

2013 CalPERS (Effective 7.1.13)

Drug Name	Drug Requirements/	
	Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol inj 500mg</i> (generic of ALOPRIM)	1	
<i>allopurinol tab</i> (generic of ZYLOPRIM)	1	
<i>colchicine w/ probenecid</i>	1	
COLCRYS TAB 0.6MG	2	
<i>probenecid</i>	1	
ULORIC	2	
MISCELLANEOUS		
ARTHROTEC	3	
<i>diclofenac w/ misoprostol</i> (generic of ARTHROTEC 50)	1	
<i>diclofenac w/ misoprostol</i> (generic of ARTHROTEC 75)	1	
DUEXIS	3	
VIMOVO	2	
NARCOTIC ANALGESICS		
<i>acetaminophen w/ codeine</i> SOLN	1	
<i>acetaminophen w/ codeine</i> TABS	1	
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #3) TABS	1	
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #4) TABS	1	
<i>acetaminophen-caff-dihydrocod</i>	1	
<i>ascomp with codeine</i> (generic of FIORINAL/CODEINE #3)	1	
<i>butalbital-acetaminophen-caffeine w/ codeine</i> (generic of FIORICET/CODEINE)	1	
<i>butorphanol nasal spray</i> QL (3 bottles / 30 days)	1	QL
<i>butorphanol tartrate</i> SOLN	1	
BUTRANS	3	
CAPITAL AND CODEINE	3	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>co-gesic</i> (generic of LORTAB)	1	
<i>hydrocodone-acetaminophen 2.5-325mg</i>	1	
<i>hydrocodone-acetaminophen 5-300mg</i> (generic of XODOL)	1	
<i>hydrocodone-acetaminophen 5-325mg</i> (generic of NORCO)	1	
<i>hydrocodone-acetaminophen 5-500mg</i> (generic of LORTAB)	1	
<i>hydrocodone-acetaminophen 7.5-300mg</i> (generic of XODOL)	1	
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i> (generic of HYCET)	1	
<i>hydrocodone-acetaminophen 7.5-325mg</i> (generic of NORCO)	1	
<i>hydrocodone-acetaminophen 7.5-500mg</i> (generic of LORTAB)	1	
<i>hydrocodone-acetaminophen 7.5-500mg/15ml</i> (generic of LORTAB)	1	
<i>hydrocodone-acetaminophen 7.5-650mg</i> (generic of ANEXSIA)	1	
<i>hydrocodone-acetaminophen 7.5-750mg</i>	1	
<i>hydrocodone-acetaminophen 10-300mg</i> (generic of XODOL)	1	
<i>hydrocodone-acetaminophen 10-500mg</i> (generic of LORTAB)	1	
<i>hydrocodone-acetaminophen 10-650mg</i> (generic of LORCET 10/650)	1	
<i>hydrocodone-acetaminophen 10-660mg</i>	1	
<i>hydrocodone-acetaminophen 10-750mg</i> (generic of MAXIDONE)	1	
<i>hydrocodone-acetaminophen tab 2.5-500mg</i>	1	
<i>hydrocodone-acetaminophen tab 10-325mg</i> (generic of NORCO)	1	

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
<i>hydrocodone-ibuprofen</i> (generic of VICOPROFEN)	1	
REPREXAIN 2.5/200	3	
<i>reprexain 10/200</i>	1	
<i>stagesic 5/500</i>	1	
SYNALGOS-DC	3	
ZAMICET	3	
ZYDONE 5/400	3	
ZYDONE 7.5/400	3	
ZYDONE 10/400	3	
NARCOTIC ANALGESICS, CII		
ABSTRAL 100mcg QL (120 ea / 30 days)	3	QL
ABSTRAL 200mcg, 300mcg, 400mcg, 600mcg, 800mcg QL (120 ea / 30 days)	3	QL NM
<i>astramorph</i>	1	
AVINZA	2	
<i>codeine sulfate</i> TABS	1	
DILAUDID-5 ORAL LIQD	2	
<i>duramorph</i>	1	
<i>endocet 5/325</i> (generic of PERCOCET)	1	
<i>endocet 7.5/325</i> (generic of PERCOCET)	1	
<i>endocet 7.5/500</i> (generic of PERCOCET)	1	
<i>endocet 10/325</i> (generic of PERCOCET)	1	
<i>endocet 10/650</i> (generic of PERCOCET)	1	
<i>endodan reformulated may 2009</i> (generic of PERCODAN)	1	
EXALGO QL (60 ea / 30 days)	2	QL
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP QL (120 lpop / 30 days)	1	QL NM
<i>fentanyl patch</i> (generic of DURAGESIC)	1	
FENTORA QL (120 tabs / 30 days)	2	QL NM
<i>hydromorphone hcl</i> (generic of DILAUDID-5) LIQD	1	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>hydromorphone hcl</i> (generic of DILAUDID-HP) SOLN 500mg/50ml	1	
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS	1	
INFUMORPH 200	3	
INFUMORPH 500	3	
KADIAN	2	
LAZANDA	2	
<i>levorphanol tartrate</i> TABS	1	
MAGNACET	3	
<i>methadone hcl</i> CONC	1	
<i>methadone hcl</i> SOLN	1	
<i>methadone hcl</i> (generic of DOLOPHINE HCL) TABS 5mg	1	
<i>methadone hcl</i> (generic of DOLOPHINE) TABS 10mg	1	
METHADONE INJ 10MG/ML	3	
<i>methadose</i> (generic of DOLOPHINE) TABS	1	
<i>morphine sul 20mg/ml oral sol</i>	1	
MORPHINE SULFATE SOLN 4mg/ml, 8mg/ml, 10mg/5ml, 10mg/ml, 15mg/ml, 20mg/5ml	1	
<i>morphine sulfate</i> SOLN .5mg/ml, 1mg/ml	1	
<i>morphine sulfate</i> TABS	1	
<i>morphine sulfate ext-rel tab</i> (generic of MS CONTIN)	1	
NUCYNTA	2	
NUCYNTA ER	2	
ONSOLIS QL (120 ea / 30 days)	3	QL NM
OPANA ER (CRUSH RESISTANT)	2	
OXECTA	3	
<i>oxycodone hcl</i> CAPS	1	
<i>oxycodone hcl</i> CONC	1	
OXYCODONE HCL SOLN	1	
<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg	1	
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg	1	

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/ Tier Limits
<i>oxycodone w/ acetaminophen</i> 2.5-325mg (generic of PERCOCET)	1
<i>oxycodone w/ acetaminophen</i> 5-325mg (generic of PERCOCET)	1
<i>oxycodone w/ acetaminophen</i> 5-500mg	1
<i>oxycodone w/ acetaminophen</i> 7.5-325mg (generic of PERCOCET)	1
<i>oxycodone w/ acetaminophen</i> 7.5-500mg (generic of PERCOCET)	1
<i>oxycodone w/ acetaminophen</i> 10-325mg (generic of PERCOCET)	1
<i>oxycodone w/ acetaminophen</i> 10-650mg (generic of PERCOCET)	1
<i>oxycodone-aspirin</i> (generic of PERCODAN)	1
<i>oxycodone-ibuprofen</i>	1
OXYCONTIN	2
<i>oxymorphone er</i>	1
<i>oxymorphone hcl</i> (generic of OPANA) TABS	1
ROXICET	2
ROXICET 5/500	3
SUBSYS	3
NON-NARCOTIC ANALGESICS	
CONZIP	3
<i>tramadol hcl er</i> (generic of ULTRAM ER) TB24 100mg, 200mg	1
<i>tramadol hcl er</i> TB24 300mg	1
<i>tramadol hcl tab 50 mg</i> (generic of ULTRAM)	1
<i>tramadol-acetaminophen</i> (generic of ULTRACET)	1
NSAIDS	
CELEBREX	2
<i>diclofenac potassium</i> (generic of CATAFLAM)	1
<i>diclofenac sodium</i> (generic of VOLTAREN-XR) TB24	1
<i>diclofenac sodium</i> TBEC	1

Drug Name	Drug Requirements/ Tier Limits
<i>diflunisal</i>	1
<i>etodolac</i> CAPS; TABS	1
<i>etodolac er</i>	1
<i>fenoprofen calcium</i> TABS	1
<i>flurbiprofen</i> TABS	1
<i>ibuprofen</i> SUSP	1
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1
<i>ketoprofen</i> CAPS; CP24	1
<i>mefenamic acid</i> (generic of PONSTEL) CAPS	1
MELOXICAM SUSP 7.5 MG/5ML	1
<i>meloxicam tabs</i> (generic of MOBIC)	1
<i>nabumetone</i> TABS	1
NALFON	3
NAPRELAN	3
<i>naproxen</i> (generic of NAPROSYN) SUSP; TABS	1
<i>naproxen</i> (generic of EC-NAPROSYN) TBEC	1
<i>naproxen sodium</i> (generic of ANAPROX) TABS 275mg	1
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1
<i>oxaprozin</i> (generic of DAYPRO)	1
<i>piroxicam</i> (generic of FELDENE) CAPS	1
<i>sulindac</i> TABS 150mg	1
<i>sulindac</i> (generic of CLINORIL) TABS 200mg	1
<i>tolmetin sodium</i>	1
ZIPSOR	3
ANESTHETICS	
LOCAL ANESTHETICS	
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF)	1
ANTI-INFECTIVES	
ANTIBACTERIALS	
<i>amikacin sulfate</i> SOLN 1gm/4ml, 50mg/ml	1
<i>amoxicillin</i>	1

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
<i>amoxicillin & pot clavulanate</i> CHEW	1	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) CHEW	1	
<i>amoxicillin & pot clavulanate</i> SUSR	1	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) SUSR	1	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN ES-600) SUSR	1	
<i>amoxicillin & pot clavulanate</i> TABS	1	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) TABS	1	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN XR) TB12	1	
<i>ampicillin</i>	1	
<i>ampicillin & sulbactam sodium</i>	1	
<i>ampicillin & sulbactam sodium</i> (generic of UNASYN)	1	
<i>ampicillin & sulbactam sodium</i> (generic of UNASYN BULK PACK)	1	
<i>ampicillin inj</i>	1	
AVELOX	2	
AVELOX ABC PACK	2	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg	1	
<i>azithromycin</i> (generic of ZITHROMAX) SUSR	1	
<i>azithromycin</i> (generic of ZITHROMAX) TABS	1	
BACTOCILL IN DEXTROSE	3	
BICILLIN C-R	3	
BICILLIN L-A	3	
CEDAX CAPS	3	
<i>cefaclor</i>	1	
CEFACTOR ER	2	
<i>cefadroxil</i>	1	
<i>cefazolin inj</i>	1	
CEFAZOLIN/DEXTROSE	2	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>cefdinir</i>	1	
<i>cefepime hcl</i> (generic of MAXIPIME)	1	
<i>cefotaxime sodium</i> (generic of CLAFORAN)	1	
CEFOTETAN	3	
CEFOXITIN SODIUM	3	
<i>cefoxitin sodium</i> 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i> (generic of FORTAZ) SOLR 1gm, 2gm, 6gm	1	
CEFTAZIDIME/DEXTROSE	2	
CEFTIN SUSR	3	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg	1	
<i>ceftriaxone sodium</i> (generic of ROCEPHIN) SOLR 500mg	1	
<i>cefuroxime axetil</i> (generic of CEFTIN) TABS	1	
<i>cefuroxime sodium</i> (generic of ZINACEF) 1.5gm, 7.5gm, 750mg	1	
<i>cephalexin</i> (generic of KEFLEX) CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR	1	
<i>cephalexin</i> TABS	1	
CIPRO SUSR	2	
<i>ciprofloxacin hcl</i> TABS 100mg, 750mg	1	
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1	
<i>ciprofloxacin in d5w</i> (generic of CIPRO I.V.-IN D5W)	1	
<i>ciprofloxacin-ciprofloxacin hcl</i> (generic of CIPRO XR)	1	
<i>ciprofloxacin inj</i>	1	
CLAFORAN 1gm	3	
<i>clarithromycin</i> SUSR 125mg/5ml	1	
<i>clarithromycin</i> (generic of BIAXIN) SUSR 250mg/5ml	1	

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
<i>clarithromycin</i> (generic of BIAXIN) TABS	1	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24	1	
<i>demeclocycline hcl</i>	1	
<i>dicloxacillin sodium</i>	1	
DIFICID	2	NM
DORYX	3	
<i>doxycycline (monohydrate)</i> (generic of MONODOX) CAPS	1	
<i>doxycycline (monohydrate)</i> (generic of ADOXA) TABS 50mg, 75mg	1	
<i>doxycycline (monohydrate)</i> (generic of ADOXA PAK 1/150) TABS 150mg	1	
<i>doxycycline hyclate</i> CAPS 50mg	1	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	1	
<i>doxycycline hyclate</i> SOLR	1	
<i>doxycycline hyclate</i> TABS	1	
<i>doxycycline hyclate</i> TBEC	1	
e.e.s.	1	
E.E.S. GRANULES	2	
<i>ery-tab</i> 250mg	1	
ERY-TAB 333mg, 500mg	2	
ERYPED 200	2	
ERYPED 400	2	
ERYTHROCIN LACTOBIONATE 500mg	3	
<i>erythrocin stearate</i>	1	
<i>erythromycin base</i> TABS	1	
<i>erythromycin ethylsuccinate</i>	1	
FACTIVE	3	
FORTAZ SOLN	3	
GENTAMICIN IN SALINE 0.9 MG/ML	3	
GENTAMICIN IN SALINE 1.4 MG/ML	3	
<i>gentamicin in saline 60mg</i>	1	
<i>gentamicin in saline 80mg</i>	1	
<i>gentamicin in saline 100mg</i>	1	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>gentamicin sulfate</i> SOLN	1	
KEFLEX 750mg	3	
<i>levofloxacin</i> SOLN 25mg/ml	1	
<i>levofloxacin</i> (generic of LEVAQUIN) SOLN 25mg/ml	1	
<i>levofloxacin</i> (generic of LEVAQUIN) TABS	1	
<i>levofloxacin in d5w</i> (generic of LEVAQUIN)	1	
<i>minocycline hcl</i> (generic of MINOCIN) CAPS 50mg, 100mg	1	
<i>minocycline hcl</i> CAPS 75mg	1	
<i>minocycline hcl</i> (generic of DYNACIN) TABS	1	
<i>minocycline hcl</i> (generic of SOLODYN) TB24	1	
MOXATAG	3	
<i>nafcillin sodium</i> 1gm, 10gm	1	
NALLPEN/DEXTROSE	3	
<i>neomycin sulfate</i> TABS	1	
NOROXIN	3	
<i>oxacillin sodium</i> 1gm, 10gm	1	
<i>paromomycin sulfate</i> CAPS	1	
PCE	3	
PENICILLIN G POT IN DEXTROSE	2	
<i>penicillin g potassium</i> 5mu	1	
PENICILLIN G PROCAINE	2	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium-tazobactam sodium</i> (generic of ZOSYN)	1	
SOLODYN 55mg, 65mg, 80mg, 105mg, 115mg	3	NM
<i>streptomycin sulfate</i> SOLR	1	
SULFADIAZINE TABS	2	
<i>suprax</i> CHEW	2	
SUPRAX SUS 100/5ML	2	
SUPRAX SUS 200/5ML	2	
SUPRAX SUS 500/5ML	2	
SUPRAX TAB 400MG	2	
<i>tazicef vial</i> (generic of FORTAZ)	1	

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
TEFLARO	3	
<i>tetracycline hcl</i> CAPS	1	
TIMENTIN SOLR	3	
<i>tobramycin sulfate</i> SOLN 10mg/ml, 80mg/2ml	1	
TOBRAMYCIN SULFATE/SODIUM	2	
VIBRAMYCIN SUSR; SYRP	2	
ZINACEF 1.5gm	3	
ZINACEF IN SOLUTION	3	
ZITHROMAX PACK	3	
ZMAX	2	
ZOSYN SOLN	3	
ANTIFUNGALS		
ABELCET	3	NM
AMBISOME	3	NM
AMPHOTEC 50mg	3	
<i>amphotericin b</i> SOLR	1	
CANCIDAS	3	NM
ERAXIS 100mg	3	NM
<i>fluconazole</i> (generic of DIFLUCAN) SUSR; TABS	1	
<i>fluconazole in dextrose</i>	1	
<i>flucytosine</i> (generic of ANCOBON) CAPS	1	NM
<i>griseofulvin microsize</i> SUSP	1	
<i>griseofulvin microsize</i> (generic of GRIFULVIN V) TABS	1	
<i>griseofulvin ultramicrosize</i> (generic of GRIS-PEG)	1	
<i>itraconazole</i> (generic of SPORANOX) CAPS	1	
<i>ketoconazole</i> TABS	1	
LAMISIL PACK	3	
MYCAMINE	3	NM
NOXAFIL	3	NM
<i>nystatin</i> TABS	1	
ONMEL	3	
SPORANOX SOLN	3	NM
<i>terbinafine tab 250mg</i> (generic of LAMISIL)	1	
VFEND SUS 40MG/ML	2	NM
<i>voriconazole</i> (generic of VFEND) TABS	1	NM

Drug Name	Drug Requirements/	
	Tier	Limits
VORICONAZOLE INJ 200MG	1	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i> (generic of MALARONE)	1	
<i>chloroquine phosphate</i> TABS 250mg	1	
<i>chloroquine phosphate</i> (generic of ARALEN) TABS 500mg	1	
COARTEM	2	
DARAPRIM	3	
<i>mefloquine hcl</i>	1	
PRIMAQUINE PHOSPHATE TABS	2	
QUALAQUIN	3	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS	1	
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN)	1	
APTIVUS	3	NM
ATRIPLA	2	NM
COMPLERA	3	NM
CRIVAN	3	
<i>didanosine</i> (generic of VIDEX EC)	1	
EDURANT	2	NM
EMTRIVA	2	
EPIVIR SOL 10MG/ML	2	
EPZICOM	3	NM
FUZEON KIT	2	NM
INTELENCE 25mg	2	
INTELENCE 100mg, 200mg	2	NM
INVIRASE CAPS	3	
INVIRASE TABS	3	NM
ISENTRESS CHEW 25mg	2	
ISENTRESS CHEW 100mg	2	NM
ISENTRESS TABS	2	NM
KALETRA SOL	2	NM
KALETRA TAB 100-25MG	2	
KALETRA TAB 200-50MG	2	NM
<i>lamivudine</i> (generic of EPIVIR)	1	

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
<i>lamivudine-zidovudine</i> (generic of COMBIVIR)	1	NM
LEXIVA	3	
NEVIRAPINE SUSP	1	
<i>nevirapine</i> (generic of VIRAMUNE) TABS	1	
NORVIR	2	
PREZISTA SUSP	2	NM
PREZISTA TABS 75mg	2	
PREZISTA TABS 150mg, 400mg, 600mg, 800mg	2	NM
RESCRIPTOR	2	
RETROVIR IV INFUSION	2	
REYATAZ	2	
SELZENTRY	3	NM
<i>stavudine</i> (generic of ZERIT)	1	
STRIBILD	3	NM
SUSTIVA	2	
TRIZIVIR	3	NM
TRUVADA	2	NM
VIDEX PEDIATRIC 2gm	3	
VIRACEPT	3	NM
VIRAMUNE SUSP	3	
VIRAMUNE XR	2	
VIREAD	2	NM
ZIAGEN SOLN	3	
<i>zidovudine</i> (generic of RETROVIR) CAPS; SYRP	1	
<i>zidovudine</i> TABS	1	
ANTITUBERCULAR AGENTS		
CAPASTAT SULFATE	3	
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS	1	
<i>isoniazid</i> SOLN; SYRP	1	
<i>isoniazid tabs</i>	1	
MYCOBUTIN	2	
PASER D/R	3	
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifampin</i> (generic of RIFADIN) CAPS; SOLR	1	
RIFATER	3	
SEROMYCIN	3	

Drug Name	Drug Requirements/	
	Tier	Limits
SIRTURO	3	NM LA
TRECTOR	2	
ANTIVIRALS		
<i>acyclovir</i> (generic of ZOVIRAX) CAPS; SUSP; TABS	1	
<i>acyclovir sodium</i> SOLR 500mg	1	
BARACLUDE	2	
<i>cidofovir</i> (generic of VISTIDE)	1	
EPIVIR HBV	2	
<i>famciclovir</i> (generic of FAMVIR)	1	
<i>foscarnet sodium</i>	1	
<i>ganciclovir inj 500mg</i> (generic of CYTOVENE)	1	
HEPSERA	3	NM
INCIVEK	2	NM
REBETOL SOLN	2	NM
RELENZA DISKHALER	2	
RIBAPAK	3	NM
<i>ribapak mis 600/day</i>	1	NM
<i>ribasphere</i>	1	NM
<i>ribasphere 200mg</i> (generic of REBETOL) CAPS	1	NM
<i>ribasphere 200mg</i> (generic of COPEGUS) TABS	1	NM
<i>ribavirin 200mg</i> (generic of REBETOL) CAPS	1	NM
<i>ribavirin 200mg</i> (generic of COPEGUS) TABS	1	NM
<i>rimantadine hydrochloride</i> (generic of FLUMADINE)	1	
TAMIFLU	2	
TYZEKA	3	NM
<i>valacyclovir hcl</i> (generic of VALTREX) TABS	1	
VALCYTE	2	NM
VICTRELIS	2	NM
VISTIDE	3	
MISCELLANEOUS		
ALBENZA	3	
ALINIA SUS 100MG/5M	2	
ALINIA TAB 500MG	2	

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
AZACTAM 2gm	3	
AZACTAM IN DEXTROSE	3	
<i>aztreonam</i> (generic of AZACTAM) 1gm	1	
BILTRICIDE	2	
CLEOCIN IN D5W	3	
CLEOCIN INJ	3	
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS	1	
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE)	1	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 150mg/ml	1	
<i>clindamycin phosphate in d5w</i> (generic of CLEOCIN IN D5W)	1	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR	1	
CUBICIN	3	B/D NM
<i>dapsone</i> TABS	1	
DORIBAX 500mg	3	
FLAGYL ER	3	
<i>imipenem-cilastatin</i> (generic of PRIMAXIN IV)	1	
INVANZ	3	
MACRODANTIN 25mg	2	
MEPRON	3	NM
<i>meropenem</i> (generic of MERREM) 500mg	1	
<i>methenamine hippurate</i> (generic of HIPREX)	1	
<i>metronidazole</i> CAPS	1	
<i>metronidazole</i> (generic of FLAGYL) TABS	1	
<i>metronidazole inj</i>	1	
NEBUPENT	3	
<i>nitrofurantoin</i> (generic of FURADANTIN) SUSP	1	
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN)	1	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID)	1	
PENTAM 300	3	
<i>polymyxin b sulfate</i> SOLR	1	
PRIMSOL	3	
STROMECTOL	3	
<i>sulfamethoxazole-trimethop</i> SUSP	1	
<i>sulfamethoxazole-trimethop</i> (generic of BACTRIM) TABS	1	
<i>sulfamethoxazole-trimethop</i> (generic of BACTRIM DS) TABS	1	
<i>sulfamethoxazole-trimethop iv soln</i>	1	
SYNERCID	3	NM
<i>trimethoprim</i> TABS	1	
TYGACIL	3	NM
<i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS	1	NM
<i>vancomycin hcl</i> SOLR 10gm, 500mg, 1000mg	1	B/D
VIBATIV 250mg	3	
XIFAXAN TAB 200MG	3	NM
ZYVOX SOLN	3	NM
ZYVOX SUSR; TABS	2	NM
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BICNU	3	
BUSULFEX	3	
CEENU	2	
<i>cyclophosphamide</i> TABS	1	
<i>dacarbazine</i> 200mg	1	
EMCYT	2	
HEXALEN	2	NM
IFEX INJ 3GM	3	
IFOSFAMIDE SOLR 1gm	1	
LEUKERAN	2	
<i>melfalan hcl</i> (generic of ALKERAN)	1	NM
MUSTARGEN	3	
THIOTEPA SOLR	3	
TREANDA 100mg	3	NM
ZANOSAR	3	

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
ANTHRACYCLINES		
<i>adriamycin</i> SOLN	1	
<i>daunorubicin hcl</i> INJ	1	
DOXIL	3	NM
<i>doxorubicin hcl</i> SOLN	1	
EPIRUBICIN HCL SOLN 50mg/25ml	1	
<i>idarubicin hcl</i> (generic of IDAMYCIN PFS) 10mg/10ml	1	NM
ANTIBIOTICS		
<i>bleomycin sulfate</i> 30unit	1	
COSMEGEN	3	NM
<i>mitomycin</i> SOLR 20mg	1	
ANTIMETABOLITES		
ALIMTA 500mg	3	NM
ARRANON	3	
CLOLAR	3	
<i>cytarabine inj 20mg/ml</i>	1	
CYTARABINE INJ 100MG/ML	1	
<i>cytarabine inj 500mg</i>	1	
DACOGEN	3	NM
<i>fluorouracil inj</i>	1	
<i>gemcitabine hcl</i> (generic of GEMZAR) 1gm	1	NM
<i>mercaptopurine</i> (generic of PURINETHOL) TABS	1	
<i>methotrexate sodium inj</i>	1	
<i>pentostatin</i> (generic of NIPENT)	1	NM
TABLOID	2	
VIDAZA	3	NM
ANTIMITOTIC, TAXOIDS		
ABRAXANE	3	NM
<i>docetaxel</i> CONC 80mg/4ml	1	NM
DOCETAXEL SOLN 80mg/8ml	3	NM
<i>paclitaxel</i> 300mg/50ml	1	
TAXOTERE 80mg/2ml, 80mg/4ml	3	NM
ANTIMITOTIC, VINCA ALKALOIDS		
VINBLASTINE SULFATE SOLR	2	
<i>vincasar</i>	1	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>vincristine sulfate</i>	1	
<i>vinorelbine tartrate</i> (generic of NAVELBINE) 50mg/5ml	1	
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN 100mg/4ml	3	NM
CAMPATH	3	NM
ERBITUX 100mg/50ml	3	NM
ERIVEDGE	3	NM LA
HERCEPTIN	3	NM
ISTODAX	3	NM
KADCYLA	3	NM
ONTAK	3	NM
PROLEUKIN	3	NM
RITUXAN	3	NM
TORISEL	3	NM
VECTIBIX 100mg/5ml	3	NM
VELCADE	3	NM
ZOLINZA	2	NM
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i> (generic of ARIMIDEX) TABS	1	
ARZERRA	3	NM
<i>bicalutamide</i> (generic of CASODEX)	1	
DEPO-PROVERA INJ 400/ML	2	
ELIGARD	3	NM
<i>exemestane</i> (generic of AROMASIN)	1	
FARESTON	2	
FASLODEX	2	NM
FIRMAGON	3	NM
<i>flutamide</i>	1	
<i>letrozole</i> (generic of FEMARA) TABS	1	
<i>leuprolide acetate</i> KIT	1	NM
LUPRON DEPOT 3.75mg, 7.5mg, 22.5mg, 30mg	2	NM
LUPRON DEPOT-PED	2	NM
LYSODREN	2	NM
MEGACE ES	2	
<i>megestrol acetate</i> (generic of MEGACE ORAL) SUSP	1	
<i>megestrol acetate</i> TABS	1	

PA - Prior Authorization QL - Quantity Limits NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
NILANDRON	2	
SOLTAMOX	3	
<i>tamoxifen citrate</i> TABS	1	
TRELSTAR DEPOT MIXJECT	2	NM
TRELSTAR LA MIXJECT	2	NM
TRELSTAR MIXJECT	2	NM
XTANDI	3	NM LA
ZYTIGA	3	NM
KINASE INHIBITORS		
AFINITOR	2	NM
AFINITOR DISPERZ	3	NM
BOSULIF TAB 100MG	3	NM
BOSULIF TAB 500MG	3	NM
CAPRELSA	3	NM LA
COMETRIQ	3	NM
GLEEVEC	2	NM
ICLUSIG	3	NM
INLYTA	3	NM LA
IRESSA	3	NM
JAKAFI TAB 5MG	3	NM LA
JAKAFI TAB 10MG	3	NM LA
JAKAFI TAB 15MG	3	NM LA
JAKAFI TAB 20MG	3	NM LA
JAKAFI TAB 25MG	3	NM LA
NEXAVAR	2	NM LA
SPRYCEL	2	NM
STIVARGA	3	NM LA
SUTENT	2	NM
TARCEVA	2	NM
TASIGNA	2	NM
TYKERB	2	NM LA
VOTRIENT	2	NM
XALKORI	3	NM LA
ZELBORAF	3	NM LA
MISCELLANEOUS		
DROXIA	2	
ELSPAR	3	NM
HALAVEN	3	NM
<i>hydroxyurea</i> (generic of HYDREA) CAPS	1	
IRINOTECAN 100mg/5ml	3	NM
IXEMPRA KIT 45mg	3	NM

Drug Name	Drug Requirements/	
	Tier	Limits
MATULANE	2	NM
<i>mitoxantrone hcl</i>	1	NM
POMALYST	3	NM LA
SYLATRON	2	NM
TARGRETIN CAPS	2	NM
TRETINOIN CAPS	3	NM
TRISENOX	3	NM
UVADEX	3	
NUCLEOSIDE ANALOGS		
<i>cladribine</i>	1	NM
<i>fludarabine phosphate</i> SOLN	1	
FLUDARABINE PHOSPHATE SOLR	1	
PLATINUM COORDINATION COMPLEX		
<i>carboplatin</i> SOLN 150mg/15ml	1	
<i>cisplatin</i> SOLN 100mg/100ml	1	
ELOXATIN 100mg/20ml	3	NM
OXALIPLATIN SOLN 100mg/20ml	3	NM
PROTECTIVE AGENTS		
<i>amifostine crystalline</i> (generic of ETHYOL)	1	NM
<i>dexrazoxane</i> (generic of ZINECARD) 500mg	1	NM
ELITEK 1.5mg	3	NM
KEPIVANCE	3	NM
<i>leucovorin calcium inj</i>	1	
<i>leucovorin calcium</i> TABS	1	
<i>mesna</i> (generic of MESNEX)	1	
MESNEX TABS	3	NM
TOPOISOMERASE INHIBITORS		
ETOPOPHOS	3	
<i>etoposide</i> SOLN	1	
<i>toposar</i>	1	
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR	1	NM
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl</i> (generic of LOTREL)	1	

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/ Tier Limits	
	Tier	Limits
<i>benazepril & hydrochlorothiazide</i>	1	
<i>benazepril & hydrochlorothiazide</i> (generic of LOTENSIN HCT)	1	
<i>captopril & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i> (generic of VASERETIC)	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide</i> (generic of PRINZIDE)	1	
<i>lisinopril & hydrochlorothiazide</i> (generic of ZESTORETIC)	1	
<i>moexipril-hydrochlorothiazide</i> (generic of UNIRETIC)	1	
<i>quinapril-hydrochlorothiazide</i> (generic of ACCURETIC)	1	
TARKA	2	
ACE INHIBITORS		
<i>benazepril hcl</i> TABS 5mg	1	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	
<i>captopril</i> TABS	1	
<i>enalapril maleate</i> (generic of VASOTEC) TABS	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 30mg, 40mg	1	
<i>lisinopril</i> (generic of PRINIVIL) TABS 5mg, 10mg, 20mg	1	
<i>moexipril hcl</i> (generic of UNIVASC)	1	
<i>perindopril erbumine</i> 2mg	1	
<i>perindopril erbumine</i> (generic of ACEON) 4mg, 8mg	1	
<i>quinapril hcl</i> (generic of ACCUPRIL)	1	
<i>ramipril</i> (generic of ALTACE)	1	

Drug Name	Drug Requirements/ Tier Limits	
	Tier	Limits
<i>trandolapril</i> (generic of MAVIK)	1	
ADRENOLYTICS, CENTRAL		
<i>clonidine hcl</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1	
<i>clonidine hcl</i> (generic of CATAPRES) TABS	1	
<i>guanfacine hcl</i> (generic of TENEX)	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> (generic of INSPRA)	1	
<i>spironolactone</i> (generic of ALDACTONE) TABS	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> (generic of CARDURA)	1	
<i>prazosin hcl</i> (generic of MINIPRESS)	1	
<i>terazosin hcl</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
ATACAND HCT	3	
AZOR	2	
BENICAR HCT	2	
<i>candesartan cilexetil-hydrochlorothiazide</i> (generic of ATACAND HCT)	1	
EDARBYCLOR	3	
EXFORGE	2	
EXFORGE HCT 5-160-12.5MG	2	
EXFORGE HCT 5-160-25MG	2	
EXFORGE HCT 10-160-12.5MG	2	
EXFORGE HCT 10-160-25MG	2	

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
EXFORGE HCT 10-320-25MG	2	
<i>irbesartan-hydrochlorothiazide</i> (generic of AVALIDE)	1	
<i>losartan potassium & hydrochlorothiazide</i> (generic of HYZAAR)	1	
MICARDIS HCT	2	
TEVETEN HCT	3	
TRIBENZOR	2	
TWYNSTA	3	
<i>valsartan-hydrochlorothiazide</i> (generic of DIOVAN HCT)	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND	3	
BENICAR	2	
DIOVAN	2	
EDARBI	3	
<i>eprosartan mesylate</i> (generic of TEVETEN)	1	
<i>irbesartan</i> (generic of AVAPRO)	1	
<i>losartan potassium</i> (generic of COZAAR)	1	
MICARDIS	2	
TEVETEN 400mg	3	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> (generic of CORDARONE) TABS 200mg	1	
<i>amiodarone hcl</i> (generic of PACERONE) TABS 400mg	1	
<i>amiodarone inj 50mg/ml</i>	1	
<i>disopyramide phosphate</i> (generic of NORPACE)	1	
<i>flecainide acetate</i> (generic of TAMBOCOR)	1	
<i>mexiletine hcl</i>	1	
MULTAQ	3	
NORPACE CR	2	
PACERONE 100mg	2	
<i>pacerone</i> (generic of CORDARONE) 200mg	1	
<i>propafenone hcl</i> (generic of RYTHMOL SR) CP12	1	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>propafenone hcl</i> (generic of RYTHMOL) TABS 150mg, 225mg	1	
<i>propafenone hcl</i> TABS 300mg	1	
<i>quinidine gluconate er</i>	1	
<i>quinidine sulfate</i>	1	
<i>sorine</i> (generic of BETAPACE) 80mg, 120mg, 160mg	1	
<i>sorine</i> 240mg	1	
<i>sotalol hcl</i> (generic of BETAPACE) 80mg, 160mg	1	
<i>sotalol hcl</i> 240mg	1	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF)	1	
TIKOSYN	2	NM
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV	3	
<i>atorvastatin tab 10mg</i> (generic of LIPITOR)	1	
<i>atorvastatin tab 20mg</i> (generic of LIPITOR)	1	
<i>atorvastatin tab 40mg</i> (generic of LIPITOR)	1	
<i>atorvastatin tab 80mg</i> (generic of LIPITOR)	1	
CRESTOR	2	
<i>fluvastatin sodium</i> (generic of LESCOL)	1	
LESCOL XL	2	
LIVALO	3	
<i>lovastatin</i> 10mg	1	
<i>lovastatin</i> (generic of MEVACOR) 20mg, 40mg	1	
<i>pravastatin sodium</i> 10mg	1	
<i>pravastatin sodium</i> (generic of PRAVACHOL) 20mg, 40mg, 80mg	1	
<i>simvastatin</i> (generic of ZOCOR) TABS	1	
<i>simvastatin tab 80mg</i> (generic of ZOCOR)	1	
ANTILIPEMICS, MISCELLANEOUS		
ADVICOR	3	

PA - Prior Authorization QL - Quantity Limits NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
ANTARA	2	
<i>cholestyramine</i> (generic of QUESTRAN)	1	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT)	1	
<i>colestipol hcl</i> (generic of COLESTID)	1	
<i>fenofibrate</i> (generic of TRICOR) 48mg, 145mg	1	
<i>fenofibrate</i> (generic of LOFIBRA) 54mg, 160mg	1	
<i>fenofibrate micronized</i> (generic of ANTARA) 43mg, 130mg	1	
<i>fenofibrate micronized</i> (generic of LOFIBRA) 67mg, 134mg, 200mg	1	
FENOGLIDE	3	
<i>gemfibrozil</i> (generic of LOPID) TABS	1	
LIPOFEN	2	
LOVAZA	2	
<i>niacor</i>	1	
NIASPAN	2	
<i>prevalite</i> (generic of QUESTRAN LIGHT)	1	
SIMCOR	2	
TRIGLIDE	3	
TRILIPIX	2	
VASCEPA	3	
VYTORIN	2	
WELCHOL	2	
ZETIA	2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i> (generic of TENORETIC 50)	1	
<i>atenolol & chlorthalidone</i> (generic of TENORETIC 100)	1	
<i>bisoprolol & hydrochlorothiazide</i> (generic of ZIAC)	1	
<i>metoprolol & hydrochlorothiazide</i>	1	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>metoprolol & hydrochlorothiazide</i> (generic of LOPRESSOR HCT)	1	
<i>nadolol & bendroflumethiazide</i> (generic of CORZIDE)	1	
<i>propranolol & hydrochlorothiazide</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl</i> (generic of SECTRAL) CAPS	1	
<i>atenolol</i> (generic of TENORMIN) TABS	1	
<i>betaxolol hcl</i> (generic of KERLONE)	1	
<i>bisoprolol fumarate</i> (generic of ZEBETA)	1	
BYSTOLIC	2	
<i>carvedilol</i> (generic of COREG)	1	
COREG CR	2	
<i>labetalol hcl</i> SOLN	1	
<i>labetalol hcl</i> (generic of TRANDATE) TABS	1	
LEVATOL	3	
<i>metoprolol succinate</i> (generic of TOPROL XL)	1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) SOLN	1	
<i>metoprolol tartrate</i> TABS 25mg	1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1	
<i>nadolol</i> (generic of CORGARD) TABS	1	
<i>pindolol</i>	1	
<i>propranolol hcl</i> TABS	1	
<i>propranolol hcl er</i> (generic of INDERAL LA)	1	
<i>propranolol inj 1mg/ml</i>	1	
<i>propranolol sol</i>	1	
<i>propranolol tab</i>	1	
<i>timolol maleate</i> TABS	1	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		

Drug Name	Drug Requirements/ Tier Limits
AMLODIPINE BESYLATE/ATORV	1
CALCIUM CHANNEL BLOCKERS	
<i>afeditab cr</i> (generic of ADALAT CC)	1
<i>amlodipine besylate</i> (generic of NORVASC) TABS	1
CARDIZEM LA 120mg	3
<i>cartia</i> (generic of CARDIZEM CD)	1
COVERA-HS	3
<i>dilt</i> (generic of CARDIZEM CD) 120mg, 300mg	1
<i>dilt</i> 180mg	1
<i>dilt</i> (generic of DILACOR XR) 240mg	1
<i>diltiazem hcl</i> CP12	1
<i>diltiazem hcl</i> SOLN 50mg/10ml	1
DILTIAZEM HCL SOLR	3
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS	1
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD)	1
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC)	1
DYNACIRC CR	3
<i>felodipine</i>	1
<i>isradipine</i>	1
<i>matzim</i> (generic of CARDIZEM LA)	1
<i>nicardipine hcl</i> CAPS	1
<i>nifediac</i> (generic of ADALAT CC)	1
<i>nifediac cc tab</i> (generic of ADALAT CC)	1
<i>nifedical</i> (generic of PROCARDIA XL)	1
<i>nifedipine</i> (generic of ADALAT CC) TB24	1
<i>nifedipine er</i> (generic of PROCARDIA XL)	1
<i>nimodipine</i> (generic of NIMOTOP) CAPS	1
<i>nisoldipine</i> (generic of SULAR) 8.5mg, 17mg, 34mg	1

Drug Name	Drug Requirements/ Tier Limits
<i>nisoldipine</i> 20mg, 25.5mg, 30mg, 40mg	1
<i>taztia</i> (generic of TIAZAC)	1
<i>verapamil hcl</i> (generic of VERELAN PM) CP24 100mg, 200mg, 300mg	1
<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1
<i>verapamil hcl</i> SOLN	1
<i>verapamil hcl</i> TABS 40mg	1
<i>verapamil hcl</i> (generic of CALAN) TABS 80mg, 120mg	1
<i>verapamil hcl</i> (generic of CALAN SR) TBCR	1
DIGITALIS GLYCOSIDES	
<i>digoxin</i> (generic of LANOXIN) TABS	1
<i>digoxin inj</i> (generic of LANOXIN)	1
DIGOXIN SOL 50MCG/ML	1
LANOXIN PEDIATRIC	3
LANOXIN TAB	2
DIRECT RENIN	
INHIBITORS/COMBINATIONS	
AMTURNIDE	2
TEKAMLO	2
TEKTURNA	2
TEKTURNA HCT TAB 150- 12.5MG	2
TEKTURNA HCT TAB 150- 25MG	2
TEKTURNA HCT TAB 300- 12.5MG	2
TEKTURNA HCT TAB 300- 25MG	2
DIURETICS	
<i>acetazolamide</i> (generic of DIAMOX) CP12	1
<i>acetazolamide</i> TABS	1
<i>acetazolamide sodium</i>	1
ALDACTAZIDE	3
<i>amiloride & hydrochlorothiazide</i>	1
<i>amiloride hcl</i>	1

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
<i>bumetanide</i> SOLN; TABS	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i> 25mg, 50mg	1	
DIURIL SUS 250/5ML	2	
DYRENIUM	3	
EDECIN	3	
<i>furosemide</i> SOLN	1	
<i>furosemide</i> (generic of LASIX) TABS	1	
<i>furosemide inj</i>	1	
FUROSEMIDE ORAL SOLN 8 MG/ML	2	
<i>hydrochlorothiazide</i> (generic of MICROZIDE) CAPS	1	
<i>hydrochlorothiazide</i> TABS	1	
<i>indapamide</i> TABS	1	
<i>methazolamide</i> (generic of NEPTAZANE) TABS	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i> (generic of ZAROXOLYN) 2.5mg, 5mg	1	
<i>metolazone</i> 10mg	1	
<i>spironolactone & hydrochlorothiazide</i> (generic of ALDACTAZIDE)	1	
THALITONE	2	
TORSEMIDE INJ 20MG/2ML	3	
<i>torsemide tabs</i> (generic of DEMADEx)	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i> (generic of DYZAZIDE)	1	
<i>triamterene & hydrochlorothiazide cap 50-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> (generic of MAXZIDE-25)	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i> (generic of MAXZIDE)	1	
MISCELLANEOUS		
BIDIL	2	
<i>clorpres 0.1/15</i>	1	
<i>clorpres 0.2/15</i>	1	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>clorpres 0.3/15</i>	1	
DEMSEER	3	NM
DIBENZYLINE	3	
<i>hydralazine hcl</i> SOLN; TABS	1	
<i>methyldopa</i>	1	
<i>methyldopa & hydrochlorothiazide</i>	1	
<i>midodrine hcl</i>	1	
<i>minoxidil</i> TABS	1	
RANEXA	2	
NITRATES		
DILATRATE SR	3	
ISORDIL TITRADOSE 40mg	2	
<i>isosorbide dinitrate</i> SUBL	1	
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	1	
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	1	
<i>isosorbide dinitrate</i> TBCR	1	
<i>isosorbide dinitrate sl tab 5 mg</i>	1	
<i>isosorbide mononitrate</i> TABS	1	
<i>isosorbide mononitrate</i> (generic of IMDUR) TB24	1	
<i>minitran</i> (generic of NITRO-DUR)	1	
NITRO-BID	2	
NITRO-DUR 0.3MG/HR	2	
NITRO-DUR 0.8MG/HR	2	
NITROGLYCERIN LINGUAL AERS	1	
<i>nitroglycerin patches</i>	1	
NITROLINGUAL PUMPSPRAY	2	
NITROMIST	2	
NITROSTAT	2	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	2	NM PA
LETAIRIS	2	NM LA
REMODULIN	2	NM LA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO)	1	NM PA

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
TRACLEER	2	NM LA
VENTAVIS	2	NM
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam</i> CONC	1	
<i>alprazolam</i> (generic of XANAX) TABS	1	
<i>buspirone hcl</i> TABS	1	
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er</i> (generic of LUVOX CR)	1	
<i>fluvoxamine tab 100mg</i>	1	
<i>lorazepam</i> CONC	1	
<i>lorazepam</i> (generic of ATIVAN) SOLN; TABS	1	
LUVOX CR	3	
ANTICONVULSANTS		
BANZEL	3	
<i>carbamazepine</i> CHEW	1	
<i>carbamazepine</i> (generic of CARBATROL) CP12	1	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP; TABS	1	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12	1	
CELONTIN	3	
<i>clonazepam</i> (generic of KLONOPIN) TABS	1	
<i>clonazepam</i> TBDP	1	
<i>clonazepam dipotassium</i> (generic of TRANXENE T)	1	
<i>diazepam</i> SOLN	1	
<i>diazepam</i> (generic of VALIUM) TABS	1	
<i>diazepam gel</i>	1	
DIAZEPAM INTENSOL	1	
DILANTIN	2	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CPSP	1	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24	1	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC	1	
<i>epitol</i> (generic of TEGRETOL)	1	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>ethosuximide</i> (generic of ZARONTIN) CAPS; SOLN	1	
<i>felbamate</i> (generic of FELBATOL)	1	
<i>gabapentin cap 100mg</i> (generic of NEURONTIN)	1	
<i>gabapentin cap 300mg</i> (generic of NEURONTIN)	1	
<i>gabapentin cap 400mg</i> (generic of NEURONTIN)	1	
<i>gabapentin sol 250/5ml</i> (generic of NEURONTIN)	1	
<i>gabapentin tab 600mg</i> (generic of NEURONTIN)	1	
<i>gabapentin tab 800mg</i> (generic of NEURONTIN)	1	
GABITRIL 12mg, 16mg	2	
LAMICTAL ODT TBDP	2	
LAMICTAL STARTER	2	
LAMICTAL XR KIT	2	
LAMICTAL XR TB24 25mg, 50mg, 100mg, 200mg, 250mg	2	
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW	1	
<i>lamotrigine</i> (generic of LAMICTAL) TABS	1	
<i>lamotrigine er</i> (generic of LAMICTAL XR)	1	
<i>levetiracetam</i> (generic of KEPPRA) SOLN; TABS	1	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24	1	
LYRICA CAP 25MG	2	
LYRICA CAP 50MG	2	
LYRICA CAP 75MG	2	
LYRICA CAP 100MG	2	
LYRICA CAP 150MG	2	
LYRICA CAP 200MG	2	
LYRICA CAP 225MG	2	
LYRICA CAP 300MG	2	
LYRICA SOL 20MG/ML	2	
ONFI	3	
<i>oxcarbazepine</i> (generic of TRILEPTAL)	1	
PEGANONE	3	

PA - Prior Authorization QL - Quantity Limits NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
<i>phenobarbital</i> ELIX; TABS	1	
<i>phenobarbital sodium</i>	1	
PHENYTEK	3	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW	1	
<i>phenytoin</i> (generic of DILANTIN) SUSP	1	
<i>phenytoin inj 50mg/ml</i>	1	
<i>phenytoin sodium extended</i> (generic of DILANTIN) 100mg	1	
<i>phenytoin sodium extended</i> (generic of PHENYTEK) 200mg, 300mg	1	
POTIGA	3	
<i>primidone</i> (generic of MYSOLINE) TABS	1	
SABRIL	2	NM LA
STAVZOR	3	
TEGRETOL CHEW	2	
TEGRETOL SUSP; TABS	3	
TEGRETOL XR TAB 100MG	2	
TEGRETOL-XR	3	
<i>tiagabine tab 2mg</i> (generic of GABITRIL)	1	
<i>tiagabine tab 4mg</i> (generic of GABITRIL)	1	
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP	1	
<i>topiramate</i> (generic of TOPAMAX) TABS	1	
TRILEPTAL SUSP	3	
<i>valproate sodium</i> (generic of DEPACon) SOLN	1	
<i>valproate sodium</i> (generic of DEPAKENE) SYRP	1	
<i>valproic acid</i> (generic of DEPAKENE) CAPS	1	
VIMPAT	2	
<i>zonisamide</i> (generic of ZONEGRAN) 25mg, 100mg	1	
<i>zonisamide</i> 50mg	1	
ANTIDEMENTIA		
ARICEPT 23mg	2	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS	1	
<i>donepezil hydrochloride</i> (generic of ARICEPT ODT) TBDP	1	
EXELON PATCHES	2	
EXELON SOLN	3	
<i>galantamine hydrobromide</i> (generic of RAZADYNE ER) CP24	1	
<i>galantamine hydrobromide</i> (generic of RAZADYNE) SOLN; TABS	1	
NAMENDA	2	
NAMENDA TITRATION PAK	2	
<i>rivastigmine tartrate</i> (generic of EXELON)	1	
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS	1	
AMOXAPINE	2	
APLENZIN	3	
<i>budeprion</i> (generic of WELLBUTRIN SR)	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN) TABS	1	
<i>bupropion hcl sr</i> (generic of WELLBUTRIN SR)	1	
<i>bupropion hcl xl</i> (generic of WELLBUTRIN XL)	1	
<i>citalopram hydrobromide</i> SOLN	1	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS	1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS	1	
CYMBALTA	2	
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS	1	
<i>doxepin hcl</i> CAPS; CONC	1	
EMSAM	3	
<i>escitalopram oxalate</i> (generic of LEXAPRO)	1	
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS	1	
<i>fluoxetine hcl</i> (generic of PROZAC WEEKLY) CPDR	1	

PA - Prior Authorization QL - Quantity Limits NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
<i>fluoxetine hcl</i> SOLN	1	
<i>fluoxetine hcl</i> TABS 10mg, 20mg	1	
FLUOXETINE HCL TABS 60mg	2	
FORFIVO XL	3	
<i>imipramine hcl</i> (generic of TOFRANIL) TABS	1	
<i>imipramine pamoate</i> (generic of TOFRANIL-PM)	1	
<i>maprotiline hcl</i>	1	
MARPLAN	2	
<i>mirtazapine</i> TABS 7.5mg	1	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg, 45mg	1	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP	1	
<i>nefazodone hcl</i>	1	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS	1	
<i>nortriptyline hcl</i> SOLN	1	
OLEPTRO	3	
<i>paroxetine er tab</i> (generic of PAXIL CR)	1	
<i>paroxetine hcl</i> (generic of PAXIL)	1	
PAXIL SUSP	3	
PEXEVA	3	
<i>phenelzine sulfate</i> (generic of NARDIL) TABS	1	
PRISTIQ	2	
<i>protriptyline hcl</i> (generic of VIVACTIL)	1	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC; TABS	1	
<i>tranylcypromine sulfate</i> (generic of PARNATE)	1	
<i>trazodone hcl</i> TABS	1	
<i>trimipramine maleate</i> (generic of SURMONTIL)	1	
<i>venlafaxine cap er</i> (generic of EFFEXOR XR)	1	
<i>venlafaxine hcl</i>	1	
<i>venlafaxine tab</i>	1	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>venlafaxine tab er</i> (generic of VENLAFAXINE HCL ER)	1	
VIIBRYD	2	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS; SYRP; TABS	1	
APOKYN	2	NM LA
AZILECT	2	
<i>benztropine mesylate</i> (generic of COGENTIN) SOLN	1	
<i>benztropine mesylate</i> TABS	1	
<i>bromocriptine mesylate</i> CAPS	1	
<i>bromocriptine mesylate</i> (generic of PARLODEL) TABS	1	
<i>carbidopa-levodopa</i> (generic of SINEMET) TABS	1	
<i>carbidopa-levodopa</i> (generic of SINEMET CR) TBCR	1	
<i>carbidopa-levodopa</i> (generic of PARCOPA) TBDP	1	
CARBIDOPA/LEVODOPA/EN TACA	1	
COMTAN	3	
<i>entacapone</i> (generic of COMTAN)	1	
LODOSYN	3	
MIRAPEX ER	3	
NEUPRO	2	
<i>pramipexole dihydrochloride</i> .75mg	1	
<i>pramipexole dihydrochloride</i> (generic of MIRAPEX) .125mg, .25mg, .5mg, 1mg, 1.5mg	1	
<i>ropinirole hydrochloride</i> (generic of REQUIP) TABS	1	
<i>ropinirole hydrochloride</i> (generic of REQUIP XL) TB24	1	
<i>selegiline hcl</i> (generic of ELDEPRYL) CAPS	1	
<i>selegiline hcl</i> TABS	1	
STALEVO	2	
<i>trihexyphenidyl hcl</i>	1	

PA - Prior Authorization QL - Quantity Limits NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
ZELAPAR	3	
ANTIPSYCHOTICS		
ABILIFY	2	
ABILIFY DISCMELT	2	
ABILIFY MAINTENA	3	NM
ABILIFY SOL 1MG/ML	2	
ABILIFY TABS	2	
CHLORPROMAZ INJ 25MG/ML	3	
<i>chlorpromazine hcl</i> TABS	1	
<i>clozapine</i> (generic of CLOZARIL) 25mg, 100mg	1	
<i>clozapine</i> 50mg, 200mg	1	
CLOZAPINE ODT	1	
FANAPT	3	
FANAPT TITRATION PACK	3	
FAZACLO	3	
<i>fluphenazine decanoate</i> SOLN	1	
<i>fluphenazine hcl</i>	1	
GEODON INJ	3	
<i>haloperidol</i> TABS	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1	
<i>haloperidol lactate</i> CONC	1	
<i>haloperidol lactate</i> (generic of HALDOL) SOLN	1	
INVEGA	3	
INVEGA SUSTENNA 39mg/0.25ml, 78mg/0.5ml	3	
INVEGA SUSTENNA 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	3	NM
LATUDA	2	
<i>loxapine succinate</i> (generic of LOXITANE) CAPS	1	
<i>olanzapine</i> (generic of ZYPREXA)	1	
<i>olanzapine inj</i> 10mg (generic of ZYPREXA)	1	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>olanzapine odt</i> (generic of ZYPREXA ZYDIS)	1	
ORAP	2	
<i>perphenazine</i> TABS	1	
<i>quetiapine fumarate</i> (generic of SEROQUEL)	1	
RISPERDAL CONSTA 12.5mg, 25mg	2	
RISPERDAL CONSTA 37.5mg, 50mg	2	NM
<i>risperidone</i> (generic of RISPERDAL)	1	
<i>risperidone odt</i> (generic of RISPERDAL M-TAB) .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone odt</i> .25mg	1	
SAPHRIS	3	
SEROQUEL XR	2	
<i>thioridazine hcl</i> TABS	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
<i>ziprasidone hcl</i> (generic of GEODON)	1	
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine</i> (generic of ADDERALL XR) CP24	1	
<i>amphetamine-dextroamphetamine</i> (generic of ADDERALL) TABS	1	
DAYTRANA	2	
INTUNIV	2	
<i>metadate</i>	1	
METADATE CD	3	
METHYLIN CHEW TAB	2	
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24	1	
<i>methylphenidate hcl</i> (generic of METADATE CD) CPCR	1	
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN	1	
<i>methylphenidate hcl</i> (generic of RITALIN) TABS	1	
<i>methylphenidate hcl</i> TBCR	1	

PA - Prior Authorization QL - Quantity Limits NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
METHYLPHENIDATE HCL ER 18mg, 27mg, 36mg, 54mg	1	
QUILLIVANT XR	2	
RITALIN	3	
RITALIN LA 10mg	2	
STRATTERA	2	
VYVANSE	2	
HYPNOTICS		
EDLUAR SUB 5MG	3	
EDLUAR SUB 10MG	3	
INTERMEZZO SUB 1.75MG	3	
INTERMEZZO SUB 3.5MG	3	
LUNESTA TAB 1MG	2	
LUNESTA TAB 2MG	2	
LUNESTA TAB 3MG	2	
ROZEREM TAB 8MG	3	
SILENOR	2	
<i>zaleplon cap 5mg</i> (generic of SONATA)	1	
<i>zaleplon cap 10mg</i> (generic of SONATA)	1	
<i>zolpidem er tab 6.25mg</i> (generic of AMBIEN CR)	1	
<i>zolpidem er tab 12.5mg</i> (generic of AMBIEN CR)	1	
<i>zolpidem tab 5mg</i> (generic of AMBIEN)	1	
<i>zolpidem tab 10mg</i> (generic of AMBIEN)	1	
ZOLPIMIST SPR 5MG	3	
MIGRAINE		
ALSUMA INJ 6MG/0.5	3	
AXERT TAB 6.25MG	3	
AXERT TAB 12.5MG	3	
<i>dihydroergotamine mesylate</i> (generic of D.H.E. 45) 1mg/ml	1	
DIHYDROERGOTAMINE MESYLATE 4mg/ml	1	
<i>ergomar</i>	1	
<i>ergotamine w/ caffeine</i>	1	
FROVA TAB 2.5MG	3	
MAXALT TAB 5MG	3	
MAXALT TAB 10MG	3	

Drug Name	Drug Requirements/	
	Tier	Limits
MAXALT-MLT TAB 5MG	3	
MAXALT-MLT TAB 10MG	3	
MIGERGOT	2	
MIGRANAL SPR 4MG/ML	2	NM
<i>naratriptan tab 1mg</i> (generic of AMERGE)	1	
<i>naratriptan tab 2.5mg</i> (generic of AMERGE)	1	
RELPAK TAB 20MG	2	
RELPAK TAB 40MG	2	
<i>rizatriptan benzoate odt</i> (generic of MAXALT-MLT)	1	
<i>rizatriptan benzoate tabs</i> (generic of MAXALT)	1	
SUMATRIPTAN INJ 4MG/0.5	1	
<i>sumatriptan inj 6mg/0.5</i> (generic of IMITREX)	1	
<i>sumatriptan spr 5mg/act</i>	1	
<i>sumatriptan spr 20mg/act</i>	1	
<i>sumatriptan tab 25mg</i> (generic of IMITREX)	1	
<i>sumatriptan tab 50mg</i> (generic of IMITREX)	1	
<i>sumatriptan tab 100mg</i> (generic of IMITREX)	1	
SUMAVEL DOSE INJ 6MG/0.5	2	
TREXIMET TAB 85-500MG	2	
ZOMIG SPR 5MG	2	
ZOMIG TAB 2.5MG	2	
ZOMIG TAB 5MG	2	
ZOMIG ZMT TAB 2.5 MG	2	
ZOMIG ZMT TAB 5MG	2	
MISCELLANEOUS		
EQUETRO	3	
GRALISE STARTER	2	
GRALISE TAB 300MG	2	
GRALISE TAB 600MG	2	
HORIZANT	3	
<i>lithium carbonate</i> CAPS	1	
LITHIUM CARBONATE TABS	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
<i>lithium carbonate</i> TBCR 450mg	1	
LITHIUM CITRATE	2	
MESTINON SYRUP	2	
MESTINON TIMESPAN	2	
MYTELASE	3	
NUDEXTA CAP 20-10MG	2	
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS	1	
REGONOL	2	
RILUTEK	3	NM
SAVELLA	2	
SAVELLA TITRATION PACK	2	
XENAZINE	2	NM LA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	3	NM LA
AUBAGIO	3	NM
AVONEX KIT 30MCG	2	NM
AVONEX PREFL KIT 30MCG	2	NM
BETASERON INJ 0.3MG	2	NM
COPAXONE KIT 20MG/ML	2	NM
EXTAVIA INJ 0.3MG	2	NM
GILENYA	3	NM
REBIF INJ 22/0.5	3	NM
REBIF INJ 44/0.5	3	NM
REBIF TITRTN SOL PACK	3	NM
TECFIDERA	3	NM
TECFIDERA STARTER PACK	3	NM
TYSABRI	3	NM LA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS	1	
<i>chlorzoxazone</i> (generic of PARAFON FORTE DSC) TABS	1	
<i>cyclobenzapril cap 15mg er</i>	1	
<i>cyclobenzapril cap 30mg er</i>	1	
<i>cyclobenzapril tab 5mg</i> (generic of FLEXERIL)	1	
<i>cyclobenzapril tab 7.5mg</i> (generic of FEXMID)	1	
<i>cyclobenzapril tab 10mg</i> (generic of FLEXERIL)	1	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS	1	
<i>methocarbamol</i> (generic of ROBAXIN) TABS 500mg	1	
<i>methocarbamol</i> (generic of ROBAXIN-750) TABS 750mg	1	
<i>tizanidine hcl</i> (generic of ZANAFLEX) CAPS	1	
<i>tizanidine tabs</i> 2mg	1	
<i>tizanidine tabs</i> (generic of ZANAFLEX) 4mg	1	
NARCOLEPSY/CATAPLEXY		
<i>modafinil</i> (generic of PROVIGIL)	1	NM
NUVIGIL	2	
XYREM	2	NM LA
PSYCHOTHERAPEUTIC-MISC		
<i>buprenorphine hcl</i> SUBL	1	
<i>buprenorphine-naloxone sub</i> (generic of SUBOXONE)	1	
<i>buproban</i> (generic of ZYBAN)	1	
CAMPRAL	2	
CHANTIX PAK 0.5& 1MG	2	
CHANTIX TAB 0.5MG	2	
CHANTIX TAB 1MG	2	
<i>disulfiram</i> (generic of ANTABUSE) TABS	1	
<i>naloxone hcl</i> SOLN	1	
<i>naltrexone hcl</i> (generic of REVIA) TABS	1	
NICOTROL INH	3	
NICOTROL NS SPR 10MG/ML	3	
<i>perphenazine-amitriptyline</i>	1	
SARAFEM	3	
SUBOXONE FILM 2-0.5MG	3	
SUBOXONE FILM 4-1MG	3	
SUBOXONE FILM 8-2MG	3	
SUBOXONE FILM 12-3MG	3	
SUBOXONE SUB 2-0.5MG	3	
SUBOXONE SUB 8-2MG	3	
VIVITROL	3	NM
ENDOCRINE AND METABOLIC ANDROGENS		

PA - Prior Authorization QL - Quantity Limits NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
ANDRODERM DIS 2MG/24HR	2	
ANDRODERM DIS 4MG/24HR	2	
ANDROGEL GEL 1%(25MG)	2	
ANDROGEL GEL 1%(50MG)	2	
ANDROGEL GEL 1.62%	2	
ANDROGEL GEL PUMP 1%	2	
ANDROXY	2	
AXIRON SOL 30MG/ACT	2	
FORTESTA GEL 10MG/ACT	2	
<i>oxandrolone</i> (generic of OXANDRIN) TABS	1	
STRIANT MIS 30MG	3	
TESTIM GEL 1%(50MG)	3	
<i>testosterone cypionate</i> (generic of DEPO-TESTOSTERONE) OIL	1	
<i>testosterone enanthate</i> (generic of DELATESTRYL) OIL	1	
ANTIDIABETICS, INJECTABLE		
ALCOHOL PREPS PADS	2	
APIDRA	2	
APIDRA SOLOSTAR	2	
BYDUREON INJ	2	
BYETTA	3	
GAUZE PADS 2X2	2	
HUMALOG	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 PEN	3	
HUMULIN N	3	
HUMULIN N U-100 PEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATE)	2	
INSULIN PEN NEEDLES	2	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGES	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
NOVOLIN 70/30	2	
NOVOLIN N	2	
NOVOLIN R	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILL	2	
SYMLINPEN 60	2	
SYMLINPEN 120	2	
VICTOZA INJ 18MG/3ML	2	
ANTIDIABETICS, ORAL		
<i>acarbose</i> (generic of PRECOSE)	1	
ACTOPLUS MET TAB XR	3	
<i>glimepiride tab 1mg</i> (generic of AMARYL)	1	
<i>glimepiride tab 2mg</i> (generic of AMARYL)	1	
<i>glimepiride tab 4mg</i> (generic of AMARYL)	1	
<i>glip/metform tab 2.5-250m</i> (generic of METAGLIP)	1	
<i>glip/metform tab 2.5-500m</i>	1	
<i>glip/metform tab 5-500mg</i>	1	
<i>glipizide er tab 2.5mg</i> (generic of GLUCOTROL XL)	1	
<i>glipizide er tab 5mg</i> (generic of GLUCOTROL XL)	1	
<i>glipizide er tab 10mg</i> (generic of GLUCOTROL XL)	1	
<i>glipizide tab 5mg</i> (generic of GLUCOTROL)	1	
<i>glipizide tab 10mg</i> (generic of GLUCOTROL)	1	
GLUMETZA TAB 500MG	3	
GLUMETZA TAB 1000MG	3	
<i>glyb/metform tab 1.25-250</i> (generic of GLUCOVANCE)	1	

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
<i>glyb/metform tab 2.5-500</i> (generic of GLUCOVANCE)	1	
<i>glyb/metform tab 5-500mg</i> (generic of GLUCOVANCE)	1	
<i>glyburid mcr tab 1.5mg</i> (generic of GLYNASE)	1	
<i>glyburid mcr tab 3mg</i> (generic of GLYNASE)	1	
<i>glyburid mcr tab 6mg</i> (generic of GLYNASE)	1	
<i>glyburide tab 1.25mg</i>	1	
<i>glyburide tab 2.5mg</i>	1	
<i>glyburide tab 5mg</i>	1	
GLYSET	3	
JANUMET TAB 50-500MG	2	
JANUMET TAB 50-1000	2	
JANUMET XR TAB 50- 500MG	2	
JANUMET XR TAB 50-1000	2	
JANUMET XR TAB 100-1000	2	
JANUVIA TAB 25MG	2	
JANUVIA TAB 50MG	2	
JANUVIA TAB 100MG	2	
JENTADUETO TAB 2.5-500	2	
JENTADUETO TAB 2.5-850	2	
JENTADUETO TAB 2.5-1000	2	
JUVISYNC TAB 50-10MG	2	
JUVISYNC TAB 50-20MG	2	
JUVISYNC TAB 50-40MG	2	
JUVISYNC TAB 100-10MG	2	
JUVISYNC TAB 100-20MG	2	
JUVISYNC TAB 100-40MG	2	
KAZANO	3	
KOMBIGLYZE TAB 2.5-1000	3	
KOMBIGLYZE TAB 5-500MG	3	
KOMBIGLYZE TAB 5- 1000MG	3	
<i>metformin er tab 1000mg</i> (generic of FORTAMET)	1	
<i>metformin tab 500mg</i> (generic of GLUCOPHAGE)	1	
<i>metformin tab 500mg er</i> (generic of FORTAMET) 500mg	1	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>metformin tab 500mg er</i> (generic of GLUCOPHAGE XR) 500mg	1	
<i>metformin tab 750mg er</i> (generic of GLUCOPHAGE XR)	1	
<i>metformin tab 850mg</i> (generic of GLUCOPHAGE)	1	
<i>metformin tab 1000mg</i> (generic of GLUCOPHAGE)	1	
<i>nateglinide tab 60mg</i> (generic of STARLIX)	1	
<i>nateglinide tab 120mg</i> (generic of STARLIX)	1	
NESINA	3	
ONGLYZA TAB 2.5MG	3	
ONGLYZA TAB 5MG	3	
OSENI TAB 12.5-15MG	3	
OSENI TAB 12.5-30MG	3	
OSENI TAB 12.5-45MG	3	
OSENI TAB 25-15MG	3	
OSENI TAB 25-30MG	3	
OSENI TAB 25-45MG	3	
<i>pioglit/glim tab 30-2mg</i> (generic of DUETACT)	1	
<i>pioglit/glim tab 30-4mg</i> (generic of DUETACT)	1	
<i>pioglita/met tab 15-500mg</i> (generic of ACTOPLUS MET)	1	
<i>pioglita/met tab 15-850mg</i> (generic of ACTOPLUS MET)	1	
<i>pioglitazone tab 15mg</i> (generic of ACTOS)	1	
<i>pioglitazone tab 30mg</i> (generic of ACTOS)	1	
<i>pioglitazone tab 45mg</i> (generic of ACTOS)	1	
PRANDIMET TAB 1-500MG	3	
PRANDIMET TAB 2-500MG	3	
PRANDIN TAB 0.5MG	2	
PRANDIN TAB 1MG	2	
PRANDIN TAB 2MG	2	
RIOMET SOL	2	
TRADJENTA TAB 5MG	2	

BISPHOSPHONATES

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
ACTONEL	2	
<i>alendronate sodium tabs</i> 5mg, 10mg, 35mg, 40mg	1	
<i>alendronate sodium tabs</i> (generic of FOSAMAX) 70mg	1	
<i>alendronate sol 70/75ml</i>	1	
ATELVIA	2	
BINOSTO	3	
BONIVA INJ 3MG/3ML	3	B/D
FOSAMAX PLUS D	3	
<i>ibandronate sodium</i> (generic of BONIVA)	1	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
<i>zoledronic acid inj 4mg/5ml</i> (generic of ZOMETA)	1	B/D NM
ZOMETA	3	B/D NM
CALCITONINS		
<i>calcitonin (salmon) nasal spray</i> (generic of MIACALCIN)	1	
<i>fortical</i>	2	
MIACALCIN INJ 200U/ML	2	B/D
CALCIUM RECEPTOR ANTAGONISTS		
SENSIPAR	2	NM
CHELATING AGENTS		
CHEMET	3	
EXJADE	3	NM LA
FERRIPROX	3	NM
<i>kionex</i> (generic of KAYEXALATE)	1	
<i>sodium polystyrene sulfonate</i>	1	
SYPRINE	3	NM
CONTRACEPTIVES		
<i>amethia 91 day</i> (generic of SEASONIQUE)	1	
<i>amethyst 28 day</i>	1	
<i>apri 28 day</i> (generic of DESOGEN)	1	
<i>aranelle 28</i> (generic of TRI-NORINYL 28)	1	
<i>aviane 28</i>	1	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>balziva 28 day</i> (generic of OVCON-35)	1	
BEYAZ	2	
<i>briellyn 28 day</i> (generic of OVCON-35)	1	
<i>camila 28 day</i> (generic of NOR-QD)	1	
<i>cryselle 28</i>	1	
<i>cyclafem 1/35 28 day</i> (generic of NORINYL 1+35)	1	
<i>cyclafem 7/7/7 28 day</i> (generic of ORTHO-NOVUM 7/7/7)	1	
DEPO-SUBQ PROVERA 104	3	
<i>drospirenone-ethinyl estradiol</i> (generic of YASMIN 28)	1	
ELLA	2	
<i>emoquette</i> (generic of DESOGEN)	1	
<i>enpresse 28 day</i>	1	
<i>errin 28 day</i> (generic of ORTHO MICRONOR)	1	
GENERESS FE	3	
<i>gianvi 28-day</i> (generic of YAZ)	1	
<i>gildagia</i> (generic of OVCON-35)	1	
<i>introvale 91 day</i>	1	
<i>jolivet 28 day</i> (generic of ORTHO MICRONOR)	1	
<i>june 1.5/30 21 day</i> (generic of LOESTRIN 1.5/30-21)	1	
<i>june 1/20 21 day</i> (generic of LOESTRIN 1/20-21)	1	
<i>june fe 1.5/30 28 day</i> (generic of LOESTRIN FE 1.5/30)	1	
<i>june fe 1/20 28 day</i> (generic of LOESTRIN FE 1/20)	1	
<i>kariva 28 day</i> (generic of MIRCETTE)	1	
<i>kelnor 1/35 28 day</i>	1	
<i>leena 28 day</i> (generic of TRI-NORINYL 28)	1	
<i>lessina 28 day</i>	1	
<i>levonest 28 day</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
<i>levonorgestrel (emergency oc)</i> (generic of PLAN B ONE-STEP)	1	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	1	
<i>levora 0.15/30 28 day</i>	1	
LO LOESTRIN FE	2	
LOESTRIN 24 FE	2	
<i>loryna 28 day</i> (generic of YAZ)	1	
<i>low-ogestrel 28 day</i>	1	
<i>lutra 28 day</i>	1	
<i>marlissa 28 day</i>	1	
<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV)	1	
<i>microgestin 1.5/30 21 day</i> (generic of LOESTRIN 1.5/30-21)	1	
<i>microgestin 1/20 21 day</i> (generic of LOESTRIN 1/20-21)	1	
<i>microgestin fe 1.5/30 28 day</i> (generic of LOESTRIN FE 1.5/30)	1	
<i>microgestin fe 1/20 28 day</i> (generic of LOESTRIN FE 1/20)	1	
<i>mononessa 28 day</i> (generic of ORTHO-CYCLEN)	1	
<i>myzilra</i>	1	
<i>necon 0.5/35 28 day</i> (generic of BREVICON-28)	1	
<i>necon 1/35 28 day</i> (generic of NORINYL 1+35)	1	
<i>necon 7/7/7 28 day</i> (generic of ORTHO-NOVUM 7/7/7)	1	
NECON 10/11 28 DAY	3	
<i>next choice</i> (generic of PLAN B)	1	
<i>nora-be 28 day</i> (generic of NOR-QD)	1	
<i>nortrel 0.5/35 28 day</i> (generic of BREVICON-28)	1	
<i>nortrel 1/35 21 day</i> (generic of NORINYL 1+35)	1	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>nortrel 1/35 28 day</i> (generic of NORINYL 1+35)	1	
<i>nortrel 7/7/7 28 day</i> (generic of ORTHO-NOVUM 7/7/7)	1	
NUVARING	2	
<i>ocella 28 day</i> (generic of YASMIN 28)	1	
<i>ogestrel 28 day</i>	1	
<i>orsythia 28 day</i>	1	
ORTHO EVRA	2	
ORTHO TRI-CYCLEN LO	2	
OVCON-50 28	3	
<i>philith</i> (generic of OVCON-35)	1	
<i>portia 28 day</i>	1	
<i>previfem 28 day</i> (generic of ORTHO-CYCLEN)	1	
<i>quasense 91 day</i>	1	
<i>reclipsen 28 day</i> (generic of DESOGEN)	1	
SOLIA	1	
<i>sprintec 28 day</i> (generic of ORTHO-CYCLEN)	1	
<i>sronyx 28 day</i>	1	
<i>tri-legest 28</i> (generic of ESTROSTEP FE)	1	
<i>tri-previfem 28 day</i> (generic of ORTHO TRI-CYCLEN)	1	
<i>tri-sprintec 28 day</i> (generic of ORTHO TRI-CYCLEN)	1	
<i>trinessa 28 day</i> (generic of ORTHO TRI-CYCLEN)	1	
<i>trivora 28 day</i>	1	
<i>velivet 28 day</i> (generic of CYCLESSA)	1	
<i>vestura</i> (generic of YAZ)	1	
<i>viorele</i> (generic of MIRCETTE)	1	
<i>zenchent fe 28 day</i> (generic of FEMCON FE)	1	
<i>zovia 1/35e 28 day</i>	1	
<i>zovia 1/50e 28 day</i>	1	
ENDOMETRIOSIS		
<i>danazol</i> CAPS	1	
SYNAREL	2	NM

ENZYME REPLACEMENTS

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
ADAGEN	3	NM LA
ALDURAZYME	3	NM LA
BUPHENYL	3	NM
BUPHENYL TAB 500MG	3	NM
CARBAGLU	3	NM LA
CEREZYME 200unit	3	NM
CYSTADANE	3	NM
CYSTAGON	2	NM
ELAPRASE	3	NM
ELELYSO	3	NM
FABRAZYME 35mg	3	NM
KUVAN	2	NM
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR)	1	B/D
LUMIZYME	3	NM
MYOZYME	3	NM
NAGLAZYME	3	NM LA
ORFADIN	3	NM LA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL)	1	NM
VPRIV	3	NM
ZAVESCA	3	NM LA
ESTROGEN/PROGESTINS		
CLIMARA PRO	3	
COMBIPATCH	2	
<i>estradiol & norethindrone acetate</i> (generic of ACTIVELLA)	1	
FEMHRT LOW DOSE	3	
<i>jinteli</i>	1	
PREFEST	3	
PREMPHASE	2	
PREMPRO	2	
ESTROGENS		
ALORA	3	
DELESTROGEN 10mg/ml	3	
DEPO-ESTRADIOL	3	
DIVIGEL 1mg/gm	2	
ELESTRIN	3	
ESTRACE CREA	3	
<i>estradiol</i> (generic of CLIMARA) PTWK	1	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>estradiol</i> (generic of ESTRACE) TABS	1	
<i>estradiol valerate</i> OIL 10mg/ml	1	
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 20mg/ml, 40mg/ml	1	
ESTRING	3	
<i>estropipate</i> TABS	1	
EVAMIST	2	
FEMRING	3	
FEMTRACE	3	
MENEST	2	
MENOSTAR	3	
MINIVELLE	3	
PREMARIN	2	
PREMARIN CREAM	2	
PREMARIN INJ	3	
VAGIFEM	2	
VIVELLE-DOT	2	
GLUCOCORTICOIDS		
<i>a-hydrocort</i>	1	
CELESTONE	3	
<i>cortisone acetate</i> TABS	1	
DEPO-MEDROL 20mg/ml	3	
<i>dexamethasone</i> ELIX; TABS	1	
DEXAMETHASONE INTENSOL	3	
<i>dexamethasone sodium phosphate</i>	1	
DEXPAK TAPERPAK 13 DAY	2	
FLO-PRED	3	
<i>fludrocortisone acetate</i> TABS	1	
<i>hydrocortisone</i> (generic of CORTEF) TABS	1	
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TABS 4mg	1	
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg, 32mg	1	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL)	1	
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL)	1	

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
MILLIPRED	3	
ORAPRED ODT 15mg, 30mg	2	
<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) 5mg/5ml	1	
<i>prednisolone sodium phosphate</i> (generic of ORAPRED) 15mg/5ml	1	
<i>prednisolone sodium phosphate</i> 25mg/5ml	1	
<i>prednisone</i> SOLN; TABS	1	
PREDNISON INTENSOL	2	
RAYOS	3	
SOLU-CORTEF 250MG	2	
SOLU-MEDROL 2gm	3	
VERIPRED	3	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM	3	NM
HUMAN GROWTH HORMONES		
GENOTROPIN	3	NM
GENOTROPIN MINIQUICK	3	NM
HUMATROPE	2	NM
HUMATROPE COMBO PACK	2	NM
NORDITROPIN FLEXPOR	2	NM
NORDITROPIN NORDIFLEX PEN	2	NM
NUTROPIN	3	NM
NUTROPIN AQ NUSPIN 5	3	NM
NUTROPIN AQ PEN	3	NM
OMNITROPE SOLN	3	
OMNITROPE SOLR	3	NM
SAIZEN	3	NM
SAIZEN CLICK.EASY	3	NM
SEROSTIM	3	NM
TEV-TROPIN	3	NM
ZORBTIVE	3	NM
MISCELLANEOUS		
<i>cabergoline</i>	1	
<i>chorionic gonadotropin</i> SOLR	1	NM
EGRIFTA	3	NM

Drug Name	Drug Requirements/	
	Tier	Limits
INCRELEX	3	NM LA
<i>methylergonovine maleate</i> (generic of METHERGINE) TABS	1	
<i>novarel</i>	1	NM
<i>octreotide acetate</i> (generic of SANDOSTATIN)	1	NM
<i>pregnyl</i>	1	NM
PROLIA	3	NM
SAMSCA	3	NM
SANDOSTATIN LAR DEPOT	3	NM
SIGNIFOR	3	NM
SOMATULINE DEPOT	3	NM
SOMAVERT	3	NM LA
XGEVA	3	NM
PARATHYROID HORMONES		
FORTEO	2	NM
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> (generic of PHOSLO) CAPS	1	
<i>calcium acetate (phosphate binder)</i> (generic of ELIPHOS) TABS	1	
FOSRENOL	2	
PHOSLO	2	
PHOSLYRA	2	
RENAGEL	3	
REVELA	2	
PROGESTINS		
CRINONE	2	
ENDOMETRIN	2	
<i>medroxyprogesterone acetate</i> (generic of PROVERA)	1	
<i>norethindrone acetate</i> (generic of AYGESTIN) TABS	1	
<i>progesterone micronized</i> (generic of PROMETRIUM) CAPS	1	
SELECTIVE ESTROGEN RECEPTOR MODULATORS		
EVISTA	2	
THYROID AGENTS		

PA - Prior Authorization QL - Quantity Limits NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
<i>levothroid</i> (generic of SYNTHROID)	1	
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS	1	
<i>levoxyl</i> (generic of SYNTHROID)	1	
<i>liothyronine sodium</i> (generic of TRIOSTAT) SOLN	1	
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS	1	
<i>methimazole</i> (generic of TAPAZOLE) TABS	1	
<i>propylthiouracil</i> TABS	1	
SYNTHROID	2	
TIROSINT	3	
<i>unithroid</i> (generic of SYNTHROID)	1	
VASOPRESSINS		
<i>desmopressin acetate</i> (generic of DDAVP) TABS	1	
<i>desmopressin acetate spray</i> (generic of DDAVP)	1	
<i>desmopressin acetate spray refrigerated</i>	1	
<i>desmopressin inj</i> (generic of DDAVP)	1	
DESMOPRESSIN SOLN 0.01%	1	
STIMATE	3	NM
GASTROINTESTINAL		
ANTIEMETICS		
ALOXI	3	NM
ANTIVERT 50mg	3	
CESAMET CAP 1MG	3	
<i>compro</i>	1	
<i>dronabinol cap 2.5mg</i> (generic of MARINOL)	1	
<i>dronabinol cap 5mg</i> (generic of MARINOL)	1	
<i>dronabinol cap 10mg</i> (generic of MARINOL)	1	NM
EMEND CAP 40MG	2	
EMEND CAP 80MG	2	
EMEND CAP 125MG	2	
EMEND PAK 80 & 125	2	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>granisetron hcl</i> SOLN .1mg/ml, 1mg/ml	1	
<i>granisetron hcl</i> TABS	1	
GRANISOL	2	
<i>meclizine hcl</i> (generic of ANTIVERT) TABS	1	
<i>metoclopramide hcl</i> SOLN	1	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS	1	
METOSOLV ODT	3	
<i>ondansetron hcl</i> (generic of ZOFRAN) TABS 4mg, 8mg	1	
<i>ondansetron hcl</i> TABS 24mg	1	
<i>ondansetron hcl inj</i> 4mg/2ml	1	
<i>ondansetron hcl inj</i> (generic of ZOFRAN) 40mg/20ml	1	
<i>ondansetron hcl oral soln</i> (generic of ZOFRAN)	1	
<i>ondansetron odt</i> (generic of ZOFRAN ODT)	1	
<i>phenadoz</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i> TABS	1	
<i>promethazine hcl</i> SUPP; SYRP; TABS	1	
<i>promethazine hcl inj</i> (generic of PHENERGAN)	1	
<i>promethegan</i>	1	
SANCUSO DIS 3.1MG	2	
TRANSDERM-SC DIS 1.5MG	2	
ANTISPASMODICS		
<i>atropine sulfate</i> SOLN .05mg/ml, .1mg/ml	1	
BENTYL SOLN	3	
CANTIL	3	
CUVPOSA	3	
<i>dicyclomine hcl</i> (generic of BENTYL) CAPS; TABS	1	
<i>dicyclomine hcl</i> SOLN	1	
<i>glycopyrrolate</i> (generic of ROBINUL) SOLN 4mg/20ml	1	
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	1	

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	1	
<i>methscopolamine bromide</i> (generic of PAMINE) TABS 2.5mg	1	
<i>methscopolamine bromide</i> (generic of PAMINE FORTE) TABS 5mg	1	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS	1	
<i>cimetidine inj</i> 150mg/ml	1	
<i>cimetidine sol</i> 300/5ml	1	
<i>famotidine</i> SOLN	1	
<i>famotidine</i> (generic of PEPCID) SUSR	1	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1	
<i>nizatidine</i> CAPS 150mg	1	
<i>nizatidine</i> (generic of AXID) CAPS 300mg	1	
<i>nizatidine</i> (generic of AXID) SOLN	1	
<i>ranitidine hcl</i> CAPS	1	
<i>ranitidine hcl</i> (generic of ZANTAC) SOLN 150mg/6ml	1	
<i>ranitidine hcl</i> (generic of ZANTAC) SYRP	1	
<i>ranitidine hcl</i> (generic of ZANTAC) TABS 150mg, 300mg	1	
ZANTAC SOLN	3	
ZANTAC TBEF	3	
INFLAMMATORY BOWEL DISEASE		
APRISO	2	
ASACOL	2	
ASACOL HD	2	
<i>balsalazide disodium</i> (generic of COLAZAL)	1	
<i>budesonide</i> (generic of ENTOCORT EC) CP24	1	NM
CANASA	2	
CIMZIA	3	NM
CIMZIA STARTER KIT	3	NM
<i>colocort</i> (generic of CORTENEMA)	1	

Drug Name	Drug Requirements/	
	Tier	Limits
DELZICOL	3	
DIPENTUM	2	NM
GIAZO	3	
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA)	1	
LIALDA	2	
<i>mesalamine enema</i> (generic of ROWASA)	1	
PENTASA	2	
SFROWASA	2	
<i>sulfasalazine dr</i> (generic of AZULFIDINE EN-TABS)	1	
<i>sulfasalazine ir</i> (generic of AZULFIDINE)	1	
UCERIS	3	
LAXATIVES		
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>gavilyte-c</i> (generic of COLYTE-FLAVOR PACKS)	1	
<i>gavilyte-n</i> (generic of NULYTELY/FLAVOR PACKS)	1	
<i>generlac</i>	1	
GOLYTELY	2	
HALFLYTELY BOWEL PREP/FLA	3	
<i>kristalose</i>	2	
<i>lactulose</i> SOLN	1	
MOVIPREP	2	
OSMOPREP	3	
<i>polyethylene glycol 3350</i> POWD	1	
PREPOPIK	3	
RELISTOR KIT	2	
SUCLEAR	3	
SUPREP BOWEL PREP	2	
<i>trilyte</i> (generic of NULYTELY/FLAVOR PACKS)	1	
VISICOL	3	
MISCELLANEOUS		
AMITIZA	2	
CARAFATE SUSP	2	

PA - Prior Authorization QL - Quantity Limits NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
<i>chenodal</i>	1	NM
<i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM)	1	
<i>diphenoxylate w/ atropine</i> LIQD	1	
<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL) TABS	1	
GATTEX	3	NM LA
HELIDAC	3	
LINZESS	3	
<i>loperamide hcl</i> CAPS	1	
LOTRONEX	2	NM
<i>misoprostol</i> (generic of CYTOTEK)	1	
OMECLAMOX-PAK	3	
PREVPAC MIS	2	
PYLERA	2	
SUCRAID	3	
<i>sucralfate</i> (generic of CARAFATE) TABS	1	
<i>ursodiol</i> (generic of ACTIGALL) CAPS	1	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	
XIFAXAN TAB 550MG	2	NM
PANCREATIC ENZYMES		
CREON	2	
PANCREAZE	3	
PERTZYE	3	
ULTRESA	2	
VIOKACE	2	
ZENPEP	2	
PROTON PUMP INHIBITORS		
ACIPHEX TAB 20MG	3	
DEXILANT	2	
<i>lansoprazole cap 15mg dr</i> (generic of PREVACID)	1	
<i>lansoprazole cap 30mg dr</i> (generic of PREVACID)	1	
NEXIUM	2	
NEXIUM I.V.	3	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>omeprazole cap 10mg</i> (generic of PRILOSEC)	1	
<i>omeprazole cap 20mg</i> (generic of PRILOSEC)	1	
<i>omeprazole cap 40mg</i> (generic of PRILOSEC)	1	
<i>pantoprazole sodium inj</i> (generic of PROTONIX)	1	
<i>pantoprazole tab 20mg</i> (generic of PROTONIX)	1	
<i>pantoprazole tab 40mg</i> (generic of PROTONIX)	1	
PREVACID TAB 15MG STB	3	
PREVACID TAB 30MG STB	3	
PROTONIX INJ	3	
PROTONIX PAK	3	
ZEGERID POW 20-1680	3	
ZEGERID POW 40-1680	3	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL)	1	
AVODART	2	
CARDURA XL	3	
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	1	
JALYN	2	
RAPAFLO	2	
<i>tamsulosin hcl</i> (generic of FLOMAX)	1	
MISCELLANEOUS		
<i>bethanechol chloride</i> (generic of URECHOLINE) TABS	1	
ELMIRON	2	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 5) 540mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) 1080mg	1	
UROKIT-K 15	2	
URINARY ANTISPASMODICS		
DETROL LA	2	
ENABLEX	3	
GELNIQUE	2	

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
MYRBETRIQ	3	
<i>oxybutynin chloride</i> SYRP; TABS	1	
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24	1	
OXYTROL	3	
SANCTURA XR	3	
<i>tolterodine tartrate</i> (generic of DETROL)	1	
TOVIAZ	2	
<i>tropium cl cap 60mg er</i> (generic of SANCTURA XR)	1	
<i>tropium cl tab 20mg</i> (generic of SANCTURA)	1	
VESICARE	2	
VAGINAL ANTI-INFECTIVES		
CLEOCIN VAG SUPP 100MG	2	
<i>clindamycin cre 2% vag</i> (generic of CLEOCIN)	1	
<i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL)	1	
<i>miconazole nitrate vaginal</i>	1	
<i>terconazole vaginal</i> (generic of TERAZOL 7) CREA .4%	1	
<i>terconazole vaginal</i> (generic of TERAZOL 3) CREA .8%	1	
<i>terconazole vaginal</i> (generic of TERAZOL 3) SUPP	1	
<i>vandazole</i>	1	
<i>zazole</i> (generic of TERAZOL 7) .4%	1	
<i>zazole</i> .8%	1	
HEMATOLOGIC ANTICOAGULANTS		
COUMADIN	3	
COUMADIN INJ	3	
ELIQUIS	2	
<i>enoxaparin sodium</i> (generic of LOVENOX) 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml	1	
<i>enoxaparin sodium</i> (generic of LOVENOX) 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml	1	NM

Drug Name	Drug Requirements/	
	Tier	Limits
<i>fondaparinux sodium</i> (generic of ARIXTRA) 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	NM
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml	2	
FRAGMIN 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 25000unit/ml	2	NM
HEP SOD/NAACL INJ 25000	2	
<i>heparin (porcine) in sodium chloride</i> (generic of HEPARIN SODIUM/SODIUM CHL)	1	
<i>heparin (porcine) in sodium chloride</i> 100u/ml	2	
<i>heparin sod (porcine) in d5w</i>	1	
HEPARIN SODIUM SOLN 2000unit/ml	2	B/D
<i>heparin sodium (porcine)</i>	1	B/D
<i>jantoven</i> (generic of COUMADIN)	1	
PRADAXA	2	
<i>warfarin sodium</i> (generic of COUMADIN)	1	
XARELTO	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE 25mcg/0.42ml, 25mcg/ml, 40mcg/0.4ml, 40mcg/ml, 60mcg/0.3ml, 60mcg/ml, 100mcg/0.5ml, 100mcg/ml, 150mcg/0.3ml, 200mcg/0.4ml, 200mcg/ml, 300mcg/0.6ml, 300mcg/ml, 500mcg/ml	2	B/D NM
EPOGEN	2	B/D NM
LEUKINE	3	NM
MOZOBIL	2	NM
NEULASTA	2	NM
NEUMEGA	3	NM
NEUPOGEN 300mcg/0.5ml, 480mcg/0.8ml, 480mcg/1.6ml	2	NM
PROCRIT	2	B/D NM
MISCELLANEOUS		

PA - Prior Authorization QL - Quantity Limits NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
<i>anagrelide hcl</i> 1mg	1	
<i>anagrelide hcl</i> (generic of AGRYLIN) .5mg	1	
<i>cilostazol</i> (generic of PLETAL)	1	
<i>pentoxifylline</i> (generic of TRENTAL) TBCR	1	
PROMACTA	2	NM LA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN	1	
PLATELET AGGREGATION INHIBITORS		
AGGRENOLX	2	
BRILINTA	2	
<i>clopidogrel bisulfate</i> (generic of PLAVIX)	1	
<i>dipyridamole</i> (generic of PERSANTINE) TABS	1	
EFFIENT	2	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ACTEMRA 200mg/10ml	3	NM
ENBREL	2	NM
HUMIRA	2	NM
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL)	1	
KINERET	3	NM
<i>leflunomide</i> (generic of ARAVA) TABS	1	
<i>methotrexate sodium tabs</i>	1	
ORENCIA	3	NM
REMICADE	3	NM
RHEUMATREX	2	
SIMPONI 50mg/0.5ml	3	NM
TREXALL	2	
XELJANZ	3	NM
IMMUNOGLOBULINS		
CARIMUNE NANOFILTERED 3gm	3	NM
FLEBOGAMMA .5gm/10ml	3	NM
GAMASTAN S/D	2	NM
GAMMAGARD LIQUID	3	NM
GAMMAKED 1gm/10ml	3	NM
GAMMAPLEX 10gm/200ml	3	NM

Drug Name	Drug Requirements/	
	Tier	Limits
GAMUNEX-C 1gm/10ml	3	NM
HIZENTRA 1gm/5ml	3	NM
OCTAGAM 1gm/20ml	3	NM
PRIVIGEN 20gm/200ml	3	NM
IMMUNOMODULATORS		
ACTIMMUNE	3	NM LA
ARCALYST	3	NM
INFERGEN 15mcg/0.5ml	2	NM
INTRON-A KIT 3mu/0.2ml, 5mu/0.2ml	2	NM
INTRON-A KIT 10mu/0.2ml	2	
INTRON-A SOLN 6000000unit/ml	2	NM
INTRON-A W/DILUENT 10mu	2	NM
PEG-INTRON	2	NM
PEG-INTRON REDIPEN	2	NM
PEGASYS KIT	2	NM
PEGASYS SOLN 180mcg/ml	2	NM
PEGASYS PROCLICK 135mcg/0.5ml	2	NM
REVLIMID 2.5mg, 5mg, 10mg, 15mg, 25mg	2	NM LA
THALOMID	2	NM
IMMUNOSUPPRESSANTS		
ATGAM	3	
AZASAN	2	
<i>azathioprine</i> (generic of IMURAN) TABS	1	
<i>azathioprine inj 100mg</i>	1	
CELLCEPT SUSR	2	NM
CELLCEPT INTRAVENOUS	3	
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS; SOLN	1	
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg	1	
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	1	
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) SOLN	1	
<i>gengraf</i> (generic of NEORAL)	1	

PA - Prior Authorization QL - Quantity Limits NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
<i>mycophenolate mofetil</i> (generic of CELLCEPT)	1	
MYFORTIC 180mg	2	
MYFORTIC 360mg	2	NM
NEORAL	2	
NULOJIX	3	NM
PROGRAF CAPS 5mg	2	NM
PROGRAF CAPS .5mg, 1mg	2	
PROGRAF SOLN	3	
RAPAMUNE SOLN	2	NM
RAPAMUNE TABS 1mg, 2mg	2	NM
RAPAMUNE TABS .5mg	2	
SANDIMMUNE CAPS	2	
SANDIMMUNE SOLN 100mg/ml	2	
SIMULECT 20mg	3	
<i>tacrolimus</i> (generic of PROGRAF) CAPS 5mg	1	NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg	1	
THYMOGLOBULIN	3	
ZORTRESS	3	NM
VACCINES		
ACTHIB	2	
ADACEL	2	
BOOSTRIX	2	
CERVARIX	2	
COMVAX	2	
DAPTACEL	2	
DECAVAC	2	
DIPHTHERIA/TETANUS TOXOID	2	
ENGRIX-B SUSP	2	
GARDASIL	2	
HAVRIX	2	
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
IPOX INACTIVATED IPV	2	
IXIARO	2	
M-M-R II W/DILUENT 10 DOS	2	
MENACTRA	2	

Drug Name	Drug Requirements/	
	Tier	Limits
MENHIBRIX	2	
MENOMUNE-A/C/Y/W-135	2	
MENVEO	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB 10mcg/ml, 40mcg/ml	2	
ROTATEQ	2	
SYNAGIS 50mg/0.5ml	3	NM
TETANUS TOXOID ADSORBED	2	
TETANUS/DIPHTHERIA TOXOID	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA 25unit/0.5ml	2	
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
AMMONIUM CHLORIDE SOLN	3	
<i>klor-con</i> TBCR 8meq, 10meq, 20meq	1	
KLOR-CON TBCR 15meq	3	
MAGNESIUM SULFATE SOLN 40mg/ml, 80mg/ml	2	
<i>magnesium sulfate</i> SOLN 50%	1	
MAGNESIUM SULFATE IN D5W	2	
<i>parenteral electrolytes</i>	1	
<i>potassium chloride caps er</i> (generic of MICRO-K)	1	
<i>potassium chloride microencapsulated crystals cr</i>	1	
SOD FLUORIDE 2.2MG TAB	1	
<i>sodium chloride</i> SOLN 2.5meq/ml	1	
IV NUTRITION		
<i>amino acid infusion</i>	1	
AMINOSYN	3	

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/ Tier Limits
<i>aminosyn 8.5 % with electrolytes, sulfite-free</i>	1
AMINOSYN II	3
<i>aminosyn ii 8.5 % with electrolytes, sulfite-free</i>	1
AMINOSYN M	3
AMINOSYN-HBC	3
AMINOSYN-PF	3
AMINOSYN-PF 7%	3
CLINIMIX 2.75%/DEXTROSE 5%	3
CLINIMIX 4.25%/DEXTROSE 5%	3
CLINIMIX 4.25%/DEXTROSE 10%	3
CLINIMIX 4.25%/DEXTROSE 20%	3
CLINIMIX 4.25%/DEXTROSE 25%	3
CLINIMIX 5%/DEXTROSE 15%	3
CLINIMIX 5%/DEXTROSE 20%	3
CLINIMIX 5%/DEXTROSE 25%	3
CLINIMIX E 2.75%/DEXTROSE 5%	3
CLINIMIX E 2.75%/DEXTROSE 10%	3
CLINIMIX E 4.25%/DEXTROSE 5%	3
CLINIMIX E 4.25%/DEXTROSE 25%	3
CLINIMIX E 5%/DEXTROSE 15%	3
CLINIMIX E 5%/DEXTROSE 20%	3
CLINIMIX E 5%/DEXTROSE 25%	3
<i>clinisol 15</i>	1
FREAMINE III 3%	3
<i>freamine iii 8.5</i>	1
<i>hepatamine 8</i>	1
HEPATASOL INJ 8%	1
<i>intralipid</i> (generic of LIPOSYN II)	1

Drug Name	Drug Requirements/ Tier Limits
INTRALIPID INJ 30%	2
NEPHRAMINE	3
PREMASOL	3
PROCALAMINE	3
PROSOL	3
TRAVASOL	3
TROPHAMINE	3
IV REPLACEMENT SOLUTIONS	
<i>dextrose SOLN</i>	1
<i>dextrose 2.5%/nacl 0.45%</i>	1
DEXTROSE 5% /ELECTROLYTE	2
<i>dextrose 10% w/ sodium chloride 0.2%</i>	3
<i>dextrose in lactated ringers</i>	1
<i>dextrose w/ sodium chloride</i>	1
IONOSOL-B/DEXTROSE 5%	3
IONOSOL-MB/DEXTROSE 5%	3
<i>isolyte m</i>	1
ISOLYTE P	3
ISOLYTE S	3
ISOLYTE S IN 5 % DEXTROSE	3
ISOLYTE-H/DEXTROSE 5%	2
KCL 0.3%/D5W/NACL 0.9%	2
KCL 0.15%/D5W/LR	3
KCL 0.15%/D5W/NACL 0.225%	2
KCL/NACL INJ 0.3-0.9	1
<i>lactated ringer's</i>	1
<i>normosol-m</i>	1
NORMOSOL-R	3
<i>normosol-r in 5 % dextrose</i>	3
PLASMA-LYTE A	3
PLASMA-LYTE-56/D5W	3
PLASMA-LYTE-148	3
<i>potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 30meq/100ml</i>	1
<i>potassium chloride 30 meq/l (0.224%) in dextrose 5% inj</i>	1

PA - Prior Authorization QL - Quantity Limits NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
<i>potassium chloride in dextrose</i>	1	
<i>potassium chloride in dextrose & sodium chloride</i>	1	
<i>potassium chloride in nacl ringer's</i>	1	
<i>sodium chloride SOLN .45%, .9%, 3%, 5%</i>	1	
VITAMINS		
<i>calcitriol (generic of ROCALTROL) CAPS</i>	1	B/D
<i>calcitriol SOLN 1mcg/ml</i>	1	B/D
<i>calcitriol (generic of ROCALTROL) SOLN 1mcg/ml</i>	1	B/D
HECTOROL CAPS	2	B/D
HECTOROL SOLN	3	B/D
PRENATAL VITAMINS	1	
ZEMPLAR CAPS	2	B/D
ZEMPLAR SOLN	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-poly-neomycin-hc</i>	1	
BLEPHAMIDE OINT	2	
BLEPHAMIDE SUSP	3	
<i>neomycin-polymy-dexameth (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin-hc (ophth)</i>	1	
<i>sulfacetamide sod-prednisolone</i>	1	
TOBRADEX OINT	2	
TOBRADEX ST	2	
<i>tobramycin-dexamethasone (generic of TOBRADEX)</i>	1	
ZYLET	2	
ANTI-INFECTIVES		
AZASITE	2	
<i>bacitracin (ophthalmic)</i>	1	
<i>bacitracin-polymyxin b (ophth)</i>	1	
BESIVANCE	2	
CILOXAN OINT	2	
<i>ciprofloxacin hcl (ophth) (generic of CILOXAN)</i>	1	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>erythromycin (ophth)</i>	1	
<i>gentak</i>	1	
<i>gentamicin sulfate (ophth) (generic of GARAMYCIN)</i>	1	
<i>levofloxacin (ophth)</i>	1	
MOXEZA	2	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>neomycin-polymy-gramicid (generic of NEOSPORIN)</i>	1	
<i>ofloxacin (ophth) (generic of OCUFLOX)</i>	1	
<i>polymyxin b-trimethoprim (generic of POLYTRIM)</i>	1	
<i>sulfacetamide sodium (ophth) OINT</i>	1	
<i>sulfacetamide sodium (ophth) (generic of BLEPH-10) SOLN</i>	1	
<i>tobramycin sulfate (ophth) (generic of TOBREX)</i>	1	
TOBREX OINT 0.3%	2	
<i>trifluridine (generic of VIROPTIC) SOLN</i>	1	
VIGAMOX	2	
ZIRGAN	3	
ZYMAXID	3	
ANTI-INFLAMMATORIES		
ACUVAIL	3	
ALREX	2	
BROMDAY	2	
<i>bromfenac sodium (ophth)</i>	1	
<i>dexamethasone sodium phosphate (ophth)</i>	1	
<i>diclofenac sodium (ophth)</i>	1	
DUREZOL	2	
FLAREX	3	
FLUOROMETHOLONE SUSP	1	
<i>flurbiprofen sodium (generic of OCUFEN)</i>	1	
FML	2	
FML FORTE	2	
ILEVRO	2	

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS) .4%	1	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) .5%	1	
LOTEMAX	2	
MAXIDEX	3	
NEVANAC	2	
PRED MILD	2	
PRED-G	3	
PRED-G S.O.P.	3	
<i>prednisolone acetate (ophth)</i> (generic of OMNIPRED)	1	
PREDNISOLONE SODIUM PHOSP SOLN	2	
VEXOL	3	
ANTIALLERGICS		
ALOCRIL	3	
ALOMIDE	3	
<i>azelastine hcl (ophth)</i> (generic of OPTIVAR)	1	
BEPREVE	2	
<i>cromolyn sodium (ophth)</i>	1	
EMADINE	3	
<i>epinastine hcl (ophth)</i> (generic of ELESTAT)	1	
LASTACAFT	2	
PATADAY	2	
PATANOL	2	
ANTI GLAUCOMA		
ALPHAGAN P	2	
AZOPT	2	
<i>betaxolol hcl (ophth)</i>	1	
BETIMOL	2	
BETOPTIC-S	2	
<i>brimonidine tartrate</i> .2%	1	
BRIMONIDINE TARTRATE .15%	1	
<i>carteolol hcl (ophth)</i>	1	
COMBIGAN	2	
COSOPT PF	3	
<i>dorzolamide hcl</i> (generic of TRUSOPT)	1	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>dorzolamide hcl-timolol maleate</i> (generic of COSOPT)	1	
ISOPTO CARPINE	3	
ISTALOL	2	
<i>latanoprost sol</i> 0.005% (generic of XALATAN)	1	
<i>levobunolol hcl</i> (generic of BETAGAN) .5%	1	
LEVOBUNOLOL HCL .25%	1	
LUMIGAN SOL 0.01%	2	
LUMIGAN SOL 0.03%	2	
<i>metipranolol</i> (generic of OPTIPRANOLOL)	1	
PHOSPHOLINE IODIDE	3	
PILOCARPINE HCL SOLN	1	
PILOPINE HS	2	
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC)	1	
<i>timolol maleate gel</i> (generic of TIMOPTIC-XE)	1	
TIMOPTIC OCUDOSE	3	
TRAVATAN Z DRO 0.004%	2	
ZIOPTAN DRO 0.0015%	2	
MISCELLANEOUS		
<i>ak-con</i>	1	
BOTOX 100unit	3	NM
LACRISERT	3	
PROLENSA	2	
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN	1	
RESTASIS	2	
<i>tropicamide</i> (generic of MYDRIACYL) SOLN 1%	1	
<i>tropicamide</i> SOLN .5%	1	
XEOMIN 50unit	3	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
COMBIVENT AER	3	
COMBIVENT AER RESPIMAT	2	
<i>ipratropium-albuterol</i> (generic of DUONEB)	1	
ANTICHOLINERGICS		

PA - Prior Authorization QL - Quantity Limits NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
ATROVENT HFA AER 17MCG	3	
<i>ipratropium bromide (nasal)</i> (generic of ATROVENT)	1	
<i>ipratropium sol inhal</i>	1	
SPIRIVA CAP HANDIHLR	2	
TUDORZA PRES AER 400/ACT	3	
ANTI HISTAMINE/DECONGESTANT COMBINATIONS		
CLARINEX-D 12 HOUR	3	
CLARINEX-D 24 HOUR	3	
SEMPREX-D	3	
ANTI HISTAMINES		
ASTEPRO SPR 0.15%	2	
<i>azelastine spr 0.1%</i> (generic of ASTELIN)	1	
<i>carbinoxamine maleate</i> (generic of PALGIC)	1	
<i>cetirizine syrup</i>	1	
CLARINEX SYRP	3	
CLARINEX REDITABS	3	
<i>ciproheptadine hcl</i> SYRP; TABS	1	
<i>desloratadine</i> (generic of CLARINEX) TABS	1	
<i>desloratadine</i> (generic of CLARINEX REDITABS) TBDP	1	
<i>diphenhydram inj 50mg/ml</i>	1	
<i>hydroxyzine hcl</i> SOLN; TABS	1	
<i>hydroxyzine hcl inj</i>	1	
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg	1	
<i>hydroxyzine pamoate</i> CAPS 100mg	1	
<i>levocetirizine dihydrochloride</i> (generic of XYZAL)	1	
<i>levocetirizine tab 5 mg</i> (generic of XYZAL)	1	
PATANASE	2	

BETA AGONISTS

Drug Name	Drug Requirements/	
	Tier	Limits
<i>albuterol sulfate</i> (generic of ACCUNEB) NEBU .63mg/3ml, 1.25mg/3ml	1	
<i>albuterol sulfate</i> NEBU .083%, .5%	1	
<i>albuterol sulfate</i> SYRP	1	
<i>albuterol sulfate</i> TABS	1	
<i>albuterol sulfate</i> (generic of VOSPIRE ER) TB12	1	
ARCAPTA CAP 75MCG	2	
BROVANA	3	
FORADIL CAP AEROLIZE	2	
<i>levalbuterol hcl</i> (generic of XOPENEX CONCENTRATE) NEBU 1.25mg/0.5ml	1	
<i>levalbuterol hcl</i> (generic of XOPENEX) NEBU .31mg/3ml, .63mg/3ml, 1.25mg/3ml	1	
PERFOROMIST	2	
PROAIR HFA AER	2	
PROVENTIL AER HFA	2	
SEREVENT DIS AER 50MCG	2	
<i>terbutaline sulfate</i> SOLN; TABS	1	
VENTOLIN HFA AER	3	
XOPENEX	3	
XOPENEX HFA AER	2	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW; PACK; TABS	1	
<i>zafirlukast</i> (generic of ACCOLATE)	1	
ZYFLO CR	3	
MAST CELL STABILIZERS		
<i>cromolyn sodium</i> NEBU	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	
ARALAST NP 400mg	3	NM LA
AUVI-Q INJ 0.3MG	2	
AUVI-Q INJ 0.15MG	2	
CAYSTON	3	NM LA

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
DALIRESP	2	
DYMISTA SPR 137-50	3	
<i>epinephrine hcl</i> .1mg/ml	1	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
GLASSIA	3	NM LA
PROLASTIN-C	3	NM LA
PULMOZYME	2	NM
TOBI	2	NM
TWINJECT	3	
TYZINE	3	
TYZINE PEDIATRIC NASAL DR	3	
XOLAIR	2	NM LA
ZEMAIRA	3	NM LA
NASAL STEROIDS		
BECONASE AQ SUS 0.042%	3	
<i>flunisolide spr 0.025%</i>	1	
<i>fluticasone spr 50mcg</i> (generic of FLONASE)	1	
NASONEX SPR 50MCG/AC	2	
OMNARIS SPR	3	
QNASL AER 80MCG	3	
RHINOCORT SUS AQUA	3	
<i>triamcinolon spr 55mcg/ac</i> (generic of NASACORT AQ)	1	
VERAMYST SPR 27.5MCG	3	
ZETONNA AER 37MCG	3	
STEROID INHALANTS		
ALVESCO AER 80MCG	3	
ALVESCO AER 160MCG	3	
ASMANEX 14 AER 220MCG	2	
ASMANEX 30 AER 110MCG	2	
ASMANEX 30 AER 220MCG	2	
ASMANEX 60 AER 220MCG	2	
ASMANEX 120 AER 220MCG	2	
<i>budesonide (inhalation)</i> (generic of PULMICORT)	1	
FLOVENT DISK AER 50MCG	2	
FLOVENT DISK AER 100MCG	2	
FLOVENT DISK AER 250MCG	2	

Drug Name	Drug Requirements/	
	Tier	Limits
FLOVENT HFA AER 44MCG	2	
FLOVENT HFA AER 110MCG	2	
FLOVENT HFA AER 220MCG	2	
PULMICORT INH 90MCG	2	
PULMICORT INH 180MCG	2	
PULMICORT INH SUSP	3	
QVAR AER 40MCG	2	
QVAR AER 80MCG	2	
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	2	
ADVAIR DISKU AER 250/50	2	
ADVAIR DISKU AER 500/50	2	
ADVAIR HFA AER 45/21	2	
ADVAIR HFA AER 115/21	2	
ADVAIR HFA AER 230/21	2	
DULERA AER 100-5MCG	2	
DULERA AER 200-5MCG	2	
SYMBICORT AER 80-4.5	2	
SYMBICORT AER 160-4.5	2	
XANTHINES		
<i>aminophylline inj</i>	1	
ELIXOPHYLLIN	2	
LUFYLLIN	3	
THEO-24	2	
<i>theophylline</i> TB12; TB24	1	
TOPICAL DERMATOLOGY, ACNE		
ABSORICA	3	NM
ACANYA	2	
ACZONE	3	
<i>adapalene</i> (generic of DIFFERIN)	1	
AKNE-MYCIN	3	
<i>amnesteam</i>	1	
ATRALIN	2	
<i>avita</i> (generic of RETIN-A) CREA	1	
<i>avita</i> GEL	1	
AZELEX	3	

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>benzoyl peroxide-erythromycin</i> (generic of BENZAMYCIN)	1	
<i>claravis</i>	1	
CLINDAGEL	3	
<i>clindamycin phosphate (topical)</i> (generic of EVOCLIN) FOAM	1	
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) GEL; LOTN; SOLN; SWAB	1	
<i>clindamycin phosphate-benzoyl peroxide</i> (generic of BENZACLIN)	1	
DIFFERIN GEL .3%	2	
DIFFERIN LOTN	2	
EPIDUO	2	
<i>ery</i>	1	
<i>erythromycin (acne aid)</i>	1	
<i>myorisan</i>	1	
RETIN-A MICRO	2	
<i>sulfacetamide sodium (acne)</i> (generic of KLARON)	1	
TRETIN X	3	
<i>tretinoin</i> (generic of RETIN-A) CREA; GEL	1	
TRETINOIN MICROSPHERE	1	
VELTIN	2	
<i>zenatane</i>	1	
ZIANA	3	
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC	2	
FLUOROPLEX	3	
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA	1	
<i>fluorouracil (topical)</i> SOLN	1	
PICATO	2	
SOLARAZE	2	
DERMATOLOGY, ANTIBIOTICS		
ALTABAX	2	
BACTROBAN CREA	2	
BACTROBAN NASAL	3	
CORTISPORIN CREA; OINT	3	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>gentamicin sulfate (topical)</i>	1	
<i>mafenide acetate</i> (generic of SULFAMYLON) PACK	1	
<i>mupirocin cream 2%</i> (generic of BACTROBAN)	1	
<i>mupirocin oint 2%</i> (generic of BACTROBAN)	1	
PHISOHEX	3	
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA	1	
<i>ssd</i> (generic of SILVADENE)	1	
SULFAMYLON	3	
<i>thermazene</i> (generic of SILVADENE)	1	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> CREA; SUSP	1	
<i>ciclopirox</i> (generic of LOPROX) GEL	1	
<i>ciclopirox shampoo 1%</i> (generic of LOPROX SHAMPOO)	1	
<i>clotrimazole (topical)</i>	1	
<i>econazole nitrate</i> CREA	1	
ERTACZO	3	
EXELDERM	3	
<i>ketoconazole (topical)</i> (generic of EXTINA)	1	
<i>ketoconazole cream</i>	1	
MENTAX	2	
NAFTIN	3	
<i>nyamyc</i>	1	
<i>nystatin (topical)</i>	1	
<i>nystatin pow 100000</i>	1	
<i>nystop</i>	1	
OXISTAT	2	
<i>pedi-dri</i>	1	
DERMATOLOGY, ANTIPRURITIC		
CORTIFOAM	2	
<i>proctocream</i> (generic of ANUSOL-HC)	1	
<i>proctozone hc</i> (generic of ANUSOL-HC)	1	
PRUDOXIN	1	
ZONALON	3	

Drug Name	Drug Requirements/	
	Tier	Limits
DERMATOLOGY, ANTIPSORIATICS		
<i>calcipotriene</i> (generic of DOVONEX) CREA	1	
<i>calcipotriene</i> OINT; SOLN	1	
CALCITRIOL OINT	1	
8-MOP	3	
OXSORALEN ULTRA	2	NM
SORIATANE	2	NM
SORILUX	2	
STELARA	3	NM
TAZORAC	2	
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketokonazole shampoo</i> (generic of NIZORAL)	1	
<i>selenium sulfide</i> (generic of SELSUN SHAMPOO) LOTN	1	
DERMATOLOGY, ANTIVIRALS		
<i>acyclovir topical</i> (generic of ZOVIRAX)	1	
DENAVIR	3	
XERESE	3	
ZOVIRAX CREA; OINT	3	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i> (generic of ACLOVATE) CREA	1	
<i>alclometasone dipropionate</i> OINT	1	
<i>amcinonide</i> CREA; LOTN	1	
AMCINONIDE OINT	3	
<i>betamethasone dipropionate (topical)</i>	1	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE AF) CREA	1	
<i>betamethasone dipropionate augmented</i> GEL	1	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) LOTN; OINT	1	
<i>betamethasone valerate</i> CREA; LOTN; OINT	1	
<i>betamethasone valerate</i> (generic of LUXIQ) FOAM	1	

Drug Name	Drug Requirements/	
	Tier	Limits
CAPEX	2	
<i>clobetasol propionate</i> (generic of TEMOVATE) GEL; OINT; SOLN	1	
<i>clobetasol propionate</i> (generic of CLOBEX) LOTN; SHAM	1	
<i>clobetasol propionate emollient base</i> (generic of TEMOVATE E)	1	
<i>clobetasol propionate emulsion</i> (generic of OLUX-E)	1	
CLOBEX LIQD	3	
CLODERM PUMP	3	
CORDRAN	3	
CORDRAN SP	3	
CORDRAN TAPE	3	
DESONATE	3	
<i>desonide</i> (generic of DESOWEN) CREA; LOTN; OINT	1	
<i>desowen oint kit 0.05%</i>	1	
<i>desoximetasone</i> (generic of TOPICORT) CREA	1	
<i>desoximetasone</i> (generic of TOPICORT) GEL	1	
DESOXIMETASONE OINT .05%	1	
<i>desoximetasone</i> (generic of TOPICORT) OINT .25%	1	
<i>diflorasone diacetate</i>	1	
<i>fluocinolone acetonide</i> CREA .01%	1	
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%	1	
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS BODY OIL) OIL	1	
<i>fluocinolone acetonide</i> (generic of SYNALAR) OINT	1	
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN	1	
<i>fluocinonide</i> GEL; OINT; SOLN	1	
<i>fluocinonide emulsified base</i>	1	

PA - Prior Authorization QL - Quantity Limits NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/ Tier Limits	
	Tier	Limits
<i>fluticasone propionate</i> (generic of CUTIVATE) CREA; LOTN; OINT	1	
<i>halobetasol propionate</i> (generic of ULTRAVATE)	1	
HALOG	3	
<i>hydrocortisone (topical)</i>	1	
<i>hydrocortisone butyrate</i> (generic of LOCOID)	1	
<i>hydrocortisone valerate</i> CREA	1	
<i>hydrocortisone valerate</i> (generic of WESTCORT) OINT	1	
KENALOG	3	
LOCOID LOTN	3	
LOCOID LIPOCREAM	2	
<i>Iokara</i> (generic of DESOWEN)	1	
LUXIQ	3	
<i>mometasone furoate</i> (generic of ELOCON) CREA; OINT; SOLN	1	
OLUX-E	3	
PANDEL	3	
<i>prednicarbate</i> (generic of DERMATOP)	1	
<i>procto-pak</i>	1	
TACLONEX	3	
TOPICORT LIQD	3	
TOPICORT OINT .05%	2	
<i>triamcinolone acetonide (topical)</i>	1	
<i>triderm</i>	1	
<i>u-cort</i> (generic of CARMOL-HC)	1	
VANOS	3	
VERDESO	3	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine</i> OINT	1	
<i>lidocaine hcl</i> GEL	1	
<i>lidocaine hcl</i> (generic of XYLOCAINE) SOLN 4%	1	
<i>lidocaine-prilocaine</i> (generic of EMLA)	1	

Drug Name	Drug Requirements/ Tier Limits	
	Tier	Limits
LIDODERM	2	
SYNERA	3	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate</i> (generic of LAC-HYDRIN) CREA; LOTN	1	
CONDYLOX GEL	2	
ELIDEL	2	
FINACEA	2	
<i>imiquimod</i> (generic of ALDARA) CREA	1	
<i>lactolion</i> (generic of LAC-HYDRIN)	1	
METROGEL	2	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA	1	
<i>metronidazole (topical)</i> GEL	1	
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN	1	
ORACEA	2	
OXSORALEN	3	
PANRETIN	3	NM
PENNSAID	2	
<i>podofilox</i> (generic of CONDYLOX) SOLN	1	
PROTOPIC	2	
RECTIV	3	
TARGRETIN GEL	3	NM
VOLTAREN GEL 1%	2	
ZYCLARA	2	
ZYCLARA PUMP	2	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX	3	
<i>malathion</i> (generic of OVIDE)	1	
<i>permethrin</i> (generic of ELIMITE) CREA	1	
SKLICE	3	
ULESFIA	3	
DERMATOLOGY, WOUND CARE AGENTS		

PA - Prior Authorization QL - Quantity Limits NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Drug Name	Drug Requirements/	
	Tier	Limits
<i>neomycin/polymyxin b gu</i> (generic of NEOSPORIN GU IRRIGANT)	1	
REGRANEX	3	NM
SANTYL	3	
<i>sodium chloride (gu irrigant)</i>	1	
<i>water for irrigation, sterile</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> (generic of EVOXAC)	1	
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX)	1	
<i>clotrimazole</i> TROC	1	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>nystatin (mouth-throat)</i>	1	
<i>periogard</i> (generic of PERIDEX)	1	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN)	1	
<i>triamcinolone acetonide (mouth)</i>	1	
OTIC		
<i>acetasol hc</i> (generic of VOSOL HC)	1	
<i>acetic acid (otic)</i>	1	
<i>acetic acid sol/hc</i> (generic of VOSOL HC)	1	
CIPRO HC	2	
CIPRODEX	2	
COLY-MYCIN S	3	
CORTISPORIN-TC	3	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC)	1	
<i>neomycin-polymyxin-hc (otic)</i> (generic of CORTISPORIN) SOLN	1	
<i>neomycin-polymyxin-hc (otic)</i> SUSP	1	
<i>ofloxacin (otic)</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - CalPERS EGWP Effective 7.1.13 ** - Contact Care at 1-855-479-3660 to check if additional CalPERS coverage is available for drugs not listed

Index

- 8**
8-MOP 40
- A**
a-hydrocort 26
abacavir sulfate 6
ABELCET 6
ABILIFY 19
ABILIFY DISCMELT 19
ABILIFY MAINTENA 19
ABILIFY SOL 1MG/ML 19
ABILIFY TABS 19
ABRAXANE 9
ABSORICA 38
ABSTRAL 2
ACANYA 38
acarbose 22
ACCOLATE
 see *zafirlukast* 37
ACCUNEB
 see *albuterol sulfate* 37
ACUPRIL
 see *quinapril hcl* 11
ACCURETIC
 see *quinapril-hydrochlorothiazide* 11
acebutolol hcl 13
ACEON
 see *perindopril erbumine* 11
acetaminophen w/ codeine 1
acetaminophen-caff-dihydrocod 1
acetazol hc 42
acetazolamide 14
acetazolamide sodium 14
acetic acid (otic) 42
acetic acid sol/hc 42
acetylcysteine 37
ACIPHEX TAB 20MG 30
ACLOVATE
 see *alclometasone dipropionate* 40
ACTEMRA 32
ACTHIB 33
ACTIGALL
 see *ursodiol* 30
ACTIMMUNE 32
ACTIQ
 see *fentanyl citrate* 2
ACTIVEVIA
 see *estradiol & norethindrone acetate* 26
ACTOPLUS MET 24
 see *pioglita/met tab 15-500mg* 23
 see *pioglita/met tab 15-850mg* 23
ACTOPLUS MET TAB XR 22
ACTOS
 see *pioglitazone tab 15mg* 23
 see *pioglitazone tab 30mg* 23
 see *pioglitazone tab 45mg* 23
ACULAR
 see *ketorolac tromethamine (ophth)* 36
ACULAR LS
 see *ketorolac tromethamine (ophth)* 36
ACUVAIL 35
acyclovir 7
acyclovir sodium 7
acyclovir topical 40
ACZONE 38
ADACEL 33
ADAGEN 26
ADALAT CC
 see *afeditab cr* 14
 see *nifediac* 14
 see *nifediac cc tab* 14
 see *nifedipine* 14
adapalene 38
ADCIRCA 15
ADDERALL
 see *amphetamine-dextroamphetamine* 19
ADDERALL XR
 see *amphetamine-dextroamphetamine* 19
ADOXA
 see *doxycycline (monohydrate)* 5
ADOXA PAK 1/150
 see *doxycycline (monohydrate)* 5
adriamycin 9
ADVAIR DISKU AER
 100/50 38
ADVAIR DISKU AER
 250/50 38
ADVAIR DISKU AER
 500/50 38
ADVAIR HFA AER 115/21 38
ADVAIR HFA AER 230/21 38
ADVAIR HFA AER 45/21 38
ADVICOR 12
afeditab cr 14
AFINITOR 10
AFINITOR DISPERZ 10
AGGRENOLX 32
AGRYLIN
 see *anagrelide hcl* 32
ak-con 36
AKNE-MYCIN 38
ala-cort 40
ALBENZA 7
albuterol sulfate 37
ALCAINE
 see *proparacaine hcl* 36
alclometasone dipropionate 40
ALCOHOL PREPS 22
ALDACTAZIDE 14
 see *spironolactone & hydrochlorothiazide* 15
ALDACTONE
 see *spironolactone* 11
ALDARA
 see *imiquimod* 41
ALDURAZYME 26
alendronate sodium tabs 24
alendronate sol 70/75ml 24
alfuzosin hcl 30
ALIMTA 9
ALINIA SUS 100MG/5M 7
ALINIA TAB 500MG 7
ALKERAN
 see *melphalan hcl* 8
allopurinol inj 500mg 1
allopurinol tab 1
ALOCRIL 36
ALOMIDE 36
ALOPRIM
 see *allopurinol inj 500mg* 1
ALORA 26
ALOXI 28
ALPHAGAN P 36
alprazolam 16
ALREX 35
ALSUMA INJ 6MG/0.5 20
ALTABAX 39
ALTACE
 see *ramipril* 11
ALTOPREV 12
ALVESCO AER 160MCG 38
ALVESCO AER 80MCG 38
amantadine hcl 18
AMARYL
 see *glimepiride tab 1mg* 22
 see *glimepiride tab 2mg* 22
 see *glimepiride tab 4mg* 22
AMBIEN
 see *zolpidem tab 10mg* 20
 see *zolpidem tab 5mg* 20
AMBIEN CR
 see *zolpidem er tab 12.5mg* 20
 see *zolpidem er tab 6.25mg* 20
AMBISOME 6
AMCINONIDE 40
amcinonide 40
AMERGE
 see *naratriptan tab 1mg* 20
 see *naratriptan tab 2.5mg* 20
amethia 91 day 24

<i>amethyst 28 day</i>	24	ANDROGEL GEL 1.62%..	22	ASMANEX 14 AER	
<i>amifostine crystalline</i>	10	ANDROGEL GEL PUMP		220MCG.....	38
<i>amikacin sulfate</i>	3	1%.....	22	ASMANEX 30 AER	
<i>amiloride &</i>		ANDROXY.....	22	110MCG.....	38
<i>hydrochlorothiazide</i>	14	ANEXSIA		ASMANEX 30 AER	
<i>amiloride hcl</i>	14	see <i>hydrocodone-</i>		220MCG.....	38
<i>amino acid infusion</i>	33	<i>acetaminophen 7.5-</i>		ASMANEX 60 AER	
<i>aminophylline inj</i>	38	<i>650mg</i>	1	220MCG.....	38
AMINOSYN.....	33	ANTABUSE		ASTELIN	
<i>aminosyn 8.5 % with</i>		see <i>disulfiram</i>	21	see <i>azelastine spr 0.1%</i>	37
<i>electrolytes, sulfite-free</i>	34	ANTARA.....	13	ASTEPRO SPR 0.15%.....	37
AMINOSYN II.....	34	see <i>fenofibrate</i>		<i>astramorph</i>	2
<i>aminosyn ii 8.5 % with</i>		<i>micronized</i>	13	ATACAND.....	12
<i>electrolytes, sulfite-free</i>	34	ANTIVERT.....	28	ATACAND HCT.....	11
AMINOSYN M.....	34	see <i>meclizine hcl</i>	28	see <i>candesartan cilexetil-</i>	
AMINOSYN-HBC.....	34	ANUSOL-HC		<i>hydrochlorothiazide</i>	11
AMINOSYN-PF.....	34	see <i>proctocream</i>	39	ATELVIA.....	24
AMINOSYN-PF 7%.....	34	see <i>proctozone hc</i>	39	<i>atenolol</i>	13
<i>amiodarone hcl</i>	12	APIDRA.....	22	<i>atenolol & chlorthalidone</i>	13
<i>amiodarone inj 50mg/ml</i>	12	APIDRA SOLOSTAR.....	22	ATGAM.....	32
AMITIZA.....	29	APLENZIN.....	17	ATIVAN	
<i>amitriptyline hcl</i>	17	APOKYN.....	18	see <i>lorazepam</i>	16
<i>amlodipine besylate</i>	14	<i>apri 28 day</i>	24	<i>atorvastatin tab 10mg</i>	12
<i>amlodipine besylate-</i>		APRISO.....	29	<i>atorvastatin tab 20mg</i>	12
<i>benazepril hcl</i>	10	APTIVUS.....	6	<i>atorvastatin tab 40mg</i>	12
AMLODIPINE		ARALAST NP.....	37	<i>atorvastatin tab 80mg</i>	12
BESYLATE/ATORV.....	14	ARALEN		<i>atovaquone-proguanil hcl</i>	6
AMMONIUM CHLORIDE.....	33	see <i>chloroquine</i>		ATRALIN.....	38
<i>ammonium lactate</i>	41	<i>phosphate</i>	6	ATRIPLA.....	6
<i>amnesteem</i>	38	<i>aranelle 28</i>	24	<i>atropine sulfate</i>	28
AMOXAPINE.....	17	ARANESP ALBUMIN		ATROVENT	
<i>amoxicillin</i>	3	FREE.....	31	see <i>ipratropium bromide</i>	
<i>amoxicillin & pot clavulanate</i>	4	ARAVA		(<i>nasal</i>).....	37
<i>amphetamine-</i>		see <i>leflunomide</i>	32	ATROVENT HFA AER	
<i>dextroamphetamine</i>	19	ARCALYST.....	32	17MCG.....	37
AMPHOTEC.....	6	ARCAPTA CAP 75MCG.....	37	AUBAGIO.....	21
<i>amphotericin b</i>	6	ARICEPT.....	17	AUGMENTIN	
<i>ampicillin</i>	4	see <i>donepezil</i>		see <i>amoxicillin & pot</i>	
<i>ampicillin & sulbactam</i>		<i>hydrochloride</i>	17	<i>clavulanate</i>	4
<i>sodium</i>	4	ARICEPT ODT		AUGMENTIN ES-600	
<i>ampicillin inj</i>	4	see <i>donepezil</i>		see <i>amoxicillin & pot</i>	
AMPYRA.....	21	<i>hydrochloride</i>	17	<i>clavulanate</i>	4
AMTURNIDE.....	14	ARIMIDEX		AUGMENTIN XR	
ANAFRANIL		see <i>anastrozole</i>	9	see <i>amoxicillin & pot</i>	
see <i>clomipramine hcl</i>	17	ARIXTRA		<i>clavulanate</i>	4
<i>anagrelide hcl</i>	32	see <i>fondaparinux sodium</i>	31	AUVI-Q INJ 0.15MG.....	37
ANAPROX		AROMASIN		AUVI-Q INJ 0.3MG.....	37
see <i>naproxen sodium</i>	3	see <i>exemestane</i>	9	AVALIDE	
ANAPROX DS		ARRANON.....	9	see <i>irbesartan-</i>	
see <i>naproxen sodium</i>	3	ARTHROTEC.....	1	<i>hydrochlorothiazide</i>	12
<i>anastrozole</i>	9	ARTHROTEC 50		AVAPRO	
ANCOBON		see <i>diclofenac w/</i>		see <i>irbesartan</i>	12
see <i>flucytosine</i>	6	<i>misoprostol</i>	1	AVASTIN.....	9
ANDRODERM DIS		ARTHROTEC 75		AVELOX.....	4
2MG/24HR.....	22	see <i>diclofenac w/</i>		AVELOX ABC PACK.....	4
ANDRODERM DIS		<i>misoprostol</i>	1	<i>aviane 28</i>	24
4MG/24HR.....	22	ARZERRA.....	9	AVINZA.....	2
ANDROGEL GEL		ASACOL.....	29	<i>avita</i>	38
1%(25MG).....	22	ASACOL HD.....	29	AVODART.....	30
ANDROGEL GEL		<i>ascomp with codeine</i>	1	AVONEX KIT 30MCG.....	21
1%(50MG).....	22	ASMANEX 120 AER		AVONEX PREFL KIT	
		220MCG.....	38		

30MCG	21
AXERT TAB 12.5MG	20
AXERT TAB 6.25MG	20
AXID	
see <i>nizatidine</i>	29
AXIRON SOL 30MG/ACT	22
AYGESTIN	
see <i>norethindrone acetate</i>	27
AZACTAM	8
see <i>aztreonam</i>	8
AZACTAM IN DEXTROSE	8
AZASAN	32
AZASITE	35
azathioprine	32
azathioprine inj 100mg	32
azelastine hcl (ophth)	36
azelastine spr 0.1%	37
AZELEX	38
AZILECT	18
azithromycin	4
AZOPT	36
AZOR	11
aztreonam	8
AZULFIDINE	
see <i>sulfasalazine ir</i>	29
AZULFIDINE EN-TABS	
see <i>sulfasalazine dr</i>	29

B

<i>bacitracin (ophthalmic)</i>	35
<i>bacitracin-poly-neomycin-hc</i>	35
<i>bacitracin-polymyxin b (ophth)</i>	35
<i>baclofen</i>	21
BACTOCILL IN DEXTROSE	4
BACTRIM	
see <i>sulfamethoxazole-trimethop</i>	8
BACTRIM DS	
see <i>sulfamethoxazole-trimethop</i>	8
BACTROBAN	39
see <i>mupirocin cream 2%</i>	39
see <i>mupirocin oint 2%</i>	39
BACTROBAN NASAL	39
balsalazide disodium	29
balziva 28 day	24
BANZEL	16
BARACLUDE	7
BECONASE AQ SUS	
0.042%	38
benazepril &	
<i>hydrochlorothiazide</i>	11
<i>benazepril hcl</i>	11
BENICAR	12
BENICAR HCT	11
BENTYL	28
see <i>dicyclomine hcl</i>	28
BENZACLIN	

see <i>clindamycin phosphate-benzoyl peroxide</i>	39
BENZAMYCIN	
see <i>benzoyl peroxide-erythromycin</i>	39
<i>benzoyl peroxide-erythromycin</i>	39
<i>benztropine mesylate</i>	18
BEPREVE	36
BESIVANCE	35
BETAGAN	
see <i>levobunolol hcl</i>	36
<i>betamethasone dipropionate (topical)</i>	40
<i>betamethasone dipropionate augmented</i>	40
<i>betamethasone valerate</i>	40
BETAPACE	
see <i>sorine</i>	12
see <i>sotalol hcl</i>	12
BETAPACE AF	
see <i>sotalol hcl (afib/af)</i>	12
BETASERON INJ 0.3MG	21
<i>betaxolol hcl</i>	13
<i>betaxolol hcl (ophth)</i>	36
<i>bethanechol chloride</i>	30
BETIMOL	36
BETOPTIC-S	36
BEYAZ	24
BIAXIN	
see <i>clarithromycin</i>	4, 5
BIAXIN XL	
see <i>clarithromycin</i>	5
<i>bicalutamide</i>	9
BICILLIN C-R	4
BICILLIN L-A	4
BICNU	8
BIDIL	15
BILTRICIDE	8
BINOSTO	24
<i>bisoprolol & hydrochlorothiazide</i>	13
<i>bisoprolol fumarate</i>	13
<i>bleomycin sulfate</i>	9
BLEPH-10	
see <i>sulfacetamide sodium (ophth)</i>	35
BLEPHAMIDE	35
BONIVA	
see <i>ibandronate sodium</i>	24
BONIVA INJ 3MG/3ML	24
BOOSTRIX	33
BOSULIF TAB 100MG	10
BOSULIF TAB 500MG	10
BOTOX	36
BREVICON-28	
see <i>necon 0.5/35 28 day</i>	25
see <i>nortrel 0.5/35 28 day</i>	25
<i>brillyn 28 day</i>	24
BRILINTA	32
BRIMONIDINE	

TARTRATE	36
<i>brimonidine tartrate</i>	36
BROMDAY	35
<i>bromfenac sodium (ophth)</i>	35
<i>bromocriptine mesylate</i>	18
BROVANA	37
<i>budeprion</i>	17
<i>budesonide</i>	29
<i>budesonide (inhalation)</i>	38
<i>bumetanide</i>	15
BUPHENYL	26
see <i>sodium phenylbutyrate</i>	26
BUPHENYL TAB 500MG	26
<i>buprenorphine hcl</i>	21
<i>buprenorphine-naloxone subl</i>	21
<i>buproban</i>	21
<i>bupropion hcl</i>	17
<i>bupropion hcl sr</i>	17
<i>bupropion hcl xl</i>	17
<i>buspirone hcl</i>	16
BUSLIFEX	8
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	1
<i>butorphanol nasal spray</i>	1
<i>butorphanol tartrate</i>	1
BUTRANS	1
BYDUREON INJ	22
BYETTA	22
BYSTOLIC	13

C

<i>cabergoline</i>	27
CALAN	
see <i>verapamil hcl</i>	14
CALAN SR	
see <i>verapamil hcl</i>	14
<i>calcipotriene</i>	40
<i>calcitonin (salmon) nasal spray</i>	24
CALCITRIOL	40
<i>calcitriol</i>	35
<i>calcium acetate (phosphate binder)</i>	27
<i>camila 28 day</i>	24
CAMPATH	9
CAMPRAL	21
CANASA	29
CANCIDAS	6
<i>candesartan cilexetil-hydrochlorothiazide</i>	11
CANTIL	28
CAPASTAT SULFATE	7
CAPEX	40
CAPITAL AND CODEINE	1
CAPRELSA	10
<i>captopril</i>	11
<i>captopril & hydrochlorothiazide</i>	11

CARAC.....	39	<i>cefprozil</i>	4	see <i>ciprofloxacin-</i>	
CARAFATE.....	29	<i>ceftazidime</i>	4	<i>ciprofloxacin hcl</i>	4
see <i>sucralfate</i>	30	CEFTAZIDIME/DEXTROSE	4	CIPRODEX.....	42
CARBAGLU.....	26	CEFTIN.....	4	<i>ciprofloxacin hcl</i>	4
<i>carbamazepine</i>	16	see <i>cefuroxime axetil</i>	4	<i>ciprofloxacin hcl (ophth)</i> ...	35
CARBATROL.....		<i>ceftriaxone sodium</i>	4	<i>ciprofloxacin in d5w</i>	4
see <i>carbamazepine</i>	16	<i>cefuroxime axetil</i>	4	<i>ciprofloxacin-ciprofloxacin</i>	
<i>carbidopa-levodopa</i>	18	<i>cefuroxime sodium</i>	4	<i>hcl</i>	4
CARBIDOPA/LEVODOPA/E		CELEBREX.....	3	<i>ciprofloxacin inj</i>	4
NTACA.....	18	CELESTONE.....	26	<i>cisplatin</i>	10
<i>carbinoxamine maleate</i> ...	37	CELEXA.....		<i>citalopram hydrobromide</i> ..	17
<i>carboplatin</i>	10	see <i>citalopram</i>		<i>cladribine</i>	10
CARDIZEM.....		<i>hydrobromide</i>	17	CLAFORAN.....	4
see <i>diltiazem hcl</i>	14	CELLCEPT.....	32	see <i>cefotaxime sodium</i> ...	4
CARDIZEM CD.....		see <i>mycophenolate</i>		<i>claravis</i>	39
see <i>cartia</i>	14	<i>mofetil</i>	33	CLARINEX.....	37
see <i>dilt</i>	14	CELLCEPT.....		see <i>desloratadine</i>	37
see <i>diltiazem hcl coated</i>		INTRAVENOUS.....	32	CLARINEX REDITABS.....	37
<i>beads</i>	14	CELONTIN.....	16	see <i>desloratadine</i>	37
CARDIZEM LA.....	14	<i>cephalexin</i>	4	CLARINEX-D 12 HOUR.....	37
see <i>matzim</i>	14	CEREZYME.....	26	CLARINEX-D 24 HOUR.....	37
CARDURA.....		CERVARIX.....	33	<i>clarithromycin</i>	4, 5
see <i>doxazosin mesylate</i> .	11	CESAMET CAP 1MG.....	28	CLEOCIN.....	
CARDURA XL.....	30	<i>cetirizine syrup</i>	37	see <i>clindamycin cre 2%</i>	
CARIMUNE.....		<i>cevimeline hcl</i>	42	<i>vag</i>	31
NANOFILTERED.....	32	CHANTIX PAK 0.5& 1MG.	21	see <i>clindamycin hcl</i>	8
CARMOL-HC.....		CHANTIX TAB 0.5MG.....	21	CLEOCIN IN D5W.....	8
see <i>u-cort</i>	41	CHANTIX TAB 1MG.....	21	see <i>clindamycin phosphate</i>	
CARNITOR.....		CHEMET.....	24	<i>in d5w</i>	8
see <i>levocarnitine (metabolic</i>		<i>chenodal</i>	30	CLEOCIN INJ.....	8
<i>modifiers</i>).....	26	<i>chlorhexidine gluconate</i>		CLEOCIN PEDIATRIC	
<i>carteolol hcl (ophth)</i>	36	(<i>mouth-throat</i>).....	42	GRANULE.....	
<i>cartia</i>	14	<i>chloroquine phosphate</i>	6	see <i>clindamycin palmitate</i>	
<i>carvedilol</i>	13	<i>chlorothiazide</i>	15	<i>hydrochloride</i>	8
CASODEX.....		CHLORPROMAZ INJ.....		CLEOCIN PHOSPHATE.....	
see <i>bicalutamide</i>	9	25MG/ML.....	19	see <i>clindamycin</i>	
CATAFLAM.....		<i>chlorpromazine hcl</i>	19	<i>phosphate</i>	8
see <i>diclofenac potassium</i> .	3	<i>chlorthalidone</i>	15	CLEOCIN VAG SUPP.....	
CATAPRES.....		<i>chlorzoxazone</i>	21	100MG.....	31
see <i>clonidine hcl</i>	11	<i>cholestyramine</i>	13	CLEOCIN-T.....	
CATAPRES-TTS-1.....		<i>cholestyramine light</i>	13	see <i>clindamycin phosphate</i>	
see <i>clonidine hcl</i>	11	<i>chorionic gonadotropin</i> ...	27	(<i>topical</i>).....	39
CATAPRES-TTS-2.....		<i>ciclopirox</i>	39	CLIMARA.....	
see <i>clonidine hcl</i>	11	<i>ciclopirox shampoo 1%</i> ...	39	see <i>estradiol</i>	26
CATAPRES-TTS-3.....		<i>cidofovir</i>	7	CLIMARA PRO.....	26
see <i>clonidine hcl</i>	11	<i>cilostazol</i>	32	CLINDAGEL.....	39
CAYSTON.....	37	CILOXAN.....		<i>clindamycin cre 2% vag</i> ...	31
CEDAX.....	4	see <i>ciprofloxacin hcl</i>		<i>clindamycin hcl</i>	8
CEENU.....	8	(<i>ophth</i>).....	35	<i>clindamycin palmitate</i>	
<i>cefaclor</i>	4	CILOXAN OINT.....	35	<i>hydrochloride</i>	8
CEFACTOR ER.....	4	<i>cimetidine</i>	29	<i>clindamycin phosphate</i>	8
<i>cefadroxil</i>	4	<i>cimetidine inj 150mg/ml</i> ...	29	<i>clindamycin phosphate</i>	
<i>cefazolin inj</i>	4	<i>cimetidine sol 300/5ml</i> ...	29	(<i>topical</i>).....	39
CEFAZOLIN/DEXTROSE... 4		CIMZIA.....	29	<i>clindamycin phosphate in</i>	
<i>cefdinir</i>	4	CIMZIA STARTER KIT.....	29	<i>d5w</i>	8
<i>cefepime hcl</i>	4	CIPRO.....	4	<i>clindamycin phosphate-</i>	
<i>cefotaxime sodium</i>	4	see <i>ciprofloxacin hcl</i>	4	<i>benzoyl peroxide</i>	39
CEFOTETAN.....	4	CIPRO HC.....	42	CLINIMIX 2.75%/DEXTROSE	
CEFOXITIN SODIUM.....	4	CIPRO I.V.-IN D5W.....		5%.....	34
<i>cefoxitin sodium</i>	4	see <i>ciprofloxacin in d5w</i> ...	4	CLINIMIX 4.25%/DEXTROSE	
<i>cefpodoxime proxetil</i>	4	CIPRO XR.....		10%.....	34

CLINIMIX 4.25%/DEXTROSE 20%.....	34	see <i>balsalazide disodium</i> 29	COSOPT	see <i>dorzolamide hcl-timolol maleate</i>	36
CLINIMIX 4.25%/DEXTROSE 25%.....	34	<i>colchicine w/ probenecid</i>	1	COSOPT PF.....	36
CLINIMIX 4.25%/DEXTROSE 5%.....	34	COLCRYS TAB 0.6MG.....	1	COUMADIN.....	31
CLINIMIX 5%/DEXTROSE 15%.....	34	COLESTID		see <i>jantoven</i>	31
CLINIMIX 5%/DEXTROSE 20%.....	34	see <i>colestipol hcl</i>	13	see <i>warfarin sodium</i>	31
CLINIMIX 5%/DEXTROSE 25%.....	34	<i>colestipol hcl</i>	13	COUMADIN INJ.....	31
CLINIMIX E 2.75%/DEXTROSE 10%.....	34	<i>colistimethate sodium</i>	8	COVERA-HS.....	14
CLINIMIX E 2.75%/DEXTROSE 5% 34		<i>colocort</i>	29	COZAAR	
CLINIMIX E 4.25%/DEXTROSE 25%.....	34	COLY-MYCIN M		see <i>losartan potassium</i> ..	12
CLINIMIX E 4.25%/DEXTROSE 5% 34		see <i>colistimethate sodium</i> 8		CREON.....	30
CLINIMIX E 5%/DEXTROSE 15%.....	34	COLY-MYCIN S.....	42	CRESTOR.....	12
CLINIMIX E 5%/DEXTROSE 20%.....	34	COLYTE-FLAVOR PACKS		CRINONE.....	27
CLINIMIX E 5%/DEXTROSE 25%.....	34	see <i>gavilyte-c</i>	29	CRIVAN.....	6
clinisol 15.....	34	COMBIGAN.....	36	<i>cromolyn sodium</i>	37
CLINORIL		COMBIPATCH.....	26	<i>cromolyn sodium (mastocytosis)</i>	30
see <i>sulindac</i>	3	COMBIVENT AER.....	36	<i>cromolyn sodium (ophth)</i> ..	36
<i>clobetasol propionate</i>	40	COMBIVENT AER RESPIMAT.....	36	<i>cryselle</i> 28.....	24
<i>clobetasol propionate emollient base</i>	40	COMBIVIR		CUBICIN.....	8
<i>clobetasol propionate emulsion</i>	40	see <i>lamivudine-zidovudine</i> 7		CUTIVATE	
CLOBEX.....	40	COMETRIQ.....	10	see <i>fluticasone propionate</i>	41
see <i>clobetasol propionate</i>	40	COMPLERA.....	6	CUVPOSA.....	28
CLODERM PUMP.....	40	<i>compro</i>	28	<i>cyclafem 1/35 28 day</i>	24
CLOLAR.....	9	COMTAN.....	18	<i>cyclafem 7/7/7 28 day</i>	24
<i>clomipramine hcl</i>	17	see <i>entacapone</i>	18	CYCLESSA	
<i>clonazepam</i>	16	COMVAX.....	33	see <i>velivet 28 day</i>	25
<i>clonidine hcl</i>	11	CONDYLOX.....	41	<i>cyclobenzapr cap 15mg er</i> 21	
<i>clopidogrel bisulfate</i>	32	see <i>podofilox</i>	41	<i>cyclobenzapr cap 30mg er</i> 21	
<i>clorazepate dipotassium</i>	16	<i>constulose</i>	29	<i>cyclobenzapr tab 10mg</i>	21
<i>clorpres 0.1/15</i>	15	CONZIP.....	3	<i>cyclobenzapr tab 5mg</i>	21
<i>clorpres 0.2/15</i>	15	COPAXONE KIT 20MG/ML21		<i>cyclobenzapr tab 7.5mg</i> ... 21	
<i>clorpres 0.3/15</i>	15	COPEGUS		<i>cyclophosphamide</i>	8
<i>clotrimazole</i>	42	see <i>ribasphere 200mg</i> 7		<i>cyclosporine</i>	32
<i>clotrimazole (topical)</i>	39	see <i>ribavirin 200mg</i> 7		<i>cyclosporine modified (for microemulsion)</i>	32
<i>clozapine</i>	19	CORDARONE		CYKLOKAPRON	
CLOZAPINE ODT.....	19	see <i>amiodarone hcl</i>	12	see <i>tranexamic acid</i>	32
CLOZARIL		see <i>pacerone</i>	12	CYMBALTA.....	17
see <i>clozapine</i>	19	CORDRAN.....	40	<i>cyproheptadine hcl</i>	37
co-gesic.....	1	CORDRAN SP.....	40	CYSTADANE.....	26
COARTEM.....	6	CORDRAN TAPE.....	40	CYSTAGON.....	26
<i>codeine sulfate</i>	2	COREG		CYTARABINE INJ	
COGENTIN		see <i>carvedilol</i>	13	100MG/ML.....	9
see <i>benztropine mesylate</i>	18	COREG CR.....	13	<i>cytarabine inj 20mg/ml</i> 9	
COLAZAL		CORGARD		<i>cytarabine inj 500mg</i> 9	
		see <i>nadolol</i>	13	CYTOMEL	
		see <i>hydrocortisone</i>	26	see <i>liothyronine sodium</i> ..	28
		see <i>colocort</i>	29	CYTOTEC	
		see <i>hydrocortisone (intrarectal)</i>	29	see <i>misoprostol</i>	30
		CORTIFOAM.....	39	CYTOVENE	
		<i>cortisone acetate</i>	26	see <i>ganciclovir inj 500mg</i> . 7	
		CORTISPORIN.....	39		
		see <i>neomycin-polymyxin-hc (otic)</i>	42		
		CORTISPORIN-TC.....	42		
		CORZIDE			
		see <i>nadolol & bendroflumethiazide</i> ... 13			
		COSMEGEN.....	9		

D

D.H.E. 45	
see <i>dihydroergotamine mesylate</i>	20
dacarbazine.....	8
DACOGEN.....	9

DALIRESP.....	38	DERMOTIC		DIFFERIN.....	39
<i>danazol</i>	25	<i>see fluocinolone acetonide</i>		<i>see adapalene</i>	38
DANTRIUM		<i>(otic)</i>	42	DIFICID.....	5
<i>see dantrolene sodium</i>	21	<i>desipramine hcl</i>	17	<i>diflorasone diacetate</i>	40
<i>dantrolene sodium</i>	21	<i>desloratadine</i>	37	DIFLUCAN	
<i>dapsone</i>	8	<i>desmopressin acetate</i>	28	<i>see fluconazole</i>	6
DAPTACEL.....	33	<i>desmopressin acetate</i>		<i>diflunisal</i>	3
DARAPRIM.....	6	<i>spray</i>	28	<i>digoxin</i>	14
<i>daunorubicin hcl</i>	9	<i>desmopressin acetate spray</i>		<i>digoxin inj</i>	14
DAYPRO		<i>refrigerated</i>	28	DIGOXIN SOL 50MCG/ML	14
<i>see oxaprozin</i>	3	<i>desmopressin inj</i>	28	DIHYDROERGOTAMINE	
DAYTRANA.....	19	DESMOPRESSIN SOLN		MESYLATE.....	20
DDAVP		0.01%.....	28	<i>dihydroergotamine</i>	
<i>see desmopressin</i>		DESOGEN		<i>mesylate</i>	20
<i>acetate</i>	28	<i>see apri 28 day</i>	24	DILACOR XR	
<i>see desmopressin acetate</i>		<i>see emoquette</i>	24	<i>see dilt</i>	14
<i>spray</i>	28	<i>see reclipen 28 day</i>	25	DILANTIN.....	16
<i>see desmopressin inj</i>	28	DESONATE.....	40	<i>see phenytoin</i>	17
DECAVAC.....	33	<i>desonide</i>	40	<i>see phenytoin sodium</i>	
DELATESTRYL		DESOWEN		<i>extended</i>	17
<i>see testosterone</i>		<i>see desonide</i>	40	DILANTIN INFATABS	
<i>enanthate</i>	22	<i>see lokara</i>	41	<i>see phenytoin</i>	17
DELESTROGEN.....	26	<i>desowen oint kit 0.05%</i>	40	DILATRATE SR.....	15
<i>see estradiol valerate</i>	26	DESOXIMETASONE.....	40	DILAUDID	
DELZICOL.....	29	<i>desoximetasone</i>	40	<i>see hydromorphone hcl</i>	2
DEMADEX		DETROL		DILAUDID-5	
<i>see torsemide tabs</i>	15	<i>see tolterodine tartrate</i>	31	<i>see hydromorphone hcl</i>	2
<i>demeclocycline hcl</i>	5	DETROL LA.....	30	DILAUDID-5 ORAL LIQD... 2	
DEMSEER.....	15	<i>dexamethasone</i>	26	DILAUDID-HP	
DENAVIR.....	40	DEXAMETHASONE		<i>see hydromorphone hcl</i>	2
DEPACON		INTENSOL.....	26	<i>dilt</i>	14
<i>see valproate sodium</i>	17	<i>dexamethasone sodium</i>		DILTIAZEM HCL.....	14
DEPAKENE		<i>phosphate</i>	26	<i>diltiazem hcl</i>	14
<i>see valproate sodium</i>	17	<i>dexamethasone sodium</i>		<i>diltiazem hcl coated beads</i>	14
<i>see valproic acid</i>	17	<i>phosphate (ophth)</i>	35	<i>diltiazem hcl extended</i>	
DEPAKOTE		DEXILANT.....	30	<i>release beads</i>	14
<i>see divalproex sodium</i>	16	DEXPAK TAPERPAK 13		DIOVAN.....	12
DEPAKOTE ER		DAY.....	26	DIOVAN HCT	
<i>see divalproex sodium</i>	16	<i>dextrazoxane</i>	10	<i>see valsartan-</i>	
DEPAKOTE SPRINKLES		<i>dextrose</i>	34	<i>hydrochlorothiazide</i>	12
<i>see divalproex sodium</i>	16	<i>dextrose 10% w/ sodium</i>		DIPENTUM.....	29
DEPO-ESTRADIOL.....	26	<i>chloride 0.2%</i>	34	<i>diphenhydram inj 50mg/ml</i>	37
DEPO-MEDROL.....	26	<i>dextrose 2.5%/nacl 0.45%</i>	34	<i>diphenoxylate w/ atropine</i>	30
<i>see methylprednisolone</i>		DEXTROSE 5%		DIPHThERIA/TETANUS	
<i>acetate</i>	26	/ELECTROLYTE.....	34	TOXOID.....	33
DEPO-PROVERA		<i>dextrose in lactated ringers</i>	34	DIPROLENE	
CONTRACEPTIV		<i>dextrose w/ sodium</i>		<i>see betamethasone</i>	
<i>see medroxyprogesterone</i>		<i>chloride</i>	34	<i>dipropionate</i>	
<i>acetate (contraceptive)</i>	25	DIAMOX		<i>augmented</i>	40
DEPO-PROVERA INJ		<i>see acetazolamide</i>	14	DIPROLENE AF	
400/ML.....	9	<i>diazepam</i>	16	<i>see betamethasone</i>	
DEPO-SUBQ PROVERA		<i>diazepam gel</i>	16	<i>dipropionate</i>	
104.....	24	DIAZEPAM INTENSOL.....	16	<i>augmented</i>	40
DEPO-TESTOSTERONE		DIBENZYLINE.....	15	<i>dipyridamole</i>	32
<i>see testosterone</i>		<i>diclofenac potassium</i>	3	<i>disopyramide phosphate</i>	12
<i>cypionate</i>	22	<i>diclofenac sodium</i>	3	<i>disulfiram</i>	21
DERMA-SMOOTH/FS		<i>diclofenac sodium (ophth)</i>	35	DITROPAN XL	
BODY OIL		<i>diclofenac w/ misoprostol</i>	1	<i>see oxybutynin chloride</i>	31
<i>see fluocinolone</i>		<i>dicloxacillin sodium</i>	5	DIURIL SUS 250/5ML.....	15
<i>acetonide</i>	40	<i>dicyclomine hcl</i>	28	<i>divalproex sodium</i>	16
DERMATOP		<i>didanosine</i>	6	DIVIGEL.....	26
<i>see prednicarbate</i>	41				

E

e.e.s.	5
E.E.S. GRANULES	5
EC-NAPROSYN	
see <i>naproxen</i>	3
<i>econazole nitrate</i>	39
EDARBI	12
EDARBYCLOR	11
EDECRIN	15
EDLUAR SUB 10MG	20

en

□

see <i>clindamycin phosphate (topical)</i>	39
EVOXAC	
see <i>cevimeline hcl</i>	42
EXALGO	2
EXELDERM	39
EXELON	
see <i>rivastigmine tartrate</i>	17
EXELON PATCHES	17
EXELON SOLN	17
exemestane	9
EXFORGE	11
EXFORGE HCT 10-160-12.5MG	11
EXFORGE HCT 10-160-25MG	11
EXFORGE HCT 10-320-25MG	12
EXFORGE HCT 5-160-12.5MG	11
EXFORGE HCT 5-160-25MG	11
EXJADE	24
EXTAVIA INJ 0.3MG	21
EXTINA	
see <i>ketoconazole (topical)</i>	39

F

FABRAZYME	26
FACTIVE	5
famciclovir	7
famotidine	29
FAMVIR	
see <i>famciclovir</i>	7
FANAPT	19
FANAPT TITRATION PACK	19
FARESTON	9
FASLODEX	9
FAZACLO	19
felbamate	16
FELBATOL	
see <i>felbamate</i>	16
FELDENE	
see <i>piroxicam</i>	3
felodipine	14
FEMARA	
see <i>letrozole</i>	9
FEMCON FE	
see <i>zenchent fe 28 day</i>	25
FEMHRT LOW DOSE	26
FEMRING	26
FEMTRACE	26
fenofibrate	13
fenofibrate micronized	13
FENOGLIDE	13
fenopropfen calcium	3
fentanyl citrate	2
fentanyl patch	2
FENTORA	2

FERRIPROX	24
FEXMID	
see <i>cyclobenzapr tab 7.5mg</i>	21
FINACEA	41
finasteride	30
FIORICET/CODEINE	
see <i>butalbital-acetaminophen-caffeine w/ codeine</i>	1
FIORINAL/CODEINE #3	
see <i>ascomp with codeine</i>	1
FIRMAGON	9
FLAGYL	
see <i>metronidazole</i>	8
FLAGYL ER	8
FLAREX	35
FLEBOGAMMA	32
flecainide acetate	12
FLEXERIL	
see <i>cyclobenzapr tab 10mg</i>	21
see <i>cyclobenzapr tab 5mg</i>	21
FLO-PRED	26
FLOMAX	
see <i>tamsulosin hcl</i>	30
FLONASE	
see <i>fluticasone spr 50mcg</i>	38
FLOVENT DISK AER 100MCG	38
FLOVENT DISK AER 250MCG	38
FLOVENT DISK AER 50MCG	38
FLOVENT HFA AER 110MCG	38
FLOVENT HFA AER 220MCG	38
FLOVENT HFA AER 44MCG	38
fluconazole	6
fluconazole in dextrose	6
flucytosine	6
FLUDARABINE PHOSPHATE	10
fludarabine phosphate	10
fludrocortisone acetate	26
FLUMADINE	
see <i>rimantadine hydrochloride</i>	7
flunisolide spr 0.025%	38
fluocinolone acetonide	40
fluocinolone acetonide (otic)	42
fluocinonide	40
fluocinonide emulsified base	40
FLUOROMETHOLONE	35
FLUOROPLEX	39
fluorouracil (topical)	39

fluorouracil inj	9
FLUOXETINE HCL	18
fluoxetine hcl	17, 18
fluphenazine decanoate	19
fluphenazine hcl	19
flurbiprofen	3
flurbiprofen sodium	35
flutamide	9
fluticasone propionate	41
fluticasone spr 50mcg	38
fluvastatin sodium	12
fluvoxamine maleate	16
fluvoxamine maleate er	16
fluvoxamine tab 100mg	16
FML	35
FML FORTE	35
fondaparinux sodium	31
FORADIL CAP AEROLIZE	37
FORFIVO XL	18
FORTAMET	
see <i>metformin er tab 1000mg</i>	23
see <i>metformin tab 500mg er</i>	23
FORTAZ	5
see <i>ceftazidime</i>	4
see <i>tazicef vial</i>	5
FORTEO	27
FORTESTA GEL 10MG/ACT	22
fortical	24
FOSAMAX	
see <i>alendronate sodium tabs</i>	24
FOSAMAX PLUS D	24
foscarnet sodium	7
fosinopril sodium	11
fosinopril sodium & hydrochlorothiazide	11
FOSRENOL	27
FRAGMIN	31
FREAMINE III 3%	34
freamine iii 8.5	34
FROVA TAB 2.5MG	20
FURADANTIN	
see <i>nitrofurantoin</i>	8
furosemide	15
furosemide inj	15
FUROSEMIDE ORAL SOLN 8 MG/ML	15
FUZEON	6

G

gabapentin cap 100mg	16
gabapentin cap 300mg	16
gabapentin cap 400mg	16
gabapentin sol 250/5ml	16
gabapentin tab 600mg	16
gabapentin tab 800mg	16
GABITRIL	16

see <i>tiagabine tab 2mg</i> . . .	17	<i>glipizide er tab 5mg</i>	22	<i>griseofulvin microsize</i>	6
see <i>tiagabine tab 4mg</i> . . .	17	<i>glipizide tab 10mg</i>	22	<i>griseofulvin ultramicrosize</i> . .	6
<i>galantamine hydrobromide</i> .	17	<i>glipizide tab 5mg</i>	22	<i>guanfacine hcl</i>	11
GAMASTAN S/D	32	GLUCAGEN HYPOKIT	27		
GAMMAGARD LIQUID	32	GLUCAGON EMERGENCY		H	
GAMMAKED	32	KIT	27	HALAVEN	10
GAMMAPLEX	32	GLUCOPHAGE		HALDOL	
GAMUNEX-C	32	see <i>metformin tab</i>		see <i>haloperidol lactate</i> . . .	19
<i>ganciclovir inj 500mg</i>	7	1000mg	23	HALDOL DECANOATE 100	
GARAMYCIN		see <i>metformin tab 500mg</i>	23	see <i>haloperidol</i>	
see <i>gentamicin sulfate</i>		see <i>metformin tab 850mg</i>	23	decanoate	19
(<i>ophth</i>)	35	GLUCOPHAGE XR		HALDOL DECANOATE 50	
GARDASIL	33	see <i>metformin tab 500mg</i>		see <i>haloperidol</i>	
GASTROCROM		er	23	decanoate	19
see <i>cromolyn sodium</i>		see <i>metformin tab 750mg</i>		HALFLYTELY BOWEL	
(<i>mastocytosis</i>)	30	er	23	PREP/FLA	29
GATTEX	30	GLUCOTROL		<i>halobetasol propionate</i> . . .	41
GAUZE PADS 2X2	22	see <i>glipizide tab 10mg</i> . . .	22	HALOG	41
<i>gavilyte-g</i>	29	see <i>glipizide tab 5mg</i> . . .	22	<i>haloperidol</i>	19
<i>gavilyte-c</i>	29	GLUCOTROL XL		<i>haloperidol decanoate</i> . . .	19
<i>gavilyte-n</i>	29	see <i>glipizide er tab 10mg</i>	22	<i>haloperidol lactate</i>	19
GELNIQUE	30	see <i>glipizide er tab</i>		HAVRIX	33
<i>gemcitabine hcl</i>	9	2.5mg	22	HECTOROL	35
<i>gemfibrozil</i>	13	see <i>glipizide er tab 5mg</i> . .	22	HELIDAC	30
GEMZAR		GLUCOVANCE		HEP SOD/NACL INJ	
see <i>gemcitabine hcl</i>	9	see <i>glyb/metform tab 1.25-</i>		25000	31
GENERESS FE	24	250	22	<i>heparin (porcine) in sodium</i>	
<i>generlac</i>	29	see <i>glyb/metform tab 2.5-</i>		chloride	31
<i>gengraf</i>	32	500	23	<i>heparin (porcine) in sodium</i>	
GENOTROPIN	27	see <i>glyb/metform tab 5-</i>		chloride 100u/ml	31
GENOTROPIN		500mg	23	<i>heparin sod (porcine) in</i>	
MINIQUICK	27	GLUMETZA TAB 1000MG . . .	22	d5w	31
<i>gentak</i>	35	GLUMETZA TAB 500MG . . .	22	HEPARIN SODIUM	31
GENTAMICIN IN SALINE 0.9		<i>glyb/metform tab 1.25-250</i> . .	22	<i>heparin sodium (porcine)</i> . .	31
MG/ML	5	<i>glyb/metform tab 2.5-500</i> . .	23	HEPARIN SODIUM/SODIUM	
GENTAMICIN IN SALINE 1.4		<i>glyb/metform tab 5-500mg</i> . .	23	CHL	
MG/ML	5	<i>glyburid mcr tab 1.5mg</i> . . .	23	see <i>heparin (porcine) in</i>	
<i>gentamicin in saline 100mg</i> .	5	<i>glyburid mcr tab 3mg</i>	23	sodium chloride	31
<i>gentamicin in saline 60mg</i> . .	5	<i>glyburid mcr tab 6mg</i>	23	<i>hepatamine 8</i>	34
<i>gentamicin in saline 80mg</i> . .	5	<i>glyburide tab 1.25mg</i>	23	HEPATASOL INJ 8%	34
<i>gentamicin sulfate</i>	5	<i>glyburide tab 2.5mg</i>	23	HEPSERA	7
<i>gentamicin sulfate (ophth)</i> .	35	<i>glyburide tab 5mg</i>	23	HERCEPTIN	9
<i>gentamicin sulfate (topical)</i> .	39	<i>glycopyrrolate</i>	28, 29	HEXALEN	8
GEODON		GLYNASE		HIPREX	
see <i>ziprasidone hcl</i>	19	see <i>glyburid mcr tab</i>		see <i>methenamine</i>	
GEODON INJ	19	1.5mg	23	<i>hippurate</i>	8
<i>gianvi 28-day</i>	24	see <i>glyburid mcr tab 3mg</i>	23	HIZENTRA	32
GIAZO	29	see <i>glyburid mcr tab 6mg</i>	23	HORIZANT	20
<i>gildagia</i>	24	GLYSET	23	HUMALOG	22
GILENYA	21	GOLYTELY	29	HUMALOG KWIKPEN	22
GLASSIA	38	see <i>gavilyte-g</i>	29	HUMALOG MIX 50/50	22
GLEEVEC	10	GRALISE STARTER	20	HUMALOG MIX 50/50	
<i>glimepiride tab 1mg</i>	22	GRALISE TAB 300MG	20	KWIKPEN	22
<i>glimepiride tab 2mg</i>	22	GRALISE TAB 600MG	20	HUMALOG MIX 75/25	22
<i>glimepiride tab 4mg</i>	22	<i>granisetron hcl</i>	28	HUMALOG MIX 75/25	
<i>glip/metform tab 2.5-250m</i> . .	22	GRANISOL	28	KWIKPEN	22
<i>glip/metform tab 2.5-500m</i> . .	22	GRIFULVIN V		HUMATROPE	27
<i>glip/metform tab 5-500mg</i> . .	22	see <i>griseofulvin microsize</i> .	6	HUMATROPE COMBO	
<i>glipizide er tab 10mg</i>	22	GRIS-PEG		PACK	27
<i>glipizide er tab 2.5mg</i>	22	see <i>griseofulvin</i>		HUMIRA	32
		ultramicrosize	6	HUMULIN 70/30	22

HUMULIN 70/30 PEN	22	<i>hydroxyzine hcl inj</i>	37	INTUNIV	19
HUMULIN N	22	<i>hydroxyzine pamoate</i>	37	INVANZ	8
HUMULIN N U-100 PEN	22	HYZAAR		INVEGA	19
HUMULIN R	22	<i>see losartan potassium &</i>		INVEGA SUSTENNA	19
HUMULIN R U-500		<i>hydrochlorothiazide</i>	12	INVIRASE	6
(CONCENTRATE)	22			IONOSOL-B/DEXTROSE	
HYCANTIN				5%	34
<i>see topotecan hcl</i>	10	I		IONOSOL-MB/DEXTROSE	
HYCET		<i>ibandronate sodium</i>	24	5%	34
<i>see hydrocodone-</i>		<i>ibuprofen</i>	3	IPOL INACTIVATED IPV	33
<i>acetaminophen 7.5-325</i>		ICLUSIG	10	<i>ipratropium bromide</i>	
<i>mg/15ml</i>	1	IDAMYCIN PFS		(<i>nasal</i>)	37
<i>hydralazine hcl</i>	15	<i>see idarubicin hcl</i>	9	<i>ipratropium sol inhal</i>	37
HYDREA		<i>idarubicin hcl</i>	9	<i>ipratropium-albuterol</i>	36
<i>see hydroxyurea</i>	10	IFEX INJ 3GM	8	<i>irbesartan</i>	12
<i>hydrochlorothiazide</i>	15	IFOSFAMIDE	8	<i>irbesartan-</i>	
<i>hydrocodone-acetaminophen</i>		ILEVRO	35	<i>hydrochlorothiazide</i>	12
10-300mg	1	IMDUR		IRESSA	10
<i>hydrocodone-acetaminophen</i>		<i>see isosorbide</i>		IRINOTECAN	10
10-500mg	1	<i>mononitrate</i>	15	ISENTRESS	6
<i>hydrocodone-acetaminophen</i>		<i>imipenem-cilastatin</i>	8	<i>isolyte m</i>	34
10-650mg	1	<i>imipramine hcl</i>	18	ISOLYTE P	34
<i>hydrocodone-acetaminophen</i>		<i>imipramine pamoate</i>	18	ISOLYTE S	34
10-660mg	1	<i>imiquimod</i>	41	ISOLYTE S IN 5 %	
<i>hydrocodone-acetaminophen</i>		IMITREX		DEXTROSE	34
10-750mg	1	<i>see sumatriptan inj</i>		ISOLYTE-H/DEXTROSE	
<i>hydrocodone-acetaminophen</i>		6mg/0.5	20	5%	34
2.5-325mg	1	<i>see sumatriptan tab</i>		<i>isoniazid</i>	7
<i>hydrocodone-acetaminophen</i>		100mg	20	<i>isoniazid tabs</i>	7
5-300mg	1	<i>see sumatriptan tab</i>		ISOPTO CARPINE	36
<i>hydrocodone-acetaminophen</i>		25mg	20	ISORDIL TITRADOSE	15
5-325mg	1	<i>see sumatriptan tab</i>		<i>see isosorbide dinitrate</i>	15
<i>hydrocodone-acetaminophen</i>		50mg	20	<i>isosorbide dinitrate</i>	15
5-500mg	1	IMOVAX RABIES		<i>isosorbide dinitrate sl tab 5</i>	
<i>hydrocodone-acetaminophen</i>		(H.D.C.V.)	33	mg	15
7.5-300mg	1	IMURAN		<i>isosorbide mononitrate</i>	15
<i>hydrocodone-acetaminophen</i>		<i>see azathioprine</i>	32	<i>isradipine</i>	14
7.5-325 mg/15ml	1	INCIVEK	7	ISTALOL	36
<i>hydrocodone-acetaminophen</i>		INCRELEX	27	ISTODAX	9
7.5-325mg	1	<i>indapamide</i>	15	<i>itraconazole</i>	6
<i>hydrocodone-acetaminophen</i>		INDERAL LA		IXEMPRA KIT	10
7.5-500mg	1	<i>see propranolol hcl er</i>	13	IXIARO	33
<i>hydrocodone-acetaminophen</i>		INFANRIX	33		
7.5-500mg/15ml	1	INFERGEN	32	J	
<i>hydrocodone-acetaminophen</i>		INFUMORPH 200	2	JAKAFI TAB 10MG	10
7.5-650mg	1	INFUMORPH 500	2	JAKAFI TAB 15MG	10
<i>hydrocodone-acetaminophen</i>		INLYTA	10	JAKAFI TAB 20MG	10
7.5-750mg	1	INSPIRA		JAKAFI TAB 25MG	10
<i>hydrocodone-acetaminophen</i>		<i>see eplerenone</i>	11	JAKAFI TAB 5MG	10
tab 10-325mg	1	INSULIN PEN NEEDLES	22	JALYN	30
<i>hydrocodone-acetaminophen</i>		INSULIN SAFETY		<i>jantoven</i>	31
tab 2.5-500mg	1	NEEDLES	22	JANUMET TAB 50-1000	23
<i>hydrocodone-ibuprofen</i>	2	INSULIN SYRINGES	22	JANUMET TAB 50-500MG	23
<i>hydrocortisone</i>	26	INTELENCE	6	JANUMET XR TAB 100-	
<i>hydrocortisone (intrarectal)</i>	29	INTERMEZZO SUB		1000	23
<i>hydrocortisone (topical)</i>	41	1.75MG	20	JANUMET XR TAB 50-	
<i>hydrocortisone butyrate</i>	41	INTERMEZZO SUB 3.5MG	20	1000	23
<i>hydrocortisone valerate</i>	41	<i>intralipid</i>	34	JANUMET XR TAB 50-	
<i>hydromorphone hcl</i>	2	INTRALIPID INJ 30%	34	500MG	23
<i>hydroxychloroquine sulfate</i>	32	INTRON-A	32	JANUVIA TAB 100MG	23
<i>hydroxyurea</i>	10	INTRON-A W/DILUENT	32		
<i>hydroxyzine hcl</i>	37	<i>introvale 91 day</i>	24		

JANUVIA TAB 25MG	23
JANUVIA TAB 50MG	23
JENTADUETO TAB 2.5-1000	23
JENTADUETO TAB 2.5-500	23
JENTADUETO TAB 2.5-850	23
<i>jinteli</i>	26
<i>jolivette 28 day</i>	24
<i>junel 1.5/30 21 day</i>	24
<i>junel 1/20 21 day</i>	24
<i>junel fe 1.5/30 28 day</i>	24
<i>junel fe 1/20 28 day</i>	24
JUVISYNC TAB 100-10MG	23
JUVISYNC TAB 100-20MG	23
JUVISYNC TAB 100-40MG	23
JUVISYNC TAB 50-10MG	23
JUVISYNC TAB 50-20MG	23
JUVISYNC TAB 50-40MG	23

K

KADCYLA	9
KADIAN	2
KALETRA SOL	6
KALETRA TAB 100-25MG	6
KALETRA TAB 200-50MG	6
<i>kariva 28 day</i>	24
KAYEXALATE	
see <i>kionex</i>	24
KAZANO	23
KCL 0.15%/D5W/LR	34
KCL 0.15%/D5W/NACL 0.225%	34
KCL 0.3%/D5W/NACL 0.9%	34
KCL/NACL INJ 0.3-0.9	34
KEFLEX	5
see <i>cephalexin</i>	4
<i>kelnor 1/35 28 day</i>	24
KENALOG	41
KEPIVANCE	10
KEPPRA	
see <i>levetiracetam</i>	16
KEPPRA XR	
see <i>levetiracetam</i>	16
KERLONE	
see <i>betaxolol hcl</i>	13
<i>ketoconazole</i>	6
<i>ketoconazole (topical)</i>	39
<i>ketoconazole cream</i>	39
<i>ketoconazole shampoo</i>	40
<i>ketoprofen</i>	3
<i>ketorolac tromethamine (ophth)</i>	36
KINERET	32
<i>kionex</i>	24
KLARON	
see <i>sulfacetamide sodium (acne)</i>	39

KLONOPIN	
see <i>clonazepam</i>	16
KLOR-CON	33
<i>klor-con</i>	33
KOMBIGLYZE TAB 2.5-1000	23
KOMBIGLYZE TAB 5-1000MG	23
KOMBIGLYZE TAB 5-500MG	23
<i>kristalose</i>	29
KUVAN	26

L

<i>labetalol hcl</i>	13
LAC-HYDRIN	
see <i>ammonium lactate</i>	41
see <i>laclotion</i>	41
<i>laclotion</i>	41
LACRISERT	36
<i>lactated ringer's</i>	34
<i>lactulose</i>	29
LAMICTAL	
see <i>lamotrigine</i>	16
LAMICTAL CHEWABLE DISPERS	
see <i>lamotrigine</i>	16
LAMICTAL ODT	16
LAMICTAL STARTER	16
LAMICTAL XR	16
see <i>lamotrigine er</i>	16
LAMISIL	6
see <i>terbinafine tab 250mg</i>	6
<i>lamivudine</i>	6
<i>lamivudine-zidovudine</i>	7
<i>lamotrigine</i>	16
<i>lamotrigine er</i>	16
LANOXIN	
see <i>digoxin</i>	14
see <i>digoxin inj</i>	14
LANOXIN PEDIATRIC	14
LANOXIN TAB	14
<i>lansoprazole cap 15mg dr</i>	30
<i>lansoprazole cap 30mg dr</i>	30
LANTUS	22
LANTUS SOLOSTAR	22
LASIX	
see <i>furosemide</i>	15
LASTACFT	36
<i>latanoprost sol 0.005%</i>	36
LATUDA	19
LAZANDA	2
<i>leena 28 day</i>	24
<i>leflunomide</i>	32
LESCOL	
see <i>fluvastatin sodium</i>	12
LESCOL XL	12
<i>lessina 28 day</i>	24
LETAIRIS	15
<i>letrozole</i>	9

<i>leucovor ca inj</i>	10
<i>leucovorin calcium</i>	10
LEUKERAN	8
LEUKINE	31
<i>leuprolide acetate</i>	9
<i>levalbuterol hcl</i>	37
LEVAQUIN	
see <i>levofloxacin</i>	5
see <i>levofloxacin in d5w</i>	5
LEVATOL	13
LEVEMIR	22
LEVEMIR FLEXPEN	22
<i>levetiracetam</i>	16
LEVOBUNOLOL HCL	36
<i>levobunolol hcl</i>	36
<i>levocarnitine (metabolic modifiers)</i>	26
<i>levocetirizine dihydrochloride</i>	37
<i>levocetirizine tab 5 mg</i>	37
<i>levofloxacin</i>	5
<i>levofloxacin (ophth)</i>	35
<i>levofloxacin in d5w</i>	5
<i>levonest 28 day</i>	24
<i>levonorgestrel (emergency oc)</i>	25
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	25
<i>levora 0.15/30 28 day</i>	25
<i>levorphanol tartrate</i>	2
<i>levothroid</i>	28
<i>levothyroxine sodium</i>	28
<i>levoxyl</i>	28
LEXAPRO	
see <i>escitalopram oxalate</i>	17
LEXIVA	7
LIALDA	29
<i>lidocaine</i>	41
<i>lidocaine hcl</i>	41
<i>lidocaine hcl (local anesth.)</i>	3
<i>lidocaine hcl (mouth-throat)</i>	42
<i>lidocaine-prilocaine</i>	41
LIDODERM	41
LINZESS	30
<i>liothyronine sodium</i>	28
LIPITOR	
see <i>atorvastatin tab 10mg</i>	12
see <i>atorvastatin tab 20mg</i>	12
see <i>atorvastatin tab 40mg</i>	12
see <i>atorvastatin tab 80mg</i>	12
LIPOFEN	13
LIPOSYN II	
see <i>intralipid</i>	34
<i>lisinopril</i>	11
<i>lisinopril & hydrochlorothiazide</i>	11
LITHIUM CARBONATE	20

<i>lithium carbonate</i>	20, 21	<i>see hydrocodone- acetaminophen 7.5- 500mg</i>	1	MACRODANTIN.....	8
LITHIUM CITRATE.....	21	<i>see hydrocodone- acetaminophen 7.5- 500mg/15ml</i>	1	<i>see nitrofurantoin macrocrystal</i>	8
LITHOBID.....		<i>loryna 28 day</i>	25	<i>mafenide acetate</i>	39
<i>see lithium carbonate</i>	20	<i>losartan potassium</i>	12	MAGNACET.....	2
LIVALO.....	12	<i>losartan potassium & hydrochlorothiazide</i>	12	MAGNESIUM SULFATE.....	33
LO LOESTRIN FE.....	25	LOTEMAX.....	36	<i>magnesium sulfate</i>	33
LOCOID.....	41	LOTENSIN.....		MAGNESIUM SULFATE IN D5W.....	33
<i>see hydrocortisone butyrate</i>	41	<i>see benazepril hcl</i>	11	MALARONE.....	
LOCOID LIPOCREAM.....	41	LOTENSIN HCT.....		<i>see atovaquone-proguanil hcl</i>	6
LODOSYN.....	18	<i>see benazepril & hydrochlorothiazide</i>	11	<i>malathion</i>	41
LOESTRIN 1.5/30-21.....		LOTREL.....		<i>maprotiline hcl</i>	18
<i>see junel 1.5/30 21 day</i>	24	<i>see amlodipine besylate- benazepril hcl</i>	10	MARINOL.....	
<i>see microgestin 1.5/30 21 day</i>	25	LOTRONEX.....	30	<i>see dronabinol cap 10mg</i>	28
LOESTRIN 1/20-21.....		<i>lovastatin</i>	12	<i>see dronabinol cap</i>	
<i>see junel 1/20 21 day</i>	24	LOVAZA.....	13	<i>2.5mg</i>	28
<i>see microgestin 1/20 21 day</i>	25	LOVENOX.....		<i>see dronabinol cap 5mg</i>	28
LOESTRIN 24 FE.....	25	<i>see enoxaparin sodium</i>	31	<i>marlissa 28 day</i>	25
LOESTRIN FE 1.5/30.....		<i>low-ogestrel 28 day</i>	25	MARPLAN.....	18
<i>see junel fe 1.5/30 28 day</i>	24	<i>loxapine succinate</i>	19	MATULANE.....	10
<i>see microgestin fe 1.5/30 28 day</i>	25	LOXITANE.....		<i>matzim</i>	14
LOESTRIN FE 1/20.....		<i>see loxapine succinate</i>	19	MAVIK.....	
<i>see junel fe 1/20 28 day</i>	24	LUFYLLIN.....	38	<i>seetrandolapril</i>	11
<i>see microgestin fe 1/20 28 day</i>	25	LUMIGAN SOL 0.01%.....	36	MAXALT.....	
LOFIBRA.....		LUMIGAN SOL 0.03%.....	36	<i>see rizatriptan benzoate tabs</i>	20
<i>see fenofibrate</i>	13	LUMIZYME.....	26	MAXALT TAB 10MG.....	20
<i>see fenofibrate micronized</i>	13	LUNESTA TAB 1MG.....	20	MAXALT TAB 5MG.....	20
<i>lokara</i>	41	LUNESTA TAB 2MG.....	20	MAXALT-MLT.....	
LOMOTIL.....		LUNESTA TAB 3MG.....	20	<i>see rizatriptan benzoate odt</i>	20
<i>see diphenoxylate w/ atropine</i>	30	LUPRON DEPOT.....	9	MAXALT-MLT TAB 10MG.....	20
<i>loperamide hcl</i>	30	LUPRON DEPOT-PED.....	9	MAXALT-MLT TAB 5MG.....	20
LOPID.....		<i>lutra 28 day</i>	25	MAXIDEX.....	36
<i>see gemfibrozil</i>	13	LUVOX CR.....	16	MAXIDONE.....	
LOPRESSOR.....		<i>see fluvoxamine maleate er</i>	16	<i>see hydrocodone- acetaminophen 10- 750mg</i>	1
<i>see metoprolol tartrate</i>	13	LUXIQ.....	41	MAXIPIME.....	
LOPRESSOR HCT.....		<i>see betamethasone valerate</i>	40	<i>see cefepime hcl</i>	4
<i>see metoprolol & hydrochlorothiazide</i>	13	LYRICA CAP 100MG.....	16	MAXITROL.....	
LOPROX.....		LYRICA CAP 150MG.....	16	<i>see neomycin-polymy- dexameth</i>	35
<i>see ciclopirox</i>	39	LYRICA CAP 200MG.....	16	MAXZIDE.....	
LOPROX SHAMPOO.....		LYRICA CAP 225MG.....	16	<i>see triamterene & hydrochlorothiazide tab 75-50 mg</i>	15
<i>see ciclopirox shampoo 1%</i>	39	LYRICA CAP 25MG.....	16	MAXZIDE-25.....	
<i>lorazepam</i>	16	LYRICA CAP 300MG.....	16	<i>see triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	15
LORCET 10/650.....		LYRICA CAP 50MG.....	16	<i>meclizine hcl</i>	28
<i>see hydrocodone- acetaminophen 10- 650mg</i>	1	LYRICA CAP 75MG.....	16	MEDROL.....	
LORTAB.....		LYRICA SOL 20MG/ML.....	16	<i>see methylprednisolone</i>	26
<i>see co-gesic</i>	1	LYSODREN.....	9	MEDROL DOSEPAK.....	
<i>see hydrocodone- acetaminophen 10- 500mg</i>	1	M		<i>see methylprednisolone</i>	26
<i>see hydrocodone- acetaminophen 5-500mg1</i>		M-M-R II W/DILUENT 10 DOS.....	33	medroxyprogesterone acetate.....	27
		MACROBID.....		medroxyprogesterone acetate (contraceptive).....	25
		<i>see nitrofurantoin monohyd macro</i>	8		

<i>mefenamic acid</i>	3	<i>methylergonovine maleate</i>	27	MINIVELLE.....	26
<i>mefloquine hcl</i>	6	METHYLIN		MINOCIN	
MEGACE ES.....	9	<i>see methylphenidate hcl</i>	19	<i>see minocycline hcl</i>	5
MEGACE ORAL		METHYLIN CHEW TAB... ..	19	<i>minocycline hcl</i>	5
<i>see megestrol acetate</i>	9	<i>methylphenidate hcl</i>	19	<i>minoxidil</i>	15
<i>megestrol acetate</i>	9	METHYLPHENIDATE HCL		MIRAPEX	
MELOXICAM SUSP 7.5		ER.....	20	<i>see pramipexole</i>	
MG/5ML.....	3	<i>methylprednisolone</i>	26	<i>dihydrochloride</i>	18
<i>meloxicam tabs</i>	3	<i>methylprednisolone</i>		MIRAPEX ER.....	18
<i>melphalan hcl</i>	8	<i>acetate</i>	26	MIRCETTE	
MENACTRA.....	33	<i>methylprednisolone sod</i>		<i>see kariva 28 day</i>	24
MENEST.....	26	<i>succ</i>	26	<i>see viorele</i>	25
MENHIBRIX.....	33	<i>metipranolol</i>	36	<i>mirtazapine</i>	18
MENOMUNE-A/C/Y/W-135	33	<i>metoclopramide hcl</i>	28	<i>misoprostol</i>	30
MENOSTAR.....	26	<i>metolazone</i>	15	<i>mitomycin</i>	9
MENTAX.....	39	<i>metoprolol &</i>		<i>mitoxantrone hcl</i>	10
MENVEO.....	33	<i>hydrochlorothiazide</i>	13	MOBIC	
MEPRON.....	8	<i>metoprolol succinate</i>	13	<i>see meloxicam tabs</i>	3
<i>mercaptopurine</i>	9	<i>metoprolol tartrate</i>	13	<i>modafinil</i>	21
<i>meropenem</i>	8	METOSOLV ODT.....	28	<i>moexipril hcl</i>	11
MERREM		METROCREAM		<i>moexipril-</i>	
<i>see meropenem</i>	8	<i>see metronidazole</i>		<i>hydrochlorothiazide</i>	11
<i>mesalamine enema</i>	29	(<i>topical</i>).....	41	<i>mometasone furoate</i>	41
<i>mesna</i>	10	METROGEL.....	41	MONODOX	
MESNEX.....	10	METROGEL-VAGINAL		<i>see doxycycline</i>	
<i>see mesna</i>	10	<i>see metronidazole</i>		(<i>monohydrate</i>).....	5
MESTINON		<i>vaginal</i>	31	<i>mononessa 28 day</i>	25
<i>see pyridostigmine</i>		METROLOTION		<i>montelukast sodium</i>	37
<i>bromide</i>	21	<i>see metronidazole</i>		<i>morphine sul 20mg/ml oral</i>	
MESTINON SYRUP.....	21	(<i>topical</i>).....	41	<i>sol</i>	2
MESTINON TIMESPAN... ..	21	<i>metronidazole</i>	8	MORPHINE SULFATE.....	2
<i>metadate</i>	19	<i>metronidazole (topical)</i>	41	<i>morphine sulfate</i>	2
METADATE CD.....	19	<i>metronidazole inj</i>	8	<i>morphine sulfate ext-rel tab</i>	2
<i>see methylphenidate hcl</i>	19	<i>metronidazole vaginal</i>	31	MOVIPREP.....	29
METAGLIP		MEVACOR		MOXATAG.....	5
<i>see glip/metform tab 2.5-</i>		<i>see lovastatin</i>	12	MOXEZA.....	35
250m.....	22	<i>mexiletine hcl</i>	12	MOZOBIL.....	31
<i>metformin er tab 1000mg</i>	23	MIACALCIN		MS CONTIN	
<i>metformin tab 1000mg</i>	23	<i>see calcitonin (salmon)</i>		<i>see morphine sulfate ext-rel</i>	
<i>metformin tab 500mg</i>	23	<i>nasal spray</i>	24	<i>tab</i>	2
<i>metformin tab 500mg er</i>	23	MIACALCIN INJ 200U/ML.....	24	MULTAQ.....	12
<i>metformin tab 750mg er</i>	23	MICARDIS.....	12	<i>mupirocin cream 2%</i>	39
<i>metformin tab 850mg</i>	23	MICARDIS HCT.....	12	<i>mupirocin oint 2%</i>	39
<i>methadone hcl</i>	2	<i>miconazole nitrate vaginal</i>	31	MUSTARGEN.....	8
METHADONE INJ		MICRO-K		MYAMBUTOL	
10MG/ML.....	2	<i>see potassium chloride</i>		<i>see ethambutol hcl</i>	7
<i>methadose</i>	2	<i>caps er</i>	33	MYCAMINE.....	6
<i>methazolamide</i>	15	<i>microgestin 1.5/30 21 day</i>	25	MYCOBUTIN.....	7
<i>methenamine hippurate</i>	8	<i>microgestin 1/20 21 day</i>	25	<i>mycophenolate mofetil</i>	33
METHERGINE		<i>microgestin fe 1.5/30 28</i>		MYDRIACYL	
<i>see methylergonovine</i>		<i>day</i>	25	<i>see tropicamide</i>	36
<i>maleate</i>	27	<i>microgestin fe 1/20 28 day</i>	25	MYFORTIC.....	33
<i>methimazole</i>	28	MICROZIDE		<i>myorisan</i>	39
<i>methocarbamol</i>	21	<i>see hydrochlorothiazide</i>	15	MYOZYME.....	26
<i>methotrexate sodium inj</i>	9	<i>midodrine hcl</i>	15	MYRBETRIQ.....	31
<i>methotrexate sodium tabs</i>	32	MIGERGOT.....	20	MYSOLINE	
<i>methscopolamine bromide</i>	29	MIGRANAL SPR 4MG/ML.....	20	<i>see primidone</i>	17
<i>methyclothiazide</i>	15	MILLIPRED.....	27	MYTELASE.....	21
<i>methyl dopa</i>	15	MINIPRESS		<i>myzila</i>	25
<i>methyl dopa &</i>		<i>see prazosin hcl</i>	11		
<i>hydrochlorothiazide</i>	15	<i>minitran</i>	15		

N

<i>nabumetone</i>	3	NEPTAZANE		<i>nizatidine</i>	29
<i>nadolol</i>	13	see <i>methazolamide</i>	15	NIZORAL	
<i>nadolol &</i>		NESINA.....	23	see <i>ketoconazole</i>	
<i>bendroflumethiazide</i> ... 13		NEULASTA.....	31	<i>shampoo</i>	40
<i>nafcillin sodium</i>	5	NEUMEGA.....	31	NOR-QD	
NAFTIN.....	39	NEUPOGEN.....	31	see <i>camila 28 day</i>	24
NAGLAZYME.....	26	NEUPRO.....	18	see <i>nora-be 28 day</i>	25
NALFON.....	3	NEURONTIN		<i>nora-be 28 day</i>	25
NALLPEN/DEXTROSE.....	5	see <i>gabapentin cap</i>		NORCO	
<i>naloxone hcl</i>	21	100mg.....	16	see <i>hydrocodone-</i>	
<i>naltrexone hcl</i>	21	see <i>gabapentin cap</i>		<i>acetaminophen 5-325mg</i> 1	
NAMENDA.....	17	300mg.....	16	see <i>hydrocodone-</i>	
NAMENDA TITRATION		see <i>gabapentin cap</i>		<i>acetaminophen 7.5-</i>	
PAK.....	17	400mg.....	16	325mg.....	1
NAPRELAN.....	3	see <i>gabapentin sol</i>		see <i>hydrocodone-</i>	
NAPROSYN		250/5ml.....	16	<i>acetaminophen tab 10-</i>	
see <i>naproxen</i>	3	see <i>gabapentin tab</i>		325mg.....	1
<i>naproxen</i>	3	600mg.....	16	NORDITROPIN FLEXPOR 27	
<i>naproxen sodium</i>	3	see <i>gabapentin tab</i>		NORDITROPIN NORDIFLEX	
<i>naratriptan tab 1mg</i>	20	800mg.....	16	PEN.....	27
<i>naratriptan tab 2.5mg</i>	20	NEVANAC.....	36	<i>norethindrone acetate</i>	27
NARDIL		NEVIRAPINE.....	7	NORINYL 1+35	
see <i>phenelzine sulfate</i> ... 18		<i>nevirapine</i>	7	see <i>cyclafem 1/35 28 day</i> 24	
NASACORT AQ		NEXAVAR.....	10	see <i>necon 1/35 28 day</i> .. 25	
see <i>triamcinolon spr</i>		NEXIUM.....	30	see <i>nortrel 1/35 21 day</i> .. 25	
55mcg/ac.....	38	NEXIUM I.V.....	30	see <i>nortrel 1/35 28 day</i> .. 25	
NASONEX SPR		<i>next choice</i>	25	<i>normosol-m</i>	34
50MCG/AC.....	38	<i>niacor</i>	13	NORMOSOL-R.....	34
NATACYN.....	35	NIASPAN.....	13	<i>normosol-r in 5 % dextrose</i> 34	
<i>nateglinide tab 120mg</i>	23	<i>nicardipine hcl</i>	14	NOROXIN.....	5
<i>nateglinide tab 60mg</i>	23	NICOTROL INH.....	21	NORPACE	
NAVELBINE		NICOTROL NS SPR		see <i>disopyramide</i>	
see <i>vinorelbine tartrate</i> ... 9		10MG/ML.....	21	<i>phosphate</i>	12
NEBUPENT.....	8	<i>nifediac</i>	14	NORPACE CR.....	12
<i>necon 0.5/35 28 day</i>	25	<i>nifediac cc tab</i>	14	NORPRAMIN	
<i>necon 1/35 28 day</i>	25	<i>nifedical</i>	14	see <i>desipramine hcl</i>	17
NECON 10/11 28 DAY.....	25	<i>nifedipine</i>	14	<i>nortrel 0.5/35 28 day</i>	25
<i>necon 7/7/7 28 day</i>	25	<i>nifedipine er</i>	14	<i>nortrel 1/35 21 day</i>	25
<i>nefazodone hcl</i>	18	NILANDRON.....	10	<i>nortrel 1/35 28 day</i>	25
<i>neomycin sulfate</i>	5	<i>nimodipine</i>	14	<i>nortrel 7/7/7 28 day</i>	25
<i>neomycin-bacitracin zn-</i>		NIMOTOP		<i>nortriptyline hcl</i>	18
<i>polymyxin</i>	35	see <i>nimodipine</i>	14	NORVASC	
<i>neomycin-polymy-</i>		NIPENT		see <i>amlodipine besylate</i> . 14	
<i>dexameth</i>	35	see <i>pentostatin</i>	9	NORVIR.....	7
<i>neomycin-polymy-gramicid</i> 35		<i>nisoldipine</i>	14	<i>novarel</i>	27
<i>neomycin-polymyxin-hc</i>		NITRO-BID.....	15	NOVOLIN 70/30.....	22
(<i>ophth</i>).....	35	NITRO-DUR		NOVOLIN N.....	22
<i>neomycin-polymyxin-hc</i>		see <i>minitran</i>	15	NOVOLIN R.....	22
(<i>otic</i>).....	42	NITRO-DUR 0.3MG/HR... 15		NOVOLOG.....	22
<i>neomycin/polymyxin b gu</i> .. 42		NITRO-DUR 0.8MG/HR... 15		NOVOLOG FLEXPEN.....	22
NEORAL.....	33	<i>nitrofurantoin</i>	8	NOVOLOG MIX 70/30.....	22
see <i>cyclosporine modified</i>		<i>nitrofurantoin macrocrystal</i> .. 8		NOVOLOG MIX 70/30	
(<i>for microemulsion</i>).... 32		<i>nitrofurantoin monohyd</i>		PREFILL.....	22
see <i>gengraf</i>	32	<i>macro</i>	8	NOXAFIL.....	6
NEOSPORIN		NITROGLYCERIN		NUCYNTA.....	2
see <i>neomycin-polymy-</i>		LINGUAL.....	15	NUCYNTA ER.....	2
<i>gramicid</i>	35	<i>nitroglycerin patches</i>	15	NUEDEXTA CAP 20-	
NEOSPORIN GU IRRIGANT		NITROLINGUAL		10MG.....	21
see <i>neomycin/polymyxin b</i>		PUMPSPRAY.....	15	NULOJIX.....	33
<i>gu</i>	42	NITROMIST.....	15	NULYTELY/FLAVOR PACKS	
NEPHRAMINE.....	34	NITROSTAT.....	15	see <i>gavilyte-n</i>	29

see <i>trilyte</i>	29
NUTROPIN.....	27
NUTROPIN AQ NUSPIN 5.....	27
NUTROPIN AQ PEN.....	27
NUVARING.....	25
NUVIGIL.....	21
nyamyc.....	39
nystatin.....	6
nystatin (mouth-throat).....	42
nystatin (topical).....	39
nystatin pow 100000.....	39
nystop.....	39

O

ocella 28 day.....	25
OCTAGAM.....	32
octreotide acetate.....	27
OCUFEN	
see <i>flurbiprofen sodium</i>	35
OCUFLOX	
see <i>ofloxacin (ophth)</i>	35
ofloxacin (ophth).....	35
ofloxacin (otic).....	42
ogestrel 28 day.....	25
olanzapine.....	19
olanzapine inj 10mg.....	19
olanzapine odt.....	19
OLEPTRO.....	18
OLUX-E.....	41
see <i>clobetasol propionate emulsion</i>	40
OMECLAMOX-PAK.....	30
omeprazole cap 10mg.....	30
omeprazole cap 20mg.....	30
omeprazole cap 40mg.....	30
OMNARIS SPR.....	38
OMNIPRED	
see <i>prednisolone acetate (ophth)</i>	36
OMNITROPE.....	27
ondansetron hcl.....	28
ondansetron hcl inj.....	28
ondansetron hcl oral soln.....	28
ondansetron odt.....	28
ONFI.....	16
ONGLYZA TAB 2.5MG.....	23
ONGLYZA TAB 5MG.....	23
ONMEL.....	6
ONSOLIS.....	2
ONTAK.....	9
OPANA	
see <i>oxymorphone hcl</i>	3
OPANA ER (CRUSH RESISTANT).....	2
OPTIPRANOLOL	
see <i>metipranolol</i>	36
OPTIVAR	
see <i>azelastine hcl (ophth)</i>	36
ORACEA.....	41

ORAP.....	19
ORAPRED	
see <i>prednisolone sodium phosphate</i>	27
ORAPRED ODT.....	27
ORENCIA.....	32
ORFADIN.....	26
orsythia 28 day.....	25
ORTHO EVRA.....	25
ORTHO MICRONOR	
see <i>errin 28 day</i>	24
see <i>jolivette 28 day</i>	24
ORTHO TRI-CYCLEN	
see <i>tri-previfem 28 day</i>	25
see <i>tri-sprintec 28 day</i>	25
see <i>trinessa 28 day</i>	25
ORTHO TRI-CYCLEN LO.....	25
ORTHO-CYCLEN	
see <i>mononessa 28 day</i>	25
see <i>previfem 28 day</i>	25
see <i>sprintec 28 day</i>	25
ORTHO-NOVUM 7/7/7	
see <i>cyclafem 7/7/7 28 day</i>	24
see <i>necon 7/7/7 28 day</i>	25
see <i>nortrel 7/7/7 28 day</i>	25
OSENI TAB 12.5-15MG.....	23
OSENI TAB 12.5-30MG.....	23
OSENI TAB 12.5-45MG.....	23
OSENI TAB 25-15MG.....	23
OSENI TAB 25-30MG.....	23
OSENI TAB 25-45MG.....	23
OSMOPREP.....	29
OVCON-35	
see <i>balziva 28 day</i>	24
see <i>briellyn 28 day</i>	24
see <i>gildagia</i>	24
see <i>philith</i>	25
OVCON-50 28.....	25
OVIDE	
see <i>malathion</i>	41
oxacillin sodium.....	5
OXALIPLATIN.....	10
OXANDRIN	
see <i>oxandrolone</i>	22
oxandrolone.....	22
oxaprozin.....	3
oxcarbazepine.....	16
OXECTA.....	2
OXISTAT.....	39
OXSORALEN.....	41
OXSORALEN ULTRA.....	40
oxybutynin chloride.....	31
OXYCODONE HCL.....	2
oxycodone hcl.....	2
oxycodone w/ acetaminophen 10-325mg.....	3
oxycodone w/ acetaminophen 10-650mg.....	3
oxycodone w/ acetaminophen 2.5-325mg.....	3

oxycodone w/ acetaminophen 5-325mg.....	3
oxycodone w/ acetaminophen 5-500mg.....	3
oxycodone w/ acetaminophen 7.5-325mg.....	3
oxycodone w/ acetaminophen 7.5-500mg.....	3
oxycodone-aspirin.....	3
oxycodone-ibuprofen.....	3
OXYCONTIN.....	3
oxymorphone er.....	3
oxymorphone hcl.....	3
OXYTROL.....	31

P

PACERONE.....	12
see <i>amiodarone hcl</i>	12
pacerone.....	12
paclitaxel.....	9
PALGIC	
see <i>carbinoxamine maleate</i>	37
PAMELOR	
see <i>nortriptyline hcl</i>	18
PAMIDRONATE	
DISODIUM.....	24
<i>pamidronate disodium</i>	24
PAMINE	
see <i>methscopolamine bromide</i>	29
PAMINE FORTE	
see <i>methscopolamine bromide</i>	29
PANCREAZE.....	30
PANDEL.....	41
PANRETIN.....	41
<i>pantoprazole sodium inj</i>	30
<i>pantoprazole tab 20mg</i>	30
<i>pantoprazole tab 40mg</i>	30
PARAFON FORTE DSC	
see <i>chlorzoxazone</i>	21
PARCOPA	
see <i>carbidopa-levodopa</i>	18
<i>parenteral electrolytes</i>	33
PARLODEL	
see <i>bromocriptine mesylate</i>	18
PARNATE	
see <i>tranylcypromine sulfate</i>	18
<i>paromomycin sulfate</i>	5
<i>paroxetine er tab</i>	18
<i>paroxetine hcl</i>	18
PASER D/R.....	7
PATADAY.....	36
PATANASE.....	37
PATANOL.....	36
PAXIL.....	18
see <i>paroxetine hcl</i>	18
PAXIL CR	

see <i>paroxetine er tab</i>	18	<i>perphenazine-amitriptyline</i> .21	<i>trimethoprim</i>	35
PCE	5	PERSANTINE	POMALYST	10
<i>pedi-dri</i>	39	see <i>dipyridamole</i>	PONSTEL	
PEDIAPRED		PERTZYE	see <i>mefenamic acid</i>	3
see <i>prednisolone sodium</i>		PEXEVA	<i>portia 28 day</i>	25
<i>phosphate</i>	27	<i>phenadoz</i>	<i>potassium chloride</i>	34
PEDVAX HIB	33	<i>phenelzine sulfate</i>	<i>potassium chloride 30 meq/l</i>	
PEG-INTRON	32	PHENERGAN	<i>(0.224%) in dextrose 5%</i>	
PEG-INTRON REDIPEN	32	see <i>promethazine hcl inj</i> .28	<i>inj</i>	34
PEGANONE	16	<i>phenobarbital</i>	<i>potassium chloride caps er</i> .33	
PEGASYS	32	<i>phenobarbital sodium</i>	<i>potassium chloride in</i>	
PEGASYS PROCLICK	32	PHENYTEK	<i>dextrose</i>	35
PENICILLIN G POT IN		see <i>phenytoin sodium</i>	<i>potassium chloride in</i>	
DEXTROSE	5	<i>extended</i>	<i>dextrose & sodium</i>	
<i>penicillin g potassium</i>	5	<i>phenytoin</i>	<i>chloride</i>	35
PENICILLIN G PROCAINE	5	<i>phenytoin inj 50mg/ml</i>	<i>potassium chloride in nacl</i> .35	
<i>penicillin g sodium</i>	5	<i>phenytoin sodium</i>	<i>potassium chloride</i>	
<i>penicillin v potassium</i>	5	<i>extended</i>	<i>microencapsulated</i>	
PENNSAID	41	<i>philith</i>	<i>crystals cr</i>	33
PENTAM 300	8	PHISOHEX	<i>potassium citrate</i>	
PENTASA	29	PHOSLO	<i>(alkalinizer)</i>	30
<i>pentostatin</i>	9	see <i>calcium acetate</i>	POTIGA	17
<i>pentoxifylline</i>	32	<i>(phosphate binder)</i>	PRADAXA	31
PEPCID		PHOSLYRA	<i>pramipexole</i>	
see <i>famotidine</i>	29	PHOSPHOLINE IODIDE	<i>dihydrochloride</i>	18
PERCOCET		PICATO	PRANDIMET TAB 1-	
see <i>endocet 10/325</i>	2	PILOCARPINE HCL	500MG	23
see <i>endocet 10/650</i>	2	<i>pilocarpine hcl (oral)</i>	PRANDIMET TAB 2-	
see <i>endocet 5/325</i>	2	PILOPINE HS	500MG	23
see <i>endocet 7.5/325</i>	2	<i>pindolol</i>	PRANDIN TAB 0.5MG	23
see <i>endocet 7.5/500</i>	2	<i>pioglit/glim tab 30-2mg</i>	PRANDIN TAB 1MG	23
see <i>oxycodone w/</i>		<i>pioglit/glim tab 30-4mg</i>	PRANDIN TAB 2MG	23
<i>acetaminophen 10-</i>		<i>pioglita/met tab 15-500mg</i> .23	PRAVACHOL	
325mg	3	<i>pioglita/met tab 15-850mg</i> .23	see <i>pravastatin sodium</i>	12
see <i>oxycodone w/</i>		<i>pioglitazone tab 15mg</i>	<i>pravastatin sodium</i>	12
<i>acetaminophen 10-</i>		<i>pioglitazone tab 30mg</i>	<i>prazosin hcl</i>	11
650mg	3	<i>pioglitazone tab 45mg</i>	PRECOSE	
see <i>oxycodone w/</i>		<i>piperacillin sodium-</i>	see <i>acarbose</i>	22
<i>acetaminophen 2.5-</i>		<i>tazobactam sodium</i>	PRED MILD	36
325mg	3	<i>piroxicam</i>	PRED-G	36
see <i>oxycodone w/</i>		PLAN B	PRED-G S.O.P.	36
<i>acetaminophen 5-325mg</i> 3		see <i>next choice</i>	<i>prednicarbate</i>	41
see <i>oxycodone w/</i>		PLAN B ONE-STEP	<i>prednisolone acetate</i>	
<i>acetaminophen 7.5-</i>		see <i>levonorgestrel</i>	<i>(ophth)</i>	36
325mg	3	<i>(emergency oc)</i>	PREDNISOLONE SODIUM	
see <i>oxycodone w/</i>		PLAQUENIL	PHOSP	36
<i>acetaminophen 7.5-</i>		see <i>hydroxychloroquine</i>	<i>prednisolone sodium</i>	
500mg	3	<i>sulfate</i>	<i>phosphate</i>	27
PERCODAN		PLASMA-LYTE A	<i>prednisone</i>	27
see <i>endodan reformulated</i>		PLASMA-LYTE-148	PREDNISONE INTENSOL .27	
<i>may 2009</i>	2	PLASMA-LYTE-56/D5W	PREFEST	26
see <i>oxycodone-aspirin</i>	3	PLAVIX	<i>pregnyl</i>	27
PERFOROMIST	37	see <i>clopidogrel bisulfate</i> .32	PREMARIN	26
PERIDEX		PLETAL	PREMARIN CREAM	26
see <i>chlorhexidine gluconate</i>		see <i>cilostazol</i>	PREMARIN INJ	26
<i>(mouth-throat)</i>	42	<i>podofilox</i>	PREMASOL	34
see <i>periogard</i>	42	<i>polyethylene glycol 3350</i>	PREMPHASE	26
<i>perindopril erbumine</i>	11	<i>polymyxin b sulfate</i>	PREMPRO	26
<i>periogard</i>	42	<i>polymyxin b-trimethoprim</i> .35	PRENATAL VITAMINS	35
<i>permethrin</i>	41	POLYTRIM	PREPOPIK	29
<i>perphenazine</i>	19	see <i>polymyxin b-</i>	PREVACID	

see *lansoprazole cap 15mg dr*30
 see *lansoprazole cap 30mg dr*30
 PREVACID TAB 15MG STB30
 PREVACID TAB 30MG STB30
prevalite13
previfem 28 day25
 PREVPAC MIS30
 PREZISTA7
 PRIFTIN7
 PRILOSEC
 see *omeprazole cap 10mg*30
 see *omeprazole cap 20mg*30
 see *omeprazole cap 40mg*30
 PRIMAQUINE PHOSPHATE6
 PRIMAXIN IV
 see *imipenem-cilastatin*8
primidone17
 PRIMSOL8
 PRINIVIL
 see *lisinopril*11
 PRINZIDE
 see *lisinopril & hydrochlorothiazide*11
 PRISTIQ18
 PRIVIGEN32
 PROAIR HFA AER37
probenecid1
 PROCALAMINE34
 PROCARDIA XL
 see *nifedical*14
 see *nifedipine er*14
prochlorperazine28
prochlorperazine edisylate28
prochlorperazine maleate28
 PROCRIT31
procto-pak41
proctocream39
proctozone hc39
progesterone micronized27
 PROGLYCEM27
 PROGRAF33
 see *tacrolimus*33
 PROLASTIN-C38
 PROLENSA36
 PROLEUKIN9
 PROLIA27
 PROMACTA32
promethazine hcl28
promethazine hcl inj28
promethgan28
 PROMETRIUM
 see *progesterone micronized*27

propafenone hcl12
proparacaine hcl36
propranolol & hydrochlorothiazide13
propranolol hcl13
propranolol hcl er13
propranolol inj 1mg/ml13
propranolol sol13
propranolol tab13
propylthiouracil28
 PROQUAD33
 PROSCAR
 see *finasteride*30
 PROSOL34
 PROTONIX
 see *pantoprazole sodium inj*30
 see *pantoprazole tab 20mg*30
 see *pantoprazole tab 40mg*30
 PROTONIX INJ30
 PROTONIX PAK30
 PROTOPIC41
protriptyline hcl18
 PROVENTIL AER HFA37
 PROVERA
 see *medroxyprogesterone acetate*27
 PROVIGIL
 see *modafinil*21
 PROZAC
 see *fluoxetine hcl*17
 PROZAC WEEKLY
 see *fluoxetine hcl*17
 PRUDOXIN39
 PULMICORT
 see *budesonide (inhalation)*38
 PULMICORT INH 180MCG38
 PULMICORT INH 90MCG38
 PULMICORT INH SUSP38
 PULMOZYME38
 PURINETHOL
 see *mercaptopurine*9
 PYLERA30
pyrazinamide7
pyridostigmine bromide21

Q

QNASL AER 80MCG38
 QUALAQUIN6
 see *quinine sulfate*6
quasense 91 day25
 QUESTRAN
 see *cholestyramine*13
 QUESTRAN LIGHT
 see *cholestyramine light*13
 see *prevalite*13
quetiapine fumarate19
 QUILLIVANT XR20

quinapril hcl11
quinapril-hydrochlorothiazide11
quinidine gluconate er12
quinidine sulfate12
quinine sulfate6
 QVAR AER 40MCG38
 QVAR AER 80MCG38

R

RABAVERT33
ramipril11
 RANEXA15
ranitidine hcl29
 RAPAFLO30
 RAPAMUNE33
 RAYOS27
 RAZADYNE
 see *galantamine hydrobromide*17
 RAZADYNE ER
 see *galantamine hydrobromide*17
 REBETOL7
 see *ribasphere 200mg*7
 see *ribavirin 200mg*7
 REBIF INJ 22/0.521
 REBIF INJ 44/0.521
 REBIF TITRTN SOL PACK21
reclipsen 28 day25
 RECOMBIVAX HB33
 RECTIV41
 REGLAN
 see *metoclopramide hcl*28
 REGONOL21
 REGRANEX42
 RELENZA DISKHALER7
 RELISTOR29
 RELPAX TAB 20MG20
 RELPAX TAB 40MG20
 REMERON
 see *mirtazapine*18
 REMERON SOLTAB
 see *mirtazapine*18
 REMICADE32
 REMODULIN15
 RENAGEL27
 RENVELA27
reprexain 10/2002
REPREXAIN 2.5/2002
 REQUIP
 see *ropinirole hydrochloride*18
 REQUIP XL
 see *ropinirole hydrochloride*18
 RESCRIPTOR7
 RESTASIS36
 RETIN-A
 see *avita*38

see *tretinoin* 39
 RETIN-A MICRO 39
 RETROVIR
 see *zidovudine* 7
 RETROVIR IV INFUSION 7
 REVATIO
 see *sildenafil citrate*
 (*pulmonary*
 hypertension) 15
 REVIA
 see *naltrexone hcl* 21
 REVLIMID 32
 REYATAZ 7
 RHEUMATREX 32
 RHINOCORT SUS AQUA 38
 RIBAPAK 7
ribapak mis 600/day 7
ribasphere 7
ribasphere 200mg 7
ribavirin 200mg 7
 RIFADIN
 see *rifampin* 7
rifampin 7
 RIFATER 7
 RILUTEK 21
rimantadine hydrochloride 7
ringer's 35
 RIOMET SOL 23
 RISPERDAL
 see *risperidone* 19
 RISPERDAL CONSTA 19
 RISPERDAL M-TAB
 see *risperidone odt* 19
risperidone 19
risperidone odt 19
 RITALIN 20
 see *methylphenidate hcl* 19
 RITALIN LA 20
 see *methylphenidate hcl* 19
 RITUXAN 9
rivastigmine tartrate 17
rizatriptan benzoate odt 20
rizatriptan benzoate tabs 20
 ROBAXIN
 see *methocarbamol* 21
 ROBAXIN-750
 see *methocarbamol* 21
 ROBINUL
 see *glycopyrrolate* 28
 ROBINUL FORTE
 see *glycopyrrolate* 29
 ROCALTROL
 see *calcitriol* 35
 ROCEPHIN
 see *ceftriaxone sodium* 4
ropinirole hydrochloride 18
 ROTATEQ 33
 ROWASA
 see *mesalamine enema* 29
 ROXICET 3
 ROXICET 5/500 3

ROXICODONE
 see *oxycodone hcl* 2
 ROZEREM TAB 8MG 20
 RYTHMOL
 see *propafenone hcl* 12
 RYTHMOL SR
 see *propafenone hcl* 12

S

SABRIL 17
 SAIZEN 27
 SAIZEN CLICK.EASY 27
 SALAGEN
 see *pilocarpine hcl (oral)* 42
 SAMSCA 27
 SANCTURA
 see *tropium cl tab 20mg* 31
 SANCTURA XR 31
 see *tropium cl cap 60mg*
 er 31
 SANCUSO DIS 3.1MG 28
 SANDIMMUNE 33
 see *cyclosporine* 32
 SANDOSTATIN
 see *octreotide acetate* 27
 SANDOSTATIN LAR
 DEPOT 27
 SANTYL 42
 SAPHRIS 19
 SARAFEM 21
 SAVELLA 21
 SAVELLA TITRATION
 PACK 21
 SEASONIQUE
 see *amethia 91 day* 24
 SECTRAL
 see *acebutolol hcl* 13
selegiline hcl 18
selenium sulfide 40
 SELSUN SHAMPOO
 see *selenium sulfide* 40
 SELZENTRY 7
 SEMPRES-D 37
 SENSIPAR 24
 SEREVENT DIS AER
 50MCG 37
 SEROMYCIN 7
 SEROQUEL
 see *quetiapine fumarate* 19
 SEROQUEL XR 19
 SEROSTIM 27
sertraline hcl 18
 SFROWASA 29
 SIGNIFOR 27
sildenafil citrate (pulmonary
 hypertension) 15
 SILENOR 20
 SILVADENE
 see *silver sulfadiazine* 39
 see *ssd* 39
 see *thermazene* 39

silver sulfadiazine 39
 SIMCOR 13
 SIMPONI 32
 SIMULECT 33
simvastatin 12
simvastatin tab 80mg 12
 SINEMET
 see *carbidopa-levodopa* 18
 SINEMET CR
 see *carbidopa-levodopa* 18
 SINGULAIR
 see *montelukast sodium* 37
 SIRTURO 7
 SKLICE 41
 SOD FLUORIDE 2.2MG
 TAB 33
sodium chloride 33, 35
sodium chloride (gu
 irrigant) 42
sodium phenylbutyrate 26
sodium polystyrene
 sulfonate 24
 SOLARAZE 39
 SOLIA 25
 SOLODYN 5
 see *minocycline hcl* 5
 SOLTAMOX 10
 SOLU-CORTEF 250MG 27
 SOLU-MEDROL 27
 see *methylprednisolone sod*
 succ 26
 SOMATULINE DEPOT 27
 SOMAVERT 27
 SONATA
 see *zaleplon cap 10mg* 20
 see *zaleplon cap 5mg* 20
 SORIATANE 40
 SORILUX 40
sorine 12
sotalol hcl 12
sotalol hcl (afib/afl) 12
 SPIRIVA CAP HANDIHLR 37
spironolactone 11
spironolactone &
 hydrochlorothiazide 15
 SPORANOX 6
 see *itraconazole* 6
sprintec 28 day 25
 SPRYCEL 10
sronyx 28 day 25
ssd 39
stagesic 5/500 2
 STALEVO 18
 STARLIX
 see *nateglinide tab*
 120mg 23
 see *nateglinide tab 60mg* 23
stavudine 7
 STAVZOR 17
 STELARA 40
 STIMATE 28

STIVARGA.....	10	SYMLINPEN 60.....	22	<i>emollient base</i>	40
STRATTERA.....	20	SYNAGIS.....	33	TENEX	
<i>streptomycin sulfate</i>	5	SYNALAR		see <i>guanfacine hcl</i>	11
STRIANT MIS 30MG.....	22	see <i>fluocinolone</i>		TENORETIC 100	
STRIBILD.....	7	<i>acetonide</i>	40	see <i>atenolol &</i>	
STROMECTOL.....	8	SYNALGOS-DC.....	2	<i>chlorthalidone</i>	13
SUBOXONE		SYNAREL.....	25	TENORETIC 50	
see <i>buprenorphine-</i>		SYNERA.....	41	see <i>atenolol &</i>	
<i>naloxone subl</i>	21	SYNERCID.....	8	<i>chlorthalidone</i>	13
SUBOXONE FILM 12-3MG21		SYNTHROID.....	28	TENORMIN	
SUBOXONE FILM 2-		see <i>levothroid</i>	28	see <i>atenolol</i>	13
0.5MG.....	21	see <i>levothyroxine sodium</i>	28	TERAZOL 3	
SUBOXONE FILM 4-1MG.....	21	see <i>levoxyl</i>	28	see <i>terconazole vaginal</i>	31
SUBOXONE FILM 8-2MG.....	21	see <i>unithroid</i>	28	TERAZOL 7	
SUBOXONE SUB 2-0.5MG21		SYPRINE.....	24	see <i>terconazole vaginal</i>	31
SUBOXONE SUB 8-2MG.....	21			see <i>zazole</i>	31
SUBSYS.....	3	T		<i>terazosin hcl</i>	11
SUCLEAR.....	29	TABLOID.....	9	<i>terbinafine tab 250mg</i>	6
SUCRAID.....	30	TACLONEX.....	41	<i>terbutaline sulfate</i>	37
<i>sucralfate</i>	30	<i>tacrolimus</i>	33	<i>terconazole vaginal</i>	31
SULAR		TAMBOCOR		TESTIM GEL 1%(50MG).....	22
see <i>nisoldipine</i>	14	see <i>flecainide acetate</i>	12	<i>testosterone cypionate</i>	22
<i>sulfacetamide sod-</i>		TAMIFLU.....	7	<i>testosterone enanthate</i>	22
<i>prednisolone</i>	35	<i>tamoxifen citrate</i>	10	TETANUS TOXOID	
<i>sulfacetamide sodium</i>		<i>tamsulosin hcl</i>	30	ADSORBED.....	33
(<i>acne</i>).....	39	TAPAZOLE		TETANUS/DIPHTHERIA	
<i>sulfacetamide sodium</i>		see <i>methimazole</i>	28	TOXOID.....	33
(<i>ophth</i>).....	35	TARCEVA.....	10	<i>tetracycline hcl</i>	6
SULFADIAZINE.....	5	TARGRETIN.....	10, 41	TEV-TROPIN.....	27
<i>sulfamethoxazole-trimethop</i>		TARKA.....	11	TEVETEN.....	12
<i>sulfamethoxazole-trimethop</i>		TASIGNA.....	10	see <i>eprosartan mesylate</i>	12
<i>iv soln</i>	8	TAXOTERE.....	9	TEVETEN HCT.....	12
SULFAMYLON.....	39	<i>tazicef vial</i>	5	THALITONE.....	15
see <i>mafenide acetate</i>	39	TAZORAC.....	40	THALOMID.....	32
<i>sulfasalazine dr</i>	29	<i>taztia</i>	14	THEO-24.....	38
<i>sulfasalazine ir</i>	29	TECFIDERA.....	21	<i>theophylline</i>	38
<i>sulindac</i>	3	TECFIDERA STARTER		<i>thermazene</i>	39
SUMATRIPTAN INJ		PACK.....	21	<i>thioridazine hcl</i>	19
4MG/0.5.....	20	TEFLARO.....	6	THIOTEPA.....	8
<i>sumatriptan inj 6mg/0.5</i>	20	TEGRETOL.....	17	<i>thiothixene</i>	19
<i>sumatriptan spr 20mg/act</i>	20	see <i>carbamazepine</i>	16	THYMOGLOBULIN.....	33
<i>sumatriptan spr 5mg/act</i>	20	see <i>epitol</i>	16	<i>tiagabine tab 2mg</i>	17
<i>sumatriptan tab 100mg</i>	20	TEGRETOL XR TAB		<i>tiagabine tab 4mg</i>	17
<i>sumatriptan tab 25mg</i>	20	100MG.....	17	TIAZAC	
<i>sumatriptan tab 50mg</i>	20	TEGRETOL-XR.....	17	see <i>diltiazem hcl extended</i>	
SUMAVEL DOSE INJ		see <i>carbamazepine</i>	16	<i>release beads</i>	14
6MG/0.5.....	20	TEKAMLO.....	14	see <i>taztia</i>	14
<i>suprax</i>	5	TEKURNA.....	14	TIKOSYN.....	12
SUPRAX SUS 100/5ML.....	5	TEKURNA HCT TAB 150-		TIMENTIN.....	6
SUPRAX SUS 200/5ML.....	5	12.5MG.....	14	<i>timolol maleate</i>	13
SUPRAX SUS 500/5ML.....	5	TEKURNA HCT TAB 150-		<i>timolol maleate (ophth)</i>	36
SUPRAX TAB 400MG.....	5	25MG.....	14	<i>timolol maleate gel</i>	36
SUPREP BOWEL PREP.....	29	TEKURNA HCT TAB 300-		TIMOPTIC	
SURMONTIL		12.5MG.....	14	see <i>timolol maleate</i>	
see <i>trimipramine maleate</i>	18	TEKURNA HCT TAB 300-		(<i>ophth</i>).....	36
SUSTIVA.....	7	25MG.....	14	TIMOPTIC OCUDOSE.....	36
SUTENT.....	10	TEMOVATE		TIMOPTIC-XE	
SYLATRON.....	10	see <i>clobetasol</i>		see <i>timolol maleate gel</i>	36
SYMBICORT AER 160-4.5.....	38	<i>propionate</i>	40	TIROSINT.....	28
SYMBICORT AER 80-4.5.....	38	TEMOVATE E		<i>tizanidine hcl</i>	21
SYMLINPEN 120.....	22	see <i>clobetasol propionate</i>		<i>tizanidine tabs</i>	21

TOBI.....	38	TRELSTAR MIXJECT.....	10	TUDORZA PRES AER	
TOBRADEX.....	35	TRENTAL		400/ACT.....	37
see <i>tobramycin-</i>		see <i>pentoxifylline</i>	32	TWINJECT.....	38
<i>dexamethasone</i>	35	TRETIN X.....	39	TWINRIX.....	33
TOBRADEX ST.....	35	TRETINOIN.....	10	TWYNSTA.....	12
<i>tobramycin sulfate</i>	6	<i>tretinoin</i>	39	TYGACIL.....	8
<i>tobramycin sulfate (ophth)</i>	35	TRETINOIN		TYKERB.....	10
TOBRAMYCIN		MICROSPHERE.....	39	TYLENOL/CODEINE #3	
SULFATE/SODIUM.....	6	TREXALL.....	32	see <i>acetaminophen w/</i>	
<i>tobramycin-</i>		TREXIMET TAB 85-		<i>codeine</i>	1
<i>dexamethasone</i>	35	500MG.....	20	TYLENOL/CODEINE #4	
TOBREX		<i>tri-legest</i> 28.....	25	see <i>acetaminophen w/</i>	
see <i>tobramycin sulfate</i>		TRI-NORINYL 28		<i>codeine</i>	1
(<i>ophth</i>).....	35	see <i>aranelle</i> 28.....	24	TYPHIM VI.....	33
TOBREX OINT 0.3%.....	35	see <i>leena</i> 28 day.....	24	TYSABRI.....	21
TOFRANIL		<i>tri-previfem</i> 28 day.....	25	TYZEKA.....	7
see <i>imipramine hcl</i>	18	<i>tri-sprintec</i> 28 day.....	25	TYZINE.....	38
TOFRANIL-PM		<i>triamcinolon spr</i> 55mcg/ac.....	38	TYZINE PEDIATRIC NASAL	
see <i>imipramine pamoate</i>	18	<i>triamcinolone acetamide</i>		DR.....	38
<i>tolmetin sodium</i>	3	(<i>mouth</i>).....	42		
<i>tolterodine tartrate</i>	31	<i>triamcinolone acetamide</i>			
TOPAMAX		(<i>topical</i>).....	41		
see <i>topiramate</i>	17	<i>triamterene &</i>			
TOPAMAX SPRINKLE		<i>hydrochlorothiazide cap</i>			
see <i>topiramate</i>	17	37.5-25 mg.....	15		
TOPICORT.....	41	<i>triamterene &</i>			
see <i>desoximetasone</i>	40	<i>hydrochlorothiazide cap</i>			
<i>topiramate</i>	17	50-25 mg.....	15		
<i>toposar</i>	10	<i>triamterene &</i>			
<i>topotecan hcl</i>	10	<i>hydrochlorothiazide tab</i>			
TOPROL XL		37.5-25 mg.....	15		
see <i>metoprolol succinate</i>	13	<i>triamterene &</i>			
TORISEL.....	9	<i>hydrochlorothiazide tab</i>			
TORSEMIDE INJ		75-50 mg.....	15		
20MG/2ML.....	15	TRIBENZOR.....	12		
<i>torsemide tabs</i>	15	TRICOR			
TOVIAZ.....	31	see <i>fenofibrate</i>	13		
TRACLEER.....	16	<i>triderm</i>	41		
TRADJENTA TAB 5MG...	23	<i>trifluoperazine hcl</i>	19		
<i>tramadol hcl er</i>	3	<i>trifluridine</i>	35		
<i>tramadol hcl tab 50 mg</i>	3	TRIGLIDE.....	13		
<i>tramadol-acetaminophen</i> ...	3	<i>trihexyphenidyl hcl</i>	18		
TRANDATE		TRILEPTAL.....	17		
see <i>labetalol hcl</i>	13	see <i>oxcarbazepine</i>	16		
<i>trandolapril</i>	11	TRILIPIX.....	13		
<i>tranexamic acid</i>	32	<i>trilyte</i>	29		
TRANSDERM-SC DIS		<i>trimethoprim</i>	8		
1.5MG.....	28	<i>trimipramine maleate</i>	18		
TRANXENE T		<i>trinessa</i> 28 day.....	25		
see <i>clorazepate</i>		TRIOSTAT			
<i>dipotassium</i>	16	see <i>liothyronine sodium</i> ...	28		
<i>tranylcypromine sulfate</i> ...	18	TRISENOX.....	10		
TRAVASOL.....	34	<i>trivora</i> 28 day.....	25		
TRAVATAN Z DRO		TRIZIVIR.....	7		
0.004%.....	36	TROPHAMINE.....	34		
<i>trazodone hcl</i>	18	<i>tropicamide</i>	36		
TREANDA.....	8	<i>trospium cl cap 60mg er</i> ...	31		
TRECTOR.....	7	<i>trospium cl tab 20mg</i>	31		
TRELSTAR DEPOT		TRUSOPT			
MIXJECT.....	10	see <i>dorzolamide hcl</i>	36		
TRELSTAR LA MIXJECT...	10	TRUVADA.....	7		

U

<i>u-cort</i>	41
UCERIS.....	29
ULESFA.....	41
ULORIC.....	1
ULTRACET	
see <i>tramadol-</i>	
<i>acetaminophen</i>	3
ULTRAM	
see <i>tramadol hcl tab 50</i>	
<i>mg</i>	3
ULTRAM ER	
see <i>tramadol hcl er</i>	3
ULTRAVATE	
see <i>halobetasol</i>	
<i>propionate</i>	41
ULTRESA.....	30
UNASYN	
see <i>ampicillin & sulbactam</i>	
<i>sodium</i>	4
UNASYN BULK PACK	
see <i>ampicillin & sulbactam</i>	
<i>sodium</i>	4
UNIRETIC	
see <i>moexipril-</i>	
<i>hydrochlorothiazide</i> ...	11
<i>unithroid</i>	28
UNIVASC	
see <i>moexipril hcl</i>	11
URECHOLINE	
see <i>bethanechol chloride</i> ...	30
UROCIT-K 10	
see <i>potassium citrate</i>	
(<i>alkalinizer</i>).....	30
UROCIT-K 15.....	30
UROCIT-K 5	
see <i>potassium citrate</i>	
(<i>alkalinizer</i>).....	30
UROXATRAL	
see <i>alfuzosin hcl</i>	30
URSO 250	
see <i>ursodiol</i>	30

URSO FORTE	
see <i>ursodiol</i>	30
<i>ursodiol</i>	30
UVADEX.....	10

V

VAGIFEM.....	26
<i>valacyclovir hcl</i>	7
VALCYTE.....	7
VALIUM	
see <i>diazepam</i>	16
<i>valproate sodium</i>	17
<i>valproic acid</i>	17
<i>valsartan</i> -	
<i>hydrochlorothiazide</i>	12
VALTREX	
see <i>valacyclovir hcl</i>	7
VANCOCIN HCL	
see <i>vancomycin hcl</i>	8
<i>vancomycin hcl</i>	8
<i>vandazole</i>	31
VANOS.....	41
VAQTA.....	33
VARIVAX.....	33
VASCEPA.....	13
VASERETIC	
see <i>enalapril maleate &</i>	
<i>hydrochlorothiazide</i>	11
VASOTEC	
see <i>enalapril maleate</i>	11
VECTIBIX.....	9
VELCADE.....	9
<i>velivet 28 day</i>	25
VELTIN.....	39
<i>venlafaxine cap er</i>	18
<i>venlafaxine hcl</i>	18
VENLAFAXINE HCL ER	
see <i>venlafaxine tab er</i>	18
<i>venlafaxine tab</i>	18
<i>venlafaxine tab er</i>	18
VENTAVIS.....	16
VENTOLIN HFA AER.....	37
VERAMYST SPR	
27.5MCG.....	38
<i>verapamil hcl</i>	14
VERDESO.....	41
VERELAN	
see <i>verapamil hcl</i>	14
VERELAN PM	
see <i>verapamil hcl</i>	14
VERIPRED.....	27
VESICARE.....	31
<i>vestura</i>	25
VEXOL.....	36
VFEND	
see <i>voriconazole</i>	6
VFEND SUS 40MG/ML.....	6
VIBATIV.....	8
VIBRAMYCIN.....	6
see <i>doxycycline hyclate</i>	5
VICOPROFEN	

see <i>hydrocodone-</i>	
<i>ibuprofen</i>	2
VICTOZA INJ 18MG/3ML.....	22
VICTRELIS.....	7
VIDAZA.....	9
VIDEX EC	
see <i>didanosine</i>	6
VIDEX PEDIATRIC.....	7
VIGAMOX.....	35
VIIBRYD.....	18
VIMOVO.....	1
VIMPAT.....	17
VINBLASTINE SULFATE.....	9
<i>vincasar</i>	9
<i>vincristine sulfate</i>	9
<i>vinorelbine tartrate</i>	9
VIOKACE.....	30
<i>viorele</i>	25
VIOCEPT.....	7
VIRAMUNE.....	7
see <i>nevirapine</i>	7
VIRAMUNE XR.....	7
VIREAD.....	7
VIROPTIC	
see <i>trifluridine</i>	35
VISICOL.....	29
VISTARIL	
see <i>hydroxyzine</i>	
<i>pamoate</i>	37
VISTIDE.....	7
see <i>cidofovir</i>	7
VIVACTIL	
see <i>protriptyline hcl</i>	18
VIVELLE-DOT.....	26
VIVITROL.....	21
VOLTAREN GEL 1%.....	41
VOLTAREN-XR	
see <i>diclofenac sodium</i>	3
<i>voriconazole</i>	6
VORICONAZOLE INJ	
200MG.....	6
VOSOL HC	
see <i>acetazol hc</i>	42
see <i>acetic acid sol/hc</i>	42
VOSPIRE ER	
see <i>albuterol sulfate</i>	37
VOTRIENT.....	10
VPRIV.....	26
VYTORIN.....	13
VYVANSE.....	20

W

<i>warfarin sodium</i>	31
<i>water for irrigation, sterile</i>	42
WELCHOL.....	13
WELLBUTRIN	
see <i>bupropion hcl</i>	17
WELLBUTRIN SR	
see <i>budeprion</i>	17
see <i>bupropion hcl sr</i>	17

WELLBUTRIN XL	
see <i>bupropion hcl xl</i>	17
WESTCORT	
see <i>hydrocortisone</i>	
<i>valerate</i>	41

X

XALATAN	
see <i>latanoprost sol</i>	
0.005%.....	36
XALKORI.....	10
XANAX	
see <i>alprazolam</i>	16
XARELTO.....	31
XELJANZ.....	32
XENAZINE.....	21
XEOMIN.....	36
XERESE.....	40
XGEVA.....	27
XIFAXAN TAB 200MG.....	8
XIFAXAN TAB 550MG.....	30
XODOL	
see <i>hydrocodone-</i>	
<i>acetaminophen 10-</i>	
300mg.....	1
see <i>hydrocodone-</i>	
<i>acetaminophen 5-300mg</i> 1	
see <i>hydrocodone-</i>	
<i>acetaminophen 7.5-</i>	
300mg.....	1
XOLAIR.....	38
XOPENEX.....	37
see <i>levalbuterol hcl</i>	37
XOPENEX CONCENTRATE	
see <i>levalbuterol hcl</i>	37
XOPENEX HFA AER.....	37
XTANDI.....	10
XYLOCAINE	
see <i>lidocaine hcl</i>	41
XYLOCAINE-MPF	
see <i>lidocaine hcl (local</i>	
<i>anesth.)</i>	3
XYREM.....	21
XYZAL	
see <i>levocetirizine</i>	
<i>dihydrochloride</i>	37
see <i>levocetirizine tab 5</i>	
<i>mg</i>	37

Y

YASMIN 28	
see <i>drospirenone-ethinyl</i>	
<i>estradiol</i>	24
see <i>ocella 28 day</i>	25
YAZ	
see <i>gianvi 28-day</i>	24
see <i>loryna 28 day</i>	25
see <i>vestura</i>	25
YF-VAX.....	33

Z

zafirlukast.....	37	see ondansetron hcl oral soln.....	28
zaleplon cap 10mg.....	20	ZOFRAN ODT	
zaleplon cap 5mg.....	20	see ondansetron odt.....	28
ZAMICET.....	2	zoledronic acid inj 4mg/5ml	24
ZANAFLEX		ZOLINZA.....	9
see tizanidine hcl.....	21	ZOLOFT	
see tizanidine tabs.....	21	see sertraline hcl.....	18
ZANOSAR.....	8	zolpidem er tab 12.5mg.....	20
ZANTAC.....	29	zolpidem er tab 6.25mg.....	20
see ranitidine hcl.....	29	zolpidem tab 10mg.....	20
ZARONTIN		zolpidem tab 5mg.....	20
see ethosuximide.....	16	ZOLPIMIST SPR 5MG.....	20
ZAROXOLYN		ZOMETA.....	24
see metolazone.....	15	see zoledronic acid inj 4mg/5ml.....	24
ZAVESCA.....	26	ZOMIG SPR 5MG.....	20
zazole.....	31	ZOMIG TAB 2.5MG.....	20
ZEBETA		ZOMIG TAB 5MG.....	20
see bisoprolol fumarate.....	13	ZOMIG ZMT TAB 2.5 MG.....	20
ZEGERID POW 20-1680.....	30	ZOMIG ZMT TAB 5MG.....	20
ZEGERID POW 40-1680.....	30	ZONALON.....	39
ZELAPAR.....	19	ZONEGRAN	
ZELBORAF.....	10	see zonisamide.....	17
ZEMAIRA.....	38	zonisamide.....	17
ZEMPLAR.....	35	ZORBTIVE.....	27
zenatane.....	39	ZORTRESS.....	33
zenchent fe 28 day.....	25	ZOSTAVAX.....	33
ZENPEP.....	30	ZOSYN.....	6
ZERIT		see piperacillin sodium- tazobactam sodium.....	5
see stavudine.....	7	zovia 1/35e 28 day.....	25
ZESTORETIC		zovia 1/50e 28 day.....	25
see lisinopril & hydrochlorothiazide.....	11	ZOVIRAX.....	40
ZESTRIL		see acyclovir.....	7
see lisinopril.....	11	see acyclovir topical.....	40
ZETIA.....	13	ZYBAN	
ZETONNA AER 37MCG.....	38	see buproban.....	21
ZIAC		ZYCLARA.....	41
see bisoprolol & hydrochlorothiazide.....	13	ZYCLARA PUMP.....	41
ZIAGEN.....	7	ZYDONE 10/400.....	2
see abacavir sulfate.....	6	ZYDONE 5/400.....	2
ZIANA.....	39	ZYDONE 7.5/400.....	2
zidovudine.....	7	ZYFLO CR.....	37
ZINACEF.....	6	ZYLET.....	35
see cefuroxime sodium.....	4	ZYLOPRIM	
ZINACEF IN SOLUTION.....	6	see allopurinol tab.....	1
ZINECARD		ZYMAXID.....	35
see dexrazoxane.....	10	ZYPREXA	
ZIOPTAN DRO 0.0015%.....	36	see olanzapine.....	19
ziprasidone hcl.....	19	see olanzapine inj 10mg.....	19
ZIPSOR.....	3	ZYPREXA ZYDIS	
ZIRGAN.....	35	see olanzapine odt.....	19
ZITHROMAX.....	6	ZYTIGA.....	10
see azithromycin.....	4	ZYVOX.....	8
ZMAX.....	6		
ZOCOR			
see simvastatin.....	12		
see simvastatin tab 80mg	12		
ZOFRAN			
see ondansetron hcl.....	28		
see ondansetron hcl inj.....	28		