

2011 Four-Tier Prescription Drug List Reference Guide

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Welcome to your 2011 Four-Tier Prescription Drug List

Important Notice – Please Read Carefully

Your Prescription Drug List (formerly known as Preferred Drug List) has changed. Please note that prescription medications on this new list may be in different tiers than those on your old list, which may impact the amount you pay for the medication.

We suggest that you print the most current Prescription Drug List from our Customers link at www.goldenrule.com and bring it with you to your doctor appointments. Ask your doctor to refer to the Prescription Drug List when prescribing medications. It is a tool that helps guide you and your doctor in choosing medications that allow the most effective and affordable use of your pharmacy benefit.

Your pharmacy benefit offers flexibility and choice in finding the right medication for you.

Our goal

We want you to get the most out of your pharmacy benefit. This guide will:

1. Help you understand your medication choices and make informed decisions.
2. Help you understand which questions to ask your doctor or pharmacist.

What is a Prescription Drug List (PDL)?

A PDL is a list that places commonly prescribed medications for certain conditions into tiers. This list includes brand and generic prescription medications approved by the U.S. Food and Drug Administration (FDA). Below you will find some commonly prescribed medications for certain conditions. When choosing a medication, you and your doctor should consult the PDL to help you get the most out of your prescription medication benefit.

Please look at your policy/certificate to determine which medications are covered under your plan.

Understanding Tiers

Prescription medications are placed into tiers. Each tier is assigned a cost, which is the amount you pay when you fill a prescription. The cost is determined by your health plan. Check your policy/certificate to find out the specific copayments, coinsurance, and deductibles that are part of your plan.

Some plans may require you to pay the full cost of the medication until the plan deductible has been met.

Tier 1 – Your Lowest-Cost Option

Tier 1 medications are your lowest-cost option. For the lowest out-of-pocket expense, consider Tier 1 medications

Tier 2 and 3 – Your Midrange-Cost Options

Tier 2 and Tier 3 medications are your midrange-cost options.

Tier 4 – Your Highest-Cost Option

Tier 4 medications are your highest-cost option. If you are currently taking a medication in Tier 4, ask your doctor whether there is a lower-cost Tier 1, Tier 2 or Tier 3 medication that may be right for you.

Note: Compounded medications are medications with one or more ingredients that are prepared “on-site” by a pharmacist. These are classified at the Tier 3 level.

Please note: *Some plans have a two-tier pharmacy benefit, with a copayment for generic medications and a higher copayment for brand medications. The brand copayment applies for medications in Tiers 2 and 3, however using Tier 2 medications is a more cost effective option. Some plans have a three-tier pharmacy benefit. In your policy/certificate, Tier 1 is referred to as “generics,” Tier 2 is referred to as “preferred brands,” and Tier 3 is referred to as “non-preferred brands.”*

Who determines medication tier placement?

The UnitedHealthcare PDL Management Committee makes tier placement decisions. The PDL Management Committee is comprised of senior level UnitedHealth Group physicians and business leaders. The Committee’s goal is to help ensure access to a wide range of medications, while helping to control health care costs for you and your health plan. You and your doctor decide which medication is right for you.

What factors does the PDL Management Committee look at to make tier placement decisions?

The PDL Management Committee decides the tier placement of a particular prescription medication based on clinical information from the UnitedHealthcare Pharmacy and Therapeutics (P&T) Committee and economic considerations. The Committee looks at the overall health care value of a particular medication, balancing the need for flexibility and choice for you and an affordable pharmacy benefit for health plans.

When do medications change tiers?

Medications may change tiers two times per calendar year. Changes occur on January 1 and July 1. When a generic medication becomes available, the tier placement of both the brand and generic medication is evaluated. Medications may change tiers with this evaluation.

When a medication changes tiers, you may have to pay a different amount for that medication. These changes may occur without prior notice to you. For the most current information on your pharmacy coverage, please call the toll-free member phone number on the back of your ID card or visit www.goldenrule.com.

What is the difference between brand-name and generic medications?

FDA-approved generic medications contain the same active ingredients as brand-name medications, but they often cost less. Generic medications become available after the patent on the brand-name medication expires. At that time, other companies are permitted to manufacture an FDA-approved, chemically equivalent medication. Many companies that make brand-name medications also produce and market generic medications.

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower tier alternative is available and if it might be appropriate for you. Generic medications are usually your lowest-cost option. Visit www.goldenrule.com for more information about generic medications.

When should I consider discussing over-the-counter (OTC) medications with my doctor?

An OTC medication may be the right treatment for some conditions. Talk to your doctor about OTC options. These medications are not covered under your pharmacy benefit, but they may cost less than your out-of-pocket expense for prescription medications.

Why are there notations (SL) next to certain medications in the PDL, and what do they mean?

These notations refer to our pharmacy programs. The definition is listed at the bottom of each page. These programs may help confirm coverage based on your benefit plan. Please call the toll-free member phone number on the back of your ID card if you need additional information about these notations.

What should I do if I use a self-administered injectable medication?

You may have coverage for self-administered injectable medications through your pharmacy benefit plan. UnitedHealthcare has developed a specialty pharmacy network for these medications. Please call our toll-free Specialty Pharmacy Referral Line at 1-866-429-8177. A representative will answer questions about our program and then transfer you to a specialty pharmacy based on your particular specialty medication prescription.

How do I access updated information about my pharmacy benefit?

Since the PDL may change periodically, we encourage you to visit www.goldenrule.com or call the toll-free member phone number on the back of your ID card for more current information. Once there, you can also compare costs of medications to identify cost-saving opportunities and contact a registered pharmacist seven days a week.

What if I still have questions?

Please call the toll-free phone number on the back of your ID card. Representatives are available 24 hours a day (except Thanksgiving and Christmas).

If you have pharmacy benefit coverage, you may learn more about your benefit by visiting www.goldenrule.com or by calling the toll-free phone number on the back of your ID card. If you are not currently enrolled for pharmacy benefit coverage, you may access www.goldenrule.com for additional information.

In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your benefit coverage.

Medications are categorized by common therapeutic conditions in this PDL reference guide for ease of reference only. These categories do not determine coverage for the medication for your condition. Your benefit plan determines how these medications may be covered for you.

The PDL may change periodically. Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern.

Anti-Infectives Antibiotics (Oral, inhaled and ear antibiotics are listed)

Tier 1

A-B Otic	Ciprofloxacin Tablet	Minocycline HCl
Amoxicillin Trihydrate	Clarithromycin Tablet	Neomycin/Polymyxin/HC Otic
Amoxicillin Trihydrate/Potassium Clavulanate	Clindamycin HCl	Nitrofurantoin Macrocrystal
Ampicillin Trihydrate	Dicloxacillin Sodium	Nitrofurantoin/Nitrofurantoin Macrocrystal
Azithromycin	Doxycycline	Ofloxacin Otic
Cefadroxil Hydrate	Erythromycin	Penicillin V Potassium
Cefprozil	Erythromycin Base Tablet, Enteric-Coated	Sulfamethoxazole/Trimethoprim
Cefuroxime	250, 333 mg	Tetracycline HCl
Cephalexin Monohydrate	Metronidazole	

Tier 2

Augmentin	Cleocin HCl 75 mg	Macrochantin 25 mg
Cefdinir SL	Clindamycin Palmitate	Tobi
Cipro Suspension	Dapsone	Vancocin HCl
Ciprodex Otic	Ery-Tab 500 mg	Velosef 250 mg Suspension
Clarithromycin Suspension	Furadantin Suspension, Oral	Zyvox
Clarithromycin Tablet,Sustained-Release	Levaquin	

Tier 3

Amoxicillin-Clavulanate ER	Ciprofloxacin Tablet, Sustained-Release	Solodyn
Avelox	24 Hour	Suprax
Cipro HC	Oracea	

Tier 4

Adoxa	Augmentin XR	Doryx
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Anti-Infectives Antifungals (Oral and topical antifungals are listed)

Tier 1

Clotrimazole	Ketoconazole	Terconazole Vaginal
Fluconazole	Nystatin	
Itraconazole Capsule SL	Terbinafine HCl Tablet SL	

Tier 2

Clindesse Vaginal	Mycostatin	Sporanox Solution, Oral
Metronidazole Vaginal	Noxafil	Vfend SL

Tier 3

Gynazole-1 Vaginal	Lamisil Granules SL	
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Anti-Infectives Antivirals

Tier 1

Acyclovir	Amantadine HCl	Ribavirin
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Tier 2

Baraclude	Hepsera	Valcyte SL
EpiVir HBV	Rebetol Solution	
Famciclovir SL	Valacyclovir SL	

Tier 3

Relenza SL	Tamiflu SL	Valtrex SL
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Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

SL Supply limit

Cardiovascular/Heart Disease Coagulation Therapy

Tier 1 Cilostazol	Pentoxifylline	Warfarin Sodium
Tier 2 Arixtra SL Coumadin	Enoxaparin SL Plavix	
Tier 3 Aggrenox Effient	Fragmin SL Innohep SL	Lovenox SL

Cardiovascular/Heart Disease High Blood Pressure

Tier 1 Amlodipine Besylate Atenolol Atenolol/Chlorthalidone Benazepril HCl Benazepril/Hydrochlorothiazide Bisoprolol Fumarate Bisoprolol Fumarate/Hydrochlorothiazide Bumetanide Captopril Captopril/Hydrochlorothiazide Carvedilol Chlorthalidone Clonidine HCl Diltiazem HCl Diltiazem HCl Capsule, Controlled-Release Diltiazem HCl Capsule, Sustained-Release 12 Hour Doxazosin Mesylate Enalapril Maleate	Enalapril Maleate/Hydrochlorothiazide Felodipine Fosinopril Fosinopril/Hydrochlorothiazide Furosemide Guanfacine HCl Hydralazine HCl Hydralazine HCl/Hydrochlorothiazide Hydrochlorothiazide Indapamide Labetalol HCl Lisinopril Lisinopril/Hydrochlorothiazide Methyldopa Methyldopa/Hydrochlorothiazide Metolazone Metoprolol Succinate Tablet, Sustained-Release 24 Hour 25 mg Metoprolol Tartrate	Metoprolol/Hydrochlorothiazide Minoxidil Moexipril HCl Nadolol Nifedipine Propranolol HCl Tablet Propranolol HCl/Hydrochlorothiazide Quinapril HCl/Magnesium Carbonate Ramipril Spironolactone Spironolactone/Hydrochlorothiazide Terazosin HCl Timolol Maleate Torsemide Trandolapril Triamterene/Hydrochlorothiazide Verapamil HCl
Tier 2 Aldactazide 50-50 mg Azor SL Benicar SL Benicar HCT SL BiDil Bystolic Cardizem CD 360 mg Cardizem LA 120 mg Clorpres Dibenzyline	Diltiazem HCl Capsule, Sustained-Action Diltiazem HCl Capsule, Sustained-Release 24 Hour Diltiazem HCl Tablet, Sustained-Release 24 Hour Diuril 250 mg/5 ml Suspension Eplerenone Losartan SL Losartan/Hydrochlorothiazide SL	Metoprolol Succinate Tablet, Sustained-Release 24 Hour 50, 100, 200 mg Micardis SL Micardis HCT SL Nisoldipine 20, 30, 40 mg Perindopril Erbumine Quinapril HCl/Hydrochlorothiazide Sular 8.5, 10, 17, 25.5, 34 mg Thalitone
Tier 3 Aceon Amlodipine/Benazepril SL Atacand SL Atacand HCT SL Avalide SL Avapro SL Cardizem LA 180, 240, 300, 360, 420 mg Catapres-TTS SL	Clonidine Patch, Transdermal Weekly SL Cozaar SL Diovan SL Diovan HCT SL Exforge SL Exforge HCT SL Hyzaar SL Propranolol HCl Capsule, Sustained-Action	Tarka Tekturna SL Tekturna HCT SL Teveten SL Trandolapril/Verapamil Verapamil HCl Capsule, 24 Hour Sustained-Release Pellets
Tier 4 Coreg CR SL	Twynsta SL	Valturna SL

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

SL Supply limit

Cardiovascular/Heart Disease High Cholesterol

Tier 1

Cholestyramine	Fenofibric Acid	Pravastatin Sodium
Colestipol HCl	Gemfibrozil	Simvastatin
Fenofibrate	Lovastatin	

Tier 2

Advicor SL	Fenoglide	Simcor SL
Antara	Lipitor SL	Tricor 48, 145 mg
Altoprev SL	Lipofen	Welchol
Crestor SL	Niaspan	

Tier 3

Lescol SL	Triglide	Zetia SL
Lescol XL SL	Trilipix	
Lovaza	Vytorin SL	

Tier 4

Caduet SL		
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Cardiovascular/Heart Disease Other

Tier 1

Amiodarone HCl	Isosorbide Dinitrate	Nitroglycerin
Digoxin	Isosorbide Mononitrate	Sotalol
Flecainide Acetate	Mexiletine	

Tier 2

Lanoxin	Ranexa	
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Central Nervous System Attention Deficit Disorder

Tier 1

Amphetamine Salt Combo	Methamphetamine HCl	
Dextroamphetamine Sulfate	Methylphenidate	

Tier 2

Adderall XR SL	Intuniv SL	Vyvanse SL
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Tier 3

Amphetamine Aspartate/Amphetamine Sulfate/Dextroamphetamine Capsule, Sustained-Release 24 Hour SL	Daytrana SL	Ritalin LA SL
Concerta SL	Focalin XR SL	Strattera SL
	Metadate CD SL	
	Methylin	

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

SL Supply limit

Central Nervous System Depression

Tier 1

Amitriptyline HCl	Fluoxetine Capsule, Delayed-Release SL	Nortriptyline HCl
Amitriptyline/Perphenazine	Fluoxetine HCl Capsule	Paroxetine HCl Tablet
Bupropion HCl	Fluvoxamine Maleate	Sertraline HCl
Bupropion HCl Tablet, Sustained-Action	Imipramine	Trazodone HCl
Citalopram Hydrobromide	Mirtazapine	Venlafaxine HCl
Doxepin HCl	Nefazodone HCl	

Tier 2

Bupropion HCl Tablet, Sustained-Release 24 Hour SL	Effexor XR SL Fluoxetine HCl Tablet
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Tier 3

Cymbalta SL	Pexeva SL	Venlafaxine HCl Tablet, Extended-Release (generic) SL
Lexapro SL	Pristiq SL	
Luvox CR SL	Venlafaxine HCl Capsule, Sustained-Release SL	
Paroxetine HCl Sustained-Release, 24 Hour SL		

Tier 4

Aplenzin SL	Venlafaxine HCl Tablet, Extended-Release (brand) SL
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Central Nervous System Migraine

Tier 1

Acetaminophen/Caffeine/Butalbital Aspirin/Caffeine/Butalbital	Isometheptene Mucate/Acetaminophen/ Dichloralphenazone Naratriptan SL	Relpax SL Sumatriptan Succinate Injection, Tablet SL
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Tier 2

Cafergot	Ergomar	Sumatriptan Succinate Nasal Spray SL
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Tier 3

Axert SL	Maxalt MLT SL	Zomig Nasal Spray SL
Frova SL	Migranal	Zomig ZMT SL
Maxalt SL	Zomig SL	

Tier 4

Treximet SL

Central Nervous System Multiple Sclerosis

Tier 2

Ampyra SL	Copaxone SL
Avonex SL	Rebif SL

Tier 3

Betaseron SL

Tier 4

Extavia SL

Central Nervous System Sedatives/Hypnotics

Tier 1

Temazepam	Zaleplon SL
Triazolam	Zolpidem Tartrate SL

Tier 3

Ambien SL	Lunesta SL	Sonata SL
Ambien CR SL	Rozerem SL	

Tier 4

Edluar SL

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.
SL Supply limit

Central Nervous System Seizure Disorders

Tier 1

Carbamazepine	Gabapentin Capsule, Tablet	Phenytoin Sodium
Clonazepam	Lamotrigine	Primidone
Divalproex Sodium Tablet	Levetiracetam	Topiramate
Divalproex Sodium Tablet, Sustained-Release	Phenobarbital	Zonisamide

Tier 2

Carbamazepine Tablet, Sustained-Release 12 Hour	Divalproex Sodium Sprinkle Capsule	Oxcarbazepine
Celontin	Felbatol	Peganone
Diastat SL	Gabitril	Sabril
Dilantin	Mysoline	Tegretol
	Neurontin Solution, Oral	

Tier 3

Carbatrol	Lamictal	Stavzor
Depakote ER	Lamictal Dose Pack SL	Topamax
Keppra	Lyrica SL	

Tier 4

Keppra XR	Lamictal ODT	Lamictal XR
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Central Nervous System Other

Tier 1

Alprazolam	Clozapine	Pramipexole
Benzotropine Mesylate	Diazepam	Risperidone Solution
Buspirone HCl	Galantamine	Risperidone Tablet SL
Carbidopa/Levodopa	Lithium Carbonate	Rivastigmine
Clorazepate Dipotassium	Lorazepam	Ropinirole HCl

Tier 2

Akineton	FazaClo	Symbyax SL
Apokyn	Geodon SL	Tasmar
Aricept	Moban	Xyrem SL
Aricept ODT	Navane 20 mg	Zyprexa SL
Comtan	Seroquel SL	

Tier 3

Abilify SL	Invega SL	Requip XL
Exelon Solution	Namenda	Seroquel XR SL
Fanapt SL	Nuvigil SL	Zyprexa Zydis SL

Tier 4

Provigil SL		
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Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

SL Supply limit

Dermatology

Tier 1

Alclometasone Dipropionate
 Betamethasone Dipropionate
 Betamethasone Valerate
 Ciclopirox Cream, Gel, Lotion
 Ciclopirox Solution, Non-Oral
 Clindamycin Phosphate
 Clobetasol Propionate
 Clotrimazole/Betamethasone
 Desonide
 Desoximetasone
 Econazole Nitrate

Erythromycin
 Erythromycin/Benzoyl Peroxide
 Fluocinonide
 Fluticasone Propionate
 Halobetasol Propionate
 Hydrocortisone
 Hydrocortisone Valerate
 Ketoconazole
 Lidocaine HCl
 Metronidazole
 Mometasone Furoate

Mupirocin
 Nystatin
 Nystatin/Triamcinolone Acetonide
 Permethrin
 Silver Sulfadiazine
 Sulfacetamide Sodium/Sulfur
 Tretinoin
 Triamcinolone Acetonide
 Urea

Tier 2

Azelex **SL**
 Benzamycin
 Ciclopirox Shampoo 1%
 Clindamycin Phosphate/Benzoyl Peroxide Gel
 1%-5% **SL**

Condylox Gel
 Imiquimod
 Isotretinoin
 Oxisoralen-Ultra
 Protopic **SL**

Regranex
 Retin-A Micro **SL**
 Sulfoxyl Regular
 Zovirax

Tier 3

Aczone
 Adapalene **SL**
 Aldara
 Altabax **SL**
 Atralin **SL**
 Avita Gel **SL**
 Bactroban **SL**
 Benzoyl Peroxide 5% Cleanser
 Brevoxyl
 Clindagel **SL**
 Clindamycin Phosphate Foam 1% **SL**
 Clobetasol Propionate Foam **SL**
 Clobex **SL**
 Cutivate Lotion
 Denavir

Derma-Smoothe/FS
 Desonate **SL**
 Differin Gel 0.3% **SL**
 Duac-CS **SL**
 Elidel **SL**
 Evoclin **SL**
 Extina **SL**
 Finacea
 Finacea Plus
 Locoid Lipocream **SL**
 Loprox Shampoo
 Metrogel 1%
 Metro lotion
 Naftin
 Noritate

Olux-E **SL**
 Oscion
 Oxistat
 Taclonex **SL**
 Taclonex Scalp **SL**
 Tazorac **SL**
 Tretin-X **SL**
 Triaz **SL**
 Vanos **SL**
 Vectical **SL**
 Verdeso **SL**
 Vusion
 Xolegel

Tier 4

Acanya
 Accutane
 Benzaclin Kit **SL**
 BenzE Foam **SL**

Clobex Shampoo
 Epiduo **SL**
 Momexin Kit **SL**
 NeoBenz Micro **SL**

NeoBenz Micro SD **SL**
 Olux-Olux-E
 Triaz Towelette
 Ziana **SL**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

SL Supply limit

Endocrine Other

Tier 1

Calcitriol	Levothyroxine Sodium	Prednisolone
Desmopressin Acetate	Methimazole	Prednisone
Dexamethasone	Methylprednisolone Tablet, Dose Pack 4 mg	Testosterone
Fludrocortisone Acetate	Octreotide Acetate	
Hydrocortisone Tablet	Orapred	

Tier 2

Androderm	Kuvan SL	Sandostatin Vial
Androgel SL	Liothyronine Sodium	Synarel
Android	Medrol 2, 8, 24, 32 mg	Synthroid
Cabergoline	Oxandrolone	Zemplar
Hectorol	Pediapred	

Tier 3

Armour Thyroid	Orapred ODT	
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Tier 4

Testim SL		
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Endocrine/Diabetes Blood Glucose Monitoring

Tier 1

Accu-Chek Active Care Kit	Accu-Chek Compact Care Kit	One Touch Ultra System
Accu-Chek Active Test Strips SL	Accu-Chek Compact Test Strips SL	One Touch Ultra Test Strips SL
Accu-Chek Advantage Care Kit	One Touch System	Surestep System
Accu-Chek Aviva Care Kit	One Touch Test Strips SL	Surestep Test Strips SL
Accu-Chek Aviva Test Strips SL	One Touch Ultra 2 System	
Accu-Chek Comfort Curve Test Strips SL	One Touch Ultra Mini System	

Tier 3

Ascensia Autodisc Test Strips SL	Freestyle Freedom Lite Meter	Freestyle Test Strips SL
Ascensia Breeze 2 Test Strips SL	Freestyle Freedom Meter	Glucometer Dex Test Strips SL
Ascensia Elite Test Strips SL	Freestyle Lite Meter	Precision Xtra Meter
Contour Test Strips SL	Freestyle Lite Test Strips SL	Precision Xtra Test Strips SL
Freestyle Flash System	Freestyle System	

Endocrine/Diabetes Insulin

Tier 1

Humalog Vials	Humulin Vials	
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Tier 2

Humalog Pens/Cartridges	Lantus Vials	
Humulin Pens	Levemir Vials	

Tier 3

Apidra	Levemir Pens	NovoLog Flexpen
Lantus Solostar Pens/Cartridges	Novolin Vials	NovoLog Vials

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

SL Supply limit

Endocrine/Diabetes Non-Insulin

Tier 1

Acarbose
Glimepiride

Glipizide
Glyburide

Glyburide/Metformin HCl
Metformin HCl

Tier 2

Actoplus Met **SL**
Actos **SL**
Avandamet **SL**
Avandaryl **SL**
Avandia **SL**

Byetta **SL**
Duetact **SL**
Glipizide/Metformin HCl
Glyset
Janumet **SL**

Januvia **SL**
Nateglinide **SL**
Prandin **SL**

Tier 3

Fortamet
Glumetza

Starlix **SL**
Symlin

Eye Conditions Anti-Allergy

Tier 1

Ketorolac Tromethamine

Tier 2

Elestat **SL**

Optivar **SL**

Tier 3

Azelastine HCl **SL**

Pataday **SL**

Patanol **SL**

Eye Conditions Antibiotics

Tier 1

Ciprofloxacin HCl
Erythromycin
Gentamicin Sulfate

Neomycin/Polymyxin B Sulfate/
Dexamethasone
Ofloxacin

Polymyxin B Sulfate/Trimethoprim
Sulfacetamide Sodium
Tobramycin Sulfate Drops

Tier 2

Blephamide S.O.P.

Tobramycin/Dexamethasone

Tier 3

Azasite
Vigamox

Zylet
Zymar

Eye Conditions Glaucoma

Tier 1

Acetazolamide
Apraclonidine

Brimonidine Tartrate
Dorzolamide HCl **SL**

Timolol Maleate

Tier 2

Alphagan P 0.1% **SL**
Azopt **SL**
Betimol **SL**
Brimonidine Tartrate 0.15% **SL**

Combigan **SL**
Dorzolamide HCl/Timolol Maleate **SL**
Lumigan **SL**
Phospholine Iodide

Pilopine HS
Travatan Z **SL**

Tier 3

lopidine 1%

Xalatan **SL**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

SL Supply limit

Gastrointestinal Acid Suppression

Tier 1 Cimetidine Misoprostol	Omeprazole Ranitidine HCl Syrup	Sucralfate Tablet
Tier 2 Helidac Nizatidine Oral Solution	Prevacid SL Pylera	
Tier 3 Aciphex SL Carafate Oral Suspension Dexilant SL Nexium Capsule SL Nexium Suspension SL	Pantoprazole SL Prevacid Capsule, Delayed-Release Enteric-Coated SL Prilosec Rx 10, 20 mg Prilosec Rx 40 mg	Protonix SL Zegerid SL
Tier 4 Lansoprazole SL	Prevacid Solutab SL	

Gastrointestinal Nausea/Vomiting

Tier 1 Ondansetron HCl	Prochlorperazine Maleate	
Tier 2 Emend SL	Granisetron HCl Tablet SL	
Tier 3 Anzemet SL	Cesamet	Transderm-Scop
Tier 4 Sancuso SL		

Gastrointestinal Other

Tier 1 Belladonna/Phenobarbital Chlordiazepoxide/Clidinium Diphenoxylate/Atropine Lactulose	Mesalamine Metoclopramide HCl Polyethylene Glycol Sulfasalazine	Trilyte with Flavor Packets Ursodiol
Tier 2 Apriso Canasa Entocort EC	GoLYTELY Packet Lialda Lotronex SL	Relistor
Tier 3 Amitiza SL Asacol Creon	Dipentum Halflytely-Bisacodyl Moviprep	Pancreaze Pentasa Zenpep
Tier 4 Asacol HD	Metozolv ODT	

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.
SL Supply limit

Men's Health Erectile Dysfunction

Tier 3

Caverject **SL**
Cialis **SL**

Edex **SL**
Levitra **SL**

Muse **SL**
Viagra **SL**

Men's Health Prostate

Tier 1

Doxazosin Mesylate
Finasteride

Tamsulosin
Terazosin HCl

Tier 3

Avodart

Rapaflo

Uroxatral

Miscellaneous

Tier 1

Anastrozole
Antipyrine/Benzocaine
Azathioprine
Benzonate

Cabergoline
Chlorhexidine Gluconate
Megestrol Acetate
Mycophenolate Mofetil Capsule, Tablet

Phenazopyridine
Tacrolimus Anhydrous
Tamoxifen Citrate

Tier 2

Aromasin
Cellcept Suspension
Epinephrine Pen Injector **SL**
Epipen **SL**
Epipen Jr **SL**

Fareston
Femara
Lidoderm **SL**
Myfortic
Neoral

Rapamune
Sandimmune
Twinject **SL**

Tier 3

Restasis **SL**

Tussionex **SL**

Tier 4

Acuvail

Infergen **SL**

Intron A **SL**

Miscellaneous Overactive Bladder

Tier 1

Dicyclomine HCl Tablet
Hyoscyamine Sulfate

Oxybutynin Chloride
Trospium

Tier 2

Enablex
Gelnique

Oxytrol
Sanctura XR

Vesicare

Tier 3

Detrol

Toviaz

Tier 4

Detrol LA

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

SL Supply limit

Musculoskeletal Osteoporosis

Tier 1

Alendronate Sodium **SL**

Tier 2

Actonel SL	Calcitonin Salmon Nasal Spray	Fortical
Boniva Tablet SL	Evista	
	Forteo	

Tier 3

Fosamax Plus D **SL**

Musculoskeletal Pain Relief

Tier 1

Buprenorphine Hydrochloride SL	Ibuprofen	Oxaprozin
Butalbital Compound/Codeine SL	Ibuprofen/Hydrocodone	Oxycodone HCl
Codeine Phosphate/Acetaminophen SL	Indomethacin	Oxycodone HCl/Acetaminophen SL
Codeine Phosphate/Acetaminophen/Caffeine/Butalbital SL	Ketorolac Tromethamine	Oxycodone HCl/Ibuprofen
Diclofenac Potassium	Meloxicam	Oxycodone/Aspirin
Diclofenac Sodium	Meperidine HCl	Piroxicam
Etodolac	Methadone HCl	Propoxyphene Napsylate/Acetaminophen SL
Fentanyl Transdermal SL	Morphine Sulfate	Sulindac
Hydrocodone Bit/Acetaminophen SL	Morphine Sulfate Tablet, Sustained-Action SL	Tramadol HCl
Hydromorphone HCl	Nabumetone	Tramadol HCl/Acetaminophen SL
	Naproxen	
	Naproxen Sodium	

Tier 2

Butorphanol Tartrate Aerosol, Spray SL	Opana ER SL	Tramadol HCl Tablet, Sustained-Release 24 Hour SL
Codeine Phosphate	OxyContin SL	Voltaren Gel
Fentanyl Citrate Lollipop SL	Tolmetin Sodium	
MSIR Capsule		

Tier 3

Arthrotec	Fentora SL	Opana SL
Avinza SL	Mefenamic Acid	
Celebrex SL	Onsolis SL	

Tier 4

Flector	Naprelan	Zipsor
Kadian SL	Ryzolt SL	

Musculoskeletal Rheumatoid Arthritis

Tier 1

Azathioprine	Leflunomide	Sulfasalazine
Hydroxychloroquine Sulfate	Methotrexate Sodium	

Tier 2

Cimzia SL	Enbrel SL	Simponi SL
Cuprimine	Humira SL	Trexall

Tier 3

Kineret **SL**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

SL Supply limit

Musculoskeletal Other

Tier 1

Allopurinol
Baclofen
Carisoprodol

Colchicine
Cyclobenzaprine
Methocarbamol

Tizanidine

Tier 2

Orphenadrine

Orphenadrine Compound

Skelaxin

Tier 3

Metaxalone

Savella **SL**

Tier 4

Amrix

Soma 250 mg

Respiratory Asthma/COPD

Tier 1

Albuterol Sulfate
Asmanex **SL**
Foradil **SL**

Ipratropium Bromide
Pulmicort Flexhaler **SL**
QVAR **SL**

Theophylline
Ventolin HFA **SL**

Tier 2

Budesonide Inhalation Suspension 0.25 mg/
2 ml, 0.5 mg/2 ml **SL**

Pulmicort Respules 1 mg/2 ml **SL**
Singulair **SL**

Spiriva **SL**

Tier 3

Accolate **SL**
Advair Diskus **SL**
Advair HFA **SL**
Albuterol Sulfate/Ipratropium Solution,
Non-Oral
Alvesco **SL**

Atrovent HFA **SL**
Azmacort **SL**
Combivent **SL**
Flovent Diskus **SL**
Flovent HFA **SL**
Maxair Autohaler **SL**

Perforomist **SL**
Proair HFA **SL**
Proventil HFA **SL**
Serevent Diskus **SL**
Symbicort **SL**
Xopenex HFA **SL**

Tier 4

Xopenex Vial, Nebulizer **SL**

Respiratory Nasal Allergy

Tier 1

Flunisolide

Fluticasone Propionate **SL**

Tier 2

Astelín **SL**

Nasonex **SL**

Tier 3

Astepro
Azelastine HCl **SL**
Beconase AQ **SL**

Nasacort AQ **SL**
Omnaris **SL**
Patanase

Rhinocort Aqua **SL**

Tier 4

Veramyst **SL**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

SL Supply limit

Respiratory Oral Allergy

Tier 1

Cyproheptadine HCl	Hydroxyzine Pamoate
Hydroxyzine HCl	Promethazine HCl

Tier 3

Allegra ODT SL	Clarinex SL	Xyzal SL
Allegra Suspension SL	Clarinex-D SL	
Allegra-D SL	Fexofenadine HCl	

Tier 4

Pseudoephedrine HCl/Fexofenadine **SL**

Women's Health Contraceptives

Tier 1

Apri	Levora	Ortho-Cyclen
Aviane	Low-Ogestrel	Ortho-Novum 7/7/7
Azurette	Lutera	Portia
Balziva	Medroxyprogesterone Acet 150 mg/ml	Reclipsen
Enpresse	Microgestin	Trivora
Junel	Microgestin Fe	Zenchant
Junel Fe	Ortho Micronor	Zovia
Kariva	Ortho Tri-Cyclen	

Tier 2

Depo-SubQ Provera	Ovrette	Yaz
NuvaRing	Yasmin	

Tier 3

Camila	Necon 7/7/7	Seasonique
Errin	Nora-Be	Sprintec
Femcon Fe	Norethindrone	Tilia Fe
Gianvi	Nortrel 7/7/7	Tri-Ligest Fe
Jolessa	Ocella	Tri-Previfem
Jolivette	Ortho Evra	Tri-Sprintec
Loestrin 24 Fe	Ortho Tri-Cyclen Lo	Trinessa
LoSeasonique	Previfem	
Mononessa	Quasense	

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

SL Supply limit

Women's Health Estrogen/Progesterone

Tier 1

Estradiol Estradiol Patch, Transdermal Weekly SL Estropipate	Medroxyprogesterone Acet Methyltestosterone/Estrogens, Esterified Tablet	Norethindrone Acetate
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Tier 2

Activella 0.5 mg/0.1 mg Cenestin Climara SL Crinone Divigel Enjuvia Estrace Cream with Applicator Estraderm SL	Estradiol 1 mg/Norethindrone Acetate 0.5 mg Estratest Estratest H.S. Estring SL Evamist Prefest Prometrium Vagifem	Vivelle SL Vivelle-Dot SL
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Tier 3

Alora SL Combipatch SL Estrasorb SL Estrogel SL Femhrt	Femring SL First-Progesterone Menostar Patch, Transdermal Weekly SL Premarin Premphase	Prempro Prochieve
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Women's Health Prenatal Vitamins

Tier 1

Folic Acid Multinatal Plus	Natalcare Plus Prenatal 19	Prenatal Advantage Prenatal Plus
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Tier 2

Advanced Care Plus Cavan-EC Sod DHA Multi-Nate 30 PR Natal 430	PR Natal 430 EC PR Natal 440 EC Pruet DHA 29-1-430 mg Pruet DHA EC 29-1-430 mg	Setonet Setonet-EC Vinate III
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Tier 3

Brand Prenatal Vitamins PNV-DHA PNV-Select	Taron A Prenatal Vitanatal OB+DHA Zatean-PN	Zatean-PN DHA
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Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

SL Supply limit

Additional Tier 3 Drugs with a generic equivalent in Tier 1

Accupril (Quinapril)	Glucovance (Glyburide with Metformin)	Topamax (Topiramate)
Acular, Acular LS SL (Ketorolac Tromethamine SL)	Hytrin (Terazosin)	Toprol XL 25 mg (Metoprolol Succinate Sustained-Release)
Adderall (Amphetamine with Dextroamphetamine Salt Combination)	Imitrex Injection SL (Sumatriptan Succinate Injection SL)	Trusopt SL (Dorzolamide Eye Drops SL)
Aldactone (Spironolactone)	Imitrex Tablet SL (Sumatriptan Succinate Tablet SL)	Tylenol #3 SL (Acetaminophen with Codeine SL)
Altace (Ramipril)	Inderal (Propranolol)	Ultracet SL (Tramadol with Acetaminophen SL)
Amaryl (Glimepiride)	Keflex (Cephalexin)	Ultram (Tramadol)
Ambien SL (Zolpidem SL)	Keppra (Levetiracetam)	Valium (Diazepam)
Amerge SL (Naratriptan SL)	Klonopin (Clonazepam)	Vaseretic (Enalapril with Hydrochlorothiazide)
Anaprox (Naproxen)	Lamictal (Lamotrigine)	Vasotec (Enalapril)
Arimidex (Anastrozole)	Lamisil Tablet SL (Terbinafine Tablet SL)	Vicodin SL , Vicodin ES SL (Acetaminophen with Hydrocodone SL)
Ativan (Lorazepam)	Lasix (Furosemide)	Vicoprofen (Ibuprofen with Hydrocodone)
Augmentin ES (Amoxicillin with Potassium Clavulanate)	Lofibra (Fenofibrate Micronized)	Voltaren Tablet (Diclofenac)
Biaxin Tablet (Clarithromycin Tablet)	Lopid (Gemfibrozil)	Wellbutrin (Bupropion)
Buspar (Buspirone)	Lopressor (Metoprolol)	Wellbutrin SR (Bupropion Sustained-Action)
Calan, Calan SR (Verapamil)	Mavik (Trandolapril)	Xanax, Xanax XR (Alprazolam)
Capoten (Captopril)	Medrol Dosepak (Methylprednisolone)	Zantac Syrup (Ranitidine Syrup)
Cardizem CD except for 360 mg strength (Diltiazem Sustained-Release 24 Hour Capsule)	Mevacor (Lovastatin)	Ziac (Bisoprolol with Hydrochlorothiazide)
Cardura (Doxazosin)	Mobic (Meloxicam)	Zithromax (Azithromycin)
Ceftin (Cefuroxime)	Monopril (Fosinopril)	Zocor (Simvastatin)
Cefzil (Cefprozil)	Monopril HCT (Fosinopril with Hydrochlorothiazide)	Zofran (Ondansetron)
Celexa (Citalopram)	Motrin (Ibuprofen) - Prescription strengths only	Zoloff (Sertraline)
Ciloxan Eye Drops (Ciprofloxacin)	Naprosyn (Naproxen) - Prescription strengths only	Zonegran (Zonisamide)
Cipro (Ciprofloxacin)	Nasarel SL (Flunisolide Nasal Spray SL)	Zovirax Capsule, Tablet, Suspension (Acyclovir)
Cleocin T (Clindamycin Gel, Lotion, Solution, Swabs)	Neurontin Capsule, Tablet (Gabapentin)	
Clozaril (Clozapine)	Norvasc (Amlodipine Besylate)	
Colestid (Colestipol)	Ocuflox Eye Drops (Ofloxacin)	
Coreg (Carvedilol)	Paxil (Paroxetine)	
Darvocet-N SL (Propoxyphene with Acetaminophen SL)	Penlac (Ciclopirox Solution, Non-Oral)	
DDAVP (Desmopressin)	Percocet 5-325, 7.5-500, 10-650 SL (Oxycodone with Acetaminophen SL)	
Depakote (Divalproex Sodium Tablet, Enteric-Coated)	Plan B (Levonorgestrel)	
Depakote ER (Divalproex Sodium Tablet, Sustained-Release 24 Hour)	Pletal (Cilostazol)	
Depo-Provera (Medroxyprogesterone Acetate 150 mg/ml)	Pravachol (Pravastatin)	
DiaBeta, Micronase, Glynase (Glyburide)	Precose (Acarbose)	
Didronel (Etidronate Disodium)	Prilosec (Omeprazole)	
Diflucan (Fluconazole)	Prinivil, Zestril (Lisinopril)	
Ditropan XL (Oxybutynin Chloride Tablet, Sustained-Release)	Prinzide, Zestoretic (Lisinopril with Hydrochlorothiazide)	
Duragesic SL (Fentanyl Transdermal SL)	Procardia XL (Nifedipine Extended-Release)	
Duricef (Cefadroxil)	Proscar (Finasteride)	
Dyazide (Triamterene with Hydrochlorothiazide)	Provera (Medroxyprogesterone)	
Dynacirc (Isradipine)	Prozac (Fluoxetine Capsule)	
Effexor (Venlafaxine)	Prozac Weekly SL (Fluoxetine Capsule, Delayed-Release SL)	
Eskalith CR (Lithium Carbonate Controlled-Release)	Remeron (Mirtazapine)	
Fioricet (Butalbital with Acetaminophen and Caffeine)	Remeron SolTab (Mirtazapine Dispersible Tablet)	
Flomax (Tamsulosin)	Requip (Ropinirole)	
Flonase SL (Fluticasone Nasal Spray SL)	Restoril (Temazepam)	
Floxin Otic (Ofloxacin Otic Drops)	Risperdal SL (Risperidone SL)	
Fosamax SL (Alendronate SL)	Ritalin (Methylphenidate)	
Glucophage, XR (Metformin)	Ritalin SR (Methylphenidate Extended-Release)	
Glucotrol, XL (Glipizide)	Sonata SL (Zaleplon SL)	
	Surmontil (Trimipramine Maleate)	
	Tenoretic (Atenolol with Chlorthalidone)	
	Tenormin (Atenolol)	
	Tiazac (Diltiazem)	

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

SL Supply limit

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Cefzil	17	Coreg	4, 17	Doxycycline	3
Celebrex	13	Coreg CR	4	Duac-CS	8
Celexa	17	Coumadin	4	Duetact	10
Cellcept Suspension	12	Cozaar	4	Duragesic	17
Celontin	7	Creon	11	Duricef	17
Cenestin	16	Crestor	5	Dyazide	17
Cephalexin	3, 17	Crinone	16	Dynacirc	17
Cephalexin Monohydrate	3	Cuprimine	13	E	
Cesamet	11	Cutivate Lotion	8	Econazole Nitrate	8
Chlordiazepoxide/Clidinium	11	Cyclobenzaprine	14	Edex	12
Chlorhexidine Gluconate	12	Cymbalta	6	Edluar	6
Cilorthalidone	4, 17	Cyproheptadine HCl	15	Effexor	6, 17
Cholestyramine	5	D		Effexor XR	6
Cialis	12	Dapsone	3	Effient	4
Ciclopirox Cream, Gel, Lotion	8	Darvocet-N	17	Elestat	10
Ciclopirox Shampoo 1%	8	Daytrana	5	Elidel	8
Ciclopirox Solution, Non-Oral	8, 17	DDAVP	17	Emend	11
Cilostazol	4, 17	Denavir	8	Enablex	12
Ciloxan Eye Drops	17	Depakote	7, 17	Enalapril	4, 17
Cimetidine	11	Depakote ER	7, 17	Enalapril Maleate	4
Cimzia	13	Depo-Provera	17	Enalapril Maleate/Hydrochlorothiazide	4
Cipro	3, 17	Depo-SubQ Provera	15	Enalapril with Hydrochlorothiazide	17
Cipro HC	3	Derma-Smoother/FS	8	Enbrel	13
Cipro Suspension	3	Desmopressin	9, 17	Enjuvia	16
Ciprodex Otic	3	Desmopressin Acetate	9	Enoxaparin	4
Ciprofloxacin	3, 10, 17	Desonate	8	Enpresse	15
Ciprofloxacin HCl	10	Desonide	8	Entocort EC	11
Ciprofloxacin Tablet	3	Desoximetasone	8	Epiduo	8
Ciprofloxacin Tablet, Sustained-Release 24 Hour	3	Detrol	12	Epinephrine Pen Injector	12
Citalopram	6, 17	Detrol LA	12	Epipen	12
Citalopram Hydrobromide	6	Dexamethasone	9-10	Epipen Jr.	12
Clarinet	15	Dexilant	11	Epivir HBV	3
Clarinet-D	15	Dextroamphetamine Sulfate	5	Eplerenone	4
Clarithromycin Suspension	3	DiaBeta	17	Ergomar	6
Clarithromycin Tablet	3, 17	Diastat	7	Errin	15
Clarithromycin Tablet, Sustained-Release	3	Diazepam	7, 17	Ery-Tab 500 mg	3
Cleocin HCl 75 mg	3	Dibenzylidene	4	Erythromycin	3, 8, 10
Cleocin T	17	Diclofenac	13, 17	Erythromycin/Benzoyl Peroxide	8
Climara	16	Diclofenac Potassium	13	Erythromycin Base Tablet, Enteric-Coated	
Clindagel	8	Diclofenac Sodium	13	250, 333 mg	3
Clindamycin Gel, Lotion, Solution, Swabs	17	Dicloxacillin Sodium	3	Eskalith CR	17
Clindamycin HCl	3	Dicyclomine HCl Tablet	12	Estrace Cream with Applicator	16
Clindamycin Palmitate	3	Didronel	17	Estraderm	16
Clindamycin Phosphate	8	Differin Gel 0.3%	8	Estradiol	16
Clindamycin Phosphate/ Benzoyl Peroxide Gel 1%-5%	8	Diflucan	17	Estradiol 1 mg/Norethindrone Acetate 0.5 mg	16
Clindamycin Phosphate Foam 1%	8	Digoxin	5	Estradiol Patch, Transdermal Weekly	16
Clindesse Vaginal	3	Dilantin	7	Estrasorb	16
Clobetasol Propionate	8	Diltiazem	4, 17	Estratest	16
Clobetasol Propionate Foam	8	Diltiazem HCl	4	Estratest H.S.	16
Clobex	8	Diltiazem HCl Capsule, Controlled-Release	4	Estring	16
Clobex Shampoo	8	Diltiazem HCl Capsule, Sustained-Action	4	Estrogel	16
Clonazepam	7, 17	Diltiazem HCl Capsule, Sustained-Release 12 Hour	4	Estropipate	16
Clonidine HCl	4	Diltiazem HCl Capsule, Sustained-Release 24 Hour	4	Etidronate Disodium	17
Clonidine Patch, Transdermal Weekly	4	Diltiazem HCl Tablet, Sustained-Release 24 Hour	4	Etodolac	13
Clorazepate Dipotassium	7	Diltiazem Sustained-Release 24 Hour Capsule	17	Evamist	16
Clorpres	4	Diovan	4	Evista	13
Clotrimazole	3, 8	Diovan HCT	4	Evoclin	8
Clotrimazole/Betamethasone	8	Dipentum	11	Exelon Solution	7
Clozapine	7, 17	Diphenoxylate/Atropine	11	Exforge	4
Clozaril	17	Ditropan XL	17	Exforge HCT	4
Codeine Phosphate	13	Diuril 250 mg/5 ml Suspension	4	Extavia	6
Codeine Phosphate/Acetaminophen	13	Divalproex Sodium Sprinkle Capsule	7	Extina	8
Codeine Phosphate/Acetaminophen/Caffeine/ Butalbital	13	Divalproex Sodium Tablet	7, 17	F	
Colchicine	14	Divalproex Sodium Tablet, Enteric-Coated	17	Famciclovir	3
Colectid	17	Divalproex Sodium Tablet, Sustained-Release	7, 17	Fanapt	7
Colectipol	5, 17	Divalproex Sodium Tablet, Sustained-Release 24 Hour	17	Fareston	12
Colectipol HCl	5	Divigel	16	FazaClo	7
Combigan	10	Doryx	3	Felbatol	7
Combipatch	16	Dorzolamide Eye Drops	17	Felodipine	4
Combivent	14	Dorzolamide HCl	10	Femara	12
Comtan	7	Dorzolamide HCl/Timolol Maleate	10	Femcon Fe	15
Concerta	5	Doxazosin	4, 12, 17	Femhrt	16
Condyllox Gel	8	Doxazosin Mesylate	4, 12	Femring	16
Contour Test Strips	9	Doxepin HCl	6	Fenofibrate	5, 17
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First-Progesterone.....	16		Humulin Pens.....	9	Lescol.....	5
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Flovent HFA.....	14		Hydrocortisone.....	8-9	Levitra.....	12
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Fludrocortisone Acetate.....	9		Hydromorphone HCl.....	13	Levothyroxine Sodium.....	9
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Flunisolide Nasal Spray.....	17		Hydroxyzine HCl.....	15	Lialda.....	11
Fluocinonide.....	8		Hydroxyzine Pamoate.....	15	Lidocaine HCl.....	8
Fluoxetine Capsule.....	6, 17		Hyoscyamine Sulfate.....	12	Lidoderm.....	12
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Fluoxetine HCl Capsule.....	6		Hyzaar.....	4	Lipitor.....	5
Fluoxetine HCl Tablet.....	6		I		Lipofen.....	5
Fluticasone Nasal Spray.....	17		Ibuprofen.....	13, 17	Lisinopril.....	4, 17
Fluticasone Propionate.....	8, 14		Ibuprofen/Hydrocodone.....	13	Lisinopril/Hydrochlorothiazide.....	4
Fluvoxamine Maleate.....	6		Ibuprofen - Prescription strengths only.....	17	Lisinopril with Hydrochlorothiazide.....	17
Focalin XR.....	5		Ibuprofen with Hydrocodone.....	17	Lithium Carbonate.....	7, 17
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