

# TUFTS MEDICARE PREFERRED HMO EMPLOYER GROUP 2012 FORMULARY



## Please Read

This document contains information about the drugs we cover in this plan.

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

Last Updated 08/01/2012  
6-EGHMOForm-12

TUFTS  Health Plan  
Medicare Preferred

## **What is the Tufts Medicare Preferred HMO Formulary?**

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

## **Can the Formulary change?**

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2012. To get updated information about the drugs covered by Tufts Medicare Preferred HMO, please visit our website at [tuftsmedicarepreferred.org](http://tuftsmedicarepreferred.org) or call Customer Relations at 1-800-701-9000, Monday – Friday, 8:00 a.m. – 8:00 p.m. (From Oct. 15 –Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message, and a representative will return your call on the next business day. TTY users should call 1-800-208-9562.

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 70. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

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

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** Tufts Medicare Preferred HMO requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Tufts Medicare Preferred HMO before you fill your prescriptions. If you don't get approval, Tufts Medicare Preferred HMO may not cover the drug.
- **Quantity Limits:** For certain drugs, Tufts Medicare Preferred HMO limits the amount of the drug that Tufts Medicare Preferred HMO will cover. For example, Tufts Medicare Preferred HMO provides 30 tablets per prescription for *zolpidem*. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Tufts Medicare Preferred HMO requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Tufts Medicare Preferred HMO may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Tufts Medicare Preferred HMO will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at [tuftsmedicarepreferred.org](http://tuftsmedicarepreferred.org).

You can ask Tufts Medicare Preferred HMO to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Tufts Medicare Preferred HMO formulary?" on the next page for information about how to request an exception.

## What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Relations and confirm that your drug is not covered. If you learn that Tufts Medicare Preferred HMO does not cover your drug, you have two options:

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

## **How do I request an exception to the Tufts Medicare Preferred HMO Formulary?**

You can ask Tufts Medicare Preferred HMO to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Tufts Medicare Preferred HMO may limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our highest tier subject to the tiering exceptions process tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the lowest tier subject to the tiering exceptions process tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

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

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 93-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability

to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

### **For more information**

For more detailed information about your Tufts Medicare Preferred HMO prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Tufts Medicare Preferred HMO, please call Customer Relations at 1-800-701-9000, Monday – Friday, 8:00 a.m. – 8:00 p.m. (From Oct. 15 –Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message, and a representative will return your call on the next business day. TTY users should call 1-800-208-9562. Or visit [tuftsmedicarepreferred.org](http://tuftsmedicarepreferred.org).

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

### **Tufts Medicare Preferred’s HMO Formulary**

The formulary that begins on page 2 provides coverage information about some of the drugs covered by Tufts Medicare Preferred HMO. If you have trouble finding your drug in the list, turn to the Index that begins on page 70.

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

The information in the Requirements/Limits column tells you if Tufts Medicare Preferred HMO has any special requirements for coverage of your drug.

### **B/D: Medicare Part B or D**

These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D.

### **EC: Enhanced Coverage Drug**

This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

### **HI: Home Infusion Drug**

This prescription drug is covered under our medical benefit. For more information, call Customer Relations at 1-800-701-9000, Monday-Friday 8:00 a.m. – 8:00 p.m. (From Oct. 15 –Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message and a representative will return your call on the next business day. TTY users should call 1-800-208-9562.

**LA: Limited Access Drug**

This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Relations at 1-800-701-9000, Monday-Friday 8:00 a.m. – 8:00 p.m. (From Oct. 15 –Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message and a representative will return your call on the next business day. TTY users should call 1-800-208-9562.

**PA: Prior Authorization Required**

The Prior Authorization process encourages rational prescribing of drug products with significant safety and/or financial concerns. A provider can submit a request for coverage based on a member's medical need for a particular drug. If approved, the member pays the designated tier co-payment. An appeal process exists for denied requests.

**QL: Quantity Limit Applies**

Because of potential safety and utilization concerns, Tufts Medicare Preferred HMO has placed dispensing limitations on a small number of prescription drugs. This means that the pharmacy will only dispense a certain quantity of a drug within a given time period. These quantities are based on recognized standards of care, such as U.S. Food and Drug Administration recommendations for use. If your doctor believes you need a quantity greater than the program limitation, your doctor can submit a request for coverage under the Medical Review Process.

**STPA: Step Therapy Prior Authorization Applies**

Step Therapy is an automated form of Prior Authorization, which uses claims history for approval of a drug at the point of sale. Step Therapy Programs help encourage the clinically proven use of first-line therapies and are designed to ensure the utilization of the most therapeutically appropriate and cost-effective agents first, before other treatments may be covered.

Members who are currently on drugs that meet the initial Step Therapy criteria will automatically be able to fill their prescriptions for a stepped medication. If the member does not meet the initial Step Therapy criteria, the prescription will deny at the point of sale with a message indicating that Prior Authorization (PA) is required. Physicians may submit Prior Authorization requests to Tufts Medicare Preferred HMO for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process.

**Asterisk (\*):**

Indicates a Part B Drug. No co-payment is required and the cost of the medication does not apply to your Part D benefit.

**Tufts Medicare Preferred HMO  
Employer Group 2012 Formulary**

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**Tufts Medicare Preferred HMO  
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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<b>ANTI-INFECTIVES AND INFECTIOUS DISEASE</b>		
<b>ANTI-INFECTIVES, MISCELLANEOUS</b>		
ALBENZA	Tier 3	
ALINIA	Tier 3	
BILTRICIDE	Tier 3	
<i>mebendazole</i>	Tier 1	
<i>methenamine hippurate</i>	Tier 1	
<i>metronidazole</i>	Tier 1	
MONUROL	Tier 3	
PRIMSOL	Tier 2	
STROMECTOL	Tier 3	
<i>tinidazole</i>	Tier 1	
<i>trimethoprim</i>	Tier 1	
VANCOGIN	Tier 2	
<i>vancomycin</i>	Tier 1	
XIFAXAN TABLET 200 MG	Tier 3	QL (9 EA per 30 day(s))
XIFAXAN TABLET 550 MG	Tier 3	PA; QL (60 EA per 30 day(s))
ZYVOX	Tier 2	
<b>ANTIFUNGALS, SYSTEMIC AND ORAL TOPICAL</b>		
ANCOBON	Tier 3	
<i>clotrimazole</i>	Tier 1	
<i>fluconazole</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>flucytosine</i>	Tier 1	
GRIFULVIN V	Tier 2	
GRIS-PEG	Tier 2	
<i>griseofulvin microsize</i>	Tier 2	
<i>itraconazole</i>	Tier 1	PA
<i>ketoconazole</i>	Tier 1	
LAMISIL ORAL GRANULES IN PACKET 125 MG	Tier 3	PA; QL (56 EA per 30 day(s))
LAMISIL ORAL GRANULES IN PACKET 187.5 MG	Tier 3	PA; QL (28 EA per 30 day(s))
NAFTIN	Tier 2	
<i>nystatin</i>	Tier 1	
<i>terbinafine</i>	Tier 1	PA
VFEND ORAL SUSP	Tier 2	QL (150 ML per 14 day(s))
<i>voriconazole tablet 200 mg</i>	Tier 1	QL (28 EA per 14 day(s))
<i>voriconazole tablet 50 mg</i>	Tier 1	QL (56 EA per 14 day(s))
<b>ANTIMALARIALS AND ANTIPROTOZOALS</b>		
<i>atovaquone-proguanil</i>	Tier 1	
<i>chloroquine phosphate</i>	Tier 1	
COARTEM	Tier 2	QL (24 EA per 180 day(s))
<i>dapsone</i>	Tier 1	
DARAPRIM	Tier 2	
<i>hydroxychloroquine</i>	Tier 1	
<i>mefloquine</i>	Tier 1	
MEPRON	Tier 2	
<i>neomycin</i>	Tier 1	
<i>paromomycin</i>	Tier 1	
<i>primaquine</i>	Tier 1	
QUALAQUIN	Tier 3	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<b>ANTIVIRALS</b>		
<i>abacavir</i>	Tier 1	
<i>acyclovir</i>	Tier 1	
<i>acyclovir sodium</i>	Tier 1	
<i>amantadine</i>	Tier 1	
APTIVUS	Tier 2	
ATRIPLA	Tier 2	
BARACLUDE	Tier 2	
COMBIVIR	Tier 2	
COMPLERA	Tier 2	
COPEGUS	Tier 2	
CRIXIVAN	Tier 2	
<i>didanosine</i>	Tier 1	
EDURANT	Tier 2	
EMTRIVA	Tier 2	
EPIVIR	Tier 2	
EPIVIR HBV	Tier 2	
EPZICOM	Tier 2	
<i>famciclovir</i>	Tier 2	
FUZEON	Tier 2	
<i>ganciclovir</i>	Tier 1	* Part B
HEPSERA	Tier 2	
INCIVEK	Tier 2	PA
INFERGEN	Tier 2	PA
INTELENCE	Tier 2	
INTRON A	Tier 2	
INVIRASE	Tier 2	
KALETRA	Tier 2	
<i>lamivudine</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>lamivudine-zidovudine</i>	Tier 1	
LEXIVA	Tier 2	
<i>megestrol</i>	Tier 1	
<i>nevirapine</i>	Tier 1	
NORVIR	Tier 2	
PEGASYS	Tier 2	PA; QL (4 ML per 30 day(s))
PEGASYS CONVENIENCE PACK	Tier 2	PA; QL (4 EA per 30 day(s))
PEGASYS PROCLICK	Tier 2	PA; QL (4 ML per 30 day(s))
PEGINTRON	Tier 2	PA; QL (8 EA per 30 day(s))
PEGINTRON REDIPEN	Tier 2	PA; QL (4 EA per 30 day(s))
PREZISTA	Tier 2	
REBETOL ORAL SOLN	Tier 2	
RELENZA DISKHALER	Tier 2	QL (60 EA per 180 day(s))
RESCRIPTOR	Tier 2	
RETROVIR IV	Tier 2	
REYATAZ	Tier 2	
RIBAPAK DOSE PACK	Tier 1	
RIBASPHERE	Tier 1	
<i>ribavirin</i>	Tier 1	
<i>rimantadine</i>	Tier 1	
SELZENTRY TABLET 150 MG	Tier 2	QL (60 EA per 30 day(s))
SELZENTRY TABLET 300 MG	Tier 2	QL (120 EA per 30 day(s))
<i>stavudine</i>	Tier 1	
SUSTIVA	Tier 2	
TAMIFLU CAPSULE 30 MG	Tier 2	QL (56 EA per 180 day(s))
TAMIFLU CAPSULE 45 MG, 75 MG	Tier 2	QL (28 EA per 180 day(s))
TAMIFLU ORAL SUSP 12 MG/ML	Tier 2	QL (175 ML per 180 day(s))
TAMIFLU ORAL SUSP 6 MG/ML	Tier 2	QL (180 ML per 180 day(s))
TRIZIVIR	Tier 2	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
TRUVADA	Tier 2	
TYZEKA	Tier 2	QL (30 EA per 30 day(s))
<i>valacyclovir</i>	Tier 2	
VALCYTE	Tier 2	
VICTRELIS	Tier 2	PA
VIDEX 2 GRAM PEDIATRIC	Tier 2	
VIRACEPT	Tier 2	
VIRAMUNE	Tier 2	
VIRAMUNE XR	Tier 2	
VIREAD	Tier 2	
ZERIT ORAL SOLUTION	Tier 3	
ZIAGEN	Tier 2	
<i>zidovudine</i>	Tier 1	
<b>BETA-LACTAM ANTIBIOTICS</b>		
<i>amoxicillin</i>	Tier 1	
<i>amoxicillin-pot clavulanate</i>	Tier 1	
<i>ampicillin</i>	Tier 1	
BICILLIN C-R	Tier 2	
BICILLIN L-A	Tier 2	
CEDAX	Tier 3	
<i>cefaclor</i>	Tier 1	
<i>cefadroxil</i>	Tier 1	
<i>cefdinir</i>	Tier 1	
<i>cefpodoxime</i>	Tier 1	
<i>cefprozil</i>	Tier 1	
<i>cefuroxime axetil</i>	Tier 1	
<i>cephalexin</i>	Tier 1	
<i>dicloxacillin</i>	Tier 1	
<i>penicillin v potassium</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
SPECTRACEF	Tier 3	
SUPRAX	Tier 3	
<b>KETOLIDES</b>		
KETEK	Tier 2	
<b>MACROLIDES AND CLINDAMYCIN</b>		
<i>azithromycin</i>	Tier 1	
<i>clarithromycin</i>	Tier 1	
CLEOCIN ORAL SOLUTION	Tier 3	
<i>clindamycin hcl</i>	Tier 1	
DIFICID	Tier 2	PA
E.E.S. 400	Tier 1	
E.E.S. GRANULES	Tier 3	
ERY-TAB	Tier 3	
ERYPED 200	Tier 1	
ERYPED 400	Tier 1	
ERYTHROCIN STEARATE	Tier 1	
<i>erythromycin</i>	Tier 1	
<i>erythromycin ethylsuccinate</i>	Tier 1	
<i>erythromycin-sulfisoxazole</i>	Tier 1	
PCE	Tier 3	
ZMAX	Tier 3	
<b>MYCOBACTERIAL INFECTIONS-TUBERCULOSIS AND MYCOBACTERIUM AVIUM COMPLEX</b>		
<i>ethambutol</i>	Tier 1	
ISONARIF	Tier 1	
<i>isoniazid</i>	Tier 1	
MYCOBUTIN	Tier 2	
PASER	Tier 3	
PRIFTIN	Tier 2	
<i>pyrazinamide</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
RIFAMATE	Tier 3	
<i>rifampin</i>	Tier 1	
RIFATER	Tier 3	
SEROMYCIN	Tier 2	
TRECTOR	Tier 3	
<b>QUINOLONES</b>		
<i>ciprofloxacin</i>	Tier 1	
<i>ciprofloxacin (mixture)</i>	Tier 1	
LEVAQUIN ORAL SOLN	Tier 3	
<i>levofloxacin</i>	Tier 2	
NOROXIN	Tier 3	
<i>ofloxacin</i>	Tier 1	
<b>SULFONAMIDES</b>		
<i>sulfadiazine</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim</i>	Tier 1	
<b>TETRACYCLINES</b>		
<i>demeclocycline</i>	Tier 1	
<i>doxycycline hyclate</i>	Tier 1	
<i>doxycycline monohydrate</i>	Tier 1	
<i>minocycline</i>	Tier 1	
<i>tetracycline</i>	Tier 1	
VIBRAMYCIN ORAL SUSP	Tier 3	
VIBRAMYCIN SYRUP	Tier 3	
<b>BLOOD THINNERS AND BLOOD MODIFYING AGENTS</b>		
<b>ANTIPLATELET THERAPY</b>		
AGGRENOX	Tier 3	
<i>clopidogrel</i>	Tier 1	
<i>dipyridamole</i>	Tier 1	
EFFIENT	Tier 3	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
PLAVIX	Tier 2	
<b>BLOOD MODIFYING AGENTS</b>		
ARANESP (POLYSORBATE)	Tier 2	QL (4 ML per 30 day(s))
EPOGEN	Tier 2	QL (10 ML per 14 day(s))
LEUKINE	Tier 2	
MOZOBIL	Tier 2	PA
NEULASTA	Tier 2	QL (1 ML per 14 day(s))
NEUMEGA	Tier 2	
NEUPOGEN	Tier 2	QL (10 ML per 14 day(s))
PROCRIT	Tier 2	QL (10 ML per 14 day(s))
PROMACTA	Tier 2	PA; QL (30 EA per 30 day(s))
<b>BLOOD THINNERS</b>		
<i>argatroban</i>	Tier 3	* Part B
<i>argatroban in 0.9 % sod chlor</i>	Tier 3	* Part B
ARIXTRA	Tier 2	
BRILINTA	Tier 3	
COUMADIN	Tier 3	
<i>enoxaparin</i>	Tier 1	
<i>fondaparinux</i>	Tier 1	
FRAGMIN	Tier 2	
<i>heparin (porcine) injection 1,000 unit/ml, 10,000 unit/ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf)</i>	Tier 1	
INNOHEP	Tier 3	
JANTOVEN	Tier 1	
PRADAXA	Tier 3	PA
<i>warfarin</i>	Tier 1	
XARELTO TABLET 10 MG	Tier 3	QL (35 EA per 30 day(s))
XARELTO TABLET 15 MG, 20 MG	Tier 3	PA

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<b>BLOOD, MISCELLANEOUS</b>		
<i>anagrelide</i>	Tier 1	
<i>cilostazol</i>	Tier 1	
CYKLOKAPRON	Tier 2	
LYSTEDA	Tier 3	QL (15 EA per 30 day(s))
PENTOPAK	Tier 3	
<i>pentoxifylline</i>	Tier 1	
<i>ticlopidine</i>	Tier 1	
<i>tranexamic acid</i>	Tier 1	
<b>CANCER DRUGS</b>		
<b>ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS</b>		
<i>irbesartan-hydrochlorothiazide</i>	Tier 2	
<b>INJECTABLE AGENTS</b>		
ABRAXANE	Tier 2	* Part B
ADRIAMYCIN PFS	Tier 2	* Part B
ALIMTA	Tier 2	* Part B
ALKERAN	Tier 2	* Part B
<i>amifostine crystalline</i>	Tier 1	* Part B
ARRANON	Tier 2	* Part B
ARZERRA	Tier 2	PA; * Part B
AVASTIN	Tier 2	* Part B
BICNU	Tier 2	* Part B
<i>bleomycin</i>	Tier 1	* Part B
BUSULFEX	Tier 2	* Part B
CAMPATH	Tier 2	* Part B
CAMPTOSAR	Tier 2	* Part B
<i>carboplatin</i>	Tier 1	* Part B
CERUBIDINE	Tier 2	* Part B
<i>cisplatin</i>	Tier 1	* Part B

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<i>cladribine</i>	Tier 1	* Part B
CLOLAR	Tier 2	* Part B
COSMEGEN	Tier 2	* Part B
<i>cytarabine</i>	Tier 1	* Part B
<i>cytarabine (pf)</i>	Tier 1	* Part B
CYTOVENE	Tier 2	* Part B
<i>dacarbazine</i>	Tier 1	* Part B
DACOGEN	Tier 2	* Part B
<i>daunorubicin</i>	Tier 1	* Part B
DAUNOXOME	Tier 2	* Part B
<i>dexrazoxane</i>	Tier 1	* Part B
DOCEFREZ	Tier 2	* Part B
<i>docetaxel</i>	Tier 1	* Part B
DOXIL	Tier 2	* Part B
<i>doxorubicin</i>	Tier 1	* Part B
ELITEK	Tier 2	* Part B
ELLEENCE	Tier 2	* Part B
ELOXATIN	Tier 2	* Part B
ELSPAR	Tier 2	* Part B
<i>epirubicin</i>	Tier 1	* Part B
ERBITUX	Tier 2	* Part B
ETHYOL	Tier 2	* Part B
ETOPOPHOS	Tier 2	* Part B
<i>etoposide</i>	Tier 1	* Part B
FASLODEX	Tier 2	* Part B
FIRMAGON	Tier 2	
FLUDARA	Tier 2	* Part B
<i>fludarabine</i>	Tier 1	* Part B
<i>fluorouracil</i>	Tier 1	* Part B

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>gemcitabine</i>	Tier 1	* Part B
GEMZAR	Tier 2	* Part B
HALAVEN	Tier 2	* Part B
HERCEPTIN	Tier 2	* Part B
HYCAMTIN	Tier 2	* Part B
IDAMYCIN PFS	Tier 2	* Part B
<i>idarubicin</i>	Tier 1	* Part B
IFEX	Tier 2	* Part B
<i>ifosfamide</i>	Tier 1	* Part B
<i>ifosfamide-mesna</i>	Tier 2	* Part B
<i>irinotecan</i>	Tier 1	* Part B
ISTODAX	Tier 2	* Part B
IXEMPRA	Tier 2	* Part B
JEVTANA	Tier 2	* Part B
<i>leuprolide</i>	Tier 1	* Part B; * Part B
LEUSTATIN	Tier 2	* Part B
<i>melphalan</i>	Tier 1	* Part B
<i>mitomycin</i>	Tier 1	* Part B
<i>mitoxantrone</i>	Tier 1	* Part B
MUSTARGEN	Tier 2	* Part B
NIPENT	Tier 2	* Part B
NOVANTRONE	Tier 2	* Part B
ONTAK	Tier 2	* Part B
<i>oxaliplatin</i>	Tier 1	* Part B
<i>paclitaxel</i>	Tier 1	* Part B
<i>pentostatin</i>	Tier 1	* Part B
PHOTOFRIN	Tier 2	* Part B
PROLEUKIN	Tier 2	* Part B
RITUXAN	Tier 2	PA; * Part B

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
SIMULECT	Tier 2	* Part B
SYLATRON	Tier 2	PA; QL (4 EA per 28 day(s))
TAXOTERE	Tier 2	* Part B
<i>thiotepa</i>	Tier 1	* Part B
TOPOSAR	Tier 2	* Part B
<i>topotecan</i>	Tier 2	* Part B
TORISEL	Tier 2	* Part B
TREANDA	Tier 2	* Part B
TRISENOX	Tier 2	* Part B
UVADEX	Tier 2	* Part B
VECTIBIX	Tier 2	* Part B
VELCADE	Tier 2	* Part B
VIDAZA	Tier 2	* Part B
<i>vinblastine</i>	Tier 1	* Part B
<i>vincristine</i>	Tier 1	* Part B
<i>vinorelbine</i>	Tier 1	* Part B
YERVOY	Tier 2	* Part B
ZANOSAR	Tier 2	* Part B
<b>ORAL AGENTS</b>		
AFINITOR TABLET 10 MG, 2.5 MG, 5 MG	Tier 2	PA; QL (30 EA per 30 day(s))
AFINITOR TABLET 7.5 MG	Tier 2	
<i>anastrozole</i>	Tier 1	
ARIMIDEX	Tier 3	
AROMASIN	Tier 3	
<i>bicalutamide</i>	Tier 1	
CAPRELSA TABLET 100 MG	Tier 2	PA; QL (60 EA per 30 day(s))
CAPRELSA TABLET 300 MG	Tier 2	PA; QL (30 EA per 30 day(s))
CEENU	Tier 2	
<i>cyclophosphamide</i>	Tier 1	* Part B

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
DROXIA	Tier 3	
EMCYT	Tier 2	
ERIVEDGE	Tier 2	PA
<i>exemestane</i>	Tier 1	
FARESTON	Tier 2	
FEMARA	Tier 3	
<i>flutamide</i>	Tier 1	
GLEEVEC	Tier 2	
HEXALEN	Tier 2	
<i>hydroxyurea</i>	Tier 1	
INLYTA	Tier 2	PA
IRESSA	Tier 2	QL (30 EA per 30 day(s))
ISENTRESS	Tier 2	QL (360 EA per 90 day(s))
JAKAFI	Tier 2	PA
<i>letrozole</i>	Tier 1	
<i>leucovorin calcium</i>	Tier 1	
LEUKERAN	Tier 2	* Part B
MATULANE	Tier 2	
<i>mercaptopurine</i>	Tier 1	
NEXAVAR	Tier 2	PA; QL (220 EA per 30 day(s))
NILANDRON	Tier 2	
PURINETHOL	Tier 3	
REVLIMID	Tier 2	PA; LA
SPRYCEL TABLET 100 MG, 140 MG	Tier 2	PA; QL (30 EA per 30 day(s))
SPRYCEL TABLET 20 MG, 50 MG, 70 MG, 80 MG	Tier 2	PA; QL (60 EA per 30 day(s))
SUTENT	Tier 2	PA
TABLOID	Tier 2	
<i>tamoxifen</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
TARCEVA TABLET 100 MG	Tier 2	QL (90 EA per 30 day(s))
TARCEVA TABLET 150 MG, 25 MG	Tier 2	QL (30 EA per 30 day(s))
TARGRETIN	Tier 2	
TASIGNA	Tier 2	PA
TEMODAR CAPSULE 100 MG, 20 MG	Tier 2	* Part B; QL (20 EA per 21 day(s))
TEMODAR CAPSULE 140 MG, 5 MG	Tier 2	* Part B; QL (15 EA per 21 day(s))
TEMODAR CAPSULE 180 MG, 250 MG	Tier 2	* Part B; QL (10 EA per 21 day(s))
THALOMID	Tier 2	
<i>tretinoin (chemotherapy)</i>	Tier 1	
TYKERB	Tier 2	PA; QL (180 EA per 30 day(s))
<i>vandetanib tablet 100 mg</i>	Tier 2	PA; QL (60 EA per 30 day(s))
<i>vandetanib tablet 300 mg</i>	Tier 2	PA; QL (30 EA per 30 day(s))
VOTRIENT	Tier 2	PA; QL (120 EA per 30 day(s))
XALKORI	Tier 2	PA
ZELBORAF	Tier 2	PA
ZOLINZA	Tier 2	PA
ZYTIGA	Tier 2	PA; QL (120 EA per 30 day(s))
<b>PROTECTIVE AGENTS</b>		
FUSILEV	Tier 2	* Part B
<i>leucovorin calcium</i>	Tier 1	
<i>mesna</i>	Tier 1	
MESNEX	Tier 3	
ZINECARD	Tier 3	* Part B
<b>TOPICAL</b>		
TARGRETIN	Tier 2	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<b>CARDIOVASCULAR AGENTS</b>		
<b>ACE INHIBITORS</b>		
<i>benazepril</i>	Tier 1	
<i>captopril</i>	Tier 1	
<i>enalapril maleate</i>	Tier 1	
<i>fosinopril</i>	Tier 1	
<i>lisinopril</i>	Tier 1	
<i>moexipril</i>	Tier 1	
<i>perindopril erbumine</i>	Tier 1	
<i>quinapril</i>	Tier 1	
<i>ramipril</i>	Tier 1	
<i>trandolapril</i>	Tier 1	
<b>ALPHA1 BLOCKERS</b>		
CARDURA XL	Tier 3	
<i>doxazosin</i>	Tier 1	
<i>prazosin</i>	Tier 1	
<i>terazosin</i>	Tier 1	
<b>ANGINA</b>		
<i>isosorbide dinitrate</i>	Tier 1	
<i>isosorbide mononitrate</i>	Tier 1	
NITRO-BID	Tier 3	
NITRO-DUR	Tier 3	
<i>nitroglycerin</i>	Tier 1	
NITROLINGUAL	Tier 3	
NITROMIST	Tier 3	
NITROSTAT	Tier 2	
RANEXA	Tier 2	
<b>ANGIOTENSIN II RECEPTOR BLOCKERS</b>		
AVAPRO	Tier 3	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
BENICAR	Tier 2	
DIOVAN	Tier 2	
<i>eprosartan</i>	Tier 1	
<i>irbesartan</i>	Tier 2	
<i>losartan</i>	Tier 1	
<b>ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES</b>		
<i>amiodarone oral</i>	Tier 1	
<i>digoxin oral</i>	Tier 1	
<i>disopyramide</i>	Tier 1	
<i>flecainide</i>	Tier 2	
LANOXIN	Tier 3	
LANOXIN PEDIATRIC	Tier 3	
<i>mexiletine</i>	Tier 1	
MULTAQ	Tier 3	
NORPACE CR	Tier 3	
PACERONE	Tier 3	
<i>propafenone</i>	Tier 1	
<i>quinidine gluconate oral</i>	Tier 1	
<i>quinidine sulfate</i>	Tier 1	
SORINE	Tier 1	
<i>sotalol oral</i>	Tier 1	
TIKOSYN	Tier 2	
<i>timolol maleate</i>	Tier 1	
<b>ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS</b>		
<i>amlodipine-benazepril</i>	Tier 2	
<i>atenolol-chlorthalidone</i>	Tier 1	
AVALIDE	Tier 3	
AZOR	Tier 3	
<i>benazepril-hydrochlorothiazide</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
BENICAR HCT	Tier 2	
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>captopril-hydrochlorothiazide</i>	Tier 1	
CLORPRES	Tier 3	
DIOVAN HCT	Tier 2	
<i>enalapril-hydrochlorothiazide</i>	Tier 1	
EXFORGE	Tier 3	
EXFORGE HCT	Tier 3	
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	
<i>losartan-hydrochlorothiazide</i>	Tier 1	
<i>methyldopa-hydrochlorothiazide</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>moexipril-hydrochlorothiazide</i>	Tier 1	
<i>nadolol-bendroflumethiazide</i>	Tier 1	
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
<i>quinapril-hydrochlorothiazide</i>	Tier 1	
TARKA	Tier 3	
<i>triamterene-hydrochlorothiazid</i>	Tier 1	
<b>BETA AND ALPHA BLOCKERS</b>		
<i>carvedilol</i>	Tier 1	
COREG CR	Tier 3	
<i>labetalol</i>	Tier 1	
<b>BETA BLOCKERS</b>		
<i>acebutolol</i>	Tier 1	
<i>atenolol</i>	Tier 1	
<i>betaxolol</i>	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	
LEVATOL	Tier 3	

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<i>metoprolol succinate</i>	Tier 1	
<i>metoprolol tartrate</i>	Tier 1	
<i>nadolol</i>	Tier 1	
<i>pindolol</i>	Tier 1	
<i>propranolol oral</i>	Tier 1	
<b>CALCIUM CHANNEL BLOCKERS</b>		
AFEDITAB CR	Tier 1	
<i>amlodipine</i>	Tier 1	
CARTIA XT	Tier 1	
COVERA-HS	Tier 3	
DILT-CD	Tier 1	
DILT-XR	Tier 1	
<i>diltiazem hcl</i>	Tier 1	
DILTZAC ER	Tier 1	
DYNACIRC CR	Tier 3	
<i>felodipine</i>	Tier 1	
<i>isradipine</i>	Tier 1	
MATZIM LA	Tier 1	
<i>nicardipine oral</i>	Tier 1	
NIFEDIAC CC	Tier 1	
NIFEDICAL XL	Tier 1	
<i>nifedipine</i>	Tier 1	
<i>nimodipine</i>	Tier 1	
<i>nisoldipine</i>	Tier 1	
TAZTIA XT	Tier 1	
<i>verapamil oral</i>	Tier 1	
<b>CENTRALLY ACTING AGENTS</b>		
<i>clonidine</i>	Tier 1	
<i>guanfacine</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
INTUNIV ER	Tier 3	QL (90 EA per 90 day(s))
<i>methyldopa</i>	Tier 1	
<i>reserpine</i>	Tier 1	
<b>DIURETICS</b>		
<i>amiloride</i>	Tier 1	
<i>amiloride-hydrochlorothiazide</i>	Tier 1	
<i>bumetanide</i>	Tier 1	
<i>chlorothiazide</i>	Tier 1	
<i>chlorthalidone</i>	Tier 1	
<i>furosemide oral</i>	Tier 1	
<i>hydrochlorothiazide</i>	Tier 1	
<i>indapamide</i>	Tier 1	
<i>methyclothiazide</i>	Tier 1	
<i>metolazone</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
<i>spironolactone</i>	Tier 1	
THALITONE	Tier 3	
<i>toremide</i>	Tier 1	
<i>triamterene-hydrochlorothiazid</i>	Tier 1	
<b>LIPID LOWERING AGENTS</b>		
ADVICOR	Tier 3	
<i>atorvastatin tablet 10 mg, 20 mg</i>	Tier 2	STPA
<i>atorvastatin tablet 40 mg, 80 mg</i>	Tier 2	
CHOLESTYRAMINE LIGHT	Tier 1	
<i>colestipol</i>	Tier 1	
<i>colestipol,micronized</i>	Tier 1	
<i>fenofibrate</i>	Tier 1	
<i>fenofibrate micronized</i>	Tier 1	
<i>fluvastatin</i>	Tier 2	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>gemfibrozil</i>	Tier 1	
<i>lovastatin</i>	Tier 1	
LOVAZA	Tier 2	
NIACOR	Tier 1	
NIASPAN EXTENDED-RELEASE	Tier 2	
<i>pravastatin</i>	Tier 1	
PREVALITE	Tier 3	
SIMCOR	Tier 2	
<i>simvastatin</i>	Tier 1	
VYTORIN 10-10	Tier 3	STPA
VYTORIN 10-20	Tier 3	STPA
VYTORIN 10-40	Tier 3	STPA
VYTORIN 10-80	Tier 3	STPA
WELCHOL	Tier 3	
ZETIA	Tier 3	STPA
<b>POTASSIUM REPLACEMENT</b>		
K-TAB	Tier 3	
KLOR-CON	Tier 1	
KLOR-CON 10	Tier 1	
KLOR-CON M15	Tier 3	
KLOR-CON M20	Tier 1	
<i>potassium chloride</i>	Tier 1	
<i>potassium citrate</i>	Tier 1	
<b>SELECTIVE ALDOSTERONE BLOCKER</b>		
<i>eplerenone</i>	Tier 1	STPA
<i>spironolactone</i>	Tier 1	
<b>VASODILATORS</b>		
BIDIL	Tier 2	
<i>hydralazine</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>isosorbide dinitrate</i>	Tier 1	
MINITRAN	Tier 1	
<b>DIABETES MELLITUS</b>		
<b>DIABETIC SUPPLIES</b>		
ACCU-CHEK ACTIVE TEST	Tier 2	* Part B
ACCU-CHEK ADVANTAGE TEST	Tier 2	* Part B
ACCU-CHEK AVIVA	Tier 2	* Part B
ACCU-CHEK COMFORT CURVE TEST	Tier 2	* Part B
ACCU-CHEK COMPACT TEST	Tier 2	* Part B
ACCU-CHEK INSTANT GLUCOSE TEST	Tier 2	* Part B
ACCU-CHEK INSTANT PLUS TEST	Tier 2	* Part B
<i>alcohol swabs</i>	Tier 1	
CURITY GAUZE	Tier 1	
<i>insulin syringe-needle u-100</i>	Tier 2	
ONE TOUCH TEST	Tier 2	* Part B
ONE TOUCH ULTRA TEST	Tier 2	* Part B
<i>safety needles</i>	Tier 2	
<b>GLUCOSE ELEVATING</b>		
GLUCAGEN HYPOKIT	Tier 2	
GLUCAGON EMERGENCY	Tier 2	
PROGLYCEM	Tier 3	
<b>INSULINS</b>		
APIDRA	Tier 2	
APIDRA SOLOSTAR	Tier 3	
HUMALOG	Tier 2	
HUMALOG KWIKPEN	Tier 3	
HUMALOG MIX 50-50	Tier 2	
HUMALOG MIX 50-50 KWIKPEN	Tier 3	
HUMALOG MIX 75-25	Tier 2	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
HUMALOG MIX 75-25 KWIKPEN	Tier 3	
HUMULIN 70/30	Tier 2	
HUMULIN 70/30 PEN	Tier 3	
HUMULIN N	Tier 2	
HUMULIN N PEN	Tier 3	
HUMULIN R	Tier 2	
HUMULIN R U-500 "CONCENTRATED"	Tier 2	
LANTUS	Tier 2	
LANTUS SOLOSTAR	Tier 3	
LEVEMIR	Tier 2	
LEVEMIR FLEXPEN	Tier 3	
NOVOLIN 70/30	Tier 2	
NOVOLIN N	Tier 2	
NOVOLIN R	Tier 2	
NOVOLOG	Tier 2	
NOVOLOG FLEXPEN	Tier 3	
NOVOLOG MIX 70-30	Tier 2	
NOVOLOG MIX 70-30 FLEXPEN	Tier 3	
<b>NON-INSULIN INJECTABLES</b>		
BYDUREON	Tier 2	
BYETTA	Tier 2	
SYMLIN	Tier 2	
SYMLINPEN 120	Tier 3	
SYMLINPEN 60	Tier 3	
VICTOZA	Tier 3	
<b>ORAL AGENTS</b>		
<i>acarbose</i>	Tier 1	
ACTOPLUS MET	Tier 3	
ACTOPLUS MET XR	Tier 3	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
ACTOS	Tier 3	
<i>chlorpropamide</i>	Tier 1	
DUETACT	Tier 3	
<i>glimepiride</i>	Tier 1	
<i>glipizide</i>	Tier 1	
<i>glipizide-metformin</i>	Tier 1	
<i>glyburide</i>	Tier 1	
<i>glyburide micronized</i>	Tier 1	
<i>glyburide-metformin</i>	Tier 1	
JANUMET	Tier 2	
JANUMET XR	Tier 2	
JANUVIA	Tier 2	
JENTADUETO	Tier 2	
KOMBIGLYZE XR	Tier 2	
<i>metformin</i>	Tier 1	
<i>nateglinide</i>	Tier 1	
ONGLYZA	Tier 2	
PRANDIMET	Tier 3	
PRANDIN	Tier 2	
RIOMET	Tier 3	
<i>tolazamide</i>	Tier 1	
<i>tolbutamide</i>	Tier 1	
TRADJENTA	Tier 3	
<b>EAR, NOSE AND THROAT</b>		
<b>EAR</b>		
ACETASOL HC	Tier 1	
<i>acetic acid</i>	Tier 1	
CIPRODEX	Tier 2	
COLY-MYCIN S	Tier 3	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
CORTISPORIN-TC	Tier 3	
CORTOMYCIN	Tier 1	
DERMOTIC OIL	Tier 2	
<i>fluocinolone acetonide oil</i>	Tier 1	
<i>hydrocortisone-acetic acid</i>	Tier 1	
<i>ofloxacin</i>	Tier 1	
<b>MOUTH AND THROAT</b>		
<i>chlorhexidine gluconate</i>	Tier 1	
<i>doxycycline hyclate</i>	Tier 1	
EVOXAC	Tier 2	
PERIOGARD	Tier 1	
<i>pilocarpine hcl</i>	Tier 1	
<i>sodium fluoride</i>	Tier 1	
<i>triamcinolone acetonide</i>	Tier 1	
<b>NOSE</b>		
ASTEPRO	Tier 2	QL (120 ML per 90 day(s))
<i>azelastine</i>	Tier 1	QL (120 ML per 90 day(s))
BACTROBAN NASAL	Tier 3	
<i>carbinoxamine maleate</i>	Tier 1	
<i>clemastine</i>	Tier 1	
<i>diphenhydramine hcl</i>	Tier 1	
<i>flunisolide</i>	Tier 1	QL (75 ML per 90 day(s))
<i>fluticasone</i>	Tier 1	QL (48 GM per 90 day(s))
<i>hydroxyzine hcl</i>	Tier 1	* Part B
<i>hydroxyzine pamoate</i>	Tier 1	* Part B
<i>ipratropium bromide nasal spray 0.03 %</i>	Tier 1	QL (180 ML per 90 day(s))
<i>ipratropium bromide nasal spray 0.06 %</i>	Tier 1	QL (90 ML per 90 day(s))
NASONEX	Tier 2	QL (102 GM per 90 day(s))
<i>triamcinolone acetonide</i>	Tier 2	QL (49.5 GM per 90 day(s))

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
TYZINE	Tier 3	
<b>ENHANCED COVERED DRUG</b>		
<b>BARBITURATES</b>		
<i>phenobarbital</i>	Tier 1	EC
<b>BENZODIAZEPINES</b>		
<i>alprazolam er tablet, extended release 24 hr</i>	Tier 1	EC
<i>alprazolam tablet</i>	Tier 1	EC
<i>chlordiazepoxide hcl</i>	Tier 1	EC
<i>clonazepam</i>	Tier 1	EC
<i>clorazepate dipotassium</i>	Tier 1	EC
DIASTAT	Tier 3	EC; QL (2 EA per 30 day(s))
DIASTAT ACUDIAL RECTAL KIT 5-7.5-10 MG	Tier 3	EC; QL (2 EA per 30 day(s))
DORAL	Tier 3	EC
<i>estazolam</i>	Tier 1	EC
<i>flurazepam</i>	Tier 1	EC
<i>lorazepam tablet</i>	Tier 1	EC
<i>midazolam</i>	Tier 1	EC
<i>midazolam injection 5 mg/ml</i>	Tier 1	EC
<i>oxazepam</i>	Tier 1	EC
<i>temazepam</i>	Tier 1	EC
<i>triazolam</i>	Tier 1	EC
<b>COUGH &amp; COLD PREPARATIONS</b>		
AEROHIST PLUS	Tier 1	EC
<i>benzonatate capsule 100 mg</i>	Tier 1	EC
C-PHEN DM	Tier 1	EC
CHLOR-MES D	Tier 1	EC
CHLORDEX GP	Tier 1	EC
<i>chlorpheniramine-hydrocodone</i>	Tier 1	EC

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<i>chlorpheniramine-phenylephrine</i>	Tier 1	EC
<i>chlorpheniramine-pseudoephed</i>	Tier 1	EC
<i>codeine-guaifenesin</i>	Tier 1	EC
CPM-PSE DM	Tier 1	EC
DE-CHLOR DM	Tier 1	EC
DE-CHLOR DR	Tier 1	EC
DEHISTINE	Tier 1	EC
ENDACOF-C	Tier 1	EC
ENTRE-S	Tier 1	EC
LEXUSS 210	Tier 1	EC
PE-HIST DM	Tier 1	EC
<b>ERECTILE DYSFUNCTION</b>		
CAVERJECT	Tier 3	EC
CAVERJECT IMPULSE	Tier 3	EC
CIALIS	Tier 3	EC; QL (4 EA per 30 day(s))
EDEX	Tier 3	EC
LEVITRA	Tier 3	EC; QL (4 EA per 30 day(s))
MUSE	Tier 3	EC
VIAGRA	Tier 3	EC; QL (4 EA per 30 day(s))
<b>MISCELLANEOUS</b>		
ALCORTIN A	Tier 3	EC
ANALPRAM E	Tier 3	EC
ANALPRAM-HC	Tier 3	EC
ANALPRAM-HC SINGLES	Tier 3	EC
ANUCORT-HC	Tier 3	EC
ANUSOL-HC	Tier 3	EC
<b>OBESITY MANAGEMENT</b>		
ADIPEX-P CAPSULE	Tier 3	PA; EC
BONTRIL PDM	Tier 3	PA; EC

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
BONTRIL SLOW-RELEASE	Tier 3	PA; EC
<i>diethylpropion</i>	Tier 1	PA; EC
IONAMIN-30	Tier 3	PA; EC
<i>phendimetrazine tartrate</i>	Tier 1	PA; EC
<i>phentermine capsule</i>	Tier 1	PA; EC
<b>OVULATION INDUCING AGENTS</b>		
BRAVELLE	Tier 3	PA; EC
CETROTIDE	Tier 2	PA; EC
FOLLISTIM AQ	Tier 3	PA; EC
GONAL-F	Tier 2	PA; EC
GONAL-F RFF	Tier 2	PA; EC
GONAL-F RFF PEN	Tier 2	PA; EC
LUVERIS	Tier 2	PA; EC
MENOPUR	Tier 2	PA; EC
OVIDREL	Tier 2	PA; EC
REPRONEX	Tier 2	PA; EC
<b>VITAMINS/MINERALS</b>		
B-PLEX	Tier 1	EC
CEREFOLIN	Tier 3	EC
<i>ergocalciferol (vitamin d2) capsule</i>	Tier 1	EC
FERREX 150 FORTE	Tier 1	EC
FERROGELS FORTE	Tier 1	EC
FOLBEE	Tier 1	EC
FOLBIC	Tier 1	EC
FOLCAPS	Tier 1	EC
<i>folic acid-vit b6-vit b12 tablet 2.2-25-0.5 mg, 2.5-25-1 mg</i>	Tier 1	EC
FOLTX	Tier 3	EC
NASCOBAL	Tier 2	EC

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
VITAMIN D2	Tier 1	EC
<b>EYE</b>		
<b>ALLERGY</b>		
ALAMAST	Tier 3	
ALOCRIL	Tier 3	
ALOMIDE	Tier 3	
<i>azelastine</i>	Tier 1	
<i>cromolyn</i>	Tier 1	
ELESTAT	Tier 3	
EMADINE	Tier 3	
<i>epinastine</i>	Tier 1	
<b>ANTI-INFECTIVES</b>		
AK-CON	Tier 1	
AZASITE	Tier 3	QL (2.5 ML per 7 day(s))
<i>bacitracin oph</i>	Tier 1	
<i>bacitracin-polymyxin b</i>	Tier 1	
BESIVANCE	Tier 3	
BLEPHAMIDE	Tier 3	
BLEPHAMIDE S.O.P.	Tier 3	
<i>ciprofloxacin</i>	Tier 1	
<i>erythromycin</i>	Tier 1	
GENTAK	Tier 1	
<i>gentamicin</i>	Tier 1	
GENTASOL	Tier 1	
IQUIX	Tier 3	
<i>levofloxacin</i>	Tier 1	
MOXEZA	Tier 3	
<i>neomycin-bacitracin-poly-hc</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>neomycin-polymyxin-hc</i>	Tier 1	
<i>ofloxacin</i>	Tier 1	
POLY-PRED	Tier 3	
ROMYCIN	Tier 1	
<i>sulfacetamide sodium</i>	Tier 1	
TOBRADEX	Tier 3	
TOBRADEX ST	Tier 3	
<i>tobramycin eye drops 0.3 %</i>	Tier 1	
<i>tobramycin-dexamethasone</i>	Tier 1	
TOBRASOL	Tier 1	
<i>trimethoprim-polymyxin b</i>	Tier 1	
VIGAMOX	Tier 3	QL (3 ML per 10 day(s))
ZYMAR	Tier 2	
<b>ANTI-INFLAMMATORIES</b>		
ACULAR	Tier 3	
ACULAR LS	Tier 3	
ALREX	Tier 3	
BROMDAY	Tier 3	
<i>bromfenac</i>	Tier 1	
<i>dexamethasone sodium phosphate</i>	Tier 1	
<i>diclofenac sodium</i>	Tier 1	
FLAREX	Tier 3	
<i>fluorometholone</i>	Tier 1	
<i>flurbiprofen sodium</i>	Tier 1	
FML FORTE	Tier 3	
FML S.O.P.	Tier 2	
<i>ketorolac oph</i>	Tier 1	
LOTEMAX	Tier 3	
MAXIDEX	Tier 3	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>neomycin-polymyxin-dexameth</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin</i>	Tier 1	
<i>neomycin-polymyxin-hc</i>	Tier 1	
NEVANAC	Tier 3	
PRED FORTE	Tier 3	
PRED MILD	Tier 2	
PRED-G	Tier 2	
PRED-G S.O.P.	Tier 2	
<i>prednisolone acetate</i>	Tier 1	
VEXOL	Tier 2	
ZYLET	Tier 3	
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	Tier 1	
ZIRGAN	Tier 3	
<b>GLAUCOMA</b>		
<i>acetazolamide</i>	Tier 1	
<i>acetazolamide sodium</i>	Tier 1	
ALPHAGAN P	Tier 3	
<i>apraclonidine</i>	Tier 1	
AZOPT	Tier 2	
<i>betaxolol</i>	Tier 1	
BETIMOL	Tier 2	
BETOPTIC S	Tier 3	
<i>brimonidine</i>	Tier 1	
<i>carteolol</i>	Tier 1	
COMBIGAN	Tier 3	QL (10 ML per 30 day(s))
<i>dorzolamide</i>	Tier 1	
<i>dorzolamide-timolol</i>	Tier 1	
IOPIDINE	Tier 3	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>latanoprost</i>	Tier 1	
<i>levobunolol</i>	Tier 1	
LUMIGAN	Tier 3	
<i>methazolamide</i>	Tier 1	
<i>metipranolol</i>	Tier 1	
PILOPINE HS	Tier 2	
<i>timolol maleate</i>	Tier 1	
TRAVATAN Z	Tier 3	
XALATAN	Tier 2	
ZIOPTAN (PF)	Tier 3	QL (90 per 90 Day(s))
<b>OPHTHALMIC DRUGS, MISCELLANEOUS</b>		
ALCAINE	Tier 3	
LOTEMAX	Tier 3	
NATACYN	Tier 3	
RESTASIS	Tier 2	PA
<i>sulfacetamide-prednisolone</i>	Tier 1	
<i>tropicamide</i>	Tier 1	
<b>GASTROINTESTINAL DRUGS</b>		
<b>DIARRHEA</b>		
<i>diphenoxylate-atropine tablet</i>	Tier 1	
<i>loperamide</i>	Tier 1	
<b>EMESIS</b>		
ALOXI	Tier 2	* Part B; QL (5 ML per 7 day(s))
ANZEMET IV	Tier 2	* Part B; QL (10 ML per 7 day(s))
ANZEMET TABLET 100 MG	Tier 2	* Part B; QL (5 EA per 7 day(s))
ANZEMET TABLET 50 MG	Tier 2	* Part B; QL (3 EA per 7 day(s))
CESAMET	Tier 2	* Part B; QL (30 EA per 7 day(s))
COMPRO	Tier 1	* Part B
<i>dronabinol</i>	Tier 1	* Part B

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
EMEND CAPSULE 125 MG	Tier 2	* Part B; QL (1 EA per 7 day(s))
EMEND CAPSULE 40 MG, 80 MG	Tier 2	* Part B; QL (2 EA per 7 day(s))
EMEND CAPSULES IN A DOSE PACK	Tier 2	* Part B; QL (3 EA per 7 day(s))
<i>granisetron iv</i>	Tier 1	* Part B; QL (40 ML per 7 day(s))
<i>granisetron oral</i>	Tier 1	* Part B; QL (10 EA per 7 day(s))
<i>granisetron (pf)</i>	Tier 1	* Part B; QL (40 ML per 7 day(s))
GRANISOL	Tier 3	* Part B; QL (45 ML per 7 day(s))
<i>meclizine</i>	Tier 1	* Part B
<i>metoclopramide hcl</i>	Tier 1	* Part B
<i>ondansetron</i>	Tier 1	* Part B; QL (12 EA per 7 day(s))
<i>ondansetron hcl oral soln</i>	Tier 1	* Part B; QL (150 ML per 7 day(s))
<i>ondansetron hcl tablet 24 mg</i>	Tier 1	* Part B; QL (4 EA per 7 day(s))
<i>ondansetron hcl tablet 4 mg, 8 mg</i>	Tier 1	* Part B; QL (12 EA per 7 day(s))
<i>ondansetron hcl (pf)</i>	Tier 1	* Part B; QL (160 ML per 7 day(s))
<i>prochlorperazine</i>	Tier 1	* Part B
<i>prochlorperazine edisylate</i>	Tier 1	* Part B
<i>prochlorperazine maleate</i>	Tier 1	* Part B
SANCUSO	Tier 3	* Part B; QL (1 EA per 7 day(s))
TRANSDERM-SCOP	Tier 3	
<b>ENZYMES</b>		
BUPHENYL	Tier 2	
CARBAGLU	Tier 2	PA
CREON	Tier 2	
CYSTAGON	Tier 3	
PANCREAZE	Tier 3	
PERTZYE	Tier 3	
ZENPEP	Tier 3	

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Drug	Tier	Requirements/Restrictions
<b>GASTROINTESTINAL DRUGS, MISCELLANEOUS</b>		
CANTIL	Tier 3	
CARAFATE	Tier 3	
CIMZIA	Tier 2	PA; QL (2 EA per 30 day(s))
CIMZIA POWDER FOR RECONST	Tier 2	PA
COLYTE WITH FLAVOR PACKS	Tier 3	
CONSTULOSE	Tier 1	
<i>cromolyn</i>	Tier 1	
<i>dicyclomine</i>	Tier 1	
ENULOSE	Tier 1	
GASTROCROM	Tier 3	
<i>glycopyrrolate oral</i>	Tier 1	
GOLYTELY ORAL SOLUTION	Tier 3	
HALFLYTELY-BISACODYL W-FLAV PK	Tier 2	
KRISTALOSE	Tier 3	
<i>lactulose</i>	Tier 1	
LOTRONEX	Tier 2	
MOVIPREP	Tier 3	
NULYTELY WITH FLAVOR PACKS	Tier 2	
OSMOPREP	Tier 3	
<i>polyethylene glycol 3350</i>	Tier 1	
<i>propantheline</i>	Tier 1	
SUPREP	Tier 3	
TRILYTE WITH FLAVOR PACKETS	Tier 1	
URSO 250	Tier 2	
URSO FORTE	Tier 2	
<i>ursodiol</i>	Tier 1	
VISICOL	Tier 3	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<b>GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)</b>		
CARAFATE	Tier 3	
<i>cimetidine</i>	Tier 1	
<i>cimetidine hcl</i>	Tier 1	
<i>famotidine</i>	Tier 1	
HELIDAC	Tier 3	
<i>lansoprazole</i>	Tier 2	STPA; QL (90 EA per 90 day(s))
<i>methscopolamine</i>	Tier 1	
<i>misoprostol</i>	Tier 1	
<i>nizatidine</i>	Tier 1	
<i>omeprazole capsule, delayed release 10 mg, 20 mg</i>	Tier 1	QL (180 EA per 90 day(s))
<i>omeprazole capsule, delayed release 40 mg</i>	Tier 1	QL (90 EA per 90 day(s))
<i>omeprazole-sodium bicarbonate</i>	Tier 2	STPA; QL (90 EA per 90 day(s))
<i>pantoprazole</i>	Tier 2	STPA; QL (90 EA per 90 day(s))
PREVPAC	Tier 3	QL (14 EA per 30 day(s))
PYLERA	Tier 2	
<i>ranitidine hcl oral</i>	Tier 1	
RELISTOR	Tier 2	
<i>sucralfate</i>	Tier 1	
<b>INFLAMMATORY BOWEL DISEASE</b>		
AMITIZA	Tier 2	
APRISO	Tier 2	
ASACOL	Tier 2	
ASACOL HD	Tier 2	
<i>balsalazide</i>	Tier 1	
<i>budesonide</i>	Tier 1	
CANASA	Tier 2	
COLOCORT	Tier 1	
CORTENEMA	Tier 3	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
DIPENTUM	Tier 2	
ENTOCORT EC	Tier 3	
<i>hydrocortisone</i>	Tier 1	
<i>mesalamine</i>	Tier 1	
PENTASA	Tier 2	
SFROWASA	Tier 3	
<i>sulfasalazine</i>	Tier 1	
SULFAZINE EC	Tier 1	
<b>HOME INFUSION THERAPY</b>		
<b>ACUTE CARE DRUGS</b>		
ABELCET	Tier 2	HI
<i>allopurinol sodium</i>	Tier 1	HI
AMBISOME	Tier 2	HI
<i>amikacin</i>	Tier 1	HI
AMPHOTEC	Tier 2	HI
<i>amphotericin b</i>	Tier 1	HI
<i>ampicillin sodium</i>	Tier 1	HI
<i>ampicillin-sulbactam</i>	Tier 1	HI
ATGAM	Tier 2	HI
<i>atropine syringe 0.05 mg/ml</i>	Tier 1	HI
AVELOX IN NAACL (ISO-OSMOTIC)	Tier 2	HI
AZACTAM	Tier 2	HI
AZACTAM-ISO-OSMOTIC DEXTROSE	Tier 2	HI
<i>azathioprine sodium</i>	Tier 1	HI
<i>azithromycin</i>	Tier 1	HI
<i>aztreonam</i>	Tier 1	HI
BONIVA	Tier 2	HI; * Part B
<i>bumetanide</i>	Tier 1	HI
<i>buprenorphine inj</i>	Tier 1	HI

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>butorphanol tartrate</i>	Tier 1	HI
CALCIJEX	Tier 2	HI
CANCIDAS	Tier 2	HI
CAPASTAT	Tier 2	HI
<i>cefazolin</i>	Tier 1	HI
<i>cefazolin in dextrose (iso-os)</i>	Tier 1	HI
<i>cefepime</i>	Tier 1	HI
<i>cefotaxime</i>	Tier 1	HI
<i>cefotetan</i>	Tier 1	HI
<i>cefoxitin</i>	Tier 1	HI
<i>cefoxitin in dextrose, iso-osm</i>	Tier 1	HI
<i>ceftazidime</i>	Tier 1	HI
<i>ceftazidime in d5w</i>	Tier 1	HI
<i>ceftriaxone</i>	Tier 1	HI
<i>cefuroxime sodium</i>	Tier 1	HI
<i>chloramphenicol sod succinate</i>	Tier 1	HI
<i>ciprofloxacin</i>	Tier 1	HI
CLEOCIN INJ	Tier 2	HI
CLEOCIN IN D5W	Tier 2	HI
<i>clindamycin phosphate</i>	Tier 1	HI
<i>colistin (colistimethate na)</i>	Tier 1	HI
CUBICIN	Tier 2	HI
<i>cyclosporine</i>	Tier 1	HI
<i>d10 % &amp; 0.45 % sodium chloride</i>	Tier 1	HI
<i>d5 %-0.45 % sodium chloride</i>	Tier 1	HI
<i>dextrose 10 % &amp; 0.225 % nacl</i>	Tier 1	HI
<i>dextrose 10% in water (d10w)</i>	Tier 1	HI
<i>dextrose 5% in water (d5w)</i>	Tier 1	HI
<i>dextrose 5%-0.2 % sod chloride</i>	Tier 1	HI

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
DIFLUCAN IN NAACL (ISO-OSM)	Tier 2	HI
DORIBAX	Tier 2	HI
<i>doxycycline hyclate</i>	Tier 1	HI
ERAXIS(WATER DILUENT)	Tier 2	HI
ERYTHROCIN	Tier 2	HI
<i>fluconazole in dextrose(iso-o)</i>	Tier 1	HI
FORTAZ	Tier 2	HI
FORTAZ IN D5W	Tier 2	HI
<i>foscarnet</i>	Tier 1	HI
<i>gentamicin</i>	Tier 1	HI
<i>gentamicin in nacl (iso-osm)</i>	Tier 1	HI
<i>gentamicin sulfate (pf)</i>	Tier 1	HI
<i>imipenem-cilastatin</i>	Tier 1	HI
INFUMORPH P/F	Tier 2	
INTRALIPID	Tier 2	HI
INVANZ	Tier 2	HI
<i>kanamycin</i>	Tier 1	HI
KEPPRA	Tier 2	HI
<i>lactated ringers iv</i>	Tier 1	HI
LEVAQUIN IN D5W	Tier 2	HI
<i>levofloxacin</i>	Tier 1	HI
<i>levofloxacin in d5w</i>	Tier 1	HI
LINCOCIN	Tier 2	HI
<i>meropenem</i>	Tier 1	HI
MERREM	Tier 2	HI
<i>metronidazole in nacl (iso-os)</i>	Tier 1	HI
MYCAMINE	Tier 2	HI
<i>nafcillin</i>	Tier 1	HI
<i>nafcillin in d2.4w</i>	Tier 1	HI

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
NEBUPENT	Tier 3	* Part B
<i>oxacillin</i>	Tier 1	HI
<i>oxacillin in dextrose, iso-osm</i>	Tier 1	HI
<i>penicillin g pot in dextrose</i>	Tier 1	HI
<i>penicillin g potassium</i>	Tier 1	HI
<i>penicillin g sodium</i>	Tier 1	HI
PENTAM	Tier 2	HI
PFIZERPEN-G	Tier 2	HI
<i>piperacillin</i>	Tier 1	HI
<i>piperacillin-tazobactam</i>	Tier 1	HI
<i>polymyxin b sulfate</i>	Tier 1	HI
<i>potassium chloride</i>	Tier 1	HI
PRIMAXIN IM	Tier 2	HI
PRIMAXIN IV	Tier 2	HI
PROGRAF	Tier 2	
PROTONIX IV	Tier 2	HI
REMODULIN	Tier 2	PA; HI
SYNERCID	Tier 2	HI
TAZICEF INJ	Tier 2	HI
TEFLARO	Tier 2	HI
TIMENTIN	Tier 2	HI
<i>tobramycin in ns</i>	Tier 1	HI
<i>tobramycin sulfate</i>	Tier 1	HI
TPN ELECTROLYTES	Tier 1	HI
TYGACIL	Tier 2	HI
UNASYN	Tier 2	HI
<i>vancomycin iv solution 10 gram</i>	Tier 1	HI
<i>vancomycin iv solution 500 mg</i>	Tier 2	HI
VFEND IV	Tier 2	HI

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
VISTIDE	Tier 2	HI
<i>voriconazole</i>	Tier 1	
ZINACEF	Tier 2	HI
ZINACEF IN DEXTROSE (ISO-OSM)	Tier 2	HI
ZINACEF IN STERILE WATER	Tier 2	HI
ZOSYN	Tier 2	HI
ZOSYN IN DEXTROSE (ISO-OSM)	Tier 2	HI
ZYVOX	Tier 2	HI
<b>ANTI-INFECTIVES</b>		
VIBATIV	Tier 2	* Part B
<b>ELECTROLYTES</b>		
<i>0.45 % nacl-potassium chloride</i>	Tier 1	HI
<i>0.9% nacl &amp; potassium chloride</i>	Tier 1	HI
<i>ammonium chloride</i>	Tier 1	HI
<i>d10-0.2 % nacl &amp; potassium cl</i>	Tier 1	HI
<i>d2.5 %-0.45 % sodium chloride</i>	Tier 1	HI
<i>d5 % and 0.9 % sodium chloride</i>	Tier 1	HI
<i>d5 in 0.45%nacl &amp; potassium cl</i>	Tier 1	HI
<i>d5-0.225 % nacl and kcl</i>	Tier 1	HI
<i>d5-0.3 % nacl &amp; potassium chl</i>	Tier 1	HI
<i>d5-0.9%nacl-potassium chloride</i>	Tier 1	HI
<i>d5-lr with potassium chloride</i>	Tier 1	HI
<i>d5w with potassium chloride</i>	Tier 1	HI
<i>dextrose 5%-0.3 % sod.chloride</i>	Tier 1	HI
<i>dextrose 5%-lactated ringers</i>	Tier 1	HI
<i>electrolyte-48 in d5w</i>	Tier 2	HI
IONOSOL-B IN D5W	Tier 2	HI
IONOSOL-MB IN D5W	Tier 2	HI
IONOSOL-T IN D5W	Tier 2	HI

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
ISOLYTE-H IN D5W	Tier 2	HI
ISOLYTE-M IN D5W	Tier 2	HI
ISOLYTE-P IN D5W	Tier 2	HI
ISOLYTE-S	Tier 2	HI
ISOLYTE-S IN D5W	Tier 2	HI
NORMOSOL-M IN D5W	Tier 2	HI
NORMOSOL-R IN D5W	Tier 2	HI
NORMOSOL-R PH 7.4	Tier 2	HI
PLASMA-LYTE 148	Tier 2	HI
PLASMA-LYTE 148 IN D5W	Tier 2	HI
PLASMA-LYTE 56	Tier 2	HI
PLASMA-LYTE A	Tier 2	HI
PLASMA-LYTE R	Tier 2	HI
PLASMA-LYTE-56 IN D5W	Tier 2	HI
<i>potassium chloride</i>	Tier 1	HI
<i>ringers iv</i>	Tier 1	HI
<i>sodium chloride</i>	Tier 1	HI
<i>sodium chloride 0.45 %</i>	Tier 1	HI
<i>sodium chloride 0.9 %</i>	Tier 1	HI
<i>sodium chloride 3 %</i>	Tier 1	HI
<i>sodium chloride 5 %</i>	Tier 1	HI
<i>sodium lactate</i>	Tier 1	HI
<b>IV NUTRITION</b>		
AMINOSYN 10 %	Tier 2	HI
AMINOSYN 3.5 %	Tier 2	HI
AMINOSYN 5 % (SULFITE-FREE)	Tier 2	HI
AMINOSYN 7 %	Tier 2	HI
AMINOSYN 8.5 %	Tier 2	HI
AMINOSYN 8.5 %-ELECTROLYTES	Tier 2	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
AMINOSYN II 10 %	Tier 2	HI
AMINOSYN II 15%	Tier 2	HI
AMINOSYN II 3.5 %-DEXTROSE 25%	Tier 2	
AMINOSYN II 3.5 %/DEXTROSE 5 %	Tier 2	HI
AMINOSYN II 3.5% M/DEXTROSE 5%	Tier 2	
AMINOSYN II 3.5%-LYTES-CA-D25W	Tier 2	HI
AMINOSYN II 4.25%-DEXTROSE 10%	Tier 2	HI
AMINOSYN II 4.25%-DEXTROSE 25%	Tier 2	HI
AMINOSYN II 4.25%-LYTES-CA-D25	Tier 2	HI
AMINOSYN II 4.25%/DEXTROSE 20%	Tier 2	HI
AMINOSYN II 5%/DEXTROSE 25%	Tier 2	HI
AMINOSYN II 7 %	Tier 2	HI
AMINOSYN II 8.5 %	Tier 2	HI
AMINOSYN II 8.5 %-ELECTROLYTES	Tier 2	HI
AMINOSYN M 3.5 %	Tier 2	HI
AMINOSYN-HBC 7%	Tier 2	HI
AMINOSYN-HF 8 %	Tier 2	HI
AMINOSYN-PF 10 %	Tier 2	HI
AMINOSYN-PF 7 % (SULFITE-FREE)	Tier 2	
CLINIMIX 2.75%/D5 SULFITE FREE	Tier 2	HI
CLINIMIX 4.25%/D5 SULFITE FREE	Tier 2	HI
CLINIMIX 4.25/D10 SULFITE FREE	Tier 2	HI
CLINIMIX 4.25/D20 SULFITE FREE	Tier 2	HI
CLINIMIX 4.25/D25 SULFITE FREE	Tier 2	HI
CLINIMIX 5%/D15 SULFITE FREE	Tier 2	HI
CLINIMIX 5%/D20 SULFITE FREE	Tier 2	HI
CLINIMIX 5%/D25 SULFITE FREE	Tier 2	HI
CLINIMIX E 2.75/D10 SULFITFREE	Tier 2	HI
CLINIMIX E 2.75/D5 SULFITEFREE	Tier 2	HI

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
CLINIMIX E 4.25/D25 SULFITFREE	Tier 2	HI
CLINIMIX E 4.25/D5 SULFITEFREE	Tier 2	HI
CLINIMIX E 5%/D15 SULFITE FREE	Tier 2	HI
CLINIMIX E 5%/D20 SULFITE FREE	Tier 2	HI
CLINIMIX E 5%/D25 SULFITE FREE	Tier 2	HI
CLINISOL SF 15 %	Tier 2	HI
FREAMINE III 3 %-ELECTROLYTES	Tier 2	HI
FREAMINE III 8.5 %	Tier 2	HI
HEPATAMINE 8%	Tier 2	HI
HEPATASOL 8 %	Tier 2	HI
NEPHRAMINE 5.4 %	Tier 2	HI
PREMASOL 10 %	Tier 2	HI
PREMASOL 6 %	Tier 2	HI
PROCALAMINE 3%	Tier 2	HI
PROSOL 20%	Tier 2	HI
TRAVASOL 10 %	Tier 2	HI
TROPHAMINE 10 %	Tier 2	HI
TROPHAMINE 6%	Tier 2	HI

## **HORMONES**

### **ADRENAL CORTICOSTEROIDS**

A-HYDROCORT	Tier 1	* Part B
A-METHAPRED	Tier 1	* Part B
<i>cortisone</i>	Tier 1	
DEPO-MEDROL	Tier 2	* Part B
<i>dexamethasone</i>	Tier 1	
DEXAMETHASONE INTENSOL	Tier 1	
<i>dexamethasone sodium phosphate</i>	Tier 1	
DEXPAK	Tier 1	
<i>fludrocortisone</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>hydrocortisone</i>	Tier 1	
LYSODREN	Tier 2	
<i>methylprednisolone</i>	Tier 1	
<i>methylprednisolone acetate</i>	Tier 1	
<i>methylprednisolone sodium succ</i>	Tier 1	
MILLIPRED ORAL SOLN	Tier 3	
MILLIPRED TABLET	Tier 3	* Part B
ORAPRED	Tier 3	
ORAPRED ODT	Tier 3	
<i>prednisolone sodium phosphate</i>	Tier 1	
<i>prednisone</i>	Tier 1	
PREDNISON INTENSOL	Tier 3	
SOLU-CORTEF (PF)	Tier 3	* Part B
SOLU-MEDROL	Tier 3	* Part B
SOLU-MEDROL (PF)	Tier 3	* Part B
U-CORT	Tier 1	
VERIPRED 20	Tier 3	
<b>ANDROGENS</b>		
ANADROL-50	Tier 3	
ANDRODERM	Tier 3	
ANDROGEL	Tier 2	
ANDROID	Tier 3	
ANDROXY	Tier 3	
<i>danazol</i>	Tier 1	
DELATESTRYL	Tier 2	
DEPO-TESTOSTERONE	Tier 3	
METHITEST	Tier 3	
<i>oxandrolone</i>	Tier 1	
STRIANT	Tier 3	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
TESTIM	Tier 2	
<i>testosterone cypionate</i>	Tier 1	
<i>testosterone enanthate</i>	Tier 1	
TESTRED	Tier 3	
<b>GONADOTROPIN RELEASING AGONISTS</b>		
ELIGARD SUB-Q SYRINGE 22.5 MG, 30 MG	Tier 2	* Part B; * Part B
ELIGARD SUB-Q SYRINGE 45 MG, 7.5 MG	Tier 2	* Part B
LUPRON DEPOT	Tier 2	* Part B
LUPRON DEPOT (3 MONTH)	Tier 2	* Part B
LUPRON DEPOT (4 MONTH)	Tier 2	* Part B
LUPRON DEPOT (6 MONTH)	Tier 2	* Part B
LUPRON DEPOT-PED	Tier 2	* Part B
SYNAREL	Tier 2	* Part B
TRELSTAR	Tier 2	* Part B
<b>THYROID REPLACEMENT AND ANTITHYROID AGENTS</b>		
LEVOTHROID	Tier 1	
<i>levothyroxine</i>	Tier 1	
LEVOXYL	Tier 1	
<i>liothyronine oral</i>	Tier 1	
<i>methimazole</i>	Tier 1	
<i>propylthiouracil</i>	Tier 1	
SYNTHROID	Tier 3	
THYROLAR-1	Tier 3	
THYROLAR-1/4	Tier 3	
THYROLAR-2	Tier 3	
THYROLAR-3	Tier 3	
TIROSINT	Tier 3	
UNITHROID	Tier 1	

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Drug	Tier	Requirements/Restrictions
<b>IMMUNOLOGIC AGENTS</b>		
<b>IMMUNE STIMULANTS</b>		
ACTHIB (PF)	Tier 2	
ACTIMMUNE	Tier 2	
ADACEL (ADOLESCENT & ADULT)(PF)	Tier 2	
ADAGEN	Tier 2	
BOOSTRIX (PF)	Tier 2	
CARIMUNE NF NANOFILTERED	Tier 2	PA; * Part B
CERVARIX VACCINE (PF)	Tier 2	
COMVAX (PF)	Tier 2	
DAPTACEL (PEDIATRIC) (PF)	Tier 2	
DECAVAC (PF)	Tier 2	
ENGERIX-B (PF)	Tier 2	* Part B
GAMASTAN S/D	Tier 2	PA; * Part B
GAMMAGARD LIQUID	Tier 2	PA; * Part B
GAMMAPLEX	Tier 2	PA; * Part B
GAMUNEX-C	Tier 2	PA; * Part B
GARDASIL (PF)	Tier 2	
HAVRIX (PF)	Tier 2	
HIZENTRA	Tier 2	PA; * Part B
IMOVAX RABIES VACCINE (PF)	Tier 2	
INFANRIX (PF)	Tier 2	
IPOL	Tier 2	
IXIARO (PF)	Tier 2	
JE-VAX	Tier 2	
M-M-R II (PF)	Tier 2	
MENACTRA (PF)	Tier 2	
MENOMUNE - A/C/Y/W-135 (PF)	Tier 2	
MENVEO A-C-Y-W-135-DIP (PF)	Tier 2	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
PEDVAX HIB (PF)	Tier 2	
PRIVIGEN	Tier 2	PA; * Part B
PROQUAD (PF)	Tier 2	
RABAVERT (PF)	Tier 2	
RECOMBIVAX HB (PF)	Tier 2	* Part B
ROTATEQ VACCINE	Tier 2	
<i>tetanus toxoid,adsorbed (pf)</i>	Tier 2	
<i>tetanus,diphtheria tox ped(pf)</i>	Tier 2	
<i>tetanus-diphtheria toxoids-td</i>	Tier 2	
TRIPEDIA (PF)	Tier 2	
TWINRIX (PF)	Tier 2	
TYPHIM VI	Tier 2	
VAQTA (PF)	Tier 2	
VARIVAX (PF)	Tier 2	
VIVAGLOBIN	Tier 2	PA; * Part B
YF-VAX (PF)	Tier 2	
ZOSTAVAX (PF)	Tier 2	
<b>IMMUNOSUPPRESSIVES</b>		
BENLYSTA	Tier 2	PA; * Part B
CELLCEPT	Tier 3	* Part B
<i>cyclosporine</i>	Tier 1	* Part B
<i>cyclosporine modified</i>	Tier 1	* Part B
GENGRAF	Tier 1	* Part B
IMURAN	Tier 3	* Part B
<i>mycophenolate mofetil</i>	Tier 1	* Part B
MYFORTIC	Tier 3	* Part B
NEORAL	Tier 3	* Part B
NULOJIX	Tier 2	* Part B
PROGRAF	Tier 3	* Part B

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RAPAMUNE	Tier 2	* Part B
<i>tacrolimus</i>	Tier 1	* Part B
ZORTRESS	Tier 2	* Part B; QL (180 EA per 90 day(s))
<b>MISCELLANEOUS DRUGS</b>		
<b>ACROMEGALY</b>		
<i>octreotide acetate</i>	Tier 1	
SANDOSTATIN	Tier 2	
SANDOSTATIN LAR DEPOT	Tier 2	* Part B
SOMATULINE DEPOT	Tier 2	PA; * Part B
SOMAVERT	Tier 2	PA
<b>AMYOTROPHIC LATERAL SCLEROSIS</b>		
RILUTEK	Tier 2	
<b>ANAPHYLAXIS EMERGENCY</b>		
<i>epinephrine hcl</i>	Tier 1	
EPIPEN	Tier 2	QL (2 EA per 7 day(s))
EPIPEN JR	Tier 2	QL (2 EA per 7 day(s))
<i>midodrine</i>	Tier 1	
TWINJECT AUTOINJECTOR	Tier 2	QL (2 EA per 7 day(s))
<b>BOTULINIUM TOXINS</b>		
BOTOX	Tier 2	PA; * Part B
XEOMIN	Tier 2	PA; * Part B
<b>CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES</b>		
ARCALYST	Tier 2	PA
ILARIS (PF)	Tier 2	PA; * Part B
<b>CYSTIC FIBROSIS</b>		
CAYSTON	Tier 2	* Part B
KALYDECO	Tier 2	PA; QL (60 per 30 Day(s))
PULMOZYME	Tier 2	* Part B

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
TOBI	Tier 2	* Part B
<b>CYSTINURIA</b>		
CYSTADANE	Tier 2	
<b>DETOXIFICATION AGENTS</b>		
ANTIZOL	Tier 2	
CHEMET	Tier 3	
EXJADE	Tier 2	
<b>FABRY DISEASE</b>		
FABRAZYME	Tier 2	PA; * Part B
<b>GAUCHER DISEASE</b>		
CEREDASE	Tier 2	PA; * Part B
CEREZYME	Tier 2	PA; * Part B
VPRIV	Tier 2	PA; * Part B
ZAVESCA	Tier 2	PA
<b>GROWTH HORMONE DEFICIENCY</b>		
EGRIFTA	Tier 3	PA
GENOTROPIN	Tier 2	PA
GENOTROPIN MINIQUICK	Tier 2	PA
HUMATROPE	Tier 2	PA
INCRELEX	Tier 2	PA
NORDITROPIN FLEXPRO	Tier 2	PA
NORDITROPIN NORDIFLEX	Tier 2	PA
NUTROPIN	Tier 2	PA
NUTROPIN AQ	Tier 2	PA
NUTROPIN AQ NUSPIN	Tier 2	PA
OMNITROPE	Tier 2	PA
SAIZEN	Tier 2	PA
SAIZEN CLICK.EASY	Tier 2	PA
SEROSTIM	Tier 2	PA

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
TEV-TROPIN	Tier 2	PA
ZORBTIVE	Tier 2	PA
<b>HEREDITARY ANGIOEDEMA</b>		
CINRYZE	Tier 2	PA
FIRAZYR	Tier 2	PA; QL (3 ML per 7 day(s))
<b>HEREDITARY TYROSINEMIA TYPE 2</b>		
ORFADIN	Tier 2	PA
<b>HUNTINGTON DISEASE</b>		
XENAZINE TABLET 12.5 MG	Tier 2	PA; QL (90 EA per 30 day(s))
XENAZINE TABLET 25 MG	Tier 2	PA; QL (120 EA per 30 day(s))
<b>HYPERCALCEMIA</b>		
HECTOROL	Tier 2	
SENSIPAR	Tier 2	
<b>HYPERPARATHYROIDISM</b>		
<i>calcitriol</i>	Tier 1	
ROCALTROL	Tier 3	
ZEMPLAR IV	Tier 2	* Part B
ZEMPLAR ORAL	Tier 2	
<b>MUCOPOLYSACCHARIDOSIS</b>		
ALDURAZYME	Tier 2	PA; * Part B
ELAPRASE	Tier 2	* Part B
NAGLAZYME	Tier 2	* Part B
<b>MULTIPLE SCLEROSIS</b>		
AMPYRA	Tier 2	PA; QL (60 EA per 30 day(s))
AVONEX	Tier 2	QL (4 EA per 30 day(s))
AVONEX ADMINISTRATION PACK	Tier 2	QL (4 EA per 30 day(s))
BETASERON	Tier 2	QL (15 EA per 30 day(s))
COPAXONE	Tier 2	QL (30 EA per 30 day(s))
EXTAVIA	Tier 2	QL (15 EA per 30 day(s))

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
GILENYA	Tier 2	PA; QL (28 EA per 28 day(s))
REBIF	Tier 2	QL (11 ML per 30 day(s))
REBIF TITRATION PACK	Tier 2	QL (12 ML per 30 day(s))
TYSABRI	Tier 2	PA; LA
<b>MYASTHENIA GRAVIS</b>		
<i>guanidine</i>	Tier 3	
MESTINON SYRUP	Tier 3	
MESTINON TIMESPAN	Tier 2	
MYTELASE	Tier 3	
<i>pyridostigmine bromide</i>	Tier 1	
<b>PAGET'S DISEASE</b>		
<i>etidronate disodium</i>	Tier 1	
SKELID	Tier 2	
<b>PHENYLKETONURIA</b>		
KUVAN	Tier 2	PA
<b>PHOSPHATE BINDERS</b>		
<i>calcium acetate</i>	Tier 1	
FOSRENOL	Tier 2	
PHOSLYRA	Tier 2	
RENAGEL	Tier 2	
RENVELA	Tier 2	
<b>POMPE DISEASE</b>		
LUMIZYME	Tier 2	* Part B
MYOZYME	Tier 2	* Part B
<b>POTASSIUM BINDER</b>		
KIONEX	Tier 1	
<i>sodium polystyrene sulfonate</i>	Tier 1	
<b>PULMONARY HYPERTENSION</b>		
ADCIRCA	Tier 2	PA; QL (60 EA per 30 day(s))

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
LETAIRIS	Tier 2	PA
REVATIO IV	Tier 2	PA; * Part B
REVATIO ORAL	Tier 2	PA; QL (90 EA per 30 day(s))
TRACLEER	Tier 2	PA; LA
VENTAVIS	Tier 2	PA; LA; * Part B
<b>RESPIRATORY SYNCYTIAL VIRUS</b>		
SYNAGIS	Tier 2	PA; * Part B
<b>SMOKING CESSATION</b>		
CHANTIX	Tier 3	QL (60 EA per 30 day(s))
CHANTIX STARTING MONTH PAK	Tier 3	QL (53 EA per 30 day(s))
NICOTROL	Tier 2	
NICOTROL NS	Tier 3	
<b>SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin</i>	Tier 1	
AVODART	Tier 2	
CIALIS	Tier 3	PA; QL (30 per 30 Day(s))
<i>finasteride</i>	Tier 1	
JALYN	Tier 2	
<i>tamsulosin</i>	Tier 1	
UROXATRAL	Tier 3	
<b>UROLOGIC DISORDERS</b>		
<i>bethanechol chloride</i>	Tier 1	
<i>desmopressin</i>	Tier 1	
DETROL	Tier 3	STPA
DETROL LA	Tier 3	STPA
ELMIRON	Tier 3	
ENABLEX	Tier 3	STPA
<i>flavoxate</i>	Tier 1	
GELNIQUE	Tier 2	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>oxybutynin chloride</i>	Tier 1	
OXYTROL	Tier 2	
SAMSCA	Tier 3	QL (14 EA per 7 day(s))
SANCTURA XR	Tier 3	
STIMATE	Tier 3	
<i>trospium</i>	Tier 1	
VESICARE	Tier 2	
<b>WILSON'S DISEASE</b>		
CUPRIMINE	Tier 2	
DEPEN TITRATABS	Tier 2	
SYPRINE	Tier 2	
<b>NEUROLOGICAL DRUGS</b>		
<b>ALZHEIMERS DISEASE</b>		
<i>donepezil</i>	Tier 2	
<i>ergoloid</i>	Tier 1	
EXELON	Tier 3	
<i>galantamine</i>	Tier 1	
NAMENDA	Tier 2	
NAMENDA TITRATION PAK	Tier 2	
RAZADYNE ORAL SOLN	Tier 3	
<i>rivastigmine</i>	Tier 1	
<b>MIGRAINE THERAPY</b>		
<i>butalbital-acetaminop-caf-cod</i>	Tier 1	
CAFERGOT	Tier 3	
<i>dihydroergotamine</i>	Tier 1	
ERGOMAR	Tier 3	
<i>ergotamine-caffeine</i>	Tier 1	
MIGERGOT	Tier 2	
MIGRANAL	Tier 3	QL (8 ML per 30 day(s))

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>naratriptan</i>	Tier 1	QL (9 EA per 30 day(s))
<i>sumatriptan succinate oral</i>	Tier 1	QL (9 EA per 30 day(s))
<i>sumatriptan succinate subq</i>	Tier 1	QL (4 ML per 30 day(s))
<b>PARKINSONS DISEASE</b>		
APOKYN	Tier 2	PA
AZILECT	Tier 2	
<i>benztropine oral</i>	Tier 1	
<i>bromocriptine</i>	Tier 1	
<i>cabergoline</i>	Tier 1	
<i>carbidopa-levodopa</i>	Tier 1	
COMTAN	Tier 2	
CYCLOSET	Tier 2	
LODOSYN	Tier 2	
MIRAPEX	Tier 3	
MIRAPEX ER	Tier 3	
<i>pramipexole</i>	Tier 1	
REQUIP XL	Tier 3	
<i>ropinirole</i>	Tier 1	
<i>selegiline hcl</i>	Tier 1	
STALEVO 100	Tier 2	
STALEVO 125	Tier 2	
STALEVO 150	Tier 2	
STALEVO 200	Tier 2	
STALEVO 50	Tier 2	
STALEVO 75	Tier 2	
TASMAR	Tier 2	
<i>trihexyphenidyl</i>	Tier 1	
<b>PSEUDOBULBAR AFFECT</b>		
NUEDEXTA	Tier 2	PA

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<b>SEIZURES</b>		
BANZEL ORAL SUSP	Tier 2	PA
BANZEL TABLET 200 MG	Tier 2	PA; QL (1440 EA per 90 day(s))
BANZEL TABLET 400 MG	Tier 2	PA; QL (720 EA per 90 day(s))
<i>carbamazepine</i>	Tier 1	
CARBATROL	Tier 3	
CELONTIN	Tier 3	
DEPACON	Tier 3	
DEPAKENE	Tier 3	
DEPAKOTE	Tier 3	
DEPAKOTE ER	Tier 3	
DEPAKOTE SPRINKLES	Tier 3	
DILANTIN	Tier 3	
DILANTIN EXTENDED	Tier 3	
DILANTIN INFATABS	Tier 2	
DILANTIN-125	Tier 3	
<i>divalproex</i>	Tier 1	
EPITOL	Tier 1	
<i>ethosuximide</i>	Tier 1	
<i>felbamate</i>	Tier 1	
FELBATOL	Tier 2	
<i>gabapentin</i>	Tier 1	
GABITRIL	Tier 2	
KEPPRA	Tier 3	
KEPPRA XR	Tier 3	
LAMICTAL	Tier 3	
LAMICTAL ODT	Tier 3	
LAMICTAL STARTER (BLUE) KIT	Tier 3	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
LAMICTAL XR TABLET,EXTENDED RELEASE 100 MG, 25 MG, 50 MG	Tier 3	QL (90 EA per 90 day(s))
LAMICTAL XR TABLET,EXTENDED RELEASE 200 MG	Tier 3	QL (270 EA per 90 day(s))
LAMICTAL XR TABLET,EXTENDED RELEASE 250 MG	Tier 3	
<i>lamotrigine</i>	Tier 1	
<i>levetiracetam</i>	Tier 1	
LYRICA	Tier 3	STPA
MYSOLINE	Tier 3	
NEURONTIN	Tier 3	
<i>oxcarbazepine</i>	Tier 1	
PEGANONE	Tier 3	
PHENYTEK	Tier 3	
<i>phenytoin</i>	Tier 1	
<i>phenytoin sodium</i>	Tier 1	
<i>phenytoin sodium extended</i>	Tier 1	
POTIGA	Tier 3	
<i>primidone</i>	Tier 1	
SABRIL	Tier 2	
SAVELLA TABLET	Tier 2	STPA; QL (180 EA per 90 day(s))
STAVZOR	Tier 3	
TEGRETOL	Tier 3	
TEGRETOL XR	Tier 3	
TOPAMAX	Tier 3	
<i>topiramate</i>	Tier 1	
TRILEPTAL	Tier 3	
<i>valproate sodium</i>	Tier 1	
<i>valproic acid</i>	Tier 1	
<i>valproic acid (as sodium salt)</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
VIMPAT IV	Tier 3	PA; * Part B
VIMPAT ORAL SOLN	Tier 3	PA; QL (1200 ML per 30 day(s))
VIMPAT TABLET	Tier 3	PA; QL (180 EA per 90 day(s))
ZARONTIN	Tier 3	
ZONEGRAN	Tier 3	
<i>zonisamide</i>	Tier 1	
<b>SPASTICITY</b>		
<i>baclofen</i>	Tier 1	
<i>cyclobenzaprine</i>	Tier 1	
<i>dantrolene</i>	Tier 1	
<i>metaxalone</i>	Tier 1	
<i>tizanidine</i>	Tier 1	
<b>PAIN AND INFLAMMATORY DISEASES</b>		
<b>ARTHRITIS</b>		
ACTEMRA	Tier 2	PA; * Part B
ARAVA	Tier 3	
ARTHROTEC 50	Tier 3	
ARTHROTEC 75	Tier 3	
AZASAN	Tier 3	* Part B
<i>azathioprine</i>	Tier 1	* Part B
CELEBREX	Tier 3	PA
<i>diclofenac potassium</i>	Tier 1	
<i>diclofenac sodium</i>	Tier 1	
ENBREL SUB-Q KIT	Tier 2	PA; QL (4 EA per 30 day(s))
ENBREL SUB-Q SYRINGE 25 MG/0.5ML (0.51)	Tier 2	PA; QL (8.16 ML per 30 day(s))
ENBREL SUB-Q SYRINGE 50 MG/ML (0.98 ML)	Tier 2	PA; QL (7.84 ML per 30 day(s))
<i>fenoprofen</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>flurbiprofen</i>	Tier 1	
HUMIRA	Tier 2	PA; QL (6 EA per 30 day(s))
HUMIRA CROHN'S DIS START PCK	Tier 2	PA; QL (1 EA per 365 day(s))
INDOCIN	Tier 3	
<i>indomethacin</i>	Tier 1	
<i>ketoprofen</i>	Tier 1	
KINERET	Tier 2	PA; QL (20.1 ML per 30 day(s))
<i>leflunomide</i>	Tier 1	
<i>meclofenamate</i>	Tier 1	
<i>mefenamic acid</i>	Tier 1	
<i>meloxicam</i>	Tier 1	
<i>methotrexate sodium</i>	Tier 1	* Part B
<i>methotrexate sodium (pf)</i>	Tier 1	* Part B
<i>nabumetone</i>	Tier 1	
NALFON	Tier 3	
ORENCIA IV	Tier 2	PA; * Part B
ORENCIA SUBQ	Tier 2	PA
PENNSAID	Tier 3	QL (300 ML per 30 day(s))
<i>piroxicam</i>	Tier 1	
REMICADE	Tier 2	PA; * Part B
RHEUMATREX	Tier 3	* Part B
RIDAURA	Tier 2	
SIMPONI	Tier 2	PA; QL (0.5 ML per 30 day(s))
<i>sulindac</i>	Tier 1	
<i>tolmetin</i>	Tier 1	
TREXALL	Tier 3	* Part B
VOLTAREN TOP	Tier 3	QL (200 GM per 1 day(s))
<b>GOUT</b>		
<i>allopurinol</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>colchicine-probenecid</i>	Tier 1	
COLCRYS	Tier 2	
<i>probenecid</i>	Tier 1	
ULORIC	Tier 3	STPA
<b>PAIN, NSAID ANALGESICS</b>		
CO-GESIC	Tier 1	
<i>diflunisal</i>	Tier 1	
<i>dihydrocode-acetaminophen-caff</i>	Tier 1	
DURAMORPH (PF)	Tier 1	* Part B
<i>etodolac</i>	Tier 1	
HYCET	Tier 3	
<i>ibuprofen</i>	Tier 1	
<i>naproxen</i>	Tier 1	
<i>naproxen sodium</i>	Tier 1	
<b>PAIN, OPIOID AND OTHER ANALGESICS</b>		
ABSTRAL	Tier 3	QL (32 EA per 30 day(s))
<i>acetaminophen-codeine</i>	Tier 1	
AVINZA	Tier 3	QL (60 EA per 30 day(s))
<i>butorphanol tartrate inj</i>	Tier 1	
<i>butorphanol tartrate nasl</i>	Tier 1	QL (7.5 ML per 30 day(s))
BUTRANS	Tier 3	QL (4 EA per 30 day(s))
CAPITAL WITH CODEINE	Tier 3	
<i>codeine sulfate</i>	Tier 1	
DILAUDID-5	Tier 3	
DILAUDID-HP (PF)	Tier 3	
EMBEDA	Tier 3	QL (60 EA per 30 day(s))
ENDOCET	Tier 1	
ENDODAN	Tier 1	
<i>fentanyl</i>	Tier 1	QL (10 EA per 30 day(s))

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>fentanyl citrate</i>	Tier 1	QL (120 EA per 30 day(s))
<i>fentanyl citrate (pf)</i>	Tier 1	
<i>hydrocodone-acetaminophen</i>	Tier 1	
<i>hydrocodone-ibuprofen</i>	Tier 1	
<i>hydromorphone</i>	Tier 1	
<i>hydromorphone (pf)</i>	Tier 1	
<i>ibuprofen-oxycodone</i>	Tier 1	
KADIAN	Tier 3	QL (60 EA per 30 day(s))
<i>levorphanol tartrate</i>	Tier 1	
<i>methadone</i>	Tier 1	
METHADOSE	Tier 1	
<i>morphine er capsule, extended release pellets</i>	Tier 1	
<i>morphine er tablet, extended release</i>	Tier 2	QL (90 EA per 30 day(s))
<i>morphine oral soln</i>	Tier 1	
<i>morphine tablet</i>	Tier 1	
<i>morphine concentrate</i>	Tier 1	
MS CONTIN	Tier 3	QL (90 EA per 30 day(s))
NUCYNTA	Tier 3	QL (60 EA per 10 day(s))
ONSOLIS	Tier 2	QL (60 EA per 15 day(s))
ORAMORPH SR	Tier 3	QL (90 EA per 30 day(s))
<i>oxycodone</i>	Tier 1	
<i>oxycodone hcl-oxycodone-asa</i>	Tier 1	
<i>oxycodone-acetaminophen</i>	Tier 1	
<i>oxycodone-aspirin</i>	Tier 1	
OXYCONTIN	Tier 2	QL (120 EA per 30 day(s))
<i>oxymorphone er tablet, extended release, 12 hr</i>	Tier 2	
<i>oxymorphone tablet</i>	Tier 1	
<i>pentazocine-acetaminophen</i>	Tier 1	
REPREXAIN	Tier 3	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
ROXICET	Tier 3	
STAGESIC	Tier 1	
SUBSYS	Tier 3	QL (120 per 30 Day(s))
<i>tramadol</i>	Tier 1	
<i>tramadol-acetaminophen</i>	Tier 1	
XODOL 10/300	Tier 3	
XODOL 5/300	Tier 3	
XODOL 7.5/300	Tier 3	
ZYDONE	Tier 3	
<b>PSYCHIATRIC</b>		
<b>ALCOHOL DETERRENTS</b>		
ANTABUSE	Tier 2	
CAMPRAL DOSE PAK	Tier 2	
<i>disulfiram</i>	Tier 1	
<i>naltrexone</i>	Tier 1	
<b>ANXIETY</b>		
<i>amitriptyline-chlordiazepoxide</i>	Tier 1	
<i>buspirone</i>	Tier 1	
<i>meprobamate</i>	Tier 1	
<b>ATTENTION DEFICIT DISORDER</b>		
ADDERALL XR	Tier 3	
AMPHETAMINE SALT COMBO	Tier 1	
<i>amphetamine-dextroamphetamine</i>	Tier 1	
CONCERTA	Tier 3	
DAYTRANA	Tier 2	STPA
DESOXYN	Tier 3	
DEXEDRINE SPANSULE	Tier 3	
<i>dexmethylphenidate</i>	Tier 1	
<i>dextroamphetamine</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
FOCALIN	Tier 3	
FOCALIN XR	Tier 2	STPA
METADATE CD	Tier 3	
METADATE ER	Tier 3	
<i>methamphetamine</i>	Tier 2	
METHYLIN CHEWABLE TABLET	Tier 2	
METHYLIN ORAL SOLN	Tier 2	
METHYLIN TABLET	Tier 1	
METHYLIN ER	Tier 1	
<i>methylphenidate</i>	Tier 1	
RITALIN	Tier 3	
RITALIN LA	Tier 3	
RITALIN SR	Tier 3	
STRATTERA CAPSULE 10 MG, 18 MG, 25 MG, 40 MG, 60 MG	Tier 2	QL (60 EA per 30 day(s))
STRATTERA CAPSULE 100 MG, 80 MG	Tier 2	QL (30 EA per 30 day(s))
VYVANSE	Tier 3	STPA
<b>BIPOLAR DISORDER</b>		
EQUETRO	Tier 3	
<i>lithium carbonate</i>	Tier 1	
<i>lithium citrate</i>	Tier 1	
LITHOBID	Tier 3	
<i>olanzapine-fluoxetine</i>	Tier 1	
RISPERDAL CONSTA	Tier 2	* Part B
<i>risperidone</i>	Tier 1	
SYMBYAX	Tier 2	
<b>DEPRESSION</b>		
<i>amitriptyline</i>	Tier 1	
<i>amoxapine</i>	Tier 2	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
ANAFRANIL	Tier 3	
APLENZIN	Tier 3	STPA
BUDEPRION SR	Tier 1	
BUDEPRION XL	Tier 1	
BUPROBAN	Tier 1	
<i>bupropion hcl</i>	Tier 1	
CELEXA	Tier 3	STPA
<i>citalopram</i>	Tier 1	
<i>clomipramine</i>	Tier 1	
CYMBALTA CAPSULE,DELAYED RELEASE 20 MG, 30 MG	Tier 3	STPA; QL (60 EA per 30 day(s))
CYMBALTA CAPSULE,DELAYED RELEASE 60 MG	Tier 3	STPA; QL (30 EA per 30 day(s))
<i>desipramine</i>	Tier 1	
<i>doxepin</i>	Tier 1	
EFFEXOR XR	Tier 3	STPA
EMSAM	Tier 3	STPA
<i>escitalopram</i>	Tier 2	
<i>fluoxetine</i>	Tier 1	
<i>fluvoxamine</i>	Tier 1	
<i>imipramine hcl</i>	Tier 1	
<i>imipramine pamoate</i>	Tier 1	
LEXAPRO	Tier 3	STPA
LUVOX CR	Tier 3	
<i>maprotiline</i>	Tier 1	
MARPLAN	Tier 3	
<i>mirtazapine</i>	Tier 1	
NARDIL	Tier 2	
<i>nefazodone</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
NORPRAMIN	Tier 3	
<i>nortriptyline</i>	Tier 1	
OLEPTRO ER	Tier 3	STPA
PAMELOR	Tier 3	
PARNATE	Tier 3	
<i>paroxetine hcl</i>	Tier 1	
PAXIL	Tier 3	STPA
PAXIL CR	Tier 3	STPA
PEXEVA	Tier 3	STPA
<i>phenelzine</i>	Tier 1	
PRISTIQ	Tier 2	STPA
<i>protriptyline</i>	Tier 1	
PROZAC	Tier 3	STPA
PROZAC WEEKLY	Tier 3	STPA
RAPIFLUX	Tier 3	
REMERON	Tier 3	
REMERON SOLTAB	Tier 3	
<i>sertraline</i>	Tier 1	
SURMONTIL	Tier 3	
TOFRANIL	Tier 3	
TOFRANIL-PM	Tier 3	
<i>tranylcypromine</i>	Tier 1	
<i>trazodone</i>	Tier 1	
<i>trimipramine</i>	Tier 1	
<i>venlafaxine er capsule,extended release 24 hr</i>	Tier 1	
<i>venlafaxine er tablet,24 hr extended release</i>	Tier 3	STPA
<i>venlafaxine tablet</i>	Tier 1	
VIIBRYD	Tier 3	STPA
VIVACTIL	Tier 3	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
WELLBUTRIN	Tier 3	STPA
WELLBUTRIN SR	Tier 3	STPA
WELLBUTRIN XL	Tier 3	STPA
ZOLOFT	Tier 3	STPA
<b>INSOMNIA</b>		
LUNESTA	Tier 3	STPA; QL (30 EA per 30 day(s))
ROZEREM	Tier 3	STPA; QL (30 EA per 30 day(s))
<i>zaleplon</i>	Tier 1	QL (30 EA per 30 day(s))
<i>zolpidem er tablet, extended release, multiphase</i>	Tier 1	STPA; QL (30 EA per 30 day(s))
<i>zolpidem tablet</i>	Tier 1	QL (30 EA per 30 day(s))
<b>NARCOLEPSY</b>		
NUVIGIL	Tier 2	STPA
XYREM	Tier 2	LA
<b>OPIOID ANTAGONISTS</b>		
DEPADE	Tier 1	
<i>naloxone</i>	Tier 1	
SUBOXONE SUBLINGUAL FILM	Tier 2	PA; QL (90 EA per 30 day(s))
SUBOXONE SUBLINGUAL TABLET 2-0.5 MG	Tier 3	PA; QL (90 EA per 30 day(s))
SUBOXONE SUBLINGUAL TABLET 8-2 MG	Tier 3	PA; QL (120 EA per 30 day(s))
VIVITROL	Tier 3	
<b>PSYCHOSES</b>		
ABILIFY IM	Tier 2	* Part B
ABILIFY ORAL	Tier 3	
ABILIFY DISCMELT	Tier 3	
<i>chlorpromazine</i>	Tier 1	* Part B
<i>clozapine</i>	Tier 1	
CLOZARIL	Tier 3	
FANAPT	Tier 3	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
FAZACLO	Tier 2	
<i>fluphenazine decanoate</i>	Tier 1	
<i>fluphenazine hcl</i>	Tier 1	
GEODON	Tier 2	
HALDOL	Tier 3	
HALDOL DECANOATE	Tier 3	
<i>haloperidol</i>	Tier 1	
<i>haloperidol decanoate</i>	Tier 1	
<i>haloperidol lactate</i>	Tier 1	
INVEGA	Tier 3	
INVEGA SUSTENNA IM SYRINGE 117 MG/0.75 ML, 156 MG/ML (1 ML), 234 MG/1.5 ML	Tier 2	* Part B
INVEGA SUSTENNA IM SYRINGE 39 MG/0.25 ML, 78 MG/0.5 ML	Tier 3	* Part B
LATUDA	Tier 3	QL (30 EA per 30 day(s))
<i>loxapine succinate</i>	Tier 1	
LOXITANE	Tier 3	
NAVANE	Tier 3	
<i>olanzapine</i>	Tier 1	
ORAP	Tier 2	
<i>perphenazine</i>	Tier 1	* Part B
<i>perphenazine-amitriptyline</i>	Tier 1	
<i>quetiapine tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Tier 2	
<i>quetiapine tablet 25 mg, 50 mg</i>	Tier 2	QL (60 per 30 Day(s))
RISPERDAL	Tier 3	
RISPERDAL M-TAB	Tier 3	
<i>risperidone</i>	Tier 1	
SAPHRIS	Tier 3	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
SEROQUEL TABLET 100 MG, 200 MG, 300 MG, 400 MG	Tier 3	
SEROQUEL TABLET 25 MG, 50 MG	Tier 3	QL (60 EA per 30 day(s))
SEROQUEL XR	Tier 2	
<i>thioridazine</i>	Tier 1	
<i>thiothixene</i>	Tier 1	
<i>trifluoperazine</i>	Tier 1	
<i>ziprasidone hcl</i>	Tier 1	
ZYPREXA	Tier 3	
ZYPREXA ZYDIS	Tier 3	
<b>SEIZURES</b>		
LAMICTAL STARTER (GREEN) KIT	Tier 3	
LAMICTAL STARTER (ORANGE) KIT	Tier 3	
LAMICTAL XR STARTER (BLUE)	Tier 3	
LAMICTAL XR STARTER (GREEN)	Tier 3	
LAMICTAL XR STARTER (ORANGE)	Tier 3	
<b>RESPIRATORY DRUGS</b>		
<b>ASTHMA</b>		
ACCOLATE	Tier 3	
ADVAIR DISKUS	Tier 2	QL (180 EA per 90 day(s))
ADVAIR HFA	Tier 2	QL (72 GM per 90 day(s))
<i>albuterol sulfate neb solution 0.63 mg/3 ml</i>	Tier 1	
<i>albuterol sulfate neb solution 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	Tier 1	* Part B; QL (1080 ML per 90 day(s))
<i>albuterol sulfate neb solution 5 mg/ml</i>	Tier 1	* Part B; QL (180 ML per 90 day(s))
<i>albuterol sulfate oral</i>	Tier 1	
ALVESCO AEROSOL INHALER 160 MCG/ACTUATION	Tier 3	QL (36.6 GM per 90 day(s))

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
ALVESCO AEROSOL INHALER 80 MCG/ACTUATION	Tier 3	QL (18.3 GM per 90 day(s))
<i>aminophylline</i>	Tier 1	
ASMANEX TWISTHALER	Tier 2	
ATROVENT HFA	Tier 2	QL (77.4 GM per 90 day(s))
BROVANA	Tier 3	* Part B; QL (360 ML per 90 day(s))
<i>budesonide</i>	Tier 1	STPA; * Part B; QL (720 ML per 90 day(s))
COMBIVENT	Tier 2	QL (88.2 GM per 90 day(s))
COMBIVENT RESPIMAT	Tier 2	QL (24 per 90 Day(s))
<i>cromolyn</i>	Tier 1	QL (720 ML per 90 day(s))
ELIXOPHYLLIN	Tier 1	
FLOVENT DISKUS	Tier 2	QL (360 EA per 90 day(s))
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	Tier 2	QL (72 GM per 90 day(s))
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	Tier 2	QL (63.6 GM per 90 day(s))
FORADIL AEROLIZER	Tier 3	QL (180 EA per 90 day(s))
<i>ipratropium bromide</i>	Tier 1	* Part B; QL (900 ML per 90 day(s))
<i>ipratropium-albuterol</i>	Tier 1	* Part B; QL (1080 ML per 90 day(s))
<i>levalbuterol hcl</i>	Tier 1	STPA; * Part B; QL (270 EA per 90 day(s))
LUFYLLIN	Tier 3	
MAXAIR AUTOHALER	Tier 3	QL (42 GM per 90 day(s))
<i>metaproterenol</i>	Tier 1	
PERFOROMIST	Tier 2	* Part B; QL (360 ML per 90 day(s))
PROAIR HFA	Tier 2	QL (51 GM per 90 day(s))
PROVENTIL HFA	Tier 3	QL (40.2 GM per 90 day(s))

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
PULMICORT FLEXHALER	Tier 3	QL (6 EA per 90 day(s))
QVAR	Tier 2	QL (52.2 GM per 90 day(s))
SEREVENT DISKUS	Tier 3	QL (180 EA per 90 day(s))
SINGULAIR	Tier 2	
SPIRIVA WITH HANDIHALER	Tier 2	QL (90 EA per 90 day(s))
SYMBICORT HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION	Tier 2	QL (61.2 GM per 90 day(s))
SYMBICORT HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION	Tier 2	QL (41.4 GM per 90 day(s))
<i>terbutaline oral</i>	Tier 1	
THEO-24	Tier 2	
THEOCHRON	Tier 1	
<i>theophylline</i>	Tier 1	
VENTOLIN HFA	Tier 3	QL (48 GM per 30 day(s))
XOPENEX	Tier 3	STPA; * Part B; QL (810 ML per 90 day(s))
XOPENEX HFA	Tier 3	QL (90 GM per 90 day(s))
<i>zafirlukast</i>	Tier 1	
<b>CORTICOSTEROIDS, TOPICAL</b>		
TOPICORT	Tier 3	
<b>RESPIRATORY DRUGS, MISCELLANEOUS</b>		
<i>acetylcysteine</i>	Tier 1	* Part B
ARALAST NP	Tier 2	* Part B
DALIRESP	Tier 3	
GLASSIA	Tier 2	* Part B
PROLASTIN	Tier 2	* Part B
PROLASTIN C	Tier 2	* Part B
XOLAIR	Tier 2	PA; * Part B
ZEMAIRA	Tier 2	* Part B

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Drug	Tier	Requirements/Restrictions
<b>SKIN</b>		
<b>ACNE ROSACEA</b>		
FINACEA	Tier 2	
METROGEL	Tier 3	
<i>metronidazole</i>	Tier 1	
NORITATE	Tier 2	
<b>ACNE VULGARIS</b>		
<i>adapalene</i>	Tier 1	PA
AMNESTEEM	Tier 1	
ATRALIN	Tier 3	PA
AVITA	Tier 1	PA
AZELEX	Tier 3	
BENZAACLIN PUMP	Tier 3	
BENZAMYCIN	Tier 3	
CLARAVIS	Tier 1	
<i>clindamycin phosphate</i>	Tier 1	
<i>clindamycin-benzoyl peroxide</i>	Tier 1	
DIFFERIN	Tier 3	PA
ERY PADS	Tier 1	
<i>erythromycin with ethanol</i>	Tier 1	
<i>erythromycin-benzoyl peroxide</i>	Tier 1	
RETIN-A	Tier 3	PA
RETIN-A MICRO	Tier 3	PA
SOTRET	Tier 1	
TRETIN-X	Tier 3	PA
TRETIN-X (GEL)	Tier 3	PA
<i>tretinoin</i>	Tier 1	PA
<b>ANTIFUNGALS, SYSTEMIC AND ORAL TOPICAL</b>		
<i>ciclopirox</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<b>BACTERIAL INFECTIONS, TOPICAL</b>		
ALTABAX	Tier 3	QL (5 GM per 7 day(s))
BACTROBAN TOPICAL CREAM	Tier 2	
CORTISPORIN TOP	Tier 3	
<i>gentamicin</i>	Tier 1	
<i>mupirocin</i>	Tier 1	
<i>silver sulfadiazine</i>	Tier 1	
SSD	Tier 1	
SULFAMYLON	Tier 3	
<b>CORTICOSTEROIDS, TOPICAL</b>		
ALA-CORT	Tier 1	
ALA-SCALP	Tier 3	
<i>alclometasone</i>	Tier 1	
<i>amcinonide</i>	Tier 1	
<i>betamethasone dipropionate</i>	Tier 1	
<i>betamethasone valerate</i>	Tier 1	
<i>betamethasone, augmented</i>	Tier 1	
CAPEX	Tier 3	
<i>clobetasol</i>	Tier 1	
<i>clobetasol-emollient</i>	Tier 1	
CLOBEX	Tier 3	
CORDRAN	Tier 3	
CORDRAN SP	Tier 3	
DERMA-SMOOTH/FS BODY OIL	Tier 3	
DERMATOP	Tier 3	
<i>desonide</i>	Tier 1	
<i>desoximetasone</i>	Tier 2	
<i>diflorasone</i>	Tier 1	
<i>fluocinolone</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>fluocinonide</i>	Tier 1	
FLUOCINONIDE-E	Tier 1	
<i>fluticasone</i>	Tier 1	
<i>halobetasol propionate</i>	Tier 1	
HALOG	Tier 3	
<i>hydrocortisone</i>	Tier 1	
<i>hydrocortisone butyrate</i>	Tier 1	
<i>hydrocortisone valerate</i>	Tier 1	
KENALOG	Tier 3	
LOCOID LIPOCREAM	Tier 3	
LOKARA	Tier 1	
LUXIQ	Tier 3	
<i>mometasone</i>	Tier 1	
PANDEL	Tier 3	
<i>prednicarbate</i>	Tier 1	
TEMOVATE	Tier 3	
TOPICORT	Tier 3	
<i>triamcinolone acetonide</i>	Tier 1	
TRIDERM	Tier 1	
ULTRAVATE	Tier 3	
VANOS	Tier 3	
WESTCORT	Tier 3	
<b>FUNGAL INFECTIONS, TOPICAL</b>		
<i>ciclopirox topical cream</i>	Tier 1	
<i>ciclopirox topical soln</i>	Tier 1	PA
<i>ciclopirox topical susp</i>	Tier 1	
<i>clotrimazole</i>	Tier 1	
<i>clotrimazole-betamethasone</i>	Tier 1	
<i>econazole</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
ERTACZO	Tier 3	
EXELDERM	Tier 3	
<i>ketoconazole</i>	Tier 1	
LOPROX SHAMPOO	Tier 3	
NYAMYC	Tier 1	
<i>nystatin</i>	Tier 1	
<i>nystatin-triamcinolone</i>	Tier 1	
NYSTOP	Tier 1	
OXISTAT	Tier 2	
PEDI-DRI	Tier 1	
ZAZOLE	Tier 1	
<b>PSORIASIS AND SEBORRHEA</b>		
8-MOP	Tier 2	
AMEVIVE	Tier 2	PA; * Part B
<i>calcipotriene</i>	Tier 1	
DOVONEX	Tier 2	
SORIATANE	Tier 2	
STELARA	Tier 2	PA; * Part B
TAZORAC	Tier 2	PA
<b>SCABIES AND PEDICULOSIS</b>		
ACTICIN	Tier 1	
EURAX	Tier 2	
<i>lindane</i>	Tier 1	
<i>malathion</i>	Tier 1	
<i>permethrin</i>	Tier 1	
ULESFIA	Tier 3	
<b>TOPICAL, MISCELLANEOUS</b>		
<i>ammonium lactate</i>	Tier 1	
ANUSOL-HC	Tier 3	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
CARAC	Tier 2	
CARMOL HC	Tier 3	
CLODERM	Tier 3	
ELIDEL	Tier 3	STPA
FLUOROPLEX	Tier 2	
<i>fluorouracil</i>	Tier 1	
LACLOTION	Tier 1	
<i>lidocaine</i>	Tier 1	
<i>lidocaine (pf)</i>	Tier 1	
<i>lidocaine hcl inj</i>	Tier 1	
<i>lidocaine mucosal gel</i>	Tier 1	
<i>lidocaine mucosal soln 2 %</i>	Tier 1	
<i>lidocaine mucous membrane jelly in applicator</i>	Tier 1	
<i>lidocaine-prilocaine</i>	Tier 1	
LIDODERM	Tier 2	PA; QL (90 EA per 30 day(s))
OXSORALEN	Tier 2	
OXSORALEN ULTRA	Tier 2	
PANRETIN	Tier 2	
PICATO TOPICAL GEL 0.015 %	Tier 3	QL (3 per 3 Day(s))
PICATO TOPICAL GEL 0.05 %	Tier 3	QL (2 per 2 Day(s))
PROCTO-PAK	Tier 1	
PROCTOCORT	Tier 3	
PROCTOCREAM-HC	Tier 1	
PROCTOSOL HC	Tier 1	
PROCTOZONE-HC	Tier 1	
PROTOPIC	Tier 3	STPA
RECTIV	Tier 3	QL (30 per 30 Day(s))
REGRANEX	Tier 2	
SANTYL	Tier 2	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>selenium sulfide</i>	Tier 1	
<i>sodium chloride</i>	Tier 1	
SOLARAZE	Tier 2	
<i>sulfacetamide sodium (acne)</i>	Tier 1	
SYNERA	Tier 3	
TIS-U-SOL	Tier 3	
<i>water for irrigation, sterile</i>	Tier 1	
ZONALON	Tier 3	
<b>VIRAL INFECTIONS, TOPICAL</b>		
ALDARA	Tier 3	
CONDYLOX	Tier 3	
DENAVIR	Tier 3	
<i>imiquimod</i>	Tier 1	
<i>podofilox</i>	Tier 1	
ZOVIRAX TOP	Tier 2	
<b>WOMENS HEALTH</b>		
<b>CONTRACEPTIVES</b>		
AMETHIA	Tier 1	
AMETHYST	Tier 1	
APRI	Tier 1	
ARANELLE (28)	Tier 1	
AVIANE	Tier 1	
BALZIVA (28)	Tier 1	
BEYAZ	Tier 3	
BRIELLYN	Tier 1	
CAMILA	Tier 1	
CESIA	Tier 1	
DEPO-SUBQ PROVERA 104	Tier 2	* Part B
ELLA	Tier 3	QL (1 EA per 1 day(s))

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
EMOQUETTE	Tier 1	
ERRIN	Tier 1	
FEMCON FE	Tier 3	
GIANVI	Tier 1	
INTROVALE	Tier 1	
JINTELI	Tier 1	
JUNEL 1.5/30 (21)	Tier 1	
JUNEL 1/20 (21)	Tier 1	
JUNEL FE 1.5/30 (28)	Tier 1	
JUNEL FE 1/20 (28)	Tier 1	
KARIVA	Tier 1	
KELNOR 1/35 (28)	Tier 1	
LEENA 28	Tier 1	
LESSINA	Tier 1	
LEVORA-28	Tier 1	
LO LOESTRIN FE	Tier 3	
LOSEASONIQUE	Tier 3	
LOW-OGESTREL (28)	Tier 1	
LYBREL	Tier 3	
MICROGESTIN 1.5/30 (21)	Tier 1	
MICROGESTIN 1/20 (21)	Tier 1	
MICROGESTIN FE 1.5/30 (28)	Tier 1	
MICROGESTIN FE 1/20 (28)	Tier 1	
NECON 0.5/35 (28)	Tier 1	
NECON 1/35 (28)	Tier 1	
NECON 10/11 (28)	Tier 3	
NECON 7/7/7 (28)	Tier 1	
NORTREL 0.5/35 (28)	Tier 1	
NORTREL 1/35 (21)	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
NORTREL 1/35 (28)	Tier 1	
NORTREL 7/7/7 (28)	Tier 1	
NUVARING	Tier 3	
ORSYTHIA	Tier 1	
ORTHO EVRA	Tier 3	
ORTHO TRI-CYCLEN (28)	Tier 3	
OVCON-50 (28)	Tier 3	
PORTIA	Tier 1	
QUASENSE	Tier 1	
SAFYRAL	Tier 3	
SEASONIQUE	Tier 3	
TRI-PREVIFEM (28)	Tier 1	
TRI-SPRINTEC (28)	Tier 1	
TRINESSA (28)	Tier 1	
TRIVORA (28)	Tier 1	
VELIVET	Tier 1	
VESTURA	Tier 1	
ZEOSA	Tier 3	
ZOVIA 1/35E (28)	Tier 1	
ZOVIA 1/50E (28)	Tier 1	
<b>MENOPAUSAL SYMPTOMS/OSTEOPOROSIS</b>		
ACTONEL	Tier 3	STPA
<i>alendronate</i>	Tier 1	
ALORA	Tier 3	
ANGELIQ	Tier 3	
BONIVA	Tier 2	STPA
<i>calcitonin (salmon)</i>	Tier 1	
CENESTIN	Tier 3	
CLIMARA PRO	Tier 3	

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\* Part B Drug - No co-payment is required and the cost of the medication does not apply to your Part D benefit.

<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
COMBIPATCH	Tier 3	
CRINONE VAGINAL GEL 8 %	Tier 2	
DELESTROGEN	Tier 2	
DEPO-PROVERA	Tier 2	* Part B
DIVIGEL	Tier 3	
ELESTRIN	Tier 3	
ENJUVIA	Tier 3	
ESTRACE VAGL	Tier 2	
ESTRADERM	Tier 2	
<i>estradiol</i>	Tier 1	
<i>estradiol valerate</i>	Tier 1	
ESTRING	Tier 2	
<i>estropipate</i>	Tier 1	
EVAMIST	Tier 3	QL (8.1 ML per 1 day(s))
EVISTA	Tier 2	
FEMHRT 1/5	Tier 3	
FEMHRT LOW DOSE	Tier 3	
FEMRING	Tier 2	
FEMTRACE	Tier 3	
FORTEO	Tier 2	PA
FORTICAL	Tier 3	
FOSAMAX ORAL SOLN	Tier 2	
<i>ibandronate</i>	Tier 2	STPA
<i>medroxyprogesterone oral</i>	Tier 1	
MENEST	Tier 3	
MENOSTAR	Tier 3	
<i>methylegonovine</i>	Tier 1	
MIACALCIN INJ	Tier 2	
NORA-BE	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>norethindrone acetate</i>	Tier 1	
ORTHO-EST 0.625	Tier 1	
ORTHO-EST 1.25	Tier 1	
<i>pamidronate</i>	Tier 1	* Part B
PREMARIN	Tier 3	
PREMPHASE	Tier 3	
PREMPRO	Tier 3	
<i>progesterone micronized</i>	Tier 1	
PROLIA	Tier 2	PA; * Part B
PROMETRIUM	Tier 3	
RECLAST	Tier 2	* Part B
SARAFEM	Tier 3	STPA
SELFEMRA	Tier 1	
VAGIFEM	Tier 2	
VIVELLE-DOT	Tier 2	
XGEVA	Tier 2	PA; * Part B
ZOMETA	Tier 2	* Part B
<b>PRENATAL VITAMINS</b>		
PRENATABS OBN	Tier 1	
<b>VAGINAL INFECTIONS</b>		
CLEOCIN VAGINAL SUPPOSITORY	Tier 3	
<i>clindamycin phosphate</i>	Tier 1	
CLINDESSE	Tier 3	
<i>fluconazole</i>	Tier 1	
<i>metronidazole</i>	Tier 1	
MICONAZOLE-3	Tier 1	
<i>terconazole</i>	Tier 1	
VANDAZOLE	Tier 3	

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		COSMEGEN .....	11		
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.....	DESOXYN .....	61	<i>diflunisal</i> .....	59
<i>dacarbazine</i> .....	DETROL .....	52	<i>digoxin</i> .....	17
DACOGEN .....	DETROL LA .....	52	<i>dihydrocode-acetaminophen-caff</i>	
DALIRESP .....	<i>dexamethasone</i> .....	43	.....	59
<i>danazol</i> .....	DEXAMETHASONE		<i>dihydroergotamine</i> .....	53
<i>dantrolene</i> .....	INTENSOL .....	43	DILANTIN .....	55
<i>dapsone</i> .....	<i>dexamethasone sodium</i>		DILANTIN EXTENDED .....	55
DAPTACEL (PEDIATRIC)	<i>phosphate</i> .....	30	DILANTIN INFATABS .....	55
(PF) .....	<i>dexamethasone sodium</i>		DILANTIN-125 .....	55
DARAPRIM .....	<i>phosphate</i> .....	43	DILAUDID-5 .....	59
<i>daunorubicin</i> .....	DEXEDRINE SPANSULE .....	61	DILAUDID-HP (PF) .....	59
DAUNOXOME .....	<i>dexmethylphenidate</i> .....	61	DILT-CD .....	19
DAYTRANA .....	DEXPAK .....	43	<i>diltiazem hcl</i> .....	19
DECAVAC (PF) .....	<i>dexrazoxane</i> .....	11	DILT-XR .....	19
DE-CHLOR DM .....	<i>dextroamphetamine</i> .....	61	DILTZAC ER .....	19
DE-CHLOR DR .....	<i>dextrose 10 % &amp; 0.225 % nacl</i>		DIOVAN .....	17
DEHISTINE .....	.....	37	DIOVAN HCT .....	18
DELATESTRYL .....	<i>dextrose 10% in water (d10w)</i>		DIPENTUM .....	36
DELESTROGEN .....	.....	37	<i>diphenhydramine hcl</i> .....	25
<i>demeclocycline</i> .....	<i>dextrose 5% in water (d5w)</i> .....	37	<i>diphenoxylate-atropine</i> .....	32
DENAVIR .....	<i>dextrose 5%-0.2 % sod chloride</i>		<i>dipyridamole</i> .....	8
DEPACON .....	.....	37	<i>disopyramide</i> .....	17
DEPADE .....	<i>dextrose 5%-0.3 % sod.chloride</i>		<i>disulfiram</i> .....	61
DEPAKENE .....	.....	40	<i>divalproex</i> .....	55
DEPAKOTE .....	<i>dextrose 5%-lactated ringers</i>		DIVIGEL .....	78
DEPAKOTE ER .....	.....	40	DOCEFREZ .....	11
DEPAKOTE SPRINKLES .....	DIASTAT .....	26	<i>docetaxel</i> .....	11
DEPEN TITRATABS .....	DIASTAT ACUDIAL 5-7.5-10		<i>donepezil</i> .....	53
DEPO-MEDROL .....	MG .....	26	DORAL .....	26
DEPO-PROVERA .....	<i>diclofenac potassium</i> .....	57	DORIBAX .....	38
DEPO-SUBQ PROVERA 104	<i>diclofenac sodium</i> .....	30	<i>dorzolamide</i> .....	31
.....	<i>diclofenac sodium</i> .....	57	<i>dorzolamide-timolol</i> .....	31
DEPO-TESTOSTERONE .....	<i>dicloxacillin</i> .....	6	DOVONEX .....	73
DERMA-SMOOTH/FS BODY	<i>dicyclomine</i> .....	34	<i>doxazosin</i> .....	16
OIL .....	<i>didanosine</i> .....	4	<i>doxepin</i> .....	63
DERMATOP .....	<i>diethylpropion</i> .....	28		

DOXIL .....	11	EMSAM .....	63	ERIVEDGE .....	14
<i>doxorubicin</i> .....	11	EMTRIVA .....	4	ERRIN .....	76
<i>doxycycline hyclate</i> .....	8	ENABLEX .....	52	ERTACZO .....	73
<i>doxycycline hyclate</i> .....	25	<i>enalapril maleate</i> .....	16	ERY PADS .....	70
<i>doxycycline hyclate</i> .....	38	<i>enalapril-hydrochlorothiazide</i>		ERYPED 200 .....	7
<i>doxycycline monohydrate</i> .....	8	.....	18	ERYPED 400 .....	7
<i>dronabinol</i> .....	32	ENBREL .....	57	ERY-TAB .....	7
DROXIA .....	14	ENBREL 25 MG/0.5ML		ERYTHROCIN .....	38
DUETACT .....	24	(0.51).....	57	ERYTHROCIN STEARATE .....	7
DURAMORPH (PF) .....	59	ENBREL 50 MG/ML (0.98		<i>erythromycin</i> .....	7
DYNACIRC CR .....	19	ML).....	57	<i>erythromycin</i> .....	29
E.E.S. 400 .....	7	ENDACOF-C .....	27	<i>erythromycin ethylsuccinate</i> .....	7
E.E.S. GRANULES .....	7	ENDOCET .....	59	<i>erythromycin with ethanol</i> .....	70
<i>econazole</i> .....	72	ENDODAN .....	59	<i>erythromycin-benzoyl peroxide</i>	
EDEX .....	27	ENGERIX-B (PF) .....	46	.....	70
EDURANT .....	4	ENJUVIA .....	78	<i>erythromycin-sulfisoxazole</i> .....	7
EFFEXOR XR .....	63	<i>enoxaparin</i> .....	9	<i>escitalopram</i> .....	63
EFFIENT .....	8	ENTOCORT EC .....	36	<i>estazolam</i> .....	26
EGRIFTA .....	49	ENTRE-S .....	27	ESTRACE .....	78
ELAPRASE .....	50	ENULOSE .....	34	ESTRADERM .....	78
<i>electrolyte-48 in d5w</i> .....	40	<i>epinastine</i> .....	29	<i>estradiol</i> .....	78
ELESTAT .....	29	<i>epinephrine hcl</i> .....	48	<i>estradiol valerate</i> .....	78
ELESTRIN .....	78	EPIPEN .....	48	ESTRING .....	78
ELIDEL .....	74	EPIPEN JR .....	48	<i>estropipate</i> .....	78
ELIGARD 22.5 MG, 30 MG.....	45	<i>epirubicin</i> .....	11	<i>ethambutol</i> .....	7
ELIGARD 45 MG, 7.5 MG.....	45	EPITOL .....	55	<i>ethosuximide</i> .....	55
ELITEK .....	11	EPIVIR .....	4	ETHYOL .....	11
ELIXOPHYLLIN .....	68	EPIVIR HBV .....	4	<i>etidronate disodium</i> .....	51
ELLA .....	75	<i>eplerenone</i> .....	21	<i>etodolac</i> .....	59
ELLENCÉ .....	11	EPOGEN .....	9	ETOPOPHOS .....	11
ELMIRON .....	52	<i>eprosartan</i> .....	17	<i>etoposide</i> .....	11
ELOXATIN .....	11	EPZICOM .....	4	EURAX .....	73
ELSPAR .....	11	EQUETRO .....	62	EVAMIST .....	78
EMADINE .....	29	ERAXIS(WATER DILUENT)		EVISTA .....	78
EMBEDA .....	59	.....	38	EVOXAC .....	25
EMCYT .....	14	ERBITUX .....	11	EXELDERM .....	73
EMEND .....	33	<i>ergocalciferol (vitamin d2)</i> .....	28	EXELON .....	53
EMEND 125 MG.....	33	<i>ergoloid</i> .....	53	<i>exemestane</i> .....	14
EMEND 40 MG, 80 MG.....	33	ERGOMAR .....	53	EXFORGE .....	18
EMOQUETTE .....	76	<i>ergotamine-caffeine</i> .....	53	EXFORGE HCT .....	18

EXJADE .....	49	<i>fluconazole</i> .....	79	FORTAZ .....	38
EXTAVIA .....	50	<i>fluconazole in dextrose(iso-o)</i> .....	38	FORTAZ IN D5W .....	38
FABRAZYME .....	49	<i>flucytosine</i> .....	3	FORTEO .....	78
<i>famciclovir</i> .....	4	FLUDARA .....	11	FORTICAL .....	78
<i>famotidine</i> .....	35	<i>fludarabine</i> .....	11	FOSAMAX .....	78
FANAPT .....	65	<i>fludrocortisone</i> .....	43	<i>foscarnet</i> .....	38
FARESTON .....	14	<i>flunisolide</i> .....	25	<i>fosinopril</i> .....	16
FASLODEX .....	11	<i>fluocinolone</i> .....	71	<i>fosinopril-hydrochlorothiazide</i> .....	18
FAZACLO .....	66	<i>fluocinolone acetonide oil</i> .....	25	FOSRENOL .....	51
<i>felbamate</i> .....	55	<i>fluocinonide</i> .....	72	FRAGMIN .....	9
FELBATOL .....	55	FLUOCINONIDE-E .....	72	FREAMINE III 3 %-ELECTROLYTES .....	43
<i>felodipine</i> .....	19	<i>fluorometholone</i> .....	30	FREAMINE III 8.5 % .....	43
FEMARA .....	14	FLUOROPLEX .....	74	<i>furosemide</i> .....	20
FEMCON FE .....	76	<i>fluorouracil</i> .....	11	FUSILEV .....	15
FEMHRT 1/5 .....	78	<i>fluorouracil</i> .....	74	FUZEON .....	4
FEMHRT LOW DOSE .....	78	<i>fluoxetine</i> .....	63	<i>gabapentin</i> .....	55
FEMRING .....	78	<i>fluphenazine decanoate</i> .....	66	GABITRIL .....	55
FEMTRACE .....	78	<i>fluphenazine hcl</i> .....	66	<i>galantamine</i> .....	53
<i>fenofibrate</i> .....	20	<i>flurazepam</i> .....	26	GAMASTAN S/D .....	46
<i>fenofibrate micronized</i> .....	20	<i>flurbiprofen</i> .....	58	GAMMAGARD LIQUID .....	46
<i>fenoprofen</i> .....	57	<i>flurbiprofen sodium</i> .....	30	GAMMAPLEX .....	46
<i>fentanyl</i> .....	59	<i>flutamide</i> .....	14	GAMUNEX-C .....	46
<i>fentanyl citrate</i> .....	60	<i>fluticasone</i> .....	25	<i>ganciclovir</i> .....	4
<i>fentanyl citrate (pf)</i> .....	60	<i>fluticasone</i> .....	72	GARDASIL (PF) .....	46
FERREX 150 FORTE .....	28	<i>fluvastatin</i> .....	20	GASTROCROM .....	34
FERROGELS FORTE .....	28	<i>fluvoxamine</i> .....	63	GELNIQUE .....	52
FINACEA .....	70	FML FORTE .....	30	<i>gemcitabine</i> .....	12
<i>finasteride</i> .....	52	FML S.O.P. ....	30	<i>gemfibrozil</i> .....	21
FIRAZYR .....	50	FOCALIN .....	62	GEMZAR .....	12
FIRMAGON .....	11	FOCALIN XR .....	62	GENGRAF .....	47
FLAREX .....	30	FOLBEE .....	28	GENOTROPIN .....	49
<i>flavoxate</i> .....	52	FOLBIC .....	28	GENOTROPIN MINIQUICK .....	49
<i>flecainide</i> .....	17	FOLCAPS .....	28	GENTAK .....	29
FLOVENT DISKUS .....	68	<i>folic acid-vit b6-vit b12</i> 2.2-25-0.5 mg, 2.5-25-1 mg.....	28	<i>gentamicin</i> .....	29
FLOVENT HFA 110 MCG/ACTUATION, 220		FOLLISTIM AQ .....	28	<i>gentamicin</i> .....	38
MCG/ACTUATION .....	68	FOLTX .....	28	<i>gentamicin</i> .....	71
FLOVENT HFA 44 MCG/ACTUATION.....	68	<i>fondaparinux</i> .....	9		
<i>fluconazole</i> .....	2	FORADIL AEROLIZER .....	68		

<i>gentamicin in nacl (iso-osm)</i> .....	38	<i>haloperidol lactate</i> .....	66	<i>hydrocortisone</i> .....	72
<i>gentamicin sulfate (pf)</i> .....	38	HAVRIX (PF) .....	46	<i>hydrocortisone butyrate</i> .....	72
GENTASOL .....	29	HECTOROL .....	50	<i>hydrocortisone valerate</i> .....	72
GEODON .....	66	HELIDAC .....	35	<i>hydrocortisone-acetic acid</i> .....	25
GIANVI .....	76	<i>heparin (porcine) 1,000 unit/ml,</i> <i>10,000 unit/ml, 5,000 unit/ml</i> .....	9	<i>hydromorphone</i> .....	60
GILENYA .....	51	<i>heparin, porcine (pf)</i> .....	9	<i>hydromorphone (pf)</i> .....	60
GLASSIA .....	69	HEPATAMINE 8% .....	43	<i>hydroxychloroquine</i> .....	3
GLEEVEC .....	14	HEPATASOL 8 % .....	43	<i>hydroxyurea</i> .....	14
<i>glimepiride</i> .....	24	HEPSERA .....	4	<i>hydroxyzine hcl</i> .....	25
<i>glipizide</i> .....	24	HERCEPTIN .....	12	<i>hydroxyzine pamoate</i> .....	25
<i>glipizide-metformin</i> .....	24	HEXALEN .....	14	<i>ibandronate</i> .....	78
GLUCAGEN HYPOKIT .....	22	HIZENTRA .....	46	<i>ibuprofen</i> .....	59
GLUCAGON EMERGENCY .....	22	HUMALOG .....	22	<i>ibuprofen-oxycodone</i> .....	60
<i>glyburide</i> .....	24	HUMALOG KWIKPEN .....	22	IDAMYCIN PFS .....	12
<i>glyburide micronized</i> .....	24	HUMALOG MIX 50-50 .....	22	<i>idarubicin</i> .....	12
<i>glyburide-metformin</i> .....	24	HUMALOG MIX 50-50 .....		IFEX .....	12
<i>glycopyrrolate</i> .....	34	KWIKPEN .....	22	<i>ifosfamide</i> .....	12
GOLYTELY .....	34	HUMALOG MIX 75-25 .....	22	<i>ifosfamide-mesna</i> .....	12
GONAL-F .....	28	HUMALOG MIX 75-25 .....		ILARIS (PF) .....	48
GONAL-F RFF .....	28	KWIKPEN .....	23	<i>imipenem-cilastatin</i> .....	38
GONAL-F RFF PEN .....	28	HUMATROPE .....	49	<i>imipramine hcl</i> .....	63
<i>granisetron</i> .....	33	HUMIRA .....	58	<i>imipramine pamoate</i> .....	63
<i>granisetron (pf)</i> .....	33	HUMIRA CROHN'S DIS START PCK .....	58	<i>imiquimod</i> .....	75
GRANISOL .....	33	HUMULIN 70/30 .....	23	IMOVAX RABIES VACCINE (PF) .....	46
GRIFULVIN V .....	3	HUMULIN 70/30 PEN .....	23	IMURAN .....	47
<i>griseofulvin microsize</i> .....	3	HUMULIN N .....	23	INCIVEK .....	4
GRIS-PEG .....	3	HUMULIN N PEN .....	23	INCRELEX .....	49
<i>guanfacine</i> .....	19	HUMULIN R .....	23	<i>indapamide</i> .....	20
<i>guanidine</i> .....	51	HUMULIN R U-500 "CONCENTRATED" .....	23	INDOCIN .....	58
HALAVEN .....	12	HUCAMTIN .....	12	<i>indomethacin</i> .....	58
HALDOL .....	66	HUCET .....	59	INFANRIX (PF) .....	46
HALDOL DECANOATE .....	66	<i>hydralazine</i> .....	21	INFERGEN .....	4
HALFLYTELY-BISACODYL W-FLAV PK .....	34	<i>hydrochlorothiazide</i> .....	20	INFUMORPH P/F .....	38
<i>halobetasol propionate</i> .....	72	<i>hydrocodone-acetaminophen</i> .....	60	INLYTA .....	14
HALOG .....	72	<i>hydrocodone-ibuprofen</i> .....	60	INNOHEP .....	9
<i>haloperidol</i> .....	66	<i>hydrocortisone</i> .....	36	<i>insulin syringe-needle u-100</i> .....	22
<i>haloperidol decanoate</i> .....	66	<i>hydrocortisone</i> .....	44	INTELENCE .....	4
				INTRALIPID .....	38
				INTRON A .....	4

INTROVALE .....	76	IXEMPRA .....	12	KUVAN .....	51
INTUNIV ER .....	20	IXIARO (PF) .....	46	<i>labetalol</i> .....	18
INVANZ .....	38	JAKAFI .....	14	LACLOTION .....	74
INVEGA .....	66	JALYN .....	52	<i>lactated ringers</i> .....	38
INVEGA SUSTENNA 117		JANTOVEN .....	9	<i>lactulose</i> .....	34
MG/0.75 ML, 156 MG/ML (1		JANUMET .....	24	LAMICTAL .....	55
ML), 234 MG/1.5 ML.....	66	JANUMET XR .....	24	LAMICTAL ODT .....	55
INVEGA SUSTENNA 39		JANUVIA .....	24	LAMICTAL STARTER	
MG/0.25 ML, 78 MG/0.5		JENTADUETO .....	24	(BLUE) KIT .....	55
ML.....	66	JE-VAX .....	46	LAMICTAL STARTER	
INVIRASE .....	4	JEVTANA .....	12	(GREEN) KIT .....	67
IONAMIN-30 .....	28	JINTELI .....	76	LAMICTAL STARTER	
IONOSOL-B IN D5W .....	40	JUNEL 1.5/30 (21) .....	76	(ORANGE) KIT .....	67
IONOSOL-MB IN D5W .....	40	JUNEL 1/20 (21) .....	76	LAMICTAL XR 100 MG, 25	
IONOSOL-T IN D5W .....	40	JUNEL FE 1.5/30 (28) .....	76	MG, 50 MG.....	56
IOPIDINE .....	31	JUNEL FE 1/20 (28) .....	76	LAMICTAL XR 200 MG .....	56
IPOP .....	46	KADIAN .....	60	LAMICTAL XR 250 MG.....	56
<i>ipratropium bromide</i> .....	68	KALETRA .....	4	LAMICTAL XR STARTER	
<i>ipratropium bromide 0.03 %</i> .....	25	KALYDECO .....	48	(BLUE) .....	67
<i>ipratropium bromide 0.06 %</i> .....	25	<i>kanamycin</i> .....	38	LAMICTAL XR STARTER	
<i>ipratropium-albuterol</i> .....	68	KARIVA .....	76	(GREEN) .....	67
IQUIX .....	29	KELNOR 1/35 (28) .....	76	LAMICTAL XR STARTER	
<i>irbesartan</i> .....	17	KENALOG .....	72	(ORANGE) .....	67
<i>irbesartan-hydrochlorothiazide</i>		KEPPRA .....	38	LAMISIL 125 MG.....	3
.....	10	KEPPRA .....	55	LAMISIL 187.5 MG.....	3
IRESSA .....	14	KEPPRA XR .....	55	<i>lamivudine</i> .....	4
<i>irinotecan</i> .....	12	KETEK .....	7	<i>lamivudine-zidovudine</i> .....	5
ISENTRESS .....	14	<i>ketoconazole</i> .....	3	<i>lamotrigine</i> .....	56
ISOLYTE-H IN D5W .....	41	<i>ketoconazole</i> .....	73	LANOXIN .....	17
ISOLYTE-M IN D5W .....	41	<i>ketoprofen</i> .....	58	LANOXIN PEDIATRIC .....	17
ISOLYTE-P IN D5W .....	41	<i>ketorolac</i> .....	30	<i>lansoprazole</i> .....	35
ISOLYTE-S .....	41	KINERET .....	58	LANTUS .....	23
ISOLYTE-S IN D5W .....	41	KIONEX .....	51	LANTUS SOLOSTAR .....	23
ISONARIF .....	7	KLOR-CON .....	21	<i>latanoprost</i> .....	32
<i>isoniazid</i> .....	7	KLOR-CON 10 .....	21	LATUDA .....	66
<i>isosorbide dinitrate</i> .....	16	KLOR-CON M15 .....	21	LEENA 28 .....	76
<i>isosorbide dinitrate</i> .....	22	KLOR-CON M20 .....	21	<i>leflunomide</i> .....	58
<i>isosorbide mononitrate</i> .....	16	KOMBIGLYZE XR .....	24	LESSINA .....	76
<i>isradipine</i> .....	19	KRISTALOSE .....	34	LETAIRIS .....	52
ISTODAX .....	12	K-TAB .....	21	<i>letrozole</i> .....	14
<i>itraconazole</i> .....	3			<i>leucovorin calcium</i> .....	14

<i>leucovorin calcium</i> .....	15	LITHOBID .....	62	<i>maprotiline</i> .....	63
LEUKERAN .....	14	LO LOESTRIN FE .....	76	MARPLAN .....	63
LEUKINE .....	9	LOCOID LIPOCREAM .....	72	MATULANE .....	14
<i>leuprolide</i> .....	12	LODOSYN .....	54	MATZIM LA .....	19
LEUSTATIN .....	12	LOKARA .....	72	MAXAIR AUTOHALER .....	68
<i>levalbuterol hcl</i> .....	68	<i>loperamide</i> .....	32	MAXIDEX .....	30
LEVAQUIN .....	8	LOPROX .....	73	<i>mebendazole</i> .....	2
LEVAQUIN IN D5W .....	38	<i>lorazepam</i> .....	26	<i>meclizine</i> .....	33
LEVATOL .....	18	<i>losartan</i> .....	17	<i>meclofenamate</i> .....	58
LEVEMIR .....	23	<i>losartan-hydrochlorothiazide</i> .....	18	<i>medroxyprogesterone</i> .....	78
LEVEMIR FLEXPEN .....	23	LOSEASONIQUE .....	76	<i>mefenamic acid</i> .....	58
<i>levetiracetam</i> .....	56	LOTEMAX .....	30	<i>mefloquine</i> .....	3
LEVITRA .....	27	LOTEMAX .....	32	<i>megestrol</i> .....	5
<i>levobunolol</i> .....	32	LOTRONEX .....	34	<i>meloxicam</i> .....	58
<i>levofloxacin</i> .....	8	<i>lovastatin</i> .....	21	<i>melphalan</i> .....	12
<i>levofloxacin</i> .....	29	LOVAZA .....	21	MENACTRA (PF) .....	46
<i>levofloxacin</i> .....	38	LOW-OGESTREL (28) .....	76	MENEST .....	78
<i>levofloxacin in d5w</i> .....	38	<i>loxapine succinate</i> .....	66	MENOMUNE - A/C/Y/W-135 (PF) .....	46
LEVORA-28 .....	76	LOXITANE .....	66	MENOPUR .....	28
<i>levorphanol tartrate</i> .....	60	LUFYLLIN .....	68	MENOSTAR .....	78
LEVOTHROID .....	45	LUMIGAN .....	32	MENVEO A-C-Y-W-135-DIP (PF) .....	46
<i>levothyroxine</i> .....	45	LUMIZYME .....	51	<i>meprobamate</i> .....	61
LEVOXYL .....	45	LUNESTA .....	65	MEPRON .....	3
LEXAPRO .....	63	LUPRON DEPOT .....	45	<i>mercaptopurine</i> .....	14
LEXIVA .....	5	LUPRON DEPOT (3 MONTH) .....	45	<i>meropenem</i> .....	38
LEXUSS 210 .....	27	LUPRON DEPOT (4 MONTH) .....	45	MERREM .....	38
<i>lidocaine</i> .....	74	LUPRON DEPOT (6 MONTH) .....	45	<i>mesalamine</i> .....	36
<i>lidocaine (pf)</i> .....	74	LUPRON DEPOT-PED .....	45	<i>mesna</i> .....	15
<i>lidocaine hcl</i> .....	74	LUVERIS .....	28	MESNEX .....	15
<i>lidocaine hcl 2 %</i> .....	74	LUVOX CR .....	63	MESTINON .....	51
<i>lidocaine-prilocaine</i> .....	74	LUXIQ .....	72	MESTINON TIMESPAN .....	51
LIDODERM .....	74	LYBREL .....	76	METADATE CD .....	62
LINCOCIN .....	38	LYRICA .....	56	METADATE ER .....	62
<i>lindane</i> .....	73	LYSODREN .....	44	<i>metaproterenol</i> .....	68
<i>liothyronine</i> .....	45	LYSTEDA .....	10	<i>metaxalone</i> .....	57
<i>lisinopril</i> .....	16	<i>malathion</i> .....	73	<i>metformin</i> .....	24
<i>lisinopril-hydrochlorothiazide</i> .....	18			<i>methadone</i> .....	60
<i>lithium carbonate</i> .....	62			METHADOSE .....	60
<i>lithium citrate</i> .....	62				

<i>methamphetamine</i> .....	62	MICROGESTIN FE 1/20 (28)	76	<i>nadolol</i> .....	19
<i>methazolamide</i> .....	32	<i>midazolam</i> .....	26	<i>nadolol-bendroflumethiazide</i>	18
<i>methenamine hippurate</i> .....	2	<i>midazolam 5 mg/ml</i> .....	26	<i>nafcillin</i> .....	38
<i>methimazole</i> .....	45	<i>midodrine</i> .....	48	<i>nafcillin in d2.4w</i> .....	38
METHITEST .....	44	MIGERGOT .....	53	NAFTIN .....	3
<i>methotrexate sodium</i> .....	58	MIGRANAL .....	53	NAGLAZYME .....	50
<i>methotrexate sodium (pf)</i> .....	58	MILLIPRED .....	44	NALFON .....	58
<i>methscopolamine</i> .....	35	MINITRAN .....	22	<i>naloxone</i> .....	65
<i>methyclothiazide</i> .....	20	<i>minocycline</i> .....	8	<i>naltrexone</i> .....	61
<i>methyl dopa</i> .....	20	MIRAPEX .....	54	NAMENDA .....	53
<i>methyl dopa-hydrochlorothiazide</i>	18	MIRAPEX ER .....	54	NAMENDA TITRATION PAK	53
<i>methylergonovine</i> .....	78	<i>mirtazapine</i> .....	63	<i>naproxen</i> .....	59
METHYLIN .....	62	<i>misoprostol</i> .....	35	<i>naproxen sodium</i> .....	59
METHYLIN ER .....	62	<i>mitomycin</i> .....	12	<i>naratriptan</i> .....	54
<i>methylphenidate</i> .....	62	<i>mitoxantrone</i> .....	12	NARDIL .....	63
<i>methylprednisolone</i> .....	44	M-M-R II (PF) .....	46	NASCOBAL .....	28
<i>methylprednisolone acetate</i> .....	44	<i>moexipril</i> .....	16	NASONEX .....	25
<i>methylprednisolone sodium succ</i>	44	<i>moexipril-hydrochlorothiazide</i>	18	NATACYN .....	32
<i>metipranolol</i> .....	32	<i>mometasone</i> .....	72	<i>nateglinide</i> .....	24
<i>metoclopramide hcl</i> .....	33	MONUROL .....	2	NAVANE .....	66
<i>metolazone</i> .....	20	<i>morphine</i> .....	60	NEBUPENT .....	39
<i>metoprolol succinate</i> .....	19	<i>morphine concentrate</i> .....	60	NECON 0.5/35 (28) .....	76
<i>metoprolol ta-hydrochlorothiaz</i>	18	MOVIPREP .....	34	NECON 1/35 (28) .....	76
<i>metoprolol tartrate</i> .....	19	MOXEZA .....	29	NECON 10/11 (28) .....	76
METROGEL .....	70	MOZOBIL .....	9	NECON 7/7/7 (28) .....	76
<i>metronidazole</i> .....	2	MS CONTIN .....	60	<i>nefazodone</i> .....	63
<i>metronidazole</i> .....	70	MULTAQ .....	17	<i>neomycin</i> .....	3
<i>metronidazole</i> .....	79	<i>mupirocin</i> .....	71	<i>neomycin-bacitracin-poly-hc</i>	29
<i>metronidazole in nacl (iso-os)</i>	38	MUSE .....	27	<i>neomycin-bacitracin-polymyxin</i>	29
<i>mexiletine</i> .....	17	MUSTARGEN .....	12	<i>neomycin-polymyxin-dexameth</i>	31
MIACALCIN .....	78	MYCAMINE .....	38	<i>neomycin-polymyxin-gramicidin</i>	31
MICONAZOLE-3 .....	79	MYCOBUTIN .....	7	<i>neomycin-polymyxin-hc</i> .....	30
MICROGESTIN 1.5/30 (21)	76	<i>mycophenolate mofetil</i> .....	47	<i>neomycin-polymyxin-hc</i> .....	31
MICROGESTIN 1/20 (21) .....	76	MYFORTIC .....	47	NEORAL .....	47
MICROGESTIN FE 1.5/30 (28)	76	MYOZYME .....	51	NEPHRAMINE 5.4 % .....	43
<i>nabumetone</i> .....	58	MYSOLINE .....	56		

NEULASTA .....	9	NORTREL 0.5/35 (28) .....	76	<i>omeprazole-sodium bicarbonate</i>	35
NEUMEGA .....	9	NORTREL 1/35 (21) .....	76	OMNITROPE .....	49
NEUPOGEN .....	9	NORTREL 1/35 (28) .....	77	<i>ondansetron</i> .....	33
NEURONTIN .....	56	NORTREL 7/7/7 (28) .....	77	<i>ondansetron hcl</i> .....	33
NEVANAC .....	31	<i>nortriptyline</i> .....	64	<i>ondansetron hcl (pf)</i> .....	33
<i>nevirapine</i> .....	5	NORVIR .....	5	<i>ondansetron hcl 24 mg</i> .....	33
NEXAVAR .....	14	NOVANTRONE .....	12	<i>ondansetron hcl 4 mg, 8 mg</i> .....	33
NIACOR .....	21	NOVOLIN 70/30 .....	23	ONE TOUCH TEST .....	22
NIASPAN		NOVOLIN N .....	23	ONE TOUCH ULTRA TEST	
EXTENDED-RELEASE .....	21	NOVOLIN R .....	23	.....	22
<i>nicardipine</i> .....	19	NOVOLOG .....	23	ONGLYZA .....	24
NICOTROL .....	52	NOVOLOG FLEXPEN .....	23	ONSOLIS .....	60
NICOTROL NS .....	52	NOVOLOG MIX 70-30 .....	23	ONTAK .....	12
NIFEDIAC CC .....	19	NOVOLOG MIX 70-30		ORAMORPH SR .....	60
NIFEDICAL XL .....	19	FLEXPEN .....	23	ORAP .....	66
<i>nifedipine</i> .....	19	NUCYNTA .....	60	ORAPRED .....	44
NILANDRON .....	14	NUEDEXTA .....	54	ORAPRED ODT .....	44
<i>nimodipine</i> .....	19	NULOJIX .....	47	ORENCIA .....	58
NIPENT .....	12	NULYTELY WITH FLAVOR		ORFADIN .....	50
<i>nisoldipine</i> .....	19	PACKS .....	34	ORSYTHIA .....	77
NITRO-BID .....	16	NUTROPIN .....	49	ORTHO EVRA .....	77
NITRO-DUR .....	16	NUTROPIN AQ .....	49	ORTHO TRI-CYCLEN (28)	
<i>nitroglycerin</i> .....	16	NUTROPIN AQ NUSPIN .....	49	.....	77
NITROLINGUAL .....	16	NUVARING .....	77	ORTHO-EST 0.625 .....	79
NITROMIST .....	16	NUVIGIL .....	65	ORTHO-EST 1.25 .....	79
NITROSTAT .....	16	NYAMYC .....	73	OSMOPREP .....	34
<i>nizatidine</i> .....	35	<i>nystatin</i> .....	3	OVCON-50 (28) .....	77
NORA-BE .....	78	<i>nystatin</i> .....	73	OVIDREL .....	28
NORDITROPIN FLEXPRO		<i>nystatin-triamcinolone</i> .....	73	<i>oxacillin</i> .....	39
.....	49	NYSTOP .....	73	<i>oxacillin in dextrose, iso-osm</i>	
NORDITROPIN NORDIFLEX		<i>octreotide acetate</i> .....	48	.....	39
.....	49	<i>ofloxacin</i> .....	8	<i>oxaliplatin</i> .....	12
<i>norethindrone acetate</i> .....	79	<i>ofloxacin</i> .....	25	<i>oxandrolone</i> .....	44
NORITATE .....	70	<i>ofloxacin</i> .....	30	<i>oxazepam</i> .....	26
NORMOSOL-M IN D5W .....	41	<i>olanzapine</i> .....	66	<i>oxcarbazepine</i> .....	56
NORMOSOL-R IN D5W .....	41	<i>olanzapine-fluoxetine</i> .....	62	OXISTAT .....	73
NORMOSOL-R PH 7.4 .....	41	OLEPTRO ER .....	64	OXSORALEN .....	74
NOROXIN .....	8	<i>omeprazole 10 mg, 20 mg</i> .....	35	OXSORALEN ULTRA .....	74
NORPACE CR .....	17	<i>omeprazole 40 mg</i> .....	35	<i>oxybutynin chloride</i> .....	53
NORPRAMIN .....	64				

<i>oxycodone</i> .....	60	<i>pentazocine-acetaminophen</i> .....	60	<i>podofilox</i> .....	75
<i>oxycodone hcl-oxycodone-asa</i> .....	60	PENTOPAK .....	10	<i>polyethylene glycol 3350</i> .....	34
<i>oxycodone-acetaminophen</i> .....	60	<i>pentostatin</i> .....	12	<i>polymyxin b sulfate</i> .....	39
<i>oxycodone-aspirin</i> .....	60	<i>pentoxifylline</i> .....	10	POLY-PRED .....	30
OXYCONTIN .....	60	PERFOROMIST .....	68	PORTIA .....	77
<i>oxymorphone</i> .....	60	<i>perindopril erbumine</i> .....	16	<i>potassium chloride</i> .....	21
OXYTROL .....	53	PERIOGARD .....	25	<i>potassium chloride</i> .....	39
PACERONE .....	17	<i>permethrin</i> .....	73	<i>potassium chloride</i> .....	41
<i>paclitaxel</i> .....	12	<i>perphenazine</i> .....	66	<i>potassium citrate</i> .....	21
PAMELOR .....	64	<i>perphenazine-amitriptyline</i> .....	66	POTIGA .....	56
<i>pamidronate</i> .....	79	PERTZYE .....	33	PRADAXA .....	9
PANCREAZE .....	33	PEXEVA .....	64	<i>pramipexole</i> .....	54
PANDEL .....	72	PFIZERPEN-G .....	39	PRANDIMET .....	24
PANRETIN .....	74	<i>phendimetrazine tartrate</i> .....	28	PRANDIN .....	24
<i>pantoprazole</i> .....	35	<i>phenelzine</i> .....	64	<i>pravastatin</i> .....	21
PARNATE .....	64	<i>phenobarbital</i> .....	26	<i>prazosin</i> .....	16
<i>paromomycin</i> .....	3	<i>phentermine</i> .....	28	PRED FORTE .....	31
<i>paroxetine hcl</i> .....	64	PHENYTEK .....	56	PRED MILD .....	31
PASER .....	7	<i>phenytoin</i> .....	56	PRED-G .....	31
PAXIL .....	64	<i>phenytoin sodium</i> .....	56	PRED-G S.O.P. ....	31
PAXIL CR .....	64	<i>phenytoin sodium extended</i> .....	56	<i>prednicarbate</i> .....	72
PCE .....	7	PHOSLYRA .....	51	<i>prednisolone acetate</i> .....	31
PEDI-DRI .....	73	PHOTOFRIN .....	12	<i>prednisolone sodium phosphate</i> .....	44
PEDVAX HIB (PF) .....	47	PICATO 0.015 % .....	74	<i>prednisone</i> .....	44
PEGANONE .....	56	PICATO 0.05 % .....	74	PREDNISONE INTENSOL .....	44
PEGASYS .....	5	<i>pilocarpine hcl</i> .....	25	PREMARIN .....	79
PEGASYS CONVENIENCE PACK .....	5	PILOPINE HS .....	32	PREMASOL 10 % .....	43
PEGASYS PROCLICK .....	5	<i>pindolol</i> .....	19	PREMASOL 6 % .....	43
PEGINTRON .....	5	<i>piperacillin</i> .....	39	PREMPHASE .....	79
PEGINTRON REDIPEN .....	5	<i>piperacillin-tazobactam</i> .....	39	PREMPRO .....	79
PE-HIST DM .....	27	<i>piroxicam</i> .....	58	PRENATABS OBN .....	79
<i>penicillin g pot in dextrose</i> .....	39	PLASMA-LYTE 148 .....	41	PREVALITE .....	21
<i>penicillin g potassium</i> .....	39	PLASMA-LYTE 148 IN D5W .....	41	PREVPAC .....	35
<i>penicillin g sodium</i> .....	39	PLASMA-LYTE 56 .....	41	PREZISTA .....	5
<i>penicillin v potassium</i> .....	6	PLASMA-LYTE A .....	41	PRIFTIN .....	7
PENNSAID .....	58	PLASMA-LYTE R .....	41	<i>primaquine</i> .....	3
PENTAM .....	39	PLASMA-LYTE-56 IN D5W .....	41	PRIMAXIN IM .....	39
PENTASA .....	36	PLAVIX .....	9	PRIMAXIN IV .....	39
				<i>primidone</i> .....	56

PRIMSOL .....	2	PULMICORT FLEXHALER .....	69	REPREXAIN .....	60
PRISTIQ .....	64	.....	69	REPRONEX .....	28
PRIVIGEN .....	47	PULMOZYME .....	48	REQUIP XL .....	54
PROAIR HFA .....	68	PURINETHOL .....	14	RESCRIPTOR .....	5
<i>probenecid</i> .....	59	PYLERA .....	35	<i>reserpine</i> .....	20
PROCALAMINE 3% .....	43	<i>pyrazinamide</i> .....	7	RESTASIS .....	32
<i>prochlorperazine</i> .....	33	<i>pyridostigmine bromide</i> .....	51	RETIN-A .....	70
<i>prochlorperazine edisylate</i> .....	33	QUALAQUIN .....	3	RETIN-A MICRO .....	70
<i>prochlorperazine maleate</i> .....	33	QUASENSE .....	77	RETROVIR .....	5
PROCRIT .....	9	<i>quetiapine 100 mg, 200 mg, 300 mg, 400 mg</i> .....	66	REVATIO .....	52
PROCTOCORT .....	74	<i>quetiapine 25 mg, 50 mg</i> .....	66	REVLIMID .....	14
PROCTOCREAM-HC .....	74	<i>quinapril</i> .....	16	REYATAZ .....	5
PROCTO-PAK .....	74	<i>quinapril-hydrochlorothiazide</i> .....	18	RHEUMATREX .....	58
PROCTOSOL HC .....	74	.....	18	RIBAPAK DOSE PACK .....	5
PROCTOZONE-HC .....	74	<i>quinidine gluconate</i> .....	17	RIBASPHERE .....	5
<i>progesterone micronized</i> .....	79	<i>quinidine sulfate</i> .....	17	<i>ribavirin</i> .....	5
PROGLYCEM .....	22	QVAR .....	69	RIDAURA .....	58
PROGRAF .....	39	RABAVERT (PF) .....	47	RIFAMATE .....	8
PROGRAF .....	47	<i>ramipril</i> .....	16	<i>rifampin</i> .....	8
PROLASTIN .....	69	RANEXA .....	16	RIFATER .....	8
PROLASTIN C .....	69	<i>ranitidine hcl</i> .....	35	RILUTEK .....	48
PROLEUKIN .....	12	RAPAMUNE .....	48	<i>rimantadine</i> .....	5
PROLIA .....	79	RAPIFLUX .....	64	<i>ringers</i> .....	41
PROMACTA .....	9	RAZADYNE .....	53	RIOMET .....	24
PROMETRIUM .....	79	REBETOL .....	5	RISPERDAL .....	66
<i>propafenone</i> .....	17	REBIF .....	51	RISPERDAL CONSTA .....	62
<i>propantheline</i> .....	34	REBIF TITRATION PACK .....	51	RISPERDAL M-TAB .....	66
<i>propranolol</i> .....	19	RECLAST .....	79	<i>risperidone</i> .....	62
<i>propranolol-hydrochlorothiazid</i> .....	18	RECOMBIVAX HB (PF) .....	47	<i>risperidone</i> .....	66
<i>propylthiouracil</i> .....	45	RECTIV .....	74	RITALIN .....	62
PROQUAD (PF) .....	47	REGRANEX .....	74	RITALIN LA .....	62
PROSOL 20% .....	43	RELENZA DISKHALER .....	5	RITALIN SR .....	62
PROTONIX .....	39	RELISTOR .....	35	RITUXAN .....	12
PROTOPIC .....	74	REMERON .....	64	<i>rivastigmine</i> .....	53
<i>protriptyline</i> .....	64	REMERON SOLTAB .....	64	ROCALTROL .....	50
PROVENTIL HFA .....	68	REMICADE .....	58	ROMYCIN .....	30
PROZAC .....	64	REMODULIN .....	39	<i>ropinirole</i> .....	54
PROZAC WEEKLY .....	64	RENAGEL .....	51	ROTATEQ VACCINE .....	47
		REVELA .....	51	ROXICET .....	61
				ROZEREM .....	65

SABRIL .....	56	<i>sodium chloride 0.45 %</i> .....	41	STRATTERA 10 MG, 18 MG,	
<i>safety needles</i> .....	22	<i>sodium chloride 0.9 %</i> .....	41	25 MG, 40 MG, 60 MG.....	62
SAFYRAL .....	77	<i>sodium chloride 3 %</i> .....	41	STRATTERA 100 MG, 80	
SAIZEN .....	49	<i>sodium chloride 5 %</i> .....	41	MG.....	62
SAIZEN CLICK.EASY .....	49	<i>sodium fluoride</i> .....	25	STRIANT .....	44
SAMSCA .....	53	<i>sodium lactate</i> .....	41	STROMEKTOL .....	2
SANCTURA XR .....	53	<i>sodium polystyrene sulfonate</i>		SUBOXONE .....	65
SANCUSO .....	33	.....	51	SUBOXONE 2-0.5 MG.....	65
SANDOSTATIN .....	48	SOLARAZE .....	75	SUBOXONE 8-2 MG.....	65
SANDOSTATIN LAR DEPOT		SOLU-CORTEF (PF) .....	44	SUBSYS .....	61
.....	48	SOLU-MEDROL .....	44	<i>sucralfate</i> .....	35
SANTYL .....	74	SOLU-MEDROL (PF) .....	44	<i>sulfacetamide sodium</i> .....	30
SAPHRIS .....	66	SOMATULINE DEPOT .....	48	<i>sulfacetamide sodium (acne)</i>	
SARAFEM .....	79	SOMAVERT .....	48	.....	75
SAVELLA .....	56	SORIATANE .....	73	<i>sulfacetamide-prednisolone</i> .....	32
SEASONIQUE .....	77	SORINE .....	17	<i>sulfadiazine</i> .....	8
<i>selegiline hcl</i> .....	54	<i>sotalol</i> .....	17	<i>sulfamethoxazole-trimethoprim</i>	
<i>selenium sulfide</i> .....	75	SOTRET .....	70	.....	8
SELFEMRA .....	79	SPECTRACEF .....	7	SULFAMYLON .....	71
SELZENTRY 150 MG.....	5	SPIRIVA WITH		<i>sulfasalazine</i> .....	36
SELZENTRY 300 MG.....	5	HANDIHALER .....	69	SULFAZINE EC .....	36
SENSIPAR .....	50	<i>spironolactone</i> .....	20	<i>sulindac</i> .....	58
SEREVENT DISKUS .....	69	<i>spironolactone</i> .....	21	<i>sumatriptan succinate</i> .....	54
SEROMYCIN .....	8	<i>spironolacton-hydrochlorothiaz</i>		SUPRAX .....	7
SEROQUEL 100 MG, 200 MG,		.....	20	SUPREP .....	34
300 MG, 400 MG.....	67	SPRYCEL 100 MG, 140		SURMONTIL .....	64
SEROQUEL 25 MG, 50 MG.....	67	MG.....	14	SUSTIVA .....	5
SEROQUEL XR .....	67	SPRYCEL 20 MG, 50 MG, 70		SUTENT .....	14
SEROSTIM .....	49	MG, 80 MG.....	14	SYLATRON .....	13
<i>sertraline</i> .....	64	SSD .....	71	SYMBICORT 160-4.5	
SFROWASA .....	36	STAGESIC .....	61	MCG/ACTUATION.....	69
<i>silver sulfadiazine</i> .....	71	STALEVO 100 .....	54	SYMBICORT 80-4.5	
SIMCOR .....	21	STALEVO 125 .....	54	MCG/ACTUATION.....	69
SIMPONI .....	58	STALEVO 150 .....	54	SYMBYAX .....	62
SIMULECT .....	13	STALEVO 200 .....	54	SYMLIN .....	23
<i>simvastatin</i> .....	21	STALEVO 50 .....	54	SYMLINPEN 120 .....	23
SINGULAIR .....	69	STALEVO 75 .....	54	SYMLINPEN 60 .....	23
SKELID .....	51	<i>stavudine</i> .....	5	SYNAGIS .....	52
<i>sodium chloride</i> .....	41	STAVZOR .....	56	SYNAREL .....	45
<i>sodium chloride</i> .....	75	STELARA .....	73	SYNERA .....	75
		STIMATE .....	53	SYNERCID .....	39

SYNTHROID .....	45	<i>tetanus,diphtheria tox ped(pf)</i>	47	TOPAMAX .....	56
SYPRINE .....	53	<i>tetanus-diphtheria toxoids-td</i>	47	TOPICORT .....	69
TABLOID .....	14	<i>tetracycline</i> .....	8	TOPICORT .....	72
<i>tacrolimus</i> .....	48	TEV-TROPIN .....	50	<i>topiramate</i> .....	56
TAMIFLU 12 MG/ML.....	5	THALITONE .....	20	TOPOSAR .....	13
TAMIFLU 30 MG.....	5	THALOMID .....	15	<i>topotecan</i> .....	13
TAMIFLU 45 MG, 75 MG.....	5	THEO-24 .....	69	TORISEL .....	13
TAMIFLU 6 MG/ML.....	5	THEOCHRON .....	69	<i>torseamide</i> .....	20
<i>tamoxifen</i> .....	14	<i>theophylline</i> .....	69	TPN ELECTROLYTES .....	39
<i>tamsulosin</i> .....	52	<i>thioridazine</i> .....	67	TRACLEER .....	52
TARCEVA 100 MG.....	15	<i>thiotepa</i> .....	13	TRADJENTA .....	24
TARCEVA 150 MG, 25 MG.....	15	<i>thiothixene</i> .....	67	<i>tramadol</i> .....	61
TARGRETIN .....	15	THYROLAR-1 .....	45	<i>tramadol-acetaminophen</i> .....	61
TARKA .....	18	THYROLAR-1/4 .....	45	<i>trandolapril</i> .....	16
TASIGNA .....	15	THYROLAR-2 .....	45	<i>tranexamic acid</i> .....	10
TASMAR .....	54	THYROLAR-3 .....	45	TRANSDERM-SCOP .....	33
TAXOTERE .....	13	<i>ticlopidine</i> .....	10	<i>tranylcypromine</i> .....	64
TAZICEF .....	39	TIKOSYN .....	17	TRAVASOL 10 % .....	43
TAZORAC .....	73	TIMENTIN .....	39	TRAVATAN Z .....	32
TAZTIA XT .....	19	<i>timolol maleate</i> .....	17	<i>trazodone</i> .....	64
TEFLARO .....	39	<i>timolol maleate</i> .....	32	TREANDA .....	13
TEGRETOL .....	56	<i>tinidazole</i> .....	2	TRECATOR .....	8
TEGRETOL XR .....	56	TIROSINT .....	45	TRELSTAR .....	45
<i>temazepam</i> .....	26	TIS-U-SOL .....	75	<i>tretinoin</i> .....	70
TEMODAR 100 MG, 20		<i>tizanidine</i> .....	57	<i>tretinoin (chemotherapy)</i> .....	15
MG.....	15	TOBI .....	49	TRETIN-X .....	70
TEMODAR 140 MG, 5 MG.....	15	TOBRADEX .....	30	TRETIN-X (GEL) .....	70
TEMODAR 180 MG, 250		<i>tobramycin 0.3 %</i> .....	30	TREXALL .....	58
MG.....	15	<i>tobramycin in ns</i> .....	39	<i>triamcinolone acetonide</i> .....	25
TEMOVATE .....	72	<i>tobramycin sulfate</i> .....	39	<i>triamcinolone acetonide</i> .....	72
<i>terazosin</i> .....	16	<i>tobramycin-dexamethasone</i> .....	30	<i>triamterene-hydrochlorothiazid</i>	
<i>terbinafine</i> .....	3	TOBRASOL .....	30	.....	18
<i>terbutaline</i> .....	69	TOFRANIL .....	64	<i>triamterene-hydrochlorothiazid</i>	
<i>terconazole</i> .....	79	TOFRANIL-PM .....	64	.....	20
TESTIM .....	45	<i>tolazamide</i> .....	24	<i>triazolam</i> .....	26
<i>testosterone cypionate</i> .....	45	<i>tolbutamide</i> .....	24	TRIDERM .....	72
<i>testosterone enanthate</i> .....	45	<i>tolmetin</i> .....	58	<i>trifluoperazine</i> .....	67
TESTRED .....	45			<i>trifluridine</i> .....	31
<i>tetanus toxoid,adsorbed (pf)</i> .....	47			<i>trihexyphenidyl</i> .....	54
				TRILEPTAL .....	56

TRILYTE WITH FLAVOR PACKETS .....	34	<i>valproate sodium</i> .....	56	<i>vinorelbine</i> .....	13
<i>trimethoprim</i> .....	2	<i>valproic acid</i> .....	56	VIRACEPT .....	6
<i>trimethoprim-polymyxin b</i> .....	30	<i>valproic acid (as sodium salt)</i> .....	56	VIRAMUNE .....	6
<i>trimipramine</i> .....	64	VANCOCIN .....	2	VIRAMUNE XR .....	6
TRINESSA (28) .....	77	<i>vancomycin</i> .....	2	VIREAD .....	6
TRIPEDIA (PF) .....	47	<i>vancomycin 10 gram</i> .....	39	VISICOL .....	34
TRI-PREVIFEM (28) .....	77	<i>vancomycin 500 mg</i> .....	39	VISTIDE .....	40
TRISENOX .....	13	VANDAZOLE .....	79	VITAMIN D2 .....	29
TRI-SPRINTEC (28) .....	77	<i>vandetanib 100 mg</i> .....	15	VIVACTIL .....	64
TRIVORA (28) .....	77	<i>vandetanib 300 mg</i> .....	15	VIVAGLOBIN .....	47
TRIZIVIR .....	5	VANOS .....	72	VIVELLE-DOT .....	79
TROPHAMINE 10 % .....	43	VAQTA (PF) .....	47	VIVITROL .....	65
TROPHAMINE 6% .....	43	VARIVAX (PF) .....	47	VOLTAREN .....	58
<i>tropicamide</i> .....	32	VECTIBIX .....	13	<i>voriconazole</i> .....	40
<i>trospium</i> .....	53	VELCADE .....	13	<i>voriconazole 200 mg</i> .....	3
TRUVADA .....	6	VELIVET .....	77	<i>voriconazole 50 mg</i> .....	3
TWINJECT AUTOINJECTOR .....	48	<i>venlafaxine</i> .....	64	VOTRIENT .....	15
TWINRIX (PF) .....	47	VENTAVIS .....	52	VPRIV .....	49
TYGACIL .....	39	VENTOLIN HFA .....	69	VYTORIN 10-10 .....	21
TYKERB .....	15	<i>verapamil</i> .....	19	VYTORIN 10-20 .....	21
TYPHIM VI .....	47	VERIPRED 20 .....	44	VYTORIN 10-40 .....	21
TYSABRI .....	51	VESICARE .....	53	VYTORIN 10-80 .....	21
TYZEKA .....	6	VESTURA .....	77	VYVANSE .....	62
TYZINE .....	26	VEXOL .....	31	<i>warfarin</i> .....	9
U-CORT .....	44	VFEND .....	3	<i>water for irrigation, sterile</i> .....	75
ULESFIA .....	73	VFEND IV .....	39	WELCHOL .....	21
ULORIC .....	59	VIAGRA .....	27	WELLBUTRIN .....	65
ULTRAVATE .....	72	VIBATIV .....	40	WELLBUTRIN SR .....	65
UNASYN .....	39	VIBRAMYCIN .....	8	WELLBUTRIN XL .....	65
UNITHROID .....	45	VICTOZA .....	23	WESTCORT .....	72
UROXATRAL .....	52	VICTRELIS .....	6	XALATAN .....	32
URSO 250 .....	34	VIDAZA .....	13	XALKORI .....	15
URSO FORTE .....	34	VIDEX 2 GRAM PEDIATRIC .....	6	XARELTO 10 MG .....	9
<i>ursodiol</i> .....	34	VIGAMOX .....	30	XARELTO 15 MG, 20 MG .....	9
UVADEX .....	13	VIIBRYD .....	64	XENAZINE 12.5 MG .....	50
VAGIFEM .....	79	VIMPAT .....	57	XENAZINE 25 MG .....	50
<i>valacyclovir</i> .....	6	<i>vinblastine</i> .....	13	XEOMIN .....	48
VALCYTE .....	6	<i>vincristine</i> .....	13	XGEVA .....	79
				XIFAXAN 200 MG .....	2
				XIFAXAN 550 MG .....	2

XODOL 10/300 .....	61	<i>zonisamide</i> .....	57
XODOL 5/300 .....	61	ZORBTIVE .....	50
XODOL 7.5/300 .....	61	ZORTRESS .....	48
XOLAIR .....	69	ZOSTAVAX (PF) .....	47
XOPENEX .....	69	ZOSYN .....	40
XOPENEX HFA .....	69	ZOSYN IN DEXTROSE (ISO-OSM) .....	40
XYREM .....	65	ZOVIA 1/35E (28) .....	77
YERVOY .....	13	ZOVIA 1/50E (28) .....	77
YF-VAX (PF) .....	47	ZOVIRAX .....	75
<i>zafirlukast</i> .....	69	ZYDONE .....	61
<i>zaleplon</i> .....	65	ZYLET .....	31
ZANOSAR .....	13	ZYMAR .....	30
ZARONTIN .....	57	ZYPREXA .....	67
ZAVESCA .....	49	ZYPREXA ZYDIS .....	67
ZAZOLE .....	73	ZYTIGA .....	15
ZELBORAF .....	15	ZYVOX .....	2
ZEMAIRA .....	69	ZYVOX .....	40
ZEMPLAR .....	50		
ZENPEP .....	33		
ZEOSA .....	77		
ZERIT .....	6		
ZETIA .....	21		
ZIAGEN .....	6		
<i>zidovudine</i> .....	6		
ZINACEF .....	40		
ZINACEF IN DEXTROSE (ISO-OSM) .....	40		
ZINACEF IN STERILE WATER .....	40		
ZINECARD .....	15		
ZIOPTAN (PF) .....	32		
<i>ziprasidone hcl</i> .....	67		
ZIRGAN .....	31		
ZMAX .....	7		
ZOLINZA .....	15		
ZOLOFT .....	65		
<i>zolpidem</i> .....	65		
ZOMETA .....	79		
ZONALON .....	75		
ZONEGRAN .....	57		