	17
FLOVENT HFA	6
<i>fluconazole</i>	10
<i>flunisolide</i>	7
<i>fluorouracil</i>	19
<i>fluoxetine hcl</i>	18
<i>flurbiprofen sodium</i>	7
<i>flutamide</i>	11
<i>fluticasone propionate</i>	7
FORTEO	18
FORTICAL	18
<i>foscarnet sodium</i>	13
FOSCAVIR	13
FOSRENOL	16
<i>furosemide</i>	15
<i>gabapentin</i>	8
<i>ganciclovir</i>	13
GASTROCROM	8
GLEEVEC	11
<i>glipizide</i>	9
GLUCAGON EMERGENCY KIT	10
<i>glyburide</i>	9
GLYSET	9
<i>griseofulvin microsize</i>	10
GRIS-PEG	10
<i>haloperidol</i>	18
HECTOROL	20
HEPSERA	13
HUMIRA	17
<i>hydralazine hcl</i>	16
<i>hydrochlorothiazide</i>	15
<i>hydrocodone /acetaminophen</i>	6
<i>hydroxychloroquine sulfate</i>	12
HYZAAR	18
<i>ibuprofen</i>	6
INCRELEX	19
INSPRA	18
INTRON-A	13
INVERSINE	16
IOPIDINE	15
<i>isoniazid</i>	11

Drug Name	Page #
<i>isosorbide dinitrate</i>	20
<i>isosorbide mononitrate</i>	20
<i>isotonic gentamicin</i>	8
<i>itraconazole</i>	10
JANUMET	9
JANUVIA	9
KALETRA	13
<i>kariva</i>	14
<i>labetalol hcl</i>	13
<i>lactulose</i>	6
LAMISIL	10
<i>lamotrigine</i>	9
LANTUS	9
<i>leflunomide</i>	17
LETAIRIS	20
<i>leuprolide acetate</i>	11
LEVAQUIN	8
<i>levetiracetam</i>	9
<i>levobunolol hcl</i>	10
LEVOTHROID	20
<i>levothyroxine sodium</i>	20
LEXIVA	13
<i>lidocaine hcl</i>	17
<i>lidocaine hcl</i>	17
<i>lidocaine/prilocaine</i>	12
LIDODERM	12
LIPITOR	11
<i>lisinopril</i>	18
<i>lisinopril /hydrochlorothiazide</i>	18
<i>lithium carbonate</i>	11
<i>lithium carbonate er</i>	11
LITHOSTAT	6
LOFIBRA	11
<i>loperamide hcl</i>	9
LOTRONEX	16
LOVENOX	12
LUMIGAN	10
MARINOL	9
MAXALT-MLT	11
<i>mebendazole</i>	7
<i>meclizine hcl</i>	10
<i>medroxyprogesterone acetate</i>	18
<i>mefloquine hcl</i>	12
<i>megestrol acetate</i>	11
MEPRON	12
<i>mesalamine</i>	7
<i>metformin hcl</i>	9
<i>methazolamide</i>	10
METHERGINE	17
<i>methimazole</i>	20
<i>methocarbamol</i>	19

Drug Name	Page #
<i>methotrexate</i>	11
<i>methyldopa</i>	16
<i>methylphenidate hcl</i>	6
<i>methylprednisolone</i>	6
<i>metipranolol</i>	10
<i>metoclopramide hcl</i>	18
<i>metolazone</i>	15
<i>metoprolol tartrate</i>	13
<i>metronidazole</i>	12
<i>midodrine hcl</i>	19
<i>minoxidil</i>	16
MIRAPEX	12
<i>mirtazapine</i>	18
<i>misoprostol</i>	12
<i>morphine sulfate</i>	6
<i>mupirocin</i>	7
MYCAMINE	10
<i>mycophenolate mofetil</i>	17
MYSOLINE	9
<i>nadolol</i>	13
<i>nalbuphine hcl</i>	6
<i>naloxone hcl</i>	17
<i>naltrexone hcl</i>	17
NAMENDA	14
<i>naproxen</i>	6
NATACYN	7
<i>necon 10/11-28</i>	14
NEULASTA	16
NEUPOGEN	16
<i>niacor</i>	11
NIASPAN	11
NICOTROL INHALER	13
<i>nifedipine</i>	14
<i>nitrofurantoin monohydrate</i>	20
NITROSTAT	20
NORDITROPIN NORDIFLEX PEN	18
<i>norethindrone acetate</i>	18
<i>novolin n</i>	9
NOVOLIN R	9
NOVOLOG	9
<i>nystatin</i>	10
<i>nystatin</i>	7
OCTAGAM	19
<i>omeprazole</i>	12
<i>ondansetron hcl</i>	9
<i>orphenadrine /asa /caffeine</i>	19
<i>orphenadrine citrate er</i>	19
OSMOPREP	14
<i>oxybutynin chloride</i>	15
<i>oxycodone /acetaminophen</i>	6
<i>oxycodone hcl</i>	6

Drug Name	Page #
PANCRELIPASE	15
<i>pantoprazole sodium</i>	12
<i>paromomycin sulfate</i>	12
PATANOL	8
PEGASYS	13
<i>penicillin v potassium</i>	8
<i>pentoxifylline er</i>	16
PERIDEX ORAL RINSE	7
<i>permethrin</i>	7
<i>phenytoin sodium extended</i>	9
PHOSLO	16
PHOSPHOLINE IODIDE	10
PILOPINE HS	10
PLAVIX	12
PLETAL	12
<i>potassium chloride er</i>	19
<i>potassium citrate extended-release</i>	6
PRANDIN	9
<i>pravastatin sodium</i>	11
<i>prednisone</i>	6
PREMARIN	15
<i>prenatabs obn</i>	17
PREZISTA	13
PRIMAXIN IV	8
<i>primidone</i>	9
PROAIR HFA	20
<i>probenecid</i>	20
<i>probenecid/colchicine</i>	20
<i>prochlorperazine</i>	10
PROCRIT	16
PROGRAF	17
<i>promethazine hcl</i>	15
<i>propantheline bromide</i>	8
<i>propranolol hcl</i>	13
<i>propylthiouracil</i>	20
<i>quinidine gluconate cr</i>	14
RANEXA	14
<i>ranitidine hcl</i>	12
REBIF	17
RELENZA DISKHALER	13
<i>reserpine</i>	16
RESTASIS	7
<i>retin-a</i>	14
REVATIO	20
REVLIMID	17
<i>ribavirin</i>	13
RIDAURA	16
<i>rifampin</i>	11
<i>rimantadine hcl</i>	12
<i>ringers irrigation</i>	16
<i>risperidone</i>	18

Drug Name	Page #
<i>ropinirole hcl</i>	12
<i>selegiline hcl</i>	12
<i>selenium sulfide</i>	7
SEREVENT DISKUS	20
SEROQUEL	18
<i>sertraline hcl</i>	18
<i>silver sulfadiazine</i>	7
<i>simvastatin</i>	11
SINGULAIR	7
<i>sodium bicarbonate</i>	6
<i>sodium chloride 0.9%</i>	16
<i>sodium chloride 0.45% viaflex</i>	19
<i>sodium polystyrene sulfonate</i>	16
<i>sodium sulfacetamide</i>	7
SOMAVERT	19
<i>sotalol hcl</i>	13
<i>spironolactone</i>	18
<i>spironolactone /hydrochlorothiazide</i>	18
STALEVO 100	12
STALEVO 150	12
STALEVO 200	12
STALEVO 50	12
STARLIX	9
<i>stavudine</i>	13
STRATTERA	14
<i>sucralfate</i>	12
<i>sulfamethoxazole /trimethoprim</i>	8
<i>sulfasalazine</i>	8
<i>sulindac</i>	6
<i>sumatriptan succinate</i>	11
SYMLIN	9
SYNAGIS	13
TAMIFLU	13
<i>tamoxifen citrate</i>	11
TASMAR	12
TEKTURNA	18
TEKTURNA HCT	18
<i>terazosin hcl</i>	6
<i>terbinafine hcl</i>	10
<i>testosterone cypionate</i>	6
<i>testosterone enanthate</i>	6
<i>tetanus toxoid adsorbed</i>	20
TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT	20
<i>tetracycline hcl</i>	8
<i>theophylline er</i>	19
<i>timolol maleate</i>	10
<i>tizanidine hcl</i>	19
<i>tobramycin sulfate/sodium chloride</i>	8
<i>topiramate</i>	9
TRANSDERM-SCOP	10

Drug Name	Page #
TRAVASOL	14
TRAVATAN Z	10
<i>trazodone hcl</i>	18
<i>tretinoin</i>	14
<i>triamcinolone acetonide</i>	8
<i>triamterene /hydrochlorothiazide</i>	15
<i>trifluridine</i>	7
<i>trihexyphenidyl hcl</i>	11
<i>trilyte</i>	14
<i>trimethoprim</i>	20
<i>tropicamide</i>	17
TRUVADA	13
TWINJECT	19
TYSABRI	17
TYZINE	20
URSO 250	14
<i>ursodiol</i>	14
UVADEX	14
VALCYTE	13
<i>valproic acid</i>	9
VANCOCIN HCL	8
VECTICAL	17
<i>venlafaxine hcl</i>	18
VENLAFAXINE HCL ER	18
<i>verapamil hcl</i>	14
VIRAMUNE	13
VIVAGLOBIN	19
VYTORIN	11
<i>warfarin sodium</i>	12
XALATAN	10
XOLAIR	19
<i>zaleplon</i>	13
ZEMPLAR	20
ZETIA	11
ZIAGEN	13
<i>zidovudine</i>	13
<i>zolpidem tartrate</i>	13
ZOMETA	17
ZOSTAVAX	20
ZOVIRAX	7
ZYPREXA	18