

VCH VENTURA							
DRUG NAME	Specialty Drug	PA/QLL/ST	TIER				SUGGESTED PREFERRED ALTERNATIVES
			1 (\$)	2 (\$30+)	3 (\$45+)	4 (25%+)	
CHAPTER 1: ANESTHETICS							
1.2 TOPICAL ANESTHETICS							
lidocaine hcl			Green				
lidocaine hcl viscous			Green				
LIDODERM				Yellow			
CHAPTER 2: ANTIINFECTIVES							
2.1.1 CEPHALOSPORINS							
cefaclor, er			Green				
cefadroxil			Green				
cefdinir			Green				
cefepodoxime proxetil			Green				
cefuroxime (tab)			Green				
cephalexin			Green				
CEFTIN (SUSP)					Red		cefepodoxime suspension
OMNICEF					Red		cefdinir
The following drugs are not covered by the Plan:							
CEDAX			N/A	N/A	N/A	N/A	amoxicillin/clavulante, cefdinir
SPECTRACEF			N/A	N/A	N/A	N/A	amoxicillin/clavulante, cefdinir
SUPRAX (SUSP)			N/A	N/A	N/A	N/A	amoxicillin/clavulante, cefdinir
2.1.3 CLINDAMYCINS							
clindamycin hcl			Green				
2.1.4 ERYTHROMYCINS							
erythrocin stearate			Green				
erythromycin ethylsuccinate			Green				
PCE					Red		clarithromycin, erythromycin
2.1.4.1 OTHER MACROLIDES							
azithromycin		QL= 8 tabs (250mg); 4 tabs (500mg); 15ml suspension (100mg/5ml) - 2 bottles; 15, 22.5, 30ml susp 200mg/5ml - 3 bottles; per 30 days	Green				
clarithromycin			Green				
BIAXIN, XL					Red		clarithromycin
DYNABAC					Red		clarithromycin, erythromycin
ZITHROMAX		QL= 8 tabs/caps (250mg); 4 tabs (500mg); 100mg/5ml susp - 2 bottles; 200mg/5ml susp - 3 bottles; per 30 days			Red		clarithromycin, erythromycin
2.1.5 PENICILLINS							
amox tr/potassium clavulanate (susp)			Green				
amoxicillin			Green				
penicillin v potassium			Green				
trimox			Green				
AUGMENTIN XR					Red		amox/clavulanate (immed release)
2.1.6 SULFONAMIDES							
erythromycin w/sulfisoxazole			Green				
sulfamethoxazole/trimethoprim			Green				
2.1.7 TETRACYCLINES							
doxycycline hyclate			Green				
minocycline hcl			Green				
tetracycline hcl			Green				
Solodyne					Red		generic minocycline
2.1.8 URINARY ANTIINFECTIVES							
nitrofurantoin macrocrystal (100 mg)			Green				
2.1.9 QUINOLONES							
ciprofloxacin, er			Green				
levofloxacin			Green				
ofloxacin (tabs)			Green				
AVELOX, -ABC PACK				Yellow			
LEVAQUIN (inj)		PAR w/ injectable copay				Blue	levofloxacin, ciprofloxacin, AVELOX
FACTIVE		QL = 7 tablets/30 days			Red		levofloxacin, ciprofloxacin/er, ofloxacin, AVELOX
NOROXIN					Red		levofloxacin, ciprofloxacin/er, ofloxacin, AVELOX
2.2 TOPICAL ANTIBACTERIAL DRUGS							

DRUG NAME	Specialty Drug	PA/QLL/ST	TIER				SUGGESTED PREFERRED ALTERNATIVES
			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
gentamicin sulfate							
mupirocin							
mupirocin 2% ointment							
silver sulfadiazine							
BACTROBAN cream, nasal ointment							
CHLORHEXIDINE GLUCONATE							
2.3 ORAL ANTIFUNGAL DRUGS							
clotrimazole							
fluconazole		PAR; QL = 2 tabs/30 days					
itraconazole		PAR; QL = 34 caps (100mg)/30 days					
ketoconazole		PAR					
nystatin							
terbinafine tablet							
LAMISIL tab		PAR					terbinafine
SPORANOX		PAR; QL = 34 caps (100mg)/30 days					itraconazole
2.4.1 VAGINAL ANTIFUNGALS							
terconazole		QL = 1 tube (cream); vaginal supp QL = 3; per 30 days					
2.4.2 OTHER TOPICAL ANTIFUNGALS							
ciclopirox (cream)							
ciclopirox (lotion)							
econazole nitrate							
ketoconazole							
nystatin							
The following drugs are not covered by the Plan:							
MENTAX			N/A	N/A	N/A	N/A	OTC LOTRIMIN ULTRA
2.4.3 TOPICAL ANTIFUNGAL-CORTICOSTEROID COMB.							
clotrimazole/betamethasone							
nystatin w/triamcinolone							
2.5.1 ANTIRETROVIRALS & PROTEASE INHIBITORS							
EDURANT							
EMTRIVA		PAR					
INCIVEK							
INTELENCE		PAR					
REYATAZ		PAR					
TRUVADA		PAR					
VICTRELIS							
FUZEON		PAR with specialty copay					
2.5.2 OTHER ANTIVIRAL DRUGS							
acyclovir							
amantadine							
famciclovir		QL = 21 tabs (125 & 500 mg); 68 tabs (250 mg); per 30 days					
ribasphere		PAR with specialty copay					
ribavirin		PAR with specialty copay					
DENAVIR							
FAMVIR		QL = 21 tabs (125 & 500 mg); 68 tabs (250 mg); per 30 days					acyclovir, famciclovir
FLUMIST		PAR					
RELENZA		QL = 20 blisters/30 days					
TAMIFLU		QL=10 caps (45 mg, 75 mg); 20 caps (30 mg); 25 ml oral susp=3 bottles; per 30 days					
TYZEKA							
VALTREX		QL = 34 tabs/30 days					valacyclovir, acyclovir, famciclovir
The following drugs are not covered by the Plan:							
2.7.2 ANTITUBERCULOSIS DRUGS							
isoniazid							
rifampin							
2.7.3 PLASMODICIDES							
hydroxychloroquine sulfate							
quinine sulfate							
2.7.5 TRICHOMONOCIDES							

DRUG NAME	Specialty Drug	PA/QLL/ST	TIER				SUGGESTED PREFERRED ALTERNATIVES
			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
metronidazole							
2.8.2 AMINOGLYCOSIDES							
GENTAMICIN SULFATE		PAR w/injectable copay					
CHAPTER 3: ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS							
3.0 ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS							
azathioprine							
cyclosporine softgel							
letrozole							
megestrol							
mercaptopurine							
methotrexate tablet							
mycophenolate mofetil							
tamoxifen							
ARIMIDEX		PAR					
BENLYSTA							
CELLCEPT oral susp		PAR					
FEMARA		PAR					letrozole
MYFORTIC		PAR					
cyclosporine injection		PAR w/ specialty injectable copay					
methotrexate injection		PAR w/ specialty injectable copay					
CELLCEPT inj		PAR w/specialty copay					
CIMZIA		PAR w/ specialty injectable copay					ENBREL, HUMIRA
DEPO-PROVERA		PAR w/ injectable copay					
ELIGARD		PAR w/ specialty injectable copay					
ENBREL		PAR w/ specialty injectable copay; 50mg QL = 5 syringes/autoinjectors; 25mg QL = 10 vials/syringes; per 30 days					
HUMIRA		PAR, QL = 3 syringes w/specialty injectable copay; per 30 days					
IRESSA		PAR with specialty copay					
REVLIMID		PAR with specialty copay					
SIMPONI		PAR w/ specialty injectable copay					ENBREL, HUMIRA
SUTENT		PAR with specialty copay					
TREANDA		specialty copay					
TRELSTAR DEPOT		PAR w/ specialty injectable copay					ELIGARD
TRELSTAR LA		PAR w/ specialty injectable copay					ELIGARD
TYKERB		specialty copay					
vandetanib							
YERVOY							
ZOLADEX		specialty copay					
ZOLINZA		specialty copay					
ZYTIGA		specialty copay					
CHAPTER 4: CARDIOVASCULAR MEDICATIONS							
4.1 CARDIAC GLYCOSIDES							
digitek							
digoxin							
4.2 CALCIUM ANTAGONISTS							
amlodipine besylate							
cartia xt							
diltiazem er							
diltiazem hcl							
diltiazem xr							
felodipine er							
nicardipine hcl							
nifedipine							
nifedipine er							amlodipine, diltiazem, verapamil
verapamil hcl							

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			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
SULAR							
The following drugs are not covered by the Plan:							
CARDENE SR			N/A	N/A	N/A	N/A	amlodipine besylate, felodipine er, nifedipine er, SULAR
CARDIZEM LA			N/A	N/A	N/A	N/A	diltiazem er
COVERA-HS			N/A	N/A	N/A	N/A	verapamil er
DYNACIRC, CR			N/A	N/A	N/A	N/A	amlodipine besylate, felodipine er, nifedipine er, SULAR
NORVASC			N/A	N/A	N/A	N/A	felodipine er, nifedipine er, SULAR
4.3.1 LOOP DIURETICS							
bumetanide							
furosemide							
torsemide							
4.3.2 THIAZIDE AND RELATED DRUGS							
hydrochlorothiazide							
indapamide							
metolazone							
4.3.3 POTASSIUM SPARING DIURETICS							
amiloride hcl w/hctz							
spironolactone							
spironolactone w/hctz							
triamterene w/hctz							
4.4 BETA-ADRENERGIC ANTAGONIST DRUGS							
atenolol							
bisoprolol fumarate							
carvedilol							
labetalol hcl							
metoprolol succ er							
metoprolol tartrate							
nadolol							
propranolol hcl							
labetalol hcl injection		PAR w/ injectable copay					
4.5.1 VASODILATOR ANTIHYPERTENSIVES							
doxazosin mesylate							
hydralazine hcl							
prazosin hcl							
terazosin hcl							
4.5.2 CENTRALLY ACTING ANTIHYPERTENSIVES							
clonidine hcl							
guanfacine hcl							
methyldopa							
4.5.4.1 ANGIOTENSIN CONVERTING ENZYME INHIBITORS							
benazepril							
captopril							
enalapril							
fosinopril							
lisinopril							
quinapril							
The following drugs are not covered by the Plan:							
ACUPRIL			N/A	N/A	N/A	N/A	quinapril
ACEON			N/A	N/A	N/A	N/A	generic ACE inhibitor
ALTACE			N/A	N/A	N/A	N/A	generic ACE inhibitor
MAVIK			N/A	N/A	N/A	N/A	generic ACE inhibitor
UNIVASC			N/A	N/A	N/A	N/A	generic ACE inhibitor
4.5.4.2 ANGIOTENSIN II RECEPTOR ANTAGONISTS							
losartan							
BENICAR		ST					
DIOVAN		ST					
ATACAND		ST					BENICAR, DIOVAN
AVAPRO		ST					BENICAR, DIOVAN
COZAAR		ST					BENICAR, DIOVAN
MICARDIS		ST					BENICAR, DIOVAN
TEVETEN		ST					BENICAR, DIOVAN
4.5.6 OTHER ANTIHYPERTENSIVES							
atenolol w/chlorthalidone							
benazepril-hctz							
bisoprolol fumarate/hctz							

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			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
captopril/hctz			Green				
enalapril/hctz			Green				
fosinopril-hctz			Green				
lisinopril-hctz			Green				
moexepiril-hctz			Green				
quinaretic			Green				
AZOR		ST		Yellow			
BENICAR HCT		ST		Yellow			
DIOVAN HCT		ST		Yellow			
EXFORGE, -HCT		ST		Yellow			
LOTREL		ST			Red		
ATACAND HCT		ST			Red		BENICAR HCT, DIOVAN HCT
AVALIDE		ST			Red		BENICAR HCT, DIOVAN HCT
HYZAAR		ST			Red		BENICAR HCT, DIOVAN HCT
MICARDIS HCT		ST			Red		BENICAR HCT, DIOVAN HCT
TEVETEN HCT		ST			Red		BENICAR HCT, DIOVAN HCT
4.6.1 NITRATES							
isosorbide dinitrate			Green				
isosorbide mononitrate			Green				
nitroglycerin			Green				
4.6.2 OTHER VASODILATING DRUGS							
ADCIRCA	Specialty	QL= 68 tabs/30 days PAR w/ specialty copay				Blue	
REVATIO	Specialty	QL=102 tabs/30 days PAR with specialty copay				Blue	ADCIRCA
4.6.3 ENDOTHELIN RECPTR ANTAGONIST							
LETAIRIS	Specialty	PAR w/ specialty copay				Blue	
TRACLEER	Specialty	PAR w/ specialty copay				Blue	
4.7.1.1 CLASS 1A							
quinidine gluconate			Green				
4.7.1.3 CLASS 1C							
flecainide acetate			Green				
propafenone hcl			Green				
4.7.3 AMIODARONES							
amiodarone hcl			Green				
PACERONE (200mg only)				Yellow			
PACERONE					Red		amiodarone hcl
4.7.5 OTHER ANTIARRHYTHMICS							
sotalol			Green				
4.8.1 HYPOLIPOPROTEINEMICS							
cholestyramine			Green				
colestipol			Green				
fenofibrate			Green				
gemfibrozil			Green				
LOVAZA				Yellow			
NIASPAN				Yellow			
TRILIPIX					Red		fenofibrate, LIPOFEN
WELCHOL				Yellow			
ZETIA				Yellow			
ANTARA					Red		fenofibrate, LIPOFEN
FENOGLIDE					Red		fenofibrate, LIPOFEN
LIPOFEN				Yellow			
TRICOR					Red		fenofibrate, LIPOFEN
TRIGLIDE					Red		fenofibrate, LIPOFEN
4.8.2 HMG-COA REDUCTASE INHIBITORS							
lovastatin		10mg: QL=34 tabs/30 days; 20mg & 40mg: QL=68 tabs/30 days	Green				
pravastatin		QL= 34 tabs/30 days	Green				
simvastatin		QL=34 tabs/30 days	Green				
CRESTOR		ST: QL = 34 tabs (40 mg)/30 days		Yellow			
ALTOPREV		ST			Red		lovastatin, pravastatin, simvastatin, CRESTOR, VYTORIN

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			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
LESCOL, XL		20mg: QL= 34 caps/30 days; 40mg: QL=68 caps/30 days; XL 80mg: QL=34 tabs/30 days ST					lovastatin, pravastatin, simvastatin, CRESTOR, VYTORIN
LIPITOR		QL=34 tabs/30 days ST					lovastatin, pravastatin, simvastatin, CRESTOR, VYTORIN
4.8.2.1 HMG-COA COMBINATIONS							
ADVICOR		500/20 dose: QL= 34 tabs/30 days; 750/20 & 1000/20: QL=68 tabs/30 days					NIASPAN + lovastatin
SIMCOR		500/20mg, 500/40mg, 1000/40mg: QL=34 tabs/30 days; 750/20mg, 1000/20mg: QL=68 tabs/30 days ST					NIASPAN + simvastatin
VYTORIN		QL=34 tabs/30 days ST					
4.9 OTHER CARDIOVASCULAR DRUGS							
pentoxifylline							
RANEXA							
CHAPTER 5: AUTONOMIC AND CNS MEDICATIONS							
5.1.1 ANALGESICS							
tramadol hcl		QL = 272 tabs/30 days					
tramadol hcl-acetaminophen		QL = 272 tabs/30 days					
5.1.1.1 CLASS II NARCOTICS							
fentanyl		QL = 120tabs/30days PAR					
hydromorphone hcl		QL = 120tabs/30days					
meperidine hcl		QL = 120tabs/30days PAR					
morphine sulfate		QL = 120tabs/30days					
oxycodone hcl		QL = 120tabs/30days					
oxycodone w/acetaminophen		QL = 120tabs/30days					
OPANA ER		QL = 120tabs/30days					
OXYCONTIN		QL = 120tabs/30days					
ACTIQ		PAR; QL = 4/day/30 days					fentanyl citrate
AVINZA		QL = 120tabs/30days					generics
KADIAN		QL = 120tabs/30days					generics
METHADONE HCL (PWD)		QL = 120tabs/30days					
MS CONTIN		QL = 120tabs/30days					morphine sulfate
MSIR		QL = 120tabs/30days					generics
OXYIR		QL = 120tabs/30days					oxycodone hcl
fentanyl injection		PAR w/ injectable copay					
meperidine hcl injection		PAR w/ injectable copay					
5.1.1.2 CLASS III NARCOTICS							
acetaminophen w/codeine		QL = 120tabs/30days					
acetaminophen w/hydrocodone		QL = 120tabs/30days					
hydrocodone bit-ibuprofen		QL = 120tabs/30days					
reprexain		QL = 120tabs/30days					
zamicet		QL = 120tabs/30days					
SUBOXONE		QL = 120tabs/30days					
5.1.1.3 CLASS IV NARCOTICS							
propoxyphene hcl		QL = 100tabs/30days					
propoxyphene hcl w/acetaminophen		QL = 100tabs/30days					
propoxyphene napsylate w/acetaminophen		QL = 100tabs/30days					
5.1.2 DRUGS TO PREVENT AND TREAT HEADACHES							
butalbital compound							
butalbital/acetaminophen/caffeine							
sumatriptan tab		QL= 9 tabs/30 days (25mg, 50mg, & 100mg)					
MAXALT, MLT		QL = 12 tabs/30 days					
ZOMIG, ZMT		QL= 6 tabs/30 days					
ZOMIG NASAL SPRAY		QL=6 devices/30 days					
AMERGE		QL= 9 tabs/30 days (1mg & 2.5mg)					sumatriptan tab, MAXALT/MLT, ZOMIG/ZMT

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AXERT		QL= 6 tabs/30 days (6.25mg); 12 tablets/30 days (12.5 mg)					sumatriptan tab, MAXALT/MLT, ZOMIG/ZMT
FROVA		QL= 9 tabs/30 days					sumatriptan tab, MAXALT/MLT, ZOMIG/ZMT
IMITREX		9 tabs/30 days (25mg, 50mg, & 100mg)					sumatriptan tab, MAXALT/MLT, ZOMIG/ZMT
IMITREX nasal		QL= 6 devices/30 days (5mg & 20mg spray)					ZOMIG nasal
RELPAK		QL= 6 tabs/30 days					sumatriptan tab, MAXALT/MLT, ZOMIG/ZMT
SUMATRIPTAN nasal		QL= 6 devices/30 days (5mg & 20mg spray)					ZOMIG nasal
sumatriptan injection		QL= 1 kit/30 days (2 syringes); 2 vials/30 days; Injectable copay applies for injectable dosage form.					
IMITREX injection		QL= 1 kit/30 days (2 syringes); 2 vials/30 days; Injectable copay applies for injectable dosage form.					sumatriptan
5.2.1 ANXIOLYTICS							
alprazolam							
bupirone hcl							
chlordiazepoxide hcl							
clorazepate dipotassium							
diazepam							
lorazepam							
5.2.2 SEDATIVE/HYPNOTIC DRUGS							
flurazepam hcl							
temazepam							
triazolam							
zaleplon		QL= 34 caps (5mg); 68 caps (10mg); per 30 days					
zolpidem		QL=34 tabs/30 days					
Ambien		ST QL = 34 tabs/30 days					zolpidem tartrate
AMBIEN CR		ST QL = 34 tabs/30 days					
EDLUAR		ST QL = 34 tabs/30 days					zolpidem tartrate
LUNESTA		ST QL = 34 tabs/30 days					zolpidem tartrate
Rozerem		QL=34 tabs/30 days ST					
Sonata		10mg: QL=68 caps/30 days; 5mg: QL=34 caps/30 days ST					zaleplon
Silenor		QL=34 tabs/30 days ST					doxepin, Ambien
5.3 ANTIMANIA DRUGS							
lithium carbonate, -er							
lithium citrate							
5.4.1 CARBAMAZEPINES							
carbamazepine, er, xr							
divalproex sodium							
CARBATROL							carbamazepine
TRILEPTAL suspension							oxcarbazepine suspension
5.4.2 ANTICONVULSANT BENZODIAZEPINES							
clonazepam							
5.4.3 HYDANTOINS							
phenytoin							
phenytoin sodium, extended							
PHENYTEK							phenytoin sodium, extended
5.4.4 VALPROIC ACID AND DERIVATIVES							
DEPAKOTE, ER							divalproex
5.4.6 ANTICONVULSANT BARBITURATES							

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			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
phenobarbital							
primidone							
5.4.7 OTHER ANTICONVULSANTS							
gabapentin							
lamotrigine							
levetiracetam							
lamotrigine							
topiramate							
zonisamide							
KEPPRA solution							
LYRICA							
VIMPAT							
KEPPRA tabs							levetiracetam
LAMICTAL							lamotrigine
NEURONTIN							gabapentin
TOPAMAX							topiramate
ZONEGRAN							zonisamide
5.5.1.1 TERTIARY AMINES							
amitriptyline hcl							
doxepin hcl							
imipramine hcl							
5.5.1.2 SECONDARY AMINES							
desipramine hcl							
nortriptyline hcl							
5.5.1.3 SELECTIVE SEROTONIN REUPTAKE INHIBITORS							
citalopram							
fluoxetine hcl							
fluvoxamine maleate							
paroxetine							
sertraline							
LEXAPRO		ST					citalopram, fluoxetine, paroxetine, sertraline
CELEXA		ST					fluoxetine (daily), citalopram, paroxetine, Generic SSRI
PAXIL, CR		ST					fluoxetine (daily), citalopram, paroxetine, Generic SSRI
PROZAC WEEKLY		ST					fluoxetine (daily), citalopram, paroxetine, Generic SSRI
ZOLOFT		ST					fluoxetine (daily), citalopram, paroxetine, Generic SSRI
5.5.1.4 OTHER ANTIDEPRESSANTS							
budeprion sr (150 mg)							
budeprion xl							
bupropion hcl							
bupropion sr							
mirtazapine							
nefazodone hcl							
trazodone hcl							
venlafaxine (immediate release)							
CYMBALTA		ST					
EFFEXOR XR		ST					venlafaxine er
PRISTIQ		ST					venlafaxine er, CYMBALTA
APLENZIN		ST					bupropion xl
EFFEXOR		ST					venlafaxine
REMERON (M tab)							mirtazapine
SAVELLA - Off label		ST					LYRICA, CYMBALTA
VENLAFAXINE ER		ST					CYMBALTA
WELLBUTRIN XL		ST					bupropion xl
5.6 ANTIVERTIGO AND ANTIEMETIC DRUGS							
granisetron hcl		PAR, QL = 2 tabs/30 days					
ondansetron hcl, -odt		PAR, QL= 12 tabs (4mg & 8mg); 1 tab (24mg); 3 bottles (solution); per 30 days					
prochlorperazine maleate							
trimethobenzamide hcl							

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			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
EMEND		PAR, QL = 1 cap 40 & 125mg; 2 caps 80mg, 1 pkg bifold pack; 1 pkg trifold pack; 1 vial 115 mg; per 30 days					
ANZEMET		PAR, QL= 1 tab/30 days					granisetron, ondansetron
KYTRIL		PAR, QL= 2 tab; 30ml soln; per 30 days					granisetron
ZOFRAN, ODT		PAR, QL= 12 tabs (4mg & 8mg); 1 tab (24mg); 3 bottles (solution), per 30 days					ondansetron hcl, -odt
ZOFRAN IN DEXTROSE		PAR w/ injectable copay					ondansetron in dextrose
5.7.1 ANTIPARKINSON ANTICHOLINERGIC DRUGS							
benztropine mesylate							
5.7.2 OTHER ANTIPARKINSON DRUGS							
bromocriptine mesylate							
carbidopa/levodopa							
pramipexole							
ropinirole							
STALEVO							
MIRAPEX							pramipexole
REQUIP							ropinirole
5.8 ANTIPSYCHOTIC DRUGS							
clozapine							
haloperidol							
risperidone, odt							
thioridazine hcl							
ABILIFY							
SEROQUEL, XR							
ZYPREXA							olanzapine
GEODON capsule							risperidone, ABILIFY (regular tabs), SEROQUEL/XR, ZYPREXA (non-Zydis)
INVEGA							risperidone, ABILIFY (regular tabs), SEROQUEL/XR, ZYPREXA (non-Zydis)
RISPERDAL							risperidone
ZYPREXA ZYDIS		PAR					ZYPREXA (NON-ZYDIS)
GEODON injection		PAR with injectable copay					RISPERDAL CONSTA
RISPERDAL CONSTA		PAR with injectable copay					
ZYPREXA injection		PAR 10mg vial; with injectable copay					
5.9.1 CNS STIMULANT DRUGS							
amphetamine salt combo							
dextroamphetamine-amphetamine							
methamphetamine hcl							
methylin							
methylin er							
methylphenidate er							
methylphenidate hcl							
CONCERTA							
PROVIGIL							
VYVANSE							
ADDERALL XR							dextroamphetamine-amphetamine
FOCALIN, XR							dexamethylphenidate, dextroamphetamine-amphetamine, methylphenidate, CONCERTA, VYVANSE
METADATE CD							dexamethylphenidate, dextroamphetamine-amphetamine, methylphenidate, CONCERTA, VYVANSE
RITALIN LA							dextroamphetamine-amphetamine, methylphenidate, CONCERTA, VYVANSE
5.9.3 ANTIDEMENTIA DRUGS							
ARICEPT, -ODT							
EXELON							rivastigmine
EXELON PATCH							galantamine er, rivastigmine
NAMENDA							
5.9.4 DRUGS TO TREAT MULTIPLE SCLEROSIS							

DRUG NAME	Specialty Drug	PA/QLL/ST	TIER				SUGGESTED PREFERRED ALTERNATIVES
			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
COPAXONE		PAR w/ specialty injectable copay; QL = 1 kit/30 days					
5.9.6 OTHER DRUGS FOR ADHD							
STRATTERA							
CHAPTER 6: DERMATOLOGICAL MEDICATIONS							
6.1 TOPICAL CORTICOSTEROID DRUGS							
alclometasone dipropionate							
betamethasone dipropionate							
betamethasone dp augmented							
clobetasol propionate							
desonide							
desoximetasone							
diflorasone diacetate							
fluocinonide							
fluticasone propionate (oint)							
mometasone furoate							
triamcinolone acetonide							
The following drugs are not covered by the Plan:							
HYDROCORTISONE			N/A	N/A	N/A	N/A	
6.2 ANTIPRURITIC DRUGS							
hydroxyzine hcl							
hydroxyzine pamoate							
6.3 ANTIACNE DRUGS							
clindamycin phosphate							
erythromycin base							
metronidazole (0.75%)							
sod.sulfacetamide/sulfur tf							
tretinoin		PAR age >34					
ACCUTANE							arnesteem
DIFFERIN							adapalene, tretinoin
FINACEA, PLUS							metronidazole topical
ATRALIN							adapalene, tretinoin
AVITA		PAR age >34					tretinoin
BENZACLIN							benzoyl peroxide + clindamycin
BENZAMYCIN							erythromycin/benzoyl peroxide
DUAC							benzoyl peroxide + clindamycin
METROGEL							metronidazole (0.75%)
METROLOTION							metronidazole (0.75%)
RETIN-A MICRO		PAR age >34					adapalene, tretinoin
6.7 KERATOLYTIC DRUGS							
CONDYLOX							GENERIC PODOFILOX SOLUTION
6.8 ANTIPSORIASIS AND ANTIECZEMA DRUGS							
calcipotriene solution							
selenium sulfide							
TAZORAC							
VECTICAL							DOVONEX CREAM
DOVONEX solution							calcipotriene solution
KLARON							generic
6.9.2 TOPICAL DERMATOLOGICAL DRUGS							
ALDARA							imiquimod
CARAC							
PROTOPIC							
ELIDEL							PROTOPIC
6.9.3 SCABICIDES							
EURAX							
LINDANE							
CHAPTER 7: EAR-NOSE-THROAT MEDICATIONS							
7.1 DRUGS AFFECTING THE EAR							
a/b otic							
ofloxacin (ear drops)							
CIPRODEX OTIC							
CERUMENEX							OTC DEBROX, MURINE EAR
CETRAXAL							CIPRODEX
CIPRO HC							CIPRODEX
FLOXIN (OTIC DROPS)							ofloxacin
7.2 DRUGS AFFECTING THE NOSE							
azelastine		QL= 2 bottles/30 days					

DRUG NAME	Specialty Drug	PA/QLL/ST	TIER				SUGGESTED PREFERRED ALTERNATIVES
			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
flunisolide nasal spray		QL= 3 inhalers/bottles/30 days					
fluticasone propionate (nasal spray)		QL= 2 sprays/30 days					
ipratropium bromide		QL= 0.03%, 2 bottles/30 days; 0.6%, 2 bottles/30 days					
triamcinolone 55mcg nasal spray							
ASTELIN		QL= 2 bottles/30 days					azelastine
ASTEPRO		QL= 2 bottles/30 days					
NASONEX		ST QL= 2 bottles/30 days					triamcinolone 55mcg nasal spray, flunisolide, fluticasone, OMNARIS
BECONASE AQ		ST QL= 2 bottles/30 days					triamcinolone 55mcg nasal spray, flunisolide, fluticasone
NASACORT AQ		ST QL= 2 bottles/30 days					triamcinolone 55mcg nasal spray, flunisolide, fluticasone
NASAREL		ST QL= 3 bottles/30 days					triamcinolone 55mcg nasal spray, flunisolide, fluticasone
OMNARIS		ST QL= 2 bottles/30 days					
PATANASE		QL= 2 bottles/30 days					ASTELIN, ASTEPRO
RHINOCORT AQUA		ST QL=3 bottles/30 days					triamcinolone 55mcg nasal spray, flunisolide, fluticasone
VERAMYST		ST QL= 2 bottles/30 days					triamcinolone 55mcg nasal spray, flunisolide, fluticasone
7.3 DRUGS AFFECTING THE THROAT AND MOUTH							
chlorhexidine gluconate							
CHAPTER 8: ENDOCRINE MEDICATIONS							
8.1.1 INSULIN							
HUMALOG (vial only)							
HUMALOG MIX 75/25 (vial only)							
HUMULIN 50/50 (vial only)							
HUMULIN 70/30 (vial only)							
HUMULIN L (vial only)							
HUMULIN N (vial only)							
HUMULIN R (vial only)							
HUMULIN U (vial only)							
LANTUS (vial only)							
LEVEMIR, FLEXPEN							
NOVOLIN 70/30 (vial only)							
NOVOLIN L (vial only)							
NOVOLIN N (vial only)							
NOVOLIN R (vial only)							
NOVOLOG (vial only)							
NOVOLOG MIX 70/30 (vial only)							
APIDRA							HUMALOG , NOVOLOG
LANTUS cartridges, solostar							LANTUS vials, LEVEMIR/FLEXPEN
8.1.2 ORAL HYPOGLYCEMIC DRUGS							
acarbose							
glipizide							
glipizide er							
glyburide							
glyburide-metformin							
metformin er							
metformin hcl							
nateglinide							
PRANDIMET		QL = 170 tabs/30 days					nateglinide + metformin
PRANDIN							nateglinide
RIOMET							
STARLIX							nateglinide
8.1.3 INSULIN SENSITIZERS							
ACTOS		QL= 34 tabs/30 days					
ACTOPLUS MET		QL= 102 tabs/30 days					
DUETACT		QL= 34 tabs/30 days					
AVANDAMET		QL= 68 tabs/30 days					ACTOPLUS MET
AVANDARYL		QL= 34 tabs/30 days					DUETACT
AVANDIA		QL= 68 tabs (2mg & 4mg); 34 tabs (8mg); per 30 days					ACTOS

DRUG NAME	Specialty Drug	PA/QLL/ST	TIER				SUGGESTED PREFERRED ALTERNATIVES
			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
8.1.4 AMYLIN ANALOGUES							
SYMLIN/SYMLINPEN		QL = 7 vials; 8 pens/30 days					
8.1.5.1 INCRETIN MIMETICS							
BYETTA		QL = 2 syringes/30 days					
8.1.5.2 DIPEPTIDYL PEPTIDASE - IV INHIB							
JANUMET		ST QL= 68 tabs/30 days					
JANUVIA		ST QL= 34 tabs/30 days					
ONGLYZA		ST QL= 34 tabs/30 days				JANUMET, JANUVIA, TRADJENTA	
TRADJENTA		QL= 34 tabs/30 days					
8.2 GLUCOSE ELEVATING DRUGS							
GLUCAGEN							
8.3.1 GLUCOCORTICOID DRUGS							
dexamethasone							
hydrocortisone							
methylprednisolone							
prednisolone							
prednisone							
VERIPRED 20							
8.3.2 MINERALOCORTICOID DRUGS							
fludrocortisone acetate							
8.4.1 THYROID SUPPLEMENTS							
levothroid							
levothyroxine sodium							
levoxyl							
thyroid							
unithroid							
SYNTHROID						levothyroxine sodium, levoxyl	
8.4.2 ANTITHYROID DRUGS							
methimazole							
propylthiouracil							
8.6 OTHER ENDOCRINE DRUGS							
alendronate sodium		QL= 34 tabs (5mg, 10mg & 40mg); 5 tabs (35 & 70mg); per 30 days					
desmopressin tab		PAR					
ACTONEL, -WITH CALCIUM		QL= 34 tabs (5mg & 30mg); 5 tabs (35mg); 2 tabs (75 mg); 1 tab (150 mg); 35 tabs (with Calcium); per 30 days					
SENSIPAR							
BONIVA tablets		QL = 34 tabs (2.5 mg); 1 tab (150 mg); per 30 days				alendronate tablet, ACTONEL	
FOSAMAX		QL= 34 tabs (5mg, 10mg & 40mg); 5 tabs (35 & 70mg); 5 bottles (oral solution); per 30 days				alendronate tablet	
FOSAMAX PLUS D		QL = 5 tabs/30 days				alendronate tablet	
MIACALCIN Nasal Spray						alendronate, ACTONEL	
desmopressin injection		PAR w/specialty injectable copay					
BONIVA injection		PAR w/specialty injectable copay				RECLAST	
DDAVP		PAR w/specialty injectable copay				desmopressin	
FORTEO		PAR w/specialty injectable copay; QL = 1 pen (600 mcg/2.4 mL pen); per 30 days					
MIACALCIN Injection		PAR with injectable copay					
RECLAST Injection		PAR w/specialty injectable copay					
CHAPTER 9: GASTROINTESTINAL MEDICATIONS							
9.2 ANTIDIARRHEAL DRUGS							
diphenoxylate w/atropine							
loperamide hcl							

DRUG NAME	Specialty Drug	PA/QLL/ST	TIER				SUGGESTED PREFERRED ALTERNATIVES
			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
9.3 ANTISPASMODICS/DRUGS AFFECT GI MOTILITY							
dicyclomine hcl							
hyoscyamine sulfate							
metoclopramide hcl							
9.4 ANTIULCER DRUGS							
cimetidine							
famotidine							
nizatidine							
ranitidine hcl							
9.4.1 OTHER ANTIULCER DRUGS							
misoprostol							
sucralfate							
9.4.2 PROTON PUMP INHIBITORS							
lansoprazole		15mg: QL= 34 caps/30 days					
omeprazole		QL = 34 caps (10mg)/30 days					
pantoprazole		QL= 34 tabs/30 days					
PRILOSEC OTC		QL = 34 tabs/30 days					
NEXIUM		ST QL=34 caps/packets/30 days					
ACIPHEX		ST				Prilosec OTC, lansoprazole, omeprazole, NEXIUM	
KAPIDEX		ST QL=34 caps/30 days				Prilosec OTC, lansoprazole, omeprazole, NEXIUM	
PREVACID		ST QL=34 caps or tabs (15 mg)/30 days				Prilosec OTC, lansoprazole, omeprazole, NEXIUM	
PRILOSEC		ST QL=34 caps (10 mg, 20 mg); 34 packets (10 mg susp); 68 packets (2.5 mg susp); per 30 days				Prilosec OTC, lansoprazole, omeprazole, NEXIUM	
PROTONIX		ST QL= 34 tabs (20 mg)/30 days				Prilosec OTC, lansoprazole, omeprazole, NEXIUM	
ZEGERID		ST QL=34 pcks or caps/30 days				Prilosec OTC, lansoprazole, omeprazole, NEXIUM	
9.4.3 HELICOBACTER PYLORI DRUGS							
PYLERA							
HELIDAC						PYLERA	
PREVPAC		QL= 1 pkg/30 days				PYLERA	
9.5 LAXATIVES AND CATHARTICS							
glycolax							
9.6 OTHER GI DRUGS							
balsalazide disodium							
hydrocortisone							
sulfasalazine							
ANALPRAM-HC						hc pramoxine 2.5%	
ASACOL, HD							
CANASA							
CREON							
LIALDA						APRISO, ASACOL/HD, PENTASA	
PANCRELIPASE EC							
PENTASA							
ULTRASE, MT						CREON DR	
APRISO							
COLAZAL						balsalazide disodium	
DIPENTUM						balsalazide, ASACOL/HD	
GOLYTELY							
NULYTELY							
VIOKASE						CREON DR	
URSO, -FORTE							
9.7 IRRITABLE BOWEL DRUGS							
AMITIZA							

CHAPTER 10: IMMUNOLOGICALS AND VACCINES

DRUG NAME	Specialty Drug	PA/QLL/ST	TIER				SUGGESTED PREFERRED ALTERNATIVES
			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
10.0 IMMUNOLOGICALS AND VACCINES							
FLEBOGAMMA		PAR w/ specialty injectable copay					GAMMAGARD S/D, GAMUNEX, PRIVIGEN
GAMMAGARD S/D		PAR w/ specialty injectable copay					
GAMUNEX		PAR w/ specialty injectable copay					
HYPERHEP B S-D		PAR w/ specialty injectable copay					
HYPERRHO S-D		PAR w/ specialty injectable copay					
MICRHOGAM		PAR w/ specialty injectable copay					HYPERRHO S-D
NABI-HB		PAR w/ specialty injectable copay					BAYHEP B
PRIVIGEN		PAR w/ specialty injectable copay					
RHOGAM		PAR w/ specialty injectable copay					HYPERRHO S-D
RHOPHYLAC		PAR w/ specialty injectable copay					HYPERRHO S-D
WINRHO SDF		PAR w/ specialty injectable copay					HYPERRHO S-D
10.2.1 MYELOID STIMULANTS							
NEULASTA		PAR w/ specialty injectable copay; QL = 2 syringes/30 days					
NEUPOGEN		PAR w/ specialty injectable copay					
10.2.2 ERYTHROID STIMULANTS							
ARANESP		PAR w/ specialty injectable copay					
EPOGEN		PAR w/ specialty injectable copay					ARANESP, PROCRIT
PROCRIT		PAR w/ specialty injectable copay					
10.2.3 INTERFERONS							
AVONEX, ADMINISTRATION PACK		PAR with specialty injectable copay; QL = 4 vials/4 syringes/30 days					
BETASERON		PAR with specialty injectable copay; QL = 15 vials with prefilled diluent syringe/30 days					
INFERGEN		PAR w/ specialty injectable copay					
INTRON A		PAR w/ specialty injectable copay					
PEGASYS		PAR with specialty injectable copay; QL = 5 vials; Convenience Pack = 1 box/30 days					
PEG-INTRON, REDIPEN		PAR with specialty injectable copay; QL = 5 pens/vials/30 days					PEGASYS
REBIF		PAR with specialty injectable copay; QL = 15 syringes; Titration Pack = 1 package/30 days					
SYLATRON							
10.2.4 GROWTH HORMONES AND RELATED DRUGS							
GENOTROPIN		PAR w/ specialty injectable copay					
HUMATROPE		PAR w/ specialty injectable copay					
NORDITROPIN		PAR w/ specialty injectable copay					GENOTROPIN, NUTROPIN/AQ
NUTROPIN, AQ		PAR w/ specialty injectable copay					
OMNITROPE		PAR w/ specialty injectable copay					GENOTROPIN, NUTROPIN/AQ

DRUG NAME	Specialty Drug	PA/QLL/ST	TIER				SUGGESTED PREFERRED ALTERNATIVES
			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
SAIZEN		PAR w/ specialty injectable copay					GENOTROPIN, NUTROPIN/AQ
TEV-TROPIN		PAR w/ specialty injectable copay					GENOTROPIN, NUTROPIN/AQ
10.2.5 INTERLEUKINS							
NEUMEGA		PAR w/ specialty injectable copay; QL = 21 vials/30 days					
CHAPTER 11: MUSCULOSKELETAL MEDICATIONS							
11.1.1 SALICYLATES AND RELATED DRUGS							
diflunisal							
salsalate							
11.1.2 NON-STEROIDAL ANTIINFLAMMATORY AGENTS							
diclofenac sodium							
etodolac							
ibuprofen							
indomethacin							
ketoprofen							
ketorolac		QL= 20 tabs/5 days					
meloxicam		QL=34 tabs/30 days					
nabumetone							
naproxen							
oxaprozin							
piroxicam							
sulindac							
CELEBREX		ST					
MOBIC		ST QL = 34 Tabs/30 days					meloxicam
11.1.4 OTHER DRUGS FOR ARTHRITIS							
supartz		PAR w/ specialty injectable copay					EUFLEXXA
EUFLEXXA		PAR w/ specialty injectable copay					
HYALGAN		PAR w/ specialty injectable copay					EUFLEXXA
ORTHOVISC		PAR w/ specialty injectable copay					EUFLEXXA
SYNVISC, ONE		PAR w/ specialty injectable copay					EUFLEXXA
11.2 DRUGS TO PREVENT AND TREAT GOUT							
allopurinol							
colchicine							
probenecid							
ULORIC							
11.3.1 DIRECT MUSCLE RELAXANTS							
baclofen							
tizanidine hcl							
11.3.2 CNS MUSCLE RELAXANTS							
carisoprodol							metaxalone, tizanidine
cyclobenzaprine hcl							metaxalone, tizanidine
methocarbamol							
orphenadrine citrate							
SKELAXIN							metaxalone
orphenadrine citrate injectable		PAR w/injectable copay					
CHAPTER 12: NUTRITION, BLOOD							
12.1.2 VITAMINS & MINERALS & RELATED PRODUCTS							
METANX							neurpath b tablet
NASCOBAL							cyanocobalamin
CEREFOLIN							generic vitamin supplement
12.1.3 THERAPEUTIC VITAMINS & MINERALS							
calcitriol		PAR w/ injectable copay					
folic acid							
HECTOROL capsule							calcitriol, ZEMPLAR
HECTOROL injection		PAR w/ specialty injectable copay					
12.2 POTASSIUM SUPPLEMENTS							
klor-con							
potassium chloride		PAR w/ injectable copay					
12.3.1 ORAL ANTICOAGULANTS, VITAMIN K							

DRUG NAME	Specialty Drug	PA/QLL/ST	TIER				SUGGESTED PREFERRED ALTERNATIVES
			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
warfarin sodium							
COUMADIN							warfarin sodium
12.3.2 HEPARIN AND HEPARIN ANTAGONISTS							
ARIXTRA		PAR w/ specialty injectable copay					
FRAGMIN		PAR w/ specialty injectable copay					
INNOHEP		PAR w/ specialty injectable copay					enoxaparin, ARIXTRA
LOVENOX		PAR w/ specialty injectable copay					enoxaparin, ARIXTRA
12.4 ANTIPLATELET DRUGS							
cilostazol							
dipyridamole							
ticlopidine hcl							
AGGRENOX		PAR					
EFFIENT		PAR					
PLAVIX		PAR					
12.5 HEMOSTATICS							
ADVATE		PAR w/ specialty injectable copay					
ALPHANATE		PAR w/ specialty injectable copay					
ALPHANINE SD		PAR w/ specialty injectable copay					BEBULIN, BENEFIX, PROFILNINE SD
BEBULIN VH IMMUNO		PAR w/ specialty injectable copay					
BENEFIX		PAR w/ specialty injectable copay					
HELIXATE FS		PAR w/ specialty injectable copay					
HEMOPIL-M		PAR w/ specialty injectable copay					ADVATE, ALPHANATE, HUMATE-P
HUMATE-P		PAR w/ specialty injectable copay					
KOATE-DVI		PAR w/ specialty injectable copay					
KOGENATE FS		PAR w/ specialty injectable copay					ADVATE, ALPHANATE, HUMATE-P
MONARC-M		PAR w/ specialty injectable copay					ADVATE, ALPHANATE, HUMATE-P
MONOCLATE-P		PAR w/ specialty injectable copay					ADVATE, ALPHANATE, HUMATE-P
MONONINE		PAR w/ specialty injectable copay					BEBULIN, BENEFIX, PROFILNINE SD
PROFILNINE SD		PAR w/ specialty injectable copay					
RECOMBINATE		PAR w/ specialty injectable copay					
REFACTO		PAR w/ specialty injectable copay					ADVATE, ALPHANATE, HUMATE-P
XYNTHA		PAR w/ specialty injectable copay					
12.7 BLOOD DETOXICANTS							
lactulose							
RENAGEL							
REVELA							
FOSRENOL							RENAGEL, REVELA
CHAPTER 13: OBSTETRICAL & GYNECOLOGICAL MEDICATIONS							
13.1.1 PRENATAL VITAMINS							
natalcare plus							
prenatal rx							
PRENATE ELITE							ADVANCED-RF NATALCARE
13.1.2 SPECIALIZED OB/GYN DRUGS							
novarel		PAR w/ specialty infertility copay; QL = 3 vials/30 days					
CETROTIDE		PAR w/ specialty infertility copay					

DRUG NAME	Specialty Drug	PA/QLL/ST	TIER				SUGGESTED PREFERRED ALTERNATIVES
			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
ELIGARD		PAR w/ specialty infertility copay					
GANIRELIX ACETATE		PAR w/ specialty infertility copay					
LUPRON		PAR w/ specialty infertility copay					leuprolide acetate
LUPRON DEPOT		PAR w/ specialty infertility copay					ELIGARD
OVIDREL		PAR w/ specialty infertility copay					ch.gonadotropin, novarel
PREGNYL		PAR w/ specialty infertility copay; QL = 3 vials/30 days					ch.gonadotropin, novarel
13.2 OVULATORY STIMULANTS							
clomiphene citrate		PAR >150MG w/ infertility copay					
BRAVELLE		PAR w/ specialty infertility copay					GONAL F/RFF
FERTINEX		PAR w/ specialty infertility copay					GONAL F/RFF
FOLLISTIM AQ		PAR w/ specialty infertility copay					GONAL F/RFF
GONAL-F/RFF		PAR w/ specialty infertility copay					
MENOPUR		PAR w/ specialty infertility copay					
REPRONEX		PAR w/ specialty infertility copay					MENOPUR
13.3 ANDROGEN DRUGS							
ANDRODERM							
ANDROGEL							
TESTIM							ANDRODERM, ANDROGEL
13.4 ESTROGEN DRUGS							
estradiol							
estradiol transdermal patch		QL= 5 patches/30 days					
estropipate							
ALORA		QL= 10 patches/30 days					
MENEST							
PREMARIN							
PREMARIN CREAM							VAGIFEM
VAGIFEM							
CENESTIN							estradiol, MENEST, PREMARIN
DIVIGEL		QL = 34 packets/30 days					generic patches, ALORA
ELESTRIN		QL = 1 pump/30 days					generic patches, ALORA
ENJUUIA							estradiol, MENEST, PREMARIN
ESTRADERM		QL= 10 patches/30 days					generic patches, ALORA
ESTRASORB		QL = 68 packets/30 days					generic patches, ALORA
ESTROGEL		QL = 2 pump bottles/30 days					generic patches, ALORA
FEMTRACE							estradiol, MENEST, PREMARIN
MENOSTAR		QL= 5 patches/30 days					generic patches, ALORA
VIVELLE-DOT		QL= 10 patches/30 days					generic patches, ALORA
13.4.1 ESTROGEN/PROGESTIN COMBINATIONS							
estradiol-norethindrone acetat							
CLIMARA PRO		QL = 5 patches/30 days					estradiol patch + progesterone
PREMPHASE							
PREMPRO							
ANGELIQ							PREMPRO/PREMPHASE
COMBIPATCH							
FEMHRT							PREMPRO/PREMPHASE
PREFEST							PREMPRO/PREMPHASE
13.4.3 SELECTIVE ESTROGEN RECEPTOR MODULATOR							
EVISTA							
13.5 PROGESTIN DRUGS							
camila							
errin							
jolivette							
medroxyprogesterone acetate							
nora-be							

DRUG NAME	Specialty Drug	PA/QLL/ST	TIER				SUGGESTED PREFERRED ALTERNATIVES
			1 (\$)	2 (\$30+)	3 (\$45+)	4 (25%+)	
norethindrone acetate			Green				
CRINONE					Red		ENDOMETRIN
PROCHIEVE				Yellow			
PROMETRIUM				Yellow			
NOR-Q-D					Red		camila, nora-be
ORTHO MICRONOR					Red		errin, jolivette
medroxyprogesterone acetate injection		PAR w/injectable copay				Blue	
DEPO-PROVERA contraceptive injection		PAR (Brand Only) w/injectable copay; QL = 1 vial/syringe /30 days				Blue	medroxyprogesterone acetate
13.7 CONTRACEPTIVES							
apri			Green				
aranelle			Green				
aviane			Green				
cesia			Green				
cryselle			Green				
enpresse			Green				
junel fe			Green				
kariva			Green				
kelnor 1/35			Green				
lessina			Green				
levora-28			Green				
low-ogestrel			Green				
lutera			Green				
microgestin			Green				
microgestin fe			Green				
mononessa			Green				
necon			Green				
nortrel			Green				
ocella			Green				
previfem			Green				
solia			Green				
sprintec			Green				
trinessa			Green				
tri-previfem			Green				
tri-sprintec tablet			Green				
trivora-28			Green				
velivet 28 day			Green				
zovia 1/35e			Green				
ORTHO TRI-CYCLEN LO					Red		generic, NUVARING
YAZ					Red		gianvi
ALESSE					Red		aviane, lessina
CYCLESSA					Red		cesia, velivet
DEMULEN 1/50					Red		zovia 1/50e
DESOGEN					Red		apri
ESTROSTEP FE					Red		tri-legest fe-28
LEVLEN					Red		levora, portia
LO/OVRAL					Red		cryselle, low-ogestrel
LOESTRIN					Red		junel, microgestin
LOESTRIN FE					Red		junel fe, microgestin
MIRCETTE					Red		kariva
MODICON					Red		necon, nortrel
NORDETTE					Red		levora, portia
NORINYL 1/35					Red		necon, nortrel
NORINYL 1/50					Red		necon
NUVARING				Yellow			
ORTHO EVRA					Red		generics
ORTHO TRI-CYCLEN					Red		trinessa, trisprintec
ORTHO-CEPT					Red		apri, reclusen
ORTHO-CYCLEN					Red		mononessa, sprintec
ORTHO-NOVUM					Red		necon, nortrel
OVCON-35					Red		balziva
OVCON-50					Red		ogestrel
SEASONALE					Red		jolessa, quasense
SEASONIQUE, LOSEASONIQUE				Yellow			
TRI-NORINYL					Red		aranelle, leena
TRIPHASIL					Red		enpresse, trivora
YASMIN					Red		ocella

DRUG NAME	Specialty Drug	PA/QLL/ST	TIER				SUGGESTED PREFERRED ALTERNATIVES
			1 (\$9)	2 (\$39+)	3 (\$45+)	4 (25%+)	
CHAPTER 14: OPHTHALMIC MEDICATIONS							
14.1.1 OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS							
ciprofloxacin hcl (ophth drops)			█				
erythromycin			█				
gentamicin sulfate			█				
ofloxacin (eye drops)			█				
polymyxin b sul/trimethoprim			█				
sulfacetamide sodium			█				
tobramycin sulfate			█				
AZASITE				█			
VIGAMOX				█			
ZYMAR					█		
BESIVANCE					█		ciprofloxacin, VIGAMOX, ZYMAR
IQUIX					█		ciprofloxacin, VIGAMOX, ZYMAR
MOXEZA				█			
QUIXIN					█		ciprofloxacin, VIGAMOX, ZYMAR
14.2 OPHTHALMIC CORTICOSTEROID DRUGS							
prednisolone acetate			█				
ALREX					█		generic ophthalmic steroids
FML FORTE					█		generic ophthalmic steroids
LOTEMAX					█		generic ophthalmic steroids
VEXOL					█		generic ophthalmic steroids
14.3 OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS							
neomycin/polymyxin/dexameth			█				
ZYLET				█			
14.5 ANTIGLAUCOMA DRUGS							
apraclonidine			█				
brimonidine tartrate			█				
levobunolol hcl			█				
pilocarpine hcl			█				
timolol maleate			█				
ALPHAGAN P					█		brimonidine tartrate
LUMIGAN				█			LUMIGAN
XALATAN					█		brimonidine tartrate, dorzolamide, ALPHAGAN P
AZOPT					█		LUMIGAN, XALATAN
TRAVATAN, Z					█		
14.6 OTHER OPHTHALMIC DRUGS							
azelastine			█				
bromfenac sodium			█				
cromolyn sodium			█				
diclofenac			█				
epinastine			█				
PATADAY				█			
PATANOL				█			
RESTASIS		QL = 60 vials/30 days		█			
ZADITOR				█			
ACULAR, LS					█		ketorolac
ACUVAIL					█		diclofenac sodium, ketorolac
ALAMAST					█		epinastine, azelastine, PATADAY, PATANOL
ALOCRIAL					█		epinastine, azelastine, PATADAY, PATANOL
BEPREVE					█		epinastine, azelastine, PATADAY, PATANOL
ELESTAT					█		epinastine, azelastine, PATADAY, PATANOL
NEVANAC					█		diclofenac sodium, ketorolac
OPTIVAR					█		azelastine
XIBROM					█		bromfenac sodium, diclofenac sodium, ketorolac
CHAPTER 15: RESPIRATORY MEDICATIONS							
15.1.1 BETA-2 ADRENERGIC DRUGS							
albuterol		QL=3 inhalers/30 days	█				
albuterol sulfate			█				
FORADIL		QL= 12 caps/12pk; 120 caps/60pk; per 30 days		█			
PERFORMIST		QL = 120 vials/30 days		█			

DRUG NAME	Specialty Drug	PA/QL/ST	TIER				SUGGESTED PREFERRED ALTERNATIVES
			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
PROAIR HFA		QL = 3 inhalers/30 days					
SEREVENT DISKUS		QL= 1 pkg/28 blisters; 2 pkgs/60 blisters; per 30 days					FORADIL
VENTOLIN HFA		QL =3 inh (18 gm); 1 inh (8 gm); per 30 days					
BROVANA		QL = 3 cartons/30 days					PERFOROMIST
MAXAIR AUTOHALER		QL=2 inhalers/30 days					PROAIR HFA, VENTOLIN HFA
PROVENTIL HFA		QL=3 inhalers/30 days					PROAIR HFA, VENTOLIN HFA
XOPENEX							albuterol neb
XOPENEX HFA		QL=3 inhalers/30 days					PROAIR HFA, VENTOLIN HFA
15.1.2 METHYL XANTHINE DRUGS							
theophylline, -er							
theophylline anhydrous							
15.1.3 OTHER DRUGS FOR ASTHMA							
ipratropium bromide							
ADVAIR DISKUS		QL= 120 inh/60pk; 28 inh/28pk; 14 inh/14pk; per 30 days					
ADVAIR HFA		QL = 2 inhalers/30 days					
ATROVENT HFA		QL= 2 inhalers HFA/30 days					
COMBIVENT		QL= 3 inhalers/30 days					
FLOVENT DISKUS		QL (50mcg & 100mcg) 2 inhalers; (250mcg) 5 inhalers; per 30 days					
FLOVENT HFA		QL = 44mcg - 2 inhalers; 110 mcg - 1 inhaler; 220 mcg - 3 inhalers; per 30 days					
PULMICORT		QL= 70 ampules (0.25 mg/2 mL or 0.5 mg/2 mL); 35 ampules (1 mg/2 mL); 2 inhalers; per 30 days					budesonide suspension for inhalation 0.25mg/2ml, 0.5mg/2ml
PULMICORT FLEXHALER		QL= 2 inh (90 mcg); 3 inh (180 mcg); per 30 days					
QVAR		QL= 3 inhalers/30 days					
SPIRIVA		QL= 1 package (6 capsules or 90 capsules); 2 packages (30 capsules); per 30 days					
SYMBICORT		QL = 2 inhalers/30 days					
TILADE		QL= 3 inhalers/30 days					
AEROBID, M		QL= 3 inhalers					FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR
ALVESCO		QL = 2 inh (80 mcg); 3 inh (160 mcg); per 30 days					FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR
ASMANEX		QL = 1 inh (#14 inhalation units); 2 inh (#30, #60, #120 inhalation units); per 30 days					FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR
AZMACORT		QL= 3 inhalers/30 days					FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR
EPIPEN		QL= 3 units (package size 1); 2 units (package size 2) w/injectable copay; per 30 days					
EPIPEN JR.		QL= 3 units (package size 1); 2 units (package size 2) w/injectable copay ; per 30 days					
TWINJECT		QL = 3 units/pkg size 1; 4 units/pkg size 2; w/injectable copay; per 30 days					EPINEPHRINE AUTOINJECTOR, EPIPEN/JR
15.1.4 LEUKOTRIENE MODIFIERS							
SINGULAIR	ST						
ACCOLATE	ST						SINGULAIR

DRUG NAME	Specialty Drug	PA/QLL/ST	TIER				SUGGESTED PREFERRED ALTERNATIVES
			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
ZYFLO/CR	ST						SINGULAIR
15.2.1 ANTIHISTAMINES							
cyproheptadine hcl							
promethazine hcl							
ALLEGRA		QL=68 tabs/caps (30mg & 60mg); 34 tabs (180mg); per 30 days					fexofenadine
CLARINEX		QL= 34 tabs/30 days					fexofenadine
ZYRTEC		QL= 34 tabs/30 days					fexofenadine
15.2.3 ANTIHISTAMINE/DECONGESTANT COMBINATIONS							
fexofenadine-pse							
promethazine vc							
ALLEGRA-D		QL = 68 tabs (12 hr); 34 tabs (24 hr); per 30 days					OTC cetirizine-D
ZYRTEC-D		QL= 68 tablets/30 days					OTC cetirizine-D
15.3 ANTITUSSIVE AND EXPECTORANT DRUGS							
benzonatate							
guaifenesin w/codeine							
guaifenesin pse							
hydnone							
prolex dh							
promethazine w/codeine							
promethazine w/dm							
promethazine vc w/codeine							
TUSSIONEX							di-hydro-cp syrup
CHAPTER 16: UROLOGICAL MEDICATIONS							
16.1.1 ANTICHOLINERGIC ANTISPASMODICS							
oxybutynin chloride		QL = 34 tabs (er)/30 days					
OXYTROL		QL= 10 patches/30 days					oxybutynin/er
ENABLEX							oxybutynin/er
GELNIQUE		QL = 34 sachets/30 days					oxybutynin er
SANCTURA, XR							oxybutynin/er
TOVIAZ							oxybutynin/er
VESICARE							oxybutynin/er
16.1.3 URINARY ANESTHETICS							
phenazopyridine hcl							
16.1.4 OTHER GENITOURINARY PRODUCTS							
finasteride							
FLOMAX							TAMSULOSIN
MUSE		QL=12 urethral suppositories/30 days PAR					
UROXATRAL							alfuzosin
VIAGRA		PAR, QL= 6 tabs/30 days					
AVODART							finasteride
RAPAFLO							doxazosin, TAMSULOSIN
CAVERJECT		PAR, w/ injectable copay QL= 12 vials/30 days					
EDEX		PAR, w/ injectable copay QL= 12 vials or kits/30 days					CAVERJECT
The following drugs are not covered by the Plan:							
CIALIS		QL = 34 tabs/30 days	N/A	N/A	N/A	N/A	VIAGRA
LEVITRA		PAR, QL= 6 tabs/30 days	N/A	N/A	N/A	N/A	VIAGRA
CHAPTER 17: DIAGNOSTIC & MISCELLANEOUS MEDICATIONS							
17.1 DIAGNOSTIC PRODUCTS							
PRECISION XTRA							
17.3.1 APPETITE SUPPRESSANTS							
17.3.2 OTHER WEIGHT LOSS PRODUCTS							
XENICAL		PAR					OTC ALLI
CHAPTER 18: MEDICAL (MISCELLANEOUS) SUPPLIES							
18.1 DIABETIC SUPPLIES							
ACCU-CHEK							
ACCU-CHEK III							
ACCU-CHEK INSTANTPLUS							
ACCU-CHEK SIMPLICITY							
BAYER BREEZE 2							

DRUG NAME	Specialty Drug	PA/QLL/ST	TIER				SUGGESTED PREFERRED ALTERNATIVES
			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
BAYER CONTOUR (excluding USB meter)							
CHEMSTRIP BG							
NOVOFINE 32							
PRECISION							
PRECISION XTRA							
CHAPTER 19: SMOKING CESSATION							
19.1 SMOKING CESSATION							
ZYBAN		SC					bupropion, sr
CHANTIX		SC					
NICOTROL INHALER		SC					OTC nicotine gum
The following drugs are not covered by the Plan:							
FAST TAKE			N/A	N/A	N/A	N/A	ACCU-CHEK AVIVA, COMPACT, ACTIVE, ADVANTAGE (excluding USB meter)
FAST TAKE MONITORING SYSTEM			N/A	N/A	N/A	N/A	ACCU-CHEK AVIVA, COMPACT, ACTIVE, ADVANTAGE (excluding USB meter)
FREESTYLE			N/A	N/A	N/A	N/A	ACCU-CHEK AVIVA, COMPACT, ACTIVE, ADVANTAGE (excluding USB meter)
FREESTYLE FLASH SYSTEM			N/A	N/A	N/A	N/A	ACCU-CHEK AVIVA, COMPACT, ACTIVE, ADVANTAGE (excluding USB meter)
FREESTYLE FLASH SYSTEM KIT			N/A	N/A	N/A	N/A	ACCU-CHEK AVIVA, COMPACT, ACTIVE, ADVANTAGE (excluding USB meter)
FREESTYLE SIDEKICK II			N/A	N/A	N/A	N/A	ACCU-CHEK AVIVA, COMPACT, ACTIVE, ADVANTAGE (excluding USB meter)
FREESTYLE SYSTEM			N/A	N/A	N/A	N/A	ACCU-CHEK AVIVA, COMPACT, ACTIVE, ADVANTAGE (excluding USB meter)
FREESTYLE TEST STRIPS			N/A	N/A	N/A	N/A	ACCU-CHEK AVIVA, COMPACT, ACTIVE, ADVANTAGE (excluding USB meter)
FREESTYLE TRACKER			N/A	N/A	N/A	N/A	ACCU-CHEK AVIVA, COMPACT, ACTIVE, ADVANTAGE (excluding USB meter)
FREESTYLE TRACKER SYSTEM			N/A	N/A	N/A	N/A	ACCU-CHEK AVIVA, COMPACT, ACTIVE, ADVANTAGE (excluding USB meter)
ONE TOUCH BASIC SYSTEM			N/A	N/A	N/A	N/A	ACCU-CHEK AVIVA, COMPACT, ACTIVE, ADVANTAGE (excluding USB meter)
ONE TOUCH INDUO			N/A	N/A	N/A	N/A	ACCU-CHEK AVIVA, COMPACT, ACTIVE, ADVANTAGE (excluding USB meter)
ONE TOUCH PROFILE SYSTEM			N/A	N/A	N/A	N/A	ACCU-CHEK AVIVA, COMPACT, ACTIVE, ADVANTAGE (excluding USB meter)
ONE TOUCH TEST STRIPS			N/A	N/A	N/A	N/A	ACCU-CHEK AVIVA, COMPACT, ACTIVE, ADVANTAGE (excluding USB meter)
ONE TOUCH ULTRA SMART			N/A	N/A	N/A	N/A	ACCU-CHEK AVIVA, COMPACT, ACTIVE, ADVANTAGE (excluding USB meter)
ONE TOUCH ULTRA SYSTEM			N/A	N/A	N/A	N/A	ACCU-CHEK AVIVA, COMPACT, ACTIVE, ADVANTAGE (excluding USB meter)
ONE TOUCH ULTRA TEST STRIPS			N/A	N/A	N/A	N/A	ACCU-CHEK AVIVA, COMPACT, ACTIVE, ADVANTAGE (excluding USB meter)
PRECISION PCX			N/A	N/A	N/A	N/A	ACCU-CHEK AVIVA, COMPACT, ACTIVE, ADVANTAGE (excluding USB meter)
PRECISION PCX PLUS			N/A	N/A	N/A	N/A	ACCU-CHEK AVIVA, COMPACT, ACTIVE, ADVANTAGE (excluding USB meter)
PRECISION Q-I-D			N/A	N/A	N/A	N/A	ACCU-CHEK AVIVA, COMPACT, ACTIVE, ADVANTAGE (excluding USB meter)
PRECISION SOF-TACT			N/A	N/A	N/A	N/A	ACCU-CHEK AVIVA, COMPACT, ACTIVE, ADVANTAGE (excluding USB meter)
SOF-TACT			N/A	N/A	N/A	N/A	ACCU-CHEK AVIVA, COMPACT, ACTIVE, ADVANTAGE (excluding USB meter)
SURESTEP			N/A	N/A	N/A	N/A	ACCU-CHEK AVIVA, COMPACT, ACTIVE, ADVANTAGE (excluding USB meter)

a/b otic	7.1	amox tr/potassium clavulanate (susp)	2.1.5
ABILIFY	5.8	amoxicillin	2.1.5
acarbose	8.1.2	amphetamine salt combo	5.9.1
ACCOLATE	15.1.4	ANALPRAM-HC	9.6
ACCU-CHEK	18.1	ANDRODERM	13.3
ACCU-CHEK III	18.1	ANDROGEL	13.3
ACCU-CHEK INSTANTPLUS	18.1	ANGELIQ	13.4.1
ACCU-CHEK SIMPLICITY	18.1	ANTARA	4.8.1
ACCUPRIL	4.5.4.1	ANZEMET	5.6
ACCUTANE	6.3	APIDRA	8.1.1
ACEON	4.5.4.1	APLENZIN	5.5.1.4
acetaminophen w/codeine	5.1.1.2	apraclonidine	14.5
acetaminophen w/hydrocodone	5.1.1.2	apri	13.7
ACIPHEX	9.4.2	APRISO	9.6
ACTIQ	5.1.1.1	aranelle	13.7
ACTONEL, -WITH CALCIUM	8.6	ARANESP	10.2.2
ACTOPLUS MET	8.1.3	ARICEPT, -ODT	5.9.3
ACTOS	8.1.3	ARIMIDEX	3
ACULAR, LS	14.6	ARIXTRA	12.3.2
ACUVAIL	14.6	ASACOL, HD	9.6
acyclovir	2.5.2	ASMANEX	15.1.3
ADCIRCA	4.6.2	ASTELIN	7.2
ADDERALL XR	5.9.1	ASTEPRO	7.2
ADVAIR DISKUS	15.1.3	ATACAND	4.5.4.2
ADVAIR HFA	15.1.3	ATACAND HCT	4.5.6
ADVATE	12.5	atenolol	4.4
ADVICOR	4.8.2.1	atenolol w/chlorthalidone	4.5.6
AEROBID, M	15.1.3	ATRALIN	6.3
AGGRENEX	12.4	ATROVENT HFA	15.1.3
ALAMAST	14.6	AUGMENTIN XR	2.1.5
albuterol	15.1.1	AVALIDE	4.5.6
albuterol sulfate	15.1.1	AVANDAMET	8.1.3
alclometasone dipropionate	6.1	AVANDARYL	8.1.3
ALDARA	6.9.2	AVANDIA	8.1.3
alendronate sodium	8.6	AVAPRO	4.5.4.2
ALESSE	13.7	AVELOX, -ABC PACK	2.1.9
ALLEGRA	15.2.1	aviane	13.7
ALLEGRA-D	15.2.3	AVINZA	5.1.1.1
allopurinol	11.2	AVITA	6.3
ALOCRIL	14.6	AVODART	16.1.4
ALORA	13.4	AVONEX, ADMINISTRATION PACK	10.2.3
ALPHAGAN P	14.5	AXERT	5.1.2
ALPHANATE	12.5	AZASITE	14.1.1
ALPHANINE SD	12.5	azathioprine	3
alprazolam	5.2.1	azelastine	7.2, 14.6
ALREX	14.2	azithromycin	2.1.4.1
ALTACE	4.5.4.1	AZMACORT	15.1.3
ALTOPREV	4.8.2	AZOPT	14.5
ALVESCO	15.1.3	AZOR	4.5.6
amantadine	2.5.2	baclofen	11.3.1
AMBIEN	5.2.2	BACTROBAN cream, nasal ointment	2.2
AMBIEN CR	5.2.2	balsalazide disodium	9.6
AMERGE	5.1.2	BAYER BREEZE 2	18.1
amiloride hcl w/hctz	4.3.3	BAYER CONTOUR (excluding USB meter)	18.1
amiodarone hcl	4.7.3	BEBULIN VH IMMUNO	12.5
AMITIZA	9.7	BECONASE AQ	7.2
amitriptyline hcl	5.5.1.1	benazepril	4.5.4.1
amlodipine besylate	4.2	benazepril-hctz	4.5.6

BENEFIX	12.5	CELLCEPT oral susp	3
BENICAR	4.5.4.2	CENESTIN	13.4
BENICAR HCT	4.5.6	cephalexin	2.1.1
BENLYSTA	3	CEREFOLIN	12.1.2
BENZAACLIN	6.3	CERUMENEX	7.1
BENZAMYCIN	6.3	cesia	13.7
benzonatate	15.3	CETRALAX	7.1
benztropine mesylate	5.7.1	CETROTIDE	13.1.2
BEPREVE	14.6	CHANTIX	19.1
BESIVANCE	14.1.1	CHEMSTRIP BG	18.1
betamethasone dipropionate	6.1	chlordiazepoxide hcl	5.2.1
betamethasone dp augmented	6.1	CHLORHEXIDINE GLUCONATE	2.2
BETASERON	10.2.3	chlorhexidine gluconate	7.3
BIAXIN, XL	2.1.4.1	cholestyramine	4.8.1
bisoprolol fumarate	4.4	CIALIS	16.1.4
bisoprolol fumarate/hctz	4.5.6	ciclopirox (cream)	2.4.2
BONIVA injection	8.6	ciclopirox (lotion)	2.4.2
BONIVA tablets	8.6	cilostazol	12.4
BRAVELLE	13.2	cimetidine	9.4
brimonidine tartrate	14.5	CIMZIA	3
bromocriptine mesylate	5.7.2	CIPRO HC	7.1
bromfenac sodium	14.6	CIPRODEX OTIC	7.1
BROVANA	15.1.1	ciprofloxacin hcl (ophth drops)	14.1.1
budeprion sr (150 mg)	5.5.1.4	ciprofloxacin, er	2.1.9
budeprion xl	5.5.1.4	citalopram	5.5.1.3
bumetanide	4.3.1	CLARINEX	15.2.1
bupropion hcl	5.5.1.4	clarithromycin	2.1.4.1
bupropion sr	5.5.1.4	CLIMARA PRO	13.4.1
buspirone hcl	5.2.1	clindamycin hcl	2.1.3
butalbital compound	5.1.2	clindamycin phosphate	6.3
butalbital/acetaminophen/caffeine	5.1.2	clobetasol propionate	6.1
BYETTA	8.1.5.1	clomiphene citrate	13.2
calcipotriene solution	6.8	clonazepam	5.4.2
calcitriol	12.1.3	clonidine hcl	4.5.2
camila	13.5	clorazepate dipotassium	5.2.1
CANASA	9.6	clotrimazole	2.3
captopril	4.5.4.1	clotrimazole/betamethasone	2.4.3
captopril/hctz	4.5.6	clozapine	5.8
CARAC	6.9.2	COLAZAL	9.6
carbamazepine, er, xr	5.4.1	colchicine	11.2
CARBATROL	5.4.1	colestipol	4.8.1
carbidopa/levodopa	5.7.2	COMBIPATCH	13.4.1
CARDENE SR	4.2	COMBIVENT	15.1.3
CARDIZEM LA	4.2	CONCERTA	5.9.1
carisoprodol	11.3.2	CONDYLOX	6.7
cartia xt	4.2	COPAXONE	5.9.4
carvedilol	4.4	COUMADIN	12.3.1
CAVERJECT	16.1.4	COVERA-HS	4.2
CEDAX	2.1.1	COZAAR	4.5.4.2
cefaclor, er	2.1.1	CREON	9.6
cefadroxil	2.1.1	CRESTOR	4.8.2
cefdinir	2.1.1	CRINONE	13.5
cefpodoxime proxetil	2.1.1	cromolyn sodium	14.6
CEFTIN (SUSP)	2.1.1	cryselle	13.7
cefuroxime (tab)	2.1.1	CYCLESSA	13.7
CELEBREX	11.1.2	cyclobenzaprine hcl	11.3.2
CELEXA	5.5.1.3	cyclosporine injection	3
CELLCEPT inj	3	cyclosporine softgel	3

CYMBALTA	5.5.1.4	enalapril	4.5.4.1
cyproheptadine hcl	15.2.1	enalapril/hctz	4.5.6
DDAVP	8.6	ENBREL	3
DEMULEN 1/50	13.7	ENJUVIA	13.4
DENAVIR	2.5.2	enpresse	13.7
DEPAKOTE, ER	5.4.4	epinastine	14.6
DEPO-PROVERA	3	EPIPEN	15.1.3
DEPO-PROVERA contraceptive injection	13.5	EPIPEN JR.	15.1.3
desipramine hcl	5.5.1.2	EPOGEN	10.2.2
desmopressin injection	8.6	errin	13.5
desmopressin tab	8.6	erythrocin stearate	2.1.4
DESOGEN	13.7	erythromycin	14.1.1
desonide	6.1	erythromycin base	6.3
desoximetasone	6.1	erythromycin ethylsuccinate	2.1.4
dexamethasone	8.3.1	erythromycin w/sulfisoxazole	2.1.6
dextroamphetamine-amphetamine	5.9.1	ESTRADERM	13.4
diazepam	5.2.1	estradiol	13.4
diclofenac	14.6	estradiol transdermal patch	13.4
diclofenac sodium	11.1.2	estradiol-norethindrone acetat	13.4.1
dicyclomine hcl	9.3	ESTRASORB	13.4
DIFFERIN	6.3	ESTROGEL	13.4
diflorasone diacetate	6.1	estropipate	13.4
diflunisal	11.1.1	ESTROSTEP FE	13.7
digitek	4.1	etodolac	11.1.2
digoxin	4.1	EUFLEXXA	11.1.4
diltiazem er	4.2	EURAX	6.9.3
diltiazem hcl	4.2	EVISTA	13.4.3
diltiazem xr	4.2	EXELON	5.9.3
DIOVAN	4.5.4.2	EXELON PATCH	5.9.3
DIOVAN HCT	4.5.6	EXFORGE, -HCT	4.5.6
DIPENTUM	9.6	FACTIVE	2.1.9
diphenoxylate w/atropine	9.2	famciclovir	2.5.2
dipyridamole	12.4	famotidine	9.4
divalproex sodium	5.4.1	FAMVIR	2.5.2
DIVIGEL	13.4	FAST TAKE	18.1
DOVONEX solution	6.8	FAST TAKE MONITORING SYSTEM	18.1
doxazosin mesylate	4.5.1	felodipine er	4.2
doxepin hcl	5.5.1.1	FEMARA	3
doxycycline hyclate	2.1.7	FEMHRT	13.4.1
DUAC	6.3	FEMTRACE	13.4
DUETACT	8.1.3	fenofibrate	4.8.1
DYNABAC	2.1.4.1	FENOGLIDE	4.8.1
DYNACIRC, CR	4.2	fentanyl	5.1.1.1
econazole nitrate	2.4.2	fentanyl injection	5.1.1.1
EDEX	16.1.4	FERTINEX	13.2
EDLUAR	5.2.2	fexofenadine-pse	15.2.3
EDURANT	2.5.1	FINACEA, PLUS	6.3
EFFEXOR	5.5.1.4	finasteride	16.1.4
EFFEXOR XR	5.5.1.4	FLEBOGAMMA	10
EFFIENT	12.4	flecainide acetate	4.7.1.3
ELESTAT	14.6	FLOMAX	16.1.4
ELESTRIN	13.4	FLOVENT DISKUS	15.1.3
ELIDEL	6.9.2	FLOVENT HFA	15.1.3
ELIGARD	13.1.2	FLOXIN (OTIC DROPS)	7.1
ELIGARD	3	fluconazole	2.3
EMEND	5.6	fludrocortisone acetate	8.3.2
EMTRIVA	2.5.1	FLUMIST	2.5.2
ENABLEX	16.1.1	flunisolide nasal spray	7.2

fluocinonide	6.1	HEMOPIL-M	12.5
fluoxetine hcl	5.5.1.3	HUMALOG (vial only)	8.1.1
flurazepam hcl	5.2.2	HUMALOG MIX 75/25 (vial only)	8.1.1
fluticasone propionate (nasal spray)	7.2	HUMATE-P	12.5
fluticasone propionate (oint)	6.1	HUMATROPE	10.2.4
fluvoxamine maleate	5.5.1.3	HUMIRA	3
FML FORTE	14.2	HUMULIN 50/50 (vial only)	8.1.1
FOCALIN, XR	5.9.1	HUMULIN 70/30 (vial only)	8.1.1
folic acid	12.1.3	HUMULIN L (vial only)	8.1.1
FOLLISTIM AQ	13.2	HUMULIN N (vial only)	8.1.1
FORADIL	15.1.1	HUMULIN R (vial only)	8.1.1
FORTEO	8.6	HUMULIN U (vial only)	8.1.1
FOSAMAX	8.6	HYALGAN	11.1.4
FOSAMAX PLUS D	8.6	hydnone	15.3
fosinopril	4.5.4.1	hydralazine hcl	4.5.1
fosinopril-hctz	4.5.6	hydrochlorothiazide	4.3.2
FOSRENOL	12.7	hydrocodone bit-ibuprofen	5.1.1.2
FRAGMIN	12.3.2	HYDROCORTISONE	6.1
FREESTYLE	18.1	hydrocortisone	9.6
FREESTYLE FLASH SYSTEM	18.1	hydrocortisone	8.3.1
FREESTYLE FLASH SYSTEM KIT	18.1	hydromorphone hcl	5.1.1.1
FREESTYLE SIDEKICK II	18.1	hydroxychloroquine sulfate	2.7.3
FREESTYLE SYSTEM	18.1	hydroxyzine hcl	6.2
FREESTYLE TEST STRIPS	18.1	hydroxyzine pamoate	6.2
FREESTYLE TRACKER	18.1	hyoscyamine sulfate	9.3
FREESTYLE TRACKER SYSTEM	18.1	HYPERRHEP B S-D	10
FROVA	5.1.2	HYPERRHO S-D	10
furosemide	4.3.1	HYZAAR	4.5.6
FUZEON	2.5.1	ibuprofen	11.1.2
gabapentin	5.4.7	imipramine hcl	5.5.1.1
GAMMAGARD S/D	10	IMITREX	5.1.2
GAMUNEX	10	IMITREX injection	5.1.2
GANIRELIX ACETATE	13.1.2	IMITREX nasal	5.1.2
GELNIQUE	16.1.1	indapamide	4.3.2
gemfibrozil	4.8.1	indomethacin	11.1.2
GENOTROPIN	10.2.4	INCIVEK	2.5.1
gentamicin sulfate	2.2	INFERGEN	10.2.3
gentamicin sulfate	14.1.1	INNOHEP	12.3.2
GENTAMICIN SULFATE	2.8.2	INTELENCE	2.5.1
GEODON capsule	5.8	INTRON A	10.2.3
GEODON injection	5.8	INVEGA	5.8
glipizide	8.1.2	ipratropium bromide	7.2
glipizide er	8.1.2	ipratropium bromide	15.1.3
GLUCAGEN	8.2	IQUIX	14.1.1
glyburide	8.1.2	IRESSA	3
glyburide-metformin	8.1.2	isoniazid	2.7.2
glycolax	9.5	isosorbide dinitrate	4.6.1
GOLYTELY	9.6	isosorbide mononitrate	4.6.1
GONAL-F/RFF	13.2	itraconazole	2.3
granisetron hcl	5.6	JANUMET	8.1.5.2
guaifenesin w/codeine	15.3	JANUVIA	8.1.5.2
guaifenesin pse	15.3	jolivet	13.5
guanfacine hcl	4.5.2	junel fe	13.7
haloperidol	5.8	KADIAN	5.1.1.1
HECTOROL capsule	12.1.3	KAPIDEX	9.4.2
HECTOROL injection	12.1.3	kariva	13.7
HELIDAC	9.4.3	kelnor 1/35	13.7
HELIXATE FS	12.5	KEPPRA solution	5.4.7

KEPPRA tabs	5.4.7	LUMIGAN	14.5
ketoconazole	2.3	LUNESTA	5.2.2
ketoconazole	2.4.2	LUPRON	13.1.2
ketoprofen	11.1.2	LUPRON DEPOT	13.1.2
ketorolac	11.1.2	lutura	13.7
KLARON	6.8	LYRICA	5.4.7
klor-con	12.2	MAVIK	4.5.4.1
KOATE-DVI	12.5	MAXAIR AUTOHALER	15.1.1
KOGENATE FS	12.5	MAXALT, MLT	5.1.2
KYTRIL	5.6	medroxyprogesterone acetate	13.5
labetalol hcl	4.4	medroxyprogesterone acetate injection	13.5
labetalol hcl injection	4.4	megestrol	3
lactulose	12.7	meloxicam	11.1.2
LAMICTAL	5.4.7	MENEST	13.4
LAMISIL tab	2.3	MENOPUR	13.2
lamotrigine	5.4.7	MENOSTAR	13.4
lansoprazole	9.4.2	MENTAX	2.4.2
LANTUS (vial only)	8.1.1	meperidine hcl	5.1.1.1
LANTUS cartridges, solostar	8.1.1	meperidine hcl injection	5.1.1.1
LESCOL, XL	4.8.2	mercaptapurine	3
lessina	13.7	METADATE CD	5.9.1
LETAIRIS	4.6.3	METANX	12.1.2
letrozole	3	metformin er	8.1.2
LEVAQUIN (inj)	2.1.9	metformin hcl	8.1.2
LEVEMIR, FLEXPEN	8.1.1	METHADONE HCL (PWD)	5.1.1.1
levetiracetam	5.4.7	methamphetamine hcl	5.9.1
LEVITRA	16.1.4	methimazole	8.4.2
LEVLEN	13.7	methocarbamol	11.3.2
levobunolol hcl	14.5	methotrexate injection	3
levofloxacin	2.1.9	methotrexate tablet	3
levora-28	13.7	methyl dopa	4.5.2
levothroid	8.4.1	methylin	5.9.1
levothyroxine sodium	8.4.1	methylin er	5.9.1
levoxyl	8.4.1	methylphenidate er	5.9.1
LEXAPRO	5.5.1.3	methylphenidate hcl	5.9.1
LIALDA	9.6	methylprednisolone	8.3.1
lidocaine hcl	1.2	metoclopramide hcl	9.3
lidocaine hcl viscous	1.2	metolazone	4.3.2
LIDODERM	1.2	metoprolol succ er	4.4
LINDANE	6.9.3	metoprolol tartrate	4.4
LIPITOR	4.8.2	METROGEL	6.3
LIPOFEN	4.8.1	METROLOTION	6.3
lisinopril	4.5.4.1	metronidazole	2.7.5
lisinopril-hctz	4.5.6	metronidazole (0.75%)	6.3
lithium carbonate, -er	5.3	MIACALCIN Injection	8.6
lithium citrate	5.3	MIACALCIN Nasal Spray	8.6
LO/OVRAL	13.7	MICARDIS	4.5.4.2
LOESTRIN	13.7	MICARDIS HCT	4.5.6
LOESTRIN FE	13.7	MICRHOGAM	10
loperamide hcl	9.2	microgestin	13.7
lorazepam	5.2.1	microgestin fe	13.7
losartan	4.5.4.2	minocycline hcl	2.1.7
LOTEMAX	14.2	MIRAPEX	5.7.2
LOTREL	4.5.6	MIRCETTE	13.7
lovastatin	4.8.2	mirtazapine	5.5.1.4
LOVAZA	4.8.1	misoprostol	9.4.1
LOVENOX	12.3.2	MOBIC	11.1.2
low-ogestrel	13.7	MODICON	13.7

moexepiril-hctz	4.5.6	NOVOLIN R (vial only)	8.1.1
mometasone furoate	6.1	NOVOLOG (vial only)	8.1.1
MONARC-M	12.5	NOVOLOG MIX 70/30 (vial only)	8.1.1
MONOCLATE-P	12.5	NULYTELY	9.6
mononessa	13.7	NUTROPIN, AQ	10.2.4
MONONINE	12.5	NUVARING	13.7
morphine sulfate	5.1.1.1	nystatin	2.3
MOXEZA	14.1.1	nystatin	2.4.2
MS CONTIN	5.1.1.1	nystatin w/triamcinolone	2.4.3
MSIR	5.1.1.1	ocella	13.7
mupirocin	2.2	ofloxacin (ear drops)	7.1
mupirocin 2% ointment	2.2	ofloxacin (eye drops)	14.1.1
MUSE	16.1.4	ofloxacin (tabs)	2.1.9
mycophenolate mofetil	3	omeprazole	9.4.2
MYFORTIC	3	OMNARIS	7.2
NABI-HB	10	OMNICEF	2.1.1
nabumetone	11.1.2	OMNITROPE	10.2.4
nadolol	4.4	ondansetron hcl, -odt	5.6
NAMENDA	5.9.3	ONE TOUCH BASIC SYSTEM	18.1
naproxen	11.1.2	ONE TOUCH INDUO	18.1
NASACORT AQ	7.2	ONE TOUCH PROFILE SYSTEM	18.1
NASAREL	7.2	ONE TOUCH TEST STRIPS	18.1
NASONEX	7.2	ONE TOUCH ULTRA SMART	18.1
natacare plus	13.1.1	ONE TOUCH ULTRA SYSTEM	18.1
nateglinide	8.1.2	ONE TOUCH ULTRA TEST STRIPS	18.1
necon	13.7	ONGLYZA	8.1.5.2
nefazodone hcl	5.5.1.4	OPANA ER	5.1.1.1
neomycin/polymyxin/dexameth	14.3	OPTIVAR	14.6
NEULASTA	10.2.1	orphenadrine citrate	11.3.2
NEUMEGA	10.2.5	orphenadrine citrate injectable	11.3.2
NEUPOGEN	10.2.1	ORTHO EVRA	13.7
NEURONTIN	5.4.7	ORTHO MICRONOR	13.5
NEVANAC	14.6	ORTHO TRI-CYCLEN	13.7
NEXIUM	9.4.2	ORTHO TRI-CYCLEN LO	13.7
NIASPAN	4.8.1	ORTHO-CEPT	13.7
nicardipine hcl	4.2	ORTHO-CYCLEN	13.7
NICOTROL Inhaler	19.1	ORTHO-NOVUM	13.7
nifedipine	4.2	ORTHOVISC	11.1.4
nifedipine er	4.2	OVCON-35	13.7
nitrofurantoin macrocrystal (100 mg)	2.1.8	OVCON-50	13.7
nitroglycerin	4.6.1	OVIDREL	13.1.2
nizatidine	9.4	oxaprozin	11.1.2
nora-be	13.5	oxybutynin chloride	16.1.1
NORDETTE	13.7	oxycodone hcl	5.1.1.1
NORDITROPIN	10.2.4	oxycodone w/acetaminophen	5.1.1.1
norethindrone acetate	13.5	OXYCONTIN	5.1.1.1
NORINYL 1/35	13.7	OXYIR	5.1.1.1
NORINYL 1/50	13.7	OXYTROL	16.1.1
NOROXIN	2.1.9	PACERONE	4.7.3
NOR-Q-D	13.5	PACERONE (200mg only)	4.7.3
nortrel	13.7	PANCRELIPASE EC	9.6
nortriptyline hcl	5.5.1.2	pantoprazole	9.4.2
NORVASC	4.2	paroxetine	5.5.1.3
novarel	13.1.2	PATADAY	14.6
NOVOFINE 32	18.1	PATANASE	7.2
NOVOLIN 70/30 (vial only)	8.1.1	PATANOL	14.6
NOVOLIN L (vial only)	8.1.1	PAXIL, CR	5.5.1.3
NOVOLIN N (vial only)	8.1.1	PCE	2.1.4

PEGASYS	10.2.3	PROMETRIUM	13.5
PEG-INTRON, REDIPEN	10.2.3	propafenone hcl	4.7.1.3
penicillin v potassium	2.1.5	propoxyphene hcl	5.1.1.3
PENTASA	9.6	propoxyphene hcl w/acetaminophen	5.1.1.3
pentoxifylline	4.9	propoxyphene napsylate w/acetaminophen	5.1.1.3
PERFOROMIST	15.1.1	propranolol hcl	4.4
phenazopyridine hcl	16.1.3	proprylthiouracil	8.4.2
phenobarbital	5.4.6	PROTONIX	9.4.2
PHENYTEK	5.4.3	PROTOPIC	6.9.2
phenytoin	5.4.3	PROVENTIL HFA	15.1.1
phenytoin sodium, extended	5.4.3	PROVIGIL	5.9.1
pilocarpine hcl	14.5	PROZAC WEEKLY	5.5.1.3
piroxicam	11.1.2	PULMICORT	15.1.3
PLAVIX	12.4	PULMICORT FLEXHALER	15.1.3
polymyxin b sul/trimethoprim	14.1.1	PYLERA	9.4.3
potassium chloride	12.2	quinapril	4.5.4.1
pramipexole	5.7.2	quinaretic	4.5.6
PRANDIMET	8.1.2	quinidine gluconate	4.7.1.1
PRANDIN	8.1.2	quinine sulfate	2.7.3
pravastatin	4.8.2	QUIXIN	14.1.1
prazosin hcl	4.5.1	QVAR	15.1.3
PRECISION	18.1	RANEXA	4.9
PRECISION PCX	18.1	ranitidine hcl	9.4
PRECISION PCX PLUS	18.1	RAPAFLO	16.1.4
PRECISION Q-I-D	18.1	REBIF	10.2.3
PRECISION SOF-TACT	18.1	RECLAST Injection	8.6
PRECISION XTRA	17.1	RECOMBINATE	12.5
PRECISION XTRA	18.1	REFACTO	12.5
prednisolone	8.3.1	RELENZA	2.5.2
prednisolone acetate	14.2	RELPAK	5.1.2
prednisone	8.3.1	REMERON (M tab)	5.5.1.4
PREFEST	13.4.1	RENAGEL	12.7
PREGNYL	13.1.2	REVELA	12.7
PREMARIN	13.4	reprexain	5.1.1.2
PREMPHASE	13.4.1	REPRONEX	13.2
PREMPRO	13.4.1	REQUIP	5.7.2
prenatal rx	13.1.1	RESTASIS	14.6
PRENATE ELITE	13.1.1	RETIN-A MICRO	6.3
PREVACID	9.4.2	REVATIO	4.6.2
previfem	13.7	REVLIMID	3
PREVPAC	9.4.3	REYATAZ	2.5.1
PRILOSEC	9.4.2	RHINOCORT AQUA	7.2
PRILOSEC OTC	9.4.2	RHOGAM	10
primidone	5.4.6	RHOPHYLAC	10
PRISTIQ	5.5.1.4	ribasphere	2.5.2
PRIVIGEN	10	ribavirin	2.5.2
PROAIR HFA	15.1.1	rifampin	2.7.2
probenecid	11.2	RIOMET	8.1.2
PROCHIEVE	13.5	RISPERDAL	5.8
prochlorperazine maleate	5.6	RISPERDAL CONSTA	5.8
PROCRIT	10.2.2	risperidone, odt	5.8
PROFILNINE SD	12.5	RITALIN LA	5.9.1
prolex dh	15.3	ropinirole	5.7.2
promethazine hcl	15.2.1	ROZEREM	5.2.2
promethazine vc	15.2.3	SAIZEN	10.2.4
promethazine vc w/codeine	15.3	salsalate	11.1.1
promethazine w/codeine	15.3	SANCTURA, XR	16.1.1
promethazine w/dm	15.3	SAVELLA - Off label	5.5.1.4

SEASONALE	13.7	TEVETEN HCT	4.5.6
SEASONIQUE, LOSEASONIQUE	13.7	TEV-TROPIN	10.2.4
selenium sulfide	6.8	theophylline anhydrous	15.1.2
SENSIPAR	8.6	theophylline, -er	15.1.2
SEREVENT DISKUS	15.1.1	thioridazine hcl	5.8
SEROQUEL, XR	5.8	thyroid	8.4.1
sertraline	5.5.1.3	ticlopidine hcl	12.4
SILENOR	5.2.2	TILADE	15.1.3
silver sulfadiazine	2.2	timolol maleate	14.5
SIMCOR	4.8.2.1	tizanidine hcl	11.3.1
SIMPONI	3	tobramycin sulfate	14.1.1
simvastatin	4.8.2	TOPAMAX	5.4.7
SINGULAIR	15.1.4	topiramate	5.4.7
SKELAXIN	11.3.2	torseamide	4.3.1
sod.sulfacetamide/sulfur tf	6.3	TOVIAZ	16.1.1
SOF-TACT	18.1	TRACLEER	4.6.3
solia	13.7	TRADJENTA	8.5.1.2
SOLODYNE	2.1.7	tramadol hcl	5.1.1
SONATA	5.2.2	tramadol hcl-acetaminophen	5.1.1
sotalol	4.7.5	TRAVATAN, Z	14.5
SPECTRACEF	2.1.1	trazodone hcl	5.5.1.4
SPIRIVA	15.1.3	TREANDA	3
spironolactone	4.3.3	TRELSTAR DEPOT	3
spironolactone w/hctz	4.3.3	TRELSTAR LA	3
SPORANOX	2.3	tretinoin	6.3
sprintec	13.7	triamcinolone acetonide	6.1
STALEVO	5.7.2	triamcinolone 55mcg nasal spray	7.2
STARLIX	8.1.2	triamterene w/hctz	4.3.3
STRATTERA	5.9.6	triazolam	5.2.2
SUBOXONE	5.1.1.2	TRICOR	4.8.1
sucralfate	9.4.1	TRIGLIDE	4.8.1
SULAR	4.2	TRILEPTAL suspension	5.4.1
sulfacetamide sodium	14.1.1	TRILIPIX	4.8.1
sulfamethoxazole/trimethoprim	2.1.6	trimethobenzamide hcl	5.6
sulfasalazine	9.6	trimox	2.1.5
sulindac	11.1.2	trinessa	13.7
sumatriptan injection	5.1.2	TRI-NORINYL	13.7
SUMATRIPTAN nasal	5.1.2	TRIPHASIL	13.7
sumatriptan tab	5.1.2	tri-previfem	13.7
supartz	11.1.4	tri-sprintec tablet	13.7
SUPRAX (SUSP)	2.1.1	trivora-28	13.7
SURESTEP	18.1	TRUVADA	2.5.1
SUTENT	3	TUSSIONEX	15.3
SYLATRON	10.2.3	TWINJECT	15.1.3
SYMBICORT	15.1.3	TYKERB	3
SYMLIN/SYMLINPEN	8.1.4	TYZEKA	2.5.2
SYNTHROID	8.4.1	ULORIC	11.2
SYNVISIC, ONE	11.1.4	ULTRASE, MT	9.6
TAMIFLU	2.5.2	unithroid	8.4.1
tamoxifen	3	UNIVASC	4.5.4.1
TAZORAC	6.8	UROXATRAL	16.1.4
temazepam	5.2.2	URSO, -FORTE	9.6
terazosin hcl	4.5.1	VAGIFEM	13.4
terbinafine tablet	2.3	VALTRESX	2.5.2
terconazole	2.4.1	vandetanib	3
TESTIM	13.3	VECTICAL	6.8
tetracycline hcl	2.1.7	velivet 28 day	13.7
TEVETEN	4.5.4.2	venlafaxine (immediate release)	5.5.1.4

VENLAFAXINE ER	5.5.1.4	ZADITOR	14.6
VENTOLIN HFA	15.1.1	zaleplon	5.2.2
VERAMYST	7.2	zamicet	5.1.1.2
verapamil hcl	4.2	ZEGERID	9.4.2
VERIPRED 20	8.3.1	ZETIA	4.8.1
VESICARE	16.1.1	ZITHROMAX	2.1.4.1
VEXOL	14.2	ZOFRAN IN DEXTROSE	5.6
VIAGRA	16.1.4	ZOFRAN, ODT	5.6
VICTRELIS	2.5.1	ZOLADEX	3
VIGAMOX	14.1.1	ZOLINZA	3
VIMPAT	5.4.7	ZOLOFT	5.5.1.3
VIOKASE	9.6	zolpidem	5.2.2
VIVELLE-DOT	13.4	ZOMIG NASAL SPRAY	5.1.2
VYTORIN	4.8.2.1	ZOMIG, ZMT	5.1.2
VYVANSE	5.9.1	ZONEGRAN	5.4.7
warfarin sodium	12.3.1	zonisamide	5.4.7
WELCHOL	4.8.1	zovia 1/35e	13.7
WELLBUTRIN XL	5.5.1.4	ZYBAN	19.1
WINRHO SDF	10	ZYFLO/CR	15.1.4
XALATAN	14.5	ZYLET	14.3
XENICAL	17.3.2	ZYMAR	14.1.1
XIBROM	14.6	ZYPREXA	5.8
XOPENEX	15.1.1	ZYPREXA injection	5.8
XOPENEX HFA	15.1.1	ZYPREXA ZYDIS	5.8
XYNTHA	12.5	ZYRTEC	15.2.1
YASMIN	13.7	ZYRTEC-D	15.2.3
YAZ	13.7	ZYTIGA	3
YERVOY	3		