

# TUFTS MEDICARE PREFERRED HMO 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 HMO Formulary?**

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

## **Can the Formulary change?**

Generally, if you are taking a drug on our 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 HMO, please visit our website at [tuftsmedicarepreferred.org](http://tuftsmedicarepreferred.org) or call Customer Relations at 1-800-701-9000, Monday – Friday, 8:00 a.m. – 8:00 p.m. (From Oct. 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 64. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

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

## Are there any restrictions on my coverage?

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

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

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

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

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

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

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

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

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

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Tufts Medicare Preferred HMO 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 HMO will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 93-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

### **For more information**

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

If you have questions about Tufts Medicare Preferred HMO, please call Customer Relations at 1-800-701-9000, Monday – Friday, 8:00 a.m. – 8:00 p.m. (From Oct. 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 HMO Formulary**

The formulary that begins on page 2 provides coverage information about some of the drugs covered by Tufts Medicare Preferred HMO. If you have trouble finding your drug in the list, turn to the Index that begins on page 64.

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 HMO has any special requirements for coverage of your drug.

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

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

### **QL: Quantity Limit Applies.**

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

**EC: Enhanced Coverage Drug.**

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

**HI: Home Infusion Drug.**

This prescription drug may be covered under our medical benefit. For more information, call Customer Relations at 1-800-701-9000, Monday-Friday 8:00 a.m. – 8:00 p.m. (From Oct. 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.

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

**\* Part B Drug:**

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

**2013 Tufts Medicare Preferred Formulary  
HMO Employer Group Members**

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HMO Employer Group 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	
Noxafil	Tier-3	
<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	
BILTRICIDE	Tier-2	
<i>methenamine hippurate</i>	Tier-1	
<i>metronidazole oral</i>	Tier-1	
Monurol	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>neomycin</i>	Tier-1	
PRIMSOL	Tier-2	
STROMECTOL	Tier-2	
<i>trimethoprim</i>	Tier-1	
VANCOGIN	Tier-2	
<i>vancomycin</i>	Tier-1	
Xifaxan tablet 200 mg	Tier-3	QL (9 EA per 30 day(s))
Xifaxan tablet 550 mg	Tier-3	PA; QL (60 EA per 30 day(s))
ZYVOX	Tier-2	
<b>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	
<b>ANTIVIRALS</b>		
<i>abacavir</i>	Tier-1	
<i>acyclovir</i>	Tier-1	
<i>amantadine hcl</i>	Tier-1	
APTIVUS	Tier-2	
ATRIPLA	Tier-2	
BARACLUDE	Tier-2	
COMPLERA	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
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 TABLET 100 MG, 200 MG	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	
<i>lamivudine-zidovudine</i>	Tier-1	
LEXIVA	Tier-2	
<i>megestrol</i>	Tier-1	
<i>nevirapine</i>	Tier-1	
NORVIR	Tier-2	
PEGASYS	Tier-2	PA; QL (4 ML per 30 day(s))
PEGASYS CONVENIENCE PACK	Tier-2	PA; QL (4 EA per 30 day(s))
PEGASYS PROCLICK	Tier-2	PA; QL (4 ML per 30 day(s))
PEGINTRON	Tier-2	PA; QL (8 EA per 30 day(s))
PEGINTRON REDIPEN	Tier-2	PA; QL (4 EA per 30 day(s))
PREZISTA	Tier-2	
REBETOL ORAL SOLN	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
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</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	
TYZEKA	Tier-2	QL (30 EA per 30 day(s))
<i>valacyclovir</i>	Tier-2	
VALCYTE	Tier-2	
VICTRELIS	Tier-2	PA
VIDEX 2 GRAM PEDIATRIC	Tier-2	
VIRACEPT	Tier-2	
VIRAMUNE	Tier-2	
VIRAMUNE XR	Tier-2	
VIREAD	Tier-2	
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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<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	
Spectracef	Tier-3	
Suprax	Tier-3	
<b>KETOLIDES</b>		
KETEK	Tier-2	
<b>MACROLIDES AND CLINDAMYCIN</b>		
<i>azithromycin</i>	Tier-1	
<i>clarithromycin</i>	Tier-1	
<i>clindamycin hcl</i>	Tier-1	
DIFICID	Tier-2	PA
<i>e.e.s. 400</i>	Tier-1	
E.E.S. Granules	Tier-3	
Ery-Tab	Tier-3	
<i>eryped 200</i>	Tier-1	
<i>eryped 400</i>	Tier-1	
<i>erythrocin stearate</i>	Tier-1	
<i>erythromycin</i>	Tier-1	
<i>erythromycin ethylsuccinate</i>	Tier-1	
PCE	Tier-3	
Zmax	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<b>MYCOBACTERIAL INFECTIONS-TUBERCULOSIS AND MYCOBACTERIUM AVIUM COMPLEX</b>		
<i>ethambutol</i>	Tier-1	
<i>isoniazid</i>	Tier-1	
MYCOBUTIN	Tier-2	
Paser	Tier-3	
PRIFTIN	Tier-2	
<i>pyrazinamide</i>	Tier-1	
Rifamate	Tier-3	
<i>rifampin</i>	Tier-1	
Rifater	Tier-3	
SEROMYCIN	Tier-2	
Trecator	Tier-3	
<b>QUINOLONES</b>		
Cipro Oral Susp	Tier-3	
<i>ciprofloxacin</i>	Tier-1	
<i>ciprofloxacin (mixture)</i>	Tier-1	
Levaquin Oral Soln	Tier-3	
<i>levofloxacin</i>	Tier-2	
Noroxin	Tier-3	
<i>ofloxacin</i>	Tier-1	
<b>SULFONAMIDES</b>		
<i>sulfadiazine</i>	Tier-1	
<i>sulfamethoxazole-trimethoprim</i>	Tier-1	
<b>TETRACYCLINES</b>		
<i>demeclocycline</i>	Tier-1	
<i>doxycycline hyclate</i>	Tier-1	
<i>doxycycline monohydrate</i>	Tier-1	
<i>minocycline</i>	Tier-1	
<i>tetracycline</i>	Tier-1	
Vibramycin Syrup	Tier-3	
<b>BLOOD THINNERS AND BLOOD MODIFYING AGENTS</b>		
<b>ANTIPLATELET THERAPY</b>		
Aggrenox	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>clopidogrel</i>	Tier-1	
<i>dipyridamole</i>	Tier-1	
Effient	Tier-3	
<b>BLOOD MODIFYING AGENTS</b>		
ARANESP (IN POLYSORBATE)	Tier-2	QL (4 ML per 30 day(s))
EPOGEN	Tier-2	QL (10 ML per 14 day(s))
LEUKINE	Tier-2	
MOZOBIL	Tier-2	PA
NEULASTA	Tier-2	QL (1 ML per 14 day(s))
NEUMEGA	Tier-2	
NEUPOGEN	Tier-2	QL (10 ML per 14 day(s))
PROCRIT	Tier-2	QL (10 ML per 14 day(s))
PROMACTA	Tier-2	PA; QL (30 EA per 30 day(s))
<b>BLOOD THINNERS</b>		
Brilinta	Tier-3	
Coumadin	Tier-3	
<i>enoxaparin</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</i>	Tier-1	

Drug Name	Drug Tier	Coverage Notes
<b>CANCER DRUGS</b>		
<b>INJECTABLE AGENTS</b>		
ABRAXANE	Tier-2	* Part B
ADRIAMYCIN PFS	Tier-2	* Part B
ALIMTA	Tier-2	* Part B
ALKERAN	Tier-2	* Part B
<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
ELLENCÉ	Tier-2	* Part B
ELSPAR	Tier-2	* Part B

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</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
KADCYLA	Tier-2	PA; * 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
PERJETA	Tier-2	PA; * Part B
PROLEUKIN	Tier-2	* Part B
RITUXAN	Tier-2	PA; * Part B
SYLATRON	Tier-2	PA; QL (4 EA per 28 day(s))
SYNRIBO	Tier-2	* Part B
TAXOTERE	Tier-2	* Part B
<i>thiotepa</i>	Tier-1	* Part B

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</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
ZALTRAP	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	Tier-2	PA
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	
COMETRIQ	Tier-2	PA
<i>cyclophosphamide</i>	Tier-1	B/D
Droxia	Tier-3	
EMCYT	Tier-2	
ERIVEDGE	Tier-2	PA
<i>exemestane</i>	Tier-1	
FARESTON	Tier-2	
<i>flutamide</i>	Tier-1	
GLEEVEC	Tier-2	
HEXALEN	Tier-2	
<i>hydroxyurea</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
ICLUSIG TABLET 15 MG	Tier-2	PA; QL (60 per 30 Day(s))
ICLUSIG TABLET 45 MG	Tier-2	PA; QL (30 per 30 Day(s))
INLYTA	Tier-2	PA
JAKAFI	Tier-2	PA
<i>letrozole</i>	Tier-1	
LEUKERAN	Tier-2	
MATULANE	Tier-2	
MEKINIST	Tier-2	
<i>mercaptopurine</i>	Tier-1	
NEXAVAR	Tier-2	PA; QL (220 EA per 30 day(s))
NILANDRON	Tier-2	
POMALYST	Tier-2	PA; QL (21 per 21 Day(s))
REVLIMID	Tier-2	PA; LA
SOLTAMOX	Tier-2	
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	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))
THALOMID	Tier-2	
<i>tretinoin (chemotherapy)</i>	Tier-1	
TRISENOX	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
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	* Part B; QL (84 EA per 14 day(s))
XELODA TABLET 500 MG	Tier-2	* Part B; 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	
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<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	
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</i>	Tier-1	
<i>disopyramide</i>	Tier-1	
<i>flecainide</i>	Tier-2	
Lanoxin	Tier-3	
Lanoxin Pediatric	Tier-3	
<i>mexiletine</i>	Tier-1	
Multaq	Tier-3	
Norpace CR	Tier-3	
Pacerone	Tier-3	
<i>propafenone</i>	Tier-1	
<i>quinidine gluconate oral</i>	Tier-1	
<i>quinidine sulfate</i>	Tier-1	
<i>sorine</i>	Tier-1	
<i>sotalol oral</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>sotalol af</i>	Tier-1	
TIKOSYN	Tier-2	
<b>ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS</b>		
<i>amlodipine-benazepril</i>	Tier-2	
AMTURNIDE	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>candesartan-hydrochlorothiazid</i>	Tier-1	
<i>captopril-hydrochlorothiazide</i>	Tier-1	
<i>clorpres</i>	Tier-1	
Dutoprol	Tier-3	
<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	
<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	
TEKAMLO	Tier-2	
<i>triamterene-hydrochlorothiazid</i>	Tier-1	
<i>valsartan-hydrochlorothiazide</i>	Tier-2	
<b>BETA AND ALPHA BLOCKERS</b>		
<i>carvedilol</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
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	
<i>dilt-cd</i>	Tier-1	
<i>dilt-xr</i>	Tier-1	
<i>diltiazem hcl</i>	Tier-1	
<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>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<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	
<i>furosemide oral</i>	Tier-1	
<i>hydrochlorothiazide</i>	Tier-1	
<i>indapamide</i>	Tier-1	
<i>methyclothiazide</i>	Tier-1	
<i>metolazone</i>	Tier-1	
<i>spironolacton-hydrochlorothiaz</i>	Tier-1	
<i>spironolactone</i>	Tier-1	
Thalitone	Tier-3	
<i>toremide</i>	Tier-1	
<i>triamterene-hydrochlorothiazid</i>	Tier-1	
<b>LIPID LOWERING AGENTS</b>		
Advicor	Tier-3	
<i>atorvastatin</i>	Tier-1	
<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	
JUXTAPID	Tier-2	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
KYNAMRO	Tier-2	PA
<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	Tier-2	
<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</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
<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	

<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	
JUVISYNC	Tier-2	
KOMBIGLYZE XR	Tier-2	
<i>metformin</i>	Tier-1	
<i>nateglinide</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<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	
<i>periogard</i>	Tier-1	
<i>pilocarpine hcl</i>	Tier-1	
<i>sodium fluoride</i>	Tier-1	
<i>triamcinolone acetonide</i>	Tier-1	
<b>NOSE</b>		
ASTEPRO	Tier-2	QL (120 ML per 90 day(s))
<i>azelastine</i>	Tier-1	QL (120 ML per 90 day(s))
Bactroban Nasal	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>desloratadine</i>	Tier-1	
<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 acetonide</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	
<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 12</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))

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
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
<i>phendimetrazine tartrate</i>	Tier-1	PA; EC
<i>phentermine</i>	Tier-1	PA
<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<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
<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	
Lastacaft	Tier-3	
<i>naphazoline</i>	Tier-1	
<b>ANTI-INFECTIVES</b>		
Azasite	Tier-3	QL (2.5 ML per 7 day(s))
<i>bacitracin ophth</i>	Tier-1	
<i>bacitracin-polymyxin b</i>	Tier-1	
Besivance	Tier-3	
Blephamide	Tier-3	
Blephamide S.O.P.	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>ciprofloxacin</i>	Tier-1	
<i>erythromycin</i>	Tier-1	
<i>gentak</i>	Tier-1	
<i>gentamicin</i>	Tier-1	
<i>levofloxacin</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	
<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 opht</i>	Tier-1	
Lotemax Eye Drops	Tier-3	
Maxidex	Tier-3	
<i>neomycin-polymyxin-dexameth</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>neomycin-polymyxin-gramicidin</i>	Tier-1	
<i>neomycin-polymyxin-hc</i>	Tier-1	
Nevanac	Tier-3	
PRED MILD	Tier-2	
PRED-G	Tier-2	
PRED-G S.O.P.	Tier-2	
<i>prednisolone acetate</i>	Tier-1	
VEXOL	Tier-2	
Zylet	Tier-3	
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	Tier-1	
Zirgan	Tier-3	
<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	
Simbrinza	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>timolol maleate</i>	Tier-1	
Travatan Z	Tier-3	STPA
Zioptan (PF)	Tier-3	STPA; QL (90 EA per 90 day(s))
<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	
<b>ENZYMES</b>		
BUPHENYL	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
CARBAGLU	Tier-2	PA
CREON	Tier-2	
Cystagon	Tier-3	
Pancreaze	Tier-3	
Pertzye	Tier-3	
Ultresa	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	
GATTEX ONE-VIAL	Tier-2	PA
<i>generlac</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	
<i>levocarnitine (with sugar)</i>	Tier-1	
<i>loperamide</i>	Tier-1	
LOTRONEX	Tier-2	
MoviPrep	Tier-3	
OsmoPrep	Tier-3	
<i>polyethylene glycol 3350</i>	Tier-1	
<i>propantheline</i>	Tier-1	
Suprep	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<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</i>	Tier-1	
<i>nizatidine</i>	Tier-1	
<i>omeprazole capsule, delayed release 10 mg, 20 mg</i>	Tier-1	QL (180 EA per 90 day(s))
<i>omeprazole capsule, delayed release 40 mg</i>	Tier-1	QL (90 EA per 90 day(s))
<i>omeprazole-sodium bicarbonate</i>	Tier-2	STPA; QL (90 EA per 90 day(s))
<i>pantoprazole</i>	Tier-2	STPA; QL (90 EA per 90 day(s))
Prevpac	Tier-3	QL (14 EA per 30 day(s))
PYLERA	Tier-2	
<i>ranitidine hcl oral</i>	Tier-1	
RELISTOR	Tier-2	
<i>sucralfate</i>	Tier-1	
<b>INFLAMMATORY BOWEL DISEASE</b>		
AMITIZA	Tier-2	
APRISO	Tier-2	
ASACOL	Tier-2	
ASACOL HD	Tier-2	
<i>balsalazide</i>	Tier-1	
<i>budesonide</i>	Tier-1	
CANASA	Tier-2	
<i>colocort</i>	Tier-1	
DELZICOL	Tier-2	
DIPENTUM	Tier-2	
Entocort EC	Tier-3	
<i>hydrocortisone</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>mesalamine-cleansing wipes</i>	Tier-1	
PENTASA	Tier-2	
sfRowasa	Tier-3	
<i>sulfasalazine</i>	Tier-1	
<i>sulfazine ec</i>	Tier-1	
Uceris	Tier-3	
<b>HOME INFUSION THERAPY</b>		
<b>ACUTE CARE DRUGS</b>		
ABELCET	Tier-2	HI; * Part B
<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; * Part B
<i>amikacin</i>	Tier-1	HI; * Part B
AMPHOTEC	Tier-2	HI; * Part B
<i>amphotericin b</i>	Tier-1	HI; * Part B
<i>ampicillin sodium</i>	Tier-1	HI; * Part B
<i>ampicillin-sulbactam</i>	Tier-1	HI; * Part B
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; * Part B
<i>atropine</i>	Tier-1	HI
AVELOX IN NAACL (ISO-OSMOTIC)	Tier-2	HI; * Part B
AZACTAM	Tier-2	HI; * Part B
AZACTAM IN DEXTROSE (ISO-OSM)	Tier-2	HI; * Part B
<i>azathioprine sodium</i>	Tier-1	B/D
<i>azithromycin</i>	Tier-1	HI; * Part B
<i>aztreonam</i>	Tier-1	HI; * Part B
<i>benztropine</i>	Tier-1	HI
BONIVA IV	Tier-2	PA
<i>bumetanide</i>	Tier-1	HI
<i>buprenorphine inj</i>	Tier-1	HI

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>butorphanol tartrate</i>	Tier-1	HI
<i>calcitriol</i>	Tier-1	HI
CANCIDAS	Tier-2	HI; * Part B
CAPASTAT	Tier-2	HI
<i>cefazolin</i>	Tier-1	HI; * Part B
<i>cefazolin in dextrose (iso-os)</i>	Tier-1	HI; * Part B
<i>cefepime</i>	Tier-1	HI; * Part B
<i>cefotaxime</i>	Tier-1	HI; * Part B
<i>cefotetan</i>	Tier-1	HI; * Part B
<i>cefoxitin</i>	Tier-1	HI; * Part B
<i>cefoxitin in dextrose, iso-osm</i>	Tier-1	HI; * Part B
<i>ceftazidime</i>	Tier-1	HI; * Part B
<i>ceftazidime in d5w</i>	Tier-1	HI; * Part B
<i>ceftriaxone</i>	Tier-1	HI; * Part B
<i>cefuroxime sodium</i>	Tier-1	HI; * Part B
<i>chloramphenicol sod succinate</i>	Tier-1	HI; * Part B
<i>cidofovir</i>	Tier-1	* Part B
<i>cimetidine hcl</i>	Tier-1	HI
<i>ciprofloxacin</i>	Tier-1	HI; * Part B; HI
<i>ciprofloxacin in d5w</i>	Tier-1	* Part B; HI
CLEOCIN INJ	Tier-2	HI; * Part B
CLEOCIN IN 5 % DEXTROSE	Tier-2	HI; * Part B
<i>clindamycin phosphate</i>	Tier-1	HI; * Part B
<i>colistin (colistimethate na)</i>	Tier-1	HI; * Part B
CUBICIN	Tier-2	HI
<i>cyclosporine</i>	Tier-1	HI
<i>dexamethasone sodium phosphate</i>	Tier-1	HI
<i>diltiazem hcl</i>	Tier-1	HI
DORIBAX	Tier-2	HI; * Part B
<i>doxycycline hyclate</i>	Tier-1	HI; * Part B
<i>duramorph (pf)</i>	Tier-1	HI
ERAXIS(WATER DILUENT)	Tier-2	HI; * Part B
ERYTHROCIN	Tier-2	HI; * Part B

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>fluconazole in dextrose(iso-o)</i>	Tier-1	HI; * Part B
FORTAZ	Tier-2	HI; * Part B
FORTAZ IN DEXTROSE 5 %	Tier-2	HI; * Part B
<i>foscarnet</i>	Tier-1	HI
<i>gentamicin</i>	Tier-1	HI; * Part B
<i>gentamicin in nacl (iso-osm)</i>	Tier-1	HI; * Part B
<i>gentamicin sulfate (pf)</i>	Tier-1	HI; * Part B
<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	HI
<i>heparin (porcine)</i>	Tier-1	HI
<i>heparin (porcine) in d5w</i>	Tier-1	HI
<i>heparin (porcine) in nacl (pf)</i>	Tier-1	HI
<i>heparin(porcine) in 0.45% nacl</i>	Tier-1	HI
<i>hydromorphone (pf)</i>	Tier-1	HI
<i>imipenem-cilastatin</i>	Tier-1	HI; * Part B
INVANZ	Tier-2	HI; * Part B
<i>isoniazid</i>	Tier-1	HI
<i>kanamycin</i>	Tier-1	HI; * Part B
<i>lactated ringers iv</i>	Tier-1	HI
LEVAQUIN IN D5W	Tier-2	HI; * Part B
<i>levocarnitine</i>	Tier-1	HI
<i>levofloxacin</i>	Tier-1	* Part B; HI
<i>levofloxacin in d5w</i>	Tier-1	HI; * Part B
<i>lidocaine (pf)</i>	Tier-1	HI
LINCOCIN	Tier-2	HI; * Part B
<i>meropenem</i>	Tier-1	HI; * Part B
MERREM	Tier-2	HI; * Part B
<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; * Part B
MYCAMINE	Tier-2	HI; * Part B

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>nafcillin</i>	Tier-1	HI; * Part B
<i>nafcillin in dextrose iso-osm</i>	Tier-1	HI; * Part B
<i>ondansetron hcl (pf)</i>	Tier-1	B/D; HI
<i>oxacillin</i>	Tier-1	HI; * Part B
<i>oxacillin in dextrose(iso-osm)</i>	Tier-1	HI; * Part B
<i>pamidronate</i>	Tier-1	HI
<i>pantoprazole</i>	Tier-1	HI
<i>penicillin g pot in dextrose</i>	Tier-1	HI; * Part B
<i>penicillin g potassium</i>	Tier-1	HI; * Part B
<i>penicillin g sodium</i>	Tier-1	HI; * Part B
PFIZERPEN-G	Tier-2	HI; * Part B
<i>piperacillin-tazobactam</i>	Tier-1	HI; * Part B
<i>polymyxin b sulfate</i>	Tier-1	HI; * Part B
<i>potassium chloride</i>	Tier-1	HI
PRIMAXIN IV	Tier-2	HI; * Part B
PROGRAF IV	Tier-2	B/D; HI
PROTONIX IV	Tier-2	HI
REMODULIN	Tier-2	PA; HI
RETROVIR IV	Tier-2	HI
<i>streptomycin</i>	Tier-1	HI
<i>sulfamethoxazole-trimethoprim</i>	Tier-1	HI
SYNERCID	Tier-2	HI; * Part B
TEFLARO	Tier-2	HI; * Part B
TIMENTIN	Tier-2	HI; * Part B
<i>tobramycin in 0.9 % nacl</i>	Tier-1	HI; * Part B
<i>tobramycin sulfate</i>	Tier-1	HI; * Part B
TYGACIL	Tier-2	HI; * Part B
<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; * Part B; HI
VIBATIV	Tier-2	HI; * Part B
VISTIDE	Tier-2	HI; * Part B

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>voriconazole</i>	Tier-1	* Part B; HI
ZEMPLAR	Tier-2	HI
ZINACEF	Tier-2	HI; * Part B
ZINACEF IN DEXTROSE (ISO-OSM)	Tier-2	HI; * Part B
ZINACEF IN STERILE WATER	Tier-2	HI; * Part B
ZOSYN	Tier-2	HI; * Part B
ZOSYN IN DEXTROSE (ISO-OSM)	Tier-2	HI; * Part B
ZYVOX	Tier-2	HI; * Part B
<b>ELECTROLYTES</b>		
<i>ammonium chloride</i>	Tier-1	HI
<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<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
<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
CLINIMIX 4.25%/D5W SULFIT FREE	Tier-2	B/D; HI
CLINIMIX 5%/D20W SULFITE FREE	Tier-2	B/D; HI
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	
<i>dexpak 13 day</i>	Tier-1	
<i>fludrocortisone</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>hydrocortisone</i>	Tier-1	
LYSODREN	Tier-2	
<i>methylprednisolone</i>	Tier-1	
<i>methylprednisolone acetate</i>	Tier-1	
<i>methylprednisolone sodium succ</i>	Tier-1	
Millipred	Tier-3	
Orapred	Tier-3	
Orapred ODT	Tier-3	
<i>prednisolone sodium phosphate</i>	Tier-1	
<i>prednisone</i>	Tier-1	
Prednisone Intensol	Tier-3	
Solu-Cortef (PF)	Tier-3	
Solu-Medrol	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	
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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</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	
Thyrolar-1	Tier-3	
Thyrolar-1/2	Tier-3	
Thyrolar-1/4	Tier-3	
Thyrolar-2	Tier-3	
Thyrolar-3	Tier-3	
Tirosint	Tier-3	
<i>unithroid</i>	Tier-1	
<b>IMMUNOLOGIC AGENTS</b>		
<b>IMMUNE STIMULANTS</b>		
ACTHIB (PF)	Tier-2	* Part B
ACTIMMUNE	Tier-2	
ADACEL (ADOLESCENT &ADULT)(PF)	Tier-2	
ADAGEN	Tier-2	
AFLURIA 2011-2012	Tier-2	* Part B
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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
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
GAMASTAN S/D	Tier-2	PA; * Part B
GAMMAGARD LIQUID	Tier-2	PA; * Part B
GAMMAPLEX	Tier-2	PA; * Part B
GAMUNEX-C	Tier-2	PA; * Part B
GARDASIL (PF)	Tier-2	
HAVRIX (PF)	Tier-2	
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	
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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
ROTATEQ VACCINE	Tier-2	
<i>tetanus toxoid,adsorbed (pf)</i>	Tier-2	
<i>tetanus-diphtheria toxoids-td</i>	Tier-2	
THYMOGLOBULIN	Tier-2	PA
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</i>	Tier-1	B/D
<i>engraf</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
<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	
<i>riluzole</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<b>ANAPHYLAXIS EMERGENCY</b>		
AUVI-Q	Tier-2	QL (2 per 7 Day(s))
<i>epinephrine</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; QL (60 per 30 Day(s))
<b>CYSTIC FIBROSIS</b>		
CAYSTON	Tier-2	* Part B
KALYDECO	Tier-2	PA; QL (60 EA per 30 day(s))
PULMOZYME	Tier-2	* Part B
TOBI	Tier-2	* Part B
TOBI PODHALER	Tier-2	
<b>CYSTINURIA</b>		
CYSTADANE	Tier-2	
<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
ELELYSO	Tier-2	PA
VPRIV	Tier-2	PA; * Part B
ZAVESCA	Tier-2	PA
<b>GROWTH HORMONE DEFICIENCY</b>		
EGRIFTA	Tier-2	PA
GENOTROPIN	Tier-2	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
GENOTROPIN MINIQUICK	Tier-2	PA
HUMATROPE	Tier-2	PA
INCRELEX	Tier-2	PA
NORDITROPIN FLEXPRO	Tier-2	PA
NORDITROPIN NORDIFLEX	Tier-2	PA
NUTROPIN	Tier-2	PA
NUTROPIN AQ	Tier-2	PA
NUTROPIN AQ NUSPIN	Tier-2	PA
OMNITROPE	Tier-2	PA
SAIZEN	Tier-2	PA
SAIZEN CLICK.EASY	Tier-2	PA
SEROSTIM	Tier-2	PA
TEV-TROPIN	Tier-2	PA
ZORBTIVE	Tier-2	PA
<b>HEREDITARY ANGIOEDEMA</b>		
CINRYZE	Tier-2	PA; * Part B
FIRAZYR	Tier-2	PA; QL (3 ML per 7 day(s))
<b>HEREDITARY TYROSINEMIA TYPE 2</b>		
ORFADIN	Tier-2	PA
<b>HUNTINGTON DISEASE</b>		
XENAZINE TABLET 12.5 MG	Tier-2	PA; QL (90 EA per 30 day(s))
XENAZINE TABLET 25 MG	Tier-2	PA; QL (120 EA per 30 day(s))
<b>HYPERCALCEMIA</b>		
HECTOROL	Tier-2	
SENSIPAR	Tier-2	
<b>HYPERPARATHYROIDISM</b>		
<i>calcitriol</i>	Tier-1	
ZEMPLAR	Tier-2	
<b>MUCOPOLYSACCHARIDOSIS</b>		
ALDURAZYME	Tier-2	* Part B
ELAPRASE	Tier-2	* Part B
NAGLAZYME	Tier-2	* Part B

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<b>MULTIPLE SCLEROSIS</b>		
AMPYRA	Tier-2	PA; QL (60 EA per 30 day(s))
AUBAGIO	Tier-2	PA; QL (30 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 CAPSULE,DELAYED RELEASE 120 MG, 240 MG	Tier-2	PA; QL (60 per 30 Day(s))
TECFIDERA CAPSULE,DELAYED RELEASE 120 MG (14)- 240 MG (46)	Tier-2	PA; QL (1 per 30 Day(s))
TYSABRI	Tier-2	PA; LA
<b>MYASTHENIA GRAVIS</b>		
<i>guanidine</i>	Tier-1	
Mestinon Syrup	Tier-3	
MESTINON TIMESPAN	Tier-2	
Mytelase	Tier-3	
<i>pyridostigmine bromide</i>	Tier-1	
<b>PAGET'S DISEASE</b>		
<i>etidronate disodium</i>	Tier-1	
SKELID	Tier-2	
<b>PHENYLKETONURIA</b>		
KUVAN	Tier-2	PA
<b>PHOSPHATE BINDERS</b>		
<i>calcium acetate</i>	Tier-1	
FOSRENOL	Tier-2	
PHOSLYRA	Tier-2	
RENAGEL	Tier-2	
RENVELA	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<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	* Part B
REVATIO ORAL	Tier-2	PA; QL (90 EA per 30 day(s))
<i>sildenafil</i>	Tier-2	PA
TRACLEER	Tier-2	PA; LA
VENTAVIS	Tier-2	PA; LA; * Part B
<b>RESPIRATORY SYNCYTIAL VIRUS</b>		
SYNAGIS	Tier-2	PA; * Part B
<b>SMOKING CESSATION</b>		
<i>buproban</i>	Tier-1	
Chantix	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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
Detrol LA	Tier-3	STPA
Elmiron	Tier-3	
Enablex	Tier-3	STPA
<i>flavoxate</i>	Tier-1	
GELNIQUE	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	
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 disintegrating tablet</i>	Tier-1	
<i>donepezil tablet 10 mg, 5 mg</i>	Tier-1	
<i>ergoloid</i>	Tier-1	
Exelon Oral Soln	Tier-3	
Exelon TD	Tier-3	
<i>galantamine</i>	Tier-1	
NAMENDA	Tier-2	
NAMENDA TITRATION PAK	Tier-2	
NAMENDA XR	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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
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	
<i>bromocriptine</i>	Tier-1	
<i>cabergoline</i>	Tier-1	
<i>carbidopa-levodopa</i>	Tier-1	
COMTAN	Tier-2	
CYCLOSET	Tier-2	
<i>entacapone</i>	Tier-1	
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))

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
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</i>	Tier-1	
<i>diazepam intensol</i>	Tier-1	
DILANTIN	Tier-2	
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	Tier-3	
<i>lamotrigine chewable dispersible tablet</i>	Tier-1	
<i>lamotrigine er tablet, extended release 24 hr</i>	Tier-2	
<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</i>	Tier-1	
Peganone	Tier-3	
<i>phenobarbital</i>	Tier-1	
<i>phenytoin</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))

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
Stavzor	Tier-3	
TEGRETOL XR TABLET,EXTENDED RELEASE 100 MG	Tier-2	
<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>NON-FRF</b>		
<b>NON-FRF</b>		
<i>amlodipine-atorvastatin</i>	Tier-2	
<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))

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
ENBREL SUB-Q SYRINGE 50 MG/ML (0.98 ML)	Tier-2	PA; QL (7.84 ML per 30 day(s))
<i>fenoprofen</i>	Tier-1	
<i>flurbiprofen</i>	Tier-1	
HUMIRA	Tier-2	PA; QL (6 EA per 30 day(s))
HUMIRA CROHN'S DIS START PCK	Tier-2	PA; QL (1 EA per 365 day(s))
Indocin	Tier-3	
<i>indomethacin</i>	Tier-1	
KINERET	Tier-2	PA; QL (20.1 ML per 30 day(s))
<i>leflunomide</i>	Tier-1	
<i>meclofenamate</i>	Tier-1	
<i>meloxicam</i>	Tier-1	
<i>methotrexate sodium</i>	Tier-1	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))
XELJANZ	Tier-2	PA; QL (60 per 30 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	
Uloric	Tier-3	STPA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<b>PAIN, NSAID ANALGESICS</b>		
<i>diflunisal</i>	Tier-1	
<i>etodolac</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))
<i>hydrocodone-acetaminophen oral soln 2.5-108 mg/5 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))

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<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))
<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))

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>pentazocine-acetaminophen</i>	Tier-1	QL (185 EA per 30 day(s))
Roxicet Oral Soln	Tier-3	QL (1850 ML per 30 day(s))
Roxicet tablet	Tier-3	QL (240 EA per 30 day(s))
Subsys	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))
Zydone	Tier-3	QL (300 EA per 30 day(s))
<b>PSYCHIATRIC</b>		
<b>ALCOHOL DETERRENTS</b>		
CAMPRAL	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	
<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
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	
METHYLIN ORAL SOLN 5 MG/5 ML	Tier-2	
<i>methylphenidate er capsule,extended release multiphase 50-50</i>	Tier-1	
<i>methylphenidate er multiphase capsule 30-70,extended release 10 mg</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	
STRATTERA CAPSULE 10 MG, 18 MG, 25 MG, 40 MG, 60 MG	Tier-2	QL (60 EA per 30 day(s))
STRATTERA CAPSULE 100 MG, 80 MG	Tier-2	QL (30 EA per 30 day(s))
Vyvanse	Tier-3	STPA
<b>BIPOLAR DISORDER</b>		
Equetro	Tier-3	
<i>lithium carbonate</i>	Tier-1	
<i>lithium citrate</i>	Tier-1	
<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</i>	Tier-1	
<i>citalopram</i>	Tier-1	
<i>clomipramine</i>	Tier-1	
Cymbalta	Tier-3	STPA; QL (60 EA per 30 day(s))

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<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 tablet</i>	Tier-1	
Forfivo XL	Tier-3	STPA
<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 capsule</i>	Tier-1	
Olepto 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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
Viiбryd	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))
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
ABILIFY MAINTENA	Tier-2	* Part B
<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>haloperidol</i>	Tier-1	
<i>haloperidol decanoate</i>	Tier-1	
<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

## **RESPIRATORY DRUGS**

### **ASTHMA**

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))
<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))

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
Alvesco Aerosol Inhaler 80 mcg/actuation	Tier-3	QL (18.3 GM per 90 day(s))
<i>aminophylline</i>	Tier-1	
ASMANEX TWISTHALER	Tier-2	
ATROVENT HFA	Tier-2	QL (77.4 GM per 90 day(s))
Brovana	Tier-3	B/D; QL (360 ML per 90 day(s))
<i>budesonide</i>	Tier-1	B/D; 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 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</i>	Tier-1	
PERFOROMIST	Tier-2	B/D; QL (360 ML per 90 day(s))
PROAIR HFA	Tier-2	QL (51 GM per 90 day(s))
Proventil HFA	Tier-3	QL (40.2 GM per 90 day(s))
Pulmicort 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))

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
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>PULMONARY HYPERTENSION</b>		
TYVASO	Tier-2	PA; * Part B
VENTAVIS	Tier-2	PA; * Part B
<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
<b>SKIN</b>		
<b>ACNE ROSACEA</b>		
FINACEA	Tier-2	
Metrogel	Tier-3	
<i>metronidazole lotion</i>	Tier-1	
<i>metronidazole topical cream</i>	Tier-1	
<i>metronidazole topical gel 0.75 %</i>	Tier-1	
<b>ACNE VULGARIS</b>		
<i>adapalene</i>	Tier-1	PA
<i>amnesteem</i>	Tier-1	
Atralin	Tier-3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<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	
<i>mupirocin calcium</i>	Tier-1	
<i>silver sulfadiazine</i>	Tier-1	
<i>ssd</i>	Tier-1	
<b>CORTICOSTEROIDS, TOPICAL</b>		
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Ala-Scalp	Tier-3	
<i>alclometasone</i>	Tier-1	
<i>amcinonide</i>	Tier-1	
<i>betamethasone dipropionate</i>	Tier-1	
<i>betamethasone valerate</i>	Tier-1	
<i>betamethasone, augmented</i>	Tier-1	
Capex	Tier-3	
<i>clobetasol</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>clobetasol-emollient</i>	Tier-1	
CLOBEX Lotion	Tier-3	
CLOBEX Topical Spray	Tier-3	
Cloderm	Tier-3	
Cordran	Tier-3	
Derma-Smoothe/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	
<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>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<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	
<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>acyclovir</i>	Tier-1	
<i>ammonium lactate</i>	Tier-1	
Anusol-HC	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
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	
<i>lidocaine hcl</i>	Tier-1	
<i>lidocaine-prilocaine</i>	Tier-1	
LIDODERM	Tier-2	PA; QL (90 EA per 30 day(s))
<i>mafenide acetate</i>	Tier-1	
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
<i>pradoxin</i>	Tier-1	
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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>podofilox</i>	Tier-1	
ZOVIRAX TOP	Tier-2	
<b>WOMENS HEALTH</b>		
<b>CONTRACEPTIVES</b>		
<i>amethia</i>	Tier-1	
<i>amethyst</i>	Tier-1	
<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	
<i>drospirenone-ethinyl estradiol</i>	Tier-1	
Ella	Tier-3	QL (1 EA per 1 day(s))
<i>emoquette</i>	Tier-1	
<i>errin</i>	Tier-1	
Generess Fe	Tier-3	
<i>gianvi</i>	Tier-1	
<i>gildagia</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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<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	
<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

<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
<i>medroxyprogesterone oral</i>	Tier-1	
Menest	Tier-3	
Menostar	Tier-3	
<i>methylergonovine</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
MIACALCIN INJ	Tier-2	
Minivelle	Tier-3	
<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
<i>zoledronic acid</i>	Tier-1	PA
<i>zoledronic acid-mannitol-water</i>	Tier-1	PA
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	
Gynazole-1	Tier-3	
<i>metronidazole vagl</i>	Tier-1	
<i>miconazole-3</i>	Tier-1	
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<i>calcitonin (salmon)</i> .....	65	<i>cefoxitin</i> .....	31	.....	22
<i>calcitriol</i> .....	31	<i>cefoxitin in dextrose, iso-osm</i>		<i>chlorpromazine</i> .....	55
<i>calcitriol</i> .....	42	.....	31	<i>chlorpropamide</i> .....	20
<i>calcium acetate</i> .....	43	<i>cefpodoxime</i> .....	6	<i>chlorthalidone</i> .....	17
<i>camila</i> .....	63	<i>cefprozil</i> .....	6	<i>cholestyramine light</i> .....	17
CAMPATH .....	9	<i>ceftazidime</i> .....	31	Cialis .....	22
CAMPRAL .....	52	<i>ceftazidime in d5w</i> .....	31	Cialis .....	44
CANASA .....	29	<i>ceftriaxone</i> .....	31	<i>ciclopirox</i> .....	61
CANCIDAS .....	31	<i>cefuroxime axetil</i> .....	6	<i>cidofovir</i> .....	31
<i>candesartan-hydrochlorothiazid</i>		<i>cefuroxime sodium</i> .....	31	<i>cilostazol</i> .....	8
.....	15	Celebrex .....	48	<i>cimetidine</i> .....	29
Cantil .....	28	CellCept .....	40	<i>cimetidine hcl</i> .....	31
CAPASTAT .....	31	Celontin .....	47	CIMZIA .....	28
Capex .....	59	Cenestin .....	65	CIMZIA POWDER FOR	
CAPRELSA 100 MG .....	11	<i>cephalexin</i> .....	6	RECONST .....	28
CAPRELSA 300 MG .....	11	Cerefolin .....	24	CINRYZE .....	42
<i>captopril</i> .....	13	Cerefolin NAC .....	24	Cipro .....	7
<i>captopril-hydrochlorothiazide</i>		CEREZYME .....	41	CIPRODEX .....	21
.....	15	CERUBIDINE .....	9	<i>ciprofloxacin</i> .....	7
CARAC .....	62	CERVARIX VACCINE (PF)		<i>ciprofloxacin</i> .....	25
Carafate .....	29	.....	38	<i>ciprofloxacin</i> .....	31
CARBAGLU .....	28	CESAMET .....	27	<i>ciprofloxacin (mixture)</i> .....	7
<i>carbamazepine</i> .....	47	CETROTIDE .....	23	<i>ciprofloxacin in d5w</i> .....	31
<i>carbidopa-levodopa</i> .....	46	<i>cevimeline</i> .....	21	<i>cisplatin</i> .....	9
<i>carboplatin</i> .....	9	Chantix .....	44	<i>citalopram</i> .....	53
Cardura XL .....	13	Chantix Starting Month Box .....	44	<i>cladribine</i> .....	9
		Chemet .....	41	<i>claravis</i> .....	59
				<i>clarithromycin</i> .....	6

CLEOCIN .....	31	<i>clonazepam</i> .....	47	<i>cpm 12</i> .....	22
Cleocin .....	66	<i>clonidine</i> .....	17	<i>cpm 8-pe 20-msc 1.25</i> .....	22
CLEOCIN IN 5 % DEXTROSE .....	31	<i>clopidogrel</i> .....	8	<i>cpm-pe-msc</i> .....	22
.....	31	<i>clorazepate dipotassium</i> .....	52	CREON .....	28
Climara Pro .....	65	<i>clorpres</i> .....	15	CRINONE 8 % .....	65
<i>clindamycin hcl</i> .....	6	<i>clotrimazole</i> .....	2	CRIXIVAN .....	4
<i>clindamycin phosphate</i> .....	31	<i>clotrimazole</i> .....	61	<i>cromolyn</i> .....	24
<i>clindamycin phosphate</i> .....	59	<i>clotrimazole-betamethasone</i> .....	61	<i>cromolyn</i> .....	28
<i>clindamycin phosphate</i> .....	66	<i>clozapine</i> .....	55	<i>cromolyn</i> .....	57
<i>clindamycin-benzoyl peroxide</i> .....	59	COARTEM .....	3	CUBICIN .....	31
.....	59	<i>codeine sulfate</i> .....	50	<i>curity gauze</i> .....	19
CLINIMIX 5%/D15W .....	35	<i>co-gesic</i> .....	50	<i>cyclobenzaprine</i> .....	48
SULFITE FREE .....	35	<i>colchicine-probenecid</i> .....	49	<i>cyclophosphamide</i> .....	11
CLINIMIX 5%/D25W .....	35	COLCRYS .....	49	CYCLOSET .....	46
SULFITE FREE .....	35	<i>colestipol</i> .....	17	<i>cyclosporine</i> .....	31
CLINIMIX 2.75%/D5W .....	35	<i>colistin (colistimethate na)</i> .....	31	<i>cyclosporine</i> .....	40
SULFIT FREE .....	35	<i>colocort</i> .....	29	<i>cyclosporine modified</i> .....	40
CLINIMIX 4.25%/D10W SULF .....	35	Coly-Mycin S .....	21	CYKLOKAPRON .....	8
FREE .....	35	Colyte with Flavor Packs .....	28	Cymbalta .....	53
CLINIMIX 4.25%/D20W SULF .....	35	Combigan .....	26	CYSTADANE .....	41
FREE .....	35	CombiPatch .....	65	Cystagon .....	28
CLINIMIX 4.25%/D25W SULF .....	35	COMBIVENT .....	57	<i>cytarabine</i> .....	9
FREE .....	35	COMBIVENT RESPIMAT .....	57	<i>cytarabine (pf)</i> .....	9
CLINIMIX 4.25%/D5W .....	36	COMETRIQ .....	11	CYTOVENE .....	9
SULFIT FREE .....	36	COMPLERA .....	3	<i>d10 % &amp; 0.45 % sodium</i> .....	
CLINIMIX 5%/D20W .....	36	<i>compro</i> .....	27	<i>chloride</i> .....	34
SULFITE FREE .....	36	COMTAN .....	46	<i>d2.5 %-0.45 % sodium chloride</i> .....	34
CLINIMIX E 2.75%/D10W .....	36	COMVAX (PF) .....	38	.....	34
SUL FREE .....	36	Concerta .....	52	<i>d5 % and 0.9 % sodium chloride</i> .....	34
CLINIMIX E 2.75%/D5W .....	36	Condylox .....	62	.....	34
SULF FREE .....	36	<i>constulose</i> .....	28	<i>d5 %-0.45 % sodium chloride</i> .....	34
CLINIMIX E 4.25%/D25W .....	36	COPAXONE .....	43	.....	34
SUL FREE .....	36	COPEGUS .....	4	<i>dacarbazine</i> .....	9
CLINIMIX E 4.25%/D5W .....	36	Cordran .....	60	DACOGEN .....	9
SULF FREE .....	36	Coreg CR .....	16	Daliresp .....	58
CLINIMIX E 5%/D15W .....	36	Cortifoam .....	62	<i>danazol</i> .....	37
SULFIT FREE .....	36	<i>cortisone</i> .....	36	<i>dantrolene</i> .....	48
CLINIMIX E 5%/D20W .....	36	Cortisporin .....	59	<i>dapsone</i> .....	3
SULFIT FREE .....	36	Cortisporin-TC .....	21	DAPTACEL (PEDIATRIC) .....	
CLINISOL SF 15 % .....	36	<i>corvita</i> .....	24	(PF) .....	39
<i>clobetasol</i> .....	59	COSMEGEN .....	9	DARAPRIM .....	3
<i>clobetasol-emollient</i> .....	60	Coumadin .....	8	<i>daunorubicin</i> .....	9
CLOBEX .....	60	Covera-HS .....	16	DAYTRANA .....	52
Cloderm .....	60	<i>c-phen</i> .....	22	DECAVAC (PF) .....	39
CLOLAR .....	9	<i>c-phen dm</i> .....	22	Delatestryl .....	37
<i>clomipramine</i> .....	53			Delestrogen .....	65

DELZICOL .....	29	<i>diclofenac sodium</i> .....	48	Droxia .....	11
<i>demeclocycline</i> .....	7	<i>diclofenac-misoprostol</i> .....	48	DUETACT .....	20
Denavir .....	62	<i>dicloxacillin</i> .....	6	<i>duramorph (pf)</i> .....	31
DEPEN TITRATABS .....	45	<i>dicyclomine</i> .....	28	Dutoprol .....	15
DEPO-ESTRADIOL .....	65	<i>didanosine</i> .....	4	<i>e.e.s. 400</i> .....	6
DEPO-MEDROL .....	36	<i>diethylpropion</i> .....	23	E.E.S. Granules .....	6
DEPO-PROVERA .....	65	Differin .....	59	<i>econazole</i> .....	61
DEPO-SUBQ PROVERA 104 .....	65	DIFICID .....	6	Edex .....	23
Depo-Testosterone .....	37	<i>diflorasone</i> .....	60	EDURANT .....	4
Derma-Smoother/FS Body Oil .....	60	<i>diflunisal</i> .....	50	Effient .....	8
DERMOTIC OIL .....	21	<i>digoxin</i> .....	14	EGRIFTA .....	41
<i>desipramine</i> .....	54	<i>dihydrocode-acetaminophen-caff</i> .....	50	ELAPRASE .....	42
<i>desloratadine</i> .....	22	<i>dihydroergotamine</i> .....	45	ELELYSO .....	41
<i>desmopressin</i> .....	44	DILANTIN .....	47	Elestrin .....	65
<i>desonide</i> .....	60	DILANTIN INFATABS .....	47	Elidel .....	62
<i>desoximetasone</i> .....	60	Dilaudid .....	50	ELIGARD .....	37
Desoxyn .....	52	<i>dilt-cd</i> .....	16	ELITEK .....	9
Detrol LA .....	45	<i>diltiazem hcl</i> .....	16	<i>elixophyllin</i> .....	57
<i>dexamethasone</i> .....	36	<i>diltiazem hcl</i> .....	31	Ella .....	63
<i>dexamethasone intensol</i> .....	36	<i>dilt-xr</i> .....	16	ELLEENCE .....	9
<i>dexamethasone sodium phosphate</i> .....	25	DIOVAN .....	14	Elmiron .....	45
<i>dexamethasone sodium phosphate</i> .....	31	DIPENTUM .....	29	ELSPAR .....	9
Dexedrine Spansule .....	52	<i>dipyridamole</i> .....	8	Emadine .....	24
<i>dexmethylphenidate</i> .....	52	<i>disopyramide</i> .....	14	EMCYT .....	11
<i>dexpak 13 day</i> .....	36	<i>disulfiram</i> .....	52	EMEND .....	27
<i>dexrazoxane</i> .....	9	<i>divalproex</i> .....	47	EMEND 125 MG .....	27
<i>dextroamphetamine</i> .....	52	Divigel .....	65	EMEND 40 MG, 80 MG .....	27
<i>dextroamphetamine-amphetamin e</i> .....	52	DOCEFREZ .....	9	<i>emoquette</i> .....	63
<i>dextrose 10 % &amp; 0.2 % nacl</i> .....	34	<i>docetaxel</i> .....	9	Emsam .....	54
<i>dextrose 10 % in water (d10w)</i> .....	34	<i>donepezil</i> .....	45	EMTRIVA .....	4
<i>dextrose 5 % in water (d5w)</i> .....	34	<i>donepezil 10 mg, 5 mg</i> .....	45	Enablex .....	45
<i>dextrose 5%-0.2 % sod chloride</i> .....	34	DORIBAX .....	31	<i>enalapril maleate</i> .....	13
<i>dextrose 5%-0.3 % sod.chloride</i> .....	34	<i>dorzolamide</i> .....	26	<i>enalapril-hydrochlorothiazide</i> .....	15
<i>dextrose 5%-lactated ringers</i> .....	34	<i>dorzolamide-timolol</i> .....	26	ENBREL .....	48
<i>diazepam</i> .....	47	DOVONEX .....	61	ENBREL 25 MG/0.5ML (0.51) .....	48
<i>diazepam intensol</i> .....	47	<i>doxazosin</i> .....	13	ENBREL 50 MG/ML (0.98 ML) .....	49
<i>diclofenac potassium</i> .....	48	<i>doxepin</i> .....	54	<i>endocet 10-325 mg, 5-325 mg, 7.5-325 mg</i> .....	50
<i>diclofenac sodium</i> .....	25	<i>doxorubicin</i> .....	9	<i>endocet 10-650 mg</i> .....	50
		<i>doxycycline hyclate</i> .....	7	<i>endocet 7.5-500 mg</i> .....	50
		<i>doxycycline hyclate</i> .....	21	<i>endodan</i> .....	50
		<i>doxycycline hyclate</i> .....	31	ENGERIX-B (PF) .....	39
		<i>doxycycline monohydrate</i> .....	7	Enjuvia .....	65
		<i>dronabinol</i> .....	27		
		<i>drospirenone-ethinyl estradiol</i> .....	63		

<i>enoxaparin</i> .....	8	<i>etidronate disodium</i> .....	43	FLOVENT HFA 44	
<i>entacapone</i> .....	46	<i>etodolac</i> .....	50	MCG/ACTUATION.....	57
Entocort EC .....	29	ETOPOPHOS .....	10	FLUARIX 2011-2012 (PF) .....	39
<i>enulose</i> .....	28	<i>etoposide</i> .....	10	<i>fluconazole</i> .....	2
<i>epinastine</i> .....	24	EURAX .....	61	<i>fluconazole</i> .....	66
<i>epinephrine</i> .....	41	Evamist .....	65	<i>fluconazole in dextrose(iso-o)</i>	
EPIPEN 2-PAK .....	41	EVISTA .....	65	.....	32
EPIPEN JR 2-PAK .....	41	EVOXAC .....	21	<i>flucytosine</i> .....	2
<i>epirubicin</i> .....	10	Exelderm .....	61	<i>fludarabine</i> .....	10
<i>epitol</i> .....	47	Exelon .....	45	<i>fludrocortisone</i> .....	36
EPIVIR .....	4	<i>exemestane</i> .....	11	FLULAVAL 2011-2012 .....	39
EPIVIR HBV .....	4	Exforge .....	15	<i>flunisolide</i> .....	22
<i>eplerenone</i> .....	18	Exforge HCT .....	15	<i>fluocinolone</i> .....	60
EPOGEN .....	8	EXJADE .....	41	<i>fluocinolone acetonide oil</i> .....	21
<i>eprosartan</i> .....	14	EXTAVIA .....	43	<i>fluocinonide</i> .....	60
EPZICOM .....	4	FABRAZYME .....	41	<i>fluocinonide-e</i> .....	60
Equetro .....	53	<i>famciclovir</i> .....	4	<i>fluorometholone</i> .....	25
ERAXIS(WATER DILUENT)		<i>famotidine</i> .....	29	<i>fluor-op</i> .....	25
.....	31	Fanapt .....	55	FLUROPLEX .....	62
ERBITUX .....	10	FARESTON .....	11	<i>fluorouracil</i> .....	62
<i>ergocalciferol (vitamin d2)</i> .....	24	FASLODEX .....	10	<i>fluoxetine</i> .....	54
<i>ergoloid</i> .....	45	FAZACLO .....	55	<i>fluoxetine 10 mg, 20 mg</i> .....	54
ERIVEDGE .....	11	<i>felbamate</i> .....	47	<i>fluphenazine decanoate</i> .....	55
<i>errin</i> .....	63	<i>felodipine</i> .....	16	<i>fluphenazine hcl</i> .....	55
Ertaczo .....	61	Femhrt 1/5 .....	65	<i>flurazepam</i> .....	55
<i>ery pads</i> .....	59	Femhrt Low Dose .....	65	<i>flurbiprofen</i> .....	49
<i>eryped 200</i> .....	6	FEMRING .....	65	<i>flurbiprofen sodium</i> .....	25
<i>eryped 400</i> .....	6	Femtrace .....	65	<i>flutamide</i> .....	11
Ery-Tab .....	6	<i>fenofibrate</i> .....	17	<i>fluticasone</i> .....	22
ERYTHROCIN .....	31	<i>fenofibrate micronized 134 mg,</i>		<i>fluticasone</i> .....	60
<i>erythrocin stearate</i> .....	6	<i>200 mg, 67 mg</i> .....	17	<i>fluvastatin</i> .....	17
<i>erythromycin</i> .....	6	<i>fenofibrate nanocrystallized</i> .....	17	FLUVIRIN 2011-2012 .....	39
<i>erythromycin</i> .....	25	<i>fenoprofen</i> .....	49	FLUVIRIN 2011-2012 (PF) .....	39
<i>erythromycin ethylsuccinate</i> .....	6	<i>fentanyl</i> .....	50	<i>flvoxamine</i> .....	54
<i>erythromycin with ethanol</i> .....	59	<i>fentanyl citrate</i> .....	50	FLUZONE 2011-2012 .....	39
<i>erythromycin-benzoyl peroxide</i>		FINACEA .....	58	FLUZONE 2011-2012 (PF) .....	39
.....	59	<i>finasteride</i> .....	44	FLUZONE HIGH-DOSE	
<i>escitalopram</i> .....	54	FIRAZYR .....	42	2011-12 (PF) .....	39
<i>estazolam</i> .....	55	FIRMAGON .....	37	FLUZONE INTRADERM	
ESTRACE .....	65	Flarex .....	25	2011-12 (PF) .....	39
<i>estradiol</i> .....	65	<i>flavoxate</i> .....	45	FML Forte .....	25
<i>estradiol valerate</i> .....	65	<i>flecainide</i> .....	14	FML S.O.P. ....	25
ESTRING .....	65	FLOVENT DISKUS .....	57	FOCALIN XR .....	52
<i>estropipate</i> .....	65	FLOVENT HFA 110		<i>folic acid 1 mg</i> .....	24
<i>ethambutol</i> .....	7	MCG/ACTUATION, 220		<i>folic acid-vit b6-vit b12</i>	
<i>ethosuximide</i> .....	47	MCG/ACTUATION.....	57	2.2-25-0.5 mg.....	24

FOLLISTIM AQ .....	23	Geodon .....	55	<i>heparin(porcine) in 0.45% nacl</i> .....	32
<i>fondaparinux</i> .....	8	<i>gianvi</i> .....	63	HEPATAMINE 8% .....	36
Foradil Aerolizer .....	57	<i>gildagia</i> .....	63	HEPATASOL 8 % .....	36
Forfivo XL .....	54	GILENYA .....	43	HEPSERA .....	4
FORTAZ .....	32	GLASSIA .....	58	HERCEPTIN .....	10
FORTAZ IN DEXTROSE 5 % .....	32	GLEEVEC .....	11	HEXALEN .....	11
FORTEO .....	65	<i>glimepiride</i> .....	20	HIBERIX (PF) .....	39
FOSAMAX .....	65	<i>glipizide</i> .....	20	<i>huber safety needles (disp.)</i> .....	19
<i>foscarnet</i> .....	32	<i>glipizide-metformin</i> .....	20	HUMALOG .....	19
<i>fosinopril</i> .....	13	GLUCAGEN HYPOKIT .....	19	Humalog KwikPen .....	19
<i>fosinopril-hydrochlorothiazide</i> .....	15	GLUCAGON EMERGENCY .....	19	HUMALOG MIX 50-50 .....	19
FOSRENOL .....	43	<i>glyburide</i> .....	20	Humalog Mix 50-50 KwikPen .....	19
FRAGMIN .....	8	<i>glyburide micronized</i> .....	20	HUMALOG MIX 75-25 .....	19
FREAMINE III 3 %-ELECTROLYTES .....	36	<i>glyburide-metformin</i> .....	20	Humalog Mix 75-25 KwikPen .....	19
FREAMINE III 8.5 % .....	36	<i>glycopyrrolate</i> .....	28	HUMATROPE .....	42
<i>furosemide</i> .....	17	GOLYTELY .....	28	HUMIRA .....	49
FUSILEV .....	13	GONAL-F .....	23	HUMIRA CROHN'S DIS START PCK .....	49
FUZEON .....	4	GONAL-F RFF .....	23	HUMULIN 70/30 .....	19
<i>gabapentin</i> .....	47	GONAL-F RFF PEN .....	23	Humulin 70/30 Pen .....	19
GABITRIL .....	47	<i>granisetron</i> .....	27	HUMULIN N .....	19
<i>galantamine</i> .....	45	<i>granisetron</i> .....	32	Humulin N Pen .....	19
GAMASTAN S/D .....	39	<i>granisetron (pf)</i> .....	32	HUMULIN R .....	19
GAMMAGARD LIQUID .....	39	GRANISOL .....	27	HUMULIN R U-500 "CONCENTRATED" .....	19
GAMMAPLEX .....	39	<i>griseofulvin microsize</i> .....	2	<i>hydralazine</i> .....	18
GAMUNEX-C .....	39	<i>griseofulvin ultramicronsize</i> .....	2	<i>hydrochlorothiazide</i> .....	17
GARDASIL (PF) .....	39	GRIS-PEG .....	2	<i>hydrocodone-acetaminophen</i> <i>10-300 mg, 5-300 mg, 7.5-300</i> <i>mg</i> .....	50
GATTEX ONE-VIAL .....	28	<i>guanfacine</i> .....	17	<i>hydrocodone-acetaminophen</i> <i>10-325 mg, 5-325 mg, 7.5-325</i> <i>mg</i> .....	50
GELNIQUE .....	45	<i>guanidine</i> .....	43	<i>hydrocodone-acetaminophen</i> <i>10-500 mg, 2.5-500 mg, 5-500</i> <i>mg, 7.5-500 mg</i> .....	51
<i>gemcitabine</i> .....	10	Gynazole-1 .....	66	<i>hydrocodone-acetaminophen</i> <i>10-650 mg, 7.5-650 mg</i> .....	51
<i>gemfibrozil</i> .....	17	HALAVEN .....	10	<i>hydrocodone-acetaminophen</i> <i>10-660 mg</i> .....	51
Generess Fe .....	63	HALFLYTELY-BISACODYL W-FLAV PK .....	28	<i>hydrocodone-acetaminophen</i> <i>10-750 mg, 7.5-750 mg</i> .....	51
<i>generlac</i> .....	28	<i>halobetasol propionate</i> .....	60	<i>hydrocodone-acetaminophen</i> <i>2.5-108 mg/5 ml</i> .....	50
<i>gengraf</i> .....	40	Halog .....	60		
GENOTROPIN .....	41	<i>haloperidol</i> .....	56		
GENOTROPIN MINIQUICK .....	42	<i>haloperidol decanoate</i> .....	56		
<i>gentak</i> .....	25	<i>haloperidol lactate</i> .....	56		
<i>gentamicin</i> .....	25	HAVRIX (PF) .....	39		
<i>gentamicin</i> .....	32	HECTOROL .....	32		
<i>gentamicin</i> .....	59	HECTOROL .....	42		
<i>gentamicin in nacl (iso-osm)</i> .....	32	Helidac .....	29		
<i>gentamicin sulfate (pf)</i> .....	32	<i>heparin (porcine)</i> .....	32		
		<i>heparin (porcine) in d5w</i> .....	32		
		<i>heparin (porcine) in nacl (pf)</i> .....	32		

<i>hydrocodone-acetaminophen</i>	Invega .....	56	<i>junel fe 1/20 (28)</i> .....	63
7.5-500 mg/15 ml.....	INVEGA SUSTENNA .....	56	JUVISYNC .....	20
<i>hydrocodone-ibuprofen</i> .....	INVIRASE .....	4	JUXTAPID .....	17
51	IONOSOL-B IN D5W .....	34	KADCYLA .....	10
<i>hydrocortisone</i> .....	IONOSOL-MB IN D5W .....	34	KALETRA .....	4
29	Iopidine .....	26	KALYDECO .....	41
<i>hydrocortisone</i> .....	IPOL .....	39	<i>kanamycin</i> .....	32
37	<i>ipratropium bromide</i> .....	57	<i>kariva (28)</i> .....	63
<i>hydrocortisone</i> .....	<i>ipratropium bromide 0.03 %</i> .....	22	Kayexalate .....	44
60	<i>ipratropium bromide 0.06 %</i> .....	22	<i>kelnor 1/35 (28)</i> .....	63
<i>hydrocortisone butyrate</i> .....	<i>ipratropium-albuterol</i> .....	57	Kenalog .....	60
60	<i>irbesartan</i> .....	14	KETEK .....	6
<i>hydrocortisone valerate</i> .....	<i>irbesartan-hydrochlorothiazide</i>	15	<i>ketoconazole</i> .....	2
60	.....	15	<i>ketoconazole</i> .....	61
<i>hydrocortisone-acetic acid</i> .....	<i>irinotecan</i> .....	10	<i>ketoprofen</i> .....	50
21	ISENTRESS .....	4	<i>ketorolac</i> .....	25
<i>hydromorphone</i> .....	ISENTRESS 100 MG.....	4	KINERET .....	49
51	ISENTRESS 25 MG.....	4	<i>kionex</i> .....	44
<i>hydromorphone (pf)</i> .....	ISOLYTE-H IN D5W .....	34	<i>klor-con</i> .....	18
32	ISOLYTE-M IN D5W .....	34	<i>klor-con 10</i> .....	18
<i>hydroxychloroquine</i> .....	ISOLYTE-P IN D5W .....	34	Klor-Con M15 .....	18
3	ISOLYTE-S .....	34	<i>klor-con m20</i> .....	18
<i>hydroxyurea</i> .....	ISOLYTE-S IN D5W .....	34	KOMBIGLYZE XR .....	20
11	<i>isoniazid</i> .....	7	KRISTALOSE .....	28
<i>hydroxyzine hcl</i> .....	<i>isoniazid</i> .....	32	K-Tab .....	18
22	<i>isosorbide dinitrate</i> .....	14	KUVAN .....	43
<i>hydroxyzine pamoate</i> .....	<i>isosorbide dinitrate</i> .....	18	KYNAMRO .....	18
22	<i>isosorbide mononitrate</i> .....	14	<i>labetalol</i> .....	16
<i>ibandronate</i> .....	<i>isradipine</i> .....	16	<i>laclotion</i> .....	62
65	ISTODAX .....	10	<i>lactated ringers</i> .....	32
<i>ibuprofen</i> .....	<i>itraconazole</i> .....	2	<i>lactulose</i> .....	28
50	IXEMPRA .....	10	Lamictal ODT .....	47
<i>ibuprofen-oxycodone</i> .....	IXIARO (PF) .....	39	Lamictal XR .....	47
51	JAKAFI .....	12	Lamisil 125 mg.....	2
ICLUSIG 15 MG.....	JALYN .....	44	Lamisil 187.5 mg.....	2
12	<i>jantoven</i> .....	8	<i>lamivudine</i> .....	4
ICLUSIG 45 MG.....	JANUMET .....	20	<i>lamivudine-zidovudine</i> .....	4
12	JANUMET XR .....	20	<i>lamotrigine</i> .....	47
<i>idarubicin</i> .....	JANUVIA .....	20	Lanoxin .....	14
10	Jentadueto .....	20	Lanoxin Pediatric .....	14
IFEX .....	JEVTANA .....	10	<i>lansoprazole</i> .....	29
10	<i>jinteli</i> .....	63	LANTUS .....	19
<i>ifosfamide</i> .....	<i>junel 1.5/30 (21)</i> .....	63	Lantus Solostar .....	19
10	<i>junel 1/20 (21)</i> .....	63	Lastacaft .....	24
ILARIS (PF) .....	<i>junel fe 1.5/30 (28)</i> .....	63	<i>latanoprost</i> .....	26
41				
<i>imipenem-cilastatin</i> .....				
32				
<i>imipramine hcl</i> .....				
54				
<i>imipramine pamoate</i> .....				
54				
<i>imiquimod</i> .....				
62				
IMOVAX RABIES VACCINE				
(PF) .....				
39				
INCIVEK .....				
4				
INCRELEX .....				
42				
<i>indapamide</i> .....				
17				
Indocin .....				
49				
<i>indomethacin</i> .....				
49				
INFANRIX (PF) .....				
39				
INFERGEN .....				
4				
INLYTA .....				
12				
<i>insulin syringe-needle u-100</i> .....				
19				
INTELENCE 100 MG, 200				
MG.....				
4				
INTRALIPID .....				
36				
INTRON A .....				
4				
<i>introvale</i> .....				
63				
Intuniv ER .....				
53				
INVANZ .....				
32				

Latuda 20 mg, 40 mg, 80 mg	56	<i>lithium carbonate</i>	53	<i>meclizine</i>	27
<i>leena</i> 28	63	<i>lithium citrate</i>	53	<i>meclofenamate</i>	49
<i>leflunomide</i>	49	Lo Loestrin Fe	63	<i>medroxyprogesterone</i>	65
<i>lessina</i>	63	Locoid Lipocream	60	<i>mefenamic acid</i>	50
LETAIRIS	44	LODOSYN	46	<i>mefloquine</i>	3
<i>letrozole</i>	12	<i>lokara</i>	60	<i>megestrol</i>	4
<i>leucovorin calcium</i>	13	<i>loperamide</i>	28	MEKINIST	12
LEUKERAN	12	<i>lorazepam</i>	52	<i>meloxicam</i>	49
LEUKINE	8	<i>lorazepam intensol</i>	52	<i>melphalan</i>	10
<i>leuprolide</i>	10	<i>losartan</i>	14	MENACTRA (PF)	39
<i>levabuterol hcl 1.25 mg/0.5 ml</i>	57	<i>losartan-hydrochlorothiazide</i>	15	Menest	65
Levaquin	7	Lotemax	25	MENOMUNE - A/C/Y/W-135 (PF)	39
LEVAQUIN IN D5W	32	LOTRONEX	28	MENOPUR	23
Levatol	16	<i>lovastatin</i>	18	Menostar	65
LEVEMIR	19	LOVAZA	18	Mentax	61
Levemir Flexpen	19	<i>low-ogestrel (28)</i>	63	MENVEO A-C-Y-W-135-DIP (PF)	39
<i>levetiracetam</i>	47	<i>loxapine succinate</i>	56	Mephyton	24
Levitra	23	Lufyllin	57	<i>meprobamate</i>	52
<i>levobunolol</i>	26	Lumigan	26	MEPRON	3
<i>levocarnitine</i>	28	LUMIZYME	44	<i>mercaptopurine</i>	12
<i>levocarnitine</i>	32	Lunesta	55	<i>meropenem</i>	32
<i>levocarnitine (with sugar)</i>	28	LUPRON DEPOT	37	MERREM	32
<i>levocetirizine</i>	22	LUPRON DEPOT (3 MONTH)	37	<i>mesalamine-cleansing wipes</i>	30
<i>levofloxacin</i>	7	LUPRON DEPOT (4 MONTH)	38	<i>mesna</i>	13
<i>levofloxacin</i>	25	LUPRON DEPOT (6 MONTH)	38	Mesnex	13
<i>levofloxacin</i>	32	LUPRON DEPOT-PED	38	Mestinon	43
<i>levofloxacin in d5w</i>	32	LUPRON DEPOT-PED (3 MONTH)	38	MESTINON TIMESPAN	43
<i>levora-28</i>	63	LUVERIS	23	Metadate CD	53
<i>levorphanol tartrate</i>	51	Luvox CR	54	Metadate ER	53
<i>levothroid</i>	38	Luxiq	60	<i>metaproterenol</i>	57
<i>levothyroxine</i>	38	Lyrica	47	<i>metformin</i>	20
<i>levoxyl</i>	38	LYSODREN	37	<i>methadone</i>	32
Lexapro	54	<i>mafenide acetate</i>	62	<i>methadone</i>	51
LEXIVA	4	<i>malathion</i>	61	<i>methadone 10 mg/5 ml</i>	51
<i>lidocaine</i>	62	<i>maprotiline</i>	54	<i>methadone 5 mg/5 ml</i>	51
<i>lidocaine (pf)</i>	32	<i>marlissa</i>	64	<i>methadose</i>	51
<i>lidocaine hcl</i>	62	Marplan	54	<i>methamphetamine</i>	53
<i>lidocaine-prilocaine</i>	62	MATULANE	12	<i>methazolamide</i>	26
LIDODERM	62	<i>matzim la</i>	16	<i>methenamine hippurate</i>	2
LINCOCIN	32	Maxair Autohaler	57	<i>methimazole</i>	38
<i>lindane</i>	61	Maxidex	25	Methitest	37
<i>liothyronine</i>	38			<i>methotrexate sodium</i>	49
<i>lisinopril</i>	13			<i>methotrexate sodium (pf)</i>	32
<i>lisinopril-hydrochlorothiazide</i>	15				

<i>methscopolamine</i> .....	29	<i>mitoxantrone</i> .....	10	Natacyn .....	27
<i>methyclothiazide</i> .....	17	M-M-R II (PF) .....	39	<i>nateglinide</i> .....	20
<i>methyldopa</i> .....	17	<i>moexipril</i> .....	13	Nebupent .....	3
<i>methyldopa-hydrochlorothiazide</i> .....	15	<i>moexipril-hydrochlorothiazide</i> .....	15	<i>necon 0.5/35 (28)</i> .....	64
<i>methylergonovine</i> .....	65	<i>mometasone</i> .....	60	<i>necon 1/35 (28)</i> .....	64
METHYLIN .....	53	<i>mometasone 0.1 %</i> .....	60	NECON 10/11 (28) .....	64
METHYLIN 5 MG/5 ML .....	53	<i>montelukast</i> .....	57	<i>necon 7/7/7 (28)</i> .....	64
<i>methylphenidate</i> .....	53	Monurol .....	2	<i>nefazodone</i> .....	54
<i>methylphenidate 10 mg</i> .....	53	<i>morphine</i> .....	51	<i>neomycin</i> .....	3
<i>methylprednisolone</i> .....	37	<i>morphine concentrate</i> .....	51	<i>neomycin-bacitracin-poly-hc</i> .....	25
<i>methylprednisolone acetate</i> .....	37	MoviPrep .....	28	<i>neomycin-bacitracin-polymyxin</i> .....	25
<i>methylprednisolone sodium succ</i> .....	37	Moxeza .....	25	<i>neomycin-polymyxin-dexameth</i> .....	25
<i>metipranolol</i> .....	26	MOZOBIL .....	8	<i>neomycin-polymyxin-gramicidin</i> .....	26
<i>metoclopramide hcl</i> .....	27	Multaq .....	14	<i>neomycin-polymyxin-hc</i> .....	25
<i>metolazone</i> .....	17	<i>mupirocin</i> .....	59	<i>neomycin-polymyxin-hc</i> .....	26
<i>metoprolol succinate</i> .....	16	<i>mupirocin calcium</i> .....	59	NEPHRAMINE 5.4 % .....	36
<i>metoprolol ta-hydrochlorothiaz</i> .....	15	Muse .....	23	Nephrocaps .....	24
<i>metoprolol tartrate</i> .....	16	MUSTARGEN .....	10	Nephrocaps Qt .....	24
<i>metoprolol tartrate</i> .....	32	MYCAMINE .....	32	Nephronex .....	24
Metrogel .....	58	MYCOBUTIN .....	7	Nephro-Vite Rx .....	24
<i>metronidazole</i> .....	2	<i>mycophenolate mofetil</i> .....	40	NEULASTA .....	8
<i>metronidazole</i> .....	58	Myfortic .....	40	NEUMEGA .....	8
<i>metronidazole</i> .....	66	MYOZYME .....	44	NEUPOGEN .....	8
<i>metronidazole 0.75 %</i> .....	58	Mytelase .....	43	Neupro .....	46
<i>metronidazole in nacl (iso-os)</i> .....	32	<i>nabumetone</i> .....	49	Nevanac .....	26
<i>mexiletine</i> .....	14	<i>nadolol</i> .....	16	<i>nevirapine</i> .....	4
MIACALCIN .....	66	<i>nadolol-bendroflumethiazide</i> .....	15	NEXAVAR .....	12
<i>miconazole-3</i> .....	66	<i>nafcillin</i> .....	33	<i>niacor</i> .....	18
<i>microgestin 1.5/30 (21)</i> .....	64	<i>nafcillin in dextrose iso-osm</i> .....	33	NIASPAN EXTENDED-RELEASE .....	18
<i>microgestin 1/20 (21)</i> .....	64	NAFTIN .....	2	<i>nicardipine</i> .....	16
<i>microgestin fe 1.5/30 (28)</i> .....	64	NAGLAZYME .....	42	NICOTROL .....	44
<i>microgestin fe 1/20 (28)</i> .....	64	Nalfon .....	49	Nicotrol NS .....	44
<i>midodrine</i> .....	41	<i>naloxone</i> .....	55	<i>nifediac cc</i> .....	16
MIGERGOT .....	46	<i>naltrexone</i> .....	52	<i>nifedical xl</i> .....	16
Migranal .....	46	NAMENDA .....	45	<i>nifedipine</i> .....	16
Millipred .....	37	NAMENDA TITRATION PAK .....	45	NILANDRON .....	12
Minivelle .....	66	NAMENDA XR .....	45	<i>nimodipine</i> .....	16
<i>minocycline</i> .....	7	<i>naphazoline</i> .....	24	<i>nisoldipine</i> .....	16
Mirapex ER .....	46	<i>naproxen</i> .....	50	Nitro-Bid .....	14
<i>mirtazapine</i> .....	54	<i>naproxen sodium</i> .....	50	<i>nitroglycerin</i> .....	14
<i>misoprostol</i> .....	29	<i>naratriptan</i> .....	46	Nitrolingual .....	14
<i>mitomycin</i> .....	10	NASCOBAL .....	24		
		NASONEX .....	22		

Nitromist .....	14	Oleptro ER .....	54	<i>oxycodone-acetaminophen</i>	
NITROSTAT .....	14	<i>omeprazole 10 mg, 20 mg</i> .....	29	<i>10-650 mg</i> .....	51
<i>nizatidine</i> .....	29	<i>omeprazole 40 mg</i> .....	29	<i>oxycodone-acetaminophen</i>	
<i>nora-be</i> .....	64	<i>omeprazole-sodium bicarbonate</i>		<i>7.5-500 mg</i> .....	51
NORDITROPIN FLEXPRO		.....	29	<i>oxycodone-aspirin</i> .....	51
.....	42	OMNITROPE .....	42	OXYCONTIN .....	51
NORDITROPIN NORDIFLEX		<i>ondansetron</i> .....	27	<i>oxymorphone</i> .....	51
.....	42	<i>ondansetron hcl</i> .....	27	<i>oxymorphone 15 mg, 7.5 mg</i> .....	51
<i>norethindrone acetate</i> .....	66	<i>ondansetron hcl (pf)</i> .....	33	OXYTROL .....	45
NORMOSOL-M IN D5W .....	34	<i>ondansetron hcl 24 mg</i> .....	27	Pacerone .....	14
NORMOSOL-R IN D5W .....	34	<i>ondansetron hcl 4 mg, 8 mg</i> .....	27	<i>paclitaxel</i> .....	10
NORMOSOL-R PH 7.4 .....	34	ONE TOUCH TEST .....	19	<i>pamidronate</i> .....	33
Noroxin .....	7	ONE TOUCH ULTRA TEST		Pancreaze .....	28
Norpace CR .....	14	.....	19	Pandel .....	60
<i>nortrel 0.5/35 (28)</i> .....	64	ONE TOUCH VERIO .....	19	PANRETIN .....	62
<i>nortrel 1/35 (21)</i> .....	64	Onfi .....	47	<i>pantoprazole</i> .....	29
<i>nortrel 1/35 (28)</i> .....	64	ONTAK .....	10	<i>pantoprazole</i> .....	33
<i>nortrel 7/7/7 (28)</i> .....	64	ORAP .....	56	<i>paromomycin</i> .....	3
<i>nortriptyline</i> .....	54	Orapred .....	37	<i>paroxetine hcl</i> .....	54
NORVIR .....	4	Orapred ODT .....	37	Paser .....	7
NOVOLIN 70/30 .....	19	ORENCIA .....	49	Paxil .....	54
NOVOLIN N .....	20	ORFADIN .....	42	PCE .....	6
NOVOLIN R .....	20	<i>orsythia</i> .....	64	<i>pedi-dri</i> .....	61
NOVOLOG .....	20	Ortho Evra .....	64	PEDVAX HIB (PF) .....	39
Novolog Flexpen .....	20	Ortho Tri-Cyclen (28) .....	64	Peganone .....	47
NOVOLOG MIX 70-30 .....	20	OsmoPrep .....	28	PEGASYS .....	4
Novolog Mix 70-30 FlexPen		Ovcon-50 (28) .....	64	PEGASYS CONVENIENCE	
.....	20	OVIDREL .....	23	PACK .....	4
Noxafil .....	2	<i>oxacillin</i> .....	33	PEGASYS PROCLICK .....	4
NUEDEXTA .....	46	<i>oxacillin in dextrose(iso-osm)</i>		PEGINTRON .....	4
NULOJIX .....	40	.....	33	PEGINTRON REDIPEN .....	4
NUTROPIN .....	42	<i>oxaliplatin</i> .....	10	<i>penicillin g pot in dextrose</i> .....	33
NUTROPIN AQ .....	42	<i>oxandrolone</i> .....	37	<i>penicillin g potassium</i> .....	33
NUTROPIN AQ NUSPIN .....	42	<i>oxazepam</i> .....	52	<i>penicillin g sodium</i> .....	33
NUVARING .....	64	<i>oxcarbazepine</i> .....	47	<i>penicillin v potassium</i> .....	6
<i>nyamyc</i> .....	61	OXISTAT .....	61	Pennsaid .....	49
<i>nystatin</i> .....	2	OXSORALEN .....	62	PENTAM .....	3
<i>nystatin</i> .....	61	OXSORALEN ULTRA .....	62	PENTASA .....	30
<i>nystatin-triamcinolone</i> .....	61	<i>oxybutynin chloride</i> .....	45	<i>pentazocine-acetaminophen</i> .....	52
<i>nystop</i> .....	61	<i>oxycodone</i> .....	51	<i>pentostatin</i> .....	10
<i>octreotide acetate</i> .....	40	<i>oxycodone 15 mg, 30 mg</i> .....	51	<i>pentoxifylline</i> .....	8
<i>ofloxacin</i> .....	7	<i>oxycodone 5 mg</i> .....	51	PERFOROMIST .....	57
<i>ofloxacin</i> .....	21	<i>oxycodone-acetaminophen</i> .....	51	<i>perindopril erbumine</i> .....	13
<i>ofloxacin</i> .....	25	<i>oxycodone-acetaminophen</i>		<i>periogard</i> .....	21
<i>olanzapine</i> .....	56	<i>10-325 mg, 2.5-325 mg, 5-325</i>		PERJETA .....	10
<i>olanzapine-fluoxetine</i> .....	53	<i>mg, 7.5-325 mg</i> .....	51	<i>permethrin</i> .....	61

<i>perphenazine</i> .....	56	<i>potassium chloride-d5-0.3%nacl</i> .....	35	<i>proctocream-hc</i> .....	62
<i>perphenazine-amitriptyline</i> .....	56	<i>potassium chloride-d5-0.9%nacl</i> .....	35	<i>progesterone micronized</i> .....	66
Pertzye .....	28	<i>potassium citrate</i> .....	45	Proglycem .....	19
PEXEVA .....	54	Potiga .....	47	PROGRAF .....	33
PFIZERPEN-G .....	33	Pradaxa .....	8	PROLASTIN C .....	58
<i>phendimetrazine tartrate</i> .....	23	<i>pramcort</i> .....	23	PROLEUKIN .....	10
<i>phenelzine</i> .....	54	<i>pramipexole</i> .....	46	PROLIA .....	66
<i>phenobarbital</i> .....	47	Prandimet .....	21	PROMACTA .....	8
<i>phentermine</i> .....	23	PRANDIN .....	21	<i>propafenone</i> .....	14
<i>phenytoin</i> .....	47	<i>pravastatin</i> .....	18	<i>propantheline</i> .....	28
<i>phenytoin sodium</i> .....	47	<i>prazosin</i> .....	14	<i>propranolol</i> .....	16
<i>phenytoin sodium extended</i> .....	47	PRED MILD .....	26	<i>propranolol-hydrochlorothiazid</i> .....	15
PHOSLYRA .....	43	PRED-G .....	26	<i>propylthiouracil</i> .....	38
Picato 0.015 % .....	62	PRED-G S.O.P. ....	26	PROQUAD (PF) .....	39
Picato 0.05 % .....	62	<i>prednicarbate</i> .....	60	PROSOL 20% .....	36
<i>pilocarpine hcl</i> .....	21	<i>prednisolone acetate</i> .....	26	PROTONIX .....	33
PILOPINE HS .....	26	<i>prednisolone sodium phosphate</i> .....	37	Protopic .....	62
<i>pindolol</i> .....	16	<i>prednisone</i> .....	37	<i>protriptyline</i> .....	54
<i>pioglitazone</i> .....	21	Prednisone Intensol .....	37	Proventil HFA .....	57
<i>pioglitazone-glimepiride</i> .....	21	Premarin .....	66	Provigil .....	55
<i>pioglitazone-metformin</i> .....	21	PREMASOL 10 % .....	36	<i>prudoxin</i> .....	62
<i>piperacillin-tazobactam</i> .....	33	PREMASOL 6 % .....	36	Pulmicort 1 mg/2 mL .....	57
<i>piroxicam</i> .....	49	Premphase .....	66	Pulmicort Flexhaler .....	57
PLASMA-LYTE 148 .....	34	Prempro .....	66	PULMOZYME .....	41
PLASMA-LYTE A .....	34	<i>prenatal plus with iron (ca)</i> .....	66	PYLERA .....	29
PLASMA-LYTE-56 IN D5W .....	34	Prevalite .....	18	<i>pyrazinamide</i> .....	7
PNEUMOVAX 23 .....	39	PREVNAR 13 (PF) .....	39	<i>pyridostigmine bromide</i> .....	43
<i>podofilox</i> .....	63	Prevpac .....	29	Quaaluin .....	3
<i>polyethylene glycol 3350</i> .....	28	PREZISTA .....	4	<i>quasense</i> .....	64
<i>polymyxin b sulfate</i> .....	33	PRIFTIN .....	7	<i>quetiapine 100 mg, 200 mg, 300</i> <i>mg, 400 mg</i> .....	56
POMALYST .....	12	<i>primaquine</i> .....	3	<i>quetiapine 25 mg, 50 mg</i> .....	56
<i>portia</i> .....	64	PRIMAXIN IV .....	33	<i>quinapril</i> .....	13
<i>potassium chlorid-d5-0.45%nacl</i> .....	35	<i>primidone</i> .....	47	<i>quinapril-hydrochlorothiazide</i> .....	15
<i>potassium chloride</i> .....	18	PRIMSOL .....	3	<i>quinidine gluconate</i> .....	14
<i>potassium chloride</i> .....	33	PRISTIQ .....	54	<i>quinidine sulfate</i> .....	14
<i>potassium chloride</i> .....	35	PRIVIGEN .....	39	<i>quinine sulfate</i> .....	3
<i>potassium chloride in 0.9%nacl</i> .....	35	PROAIR HFA .....	57	Qvar .....	57
<i>potassium chloride in d5w</i> .....	35	<i>probenecid</i> .....	49	RABAVERT (PF) .....	39
<i>potassium chloride in lr-d5</i> .....	35	PROCALAMINE 3% .....	36	<i>ramipril</i> .....	13
<i>potassium chloride-0.45 % nacl</i> .....	35	<i>prochlorperazine</i> .....	27	RANEXA .....	14
<i>potassium chloride-d5-0.2%nacl</i> .....	35	<i>prochlorperazine edisylate</i> .....	27	<i>ranitidine hcl</i> .....	29
		<i>prochlorperazine maleate</i> .....	27	RAPAMUNE .....	40
		PROCRIT .....	8	REBETOL .....	4

REBIF .....	43	SAIZEN .....	42	SOLTAMOX .....	12
REBIF TITRATION PACK .....	43	SAIZEN CLICK.EASY .....	42	Solu-Cortef (PF) .....	37
RECLAST .....	66	Samsca .....	45	Solu-Medrol .....	37
RECOMBIVAX HB (PF) .....	39	Sanctura XR .....	45	Solu-Medrol (PF) .....	37
REGRANEX .....	62	Sancuso .....	27	SOMATULINE DEPOT .....	40
RELENZA DISKHALER .....	5	SANDOSTATIN .....	40	SOMAVERT .....	40
RELISTOR .....	29	SANDOSTATIN LAR DEPOT .....	40	SORIATANE .....	61
REMICADE .....	49	.....	40	<i>sorine</i> .....	14
REMODULIN .....	33	SANTYL .....	62	<i>sotalol</i> .....	14
RENAGEL .....	43	Saphris .....	56	<i>sotalol af</i> .....	15
<i>renal caps</i> .....	24	SAVELLA .....	47	Spectracef .....	6
REVELA .....	43	<i>selegiline hcl</i> .....	46	SPIRIVA WITH	
REPRONEX .....	23	<i>selenium sulfide</i> .....	62	HANDIHALER .....	57
RESCRIPTOR .....	5	SELZENTRY 150 MG .....	5	<i>spironolactone</i> .....	17
<i>reserpine</i> .....	17	SELZENTRY 300 MG .....	5	<i>spironolactone</i> .....	18
RESTASIS .....	27	SENSIPAR .....	42	<i>spironolacton-hydrochlorothiaz</i>	
Retin-A .....	59	Serevent Diskus .....	57	.....	17
Retin-A Micro .....	59	SEROMYCIN .....	7	SPRYCEL 100 MG, 140	
RETROVIR .....	33	Seroquel 100 mg, 200 mg, 300		MG .....	12
REVATIO .....	44	mg, 400 mg .....	56	SPRYCEL 20 MG, 50 MG, 70	
REVLIMID .....	12	Seroquel 25 mg, 50 mg .....	56	MG, 80 MG .....	12
REYATAZ .....	5	SEROQUEL XR .....	56	<i>ssd</i> .....	59
RIBAPAK DOSE PACK .....	5	SEROSTIM .....	42	STALEVO 100 .....	46
<i>ribasphere</i> .....	5	<i>sertraline</i> .....	54	STALEVO 125 .....	46
<i>ribavirin</i> .....	5	sfRowasa .....	30	STALEVO 150 .....	46
RIDAURA .....	49	SIGNIFOR .....	41	STALEVO 200 .....	46
Rifamate .....	7	<i>sildenafil</i> .....	44	STALEVO 50 .....	46
<i>rifampin</i> .....	7	<i>silver sulfadiazine</i> .....	59	STALEVO 75 .....	46
Rifater .....	7	Simbrinza .....	26	<i>stavudine</i> .....	5
RILUTEK .....	40	SIMCOR .....	18	Stavzor .....	48
<i>riluzole</i> .....	40	SIMPONI .....	49	STELARA .....	61
<i>rimantadine</i> .....	5	SIMULECT .....	40	Stimate .....	8
<i>ringers</i> .....	35	<i>simvastatin</i> .....	18	STIVARGA .....	12
RIOMET .....	21	SKELID .....	43	STRATTERA 10 MG, 18 MG,	
RISPERDAL CONSTA .....	53	Sklice .....	61	25 MG, 40 MG, 60 MG .....	53
<i>risperidone</i> .....	53	<i>sodium chloride</i> .....	35	STRATTERA 100 MG, 80	
<i>risperidone</i> .....	56	<i>sodium chloride</i> .....	62	MG .....	53
RITUXAN .....	10	<i>sodium chloride 0.45 %</i> .....	35	<i>streptomycin</i> .....	33
<i>rivastigmine</i> .....	45	<i>sodium chloride 0.9 %</i> .....	35	Striant .....	37
<i>ropinirole</i> .....	46	<i>sodium chloride 3 %</i> .....	35	STRIBILD .....	5
ROTATEQ VACCINE .....	40	<i>sodium chloride 5 %</i> .....	35	STROMECTOL .....	3
Roxicet .....	52	<i>sodium fluoride</i> .....	21	Suboxone 2-0.5 mg .....	55
Rozerem .....	55	<i>sodium lactate</i> .....	35	Suboxone 2-0.5 mg, 8-2 mg .....	55
SABRIL .....	47	<i>sodium polystyrene (sorb free)</i>		Suboxone 8-2 mg .....	55
Safyral .....	64	.....	44	Subsys .....	52
		SOLARAZE .....	62	<i>sucralfate</i> .....	29

<i>sulfacetamide sodium</i> .....	25	TASMAR .....	46	<i>timolol maleate</i> .....	16
<i>sulfacetamide sodium (acne)</i> .....	62	TAXOTERE .....	10	<i>timolol maleate</i> .....	27
<i>sulfacetamide-prednisolone</i> .....	25	TAZORAC .....	61	<i>tinidazole</i> .....	3
<i>sulfadiazine</i> .....	7	<i>taztia xt</i> .....	16	Tirosint .....	38
<i>sulfamethoxazole-trimethoprim</i> .....	7	TECFIDERA 120 MG (14)- MG (46).....	240 43	<i>tizanidine</i> .....	48
<i>sulfamethoxazole-trimethoprim</i> .....	33	TECFIDERA 120 MG, 240 MG .....	43	TOBI .....	41
Sulfamylon .....	62	TEFLARO .....	33	TOBI PODHALER .....	41
<i>sulfasalazine</i> .....	30	TEGRETOL XR 100 MG .....	48	TobraDex .....	25
<i>sulfazine ec</i> .....	30	TEKAMLO .....	15	Tobradex ST .....	25
<i>sulindac</i> .....	49	<i>temazepam</i> .....	55	<i>tobramycin</i> .....	25
<i>sumatriptan succinate</i> .....	46	TEMODAR 100 MG, 20 MG .....	12	<i>tobramycin in 0.9 % nacl</i> .....	33
Suprax .....	6	TEMODAR 140 MG, 5 MG .....	12	<i>tobramycin sulfate</i> .....	33
Suprep .....	28	TEMODAR 180 MG, 250 MG .....	12	<i>tobramycin-dexamethasone</i> .....	25
SUSTIVA .....	5	<i>terazosin</i> .....	14	<i>tolazamide</i> .....	21
SUTENT .....	12	<i>terbinafine</i> .....	2	<i>tolbutamide</i> .....	21
SYLATRON .....	10	<i>terbutaline</i> .....	58	<i>tolmetin</i> .....	49
SYMBICORT 160-4.5 MCG/ACTUATION .....	58	<i>terconazole</i> .....	66	<i>topiramate</i> .....	48
SYMBICORT 80-4.5 MCG/ACTUATION .....	58	TESTIM .....	37	<i>toposar</i> .....	11
SYMBYAX .....	53	<i>testosterone cypionate</i> .....	37	<i>topotecan</i> .....	11
SymlinPen 120 .....	20	<i>testosterone enanthate</i> .....	37	TORISEL .....	11
SymlinPen 60 .....	20	Testred .....	37	<i>torseamide</i> .....	17
SYNAGIS .....	44	<i>tetanus toxoid,adsorbed (pf)</i> .....	40	<i>tpn electrolytes</i> .....	36
SYNAREL .....	38	<i>tetanus-diphtheria toxoids-td</i> .....	40	TRACLEER .....	44
Synera .....	62	<i>tetracycline</i> .....	7	Tradjenta .....	21
SYNERCID .....	33	TEV-TROPIN .....	42	<i>tramadol</i> .....	52
SYNRIBO .....	10	Thalitone .....	17	<i>tramadol-acetaminophen</i> .....	52
Synthroid .....	38	THALOMID .....	12	<i>trandolapril</i> .....	13
SYPRINE .....	45	<i>theophylline</i> .....	58	<i>tranexamic acid</i> .....	8
TABLOID .....	12	<i>thioridazine</i> .....	56	Transderm-Scop .....	27
<i>tacrolimus</i> .....	40	<i>thiotepa</i> .....	10	<i>tranylcypromine</i> .....	54
TAMIFLU .....	5	<i>thiothixene</i> .....	56	TRAVASOL 10 % .....	36
TAMIFLU 30 MG .....	5	THYMOGLOBULIN .....	40	Travatan Z .....	27
TAMIFLU 45 MG, 75 MG .....	5	Thyrolar-1 .....	38	<i>trazodone</i> .....	54
<i>tamoxifen</i> .....	12	Thyrolar-1/2 .....	38	TREANDA .....	11
<i>tamsulosin</i> .....	44	Thyrolar-1/4 .....	38	Trecator .....	7
TARCEVA 100 MG .....	12	Thyrolar-2 .....	38	TRELSTAR .....	38
TARCEVA 150 MG, 25 MG .....	12	Thyrolar-3 .....	38	<i>tretinoin</i> .....	59
TARGRETIN .....	12	<i>tiagabine</i> .....	48	<i>tretinoin (chemotherapy)</i> .....	12
TARGRETIN .....	13	<i>ticlopidine</i> .....	8	TRETIN-X .....	59
Tarka .....	15	TIKOSYN .....	15	TRETIN-X (gel) .....	59
TASIGNA .....	12	TIMENTIN .....	33	Trexall .....	49
				<i>triamcinolone acetonide</i> .....	21
				<i>triamcinolone acetonide</i> .....	22
				<i>triamcinolone acetonide</i> .....	60

<i>triamterene-hydrochlorothiazid</i>	UVADEX	11	<i>vincristine</i>	11
.....	VAGIFEM	66	<i>vinorelbine</i>	11
<i>triamterene-hydrochlorothiazid</i>	<i>valacyclovir</i>	5	Viokace	28
.....	VALCYTE	5	VIRACEPT	5
<i>triazolam</i>	<i>valproate sodium</i>	33	VIRAMUNE	5
<i>triderm</i>	<i>valproic acid</i>	48	VIRAMUNE XR	5
<i>trifluoperazine</i>	<i>valproic acid (as sodium salt)</i>	48	VIREAD	5
<i>trifluridine</i>	.....	48	VISTIDE	33
<i>trihexyphenidyl</i>	<i>valsartan-hydrochlorothiazide</i>	15	<i>vitamin d2</i>	24
Trileptal	.....	15	Vivactil	55
<i>trilyte with flavor packets</i>	VANCOCIN	3	VIVELLE-DOT	66
<i>trimethoprim</i>	<i>vancomycin</i>	3	Voltaren	49
<i>trimethoprim-polymyxin b</i>	<i>vancomycin 1,000 mg, 10</i>	33	<i>voriconazole</i>	34
<i>trimipramine</i>	<i>gram</i>	33	<i>voriconazole 200 mg</i>	2
<i>trinessa (28)</i>	<i>vancomycin 500 mg</i>	33	<i>voriconazole 50 mg</i>	2
<i>triphrocaps</i>	<i>vandazole</i>	66	VOTRIENT	13
<i>tri-previfem (28)</i>	Vanos	60	VPRIV	41
TRISENOX	VAQTA (PF)	40	Vytorin 10-10	18
<i>tri-sprintec (28)</i>	VARIVAX (PF)	40	Vytorin 10-20	18
<i>trivora (28)</i>	VECTIBIX	11	Vytorin 10-40	18
TRIZIVIR	VELCADE	11	Vytorin 10-80	18
TROPHAMINE 10 %	<i>velivet triphasic regimen (28)</i>	64	Vyvanse	53
TROPHAMINE 6%	.....	64	<i>warfarin</i>	8
<i>tropium</i>	<i>venlafaxine</i>	54	<i>water for irrigation, sterile</i>	62
TRUVADA	VENTAVIS	44	WelChol	18
Tudorza Pressair	VENTAVIS	58	Westcort	60
TWINJECT AUTOINJECTOR	Ventolin HFA	58	XALKORI	13
.....	<i>verapamil</i>	16	Xarelto 10 mg	8
TWINRIX (PF)	Veripred 20	37	Xarelto 15 mg, 20 mg	8
TYGACIL	VESICARE	45	XELJANZ	49
TYKERB	<i>vestura</i>	64	XELODA 150 MG	13
TYPHIM VI	VEXOL	26	XELODA 500 MG	13
TYSABRI	VFEND	2	XENAZINE 12.5 MG	42
TYVASO	VFEND IV	33	XENAZINE 25 MG	42
TYZEKA	Viagra	23	XGEVA	66
Tyzine	VIBATIV	33	Xifaxan 200 mg	3
Uceris	Vibramycin	7	Xifaxan 550 mg	3
<i>u-cort</i>	Victoza 3-Pak	20	XOLAIR	58
Ulesfia	VICTRELIS	5	Xopenex	58
Uloric	VIDAZA	11	Xopenex HFA	58
Ultresa	VIDEX 2 GRAM PEDIATRIC	5	XTANDI	13
<i>unithroid</i>	.....	5	XYREM	55
Urocit-K 10	Vigamox	25	YERVOY	11
Urocit-K 15	Viibryd	55	YF-VAX (PF)	40
Urocit-K 5	Vimpat	48	<i>zafirlukast</i>	58
<i>ursodiol</i>	<i>vinblastine</i>	11		

<i>zaleplon</i> .....	55	ZYVOX .....	3
ZALTRAP .....	11	ZYVOX .....	34
ZANOSAR .....	11		
ZAVESCA .....	41		
<i>zazole</i> .....	66		
ZELBORAF .....	5		
ZEMAIRA .....	58		
ZEMPLAR .....	34		
ZEMPLAR .....	42		
Zenpep .....	28		
<i>zeosa</i> .....	64		
Zerit .....	5		
Zetia .....	18		
ZIAGEN .....	5		
<i>zidovudine</i> .....	5		
ZINACEF .....	34		
ZINACEF IN DEXTROSE (ISO-OSM) .....	34		
ZINACEF IN STERILE WATER .....	34		
Zinecard .....	13		
Zioptan (PF) .....	27		
<i>ziprasidone hcl</i> .....	56		
Zirgan .....	26		
Zmax .....	6		
<i>zoledronic acid</i> .....	66		
<i>zoledronic acid-mannitol-water</i> .....	66		
ZOLINZA .....	13		
<i>zolpidem</i> .....	55		
ZOMETA .....	66		
Zonalon .....	62		
<i>zonisamide</i> .....	48		
ZORBTIVE .....	42		
ZORTRESS .....	40		
ZOSTAVAX (PF) .....	40		
ZOSYN .....	34		
ZOSYN IN DEXTROSE (ISO-OSM) .....	34		
<i>zovia 1/35e (28)</i> .....	64		
<i>zovia 1/50e (28)</i> .....	64		
ZOVIRAX .....	63		
Zydone .....	52		
Zylet .....	26		
Zyprexa .....	56		
ZYTIGA .....	13		