

# TUFTS MEDICARE PREFERRED PDP GROUP RETIREE 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 05/01/12  
6-EGHMOForm-12

TUFTS  Health Plan  
Medicare Preferred

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

A formulary is a list of covered drugs selected by Tufts Medicare Preferred PDP 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 PDP 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 PDP 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 PDP, 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 72. 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 PDP 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 PDP 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 PDP before you fill your prescriptions. If you don't get approval, Tufts Medicare Preferred PDP may not cover the drug.
- **Quantity Limits:** For certain drugs, Tufts Medicare Preferred PDP limits the amount of the drug that Tufts Medicare Preferred PDP will cover. For example, Tufts Medicare Preferred PDP 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 PDP 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 PDP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Tufts Medicare Preferred PDP 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 PDP to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Tufts Medicare Preferred PDP 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 PDP 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 PDP. 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 PDP.
- You can ask Tufts Medicare Preferred PDP 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 PDP Formulary?**

You can ask Tufts Medicare Preferred PDP 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 PDP 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 PDP 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 PDP prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Tufts Medicare Preferred PDP, 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 PDP Formulary**

The formulary that begins on page 2 provides coverage information about some of the drugs covered by Tufts Medicare Preferred PDP. If you have trouble finding your drug in the list, turn to the Index that begins on page 72.

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., *omeprazole*).

The information in the Requirements/Limits column tells you if Tufts Medicare Preferred PDP 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. Drugs that are determined to be Part B are not covered under the Tufts Medicare Preferred PDP.

### **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.

### **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 PDP 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 PDP for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process.

**Tufts Medicare Preferred PDP  
Group Retiree 2012 Formulary**

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## Tufts Medicare Preferred PDP Group Retiree 2012 Formulary

<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
8-MOP	Tier 2	
<i>a-hydrocort</i>	Tier 1	* Part B
<i>a-methapred</i>	Tier 1	* Part B
ABSTRAL	Tier 3	QL (32 EA per 30 day(s))
<i>acetic acid</i>	Tier 1	
<i>acticin</i>	Tier 1	
ACULAR	Tier 3	
<i>afeditab cr</i>	Tier 1	
<i>ak-con</i>	Tier 1	
<i>ala-cort</i>	Tier 1	
ALA-SCALP	Tier 3	
<i>albuterol sulfate</i>	Tier 1	
ALCAINE	Tier 3	
<i>alclometasone</i>	Tier 1	
AMINOSYN 8.5 %-ELECTROLYTES	Tier 2	
AMINOSYN II 3.5 %-DEXTROSE 25%	Tier 2	
AMINOSYN II 3.5% M/DEXTROSE 5%	Tier 2	
AMINOSYN-PF 7 % (SULFITE-FREE)	Tier 2	
AMITIZA	Tier 2	
<i>amitriptyline-chlordiazepoxide</i>	Tier 1	
ANDROID	Tier 3	
ANUSOL-HC	Tier 3	

**B/D:** Medicare Part B or D \ **EC:** Enhanced Coverage Drug \ **HI:** Home Infusion Drug \ **LA:** Limited Access Drug \ **PA:** Prior Authorization Required \ **QL:** Quantity Limit Applies \ **STPA:** Step Therapy Applies

\* Part B Drug - This drug is considered to be Part B and not covered under the Tufts Medicare Preferred PDP. Please contact your medical carrier for coverage details.

<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>apraclonidine</i>	Tier 1	
<i>aranelle (28)</i>	Tier 1	
ARAVA	Tier 3	
AZASAN	Tier 3	B/D; * Part B
BESIVANCE	Tier 3	
BILTRICIDE	Tier 3	
<i>cabergoline</i>	Tier 1	
CANTIL	Tier 3	
CAPEX	Tier 3	
CARAC	Tier 2	
CARAFATE	Tier 3	
CARMOL HC	Tier 3	
CHEMET	Tier 3	
<i>ciclopirox</i>	Tier 1	
<i>claravis</i>	Tier 1	
<i>clindamycin phosphate</i>	Tier 1	
<i>clindamycin-benzoyl peroxide</i>	Tier 1	
CLODERM	Tier 3	
<i>co-gesic</i>	Tier 1	
COLY-MYCIN S	Tier 3	
COLYTE WITH FLAVOR PACKS	Tier 3	
CORDRAN	Tier 3	
CORTENEMA	Tier 3	
CORTIFOAM	Tier 3	
CYSTAGON	Tier 3	
DALIRESP	Tier 3	
DELATESTRYL	Tier 3	
DELESTROGEN	Tier 2	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>depade</i>	Tier 1	
DEPEN TITRATABS	Tier 2	
DEPO-ESTRADIOL	Tier 2	* Part B
DEPO-MEDROL	Tier 2	* Part B
DEPO-PROVERA	Tier 2	* Part B
DEPO-SUBQ PROVERA 104	Tier 2	* Part B
DERMA-SMOOTHIE/FS BODY OIL	Tier 3	
DERMATOP	Tier 3	
<i>desmopressin</i>	Tier 1	
<i>dexamethasone sodium phosphate</i>	Tier 1	
<i>dihydrocode-acetaminophen-caff</i>	Tier 1	
DOVONEX	Tier 2	
<i>duramorph (pf)</i>	Tier 1	* Part B
EFFIENT	Tier 3	
ELLA	Tier 3	
ELMIRON	Tier 3	
ENJUVA	Tier 3	
<i>epinastine</i>	Tier 1	
ERGOMAR	Tier 3	
<i>ergotamine-caffeine</i>	Tier 1	
ERTACZO	Tier 3	
<i>erythromycin with ethanol</i>	Tier 1	
ESTRACE VAGL	Tier 2	
EVAMIST	Tier 3	
EVOXAC	Tier 2	
EXELDERM	Tier 3	
FEMHRT 1/5	Tier 3	
FIRMAGON	Tier 2	* Part B

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>fluocinolone</i>	Tier 1	
<i>fluorouracil</i>	Tier 1	
<i>galantamine</i>	Tier 1	
GENOTROPIN	Tier 2	
GENOTROPIN MINIQUICK	Tier 2	
<i>glycopyrrolate oral</i>	Tier 1	
HALOG	Tier 3	
HYCET	Tier 3	
<i>ibuprofen-oxycodone</i>	Tier 1	
IMURAN	Tier 3	B/D; * Part B
INFUMORPH P/F	Tier 2	* Part B
INTUNIV ER	Tier 3	QL (90 EA per 90 day(s))
<i>isonarif</i>	Tier 1	
K-TAB	Tier 3	
KAYEXALATE	Tier 3	
<i>ketoprofen</i>	Tier 1	
<i>kionex</i>	Tier 1	
LACRISERT	Tier 3	
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	
<i>levorphanol tartrate</i>	Tier 1	
<i>lidocaine hcl</i>	Tier 1	
<i>lokara</i>	Tier 1	
LOTEMAX	Tier 3	
LUFYLLIN	Tier 3	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>margesic-h</i>	Tier 1	
MAXIDEX	Tier 3	
<i>mefenamic acid</i>	Tier 1	
MENTAX	Tier 3	
METHITEST	Tier 3	
<i>methyclothiazide</i>	Tier 1	
<i>miconazole-3</i>	Tier 1	
MIGERGOT	Tier 2	
MILLIPRED	Tier 3	* Part B
<i>morphine concentrate</i>	Tier 1	
MOZOBIL	Tier 2	* Part B
MS CONTIN	Tier 3	QL (90 EA per 30 day(s))
NEBUPENT	Tier 3	* Part B
<i>neomycin</i>	Tier 1	
<i>niacor</i>	Tier 1	
NITROMIST	Tier 3	
NUEDEXTA	Tier 2	
NUTROPIN AQ	Tier 2	
OSMOPREP	Tier 3	
<i>pedi-dri</i>	Tier 1	
<i>penicillin v potassium</i>	Tier 1	
<i>pentazocine-acetaminophen</i>	Tier 1	
<i>polyethylene glycol 3350</i>	Tier 1	
<i>potassium chloride</i>	Tier 1	
PRED FORTE	Tier 3	
<i>prednicarbate</i>	Tier 1	
<i>primaquine</i>	Tier 1	
<i>procto-pak</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
PROCTOCORT	Tier 3	
<i>proctosol hc</i>	Tier 1	
<i>proctozone-hc</i>	Tier 1	
PROGRAF IV	Tier 2	* Part B
PROGRAF ORAL	Tier 3	* Part B
<i>propranolol oral</i>	Tier 1	
PURINETHOL	Tier 3	
QUALAQUIN	Tier 3	
<i>reserpine</i>	Tier 1	
RETIN-A	Tier 3	
REVATIO	Tier 2	* Part B
ROCALTROL	Tier 3	
<i>selenium sulfide</i>	Tier 1	
SFROWASA	Tier 3	
SIMULECT	Tier 2	* Part B
SOLU-CORTEF (PF)	Tier 3	* Part B
SOLU-MEDROL	Tier 3	* Part B
SOLU-MEDROL (PF)	Tier 3	* Part B
<i>stagesic</i>	Tier 1	
STIMATE	Tier 3	
STROMECTOL	Tier 3	
<i>sulfacetamide-prednisolone</i>	Tier 1	
SULFAMYLON	Tier 3	
SUPREP	Tier 3	
TEMOVATE	Tier 3	
THALITONE	Tier 3	
<i>timolol maleate</i>	Tier 1	
<i>tis-u-sol</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
TOBRADEX ST	Tier 3	
<i>tolazamide</i>	Tier 1	
<i>tolbutamide</i>	Tier 1	
TOPICORT TOPICAL CREAM	Tier 3	
TOPICORT TOPICAL GEL	Tier 3	
TRADJENTA	Tier 3	
TRETIN-X	Tier 3	
TRETIN-X (GEL)	Tier 3	
<i>triderm</i>	Tier 1	
<i>u-cort</i>	Tier 1	
ULESFIA	Tier 3	
ULTRAVATE	Tier 3	
<i>vandazole</i>	Tier 1	
VERIPRED 20	Tier 3	
VIBATIV	Tier 2	* Part B
VISICOL	Tier 3	
VIVITROL	Tier 3	* Part B
WELCHOL	Tier 3	
WESTCORT	Tier 3	
<i>zazole</i>	Tier 1	
ZYDONE	Tier 3	
<b>ANTI-INFECTIVES AND INFECTIOUS DISEASE</b>		
<b>ANTI-INFECTIVES, MISCELLANEOUS</b>		
ALBENZA	Tier 3	
ALINIA	Tier 3	
<i>mebendazole</i>	Tier 1	
<i>methenamine hippurate</i>	Tier 1	
<i>metronidazole</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
MONUROL	Tier 3	
PRIMSOL	Tier 2	
<i>trimethoprim</i>	Tier 1	
VANCOCIN	Tier 2	
<i>vancomycin iv</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	
<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))

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<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 2	
DARAPRIM	Tier 2	
<i>hydroxychloroquine</i>	Tier 1	
<i>mefloquine</i>	Tier 1	
MEPRON	Tier 2	
<i>paromomycin</i>	Tier 1	
<b>ANTIVIRALS</b>		
<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	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
FUZEON	Tier 2	
<i>ganciclovir</i>	Tier 1	
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	
<i>lamivudine-zidovudine</i>	Tier 1	
LEXIVA	Tier 2	
<i>megestrol</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	
<i>ribapak dose pack</i>	Tier 1	
<i>ribasphere</i>	Tier 1	
<i>ribavirin</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<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	
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	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
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	
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
<i>e.e.s. 400</i>	Tier 1	
E.E.S. GRANULES	Tier 3	
ERY-TAB	Tier 3	
<i>eryped 200</i>	Tier 1	
<i>eryped 400</i>	Tier 1	
<i>erythrocin stearate</i>	Tier 1	
<i>erythromycin</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<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	
<i>isoniazid</i>	Tier 1	
MYCOBUTIN	Tier 2	
PASER	Tier 3	
PRIFTIN	Tier 2	
<i>pyrazinamide</i>	Tier 1	
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 oral</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	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>doxycycline hyclate capsule</i>	Tier 1	
<i>doxycycline hyclate capsule, delayed release</i>	Tier 1	
<i>doxycycline hyclate tablet</i>	Tier 1	
<i>doxycycline hyclate tablet, delayed release 100 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate</i>	Tier 1	
<i>minocycline</i>	Tier 1	
<i>tetracycline</i>	Tier 1	
VIBRAMYCIN SYRUP	Tier 3	
<b>BLOOD THINNERS AND BLOOD MODIFYING AGENTS</b>		
<b>ANTIPLATELET THERAPY</b>		
AGGRENOX	Tier 3	
<i>dipyridamole</i>	Tier 1	
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	
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	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
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	
<i>jantoven</i>	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
<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	* Part B
<b>CANCER DRUGS</b>		
<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

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>amifostine crystalline</i>	Tier 1	* Part B
ARRANON	Tier 2	* Part B
ARZERRA	Tier 2	* 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
<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
<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

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</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
FLUDARA	Tier 2	* Part B
<i>fludarabine</i>	Tier 1	* Part B
<i>gemcitabine iv</i>	Tier 1	* Part B
<i>gemcitabine iv solution</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
LEUSTATIN	Tier 2	* Part B
<i>melphalan</i>	Tier 1	* Part B

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</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	* Part B
SYLATRON	Tier 2	PA; * Part B; 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
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

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</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))
<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	
DROXIA	Tier 3	
EMCYT	Tier 2	
<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	
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	
MATULANE	Tier 2	
<i>mercaptopurine</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
NEXAVAR	Tier 2	PA; QL (220 EA per 30 day(s))
NILANDRON	Tier 2	
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	
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
THALOMID	Tier 2	
<i>tretinoin (chemotherapy)</i>	Tier 1	
TRISENOX	Tier 2	
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	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
MESNEX	Tier 3	
ZINECARD	Tier 3	* Part B
<b>TOPICAL</b>		
TARGRETIN	Tier 2	
<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	
<i>minitran</i>	Tier 1	
NITRO-BID	Tier 3	
NITRO-DUR	Tier 3	
<i>nitroglycerin</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
NITROLINGUAL	Tier 3	
NITROSTAT	Tier 2	
RANEXA	Tier 2	
<b>ANGIOTENSIN II RECEPTOR BLOCKERS</b>		
AVAPRO	Tier 3	
BENICAR	Tier 2	
DIOVAN	Tier 2	
<i>eprosartan</i>	Tier 1	
<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	
<i>sorine</i>	Tier 1	
<i>sotalol oral</i>	Tier 1	
TIKOSYN	Tier 2	
<b>ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS</b>		
<i>amlodipine-benazepril</i>	Tier 2	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>atenolol-chlorthalidone</i>	Tier 1	
AVALIDE	Tier 3	
AZOR	Tier 3	
<i>benazepril-hydrochlorothiazide</i>	Tier 1	
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	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<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	
<b>LEVATOL</b>	Tier 3	
<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>		
<i>amlodipine</i>	Tier 1	
<i>cartia xt</i>	Tier 1	
<b>COVERA-HS</b>	Tier 3	
<i>dilt-cd</i>	Tier 1	
<i>dilt-xr</i>	Tier 1	
<i>diltiazem hcl</i>	Tier 1	
<i>diltzac er</i>	Tier 1	
<b>DYNACIRC CR</b>	Tier 3	
<i>felodipine</i>	Tier 1	
<i>isradipine</i>	Tier 1	
<i>matzim la</i>	Tier 1	
<i>nicardipine oral</i>	Tier 1	
<i>nifediac cc</i>	Tier 1	
<i>nifedical xl</i>	Tier 1	
<i>nifedipine</i>	Tier 1	
<i>nimodipine</i>	Tier 1	

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<i>nisoldipine</i>	Tier 1	
<i>taztia xt</i>	Tier 1	
<i>verapamil oral</i>	Tier 1	
<b>CENTRALLY ACTING AGENTS</b>		
<i>clonidine</i>	Tier 1	
<i>guanfacine</i>	Tier 1	
<i>methyldopa</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>metolazone</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
<i>spironolactone</i>	Tier 1	
<i>toremide</i>	Tier 1	
<i>triamterene-hydrochlorothiazid</i>	Tier 1	
<b>LIPID LOWERING AGENTS</b>		
<b>ADVICOR</b>	Tier 3	
<i>atorvastatin tablet 10 mg, 20 mg</i>	Tier 2	STPA
<i>atorvastatin tablet 40 mg, 80 mg</i>	Tier 2	
<i>cholestyramine light</i>	Tier 1	
<i>colestipol</i>	Tier 1	
<i>fenofibrate</i>	Tier 1	

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<i>fenofibrate micronized</i>	Tier 1	
<i>gemfibrozil</i>	Tier 1	
<i>lovastatin</i>	Tier 1	
LOVAZA	Tier 2	
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>		
<i>klor-con</i>	Tier 1	
<i>klor-con 10</i>	Tier 1	
KLOR-CON M15	Tier 3	
<i>klor-con m20</i>	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	
<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	
<i>curity gauze</i>	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	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
ACTOPLUS MET XR	Tier 3	
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 3	
KOMBIGLYZE XR	Tier 2	
<i>metformin</i>	Tier 1	
<i>nateglinide</i>	Tier 1	
ONGLYZA	Tier 2	
PRANDIMET	Tier 3	
PRANDIN	Tier 3	
RIOMET	Tier 3	
<b>EAR, NOSE AND THROAT</b>		
<b>EAR</b>		
<i>acetazol hc</i>	Tier 1	
CIPRODEX	Tier 2	
CORTISPORIN-TC	Tier 3	
<i>cortomycin</i>	Tier 1	
DERMOTIC OIL	Tier 2	

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<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 tablet</i>	Tier 1	
<i>periogard</i>	Tier 1	
<i>pilocarpine hcl</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 nasl</i>	Tier 1	QL (48 GM per 90 day(s))
<i>hydroxyzine hcl</i>	Tier 1	
<i>hydroxyzine pamoate</i>	Tier 1	
<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))
TYZINE	Tier 3	
<b>ENHANCED COVERED DRUG</b>		
<b>BARBITURATES</b>		
<i>phenobarbital</i>	Tier 1	EC

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<i>phenobarbital tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</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>		
<i>aerohist plus</i>	Tier 1	EC
<i>benzonatate capsule 100 mg</i>	Tier 1	EC
<i>c-phen dm</i>	Tier 1	EC
<i>chlor-mes d</i>	Tier 1	EC
<i>chlordex gp</i>	Tier 1	EC
<i>chlorpheniramine-hydrocodone</i>	Tier 1	EC
<i>chlorpheniramine-phenylephrine</i>	Tier 1	EC
<i>chlorpheniramine-pseudoephed</i>	Tier 1	EC

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<i>codeine-guaiifenesin</i>	Tier 1	EC
<i>cpm-pse dm</i>	Tier 1	EC
<i>de-chlor dm</i>	Tier 1	EC
<i>de-chlor dr</i>	Tier 1	EC
<i>dehistine</i>	Tier 1	EC
<i>endacof-c</i>	Tier 1	EC
<i>entre-s</i>	Tier 1	EC
<i>lexuss 210</i>	Tier 1	EC
<i>pe-hist dm</i>	Tier 1	EC
<b>ERECTILE DYSFUNCTION</b>		
CAVERJECT	Tier 3	EC
CAVERJECT IMPULSE	Tier 3	EC
CIALIS TABLET 10 MG, 20 MG	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>OBESITY MANAGEMENT</b>		
ADIPEX-P CAPSULE	Tier 3	PA; EC
BONTRIL PDM	Tier 3	PA; EC
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

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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>		
<i>b-plex</i>	Tier 1	EC
CEREFOLIN	Tier 3	EC
<i>ergocalciferol (vitamin d2) capsule</i>	Tier 1	EC
<i>ferrex 150 forte</i>	Tier 1	EC
<i>ferrogels forte</i>	Tier 1	EC
<i>folbee</i>	Tier 1	EC
<i>folbic</i>	Tier 1	EC
<i>folcaps</i>	Tier 1	EC
<i>folic acid-vit b6-vit b12 tablet 2.2-25-0.5 mg</i>	Tier 1	EC
FOLTX	Tier 3	EC
NASCOBAL	Tier 2	EC
<i>vitamin d2</i>	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	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
ELESTAT	Tier 3	
EMADINE	Tier 3	
<b>ANTI-INFECTIVES</b>		
AZASITE	Tier 3	QL (2.5 ML per 7 day(s))
<i>bacitracin oph</i>	Tier 1	
<i>bacitracin-polymyxin b</i>	Tier 1	
BLEPHAMIDE	Tier 3	
BLEPHAMIDE S.O.P.	Tier 3	
<i>ciprofloxacin</i>	Tier 1	
<i>erythromycin</i>	Tier 1	
<i>gentak</i>	Tier 1	
<i>gentamicin</i>	Tier 1	
<i>gentasol</i>	Tier 1	
IQUIX	Tier 3	
<i>levofloxacin oph</i>	Tier 1	
MOXEZA	Tier 3	
<i>neomycin-bacitracin-poly-hc</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin</i>	Tier 1	
<i>neomycin-polymyxin-hc</i>	Tier 1	
<i>ofloxacin</i>	Tier 1	
POLY-PRED	Tier 3	
<i>romycin</i>	Tier 1	
<i>sulfacetamide sodium eye drops</i>	Tier 1	
TOBRADEX	Tier 3	
<i>tobramycin eye drops 0.3 %</i>	Tier 1	
<i>tobramycin-dexamethasone</i>	Tier 1	
<i>tobrasol</i>	Tier 1	
<i>trimethoprim-polymyxin b</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
VIGAMOX	Tier 3	QL (3 ML per 10 day(s))
ZYMAR	Tier 2	
<b>ANTI-INFLAMMATORIES</b>		
ALREX	Tier 3	
BROMDAY	Tier 3	
<i>bromfenac</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 ophth</i>	Tier 1	
LOTEMAX	Tier 3	
<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 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	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<b>GLAUCOMA</b>		
<i>acetazolamide</i>	Tier 1	
<i>acetazolamide sodium</i>	Tier 1	
ALPHAGAN P	Tier 3	
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	
<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	
<b>OPHTHALMIC DRUGS, MISCELLANEOUS</b>		
NATACYN	Tier 3	
RESTASIS	Tier 2	PA
<i>tropicamide</i>	Tier 1	

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Drug	Tier	Requirements/Restrictions
<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	B/D; QL (5 ML per 7 day(s))
ANZEMET IV	Tier 2	B/D; QL (10 ML per 7 day(s))
ANZEMET TABLET 100 MG	Tier 2	B/D; QL (5 EA per 7 day(s))
ANZEMET TABLET 50 MG	Tier 2	B/D; QL (3 EA per 7 day(s))
CESAMET	Tier 2	B/D; QL (30 EA per 7 day(s))
<i>compro</i>	Tier 1	
<i>dronabinol</i>	Tier 1	B/D
EMEND CAPSULE 125 MG	Tier 2	B/D; QL (1 EA per 7 day(s))
EMEND CAPSULE 40 MG, 80 MG	Tier 2	B/D; QL (2 EA per 7 day(s))
EMEND CAPSULES IN A DOSE PACK	Tier 2	B/D; QL (3 EA per 7 day(s))
<i>granisetron iv</i>	Tier 1	B/D; QL (40 ML per 7 day(s))
<i>granisetron oral</i>	Tier 1	B/D; QL (10 EA per 7 day(s))
<i>granisetron (pf)</i>	Tier 1	B/D; QL (40 ML per 7 day(s))
GRANISOL	Tier 3	B/D; QL (45 ML per 7 day(s))
<i>meclizine</i>	Tier 1	
<i>metoclopramide hcl</i>	Tier 1	
<i>ondansetron</i>	Tier 1	B/D; QL (12 EA per 7 day(s))
<i>ondansetron hcl oral soln</i>	Tier 1	B/D; QL (150 ML per 7 day(s))
<i>ondansetron hcl tablet 24 mg</i>	Tier 1	B/D; QL (4 EA per 7 day(s))
<i>ondansetron hcl tablet 4 mg, 8 mg</i>	Tier 1	B/D; QL (12 EA per 7 day(s))
<i>ondansetron hcl (pf)</i>	Tier 1	B/D; QL (160 ML per 7 day(s))
<i>prochlorperazine</i>	Tier 1	
<i>prochlorperazine edisylate</i>	Tier 1	

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<i>prochlorperazine maleate</i>	Tier 1	
SANCUSO	Tier 3	B/D; QL (1 EA per 7 day(s))
TRANSDERM-SCOP	Tier 3	
<b>ENZYMES</b>		
BUPHENYL	Tier 2	
CARBAGLU	Tier 2	PA
CREON CAPSULE, DELAYED RELEASE 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 2	
PANCREAZE	Tier 3	
ZENPEP	Tier 3	
<b>GASTROINTESTINAL DRUGS, MISCELLANEOUS</b>		
<i>balsalazide</i>	Tier 1	
CIMZIA	Tier 2	PA; QL (2 EA per 30 day(s))
CIMZIA POWDER FOR RECONST	Tier 2	PA
<i>constulose</i>	Tier 1	
<i>cromolyn</i>	Tier 1	
<i>dicyclomine</i>	Tier 1	
<i>enulose</i>	Tier 1	
GASTROCROM	Tier 3	
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	
<i>propantheline</i>	Tier 1	
<i>trilyte with flavor packets</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
URSO 250	Tier 2	
URSO FORTE	Tier 2	
<i>ursodiol</i>	Tier 1	
<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>budesonide</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
CANASA	Tier 2	
<i>colocort</i>	Tier 1	
DIPENTUM	Tier 2	
ENTOCORT EC	Tier 3	
<i>hydrocortisone</i>	Tier 1	
<i>mesalamine</i>	Tier 1	
PENTASA	Tier 2	
<i>sulfasalazine</i>	Tier 1	
<i>sulfazine ec</i>	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

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>bumetanide</i>	Tier 1	HI
<i>buprenorphine inj</i>	Tier 1	HI
<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
DIFLUCAN IN NAACL (ISO-OSM)	Tier 2	HI
DORIBAX	Tier 2	HI
<i>doxycycline hyclate iv</i>	Tier 1	HI

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
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
INVANZ	Tier 2	HI
<i>kanamycin</i>	Tier 1	HI
KEPPRA	Tier 2	HI
LEVAQUIN IN D5W	Tier 2	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
<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

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
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
PRIMAXIN IM	Tier 2	HI
PRIMAXIN IV	Tier 2	HI
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
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
VISTIDE	Tier 2	HI
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>ELECTROLYTES</b>		
<i>0.45 % nacl-potassium chloride</i>	Tier 1	HI

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>0.9% nacl &amp; potassium chloride</i>	Tier 1	HI
AMINOSYN II 3.5 %/DEXTROSE 5 %	Tier 2	HI
AMINOSYN II 3.5%-LYTES-CA-D25W	Tier 2	HI
AMINOSYN II 4.25%-DEXTROSE 10%	Tier 2	HI
AMINOSYN II 4.25%-LYTES-CA-D25	Tier 2	HI
<i>ammonium chloride</i>	Tier 1	HI
<i>d10 % &amp; 0.45 % sodium 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 %-0.45 % 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 10 % &amp; 0.2 % 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
<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
INTRALIPID	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
<i>lactated ringers iv</i>	Tier 1	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
<i>tpn electrolytes</i>	Tier 1	HI
<b>IV NUTRITION</b>		
AMINOSYN 10 %	Tier 2	B/D; HI
AMINOSYN 3.5 %	Tier 2	B/D; HI
AMINOSYN 5 % (SULFITE-FREE)	Tier 2	B/D; HI

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

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
CLINIMIX E 5%/D25 SULFITE FREE	Tier 2	B/D; HI
CLINISOL SF 15 %	Tier 2	B/D; HI
FREAMINE III 3 %-ELECTROLYTES	Tier 2	B/D; HI
FREAMINE III 8.5 %	Tier 2	B/D; HI
HEPATAMINE 8%	Tier 2	B/D; HI
HEPATASOL 8 %	Tier 2	B/D; HI
NEPHRAMINE 5.4 %	Tier 2	B/D; HI
PREMASOL 10 %	Tier 2	B/D; HI
PREMASOL 6 %	Tier 2	B/D; HI
PROCALAMINE 3%	Tier 2	B/D; HI
PROSOL 20%	Tier 2	B/D; HI
TRAVASOL 10 %	Tier 2	B/D; HI
TROPHAMINE 10 %	Tier 2	B/D; HI
TROPHAMINE 6%	Tier 2	B/D; HI
<b>HORMONES</b>		
<b>ADRENAL CORTICOSTEROIDS</b>		
<i>cortisone</i>	Tier 1	
<i>dexamethasone</i>	Tier 1	
<i>dexamethasone intensol</i>	Tier 1	
<i>dexamethasone sodium phosphate</i>	Tier 1	
<i>dexpak 13 day</i>	Tier 1	
<i>fludrocortisone</i>	Tier 1	
<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	Tier 3	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
ORAPRED	Tier 3	
ORAPRED ODT	Tier 3	
<i>prednisolone sodium phosphate</i>	Tier 1	
<i>prednisone</i>	Tier 1	
PREDNISONO INTENSOL	Tier 3	
<b>ANDROGENS</b>		
ANADROL-50	Tier 3	
ANDRODERM TRANSDERM 24 HR PATCH 2.5 MG/24 HR, 5 MG/24 HR	Tier 3	
ANDROGEL	Tier 2	
ANDROXY	Tier 3	
<i>danazol</i>	Tier 1	
DEPO-TESTOSTERONE	Tier 3	
<i>oxandrolone</i>	Tier 1	
STRIANT	Tier 3	
TESTIM	Tier 2	
<i>testosterone cypionate</i>	Tier 1	
<i>testosterone enanthate</i>	Tier 1	
TESTRED	Tier 3	
<b>GONADOTROPIN RELEASING AGONISTS</b>		
ELIGARD	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

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<b>THYROID REPLACEMENT AND ANTITHYROID AGENTS</b>		
<i>levothroid</i>	Tier 1	
<i>levothyroxine</i>	Tier 1	
<i>levoxyl</i>	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	
<i>unithroid</i>	Tier 1	
<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

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</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	
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	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
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	B/D
<i>cyclosporine</i>	Tier 1	B/D
<i>cyclosporine modified</i>	Tier 1	B/D
<i>gengraf</i>	Tier 1	B/D
<i>mycophenolate mofetil</i>	Tier 1	B/D
MYFORTIC	Tier 3	B/D
NULOJIX	Tier 2	* Part B
RAPAMUNE	Tier 2	B/D
<i>tacrolimus</i>	Tier 1	B/D
ZORTRESS	Tier 2	B/D; 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	* 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))

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
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	B/D
PULMOZYME	Tier 2	B/D
TOBI	Tier 2	B/D
<b>CYSTINURIA</b>		
CYSTADANE	Tier 2	
<b>DETOXIFICATION AGENTS</b>		
ANTIZOL	Tier 2	
EXJADE	Tier 2	
<b>FABRY DISEASE</b>		
FABRAZYME	Tier 2	* Part B
<b>GAUCHER DISEASE</b>		
CEREDASE	Tier 2	* Part B
CEREZYME	Tier 2	* Part B
VPRIV	Tier 2	* Part B
ZAVESCA	Tier 2	PA
<b>GROWTH HORMONE DEFICIENCY</b>		
EGRIFTA	Tier 3	PA
HUMATROPE	Tier 2	PA

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
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
TEV-TROPIN	Tier 2	PA
ZORBTIVE	Tier 2	PA
<b>HEREDITARY ANGIOEDEMA</b>		
CINRYZE	Tier 2	PA; * Part B
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	
ZEMPLAR IV	Tier 2	* Part B
ZEMPLAR ORAL	Tier 2	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<b>MUCOPOLYSACCHARIDOSIS</b>		
ALDURAZYME	Tier 2	* 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))
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	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
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>		
<i>sodium polystyrene (sorb free)</i>	Tier 1	
<b>PULMONARY HYPERTENSION</b>		
ADCIRCA	Tier 2	PA; QL (60 EA per 30 day(s))
LETAIRIS	Tier 2	PA
REVATIO	Tier 2	PA; QL (90 EA per 30 day(s))
TRACLEER	Tier 2	PA; LA
VENTAVIS	Tier 2	B/D; LA
<b>RESPIRATORY SYNCYTIAL VIRUS</b>		
SYNAGIS	Tier 2	* 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	
<i>finasteride</i>	Tier 1	
JALYN	Tier 2	
<i>tamsulosin</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
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
ENABLEX	Tier 3	STPA
<i>flavoxate</i>	Tier 1	
GELNIQUE	Tier 2	
<i>oxybutynin chloride</i>	Tier 1	
OXYTROL	Tier 2	
SAMSCA	Tier 3	QL (14 EA per 7 day(s))
SANCTURA XR	Tier 3	
<i>trospium</i>	Tier 1	
VESICARE	Tier 2	
<b>WILSON'S DISEASE</b>		
CUPRIMINE	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	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<b>MIGRAINE THERAPY</b>		
<i>butalbital-acetaminop-caf-cod</i>	Tier 1	
CAFERGOT	Tier 3	
<i>dihydroergotamine</i>	Tier 1	
MIGRANAL	Tier 3	QL (8 ML per 30 day(s))
<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>carbidopa-levodopa</i>	Tier 1	
COMTAN	Tier 2	
CYCLOSET	Tier 2	
LODOSYN	Tier 2	
MIRAPEX	Tier 3	
MIRAPEX ER TABLET,EXTENDED RELEASE 0.375 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG	Tier 3	
<i>pramipexole</i>	Tier 1	
REQUIP XL TABLET,EXTENDED RELEASE 12 MG	Tier 3	QL (180 EA per 90 day(s))
REQUIP XL TABLET,EXTENDED RELEASE 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	QL (90 EA per 90 day(s))
<i>ropinirole tablet</i>	Tier 1	
<i>selegiline hcl</i>	Tier 1	
STALEVO 100	Tier 2	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
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>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	
<i>epitol</i>	Tier 1	
<i>ethosuximide</i>	Tier 1	
<i>felbamate</i>	Tier 1	
FELBATOL	Tier 2	

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<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	
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	
<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	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
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	
VIMPAT IV	Tier 3	PA
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
ARTHROTEC 50	Tier 3	
ARTHROTEC 75	Tier 3	
<i>azathioprine</i>	Tier 1	B/D
CELEBREX	Tier 3	PA
<i>diclofenac potassium</i>	Tier 1	
<i>diclofenac sodium</i>	Tier 1	

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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	
<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	
KINERET	Tier 2	PA; QL (20.1 ML per 30 day(s))
<i>leflunomide</i>	Tier 1	
<i>meclofenamate</i>	Tier 1	
<i>meloxicam</i>	Tier 1	
<i>methotrexate sodium</i>	Tier 1	
<i>methotrexate sodium (pf)</i>	Tier 1	
<i>nabumetone</i>	Tier 1	
NALFON	Tier 3	
ORENCIA IV	Tier 2	* 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	* Part B
RHEUMATREX	Tier 3	
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	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
TREXALL	Tier 3	
VOLTAREN TOP	Tier 3	QL (200 GM per 1 day(s))
<b>GOUT</b>		
<i>allopurinol</i>	Tier 1	
<i>colchicine-probenecid</i>	Tier 1	
COLCRYS	Tier 2	
<i>probenecid</i>	Tier 1	
ULORIC	Tier 3	STPA
<b>PAIN, NSAID ANALGESICS</b>		
<i>diflunisal</i>	Tier 1	
<i>etodolac</i>	Tier 1	
<i>ibuprofen</i>	Tier 1	
<i>naproxen</i>	Tier 1	
<i>naproxen sodium</i>	Tier 1	
<b>PAIN, OPIOID AND OTHER ANALGESICS</b>		
<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))
<i>endocet</i>	Tier 1	
<i>fentanyl</i>	Tier 1	QL (10 EA per 30 day(s))
<i>fentanyl citrate</i>	Tier 1	QL (120 EA per 30 day(s))

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<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	
KADIAN	Tier 3	QL (60 EA per 30 day(s))
<i>methadone</i>	Tier 1	
<i>methadose</i>	Tier 1	
<i>morphine er capsule, extended release pellets 100 mg, 20 mg, 50 mg, 60 mg, 80 mg</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	
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	
REPREXAIN	Tier 3	
ROXICET	Tier 3	
<i>tramadol</i>	Tier 1	
<i>tramadol-acetaminophen</i>	Tier 1	
XODOL 10/300	Tier 3	

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XODOL 5/300	Tier 3	
XODOL 7.5/300	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>buspirone</i>	Tier 1	
<i>meprobamate</i>	Tier 1	
<b>ATTENTION DEFICIT DISORDER</b>		
<i>amphetamine salt combo</i>	Tier 1	
DAYTRANA	Tier 2	STPA
DESOXYN	Tier 3	
<i>dexmethylphenidate</i>	Tier 1	
<i>dextroamphetamine</i>	Tier 1	
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	
<i>methylin tablet</i>	Tier 1	
<i>methylin er</i>	Tier 1	
<i>methylphenidate</i>	Tier 1	
RITALIN	Tier 3	
RITALIN LA	Tier 3	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
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	
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	
ANAFRANIL	Tier 3	
APLENZIN	Tier 3	STPA
<i>budeprion sr</i>	Tier 1	
<i>budeprion xl</i>	Tier 1	
<i>buproban</i>	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))

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>desipramine</i>	Tier 1	
<i>doxepin</i>	Tier 1	
EFFEXOR XR	Tier 3	STPA
EMSAM	Tier 3	STPA
<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
<i>maprotiline</i>	Tier 1	
MARPLAN	Tier 3	
<i>mirtazapine</i>	Tier 1	
NARDIL	Tier 2	
<i>nefazodone</i>	Tier 1	
NORPRAMIN	Tier 3	
<i>nortriptyline</i>	Tier 1	
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
REMERON	Tier 3	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
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>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 TABLET	Tier 3	STPA
VIVACTIL	Tier 3	
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>		
<i>naloxone</i>	Tier 1	
SUBOXONE SUBLINGUAL FILM	Tier 2	PA; QL (90 EA per 30 day(s))

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
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))
<b>PSYCHOSES</b>		
ABILIFY IM	Tier 2	* Part B
ABILIFY ORAL	Tier 3	
ABILIFY DISCMELT	Tier 3	
<i>chlorpromazine</i>	Tier 1	
<i>clozapine</i>	Tier 1	
CLOZARIL	Tier 3	
FANAPT	Tier 3	
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	Tier 2	* Part B
LATUDA TABLET 40 MG, 80 MG	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	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>perphenazine</i>	Tier 1	
<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	
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	
ZYPREXA	Tier 3	
ZYPREXA ZYDIS	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 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	Tier 1	B/D; QL (1080 ML per 90 day(s))
<i>albuterol sulfate neb solution 5 mg/ml</i>	Tier 1	B/D; 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	B/D; QL (360 ML per 90 day(s))
<i>budesonide</i>	Tier 1	B/D; QL (720 ML per 90 day(s))
COMBIVENT	Tier 2	QL (88.2 GM per 90 day(s))
<i>cromolyn</i>	Tier 1	B/D; QL (720 ML per 90 day(s))
<i>elixophyllin</i>	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	B/D; QL (900 ML per 90 day(s))
<i>ipratropium-albuterol</i>	Tier 1	B/D; QL (1080 ML per 90 day(s))
<i>levalbuterol hcl</i>	Tier 1	B/D; STPA; QL (270 EA per 90 day(s))
MAXAIR AUTOHALER	Tier 3	QL (42 GM per 90 day(s))
<i>metaproterenol</i>	Tier 1	
PERFOROMIST	Tier 2	B/D; 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))
PULMICORT FLEXHALER	Tier 3	QL (6 EA per 90 day(s))
QVAR	Tier 3	QL (52.2 GM per 90 day(s))
SEREVENT DISKUS	Tier 3	QL (180 EA per 90 day(s))
SINGULAIR	Tier 2	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
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	
<i>theochron</i>	Tier 1	
<i>theophylline</i>	Tier 1	
VENTOLIN HFA	Tier 3	QL (48 GM per 30 day(s))
XOPENEX	Tier 3	B/D; STPA; QL (810 ML per 90 day(s))
XOPENEX HFA	Tier 3	QL (90 GM per 90 day(s))
<i>zafirlukast</i>	Tier 1	
<b>RESPIRATORY DRUGS, MISCELLANEOUS</b>		
<i>acetylcysteine</i>	Tier 1	B/D
ARALAST NP	Tier 2	* Part B
GLASSIA	Tier 2	* Part B
PROLASTIN	Tier 2	* Part B
PROLASTIN C	Tier 2	* Part B
XOLAIR	Tier 2	* Part B
ZEMAIRA	Tier 2	* Part B
<b>SKIN</b>		
<b>ACNE ROSACEA</b>		
FINACEA	Tier 2	
METROGEL	Tier 3	
<i>metronidazole</i>	Tier 1	
NORITATE	Tier 2	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<b>ACNE VULGARIS</b>		
<i>adapalene</i>	Tier 1	PA
<i>amnesteem</i>	Tier 1	
ATRALIN	Tier 3	PA
<i>avita</i>	Tier 1	PA
AZELEX	Tier 3	
BENZAACLIN PUMP	Tier 3	
BENZAMYCIN	Tier 3	
<i>clindamycin phosphate</i>	Tier 1	
DIFFERIN	Tier 3	PA
<i>ery pads</i>	Tier 1	
<i>erythromycin with ethanol</i>	Tier 1	
<i>erythromycin-benzoyl peroxide</i>	Tier 1	
RETIN-A MICRO	Tier 3	PA
<i>sotret</i>	Tier 1	
<i>tretinoin</i>	Tier 1	PA
<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	
<i>ssd</i>	Tier 1	
<b>CORTICOSTEROIDS, TOPICAL</b>		
<i>betamethasone dipropionate</i>	Tier 1	
<i>betamethasone valerate</i>	Tier 1	
<i>betamethasone, augmented</i>	Tier 1	

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<i>clobetasol</i>	Tier 1	
<i>clobetasol-emollient</i>	Tier 1	
CLOBEX	Tier 3	
CORDRAN	Tier 3	
CORDRAN SP	Tier 3	
<i>desonide</i>	Tier 1	
<i>desoximetasone</i>	Tier 2	
<i>diflorasone</i>	Tier 1	
<i>fluocinolone</i>	Tier 1	
<i>fluocinonide</i>	Tier 1	
<i>fluocinonide-e</i>	Tier 1	
<i>fluticasone ointment</i>	Tier 1	
<i>fluticasone topical cream</i>	Tier 1	
<i>halobetasol propionate</i>	Tier 1	
<i>hydrocortisone</i>	Tier 1	
<i>hydrocortisone butyrate</i>	Tier 1	
<i>hydrocortisone valerate</i>	Tier 1	
KENALOG	Tier 3	
LOCOID LIPOCREAM	Tier 3	
LUXIQ	Tier 3	
<i>mometasone</i>	Tier 1	
PANDEL	Tier 3	
<i>triamcinolone acetonide</i>	Tier 1	
VANOS	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	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>clotrimazole</i>	Tier 1	
<i>clotrimazole-betamethasone</i>	Tier 1	
<i>econazole</i>	Tier 1	
<i>ketoconazole</i>	Tier 1	
LOPROX SHAMPOO	Tier 3	
<i>nyamyc</i>	Tier 1	
<i>nystatin</i>	Tier 1	
<i>nystatin-triamcinolone</i>	Tier 1	
<i>nystop</i>	Tier 1	
OXISTAT	Tier 2	
<b>PSORIASIS AND SEBORRHEA</b>		
AMEVIVE	Tier 2	* Part B
<i>calcipotriene</i>	Tier 1	
SORIATANE	Tier 2	
STELARA	Tier 2	* Part B
TAZORAC	Tier 2	PA
<b>SCABIES AND PEDICULOSIS</b>		
EURAX	Tier 2	
<i>lindane</i>	Tier 1	
<i>malathion</i>	Tier 1	
<i>permethrin</i>	Tier 1	
<b>TOPICAL, MISCELLANEOUS</b>		
<i>ammonium lactate</i>	Tier 1	
ELIDEL	Tier 3	STPA
FLUOROPLEX	Tier 2	
<i>fluorouracil</i>	Tier 1	* Part B
<i>laclotion</i>	Tier 1	
<i>lidocaine</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>lidocaine (pf)</i>	Tier 1	
<i>lidocaine hcl</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	
<i>proctocream-hc</i>	Tier 1	
PROTOPIC	Tier 3	STPA
REGRANEX	Tier 2	
SANTYL	Tier 2	
<i>sodium chloride</i>	Tier 1	
SOLARAZE	Tier 2	
<i>sulfacetamide sodium (acne)</i>	Tier 1	
SYNERA	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>		
<i>amethia</i>	Tier 1	
<i>amethyst</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>apri</i>	Tier 1	
<i>aviane</i>	Tier 1	
<i>balziva (28)</i>	Tier 1	
BEYAZ	Tier 3	
<i>briellyn</i>	Tier 1	
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<i>cesia</i>	Tier 1	
<i>emoquette</i>	Tier 1	
<i>errin</i>	Tier 1	
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<i>introvale</i>	Tier 1	
<i>jinteli</i>	Tier 1	
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<i>junel 1/20 (21)</i>	Tier 1	
<i>junel fe 1.5/30 (28)</i>	Tier 1	
<i>junel fe 1/20 (28)</i>	Tier 1	
<i>kariva</i>	Tier 1	
<i>kelnor 1/35 (28)</i>	Tier 1	
<i>leena 28</i>	Tier 1	
<i>lessina</i>	Tier 1	
<i>levora-28</i>	Tier 1	
LO LOESTRIN FE	Tier 3	
LOSEASONIQUE	Tier 3	
<i>low-ogestrel (28)</i>	Tier 1	
LYBREL	Tier 3	
<i>microgestin 1.5/30 (21)</i>	Tier 1	
<i>microgestin 1/20 (21)</i>	Tier 1	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
<i>microgestin fe 1.5/30 (28)</i>	Tier 1	
<i>microgestin fe 1/20 (28)</i>	Tier 1	
<i>necon 0.5/35 (28)</i>	Tier 1	
<i>necon 1/35 (28)</i>	Tier 1	
NECON 10/11 (28)	Tier 3	
<i>necon 7/7/7 (28)</i>	Tier 1	
<i>nortrel 0.5/35 (28)</i>	Tier 1	
<i>nortrel 1/35 (21)</i>	Tier 1	
<i>nortrel 1/35 (28)</i>	Tier 1	
<i>nortrel 7/7/7 (28)</i>	Tier 1	
NUVARING	Tier 3	
<i>orsythia</i>	Tier 1	
ORTHO EVRA	Tier 3	
ORTHO TRI-CYCLEN (28)	Tier 3	
OVCON-50 (28)	Tier 3	
<i>portia</i>	Tier 1	
<i>quasense</i>	Tier 1	
SAFYRAL	Tier 3	
SEASONIQUE	Tier 3	
<i>tri-previfem (28)</i>	Tier 1	
<i>tri-sprintec (28)</i>	Tier 1	
<i>trinessa (28)</i>	Tier 1	
<i>trivora (28)</i>	Tier 1	
<i>velivet</i>	Tier 1	
<i>vestura</i>	Tier 1	
ZEOSA	Tier 3	
<i>zovia 1/35e (28)</i>	Tier 1	
<i>zovia 1/50e (28)</i>	Tier 1	

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Drug	Tier	Requirements/Restrictions
<b>MENOPAUSAL SYMPTOMS/OSTEOPOROSIS</b>		
ACTONEL	Tier 3	STPA
<i>alendronate</i>	Tier 1	
ALORA	Tier 3	
ANGELIQ	Tier 3	
BONIVA	Tier 3	STPA
<i>calcitonin (salmon)</i>	Tier 1	
CENESTIN	Tier 3	
CLIMARA PRO	Tier 3	
COMBIPATCH	Tier 3	
CRINONE VAGINAL GEL 8 %	Tier 2	
DIVIGEL	Tier 3	
ELESTRIN	Tier 3	
ENJUVA	Tier 3	
ESTRADERM	Tier 2	
<i>estradiol</i>	Tier 1	
<i>estradiol valerate</i>	Tier 1	
ESTRING	Tier 2	
<i>estropipate</i>	Tier 1	
EVISTA	Tier 2	
FEMHRT LOW DOSE	Tier 3	
FEMRING	Tier 2	
FEMTRACE	Tier 3	
FORTEO	Tier 2	PA
FORTICAL	Tier 3	
FOSAMAX ORAL SOLN	Tier 2	
<i>medroxyprogesterone oral</i>	Tier 1	
MENEST	Tier 3	

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<b>Drug</b>	<b>Tier</b>	<b>Requirements/Restrictions</b>
MENOSTAR	Tier 3	
<i>methylergonovine</i>	Tier 1	
MIACALCIN INJ	Tier 2	
<i>nora-be</i>	Tier 1	
<i>norethindrone acetate</i>	Tier 1	
<i>ortho-est 0.625</i>	Tier 1	
<i>ortho-est 1.25</i>	Tier 1	
<i>pamidronate</i>	Tier 1	* Part B
PREMARIN	Tier 3	
PREMPHASE	Tier 3	
PREMPRO	Tier 3	
PROLIA	Tier 2	PA; * Part B
PROMETRIUM	Tier 3	
RECLAST	Tier 2	* Part B
SARAFEM	Tier 3	STPA
<i>selfemra</i>	Tier 1	
VAGIFEM	Tier 2	
VIVELLE-DOT	Tier 2	
XGEVA	Tier 2	PA; * Part B
ZOMETA IV 4 MG/100 ML, 4 MG/5 ML	Tier 2	* Part B
<b>PRENATAL VITAMINS</b>		
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<b>VAGINAL INFECTIONS</b>		
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CLINDESSE	Tier 3	
<i>fluconazole</i>	Tier 1	
<i>metronidazole</i>	Tier 1	
<i>terconazole</i>	Tier 1	

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CLINIMIX E 4.25/D5 SULFITEFREE .....	47	COLYTE WITH FLAVOR PACKS .....	3	CUPRIMINE .....	57
CLINIMIX E 5%/D15 SULFITE FREE .....	47	COMBIGAN .....	37	<i>curity gauze</i> .....	28
CLINIMIX E 5%/D20 SULFITE FREE .....	47	COMBIPATCH .....	79	<i>cyclobenzaprine</i> .....	61
CLINIMIX E 5%/D25 SULFITE FREE .....	48	COMBIVENT .....	71	<i>cyclophosphamide</i> .....	20
CLINISOL SF 15 % .....	48	COMBIVIR .....	10	CYCLOSET .....	58
<i>clobetasol</i> .....	74	COMPLERA .....	10	<i>cyclosporine</i> .....	42
<i>clobetasol-emollient</i> .....	74	<i>compro</i> .....	38	<i>cyclosporine</i> .....	52
CLOBEX .....	74	COMTAN .....	58	<i>cyclosporine modified</i> .....	52
CLODERM .....	3	COMVAX (PF) .....	50	CYKLOKAPRON .....	16
CLOLAR .....	17	CONDYLOX .....	76	CYMBALTA 20 MG, 30 MG .....	66
<i>clomipramine</i> .....	66	<i>constulose</i> .....	39	CYMBALTA 60 MG .....	66
<i>clonazepam</i> .....	32	COPAXONE .....	55	CYSTADANE .....	53
<i>clonidine</i> .....	26	COPEGUS .....	10	CYSTAGON .....	3
<i>clorazepate dipotassium</i> .....	32	CORDRAN .....	3	<i>cytarabine</i> .....	17
CLORPRES .....	24	CORDRAN .....	74	<i>cytarabine (pf)</i> .....	17
<i>clotrimazole</i> .....	9	CORDRAN SP .....	74	<i>d10 % &amp; 0.45 % sodium chloride</i> .....	45
<i>clotrimazole-betamethasone</i> .....	75	COREG CR .....	24	<i>d10-0.2 % nacl &amp; potassium cl</i> .....	45
<i>clozapine</i> .....	69	CORTENEMA .....	3	<i>d2.5 %-0.45 % sodium chloride</i> .....	45
CLOZARIL .....	69	CORTIFOAM .....	3	<i>d5 % and 0.9 % sodium chloride</i> .....	45
COARTEM .....	10	<i>cortisone</i> .....	48	<i>d5 %-0.45 % sodium chloride</i> .....	45
<i>codeine sulfate</i> .....	63	CORTISPORIN .....	73	<i>d5 in 0.45%nacl &amp; potassium cl</i> .....	45
<i>codeine-guaifenesin</i> .....	33	CORTISPORIN-TC .....	30	<i>d5-0.225 % nacl and kcl</i> .....	45
		<i>cortomycin</i> .....	30	<i>d5-0.3 % nacl &amp; potassium chl</i> .....	45
		COSMEGEN .....	17		
		COUMADIN .....	16		
		COVERA-HS .....	25		
		<i>c-phen dm</i> .....	32		
		<i>cpm-pse dm</i> .....	33		

<i>d5-0.9%nacl-potassium chloride</i>	DERMA-SMOOTH/FS BODY OIL	<i>didanosine</i>	10
.....	.....	<i>diethylpropion</i>	33
<i>d5-lr with potassium chloride</i>	DERMATOP	DIFFERIN	73
.....	.....	DIFICID	13
<i>d5w with potassium chloride</i>	DERMOTIC OIL	<i>diflorasone</i>	74
.....	.....	DIFLUCAN IN NAACL (ISO-OSM)	42
<i>dacarbazine</i>	<i>desipramine</i>	<i>diflunisal</i>	63
.....	.....	<i>digoxin</i>	23
DACOGEN	<i>desmopressin</i>	<i>dihydrocode-acetaminophen-caff</i>	4
.....	.....	.....	4
DALIRESP	<i>desmopressin</i>	<i>dihydroergotamine</i>	58
.....	.....	DILANTIN	59
<i>danazol</i>	<i>desonide</i>	DILANTIN EXTENDED	59
.....	.....	DILANTIN INFATABS	59
<i>dantrolene</i>	<i>desoximetasone</i>	DILANTIN-125	59
.....	.....	DILAUDID-5	63
<i>dapsone</i>	DESOXYN	DILAUDID-HP (PF)	63
.....	.....	<i>dilt-cd</i>	25
DAPTACEL (PEDIATRIC) (PF)	DETROL	<i>diltiazem hcl</i>	25
.....	.....	<i>dilt-xr</i>	25
DARAPRIM	DETROL LA	<i>diltzac er</i>	25
.....	.....	DIOVAN	23
<i>daunorubicin</i>	<i>dexamethasone</i>	DIOVAN HCT	24
.....	.....	DIPENTUM	41
DAUNOXOME	<i>dexamethasone intensol</i>	<i>diphenhydramine hcl</i>	31
.....	.....	<i>diphenoxylate-atropine</i>	38
DAYTRANA	<i>dexamethasone sodium phosphate</i>	<i>dipyridamole</i>	15
.....	.....	<i>disopyramide</i>	23
DECAVAC (PF)	<i>dexamethasone sodium phosphate</i>	<i>disulfiram</i>	65
.....	.....	<i>divalproex</i>	59
<i>de-chlor dm</i>	<i>dexmethylphenidate</i>	DIVIGEL	79
.....	.....	DOCEFREZ	17
<i>de-chlor dr</i>	<i>dexpak 13 day</i>	<i>docetaxel</i>	17
.....	.....	<i>donepezil</i>	57
<i>dehistine</i>	<i>dextrazoxane</i>	DORAL	32
.....	.....	DORIBAX	42
DELATESTRYL	<i>dextroamphetamine</i>	<i>dorzolamide</i>	37
.....	.....	<i>dorzolamide-timolol</i>	37
DELESTROGEN	<i>dextrose 10 % &amp; 0.2 % nacl</i>		
.....	.....		
<i>demeclocycline</i>	<i>dextrose 10% in water (d10w)</i>		
.....	.....		
DENAVIR	<i>dextrose 5% in water (d5w)</i>		
.....	.....		
DEPACON	<i>dextrose 5%-0.2 % sod chloride</i>		
.....	.....		
<i>depade</i>	.....		
.....	<i>dextrose 5%-0.3 % sod.chloride</i>		
DEPAKENE	.....		
.....	<i>dextrose 5%-lactated ringers</i>		
DEPAKOTE	.....		
.....	.....		
DEPAKOTE ER	DIASTAT		
.....	.....		
DEPAKOTE SPRINKLES	DIASTAT ACUDIAL 5-7.5-10 MG		
.....	.....		
DEPEN TITRATABS	<i>diclofenac potassium</i>		
.....	.....		
DEPO-ESTRADIOL	<i>diclofenac sodium</i>		
.....	.....		
DEPO-MEDROL	<i>diclofenac sodium</i>		
.....	.....		
DEPO-PROVERA	<i>dicloxacillin</i>		
.....	.....		
DEPO-SUBQ PROVERA 104	<i>dicyclomine</i>		
.....	.....		
.....			
DEPO-TESTOSTERONE			
.....			

DOVONEX .....	4	EMCYT .....	20	ERBITUX .....	18
<i>doxazosin</i> .....	22	EMEND .....	38	<i>ergocalciferol (vitamin d2)</i> .....	34
<i>doxepin</i> .....	67	EMEND 125 MG .....	38	<i>ergoloid</i> .....	57
DOXIL .....	17	EMEND 40 MG, 80 MG .....	38	ERGOMAR .....	4
<i>doxorubicin</i> .....	17	<i>emoquette</i> .....	77	<i>ergotamine-caffeine</i> .....	4
<i>doxycycline hyclate</i> .....	15	EMSAM .....	67	<i>errin</i> .....	77
<i>doxycycline hyclate</i> .....	31	EMTRIVA .....	10	ERTACZO .....	4
<i>doxycycline hyclate</i> .....	42	ENABLEX .....	57	<i>ery pads</i> .....	73
<i>doxycycline hyclate 100 mg, 75</i>		<i>enalapril maleate</i> .....	22	<i>eryped 200</i> .....	13
<i>mg</i> .....	15	<i>enalapril-hydrochlorothiazide</i>		<i>eryped 400</i> .....	13
<i>doxycycline monohydrate</i> .....	15	.....	24	ERY-TAB .....	13
<i>dronabinol</i> .....	38	ENBREL .....	62	ERYTHROCIN .....	43
DROXIA .....	20	ENBREL 25 MG/0.5ML		<i>erythrocin stearate</i> .....	13
DUETACT .....	30	(0.51) .....	62	<i>erythromycin</i> .....	13
<i>duramorph (pf)</i> .....	4	ENBREL 50 MG/ML (0.98		<i>erythromycin</i> .....	35
DYNACIRC CR .....	25	ML) .....	62	<i>erythromycin ethylsuccinate</i> .....	14
<i>e.e.s. 400</i> .....	13	<i>endacof-c</i> .....	33	<i>erythromycin with ethanol</i> .....	4
E.E.S. GRANULES .....	13	<i>endocet</i> .....	63	<i>erythromycin with ethanol</i> .....	73
<i>econazole</i> .....	75	ENGERIX-B (PF) .....	50	<i>erythromycin-benzoyl peroxide</i>	
EDEX .....	33	ENJUVIA .....	4	.....	73
EDURANT .....	10	ENJUVIA .....	79	<i>erythromycin-sulfisoxazole</i> .....	14
EFFEXOR XR .....	67	<i>enoxaparin</i> .....	16	<i>estazolam</i> .....	32
EFFIENT .....	4	ENTOCORT EC .....	41	ESTRACE .....	4
EGRIFTA .....	53	<i>entre-s</i> .....	33	ESTRADERM .....	79
ELAPRASE .....	55	<i>enulose</i> .....	39	<i>estradiol</i> .....	79
<i>electrolyte-48 in d5w</i> .....	45	<i>epinastine</i> .....	4	<i>estradiol valerate</i> .....	79
ELESTAT .....	35	<i>epinephrine hcl</i> .....	52	ESTRING .....	79
ELESTRIN .....	79	EPIPEN .....	52	<i>estropipate</i> .....	79
ELIDEL .....	75	EPIPEN JR .....	53	<i>ethambutol</i> .....	14
ELIGARD .....	49	<i>epirubicin</i> .....	18	<i>ethosuximide</i> .....	59
ELITEK .....	17	<i>epitol</i> .....	59	ETHYOL .....	18
<i>elixophyllin</i> .....	71	EPIVIR .....	10	<i>etidronate disodium</i> .....	55
ELLA .....	4	EPIVIR HBV .....	10	<i>etodolac</i> .....	63
ELLENCÉ .....	17	<i>eplerenone</i> .....	27	ETOPOPHOS .....	18
ELMIRON .....	4	EPOGEN .....	15	<i>etoposide</i> .....	18
ELOXATIN .....	18	<i>eprosartan</i> .....	23	EURAX .....	75
ELSPAR .....	18	EPZICOM .....	10	EVAMIST .....	4
EMADINE .....	35	EQUETRO .....	66	EVISTA .....	79
EMBEDA .....	63	ERAXIS(WATER DILUENT)		EVOXAC .....	4
		.....	43		

EXELDERM .....	4	FLOVENT HFA 110		<i>folic acid-vit b6-vit b12</i>	
EXELON .....	57	MCG/ACTUATION, 220		2.2-25-0.5 mg.....	34
<i>exemestane</i> .....	20	MCG/ACTUATION.....	71	FOLLISTIM AQ .....	34
EXFORGE .....	24	FLOVENT HFA 44		FOLTX .....	34
EXFORGE HCT .....	24	MCG/ACTUATION.....	71	<i>fondaparinux</i> .....	16
EXJADE .....	53	<i>fluconazole</i> .....	9	FORADIL AEROLIZER .....	71
EXTAVIA .....	55	<i>fluconazole</i> .....	80	FORTAZ .....	43
FABRAZYME .....	53	<i>fluconazole in dextrose(iso-o)</i>		FORTAZ IN D5W .....	43
<i>famciclovir</i> .....	10	.....	43	FORTEO .....	79
<i>famotidine</i> .....	40	<i>flucytosine</i> .....	9	FORTICAL .....	79
FANAPT .....	69	FLUDARA .....	18	FOSAMAX .....	79
FARESTON .....	20	<i>fludarabine</i> .....	18	<i>foscarnet</i> .....	43
FASLODEX .....	18	<i>fludrocortisone</i> .....	48	<i>fosinopril</i> .....	22
FAZACLO .....	69	<i>flunisolide</i> .....	31	<i>fosinopril-hydrochlorothiazide</i>	
<i>felbamate</i> .....	59	<i>fluocinolone</i> .....	5	.....	24
FELBATOL .....	59	<i>fluocinolone</i> .....	74	FOSRENOL .....	56
<i>felodipine</i> .....	25	<i>fluocinolone acetonide oil</i> .....	31	FRAGMIN .....	16
FEMARA .....	20	<i>fluocinonide</i> .....	74	FREAMINE III 3	
FEMCON FE .....	77	<i>fluocinonide-e</i> .....	74	%-ELECTROLYTES .....	48
FEMHRT 1/5 .....	4	<i>fluorometholone</i> .....	36	FREAMINE III 8.5 % .....	48
FEMHRT LOW DOSE .....	79	FLUOROPLEX .....	75	<i>furosemide</i> .....	26
FEMRING .....	79	<i>fluorouracil</i> .....	5	FUSILEV .....	21
FEMTRACE .....	79	<i>fluorouracil</i> .....	75	FUZEON .....	11
<i>fenofibrate</i> .....	26	<i>fluoxetine</i> .....	67	<i>gabapentin</i> .....	60
<i>fenofibrate micronized</i> .....	27	<i>fluphenazine decanoate</i> .....	69	GABITRIL .....	60
<i>fenoprofen</i> .....	62	<i>fluphenazine hcl</i> .....	69	<i>galantamine</i> .....	5
<i>fentanyl</i> .....	63	<i>flurazepam</i> .....	32	<i>galantamine</i> .....	57
<i>fentanyl citrate</i> .....	63	<i>flurbiprofen</i> .....	62	GAMASTAN S/D .....	50
<i>fentanyl citrate (pf)</i> .....	64	<i>flurbiprofen sodium</i> .....	36	GAMMAGARD LIQUID .....	51
<i>ferrex 150 forte</i> .....	34	<i>flutamide</i> .....	20	GAMMAPLEX .....	51
<i>ferrogels forte</i> .....	34	<i>fluticasone</i> .....	31	GAMUNEX-C .....	51
FINACEA .....	72	<i>fluticasone</i> .....	74	<i>ganciclovir</i> .....	11
<i>finasteride</i> .....	56	<i>fluvoxamine</i> .....	67	GARDASIL (PF) .....	51
FIRAZYR .....	54	FML FORTE .....	36	GASTROCROM .....	39
FIRMAGON .....	4	FML S.O.P. ....	36	GELNIQUE .....	57
FLAREX .....	36	FOCALIN XR .....	65	<i>gemcitabine</i> .....	18
<i>flavoxate</i> .....	57	<i>folbee</i> .....	34	<i>gemfibrozil</i> .....	27
<i>flecainide</i> .....	23	<i>folbic</i> .....	34	GEMZAR .....	18
FLOVENT DISKUS .....	71	<i>folcaps</i> .....	34	<i>gengraf</i> .....	52

GENOTROPIN .....	5	HALDOL .....	69	HYCAMTIN .....	18
GENOTROPIN MINIQUICK .....	5	HALDOL DECANOATE .....	69	HYCET .....	5
<i>gentak</i> .....	35	HALFLYTELY-BISACODYL W-FLAV PK .....	39	<i>hydralazine</i> .....	27
<i>gentamicin</i> .....	35	<i>halobetasol propionate</i> .....	74	<i>hydrochlorothiazide</i> .....	26
<i>gentamicin</i> .....	43	HALOG .....	5	<i>hydrocodone-acetaminophen</i> .....	64
<i>gentamicin</i> .....	73	<i>haloperidol</i> .....	69	<i>hydrocodone-ibuprofen</i> .....	64
<i>gentamicin in nacl (iso-osm)</i> .....	43	<i>haloperidol decanoate</i> .....	69	<i>hydrocortisone</i> .....	41
<i>gentamicin sulfate (pf)</i> .....	43	<i>haloperidol lactate</i> .....	69	<i>hydrocortisone</i> .....	48
<i>gentasol</i> .....	35	HAVRIX (PF) .....	51	<i>hydrocortisone</i> .....	74
GEODON .....	69	HECTOROL .....	54	<i>hydrocortisone butyrate</i> .....	74
<i>gianvi</i> .....	77	HELIDAC .....	40	<i>hydrocortisone valerate</i> .....	74
GILENYA .....	55	<i>heparin (porcine) 1,000 unit/ml, 10,000 unit/ml, 5,000 unit/ml</i> .....	16	<i>hydrocortisone-acetic acid</i> .....	31
GLASSIA .....	72	<i>heparin, porcine (pf)</i> .....	16	<i>hydromorphone</i> .....	64
GLEEVEC .....	20	HEPATAMINE 8% .....	48	<i>hydromorphone (pf)</i> .....	64
<i>glimepiride</i> .....	30	HEPATASOL 8 % .....	48	<i>hydroxychloroquine</i> .....	10
<i>glipizide</i> .....	30	HEPSERA .....	11	<i>hydroxyurea</i> .....	20
<i>glipizide-metformin</i> .....	30	HERCEPTIN .....	18	<i>hydroxyzine hcl</i> .....	31
GLUCAGEN HYPOKIT .....	28	HEXALEN .....	20	<i>hydroxyzine pamoate</i> .....	31
GLUCAGON EMERGENCY .....	28	HIZENTRA .....	51	<i>ibuprofen</i> .....	63
<i>glyburide</i> .....	30	HUMALOG .....	28	<i>ibuprofen-oxycodone</i> .....	5
<i>glyburide micronized</i> .....	30	HUMALOG KWIKPEN .....	28	IDAMYCIN PFS .....	18
<i>glyburide-metformin</i> .....	30	HUMALOG MIX 50-50 .....	28	<i>idarubicin</i> .....	18
<i>glycopyrrolate</i> .....	5	HUMALOG MIX 50-50 KWIKPEN .....	28	IFEX .....	18
GOLYTELY .....	39	HUMALOG MIX 75-25 .....	28	<i>ifosfamide</i> .....	18
GONAL-F .....	34	HUMALOG MIX 75-25 KWIKPEN .....	29	<i>ifosfamide-mesna</i> .....	18
GONAL-F RFF .....	34	HUMATROPE .....	53	ILARIS (PF) .....	53
GONAL-F RFF PEN .....	34	HUMIRA .....	62	<i>imipenem-cilastatin</i> .....	43
<i>granisetron</i> .....	38	HUMIRA CROHN'S DIS START PCK .....	62	<i>imipramine hcl</i> .....	67
<i>granisetron (pf)</i> .....	38	HUMULIN 70/30 .....	29	<i>imipramine pamoate</i> .....	67
GRANISOL .....	38	HUMULIN 70/30 PEN .....	29	<i>imiquimod</i> .....	76
GRIFULVIN V .....	9	HUMULIN N .....	29	IMOVAX RABIES VACCINE (PF) .....	51
<i>griseofulvin microsize</i> .....	9	HUMULIN N PEN .....	29	IMURAN .....	5
GRIS-PEG .....	9	HUMULIN R .....	29	INCIVEK .....	11
<i>guanfacine</i> .....	26	HUMULIN R U-500 "CONCENTRATED" .....	29	INCRELEX .....	54
<i>guanidine</i> .....	55			<i>indapamide</i> .....	26
HALAVEN .....	18			INDOCIN .....	62
				<i>indomethacin</i> .....	62

INFANRIX (PF) .....	51	ISTODAX .....	18	KOMBIGLYZE XR .....	30
INFERGEN .....	11	<i>itraconazole</i> .....	9	KRISTALOSE .....	39
INFUMORPH P/F .....	5	IXEMPRA .....	18	K-TAB .....	5
INNOHEP .....	16	IXIARO (PF) .....	51	KUVAN .....	55
<i>insulin syringe-needle u-100</i> .....	28	JAKAFI .....	20	<i>labetalol</i> .....	24
INTELENCE .....	11	JALYN .....	56	<i>laclotion</i> .....	75
INTRALIPID .....	45	<i>jantoven</i> .....	16	LACRISERT .....	5
INTRON A .....	11	JANUMET .....	30	<i>lactated ringers</i> .....	46
<i>introvale</i> .....	77	JANUMET XR .....	30	<i>lactulose</i> .....	39
INTUNIV ER .....	5	JANUVIA .....	30	LAMICTAL .....	60
INVANZ .....	43	JENTADUETO .....	30	LAMICTAL ODT .....	60
INVEGA .....	69	JE-VAX .....	51	LAMICTAL STARTER (BLUE) KIT .....	60
INVEGA SUSTENNA .....	69	JEVTANA .....	18	LAMICTAL STARTER (GREEN) KIT .....	5
INVIRASE .....	11	<i>jinteli</i> .....	77	LAMICTAL STARTER (ORANGE) KIT .....	5
IONAMIN-30 .....	33	<i>junel 1.5/30 (21)</i> .....	77	LAMICTAL XR 100 MG, 25 MG, 50 MG .....	60
IONOSOL-B IN D5W .....	45	<i>junel 1/20 (21)</i> .....	77	LAMICTAL XR 200 MG .....	60
IONOSOL-MB IN D5W .....	45	<i>junel fe 1.5/30 (28)</i> .....	77	LAMICTAL XR 250 MG .....	60
IONOSOL-T IN D5W .....	45	<i>junel fe 1/20 (28)</i> .....	77	LAMICTAL XR STARTER (BLUE) .....	5
IOPIDINE .....	37	KADIAN .....	64	LAMICTAL XR STARTER (GREEN) .....	5
IPOL .....	51	KALETRA .....	11	LAMICTAL XR STARTER (ORANGE) .....	5
<i>ipratropium bromide</i> .....	71	<i>kanamycin</i> .....	43	LAMISIL 125 MG .....	9
<i>ipratropium bromide 0.03 %</i> .....	31	<i>kariva</i> .....	77	LAMISIL 187.5 MG .....	9
<i>ipratropium bromide 0.06 %</i> .....	31	KAYEXALATE .....	5	<i>lamivudine</i> .....	11
<i>ipratropium-albuterol</i> .....	71	<i>kelnor 1/35 (28)</i> .....	77	<i>lamivudine-zidovudine</i> .....	11
IQUIX .....	35	KENALOG .....	74	<i>lamotrigine</i> .....	60
IRESSA .....	20	KEPPRA .....	43	LANOXIN .....	23
<i>irinotecan</i> .....	18	KEPPRA .....	60	LANOXIN PEDIATRIC .....	23
ISENTRESS .....	20	KEPPRA XR .....	60	<i>lansoprazole</i> .....	40
ISOLYTE-H IN D5W .....	46	KETEK .....	13	LANTUS .....	29
ISOLYTE-M IN D5W .....	46	<i>ketoconazole</i> .....	9	LANTUS SOLOSTAR .....	29
ISOLYTE-P IN D5W .....	46	<i>ketoconazole</i> .....	75	<i>latanoprost</i> .....	37
ISOLYTE-S .....	46	<i>ketoprofen</i> .....	5	LATUDA 40 MG, 80 MG .....	69
ISOLYTE-S IN D5W .....	46	<i>ketorolac</i> .....	36	<i>leena 28</i> .....	77
<i>isonarif</i> .....	5	KINERET .....	62		
<i>isoniazid</i> .....	14	<i>kionex</i> .....	5		
<i>isosorbide dinitrate</i> .....	22	<i>klor-con</i> .....	27		
<i>isosorbide dinitrate</i> .....	28	<i>klor-con 10</i> .....	27		
<i>isosorbide mononitrate</i> .....	22	KLOR-CON M15 .....	27		
<i>isradipine</i> .....	25	<i>klor-con m20</i> .....	27		

<i>leflunomide</i> .....	62	<i>lisinopril</i> .....	22	LYRICA .....	60
<i>lessina</i> .....	77	<i>lisinopril-hydrochlorothiazide</i> .....	24	LYSODREN .....	48
LETAIRIS .....	56	<i>lithium carbonate</i> .....	66	LYSTEDA .....	16
<i>letrozole</i> .....	20	<i>lithium citrate</i> .....	66	<i>malathion</i> .....	75
<i>leucovorin calcium</i> .....	20	LITHOBID .....	66	<i>maprotiline</i> .....	67
<i>leucovorin calcium</i> .....	21	LO LOESTRIN FE .....	77	<i>margesic-h</i> .....	6
LEUKERAN .....	20	LOCOID LIPOCREAM .....	74	MARPLAN .....	67
LEUKINE .....	15	LODOSYN .....	58	MATULANE .....	20
<i>leuprolide</i> .....	18	<i>lokara</i> .....	5	<i>matzim la</i> .....	25
LEUSTATIN .....	18	<i>loperamide</i> .....	38	MAXAIR AUTOHALER .....	71
<i>levabuterol hcl</i> .....	71	LOPROX .....	75	MAXIDEX .....	6
LEVAQUIN .....	14	<i>lorazepam</i> .....	32	<i>mebendazole</i> .....	8
LEVAQUIN IN D5W .....	43	<i>losartan</i> .....	23	<i>meclizine</i> .....	38
LEVATOL .....	25	<i>losartan-hydrochlorothiazide</i> .....	24	<i>meclofenamate</i> .....	62
LEVEMIR .....	29	LOSEASONIQUE .....	77	<i>medroxyprogesterone</i> .....	79
LEVEMIR FLEXPEN .....	29	LOTEMAX .....	5	<i>mefenamic acid</i> .....	6
<i>levetiracetam</i> .....	60	LOTEMAX .....	36	<i>mefloquine</i> .....	10
LEVITRA .....	33	LOTRONEX .....	39	<i>megestrol</i> .....	11
<i>levobunolol</i> .....	37	<i>lovastatin</i> .....	27	<i>meloxicam</i> .....	62
<i>levofloxacin</i> .....	14	LOVAZA .....	27	<i>melfhalan</i> .....	18
<i>levofloxacin</i> .....	35	<i>low-ogestrel (28)</i> .....	77	MENACTRA (PF) .....	51
<i>levofloxacin in d5w</i> .....	43	<i>loxapine succinate</i> .....	69	MENEST .....	79
<i>levora-28</i> .....	77	LOXITANE .....	69	MENOMUNE - A/C/Y/W-135 (PF) .....	51
<i>levorphanol tartrate</i> .....	5	LUFYLLIN .....	5	MENOPUR .....	34
<i>levothroid</i> .....	50	LUMIGAN .....	37	MENOSTAR .....	80
<i>levothyroxine</i> .....	50	LUMIZYME .....	56	MENTAX .....	6
<i>levoxyl</i> .....	50	LUNESTA .....	68	MENVEO A-C-Y-W-135-DIP (PF) .....	51
LEXAPRO .....	67	LUPRON DEPOT .....	49	<i>meprobamate</i> .....	65
LEXIVA .....	11	LUPRON DEPOT (3 MONTH) .....	49	MEPRON .....	10
<i>lexuss 210</i> .....	33	LUPRON DEPOT (4 MONTH) .....	49	<i>mercaptopurine</i> .....	20
<i>lidocaine</i> .....	75	LUPRON DEPOT (6 MONTH) .....	49	<i>meropenem</i> .....	43
<i>lidocaine (pf)</i> .....	76	LUPRON DEPOT-PED .....	49	MERREM .....	43
<i>lidocaine hcl</i> .....	5	LUVERIS .....	34	<i>mesalamine</i> .....	41
<i>lidocaine hcl</i> .....	76	LUXIQ .....	74	<i>mesna</i> .....	21
<i>lidocaine-prilocaine</i> .....	76	LYBREL .....	77	MESNEX .....	22
LIDODERM .....	76			MESTINON .....	55
LINCOCIN .....	43			MESTINON TIMESPAN .....	55
<i>lindane</i> .....	75				
<i>liothyronine</i> .....	50				

METADATE CD .....	65	<i>mexiletine</i> .....	23	MUSE .....	33
METADATE ER .....	65	MIACALCIN .....	80	MUSTARGEN .....	19
<i>metaproterenol</i> .....	71	<i>miconazole-3</i> .....	6	MYCAMINE .....	43
<i>metaxalone</i> .....	61	<i>microgestin 1.5/30 (21)</i> .....	77	MYCOBUTIN .....	14
<i>metformin</i> .....	30	<i>microgestin 1/20 (21)</i> .....	77	<i>mycophenolate mofetil</i> .....	52
<i>methadone</i> .....	64	<i>microgestin fe 1.5/30 (28)</i> .....	78	MYFORTIC .....	52
<i>methadose</i> .....	64	<i>microgestin fe 1/20 (28)</i> .....	78	MYOZYME .....	56
<i>methamphetamine</i> .....	65	<i>midazolam</i> .....	32	MYSOLINE .....	60
<i>methazolamide</i> .....	37	<i>midazolam 5 mg/ml</i> .....	32	MYTELASE .....	55
<i>methenamine hippurate</i> .....	8	<i>midodrine</i> .....	53	<i> nabumetone</i> .....	62
<i>methimazole</i> .....	50	MIGERGOT .....	6	<i> nadolol</i> .....	25
METHITEST .....	6	MIGRANAL .....	58	<i> nadolol-bendroflumethiazide</i> .....	24
<i>methotrexate sodium</i> .....	62	MILLIPRED .....	6	<i> nafcillin</i> .....	43
<i>methotrexate sodium (pf)</i> .....	62	MILLIPRED .....	48	<i> nafcillin in d2.4w</i> .....	43
<i>methscopolamine</i> .....	40	<i>minitran</i> .....	22	NAFTIN .....	9
<i>methyclothiazide</i> .....	6	<i>minocycline</i> .....	15	NAGLAZYME .....	55
<i>methyl dopa</i> .....	26	MIRAPEX .....	58	NALFON .....	62
<i>methyl dopa-hydrochlorothiazide</i> .....	24	MIRAPEX ER 0.375 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG	58	<i> naloxone</i> .....	68
<i>methylergonovine</i> .....	80	<i>mirtazapine</i> .....	67	<i> naltrexone</i> .....	65
METHYLIN .....	65	<i>misoprostol</i> .....	40	NAMENDA .....	57
<i> methylin er</i> .....	65	<i>mitomycin</i> .....	19	NAMENDA TITRATION PAK .....	57
<i> methylphenidate</i> .....	65	<i>mitoxantrone</i> .....	19	<i> naproxen</i> .....	63
<i> methylprednisolone</i> .....	48	M-M-R II (PF) .....	51	<i> naproxen sodium</i> .....	63
<i> methylprednisolone acetate</i> .....	48	<i> moexipril</i> .....	22	<i> naratriptan</i> .....	58
<i> methylprednisolone sodium succ</i> .....	48	<i> moexipril-hydrochlorothiazide</i> .....	24	NARDIL .....	67
<i> metipranolol</i> .....	37	<i> mometasone</i> .....	74	NASCOBAL .....	34
<i> metoclopramide hcl</i> .....	38	MONUROL .....	9	NASONEX .....	31
<i> metolazone</i> .....	26	<i> morphine</i> .....	64	NATACYN .....	37
<i> metoprolol succinate</i> .....	25	<i> morphine 100 mg, 20 mg, 50 mg,</i> <i> 60 mg, 80 mg</i> .....	64	<i> nateglinide</i> .....	30
<i> metoprolol ta-hydrochlorothiaz</i> .....	24	<i> morphine concentrate</i> .....	6	NAVANE .....	69
<i> metoprolol tartrate</i> .....	25	MOVIPREP .....	39	NEBUPENT .....	6
METROGEL .....	72	MOXEZA .....	35	<i> necon 0.5/35 (28)</i> .....	78
<i> metronidazole</i> .....	8	MOZOBIL .....	6	<i> necon 1/35 (28)</i> .....	78
<i> metronidazole</i> .....	72	MS CONTIN .....	6	NECON 10/11 (28) .....	78
<i> metronidazole</i> .....	80	MULTAQ .....	23	<i> necon 7/7/7 (28)</i> .....	78
<i> metronidazole in nacl (iso-os)</i> .....	43	<i> mupirocin</i> .....	73	<i> nefazodone</i> .....	67
				<i> neomycin</i> .....	6

<i>neomycin-bacitracin-poly-hc</i> .....	NORDITROPIN NORDIFLEX .....	<i>nystatin-triamcinolone</i> .....
35	54	75
<i>neomycin-bacitracin-polymyxin</i> .....	<i>norethindrone acetate</i> .....	<i>nystop</i> .....
35	80	75
<i>neomycin-polymyxin-dexameth</i> .....	NORITATE .....	<i>octreotide acetate</i> .....
36	72	52
<i>neomycin-polymyxin-gramicidin</i> .....	NORMOSOL-M IN D5W .....	<i>ofloxacin</i> .....
36	46	14
<i>neomycin-polymyxin-hc</i> .....	NORMOSOL-R IN D5W .....	<i>ofloxacin</i> .....
35	46	31
<i>neomycin-polymyxin-hc</i> .....	NORMOSOL-R PH 7.4 .....	<i>ofloxacin</i> .....
36	46	35
NEPHRAMINE 5.4 % .....	NOROXIN .....	<i>olanzapine</i> .....
48	14	69
NEULASTA .....	NORPACE CR .....	<i>omeprazole 10 mg, 20 mg</i> .....
15	23	40
NEUMEGA .....	NORPRAMIN .....	<i>omeprazole 40 mg</i> .....
15	67	40
NEUPOGEN .....	<i>nortrel 0.5/35 (28)</i> .....	<i>omeprazole-sodium bicarbonate</i> .....
15	78	40
NEURONTIN .....	<i>nortrel 1/35 (21)</i> .....	OMNITROPE .....
60	78	54
NEVANAC .....	<i>nortrel 1/35 (28)</i> .....	<i>ondansetron</i> .....
36	78	38
NEXAVAR .....	<i>nortrel 7/7/7 (28)</i> .....	<i>ondansetron hcl</i> .....
21	78	38
<i>niacor</i> .....	<i>nortriptyline</i> .....	<i>ondansetron hcl (pf)</i> .....
6	67	38
NIASPAN	NORVIR .....	<i>ondansetron hcl 24 mg</i> .....
EXTENDED-RELEASE .....	NOVANTRONE .....	<i>ondansetron hcl 4 mg, 8 mg</i> .....
27	19	38
<i>nicardipine</i> .....	NOVOLIN 70/30 .....	ONE TOUCH TEST .....
25	29	28
NICOTROL .....	NOVOLIN N .....	ONE TOUCH ULTRA TEST .....
56	29	28
NICOTROL NS .....	NOVOLIN R .....	ONGLYZA .....
56	29	30
<i>nifediac cc</i> .....	NOVOLOG .....	ONSOLIS .....
25	29	64
<i>nifedical xl</i> .....	NOVOLOG FLEXPEN .....	ONTAK .....
25	29	19
<i>nifedipine</i> .....	NOVOLOG MIX 70-30 .....	ORAMORPH SR .....
25	29	64
NILANDRON .....	NOVOLOG MIX 70-30 .....	ORAP .....
21	29	69
<i>nimodipine</i> .....	FLEXPEN .....	ORAPRED .....
25	29	49
NIPENT .....	NUCYNTA .....	ORAPRED ODT .....
19	64	49
<i>nisoldipine</i> .....	NUEDEXTA .....	ORENCIA .....
26	6	62
NITRO-BID .....	NULOJIX .....	ORFADIN .....
22	52	54
NITRO-DUR .....	NULYTELY WITH FLAVOR .....	<i>orsythia</i> .....
22	39	78
<i>nitroglycerin</i> .....	NUTROPIN .....	ORTHO EVRA .....
22	54	78
NITROLINGUAL .....	NUTROPIN AQ .....	ORTHO TRI-CYCLEN (28) .....
23	6	78
NITROMIST .....	NUTROPIN AQ .....	<i>ortho-est 0.625</i> .....
6	54	80
NITROSTAT .....	NUTROPIN AQ NUSPIN .....	<i>ortho-est 1.25</i> .....
23	54	80
<i>nizatidine</i> .....	NUVARING .....	OSMOPREP .....
40	78	6
<i>nora-be</i> .....	NUVIGIL .....	OVCON-50 (28) .....
80	68	78
NORDITROPIN FLEXPRO .....	<i>nyamyc</i> .....	OVIDREL .....
54	75	34
	<i>nystatin</i> .....	<i>oxacillin</i> .....
	9	43
	<i>nystatin</i> .....	
	75	

<i>oxacillin in dextrose, iso-osm</i> .....	43	PEGASYS PROCLICK .....	11	<i>piperacillin</i> .....	44
<i>oxaliplatin</i> .....	19	PEGINTRON .....	11	<i>piperacillin-tazobactam</i> .....	44
<i>oxandrolone</i> .....	49	PEGINTRON REDIPEN .....	11	<i>piroxicam</i> .....	62
<i>oxazepam</i> .....	32	<i>pe-hist dm</i> .....	33	PLASMA-LYTE 148 .....	46
<i>oxcarbazepine</i> .....	60	<i>penicillin g pot in dextrose</i> .....	43	PLASMA-LYTE 148 IN D5W .....	46
OXISTAT .....	75	<i>penicillin g potassium</i> .....	43	PLASMA-LYTE 56 .....	46
OXSORALEN .....	76	<i>penicillin g sodium</i> .....	43	PLASMA-LYTE A .....	46
OXSORALEN ULTRA .....	76	<i>penicillin v potassium</i> .....	6	PLASMA-LYTE R .....	46
<i>oxybutynin chloride</i> .....	57	<i>penicillin v potassium</i> .....	13	PLASMA-LYTE-56 IN D5W .....	46
<i>oxycodone</i> .....	64	PENNSAID .....	62	PLAVIX .....	15
<i>oxycodone hcl-oxycodone-asa</i> .....	64	PENTAM .....	43	<i>podofilox</i> .....	76
<i>oxycodone-acetaminophen</i> .....	64	PENTASA .....	41	<i>polyethylene glycol 3350</i> .....	6
<i>oxycodone-aspirin</i> .....	64	<i>pentazocine-acetaminophen</i> .....	6	<i>polymyxin b sulfate</i> .....	44
OXYCONTIN .....	64	PENTOPAK .....	16	POLY-PRED .....	35
<i>oxymorphone</i> .....	64	<i>pentostatin</i> .....	19	<i>portia</i> .....	78
OXYTROL .....	57	<i>pentoxifylline</i> .....	16	<i>potassium chloride</i> .....	6
PACERONE .....	23	PERFOROMIST .....	71	<i>potassium chloride</i> .....	27
<i>paclitaxel</i> .....	19	<i>perindopril erbumine</i> .....	22	<i>potassium chloride</i> .....	46
PAMELOR .....	67	<i>periogard</i> .....	31	<i>potassium citrate</i> .....	27
<i>pamidronate</i> .....	80	<i>permethrin</i> .....	75	PRADAXA .....	16
PANCREAZE .....	39	<i>perphenazine</i> .....	70	<i>pramipexole</i> .....	58
PANDEL .....	74	<i>perphenazine-amitriptyline</i> .....	70	PRANDIMET .....	30
PANRETIN .....	76	PEXEVA .....	67	PRANDIN .....	30
<i>pantoprazole</i> .....	40	PFIZERPEN-G .....	44	<i>pravastatin</i> .....	27
PARNATE .....	67	<i>phendimetrazine tartrate</i> .....	33	<i>prazosin</i> .....	22
<i>paromomycin</i> .....	10	<i>phenelzine</i> .....	67	PRED FORTE .....	6
<i>paroxetine hcl</i> .....	67	<i>phenobarbital</i> .....	31	PRED MILD .....	36
PASER .....	14	<i>phenobarbital 100 mg, 16.2 mg,</i> <i>32.4 mg, 64.8 mg, 97.2 mg</i> .....	32	PRED-G .....	36
PAXIL .....	67	<i>phentermine</i> .....	33	PRED-G S.O.P. ....	36
PAXIL CR .....	67	PHENYTEK .....	60	<i>prednicarbate</i> .....	6
PCE .....	14	<i>phenytoin</i> .....	60	<i>prednisolone acetate</i> .....	36
<i>pedi-dri</i> .....	6	<i>phenytoin sodium</i> .....	60	<i>prednisolone sodium phosphate</i> .....	49
PEDVAX HIB (PF) .....	51	<i>phenytoin sodium extended</i> .....	60	<i>prednisone</i> .....	49
PEGANONE .....	60	PHOSLYRA .....	56	PREDNISONE INTENSOL .....	49
PEGASYS .....	11	PHOTOFRIN .....	19	PREMARIN .....	80
PEGASYS CONVENIENCE PACK .....	11	<i>pilocarpine hcl</i> .....	31	PREMASOL 10 % .....	48
		PILOPINE HS .....	37		
		<i>pindolol</i> .....	25		

PREMASOL 6 % .....	48	<i>propranolol-hydrochlorothiazid</i> .....	24	REGRANEX .....	76
PREMPHASE .....	80	.....		RELENZA DISKHALER .....	11
PREMPRO .....	80	<i>propylthiouracil</i> .....	50	RELISTOR .....	40
<i>prenatabs obn</i> .....	80	PROQUAD (PF) .....	51	REMERON .....	67
PREVALITE .....	27	PROSOL 20% .....	48	REMERON SOLTAB .....	68
PREVPAC .....	40	PROTONIX .....	44	REMICADE .....	62
PREZISTA .....	11	PROTOPIC .....	76	REMODULIN .....	44
PRIFTIN .....	14	<i>protriptyline</i> .....	67	RENAGEL .....	56
<i>primaquine</i> .....	6	PROVENTIL HFA .....	71	REVELA .....	56
PRIMAXIN IM .....	44	PROZAC .....	67	REPREXAIN .....	64
PRIMAXIN IV .....	44	PROZAC WEEKLY .....	67	REPRONEX .....	34
<i>primidone</i> .....	60	PULMICORT FLEXHALER .....	71	REQUIP XL 12 MG .....	58
PRIMSOL .....	9	.....		REQUIP XL 2 MG, 4 MG, 6 MG, 8 MG .....	58
PRISTIQ .....	67	PULMOZYME .....	53	RESCRIPTOR .....	11
PRIVIGEN .....	51	PURINETHOL .....	7	<i>reserpine</i> .....	7
PROAIR HFA .....	71	PYLERA .....	40	RESTASIS .....	37
<i>probenecid</i> .....	63	<i>pyrazinamide</i> .....	14	RETIN-A .....	7
PROCALAMINE 3% .....	48	<i>pyridostigmine bromide</i> .....	55	RETIN-A MICRO .....	73
<i>prochlorperazine</i> .....	38	QUALAQUIN .....	7	RETROVIR .....	11
<i>prochlorperazine edisylate</i> .....	38	<i>quasense</i> .....	78	REVATIO .....	7
<i>prochlorperazine maleate</i> .....	39	<i>quetiapine 100 mg, 200 mg, 300 mg, 400 mg</i> .....	70	REVATIO .....	56
PROCRIT .....	15	<i>quetiapine 25 mg, 50 mg</i> .....	70	REVLIMID .....	21
PROCTOCORT .....	7	<i>quinapril</i> .....	22	REYATAZ .....	11
<i>proctocream-hc</i> .....	76	<i>quinapril-hydrochlorothiazide</i> .....	24	RHEUMATREX .....	62
<i>procto-pak</i> .....	6	.....		<i>ribapak dose pack</i> .....	11
<i>proctosol hc</i> .....	7	<i>quinidine gluconate</i> .....	23	<i>ribasphere</i> .....	11
<i>proctozone-hc</i> .....	7	<i>quinidine sulfate</i> .....	23	<i>ribavirin</i> .....	11
PROGLYCEM .....	28	QVAR .....	71	RIDAURA .....	62
PROGRAF .....	7	RABAVERT (PF) .....	51	RIFAMATE .....	14
PROLASTIN .....	72	<i>ramipril</i> .....	22	<i>rifampin</i> .....	14
PROLASTIN C .....	72	RANEXA .....	23	RIFATER .....	14
PROLEUKIN .....	19	<i>ranitidine hcl</i> .....	40	RILUTEK .....	52
PROLIA .....	80	RAPAMUNE .....	52	<i>rimantadine</i> .....	12
PROMACTA .....	15	RAZADYNE .....	57	<i>ringers</i> .....	46
PROMETRIUM .....	80	REBETOL .....	11	RIOMET .....	30
<i>propafenone</i> .....	23	REBIF .....	55	RISPERDAL .....	70
<i>propantheline</i> .....	39	REBIF TITRATION PACK .....	55	RISPERDAL CONSTA .....	66
<i>propranolol</i> .....	7	RECLAST .....	80	RISPERDAL M-TAB .....	70
<i>propranolol</i> .....	25	RECOMBIVAX HB (PF) .....	51		

<i>risperidone</i> .....	66	SEROQUEL 25 MG, 50 MG .....	70	SPRYCEL 20 MG, 50 MG, 70 MG, 80 MG .....	21
<i>risperidone</i> .....	70	SEROQUEL XR .....	70	<i>ssd</i> .....	73
RITALIN .....	65	SEROSTIM .....	54	<i>stagesic</i> .....	7
RITALIN LA .....	65	<i>sertraline</i> .....	68	STALEVO 100 .....	58
RITALIN SR .....	66	SFROWASA .....	7	STALEVO 125 .....	59
RITUXAN .....	19	<i>silver sulfadiazine</i> .....	73	STALEVO 150 .....	59
<i>rivastigmine</i> .....	57	SIMCOR .....	27	STALEVO 200 .....	59
ROCALTROL .....	7	SIMPONI .....	62	STALEVO 50 .....	59
<i>romycin</i> .....	35	SIMULECT .....	7	STALEVO 75 .....	59
<i>ropinirole</i> .....	58	<i>simvastatin</i> .....	27	<i>stavudine</i> .....	12
ROTATEQ VACCINE .....	51	SINGULAIR .....	71	STAVZOR .....	60
ROXICET .....	64	SKELID .....	55	STELARA .....	75
ROZEREM .....	68	<i>sodium chloride</i> .....	46	STIMATE .....	7
SABRIL .....	60	<i>sodium chloride</i> .....	76	STRATTERA 10 MG, 18 MG, 25 MG, 40 MG, 60 MG .....	66
<i>safety needles</i> .....	28	<i>sodium chloride 0.45 %</i> .....	46	STRATTERA 100 MG, 80 MG .....	66
SAFYRAL .....	78	<i>sodium chloride 0.9 %</i> .....	46	STRIANT .....	49
SAIZEN .....	54	<i>sodium chloride 3 %</i> .....	46	STROMECTOL .....	7
SAIZEN CLICK.EASY .....	54	<i>sodium chloride 5 %</i> .....	46	SUBOXONE .....	68
SAMSCA .....	57	<i>sodium lactate</i> .....	46	SUBOXONE 2-0.5 MG .....	69
SANCTURA XR .....	57	<i>sodium polystyrene (sorb free)</i> .....	56	SUBOXONE 8-2 MG .....	69
SANCUSO .....	39	SOLARAZE .....	76	<i>sucralfate</i> .....	40
SANDOSTATIN .....	52	SOLU-CORTEF (PF) .....	7	<i>sulfacetamide sodium</i> .....	35
SANDOSTATIN LAR DEPOT .....	52	SOLU-MEDROL .....	7	<i>sulfacetamide sodium (acne)</i> .....	76
SANTYL .....	76	SOLU-MEDROL (PF) .....	7	<i>sulfacetamide-prednisolone</i> .....	7
SAPHRIS .....	70	SOMATULINE DEPOT .....	52	<i>sulfadiazine</i> .....	14
SARAFEM .....	80	SOMAVERT .....	52	<i>sulfamethoxazole-trimethoprim</i> .....	14
SAVELLA .....	60	SORIATANE .....	75	SULFAMYLON .....	7
SEASONIQUE .....	78	<i>sorine</i> .....	23	<i>sulfasalazine</i> .....	41
<i>selegiline hcl</i> .....	58	<i>sotalol</i> .....	23	<i>sulfazine ec</i> .....	41
<i>selenium sulfide</i> .....	7	<i>sotret</i> .....	73	<i>sulindac</i> .....	62
<i>selfemra</i> .....	80	SPECTRACEF .....	13	<i>sumatriptan succinate</i> .....	58
SELZENTRY 150 MG .....	12	SPIRIVA WITH HANDIHALER .....	72	SUPRAX .....	13
SELZENTRY 300 MG .....	12	<i>spironolactone</i> .....	26	SUPREP .....	7
SENSIPAR .....	54	<i>spironolactone</i> .....	27	SURMONTIL .....	68
SEREVENT DISKUS .....	71	<i>spironolacton-hydrochlorothiaz</i> .....	26	SUSTIVA .....	12
SEROMYCIN .....	14	SPRYCEL 100 MG, 140 MG .....	21		
SEROQUEL 100 MG, 200 MG, 300 MG, 400 MG .....	70				

SUTENT .....	21	TEMOVATE .....	7	<i>tobramycin 0.3 %</i> .....	35
SYLATRON .....	19	<i>terazosin</i> .....	22	<i>tobramycin in ns</i> .....	44
SYMBICORT 160-4.5		<i>terbinafine</i> .....	9	<i>tobramycin sulfate</i> .....	44
MCG/ACTUATION.....	72	<i>terbutaline</i> .....	72	<i>tobramycin-dexamethasone</i> .....	35
SYMBICORT 80-4.5		<i>terconazole</i> .....	80	<i>tobrasol</i> .....	35
MCG/ACTUATION.....	72	TESTIM .....	49	TOFRANIL .....	68
SYMBYAX .....	66	<i>testosterone cypionate</i> .....	49	TOFRANIL-PM .....	68
SYMLIN .....	29	<i>testosterone enanthate</i> .....	49	<i>tolazamide</i> .....	8
SYMLINPEN 120 .....	29	TESTRED .....	49	<i>tolbutamide</i> .....	8
SYMLINPEN 60 .....	29	<i>tetanus toxoid,adsorbed (pf)</i> .....	51	<i>tolmetin</i> .....	62
SYNAGIS .....	56	<i>tetanus,diphtheria tox ped(pf)</i>		TOPAMAX .....	61
SYNAREL .....	49	.....	51	TOPICORT .....	8
SYNERA .....	76	<i>tetanus-diphtheria toxoids-td</i>		<i>topiramate</i> .....	61
SYNERCID .....	44	.....	51	TOPOSAR .....	19
SYNTHROID .....	50	<i>tetracycline</i> .....	15	<i>topotecan</i> .....	19
SYPRINE .....	57	TEV-TROPIN .....	54	TORISEL .....	19
TABLOID .....	21	THALITONE .....	7	<i>torse mide</i> .....	26
<i>tacrolimus</i> .....	52	THALOMID .....	21	<i>tpn electrolytes</i> .....	46
TAMIFLU 12 MG/ML.....	12	THEO-24 .....	72	TRACLEER .....	56
TAMIFLU 30 MG.....	12	<i>theochron</i> .....	72	TRADJENTA .....	8
TAMIFLU 45 MG, 75 MG.....	12	<i>theophylline</i> .....	72	<i>tramadol</i> .....	64
TAMIFLU 6 MG/ML.....	12	<i>thioridazine</i> .....	70	<i>tramadol-acetaminophen</i> .....	64
<i>tamoxifen</i> .....	21	<i>thiotepa</i> .....	19	<i>trandolapril</i> .....	22
<i>tamsulosin</i> .....	56	<i>thiothixene</i> .....	70	<i>tranexamic acid</i> .....	16
TARCEVA 100 MG.....	21	THYROLAR-1 .....	50	TRANSDERM-SCOP .....	39
TARCEVA 150 MG, 25 MG.....	21	THYROLAR-1/4 .....	50	<i>tranylcypromine</i> .....	68
TARGRETIN .....	21	THYROLAR-2 .....	50	TRAVASOL 10 % .....	48
TARGRETIN .....	22	THYROLAR-3 .....	50	TRAVATAN Z .....	37
TARKA .....	24	<i>ticlopidine</i> .....	16	<i>trazodone</i> .....	68
TASIGNA .....	21	TIKOSYN .....	23	TREANDA .....	19
TASMAR .....	59	TIMENTIN .....	44	TRECATOR .....	14
TAXOTERE .....	19	<i>timolol maleate</i> .....	7	TRELSTAR .....	49
TAZICEF .....	44	<i>timolol maleate</i> .....	37	<i>tretinoin</i> .....	73
TAZORAC .....	75	TIROSINT .....	50	<i>tretinoin (chemotherapy)</i> .....	21
<i>taztia xt</i> .....	26	<i>tis-u-sol</i> .....	7	TRETIN-X .....	8
TEFLARO .....	44	<i>tizanidine</i> .....	61	TRETIN-X (GEL) .....	8
TEGRETOL .....	60	TOBI .....	53	TREXALL .....	63
TEGRETOL XR .....	61	TOBRADEX .....	35	<i>triamcinolone acetonide</i> .....	31
<i>temazepam</i> .....	32	TOBRADEX ST .....	8	<i>triamcinolone acetonide</i> .....	74

<i>triamterene-hydrochlorothiazid</i> .....	24	<i>unithroid</i> .....	50	VICTOZA .....	29
<i>triamterene-hydrochlorothiazid</i> .....	26	UROXATRAL .....	57	VICTRELIS .....	12
<i>triazolam</i> .....	32	URSO 250 .....	40	VIDAZA .....	19
<i>triderm</i> .....	8	URSO FORTE .....	40	VIDEX 2 GRAM PEDIATRIC .....	12
<i>trifluoperazine</i> .....	70	<i>ursodiol</i> .....	40	VIGAMOX .....	36
<i>trifluridine</i> .....	36	UVADEX .....	19	VIIBRYD .....	68
<i>trihexyphenidyl</i> .....	59	VAGIFEM .....	80	VIMPAT .....	61
TRILEPTAL .....	61	<i>valacyclovir</i> .....	12	<i>vinblastine</i> .....	19
<i>trilyte with flavor packets</i> .....	39	VALCYTE .....	12	<i>vincristine</i> .....	19
<i>trimethoprim</i> .....	9	<i>valproate sodium</i> .....	61	<i>vinorelbine</i> .....	19
<i>trimethoprim-polymyxin b</i> .....	35	<i>valproic acid</i> .....	61	VIRACEPT .....	12
<i>trinessa (28)</i> .....	78	<i>valproic acid (as sodium salt)</i> .....	61	VIRAMUNE .....	12
TRIPEDIA (PF) .....	51	VANCOGIN .....	9	VIRAMUNE XR .....	12
<i>tri-previfem (28)</i> .....	78	<i>vancomycin</i> .....	9	VIREAD .....	12
TRISENOX .....	21	<i>vancomycin 10 gram</i> .....	44	VISICOL .....	8
<i>tri-sprintec (28)</i> .....	78	<i>vancomycin 500 mg</i> .....	44	VISTIDE .....	44
<i>trivora (28)</i> .....	78	<i>vandazole</i> .....	8	<i>vitamin d2</i> .....	34
TRIZIVIR .....	12	<i>vandetanib 100 mg</i> .....	21	VIVACTIL .....	68
TROPHAMINE 10 % .....	48	<i>vandetanib 300 mg</i> .....	21	VIVAGLOBIN .....	52
TROPHAMINE 6% .....	48	VANOS .....	74	VIVELLE-DOT .....	80
<i>tropicamide</i> .....	37	VAQTA (PF) .....	51	VIVITROL .....	8
<i>trospium</i> .....	57	VARIVAX (PF) .....	52	VOLTAREN .....	63
TRUVADA .....	12	VECTIBIX .....	19	<i>voriconazole 200 mg</i> .....	9
TWINJECT AUTOINJECTOR .....	53	VELCADE .....	19	<i>voriconazole 50 mg</i> .....	9
TWINRIX (PF) .....	51	<i>velivet</i> .....	78	VOTRIENT .....	21
TYGACIL .....	44	<i>venlafaxine</i> .....	68	VPRIV .....	53
TYKERB .....	21	VENTAVIS .....	56	VYTORIN 10-10 .....	27
TYPHIM VI .....	51	VENTOLIN HFA .....	72	VYTORIN 10-20 .....	27
TYSABRI .....	55	<i>verapamil</i> .....	26	VYTORIN 10-40 .....	27
TYZEKA .....	12	VERIPRED 20 .....	8	VYTORIN 10-80 .....	27
TYZINE .....	31	VESICARE .....	57	VYVANSE .....	66
<i>u-cort</i> .....	8	<i>vestura</i> .....	78	<i>warfarin</i> .....	16
ULESFIA .....	8	VEXOL .....	36	<i>water for irrigation, sterile</i> .....	76
ULORIC .....	63	VFEND .....	9	WELCHOL .....	8
ULTRAVATE .....	8	VFEND IV .....	44	WELCHOL .....	27
UNASYN .....	44	VIAGRA .....	33	WELLBUTRIN .....	68
		VIBATIV .....	8	WELLBUTRIN SR .....	68
		VIBRAMYCIN .....	15	WELLBUTRIN XL .....	68

WESTCORT .....	8	ZINACEF IN STERILE	
XALATAN .....	37	WATER .....	44
XALKORI .....	21	ZINECARD .....	22
XARELTO 10 MG .....	16	ZIRGAN .....	36
XARELTO 15 MG, 20 MG .....	16	ZMAX .....	14
XENAZINE 12.5 MG .....	54	ZOLINZA .....	21
XENAZINE 25 MG .....	54	ZOLOFT .....	68
XEOMIN .....	53	<i>zolpidem</i> .....	68
XGEVA .....	80	ZOMETA 4 MG/100 ML, 4	
XIFAXAN 200 MG .....	9	MG/5 ML .....	80
XIFAXAN 550 MG .....	9	ZONALON .....	76
XODOL 10/300 .....	64	ZONEGRAN .....	61
XODOL 5/300 .....	65	<i>zonisamide</i> .....	61
XODOL 7.5/300 .....	65	ZORBTIVE .....	54
XOLAIR .....	72	ZORTRESS .....	52
XOPENEX .....	72	ZOSTAVAX (PF) .....	52
XOPENEX HFA .....	72	ZOSYN .....	44
XYREM .....	68	ZOSYN IN DEXTROSE	
YERVOY .....	19	(ISO-OSM) .....	44
YF-VAX (PF) .....	52	<i>zovia 1/35e (28)</i> .....	78
<i>zafirlukast</i> .....	72	<i>zovia 1/50e (28)</i> .....	78
<i>zaleplon</i> .....	68	ZOVIRAX .....	76
ZANOSAR .....	20	ZYDONE .....	8
ZARONTIN .....	61	ZYLET .....	36
ZAVESCA .....	53	ZYMAR .....	36
<i>zazole</i> .....	8	ZYPREXA .....	70
ZELBORAF .....	21	ZYPREXA ZYDIS .....	70
ZEMAIRA .....	72	ZYTIGA .....	21
ZEMPLAR .....	54	ZYVOX .....	9
ZENPEP .....	39	ZYVOX .....	44
ZEOSA .....	78		
ZERIT .....	12		
ZETIA .....	27		
ZIAGEN .....	12		
<i>zidovudine</i> .....	12		
ZINACEF .....	44		
ZINACEF IN DEXTROSE			
(ISO-OSM) .....	44		

# TUFTS HEALTH PLAN MEDICARE PREFERRED...

*We're here to help.*

Information about our plan is available in alternate formats.

If you have any questions, please call us toll free and we will be happy to assist you. 1-800-701-9000. The hearing impaired may call: TTY 1-800-208-9562. Representatives are available 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.

Or visit our website at [tuftsmedicarepreferred.org](http://tuftsmedicarepreferred.org).

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Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

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