

Blue Cross and Blue Shield of Florida

Medication Guide JULY 2008

CONTENTS	PAGE
Introduction	1
Preface	1
Preferred Medication List	1
Pharmacy Benefit Programs	1
Using The Medication Guide.....	2
Prior Authorization	3
Responsible Quantity Program (Formerly Called Responsible Rx) . .	3
Responsible Steps Program	6
Covered Over-The-Counter (OTC) Drugs	6
Drugs That Are Not Covered	6
90 Day Supply	6
Self-Administered Injectable Drugs.....	6
Formulary Addition Request	7
Notice.....	7
Alphabetical Drug List.....	8
Preferred Medication List	21
Anti-Infective Drugs	21
Cancer Drugs.....	22
Hormones, Diabetes And Related Drugs	23
Heart And Circulatory Drugs.....	25
Respiratory Drugs	26
Gastrointestinal Drugs.....	27
Genitourinary Drugs.....	28
Central Nervous System Drugs.....	28
Pain Relief Drugs	28
Neuromuscular Drugs	30
Supplements	31
Blood Modifying Drugs	31
Topical Products	31
Miscellaneous Categories.....	33
Preferred Alternative(s) Drug List	33

This Medication Guide was current at time of printing and is subject to change.
Please visit our web site, www.bcbsfl.com, for the most current information.



**BlueCross BlueShield
of Florida**
Health Options®

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Introduction

Blue Cross and Blue Shield of Florida, Inc. and Health Options, Inc. (BCBSF/HOI) is pleased to present the 2008 Medication Guide. The Medication Guide includes an abbreviated listing of Brand and Generic Prescription Drugs that may be covered under your plan. Please refer to your Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement for complete coverage details. This Guide may also be available to you by visiting www.bcbsfl.com or by calling the customer service number listed on your identification card. For the hearing impaired, call Florida TTY Relay Service 711.

We reserve the right to add or remove or change the tier of any prescription drug in this Medication Guide at any time.

Note: The decision concerning whether a Prescription Drug should be prescribed must be made by you and your Physician. Any and all decisions that require or pertain to independent professional medical judgments or training, or the need for, and dosage of, a Prescription Drug, must be made solely by you and your treating Physician in accordance with the patient/Physician relationship.

Preface

PREFERRED MEDICATION LIST

The Medication Guide includes the list of prescription drugs, insulin, and diabetic supplies that reflect the current recommendations of the Blue Cross and Blue Shield of Florida and Health Options, Inc. Pharmacy and Therapeutics (P&T) Committee. This list is the Preferred Medication List. Currently, all covered Generic Prescription Drugs are considered "preferred." There are no Non-Preferred Generic Drugs at this time.

You may pay a lower amount for Brand Prescription Drugs on the Preferred Medication List than for Brands not on the list. For your out-of-pocket expenses to be as low as possible, please consider asking your Physician to prescribe Generic Drugs, or if necessary, Brand Prescription Drugs on the Preferred Medication List whenever appropriate.

PHARMACY BENEFIT PROGRAMS

Please refer to your Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement to understand which prescription benefit program you are enrolled in.

2 TIER BENEFIT

Tier 1: Generic Prescription Drugs whether listed in this Medication Guide or not.

Tier 2: Brand Prescription Drugs whether listed in this Medication Guide or not.

3 TIER BENEFIT

Tier 1: Generic Prescription Drugs whether listed in this Medication Guide or not.

Tier 2: Brand Prescription Drugs listed on the Preferred Medication List.

Tier 3: Brand Prescription Drugs not listed on the Preferred Medication List.

Newly marketed Brand Prescription Drugs are on tier 3, but will be reviewed by the P&T Committee for possible addition to the Preferred Medication List.

To save the most money on prescription drugs, take this Medication Guide with you each time you visit your physician. Consider asking your physician to prescribe drugs on the Preferred Medication List, if appropriate. When you have your prescriptions filled, ask your pharmacist if a generic drug is available. Generic drugs save you the most money.

For members with the 3 Tier Benefit, the tier level of a Brand Prescription Drug included on the Preferred Medication List may increase (change from tier 2 to tier 3) when an FDA approved bioequivalent Generic Prescription Drug becomes available.

GENERIC ONLY PRESCRIPTION DRUG BENEFIT

Certain pharmacy benefit plans do not provide coverage for Brand Prescription Drugs. Please refer to your Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement to verify if your plan provides this coverage.

USING THE MEDICATION GUIDE

The Preferred Medication List is organized into broad categories, e.g., Anti-infective Drugs. Within most categories, drugs are sub-grouped by drug class e.g., penicillins, or use for a specific medical condition, e.g., Diabetes.

Generic Prescription Drugs are shown in lowercase boldface type followed by a reference brand (in parentheses) to assist in product recognition. Some generic products have no reference brand. Brand reference drugs typically are 2nd tier in the 2 Tier Benefit and 3rd tier in the 3 Tier Benefit.

Example: **lovastatin** (Mevacor)

Because most prescriptions are written for the brand drug even when generics exist, we have included many highly prescribed brand drugs (in parentheses) when generics exist, followed by the generic name in bold.

Example: (Mevacor) **lovastatin**

KEY	
caps	..... capsules
chew tabs	..... chewable tablets
crm	..... cream
delayed-release	..... enteric-coated
ext-release	..... extended-release
inhal.	..... inhalation
inj	..... injection
lotn	..... lotion
OTC	..... over-the-counter drug
oint	..... ointment
PA	..... prior authorization required
QL	..... Responsible Quantity Program – quantity limit applies
RS	..... Responsible Steps Program – prerequisite drug required
SI	..... self injectable drug program
soln	..... solution
supp	..... suppositories
susp	..... suspension
tabs	..... tablets

Brand Prescription Drugs are shown in capital letters.

Example: NEXIUM

Separate drug entries are required for some dosage forms or routes of administration including extended-release, delayed-release, rectal, injectable, otic, ophthalmic, vaginal, nasal, orally disintegrating, patches, and topical products.

Example: **estradiol patches** (Climara)
estradiol tabs (Estrace)

COST INDEX

Dollar signs are based upon Average Wholesale Price (AWP) or Maximum Allowable Cost (MAC) and range from one (\$) to five (\$\$\$\$\$), ranking drugs from least to most expensive. Within the same dollar sign, drugs are listed alphabetically. Dollar signs for maintenance drugs are typically based upon a 30 day supply at a commonly prescribed dosage. For drugs not taken 30 days per month, a more appropriate basis is used to determine dollar signs.

\$	.....	\$20.00 or less		
\$	\$	.....\$20.01 to \$40		
\$	\$	\$\$40.01 to \$80		
\$	\$	\$	\$\$80.01 to \$160	
\$	\$	\$	\$	\$ More than \$160

GENERIC DRUGS

Blue Cross and Blue Shield of Florida and Health Options, Inc. encourages the use of Generic Drugs as a way to provide high-quality drugs at reduced cost. Generic Drugs are as safe and effective as their Brand Name counterparts, and are usually less expensive.

A Food and Drug Administration (FDA) approved generic drug may be substituted for its Brand Name counterpart because it:

- Contains the same active ingredient(s) as the brand drug
- Is identical in strength, dosage form, and route of administration
- Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile

PRIOR AUTHORIZATION

Drugs selected for Prior Authorization (PA) may require that specific clinical criteria are met before the drugs will be covered under a member's prescription benefit. The following drugs, and generic versions if available, may be subject to PA as of July 1, 2008. If a drug has a generic version, the generic name is shown in parentheses. All generics are tier 1. Drugs on the Preferred Medication List that may require PA for coverage are designated with "PA" following the product name.

Note: Not all drugs on the following list are on the Preferred Medication List. This list is subject to change.

Aranesp	Iplex	Pegasys
Arixtra	Kineret	Peg-Intron
Eligard	Leukine	Procrit
Enbrel	Lovenox	Raptiva
Epogen	Lupron (leuprolide)	Revatio
Forteo	Lupron Depot	Roferon-A
Fragmin	Neulasta	Saizen
Genotropin	Neumega	Serostim
Geref	Neupogen	Tev-Tropin
Humatrope	Norditropin	Vidaza
Humira	Nutropin	Zorbtive
Increlex	Nutropin AQ	
Intron A	Omnitrope	

RESPONSIBLE QUANTITY PROGRAM (formerly called Responsible Rx)

Drugs included in this program allow a maximum quantity per one month for one co-payment or coinsurance. Quantity limits are typically developed based upon FDA-approved drug labeling and nationally recognized therapeutic clinical guidelines. The following drugs and generic versions if available have quantity limits as of July 1, 2008. Responsible Quantity Program drugs are designated in the Preferred Medication List with "QL" following the product name.

Brand (generic name), or generic name	Strength	Dispensing Limit per 30-day supply
Aciphex	20 mg	30 tabs
Actiq	all strengths	120 units
Actonel	5 mg, 30 mg	30 tabs
Actonel	35 mg	4 tabs
Actonel	75 mg	2 tabs
Actonel with Calcium		one 28-day blister pack

Brand (generic name), or generic name	Strength	Dispensing Limit per 30-day supply
Advair Diskus	all strengths	.60 caps
Advair HFA		1 canister
Aerobid, Aerobid-M		3 canisters
albuterol inhaler		2 canisters
Alupent inhaler		2 canisters
Amerge	1 mg	18 tabs
Amerge	2.5 mg	9 tabs
Anzemet	50 mg	14 tabs
Anzemet	100 mg	7 tabs
Asmanex		1 canister
Atrovent (ipratropium)	0.03%	2 inhalers
Atrovent (ipratropium)	0.06%	3 inhalers
Atrovent HFA		2 canisters
Axert	6.25 mg	24 tabs
Axert	12.5 mg	12 tabs
Azmacort		2 canisters
Beconase AQ		2 inhalers
Boniva	2.5 mg	30 tabs
Boniva	150 mg	one 1-day blister pack
Celebrex	50 mg, 100 mg, 200 mg	.60 caps
Celebrex	400 mg	.30 caps
Cesamet	1 mg	.56 caps
Combivent		2 canisters
Detrol	all strengths	60 tabs
Detrol LA	all strengths	30 caps
Ditropan (oxybutynin)	5 mg	120 tabs
Ditropan (oxybutynin)	syrup, 5 mg/5 mL	600 mL
Ditropan XL (oxybutynin ext-release)	5 mg	30 tabs
Ditropan XL (oxybutynin ext-release)	10 mg, 15 mg	60 tabs
Emend	80 mg, 125 mg	.6 caps
Emend Therapy Pack		2 Therapy Packs
Enablex	all strengths	30 tabs
Fentanyl Citrate lozenge	all strengths	120 units
Fentora	all strengths	120 tabs
Flonase (fluticasone)		1 inhaler
Flovent HFA	44 mcg, 220 mcg	2 canisters
Flovent HFA	110 mcg	1 canister
flunisolide	nasal soln, 0.025%	3 inhalers
Foradil Aerolizer		.60 caps
Fosamax (alendronate)	5 mg, 10 mg, 40 mg	30 tabs
Fosamax (alendronate)	35 mg, 70 mg	4 tabs
Fosamax	oral soln, 70 mg/75 mL	4 bottles (300 mL)
Fosamax Plus D	all strengths	4 tabs
Fragmin	all syringe strengths	30 syringes per 90 days
Fragmin	all vial strengths	10 vials per 90 days
Frova	2.5 mg	12 tabs
Imitrex	25 mg	36 tabs
Imitrex	50 mg	18 tabs
Imitrex	100 mg	9 tabs
Imitrex	nasal soln, 5 mg	36 spray units
Imitrex	nasal soln, 20 mg	12 spray units
Imitrex	syringe, vial, 6 mg/0.5 mL	4 mL (8 inj)
Imitrex	syringe, 4 mg/0.5 mL	6 mL (12 inj)
Innohep		15 vials per 90 days
Intal inhaler		3 canisters

Brand (generic name), or generic name	Strength	Dispensing Limit per 30-day supply
ketorolac	10 mg	21 tabs
Kytril (granisetron)	1 mg	14 tabs
Lovenox	all syringe strengths	30 syringes per 90 days
Lovenox	3 mL vial	10 vials per 90 days
Lumigan		.25 mL
Maxair Autohaler		1 canister
Maxalt, Maxalt-MLT	5 mg	24 tabs
Maxalt, Maxalt-MLT	10 mg	12 tabs
Migranal		8 ampules
Nasacort AQ		1 inhaler
Nasarel (flunisolide)		3 inhalers
Nasonex		2 inhalers
Nexium	20 mg, 40 mg	30 packets/caps
Ondansetron	24 mg	7 tabs
OxyContin	all strengths	90 tabs
Oxytrol	patches, 36 mg	8 patches
Prevacid	all strengths	30 caps
Prevacid Solutab	all strengths	30 tabs
Prilosec (omeprazole delayed-release)	10 mg	30 caps
Prilosec (omeprazole delayed-release)	20 mg	60 caps
Proair HFA		2 canisters
Protonix (pantoprazole delayed-release)	all strengths	30 packets/tabs
Proventil HFA		2 canisters
Pulmicort Flexhaler	90 mcg	1 canister
Pulmicort Flexhaler	180 mcg	2 canisters
Qvar	40 mcg	1 canister
Qvar	80 mcg	3 canisters
Relenza		20 inhalation discs per 6 months
Relpax	20 mg	12 tabs
Relpax	40 mg	6 tabs
Rhinocort Aqua		2 inhalers
Sanctura	20 mg	60 tabs
Sanctura XR	60 mg	30 tabs
Serevent Diskus		1 package
Spiriva Handihaler		30 caps
Symbicort		1 canister
Tamiflu	30 mg	20 caps per 6 months
Tamiflu	45 mg, 75 mg	10 caps per 6 months
Tamiflu	for susp, 12 mg/mL	75 mL (3 bottles) per 6 months
Tilade		3 canisters
Travatan/Travatan Z		.25 mL
Treximet		18 tabs
Ventolin HFA		2 canisters
Veramyst		1 inhaler
Vesicare	all strengths	30 tabs
Xalatan		.25 mL
Xopenex HFA		2 canisters
Zegerid	all strengths	30 packets/caps
Zofran (ondansetron)	oral soln	100 mL (2 bottles)
Zofran, Zofran ODT (ondansetron)	4 mg	42 tabs
Zofran, Zofran ODT (ondansetron)	8 mg	21 tabs
Zomig	nasal soln	12 units (2 boxes)
Zomig, Zomig ZMT	2.5 mg	18 tabs
Zomig, Zomig ZMT	5 mg	9 tabs

RESPONSIBLE STEPS PROGRAM

Drugs included in this program require you try another designated or prerequisite drug first in order for the Responsible Steps drug to be covered under your pharmacy benefit. If for medical reasons, you cannot use the prerequisite drug and require the Responsible Steps medication, your physician may request a prior authorization for you to have the Responsible Steps medication covered. These medications are designated in the Preferred Medication List with “**RS**” following the product name. Medications in the Responsible Steps Program effective July 1, 2008 are listed below. Drugs included in this program are subject to change.

Advicor	Celebrex	Lipitor	Rozerem
Altoprev	Crestor	Lunesta	Simcor
Ambien	Elidel	Mevacor	Sonata
Ambien CR	Lescol	Pravachol	Vytorin
Byetta	Lescol XL	Protopic	Zocor

COVERED OVER-THE-COUNTER (OTC) DRUGS

Your pharmacy benefit may provide coverage for select OTC Drugs. A select OTC Drug may be covered, if it is prescribed by your Physician. Only those OTC Drugs designated on the Preferred Medication List with “OTC” following the product name are eligible for coverage.

DRUGS THAT ARE NOT COVERED

Your pharmacy benefit may not cover select medications. Some of the reasons a medication may not be covered are:

- The Drug has been shown to have excessive adverse effects and/or safer alternatives are available
- The Drug has a preferred formulary alternative

For members with certain BlueOptions pharmacy benefits, the following medications are not covered: Aciphex, Prevacid, Prevacid Solutab, Prilosec, and Zegerid.

The preferred formulary alternatives are Prilosec OTC, omeprazole delayed-release, Nexium and Protonix.

90 DAY SUPPLY

In addition to being able to obtain a 90 day supply of medication through our mail order pharmacy, you may be able to receive a 90 day supply of your medication through a participating retail pharmacy. Please refer to your Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement for complete coverage details.

SELF-ADMINISTERED INJECTABLE DRUGS

The following list of self-administered injectable drugs may not be included in your pharmacy benefit program. Please refer to your Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement or call the number on your member ID card for more information. Self-administered injectable drugs are designated in the Preferred Medication List with “**SI**” following the product name. If a drug has a generic version, the generic name is shown in parentheses. All generics are tier 1.

Note: Not all drugs on the following list are on the Preferred Medication List. This list is subject to change.

Actimmune	Humatrope PA	Omnitrope PA
Aranesp PA	Humira PA	Pegasys PA
Arixtra PA	Imitrex	Peg-Intron PA
Avonex	Increlex PA	Procrit PA
Betaseron	Innohep	Prostigmin (neostigmine)
Copaxone	Intron A PA	Raptiva PA
DDAVP (desmopressin) 4 mcg/mL	Kineret PA	Rebif
D.H.E. 45 (dihydroergotamine)	Leukine PA	Roferon-A PA
Enbrel PA	Lovenox PA	Saizen PA
EpiPen	Lupron (leuprolide) PA	Sandostatin (octreotide) – does not include Sandostatin Lar Depot
EpiPen Jr	methotrexate	Serostim PA
Epogen PA	Miacalcin	Somavert
Forteo PA	Neulasta PA	Tev-Tropin PA
Fragmin PA	Neumega PA	Vidaza PA
Fuzeon	Neupogen PA	Zorbtive PA
Genotropin PA	Norditropin PA	
Geref PA	Nutropin PA	
Glucagon Emergency Kit	Nutropin AQ PA	

FORMULARY ADDITION REQUEST

Physicians may request that the Pharmacy and Therapeutics Committee consider the addition of a drug to the Preferred Medication List by submitting a written request to Blue Cross and Blue Shield of Florida and Health Options, Inc. All formulary requests will be brought to the P&T Committee for consideration.

Please mail to:
Blue Cross and Blue Shield of Florida and Health Options, Inc.
Attn: Pharmacy & Therapeutics Committee
P.O. Box 1798
Jacksonville, FL 32231-0014

NOTICE

This Medication Guide shall not extend, vary, alter, replace, or waive any of the provisions, benefits, exclusions, limitations, or conditions contained in the Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement. In the event of any inconsistencies between the Medication Guide and the provisions contained in the Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement, the provisions contained in the Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement shall control to the extent necessary to effectuate the intent of Blue Cross and Blue Shield of Florida and Health Options, Inc.

Product	Page
A	
8-MOP hard gelatin caps	33
ACCOLATE	27
ACCU-CHEK ACTIVE	33
ACCU-CHEK ADVANTAGE	33
ACCU-CHEK AVIVA	33
ACCU-CHEK COMFORT CURVE	33
ACCU-CHEK COMPACT	33
ACCU-CHEK INSTANT	33
(Accupril) quinapril	25
acebutolol (Sectral)	25
acetaminophen/codeine (Tylenol w/Codeine)	29
acetaminophen/isometheptene/dichloralphenazone (Midrin)	30
acetazolamide	26
acetic acid ear soln.	32
acetylcysteine	26
ACID JELLY	28
ACTIMMUNE – SI	22
ACTIQ – QL	30
ACTIVELLA	23
ACTONEL 5 mg, 30 mg, 35 mg, 75 mg – QL	24
ACTOS	24
ACULAR	32
ACULAR LS	32
acyclovir (Zovirax)	21
(Adalat CC) nifedipine ext-release	25
ADDERALL XR	29
ADVAIR DISKUS – QL	27
ADVAIR HFA – QL	27
AEROCHAMBER	33
albuterol inhaler – QL	26
albuterol sulfate inhal soln	26
albuterol sulfate syrup, tabs	26
ALDARA	33
alendronate tabs (Fosamax) – QL	24
ALINIA	22
ALKERAN	22
ALLEGRA-D	26
(Allegra) fexofenadine	26
allopurinol	30
ALPHAGAN P	32
ALPRAZOLAM INTENSOL	28

Product	Page
alprazolam (Xanax)	28
aluminum chloride soln (Drysol)	33
ALUPENT inhaler – QL	27
amantadine caps, syrup	31
AMANTADINE tabs	31
(Ambien) zolpidem	29
AMILORIDE	26
amiloride/hydrochlorothiazide	26
amino acid/urea crm	28
amiodarone	26
amitriptyline	28
amlodipine/benazepril (Lotrel)	25
amlodipine (Norvasc)	25
AMOXAPINE	28
amoxicillin	21
AMOXICILLIN chew tabs, 400 mg	21
amoxicillin/potassium clavulanate (Augmentin)	21
AMOXIL drops	21
amphetamine/dextroamphetamine mixed salts (Adderall)	29
ampicillin caps	21
AMPICILLIN susp	21
anagrelide (Agrylin)	31
ANCOBON	21
ANDROGEL	23
ANDROXY	23
ANTABUSE	29
anthralin (Dritho-Crème HP)	33
APIDRA	24
APTIVUS	21
ARANESP – PA, SI	31
ARICEPT	29
ARICEPT ODT	29
ARIMIDEX	22
AROMASIN	22
ASACOL	27
ASMANEX – QL	27
aspirin/codeine	29
ASTELIN	26
atenolol/chlorthalidone (Tenoretic)	25
atenolol (Tenormin)	25
ATRIPLA	21
atropine sulfate oint, soln (Isopto Atropine)	32

KEY | **Generic drug: generic name** *Tier 1 (Reference Brand *Tier 3)
BRAND drug: BRAND NAME *Tier 2

Product	Page
ATROVENT HFA – QL	27
AUGMENTIN 250 mg chew tabs, oral susp	21
(Augmentin) amoxicillin/potassium clavulanate	21
AVANDAMET.	24
AVANDIA.	24
AVC crm.	28
AVELOX.	21
AVODART	28
AVONEX – SI	29
azathioprine (Imuran)	34
azithromycin (Zithromax)	21
AZMACORT – QL	27

B

bacitracin/polymyxin B eye oint	31
baclofen	31
BACTROBAN crm	33
BARACLUDE	21
benazepril/hydrochlorothiazide (Lotensin HCT)	25
benazepril (Lotensin).	25
BENICAR	25
BENICAR HCT.	25
BENZACLIN.	32
benzocaine/antipyrine	32
benztropine	30
betamethasone dipropionate	33
betamethasone dipropionate, augmented (Diprolene).	33
betamethasone valerate	33
(Betapace) sotalol	26
BETAXOLOL soln, 0.5%.	32
BETIMOL.	32
BETOPTIC-S	32
BIO-THROID	24
bisoprolol/hydrochlorothiazide (Ziac).	25
bisoprolol (Zebeta)	25
BLEPHAMIDE	32
BLEPHAMIDE S.O.P.	32
brimonidine eye soln, 0.2%	32
bromocriptine (Parlodel).	31
brompheniramine/pseudoephedrine ext-release caps, 6/60, 12/120	26
bumetanide (Bumex).	26

Product	Page
bupropion ext-release – 12 hr (Wellbutrin SR).	28
bupropion ext-release – 24 hr (Wellbutrin XL)	28
bupropion ext-release (Zyban)	29
bupropion (Wellbutrin)	28
buspirone (Buspar)	28
butalbital/acetaminophen tabs, 50/325 (Phrenilin)	29
butalbital/acetaminophen tabs, 50/650 (Sedapap).	29
butalbital/acetaminophen/caffeine caps, 50/325/40 (Esgic)	29
butalbital/acetaminophen/caffeine tabs, 50/325/40 (Fioricet).	29
butalbital/acetaminophen/caffeine tabs, 50/500/40 (Esgic Plus)	29
butalbital/aspirin/caffeine caps, 50/325/40 (Fiorinal)	29
butalbital/aspirin/caffeine/codeine caps (Fiorinal w/Codeine).	30
butalbital/aspirin/caffeine tabs, 50/325/40	29
BYETTA – RS	24

C

cabergoline	24
CADUET	26
(Calan) verapamil	25
calcipotriene soln (Dovonex).	33
calcitonin-salmon nasal – Fortical	24
calcitriol (Rocaltrol)	31
CANASA	27
CAPEX	33
captopril (Capoten).	25
captopril/hydrochlorothiazide (Capozide)	25
CARAFATE susp	27
carbamazepine (Tegretol)	30
carbidopa/levodopa ext-release (Sinemet CR)	31
carbidopa/levodopa (Sinemet)	31
(Cardizem CD) diltiazem ext-release	25
(Cardizem) diltiazem	25
carteolol eye soln	32
carvedilol (Coreg).	25
CASODEX.	22
CATAPRES-TTS.	26
CEENU.	22
cefadroxil (Duricef)	21
cefdinir (Omnicef)	21

KEY | **Generic drug: generic name** *Tier 1 (Reference Brand *Tier 3)
BRAND drug: BRAND NAME *Tier 2

Product	Page	Product	Page
cefuroxime (Ceftin)	21	COMTAN	31
CELLCEPT	34	CONDYLOX gel	33
CELONTIN	30	COPAXONE – SI	29
cephalexin (Keflex)	21	(Copegus) ribavirin tabs	21
CHANTIX	29	cortisone acetate	23
CHEMET	34	CRESTOR – RS	25
chloral hydrate syrup	29	CRIXIVAN	21
chlorhexidine oral rinse (Peridex)	32	cromolyn sodium inhal soln (Intal)	27
chloroquine phosphate (Aralen)	22	cromolyn sodium soln (Crolom)	32
chlorothiazide	26	CUPRIMINE	34
chlorpheniramine/pseudoephedrine/codeine soln, 2/30/10 per 5 mL	26	cyanocobalamin inj – SI	31
chlorpromazine	28	cyclobenzaprine (Flexeril)	31
chlorthalidone 25 mg, 50 mg	26	CYCLOGYL 0.5%, 2%	32
chlorzoxazone	31	cyclopentolate soln (Cyclogyl)	32
cholestyramine (Questran, Questran Light)	25	CYCLOPHOSPHAMIDE tabs	22
ciclopirox crm, lotn (Loprox)	33	cyclosporine modified caps, 25 mg, 100 mg; soln (Neoral)	34
cilostazol (Pletal)	31	cyclosporine (Sandimmune)	34
CILOXAN oint	32	CYMBALTA	28
cimetidine	27	cyproheptadine	26
CIPRODEX	32	CYSTAGON	28
CIPRO susp	21	CYTOMEL	24
ciprofloxacin soln (Ciloxan)	31		
ciprofloxacin tabs (Cipro)	21	D	
citalopram (Celexa)	28	danazol	23
CLEOCIN PEDIATRIC	22	dantrolene (Dantrium)	31
CLEOCIN supp	28	DAPSONE	22
clindamycin (Cleocin)	22	DARAPRIM	22
clindamycin (Cleocin T)	32	(DDAVP) desmopressin tabs	24
clindamycin vaginal crm (Cleocin)	28	demeclocycline (Declomycin)	21
clobetasol (Temovate)	33	DEPAKOTE	30
clomiphene (Clomid)	24	DEPAKOTE ER	30
clomipramine (Anafranil)	28	DERMA-SMOOTH/FS oil	33
clonazepam (Klonopin)	30	desipramine (Norpramin)	28
clonidine (Catapres)	26	desmopressin inj (DDAVP) – SI	24
clozapine 25 mg, 50 mg, 100 mg (Clozaril)	29	desmopressin nasal (DDAVP)	24
codeine/guaifenesin soln, 10/100 per 5 mL	26	desmopressin tabs (DDAVP)	24
codeine/guaifenesin tabs, 10/300 (Brontex)	26	desogestrel/ethinyl estradiol (Cyclessa)	23
codeine sulfate 30 mg, 60 mg	29	desogestrel/ethinyl estradiol (Mircette)	23
CODEINE SULFATE 15 mg	29	desogestrel/ethinyl estradiol (Ortho-Cept)	23
colchicine	30	desonide (Desowen)	33
COMBIVENT – QL	27	desoximetasone (Topicort)	33
COMBIVIR	21		

KEY | **Generic drug: generic name** *Tier 1 (Reference Brand *Tier 3)
BRAND drug: BRAND NAME *Tier 2

Product	Page
DETROL LA – QL	28
DETROL – QL	28
DEXAMETHASONE elixir, soln; tabs, 0.5 mg, 0.75 mg, 1 mg, 2 mg	23
dexamethasone sodium phosphate eye soln.	32
dexamethasone tabs, 1.5 mg, 4 mg, 6 mg	23
dextroamphetamine	29
dextroamphetamine ext-release (Dexedrine Spansule)	29
DIAZEPAM INTENSOL	28
DIAZEPAM oral soln, 5 mg/5 mL	28
diazepam (Valium)	28
diclofenac eye soln (Voltaren)	32
DICLOFENAC SODIUM delayed-release tabs, 25 mg	30
diclofenac sodium delayed-release (Voltaren)	30
diclofenac sodium ext-release (Voltaren XR)	30
dicloxacillin	21
dicyclomine (Bentyl)	27
didanosine delayed-release (Videx EC)	21
diflorasone	33
DIFLUNISAL	30
DIGOXIN soln	26
digoxin tabs (Lanoxin)	26
DILANTIN 30 mg	30
DILANTIN INFATABS	30
diltiazem (Cardizem)	25
diltiazem ext-release (Cardizem CD)	25
diltiazem ext-release (Dilacor XR)	25
diltiazem ext-release (Tiazac)	25
DIOVAN	25
DIOVAN HCT	25
disopyramide ext-release 150 mg (Norpace CR)	26
disopyramide (Norpace)	26
DIVIGEL	23
DOVONEX	33
doxazosin (Cardura)	26
doxepin caps, oral soln	28
doxepin crm (Zonalon)	33
doxycycline hyclate	21
DRITHO-SCALP	33
DROXIA	31
DUAC CS	32
(Duragesic) fentanyl patches	30
DYGASE	27

Product	Page
(Dynacin) minocycline tabs	21
E	
econazole	33
EFFEXOR XR	28
ELMIRON	28
EMCYT	22
EMEND caps – QL	27
EMTRIVA	21
enalapril/hydrochlorothiazide (Vaseretic)	25
enalapril (Vasotec)	25
ENBREL – PA, SI	30
ENTOCORT EC	23
EPIPEN JR – SI	26
EPIPEN – SI	26
EPIVIR	21
EPIVIR-HBV	21
EPZICOM	22
ergocalciferol (Drisdol)	31
ERGOMAR	30
ERY-TAB	21
erythromycin/benzoyl peroxide (Benzamycin)	32
ERYTHROMYCIN delayed-release caps	21
erythromycin (Erygel)	32
erythromycin ethylsuccinate	21
erythromycin eye oint.	31
erythromycin pads, soln, 2%	32
erythromycin stearate	21
erythromycin/sulfisoxazole (Pediazole)	22
estazolam (Prosom)	29
estradiol/norethindrone acetate 1/0.5 mg (Activella)	23
estradiol patches (Climara)	23
estradiol tabs (Estrace)	23
estropipate (Ogen)	23
ethambutol (Myambutol)	21
ethosuximide (Zarontin)	30
ethynodiol/ethinyl estradiol (Demulen)	23
etodolac	30
etoposide caps (Vepesid)	22
EVISTA	24
EXELON caps, soln	29
EXELON patches	29

KEY | **Generic drug: generic name** *Tier 1 (Reference Brand *Tier 3)
BRAND drug: BRAND NAME *Tier 2

Product	Page
EXFORGE	25
EXJADE	34
F	
famciclovir (Famvir)	21
famotidine (Pepcid)	27
FANSIDAR	22
FARESTON	22
FELBATOL	30
felodipine ext-release (Plendil)	25
FEMARA	22
FEMHRT	23
fenofibrate micronized, caps, 67 mg, 134 mg, 200 mg (Lofibra)	25
fenofibrate tabs, 54 mg, 160 mg (Lofibra)	25
FENTANYL CITRATE transmucosal – QL	30
fentanyl patches (Duragesic)	30
fexofenadine (Allegra)	26
FINACEA	33
finasteride (Proscar)	28
flecainide (Tambocor)	26
FLOMAX	28
(Flonase) fluticasone – QL	26
FLOVENT HFA – QL	27
fluconazole (Diflucan)	21
fludrocortisone	23
flunisolide 25 mcg/spray – QL	26
flunisolide (Nasarel) – QL	26
fluocinolone crm, 0.01%	33
FLUOCINOLONE crm, 0.025%; oint, soln	33
fluocinonide (Lidex)	33
fluorometholone susp (FML)	32
fluorouracil (Efudex)	33
fluoxetine (Prozac)	28
fluphenazine hcl	28
FLUPHENAZINE HCL soln, 2.5 mg/5 mL, 5 mg/mL	29
flurbiprofen soln (Ocufer)	32
flutamide	22
fluticasone (Flonase) – QL	26
FML S.O.P.	32
folic acid tabs, 1 mg	31
(Fosamax) alendronate tabs – QL	24

Product	Page
FOSAMAX PLUS D – QL	24
FOSAMAX soln – QL	24
fosinopril/hydrochlorothiazide (Monopril HCT)	25
fosinopril (Monopril)	25
FURADANTIN	28
furosemide soln, 10 mg/mL; tabs (Lasix)	26
FUZEON – SI	22
G	
gabapentin caps, tabs (Neurontin)	30
GABITRIL	30
GANCICLOVIR	21
GANTRISIN PEDIATRIC	21
gemfibrozil (Lopid)	25
GENOTROPIN – PA, SI	24
gentamicin eye oint, soln	31
gentamicin topical	33
GEODON	29
GLEEVEC	22
glimepiride (Amaryl)	24
glipizide ext-release (Glucotrol XL)	24
glipizide (Glucotrol)	24
GLUCAGON EMERGENCY KIT – SI	24
(Glucophage) metformin	24
(Glucovance) glyburide/metformin	24
GLYBURIDE, distributor of Diabeta	24
glyburide/metformin (Glucovance)	24
glyburide (Micronase)	24
GRIFULVIN V tabs	21
griseofulvin microsize susp (Grifulvin V)	21
guanfacine (Tenex)	26

H	
haloperidol lactate oral soln	28
haloperidol tabs	28
HECTOROL	24
HEXALEN	22
homatropine soln (Isopto Homatropine)	32
HUMALOG	24
HUMALOG MIX 50/50	24
HUMALOG MIX 75/25	24

KEY | **Generic drug: generic name** *Tier 1 (Reference Brand *Tier 3)
BRAND drug: BRAND NAME *Tier 2

Product	Page
HUMULIN 50/50	24
HUMULIN 70/30	24
HUMULIN N	24
HUMULIN R	24
hydralazine	26
hydrochlorothiazide caps (Microzide)	26
hydrochlorothiazide tabs, 25 mg, 50 mg	26
hydrocodone/acetaminophen caps, 5/500	29
hydrocodone/acetaminophen soln, 7.5/500 per 15 mL (Lortab)	30
hydrocodone/acetaminophen tabs, 2.5/500, 5/500, 7.5/500, 10/500 (Lortab)	29
hydrocodone/acetaminophen tabs, 5/325, 7.5/325, 10/325 (Norco)	29
hydrocodone/acetaminophen tabs, 5/500, 7.5/750, 10/660 (Vicodin, Vicodin ES, Vicodin HP)	29
hydrocodone/acetaminophen tabs, 7.5/650, 10/650 (Lorcet, Lorcet Plus)	29
hydrocodone/acetaminophen tabs, 10/750 (Maxidone)	30
hydrocortisone 2.5% (Hytone)	33
hydrocortisone acetate supp, 25 mg (Anusol-HC)	32
hydrocortisone/acetic acid	32
hydrocortisone (Cortef)	23
hydrocortisone crm, 2.5% (Anusol-HC)	32
hydrocortisone enema	32
hydrocortisone valerate (Westcort)	33
hydromorphone supp (Dilaudid)	30
hydromorphone tabs (Dilaudid)	29
hydroxychloroquine (Plaquenil)	22
hydroxyurea (Hydrea)	22
hydroxyzine hcl	28
hydroxyzine pamoate (Vistaril)	28
hyoscyamine ext-release caps (Levsinex)	27
hyoscyamine ext-release tabs (Levbid)	27
hyoscyamine (Levsin)	27
I	
ibuprofen (Motrin)	30
imipramine hcl (Tofranil)	28
IMITREX inj – QL, SI	30
IMITREX nasal – QL	30
IMITREX tabs – QL	30
INCRELEX – PA, SI	24

Product	Page
indapamide	26
indomethacin	30
INNOPRAN XL	25
INSULIN PEN NEEDLES	33
INSULIN SYRINGES	33
INTAL INHALER – QL	27
INTELENCE	22
INTRON A – PA, SI	22
INVIRASE	22
ipratropium/albuterol sulfate (Duoneb)	27
ipratropium inhal soln	27
ipratropium nasal (Atrovent) – QL	26
IRESSA	22
ISENTRESS	22
ISONIAZID syrup	21
isoniazid tabs	21
isosorbide dinitrate (Isordil)	25
isosorbide mononitrate ext-release (Imdur)	25
isosorbide mononitrate (Monoket)	25
isotretinoin caps (Accutane)	33
itraconazole caps (Sporanox)	21
J	
JANUMET	24
JANUVIA	24
K	
KALETRA	22
KEPPRA	30
ketoconazole crm	33
ketoconazole (Nizoral)	21
ketoconazole shampoo, 2% (Nizoral)	33
ketoprofen	30
K-PHOS MF	28
K-PHOS NO. 2	28
KUVAN	24
L	
labetalol (Trandate)	25
lactulose	27

KEY | **Generic drug: generic name** *Tier 1 (Reference Brand *Tier 3)
BRAND drug: BRAND NAME *Tier 2

Product	Page
LAMICTAL tabs.	30
LAMISIL granules	21
lamotrigine chew tabs (Lamictal)	30
LANCET DEVICES - MULTICLIX, SOFTCLIX, SOFT TOUCH	33
LANCETS	33
LANTUS.	24
LAPASE	27
leflunomide (Arava)	30
LETAIRIS	26
leucovorin calcium tabs 5 mg, 25 mg	22
LEUCOVORIN CALCIUM tabs 10 mg, 15 mg	22
LEUKERAN.	22
LEUKINE – PA, SI	31
leuprolide (Lupron) – PA, SI	22
LEVEMIR	24
levobunolol soln (Betagan).	32
levonorgestrel/ethinyl estradiol (Alesse)	23
levonorgestrel/ethinyl estradiol (Levlite)	23
levonorgestrel/ethinyl estradiol (Nordette)	23
levonorgestrel/ethinyl estradiol (Seasonale)	23
levonorgestrel/ethinyl estradiol (Triphasil)	23
levothyroxine – includes Levoxyl (Synthroid)	24
LEXAPRO.	28
LEXIVA	22
LIALDA.	27
lidocaine crm, 3%; lotn, 3% (LidaMantle).	33
lidocaine jelly, 2%; oint, 5%; soln, 4% (Xylocaine)	33
lidocaine/prilocaine crm (Emla)	33
lidocaine viscous	32
lindane lotn	33
LIPRAM 4500/PN/UL	27
lisinopril/hydrochlorothiazide (Prinzide)	25
lisinopril (Prinivil)	25
lithium carbonate caps, 150 mg, 300 mg	28
LITHIUM CARBONATE caps, 600 mg; tabs, 300 mg	28
lithium carbonate ext-release 300 mg (Lithobid)	29
lithium carbonate ext-release 450 mg	29
lithium citrate	29
LOESTRIN 24 FE	23
lorazepam (Ativan).	28
LORAZEPAM INTENSOL	28
LOTEMAX	32

Product	Page
LOTREL 5/40, 10/40	25
lovastatin (Mevacor)	25
LOVENOX – PA, QL, SI	31
loxapine (Loxitane)	29
LUNESTA – RS	29
LUPRON DEPOT – PA	22
LYSODREN	22

M

MALARONE	22
MARINOL	27
MATULANE	22
MAXAIR AUTOHALER – QL	27
MAXALT-MLT – QL	30
MAXALT – QL	30
mebendazole	22
medroxyprogesterone acetate (Provera)	23
mefloquine (Lariam)	22
megestrol (Megace)	22
meloxicam (Mobic)	30
MENEST.	23
MEPHYTON.	31
MEPRON	22
mercaptopurine (Purinethol)	22
mesalamine enema (Rowasa)	27
MESNEX tabs	22
MESTINON syrup	31
MESTINON TIMESPAN	31
metformin ext-release (Glucophage XR)	24
metformin (Glucophage).	24
methadone conc, tabs	29
METHADONE soln, 5 mg/5 mL, 10 mg/5 mL	30
methazolamide	26
METHERGINE	24
methimazole (Tapazole)	24
methocarbamol (Robaxin)	31
methotrexate inj – SI	22
methotrexate tabs	22
methyldopa	26
methylphenidate ext-release (Metadate ER, Ritalin SR)	29
methylphenidate (Ritalin)	29

KEY

Generic drug: generic name *Tier 1 (Reference Brand *Tier 3)
BRAND drug: BRAND NAME *Tier 2

Product	Page
methylprednisolone (Medrol)	23
metipranolol soln (Optipranolol)	32
metoclopramide (Reglan)	27
metolazone (Zaroxolyn)	26
metoprolol succinate ext-release (Toprol XL)	25
metoprolol tartrate (Lopressor)	25
METROGEL 1%	33
metronidazole 0.75% (Metrocream)	32
metronidazole gel, 0.75%	32
metronidazole (Metrolotion)	32
metronidazole tabs (Flagyl)	22
metronidazole vaginal (MetroGel-Vaginal)	28
(Mevacor) lovastatin	25
MEXILETINE	26
MIACALCIN inj – SI	24
MIACALCIN nasal	24
MICARDIS	25
MICARDIS HCT	25
midodrine (Proamatine)	26
MIGRANAL – QL	30
(Minocin) minocycline caps	21
minocycline caps, tabs (Minocin, Dynacin)	21
minoxidil	26
MINTEZOL	22
MIRAPEX	31
mirtazapine (Remeron)	28
misoprostol (Cytotec)	27
MOBAN	29
(Mobic) meloxicam	30
moexipril/hydrochlorothiazide (Uniretic)	25
moexipril (Univasc)	25
mometasone (Elocon)	33
morphine sulfate conc, 20 mg/mL; tabs	29
morphine sulfate ext-release (MS Contin)	30
MORPHINE SULFATE soln, 20 mg/5 mL; supp, 30 mg	30
morphine sulfate supp, 5 mg, 10 mg, 20 mg	30
(MS Contin) morphine sulfate ext-release	30
mupirocin oint (Bactroban)	33
MYCOBUTIN	21
MYLERAN	22
MYTELASE	31

Product	Page
N	
nabumetone	30
nadolol (Corgard)	25
NAMENDA	29
naproxen (Naprosyn)	30
naproxen sodium (Anaprox)	30
NARDIL	28
NASONEX – QL	26
NATACYN	32
NEBUPENT	22
neomycin/polymyxin B/bacitracin eye oint	31
neomycin/polymyxin B/bacitracin/ hydrocortisone eye oint	32
neomycin/polymyxin B/dexamethasone oint, susp (Maxitrol)	32
neomycin/polymyxin B/gramicidin eye soln (Neosporin)	31
neomycin/polymyxin B/hydrocortisone ear soln, susp (Cortisporin)	32
neomycin sulfate	21
NEULASTA – PA, SI	31
NEUMEGA – PA, SI	31
NEUPOGEN – PA, SI	31
(Neurontin) gabapentin caps, tabs	30
NEURONTIN soln	30
NEXAVAR	22
NEXIUM 20 mg, 40 mg – QL	27
NIASPAN	25
nifedipine ext-release (Adalat CC)	25
nifedipine ext-release (Procardia XL)	25
NILANDRON	22
NITRO-BID oint	25
NITRO-DUR 0.3, 0.8 mg/hr	25
nitrofurantoin macrocrystals (Macrochantin)	28
nitrofurantoin monohydrate/macrocrystals (Macrobid)	28
nitroglycerin patches (Nitro-Dur)	25
nitroglycerin sublingual tabs (Nitrostat)	25
NITROLINGUAL	25
NORDITROPIN – PA, SI	24
norethindrone acetate (Aygestin)	23
norethindrone acetate/ethinyl estradiol/Fe (Loestrin Fe)	23
norethindrone acetate/ethinyl estradiol (Loestrin)	23

KEY | **Generic drug: generic name** *Tier 1 (Reference Brand *Tier 3)
BRAND drug: BRAND NAME *Tier 2

Product	Page
norethindrone/ethinyl estradiol (Modicon).....	23
norethindrone/ethinyl estradiol (Ortho-Novum 1/35).....	23
norethindrone/ethinyl estradiol (Ortho-Novum 7/7/7).....	23
norethindrone/ethinyl estradiol (Ovcon 35).....	23
norethindrone/ethinyl estradiol (Tri-Norinyl).....	23
norethindrone/mestranol (Ortho-Novum 1/50).....	23
norethindrone (Nor-QD).....	23
norethindrone (Ortho Micronor).....	23
norgestimate/ethinyl estradiol (Ortho-Cyclen).....	23
norgestimate/ethinyl estradiol (Ortho Tri-Cyclen).....	23
norgestrel/ethinyl estradiol (Lo/Ovral).....	23
nortriptyline (Pamelor).....	28
(Norvasc) amlodipine	25
NORVIR.....	22
NOVOLIN 70/30.....	24
NOVOLIN N.....	24
NOVOLIN R.....	24
NOVOLOG.....	24
NOVOLOG MIX 70/30.....	24
NUTROPIN AQ – PA, SI	24
NUTROPIN – PA, SI	24
nystatin susp	32
nystatin topical (Mycostatin).....	33
nystatin/triamcinolone	33
NYSTATIN vaginal tabs.....	28
O	
octreotide (Sandostatin) – SI	24
ofloxacin ear soln (Floxin Otic).....	32
ofloxacin eye soln (Ocuflox).....	31
OGESTREL.....	23
omeprazole delayed-release (Prilosec) – QL	27
ondansetron orally disintegrating tabs (Zofran ODT) – QL	27
ondansetron oral soln; tabs, 4 mg, 8 mg (Zofran) – QL ..	27
ONDANSETRON tabs, 24 mg – QL	27
ONE TOUCH FASTTAKE.....	33
ONE TOUCH II/BASIC/PROFILE.....	33
ONE TOUCH SURESTEP.....	33
ONE TOUCH ULTRA/ULTRASMART/ULTRA MINI.....	33

Product	Page
ORAP.....	29
orphenadrine/aspirin/caffeine 25/385/30	31
ORPHENADRINE/ASPIRIN/CAFFEINE 50/770/60.....	31
orphenadrine citrate ext-release	31
ORTHO EVRA.....	23
ORTHO TRI-CYCLEN LO.....	24
(Ortho Tri-Cyclen) norgestimate/ethinyl estradiol	23
oxcarbazepine tabs (Trileptal).....	30
OXSORALEN lotn.....	33
OXSORALEN-ULTRA soft gelatin caps.....	33
oxybutynin (Ditropan) – QL	28
oxybutynin ext-release (Ditropan XL) – QL	28
oxycodone/acetaminophen caps, 5/500 (Tylox).....	29
oxycodone/acetaminophen tabs, 5/325, 7.5/325, 7.5/500, 10/325, 10/650 (Percocet).....	29
oxycodone/aspirin tabs, 5/325 (Percodan).....	30
oxycodone caps (OxyIR).....	29
oxycodone conc, soln, tabs (Roxicodone).....	29
OXYCONTIN – QL	30

P

PALCAPS.....	27
PANCRELIPASE delayed-release.....	27
PANCRELIPASE immediate-release.....	27
PANCRELIPASE MST-16.....	27
PANCRON.....	27
PANGESTYME CN/MT/UL/EC.....	27
PANOCAPS/MT.....	27
PANOKASE/16.....	27
PANRETIN.....	33
pantoprazole delayed-release tabs (Protonix) – QL	27
paroxetine hcl ext-release 12.5 mg, 25 mg (Paxil CR)....	28
paroxetine hcl (Paxil).....	28
(Paxil) paroxetine hcl	28
pediatric multivitamins/fluoride	31
pediatric multivitamins/fluoride/iron	31
pediatric vitamins ADC/fluoride	31
pediatric vitamins ADC/fluoride/iron	31
PEGANONE.....	30
PEGASYS – PA, SI	21
PEG – electrolytes for soln (Colyte).....	27
PEG – electrolytes for soln (Nulytely).....	27

KEY

Generic drug: generic name *Tier 1 (Reference Brand *Tier 3)
BRAND drug: BRAND NAME *Tier 2

Product	Page	Product	Page
PEG-INTRON – PA, SI	21	prednisolone acetate susp (Pred Forte)	32
penicillin v potassium	21	PREDNISOLONE SODIUM PHOSPHATE eye soln, 1%	32
PENTASA	28	prednisolone sodium phosphate soln (Orapred, PEDIAPRED)	23
pentoxifylline ext-release (Trental)	31	prednisolone syrup (Prelone)	23
(Percocet) oxycodone/acetaminophen tabs, 5/325, 7.5/325, 7.5/500, 10/325, 10/650	29	PREDNISOLONE tabs	23
permethrin crm, 5% (Elimite)	33	prednisone	23
perphenazine	29	PREDNISONE soln, 5 mg/5 mL; tabs, 50 mg	23
phenobarbital	29	PREMARIN crm	28
PHENOBARBITAL 64.8 mg	29	PREMARIN tabs	23
phenytoin sodium extended (Dilantin)	30	PREMPHASE	23
phenytoin susp (Dilantin)	30	PREMPRO	23
PHOSLO	27	prenatal multivitamins/1 mg folic acid	31
PHOSPHOLINE IODIDE	32	PREVPAC	27
pilocarpine soln (Isopto Carpine)	32	PREZISTA	22
pilocarpine tabs (Salagen)	32	(Prilosec) omeprazole delayed-release – QL	27
PINDOLOL	25	PRILOSEC OTC	27
piroxicam (Feldene)	30	PRIMAQUINE PHOSPHATE	22
PLAN-B	23	primidone (Mysoline)	30
PLARETASE	27	PRIMSOL	22
PLAVIX 75 mg	31	(Prinivil) lisinopril	25
podofilox soln (Condylox)	33	PROAIR HFA – QL	26
polymyxin B/trimethoprim soln (Polytrim)	31	probenecid	30
POLY-PRED	32	probenecid/colchicine	30
potassium bicarbonate/chloride effervescent tabs, 25 mEq (K-Lyte/Cl)	31	(Procardia XL) nifedipine ext-release	25
potassium chloride ext-release caps, 10 mEq (Micro-K 10)	31	prochlorperazine supp	28
potassium chloride ext-release tabs, 8 mEq	31	prochlorperazine tabs	28
potassium chloride ext-release tabs, 10 mEq, 20 mEq (K-Dur)	31	PROCRI – PA, SI	31
potassium chloride ext-release tabs, 10 mEq (K-Tabs)	31	PROCTOFOAM HC	32
potassium chloride packets, 20 mEq (K-Lor)	31	PROGLYCEM	24
potassium chloride soln, 10%, 20%	31	PROGRAF	34
potassium citrate/citric acid powder, soln (Polycitra-K)	28	PROLEUKIN	22
potassium citrate ext-release (Urocit-K)	28	promethazine supp	26
potassium phosphate/sodium phosphates (K-Phos Neutral)	31	promethazine syrup, tabs	26
PRAMOSONE 1%/1%	33	PROMETRIUM	23
PRAMOSONE 2.5%/1%	33	propafenone (Rythmol)	26
PRANDIN	24	PROPANTHELINE BROMIDE 15 mg	27
pravastatin (Pravachol)	25	propoxyphene hcl/acetaminophen tabs, 65/650	29
prazosin (Minipress)	26	propoxyphene napsylate/acetaminophen 50/325, 100/650 (Darvocet-N)	30
PRED MILD	32	propranolol ext-release (Inderal LA)	25
		propranolol/hydrochlorothiazide 40/25	25
		PROPRANOLOL/HYDROCHLOROTHIAZIDE 80/25	25
		PROPRANOLOL soln	25

KEY | **Generic drug: generic name** *Tier 1 (Reference Brand *Tier 3)
BRAND drug: BRAND NAME *Tier 2

Product	Page
propranolol tabs	25
propylthiouracil	24
(Proscar) finasteride	28
PROSTIGMIN tabs	31
PROTONIX – QL	27
PROVIGIL	29
(Prozac) fluoxetine	28
PULMICORT RESPULES	27
PULMOZYME	27
(Purinethol) mercaptopurine	22
PYLERA	27
pyrazinamide	21
pyridostigmine tabs (Mestinon)	31

Q

quinapril (Accupril)	25
quinapril/hydrochlorothiazide (Accuretic)	25
quinidine gluconate ext-release	26
quinidine sulfate	26
QUINIDINE SULFATE ext-release	26

R

ramipril caps (Altace)	25
ranitidine (Zantac)	27
RAPAMUNE	34
RAZADYNE	29
RAZADYNE ER	29
(Rebetol) ribavirin caps	21
REBIF – SI	29
RELION 70/30	24
RELION N	24
RELION R	24
RELPAX – QL	30
RENAGEL	28
RENVELA	28
REQUIP	31
RESCRIPTOR	22
RESERPINE	26
RESTORIL 7.5 mg	29
RETIN-A MICRO	32
REVATIO – PA	26

Product	Page
REVLIMID	34
REYATAZ	22
ribavirin caps (Rebetol)	21
ribavirin tabs (Copegus)	21
RIDAURA	30
rifampin (Rifadin)	21
RILUTEK	31
RISPERDAL	29
RISPERDAL M-TAB	29
ROFERON-A – PA, SI	22
ropinirole (Requip)	31
ROXICET soln	30
(Roxicodone) oxycodone conc, soln, tabs	29

S

salsalate	29
SANTYL	33
selegiline caps (Eldepryl)	31
SELEGILINE tabs	31
selenium sulfide 2.5% (Selsun)	33
SELZENTRY	22
SENSIPAR	24
SEREVENT DISKUS – QL	27
SEROQUEL	29
SEROQUEL XR	29
sertraline (Zoloft)	28
silver sulfadiazine (Silvadene)	33
simvastatin (Zocor)	25
SINGULAIR	27
sodium citrate/citric acid (Bicitra)	28
sodium fluoride	31
sodium fluoride dental crm, gel (Prevident)	32
SODIUM FLUORIDE tabs, 1.1 mg	31
sodium polystyrene sulfonate	34
SOLARAZE	33
SOMAVERT – SI	24
SORIATANE CK Kit	33
sotalol (Betapace)	26
sotalol (Betapace AF)	26
SPIRIVA HANDIHALER – QL	27
spironolactone (Aldactone)	26
spironolactone/hydrochlorothiazide 25/25 (Aldactazide) ..	26

KEY | **Generic drug:** generic name *Tier 1 (Reference Brand *Tier 3)
BRAND drug: BRAND NAME *Tier 2

Product	Page	Product	Page
(Sporanox) itraconazole caps	21	TESLAC	23
SPORANOX soln	21	TESTIM	23
SPRYCEL	22	tetracycline	21
STARLIX	24	THALOMID	34
STRATTERA	29	theophylline ext-release tabs – 12 hr – Theochron	26
SUBOXONE	30	theophylline ext-release tabs – 24 hr (Uniphyl)	27
SUBUTEX	30	thiothixene (Navane)	28
sucralfate tabs (Carafate)	27	THYROLAR	24
SULAR	25	TILADE – QL	27
sulfacetamide sodium/prednisolone eye soln	32	timolol maleate gel-forming soln (Timoptic-XE)	32
sulfacetamide sodium soln (Bleph-10)	31	timolol maleate soln (Timoptic)	32
sulfacetamide sodium/sulfur crm, emulsion, susp (Plexion)	32	TIMOLOL tabs	25
sulfacetamide sodium/sulfur lotn (Sulfacet-R)	32	tizanidine tabs (Zanaflex)	31
sulfamethoxazole/trimethoprim (Bactrim, Septra)	22	TOBI	21
sulfasalazine (Azulfidine)	27	TOBRADEX	32
sulindac (Clinoril)	30	tobramycin soln (Tobrex)	31
SUPRAX susp	21	TOBEX oint	32
SUSTIVA	22	TOPAMAX	30
SUTENT	23	torseamide (Demadex)	26
SYMBICORT – QL	27	TRACLEER	26
SYMLIN	24	tramadol (Ultram)	30
SYPRINE	34	trandolapril (Mavik)	25
SYRINGES/NEEDLES – for self-injectable drug administration	33	tranylcypromine (Parnate)	28
		TRAVATAN – QL	32
		TRAVATAN Z – QL	32
		trazodone	28
		tretinoin caps (Vesanoid)	23
		tretinoin (Retin-A)	32
		triamcinolone dental paste	32
		triamcinolone (Kenalog)	33
		TRIAMCINOLONE oint, 0.05%	33
		triamterene/hydrochlorothiazide caps, 37.5/25 (Dyazide)	26
		triamterene/hydrochlorothiazide caps, 50/25	26
		triamterene/hydrochlorothiazide tabs, 37.5/25 (Maxzide-25)	26
		triamterene/hydrochlorothiazide tabs, 75/50 (Maxzide) ..	26
		tricitrates soln (Polycitra)	28
		TRICOR	25
		trifluoperazine	29
		trifluridine soln (Viroptic)	32
		trihexyphenidyl	30
		TRILEPTAL susp	30

T

TABLOID	23
TAMIFLU – QL	22
tamoxifen	23
TARCEVA	23
TARGRETIN caps	23
TARGRETIN gel	33
TASIGNA	23
TASMAR	31
TAZORAC	33
TEGRETOL-XR	30
temazepam (Restoril)	29
TEMODAR	23
terazosin (Hytrin)	26
terbinafine tabs (Lamisil)	21
terbutaline (Brethine)	27

KEY | **Generic drug: generic name** *Tier 1 (Reference Brand *Tier 3)
BRAND drug: BRAND NAME *Tier 2

Product	Page
trimethobenzamide caps (Tigan)	27
trimethoprim	22
TRIZIVIR	22
TRUSOPT	32
TRUVADA	22
TYKERB	23

U

ULTRACAPS MT 20	27
ursodiol (Actigall)	27

V

VAGIFEM tabs	28
VALCYTE	21
valproic acid (Depakene)	30
VALTREX	21
VANCOCIN	22
venlafaxine (Effexor)	28
VENTAVIS	26
verapamil (Calan)	25
verapamil ext-release (Calan SR)	25
verapamil ext-release (Verelan)	25
VESICARE – QL	28
VIBRAMYCIN susp	21
(Vicodin, Vicodin ES, Vicodin HP) hydrocodone/ acetaminophen tabs, 5/500, 7.5/750, 10/660	29
VIDAZA – PA, SI	23
VIDEX	22
VIDEX EC 125 mg	21
VIGAMOX	32
VIRACEPT	22
VIRAMUNE	22
VIREAD	22
VIVELLE-DOT	23

W

warfarin (Coumadin)	31
WELCHOL	25
(Wellbutrin) bupropion	28
(Wellbutrin SR) bupropion ext-release – 12 hr	28

Product	Page
WELLBUTRIN XL 150 mg	28
(Wellbutrin XL) bupropion ext-release – 24 hr	28

X

XALATAN – QL	32
XELODA	23
XOPENEX HFA – QL	27

Y

YASMIN	24
YAZ	24
YODOXIN	22

Z

ZAVESCA	31
ZEMPLAR	25
ZERIT	22
ZETIA	25
ZIAGEN	22
zidovudine (Retrovir)	21
(Zithromax) azithromycin	21
ZITHROMAX packets, 1 g	21
(Zocor) simvastatin	25
ZOLINZA	23
zolpidem (Ambien)	29
(Zonegran) zonisamide	30
zonisamide (Zonegran)	30
ZOVIRAX topical	33

KEY | **Generic drug: generic name** *Tier 1 (Reference Brand *Tier 3)
BRAND drug: BRAND NAME *Tier 2

Preferred Medication List

ANTI-INFECTIVE DRUGS	
PENICILLINS	
\$	amoxicillin
\$	AMOXICILLIN chew tabs, 400 mg
\$	AMOXIL drops – amoxicillin
\$	ampicillin caps
\$	AMPICILLIN susp
\$	penicillin v potassium
\$\$	amoxicillin/potassium clavulanate (Augmentin)
\$\$	dicloxacillin
\$\$\$\$	AUGMENTIN 250 mg chew tabs, oral susp – amoxicillin/potassium clavulanate
CEPHALOSPORINS	
\$	cefadroxil (Duricef)
\$	cefuroxime (Ceftin)
\$	cephalexin (Keflex)
\$\$	cefdinir (Omnicef)
\$\$\$\$	SUPRAX susp – cefixime
MACROLIDES	
\$	azithromycin (Zithromax)
\$	ERY-TAB – erythromycin delayed-release tabs
\$	ERYTHROMYCIN delayed-release caps
\$	erythromycin ethylsuccinate
\$	erythromycin stearate
\$\$	ZITHROMAX packets, 1 g – azithromycin
TETRACYCLINES	
\$	doxycycline hyclate
\$	minocycline caps, tabs (Minocin, Dynacin)
\$	tetracycline
\$\$\$\$	VIBRAMYCIN susp – doxycycline
\$\$\$\$\$	demeclocycline (Declomycin)
FLUOROQUINOLONES	
\$	ciprofloxacin tabs (Cipro)
\$\$\$\$	AVELOX – moxifloxacin
\$\$\$\$	CIPRO susp – ciprofloxacin
SULFONAMIDES	
\$	GANTRISIN PEDIATRIC – sulfisoxazole
AMINOGLYCOSIDES	
\$	neomycin sulfate
\$\$\$\$\$	TOBI – tobramycin

TUBERCULOSIS	
\$	isoniazid tabs
\$\$\$	ISONIAZID syrup
\$\$\$	rifampin (Rifadin)
\$\$\$\$	ethambutol (Myambutol)
\$\$\$\$	pyrazinamide
\$\$\$\$\$	MYCOBUTIN – rifabutin
FUNGAL INFECTIONS	
\$	fluconazole (Diflucan)
\$	ketoconazole (Nizoral)
\$\$	terbinafine tabs (Lamisil)
\$\$\$	griseofulvin microsize susp (Grifulvin V)
\$\$\$\$	GRIFULVIN V tabs – griseofulvin microsize
\$\$\$\$\$	ANCOBON – flucytosine
\$\$\$\$\$	itraconazole caps (Sporanox)
\$\$\$\$\$	LAMISIL granules – terbinafine
\$\$\$\$\$	SPORANOX soln – itraconazole
VIRAL INFECTIONS	
• Cytomegalovirus	
\$\$\$\$\$	GANCICLOVIR
\$\$\$\$\$	VALCYTE – valganciclovir
• Hepatitis	
\$\$\$\$\$	BARACLUDGE – entecavir
\$\$\$\$\$	EPIVIR-HBV – lamivudine
\$\$\$\$\$	PEGASYS – peginterferon alfa-2a – PA, SI
\$\$\$\$\$	PEG-INTRON – peginterferon alfa-2b – PA, SI
\$\$\$\$\$	ribavirin caps (Rebetol)
\$\$\$\$\$	ribavirin tabs (Copegus)
• Herpes	
\$	acyclovir (Zovirax)
\$\$\$\$\$	famciclovir (Famvir)
\$\$\$\$\$	VALTREX – valacyclovir
• HIV/AIDS	
\$\$\$\$	VIDEX EC 125 mg – didanosine delayed-release
\$\$\$\$	zidovudine (Retrovir)
\$\$\$\$\$	APTIVUS – tipranavir
\$\$\$\$\$	ATRIPLA – efavirenz/emtricitabine/tenofovir
\$\$\$\$\$	COMBIVIR – lamivudine/zidovudine
\$\$\$\$\$	CRIXIVAN – indinavir
\$\$\$\$\$	didanosine delayed-release (Videx EC)
\$\$\$\$\$	EMTRIVA – emtricitabine
\$\$\$\$\$	EPIVIR – lamivudine

KEY

Generic drug: generic name *Tier 1 (Reference Brand *Tier 3)
BRAND drug: BRAND NAME *Tier 2 – generic name [generic version not available]

\$\$\$\$\$	EPZICOM – abacavir/lamivudine
\$\$\$\$\$	FUZEON – enfuvirtide – SI
\$\$\$\$\$	INTELENCE – etravirine
\$\$\$\$\$	INVIRASE – saquinavir
\$\$\$\$\$	ISENTRESS – raltegravir
\$\$\$\$\$	KALETRA – lopinavir/ritonavir
\$\$\$\$\$	LEXIVA – fosamprenavir
\$\$\$\$\$	NORVIR – ritonavir
\$\$\$\$\$	PREZISTA – darunavir
\$\$\$\$\$	RESCRIPTOR – delavirdine
\$\$\$\$\$	REYATAZ – atazanavir
\$\$\$\$\$	SELZENTRY – maraviroc
\$\$\$\$\$	SUSTIVA – efavirenz
\$\$\$\$\$	TRIZIVIR – abacavir/lamivudine/zidovudine
\$\$\$\$\$	TRUVADA – emtricitabine/tenofovir
\$\$\$\$\$	VIDEX – didanosine
\$\$\$\$\$	VIRACEPT – nelfinavir
\$\$\$\$\$	VIRAMUNE – nevirapine
\$\$\$\$\$	VIREAD – tenofovir
\$\$\$\$\$	ZERIT – stavudine
\$\$\$\$\$	ZIAGEN – abacavir

• **Influenza**

\$\$\$\$	TAMIFLU – oseltamivir – QL
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MALARIA

\$	chloroquine phosphate (Aralen)
\$	DARAPRIM – pyrimethamine
\$	FANSIDAR – sulfadoxine/pyrimethamine
\$	hydroxychloroquine (Plaquenil)
\$	PRIMAQUINE PHOSPHATE
\$\$	mefloquine (Lariam)
\$\$\$\$	MALARONE – atovaquone/proguanil

WORM INFECTIONS

\$	mebendazole
\$	MINTEZOL – thiabendazole

OTHER ANTI-INFECTIVES

\$	clindamycin (Cleocin)
\$	DAPSONE
\$	erythromycin/sulfisoxazole (Pediazole)
\$	metronidazole tabs (Flagyl)
\$	sulfamethoxazole/trimethoprim (Bactrim, Septra)
\$	trimethoprim
\$\$	PRIMSOL – trimethoprim

\$\$\$	CLEOCIN PEDIATRIC – clindamycin
\$\$\$	YODOXIN – iodoquinol
\$\$\$\$	ALINIA – nitazoxanide
\$\$\$\$	NEBUPENT – pentamidine
\$\$\$\$\$	MEPRON – atovaquone
\$\$\$\$\$	VANCOCIN – vancomycin

CANCER DRUGS

	ACTIMMUNE – interferon gamma-1b – SI
	ALKERAN – melphalan
	ARIMIDEX – anastrozole
	AROMASIN – exemestane
	CASODEX – bicalutamide
	CEENU – lomustine
	CYCLOPHOSPHAMIDE tabs
	EMCYT – estramustine
	etoposide caps (Vepesid)
	FARESTON – toremifene
	FEMARA – letrozole
	flutamide
	GLEEVEC – imatinib
	HEXALEN – altretamine
	hydroxyurea (Hydrea)
	INTRON A – interferon alfa-2b – PA, SI
	IRESSA – gefitinib
	leucovorin calcium tabs 5 mg, 25 mg
	LEUCOVORIN CALCIUM tabs 10 mg, 15 mg
	LEUKERAN – chlorambucil
	leuprolide (Lupron) – PA, SI
	LUPRON DEPOT – leuprolide – PA
	LYSODREN – mitotane
	MATULANE – procarbazine
	megestrol (Megace)
	mercaptopurine (Purinethol)
	MESNEX tabs – mesna
	methotrexate inj – SI
	methotrexate tabs
	MYLERAN – busulfan
	NEXAVAR – sorafenib
	NILANDRON – nilutamide
	PROLEUKIN – aldesleukin
	ROFERON-A – interferon alfa-2a – PA, SI
	SPRYCEL – dasatinib

KEY

Generic drug: generic name *Tier 1 (Reference Brand *Tier 3)
BRAND drug: BRAND NAME *Tier 2 – generic name [generic version not available]

SUTENT – sunitinib
TABLOID – thioguanine
tamoxifen
TARCEVA – erlotinib
TARGRETIN caps – bexarotene
TASIGNA – nilotinib
TEMODAR – temozolomide
TESLAC – testolactone
tretinoin caps (Vesanoid)
TYKERB – lapatinib
VIDAZA – azacitidine – PA, SI
XELODA – capecitabine
ZOLINZA – vorinostat

HORMONES, DIABETES AND RELATED DRUGS

CORTICOSTEROIDS

\$ cortisone acetate
\$ dexamethasone tabs, 1.5 mg, 4 mg, 6 mg
\$ DEXAMETHASONE elixir, soln; tabs, 0.5 mg, 0.75 mg, 1 mg, 2 mg
\$ fludrocortisone
\$ hydrocortisone (Cortef)
\$ methylprednisolone (Medrol)
\$ prednisolone sodium phosphate soln (Orapred, Pediapred)
\$ prednisolone syrup (Prelone)
\$ PREDNISOLONE tabs
\$ prednisone
\$\$ PREDNISON soln, 5 mg/5 mL; tabs, 50 mg
\$\$\$\$\$ ENTOCORT EC – budesonide ext-release

MALE HORMONES

\$\$\$\$\$ ANDROXY – fluoxymesterone
\$\$\$\$\$ ANDROGEL – testosterone
\$\$\$\$\$ danazol
\$\$\$\$\$ TESTIM – testosterone

ESTROGENS

\$ estradiol tabs (Estrace)
\$ estropipate (Ogen)
\$\$ estradiol patches (Climara)
\$\$ MENEST – esterified estrogens
\$\$ VIVELLE-DOT – estradiol
\$\$\$ ACTIVELLA – estradiol/norethindrone acetate
\$\$\$ DIVIGEL – estradiol

\$\$\$ estradiol/norethindrone acetate 1/0.5 mg (Activella)
\$\$\$ FEMHRT – norethindrone acetate/ethinyl estradiol
\$\$\$ PREMARIN – conjugated estrogens
\$\$\$ PREMPHASE – conjugated estrogens/medroxyprogesterone
\$\$\$ PREMPRO – conjugated estrogens/medroxyprogesterone

PROGESTINS

\$ medroxyprogesterone acetate (Provera)
\$ norethindrone acetate (Aygestin)
\$\$ PROMETRIUM – progesterone micronized

BIRTH CONTROL

\$\$ desogestrel/ethinyl estradiol (Cyclessa)
\$\$ desogestrel/ethinyl estradiol (Ortho-Cept)
\$\$ ethynodiol/ethinyl estradiol (Demulen)
\$\$ levonorgestrel/ethinyl estradiol (Alesse)
\$\$ levonorgestrel/ethinyl estradiol (Levlite)
\$\$ levonorgestrel/ethinyl estradiol (Nordette)
\$\$ levonorgestrel/ethinyl estradiol (Seasonale)
\$\$ levonorgestrel/ethinyl estradiol (Triphasil)
\$\$ LOESTRIN 24 FE – norethindrone acetate/ethinyl estradiol/Fe
\$\$ norethindrone (Nor-QD)
\$\$ norethindrone (Ortho Micronor)
\$\$ norethindrone acetate/ethinyl estradiol (Loestrin)
\$\$ norethindrone acetate/ethinyl estradiol/Fe (Loestrin Fe)
\$\$ norethindrone/ethinyl estradiol (Modicon)
\$\$ norethindrone/ethinyl estradiol (Ortho-Novum 1/35)
\$\$ norethindrone/ethinyl estradiol (Ortho-Novum 7/7/7)
\$\$ norethindrone/ethinyl estradiol (Ovcon 35)
\$\$ norethindrone/ethinyl estradiol (Tri-Norinyl)
\$\$ norethindrone/mestranol (Ortho-Novum 1/50)
\$\$ norgestimate/ethinyl estradiol (Ortho-Cyclen)
\$\$ norgestimate/ethinyl estradiol (Ortho Tri-Cyclen)
\$\$ norgestrel/ethinyl estradiol (Lo/Ovral)
\$\$ PLAN-B – levonorgestrel
\$\$\$ desogestrel/ethinyl estradiol (Mircette)
\$\$\$ OGESTREL – norgestrel/ethinyl estradiol
\$\$\$ ORTHO EVRA – norelgestromin/ethinyl estradiol

KEY | **Generic drug: generic name** *Tier 1 (Reference Brand *Tier 3)
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\$\$\$ ORTHO TRI-CYCLEN LO – norgestimate/
ethinyl estradiol

\$\$\$ YASMIN – drospirenone/ethinyl estradiol

\$\$\$ YAZ – drospirenone/ethinyl estradiol

INFERTILITY

\$\$ **clomiphene** (Clomid)

DIABETES

\$ **glimepiride** (Amaryl)

\$ **glipizide** (Glucotrol)

\$ **glipizide ext-release** (Glucotrol XL)

\$ **glyburide** (Micronase)

\$ **metformin** (Glucophage)

\$ **metformin ext-release** (Glucophage XR)

\$\$ **glyburide/metformin** (Glucovance)

\$\$\$ GLYBURIDE, distributor of Diabeta

\$\$\$\$ GLUCAGON EMERGENCY KIT – **SI**

\$\$\$\$ GLYSET – miglitol

\$\$\$\$ PRANDIN – repaglinide

\$\$\$\$ PROGLYCEM – diazoxide

\$\$\$\$ STARLIX – nateglinide

\$\$\$\$\$ ACTOS – pioglitazone

\$\$\$\$\$ AVANDAMET – rosiglitazone/metformin

\$\$\$\$\$ AVANDIA – rosiglitazone

\$\$\$\$\$ BYETTA – exenatide – **RS**

\$\$\$\$\$ JANUMET – sitagliptin/metformin

\$\$\$\$\$ JANUVIA – sitagliptin

\$\$\$\$\$ SYMLIN – pramlintide

• Insulin

Rapid-Acting Insulin

\$\$\$\$ APIDRA – insulin glulisine

\$\$\$\$ HUMALOG – insulin lispro

\$\$\$\$ NOVOLOG – insulin aspart

Short-Acting Insulin

\$\$ RELION R – insulin regular

\$\$\$ HUMULIN R – insulin regular

\$\$\$ NOVOLIN R – insulin regular

Intermediate-Acting Insulin

\$\$ RELION N – insulin isophane

\$\$ RELION 70/30 – insulin isophane/regular

\$\$\$ HUMULIN N – insulin isophane

\$\$\$ HUMULIN 50/50 – insulin isophane/regular

\$\$\$ HUMULIN 70/30 – insulin isophane/regular

\$\$\$ NOVOLIN N – insulin isophane

\$\$\$ NOVOLIN 70/30 – insulin isophane/regular

\$\$\$\$ HUMALOG MIX 50/50 – insulin lispro
protamine/lispro

\$\$\$\$ HUMALOG MIX 75/25 – insulin lispro
protamine/lispro

\$\$\$\$ NOVOLOG MIX 70/30 – insulin aspart
protamine/aspart

Basal Insulin

\$\$\$\$ LANTUS – insulin glargine

\$\$\$\$ LEVEMIR – insulin detemir

THYROID REGULATION

\$ BIO-THROID – thyroid (pork)

\$ **levothyroxine – includes Levoxyl** (Synthroid)

\$ **propylthiouracil**

\$\$ CYTOMEL – liothyronine

\$\$ **methimazole** (Tapazole)

\$\$ THYROLAR – liotrix

GROWTH HORMONE

\$\$\$\$\$ GENOTROPIN – somatropin – **PA, SI**

\$\$\$\$\$ INCRELEX – mecasermin – **PA, SI**

\$\$\$\$\$ NORDITROPIN – somatropin – **PA, SI**

\$\$\$\$\$ NUTROPIN – somatropin – **PA, SI**

\$\$\$\$\$ NUTROPIN AQ – somatropin – **PA, SI**

OTHER HORMONES AND RELATED DRUGS

\$ METHERGINE – methylergonovine

\$\$ **alendronate tabs** (Fosamax) – **QL**

\$\$\$ **calcitonin-salmon nasal – Fortical**

\$\$\$\$ ACTONEL 5 mg, 30 mg, 35 mg, 75 mg –
risedronate – **QL**

\$\$\$\$ **desmopressin nasal** (DDAVP)

\$\$\$\$ EVISTA – raloxifene

\$\$\$\$ FOSAMAX soln – alendronate – **QL**

\$\$\$\$ FOSAMAX PLUS D – alendronate/
cholecalciferol – **QL**

\$\$\$\$ MIACALCIN nasal – calcitonin-salmon

\$\$\$\$\$ **cabergoline**

\$\$\$\$\$ **desmopressin inj** (DDAVP) – **SI**

\$\$\$\$\$ **desmopressin tabs** (DDAVP)

\$\$\$\$\$ HECTOROL – doxercalciferol

\$\$\$\$\$ KUVAN – sapropterin

\$\$\$\$\$ MIACALCIN inj – calcitonin-salmon – **SI**

\$\$\$\$\$ **octreotide** (Sandostatin) – **SI**

\$\$\$\$\$ SENSIPAR – cinacalcet

\$\$\$\$\$ SOMAVERT – pegvisomant – **SI**

KEY

Generic drug: generic name *Tier 1 (Reference Brand *Tier 3)

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\$\$\$\$ ZEMPLAR – paricalcitol

HEART AND CIRCULATORY DRUGS

ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATIONS

\$ **benazepril** (Lotensin)
\$ **benazepril/hydrochlorothiazide** (Lotensin HCT)
\$ **captopril** (Capoten)
\$ **captopril/hydrochlorothiazide** (Capozide)
\$ **enalapril** (Vasotec)
\$ **enalapril/hydrochlorothiazide** (Vaseretic)
\$ **fosinopril** (Monopril)
\$ **lisinopril** (Prinivil)
\$ **lisinopril/hydrochlorothiazide** (Prinzide)
\$ **moexipril/hydrochlorothiazide** (Uniretic)
\$ **quinapril** (Accupril)
\$ **trandolapril** (Mavik)
\$\$ **fosinopril/hydrochlorothiazide** (Monopril HCT)
\$\$ **moexipril** (Univasc)
\$\$ **quinapril/hydrochlorothiazide** (Accuretic)
\$\$\$ **ramipril caps** (Altace)

ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBs) AND COMBINATIONS

\$\$\$ BENICAR – olmesartan
\$\$\$ DIOVAN – valsartan
\$\$\$ MICARDIS – telmisartan
\$\$\$ MICARDIS HCT – telmisartan/hydrochlorothiazide
\$\$\$\$ BENICAR HCT – olmesartan/hydrochlorothiazide
\$\$\$\$ DIOVAN HCT – valsartan/hydrochlorothiazide

BETA BLOCKERS & COMBINATIONS

\$ **acebutolol** (Sectral)
\$ **atenolol** (Tenormin)
\$ **atenolol/chlorthalidone** (Tenoretic)
\$ **bisoprolol/hydrochlorothiazide** (Ziac)
\$ **labetalol** (Trandate)
\$ **metoprolol succinate ext-release** (Toprol XL)
\$ **metoprolol tartrate** (Lopressor)
\$ **nadolol** (Corgard)
\$ **propranolol tabs-**
\$ **propranolol/hydrochlorothiazide 40/25**
\$ **PROPRANOLOL/HYDROCHLOROTHIAZIDE 80/25**
\$\$ **bisoprolol** (Zebeta)
\$\$ **carvedilol** (Coreg)
\$\$ **propranolol ext-release** (Inderal LA)

\$\$ **PROPRANOLOL** soln

\$\$ **TIMOLOL**

\$\$\$ **INNOPRAN XL** – propranolol ext-release

\$\$\$ **PINDOLOL**

CALCIUM CHANNEL BLOCKERS AND COMBINATIONS

\$ **amlodipine** (Norvasc)
\$ **diltiazem** (Cardizem)
\$ **verapamil** (Calan)
\$ **verapamil ext-release** (Calan SR)
\$\$ **diltiazem ext-release** (Dilacor XR)
\$\$ **nifedipine ext-release** (Adalat CC)
\$\$ **nifedipine ext-release** (Procardia XL)
\$\$ **verapamil ext-release** (Verelan)
\$\$\$ **diltiazem ext-release** (Cardizem CD)
\$\$\$ **diltiazem ext-release** (Tiazac)
\$\$\$ **felodipine ext-release** (Plendil)
\$\$\$\$ **amlodipine/benazepril** (Lotrel)
\$\$\$\$ EXFORGE – amlodipine/valsartan
\$\$\$\$ LOTREL 5/40, 10/40 – amlodipine/benazepril
\$\$\$\$ SULAR – nisoldipine ext-release

CHEST PAIN

\$ **isosorbide dinitrate** (Isordil)
\$ **isosorbide mononitrate ext-release** (Imdur)
\$ **NITRO-BID oint** – nitroglycerin
\$ **nitroglycerin sublingual tabs** (Nitrostat)
\$\$ **isosorbide mononitrate** (Monoket)
\$\$ **nitroglycerin patches** (Nitro-Dur)
\$\$\$\$ **NITRO-DUR 0.3, 0.8 mg/hr** – nitroglycerin
\$\$\$\$ **NITROLINGUAL** – nitroglycerin

CHOLESTEROL LOWERING

\$ **gemfibrozil** (Lopid)
\$ **lovastatin** (Mevacor)
\$ **pravastatin** (Pravachol)
\$ **simvastatin** (Zocor)
\$\$\$ **cholestyramine** (Questran, Questran Light)
\$\$\$ **fenofibrate micronized, caps, 67 mg, 134 mg, 200 mg** (Lofibra)
\$\$\$ **fenofibrate tabs, 54 mg, 160 mg** (Lofibra)
\$\$\$\$ **CRESTOR** – rosuvastatin – **RS**
\$\$\$\$ **NIASPAN** – niacin ext-release
\$\$\$\$ **TRICOR** – fenofibrate
\$\$\$\$ **ZETIA** – ezetimibe
\$\$\$\$ **WELCHOL** – colesevelam

KEY

Generic drug: generic name *Tier 1 (Reference Brand *Tier 3)
BRAND drug: BRAND NAME *Tier 2 – generic name [generic version not available]

FLUID RETENTION	
\$	acetazolamide
\$	amiloride/hydrochlorothiazide
\$	bumetanide (Bumex)
\$	chlorothiazide
\$	chlorthalidone 25 mg, 50 mg
\$	furosemide soln, 10 mg/mL; tabs (Lasix)
\$	hydrochlorothiazide caps (Microzide)
\$	hydrochlorothiazide tabs, 25 mg, 50 mg
\$	indapamide
\$	methazolamide
\$	spironolactone (Aldactone)
\$	spironolactone/hydrochlorothiazide 25/25 (Aldactazide)
\$	triamterene/hydrochlorothiazide caps, 37.5/25 (Dyazide)
\$	triamterene/hydrochlorothiazide tabs, 37.5/25 (Maxzide-25)
\$	triamterene/hydrochlorothiazide tabs, 75/50 (Maxzide)
\$\$	AMILORIDE
\$\$	metolazone (Zaroxolyn)
\$\$	torseamide (Demadex)
\$\$	triamterene/hydrochlorothiazide caps, 50/25
HEART RHYTHM	
\$	sotalol (Betapace)
\$\$	amiodarone
\$\$	quinidine sulfate
\$\$\$	disopyramide (Norpace)
\$\$\$	flecainide (Tambocor)
\$\$\$	MEXILETINE
\$\$\$	propafenone (Rythmol)
\$\$\$	quinidine gluconate ext-release
\$\$\$	QUINIDINE SULFATE ext-release
\$\$\$	sotalol (Betapace AF)
\$\$\$\$	disopyramide ext-release 150 mg (Norpace CR)
OTHER HEART RELATED DRUGS	
\$	clonidine (Catapres)
\$	digoxin tabs (Lanoxin)
\$	doxazosin (Cardura)
\$	methyldopa
\$	RESERPINE
\$	terazosin (Hytrin)
\$\$	DIGOXIN soln

\$\$	guanfacine (Tenex)
\$\$	hydralazine
\$\$	minoxidil
\$\$	prazosin (Minipress)
\$\$\$\$	CADUET – amlodipine/atorvastatin
\$\$\$\$	CATAPRES-TTS – clonidine
\$\$\$\$	midodrine (Proamatine)
\$\$\$\$	LETAIRIS – ambrisentan
\$\$\$\$	REVATIO – sildenafil – PA
\$\$\$\$	TRACLEER – bosentan
\$\$\$\$	VENTAVIS – iloprost
BEE STING KITS	
\$\$\$	EPIPEN – epinephrine – SI
\$\$\$	EPIPEN JR – epinephrine – SI
RESPIRATORY DRUGS	
ANTI-HISTAMINES	
\$	promethazine supp
\$	promethazine syrup, tabs
\$\$	cyproheptadine
\$\$\$	fexofenadine (Allegra)
NASAL PRODUCTS	
\$\$	flunisolide (Nasarel) – QL
\$\$	flunisolide 25 mcg/spray – QL
\$\$	fluticasone (Flonase) – QL
\$\$	ipratropium (Atrovent) – QL
\$\$\$\$	ASTELIN – azelastine
\$\$\$\$	NASONEX – mometasone – QL
COUGH/COLD/ALLERGY	
\$	brompheniramine/pseudoephedrine ext-release caps, 6/60, 12/120
\$	chlorpheniramine/pseudoephedrine/codeine soln, 2/30/10 per 5 mL
\$	codeine/guaifenesin soln, 10/100 per 5 mL
\$	codeine/guaifenesin tabs, 10/300 (Brontex)
\$\$\$\$	acetylcysteine
\$\$\$\$	ALLEGRA-D – fexofenadine/pseudoephedrine ext-release
ASTHMA/COPD	
\$	albuterol sulfate syrup, tabs
\$	theophylline ext-release tabs – 12 hr – Theochron
\$\$	albuterol inhaler – QL
\$\$	albuterol sulfate inhal soln
\$\$	PROAIR HFA – albuterol sulfate – QL

KEY

Generic drug: generic name *Tier 1 (Reference Brand *Tier 3)
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\$\$\$	ALUPENT inhaler – metaproterenol – QL
\$\$\$	cromolyn sodium inhal soln (Intal)
\$\$\$	FLOVENT HFA – fluticasone – QL
\$\$\$	ipratropium inhal soln
\$\$\$	ipratropium/albuterol sulfate (Duoneb)
\$\$\$	terbutaline (Brethine)
\$\$\$	theophylline ext-release tabs – 24 hr (Uniphyll)
\$\$\$	XOPENEX HFA – levalbuterol – QL
\$\$\$\$	ACCOLATE – zafirlukast
\$\$\$\$	ASMANEX – mometasone – QL
\$\$\$\$	ATROVENT HFA – ipratropium – QL
\$\$\$\$	AZMACORT – triamcinolone – QL
\$\$\$\$	COMBIVENT – ipratropium/albuterol sulfate – QL
\$\$\$\$	INTAL INHALER – cromolyn sodium – QL
\$\$\$\$	MAXAIR AUTOHALER – pirbuterol – QL
\$\$\$\$	SEREVENT DISKUS – salmeterol – QL
\$\$\$\$	SINGULAIR – montelukast
\$\$\$\$	SPIRIVA HANDIHALER – tiotropium – QL
\$\$\$\$\$	ADVAIR DISKUS – fluticasone/salmeterol – QL
\$\$\$\$\$	ADVAIR HFA – fluticasone/salmeterol – QL
\$\$\$\$\$	PULMICORT RESPULES – budesonide
\$\$\$\$\$	SYMBICORT – budesonide/formoterol – QL
\$\$\$\$\$	TILADE – nedocromil – QL

OTHER RESPIRATORY DRUGS

\$\$\$\$\$ PULMOZYME – dornase alfa

GASTROINTESTINAL DRUGS

LAXATIVES

\$ **lactulose**

\$ **PEG – electrolytes for soln** (Colyte)

\$ **PEG – electrolytes for soln** (Nulytely)

ULCER/GERD

PRILOSEC OTC

\$ **cimetidine**

\$ **dicyclomine** (Bentyl)

\$ **famotidine** (Pepcid)

\$ **hyoscyamine** (Levsin)

\$ **hyoscyamine ext-release caps** (Levsinex)

\$ **hyoscyamine ext-release tabs** (Levbid)

\$ **ranitidine** (Zantac)

\$\$\$ CARAFATE susp – sucralfate

\$\$\$ **omeprazole delayed-release** (Prilosec) – **QL**

\$\$\$ PROPANTHELINE BROMIDE 15 mg

\$\$\$ **sucralfate tabs** (Carafate)

\$\$\$\$ **misoprostol** (Cytotec)

\$\$\$\$ **pantoprazole delayed-release tabs** (Protonix) – **QL**

\$\$\$\$ PROTONIX – pantoprazole delayed-release – **QL**

\$\$\$\$\$ NEXIUM 20 mg, 40 mg – **QL**

\$\$\$\$\$ PREVPAC – amoxicillin + clarithromycin + lansoprazole delayed-release

\$\$\$\$\$ PYLERA – bismuth subsalicylate/metronidazole/tetracycline

NAUSEA AND VOMITING

\$ **trimethobenzamide caps** (Tigan)

\$\$\$ **ondansetron oral soln; tabs, 4 mg, 8 mg** (Zofran) – **QL**

\$\$\$ **ondansetron orally disintegrating tabs** (Zofran ODT) – **QL**

\$\$\$\$\$ EMEND caps – aprepitant – **QL**

\$\$\$\$\$ MARINOL – dronabinol

\$\$\$\$\$ ONDANSETRON tabs, 24 mg – **QL**

DIGESTIVE ENZYMES – Pancreatic enzyme (pancrelipase) immediate-release and delayed-release products:

\$\$\$\$\$ DYGASE

\$\$\$\$\$ LAPASE

\$\$\$\$\$ LIPRAM 4500/PN/UL

\$\$\$\$\$ PALCAPS

\$\$\$\$\$ PANCRELIPASE delayed-release

\$\$\$\$\$ PANCRELIPASE immediate-release

\$\$\$\$\$ PANCRELIPASE MST-16

\$\$\$\$\$ PANCRON

\$\$\$\$\$ PANGESTYME CN/MT/UL/EC

\$\$\$\$\$ PANOCAPS/MT

\$\$\$\$\$ PANOKASE/16

\$\$\$\$\$ PLARETASE

\$\$\$\$\$ ULTRACAPS MT 20

OTHER GASTROINTESTINAL DRUGS

\$ **lactulose – encephalopathy**

\$ **metoclopramide** (Reglan)

\$ **sulfasalazine** (Azulfidine)

\$\$\$\$ PHOSLO – calcium acetate

\$\$\$\$ **ursodiol** (Actigall)

\$\$\$\$\$ ASACOL – mesalamine delayed-release

\$\$\$\$\$ CANASA – mesalamine supp

\$\$\$\$\$ LIALDA – mesalamine delayed-release

\$\$\$\$\$ **mesalamine enema** (Rowasa)

KEY

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\$\$\$\$\$ PENTASA – mesalamine ext-release

\$\$\$\$\$ RENAGEL – sevelamer hcl

\$\$\$\$\$ RENVELA – sevelamer carbonate

GENITOURINARY DRUGS

URINARY TRACT INFECTIONS

\$ **nitrofurantoin monohydrate/macrocrystals** (Macrobid)

\$\$ **nitrofurantoin macrocrystals** (Macrochantin)

\$\$\$\$\$ FURADANTIN – nitrofurantoin

URINARY TRACT SPASMS

\$ **oxybutynin** (Ditropan) – **QL**

\$\$\$\$ DETROL – tolterodine – **QL**

\$\$\$\$ DETROL LA – tolterodine ext-release – **QL**

\$\$\$\$ **oxybutynin ext-release** (Ditropan XL) – **QL**

\$\$\$\$ VESICARE – solifenacin – **QL**

VAGINAL PRODUCTS

\$ **amino acid/urea crm**

\$\$ ACID JELLY – acetic acid

\$\$ **clindamycin crm** (Cleocin)

\$\$ **metronidazole** (MetroGel-Vaginal)

\$\$ PREMARIN crm – conjugated estrogens

\$\$\$ CLEOCIN supp – clindamycin

\$\$\$ NYSTATIN vaginal tabs

\$\$\$ VAGIFEM tabs – estradiol

\$\$\$\$ AVC crm – sulfanilamide

OTHER GENITOURINARY DRUGS

\$\$ K-PHOS MF – potassium/sodium acid phosphates

\$\$ K-PHOS NO. 2 – potassium/sodium acid phosphates

\$\$ **potassium citrate ext-release** (Urocit-K)

\$\$ **sodium citrate/citric acid** (Bicitra)

\$\$\$ **finasteride** (Proscar)

\$\$\$ **potassium citrate/citric acid powder, soln** (Polycitra-K)

\$\$\$ **tricitrates soln** (Polycitra)

\$\$\$\$ AVODART – dutasteride

\$\$\$\$ FLOMAX – tamsulosin

\$\$\$\$\$ CYSTAGON – cysteamine

\$\$\$\$\$ ELMIRON – pentosan

CENTRAL NERVOUS SYSTEM DRUGS

ANXIETY

\$ **alprazolam** (Xanax)

\$ **bupirone** (Buspar)

\$ DIAZEPAM oral soln, 5 mg/5 mL

\$ **diazepam** (Valium)

\$ **hydroxyzine pamoate** (Vistaril)

\$ **lorazepam** (Ativan)

\$\$ ALPRAZOLAM INTENSOL

\$\$ DIAZEPAM INTENSOL

\$\$\$ **hydroxyzine hcl**

\$\$\$ LORAZEPAM INTENSOL

DEPRESSION

\$ **amitriptyline**

\$ **citalopram** (Celexa)

\$ **doxepin**

\$ **fluoxetine** (Prozac)

\$ **mirtazapine** (Remeron)

\$ **nortriptyline** (Pamelor)

\$ **sertraline** (Zoloft)

\$ **trazodone**

\$\$ **bupropion** (Wellbutrin)

\$\$ **clomipramine** (Anafranil)

\$\$ **desipramine** (Norpramin)

\$\$ **imipramine hcl** (Tofranil)

\$\$ **paroxetine hcl** (Paxil)

\$\$\$ AMOXAPINE

\$\$\$ **bupropion ext-release – 12 hr** (Wellbutrin SR)

\$\$\$ **bupropion ext-release – 24 hr** (Wellbutrin XL)

\$\$\$ **tranylcypromine** (Parnate)

\$\$\$\$ CYMBALTA – duloxetine delayed-release

\$\$\$\$ EFFEXOR XR – venlafaxine ext-release

\$\$\$\$ LEXAPRO – escitalopram

\$\$\$\$ NARDIL – phenelzine

\$\$\$\$ **paroxetine hcl ext-release 12.5 mg, 25 mg** (Paxil CR)

\$\$\$\$ **venlafaxine** (Effexor)

\$\$\$\$ WELLBUTRIN XL 150 mg – bupropion ext-release

PSYCHOTIC AND BIPOLAR DISORDERS

\$ **chlorpromazine**

\$ **fluphenazine hcl**

\$ **haloperidol lactate oral soln**

\$ **haloperidol tabs**

\$ **lithium carbonate caps, 150 mg, 300 mg**

\$ LITHIUM CARBONATE caps, 600 mg; tabs, 300 mg

\$ **prochlorperazine supp**

\$ **prochlorperazine tabs**

\$ **thiothixene** (Navane)

KEY

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BRAND drug: BRAND NAME *Tier 2 – generic name [generic version not available]

\$\$	FLUPHENAZINE HCL soln, 2.5 mg/5 mL, 5 mg/mL
\$\$	lithium carbonate ext-release 300 mg (Lithobid)
\$\$	lithium carbonate ext-release 450 mg
\$\$	perphenazine
\$\$	trifluoperazine
\$\$\$	clozapine 25 mg, 50 mg, 100 mg (Clozaril)
\$\$\$	lithium citrate
\$\$\$	loxapine (Loxitane)
\$\$\$\$	GEODON – ziprasidone
\$\$\$\$	MOBAN – molindone
\$\$\$\$	RISPERDAL – risperidone
\$\$\$\$	RISPERDAL M-TAB – risperidone
\$\$\$\$	SEROQUEL – quetiapine
\$\$\$\$	SEROQUEL XR – quetiapine ext-release

SLEEP AIDS

\$	chloral hydrate syrup
\$	estazolam (Prosom)
\$	phenobarbital
\$	PHENOBARBITAL 64.8 mg
\$	temazepam (Restoril)
\$	zolpidem (Ambien)
\$\$\$	LUNESTA – eszopiclone – RS
\$\$\$\$	RESTORIL 7.5 mg – temazepam

HYPERACTIVITY/NARCOLEPSY

\$\$	amphetamine/dextroamphetamine mixed salts (Adderall)
\$\$	dextroamphetamine
\$\$	methylphenidate (Ritalin)
\$\$	methylphenidate ext-release (Metadate ER, Ritalin SR)
\$\$\$	dextroamphetamine ext-release (Dexedrine Spansule)
\$\$\$\$	ADDERALL XR – amphetamine/dextroamphetamine mixed salts ext-release
\$\$\$\$	STRATTERA – atomoxetine
\$\$\$\$	PROVIGIL – modafinil

MULTIPLE SCLEROSIS

\$\$\$\$	AVONEX – interferon beta-1a – SI
\$\$\$\$	COPAXONE – glatiramer – SI
\$\$\$\$	REBIF – interferon beta-1a – SI

OTHER CENTRAL NERVOUS SYSTEM DRUGS

\$\$\$	bupropion ext-release (Zyban)
\$\$\$	ORAP – pimozone
\$\$\$\$	ANTABUSE – disulfiram

\$\$\$\$	CHANTIX – varenicline
\$\$\$\$	ARICEPT – donepezil
\$\$\$\$	ARICEPT ODT – donepezil
\$\$\$\$	EXELON caps, soln – rivastigmine
\$\$\$\$	EXELON patches – rivastigmine
\$\$\$\$	NAMENDA – memantine
\$\$\$\$	RAZADYNE – galantamine
\$\$\$\$	RAZADYNE ER – galantamine ext-release

PAIN RELIEF DRUGS

NON-NARCOTIC DRUGS

\$	butalbital/acetaminophen tabs, 50/325 (Phrenilin)
\$	butalbital/acetaminophen/caffeine caps, 50/325/40 (Esgic)
\$	butalbital/acetaminophen/caffeine tabs, 50/325/40 (Fioricet)
\$	butalbital/aspirin/caffeine caps, 50/325/40 (Fiorinal)
\$	butalbital/aspirin/caffeine tabs, 50/325/40
\$	salsalate
\$\$	butalbital/acetaminophen tabs, 50/650 (Sedapap)
\$\$\$	butalbital/acetaminophen/caffeine tabs, 50/500/40 (Esgic Plus)

NARCOTIC DRUGS

\$	acetaminophen/codeine (Tylenol w/Codeine)
\$	aspirin/codeine
\$	CODEINE SULFATE 15 mg
\$	codeine sulfate 30 mg, 60 mg
\$	hydrocodone/acetaminophen caps, 5/500
\$	hydrocodone/acetaminophen tabs, 2.5/500, 5/500, 7.5/500, 10/500 (Lortab)
\$	hydrocodone/acetaminophen tabs, 5/325, 7.5/325, 10/325 (Norco)
\$	hydrocodone/acetaminophen tabs, 5/500, 7.5/750, 10/660 (Vicodin, Vicodin ES, Vicodin HP)
\$	hydrocodone/acetaminophen tabs, 7.5/650, 10/650 (Lorcet, Lorcet Plus)
\$	hydromorphone tabs (Dilaudid)
\$	methadone conc, tabs
\$	morphine sulfate conc, 20 mg/mL; tabs
\$	oxycodone caps (OxyIR)
\$	oxycodone conc, soln, tabs (Roxicodone)
\$	oxycodone/acetaminophen caps, 5/500 (Tylox)
\$	oxycodone/acetaminophen tabs, 5/325, 7.5/325, 7.5/500, 10/325, 10/650 (Percocet)
\$	propoxyphene hcl/acetaminophen tabs, 65/650

KEY | **Generic drug: generic name** *Tier 1 (Reference Brand *Tier 3)
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\$	propoxyphene napsylate/acetaminophen 50/325, 100/650 (Darvocet-N)
\$	ROXICET soln – oxycodone/acetaminophen
\$	tramadol (Ultram)
\$\$	butalbital/aspirin/caffeine/codeine caps (Fiorinal w/Codeine)
\$\$	hydrocodone/acetaminophen soln, 7.5/500 per 15 mL (Lortab)
\$\$	hydrocodone/acetaminophen tabs, 10/750 (Maxidone)
\$\$	METHADONE soln, 5 mg/5 mL, 10 mg/5 mL
\$\$	MORPHINE SULFATE soln, 20 mg/5 mL; supp, 30 mg
\$\$	morphine sulfate supp, 5 mg, 10 mg, 20 mg
\$\$	oxycodone/aspirin tabs, 5/325 (Percodan)
\$\$\$	hydromorphone supp (Dilaudid)
\$\$\$	morphine sulfate ext-release (MS Contin)
\$\$\$\$	ACTIQ – fentanyl citrate – QL
\$\$\$\$	FENTANYL CITRATE transmucosal – QL
\$\$\$\$	fentanyl patches (Duragesic)
\$\$\$\$	OXYCONTIN – oxycodone ext-release – QL
\$\$\$\$	SUBOXONE – buprenorphine/naloxone
\$\$\$\$	SUBUTEX – buprenorphine

RHEUMATOID AND OSTEOARTHRITIS

\$	diclofenac sodium delayed-release (Voltaren)
\$	etodolac
\$	ibuprofen (Motrin)
\$	ketoprofen
\$	meloxicam (Mobic)
\$	naproxen (Naprosyn)
\$	naproxen sodium (Anaprox)
\$	piroxicam (Feldene)
\$	sulindac (Clinoril)
\$\$	diclofenac sodium ext-release (Voltaren XR)
\$\$	indomethacin
\$\$	leflunomide (Arava)
\$\$\$	DIFLUNISAL
\$\$\$	nabumetone
\$\$\$\$	DICLOFENAC SODIUM delayed-release tabs, 25 mg
\$\$\$\$	ENBREL – etanercept – PA, SI
\$\$\$\$	RIDAURA – auranofin

MIGRAINE HEADACHES

\$	acetaminophen/isometheptene/dichloralphenazone (Midrin)
\$\$\$\$	ERGOMAR – ergotamine

\$\$\$\$	IMITREX inj – sumatriptan – QL, SI
\$\$\$\$	IMITREX nasal – sumatriptan – QL
\$\$\$\$	IMITREX tabs – sumatriptan – QL
\$\$\$\$	MAXALT – rizatriptan – QL
\$\$\$\$	MAXALT-MLT – rizatriptan – QL
\$\$\$\$	MIGRANAL – dihydroergotamine – QL
\$\$\$\$	RELPAK – eletriptan – QL

GOUT

\$	allopurinol
\$	colchicine
\$\$	probenecid
\$\$\$	probenecid/colchicine

NEUROMUSCULAR DRUGS

SEIZURES

\$	carbamazepine (Tegretol)
\$	clonazepam (Klonopin)
\$	phenytoin susp (Dilantin)
\$\$	DILANTIN 30 mg – phenytoin sodium extended
\$\$	gabapentin caps, tabs (Neurontin)
\$\$\$	DILANTIN INFATABS – phenytoin
\$\$\$	phenytoin sodium extended (Dilantin)
\$\$\$	primidone (Mysoline)
\$\$\$	valproic acid (Depakene)
\$\$\$	zonisamide (Zonegran)
\$\$\$\$	CELONTIN – methsuximide
\$\$\$\$	ethosuximide (Zarontin)
\$\$\$\$	NEURONTIN soln – gabapentin
\$\$\$\$	TEGRETOL-XR – carbamazepine ext-release
\$\$\$\$	DEPAKOTE – divalproex delayed-release
\$\$\$\$	DEPAKOTE ER – divalproex ext-release
\$\$\$\$	FELBATOL – felbamate
\$\$\$\$	GABITRIL – tiagabine
\$\$\$\$	KEPPRA – levetiracetam
\$\$\$\$	LAMICTAL tabs – lamotrigine
\$\$\$\$	lamotrigine chew tabs (Lamictal)
\$\$\$\$	oxcarbazepine tabs (Trileptal)
\$\$\$\$	PEGANONE – ethotoin
\$\$\$\$	TOPAMAX – topiramate
\$\$\$\$	TRILEPTAL susp – oxcarbazepine

PARKINSON'S DISEASE

\$	benztropine
\$	trihexyphenidyl

KEY

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\$\$	amantadine caps, syrup
\$\$	selegiline caps (Eldepryl)
\$\$\$	AMANTADINE tabs
\$\$\$\$	carbidopa/levodopa (Sinemet)
\$\$\$\$	bromocriptine (Parlodel)
\$\$\$\$	carbidopa/levodopa ext-release (Sinemet CR)
\$\$\$\$	SELEGILINE tabs
\$\$\$\$	COMTAN – entacapone
\$\$\$\$	MIRAPEX – pramipexole
\$\$\$\$	REQUIP – ropinirole
\$\$\$\$	ropinirole (Requip)
\$\$\$\$	TASMAR – tolcapone

MUSCLE RELAXANTS

\$	baclofen
\$	chlorzoxazone
\$	cyclobenzaprine (Flexeril)
\$	methocarbamol (Robaxin)
\$	orphenadrine citrate ext-release
\$	tizanidine tabs (Zanaflex)
\$\$	orphenadrine/aspirin/caffeine 25/385/30
\$\$	ORPHENADRINE/ASPIRIN/CAFFEINE 50/770/60
\$\$\$\$	dantrolene (Dantrium)

OTHER NEUROMUSCULAR DRUGS

\$\$\$	pyridostigmine tabs (Mestinon)
\$\$\$\$	MESTINON syrup – pyridostigmine
\$\$\$\$	MESTINON TIMESPAN – pyridostigmine ext-release
\$\$\$\$	MYTELASE – ambenonium
\$\$\$\$	PROSTIGMIN tabs – neostigmine
\$\$\$\$	RILUTEK – riluzole

SUPPLEMENTS

VITAMINS

\$	MEPHYTON – phytonadione
\$\$\$	calcitriol (Rocaltrol)
\$\$\$	ergocalciferol (Drisdol)

MULTIVITAMINS

\$	pediatric multivitamins/fluoride
\$	pediatric multivitamins/fluoride/iron
\$	pediatric vitamins ADC/fluoride
\$	pediatric vitamins ADC/fluoride/iron
\$	prenatal multivitamins/1 mg folic acid

MINERALS AND ELECTROLYTES

\$	potassium chloride ext-release caps, 10 mEq (Micro-K 10)
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\$	potassium chloride ext-release tabs, 8 mEq
\$	potassium chloride ext-release tabs, 10 mEq (K-Tabs)
\$	potassium chloride ext-release tabs, 10 mEq, 20 mEq (K-Dur)
\$	potassium chloride packets, 20 mEq (K-Lor)
\$	potassium chloride soln, 10%, 20%
\$	potassium phosphate/sodium phosphates (K-Phos Neutral)
\$	sodium fluoride
\$	SODIUM FLUORIDE tabs, 1.1 mg
\$\$	potassium bicarbonate/chloride effervescent tabs, 25 mEq (K-Lyte/Cl)

BLOOD MODIFYING DRUGS

\$	cyanocobalamin inj – SI
\$	folic acid tabs, 1 mg
\$	pentoxifylline ext-release (Trental)
\$	warfarin (Coumadin)
\$\$\$	anagrelide (Agrylin)
\$\$\$	cilostazol (Pletal)
\$\$\$\$	DROXIA – hydroxyurea
\$\$\$\$	PLAVIX 75 mg – clopidogrel
\$\$\$\$	ARANESP – darbepoetin – PA, SI
\$\$\$\$	LEUKINE – sargramostim – PA, SI
\$\$\$\$	LOVENOX – enoxaparin – PA, QL, SI
\$\$\$\$	NEULASTA – pegfilgrastim – PA, SI
\$\$\$\$	NEUMEGA – oprelvekin – PA, SI
\$\$\$\$	NEUPOGEN – filgrastim – PA, SI
\$\$\$\$	PROCRIT – epoetin alfa – PA, SI
\$\$\$\$	ZAVESCA – miglustat

TOPICAL PRODUCTS

EYE

• *Anti-infectives*

\$	bacitracin/polymyxin B oint
\$	ciprofloxacin soln (Ciloxan)
\$	erythromycin oint
\$	gentamicin oint, soln
\$	neomycin/polymyxin B/bacitracin oint
\$	neomycin/polymyxin B/gramicidin soln (Neosporin)
\$	ofloxacin soln (Ocuflox)
\$	polymyxin B/trimethoprim soln (Polytrim)
\$	sulfacetamide sodium soln (Bleph-10)
\$	tobramycin soln (Tobrex)

KEY

Generic drug: generic name *Tier 1 (Reference Brand *Tier 3)
BRAND drug: BRAND NAME *Tier 2 – generic name [generic version not available]

\$\$\$	CILOXAN oint – ciprofloxacin
\$\$\$	TOBEX oint – tobramycin
\$\$\$	VIGAMOX – moxifloxacin
\$\$\$\$	trifluridine soln (Viroptic)
\$\$\$\$\$	NATACYN – natamycin

• **Steroids and Combination Products**

\$	dexamethasone sodium phosphate soln
\$	fluorometholone susp (FML)
\$	neomycin/polymyxin B/bacitracin/hydrocortisone oint
\$	neomycin/polymyxin B/dexamethasone oint, susp (Maxitrol)
\$	prednisolone acetate susp (Pred Forte)
\$	PREDNISOLONE SODIUM PHOSPHATE soln, 1%
\$	sulfacetamide sodium/prednisolone soln
\$\$	FML S.O.P. – fluorometholone
\$\$	POLY-PRED – neomycin/polymyxin B/prednisolone
\$\$	PRED MILD – prednisolone acetate
\$\$\$	BLEPHAMIDE – sulfacetamide/prednisolone
\$\$\$	BLEPHAMIDE S.O.P. – sulfacetamide/prednisolone
\$\$\$	LOTEMAX – loteprednol
\$\$\$\$	TOBRADEX – tobramycin/dexamethasone

• **Glaucoma**

\$	carteolol soln
\$	levobunolol soln (Betagan)
\$	metipranolol soln (Optipranolol)
\$	pilocarpine soln (Isopto Carpine)
\$	timolol maleate gel-forming soln (Timoptic-XE)
\$	timolol maleate soln (Timoptic)
\$\$	BETAXOLOL soln, 0.5%
\$\$	BETIMOL – timolol
\$\$	brimonidine soln, 0.2%
\$\$	TRUSOPT – dorzolamide
\$\$\$	ALPHAGAN P – brimonidine
\$\$\$	BETOPTIC-S – betaxolol
\$\$\$	TRAVATAN – travoprost – QL
\$\$\$	TRAVATAN Z – travoprost – QL
\$\$\$	XALATAN – latanoprost – QL
\$\$\$\$	PHOSPHOLINE IODIDE – echothiophate

• **Other Eye Products**

\$	atropine sulfate oint, soln (Isopto Atropine)
\$	cyclopentolate soln (Cyclogyl)
\$	diclofenac soln (Voltaren)

\$	flurbiprofen soln (Ocufer)
\$	homatropine soln (Isopto Homatropine)
\$\$	cromolyn sodium soln (Crolom)
\$\$\$	CYCLOGYL 0.5%, 2% – cyclopentolate
\$\$\$\$	ACULAR – ketorolac
\$\$\$\$	ACULAR LS – ketorolac

EAR

\$	acetic acid
\$	benzocaine/antipyrine
\$	hydrocortisone/acetic acid
\$	neomycin/polymyxin B/hydrocortisone (Cortisporin)
\$\$\$	ofloxacin (Floxin Otic)
\$\$\$\$	CIPRODEX – ciprofloxacin/dexamethasone

MOUTH AND THROAT (LOCAL)

\$	chlorhexidine oral rinse (Peridex)
\$	lidocaine viscous-
\$	sodium fluoride dental crm, gel (Prevident)
\$	triamcinolone dental paste
\$\$	nystatin susp
\$\$\$\$\$	pilocarpine tabs (Salagen)

ANORECTAL AGENTS

\$	hydrocortisone acetate supp, 25 mg (Anusol-HC)
\$	hydrocortisone crm, 2.5% (Anusol-HC)
\$\$\$	PROCTOFOAM HC – hydrocortisone acetate/pramoxine
\$\$\$\$\$	hydrocortisone enema

SKIN CONDITIONS/PRODUCTS

• **Acne**

\$	clindamycin (Cleocin T)
\$	erythromycin (Erygel)
\$	erythromycin pads, soln, 2%
\$\$	erythromycin/benzoyl peroxide (Benzamycin)
\$\$	sulfacetamide sodium/sulfur crm, emulsion, susp (Plexion)
\$\$	tretinoin (Retin-A)
\$\$\$	metronidazole (Metro lotion)
\$\$\$	metronidazole 0.75% (Metrocream)
\$\$\$	metronidazole gel, 0.75%
\$\$\$	RETIN-A MICRO – tretinoin
\$\$\$	sulfacetamide sodium/sulfur lotn (Sulfacet-R)
\$\$\$\$	BENZA CLIN – clindamycin/benzoyl peroxide
\$\$\$\$	DUAC CS – clindamycin/benzoyl peroxide

KEY

Generic drug: generic name *Tier 1 (Reference Brand *Tier 3)
BRAND drug: BRAND NAME *Tier 2 – generic name [generic version not available]

\$\$\$\$ FINACEA – azelaic acid
 \$\$\$\$ METROGEL 1% – metronidazole
 \$\$\$\$ TAZORAC – tazarotene
 \$\$\$\$\$ isotretinoin caps (Accutane)

• **Anti-infectives**

\$ econazole
 \$ gentamicin
 \$ ketoconazole shampoo, 2% (Nizoral)
 \$ mupirocin oint (Bactroban)
 \$ nystatin (Mycostatin)
 \$ nystatin/triamcinolone
 \$ silver sulfadiazine (Silvadene)
 \$\$ ciclopirox crm, lotn (Loprox)
 \$\$ ketoconazole crm
 \$\$\$ BACTROBAN crm – mupirocin
 \$\$\$ ZOVIRAX – acyclovir
 \$\$\$\$ podofilox soln (Condylox)
 \$\$\$\$\$ CONDYLOX gel – podofilox

• **Corticosteroids**

\$ betamethasone dipropionate
 \$ betamethasone dipropionate, augmented (Diprolene)
 \$ betamethasone valerate
 \$ clobetasol (Temovate)
 \$ desonide (Desowen)
 \$ fluocinolone crm, 0.01%
 \$ FLUOCINOLONE crm, 0.025%; oint, soln
 \$ fluocinonide (Lidex)
 \$ hydrocortisone 2.5% (Hytone)
 \$ hydrocortisone valerate (Westcort)
 \$ triamcinolone (Kenalog)
 \$ TRIAMCINOLONE oint, 0.05%
 \$\$ DERMA-SMOOTH/FS oil – fluocinolone
 \$\$ desoximetasone (Topicort)
 \$\$ diflorasone
 \$\$ mometasone (Elocon)
 \$\$\$\$ CAPEX – fluocinolone
 \$\$\$\$ PRAMOSONE 1%/1% – hydrocortisone acetate/
 pramoxine
 \$\$\$\$ PRAMOSONE 2.5%/1% – hydrocortisone acetate/
 pramoxine

• **Other Skin Products**

\$ aluminum chloride soln (Drysol)

\$ lidocaine jelly, 2%; oint, 5%; soln, 4% (Xylocaine)
 \$ selenium sulfide 2.5% (Selsun)
 \$\$ lidocaine crm, 3%; lotn, 3% (LidaMantle)
 \$\$ lidocaine/prilocaine crm (Emla)
 \$\$ permethrin crm, 5% (Elimite)
 \$\$\$ doxepin crm (Zonalon)
 \$\$\$ SANTYL – collagenase
 \$\$\$\$ anthralin (Dritho-Crème HP)
 \$\$\$\$ DRITHO-SCALP – anthralin
 \$\$\$\$ fluorouracil (Efudex)
 \$\$\$\$ lindane lotn
 \$\$\$\$\$ ALDARA – imiquimod
 \$\$\$\$\$ calcipotriene soln (Dovonex)
 \$\$\$\$\$ DOVONEX – calcipotriene
 \$\$\$\$\$ OXSORALEN lotn – methoxsalen
 \$\$\$\$\$ OXSORALEN-ULTRA soft gelatin caps – methoxsalen
 \$\$\$\$\$ PANRETIN – alitretinoin
 \$\$\$\$\$ SOLARAZE – diclofenac sodium
 \$\$\$\$\$ SORIATANE CK Kit – acitretin
 \$\$\$\$\$ TARGRETIN gel – bexarotene
 \$\$\$\$\$ 8-MOP hard gelatin caps – methoxsalen

MISCELLANEOUS CATEGORIES

DIABETIC SUPPLIES – Blood Glucose Test Strips and Blood Glucose Monitoring Kits

ACCU-CHEK ACTIVE
 ACCU-CHEK ADVANTAGE
 ACCU-CHEK AVIVA
 ACCU-CHEK COMFORT CURVE
 ACCU-CHEK COMPACT
 ACCU-CHEK INSTANT
 ONE TOUCH FASTTAKE
 ONE TOUCH II/BASIC/PROFILE
 ONE TOUCH SURESTEP
 ONE TOUCH ULTRA/ULTRASMART/ULTRA MINI

MEDICAL DEVICES

AEROCHAMBER
 INSULIN PEN NEEDLES
 INSULIN SYRINGES
 LANCET DEVICES - MULTICLIX, SOFTCLIX,
 SOFT TOUCH
 LANCETS
 SYRINGES/NEEDLES – for self-injectable drug
 administration

KEY | **Generic drug: generic name** *Tier 1 (Reference Brand *Tier 3)
 BRAND drug: BRAND NAME *Tier 2 – generic name [generic version not available]

MISCELLANEOUS DRUGS

\$\$	azathioprine (Imuran)
\$\$\$	sodium polystyrene sulfonate
\$\$\$\$	CELLCEPT – mycophenolate mofetil
\$\$\$\$	CHEMET – succimer
\$\$\$\$	CUPRIMINE – penicillamine
\$\$\$\$	cyclosporine (Sandimmune)
\$\$\$\$	cyclosporine modified caps, 25 mg, 100 mg; soln (Neoral)
\$\$\$\$	EXJADE – deferasirox
\$\$\$\$	PROGRAF – tacrolimus
\$\$\$\$	RAPAMUNE – sirolimus
\$\$\$\$	REVLIMID – lenalidomide
\$\$\$\$	SYPRINE – trientine
\$\$\$\$	THALOMID – thalidomide

KEY | **Generic drug: generic name** *Tier 1 (Reference Brand *Tier 3)
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NON-PREFERRED BRAND NAME PRESCRIPTION DRUGS AND POSSIBLE PREFERRED ALTERNATIVE(S)

In the event you are prescribed a Prescription Drug that is not preferred, we have included a list of possible preferred alternatives that your Physician may prescribe if appropriate. Please speak with your Physician concerning whether alternatives are appropriate for you.

Non-Preferred Brand drugs that are available generically are followed by the generic drug in parentheses. Alternative drugs are listed for Non-Preferred Brand drugs that are not available generically. The decision concerning whether a Prescription Drug should be prescribed must be made by you and your Physician. Any and all decisions that require or pertain to independent professional medical judgements or training, or the need for, and dosage of, a Prescription Drug, must be made solely by you and your treating Physician in accordance with the patient/Physician relationship.

These drugs are some commonly prescribed Brand Drugs. Your prescribed Brand Drug may not be listed; however, it still will be covered if it is not excluded by your plan. Refer to your Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program to determine if a particular Prescription Drug is covered.

There are no Non-Preferred Generic Prescription Drugs at this time.

This is only a partial listing of Non-Preferred Brand Name Prescription Drugs.

Non-Preferred Brand Medication	Possible Preferred Alternative(s)
Accupril (quinapril)	
Aciphex	omeprazole, pantoprazole , Nexium, Protonix
Ambien (zolpidem), Ambien CR	Lunesta
Atacand	Benicar, Diovan, Micardis
Avalide	Benicar HCT, Diovan HCT, Micardis HCT
Boniva	alendronate tabs, etidronate , Actonel 5 mg, 30 mg, 35 mg, 75 mg; Fosamax soln, Fosamax Plus D
Celebrex	diclofenac sodium, etodolac, ibuprofen, meloxicam, naproxen, oxaprozin
Climara (estradiol transdermal)	
Concerta	methylphenidate ext-release , Adderall XR
Cozaar	Benicar , Diovan, Micardis
Flonase (fluticasone)	
Glucophage (metformin)	
Glucophage XR (metformin ext-release)	
Glucotrol XL (glipizide ext-release)	
Glucovance (glyburide/metformin)	
Lescol, Lescol XL	lovastatin, pravastatin, simvastatin , Crestor
Lipitor	lovastatin, pravastatin, simvastatin , Crestor
Lotensin (benazepril)	
Lotensin HCT (benazepril/hydrochlorothiazide)	
Mobic (meloxicam)	
Monopril (fosinopril)	
Ocuflox (ofloxacin)	
Pravachol (pravastatin)	
Prevacid	omeprazole, pantoprazole , Nexium, Protonix
Prinivil (lisinopril)	
Proscar (finasteride)	
Rhinocort Aqua	flunisolide, fluticasone , Nasonex
Rozerem	zolpidem , Lunesta
Zocor (simvastatin)	



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