

# TUFTS MEDICARE PREFERRED PDP GROUP RETIREE 2013 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.

## **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 2013 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2013 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, 2013. 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. 1 –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 66. 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 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. Also, you may not ask us to provide a higher level of coverage for drugs that are in the tier designated as the Specialty drug tier.

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. 1 –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 66.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., PROAIR HFA) 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.

### **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.

**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. 1 –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 the on 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.

**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.

**2013 Tufts Medicare Preferred Formulary  
PDP Group Retiree Members**

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**2013 Tufts Medicare Preferred Formulary  
PDP Group Retiree Members**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<b>ANTI-INFECTIVES AND INFECTIOUS DISEASE</b>		
<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	
GRIS-PEG	Tier-2	
<i>griseofulvin microsize</i>	Tier-1	
<i>griseofulvin ultramicrosize</i>	Tier-1	
<i>itraconazole</i>	Tier-1	PA
<i>ketoconazole</i>	Tier-1	
LAMISIL ORAL GRANULES IN PACKET 125 MG	Tier-3	QL (56 EA per 30 day(s))
LAMISIL ORAL GRANULES IN PACKET 187.5 MG	Tier-3	QL (28 EA per 30 day(s))
NAFTIN	Tier-2	
<i>nystatin</i>	Tier-1	
<i>terbinafine</i>	Tier-1	QL (42 EA per 42 day(s))
VFEND ORAL SUSP	Tier-2	QL (150 ML per 14 day(s))
<i>voriconazole tablet 200 mg</i>	Tier-1	QL (28 EA per 14 day(s))
<i>voriconazole tablet 50 mg</i>	Tier-1	QL (56 EA per 14 day(s))
<b>ANTI-INFECTIVES, MISCELLANEOUS</b>		
ALBENZA	Tier-2	
ALINIA	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 Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
BILTRICIDE	Tier-2	
<i>methenamine hippurate</i>	Tier-1	
<i>metronidazole</i>	Tier-1	
MONUROL	Tier-3	
<i>neomycin</i>	Tier-1	
PRIMSOL	Tier-2	
STROMEKTOL	Tier-2	
<i>trimethoprim</i>	Tier-1	
VANCOCIN	Tier-2	
<i>vancomycin</i>	Tier-1	
XIFAXAN TABLET 200 MG	Tier-3	QL (9 EA per 30 day(s))
XIFAXAN TABLET 550 MG	Tier-3	PA; QL (60 EA per 30 day(s))
ZYVOX	Tier-2	
<b>ANTIMALARIALS AND ANTIPROTOZOALS</b>		
<i>atovaquone-proguanil</i>	Tier-1	
<i>chloroquine phosphate</i>	Tier-1	
COARTEM	Tier-2	QL (24 EA per 30 day(s))
<i>dapsone</i>	Tier-1	
DARAPRIM	Tier-2	
<i>hydroxychloroquine</i>	Tier-1	
<i>mefloquine</i>	Tier-1	
MEPRON	Tier-2	
NEBUPENT	Tier-3	B/D
<i>paromomycin</i>	Tier-1	
PENTAM	Tier-2	B/D
<i>primaquine</i>	Tier-1	
QUALAQUIN	Tier-3	
<i>quinine sulfate</i>	Tier-1	
<i>tinidazole</i>	Tier-1	

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Drug Name	Drug Tier	Coverage Notes
<b>ANTIVIRALS</b>		
<i>abacavir</i>	Tier-1	
<i>acyclovir oral</i>	Tier-1	
<i>amantadine hcl</i>	Tier-1	
APTIVUS	Tier-2	
ATRIPLA	Tier-2	
BARACLUDE	Tier-2	
COMPLERA	Tier-2	
COPEGUS	Tier-2	
CRIXIVAN	Tier-2	
<i>didanosine</i>	Tier-1	
EDURANT	Tier-2	
EMTRIVA	Tier-2	
EPIVIR ORAL SOLN	Tier-2	
EPIVIR HBV	Tier-2	
EPZICOM	Tier-2	
<i>famciclovir</i>	Tier-2	
FUZEON	Tier-2	
HEPSERA	Tier-2	
INCIVEK	Tier-2	PA
INFERGEN	Tier-2	PA
INTELENCE	Tier-2	
INTRON A	Tier-2	
INVIRASE	Tier-2	
ISENTRESS CHEWABLE TABLET 100 MG	Tier-2	QL (180 per 30 Day(s))
ISENTRESS CHEWABLE TABLET 25 MG	Tier-2	QL (720 per 30 Day(s))
ISENTRESS TABLET	Tier-2	QL (360 EA per 90 day(s))
KALETRA	Tier-2	
<i>lamivudine</i>	Tier-1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>lamivudine-zidovudine</i>	Tier-1	
LEXIVA	Tier-2	
<i>megestrol</i>	Tier-1	
<i>nevirapine</i>	Tier-1	
NORVIR	Tier-2	
PEGASYS	Tier-2	PA; QL (4 ML per 30 day(s))
PEGASYS CONVENIENCE PACK	Tier-2	PA; QL (4 EA per 30 day(s))
PEGASYS PROCLICK	Tier-2	PA; QL (4 ML per 30 day(s))
PEGINTRON	Tier-2	PA; QL (8 EA per 30 day(s))
PEGINTRON REDIPEN	Tier-2	PA; QL (4 EA per 30 day(s))
PREZISTA TABLET 150 MG, 400 MG, 600 MG, 75 MG	Tier-2	
REBETOL ORAL SOLN	Tier-2	
RELENZA DISKHALER	Tier-2	QL (60 EA per 180 day(s))
RESCRIPTOR	Tier-2	
REYATAZ	Tier-2	
RIBAPAK DOSE PACK	Tier-2	
<i>ribasphere</i>	Tier-1	
<i>ribavirin</i>	Tier-1	
<i>rimantadine</i>	Tier-1	
SELZENTRY TABLET 150 MG	Tier-2	QL (60 EA per 30 day(s))
SELZENTRY TABLET 300 MG	Tier-2	QL (120 EA per 30 day(s))
<i>stavudine capsule</i>	Tier-1	
STRIBILD	Tier-2	
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	Tier-2	QL (360 ML per 180 day(s))
TRIZIVIR	Tier-2	
TRUVADA	Tier-2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
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 ORAL SUSP	Tier-2	
VIRAMUNE XR TABLET,EXTENDED RELEASE 400 MG	Tier-2	
VIREAD	Tier-2	
ZELBORAF	Tier-2	PA
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	* Part B
BICILLIN L-A	Tier-2	* Part B
CEDAX	Tier-3	
<i>cefaclor</i>	Tier-1	
<i>cefadroxil</i>	Tier-1	
<i>cefdinir</i>	Tier-1	
<i>cefpodoxime</i>	Tier-1	
<i>cefprozil</i>	Tier-1	
<i>cefuroxime axetil</i>	Tier-1	
<i>cephalexin</i>	Tier-1	
<i>dicloxacillin</i>	Tier-1	
<i>penicillin v potassium</i>	Tier-1	

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SPECTRACEF	Tier-3	
SUPRAX CHEWABLE TABLET	Tier-3	
SUPRAX ORAL SUSP 100 MG/5 ML, 200 MG/5 ML	Tier-3	
SUPRAX TABLET	Tier-3	
<b>KETOLIDES</b>		
KETEK	Tier-2	
<b>MACROLIDES AND CLINDAMYCIN</b>		
<i>azithromycin</i>	Tier-1	
<i>clarithromycin</i>	Tier-1	
<i>clindamycin capsule 150 mg, 300 mg</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	
<i>erythromycin ethylsuccinate</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	
RIFAMATE	Tier-3	
<i>rifampin</i>	Tier-1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
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	
<i>doxycycline hyclate</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>clopidogrel</i>	Tier-1	
<i>dipyridamole</i>	Tier-1	
EFFIENT	Tier-3	
<b>BLOOD MODIFYING AGENTS</b>		
ARANESP (IN POLYSORBATE)	Tier-2	B/D; QL (4 ML per 30 day(s))
EPOGEN	Tier-2	B/D; QL (10 ML per 14 day(s))

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
LEUKINE	Tier-2	
MOZOBIL	Tier-2	PA
NEULASTA	Tier-2	QL (1 ML per 14 day(s))
NEUMEGA	Tier-2	
NEUPOGEN	Tier-2	QL (10 ML per 14 day(s))
PROCRIT	Tier-2	B/D; QL (10 ML per 14 day(s))
PROMACTA	Tier-2	PA; QL (30 EA per 30 day(s))
<b>BLOOD THINNERS</b>		
BRILINTA	Tier-3	
COUMADIN	Tier-3	
<i>enoxaparin sub-q syringe</i>	Tier-1	
<i>fondaparinux</i>	Tier-1	
FRAGMIN	Tier-2	
<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	
<b>BLOOD, MISCELLANEOUS</b>		
<i>anagrelide</i>	Tier-1	
<i>cilostazol</i>	Tier-1	
CYKLOKAPRON	Tier-2	
<i>pentoxifylline</i>	Tier-1	
STIMATE	Tier-3	
<i>ticlopidine</i>	Tier-1	
<i>tranexamic acid iv</i>	Tier-1	
<b>CANCER DRUGS</b>		
<b>INJECTABLE AGENTS</b>		
ABRAXANE	Tier-2	* Part B

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ADRIAMYCIN PFS	Tier-2	* Part B
ALIMTA	Tier-2	* Part B
ALKERAN	Tier-2	* Part B
<i>amifostine crystalline</i>	Tier-1	* Part B
ARRANON	Tier-2	* Part B
ARZERRA	Tier-2	* 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
<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
CYTOVENE	Tier-2	* Part B
<i>dacarbazine</i>	Tier-1	* Part B
DACOGEN	Tier-2	* Part B
<i>daunorubicin</i>	Tier-1	* Part B
<i>dexrazoxane</i>	Tier-1	* Part B
DOCEFREZ	Tier-2	* Part B
<i>docetaxel</i>	Tier-1	* Part B
<i>doxorubicin</i>	Tier-1	* Part B
ELITEK	Tier-2	* Part B
ELLENC	Tier-2	* Part B

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ELSPAR	Tier-2	* Part B
<i>epirubicin</i>	Tier-1	* Part B
ERBITUX	Tier-2	* Part B
ETOPOPHOS	Tier-2	* Part B
<i>etoposide</i>	Tier-1	* Part B
FASLODEX	Tier-2	* Part B
<i>fludarabine</i>	Tier-1	* Part B
<i>gemcitabine</i>	Tier-1	* Part B
HALAVEN	Tier-2	* Part B
HERCEPTIN	Tier-2	* Part B
<i>idarubicin</i>	Tier-1	* Part B
IFEX	Tier-2	* Part B
<i>ifosfamide</i>	Tier-1	* 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	
<i>melphalan</i>	Tier-1	* Part B
<i>mitomycin</i>	Tier-1	* Part B
<i>mitoxantrone</i>	Tier-1	* Part B
MUSTARGEN	Tier-2	* Part B
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
PROLEUKIN	Tier-2	* Part B
RITUXAN	Tier-2	PA; * Part B
SYLATRON	Tier-2	PA; QL (4 EA per 28 day(s))

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TAXOTERE	Tier-2	* Part B
<i>thiotepa</i>	Tier-1	* Part B
<i>toposar</i>	Tier-1	* 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
ZANOSAR	Tier-2	* Part B
<b>ORAL AGENTS</b>		
AFINITOR	Tier-2	PA; QL (30 EA per 30 day(s))
<i>anastrozole</i>	Tier-1	
<i>bicalutamide</i>	Tier-1	
BOSULIF TABLET 100 MG	Tier-2	PA; QL (120 per 30 Day(s))
BOSULIF TABLET 500 MG	Tier-2	PA; QL (30 per 30 Day(s))
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	B/D
DROXIA	Tier-3	
EMCYT	Tier-2	
ERIVEDGE	Tier-2	PA
<i>exemestane</i>	Tier-1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
FARESTON	Tier-2	
<i>flutamide</i>	Tier-1	
GLEEVEC	Tier-2	
HEXALEN	Tier-2	
<i>hydroxyurea</i>	Tier-1	
INLYTA	Tier-2	PA
JAKAFI	Tier-2	PA
<i>letrozole</i>	Tier-1	
LEUKERAN	Tier-2	
MATULANE	Tier-2	
<i>mercaptopurine</i>	Tier-1	
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))
STIVARGA	Tier-2	PA; QL (84 per 28 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
TEMODAR CAPSULE 100 MG, 20 MG	Tier-2	* Part B; QL (20 EA per 21 day(s))
TEMODAR CAPSULE 140 MG, 5 MG	Tier-2	* Part B; QL (15 EA per 21 day(s))
TEMODAR CAPSULE 180 MG, 250 MG	Tier-2	* Part B; QL (10 EA per 21 day(s))

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
THALOMID	Tier-2	
<i>tretinoin (chemotherapy)</i>	Tier-1	
TRISENOX	Tier-2	
TYKERB	Tier-2	PA; QL (180 EA per 30 day(s))
VOTRIENT	Tier-2	PA; QL (120 EA per 30 day(s))
XALKORI	Tier-2	PA
XELODA TABLET 150 MG	Tier-2	QL (84 EA per 14 day(s))
XELODA TABLET 500 MG	Tier-2	QL (168 EA per 14 day(s))
XTANDI	Tier-2	PA; QL (120 per 30 Day(s))
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 inj</i>	Tier-1	* Part B
<i>leucovorin calcium oral</i>	Tier-1	
<i>mesna</i>	Tier-1	* Part B
MESNEX ORAL	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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>quinapril</i>	Tier-1	
<i>ramipril</i>	Tier-1	
<i>trandolapril</i>	Tier-1	
<b>ALPHA1 BLOCKERS</b>		
CARDURA XL	Tier-3	
<i>doxazosin</i>	Tier-1	
<i>prazosin</i>	Tier-1	
<i>terazosin</i>	Tier-1	
<b>ANGINA</b>		
<i>isosorbide dinitrate</i>	Tier-1	
<i>isosorbide mononitrate</i>	Tier-1	
NITRO-BID	Tier-3	
<i>nitroglycerin</i>	Tier-1	
NITROLINGUAL	Tier-3	
NITROMIST	Tier-3	
NITROSTAT	Tier-2	
RANEXA	Tier-2	
<b>ANGIOTENSIN II RECEPTOR BLOCKERS</b>		
BENICAR	Tier-2	
<i>candesartan-hydrochlorothiazid</i>	Tier-2	
DIOVAN	Tier-2	
<i>eprosartan</i>	Tier-1	
<i>irbesartan</i>	Tier-2	
<i>losartan</i>	Tier-1	
<b>ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES</b>		
<i>amiodarone oral</i>	Tier-1	
<i>digoxin oral</i>	Tier-1	
<i>disopyramide</i>	Tier-1	
<i>flecainide</i>	Tier-2	

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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	
<i>sotalol af</i>	Tier-1	
TIKOSYN	Tier-2	
<b>ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS</b>		
<i>amlodipine-benazepril</i>	Tier-2	
<i>atenolol-chlorthalidone</i>	Tier-1	
AZOR	Tier-2	
<i>benazepril-hydrochlorothiazide</i>	Tier-1	
BENICAR HCT	Tier-2	
<i>bisoprolol-hydrochlorothiazide</i>	Tier-1	
<i>captopril-hydrochlorothiazide</i>	Tier-1	
<i>clorpres</i>	Tier-1	
<i>enalapril-hydrochlorothiazide</i>	Tier-1	
EXFORGE	Tier-3	
EXFORGE HCT	Tier-3	
<i>fosinopril-hydrochlorothiazide</i>	Tier-1	
<i>irbesartan-hydrochlorothiazide</i>	Tier-2	
<i>lisinopril-hydrochlorothiazide</i>	Tier-1	
<i>losartan-hydrochlorothiazide</i>	Tier-1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>methyldopa-hydrochlorothiazide</i>	Tier-1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier-1	
<i>moexipril-hydrochlorothiazide</i>	Tier-1	
<i>nadolol-bendroflumethiazide</i>	Tier-1	
<i>propranolol-hydrochlorothiazid</i>	Tier-1	
<i>quinapril-hydrochlorothiazide</i>	Tier-1	
TARKA	Tier-3	
<i>triamterene-hydrochlorothiazid</i>	Tier-1	
<b>BETA AND ALPHA BLOCKERS</b>		
<i>carvedilol</i>	Tier-1	
COREG CR	Tier-3	
<i>labetalol</i>	Tier-1	
<b>BETA BLOCKERS</b>		
<i>acebutolol</i>	Tier-1	
<i>atenolol</i>	Tier-1	
<i>betaxolol</i>	Tier-1	
<i>bisoprolol fumarate</i>	Tier-1	
LEVATOL	Tier-3	
<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	
<i>timolol maleate</i>	Tier-1	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>afeditab cr</i>	Tier-1	
<i>amlodipine</i>	Tier-1	
<i>cartia xt</i>	Tier-1	
COVERA-HS	Tier-3	

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<i>dilt-cd</i>	Tier-1	
<i>dilt-xr</i>	Tier-1	
<i>diltiazem cd capsule,extended release 24 hr</i>	Tier-1	
<i>diltiazem er capsule,extended release 180 mg, 360 mg</i>	Tier-1	
<i>diltiazem er capsule,extended release 12 hr</i>	Tier-1	
<i>diltiazem tablet</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	
<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	
<i>reserpine</i>	Tier-1	
<b>DIURETICS</b>		
<i>amiloride</i>	Tier-1	
<i>amiloride-hydrochlorothiazide</i>	Tier-1	
<i>bumetanide</i>	Tier-1	
<i>chlorothiazide</i>	Tier-1	
<i>chlorthalidone</i>	Tier-1	

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<i>furosemide oral</i>	Tier-1	
<i>hydrochlorothiazide</i>	Tier-1	
<i>indapamide</i>	Tier-1	
<i>methyclothiazide</i>	Tier-1	
<i>metolazone</i>	Tier-1	
<i>spironolacton-hydrochlorothiaz</i>	Tier-1	
<i>spironolactone</i>	Tier-1	
THALITONE	Tier-3	
<i>torseamide</i>	Tier-1	
<i>triamterene-hydrochlorothiazid</i>	Tier-1	
<b>LIPID LOWERING AGENTS</b>		
ADVICOR	Tier-3	
<i>atorvastatin</i>	Tier-2	
<i>cholestyramine light</i>	Tier-1	
<i>colestipol</i>	Tier-1	
<i>fenofibrate</i>	Tier-1	
<i>fenofibrate micronized capsule 134 mg, 200 mg, 67 mg</i>	Tier-1	
<i>fenofibrate nanocrystallized</i>	Tier-1	
<i>fluvastatin</i>	Tier-1	
<i>gemfibrozil</i>	Tier-1	
<i>lovastatin</i>	Tier-1	
LOVAZA	Tier-2	
<i>niacor</i>	Tier-1	
NIASPAN EXTENDED-RELEASE	Tier-2	
<i>pravastatin</i>	Tier-1	
PREVALITE	Tier-3	
SIMCOR TABLET,EXTENDED RELEASE 1,000-40 MG, 500-20 MG, 500-40 MG, 750-20 MG	Tier-2	

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<i>simvastatin</i>	Tier-1	
VYTORIN 10-10	Tier-3	
VYTORIN 10-20	Tier-3	
VYTORIN 10-40	Tier-3	
VYTORIN 10-80	Tier-3	
WELCHOL	Tier-3	
ZETIA	Tier-3	
<b>POTASSIUM REPLACEMENT</b>		
K-TAB	Tier-3	
<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	
<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	
<i>isosorbide dinitrate</i>	Tier-1	
<b>DIABETES MELLITUS</b>		
<b>DIABETIC SUPPLIES</b>		
ACCU-CHEK ACTIVE TEST	Tier-2	* Part B
ACCU-CHEK AVIVA	Tier-2	* Part B
ACCU-CHEK AVIVA PLUS	Tier-2	* Part B
ACCU-CHEK COMFORT CURVE TEST	Tier-2	* Part B
ACCU-CHEK COMPACT TEST	Tier-2	* Part B
ACCU-CHEK SMARTVIEW STRIPS	Tier-2	* Part B

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<i>alcohol swabs</i>	Tier-1	
<i>curity gauze</i>	Tier-1	
<i>huber safety needles (disp.)</i>	Tier-2	
<i>insulin syringe-needle u-100</i>	Tier-2	
ONE TOUCH TEST	Tier-2	* Part B
ONE TOUCH ULTRA TEST	Tier-2	* Part B
ONE TOUCH VERIO	Tier-2	* Part B
<b>GLUCOSE ELEVATING</b>		
GLUCAGEN HYPOKIT	Tier-2	
GLUCAGON EMERGENCY	Tier-2	
PROGLYCEM	Tier-3	
<b>INSULINS</b>		
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	
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
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	
SYMLINPEN 120	Tier-3	
SYMLINPEN 60	Tier-3	
VICTOZA 3-PAK	Tier-3	
<b>ORAL AGENTS</b>		
<i>acarbose</i>	Tier-1	
ACTOPLUS MET	Tier-3	
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	

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KOMBIGLYZE XR	Tier-2	
<i>metformin er tablet, extended release 24 hr</i>	Tier-1	
<i>metformin tablet</i>	Tier-1	
<i>nateglinide</i>	Tier-1	
<i>pioglitazone</i>	Tier-2	
<i>pioglitazone-glimepiride</i>	Tier-2	
<i>pioglitazone-metformin</i>	Tier-2	
PRANDIMET	Tier-3	
PRANDIN	Tier-2	
RIOMET	Tier-3	
<i>tolazamide</i>	Tier-1	
<i>tolbutamide</i>	Tier-1	
TRADJENTA	Tier-3	
<b>EAR, NOSE AND THROAT</b>		
<b>EAR</b>		
<i>acetasol hc</i>	Tier-1	
<i>acetic acid</i>	Tier-1	
CIPRODEX	Tier-2	
COLY-MYCIN S	Tier-3	
CORTISPORIN-TC	Tier-3	
DERMOTIC OIL	Tier-2	
<i>fluocinolone acetonide oil</i>	Tier-1	
<i>hydrocortisone-acetic acid</i>	Tier-1	
<i>ofloxacin</i>	Tier-1	
<b>MOUTH AND THROAT</b>		
<i>cevimeline</i>	Tier-1	
<i>chlorhexidine gluconate</i>	Tier-1	
<i>doxycycline hyclate</i>	Tier-1	
EVOXAC	Tier-2	

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<i>perio gard</i>	Tier-1	
<i>pilocarpine hcl</i>	Tier-1	
<i>sodium fluoride</i>	Tier-1	
<i>triamcinolone acetamide</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>desloratadine</i>	Tier-2	
<i>flunisolide</i>	Tier-1	QL (150 ML per 90 day(s))
<i>fluticasone</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))
<i>levocetirizine</i>	Tier-1	
NASONEX	Tier-2	QL (102 GM per 90 day(s))
<i>triamcinolone acetamide</i>	Tier-2	QL (49.5 GM per 90 day(s))
TYZINE	Tier-3	
<b>ENHANCED COVERED DRUG</b>		
<b>COUGH &amp; COLD PREPARATIONS</b>		
<i>aerohist</i>	Tier-1	
<i>aerohist plus</i>	Tier-1	
<i>benzonatate</i>	Tier-1	EC
<i>c-phen</i>	Tier-1	
<i>c-phen dm</i>	Tier-1	
<i>chlorphen-pseudoeph-dm tannate</i>	Tier-1	
<i>chlorphen-pyrimamine-phenyleph</i>	Tier-1	
<i>chlorpheniramine-dm-methscop</i>	Tier-1	

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<i>chlorpheniramine-hydrocodone</i>	Tier-1	EC
<i>chlorpheniramine-pe tannates</i>	Tier-1	
<i>chlorpheniramine-pe-dm-gg</i>	Tier-1	
<i>chlorpheniramine-phenylephrine</i>	Tier-1	
<i>chlorpheniramine-pseudoephed</i>	Tier-1	
<i>cpm 8-pe 20-msc 1.25</i>	Tier-1	
<i>cpm-pe-msc</i>	Tier-1	
<b>ERECTILE DYSFUNCTION</b>		
CAVERJECT	Tier-3	EC
CAVERJECT IMPULSE	Tier-3	EC
CIALIS	Tier-3	EC; QL (4 EA per 30 day(s))
EDEX	Tier-3	EC
LEVITRA	Tier-3	EC; QL (4 EA per 30 day(s))
MUSE	Tier-3	
VIAGRA	Tier-3	EC; QL (4 EA per 30 day(s))
<b>MISCELLANEOUS</b>		
ALCORTIN A	Tier-3	EC
ANALPRAM ADVANCED	Tier-3	EC
ANALPRAM E	Tier-3	EC
ANALPRAM-HC	Tier-3	EC
ANALPRAM-HC SINGLES	Tier-3	
<i>anucort-hc</i>	Tier-1	EC
ANUSOL-HC	Tier-3	EC
<i>pramcort</i>	Tier-1	EC
<b>OBESITY MANAGEMENT</b>		
ADIPEX-P	Tier-3	PA; EC
BONTRIL PDM	Tier-3	PA
BONTRIL SLOW-RELEASE	Tier-3	PA
<i>diethylpropion</i>	Tier-1	PA; EC

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<i>phendimetrazine tartrate</i>	Tier-1	PA; EC
<i>phentermine</i>	Tier-1	PA; EC
<b>OVULATION INDUCING AGENTS</b>		
BRAVELLE	Tier-3	PA; EC
CETROTIDE	Tier-2	PA; EC
FOLLISTIM AQ	Tier-2	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
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
<i>b-plex plus</i>	Tier-1	EC
CEREFOLIN	Tier-3	EC
CEREFOLIN NAC	Tier-3	
<i>corvita</i>	Tier-1	EC
<i>ergocalciferol (vitamin d2) capsule</i>	Tier-1	EC
<i>folic acid tablet 1 mg</i>	Tier-1	EC
<i>folic acid-vit b6-vit b12 tablet 2.2-25-0.5 mg</i>	Tier-1	EC
MEPHYTON	Tier-3	
NASCOBAL	Tier-2	
NEPHRO-VITE RX	Tier-3	EC
NEPHROCAPS	Tier-3	
NEPHROCAPS QT	Tier-3	
NEPHRONEX CAPSULE	Tier-3	EC
<i>renal caps</i>	Tier-1	EC

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<i>triphrocaps</i>	Tier-1	EC
<i>vitamin d2</i>	Tier-1	EC
<b>EYE</b>		
<b>ALLERGY</b>		
ALOCRIL	Tier-3	
ALOMIDE	Tier-3	
<i>azelastine</i>	Tier-1	
<i>cromolyn</i>	Tier-1	
EMADINE	Tier-3	
<i>epinastine</i>	Tier-1	
<i>naphazoline</i>	Tier-1	
<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	
BESIVANCE	Tier-3	
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>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	
<i>sulfacetamide sodium</i>	Tier-1	

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<i>sulfacetamide-prednisolone</i>	Tier-1	
TOBRADEX	Tier-3	
TOBRADEX ST	Tier-3	
<i>tobramycin</i>	Tier-1	
<i>tobramycin-dexamethasone</i>	Tier-1	
<i>trimethoprim-polymyxin b</i>	Tier-1	
VIGAMOX	Tier-3	
<b>ANTI-INFLAMMATORIES</b>		
ALREX	Tier-3	
<i>bromfenac</i>	Tier-1	
<i>dexamethasone sodium phosphate</i>	Tier-1	
<i>diclofenac sodium</i>	Tier-1	
FLAREX	Tier-3	
<i>fluor-op</i>	Tier-1	
<i>fluorometholone</i>	Tier-1	
<i>flurbiprofen sodium</i>	Tier-1	
FML FORTE	Tier-3	
FML S.O.P.	Tier-2	
<i>ketorolac oph</i>	Tier-1	
LOTEMAX EYE DROPS	Tier-3	
MAXIDEX	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	

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VEXOL	Tier-2	
ZYLET	Tier-3	
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	Tier-1	
ZIRGAN	Tier-3	
<b>GLAUCOMA</b>		
<i>acetazolamide</i>	Tier-1	
ALPHAGAN P EYE DROPS 0.1 %	Tier-3	
<i>apraclonidine</i>	Tier-1	
AZOPT	Tier-2	
<i>betaxolol</i>	Tier-1	
BETIMOL	Tier-2	
BETOPTIC S	Tier-3	
<i>brimonidine</i>	Tier-1	
<i>carteolol</i>	Tier-1	
COMBIGAN	Tier-3	QL (10 ML per 30 day(s))
<i>dorzolamide</i>	Tier-1	
<i>dorzolamide-timolol</i>	Tier-1	
IOPIDINE	Tier-3	
<i>latanoprost</i>	Tier-1	
<i>levobunolol</i>	Tier-1	
LUMIGAN	Tier-3	STPA
<i>methazolamide</i>	Tier-1	
<i>metipranolol</i>	Tier-1	
PILOPINE HS	Tier-2	
<i>timolol maleate</i>	Tier-1	
TRAVATAN Z	Tier-3	STPA
ZIOPTAN (PF)	Tier-3	STPA; QL (90 EA per 90 day(s))

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<b>OPHTHALMIC DRUGS, MISCELLANEOUS</b>		
ALCAINE	Tier-3	
NATACYN	Tier-3	
RESTASIS	Tier-2	PA
<b>GASTROINTESTINAL DRUGS</b>		
<b>EMESIS</b>		
ALOXI	Tier-2	B/D; QL (5 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</i>	Tier-1	B/D; QL (10 EA per 7 day(s))
GRANISOL	Tier-2	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>prochlorperazine</i>	Tier-1	
<i>prochlorperazine edisylate</i>	Tier-1	
<i>prochlorperazine maleate</i>	Tier-1	
SANCUSO	Tier-3	B/D; QL (1 EA per 7 day(s))
TRANSDERM-SCOP	Tier-3	

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Drug Name	Drug Tier	Coverage Notes
<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, 3,000-9,500- 15,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier-2	
CYSTAGON	Tier-3	
PANCREAZE	Tier-3	
PERTZYE	Tier-3	
VIOKACE	Tier-3	
ZENPEP	Tier-3	
<b>GASTROINTESTINAL DRUGS, MISCELLANEOUS</b>		
CANTIL	Tier-3	
CIMZIA	Tier-2	PA; QL (2 EA per 30 day(s))
CIMZIA POWDER FOR RECONST	Tier-2	PA; * Part B
COLYTE WITH FLAVOR PACKS	Tier-3	
<i>constulose</i>	Tier-1	
<i>cromolyn</i>	Tier-1	
<i>dicyclomine</i>	Tier-1	
<i>enulose</i>	Tier-1	
<i>glycopyrrolate oral</i>	Tier-1	
GOLYTELY	Tier-2	
HALFLYTELY-BISACODYL W-FLAV PK	Tier-2	
KRISTALOSE	Tier-2	
<i>lactulose</i>	Tier-1	
<i>levocarnitine</i>	Tier-1	B/D
<i>levocarnitine (with sugar)</i>	Tier-1	B/D
<i>loperamide</i>	Tier-1	
LOTRONEX	Tier-2	

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MOVIPREP	Tier-3	
OSMOPREP	Tier-3	
<i>polyethylene glycol 3350</i>	Tier-1	
<i>propantheline</i>	Tier-1	
SUPREP	Tier-3	
<i>trilyte with flavor packets</i>	Tier-1	
<i>ursodiol</i>	Tier-1	
<b>GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)</b>		
CARAFATE	Tier-3	
<i>cimetidine</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 tablet 200 mcg</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 oral</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	

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ASACOL HD	Tier-2	
<i>balsalazide</i>	Tier-1	
<i>budesonide</i>	Tier-1	
CANASA	Tier-2	
<i>colocort</i>	Tier-1	
DIPENTUM	Tier-2	
ENTOCORT EC	Tier-3	
<i>hydrocortisone</i>	Tier-1	
<i>mesalamine-cleansing wipes</i>	Tier-1	
PENTASA	Tier-2	
SFROWASA	Tier-3	
<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>acetazolamide sodium</i>	Tier-1	HI
<i>acyclovir sodium</i>	Tier-1	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
ANZEMET	Tier-2	QL (10 ML per 7 day(s))
argatroban	Tier-3	HI
argatroban in 0.9 % sod chlor	Tier-3	HI
ATGAM	Tier-2	HI

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<i>atropine</i>	Tier-1	HI
AVELOX IN NAACL (ISO-OSMOTIC)	Tier-2	HI
AZACTAM	Tier-2	HI
AZACTAM IN DEXTROSE (ISO-OSM)	Tier-2	HI
<i>azathioprine sodium</i>	Tier-1	B/D
<i>azithromycin</i>	Tier-1	HI
<i>aztreonam</i>	Tier-1	HI
<i>benztropine</i>	Tier-1	HI
BONIVA IV	Tier-2	PA
<i>bumetanide</i>	Tier-1	HI
<i>buprenorphine inj</i>	Tier-1	HI
<i>butorphanol tartrate</i>	Tier-1	HI
<i>calcitriol</i>	Tier-1	B/D
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>cidofovir</i>	Tier-1	
<i>cimetidine hcl</i>	Tier-1	HI

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>ciprofloxacin</i>	Tier-1	HI
CLEOCIN INJ	Tier-2	HI
CLEOCIN IN 5 % DEXTROSE	Tier-2	HI
<i>clindamycin phosphate</i>	Tier-1	HI
<i>colistin (colistimethate na)</i>	Tier-1	HI
CUBICIN	Tier-2	B/D; HI
<i>cyclosporine</i>	Tier-1	B/D
<i>dexamethasone sodium phosphate</i>	Tier-1	HI
<i>diltiazem hcl iv</i>	Tier-1	HI
DORIBAX	Tier-2	HI
<i>doxycycline hyclate</i>	Tier-1	HI
<i>duramorph (pf)</i>	Tier-1	HI
ERAXIS(WATER DILUENT)	Tier-2	HI
ERYTHROCIN	Tier-2	HI
<i>fluconazole in dextrose(iso-o)</i>	Tier-1	HI
FORTAZ	Tier-2	HI
FORTAZ IN DEXTROSE 5 %	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>granisetron</i>	Tier-1	B/D; HI; QL (40 ML per 7 day(s))
<i>granisetron (pf)</i>	Tier-1	B/D; HI; QL (40 ML per 7 day(s))
HECTOROL	Tier-2	B/D
<i>heparin (porcine)</i>	Tier-1	B/D; HI
<i>heparin (porcine) in d5w</i>	Tier-1	B/D; HI
<i>heparin (porcine) in nacl (pf)</i>	Tier-1	B/D; HI
<i>heparin(porcine) in 0.45% nacl</i>	Tier-1	B/D; HI
<i>hydromorphone (pf)</i>	Tier-1	HI

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<i>imipenem-cilastatin</i>	Tier-1	HI
INVANZ	Tier-2	HI
<i>isoniazid</i>	Tier-1	HI
<i>kanamycin</i>	Tier-1	HI
<i>lactated ringers iv</i>	Tier-1	HI
LEVAQUIN IN D5W	Tier-2	HI
<i>levocarnitine</i>	Tier-1	B/D; HI
<i>levofloxacin in d5w</i>	Tier-1	HI
<i>lidocaine (pf)</i>	Tier-1	HI
LINCOCIN	Tier-2	HI
<i>meropenem</i>	Tier-1	HI
MERREM	Tier-2	HI
<i>methadone</i>	Tier-1	HI
<i>methotrexate sodium (pf)</i>	Tier-1	HI
<i>metoprolol tartrate</i>	Tier-1	HI
<i>metronidazole in nacl (iso-os)</i>	Tier-1	HI
MYCAMINE	Tier-2	HI
<i>nafcillin</i>	Tier-1	HI
<i>nafcillin in dextrose iso-osm</i>	Tier-1	HI
<i>ondansetron hcl (pf)</i>	Tier-1	B/D; HI
<i>oxacillin</i>	Tier-1	HI
<i>oxacillin in dextrose(iso-osm)</i>	Tier-1	HI
<i>pamidronate</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
PFIZERPEN-G	Tier-2	HI
<i>piperacillin-tazobactam</i>	Tier-1	HI
<i>polymyxin b sulfate</i>	Tier-1	HI

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>potassium chloride</i>	Tier-1	HI
PRIMAXIN IV	Tier-2	HI
PROGRAF IV	Tier-2	B/D; HI
PROTONIX IV	Tier-2	HI
REMODULIN	Tier-2	PA
RETROVIR IV	Tier-2	HI
<i>sulfamethoxazole-trimethoprim</i>	Tier-1	HI
SYNERCID	Tier-2	HI
TEFLARO	Tier-2	HI
TIMENTIN	Tier-2	HI
<i>tobramycin in 0.9 % nacl</i>	Tier-1	HI
<i>tobramycin sulfate</i>	Tier-1	HI
TYGACIL	Tier-2	HI
<i>valproate sodium</i>	Tier-1	HI
<i>vancomycin iv solution 1,000 mg, 10 gram</i>	Tier-1	B/D; HI
<i>vancomycin iv solution 500 mg</i>	Tier-2	B/D; HI
VFEND IV	Tier-2	HI
VIBATIV	Tier-2	HI
VISTIDE	Tier-2	HI
<i>voriconazole</i>	Tier-1	
ZEMPLAR	Tier-2	B/D; 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>ammonium chloride</i>	Tier-1	HI

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<i>d10 % &amp; 0.45 % sodium chloride</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>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
IONOSOL-B IN D5W	Tier-2	HI
IONOSOL-MB IN D5W	Tier-2	HI
ISOLYTE-H IN D5W	Tier-2	HI
ISOLYTE-M IN D5W	Tier-2	HI
ISOLYTE-P IN D5W	Tier-2	HI
ISOLYTE-S	Tier-2	HI
ISOLYTE-S IN D5W	Tier-2	HI
NORMOSOL-M IN D5W	Tier-2	HI
NORMOSOL-R IN D5W	Tier-2	HI
NORMOSOL-R PH 7.4	Tier-2	HI
PLASMA-LYTE 148	Tier-2	HI
PLASMA-LYTE A	Tier-2	HI
PLASMA-LYTE-56 IN D5W	Tier-2	HI
<i>potassium chlorid-d5-0.45%nacl</i>	Tier-1	HI
<i>potassium chloride</i>	Tier-1	HI
<i>potassium chloride in 0.9%nacl</i>	Tier-1	HI
<i>potassium chloride in d5w</i>	Tier-1	HI
<i>potassium chloride in lr-d5</i>	Tier-1	HI
<i>potassium chloride-0.45 % nacl</i>	Tier-1	HI

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<i>potassium chloride-d5-0.2%nacl</i>	Tier-1	HI
<i>potassium chloride-d5-0.3%nacl</i>	Tier-1	HI
<i>potassium chloride-d5-0.9%nacl</i>	Tier-1	HI
<i>ringers iv</i>	Tier-1	HI
<i>sodium chloride</i>	Tier-1	HI
<i>sodium chloride 0.45 %</i>	Tier-1	HI
<i>sodium chloride 0.9 %</i>	Tier-1	HI
<i>sodium chloride 3 %</i>	Tier-1	HI
<i>sodium chloride 5 %</i>	Tier-1	HI
<i>sodium lactate</i>	Tier-1	HI
<b>IV NUTRITION</b>		
AMINOSYN 8.5 %-ELECTROLYTES	Tier-2	B/D; HI
AMINOSYN II 10 %	Tier-2	B/D; HI
AMINOSYN II 15%	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-PF 10 %	Tier-2	B/D; HI
AMINOSYN-PF 7 % (SULFITE-FREE)	Tier-2	B/D; HI
CLINIMIX 5%/D15W SULFITE FREE	Tier-2	B/D; HI
CLINIMIX 5%/D25W SULFITE FREE	Tier-2	B/D; HI
CLINIMIX 2.75%/D5W SULFIT FREE	Tier-2	B/D; HI
CLINIMIX 4.25%/D10W SULF FREE	Tier-2	B/D; HI
CLINIMIX 4.25%/D20W SULF FREE	Tier-2	B/D; HI
CLINIMIX 4.25%/D25W SULF FREE	Tier-2	B/D; HI
CLINIMIX 4.25%/D5W SULFIT FREE	Tier-2	B/D; HI
CLINIMIX 5%/D20W SULFITE FREE	Tier-2	B/D; HI

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
CLINIMIX E 2.75%/D10W SUL FREE	Tier-2	B/D; HI
CLINIMIX E 2.75%/D5W SULF FREE	Tier-2	B/D; HI
CLINIMIX E 4.25%/D25W SUL FREE	Tier-2	B/D; HI
CLINIMIX E 4.25%/D5W SULF FREE	Tier-2	B/D; HI
CLINIMIX E 5%/D15W SULFIT FREE	Tier-2	B/D; HI
CLINIMIX E 5%/D20W SULFIT FREE	Tier-2	B/D; HI
CLINIMIX E 5%/D25W SULFIT 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
INTRALIPID	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
<i>tpn electrolytes</i>	Tier-1	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>a-hydrocort</i>	Tier-1	
<i>cortisone</i>	Tier-1	
DEPO-MEDROL	Tier-2	
<i>dexamethasone</i>	Tier-1	
<i>dexamethasone intensol</i>	Tier-1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<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 iv</i>	Tier-1	
MILLIPRED	Tier-3	
ORAPRED	Tier-3	
ORAPRED ODT	Tier-3	
<i>prednisolone sodium phosphate opht</i>	Tier-1	
<i>prednisolone sodium phosphate oral soln 15 mg/5 ml, 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier-1	
<i>prednisone</i>	Tier-1	
PREDNISON INTENSOL	Tier-3	
SOLU-CORTEF (PF)	Tier-3	
SOLU-MEDROL (PF)	Tier-3	
VERIPRED 20	Tier-3	
<b>ANDROGENS</b>		
ANDROGEL	Tier-2	
ANDROXY	Tier-3	
<i>danazol</i>	Tier-1	
DELATESTRYL	Tier-3	
DEPO-TESTOSTERONE	Tier-3	
METHITEST	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	

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TESTRED	Tier-3	
<b>GONADOTROPIN RELEASING AGONISTS</b>		
ELIGARD	Tier-2	* Part B
FIRMAGON	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
LUPRON DEPOT-PED (3 MONTH)	Tier-2	* Part B
SYNAREL	Tier-2	
TRELSTAR	Tier-2	* Part 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	
TIROSINT	Tier-3	
<i>unithroid</i>	Tier-1	
<b>IMMUNOLOGIC AGENTS</b>		
<b>IMMUNE STIMULANTS</b>		
ACTHIB (PF)	Tier-2	* Part B
ACTIMMUNE	Tier-2	
ADACEL (ADOLESCENT &ADULT)(PF)	Tier-2	
ADAGEN	Tier-2	
AFLURIA 2011-2012	Tier-2	* Part B

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AFLURIA 2011-2012 (PF)	Tier-2	* Part B
BOOSTRIX	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	B/D
FLUARIX 2011-2012 (PF)	Tier-2	* Part B
FLULAVAL 2011-2012	Tier-2	* Part B
FLUVIRIN 2011-2012	Tier-2	* Part B
FLUVIRIN 2011-2012 (PF)	Tier-2	* Part B
FLUZONE 2011-2012	Tier-2	* Part B
FLUZONE 2011-2012 (PF)	Tier-2	* Part B
FLUZONE HIGH-DOSE 2011-12 (PF)	Tier-2	* Part B
FLUZONE INTRADERM 2011-12 (PF)	Tier-2	* Part B
GAMMAGARD LIQUID	Tier-2	PA; * Part B
GAMMAPLEX	Tier-2	PA; * Part B
GAMUNEX-C	Tier-2	PA; * Part B
GARDASIL (PF)	Tier-2	
HAVRIX (PF)	Tier-2	
HIBERIX (PF)	Tier-2	* Part B
IMOVAX RABIES VACCINE (PF)	Tier-2	
INFANRIX (PF)	Tier-2	
IPOL	Tier-2	
IXIARO (PF)	Tier-2	
M-M-R II (PF)	Tier-2	
MENACTRA (PF)	Tier-2	
MENOMUNE - A/C/Y/W-135 (PF)	Tier-2	

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MENVEO A-C-Y-W-135-DIP (PF)	Tier-2	
PEDVAX HIB (PF)	Tier-2	
PNEUMOVAX 23	Tier-2	* Part B
PREVNAR 13 (PF)	Tier-2	* Part B
PRIVIGEN	Tier-2	PA; * Part B
PROQUAD (PF)	Tier-2	
RABAVERT (PF)	Tier-2	
RECOMBIVAX HB (PF)	Tier-2	B/D
ROTATEQ VACCINE	Tier-2	
<i>tetanus toxoid,adsorbed (pf)</i>	Tier-1	
<i>tetanus-diphtheria toxoids-td</i>	Tier-2	
TWINRIX (PF)	Tier-2	
TYPHIM VI	Tier-2	
VAQTA (PF)	Tier-2	
VARIVAX (PF)	Tier-2	
YF-VAX (PF)	Tier-2	
ZOSTAVAX (PF)	Tier-2	
<b>IMMUNOSUPPRESSIVES</b>		
BENLYSTA	Tier-2	PA
CELLCEPT ORAL SUSP	Tier-3	B/D
<i>cyclosporine</i>	Tier-1	B/D
<i>cyclosporine modified capsule 100 mg, 50 mg</i>	Tier-1	B/D
<i>cyclosporine modified oral soln</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	B/D
RAPAMUNE	Tier-2	B/D
SIMULECT	Tier-2	B/D

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<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	
SOMATULINE DEPOT	Tier-2	* Part B
SOMAVERT	Tier-2	PA
<b>AMYOTROPHIC LATERAL SCLEROSIS</b>		
RILUTEK	Tier-2	
<b>ANAPHYLAXIS EMERGENCY</b>		
<i>epinephrine base</i>	Tier-1	
EPIPEN 2-PAK	Tier-2	QL (2 EA per 7 day(s))
EPIPEN JR 2-PAK	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>CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES</b>		
ARCALYST	Tier-2	PA
ILARIS (PF)	Tier-2	PA; * Part B
<b>CUSHING DISEASE</b>		
SIGNIFOR	Tier-2	PA
<b>CYSTIC FIBROSIS</b>		
KALYDECO	Tier-2	PA; QL (60 EA per 30 day(s))
PULMOZYME	Tier-2	B/D
TOBI	Tier-2	B/D
<b>CYSTINURIA</b>		
CYSTADANE	Tier-2	

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<b>DETOXIFICATION AGENTS</b>		
CHEMET	Tier-3	
EXJADE	Tier-2	
<b>FABRY DISEASE</b>		
FABRAZYME	Tier-2	PA; * Part B
<b>GAUCHER DISEASE</b>		
CEREZYME	Tier-2	PA; * Part B
VPRIV	Tier-2	PA; * Part B
ZAVESCA	Tier-2	PA
<b>GROWTH HORMONE DEFICIENCY</b>		
EGRIFTA	Tier-2	PA
GENOTROPIN	Tier-2	PA
GENOTROPIN MINIQUICK	Tier-2	PA
HUMATROPE	Tier-2	PA
INCRELEX	Tier-2	PA
NORDITROPIN FLEXPOR	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))

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Drug Name	Drug Tier	Coverage Notes
<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	B/D
SENSIPAR	Tier-2	
<b>HYPERPARATHYROIDISM</b>		
<i>calcitriol</i>	Tier-1	B/D
ZEMPLAR	Tier-2	B/D
<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))
TECFIDERA	Tier-2	PA; QL (60 per 30 Day(s))
TYSABRI	Tier-2	PA; LA
<b>MYASTHENIA GRAVIS</b>		
MESTINON SYRUP	Tier-3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
MESTINON TIMESPAN	Tier-2	
MYTELASE	Tier-3	
<i>pyridostigmine bromide</i>	Tier-1	
<b>PAGET'S DISEASE</b>		
<i>etidronate disodium</i>	Tier-1	
SKELID	Tier-2	
<b>PHENYLKETONURIA</b>		
KUVAN	Tier-2	PA
<b>PHOSPHATE BINDERS</b>		
<i>calcium acetate</i>	Tier-1	
FOSRENOL	Tier-2	
PHOSLYRA	Tier-2	
RENAGEL	Tier-2	
REVELA	Tier-2	
<b>POMPE DISEASE</b>		
LUMIZYME	Tier-2	* Part B
MYOZYME	Tier-2	* Part B
<b>POTASSIUM BINDER</b>		
KAYEXALATE	Tier-3	
<i>kionex</i>	Tier-1	
<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 IV	Tier-2	PA; * Part B
REVATIO ORAL	Tier-2	PA; QL (90 EA per 30 day(s))
<i>sildenafil</i>	Tier-1	PA; QL (90 per 30 Day(s))
TRACLEER	Tier-2	PA; LA
VENTAVIS NEB SOLUTION 10 MCG/ML	Tier-2	PA; LA; * Part B

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Drug Name	Drug Tier	Coverage Notes
<b>RESPIRATORY SYNCYTIAL VIRUS</b>		
SYNAGIS	Tier-2	PA; * Part B
<b>SMOKING CESSATION</b>		
<i>buproban</i>	Tier-1	
CHANTIX TABLET 1 MG	Tier-3	QL (60 EA per 30 day(s))
CHANTIX STARTING MONTH BOX	Tier-3	QL (53 EA per 30 day(s))
NICOTROL	Tier-2	
NICOTROL NS	Tier-3	
<b>SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin</i>	Tier-1	
AVODART	Tier-2	
CIALIS	Tier-3	PA; QL (30 EA per 30 day(s))
<i>finasteride</i>	Tier-1	
JALYN	Tier-2	
<i>tamsulosin</i>	Tier-1	
<b>UROLOGIC DISORDERS</b>		
<i>bethanechol chloride</i>	Tier-1	
<i>desmopressin</i>	Tier-1	
DETROL LA	Tier-3	STPA
ELMIRON	Tier-3	
ENABLEX	Tier-3	STPA
<i>flavoxate</i>	Tier-1	
GELNIQUE TRANSDERMAL GEL PACKET	Tier-2	
<i>oxybutynin chloride</i>	Tier-1	
OXYTROL	Tier-2	
<i>potassium citrate</i>	Tier-1	
SAMSCA	Tier-3	QL (14 EA per 7 day(s))
SANCTURA XR	Tier-3	
<i>trospium tablet</i>	Tier-1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
UROCIT-K 10	Tier-3	
UROCIT-K 15	Tier-3	
UROCIT-K 5	Tier-3	
VESICARE	Tier-2	
<b>WILSON'S DISEASE</b>		
DEPEN TITRATABS	Tier-2	
SYPRINE	Tier-2	
<b>NEUROLOGICAL DRUGS</b>		
<b>ALZHEIMERS DISEASE</b>		
<i>donepezil</i>	Tier-1	
<i>ergoloid</i>	Tier-1	
EXELON ORAL SOLN	Tier-3	
EXELON TRANSDERM 24 HR PATCH 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	Tier-3	
<i>galantamine</i>	Tier-1	
NAMENDA	Tier-2	
NAMENDA TITRATION PAK	Tier-2	
<i>rivastigmine</i>	Tier-1	
<b>MIGRAINE THERAPY</b>		
<i>butalbital-acetaminop-caf-cod</i>	Tier-1	QL (360 EA per 30 day(s))
<i>dihydroergotamine</i>	Tier-1	
MIGERGOT	Tier-2	
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	
AZILECT	Tier-2	
<i>benztropine</i>	Tier-1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>bromocriptine</i>	Tier-1	
<i>cabergoline</i>	Tier-1	
<i>carbidopa-levodopa</i>	Tier-1	
COMTAN	Tier-2	
LODOSYN	Tier-2	
MIRAPEX ER	Tier-3	
NEUPRO	Tier-3	QL (30 per 30 Day(s))
<i>pramipexole</i>	Tier-1	
<i>ropinirole</i>	Tier-1	
<i>selegiline hcl</i>	Tier-1	
STALEVO 100	Tier-2	
STALEVO 125	Tier-2	
STALEVO 150	Tier-2	
STALEVO 200	Tier-2	
STALEVO 50	Tier-2	
STALEVO 75	Tier-2	
TASMAR	Tier-2	
<i>trihexyphenidyl</i>	Tier-1	
<b>PSEUDOBULBAR AFFECT</b>		
NUEDEXTA	Tier-2	PA
<b>SEIZURES</b>		
BANZEL ORAL SUSP	Tier-2	PA; QL (2400 ML per 30 day(s))
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	
CELONTIN	Tier-3	
<i>clonazepam</i>	Tier-1	
<i>diazepam oral</i>	Tier-1	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i>	Tier-1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>diazepam intensol</i>	Tier-1	
DILANTIN INFATABS	Tier-2	
<i>divalproex</i>	Tier-1	
<i>epitol</i>	Tier-1	
<i>ethosuximide</i>	Tier-1	
<i>felbamate</i>	Tier-1	
<i>gabapentin</i>	Tier-1	
GABITRIL	Tier-2	
LAMICTAL ODT	Tier-3	
LAMICTAL XR TABLET,EXTENDED RELEASE 100 MG, 200 MG, 25 MG, 250 MG, 50 MG	Tier-3	
<i>lamotrigine chewable dispersible tablet</i>	Tier-1	
<i>lamotrigine tablet</i>	Tier-1	
<i>levetiracetam</i>	Tier-1	
LYRICA	Tier-3	STPA
ONFI	Tier-3	QL (60 EA per 30 day(s))
<i>oxcarbazepine tablet</i>	Tier-1	
PEGANONE	Tier-3	
<i>phenobarbital</i>	Tier-1	
<i>phenytoin oral susp</i>	Tier-1	
<i>phenytoin sodium</i>	Tier-1	
<i>phenytoin sodium extended</i>	Tier-1	
POTIGA	Tier-3	PA
<i>primidone</i>	Tier-1	
SABRIL	Tier-2	
SAVELLA TABLET	Tier-2	STPA; QL (180 EA per 90 day(s))
STAVZOR	Tier-3	
TEGRETOL XR TABLET,EXTENDED RELEASE 100 MG	Tier-2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>tiagabine</i>	Tier-1	
<i>topiramate</i>	Tier-1	
TRILEPTAL ORAL SUSP	Tier-3	
<i>valproic acid</i>	Tier-1	
<i>valproic acid (as sodium salt)</i>	Tier-1	
VIMPAT IV	Tier-3	* Part B
VIMPAT ORAL SOLN	Tier-3	PA; QL (1200 ML per 30 day(s))
VIMPAT TABLET	Tier-3	PA; QL (180 EA per 90 day(s))
<i>zonisamide</i>	Tier-1	
<b>SPASTICITY</b>		
<i>baclofen</i>	Tier-1	
<i>cyclobenzaprine</i>	Tier-1	
<i>dantrolene</i>	Tier-1	
<i>tizanidine</i>	Tier-1	
<b>PAIN AND INFLAMMATORY DISEASES</b>		
<b>ARTHRITIS</b>		
ACTEMRA	Tier-2	PA; * Part B
ARTHROTEC 50	Tier-3	
ARTHROTEC 75	Tier-3	
AZASAN	Tier-3	B/D
<i>azathioprine</i>	Tier-1	B/D
CELEBREX	Tier-3	PA
<i>diclofenac potassium</i>	Tier-1	
<i>diclofenac sodium</i>	Tier-1	
<i>diclofenac-misoprostol</i>	Tier-1	
ENBREL SUB-Q KIT	Tier-2	PA; QL (8 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))

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<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	B/D
<i>nabumetone</i>	Tier-1	
NALFON	Tier-3	
ORENCIA IV	Tier-2	PA; * Part B
ORENCIA SUBQ	Tier-2	PA; QL (4 ML per 30 day(s))
PENNSAID	Tier-3	QL (450 ML per 30 day(s))
<i>piroxicam</i>	Tier-1	
REMICADE	Tier-2	PA; * Part B
RIDAURA	Tier-2	
SIMPONI	Tier-2	PA; QL (0.5 ML per 30 day(s))
<i>sulindac</i>	Tier-1	
<i>tolmetin</i>	Tier-1	
TREXALL	Tier-3	B/D
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	QL (60 EA per 30 day(s))
<i>probenecid</i>	Tier-1	

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ULORIC	Tier-3	STPA
<b>PAIN, NSAID ANALGESICS</b>		
<i>diflunisal</i>	Tier-1	
<i>etodolac capsule 200 mg</i>	Tier-1	
<i>etodolac er tablet, extended release 24 hr</i>	Tier-1	
<i>etodolac tablet</i>	Tier-1	
<i>ibuprofen</i>	Tier-1	
<i>ketoprofen</i>	Tier-1	
<i>mefenamic acid</i>	Tier-1	
<i>naproxen</i>	Tier-1	
<i>naproxen sodium</i>	Tier-1	
<b>PAIN, OPIOID AND OTHER ANALGESICS</b>		
ABSTRAL	Tier-3	QL (32 EA per 30 day(s))
<i>acetaminophen-codeine oral soln</i>	Tier-1	QL (5000 ML per 30 day(s))
<i>acetaminophen-codeine tablet 300-15 mg</i>	Tier-1	QL (300 EA per 30 day(s))
<i>acetaminophen-codeine tablet 300-30 mg, 300-60 mg</i>	Tier-1	QL (400 EA per 30 day(s))
<i>butorphanol tartrate</i>	Tier-1	QL (7.5 ML per 30 day(s))
BUTRANS	Tier-3	QL (4 per 30 Day(s))
<i>co-gesic</i>	Tier-1	QL (240 EA per 30 day(s))
<i>codeine sulfate</i>	Tier-1	QL (180 EA per 30 day(s))
<i>dihydrocode-acetaminophen-caff</i>	Tier-1	QL (168 EA per 30 day(s))
DILAUDID ORAL LIQUID	Tier-3	QL (1440 ML per 30 day(s))
<i>endocet tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier-1	QL (360 EA per 30 day(s))
<i>endocet tablet 10-650 mg</i>	Tier-1	QL (180 EA per 30 day(s))
<i>endocet tablet 7.5-500 mg</i>	Tier-1	QL (240 EA per 30 day(s))
<i>endodan</i>	Tier-1	QL (360 EA per 30 day(s))
<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 Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>hydrocodone-acetaminophen oral soln 7.5-325 mg/15 ml</i>	Tier-1	QL (5540 ML per 30 day(s))
<i>hydrocodone-acetaminophen oral soln 7.5-500 mg/15 ml</i>	Tier-1	QL (3600 ML per 30 day(s))
<i>hydrocodone-acetaminophen tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier-1	QL (400 EA per 30 day(s))
<i>hydrocodone-acetaminophen tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier-1	QL (360 EA per 30 day(s))
<i>hydrocodone-acetaminophen tablet 10-500 mg, 2.5-500 mg, 5-500 mg, 7.5-500 mg</i>	Tier-1	QL (240 EA per 30 day(s))
<i>hydrocodone-acetaminophen tablet 10-650 mg, 7.5-650 mg</i>	Tier-1	QL (185 EA per 30 day(s))
<i>hydrocodone-acetaminophen tablet 10-660 mg</i>	Tier-1	QL (181 EA per 30 day(s))
<i>hydrocodone-acetaminophen tablet 10-750 mg, 7.5-750 mg</i>	Tier-1	QL (160 EA per 30 day(s))
<i>hydrocodone-ibuprofen</i>	Tier-1	QL (480 EA per 30 day(s))
<i>hydromorphone</i>	Tier-1	QL (360 EA per 30 day(s))
<i>ibuprofen-oxycodone</i>	Tier-1	QL (240 EA per 30 day(s))
<i>levorphanol tartrate</i>	Tier-1	QL (240 EA per 30 day(s))
<i>methadone oral concentrate</i>	Tier-1	QL (360 ML per 30 day(s))
<i>methadone oral soln 10 mg/5 ml</i>	Tier-1	QL (1800 ML per 30 day(s))
<i>methadone oral soln 5 mg/5 ml</i>	Tier-1	QL (3600 ML per 30 day(s))
<i>methadone tablet</i>	Tier-1	QL (120 EA per 30 day(s))
<i>methadose</i>	Tier-1	QL (120 EA per 30 day(s))
<i>morphine er capsule,extended release pellets</i>	Tier-2	QL (90 EA per 30 day(s))
<i>morphine er tablet,extended release</i>	Tier-2	QL (90 EA per 30 day(s))
<i>morphine oral soln</i>	Tier-1	QL (360 ML per 30 day(s))
<i>morphine tablet</i>	Tier-1	QL (180 EA per 30 day(s))
<i>morphine concentrate</i>	Tier-1	QL (360 ML per 30 day(s))
<i>oxycodone capsule</i>	Tier-1	QL (360 EA per 30 day(s))
<i>oxycodone oral concentrate</i>	Tier-1	QL (120 ML per 30 day(s))
<i>oxycodone tablet 15 mg, 30 mg</i>	Tier-1	QL (180 EA per 30 day(s))

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<i>oxycodone tablet 5 mg</i>	Tier-1	QL (360 EA per 30 day(s))
<i>oxycodone-acetaminophen capsule</i>	Tier-1	QL (240 EA per 30 day(s))
<i>oxycodone-acetaminophen tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier-1	QL (360 EA per 30 day(s))
<i>oxycodone-acetaminophen tablet 10-650 mg</i>	Tier-1	QL (180 EA per 30 day(s))
<i>oxycodone-acetaminophen tablet 7.5-500 mg</i>	Tier-1	QL (240 EA per 30 day(s))
<i>oxycodone-aspirin</i>	Tier-1	QL (360 EA per 30 day(s))
<b>OXYCONTIN</b>	Tier-2	QL (120 EA per 30 day(s))
<i>oxymorphone er tablet, extended release, 12 hr 15 mg, 7.5 mg</i>	Tier-2	QL (60 EA per 30 day(s))
<i>oxymorphone tablet</i>	Tier-1	QL (180 EA per 30 day(s))
<i>pentazocine-acetaminophen</i>	Tier-1	QL (185 EA per 30 day(s))
<b>ROXICET ORAL SOLN</b>	Tier-3	QL (1850 ML per 30 day(s))
<b>ROXICET TABLET</b>	Tier-3	QL (240 EA per 30 day(s))
<b>SUBSYS</b>	Tier-3	QL (120 per 30 Day(s))
<i>tramadol</i>	Tier-1	
<i>tramadol-acetaminophen</i>	Tier-1	QL (360 EA per 30 day(s))
<b>ZYDONE</b>	Tier-3	QL (300 EA per 30 day(s))
<b>PSYCHIATRIC</b>		
<b>ALCOHOL DETERRENTS</b>		
<b>CAMPRAL</b>	Tier-2	
<i>disulfiram</i>	Tier-1	
<i>naltrexone</i>	Tier-1	
<b>ANXIETY</b>		
<i>alprazolam</i>	Tier-1	
<i>alprazolam intensol</i>	Tier-1	
<i>amitriptyline-chlordiazepoxide</i>	Tier-1	
<i>bupirone</i>	Tier-1	
<i>clorazepate dipotassium</i>	Tier-1	
<i>lorazepam</i>	Tier-1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>lorazepam intensol</i>	Tier-1	
<i>meprobamate</i>	Tier-1	
<i>oxazepam</i>	Tier-1	
<b>ATTENTION DEFICIT DISORDER</b>		
ADDERALL XR	Tier-3	STPA
<i>amphetamine salt combo</i>	Tier-1	
CONCERTA	Tier-3	STPA
DAYTRANA	Tier-2	STPA
DESOXYN	Tier-3	
DEXEDRINE SPANSULE	Tier-3	
<i>dexmethylphenidate</i>	Tier-1	
<i>dextroamphetamine</i>	Tier-1	
<i>dextroamphetamine-amphetamine</i>	Tier-1	
FOCALIN XR	Tier-2	STPA
INTUNIV ER	Tier-3	QL (90 EA per 90 day(s))
METADATE CD	Tier-3	
METADATE ER	Tier-3	
<i>methamphetamine</i>	Tier-1	
METHYLIN CHEWABLE TABLET	Tier-2	
<i>methylphenidate er capsule, extended release multiphase 50-50</i>	Tier-1	
<i>methylphenidate er multiphase capsule 30-70, extended release</i>	Tier-1	
<i>methylphenidate er tablet, extended release</i>	Tier-1	
<i>methylphenidate oral soln</i>	Tier-1	
<i>methylphenidate tablet</i>	Tier-1	
<i>modafinil</i>	Tier-1	STPA
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))

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VYVANSE	Tier-3	STPA
<b>BIPOLAR DISORDER</b>		
EQUETRO	Tier-3	
<i>lithium carbonate</i>	Tier-1	
<i>lithium citrate</i>	Tier-1	
<i>olanzapine-fluoxetine</i>	Tier-1	STPA
RISPERDAL CONSTA	Tier-2	* Part B
<i>risperidone</i>	Tier-1	
SYMBYAX	Tier-2	STPA
<b>DEPRESSION</b>		
<i>amitriptyline</i>	Tier-1	
<i>amoxapine</i>	Tier-2	
APLENZIN	Tier-3	STPA
<i>budeprion sr</i>	Tier-1	
<i>bupropion hcl sr tablet,sustained-release</i>	Tier-1	
<i>bupropion hcl tablet</i>	Tier-1	
<i>citalopram</i>	Tier-1	
<i>clomipramine</i>	Tier-1	
CYMBALTA	Tier-3	STPA; QL (60 EA per 30 day(s))
<i>desipramine</i>	Tier-1	
<i>doxepin</i>	Tier-1	
EMSAM	Tier-3	STPA
<i>escitalopram</i>	Tier-2	
<i>fluoxetine capsule</i>	Tier-1	
<i>fluoxetine capsule,delayed release</i>	Tier-1	
<i>fluoxetine oral soln</i>	Tier-1	
<i>fluoxetine tablet 10 mg, 20 mg</i>	Tier-1	
<i>fluvoxamine</i>	Tier-1	
FORFIVO XL	Tier-3	STPA

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<i>imipramine hcl</i>	Tier-1	
<i>imipramine pamoate</i>	Tier-1	
LEXAPRO	Tier-3	STPA
LUVOX CR	Tier-3	STPA
<i>maprotiline</i>	Tier-1	
MARPLAN	Tier-3	
<i>mirtazapine</i>	Tier-1	
<i>nefazodone</i>	Tier-1	
<i>nortriptyline</i>	Tier-1	
OLEPTRO ER	Tier-3	STPA
<i>paroxetine hcl</i>	Tier-1	
PAXIL ORAL SUSP	Tier-3	
PEXEVA	Tier-3	STPA
<i>phenelzine</i>	Tier-1	
PRISTIQ	Tier-2	STPA
<i>protriptyline</i>	Tier-1	
<i>sertraline</i>	Tier-1	
<i>tranylcypromine</i>	Tier-1	
<i>trazodone</i>	Tier-1	
<i>trimipramine</i>	Tier-1	
<i>venlafaxine er capsule,extended release 24 hr</i>	Tier-1	
venlafaxine ER tablet,extended release 24 hr	Tier-3	STPA
<i>venlafaxine tablet</i>	Tier-1	
VIIBRYD	Tier-3	STPA
VIVACTIL	Tier-3	
<b>INSOMNIA</b>		
<i>estazolam</i>	Tier-1	
<i>flurazepam</i>	Tier-1	
LUNESTA	Tier-3	STPA; QL (30 EA per 30 day(s))

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ROZEREM	Tier-3	STPA; QL (30 EA per 30 day(s))
<i>temazepam</i>	Tier-1	
<i>triazolam</i>	Tier-1	
<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>		
PROVIGIL	Tier-3	STPA
XYREM	Tier-2	LA
<b>OPIOID ANTAGONISTS</b>		
<i>naloxone</i>	Tier-1	
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG	Tier-3	PA; QL (90 EA per 30 day(s))
SUBOXONE SUBLINGUAL TABLET 2-0.5 MG	Tier-3	PA; QL (90 EA per 30 day(s))
SUBOXONE SUBLINGUAL TABLET 8-2 MG	Tier-3	PA; QL (120 EA per 30 day(s))
<b>PSYCHOSES</b>		
ABILIFY IM	Tier-2	* Part B
ABILIFY ORAL	Tier-3	STPA
ABILIFY DISCMELT	Tier-3	STPA
<i>chlorpromazine</i>	Tier-1	
<i>clozapine</i>	Tier-1	
FANAPT	Tier-3	
FAZACLO	Tier-2	
<i>fluphenazine decanoate</i>	Tier-1	
<i>fluphenazine hcl</i>	Tier-1	
GEODON IM	Tier-3	* Part B
GEODON ORAL	Tier-3	STPA
<i>haloperidol</i>	Tier-1	
<i>haloperidol decanoate</i>	Tier-1	

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<i>haloperidol lactate</i>	Tier-1	
INVEGA	Tier-3	STPA
INVEGA SUSTENNA	Tier-2	* Part B
LATUDA TABLET 20 MG, 40 MG, 80 MG	Tier-3	QL (30 EA per 30 day(s))
<i>loxapine succinate</i>	Tier-1	
<i>olanzapine im</i>	Tier-1	* Part B
<i>olanzapine oral</i>	Tier-1	STPA
ORAP	Tier-2	
<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	STPA
<i>quetiapine tablet 25 mg, 50 mg</i>	Tier-2	STPA; QL (60 EA per 30 day(s))
<i>risperidone</i>	Tier-1	
SAPHRIS	Tier-3	
SEROQUEL TABLET 100 MG, 200 MG, 300 MG, 400 MG	Tier-3	STPA
SEROQUEL TABLET 25 MG, 50 MG	Tier-3	STPA; QL (60 EA per 30 day(s))
SEROQUEL XR	Tier-2	STPA
<i>thioridazine</i>	Tier-1	
<i>thiothixene</i>	Tier-1	
<i>trifluoperazine</i>	Tier-1	
<i>ziprasidone hcl</i>	Tier-1	STPA
ZYPREXA IM	Tier-3	* Part B
<b>RESPIRATORY DRUGS</b>		
<b>ASTHMA</b>		
ADVAIR DISKUS	Tier-2	QL (180 EA per 90 day(s))
ADVAIR HFA	Tier-2	QL (72 GM per 90 day(s))
<i>albuterol sulfate neb solution 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	Tier-1	B/D; QL (1080 ML per 90 day(s))

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<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))
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; STPA; QL (720 ML per 90 day(s))
COMBIVENT	Tier-2	QL (88.2 GM per 90 day(s))
COMBIVENT RESPIMAT	Tier-2	QL (24 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 (1620 ML per 90 day(s))
<i>levalbuterol neb solution 1.25 mg/0.5 ml</i>	Tier-1	B/D; STPA; QL (270 EA per 90 day(s))
LUFYLLIN	Tier-3	
MAXAIR AUTOHALER	Tier-3	QL (42 GM per 90 day(s))
<i>metaproterenol</i>	Tier-1	
<i>montelukast chewable tablet</i>	Tier-1	
<i>montelukast tablet</i>	Tier-1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
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 NEB SUSPENSION 1 MG/2 ML	Tier-3	B/D; STPA; QL (720 ML 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))
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	
<i>theophylline</i>	Tier-1	
TUDORZA PRESSAIR	Tier-3	QL (3 per 90 Day(s))
VENTOLIN HFA	Tier-3	QL (108 GM per 90 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
DALIRESP	Tier-3	
GLASSIA	Tier-2	* Part B
PROLASTIN C	Tier-2	* Part B
XOLAIR	Tier-2	PA; * Part B
ZEMAIRA	Tier-2	* Part B

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Drug Name	Drug Tier	Coverage Notes
<b>SKIN</b>		
<b>ACNE ROSACEA</b>		
FINACEA	Tier-2	
METROGEL	Tier-3	
<i>metronidazole</i>	Tier-1	
<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	
<i>claravis</i>	Tier-1	
<i>clindamycin phosphate</i>	Tier-1	
<i>clindamycin-benzoyl peroxide</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	Tier-3	PA
RETIN-A MICRO	Tier-3	PA
TRETIN-X	Tier-3	PA
TRETIN-X (GEL)	Tier-3	PA
<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	

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<i>silver sulfadiazine</i>	Tier-1	
<i>ssd</i>	Tier-1	
<b>CORTICOSTEROIDS, TOPICAL</b>		
<i>ala-cort</i>	Tier-1	
ALA-SCALP	Tier-3	
<i>alclometasone</i>	Tier-1	
<i>amcinonide</i>	Tier-1	
<i>betamethasone dipropionate</i>	Tier-1	
<i>betamethasone valerate lotion</i>	Tier-1	
<i>betamethasone valerate topical cream</i>	Tier-1	
<i>betamethasone valerate topical ointment</i>	Tier-1	
<i>betamethasone, augmented lotion</i>	Tier-1	
<i>betamethasone, augmented topical cream</i>	Tier-1	
<i>betamethasone, augmented topical ointment</i>	Tier-1	
CAPEX	Tier-3	
<i>clobetasol</i>	Tier-1	
<i>clobetasol-emollient</i>	Tier-1	
CLOBEX LOTION	Tier-3	
CLOBEX TOPICAL SPRAY	Tier-3	
CLODERM	Tier-3	
CORDRAN	Tier-3	
DERMA-SMOOTH/FS BODY OIL	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</i>	Tier-1	

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<i>halobetasol propionate</i>	Tier-1	
HALOG	Tier-3	
<i>hydrocortisone</i>	Tier-1	
<i>hydrocortisone butyrate</i>	Tier-1	
<i>hydrocortisone valerate</i>	Tier-1	
KENALOG	Tier-3	
LOCOID LIPOCREAM	Tier-3	
<i>lokara</i>	Tier-1	
LUXIQ	Tier-3	
<i>mometasone lotion 0.1 %</i>	Tier-1	
<i>mometasone topical cream</i>	Tier-1	
<i>mometasone topical ointment</i>	Tier-1	
PANDEL	Tier-3	
<i>prednicarbate</i>	Tier-1	
<i>triamcinolone acetonide</i>	Tier-1	
<i>triderm</i>	Tier-1	
<i>u-cort</i>	Tier-1	
VANOS	Tier-3	
WESTCORT	Tier-3	
<b>FUNGAL INFECTIONS, TOPICAL</b>		
<i>ciclopirox</i>	Tier-1	
<i>clotrimazole</i>	Tier-1	
<i>clotrimazole-betamethasone</i>	Tier-1	
<i>econazole</i>	Tier-1	
ERTACZO	Tier-3	
EXELDERM	Tier-3	
<i>ketoconazole</i>	Tier-1	
MENTAX	Tier-3	
<i>nyamyc</i>	Tier-1	

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<i>nystatin</i>	Tier-1	
<i>nystatin-triamcinolone</i>	Tier-1	
<i>nystop</i>	Tier-1	
OXISTAT	Tier-2	
<i>pedi-dri</i>	Tier-1	
<b>PSORIASIS AND SEBORRHEA</b>		
8-MOP	Tier-2	
<i>calcipotriene</i>	Tier-1	
DOVONEX	Tier-2	
SORIATANE	Tier-2	
STELARA	Tier-2	PA; * Part B
TAZORAC	Tier-2	PA
<b>SCABIES AND PEDICULOSIS</b>		
EURAX	Tier-2	
<i>lindane</i>	Tier-1	
<i>malathion</i>	Tier-1	
<i>permethrin</i>	Tier-1	
SKLICE	Tier-3	QL (117 per 1 Day(s))
ULESFIA	Tier-3	
<b>TOPICAL, MISCELLANEOUS</b>		
<i>ammonium lactate</i>	Tier-1	
ANUSOL-HC	Tier-3	
CARAC	Tier-2	
CORTIFOAM	Tier-3	
ELIDEL	Tier-3	STPA
FLUOROPLEX	Tier-2	
<i>fluorouracil</i>	Tier-1	
<i>laclotion</i>	Tier-1	
<i>lidocaine</i>	Tier-1	

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<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	
PICATO TOPICAL GEL 0.015 %	Tier-3	QL (3 EA per 3 day(s))
PICATO TOPICAL GEL 0.05 %	Tier-3	QL (2 EA per 2 day(s))
<i>proctocream-hc</i>	Tier-1	
PROTOPIC	Tier-3	STPA
REGRANEX	Tier-2	
SANTYL	Tier-2	
<i>selenium sulfide</i>	Tier-1	
<i>sodium chloride</i>	Tier-1	
SOLARAZE	Tier-2	
<i>sulfacetamide sodium (acne)</i>	Tier-1	
SULFAMYLON	Tier-3	
SYNERA	Tier-3	
<i>water for irrigation, sterile</i>	Tier-1	
ZONALON	Tier-3	
<b>VIRAL INFECTIONS, TOPICAL</b>		
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	

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<i>amethyst</i>	Tier-1	
<i>apri</i>	Tier-1	
<i>aranelle (28)</i>	Tier-1	
<i>aviane</i>	Tier-1	
<i>balziva (28)</i>	Tier-1	
BEYAZ	Tier-3	
<i>briellyn</i>	Tier-1	
<i>camila</i>	Tier-1	
ELLA	Tier-3	QL (1 EA per 1 day(s))
<i>emoquette</i>	Tier-1	
<i>errin</i>	Tier-1	
<i>gianvi</i>	Tier-1	
<i>introvale</i>	Tier-1	
<i>jinteli</i>	Tier-1	
<i>junel 1.5/30 (21)</i>	Tier-1	
<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 (28)</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	
<i>low-ogestrel (28)</i>	Tier-1	
<i>marlissa</i>	Tier-1	
<i>microgestin 1.5/30 (21)</i>	Tier-1	
<i>microgestin 1/20 (21)</i>	Tier-1	
<i>microgestin fe 1.5/30 (28)</i>	Tier-1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<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-2	
<i>necon 7/7/7 (28)</i>	Tier-1	
<i>nora-be</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-2	
<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	
<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 triphasic regimen (28)</i>	Tier-1	
<i>vestura</i>	Tier-1	
<i>zeosa</i>	Tier-1	
<i>zovia 1/35e (28)</i>	Tier-1	
<i>zovia 1/50e (28)</i>	Tier-1	
<b>MENOPAUSAL SYMPTOMS/OSTEOPOROSIS</b>		
ACTONEL	Tier-3	STPA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>alendronate</i>	Tier-1	
ALORA	Tier-3	
ANGELIQ	Tier-3	
<i>calcitonin (salmon)</i>	Tier-1	B/D
CENESTIN	Tier-3	
CLIMARA PRO	Tier-3	
COMBIPATCH	Tier-3	
CRINONE VAGINAL GEL 8 %	Tier-2	
DELESTROGEN	Tier-3	
DEPO-ESTRADIOL	Tier-2	
DEPO-PROVERA	Tier-2	
DEPO-SUBQ PROVERA 104	Tier-2	
DIVIGEL	Tier-3	
ELESTRIN	Tier-3	
ENJUVIA	Tier-3	
ESTRACE VAGL	Tier-2	
<i>estradiol</i>	Tier-1	
<i>estradiol valerate</i>	Tier-1	
ESTRING	Tier-2	
<i>estropipate</i>	Tier-1	
EVAMIST	Tier-3	QL (8.1 ML per 1 day(s))
EVISTA	Tier-2	
FEMHRT 1/5	Tier-3	
FEMHRT LOW DOSE	Tier-3	
FEMRING	Tier-2	
FEMTRACE	Tier-3	
FORTEO	Tier-2	PA
FOSAMAX ORAL SOLN	Tier-2	
<i>ibandronate</i>	Tier-2	STPA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>medroxyprogesterone oral</i>	Tier-1	
MENEST	Tier-3	
MENOSTAR	Tier-3	
<i>methylergonovine</i>	Tier-1	
MIACALCIN INJ	Tier-2	
<i>norethindrone acetate</i>	Tier-1	
PREMARIN	Tier-3	
PREMPHASE	Tier-3	
PREMPRO	Tier-3	
<i>progesterone micronized</i>	Tier-1	
PROLIA	Tier-2	PA; * Part B
RECLAST	Tier-2	PA; * Part B
VAGIFEM	Tier-2	
VIVELLE-DOT	Tier-2	
XGEVA	Tier-2	PA; * Part B
ZOMETA	Tier-2	PA; * Part B
<b>PRENATAL VITAMINS</b>		
<i>prenatal plus with iron (ca)</i>	Tier-1	
<b>VAGINAL INFECTIONS</b>		
CLEOCIN VAGINAL SUPPOSITORY	Tier-3	
<i>clindamycin phosphate</i>	Tier-1	
<i>fluconazole</i>	Tier-1	
<i>metronidazole</i>	Tier-1	
<i>miconazole-3</i>	Tier-1	
<i>terconazole</i>	Tier-1	
<i>vandazole</i>	Tier-1	
<i>zazole</i>	Tier-1	

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				COPAXONE .....	47
				COPEGUS .....	4
				CORDRAN .....	66
				COREG CR .....	17
				CORTIFOAM .....	68
				<i>cortisone</i> .....	40

CORTISPORIN .....	65	<i>d5 %-0.45 % sodium chloride</i>	38	<i>dexamethylphenidate</i> .....	58
CORTISPORIN-TC .....	23	.....	38	<i>dexpak 13 day</i> .....	41
<i>corvita</i> .....	26	<i>dacarbazine</i> .....	10	<i>dexrazoxane</i> .....	10
COSMEGEN .....	10	DACOGEN .....	10	<i>dextroamphetamine</i> .....	58
COUMADIN .....	9	DALIRESP .....	64	<i>dextroamphetamine-amphetamin</i>	58
COVERA-HS .....	17	<i>danazol</i> .....	41	<i>e</i> .....	58
<i>c-phen</i> .....	24	<i>dantrolene</i> .....	53	<i>dextrose 10 % &amp; 0.2 % nacl</i> .....	38
<i>c-phen dm</i> .....	24	<i>dapsone</i> .....	3	<i>dextrose 10 % in water (d10w)</i>	38
<i>cpm 8-pe 20-msc 1.25</i> .....	25	DAPTACEL (PEDIATRIC)		.....	38
<i>cpm-pe-msc</i> .....	25	(PF) .....	43	<i>dextrose 5 % in water (d5w)</i> .....	38
CREON 12,000-38,000 -60,000		DARAPRIM .....	3	<i>dextrose 5%-0.2 % sod chloride</i>	38
UNIT, 24,000-76,000 -120,000		<i>daunorubicin</i> .....	10	.....	38
UNIT, 3,000-9,500- 15,000		DAYTRANA .....	58	<i>dextrose 5%-0.3 % sod.chloride</i>	38
UNIT, 6,000-19,000 -30,000		DECAVAC (PF) .....	43	.....	38
UNIT .....	31	DELATESTRYL .....	41	<i>dextrose 5%-lactated ringers</i>	38
CRINONE 8 % .....	72	DELESTROGEN .....	72	.....	38
CRIXIVAN .....	4	<i>demeclocycline</i> .....	8	<i>diazepam</i> .....	51
<i>cromolyn</i> .....	27	DENAVIR .....	69	<i>diazepam 12.5-15-17.5-20 mg,</i>	51
<i>cromolyn</i> .....	31	DEPEN TITRATABS .....	50	<i>5-7.5-10 mg</i> .....	51
<i>cromolyn</i> .....	63	DEPO-ESTRADIOL .....	72	<i>diazepam intensol</i> .....	52
CUBICIN .....	35	DEPO-MEDROL .....	40	<i>diclofenac potassium</i> .....	53
<i>curity gauze</i> .....	21	DEPO-PROVERA .....	72	<i>diclofenac sodium</i> .....	28
<i>cyclobenzaprine</i> .....	53	DEPO-SUBQ PROVERA 104		<i>diclofenac sodium</i> .....	53
<i>cyclophosphamide</i> .....	12	.....	72	<i>diclofenac-misoprostol</i> .....	53
<i>cyclosporine</i> .....	35	DEPO-TESTOSTERONE .....	41	<i>dicloxacillin</i> .....	6
<i>cyclosporine</i> .....	44	DERMA-SMOOTH/FS BODY		<i>dicyclomine</i> .....	31
<i>cyclosporine modified</i> .....	44	OIL .....	66	<i>didanosine</i> .....	4
<i>cyclosporine modified 100 mg,</i>		DERMOTIC OIL .....	23	<i>diethylpropion</i> .....	25
<i>50 mg</i> .....	44	<i>desipramine</i> .....	59	DIFFERIN .....	65
CYKLOKAPRON .....	9	<i>desloratadine</i> .....	24	DIFICID .....	7
CYMBALTA .....	59	<i>desmopressin</i> .....	49	<i>diflorasone</i> .....	66
CYSTADANE .....	45	<i>desonide</i> .....	66	<i>diflunisal</i> .....	55
CYSTAGON .....	31	<i>desoximetasone</i> .....	66	<i>digoxin</i> .....	15
<i>cytarabine</i> .....	10	DESOXYN .....	58	<i>dihydrocode-acetaminophen-caff</i>	55
<i>cytarabine (pf)</i> .....	10	DETROL LA .....	49	.....	55
CYTOVENE .....	10	<i>dexamethasone</i> .....	40	<i>dihydroergotamine</i> .....	50
<i>d10 % &amp; 0.45 % sodium</i>		<i>dexamethasone intensol</i> .....	40	DILANTIN INFATABS .....	52
<i>chloride</i> .....	38	<i>dexamethasone sodium</i>		DILAUDID .....	55
<i>d2.5 %-0.45 % sodium chloride</i>		<i>phosphate</i> .....	28	<i>dilt-cd</i> .....	18
.....	38	<i>dexamethasone sodium</i>		<i>diltiazem hcl</i> .....	18
<i>d5 % and 0.9 % sodium chloride</i>		<i>phosphate</i> .....	35	<i>diltiazem hcl</i> .....	35
.....	38	DEXEDRINE SPANSULE .....	58		

<i>diltiazem hcl 180 mg, 360 mg</i> .....	18	<i>elixophyllin</i> .....	63	EPOGEN .....	8
<i>dilt-xr</i> .....	18	ELLA .....	70	<i>eprosartan</i> .....	15
DIOVAN .....	15	ELLENCE .....	10	EPZICOM .....	4
DIPENTUM .....	33	ELMIRON .....	49	EQUETRO .....	59
<i>dipyridamole</i> .....	8	ELSPAR .....	11	ERAXIS(WATER DILUENT) .....	35
<i>disopyramide</i> .....	15	EMADINE .....	27	ERBITUX .....	11
<i>disulfiram</i> .....	57	EMCYT .....	12	<i>ergocalciferol (vitamin d2)</i> .....	26
<i>divalproex</i> .....	52	EMEND .....	30	<i>ergoloid</i> .....	50
DIVIGEL .....	72	EMEND 125 MG.....	30	ERIVEDGE .....	12
DOCEFREZ .....	10	EMEND 40 MG, 80 MG.....	30	<i>errin</i> .....	70
<i>docetaxel</i> .....	10	<i>emoquette</i> .....	70	ERTACZO .....	67
<i>donepezil</i> .....	50	EMSAM .....	59	<i>ery pads</i> .....	65
DORIBAX .....	35	EMTRIVA .....	4	<i>eryped 200</i> .....	7
<i>dorzolamide</i> .....	29	ENABLEX .....	49	<i>eryped 400</i> .....	7
<i>dorzolamide-timolol</i> .....	29	<i>enalapril maleate</i> .....	14	ERY-TAB .....	7
DOVONEX .....	68	<i>enalapril-hydrochlorothiazide</i> .....	16	ERYTHROCIN .....	35
<i>doxazosin</i> .....	15	ENBREL .....	53	<i>erythrocin stearate</i> .....	7
<i>doxepin</i> .....	59	ENBREL 25 MG/0.5ML (0.51).....	53	<i>erythromycin</i> .....	7
<i>doxorubicin</i> .....	10	ENBREL 50 MG/ML (0.98 ML).....	53	<i>erythromycin</i> .....	27
<i>doxycycline hyclate</i> .....	8	<i>endocet 10-325 mg, 5-325 mg, 7.5-325 mg</i> .....	55	<i>erythromycin ethylsuccinate</i> .....	7
<i>doxycycline hyclate</i> .....	23	<i>endocet 10-650 mg</i> .....	55	<i>erythromycin with ethanol</i> .....	65
<i>doxycycline hyclate</i> .....	35	<i>endocet 7.5-500 mg</i> .....	55	<i>erythromycin-benzoyl peroxide</i> .....	65
<i>doxycycline monohydrate</i> .....	8	<i>endodan</i> .....	55	<i>escitalopram</i> .....	59
<i>dronabinol</i> .....	30	ENGERIX-B (PF) .....	43	<i>estazolam</i> .....	60
DROXIA .....	12	ENJUVIA .....	72	ESTRACE .....	72
DUETACT .....	22	<i>enoxaparin</i> .....	9	<i>estradiol</i> .....	72
<i>duramorph (pf)</i> .....	35	ENTOCORT EC .....	33	<i>estradiol valerate</i> .....	72
DYNACIRC CR .....	18	<i>enulose</i> .....	31	ESTRING .....	72
<i>e.e.s. 400</i> .....	7	<i>epinastine</i> .....	27	<i>estropipate</i> .....	72
E.E.S. GRANULES .....	7	<i>epinephrine base</i> .....	45	<i>ethambutol</i> .....	7
<i>econazole</i> .....	67	EPIPEN 2-PAK .....	45	<i>ethosuximide</i> .....	52
EDEX .....	25	EPIPEN JR 2-PAK .....	45	<i>etidronate disodium</i> .....	48
EDURANT .....	4	<i>epirubicin</i> .....	11	<i>etodolac</i> .....	55
EFFIENT .....	8	<i>epitol</i> .....	52	<i>etodolac 200 mg</i> .....	55
EGRIFTA .....	46	EPIVIR .....	4	ETOPOPHOS .....	11
ELAPRASE .....	47	EPIVIR HBV .....	4	<i>etoposide</i> .....	11
ELESTRIN .....	72	<i>eplerenone</i> .....	20	EURAX .....	68
ELIDEL .....	68			EVAMIST .....	72
ELIGARD .....	42			EVISTA .....	72
ELITEK .....	10				

EVOXAC .....	23	FLOVENT HFA 44		FML S.O.P. ....	28
EXELDERM .....	67	MCG/ACTUATION.....	63	FOCALIN XR .....	58
EXELON .....	50	FLUARIX 2011-2012 (PF) .....	43	<i>folic acid 1 mg</i> .....	26
EXELON 4.6 MG/24 HOUR, 9.5 MG/24 HOUR.....	50	<i>fluconazole</i> .....	2	<i>folic acid-vit b6-vit b12</i> 2.2-25-0.5 mg.....	26
<i>exemestane</i> .....	12	<i>fluconazole</i> .....	73	FOLLISTIM AQ .....	26
EXFORGE .....	16	<i>fluconazole in dextrose(iso-o)</i> .....	35	<i>fondaparinux</i> .....	9
EXFORGE HCT .....	16	<i>flucytosine</i> .....	2	FORADIL AEROLIZER .....	63
EXJADE .....	46	<i>fludarabine</i> .....	11	FORFIVO XL .....	59
EXTAVIA .....	47	<i>fludrocortisone</i> .....	41	FORTAZ .....	35
FABRAZYME .....	46	FLULAVAL 2011-2012 .....	43	FORTAZ IN DEXTROSE 5 % .....	35
<i>famciclovir</i> .....	4	<i>flunisolide</i> .....	24	FORTEO .....	72
<i>famotidine</i> .....	32	<i>fluocinolone</i> .....	66	FOSAMAX .....	72
FANAPT .....	61	<i>fluocinolone acetonide oil</i> .....	23	<i>foscarnet</i> .....	35
FARESTON .....	13	<i>fluocinonide</i> .....	66	<i>fosinopril</i> .....	14
FASLODEX .....	11	<i>fluocinonide-e</i> .....	66	<i>fosinopril-hydrochlorothiazide</i> .....	16
FAZACLO .....	61	<i>fluorometholone</i> .....	28	FOSRENOL .....	48
<i>felbamate</i> .....	52	<i>fluor-op</i> .....	28	FRAGMIN .....	9
<i>felodipine</i> .....	18	FLUOROPLEX .....	68	FREAMINE III 3 %-ELECTROLYTES .....	40
FEMHRT 1/5 .....	72	<i>fluorouracil</i> .....	68	FREAMINE III 8.5 % .....	40
FEMHRT LOW DOSE .....	72	<i>fluoxetine</i> .....	59	<i>furosemide</i> .....	19
FEMRING .....	72	<i>fluoxetine 10 mg, 20 mg</i> .....	59	FUSILEV .....	14
FEMTRACE .....	72	<i>fluphenazine decanoate</i> .....	61	FUZEON .....	4
<i>fenofibrate</i> .....	19	<i>fluphenazine hcl</i> .....	61	<i>gabapentin</i> .....	52
<i>fenofibrate micronized 134 mg, 200 mg, 67 mg</i> .....	19	<i>flurazepam</i> .....	60	GABITRIL .....	52
<i>fenofibrate nanocrystallized</i> .....	19	<i>flurbiprofen</i> .....	54	<i>galantamine</i> .....	50
<i>fenopropfen</i> .....	54	<i>flurbiprofen sodium</i> .....	28	GAMMAGARD LIQUID .....	43
<i>fentanyl</i> .....	55	<i>flutamide</i> .....	13	GAMMAPLEX .....	43
<i>fentanyl citrate</i> .....	55	<i>fluticasone</i> .....	24	GAMUNEX-C .....	43
FINACEA .....	65	<i>fluticasone</i> .....	66	GARDASIL (PF) .....	43
<i>finasteride</i> .....	49	<i>fluvastatin</i> .....	19	GELNIQUE .....	49
FIRAZYR .....	46	FLUVIRIN 2011-2012 .....	43	<i>gemcitabine</i> .....	11
FIRMAGON .....	42	FLUVIRIN 2011-2012 (PF) .....	43	<i>gemfibrozil</i> .....	19
FLAREX .....	28	<i>fluvoxamine</i> .....	59	<i>gengraf</i> .....	44
<i>flavoxate</i> .....	49	FLUZONE 2011-2012 .....	43	GENOTROPIN .....	46
<i>flecainide</i> .....	15	FLUZONE 2011-2012 (PF) .....	43	GENOTROPIN MINIQUICK .....	46
FLOVENT DISKUS .....	63	FLUZONE HIGH-DOSE 2011-12 (PF) .....	43	<i>gentak</i> .....	27
FLOVENT HFA 110 MCG/ACTUATION, 220 MCG/ACTUATION.....	63	FLUZONE INTRADERM 2011-12 (PF) .....	43		
		FML FORTE .....	28		

<i>gentamicin</i> .....	27	HAVRIX (PF) .....	43	<i>hydrocodone-acetaminophen</i>	
<i>gentamicin</i> .....	35	HECTOROL .....	35	10-325 mg, 5-325 mg, 7.5-325	
<i>gentamicin</i> .....	65	HECTOROL .....	47	mg .....	56
<i>gentamicin in nacl (iso-osm)</i>		HELIDAC .....	32	<i>hydrocodone-acetaminophen</i>	
.....	35	<i>heparin (porcine)</i> .....	35	10-500 mg, 2.5-500 mg, 5-500	
<i>gentamicin sulfate (pf)</i> .....	35	<i>heparin (porcine) in d5w</i> .....	35	mg, 7.5-500 mg .....	56
GEODON .....	61	<i>heparin (porcine) in nacl (pf)</i>		<i>hydrocodone-acetaminophen</i>	
<i>gianvi</i> .....	70	.....	35	10-650 mg, 7.5-650 mg .....	56
GILENYA .....	47	<i>heparin(porcine) in 0.45% nacl</i>		<i>hydrocodone-acetaminophen</i>	
GLASSIA .....	64	.....	35	10-660 mg .....	56
GLEEVEC .....	13	HEPATAMINE 8% .....	40	<i>hydrocodone-acetaminophen</i>	
<i>glimepiride</i> .....	22	HEPATASOL 8 % .....	40	10-750 mg, 7.5-750 mg .....	56
<i>glipizide</i> .....	22	HEPSERA .....	4	<i>hydrocodone-acetaminophen</i>	
<i>glipizide-metformin</i> .....	22	HERCEPTIN .....	11	7.5-325 mg/15 ml .....	56
GLUCAGEN HYPOKIT .....	21	HEXALEN .....	13	<i>hydrocodone-acetaminophen</i>	
GLUCAGON EMERGENCY		HIBERIX (PF) .....	43	7.5-500 mg/15 ml .....	56
.....	21	<i>huber safety needles (disp.)</i> .....	21	<i>hydrocodone-ibuprofen</i> .....	56
<i>glyburide</i> .....	22	HUMALOG .....	21	<i>hydrocortisone</i> .....	33
<i>glyburide micronized</i> .....	22	HUMALOG KWIKPEN .....	21	<i>hydrocortisone</i> .....	41
<i>glyburide-metformin</i> .....	22	HUMALOG MIX 50-50 .....	21	<i>hydrocortisone</i> .....	67
<i>glycopyrrolate</i> .....	31	HUMALOG MIX 50-50		<i>hydrocortisone butyrate</i> .....	67
GOLYTELY .....	31	KWIKPEN .....	21	<i>hydrocortisone valerate</i> .....	67
GONAL-F .....	26	HUMALOG MIX 75-25 .....	21	<i>hydrocortisone-acetic acid</i> .....	23
GONAL-F RFF .....	26	HUMALOG MIX 75-25		<i>hydromorphone</i> .....	56
GONAL-F RFF PEN .....	26	KWIKPEN .....	21	<i>hydromorphone (pf)</i> .....	35
<i>granisetron</i> .....	30	HUMATROPE .....	46	<i>hydroxychloroquine</i> .....	3
<i>granisetron</i> .....	35	HUMIRA .....	54	<i>hydroxyurea</i> .....	13
<i>granisetron (pf)</i> .....	35	HUMIRA CROHN'S DIS		<i>hydroxyzine hcl</i> .....	24
GRANISOL .....	30	START PCK .....	54	<i>hydroxyzine pamoate</i> .....	24
<i>griseofulvin microsize</i> .....	2	HUMULIN 70/30 .....	21	<i>ibandronate</i> .....	72
<i>griseofulvin ultramicrosize</i> .....	2	HUMULIN 70/30 PEN .....	21	<i>ibuprofen</i> .....	55
GRIS-PEG .....	2	HUMULIN N .....	21	<i>ibuprofen-oxycodone</i> .....	56
<i>guanfacine</i> .....	18	HUMULIN N PEN .....	21	<i>idarubicin</i> .....	11
HALAVEN .....	11	HUMULIN R .....	21	IFEX .....	11
HALFLYTELY-BISACODYL		HUMULIN R U-500		<i>ifosfamide</i> .....	11
W-FLAV PK .....	31	"CONCENTRATED" .....	21	ILARIS (PF) .....	45
<i>halobetasol propionate</i> .....	67	<i>hydralazine</i> .....	20	<i>imipenem-cilastatin</i> .....	36
HALOG .....	67	<i>hydrochlorothiazide</i> .....	19	<i>imipramine hcl</i> .....	60
<i>haloperidol</i> .....	61	<i>hydrocodone-acetaminophen</i>		<i>imipramine pamoate</i> .....	60
<i>haloperidol decanoate</i> .....	61	10-300 mg, 5-300 mg, 7.5-300		<i>imiquimod</i> .....	69
<i>haloperidol lactate</i> .....	62	mg .....	56	IMOVAX RABIES VACCINE	
				(PF) .....	43

INCIVEK .....	4	<i>isosorbide dinitrate</i> .....	20	KUVAN .....	48
INCRELEX .....	46	<i>isosorbide mononitrate</i> .....	15	<i>labetalol</i> .....	17
<i>indapamide</i> .....	19	<i>isradipine</i> .....	18	<i>laclotion</i> .....	68
INDOCIN .....	54	ISTODAX .....	11	<i>lactated ringers</i> .....	36
<i>indomethacin</i> .....	54	<i>itraconazole</i> .....	2	<i>lactulose</i> .....	31
INFANRIX (PF) .....	43	IXEMPRA .....	11	LAMICTAL ODT .....	52
INFERGEN .....	4	IXIARO (PF) .....	43	LAMICTAL XR 100 MG, 200	
INLYTA .....	13	JAKAFI .....	13	MG, 25 MG, 250 MG, 50	
<i>insulin syringe-needle u-100</i> .....	21	JALYN .....	49	MG.....	52
INTELENCE .....	4	<i>jantoven</i> .....	9	LAMISIL 125 MG.....	2
INTRALIPID .....	40	JANUMET .....	22	LAMISIL 187.5 MG.....	2
INTRON A .....	4	JANUMET XR .....	22	<i>lamivudine</i> .....	4
<i>introvale</i> .....	70	JANUVIA .....	22	<i>lamivudine-zidovudine</i> .....	5
INTUNIV ER .....	58	JENTADUETO .....	22	<i>lamotrigine</i> .....	52
INVANZ .....	36	JEVTANA .....	11	LANOXIN .....	16
INVEGA .....	62	<i>jinteli</i> .....	70	LANOXIN PEDIATRIC .....	16
INVEGA SUSTENNA .....	62	<i>junel 1.5/30 (21)</i> .....	70	<i>lansoprazole</i> .....	32
INVIRASE .....	4	<i>junel 1/20 (21)</i> .....	70	LANTUS .....	21
IONOSOL-B IN D5W .....	38	<i>junel fe 1.5/30 (28)</i> .....	70	LANTUS SOLOSTAR .....	21
IONOSOL-MB IN D5W .....	38	<i>junel fe 1/20 (28)</i> .....	70	<i>latanoprost</i> .....	29
IOPIDINE .....	29	KALETRA .....	4	LATUDA 20 MG, 40 MG, 80	
IPOL .....	43	KALYDECO .....	45	MG.....	62
<i>ipratropium bromide</i> .....	63	<i>kanamycin</i> .....	36	<i>leena 28</i> .....	70
<i>ipratropium bromide 0.03 %</i> .....	24	<i>kariva (28)</i> .....	70	<i>leflunomide</i> .....	54
<i>ipratropium bromide 0.06 %</i> .....	24	KAYEXALATE .....	48	<i>lessina</i> .....	70
<i>ipratropium-albuterol</i> .....	63	<i>kelnor 1/35 (28)</i> .....	70	LETAIRIS .....	48
<i>irbesartan</i> .....	15	KENALOG .....	67	<i>letrozole</i> .....	13
<i>irbesartan-hydrochlorothiazide</i>		KETEK .....	7	<i>leucovorin calcium</i> .....	14
.....	16	<i>ketoconazole</i> .....	2	LEUKERAN .....	13
<i>irinotecan</i> .....	11	<i>ketoconazole</i> .....	67	LEUKINE .....	9
ISENTRESS .....	4	<i>ketoprofen</i> .....	55	<i>leuprolide</i> .....	11
ISENTRESS 100 MG.....	4	<i>ketorolac</i> .....	28	<i>levalbuterol hcl 1.25 mg/0.5</i>	
ISENTRESS 25 MG.....	4	KINERET .....	54	<i>ml</i> .....	63
ISOLYTE-H IN D5W .....	38	<i>kionex</i> .....	48	LEVAQUIN .....	8
ISOLYTE-M IN D5W .....	38	<i>klor-con</i> .....	20	LEVAQUIN IN D5W .....	36
ISOLYTE-P IN D5W .....	38	<i>klor-con 10</i> .....	20	LEVATOL .....	17
ISOLYTE-S .....	38	KLOR-CON M15 .....	20	LEVEMIR .....	21
ISOLYTE-S IN D5W .....	38	<i>klor-con m20</i> .....	20	LEVEMIR FLEXPEN .....	21
<i>isoniazid</i> .....	7	KOMBIGLYZE XR .....	23	<i>levetiracetam</i> .....	52
<i>isoniazid</i> .....	36	KRISTALOSE .....	31	LEVITRA .....	25
<i>isosorbide dinitrate</i> .....	15	K-TAB .....	20	<i>levobunolol</i> .....	29

<i>levocarnitine</i> .....	31	<i>low-ogestrel (28)</i> .....	70	MENOPUR .....	26
<i>levocarnitine</i> .....	36	<i>loxapine succinate</i> .....	62	MENOSTAR .....	73
<i>levocarnitine (with sugar)</i> .....	31	LUFYLLIN .....	63	MENTAX .....	67
<i>levocetirizine</i> .....	24	LUMIGAN .....	29	MENVEO A-C-Y-W-135-DIP (PF) .....	44
<i>levofloxacin</i> .....	8	LUMIZYME .....	48	MEPHYTON .....	26
<i>levofloxacin</i> .....	27	LUNESTA .....	60	<i>meprobamate</i> .....	58
<i>levofloxacin in d5w</i> .....	36	LUPRON DEPOT .....	42	MEPRON .....	3
<i>levora-28</i> .....	70	LUPRON DEPOT (3 MONTH) .....	42	<i>mercaptapurine</i> .....	13
<i>levorphanol tartrate</i> .....	56	LUPRON DEPOT (4 MONTH) .....	42	<i>meropenem</i> .....	36
<i>levothroid</i> .....	42	LUPRON DEPOT (6 MONTH) .....	42	MERREM .....	36
<i>levothyroxine</i> .....	42	LUPRON DEPOT-PED .....	42	<i>mesalamine-cleansing wipes</i> .....	33
<i>levoxyl</i> .....	42	LUPRON DEPOT-PED (3 MONTH) .....	42	<i>mesna</i> .....	14
LEXAPRO .....	60	LUVERIS .....	26	MESNEX .....	14
LEXIVA .....	5	LUVOX CR .....	60	MESTINON .....	47
<i>lidocaine</i> .....	68	LUXIQ .....	67	MESTINON TIMESPAN .....	48
<i>lidocaine (pf)</i> .....	36	LYRICA .....	52	METADATE CD .....	58
<i>lidocaine hcl</i> .....	69	LYSODREN .....	41	METADATE ER .....	58
<i>lidocaine-prilocaine</i> .....	69	<i>malathion</i> .....	68	<i>metaproterenol</i> .....	63
LIDODERM .....	69	<i>maprotiline</i> .....	60	<i>metformin</i> .....	23
LINCOCIN .....	36	<i>marlissa</i> .....	70	<i>methadone</i> .....	36
<i>lindane</i> .....	68	MARPLAN .....	60	<i>methadone 10 mg/5 ml</i> .....	56
<i>liothyronine</i> .....	42	MATULANE .....	13	<i>methadone 5 mg/5 ml</i> .....	56
<i>lisinopril</i> .....	14	<i>matzim la</i> .....	18	<i>methadose</i> .....	56
<i>lisinopril-hydrochlorothiazide</i> .....	16	MAXAIR AUTOHALER .....	63	<i>methamphetamine</i> .....	58
<i>lithium carbonate</i> .....	59	MAXIDEX .....	28	<i>methazolamide</i> .....	29
<i>lithium citrate</i> .....	59	<i>meclizine</i> .....	30	<i>methenamine hippurate</i> .....	3
LO LOESTRIN FE .....	70	<i>meclofenamate</i> .....	54	<i>methimazole</i> .....	42
LOCOID LIPOCREAM .....	67	<i>medroxyprogesterone</i> .....	73	METHITEST .....	41
LODOSYN .....	51	<i>mefenamic acid</i> .....	55	<i>methotrexate sodium</i> .....	54
<i>lokara</i> .....	67	<i>mefloquine</i> .....	3	<i>methotrexate sodium (pf)</i> .....	36
<i>loperamide</i> .....	31	<i>megestrol</i> .....	5	<i>methscopolamine</i> .....	32
<i>lorazepam</i> .....	57	<i>meloxicam</i> .....	54	<i>methyclothiazide</i> .....	19
<i>lorazepam intensol</i> .....	58	<i>melfhalan</i> .....	11	<i>methyl dopa</i> .....	18
<i>losartan</i> .....	15	MENACTRA (PF) .....	43	<i>methyl dopa-hydrochlorothiazide</i> .....	17
<i>losartan-hydrochlorothiazide</i> .....	16	MENEST .....	73	<i>methylergonovine</i> .....	73
LOTEMAX .....	28	MENOMUNE - A/C/Y/W-135 (PF) .....	43	METHYLIN .....	58
LOTRONEX .....	31			<i>methylphenidate</i> .....	58
<i>lovastatin</i> .....	19				
LOVAZA .....	19				

<i>methylprednisolone</i> .....	41	<i>mometasone 0.1 %</i> .....	67	<i>necon 0.5/35 (28)</i> .....	71
<i>methylprednisolone acetate</i> .....	41	<i>montelukast</i> .....	63	<i>necon 1/35 (28)</i> .....	71
<i>methylprednisolone sodium succ</i> .....	41	MONUROL .....	3	NECON 10/11 (28) .....	71
<i>metipranolol</i> .....	29	<i>morphine</i> .....	56	<i>necon 7/7/7 (28)</i> .....	71
<i>metoclopramide hcl</i> .....	30	<i>morphine concentrate</i> .....	56	<i>nefazodone</i> .....	60
<i>metolazone</i> .....	19	MOVIPREP .....	32	<i>neomycin</i> .....	3
<i>metoprolol succinate</i> .....	17	MOXEZA .....	27	<i>neomycin-bacitracin-poly-hc</i> .....	27
<i>metoprolol ta-hydrochlorothiaz</i> .....	17	MOZOBIL .....	9	<i>neomycin-bacitracin-polymyxin</i> .....	27
<i>metoprolol tartrate</i> .....	17	<i>mupirocin</i> .....	65	<i>neomycin-polymyxin-dexameth</i> .....	28
<i>metoprolol tartrate</i> .....	36	MUSE .....	25	<i>neomycin-polymyxin-gramicidin</i> .....	28
METROGEL .....	65	MUSTARGEN .....	11	<i>neomycin-polymyxin-hc</i> .....	27
<i>metronidazole</i> .....	3	MYCAMINE .....	36	<i>neomycin-polymyxin-hc</i> .....	28
<i>metronidazole</i> .....	65	MYCOBUTIN .....	7	NEPHRAMINE 5.4 % .....	40
<i>metronidazole</i> .....	73	<i>mycophenolate mofetil</i> .....	44	NEPHROCAPS .....	26
<i>metronidazole in nacl (iso-os)</i> .....	36	MYFORTIC .....	44	NEPHROCAPS QT .....	26
<i>mexiletine</i> .....	16	MYOZYME .....	48	NEPHRONEX .....	26
MIACALCIN .....	73	MYTELASE .....	48	NEPHRO-VITE RX .....	26
<i>miconazole-3</i> .....	73	<i>nabumetone</i> .....	54	NEULASTA .....	9
<i>microgestin 1.5/30 (21)</i> .....	70	<i>nadolol</i> .....	17	NEUMEGA .....	9
<i>microgestin 1/20 (21)</i> .....	70	<i>nadolol-bendroflumethiazide</i> .....	17	NEUPOGEN .....	9
<i>microgestin fe 1.5/30 (28)</i> .....	70	<i>nafcellin</i> .....	36	NEUPRO .....	51
<i>microgestin fe 1/20 (28)</i> .....	71	<i>nafcellin in dextrose iso-osm</i> .....	36	NEVANAC .....	28
<i>midodrine</i> .....	45	NAFTIN .....	2	<i>nevirapine</i> .....	5
MIGERGOT .....	50	NAGLAZYME .....	47	NEXAVAR .....	13
MIGRANAL .....	50	NALFON .....	54	<i>niacor</i> .....	19
MILLIPRED .....	41	<i>naloxone</i> .....	61	NIASPAN EXTENDED-RELEASE .....	19
<i>minocycline</i> .....	8	<i>naltrexone</i> .....	57	<i>nicardipine</i> .....	18
MIRAPEX ER .....	51	NAMENDA .....	50	NICOTROL .....	49
<i>mirtazapine</i> .....	60	NAMENDA TITRATION PAK .....	50	NICOTROL NS .....	49
<i>misoprostol 200 mcg</i> .....	32	<i>naphazoline</i> .....	27	<i>nifediac cc</i> .....	18
<i>mitomycin</i> .....	11	<i>naproxen</i> .....	55	<i>nifedical xl</i> .....	18
<i>mitoxantrone</i> .....	11	<i>naproxen sodium</i> .....	55	<i>nifedipine</i> .....	18
M-M-R II (PF) .....	43	<i>naratriptan</i> .....	50	NILANDRON .....	13
<i>modafinil</i> .....	58	NASCOBAL .....	26	<i>nimodipine</i> .....	18
<i>moexipril</i> .....	14	NASONEX .....	24	<i>nisoldipine</i> .....	18
<i>moexipril-hydrochlorothiazide</i> .....	17	NATACYN .....	30	NITRO-BID .....	15
<i>mometasone</i> .....	67	<i>nateglinide</i> .....	23		
		NEBUPENT .....	3		

<i>nitroglycerin</i> .....	15	<i>octreotide acetate</i> .....	45	<i>oxcarbazepine</i> .....	52
NITROLINGUAL .....	15	<i>ofloxacin</i> .....	8	OXISTAT .....	68
NITROMIST .....	15	<i>ofloxacin</i> .....	23	OXSORALEN .....	69
NITROSTAT .....	15	<i>ofloxacin</i> .....	27	OXSORALEN ULTRA .....	69
<i>nizatidine</i> .....	32	<i>olanzapine</i> .....	62	<i>oxybutynin chloride</i> .....	49
<i>nora-be</i> .....	71	<i>olanzapine-fluoxetine</i> .....	59	<i>oxycodone</i> .....	56
NORDITROPIN FLEXPRO .....	46	OLEPTRO ER .....	60	<i>oxycodone 15 mg, 30 mg</i> .....	56
NORDITROPIN NORDIFLEX .....	46	<i>omeprazole 10 mg, 20 mg</i> .....	32	<i>oxycodone 5 mg</i> .....	57
<i>norethindrone acetate</i> .....	73	<i>omeprazole 40 mg</i> .....	32	<i>oxycodone-acetaminophen</i> .....	57
NORMOSOL-M IN D5W .....	38	<i>omeprazole-sodium bicarbonate</i> .....	32	<i>oxycodone-acetaminophen</i> <i>10-325 mg, 2.5-325 mg, 5-325</i> <i>mg, 7.5-325 mg</i> .....	57
NORMOSOL-R IN D5W .....	38	OMNITROPE .....	46	<i>oxycodone-acetaminophen</i> <i>10-650 mg</i> .....	57
NORMOSOL-R PH 7.4 .....	38	<i>ondansetron</i> .....	30	<i>oxycodone-acetaminophen</i> <i>7.5-500 mg</i> .....	57
NOROXIN .....	8	<i>ondansetron hcl</i> .....	30	<i>oxycodone-aspirin</i> .....	57
NORPACE CR .....	16	<i>ondansetron hcl (pf)</i> .....	36	OXYCONTIN .....	57
<i>nortrel 0.5/35 (28)</i> .....	71	<i>ondansetron hcl 24 mg</i> .....	30	<i>oxymorphone</i> .....	57
<i>nortrel 1/35 (21)</i> .....	71	<i>ondansetron hcl 4 mg, 8 mg</i> .....	30	<i>oxymorphone 15 mg, 7.5 mg</i> .....	57
<i>nortrel 1/35 (28)</i> .....	71	ONE TOUCH TEST .....	21	OXYTROL .....	49
<i>nortrel 7/7/7 (28)</i> .....	71	ONE TOUCH ULTRA TEST .....	21	PACERONE .....	16
<i>nortriptyline</i> .....	60	ONE TOUCH VERIO .....	21	<i>paclitaxel</i> .....	11
NORVIR .....	5	ONFI .....	52	<i>pamidronate</i> .....	36
NOVOLIN 70/30 .....	21	ONTAK .....	11	PANCREAZE .....	31
NOVOLIN N .....	22	ORAP .....	62	PANDEL .....	67
NOVOLIN R .....	22	ORAPRED .....	41	PANRETIN .....	69
NOVOLOG .....	22	ORAPRED ODT .....	41	<i>pantoprazole</i> .....	32
NOVOLOG FLEXPEN .....	22	ORENCIA .....	54	<i>paromomycin</i> .....	3
NOVOLOG MIX 70-30 .....	22	ORFADIN .....	47	<i>paroxetine hcl</i> .....	60
NOVOLOG MIX 70-30 FLEXPEN .....	22	<i>orsythia</i> .....	71	PASER .....	7
NUEDEXTA .....	51	ORTHO EVRA .....	71	PAXIL .....	60
NULOJIX .....	44	ORTHO TRI-CYCLEN (28) .....	71	PCE .....	7
NUTROPIN .....	46	OSMOPREP .....	32	<i>pedi-dri</i> .....	68
NUTROPIN AQ .....	46	OVCON-50 (28) .....	71	PEDVAX HIB (PF) .....	44
NUTROPIN AQ NUSPIN .....	46	OVIDREL .....	26	PEGANONE .....	52
NUVARING .....	71	<i>oxacillin</i> .....	36	PEGASYS .....	5
<i>nyamyc</i> .....	67	<i>oxacillin in dextrose(iso-osm)</i> .....	36	PEGASYS CONVENIENCE PACK .....	5
<i>nystatin</i> .....	2	<i>oxaliplatin</i> .....	11	PEGASYS PROCLICK .....	5
<i>nystatin</i> .....	68	<i>oxandrolone</i> .....	41	PEGINTRON .....	5
<i>nystatin-triamcinolone</i> .....	68	<i>oxazepam</i> .....	58		
<i>nystop</i> .....	68				

PEGINTRON REDIPEN .....	5	PLASMA-LYTE-56 IN D5W .....	38	<i>prednisolone sodium phosphate</i> 15 mg/5 ml, 5 mg base/5 ml (6.7 mg/5 ml).....	41
<i>penicillin g pot in dextrose</i> .....	36	PNEUMOVAX 23 .....	44	<i>prednisone</i> .....	41
<i>penicillin g potassium</i> .....	36	<i>podofilox</i> .....	69	PREDNISONE INTENSOL .....	41
<i>penicillin g sodium</i> .....	36	<i>polyethylene glycol 3350</i> .....	32	PREMARIN .....	73
<i>penicillin v potassium</i> .....	6	<i>polymyxin b sulfate</i> .....	36	PREMASOL 10 % .....	40
PENNSAID .....	54	<i>portia</i> .....	71	PREMASOL 6 % .....	40
PENTAM .....	3	<i>potassium chlorid-d5-0.45%nacl</i> .....	38	PREMPHASE .....	73
PENTASA .....	33	<i>potassium chloride</i> .....	20	PREMPRO .....	73
<i>pentazocine-acetaminophen</i> .....	57	<i>potassium chloride</i> .....	37	<i>prenatal plus with iron (ca)</i> .....	73
<i>pentostatin</i> .....	11	<i>potassium chloride</i> .....	38	PREVALITE .....	19
<i>pentoxifylline</i> .....	9	<i>potassium chloride in 0.9%nacl</i> .....	38	PREVNAR 13 (PF) .....	44
PERFOROMIST .....	64	<i>potassium chloride in d5w</i> .....	38	PREVPAC .....	32
<i>perindopril erbumine</i> .....	14	<i>potassium chloride in lr-d5</i> .....	38	PREZISTA 150 MG, 400 MG, 600 MG, 75 MG.....	5
<i>periogard</i> .....	24	<i>potassium chloride-0.45 % nacl</i> .....	38	PRIFTIN .....	7
<i>permethrin</i> .....	68	<i>potassium chloride-d5-0.2%nacl</i> .....	39	<i>primaquine</i> .....	3
<i>perphenazine</i> .....	62	<i>potassium chloride-d5-0.3%nacl</i> .....	39	PRIMAXIN IV .....	37
<i>perphenazine-amitriptyline</i> .....	62	<i>potassium chloride-d5-0.9%nacl</i> .....	39	<i>primidone</i> .....	52
PERTZYE .....	31	<i>potassium citrate</i> .....	49	PRIMSOL .....	3
PEXEVA .....	60	POTIGA .....	52	PRISTIQ .....	60
PFIZERPEN-G .....	36	PRADAXA .....	9	PRIVIGEN .....	44
<i>phendimetrazine tartrate</i> .....	26	<i>pramcort</i> .....	25	PROAIR HFA .....	64
<i>phenelzine</i> .....	60	<i>pramipexole</i> .....	51	<i>probenecid</i> .....	54
<i>phenobarbital</i> .....	52	PRANDIMET .....	23	PROCALAMINE 3% .....	40
<i>phentermine</i> .....	26	PRANDIN .....	23	<i>prochlorperazine</i> .....	30
<i>phenytoin</i> .....	52	<i>pravastatin</i> .....	19	<i>prochlorperazine edisylate</i> .....	30
<i>phenytoin sodium</i> .....	52	<i>prazosin</i> .....	15	<i>prochlorperazine maleate</i> .....	30
<i>phenytoin sodium extended</i> .....	52	PRED MILD .....	28	PROCRIT .....	9
PHOSLYRA .....	48	PRED-G .....	28	<i>proctocream-hc</i> .....	69
PICATO 0.015 %.....	69	PRED-G S.O.P. ....	28	<i>progesterone micronized</i> .....	73
PICATO 0.05 %.....	69	<i>prednicarbate</i> .....	67	PROGLYCEM .....	21
<i>pilocarpine hcl</i> .....	24	<i>prednisolone acetate</i> .....	28	PROGRAF .....	37
PILOPINE HS .....	29	<i>prednisolone sodium phosphate</i> .....	41	PROLASTIN C .....	64
<i>pindolol</i> .....	17			PROLEUKIN .....	11
<i>pioglitazone</i> .....	23			PROLIA .....	73
<i>pioglitazone-glimepiride</i> .....	23			PROMACTA .....	9
<i>pioglitazone-metformin</i> .....	23			<i>propafenone</i> .....	16
<i>piperacillin-tazobactam</i> .....	36			<i>propantheline</i> .....	32
<i>piroxicam</i> .....	54			<i>propranolol</i> .....	17
PLASMA-LYTE 148 .....	38				
PLASMA-LYTE A .....	38				

<i>propranolol-hydrochlorothiazid</i>	REMICADE	54	SANCUSO	30
.....	REMODULIN	37	SANDOSTATIN	45
<i>propylthiouracil</i>	RENAGEL	48	SANDOSTATIN LAR DEPOT	45
.....	<i>renal caps</i>	26	.....	45
PROQUAD (PF)	REVELA	48	SANTYL	69
PROSOL 20%	REPRONEX	26	SAPHRIS	62
PROTONIX	RESCRIPTOR	5	SAVELLA	52
PROTOPIC	<i>reserpine</i>	18	<i>selegiline hcl</i>	51
<i>protriptyline</i>	RESTASIS	30	<i>selenium sulfide</i>	69
PROVENTIL HFA	RETIN-A	65	SELZENTRY 150 MG	5
PROVIGIL	RETIN-A MICRO	65	SELZENTRY 300 MG	5
PULMICORT 1 MG/2 ML	RETROVIR	37	SENSIPAR	47
PULMICORT FLEXHALER	REVATIO	48	SEREVENT DISKUS	64
.....	REVLIMID	13	SEROMYCIN	8
PULMOZYME	REYATAZ	5	SEROQUEL 100 MG, 200 MG,	62
PYLERA	RIBAPAK DOSE PACK	5	300 MG, 400 MG	62
<i>pyridostigmine bromide</i>	<i>ribasphere</i>	5	SEROQUEL 25 MG, 50 MG	62
.....	<i>ribavirin</i>	5	SEROQUEL XR	62
QUALAQUIN	RIDAURA	54	SEROSTIM	46
<i>quasense</i>	RIFAMATE	7	<i>sertraline</i>	60
.....	<i>rifampin</i>	7	SFROWASA	33
<i>quetiapine 100 mg, 200 mg, 300</i>	RIFATER	8	SIGNIFOR	45
<i>mg, 400 mg</i>	RILUTEK	45	<i>sildenafil</i>	48
<i>quetiapine 25 mg, 50 mg</i>	<i>rimantadine</i>	5	<i>silver sulfadiazine</i>	66
<i>quinapril</i>	<i>ringers</i>	39	SIMCOR 1,000-40 MG, 500-20	19
<i>quinapril-hydrochlorothiazide</i>	RIOMET	23	MG, 500-40 MG, 750-20	19
.....	RISPERDAL CONSTA	59	MG	19
<i>quinidine gluconate</i>	<i>risperidone</i>	59	SIMPONI	54
.....	<i>risperidone</i>	62	SIMULECT	44
<i>quinidine sulfate</i>	RITUXAN	11	<i>simvastatin</i>	20
.....	<i>rivastigmine</i>	50	SKELID	48
<i>quinine sulfate</i>	<i>ropinirole</i>	51	SKLICE	68
.....	ROTATEQ VACCINE	44	<i>sodium chloride</i>	39
QVAR	ROXICET	57	<i>sodium chloride</i>	69
RABAVERT (PF)	ROZEREM	61	<i>sodium chloride 0.45 %</i>	39
<i>ramipril</i>	SABRIL	52	<i>sodium chloride 0.9 %</i>	39
.....	SAFYRAL	71	<i>sodium chloride 3 %</i>	39
RANEXA	SAIZEN	46	<i>sodium chloride 5 %</i>	39
<i>ranitidine hcl</i>	SAIZEN CLICK.EASY	46	<i>sodium fluoride</i>	24
.....	SAMSCA	49	<i>sodium lactate</i>	39
RAPAMUNE	SANCTURA XR	49		
REBETOL				
REBIF				
REBIF TITRATION PACK				
RECLAST				
RECOMBIVAX HB (PF)				
REGRANEX				
RELENZA DISKHALER				
RELISTOR				

<i>sodium polystyrene (sorb free)</i> .....	SUBOXONE 2-0.5 MG, 8-2	TAMIFLU 30 MG.....
48	MG.....	5
SOLARAZE.....	61	TAMIFLU 45 MG, 75 MG.....
69	SUBOXONE 8-2 MG.....	5
SOLU-CORTEF (PF).....	61	<i>tamoxifen</i> .....
41	SUBSYS.....	13
SOLU-MEDROL (PF).....	57	<i>tamsulosin</i> .....
41	<i>sucralfate</i> .....	49
SOMATULINE DEPOT.....	32	TARCEVA 100 MG.....
45	<i>sulfacetamide sodium</i> .....	13
SOMAVERT.....	27	TARCEVA 150 MG, 25 MG.....
45	<i>sulfacetamide sodium (acne)</i>	13
SORIATANE.....	69	TARGRETIN.....
68	.....	13
<i>sorine</i> .....	28	TARGRETIN.....
16	<i>sulfacetamide-prednisolone</i> .....	14
<i>sotalol</i> .....	8	TARKA.....
16	<i>sulfadiazine</i> .....	17
<i>sotalol af</i> .....	8	TASIGNA.....
16	<i>sulfamethoxazole-trimethoprim</i>	13
SPECTRACEF.....	8	TASMAR.....
7	.....	51
SPIRIVA WITH	<i>sulfamethoxazole-trimethoprim</i>	TAXOTERE.....
HANDIHALER.....	37	12
64	SULFAMYLON.....	TAZORAC.....
<i>spironolactone</i> .....	69	68
19	<i>sulfasalazine</i> .....	<i>taztia xt</i> .....
<i>spironolactone</i> .....	33	18
20	<i>sulfazine ec</i> .....	TECFIDERA.....
<i>spironolacton-hydrochlorothiaz</i>	33	47
.....	<i>sulindac</i> .....	TEFLARO.....
19	54	37
SPRYCEL 100 MG, 140	<i>sumatriptan succinate</i> .....	TEGRETOL XR 100 MG.....
MG.....	50	52
13	SUPRAX.....	<i>temazepam</i> .....
SPRYCEL 20 MG, 50 MG, 70	7	61
MG, 80 MG.....	SUPRAX 100 MG/5 ML, 200	TEMODAR 100 MG, 20
13	MG/5 ML.....	MG.....
<i>ssd</i> .....	7	13
66	SUPREP.....	TEMODAR 140 MG, 5 MG.....
STALEVO 100.....	32	13
51	SUSTIVA.....	TEMODAR 180 MG, 250
STALEVO 125.....	5	MG.....
51	SUTENT.....	13
STALEVO 150.....	13	<i>terazosin</i> .....
51	SYLATRON.....	15
STALEVO 200.....	11	<i>terbinafine</i> .....
51	SYMBICORT 160-4.5	2
STALEVO 50.....	MCG/ACTUATION.....	64
51	64	<i>terbutaline</i> .....
STALEVO 75.....	SYMBICORT 80-4.5	64
51	MCG/ACTUATION.....	73
<i>stavudine</i> .....	64	TESTIM.....
5	SYMBYAX.....	41
STAVZOR.....	59	<i>testosterone cypionate</i> .....
52	SYMLINPEN 120.....	41
STELARA.....	22	<i>testosterone enanthate</i> .....
68	SYMLINPEN 60.....	41
STIMATE.....	22	TESTRED.....
9	SYNAGIS.....	42
STIVARGA.....	49	<i>tetanus toxoid,adsorbed (pf)</i> .....
13	SYNAREL.....	44
STRATTERA 10 MG, 18 MG,	42	<i>tetanus-diphtheria toxoids-td</i>
25 MG, 40 MG, 60 MG.....	SYNERA.....	.....
58	69	44
STRATTERA 100 MG, 80	SYNERCID.....	<i>tetracycline</i> .....
MG.....	37	8
58	SYNTHROID.....	TEV-TROPIN.....
STRIANT.....	42	46
41	SYPRINE.....	THALITONE.....
STRIBILD.....	50	19
5	TABLOID.....	THALOMID.....
STROMECTOL.....	13	14
3	<i>tacrolimus</i> .....	<i>theophylline</i> .....
SUBOXONE 2-0.5 MG.....	45	64
61	TAMIFLU.....	<i>thioridazine</i> .....
	5	62
		<i>thiotepa</i> .....
		12

<i>thiothixene</i> .....	62	<i>tretinoin (chemotherapy)</i> .....	14	<i>u-cort</i> .....	67
<i>tiagabine</i> .....	53	TRETIN-X .....	65	ULESFIA .....	68
<i>ticlopidine</i> .....	9	TRETIN-X (GEL) .....	65	ULORIC .....	55
TIKOSYN .....	16	TREXALL .....	54	<i>unithroid</i> .....	42
TIMENTIN .....	37	<i>triamcinolone acetonide</i> .....	24	UROCIT-K 10 .....	50
<i>timolol maleate</i> .....	17	<i>triamcinolone acetonide</i> .....	67	UROCIT-K 15 .....	50
<i>timolol maleate</i> .....	29	<i>triamterene-hydrochlorothiazid</i>		UROCIT-K 5 .....	50
<i>tinidazole</i> .....	3	.....	17	<i>ursodiol</i> .....	32
TIROSINT .....	42	<i>triamterene-hydrochlorothiazid</i>		UVADEX .....	12
<i>tizanidine</i> .....	53	.....	19	VAGIFEM .....	73
TOBI .....	45	<i>triazolam</i> .....	61	<i>valacyclovir</i> .....	6
TOBRADEX .....	28	<i>triderm</i> .....	67	VALCYTE .....	6
TOBRADEX ST .....	28	<i>trifluoperazine</i> .....	62	<i>valproate sodium</i> .....	37
<i>tobramycin</i> .....	28	<i>trifluridine</i> .....	29	<i>valproic acid</i> .....	53
<i>tobramycin in 0.9 % nacl</i> .....	37	<i>trihexyphenidyl</i> .....	51	<i>valproic acid (as sodium salt)</i>	
<i>tobramycin sulfate</i> .....	37	TRILEPTAL .....	53	.....	53
<i>tobramycin-dexamethasone</i> .....	28	<i>trilyte with flavor packets</i> .....	32	VANCOCIN .....	3
<i>tolazamide</i> .....	23	<i>trimethoprim</i> .....	3	<i>vancomycin</i> .....	3
<i>tolbutamide</i> .....	23	<i>trimethoprim-polymyxin b</i> .....	28	<i>vancomycin 1,000 mg, 10</i>	
<i>tolmetin</i> .....	54	<i>trimipramine</i> .....	60	<i>gram</i> .....	37
<i>topiramate</i> .....	53	<i>trinessa (28)</i> .....	71	<i>vancomycin 500 mg</i> .....	37
<i>toposar</i> .....	12	<i>triphrocaps</i> .....	27	<i>vandazole</i> .....	73
<i>topotecan</i> .....	12	<i>tri-previfem (28)</i> .....	71	VANOS .....	67
TORISEL .....	12	TRISENOX .....	14	VAQTA (PF) .....	44
<i>toremide</i> .....	19	<i>tri-sprintec (28)</i> .....	71	VARIVAX (PF) .....	44
<i>tpn electrolytes</i> .....	40	<i>trivora (28)</i> .....	71	VECTIBIX .....	12
TRACLEER .....	48	TRIZIVIR .....	5	VELCADE .....	12
TRADJENTA .....	23	TROPHAMINE 10 % .....	40	<i>velivet triphasic regimen (28)</i>	
<i>tramadol</i> .....	57	TROPHAMINE 6% .....	40	.....	71
<i>tramadol-acetaminophen</i> .....	57	<i>trospium</i> .....	49	<i>venlafaxine</i> .....	60
<i>trandolapril</i> .....	15	TRUVADA .....	5	VENTAVIS 10 MCG/ML.....	48
<i>tranexamic acid</i> .....	9	TUDORZA PRESSAIR .....	64	VENTOLIN HFA .....	64
TRANSDERM-SCOP .....	30	TWINJECT AUTOINJECTOR		<i>verapamil</i> .....	18
<i>tranylcypramine</i> .....	60	.....	45	VERIPRED 20 .....	41
TRAVASOL 10 % .....	40	TWINRIX (PF) .....	44	VESICARE .....	50
TRAVATAN Z .....	29	TYGACIL .....	37	<i>vestura</i> .....	71
<i>trazodone</i> .....	60	TYKERB .....	14	VEXOL .....	29
TREANDA .....	12	TYPHIM VI .....	44	VFEND .....	2
TRECTOR .....	8	TYSABRI .....	47	VFEND IV .....	37
TRELSTAR .....	42	TYZEKA .....	6	VIAGRA .....	25
<i>tretinoin</i> .....	65	TYZINE .....	24	VIBATIV .....	37

VIBRAMYCIN .....	8	XENAZINE 12.5 MG .....	47	<i>zonisamide</i> .....	53
VICTOZA 3-PAK .....	22	XENAZINE 25 MG .....	47	ZORBTIVE .....	46
VICTRELIS .....	6	XGEVA .....	73	ZORTRESS .....	45
VIDAZA .....	12	XIFAXAN 200 MG .....	3	ZOSTAVAX (PF) .....	44
VIDEX 2 GRAM PEDIATRIC .....	6	XIFAXAN 550 MG .....	3	ZOSYN .....	37
VIGAMOX .....	28	XOLAIR .....	64	ZOSYN IN DEXTROSE (ISO-OSM) .....	37
VIIBRYD .....	60	XOPENEX .....	64	<i>zovia 1/35e (28)</i> .....	71
VIMPAT .....	53	XOPENEX HFA .....	64	<i>zovia 1/50e (28)</i> .....	71
<i>vinblastine</i> .....	12	XTANDI .....	14	ZOVIRAX .....	69
<i>vincristine</i> .....	12	XYREM .....	61	ZYDONE .....	57
<i>vinorelbine</i> .....	12	YERVOY .....	12	ZYLET .....	29
VIOKACE .....	31	YF-VAX (PF) .....	44	ZYPREXA .....	62
VIRACEPT .....	6	<i>zafirlukast</i> .....	64	ZYTIGA .....	14
VIRAMUNE .....	6	<i>zaleplon</i> .....	61	ZYVOX .....	3
VIRAMUNE XR 400 MG .....	6	ZANOSAR .....	12	ZYVOX .....	37
VIREAD .....	6	ZAVESCA .....	46		
VISTIDE .....	37	<i>zazole</i> .....	73		
<i>vitamin d2</i> .....	27	ZELBORAF .....	6		
VIVACTIL .....	60	ZEMAIRA .....	64		
VIVELLE-DOT .....	73	ZEMPLAR .....	37		
VOLTAREN .....	54	ZEMPLAR .....	47		
<i>voriconazole</i> .....	37	ZENPEP .....	31		
<i>voriconazole 200 mg</i> .....	2	<i>zeosa</i> .....	71		
<i>voriconazole 50 mg</i> .....	2	ZERIT .....	6		
VOTRIENT .....	14	ZETIA .....	20		
VPRIV .....	46	ZIAGEN .....	6		
VYTORIN 10-10 .....	20	<i>zidovudine</i> .....	6		
VYTORIN 10-20 .....	20	ZINACEF .....	37		
VYTORIN 10-40 .....	20	ZINACEF IN DEXTROSE (ISO-OSM) .....	37		
VYTORIN 10-80 .....	20	ZINACEF IN STERILE WATER .....	37		
VYVANSE .....	59	ZINECARD .....	14		
<i>warfarin</i> .....	9	ZIOPTAN (PF) .....	29		
<i>water for irrigation, sterile</i> .....	69	<i>ziprasidone hcl</i> .....	62		
WELCHOL .....	20	ZIRGAN .....	29		
WESTCORT .....	67	ZMAX .....	7		
XALKORI .....	14	ZOLINZA .....	14		
XARELTO 10 MG .....	9	<i>zolpidem</i> .....	61		
XARELTO 15 MG, 20 MG .....	9	ZOMETA .....	73		
XELODA 150 MG .....	14	ZONALON .....	69		
XELODA 500 MG .....	14				