

# TUFTS HEALTH PLAN SENIOR CARE OPTIONS (HMO SNP) 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 Health Plan Senior Care Options Formulary?**

A formulary is a list of covered drugs selected by Tufts Health Plan Senior Care Options 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 Health Plan Senior Care Options will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Tufts Health Plan Senior Care Options 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, 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 Health Plan Senior Care Options, please visit our Web site at [thmp.org/sco](http://thmp.org/sco) or call Customer Relations at 855-670-5934, 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.). TTY/TDD users should call 855-670-5936.

## **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 Health Plan Senior Care Options 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 Health Plan Senior Care Options requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Tufts Health Plan Senior Care Options before you fill your prescriptions. If you don't get approval, Tufts Health Plan Senior Care Options may not cover the drug.
- **Quantity Limits:** For certain drugs, Tufts Health Plan Senior Care Options limits the amount of the drug that Tufts Health Plan Senior Care Options will cover. For example, Tufts Health Plan Senior Care Options provides 30 per prescription for zolpidem. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Tufts Health Plan Senior Care Options 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 Health Plan Senior Care Options may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Tufts Health Plan Senior Care Options 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 Web site at [thpmp.org/sco](http://thpmp.org/sco).

You can ask Tufts Health Plan Senior Care Options to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Tufts Health Plan Senior Care Options formulary?" on page 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 Member Services and confirm that your drug is not covered. If you learn that Tufts Health Plan Senior Care Options does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Tufts Health Plan Senior Care Options. 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 Health Plan Senior Care Options.
- You can ask Tufts Health Plan Senior Care Options 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 Health Plan Senior Care Options Formulary?**

You can ask Tufts Health Plan Senior Care Options 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 Health Plan Senior Care Options 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.

Generally, Tufts Health Plan Senior Care Options will only approve your request for an exception if the alternative drugs included on the plan's formulary, 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 or utilization restriction exception. **When you are requesting a formulary 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 Health Plan Senior Care Options prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Tufts Health Plan Senior Care Options, please call Customer Relations at 1-855-670-5934, 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.). TTY/TDD users should call 855-670-5936.) Or visit [thmp.org/sco](http://thmp.org/sco).

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 Health Plan Senior Care Options Formulary**

The formulary begins on page 2 provides coverage information about some of the drugs covered by Tufts Health Plan Senior Care Options. 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 Health Plan Senior Care Options 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 Health Plan Senior Care Options 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

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

This prescription drug may be covered under our medical benefit. For more information, call Customer Relations at 1-855-670-5934, 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.). TTY/TDD users should call 855-670-5936.

### **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 1-855-670-5934, 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.). TTY/TDD users should call 855-670-5936

**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. 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 Health Plan Senior Care Options 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 Health Plan Senior Care Options (HMO SNP)

### Table of Contents

ANTI-INFECTIVES AND INFECTIOUS DISEASE.....	2
BLOOD THINNERS AND BLOOD MODIFYING AGENTS.....	8
CANCER DRUGS.....	9
CARDIOVASCULAR AGENTS.....	13
DIABETES MELLITUS.....	19
EAR, NOSE AND THROAT.....	21
EYE.....	22
GASTROINTESTINAL DRUGS.....	25
HOME INFUSION THERAPY.....	28
HORMONES.....	34
IMMUNOLOGIC AGENTS.....	36
MISCELLANEOUS DRUGS.....	38
NEUROLOGICAL DRUGS.....	43
PAIN AND INFLAMMATORY DISEASES.....	46
PSYCHIATRIC.....	49
RESPIRATORY DRUGS.....	54
SKIN.....	56
WOMENS HEALTH.....	60

## 2013 Tufts Health Plan Senior Care Options (HMO SNP)

Drug Name		Coverage Notes
<b>ANTI-INFECTIVES AND INFECTIOUS DISEASE</b>		
<b>ANTIFUNGALS, SYSTEMIC AND ORAL TOPICAL</b>		
ANCOBON	Tier-4	
<i>clotrimazole</i>	Tier-2	
<i>fluconazole oral susp</i>	Tier-2	
<i>fluconazole tablet</i>	Tier-1	
<i>flucytosine</i>	Tier-2	
GRIS-PEG	Tier-3	
<i>griseofulvin microsize oral susp</i>	Tier-2	
<i>itraconazole</i>	Tier-2	PA
<i>ketoconazole</i>	Tier-2	
LAMISIL ORAL GRANULES IN PACKET 125 MG	Tier-4	QL (56 EA per 30 day(s))
LAMISIL ORAL GRANULES IN PACKET 187.5 MG	Tier-4	QL (28 EA per 30 day(s))
NAFTIN	Tier-3	
<i>nystatin</i>	Tier-2	
<i>terbinafine</i>	Tier-1	QL (42 EA per 42 day(s))
VFEND ORAL SUSP	Tier-5	QL (150 ML per 14 day(s))
<i>voriconazole tablet 200 mg</i>	Tier-2	QL (28 EA per 14 day(s))
<i>voriconazole tablet 50 mg</i>	Tier-2	QL (56 EA per 14 day(s))
<b>ANTI-INFECTIVES, MISCELLANEOUS</b>		
ALBENZA	Tier-3	
ALINIA	Tier-4	
BILTRICIDE	Tier-3	
<i>methenamine hippurate</i>	Tier-2	
<i>metronidazole</i>	Tier-2	

<b>Drug Name</b>		<b>Coverage Notes</b>
MONUROL	Tier-4	
<i>neomycin</i>	Tier-2	
PRIMSOL	Tier-3	
STROMEKTOL	Tier-3	
<i>trimethoprim</i>	Tier-2	
VANCOCIN	Tier-5	
<i>vancomycin</i>	Tier-2	
XIFAXAN TABLET 200 MG	Tier-4	QL (9 EA per 30 day(s))
XIFAXAN TABLET 550 MG	Tier-4	PA; QL (60 EA per 30 day(s))
ZYVOX	Tier-5	
<b>ANTIMALARIALS AND ANTIPROTOZOALS</b>		
<i>atovaquone-proguanil</i>	Tier-2	
<i>chloroquine phosphate</i>	Tier-2	
COARTEM	Tier-3	QL (24 per 30 Day(s))
<i>dapsone</i>	Tier-2	
DARAPRIM	Tier-3	
<i>hydroxychloroquine</i>	Tier-2	
<i>mefloquine</i>	Tier-2	
MEPRON	Tier-3	
NEBUPENT	Tier-4	B/D
<i>paromomycin</i>	Tier-2	
PENTAM	Tier-3	B/D
<i>primaquine</i>	Tier-2	
QUALAQUIN	Tier-4	
<b>ANTIVIRALS</b>		
<i>acyclovir capsule</i>	Tier-1	
<i>acyclovir oral susp</i>	Tier-2	
<i>acyclovir tablet</i>	Tier-2	
<i>amantadine</i>	Tier-2	
APTIVUS	Tier-3	
ATRIPLA	Tier-5	
BARACLUDE	Tier-3	
COMPLERA	Tier-5	

<b>Drug Name</b>		<b>Coverage Notes</b>
COPEGUS	Tier-5	
CRIXIVAN	Tier-3	
<i>didanosine</i>	Tier-2	
EDURANT	Tier-3	
EMTRIVA	Tier-3	
EPIVIR ORAL SOLN	Tier-3	
EPIVIR HBV	Tier-3	
EPZICOM	Tier-3	
<i>famciclovir</i>	Tier-3	
FUZEON	Tier-5	
HEPSERA	Tier-5	
INCIVEK	Tier-5	PA
INFERGEN	Tier-5	PA
INTELENCE	Tier-3	
INTRON A INJECTION	Tier-3	
INTRON A SOLUTION FOR INJECTION	Tier-5	
INTRON A SUBQ PEN KIT 10 MILLION UNIT/0.2 ML, 3 MILLION UNIT /0.2 ML-6 DOSES	Tier-3	
INTRON A SUBQ PEN KIT 5 MILLION UNIT/0.2 ML	Tier-5	
INVIRASE	Tier-3	
ISENTRESS TABLET	Tier-5	QL (360 EA per 90 day(s))
KALETRA	Tier-3	
<i>lamivudine</i>	Tier-2	
<i>lamivudine-zidovudine</i>	Tier-2	
LEXIVA	Tier-3	
<i>megestrol oral susp</i>	Tier-2	
<i>megestrol tablet</i>	Tier-1	
<i>nevirapine</i>	Tier-2	
NORVIR	Tier-3	
PEGASYS	Tier-5	PA; QL (4 ML per 30 day(s))
PEGASYS CONVENIENCE PACK	Tier-5	PA; QL (4 EA per 30 day(s))
PEGASYS PROCLICK	Tier-5	PA; QL (4 ML per 30 day(s))

<b>Drug Name</b>		<b>Coverage Notes</b>
PEGINTRON	Tier-5	PA; QL (8 EA per 30 day(s))
PEGINTRON REDIPEN	Tier-5	PA; QL (4 EA per 30 day(s))
PREZISTA TABLET 150 MG, 75 MG	Tier-3	
PREZISTA TABLET 400 MG, 600 MG	Tier-5	
REBETOL ORAL SOLN	Tier-3	
RELENZA DISKHALER	Tier-3	QL (60 EA per 180 day(s))
RESCRIPTOR	Tier-3	
REYATAZ	Tier-3	
RIBAPAK DOSE PACK	Tier-5	
<i>ribasphere capsule</i>	Tier-2	
<i>ribasphere tablet 200 mg, 400 mg</i>	Tier-2	
RIBASPHERE TABLET 600 MG	Tier-5	
<i>ribavirin</i>	Tier-2	
<i>rimantadine</i>	Tier-2	
SELZENTRY TABLET 150 MG	Tier-5	QL (60 EA per 30 day(s))
SELZENTRY TABLET 300 MG	Tier-5	QL (120 EA per 30 day(s))
<i>stavudine capsule</i>	Tier-2	
SUSTIVA	Tier-3	
TAMIFLU CAPSULE 30 MG	Tier-3	QL (56 EA per 180 day(s))
TAMIFLU CAPSULE 45 MG, 75 MG	Tier-3	QL (28 EA per 180 day(s))
TAMIFLU ORAL SUSP	Tier-3	QL (360 per 180 Day(s))
TRIZIVIR	Tier-3	
TRUVADA	Tier-3	
TYZEKA	Tier-3	QL (30 EA per 30 day(s))
<i>valacyclovir</i>	Tier-3	
VALCYTE	Tier-5	
VICTRELIS	Tier-5	PA
VIDEX 2 GRAM PEDIATRIC	Tier-3	
VIRACEPT	Tier-3	
VIRAMUNE ORAL SUSP	Tier-3	
VIRAMUNE XR	Tier-3	
VIREAD	Tier-3	
ZELBORAF	Tier-5	PA

<b>Drug Name</b>		<b>Coverage Notes</b>
ZERIT ORAL SOLUTION	Tier-4	
ZIAGEN	Tier-3	
<i>zidovudine</i>	Tier-2	
<b>BETA-LACTAM ANTIBIOTICS</b>		
<i>amoxicillin</i>	Tier-1	
<i>amoxicillin-pot clavulanate</i>	Tier-2	
<i>ampicillin capsule</i>	Tier-1	
<i>ampicillin oral susp</i>	Tier-2	
BICILLIN C-R	Tier-3	* Part B
BICILLIN L-A	Tier-3	* Part B
CEDAX	Tier-4	
<i>cefaclor</i>	Tier-2	
<i>cefadroxil</i>	Tier-2	
<i>cefdinir</i>	Tier-2	
<i>cefepodoxime</i>	Tier-2	
<i>cefprozil</i>	Tier-2	
<i>cefuroxime axetil</i>	Tier-2	
<i>cephalexin</i>	Tier-2	
<i>dicloxacillin</i>	Tier-2	
<i>penicillin v potassium</i>	Tier-1	
SPECTRACEF	Tier-4	
SUPRAX ORAL SUSP	Tier-4	
SUPRAX TABLET	Tier-4	
<b>KETOLIDES</b>		
KETEK	Tier-3	
<b>MACROLIDES AND CLINDAMYCIN</b>		
<i>azithromycin</i>	Tier-2	
<i>clarithromycin</i>	Tier-2	
<i>clindamycin capsule 150 mg, 300 mg</i>	Tier-2	
DIFICID	Tier-5	PA
<i>e.e.s. 400</i>	Tier-2	
E.E.S. GRANULES	Tier-4	
ERY-TAB	Tier-4	

<b>Drug Name</b>		<b>Coverage Notes</b>
<i>eryped 200</i>	Tier-2	
<i>eryped 400</i>	Tier-2	
<i>erythrocin stearate</i>	Tier-2	
<i>erythromycin</i>	Tier-2	
<i>erythromycin ethylsuccinate</i>	Tier-2	
PCE	Tier-4	
ZMAX	Tier-4	
<b>MYCOBACTERIAL INFECTIONS-TUBERCULOSIS AND MYCOBACTERIUM AVIUM COMPLEX</b>		
<i>ethambutol</i>	Tier-2	
<i>isoniazid oral soln</i>	Tier-2	
<i>isoniazid tablet</i>	Tier-1	
MYCOBUTIN	Tier-3	
PASER	Tier-4	
PRIFTIN	Tier-3	
RIFAMATE	Tier-4	
<i>rifampin</i>	Tier-2	
RIFATER	Tier-4	
SEROMYCIN	Tier-3	
TRECTOR	Tier-4	
<b>QUINOLONES</b>		
<i>ciprofloxacin</i>	Tier-1	
<i>ciprofloxacin (mixture)</i>	Tier-2	
LEVAQUIN ORAL SOLN	Tier-4	
<i>levofloxacin oral</i>	Tier-3	
NOROXIN	Tier-4	
<i>ofloxacin</i>	Tier-2	
<b>SULFONAMIDES</b>		
<i>sulfadiazine</i>	Tier-2	
<i>sulfamethoxazole-trimethoprim oral susp</i>	Tier-2	
<i>sulfamethoxazole-trimethoprim tablet</i>	Tier-1	
<b>TETRACYCLINES</b>		
<i>demeclocycline</i>	Tier-2	
<i>doxycycline hyclate</i>	Tier-1	

<b>Drug Name</b>		<b>Coverage Notes</b>
<i>doxycycline monohydrate</i>	Tier-1	
<i>minocycline</i>	Tier-2	
<i>tetracycline</i>	Tier-1	
VIBRAMYCIN SYRUP	Tier-4	
<b>BLOOD THINNERS AND BLOOD MODIFYING AGENTS</b>		
<b>ANTIPLATELET THERAPY</b>		
AGGRENOX	Tier-4	
<i>clopidogrel</i>	Tier-2	
<i>dipyridamole</i>	Tier-2	
EFFIENT	Tier-4	
<b>BLOOD MODIFYING AGENTS</b>		
ARANESP (IN POLYSORBATE) INJECTION 100 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier-3	B/D; QL (4 ML per 30 day(s))
ARANESP (IN POLYSORBATE) INJECTION 200 MCG/ML, 300 MCG/ML	Tier-5	B/D; QL (4 ML per 30 day(s))
ARANESP (IN POLYSORBATE) SYRINGE 100 MCG/0.5 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	Tier-3	B/D; QL (4 ML per 30 day(s))
ARANESP (IN POLYSORBATE) SYRINGE 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML	Tier-5	B/D; QL (4 ML per 30 day(s))
EPOGEN	Tier-3	B/D; QL (10 ML per 14 day(s))
LEUKINE	Tier-5	
MOZOBIL	Tier-5	PA
NEULASTA	Tier-5	QL (1 ML per 14 day(s))
NEUMEGA	Tier-5	
NEUPOGEN	Tier-5	QL (10 ML per 14 day(s))
PROCRIT INJECTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier-3	B/D; QL (10 ML per 14 day(s))
PROCRIT INJECTION 20,000 UNIT/ML, 40,000 UNIT/ML	Tier-5	B/D; QL (10 ML per 14 day(s))
PROMACTA	Tier-5	PA; QL (30 EA per 30 day(s))
<b>BLOOD THINNERS</b>		
BRILINTA	Tier-4	
COUMADIN	Tier-4	

<b>Drug Name</b>		<b>Coverage Notes</b>
<i>enoxaparin sub-q syringe</i>	Tier-2	
<i>fondaparinux</i>	Tier-2	
FRAGMIN	Tier-3	
<i>jantoven</i>	Tier-1	
PRADAXA	Tier-4	PA
<i>warfarin</i>	Tier-1	
XARELTO TABLET 10 MG	Tier-4	QL (35 EA per 30 day(s))
XARELTO TABLET 15 MG, 20 MG	Tier-4	PA
<b>BLOOD, MISCELLANEOUS</b>		
<i>anagrelide</i>	Tier-2	
<i>cilostazol</i>	Tier-2	
CYKLOKAPRON	Tier-3	
<i>pentoxifylline</i>	Tier-2	
STIMATE	Tier-4	
<i>ticlopidine</i>	Tier-2	
<i>tranexamic acid iv</i>	Tier-2	
<b>CANCER DRUGS</b>		
<b>INJECTABLE AGENTS</b>		
ABRAXANE	Tier-3	* Part B
ADRIAMYCIN PFS	Tier-3	* Part B
ALIMTA	Tier-5	* Part B
ALKERAN	Tier-3	* Part B
<i>amifostine crystalline</i>	Tier-2	* Part B
ARRANON	Tier-3	* Part B
ARZERRA	Tier-5	* Part B
AVASTIN	Tier-5	* Part B
BICNU	Tier-3	* Part B
<i>bleomycin</i>	Tier-2	* Part B
BUSULFEX	Tier-3	* Part B
CAMPATH	Tier-3	* Part B
<i>carboplatin</i>	Tier-2	* Part B
CERUBIDINE	Tier-3	* Part B
<i>cisplatin</i>	Tier-2	* Part B

<b>Drug Name</b>		<b>Coverage Notes</b>
<i>cladribine</i>	Tier-2	* Part B
CLOLAR	Tier-3	* Part B
COSMEGEN	Tier-3	* Part B
<i>cytarabine</i>	Tier-2	* Part B
<i>cytarabine (pf)</i>	Tier-2	* Part B
CYTOVENE	Tier-3	* Part B
<i>dacarbazine</i>	Tier-2	* Part B
DACOGEN	Tier-3	* Part B
<i>daunorubicin</i>	Tier-2	* Part B
<i>dexrazoxane</i>	Tier-2	* Part B
DOCEFREZ	Tier-3	* Part B
<i>docetaxel</i>	Tier-2	* Part B
<i>doxorubicin</i>	Tier-2	* Part B
ELITEK	Tier-5	* Part B
ELLEENCE	Tier-5	* Part B
ELSPAR	Tier-3	* Part B
<i>epirubicin</i>	Tier-2	* Part B
ERBITUX	Tier-3	* Part B
ETOPOPHOS	Tier-3	* Part B
<i>etoposide</i>	Tier-2	* Part B
FASLODEX	Tier-5	* Part B
<i>fludarabine</i>	Tier-2	* Part B
<i>gemcitabine</i>	Tier-2	* Part B
HALAVEN	Tier-5	* Part B
HERCEPTIN	Tier-5	* Part B
<i>idarubicin</i>	Tier-2	* Part B
IFEX	Tier-3	* Part B
<i>ifosfamide</i>	Tier-2	* Part B
<i>irinotecan</i>	Tier-5	* Part B
ISTODAX	Tier-5	* Part B
IXEMPRA	Tier-3	* Part B
JEVTANA	Tier-5	* Part B
<i>leuprolide</i>	Tier-2	

<b>Drug Name</b>		<b>Coverage Notes</b>
<i>melphalan</i>	Tier-2	* Part B
<i>mitomycin</i>	Tier-2	* Part B
<i>mitoxantrone</i>	Tier-2	* Part B
MUSTARGEN	Tier-3	* Part B
ONTAK	Tier-3	* Part B
<i>oxaliplatin</i>	Tier-2	* Part B
<i>paclitaxel</i>	Tier-2	* Part B
<i>pentostatin</i>	Tier-2	* Part B
PROLEUKIN	Tier-5	* Part B
RITUXAN	Tier-5	PA; * Part B
SYLATRON	Tier-5	PA; QL (4 EA per 28 day(s))
TAXOTERE	Tier-5	* Part B
<i>thiotepa</i>	Tier-2	* Part B
<i>toposar</i>	Tier-2	* Part B
<i>topotecan</i>	Tier-3	* Part B
TORISEL	Tier-5	* Part B
TREANDA	Tier-5	* Part B
UVADEX	Tier-3	* Part B
VECTIBIX	Tier-3	* Part B
VELCADE	Tier-5	* Part B
VIDAZA	Tier-5	* Part B
<i>vinblastine</i>	Tier-2	* Part B
<i>vincristine</i>	Tier-2	* Part B
<i>vinorelbine</i>	Tier-2	* Part B
YERVOY	Tier-3	* Part B
ZANOSAR	Tier-3	* Part B
<b>ORAL AGENTS</b>		
AFINITOR	Tier-5	PA; QL (30 EA per 30 day(s))
<i>anastrozole</i>	Tier-2	
<i>bicalutamide</i>	Tier-2	
CAPRELSA TABLET 100 MG	Tier-5	PA; QL (60 EA per 30 day(s))
CAPRELSA TABLET 300 MG	Tier-5	PA; QL (30 EA per 30 day(s))
CEENU	Tier-3	

<b>Drug Name</b>		<b>Coverage Notes</b>
<i>cyclophosphamide</i>	Tier-2	B/D
DROXIA	Tier-4	
EMCYT	Tier-3	
ERIVEDGE	Tier-5	PA
<i>exemestane</i>	Tier-2	
FARESTON	Tier-3	
<i>flutamide</i>	Tier-2	
GLEEVEC	Tier-5	
HEXALEN	Tier-5	
<i>hydroxyurea</i>	Tier-2	
INLYTA	Tier-5	PA
JAKAFI	Tier-5	PA
<i>letrozole</i>	Tier-2	
LEUKERAN	Tier-3	
MATULANE	Tier-5	
<i>mercaptopurine</i>	Tier-2	
NEXAVAR	Tier-5	PA; QL (220 EA per 30 day(s))
NILANDRON	Tier-3	
REVLIMID	Tier-5	PA; LA
SPRYCEL TABLET 100 MG, 140 MG	Tier-5	PA; QL (30 EA per 30 day(s))
SPRYCEL TABLET 20 MG, 50 MG, 70 MG, 80 MG	Tier-5	PA; QL (60 EA per 30 day(s))
SUTENT	Tier-5	PA
TABLOID	Tier-3	
<i>tamoxifen</i>	Tier-2	
TARCEVA TABLET 100 MG	Tier-5	QL (90 EA per 30 day(s))
TARCEVA TABLET 150 MG, 25 MG	Tier-5	QL (30 EA per 30 day(s))
TARGRETIN	Tier-5	
TASIGNA	Tier-5	PA
TEMODAR CAPSULE 100 MG, 20 MG	Tier-3	* Part B; QL (20 EA per 21 day(s))
TEMODAR CAPSULE 140 MG, 5 MG	Tier-3	* Part B; QL (15 EA per 21 day(s))

<b>Drug Name</b>		<b>Coverage Notes</b>
TEMODAR CAPSULE 180 MG, 250 MG	Tier-3	* Part B; QL (10 EA per 21 day(s))
THALOMID	Tier-5	
<i>tretinoin (chemotherapy)</i>	Tier-5	
TRISENOX	Tier-3	
TYKERB	Tier-5	PA; QL (180 EA per 30 day(s))
VOTRIENT	Tier-5	PA; QL (120 EA per 30 day(s))
XALKORI	Tier-5	PA
XELODA TABLET 150 MG	Tier-5	QL (84 EA per 14 day(s))
XELODA TABLET 500 MG	Tier-5	QL (168 EA per 14 day(s))
ZOLINZA	Tier-5	PA
ZYTIGA	Tier-5	PA; QL (120 EA per 30 day(s))
<b>PROTECTIVE AGENTS</b>		
FUSILEV	Tier-3	* Part B
<i>leucovorin calcium inj</i>	Tier-2	* Part B
<i>leucovorin calcium oral</i>	Tier-2	
<i>mesna</i>	Tier-2	* Part B
MESNEX ORAL	Tier-4	
ZINECARD	Tier-4	* Part B
<b>TOPICAL</b>		
TARGRETIN	Tier-5	
<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-2	
<i>perindopril erbumine</i>	Tier-2	
<i>quinapril</i>	Tier-2	
<i>ramipril</i>	Tier-2	
<i>trandolapril</i>	Tier-2	

<b>Drug Name</b>		<b>Coverage Notes</b>
<b>ALPHA1 BLOCKERS</b>		
CARDURA XL	Tier-4	
<i>doxazosin</i>	Tier-1	
<i>prazosin</i>	Tier-1	
<i>terazosin</i>	Tier-1	
<b>ANGINA</b>		
<i>isosorbide dinitrate</i>	Tier-1	
<i>isosorbide mononitrate er tablet,extended release 24 hr</i>	Tier-2	
<i>isosorbide mononitrate tablet 20 mg</i>	Tier-2	
NITRO-BID	Tier-4	
<i>nitroglycerin</i>	Tier-2	
NITROLINGUAL	Tier-4	
NITROMIST	Tier-4	
NITROSTAT	Tier-3	
RANEXA	Tier-3	
<b>ANGIOTENSIN II RECEPTOR BLOCKERS</b>		
BENICAR	Tier-3	
DIOVAN	Tier-3	
<i>eprosartan</i>	Tier-2	
<i>irbesartan</i>	Tier-3	
<i>losartan</i>	Tier-2	
<b>ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES</b>		
<i>amiodarone oral</i>	Tier-2	
<i>digoxin oral</i>	Tier-1	
<i>disopyramide</i>	Tier-2	
<i>flecainide</i>	Tier-3	
LANOXIN	Tier-4	
LANOXIN PEDIATRIC	Tier-4	
<i>mexiletine</i>	Tier-2	
MULTAQ	Tier-4	
NORPACE CR	Tier-4	
PACERONE	Tier-4	

<b>Drug Name</b>		<b>Coverage Notes</b>
<i>propafenone</i>	Tier-2	
<i>quinidine gluconate oral</i>	Tier-2	
<i>quinidine sulfate</i>	Tier-2	
<i>sorine</i>	Tier-2	
<i>sotalol oral</i>	Tier-1	
<i>sotalol af</i>	Tier-1	
TIKOSYN	Tier-3	
<b>ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS</b>		
<i>amlodipine-benazepril</i>	Tier-3	
<i>atenolol-chlorthalidone</i>	Tier-1	
AZOR	Tier-3	
<i>benazepril-hydrochlorothiazide</i>	Tier-1	
BENICAR HCT	Tier-3	
<i>bisoprolol-hydrochlorothiazide</i>	Tier-1	
<i>captopril-hydrochlorothiazide</i>	Tier-2	
<i>clorpres</i>	Tier-2	
<i>enalapril-hydrochlorothiazide</i>	Tier-1	
EXFORGE	Tier-4	
EXFORGE HCT	Tier-4	
<i>fosinopril-hydrochlorothiazide</i>	Tier-1	
<i>irbesartan-hydrochlorothiazide</i>	Tier-3	
<i>lisinopril-hydrochlorothiazide</i>	Tier-1	
<i>losartan-hydrochlorothiazide</i>	Tier-2	
<i>methyldopa-hydrochlorothiazide</i>	Tier-2	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier-2	
<i>moexipril-hydrochlorothiazide</i>	Tier-2	
<i>nadolol-bendroflumethiazide</i>	Tier-2	
<i>propranolol-hydrochlorothiazid</i>	Tier-2	
<i>quinapril-hydrochlorothiazide</i>	Tier-2	
TARKA	Tier-4	
<i>triamterene-hydrochlorothiazid</i>	Tier-1	
<b>BETA AND ALPHA BLOCKERS</b>		
<i>carvedilol</i>	Tier-1	

<b>Drug Name</b>		<b>Coverage Notes</b>
COREG CR	Tier-4	
<i>labetalol</i>	Tier-2	
<b>BETA BLOCKERS</b>		
<i>acebutolol</i>	Tier-2	
<i>atenolol</i>	Tier-1	
<i>betaxolol tablet 20 mg</i>	Tier-2	
<i>bisoprolol fumarate</i>	Tier-2	
LEVATOL	Tier-4	
<i>metoprolol succinate</i>	Tier-2	
<i>metoprolol tartrate</i>	Tier-1	
<i>nadolol</i>	Tier-1	
<i>pindolol</i>	Tier-2	
<i>propranolol er capsule,24 hr,extended release</i>	Tier-2	
<i>propranolol oral soln</i>	Tier-2	
<i>propranolol tablet</i>	Tier-1	
<i>timolol maleate</i>	Tier-2	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>afeditab cr</i>	Tier-2	
<i>amlodipine</i>	Tier-2	
<i>cartia xt</i>	Tier-2	
COVERA-HS	Tier-4	
<i>dilt-cd</i>	Tier-2	
<i>dilt-xr</i>	Tier-2	
<i>diltiazem cd capsule,extended release 24 hr</i>	Tier-2	
<i>diltiazem er capsule,extended release</i>	Tier-2	
<i>diltiazem er capsule,extended release 12 hr</i>	Tier-2	
<i>diltiazem tablet</i>	Tier-1	
DYNACIRC CR	Tier-4	
<i>felodipine</i>	Tier-2	
<i>isradipine</i>	Tier-2	
<i>matzim la</i>	Tier-2	
<i>nicardipine oral</i>	Tier-2	
<i>nifediac cc</i>	Tier-2	

<b>Drug Name</b>		<b>Coverage Notes</b>
<i>nifedical xl</i>	Tier-2	
<i>nifedipine</i>	Tier-2	
<i>nimodipine</i>	Tier-2	
<i>nisoldipine</i>	Tier-2	
<i>taztia xt</i>	Tier-2	
<i>verapamil oral</i>	Tier-1	
<b>CENTRALLY ACTING AGENTS</b>		
<i>clonidine oral</i>	Tier-1	
<i>clonidine td</i>	Tier-2	
<i>guanfacine</i>	Tier-1	
<i>methyldopa</i>	Tier-2	
<i>reserpine</i>	Tier-2	
<b>DIURETICS</b>		
<i>amiloride</i>	Tier-2	
<i>amiloride-hydrochlorothiazide</i>	Tier-1	
<i>bumetanide</i>	Tier-1	
<i>chlorothiazide</i>	Tier-2	
<i>chlorthalidone</i>	Tier-1	
<i>furosemide oral soln</i>	Tier-2	
<i>furosemide tablet</i>	Tier-1	
<i>hydrochlorothiazide</i>	Tier-1	
<i>indapamide</i>	Tier-1	
<i>methyclothiazide</i>	Tier-2	
<i>metolazone</i>	Tier-2	
<i>spironolacton-hydrochlorothiaz</i>	Tier-2	
<i>spironolactone</i>	Tier-1	
<b>THALITONE</b>	Tier-4	
<i>toremide</i>	Tier-2	
<i>triamterene-hydrochlorothiazid</i>	Tier-1	
<b>LIPID LOWERING AGENTS</b>		
<b>ADVICOR</b>	Tier-4	
<i>atorvastatin tablet 10 mg, 20 mg</i>	Tier-3	STPA
<i>atorvastatin tablet 40 mg, 80 mg</i>	Tier-3	

<b>Drug Name</b>		<b>Coverage Notes</b>
<i>cholestyramine light</i>	Tier-2	
<i>colestipol</i>	Tier-2	
<i>fenofibrate</i>	Tier-2	
<i>fenofibrate micronized</i>	Tier-2	
<i>fluvastatin</i>	Tier-2	
<i>gemfibrozil</i>	Tier-2	
<i>lovastatin</i>	Tier-1	
LOVAZA	Tier-3	
<i>niacor</i>	Tier-2	
NIASPAN EXTENDED-RELEASE	Tier-3	
<i>pravastatin</i>	Tier-1	
PREVALITE	Tier-4	
SIMCOR TABLET,EXTENDED RELEASE 1,000-40 MG, 500-20 MG, 500-40 MG, 750-20 MG	Tier-3	
<i>simvastatin</i>	Tier-1	
VYTORIN 10-10	Tier-4	STPA
VYTORIN 10-20	Tier-4	STPA
VYTORIN 10-40	Tier-4	STPA
VYTORIN 10-80	Tier-4	STPA
WELCHOL	Tier-4	
ZETIA	Tier-4	
<b>POTASSIUM REPLACEMENT</b>		
K-TAB	Tier-4	
<i>klor-con</i>	Tier-2	
<i>klor-con 10</i>	Tier-2	
KLOR-CON M15	Tier-4	
<i>klor-con m20</i>	Tier-2	
<i>potassium chloride er capsule,extended release 10 meq</i>	Tier-1	
<i>potassium chloride er capsule,extended release 8 meq</i>	Tier-2	
<i>potassium chloride er tablet,extended release(part/cryst)</i>	Tier-2	

<b>Drug Name</b>		<b>Coverage Notes</b>
<b>SELECTIVE ALDOSTERONE BLOCKER</b>		
<i>eplerenone</i>	Tier-2	STPA
<i>spironolactone</i>	Tier-1	
<b>VASODILATORS</b>		
BIDIL	Tier-3	
<i>hydralazine inj</i>	Tier-2	
<i>hydralazine oral</i>	Tier-1	
<i>isosorbide dinitrate</i>	Tier-1	
<b>DIABETES MELLITUS</b>		
<b>DIABETIC SUPPLIES</b>		
ACCU-CHEK ACTIVE TEST	Tier-3	* Part B
ACCU-CHEK AVIVA	Tier-3	* Part B
ACCU-CHEK AVIVA PLUS	Tier-3	* Part B
ACCU-CHEK COMFORT CURVE TEST	Tier-3	* Part B
ACCU-CHEK COMPACT TEST	Tier-3	* Part B
ACCU-CHEK SMARTVIEW STRIPS	Tier-3	* Part B
<i>alcohol swabs</i>	Tier-2	
<i>curity gauze</i>	Tier-2	
<i>huber safety needles (disp.)</i>	Tier-3	
<i>insulin syringe-needle u-100</i>	Tier-3	
ONE TOUCH TEST	Tier-3	* Part B
ONE TOUCH ULTRA TEST	Tier-3	* Part B
ONE TOUCH VERIO	Tier-3	* Part B
<b>GLUCOSE ELEVATING</b>		
GLUCAGEN HYPOKIT	Tier-3	
GLUCAGON EMERGENCY	Tier-3	
PROGLYCEM	Tier-4	
<b>INSULINS</b>		
HUMALOG	Tier-3	
HUMALOG KWIKPEN	Tier-4	
HUMALOG MIX 50-50	Tier-3	
HUMALOG MIX 50-50 KWIKPEN	Tier-4	
HUMALOG MIX 75-25	Tier-3	

<b>Drug Name</b>		<b>Coverage Notes</b>
HUMALOG MIX 75-25 KWIKPEN	Tier-4	
HUMULIN 70/30	Tier-3	
HUMULIN 70/30 PEN	Tier-4	
HUMULIN N	Tier-3	
HUMULIN N PEN	Tier-4	
HUMULIN R	Tier-3	
HUMULIN R U-500 "CONCENTRATED"	Tier-3	
LANTUS	Tier-3	
LANTUS SOLOSTAR	Tier-4	
LEVEMIR	Tier-3	
LEVEMIR FLEXPEN	Tier-4	
NOVOLIN 70/30	Tier-3	
NOVOLIN N	Tier-3	
NOVOLIN R	Tier-3	
NOVOLOG	Tier-3	
NOVOLOG FLEXPEN	Tier-4	
NOVOLOG MIX 70-30	Tier-3	
NOVOLOG MIX 70-30 FLEXPEN	Tier-4	
<b>NON-INSULIN INJECTABLES</b>		
BYDUREON	Tier-3	
BYETTA	Tier-3	
SYMLINPEN 120	Tier-4	
SYMLINPEN 60	Tier-4	
VICTOZA 3-PAK	Tier-4	
<b>ORAL AGENTS</b>		
<i>acarbose</i>	Tier-2	
ACTOPLUS MET	Tier-4	
ACTOPLUS MET XR	Tier-4	
ACTOS	Tier-4	
<i>chlorpropamide</i>	Tier-2	
DUETACT	Tier-4	
<i>glimepiride</i>	Tier-1	
<i>glipizide er tablet, extended release 24 hr</i>	Tier-2	

<b>Drug Name</b>		<b>Coverage Notes</b>
<i>glipizide tablet</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-2	
JANUMET	Tier-3	
JANUMET XR	Tier-3	
JANUVIA	Tier-3	
JENTADUETO	Tier-4	
KOMBIGLYZE XR	Tier-3	
<i>metformin er tablet, extended release 24 hr</i>	Tier-2	
<i>metformin tablet</i>	Tier-1	
<i>nateglinide</i>	Tier-2	
PRANDIMET	Tier-4	
PRANDIN	Tier-3	
RIOMET	Tier-4	
<i>tolazamide</i>	Tier-2	
<i>tolbutamide</i>	Tier-2	
TRADJENTA	Tier-4	
<b>EAR, NOSE AND THROAT</b>		
<b>EAR</b>		
<i>acetasol hc</i>	Tier-2	
<i>acetic acid</i>	Tier-2	
CIPRODEX	Tier-3	
COLY-MYCIN S	Tier-4	
CORTISPORIN-TC	Tier-4	
DERMOTIC OIL	Tier-3	
<i>fluocinolone acetonide oil</i>	Tier-2	
<i>hydrocortisone-acetic acid</i>	Tier-2	
<i>ofloxacin</i>	Tier-2	
<b>MOUTH AND THROAT</b>		
<i>chlorhexidine gluconate</i>	Tier-1	
<i>doxycycline hyclate</i>	Tier-1	

<b>Drug Name</b>		<b>Coverage Notes</b>
EVOXAC	Tier-3	
<i>periogard</i>	Tier-1	
<i>pilocarpine hcl</i>	Tier-2	
<i>sodium fluoride</i>	Tier-2	
<i>triamcinolone acetamide</i>	Tier-2	
<b>NOSE</b>		
ASTEPRO	Tier-3	QL (120 ML per 90 day(s))
<i>azelastine</i>	Tier-2	QL (120 ML per 90 day(s))
BACTROBAN NASAL	Tier-4	
<i>flunisolide</i>	Tier-2	QL (150 per 90 Day(s))
<i>fluticasone</i>	Tier-2	QL (48 GM per 90 day(s))
<i>hydroxyzine hcl</i>	Tier-2	
<i>hydroxyzine pamoate</i>	Tier-2	
<i>ipratropium bromide nasal spray 0.03 %</i>	Tier-2	QL (180 ML per 90 day(s))
<i>ipratropium bromide nasal spray 0.06 %</i>	Tier-2	QL (90 ML per 90 day(s))
<i>levocetirizine</i>	Tier-3	
NASONEX	Tier-3	QL (102 GM per 90 day(s))
<i>triamcinolone acetamide</i>	Tier-3	QL (49.5 GM per 90 day(s))
TYZINE	Tier-4	
<b>EYE</b>		
<b>ALLERGY</b>		
ALOCRIAL	Tier-4	
ALOMIDE	Tier-4	
<i>azelastine</i>	Tier-2	
<i>cromolyn</i>	Tier-2	
EMADINE	Tier-4	
<i>epinastine</i>	Tier-2	
<i>naphazoline</i>	Tier-2	
<b>ANTI-INFECTIVES</b>		
AZASITE	Tier-4	QL (2.5 ML per 7 day(s))
<i>bacitracin opht</i>	Tier-2	
<i>bacitracin-polymyxin b</i>	Tier-2	
BESIVANCE	Tier-4	

<b>Drug Name</b>		<b>Coverage Notes</b>
BLEPHAMIDE	Tier-4	
BLEPHAMIDE S.O.P.	Tier-4	
<i>ciprofloxacin</i>	Tier-2	
<i>erythromycin</i>	Tier-2	
<i>gentak</i>	Tier-1	
<i>gentamicin</i>	Tier-1	
<i>levofloxacin oph</i>	Tier-2	
MOXEZA	Tier-4	
<i>neomycin-bacitracin-poly-hc</i>	Tier-2	
<i>neomycin-bacitracin-polymyxin</i>	Tier-2	
<i>neomycin-polymyxin-hc</i>	Tier-2	
<i>ofloxacin</i>	Tier-2	
<i>sulfacetamide sodium</i>	Tier-2	
<i>sulfacetamide-prednisolone</i>	Tier-2	
TOBRADEX	Tier-4	
TOBRADEX ST	Tier-4	
<i>tobramycin</i>	Tier-2	
<i>tobramycin-dexamethasone</i>	Tier-2	
<i>trimethoprim-polymyxin b</i>	Tier-1	
VIGAMOX	Tier-4	
<b>ANTI-INFLAMMATORIES</b>		
ALREX	Tier-4	
<i>bromfenac</i>	Tier-2	
<i>dexamethasone sodium phosphate</i>	Tier-2	
<i>diclofenac sodium</i>	Tier-2	
FLAREX	Tier-4	
<i>fluor-op</i>	Tier-2	
<i>fluorometholone</i>	Tier-2	
<i>flurbiprofen sodium</i>	Tier-2	
FML FORTE	Tier-4	
FML S.O.P.	Tier-3	
<i>ketorolac oph</i>	Tier-2	
LOTEMAX EYE DROPS	Tier-4	

<b>Drug Name</b>		<b>Coverage Notes</b>
MAXIDEX	Tier-4	
<i>neomycin-polymyxin-dexameth</i>	Tier-2	
<i>neomycin-polymyxin-gramicidin</i>	Tier-2	
<i>neomycin-polymyxin-hc</i>	Tier-2	
NEVANAC	Tier-4	
PRED MILD	Tier-3	
PRED-G	Tier-3	
PRED-G S.O.P.	Tier-3	
<i>prednisolone acetate</i>	Tier-2	
VEXOL	Tier-3	
ZYLET	Tier-4	
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	Tier-2	
ZIRGAN	Tier-4	
<b>GLAUCOMA</b>		
<i>acetazolamide</i>	Tier-2	
ALPHAGAN P EYE DROPS 0.1 %	Tier-4	
<i>apraclonidine</i>	Tier-2	
AZOPT	Tier-3	
<i>betaxolol opht</i>	Tier-2	
BETIMOL	Tier-3	
BETOPTIC S	Tier-4	
<i>brimonidine</i>	Tier-2	
<i>carteolol</i>	Tier-2	
COMBIGAN	Tier-4	QL (10 ML per 30 day(s))
<i>dorzolamide</i>	Tier-2	
<i>dorzolamide-timolol</i>	Tier-2	
IOPIDINE	Tier-4	
<i>latanoprost</i>	Tier-2	
<i>levobunolol</i>	Tier-1	
LUMIGAN	Tier-4	STPA
<i>methazolamide</i>	Tier-2	
<i>metipranolol</i>	Tier-2	

<b>Drug Name</b>		<b>Coverage Notes</b>
PILOPINE HS	Tier-3	
<i>timolol eye gel forming soln</i>	Tier-2	
<i>timolol maleate eye drops</i>	Tier-1	
TRAVATAN Z	Tier-4	STPA
ZIOPTAN (PF)	Tier-4	STPA; QL (90 per 90 Day(s))
<b>OPHTHALMIC DRUGS, MISCELLANEOUS</b>		
ALCAINE	Tier-4	
NATACYN	Tier-4	
RESTASIS	Tier-3	PA
<b>GASTROINTESTINAL DRUGS</b>		
<b>EMESIS</b>		
ALOXI	Tier-3	B/D; QL (5 ML per 7 day(s))
ANZEMET TABLET 100 MG	Tier-3	B/D; QL (5 EA per 7 day(s))
ANZEMET TABLET 50 MG	Tier-3	B/D; QL (3 EA per 7 day(s))
CESAMET	Tier-3	B/D; QL (30 EA per 7 day(s))
<i>compro</i>	Tier-2	
<i>dronabinol capsule 10 mg</i>	Tier-5	B/D
<i>dronabinol capsule 2.5 mg, 5 mg</i>	Tier-2	B/D
EMEND CAPSULE 125 MG	Tier-3	B/D; QL (1 EA per 7 day(s))
EMEND CAPSULE 40 MG, 80 MG	Tier-3	B/D; QL (2 EA per 7 day(s))
EMEND CAPSULES IN A DOSE PACK	Tier-3	B/D; QL (3 EA per 7 day(s))
<i>granisetron</i>	Tier-2	B/D; QL (10 EA per 7 day(s))
GRANISOL	Tier-3	B/D; QL (45 ML per 7 day(s))
<i>meclizine</i>	Tier-2	
<i>metoclopramide hcl</i>	Tier-2	
<i>ondansetron</i>	Tier-2	B/D; QL (12 EA per 7 day(s))
<i>ondansetron hcl oral soln</i>	Tier-2	B/D; QL (150 ML per 7 day(s))
<i>ondansetron hcl tablet 24 mg</i>	Tier-2	B/D; QL (4 EA per 7 day(s))
<i>ondansetron hcl tablet 4 mg, 8 mg</i>	Tier-2	B/D; QL (12 EA per 7 day(s))
<i>prochlorperazine</i>	Tier-2	
<i>prochlorperazine edisylate</i>	Tier-2	
<i>prochlorperazine maleate</i>	Tier-2	
SANCUSO	Tier-4	B/D; QL (1 EA per 7 day(s))

<b>Drug Name</b>		<b>Coverage Notes</b>
TRANSDERM-SCOP	Tier-4	
<b>ENZYMES</b>		
BUPHENYL	Tier-5	
CARBAGLU	Tier-3	PA
CREON	Tier-3	
CYSTAGON	Tier-4	
PANCREAZE	Tier-4	
ZENPEP	Tier-4	
<b>GASTROINTESTINAL DRUGS, MISCELLANEOUS</b>		
CANTIL	Tier-4	
CIMZIA	Tier-5	PA; QL (2 EA per 30 day(s))
CIMZIA POWDER FOR RECONST	Tier-5	PA; * Part B
COLYTE WITH FLAVOR PACKS	Tier-4	
<i>cromolyn</i>	Tier-2	
<i>dicyclomine</i>	Tier-1	
<i>enulose</i>	Tier-2	
<i>glycopyrrolate oral</i>	Tier-2	
GOLYTELY	Tier-3	
HALFLYTELY-BISACODYL W-FLAV PK	Tier-3	
<i>lactulose</i>	Tier-2	
<i>levocarnitine</i>	Tier-2	B/D
<i>levocarnitine (with sugar)</i>	Tier-2	B/D
<i>loperamide</i>	Tier-2	
LOTRONEX	Tier-3	
MOVIPREP	Tier-4	
OSMOPREP	Tier-4	
<i>polyethylene glycol 3350</i>	Tier-2	
<i>propantheline</i>	Tier-2	
SUPREP	Tier-4	
<i>trilyte with flavor packets</i>	Tier-2	
<i>ursodiol</i>	Tier-2	
<b>GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)</b>		
CARAFATE	Tier-4	

<b>Drug Name</b>		<b>Coverage Notes</b>
<i>cimetidine oral soln</i>	Tier-2	
<i>cimetidine tablet</i>	Tier-1	
<i>famotidine oral susp</i>	Tier-2	
<i>famotidine tablet</i>	Tier-1	
<b>HELIDAC</b>	Tier-4	
<i>lansoprazole</i>	Tier-3	STPA; QL (90 EA per 90 day(s))
<i>methscopolamine</i>	Tier-2	
<i>misoprostol tablet 200 mcg</i>	Tier-2	
<i>nizatidine</i>	Tier-2	
<i>omeprazole capsule, delayed release 10 mg, 20 mg</i>	Tier-2	QL (180 EA per 90 day(s))
<i>omeprazole capsule, delayed release 40 mg</i>	Tier-2	QL (90 EA per 90 day(s))
<i>omeprazole-sodium bicarbonate</i>	Tier-3	STPA; QL (90 EA per 90 day(s))
<i>pantoprazole oral</i>	Tier-3	STPA; QL (90 EA per 90 day(s))
<b>PREVPAC</b>	Tier-4	QL (14 EA per 30 day(s))
<b>PYLERA</b>	Tier-3	
<i>ranitidine capsule</i>	Tier-1	
<i>ranitidine syrup</i>	Tier-2	
<i>ranitidine tablet</i>	Tier-1	
<b>RELISTOR</b>	Tier-3	
<i>sucrafate</i>	Tier-2	
<b>INFLAMMATORY BOWEL DISEASE</b>		
<b>AMITIZA</b>	Tier-3	
<b>APRISO</b>	Tier-3	
<b>ASACOL</b>	Tier-3	
<b>ASACOL HD</b>	Tier-3	
<i>balsalazide</i>	Tier-2	
<i>budesonide</i>	Tier-2	
<b>CANASA</b>	Tier-3	
<i>colocort</i>	Tier-2	
<b>DIPENTUM</b>	Tier-3	
<b>ENTOCORT EC</b>	Tier-4	
<i>hydrocortisone</i>	Tier-2	
<i>mesalamine-cleansing wipes</i>	Tier-2	

<b>Drug Name</b>		<b>Coverage Notes</b>
PENTASA	Tier-3	
SFROWASA	Tier-4	
<i>sulfasalazine</i>	Tier-2	
<i>sulfazine ec</i>	Tier-2	
<b>HOME INFUSION THERAPY</b>		
<b>ACUTE CARE DRUGS</b>		
ABELCET	Tier-3	HI; * Part B
<i>acetazolamide sodium</i>	Tier-2	HI
<i>acyclovir sodium</i>	Tier-2	HI
<i>allopurinol sodium</i>	Tier-2	HI
AMBISOME	Tier-3	HI; * Part B
<i>amikacin</i>	Tier-2	HI; * Part B
AMPHOTEC	Tier-3	HI; * Part B
<i>amphotericin b</i>	Tier-2	HI; * Part B
<i>ampicillin sodium</i>	Tier-2	HI; * Part B
<i>ampicillin-sulbactam</i>	Tier-2	HI; * Part B
ANZEMET	Tier-3	QL (10 ML per 7 day(s))
<i>argatroban</i>	Tier-4	HI
<i>argatroban in 0.9 % sod chlor</i>	Tier-4	HI
ATGAM	Tier-3	HI; * Part B
<i>atropine</i>	Tier-2	HI
AVELOX IN NAACL (ISO-OSMOTIC)	Tier-3	HI; * Part B
AZACTAM	Tier-3	HI; * Part B
AZACTAM IN DEXTROSE (ISO-OSM)	Tier-3	HI; * Part B
<i>azathioprine sodium</i>	Tier-2	B/D
<i>azithromycin</i>	Tier-2	HI; * Part B
<i>aztreonam</i>	Tier-2	HI; * Part B
<i>benztropine</i>	Tier-2	HI
BONIVA IV	Tier-3	PA
<i>bumetanide</i>	Tier-2	HI
<i>buprenorphine inj</i>	Tier-2	HI
<i>butorphanol tartrate</i>	Tier-2	HI
<i>calcitriol</i>	Tier-2	B/D

<b>Drug Name</b>		<b>Coverage Notes</b>
CANCIDAS	Tier-3	HI; * Part B
CAPASTAT	Tier-3	HI
<i>cefazolin</i>	Tier-2	HI; * Part B
<i>cefazolin in dextrose (iso-os)</i>	Tier-2	HI; * Part B
<i>cefepime</i>	Tier-2	HI; * Part B
<i>cefotaxime</i>	Tier-2	HI; * Part B
<i>cefotetan</i>	Tier-2	HI; * Part B
<i>cefoxitin</i>	Tier-2	HI; * Part B
<i>cefoxitin in dextrose, iso-osm</i>	Tier-2	HI; * Part B
<i>ceftazidime</i>	Tier-2	HI; * Part B
<i>ceftazidime in d5w</i>	Tier-2	HI; * Part B
<i>ceftriaxone</i>	Tier-2	HI; * Part B
<i>cefuroxime sodium</i>	Tier-2	HI; * Part B
<i>chloramphenicol sod succinate</i>	Tier-2	HI; * Part B
<i>cimetidine hcl</i>	Tier-2	HI
<i>ciprofloxacin</i>	Tier-2	HI; * Part B
CLEOCIN INJ	Tier-3	HI; * Part B
CLEOCIN IN 5 % DEXTROSE	Tier-3	HI; * Part B
<i>clindamycin phosphate</i>	Tier-2	HI; * Part B
<i>colistin (colistimethate na)</i>	Tier-2	HI; * Part B
CUBICIN	Tier-5	B/D; HI
<i>cyclosporine</i>	Tier-2	B/D
<i>dexamethasone sodium phosphate</i>	Tier-2	HI
<i>diltiazem hcl</i>	Tier-2	HI
DORIBAX	Tier-3	HI; * Part B
<i>doxycycline hyclate</i>	Tier-2	HI; * Part B
<i>duramorph (pf)</i>	Tier-2	HI
ERAXIS(WATER DILUENT)	Tier-3	HI; * Part B
ERYTHROCIN	Tier-3	HI; * Part B
<i>fluconazole in dextrose(iso-o)</i>	Tier-2	HI; * Part B
FORTAZ	Tier-3	HI; * Part B
FORTAZ IN DEXTROSE 5 %	Tier-3	HI; * Part B
<i>foscarnet</i>	Tier-2	HI

<b>Drug Name</b>		<b>Coverage Notes</b>
<i>gentamicin</i>	Tier-2	HI; * Part B
<i>gentamicin in nacl (iso-osm)</i>	Tier-2	HI; * Part B
<i>gentamicin sulfate (pf)</i>	Tier-2	HI; * Part B
<i>granisetron</i>	Tier-2	B/D; HI; QL (40 ML per 7 day(s))
<i>granisetron (pf)</i>	Tier-2	B/D; HI; QL (40 ML per 7 day(s))
HECTOROL	Tier-3	B/D
<i>heparin (porcine)</i>	Tier-2	B/D; HI
<i>heparin (porcine) in d5w</i>	Tier-2	B/D; HI
<i>heparin (porcine) in nacl (pf)</i>	Tier-2	B/D; HI
<i>heparin(porcine) in 0.45% nacl</i>	Tier-2	B/D; HI
<i>hydromorphone (pf)</i>	Tier-2	HI
<i>imipenem-cilastatin</i>	Tier-2	HI; * Part B
INVANZ	Tier-3	HI; * Part B
<i>isoniazid</i>	Tier-2	HI
<i>kanamycin</i>	Tier-2	HI; * Part B
<i>lactated ringers iv</i>	Tier-2	HI
LEVAQUIN IN D5W	Tier-3	HI; * Part B
<i>levocarnitine</i>	Tier-2	B/D; HI
<i>levofloxacin in d5w</i>	Tier-2	HI; * Part B
<i>lidocaine (pf) injection 10 mg/ml (1 %)</i>	Tier-2	HI
<i>lidocaine hcl</i>	Tier-2	HI
LINCOCIN	Tier-3	HI; * Part B
<i>meropenem</i>	Tier-2	HI; * Part B
MERREM	Tier-3	HI; * Part B
<i>methadone</i>	Tier-2	HI
<i>methotrexate sodium (pf)</i>	Tier-2	HI
<i>metoprolol tartrate</i>	Tier-2	HI
<i>metronidazole in nacl (iso-os)</i>	Tier-2	HI; * Part B
MYCAMINE	Tier-3	HI; * Part B
<i>nafcillin</i>	Tier-2	HI; * Part B
<i>nafcillin in dextrose iso-osm</i>	Tier-2	HI; * Part B
<i>ondansetron hcl (pf)</i>	Tier-2	B/D; HI
<i>oxacillin</i>	Tier-2	HI; * Part B

<b>Drug Name</b>		<b>Coverage Notes</b>
<i>oxacillin in dextrose(iso-osm)</i>	Tier-2	HI; * Part B
<i>pamidronate</i>	Tier-2	HI
<i>penicillin g pot in dextrose</i>	Tier-2	HI; * Part B
<i>penicillin g potassium</i>	Tier-2	HI; * Part B
<i>penicillin g sodium</i>	Tier-2	HI; * Part B
PFIZERPEN-G	Tier-3	HI; * Part B
<i>piperacillin-tazobactam</i>	Tier-2	HI; * Part B
<i>polymyxin b sulfate</i>	Tier-2	HI; * Part B
<i>potassium chloride</i>	Tier-2	HI
PRIMAXIN IV	Tier-3	HI; * Part B
PROGRAF IV	Tier-3	B/D; HI
PROTONIX IV	Tier-3	
REMODULIN	Tier-5	PA
RETROVIR IV	Tier-3	HI
<i>sulfamethoxazole-trimethoprim</i>	Tier-2	HI
SYNERCID	Tier-3	HI; * Part B
TEFLARO	Tier-3	HI; * Part B
TIMENTIN	Tier-3	HI; * Part B
<i>tobramycin in 0.9 % nacl</i>	Tier-2	HI; * Part B
<i>tobramycin sulfate</i>	Tier-2	HI; * Part B
TYGACIL	Tier-3	HI; * Part B
<i>valproate sodium</i>	Tier-2	HI
<i>vancomycin iv solution 1,000 mg, 10 gram</i>	Tier-2	B/D; HI
<i>vancomycin iv solution 500 mg</i>	Tier-3	B/D; HI
VFEND IV	Tier-3	HI; * Part B
VIBATIV	Tier-3	HI; * Part B
VISTIDE	Tier-3	HI; * Part B
ZEMPLAR	Tier-3	B/D; HI
ZINACEF	Tier-3	HI; * Part B
ZINACEF IN DEXTROSE (ISO-OSM)	Tier-3	HI; * Part B
ZINACEF IN STERILE WATER	Tier-3	HI; * Part B
ZOSYN	Tier-3	HI; * Part B
ZOSYN IN DEXTROSE (ISO-OSM)	Tier-3	HI; * Part B

<b>Drug Name</b>		<b>Coverage Notes</b>
ZYVOX	Tier-5	HI; * Part B
<b>ELECTROLYTES</b>		
<i>ammonium chloride</i>	Tier-2	HI
<i>d10 % &amp; 0.45 % sodium chloride</i>	Tier-2	HI
<i>d2.5 %-0.45 % sodium chloride</i>	Tier-2	HI
<i>d5 % and 0.9 % sodium chloride</i>	Tier-2	HI
<i>d5 %-0.45 % sodium chloride</i>	Tier-2	HI
<i>dextrose 10 % &amp; 0.2 % nacl</i>	Tier-2	HI
<i>dextrose 10 % in water (d10w)</i>	Tier-2	HI
<i>dextrose 5 % in water (d5w)</i>	Tier-2	HI
<i>dextrose 5%-0.2 % sod chloride</i>	Tier-2	HI
<i>dextrose 5%-0.3 % sod.chloride</i>	Tier-2	HI
<i>dextrose 5%-lactated ringers</i>	Tier-2	HI
IONOSOL-B IN D5W	Tier-3	HI
IONOSOL-MB IN D5W	Tier-3	HI
ISOLYTE-H IN D5W	Tier-3	HI
ISOLYTE-M IN D5W	Tier-3	HI
ISOLYTE-P IN D5W	Tier-3	HI
ISOLYTE-S	Tier-3	HI
ISOLYTE-S IN D5W	Tier-3	HI
NORMOSOL-M IN D5W	Tier-3	HI
NORMOSOL-R IN D5W	Tier-3	HI
NORMOSOL-R PH 7.4	Tier-3	HI
PLASMA-LYTE 148	Tier-3	HI
PLASMA-LYTE A	Tier-3	HI
PLASMA-LYTE-56 IN D5W	Tier-3	HI
<i>potassium chlorid-d5-0.45%nacl</i>	Tier-2	HI
<i>potassium chloride</i>	Tier-2	HI
<i>potassium chloride in 0.9%nacl</i>	Tier-2	HI
<i>potassium chloride in d5w</i>	Tier-2	HI
<i>potassium chloride in lr-d5</i>	Tier-2	HI
<i>potassium chloride-0.45 % nacl</i>	Tier-2	HI
<i>potassium chloride-d5-0.2%nacl</i>	Tier-2	HI

<b>Drug Name</b>		<b>Coverage Notes</b>
<i>potassium chloride-d5-0.3%nacl</i>	Tier-2	HI
<i>potassium chloride-d5-0.9%nacl</i>	Tier-2	HI
<i>ringers iv</i>	Tier-2	HI
<i>sodium chloride</i>	Tier-2	HI
<i>sodium chloride 0.45 %</i>	Tier-2	HI
<i>sodium chloride 0.9 %</i>	Tier-2	HI
<i>sodium chloride 3 %</i>	Tier-2	HI
<i>sodium chloride 5 %</i>	Tier-2	HI
<i>sodium lactate</i>	Tier-2	HI
<b>IV NUTRITION</b>		
AMINOSYN 8.5 %-ELECTROLYTES	Tier-3	B/D; HI
AMINOSYN II 10 %	Tier-3	B/D; HI
AMINOSYN II 15%	Tier-3	B/D; HI
AMINOSYN II 7 %	Tier-3	B/D; HI
AMINOSYN II 8.5 %	Tier-3	B/D; HI
AMINOSYN II 8.5 %-ELECTROLYTES	Tier-3	B/D; HI
AMINOSYN M 3.5 %	Tier-3	B/D; HI
AMINOSYN-HBC 7%	Tier-3	B/D; HI
AMINOSYN-PF 10 %	Tier-3	B/D; HI
AMINOSYN-PF 7 % (SULFITE-FREE)	Tier-3	B/D; HI
CLINIMIX 5%/D15W SULFITE FREE	Tier-3	B/D; HI
CLINIMIX 5%/D25W SULFITE FREE	Tier-3	B/D; HI
CLINIMIX 2.75%/D5W SULFIT FREE	Tier-3	B/D; HI
CLINIMIX 4.25%/D10W SULF FREE	Tier-3	B/D; HI
CLINIMIX 4.25%/D20W SULF FREE	Tier-3	B/D; HI
CLINIMIX 4.25%/D25W SULF FREE	Tier-3	B/D; HI
CLINIMIX 4.25%/D5 SULFITE FREE	Tier-3	B/D; HI
CLINIMIX 5%/D20W SULFITE FREE	Tier-3	B/D; HI
CLINIMIX E 2.75%/D10W SUL FREE	Tier-3	B/D; HI
CLINIMIX E 2.75%/D5W SULF FREE	Tier-3	B/D; HI
CLINIMIX E 4.25%/D25W SUL FREE	Tier-3	B/D; HI
CLINIMIX E 4.25%/D5W SULF FREE	Tier-3	B/D; HI
CLINIMIX E 5%/D15W SULFIT FREE	Tier-3	B/D; HI

<b>Drug Name</b>		<b>Coverage Notes</b>
CLINIMIX E 5%/D20W SULFIT FREE	Tier-3	B/D; HI
CLINIMIX E 5%/D25W SULFIT FREE	Tier-3	B/D; HI
CLINISOL SF 15 %	Tier-3	B/D; HI
FREAMINE III 3 %-ELECTROLYTES	Tier-3	B/D; HI
FREAMINE III 8.5 %	Tier-3	B/D; HI
HEPATAMINE 8%	Tier-3	B/D; HI
HEPATASOL 8 %	Tier-3	B/D; HI
INTRALIPID	Tier-3	B/D; HI
NEPHRAMINE 5.4 %	Tier-3	B/D; HI
PREMASOL 10 %	Tier-3	B/D; HI
PREMASOL 6 %	Tier-3	B/D; HI
PROCALAMINE 3%	Tier-3	B/D; HI
PROSOL 20%	Tier-3	B/D; HI
<i>tpn electrolytes</i>	Tier-2	B/D; HI
TRAVASOL 10 %	Tier-3	B/D; HI
TROPHAMINE 10 %	Tier-3	B/D; HI
TROPHAMINE 6%	Tier-3	B/D; HI
<b>HORMONES</b>		
<b>ADRENAL CORTICOSTEROIDS</b>		
<i>a-hydrocort</i>	Tier-2	
<i>cortisone</i>	Tier-2	
DEPO-MEDROL	Tier-3	
<i>dexamethasone elixir</i>	Tier-2	
<i>dexamethasone tablet</i>	Tier-1	
<i>dexamethasone intensol</i>	Tier-2	
<i>dexpak 13 day</i>	Tier-2	
<i>fludrocortisone</i>	Tier-2	
<i>hydrocortisone</i>	Tier-2	
LYSODREN	Tier-3	
<i>methylprednisolone</i>	Tier-2	
<i>methylprednisolone acetate</i>	Tier-2	
<i>methylprednisolone sodium succ iv</i>	Tier-2	
MILLIPRED	Tier-4	

<b>Drug Name</b>		<b>Coverage Notes</b>
ORAPRED	Tier-4	
ORAPRED ODT	Tier-4	
<i>prednisolone sodium phosphate opht</i>	Tier-2	
<i>prednisolone sodium phosphate oral soln 15 mg/5 ml, 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier-2	
<i>prednisone oral soln</i>	Tier-2	
<i>prednisone tablet</i>	Tier-1	
PREDNISONO INTENSOL	Tier-4	
SOLU-CORTEF (PF)	Tier-4	
SOLU-MEDROL (PF)	Tier-4	
VERIPRED 20	Tier-4	
<b>ANDROGENS</b>		
ANDROGEL	Tier-3	
ANDROXY	Tier-4	
<i>danazol</i>	Tier-2	
DELATESTRYL	Tier-4	
DEPO-TESTOSTERONE	Tier-4	
METHITEST	Tier-4	
<i>oxandrolone tablet 10 mg</i>	Tier-5	
<i>oxandrolone tablet 2.5 mg</i>	Tier-2	
STRIANT	Tier-4	
TESTIM	Tier-3	
<i>testosterone cypionate</i>	Tier-2	
<i>testosterone enanthate</i>	Tier-2	
TESTRED	Tier-4	
<b>GONADOTROPIN RELEASING AGONISTS</b>		
ELIGARD	Tier-3	* Part B
FIRMAGON	Tier-3	* Part B
LUPRON DEPOT IM SYRINGE KIT 3.75 MG	Tier-3	* Part B
LUPRON DEPOT IM SYRINGE KIT 7.5 MG	Tier-5	* Part B
LUPRON DEPOT (3 MONTH)	Tier-5	* Part B
LUPRON DEPOT (4 MONTH)	Tier-5	* Part B
LUPRON DEPOT (6 MONTH)	Tier-5	* Part B

<b>Drug Name</b>		<b>Coverage Notes</b>
LUPRON DEPOT-PED	Tier-5	* Part B
LUPRON DEPOT-PED (3 MONTH)	Tier-5	* Part B
SYNAREL	Tier-3	
TRELSTAR	Tier-3	* 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-2	
<i>methimazole</i>	Tier-2	
<i>propylthiouracil</i>	Tier-2	
SYNTHROID	Tier-4	
TIROSINT	Tier-4	
<i>unithroid</i>	Tier-1	
<b>IMMUNOLOGIC AGENTS</b>		
<b>IMMUNE STIMULANTS</b>		
ACTHIB (PF)	Tier-3	* Part B
ACTIMMUNE	Tier-5	
ADACEL (ADOLESCENT & ADULT)(PF)	Tier-3	
ADAGEN	Tier-5	
AFLURIA 2011-2012	Tier-3	* Part B
AFLURIA 2011-2012 (PF)	Tier-3	* Part B
BOOSTRIX (PF)	Tier-3	
CARIMUNE NF NANOFILTERED	Tier-5	PA; * Part B
CERVARIX VACCINE (PF)	Tier-3	
COMVAX (PF)	Tier-3	
DAPTACEL (PEDIATRIC) (PF)	Tier-3	
DECAVAC (PF)	Tier-3	
ENGERIX-B (PF)	Tier-3	B/D
FLUARIX 2011-2012 (PF)	Tier-3	* Part B
FLULAVAL 2011-2012	Tier-3	* Part B
FLUVIRIN 2011-2012	Tier-3	* Part B
FLUVIRIN 2011-2012 (PF)	Tier-3	* Part B

<b>Drug Name</b>		<b>Coverage Notes</b>
FLUZONE 2011-2012	Tier-3	* Part B
FLUZONE 2011-2012 (PF)	Tier-3	* Part B
FLUZONE HIGH-DOSE 2011-12 (PF)	Tier-3	* Part B
FLUZONE INTRADERM 2011-12 (PF)	Tier-3	* Part B
GAMMAGARD LIQUID	Tier-5	PA; * Part B
GAMMAPLEX	Tier-5	PA; * Part B
GAMUNEX-C	Tier-5	PA; * Part B
GARDASIL (PF)	Tier-3	
HAVRIX (PF)	Tier-3	
HIBERIX (PF)	Tier-3	* Part B
HIZENTRA	Tier-5	PA; * Part B
INFANRIX (PF)	Tier-3	
IPOL	Tier-3	
IXIARO (PF)	Tier-3	
M-M-R II (PF)	Tier-3	
MENACTRA (PF)	Tier-3	
MENOMUNE - A/C/Y/W-135 (PF)	Tier-3	
MENVEO A-C-Y-W-135-DIP (PF)	Tier-3	
PEDVAX HIB (PF)	Tier-3	
PNEUMOVAX 23	Tier-3	* Part B
PREVNAR 13 (PF)	Tier-3	* Part B
PRIVIGEN	Tier-5	PA; * Part B
PROQUAD (PF)	Tier-3	
RABAVERT (PF)	Tier-3	
RECOMBIVAX HB (PF)	Tier-3	B/D
ROTATEQ VACCINE	Tier-3	
<i>tetanus-diphtheria toxoids-td</i>	Tier-3	
TWINRIX (PF)	Tier-3	
TYPHIM VI	Tier-3	
VAQTA (PF)	Tier-3	
VARIVAX (PF)	Tier-3	
YF-VAX (PF)	Tier-3	
ZOSTAVAX (PF)	Tier-3	

Drug Name		Coverage Notes
<b>IMMUNOSUPPRESSIVES</b>		
BENLYSTA	Tier-3	PA
CELLCEPT ORAL SUSP	Tier-4	B/D
<i>cyclosporine</i>	Tier-2	B/D
<i>cyclosporine modified capsule 100 mg, 50 mg</i>	Tier-2	B/D
<i>cyclosporine modified oral soln</i>	Tier-2	B/D
<i>gengraf</i>	Tier-2	B/D
<i>mycophenolate mofetil</i>	Tier-2	B/D
MYFORTIC	Tier-4	B/D
NULOJIX	Tier-3	B/D
RAPAMUNE	Tier-3	B/D
SIMULECT	Tier-5	B/D
<i>tacrolimus capsule 0.5 mg, 1 mg</i>	Tier-2	B/D
<i>tacrolimus capsule 5 mg</i>	Tier-5	B/D
ZORTRESS	Tier-3	B/D; QL (180 EA per 90 day(s))
<b>MISCELLANEOUS DRUGS</b>		
<b>ACROMEGALY</b>		
<i>octreotide acetate Injection 1,000 mcg/mL, 500 mcg/mL</i>	Tier-5	
<i>octreotide acetate injection 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	Tier-2	
SANDOSTATIN INJECTION 1,000 MCG/ML, 100 MCG/ML, 200 MCG/ML, 500 MCG/ML	Tier-5	
SANDOSTATIN INJECTION 50 MCG/ML	Tier-3	
SANDOSTATIN LAR DEPOT	Tier-5	
SOMATULINE DEPOT	Tier-5	* Part B
SOMAVERT	Tier-5	PA
<b>AMYOTROPHIC LATERAL SCLEROSIS</b>		
RILUTEK	Tier-5	
<b>ANAPHYLAXIS EMERGENCY</b>		
<i>epinephrine base</i>	Tier-2	
EPIPEN 2-PAK	Tier-3	QL (2 EA per 7 day(s))
EPIPEN JR 2-PAK	Tier-3	QL (2 EA per 7 day(s))
<i>midodrine</i>	Tier-2	

<b>Drug Name</b>		<b>Coverage Notes</b>
TWINJECT AUTOINJECTOR	Tier-3	QL (2 EA per 7 day(s))
<b>CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES</b>		
ARCALYST	Tier-3	PA
ILARIS (PF)	Tier-3	PA; * Part B
<b>CYSTIC FIBROSIS</b>		
KALYDECO	Tier-5	PA; QL (60 per 30 Day(s))
PULMOZYME	Tier-5	B/D
TOBI	Tier-5	B/D
<b>CYSTINURIA</b>		
CYSTADANE	Tier-3	
<b>DETOXIFICATION AGENTS</b>		
CHEMET	Tier-4	
EXJADE DISPERSIBLE TABLET 125 MG	Tier-3	
EXJADE DISPERSIBLE TABLET 250 MG, 500 MG	Tier-5	
<b>FABRY DISEASE</b>		
FABRAZYME	Tier-5	PA; * Part B
<b>GAUCHER DISEASE</b>		
CEREZYME	Tier-5	PA; * Part B
VPRIV	Tier-5	PA; * Part B
ZAVESCA	Tier-5	PA
<b>GROWTH HORMONE DEFICIENCY</b>		
EGRIFTA	Tier-5	PA
GENOTROPIN	Tier-5	PA
GENOTROPIN MINIQUICK SUB-Q SYRINGE 0.2 MG/0.25 ML	Tier-3	PA
GENOTROPIN MINIQUICK SUB-Q SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	Tier-5	PA
HUMATROPE INJECTION, CARTRIDGE 12 (36 UNIT) MG, 24 (72 UNIT) MG	Tier-5	PA
HUMATROPE INJECTION, CARTRIDGE 6 (18 UNIT) MG	Tier-3	PA
HUMATROPE SOLUTION FOR INJECTION	Tier-5	PA

<b>Drug Name</b>		<b>Coverage Notes</b>
INCRELEX	Tier-5	PA
NORDITROPIN FLEXPRO	Tier-5	PA
NORDITROPIN NORDIFLEX	Tier-5	PA
NUTROPIN	Tier-5	PA
NUTROPIN AQ	Tier-5	PA
NUTROPIN AQ NUSPIN	Tier-5	PA
OMNITROPE SUB-Q SOLN	Tier-5	PA
OMNITROPE SUBQ CARTRIDGE	Tier-3	PA
SAIZEN	Tier-5	PA
SAIZEN CLICK.EASY	Tier-5	PA
SEROSTIM	Tier-5	PA
TEV-TROPIN	Tier-3	PA
ZORBTIVE	Tier-5	PA
<b>HEREDITARY ANGIOEDEMA</b>		
CINRYZE	Tier-5	PA; * Part B
FIRAZYR	Tier-5	PA; QL (3 ML per 7 day(s))
<b>HEREDITARY TYROSINEMIA TYPE 2</b>		
ORFADIN	Tier-5	PA
<b>HUNTINGTON DISEASE</b>		
XENAZINE TABLET 12.5 MG	Tier-5	PA; QL (90 EA per 30 day(s))
XENAZINE TABLET 25 MG	Tier-5	PA; QL (120 EA per 30 day(s))
<b>HYPERCALCEMIA</b>		
HECTOROL	Tier-3	B/D
SENSIPAR TABLET 30 MG	Tier-3	
SENSIPAR TABLET 60 MG, 90 MG	Tier-5	
<b>HYPERPARATHYROIDISM</b>		
<i>calcitriol</i>	Tier-2	B/D
ZEMPLAR	Tier-3	B/D
<b>MUCOPOLYSACCHARIDOSIS</b>		
ALDURAZYME	Tier-5	* Part B
ELAPRASE	Tier-5	* Part B
NAGLAZYME	Tier-5	* Part B

<b>Drug Name</b>		<b>Coverage Notes</b>
<b>MULTIPLE SCLEROSIS</b>		
AMPYRA	Tier-3	PA; QL (60 EA per 30 day(s))
AVONEX	Tier-5	QL (4 EA per 30 day(s))
AVONEX ADMINISTRATION PACK	Tier-5	QL (4 EA per 30 day(s))
BETASERON	Tier-5	QL (15 EA per 30 day(s))
COPAXONE	Tier-5	QL (30 EA per 30 day(s))
EXTAVIA	Tier-5	QL (15 EA per 30 day(s))
GILENYA	Tier-5	PA; QL (28 EA per 28 day(s))
REBIF	Tier-5	QL (11 ML per 30 day(s))
REBIF TITRATION PACK	Tier-5	QL (12 ML per 30 day(s))
TYSABRI	Tier-5	PA; LA
<b>MYASTHENIA GRAVIS</b>		
MESTINON SYRUP	Tier-4	
MESTINON TIMESPAN	Tier-3	
MYTELASE	Tier-4	
<i>pyridostigmine bromide</i>	Tier-2	
<b>PAGET'S DISEASE</b>		
<i>etidronate disodium</i>	Tier-2	
SKELID	Tier-3	
<b>PHENYLKETONURIA</b>		
KUVAN	Tier-5	PA
<b>PHOSPHATE BINDERS</b>		
<i>calcium acetate</i>	Tier-2	
FOSRENOL	Tier-3	
PHOSLYRA	Tier-3	
RENAGEL	Tier-3	
REVELA	Tier-3	
<b>POMPE DISEASE</b>		
LUMIZYME	Tier-3	* Part B
MYOZYME	Tier-5	* Part B
<b>POTASSIUM BINDER</b>		
KAYEXALATE	Tier-4	
<i>kionex</i>	Tier-2	

<b>Drug Name</b>		<b>Coverage Notes</b>
<i>sodium polystyrene (sorb free)</i>	Tier-2	
<b>PULMONARY HYPERTENSION</b>		
ADCIRCA	Tier-5	PA; QL (60 EA per 30 day(s))
LETAIRIS	Tier-5	PA
REVATIO IV	Tier-3	* Part B
REVATIO ORAL	Tier-5	PA; QL (90 EA per 30 day(s))
TRACLEER	Tier-5	PA; LA
VENTAVIS	Tier-5	PA; LA; * Part B
<b>RESPIRATORY SYNCYTIAL VIRUS</b>		
SYNAGIS	Tier-5	PA; * Part B
<b>SMOKING CESSATION</b>		
<i>buproban</i>	Tier-2	
CHANTIX TABLET 1 MG	Tier-4	QL (60 EA per 30 day(s))
CHANTIX STARTING MONTH BOX	Tier-4	QL (53 EA per 30 day(s))
NICOTROL	Tier-3	
NICOTROL NS	Tier-4	
<b>SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin</i>	Tier-2	
AVODART	Tier-3	
CIALIS	Tier-4	PA; QL (30 EA per 30 day(s))
<i>finasteride</i>	Tier-2	
JALYN	Tier-3	
<i>tamsulosin</i>	Tier-2	
<b>UROLOGIC DISORDERS</b>		
<i>bethanechol chloride</i>	Tier-2	
<i>desmopressin</i>	Tier-2	
DETROL LA	Tier-4	STPA
ELMIRON	Tier-4	
ENABLEX	Tier-4	STPA
<i>flavoxate</i>	Tier-2	
GELNIQUE TRANSDERMAL GEL PACKET	Tier-3	
<i>oxybutynin chloride er tablet,24 hr extended release</i>	Tier-2	

<b>Drug Name</b>		<b>Coverage Notes</b>
<i>oxybutynin chloride syrup</i>	Tier-2	
<i>oxybutynin chloride tablet</i>	Tier-1	
OXYTROL	Tier-3	
SAMSCA	Tier-4	QL (14 EA per 7 day(s))
SANCTURA XR	Tier-4	
<i>trospium tablet</i>	Tier-2	
VESICARE	Tier-3	
<b>WILSON'S DISEASE</b>		
DEPEN TITRATABS	Tier-3	
SYPRINE	Tier-3	
<b>NEUROLOGICAL DRUGS</b>		
<b>ALZHEIMERS DISEASE</b>		
<i>donepezil</i>	Tier-3	
<i>ergoloid</i>	Tier-2	
EXELON ORAL SOLN	Tier-4	
EXELON TRANSDERM 24 HR PATCH 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	Tier-4	
<i>galantamine</i>	Tier-2	
NAMENDA	Tier-3	
NAMENDA TITRATION PAK	Tier-3	
<i>rivastigmine</i>	Tier-2	
<b>MIGRAINE THERAPY</b>		
<i>butalbital-acetaminop-caf-cod</i>	Tier-2	QL (360 EA per 30 day(s))
<i>dihydroergotamine</i>	Tier-2	
MIGERGOT	Tier-3	
MIGRANAL	Tier-4	QL (8 ML per 30 day(s))
<i>naratriptan</i>	Tier-2	QL (9 EA per 30 day(s))
<i>sumatriptan succinate oral</i>	Tier-2	QL (9 EA per 30 day(s))
<i>sumatriptan succinate subq</i>	Tier-2	QL (4 ML per 30 day(s))
<b>PARKINSONS DISEASE</b>		
APOKYN	Tier-5	
AZILECT	Tier-3	
<i>benztropine</i>	Tier-1	

<b>Drug Name</b>		<b>Coverage Notes</b>
<i>bromocriptine</i>	Tier-2	
<i>cabergoline</i>	Tier-2	
<i>carbidopa-levodopa</i>	Tier-2	
COMTAN	Tier-3	
LODOSYN	Tier-3	
MIRAPEX ER	Tier-4	
<i>pramipexole</i>	Tier-2	
<i>ropinirole</i>	Tier-2	
<i>selegiline hcl</i>	Tier-2	
STALEVO 100	Tier-3	
STALEVO 125	Tier-3	
STALEVO 150	Tier-3	
STALEVO 200	Tier-3	
STALEVO 50	Tier-3	
STALEVO 75	Tier-3	
TASMAR	Tier-3	
<i>trihexyphenidyl</i>	Tier-1	
<b>PSEUDOBULBAR AFFECT</b>		
NUEDEXTA	Tier-3	PA
<b>SEIZURES</b>		
BANZEL ORAL SUSP	Tier-3	PA; QL (2400 per 30 Day(s))
BANZEL TABLET 200 MG	Tier-3	PA; QL (1440 EA per 90 day(s))
BANZEL TABLET 400 MG	Tier-3	PA; QL (720 EA per 90 day(s))
<i>carbamazepine chewable tablet</i>	Tier-2	
<i>carbamazepine er capsule,extended release mphase12hr</i>	Tier-2	
<i>carbamazepine oral susp</i>	Tier-2	
<i>carbamazepine tablet</i>	Tier-1	
CELONTIN	Tier-4	
<i>clonazepam</i>	Tier-2	
<i>diazepam oral</i>	Tier-2	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i>	Tier-2	
<i>diazepam intensol</i>	Tier-2	

<b>Drug Name</b>		<b>Coverage Notes</b>
DILANTIN INFATABS	Tier-3	
<i>divalproex</i>	Tier-2	
<i>epitol</i>	Tier-1	
<i>ethosuximide</i>	Tier-2	
<i>felbamate</i>	Tier-2	
<i>gabapentin</i>	Tier-2	
GABITRIL	Tier-3	
LAMICTAL ODT	Tier-4	
LAMICTAL XR TABLET,EXTENDED RELEASE 100 MG, 200 MG, 25 MG, 250 MG, 50 MG	Tier-4	
<i>lamotrigine chewable dispersible tablet</i>	Tier-2	
<i>lamotrigine tablet</i>	Tier-2	
<i>levetiracetam</i>	Tier-2	
LYRICA CAPSULE	Tier-4	STPA
ONFI	Tier-4	QL (60 per 30 Day(s))
<i>oxcarbazepine tablet</i>	Tier-2	
PEGANONE	Tier-4	
<i>phenobarbital elixir</i>	Tier-2	PA
<i>phenobarbital tablet 16.2 mg, 30 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	Tier-2	PA
<i>phenytoin oral susp</i>	Tier-2	
<i>phenytoin sodium</i>	Tier-2	
<i>phenytoin sodium extended</i>	Tier-2	
POTIGA	Tier-4	PA
<i>primidone</i>	Tier-2	
SABRIL	Tier-5	
SAVELLA TABLET	Tier-3	STPA; QL (180 EA per 90 day(s))
STAVZOR	Tier-4	
<i>topiramate</i>	Tier-2	
TRILEPTAL ORAL SUSP	Tier-4	
<i>valproic acid</i>	Tier-2	
<i>valproic acid (as sodium salt)</i>	Tier-2	
VIMPAT IV	Tier-4	* Part B

<b>Drug Name</b>		<b>Coverage Notes</b>
VIMPAT ORAL SOLN	Tier-4	PA; QL (1200 ML per 30 day(s))
VIMPAT TABLET	Tier-4	PA; QL (180 EA per 90 day(s))
<i>zonisamide</i>	Tier-2	
<b>SPASTICITY</b>		
<i>baclofen</i>	Tier-1	
<i>cyclobenzaprine er capsule,extended release 24 hr</i>	Tier-2	
<i>cyclobenzaprine tablet</i>	Tier-1	
<i>dantrolene</i>	Tier-2	
<i>tizanidine</i>	Tier-2	
<b>PAIN AND INFLAMMATORY DISEASES</b>		
<b>ARTHRITIS</b>		
ACTEMRA	Tier-5	PA; * Part B
ARTHROTEC 50	Tier-4	
ARTHROTEC 75	Tier-4	
AZASAN	Tier-4	B/D
<i>azathioprine</i>	Tier-2	B/D
CELEBREX	Tier-4	PA
<i>diclofenac potassium</i>	Tier-1	
<i>diclofenac sodium</i>	Tier-1	
ENBREL SUB-Q KIT	Tier-5	PA; QL (8 per 30 Day(s))
ENBREL SUB-Q SYRINGE 25 MG/0.5ML (0.51)	Tier-5	PA; QL (8.16 ML per 30 day(s))
ENBREL SUB-Q SYRINGE 50 MG/ML (0.98 ML)	Tier-5	PA; QL (7.84 ML per 30 day(s))
<i>fenoprofen</i>	Tier-2	
<i>flurbiprofen</i>	Tier-2	
HUMIRA	Tier-5	PA; QL (6 EA per 30 day(s))
HUMIRA CROHN'S DIS START PCK	Tier-5	PA; QL (1 EA per 365 day(s))
INDOCIN	Tier-4	
<i>indomethacin</i>	Tier-1	
KINERET	Tier-5	PA; QL (20.1 ML per 30 day(s))
<i>leflunomide</i>	Tier-2	
<i>meclofenamate</i>	Tier-2	

<b>Drug Name</b>		<b>Coverage Notes</b>
<i>meloxicam</i>	Tier-1	
<i>methotrexate sodium</i>	Tier-2	B/D
<i>nabumetone</i>	Tier-2	
NALFON	Tier-4	
ORENCIA IV	Tier-5	PA; * Part B
ORENCIA SUBQ	Tier-5	PA; QL (4 ML per 30 day(s))
PENNSAID	Tier-4	QL (450 per 30 Day(s))
<i>piroxicam</i>	Tier-2	
REMICADE	Tier-5	PA; * Part B
RIDAURA	Tier-3	
SIMPONI	Tier-5	PA; QL (0.5 ML per 30 day(s))
<i>sulindac</i>	Tier-2	
<i>tolmetin</i>	Tier-2	
TREXALL	Tier-4	B/D
VOLTAREN TOP	Tier-4	QL (200 GM per 1 day(s))
<b>GOUT</b>		
<i>allopurinol</i>	Tier-1	
<i>colchicine-probenecid</i>	Tier-2	
COLCRYS	Tier-3	QL (60 EA per 30 day(s))
<i>probenecid</i>	Tier-2	
ULORIC	Tier-4	STPA
<b>PAIN, NSAID ANALGESICS</b>		
<i>diflunisal</i>	Tier-2	
<i>etodolac capsule 200 mg</i>	Tier-2	
<i>etodolac er tablet, extended release 24 hr</i>	Tier-2	
<i>etodolac tablet</i>	Tier-2	
<i>ibuprofen oral susp</i>	Tier-2	
<i>ibuprofen tablet</i>	Tier-1	
<i>ketoprofen</i>	Tier-2	
<i>mefenamic acid</i>	Tier-2	
<i>naproxen oral susp</i>	Tier-2	
<i>naproxen tablet</i>	Tier-1	
<i>naproxen tablet, delayed release</i>	Tier-1	

<b>Drug Name</b>		<b>Coverage Notes</b>
<i>naproxen sodium</i>	Tier-1	
<b>PAIN, OPIOID AND OTHER ANALGESICS</b>		
<b>ABSTRAL</b>	Tier-4	QL (32 EA per 30 day(s))
<i>acetaminophen-codeine oral soln</i>	Tier-2	QL (5000 ML per 30 day(s))
<i>acetaminophen-codeine tablet 300-15 mg</i>	Tier-2	QL (300 EA per 30 day(s))
<i>acetaminophen-codeine tablet 300-30 mg, 300-60 mg</i>	Tier-2	QL (400 EA per 30 day(s))
<i>butorphanol tartrate</i>	Tier-2	QL (7.5 ML per 30 day(s))
<i>co-gesic</i>	Tier-2	QL (240 EA per 30 day(s))
<i>codeine sulfate</i>	Tier-2	QL (180 EA per 30 day(s))
<i>dihydrocode-acetaminophen-caff</i>	Tier-2	QL (168 EA per 30 day(s))
<b>DILAUDID ORAL LIQUID</b>	Tier-4	QL (1440 ML per 30 day(s))
<i>endocet tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier-2	QL (360 EA per 30 day(s))
<i>endocet tablet 10-650 mg</i>	Tier-2	QL (180 EA per 30 day(s))
<i>endocet tablet 7.5-500 mg</i>	Tier-2	QL (240 EA per 30 day(s))
<i>endodan</i>	Tier-2	QL (360 EA per 30 day(s))
<i>fentanyl</i>	Tier-2	QL (10 EA per 30 day(s))
<i>fentanyl citrate</i>	Tier-2	QL (120 EA per 30 day(s))
<i>hydrocodone-acetaminophen oral soln 7.5-325 mg/15 ml</i>	Tier-2	QL (5540 ML per 30 day(s))
<i>hydrocodone-acetaminophen oral soln 7.5-500 mg/15 ml</i>	Tier-2	QL (3600 ML per 30 day(s))
<i>hydrocodone-acetaminophen tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier-2	QL (400 EA per 30 day(s))
<i>hydrocodone-acetaminophen tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier-2	QL (360 EA per 30 day(s))
<i>hydrocodone-acetaminophen tablet 10-500 mg, 2.5-500 mg, 5-500 mg, 7.5-500 mg</i>	Tier-2	QL (240 EA per 30 day(s))
<i>hydrocodone-acetaminophen tablet 10-650 mg, 7.5-650 mg</i>	Tier-2	QL (185 EA per 30 day(s))
<i>hydrocodone-acetaminophen tablet 10-660 mg</i>	Tier-2	QL (181 EA per 30 day(s))
<i>hydrocodone-acetaminophen tablet 10-750 mg, 7.5-750 mg</i>	Tier-2	QL (160 EA per 30 day(s))
<i>hydrocodone-ibuprofen</i>	Tier-2	QL (480 EA per 30 day(s))
<i>hydromorphone</i>	Tier-2	QL (360 EA per 30 day(s))
<i>ibuprofen-oxycodone</i>	Tier-2	QL (240 EA per 30 day(s))

<b>Drug Name</b>		<b>Coverage Notes</b>
<i>levorphanol tartrate</i>	Tier-2	QL (240 EA per 30 day(s))
<i>methadone oral concentrate</i>	Tier-2	QL (360 per 30 Day(s))
<i>methadone oral soln 10 mg/5 ml</i>	Tier-2	QL (1800 per 30 Day(s))
<i>methadone oral soln 5 mg/5 ml</i>	Tier-2	QL (3600 per 30 Day(s))
<i>methadone tablet</i>	Tier-2	QL (120 per 30 Day(s))
<i>methadose</i>	Tier-2	QL (120 per 30 Day(s))
<i>morphine er capsule,extended release pellets</i>	Tier-3	QL (90 EA per 30 day(s))
<i>morphine er tablet,extended release</i>	Tier-3	QL (90 EA per 30 day(s))
<i>morphine oral soln</i>	Tier-2	QL (360 per 30 Day(s))
<i>morphine tablet</i>	Tier-2	QL (180 EA per 30 day(s))
<i>morphine concentrate</i>	Tier-2	QL (360 per 30 Day(s))
<i>oxycodone capsule</i>	Tier-2	QL (360 EA per 30 day(s))
<i>oxycodone oral concentrate</i>	Tier-2	QL (120 ML per 30 day(s))
<i>oxycodone tablet 15 mg, 30 mg</i>	Tier-2	QL (180 EA per 30 day(s))
<i>oxycodone tablet 5 mg</i>	Tier-2	QL (360 EA per 30 day(s))
<i>oxycodone-acetaminophen capsule</i>	Tier-2	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-2	QL (360 EA per 30 day(s))
<i>oxycodone-acetaminophen tablet 10-650 mg</i>	Tier-2	QL (180 EA per 30 day(s))
<i>oxycodone-acetaminophen tablet 7.5-500 mg</i>	Tier-2	QL (240 EA per 30 day(s))
<i>oxycodone-aspirin</i>	Tier-2	QL (360 EA per 30 day(s))
<b>OXYCONTIN</b>	Tier-3	QL (120 EA per 30 day(s))
<i>oxymorphone er tablet,extended release,12 hr 15 mg, 7.5 mg</i>	Tier-3	QL (60 EA per 30 day(s))
<i>oxymorphone tablet</i>	Tier-2	QL (180 EA per 30 day(s))
<i>pentazocine-acetaminophen</i>	Tier-2	QL (185 EA per 30 day(s))
<b>ROXICET ORAL SOLN</b>	Tier-4	QL (1850 ML per 30 day(s))
<b>ROXICET TABLET</b>	Tier-4	QL (240 EA per 30 day(s))
<i>tramadol</i>	Tier-2	
<i>tramadol-acetaminophen</i>	Tier-2	QL (360 EA per 30 day(s))
<b>ZYDONE</b>	Tier-4	QL (300 EA per 30 day(s))
<b>PSYCHIATRIC</b>		
<b>ALCOHOL DETERRENTS</b>		
<b>CAMPRAL</b>	Tier-3	

<b>Drug Name</b>		<b>Coverage Notes</b>
<i>disulfiram</i>	Tier-2	
<i>naltrexone</i>	Tier-2	
<b>ANXIETY</b>		
<i>alprazolam</i>	Tier-2	
<i>alprazolam intensol</i>	Tier-2	
<i>amitriptyline-chlordiazepoxide</i>	Tier-2	
<i>buspirone</i>	Tier-1	
<i>clorazepate dipotassium</i>	Tier-2	
<i>lorazepam</i>	Tier-2	
<i>lorazepam intensol</i>	Tier-2	
<i>meprobamate</i>	Tier-2	
<i>oxazepam</i>	Tier-2	
<b>ATTENTION DEFICIT DISORDER</b>		
ADDERALL XR	Tier-4	STPA
<i>amphetamine salt combo</i>	Tier-2	
CONCERTA	Tier-4	STPA
DAYTRANA	Tier-3	STPA
DESOXYN	Tier-4	
DEXEDRINE SPANSULE	Tier-4	
<i>dexmethylphenidate</i>	Tier-2	
<i>dextroamphetamine</i>	Tier-2	
FOCALIN XR	Tier-3	STPA
INTUNIV ER	Tier-4	QL (90 EA per 90 day(s))
METADATE CD	Tier-4	
METADATE ER	Tier-4	
<i>methamphetamine</i>	Tier-2	
METHYLIN CHEWABLE TABLET	Tier-3	
<i>methylphenidate er capsule,extended release multiphase 50-50</i>	Tier-2	
<i>methylphenidate er tablet,extended release</i>	Tier-2	
<i>methylphenidate oral soln</i>	Tier-2	
<i>methylphenidate tablet</i>	Tier-2	
STRATTERA CAPSULE 10 MG, 18 MG, 25 MG, 40 MG, 60 MG	Tier-3	QL (60 EA per 30 day(s))

<b>Drug Name</b>		<b>Coverage Notes</b>
STRATTERA CAPSULE 100 MG, 80 MG	Tier-3	QL (30 EA per 30 day(s))
VYVANSE	Tier-4	STPA
<b>BIPOLAR DISORDER</b>		
EQUETRO	Tier-4	
<i>lithium carbonate</i>	Tier-1	
<i>lithium citrate</i>	Tier-2	
RISPERDAL CONSTA	Tier-3	* Part B
<i>risperidone</i>	Tier-2	
SYMBYAX	Tier-3	STPA
<b>DEPRESSION</b>		
<i>amitriptyline</i>	Tier-1	
<i>amoxapine</i>	Tier-3	
APLENZIN	Tier-4	STPA
<i>budeprion sr</i>	Tier-2	
<i>bupropion hcl sr tablet,sustained-release</i>	Tier-2	
<i>bupropion hcl tablet</i>	Tier-2	
<i>citalopram</i>	Tier-1	
<i>clomipramine</i>	Tier-2	
CYMBALTA	Tier-4	STPA; QL (60 per 30 Day(s))
<i>desipramine</i>	Tier-2	
<i>doxepin capsule</i>	Tier-1	
<i>doxepin oral concentrate</i>	Tier-2	
EMSAM	Tier-4	STPA
<i>escitalopram</i>	Tier-3	
<i>fluoxetine capsule</i>	Tier-1	
<i>fluoxetine capsule,delayed release</i>	Tier-1	
<i>fluoxetine oral soln</i>	Tier-2	
<i>fluoxetine tablet 10 mg, 20 mg</i>	Tier-1	
<i>fluvoxamine</i>	Tier-2	
<i>imipramine hcl</i>	Tier-2	
<i>imipramine pamoate</i>	Tier-2	
LEXAPRO	Tier-4	STPA
LUVOX CR	Tier-4	STPA

<b>Drug Name</b>		<b>Coverage Notes</b>
<i>maprotiline</i>	Tier-2	
MARPLAN	Tier-4	
<i>mirtazapine</i>	Tier-2	
<i>nefazodone</i>	Tier-2	
<i>nortriptyline</i>	Tier-1	
OLEPTRO ER	Tier-4	STPA
<i>paroxetine hcl</i>	Tier-1	
PAXIL ORAL SUSP	Tier-4	
PEXEVA	Tier-4	STPA
<i>phenelzine</i>	Tier-2	
PRISTIQ	Tier-3	STPA
<i>protriptyline</i>	Tier-2	
<i>sertraline</i>	Tier-2	
<i>tranylcypromine</i>	Tier-2	
<i>trazodone</i>	Tier-1	
<i>trimipramine</i>	Tier-2	
<i>venlafaxine er capsule,extended release 24 hr</i>	Tier-2	
<i>venlafaxine er tablet,24 hr extended release</i>	Tier-4	STPA
<i>venlafaxine tablet</i>	Tier-2	
VIIBRYD	Tier-4	STPA
VIVACTIL	Tier-4	
<b>INSOMNIA</b>		
<i>estazolam</i>	Tier-2	
<i>flurazepam</i>	Tier-2	
LUNESTA	Tier-4	STPA; QL (30 per 30 Day(s))
ROZEREM	Tier-4	STPA; QL (30 EA per 30 day(s))
<i>temazepam</i>	Tier-2	
<i>triazolam</i>	Tier-2	
<i>zaleplon</i>	Tier-2	QL (30 per 30 Day(s))
<i>zolpidem er tablet,extended release,multiphase</i>	Tier-2	STPA; QL (30 per 30 Day(s))
<i>zolpidem tablet</i>	Tier-2	QL (30 per 30 Day(s))
<b>NARCOLEPSY</b>		
PROVIGIL	Tier-4	STPA

<b>Drug Name</b>		<b>Coverage Notes</b>
XYREM	Tier-5	LA
<b>OPIOID ANTAGONISTS</b>		
<i>naloxone</i>	Tier-2	
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG	Tier-4	PA; QL (90 EA per 30 day(s))
SUBOXONE SUBLINGUAL TABLET 2-0.5 MG	Tier-4	PA; QL (90 EA per 30 day(s))
SUBOXONE SUBLINGUAL TABLET 8-2 MG	Tier-4	PA; QL (120 EA per 30 day(s))
<b>PSYCHOSES</b>		
ABILIFY IM	Tier-3	* Part B
ABILIFY ORAL	Tier-4	STPA
ABILIFY DISCMELT	Tier-4	STPA
<i>chlorpromazine</i>	Tier-2	
<i>clozapine</i>	Tier-2	
FANAPT	Tier-4	
FAZACLO	Tier-3	
<i>fluphenazine decanoate</i>	Tier-2	
<i>fluphenazine hcl</i>	Tier-2	
GEODON IM	Tier-4	* Part B
GEODON ORAL	Tier-4	STPA
<i>haloperidol</i>	Tier-1	
<i>haloperidol decanoate</i>	Tier-2	
<i>haloperidol lactate</i>	Tier-2	
INVEGA	Tier-4	STPA
INVEGA SUSTENNA	Tier-3	* Part B
LATUDA TABLET 20 MG	Tier-4	QL (30 per 30 Day(s))
LATUDA TABLET 40 MG, 80 MG	Tier-4	QL (30 EA per 30 day(s))
<i>loxapine succinate</i>	Tier-2	
<i>olanzapine im</i>	Tier-2	* Part B
<i>olanzapine oral</i>	Tier-2	STPA
ORAP	Tier-3	
<i>perphenazine</i>	Tier-2	
<i>perphenazine-amitriptyline</i>	Tier-2	

<b>Drug Name</b>		<b>Coverage Notes</b>
<i>quetiapine tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Tier-3	STPA
<i>quetiapine tablet 25 mg, 50 mg</i>	Tier-3	STPA; QL (60 per 30 Day(s))
<i>risperidone</i>	Tier-2	
SAPHRIS	Tier-4	
SEROQUEL TABLET 100 MG, 200 MG, 300 MG, 400 MG	Tier-4	STPA
SEROQUEL TABLET 25 MG, 50 MG	Tier-4	STPA; QL (60 EA per 30 day(s))
SEROQUEL XR	Tier-3	STPA
<i>thioridazine</i>	Tier-1	
<i>thiothixene</i>	Tier-1	
<i>trifluoperazine</i>	Tier-2	
<i>ziprasidone hcl</i>	Tier-2	STPA
ZYPREXA IM	Tier-4	* Part B
<b>RESPIRATORY DRUGS</b>		
<b>ASTHMA</b>		
ADVAIR DISKUS	Tier-3	QL (180 EA per 90 day(s))
ADVAIR HFA	Tier-3	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-2	B/D; QL (1080 ML per 90 day(s))
<i>albuterol sulfate neb solution 5 mg/ml</i>	Tier-2	B/D; QL (180 ML per 90 day(s))
<i>albuterol sulfate oral</i>	Tier-1	
ALVESCO AEROSOL INHALER 160 MCG/ACTUATION	Tier-4	QL (36.6 GM per 90 day(s))
ALVESCO AEROSOL INHALER 80 MCG/ACTUATION	Tier-4	QL (18.3 GM per 90 day(s))
<i>aminophylline</i>	Tier-2	
ASMANEX TWISTHALER	Tier-3	
ATROVENT HFA	Tier-3	QL (77.4 GM per 90 day(s))
BROVANA	Tier-4	B/D; QL (360 ML per 90 day(s))
<i>budesonide</i>	Tier-2	B/D; STPA; QL (720 ML per 90 day(s))
COMBIVENT	Tier-3	QL (88.2 GM per 90 day(s))
<i>cromolyn</i>	Tier-2	B/D; QL (720 ML per 90 day(s))
<i>elixophyllin</i>	Tier-2	

<b>Drug Name</b>		<b>Coverage Notes</b>
FLOVENT DISKUS	Tier-3	QL (360 EA per 90 day(s))
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	Tier-3	QL (72 GM per 90 day(s))
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	Tier-3	QL (63.6 GM per 90 day(s))
FORADIL AEROLIZER	Tier-4	QL (180 EA per 90 day(s))
<i>ipratropium bromide</i>	Tier-2	B/D; QL (900 ML per 90 day(s))
<i>ipratropium-albuterol</i>	Tier-2	B/D; QL (1620 per 90 Day(s))
<i>levalbuterol neb solution 1.25 mg/0.5 ml</i>	Tier-2	B/D; STPA; QL (270 EA per 90 day(s))
LUFYLLIN	Tier-4	
MAXAIR AUTOHALER	Tier-4	QL (42 GM per 90 day(s))
<i>metaproterenol</i>	Tier-2	
PERFOROMIST	Tier-3	B/D; QL (360 ML per 90 day(s))
PROAIR HFA	Tier-3	QL (51 GM per 90 day(s))
PROVENTIL HFA	Tier-4	QL (40.2 GM per 90 day(s))
PULMICORT NEB SUSPENSION 1 MG/2 ML	Tier-4	B/D; STPA; QL (720 ML per 90 day(s))
PULMICORT FLEXHALER	Tier-4	QL (6 EA per 90 day(s))
QVAR	Tier-4	QL (52.2 GM per 90 day(s))
SEREVENT DISKUS	Tier-4	QL (180 EA per 90 day(s))
SPIRIVA WITH HANDIHALER	Tier-3	QL (90 EA per 90 day(s))
SYMBICORT HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION	Tier-3	QL (61.2 GM per 90 day(s))
SYMBICORT HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION	Tier-3	QL (41.4 GM per 90 day(s))
<i>terbutaline oral</i>	Tier-2	
<i>theophylline</i>	Tier-2	
VENTOLIN HFA	Tier-4	QL (108 per 90 Day(s))
XOPENEX	Tier-4	B/D; STPA; QL (810 ML per 90 day(s))
XOPENEX HFA	Tier-4	QL (90 GM per 90 day(s))
<i>zafirlukast</i>	Tier-2	
<b>RESPIRATORY DRUGS, MISCELLANEOUS</b>		
<i>acetylcysteine</i>	Tier-2	B/D

<b>Drug Name</b>		<b>Coverage Notes</b>
ARALAST NP	Tier-5	* Part B
DALIRESP	Tier-4	
GLASSIA	Tier-5	* Part B
PROLASTIN C	Tier-5	* Part B
XOLAIR	Tier-5	PA; * Part B
ZEMAIRA	Tier-5	* Part B
<b>SKIN</b>		
<b>ACNE ROSACEA</b>		
FINACEA	Tier-3	
METROGEL	Tier-4	
<i>metronidazole</i>	Tier-2	
<b>ACNE VULGARIS</b>		
<i>adapalene</i>	Tier-2	PA
<i>amnesteem</i>	Tier-2	
ATRALIN	Tier-4	PA
<i>avita</i>	Tier-2	PA
AZELEX	Tier-4	
<i>claravis</i>	Tier-2	
<i>clindamycin phosphate</i>	Tier-2	
<i>clindamycin-benzoyl peroxide</i>	Tier-2	
DIFFERIN	Tier-4	PA
<i>ery pads</i>	Tier-2	
<i>erythromycin with ethanol</i>	Tier-2	
<i>erythromycin-benzoyl peroxide</i>	Tier-2	
RETIN-A	Tier-4	PA
RETIN-A MICRO	Tier-4	PA
TRETIN-X	Tier-4	PA
TRETIN-X (GEL)	Tier-4	PA
<i>tretinoin</i>	Tier-2	PA
<b>BACTERIAL INFECTIONS, TOPICAL</b>		
ALTABAX	Tier-4	QL (5 GM per 7 day(s))
BACTROBAN TOPICAL CREAM	Tier-3	
CORTISPORIN TOP	Tier-4	

<b>Drug Name</b>		<b>Coverage Notes</b>
<i>gentamicin</i>	Tier-1	
<i>mupirocin</i>	Tier-2	
<i>silver sulfadiazine</i>	Tier-2	
<i>ssd</i>	Tier-2	
<b>CORTICOSTEROIDS, TOPICAL</b>		
<i>ala-cort</i>	Tier-1	
ALA-SCALP	Tier-4	
<i>alclometasone</i>	Tier-2	
<i>amcinonide lotion</i>	Tier-2	
<i>amcinonide topical cream</i>	Tier-2	
<i>amcinonide topical ointment</i>	Tier-3	
<i>betamethasone dipropionate</i>	Tier-2	
<i>betamethasone valerate lotion</i>	Tier-2	
<i>betamethasone valerate topical cream</i>	Tier-2	
<i>betamethasone valerate topical ointment</i>	Tier-2	
<i>betamethasone, augmented lotion</i>	Tier-2	
<i>betamethasone, augmented topical cream</i>	Tier-2	
<i>betamethasone, augmented topical ointment</i>	Tier-2	
CAPEX	Tier-4	
<i>clobetasol</i>	Tier-2	
<i>clobetasol-emollient</i>	Tier-2	
CLOBEX LOTION	Tier-4	
CLOBEX TOPICAL SPRAY	Tier-4	
CLODERM	Tier-4	
CORDRAN	Tier-4	
DERMA-SMOOTHIE/FS BODY OIL	Tier-4	
<i>desonide</i>	Tier-2	
<i>desoximetasone topical cream</i>	Tier-3	
<i>desoximetasone topical gel</i>	Tier-3	
<i>desoximetasone topical ointment 0.25 %</i>	Tier-3	
<i>diflorasone</i>	Tier-2	
<i>fluocinolone</i>	Tier-1	
<i>fluocinonide</i>	Tier-1	

<b>Drug Name</b>		<b>Coverage Notes</b>
<i>fluocinonide-e</i>	Tier-1	
<i>fluticasone</i>	Tier-2	
<i>halobetasol propionate</i>	Tier-2	
HALOG	Tier-4	
<i>hydrocortisone</i>	Tier-1	
<i>hydrocortisone valerate</i>	Tier-1	
KENALOG	Tier-4	
LOCOID LIPOCREAM	Tier-4	
<i>lokara</i>	Tier-2	
LUXIQ	Tier-4	
<i>mometasone lotion 0.1 %</i>	Tier-2	
<i>mometasone topical cream</i>	Tier-2	
<i>mometasone topical ointment</i>	Tier-2	
PANDEL	Tier-4	
<i>prednicarbate</i>	Tier-2	
<i>triamcinolone acetonide</i>	Tier-2	
<i>triderm</i>	Tier-2	
<i>u-cort</i>	Tier-1	
VANOS	Tier-4	
WESTCORT	Tier-4	
<b>FUNGAL INFECTIONS, TOPICAL</b>		
<i>ciclopirox</i>	Tier-2	
<i>clotrimazole</i>	Tier-2	
<i>clotrimazole-betamethasone</i>	Tier-2	
<i>econazole</i>	Tier-2	
ERTACZO	Tier-4	
EXELDERM	Tier-4	
<i>ketoconazole</i>	Tier-2	
MENTAX	Tier-4	
<i>nyamyc</i>	Tier-2	
<i>nystatin oral</i>	Tier-2	
<i>nystatin topical cream</i>	Tier-1	
<i>nystatin topical ointment</i>	Tier-2	

<b>Drug Name</b>		<b>Coverage Notes</b>
<i>nystatin topical powder</i>	Tier-2	
<i>nystatin-triamcinolone</i>	Tier-1	
<i>nystop</i>	Tier-2	
OXISTAT	Tier-3	
<i>pedi-dri</i>	Tier-2	
<b>PSORIASIS AND SEBORRHEA</b>		
8-MOP	Tier-3	
<i>calcipotriene topical ointment</i>	Tier-2	
<i>calcipotriene topical soln</i>	Tier-2	
DOVONEX	Tier-3	
SORIATANE	Tier-3	
STELARA	Tier-5	PA; * Part B
TAZORAC	Tier-3	PA
<b>SCABIES AND PEDICULOSIS</b>		
EURAX	Tier-3	
<i>lindane</i>	Tier-2	
<i>malathion</i>	Tier-2	
<i>permethrin</i>	Tier-2	
ULESFIA	Tier-4	
<b>TOPICAL, MISCELLANEOUS</b>		
<i>ammonium lactate</i>	Tier-2	
ANUSOL-HC	Tier-4	
CARAC	Tier-3	
CORTIFOAM	Tier-4	
ELIDEL	Tier-4	STPA
FLUOROPLEX	Tier-3	
<i>fluorouracil iv</i>	Tier-2	
<i>fluorouracil topical cream</i>	Tier-2	
<i>laclotion</i>	Tier-2	
<i>lidocaine</i>	Tier-2	
<i>lidocaine hcl</i>	Tier-2	
<i>lidocaine-prilocaine</i>	Tier-2	
LIDODERM	Tier-3	PA; QL (90 EA per 30 day(s))

<b>Drug Name</b>		<b>Coverage Notes</b>
OXSORALEN	Tier-3	
OXSORALEN ULTRA	Tier-3	
PANRETIN	Tier-5	
PICATO TOPICAL GEL 0.015 %	Tier-4	QL (3 per 3 Day(s))
PICATO TOPICAL GEL 0.05 %	Tier-4	QL (2 per 2 Day(s))
<i>proctocream-hc</i>	Tier-2	
PROTOPIC	Tier-4	STPA
REGRANEX	Tier-5	
SANTYL	Tier-3	
<i>selenium sulfide</i>	Tier-2	
<i>sodium chloride</i>	Tier-2	
SOLARAZE	Tier-3	
<i>sulfacetamide sodium (acne)</i>	Tier-2	
SULFAMYLON	Tier-4	
SYNERA	Tier-4	
<i>water for irrigation, sterile</i>	Tier-2	
ZONALON	Tier-4	
<b>VIRAL INFECTIONS, TOPICAL</b>		
CONDYLOX	Tier-4	
DENAVIR	Tier-4	
<i>imiquimod</i>	Tier-2	
<i>podofilox</i>	Tier-2	
ZOVIRAX TOP	Tier-3	
<b>WOMENS HEALTH</b>		
<b>CONTRACEPTIVES</b>		
<i>amethia</i>	Tier-2	
<i>amethyst</i>	Tier-2	
<i>apri</i>	Tier-2	
<i>aranelle (28)</i>	Tier-2	
<i>aviane</i>	Tier-2	
<i>balziva (28)</i>	Tier-2	
BEYAZ	Tier-4	
<i>briellyn</i>	Tier-2	

<b>Drug Name</b>		<b>Coverage Notes</b>
<i>camila</i>	Tier-2	
ELLA	Tier-4	QL (1 EA per 1 day(s))
<i>emoquette</i>	Tier-2	
<i>errin</i>	Tier-2	
<i>gianvi</i>	Tier-2	
<i>introvale</i>	Tier-2	
<i>jinteli</i>	Tier-2	
<i>junel 1.5/30 (21)</i>	Tier-2	
<i>junel 1/20 (21)</i>	Tier-2	
<i>junel fe 1.5/30 (28)</i>	Tier-2	
<i>junel fe 1/20 (28)</i>	Tier-2	
<i>kariva (28)</i>	Tier-2	
<i>kelnor 1/35 (28)</i>	Tier-2	
<i>leena 28</i>	Tier-2	
<i>lessina</i>	Tier-2	
<i>levora-28</i>	Tier-2	
LO LOESTRIN FE	Tier-4	
<i>low-ogestrel (28)</i>	Tier-2	
<i>marlissa</i>	Tier-2	
<i>microgestin 1.5/30 (21)</i>	Tier-2	
<i>microgestin 1/20 (21)</i>	Tier-2	
<i>microgestin fe 1.5/30 (28)</i>	Tier-2	
<i>microgestin fe 1/20 (28)</i>	Tier-2	
<i>necon 0.5/35 (28)</i>	Tier-2	
<i>necon 1/35 (28)</i>	Tier-2	
NECON 10/11 (28)	Tier-3	
<i>necon 7/7/7 (28)</i>	Tier-2	
<i>nora-be</i>	Tier-2	
<i>nortrel 0.5/35 (28)</i>	Tier-2	
<i>nortrel 1/35 (21)</i>	Tier-2	
<i>nortrel 1/35 (28)</i>	Tier-2	
<i>nortrel 7/7/7 (28)</i>	Tier-2	
NUVARING	Tier-3	

<b>Drug Name</b>		<b>Coverage Notes</b>
<i>orsythia</i>	Tier-2	
ORTHO EVRA	Tier-4	
ORTHO TRI-CYCLEN (28)	Tier-4	
OVCON-50 (28)	Tier-4	
<i>portia</i>	Tier-2	
<i>quasense</i>	Tier-2	
SAFYRAL	Tier-4	
<i>tri-previfem (28)</i>	Tier-2	
<i>tri-sprintec (28)</i>	Tier-2	
<i>trinessa (28)</i>	Tier-2	
<i>trivora (28)</i>	Tier-2	
<i>velivet triphasic regimen (28)</i>	Tier-2	
<i>vestura</i>	Tier-2	
<i>zeosa</i>	Tier-2	
<i>zovia 1/35e (28)</i>	Tier-2	
<i>zovia 1/50e (28)</i>	Tier-2	
<b>MENOPAUSAL SYMPTOMS/OSTEOPOROSIS</b>		
ACTONEL	Tier-4	STPA
<i>alendronate</i>	Tier-2	
ALORA	Tier-4	
ANGELIQ	Tier-4	
<i>calcitonin (salmon)</i>	Tier-2	B/D
CENESTIN	Tier-4	
CLIMARA PRO	Tier-4	
COMBIPATCH	Tier-4	
CRINONE VAGINAL GEL 8 %	Tier-3	
DELESTROGEN	Tier-4	
DEPO-ESTRADIOL	Tier-3	
DEPO-PROVERA	Tier-3	
DEPO-SUBQ PROVERA 104	Tier-3	
DIVIGEL	Tier-4	
ELESTRIN	Tier-4	
ENJUVIA	Tier-4	

<b>Drug Name</b>		<b>Coverage Notes</b>
ESTRACE VAGL	Tier-3	
<i>estradiol oral</i>	Tier-1	
<i>estradiol td</i>	Tier-2	
<i>estradiol valerate</i>	Tier-2	
ESTRING	Tier-3	
<i>estropipate</i>	Tier-2	
EVAMIST	Tier-4	QL (8.1 ML per 1 day(s))
EVISTA	Tier-3	
FEMHRT 1/5	Tier-4	
FEMHRT LOW DOSE	Tier-4	
FEMRING	Tier-3	
FEMTRACE	Tier-4	
FORTEO	Tier-5	PA
FOSAMAX ORAL SOLN	Tier-3	
<i>ibandronate</i>	Tier-3	STPA
<i>medroxyprogesterone oral</i>	Tier-1	
MENEST	Tier-4	
MENOSTAR	Tier-4	
<i>methylergonovine</i>	Tier-2	
MIACALCIN INJ	Tier-3	
<i>norethindrone acetate</i>	Tier-2	
PREMARIN	Tier-4	
PREMPHASE	Tier-4	
PREMPRO	Tier-4	
<i>progesterone micronized</i>	Tier-2	
PROLIA	Tier-3	PA; * Part B
RECLAST	Tier-3	PA; * Part B
VAGIFEM	Tier-3	
VIVELLE-DOT	Tier-3	
XGEVA	Tier-5	PA; * Part B
ZOMETA	Tier-3	PA; * Part B
<b>PRENATAL VITAMINS</b>		
<i>prenatal plus with iron (ca)</i>	Tier-2	

Drug Name		Coverage Notes
<b>VAGINAL INFECTIONS</b>		
CLEOCIN VAGINAL SUPPOSITORY	Tier-4	
<i>clindamycin phosphate</i>	Tier-2	
<i>fluconazole</i>	Tier-1	
<i>metronidazole</i>	Tier-2	
<i>miconazole-3</i>	Tier-2	
<i>terconazole vaginal cream 0.4 %</i>	Tier-2	
<i>terconazole vaginal suppository</i>	Tier-2	
<i>vandazole</i>	Tier-2	
<i>zazole</i>	Tier-2	

## Index

8-MOP .....	59	ADVAIR DISKUS .....	54	<i>amethia</i> .....	60
ABELCET .....	28	ADVAIR HFA .....	54	<i>amethyst</i> .....	60
ABILIFY .....	53	ADVICOR .....	17	<i>amifostine crystalline</i> .....	9
ABILIFY DISCMELT .....	53	<i>afeditab cr</i> .....	16	<i>amikacin</i> .....	28
ABRAXANE .....	9	AFINITOR .....	11	<i>amiloride</i> .....	17
ABSTRAL .....	48	AFLURIA 2011-2012 .....	36	<i>amiloride-hydrochlorothiazide</i> .....	17
<i>acarbose</i> .....	20	AFLURIA 2011-2012 (PF) .....	36	<i>aminophylline</i> .....	54
ACCU-CHEK ACTIVE TEST .....	19	AGGRENOX .....	8	AMINOSYN 8.5 %-ELECTROLYTES .....	33
ACCU-CHEK AVIVA .....	19	<i>a-hydrocort</i> .....	34	AMINOSYN II 10 % .....	33
ACCU-CHEK AVIVA PLUS .....	19	<i>ala-cort</i> .....	57	AMINOSYN II 15% .....	33
ACCU-CHEK COMFORT CURVE TEST .....	19	ALA-SCALP .....	57	AMINOSYN II 7 % .....	33
ACCU-CHEK COMPACT TEST .....	19	ALBENZA .....	2	AMINOSYN II 8.5 %-ELECTROLYTES .....	33
ACCU-CHEK SMARTVIEW .....	19	<i>albuterol sulfate</i> .....	54	AMINOSYN M 3.5 % .....	33
<i>acebutolol</i> .....	16	<i>albuterol sulfate 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i> .....	54	AMINOSYN-HBC 7% .....	33
<i>acetaminophen-codeine</i> .....	48	<i>albuterol sulfate 5 mg/ml</i> .....	54	AMINOSYN-PF 10 % .....	33
<i>acetaminophen-codeine 300-15 mg</i> .....	48	ALCAINE .....	25	AMINOSYN-PF 7 % (SULFITE-FREE) .....	33
<i>acetaminophen-codeine 300-30 mg, 300-60 mg</i> .....	48	<i>alclometasone</i> .....	57	<i>amiodarone</i> .....	14
<i>acetazol hc</i> .....	21	<i>alcohol swabs</i> .....	19	AMITIZA .....	27
<i>acetazolamide</i> .....	24	ALDURAZYME .....	40	<i>amitriptyline</i> .....	51
<i>acetazolamide sodium</i> .....	28	<i>alendronate</i> .....	62	<i>amitriptyline-chlordiazepoxide</i> .....	50
<i>acetic acid</i> .....	21	<i>alfuzosin</i> .....	42	<i>amlodipine</i> .....	16
<i>acetylcysteine</i> .....	55	ALIMTA .....	9	<i>amlodipine-benazepril</i> .....	15
ACTEMRA .....	46	ALINIA .....	2	<i>ammonium chloride</i> .....	32
ACTHIB (PF) .....	36	ALKERAN .....	9	<i>ammonium lactate</i> .....	59
ACTIMMUNE .....	36	<i>allopurinol</i> .....	47	<i>amnesteem</i> .....	56
ACTONEL .....	62	<i>allopurinol sodium</i> .....	28	<i>amoxapine</i> .....	51
ACTOPLUS MET .....	20	ALOCRIAL .....	22	<i>amoxicillin</i> .....	6
ACTOPLUS MET XR .....	20	ALOMIDE .....	22	<i>amoxicillin-pot clavulanate</i> .....	6
ACTOS .....	20	ALORA .....	62	<i>amphetamine salt combo</i> .....	50
<i>acyclovir</i> .....	3	ALOXI .....	25	AMPHOTEC .....	28
<i>acyclovir sodium</i> .....	28	ALPHAGAN P 0.1 %.....	24	<i>amphotericin b</i> .....	28
ADACEL (ADOLESCENT &ADULT)(PF) .....	36	<i>alprazolam</i> .....	50	<i>ampicillin</i> .....	6
ADAGEN .....	36	<i>alprazolam intensol</i> .....	50	<i>ampicillin sodium</i> .....	28
<i>adapalene</i> .....	56	ALREX .....	23	<i>ampicillin-sulbactam</i> .....	28
ADCIRCA .....	42	ALTABAX .....	56	AMPYRA .....	41
ADDERALL XR .....	50	ALVESCO 160 MCG/ACTION .....	54	<i>anagrelide</i> .....	9
ADRIAMYCIN PFS .....	9	ALVESCO 80 MCG/ACTION.....	54	<i>anastrozole</i> .....	11
		<i>amantadine</i> .....	3	ANCOBON .....	2
		AMBISOME .....	28		
		<i>amcinonide</i> .....	57		

ANDROGEL .....	35	<i>atorvastatin 10 mg, 20 mg</i> .....	17	BENICAR HCT .....	15
ANDROXY .....	35	<i>atorvastatin 40 mg, 80 mg</i> .....	17	BENLYSTA .....	38
ANGELIQ .....	62	<i>atovaquone-proguanil</i> .....	3	<i>benztropine</i> .....	28
ANUSOL-HC .....	59	ATRALIN .....	56	<i>benztropine</i> .....	43
ANZEMET .....	28	ATRIPLA .....	3	BESIVANCE .....	22
ANZEMET 100 MG .....	25	<i>atropine</i> .....	28	<i>betamethasone dipropionate</i> .....	57
ANZEMET 50 MG .....	25	ATROVENT HFA .....	54	<i>betamethasone valerate</i> .....	57
APLENZIN .....	51	AVASTIN .....	9	<i>betamethasone, augmented</i> .....	57
APOKYN .....	43	AVELOX IN NAACL		BETASERON .....	41
<i>apraclonidine</i> .....	24	(ISO-OSMOTIC) .....	28	<i>betaxolol</i> .....	24
<i>apri</i> .....	60	<i>aviane</i> .....	60	<i>betaxolol 20 mg</i> .....	16
APRISO .....	27	<i>avita</i> .....	56	<i>bethanechol chloride</i> .....	42
APTIVUS .....	3	AVODART .....	42	BETIMOL .....	24
ARALAST NP .....	56	AVONEX .....	41	BETOPTIC S .....	24
<i>aranelle (28)</i> .....	60	AVONEX ADMINISTRATION		BEYAZ .....	60
ARANESP (IN		PACK .....	41	<i>bicalutamide</i> .....	11
POLYSORBATE) 100 MCG/0.5		AZACTAM .....	28	BICILLIN C-R .....	6
ML, 25 MCG/0.42 ML, 40		AZACTAM IN DEXTROSE		BICILLIN L-A .....	6
MCG/0.4 ML, 60 MCG/0.3		(ISO-OSM) .....	28	BICNU .....	9
ML .....	8	AZASAN .....	46	BIDIL .....	19
ARANESP (IN		AZASITE .....	22	BILTRICIDE .....	2
POLYSORBATE) 100		<i>azathioprine</i> .....	46	<i>bisoprolol fumarate</i> .....	16
MCG/ML, 25 MCG/ML, 40		<i>azathioprine sodium</i> .....	28	<i>bisoprolol-hydrochlorothiazide</i>	
MCG/ML, 60 MCG/ML .....	8	<i>azelastine</i> .....	22	.....	15
ARANESP (IN		AZELEX .....	56	<i>bleomycin</i> .....	9
POLYSORBATE) 150 MCG/0.3		AZILECT .....	43	BLEPHAMIDE .....	23
ML, 200 MCG/0.4 ML, 300		<i>azithromycin</i> .....	6	BLEPHAMIDE S.O.P. ....	23
MCG/0.6 ML, 500 MCG/ML .....	8	<i>azithromycin</i> .....	28	BONIVA .....	28
ARANESP (IN		AZOPT .....	24	BOOSTRIX (PF) .....	36
POLYSORBATE) 200		AZOR .....	15	<i>briellyn</i> .....	60
MCG/ML, 300 MCG/ML .....	8	<i>aztreonam</i> .....	28	BRILINTA .....	8
ARCALYST .....	39	<i>bacitracin</i> .....	22	<i>brimonidine</i> .....	24
<i>argatroban</i> .....	28	<i>bacitracin-polymyxin b</i> .....	22	<i>bromfenac</i> .....	23
<i>argatroban in 0.9 % sod chlor</i>		<i>baclofen</i> .....	46	<i>bromocriptine</i> .....	44
.....	28	BACTROBAN .....	56	BROVANA .....	54
ARRANON .....	9	BACTROBAN NASAL .....	22	<i>budeprion sr</i> .....	51
ARTHROTEC 50 .....	46	<i>balsalazide</i> .....	27	<i>budesonide</i> .....	27
ARTHROTEC 75 .....	46	<i>balziva (28)</i> .....	60	<i>budesonide</i> .....	54
ARZERRA .....	9	BANZEL .....	44	<i>bumetanide</i> .....	17
ASACOL .....	27	BANZEL 200 MG .....	44	<i>bumetanide</i> .....	28
ASACOL HD .....	27	BANZEL 400 MG .....	44	BUPHENYL .....	26
ASMANEX TWISTHALER		BARACLUDE .....	3	<i>buprenorphine</i> .....	28
.....	54	<i>benazepril</i> .....	13	<i>buproban</i> .....	42
ASTEPRO .....	22	<i>benazepril-hydrochlorothiazide</i>		<i>bupropion hcl</i> .....	51
<i>atenolol</i> .....	16	.....	15	<i>bupirone</i> .....	50
<i>atenolol-chlorthalidone</i> .....	15	BENICAR .....	14		
ATGAM .....	28				

BUSULFEX .....	9	<i>cefepime</i> .....	29	<i>ciprofloxacin</i> .....	7
<i>butalbital-acetaminop-caf-cod</i>		<i>cefotaxime</i> .....	29	<i>ciprofloxacin</i> .....	23
.....	43	<i>cefotetan</i> .....	29	<i>ciprofloxacin</i> .....	29
<i>butorphanol tartrate</i> .....	28	<i>cefoxitin</i> .....	29	<i>ciprofloxacin (mixture)</i> .....	7
<i>butorphanol tartrate</i> .....	48	<i>cefoxitin in dextrose, iso-osm</i>		<i>cisplatin</i> .....	9
BYDUREON .....	20	.....	29	<i>cialopram</i> .....	51
BYETTA .....	20	<i>cefpodoxime</i> .....	6	<i>cladribine</i> .....	10
<i>cabergoline</i> .....	44	<i>cefprozil</i> .....	6	<i>claravis</i> .....	56
<i>calcipotriene</i> .....	59	<i>ceftazidime</i> .....	29	<i>clarithromycin</i> .....	6
<i>calcitonin (salmon)</i> .....	62	<i>ceftazidime in d5w</i> .....	29	CLEOCIN .....	29
<i>calcitriol</i> .....	28	<i>ceftriaxone</i> .....	29	CLEOCIN .....	64
<i>calcitriol</i> .....	40	<i>cefuroxime axetil</i> .....	6	CLEOCIN IN 5 % DEXTROSE	
<i>calcium acetate</i> .....	41	<i>cefuroxime sodium</i> .....	29	.....	29
<i>camila</i> .....	61	CELEBREX .....	46	CLIMARA PRO .....	62
CAMPATH .....	9	CELLCEPT .....	38	<i>clindamycin hcl 150 mg, 300</i>	
CAMPRAL .....	49	CELONTIN .....	44	<i>mg</i> .....	6
CANASA .....	27	CENESTIN .....	62	<i>clindamycin phosphate</i> .....	29
CANCIDAS .....	29	<i>cephalexin</i> .....	6	<i>clindamycin phosphate</i> .....	56
CANTIL .....	26	CEREZYME .....	39	<i>clindamycin phosphate</i> .....	64
CAPASTAT .....	29	CERUBIDINE .....	9	<i>clindamycin-benzoyl peroxide</i>	
CAPEX .....	57	CERVARIX VACCINE (PF)		.....	56
CAPRELSA 100 MG.....	11	.....	36	CLINIMIX 5%/D15W	
CAPRELSA 300 MG.....	11	CESAMET .....	25	SULFITE FREE .....	33
<i>captopril</i> .....	13	CHANTIX 1 MG.....	42	CLINIMIX 5%/D25W	
<i>captopril-hydrochlorothiazide</i>		CHANTIX STARTING		SULFITE FREE .....	33
.....	15	MONTH BOX .....	42	CLINIMIX 2.75%/D5W	
CARAC .....	59	CHEMET .....	39	SULFIT FREE .....	33
CARAFATE .....	26	<i>chloramphenicol sod succinate</i>		CLINIMIX 4.25%/D10W SULF	
CARBAGLU .....	26	.....	29	FREE .....	33
<i>carbamazepine</i> .....	44	<i>chlorhexidine gluconate</i> .....	21	CLINIMIX 4.25%/D20W SULF	
<i>carbidopa-levodopa</i> .....	44	<i>chloroquine phosphate</i> .....	3	FREE .....	33
<i>carboplatin</i> .....	9	<i>chlorothiazide</i> .....	17	CLINIMIX 4.25%/D25W SULF	
CARDURA XL .....	14	<i>chlorpromazine</i> .....	53	FREE .....	33
CARIMUNE NF		<i>chlorpropamide</i> .....	20	CLINIMIX 4.25%/D5 SULFITE	
NANOFILTERED .....	36	<i>chlorthalidone</i> .....	17	FREE .....	33
<i>carteolol</i> .....	24	<i>cholestyramine light</i> .....	18	CLINIMIX 5%/D20W	
<i>cartia xt</i> .....	16	CIALIS .....	42	SULFITE FREE .....	33
<i>carvedilol</i> .....	15	<i>ciclopirox</i> .....	58	CLINIMIX E 2.75%/D10W	
CEDAX .....	6	<i>cilostazol</i> .....	9	SUL FREE .....	33
CEENU .....	11	<i>cimetidine</i> .....	27	CLINIMIX E 2.75%/D5W	
<i>cefaclor</i> .....	6	<i>cimetidine hcl</i> .....	29	SULF FREE .....	33
<i>cefadroxil</i> .....	6	CIMZIA .....	26	CLINIMIX E 4.25%/D25W	
<i>cefazolin</i> .....	29	CIMZIA POWDER FOR		SUL FREE .....	33
<i>cefazolin in dextrose (iso-os)</i>		RECONST .....	26	CLINIMIX E 5%/D15W	
.....	29	CINRYZE .....	40	SULFIT FREE .....	33
<i>cefdinir</i> .....	6	CIPRODEX .....	21		

CLINIMIX E 5%/D20W		CORTISPORIN .....	56	DECAVAC (PF) .....	36
SULFIT FREE .....	34	CORTISPORIN-TC .....	21	DELATESTRYL .....	35
CLINIMIX E 5%/D25W		COSMEGEN .....	10	DELESTROGEN .....	62
SULFIT FREE .....	34	COUMADIN .....	8	<i>demeclocycline</i> .....	7
CLINISOL SF 15 % .....	34	COVERA-HS .....	16	DENAVIR .....	60
<i>clobetasol</i> .....	57	CREON .....	26	DEPEN TITRATABS .....	43
<i>clobetasol-emollient</i> .....	57	CRINONE 8 % .....	62	DEPO-ESTRADIOL .....	62
CLOBEX .....	57	CRIXIVAN .....	4	DEPO-MEDROL .....	34
CLODERM .....	57	<i>cromolyn</i> .....	22	DEPO-PROVERA .....	62
CLOLAR .....	10	<i>cromolyn</i> .....	26	DEPO-SUBQ PROVERA 104	
<i>clomipramine</i> .....	51	<i>cromolyn</i> .....	54	.....	62
<i>clonazepam</i> .....	44	CUBICIN .....	29	DEPO-TESTOSTERONE .....	35
<i>clonidine</i> .....	17	<i>curity gauze</i> .....	19	DERMA-SMOOTH/FS BODY	
<i>clopidogrel</i> .....	8	<i>cyclobenzaprine</i> .....	46	OIL .....	57
<i>clorazepate dipotassium</i> .....	50	<i>cyclophosphamide</i> .....	12	DERMOTIC OIL .....	21
<i>clorpres</i> .....	15	<i>cyclosporine</i> .....	29	<i>desipramine</i> .....	51
<i>clotrimazole</i> .....	2	<i>cyclosporine</i> .....	38	<i>desmopressin</i> .....	42
<i>clotrimazole</i> .....	58	<i>cyclosporine modified</i> .....	38	<i>desonide</i> .....	57
<i>clotrimazole-betamethasone</i> .....	58	<i>cyclosporine modified 100 mg,</i>		<i>desoximetasone</i> .....	57
<i>clozapine</i> .....	53	<i>50 mg</i> .....	38	<i>desoximetasone 0.25 %</i> .....	57
COARTEM .....	3	CYKLOKAPRON .....	9	DESOXYN .....	50
<i>codeine sulfate</i> .....	48	CYMBALTA .....	51	DETROL LA .....	42
<i>co-gesic</i> .....	48	CYSTADANE .....	39	<i>dexamethasone</i> .....	34
<i>colchicine-probenecid</i> .....	47	CYSTAGON .....	26	<i>dexamethasone intensol</i> .....	34
COLCRYS .....	47	<i>cytarabine</i> .....	10	<i>dexamethasone sodium</i>	
<i>colestipol</i> .....	18	<i>cytarabine (pf)</i> .....	10	<i>phosphate</i> .....	23
<i>colistin (colistimethate na)</i> .....	29	CYTOVENE .....	10	<i>dexamethasone sodium</i>	
<i>colocort</i> .....	27	<i>d10 % &amp; 0.45 % sodium</i>		<i>phosphate</i> .....	29
COLY-MYCIN S .....	21	<i>chloride</i> .....	32	DEXEDRINE SPANSULE .....	50
COLYTE WITH FLAVOR		<i>d2.5 %-0.45 % sodium chloride</i>		<i>dexmethylphenidate</i> .....	50
PACKS .....	26	.....	32	<i>dexpak 13 day</i> .....	34
COMBIGAN .....	24	<i>d5 % and 0.9 % sodium chloride</i>		<i>dextrazoxane</i> .....	10
COMBIPATCH .....	62	.....	32	<i>dextroamphetamine</i> .....	50
COMBIVENT .....	54	<i>d5 %-0.45 % sodium chloride</i>		<i>dextrose 10 % &amp; 0.2 % nacl</i> .....	32
COMPLERA .....	3	.....	32	<i>dextrose 10 % in water (d10w)</i>	
<i>compro</i> .....	25	<i>dacarbazine</i> .....	10	.....	32
COMTAN .....	44	DACOGEN .....	10	<i>dextrose 5 % in water (d5w)</i> .....	32
COMVAX (PF) .....	36	DALIRESP .....	56	<i>dextrose 5%-0.2 % sod chloride</i>	
CONCERTA .....	50	<i>danazol</i> .....	35	.....	32
CONDYLOX .....	60	<i>dantrolene</i> .....	46	<i>dextrose 5%-0.3 % sod.chloride</i>	
COPAXONE .....	41	<i>dapsone</i> .....	3	.....	32
COPEGUS .....	4	DAPTACEL (PEDIATRIC)		<i>dextrose 5%-lactated ringers</i>	
CORDRAN .....	57	(PF) .....	36	.....	32
COREG CR .....	16	DARAPRIM .....	3	<i>diazepam</i> .....	44
CORTIFOAM .....	59	<i>daunorubicin</i> .....	10	<i>diazepam 12.5-15-17.5-20 mg,</i>	
<i>cortisone</i> .....	34	DAYTRANA .....	50	<i>5-7.5-10 mg</i> .....	44

<i>diclofenac potassium</i> .....	46	<i>duramorph (pf)</i> .....	29	<i>epinephrine base</i> .....	38
<i>diclofenac sodium</i> .....	23	DYNACIRC CR .....	16	EIPEN 2-PAK .....	38
<i>diclofenac sodium</i> .....	46	<i>e.e.s. 400</i> .....	6	EIPEN JR 2-PAK .....	38
<i>dicloxacillin</i> .....	6	E.E.S. GRANULES .....	6	<i>epirubicin</i> .....	10
<i>dicyclomine</i> .....	26	<i>econazole</i> .....	58	<i>epitol</i> .....	45
<i>didanosine</i> .....	4	EDURANT .....	4	EPIVIR .....	4
DIFFERIN .....	56	EFFIENT .....	8	EPIVIR HBV .....	4
DIFICID .....	6	EGRIFTA .....	39	<i>eplerenone</i> .....	19
<i>diflorasone</i> .....	57	ELAPRASE .....	40	EPOGEN .....	8
<i>diflunisal</i> .....	47	ELESTRIN .....	62	<i>eprosartan</i> .....	14
<i>digoxin</i> .....	14	ELIDEL .....	59	EPZICOM .....	4
<i>dihydrocode-acetaminophen-caff</i> .....	48	ELIGARD .....	35	EQUETRO .....	51
<i>dihydroergotamine</i> .....	43	ELITEK .....	10	ERAXIS(WATER DILUENT) .....	29
DILANTIN INFATABS .....	45	<i>elixophyllin</i> .....	54	ERBITUX .....	10
DILAUDID .....	48	ELLA .....	61	<i>ergoloid</i> .....	43
<i>dilt-cd</i> .....	16	ELLENCE .....	10	ERIVEDGE .....	12
<i>diltiazem hcl</i> .....	16	ELMIRON .....	42	<i>errin</i> .....	61
<i>diltiazem hcl</i> .....	29	ELSPAR .....	10	ERTACZO .....	58
<i>dilt-xr</i> .....	16	EMADINE .....	22	<i>ery pads</i> .....	56
DIOVAN .....	14	EMCYT .....	12	<i>eryped 200</i> .....	7
DIPENTUM .....	27	EMEND .....	25	<i>eryped 400</i> .....	7
<i>dipyridamole</i> .....	8	EMEND 125 MG .....	25	ERY-TAB .....	6
<i>disopyramide</i> .....	14	EMEND 40 MG, 80 MG .....	25	ERYTHROCIN .....	29
<i>disulfiram</i> .....	50	<i>emoquette</i> .....	61	<i>erythrocin stearate</i> .....	7
<i>divalproex</i> .....	45	EMSAM .....	51	<i>erythromycin</i> .....	7
DIVIGEL .....	62	EMTRIVA .....	4	<i>erythromycin</i> .....	23
DOCEFREZ .....	10	ENABLEX .....	42	<i>erythromycin ethylsuccinate</i> .....	7
<i>docetaxel</i> .....	10	<i>enalapril maleate</i> .....	13	<i>erythromycin with ethanol</i> .....	56
<i>donepezil</i> .....	43	<i>enalapril-hydrochlorothiazide</i> .....	15	<i>erythromycin-benzoyl peroxide</i> .....	56
DORIBAX .....	29	ENBREL .....	46	<i>escitalopram</i> .....	51
<i>dorzolamide</i> .....	24	ENBREL 25 MG/0.5ML (0.51).....	46	<i>estazolam</i> .....	52
<i>dorzolamide-timolol</i> .....	24	ENBREL 50 MG/ML (0.98 ML).....	46	ESTRACE .....	63
DOVONEX .....	59	<i>endocet 10-325 mg, 5-325 mg, 7.5-325 mg</i> .....	48	<i>estradiol</i> .....	63
<i>doxazosin</i> .....	14	<i>endocet 10-650 mg</i> .....	48	<i>estradiol valerate</i> .....	63
<i>doxepin</i> .....	51	<i>endocet 7.5-500 mg</i> .....	48	ESTRING .....	63
<i>doxorubicin</i> .....	10	<i>endodan</i> .....	48	<i>estropipate</i> .....	63
<i>doxycycline hyclate</i> .....	7	ENGERIX-B (PF) .....	36	<i>ethambutol</i> .....	7
<i>doxycycline hyclate</i> .....	21	ENJUVA .....	62	<i>ethosuximide</i> .....	45
<i>doxycycline hyclate</i> .....	29	<i>enoxaparin</i> .....	9	<i>etidronate disodium</i> .....	41
<i>doxycycline monohydrate</i> .....	8	ENTOCORT EC .....	27	<i>etodolac</i> .....	47
<i>dronabinol 10 mg</i> .....	25	<i>enulose</i> .....	26	<i>etodolac 200 mg</i> .....	47
<i>dronabinol 2.5 mg, 5 mg</i> .....	25	<i>epinastine</i> .....	22	ETOPOPHOS .....	10
DROXIA .....	12			<i>etoposide</i> .....	10
DUETACT .....	20			EURAX .....	59

EVAMIST .....	63	<i>fluconazole</i> .....	64	<i>foscarnet</i> .....	29
EVISTA .....	63	<i>fluconazole in dextrose(iso-o)</i> .....	29	<i>fosinopril</i> .....	13
EVOXAC .....	22	<i>flucytosine</i> .....	2	<i>fosinopril-hydrochlorothiazide</i> .....	15
EXELDERM .....	58	<i>fludarabine</i> .....	10	FOSRENOL .....	41
EXELON .....	43	<i>fludrocortisone</i> .....	34	FRAGMIN .....	9
EXELON 4.6 MG/24 HOUR, 9.5 MG/24 HOUR.....	43	FLULAVAL 2011-2012 .....	36	FREAMINE III 3 %-ELECTROLYTES .....	34
<i>exemestane</i> .....	12	<i>flunisolide</i> .....	22	FREAMINE III 8.5 % .....	34
EXFORGE .....	15	<i>fluocinolone</i> .....	57	<i>furosemide</i> .....	17
EXFORGE HCT .....	15	<i>fluocinolone acetonide oil</i> .....	21	FUSILEV .....	13
EXJADE 125 MG.....	39	<i>fluocinonide</i> .....	57	FUZEON .....	4
EXJADE 250 MG, 500 MG.....	39	<i>fluocinonide-e</i> .....	58	<i>gabapentin</i> .....	45
EXTAVIA .....	41	<i>fluorometholone</i> .....	23	GABITRIL .....	45
FABRAZYME .....	39	<i>fluor-op</i> .....	23	<i>galantamine</i> .....	43
<i>famciclovir</i> .....	4	FLUOROPLEX .....	59	GAMMAGARD LIQUID .....	37
<i>famotidine</i> .....	27	<i>fluorouracil</i> .....	59	GAMMAPLEX .....	37
FANAPT .....	53	<i>fluoxetine</i> .....	51	GAMUNEX-C .....	37
FARESTON .....	12	<i>fluoxetine 10 mg, 20 mg</i> .....	51	GARDASIL (PF) .....	37
FASLODEX .....	10	<i>fluphenazine decanoate</i> .....	53	GELNIQUE .....	42
FAZACLO .....	53	<i>fluphenazine hcl</i> .....	53	<i>gemcitabine</i> .....	10
<i>felbamate</i> .....	45	<i>flurazepam</i> .....	52	<i>gemfibrozil</i> .....	18
<i>felodipine</i> .....	16	<i>flurbiprofen</i> .....	46	<i>gengraf</i> .....	38
FEMHRT 1/5 .....	63	<i>flurbiprofen sodium</i> .....	23	GENOTROPIN .....	39
FEMHRT LOW DOSE .....	63	<i>flutamide</i> .....	12	GENOTROPIN MINIQUICK 0.2 MG/0.25 ML.....	39
FEMRING .....	63	<i>fluticasone</i> .....	22	GENOTROPIN MINIQUICK 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML.....	39
FEMTRACE .....	63	<i>fluticasone</i> .....	58	<i>gentak</i> .....	23
<i>fenofibrate</i> .....	18	<i>fluvastatin</i> .....	18	<i>gentamicin</i> .....	23
<i>fenofibrate micronized</i> .....	18	FLUVIRIN 2011-2012 .....	36	<i>gentamicin</i> .....	30
<i>fenoprofen</i> .....	46	FLUVIRIN 2011-2012 (PF) .....	36	<i>gentamicin</i> .....	57
<i>fentanyl</i> .....	48	<i>fluvoxamine</i> .....	51	<i>gentamicin in nacl (iso-osm)</i> .....	30
<i>fentanyl citrate</i> .....	48	FLUZONE 2011-2012 .....	37	<i>gentamicin sulfate (pf)</i> .....	30
FINACEA .....	56	FLUZONE 2011-2012 (PF) .....	37	GEODON .....	53
<i>finasteride</i> .....	42	FLUZONE HIGH-DOSE 2011-12 (PF) .....	37	<i>gianvi</i> .....	61
FIRAZYR .....	40	FLUZONE INTRADERM 2011-12 (PF) .....	37	GILENYA .....	41
FIRMAGON .....	35	FML FORTE .....	23	GLASSIA .....	56
FLAREX .....	23	FML S.O.P. ....	23	GLEEVEC .....	12
<i>flavoxate</i> .....	42	FOCALIN XR .....	50	<i>glimepiride</i> .....	20
<i>flecainide</i> .....	14	<i>fondaparinux</i> .....	9	<i>glipizide</i> .....	20
FLOVENT DISKUS .....	55	FORADIL AEROLIZER .....	55		
FLOVENT HFA 110 MCG/ACTUATION, 220 MCG/ACTUATION.....	55	FORTAZ .....	29		
FLOVENT HFA 44 MCG/ACTUATION.....	55	FORTAZ IN DEXTROSE 5 % .....	29		
FLUARIX 2011-2012 (PF) .....	36	FORTEO .....	63		
<i>fluconazole</i> .....	2	FOSAMAX .....	63		

<i>glipizide</i> .....	21	HUMALOG MIX 50-50		<i>hydromorphone (pf)</i> .....	30
<i>glipizide-metformin</i> .....	21	KWIKPEN .....	19	<i>hydroxychloroquine</i> .....	3
GLUCAGEN HYPOKIT .....	19	HUMALOG MIX 75-25 .....	19	<i>hydroxyurea</i> .....	12
GLUCAGON EMERGENCY		HUMALOG MIX 75-25		<i>hydroxyzine hcl</i> .....	22
.....	19	KWIKPEN .....	20	<i>hydroxyzine pamoate</i> .....	22
<i>glyburide</i> .....	21	HUMATROPE .....	39	<i>ibandronate</i> .....	63
<i>glyburide micronized</i> .....	21	HUMATROPE 12 (36 UNIT)		<i>ibuprofen</i> .....	47
<i>glyburide-metformin</i> .....	21	MG, 24 (72 UNIT) MG.....	39	<i>ibuprofen-oxycodone</i> .....	48
<i>glycopyrrolate</i> .....	26	HUMATROPE 6 (18 UNIT)		<i>idarubicin</i> .....	10
GOLYTELY .....	26	MG.....	39	IFEX .....	10
<i>granisetron</i> .....	25	HUMIRA .....	46	<i>ifosfamide</i> .....	10
<i>granisetron</i> .....	30	HUMIRA CROHN'S DIS		ILARIS (PF) .....	39
<i>granisetron (pf)</i> .....	30	START PCK .....	46	<i>imipenem-cilastatin</i> .....	30
GRANISOL .....	25	HUMULIN 70/30 .....	20	<i>imipramine hcl</i> .....	51
<i>griseofulvin microsize</i> .....	2	HUMULIN 70/30 PEN .....	20	<i>imipramine pamoate</i> .....	51
GRIS-PEG .....	2	HUMULIN N .....	20	<i>imiquimod</i> .....	60
<i>guanfacine</i> .....	17	HUMULIN N PEN .....	20	INCIVEK .....	4
HALAVEN .....	10	HUMULIN R .....	20	INCRELEX .....	40
HALFLYTELY-BISACODYL		HUMULIN R U-500		<i>indapamide</i> .....	17
W-FLAV PK .....	26	"CONCENTRATED" .....	20	INDOCIN .....	46
<i>halobetasol propionate</i> .....	58	<i>hydralazine</i> .....	19	<i>indomethacin</i> .....	46
HALOG .....	58	<i>hydrochlorothiazide</i> .....	17	INFANRIX (PF) .....	37
<i>haloperidol</i> .....	53	<i>hydrocodone-acetaminophen</i>		INFERGEN .....	4
<i>haloperidol decanoate</i> .....	53	10-300 mg, 5-300 mg, 7.5-300		INLYTA .....	12
<i>haloperidol lactate</i> .....	53	mg.....	48	<i>insulin syringe-needle u-100</i> .....	19
HAVRIX (PF) .....	37	<i>hydrocodone-acetaminophen</i>		INTELENCE .....	4
HECTOROL .....	30	10-325 mg, 5-325 mg, 7.5-325		INTRALIPID .....	34
HECTOROL .....	40	mg.....	48	INTRON A .....	4
HELIDAC .....	27	<i>hydrocodone-acetaminophen</i>		INTRON A 10 MILLION	
<i>heparin (porcine)</i> .....	30	10-500 mg, 2.5-500 mg, 5-500		UNIT/0.2 ML, 3 MILLION	
<i>heparin (porcine) in d5w</i> .....	30	mg, 7.5-500 mg.....	48	UNIT /0.2 ML-6 DOSES.....	4
<i>heparin (porcine) in nacl (pf)</i>		<i>hydrocodone-acetaminophen</i>		INTRON A 5 MILLION	
.....	30	10-660 mg.....	48	UNIT/0.2 ML.....	4
<i>heparin(porcine) in 0.45% nacl</i>		<i>hydrocodone-acetaminophen</i>		<i>introvale</i> .....	61
.....	30	10-750 mg, 7.5-750 mg.....	48	INTUNIV ER .....	50
HEPATAMINE 8% .....	34	<i>hydrocodone-acetaminophen</i>		INVANZ .....	30
HEPATASOL 8 % .....	34	7.5-325 mg/15 ml.....	48	INVEGA .....	53
HEPSERA .....	4	<i>hydrocodone-acetaminophen</i>		INVEGA SUSTENNA .....	53
HERCEPTIN .....	10	7.5-500 mg/15 ml.....	48	INVIRASE .....	4
HEXALEN .....	12	<i>hydrocodone-ibuprofen</i> .....	48	IONOSOL-B IN D5W .....	32
HIBERIX (PF) .....	37	<i>hydrocortisone</i> .....	27	IONOSOL-MB IN D5W .....	32
HIZENTRA .....	37	<i>hydrocortisone</i> .....	34	IOPIDINE .....	24
<i>huber safety needles (disp.)</i> .....	19	<i>hydrocortisone</i> .....	58	IPOL .....	37
HUMALOG .....	19	<i>hydrocortisone valerate</i> .....	58	<i>ipratropium bromide</i> .....	55
HUMALOG KWIKPEN .....	19	<i>hydrocortisone-acetic acid</i> .....	21	<i>ipratropium bromide 0.03 %</i> .....	22
HUMALOG MIX 50-50 .....	19	<i>hydromorphone</i> .....	48	<i>ipratropium bromide 0.06 %</i> .....	22

<i>ipratropium-albuterol</i> .....	55	<i>ketoprofen</i> .....	47	LEVEMIR .....	20
<i>irbesartan</i> .....	14	<i>ketorolac</i> .....	23	LEVEMIR FLEXPEN .....	20
<i>irbesartan-hydrochlorothiazide</i> .....	15	KINERET .....	46	<i>levetiracetam</i> .....	45
<i>irinotecan</i> .....	10	<i>kionex</i> .....	41	<i>levobunolol</i> .....	24
ISENTRESS .....	4	<i>klor-con</i> .....	18	<i>levocarnitine</i> .....	26
ISOLYTE-H IN D5W .....	32	<i>klor-con 10</i> .....	18	<i>levocarnitine</i> .....	30
ISOLYTE-M IN D5W .....	32	KLOR-CON M15 .....	18	<i>levocarnitine (with sugar)</i> .....	26
ISOLYTE-P IN D5W .....	32	<i>klor-con m20</i> .....	18	<i>levocetirizine</i> .....	22
ISOLYTE-S .....	32	KOMBIGLYZE XR .....	21	<i>levofloxacin</i> .....	7
ISOLYTE-S IN D5W .....	32	K-TAB .....	18	<i>levofloxacin</i> .....	23
<i>isoniazid</i> .....	7	KUVAN .....	41	<i>levofloxacin in d5w</i> .....	30
<i>isoniazid</i> .....	30	<i>labetalol</i> .....	16	<i>levora-28</i> .....	61
<i>isosorbide dinitrate</i> .....	14	<i>laclotion</i> .....	59	<i>levorphanol tartrate</i> .....	49
<i>isosorbide dinitrate</i> .....	19	<i>lactated ringers</i> .....	30	<i>levothroid</i> .....	36
<i>isosorbide mononitrate</i> .....	14	<i>lactulose</i> .....	26	<i>levothyroxine</i> .....	36
<i>isosorbide mononitrate 20</i> <i>mg</i> .....	14	LAMICTAL ODT .....	45	<i>levoxyl</i> .....	36
<i>isradipine</i> .....	16	LAMICTAL XR 100 MG, 200 MG, 25 MG, 250 MG, 50 MG.....	45	LEXAPRO .....	51
ISTODAX .....	10	LAMISIL 125 MG.....	2	LEXIVA .....	4
<i>itraconazole</i> .....	2	LAMISIL 187.5 MG.....	2	<i>lidocaine</i> .....	59
IXEMPRA .....	10	<i>lamivudine</i> .....	4	<i>lidocaine (pf) 10 mg/ml (1</i> <i>%)</i> .....	30
IXIARO (PF) .....	37	<i>lamivudine-zidovudine</i> .....	4	<i>lidocaine hcl</i> .....	30
JAKAFI .....	12	<i>lamotrigine</i> .....	45	<i>lidocaine hcl</i> .....	59
JALYN .....	42	LANOXIN .....	14	<i>lidocaine-prilocaine</i> .....	59
<i>jantoven</i> .....	9	LANOXIN PEDIATRIC .....	14	LIDODERM .....	59
JANUMET .....	21	<i>lansoprazole</i> .....	27	LINCOCIN .....	30
JANUMET XR .....	21	LANTUS .....	20	<i>lindane</i> .....	59
JANUVIA .....	21	LANTUS SOLOSTAR .....	20	<i>liothyronine</i> .....	36
JENTADUETO .....	21	<i>latanoprost</i> .....	24	<i>lisinopril</i> .....	13
JEVTANA .....	10	LATUDA 20 MG.....	53	<i>lisinopril-hydrochlorothiazide</i> .....	15
<i>jinteli</i> .....	61	LATUDA 40 MG, 80 MG.....	53	<i>lithium carbonate</i> .....	51
<i>junel 1.5/30 (21)</i> .....	61	<i>leena 28</i> .....	61	<i>lithium citrate</i> .....	51
<i>junel 1/20 (21)</i> .....	61	<i>leflunomide</i> .....	46	LO LOESTRIN FE .....	61
<i>junel fe 1.5/30 (28)</i> .....	61	<i>lessina</i> .....	61	LOCOID LIPOCREAM .....	58
<i>junel fe 1/20 (28)</i> .....	61	LETAIRIS .....	42	LODOSYN .....	44
KALETRA .....	4	<i>letrozole</i> .....	12	<i>lokara</i> .....	58
KALYDECO .....	39	<i>leucovorin calcium</i> .....	13	<i>loperamide</i> .....	26
<i>kanamycin</i> .....	30	LEUKERAN .....	12	<i>lorazepam</i> .....	50
<i>kariva (28)</i> .....	61	LEUKINE .....	8	<i>lorazepam intensol</i> .....	50
KAYEXALATE .....	41	<i>leuprolide</i> .....	10	<i>losartan</i> .....	14
<i>kelnor 1/35 (28)</i> .....	61	<i>levabuterol hcl 1.25 mg/0.5</i> <i>ml</i> .....	55	<i>losartan-hydrochlorothiazide</i> .....	15
KENALOG .....	58	LEVAQUIN .....	7	LOTEMAX .....	23
KETEK .....	6	LEVAQUIN IN D5W .....	30	LOTRONEX .....	26
<i>ketoconazole</i> .....	2	LEVATOL .....	16	<i>lovastatin</i> .....	18
<i>ketoconazole</i> .....	58				

LOVAZA .....	18	<i>meprobamate</i> .....	50	<i>metoprolol tartrate</i> .....	30
<i>low-ogestrel</i> (28) .....	61	MEPRON .....	3	METROGEL .....	56
<i>loxapine succinate</i> .....	53	<i>mercaptapurine</i> .....	12	<i>metronidazole</i> .....	2
LUFYLLIN .....	55	<i>meropenem</i> .....	30	<i>metronidazole</i> .....	56
LUMIGAN .....	24	MERREM .....	30	<i>metronidazole</i> .....	64
LUMIZYME .....	41	<i>mesalamine-cleansing wipes</i>		<i>metronidazole in nacl (iso-os)</i>	
LUNESTA .....	52	.....	27	.....	30
LUPRON DEPOT (3 MONTH)		<i>mesna</i> .....	13	<i>mexiletine</i> .....	14
.....	35	MESNEX .....	13	MIACALCIN .....	63
LUPRON DEPOT (4 MONTH)		MESTINON .....	41	<i>miconazole-3</i> .....	64
.....	35	MESTINON TIMESPAN .....	41	<i>microgestin 1.5/30 (21)</i> .....	61
LUPRON DEPOT (6 MONTH)		METADATE CD .....	50	<i>microgestin 1/20 (21)</i> .....	61
.....	35	METADATE ER .....	50	<i>microgestin fe 1.5/30 (28)</i> .....	61
LUPRON DEPOT 3.75 MG.....	35	<i>metaproterenol</i> .....	55	<i>microgestin fe 1/20 (28)</i> .....	61
LUPRON DEPOT 7.5 MG.....	35	<i>metformin</i> .....	21	<i>midodrine</i> .....	38
LUPRON DEPOT-PED .....	36	<i>methadone</i> .....	30	MIGERGOT .....	43
LUPRON DEPOT-PED (3		<i>methadone</i> .....	49	MIGRANAL .....	43
MONTH) .....	36	<i>methadone 10 mg/5 ml</i> .....	49	MILLIPRED .....	34
LUVOX CR .....	51	<i>methadone 5 mg/5 ml</i> .....	49	<i>minocycline</i> .....	8
LUXIQ .....	58	<i>methadose</i> .....	49	MIRAPEX ER .....	44
LYRICA .....	45	<i>methamphetamine</i> .....	50	<i>mirtazapine</i> .....	52
LYSODREN .....	34	<i>methazolamide</i> .....	24	<i>misoprostol 200 mcg</i> .....	27
<i>malathion</i> .....	59	<i>methenamine hippurate</i> .....	2	<i>mitomycin</i> .....	11
<i>maprotiline</i> .....	52	<i>methimazole</i> .....	36	<i>mitoxantrone</i> .....	11
<i>marlissa</i> .....	61	METHITEST .....	35	M-M-R II (PF) .....	37
MARPLAN .....	52	<i>methotrexate sodium</i> .....	47	<i>moexipril</i> .....	13
MATULANE .....	12	<i>methotrexate sodium (pf)</i> .....	30	<i>moexipril-hydrochlorothiazide</i>	
<i>matzim la</i> .....	16	<i>methscopolamine</i> .....	27	.....	15
MAXAIR AUTOHALER .....	55	<i>methyclothiazide</i> .....	17	<i>mometasone</i> .....	58
MAXIDEX .....	24	<i>methylidopa</i> .....	17	<i>mometasone 0.1 %</i> .....	58
<i>meclizine</i> .....	25	<i>methylidopa-hydrochlorothiazide</i>		MONUROL .....	3
<i>meclofenamate</i> .....	46	.....	15	<i>morphine</i> .....	49
<i>medroxyprogesterone</i> .....	63	<i>methylergonovine</i> .....	63	<i>morphine concentrate</i> .....	49
<i>mefenamic acid</i> .....	47	METHYLIN .....	50	MOVIPREP .....	26
<i>mefloquine</i> .....	3	<i>methylphenidate</i> .....	50	MOXEZA .....	23
<i>megestrol</i> .....	4	<i>methylprednisolone</i> .....	34	MOZOBIL .....	8
<i>meloxicam</i> .....	47	<i>methylprednisolone acetate</i> .....	34	MULTAQ .....	14
<i>melphalan</i> .....	11	<i>methylprednisolone sodium succ</i>		<i>mupirocin</i> .....	57
MENACTRA (PF) .....	37	.....	34	MUSTARGEN .....	11
MENEST .....	63	<i>metipranolol</i> .....	24	MYCAMINE .....	30
MENOMUNE - A/C/Y/W-135		<i>metoclopramide hcl</i> .....	25	MYCOBUTIN .....	7
(PF) .....	37	<i>metolazone</i> .....	17	<i>mycophenolate mofetil</i> .....	38
MENOSTAR .....	63	<i>metoprolol succinate</i> .....	16	MYFORTIC .....	38
MENTAX .....	58	<i>metoprolol ta-hydrochlorothiaz</i>		MYOZYME .....	41
MENVEO A-C-Y-W-135-DIP		.....	15	MYTELASE .....	41
(PF) .....	37	<i>metoprolol tartrate</i> .....	16	<i>nabumetone</i> .....	47

<i>nadolol</i> .....	16	NIASPAN		NUTROPIN AQ NUSPIN .....	40
<i>nadolol-bendroflumethiazide</i>		EXTENDED-RELEASE .....	18	NUVARING .....	61
.....	15	<i>nicardipine</i> .....	16	<i>nyamyc</i> .....	58
<i>nafcillin</i> .....	30	NICOTROL .....	42	<i>nystatin</i> .....	2
<i>nafcillin in dextrose iso-osm</i> .....	30	NICOTROL NS .....	42	<i>nystatin</i> .....	58
NAFTIN .....	2	<i>nifediac cc</i> .....	16	<i>nystatin</i> .....	59
NAGLAZYME .....	40	<i>nifedical xl</i> .....	17	<i>nystatin-triamcinolone</i> .....	59
NALFON .....	47	<i>nifedipine</i> .....	17	<i>nystop</i> .....	59
<i>naloxone</i> .....	53	NILANDRON .....	12	<i>octreotide acetate 1,000</i>	
<i>naltrexone</i> .....	50	<i>nimodipine</i> .....	17	<i>mcg/mL, 500 mcg/mL</i> .....	38
NAMENDA .....	43	<i>nisoldipine</i> .....	17	<i>octreotide acetate 100 mcg/ml,</i>	
NAMENDA TITRATION PAK		NITRO-BID .....	14	<i>200 mcg/ml, 50 mcg/ml</i> .....	38
.....	43	<i>nitroglycerin</i> .....	14	<i>ofloxacin</i> .....	7
<i>naphazoline</i> .....	22	NITROLINGUAL .....	14	<i>ofloxacin</i> .....	21
<i>naproxen</i> .....	47	NITROMIST .....	14	<i>ofloxacin</i> .....	23
<i>naproxen sodium</i> .....	48	NITROSTAT .....	14	<i>olanzapine</i> .....	53
<i>naratriptan</i> .....	43	<i>nizatidine</i> .....	27	OLEPTRO ER .....	52
NASONEX .....	22	<i>nora-be</i> .....	61	<i>omeprazole 10 mg, 20 mg</i> .....	27
NATACYN .....	25	NORDITROPIN FLEXPRO		<i>omeprazole 40 mg</i> .....	27
<i>nateglinide</i> .....	21	.....	40	<i>omeprazole-sodium bicarbonate</i>	
NEBUPENT .....	3	NORDITROPIN NORDIFLEX		.....	27
<i>necon 0.5/35 (28)</i> .....	61	.....	40	OMNITROPE .....	40
<i>necon 1/35 (28)</i> .....	61	<i>norethindrone acetate</i> .....	63	<i>ondansetron</i> .....	25
NECON 10/11 (28) .....	61	NORMOSOL-M IN D5W .....	32	<i>ondansetron hcl</i> .....	25
<i>necon 7/7/7 (28)</i> .....	61	NORMOSOL-R IN D5W .....	32	<i>ondansetron hcl (pf)</i> .....	30
<i>nefazodone</i> .....	52	NORMOSOL-R PH 7.4 .....	32	<i>ondansetron hcl 24 mg</i> .....	25
<i>neomycin</i> .....	3	NOROXIN .....	7	<i>ondansetron hcl 4 mg, 8 mg</i> .....	25
<i>neomycin-bacitracin-poly-hc</i>		NORPACE CR .....	14	ONE TOUCH TEST .....	19
.....	23	<i>nortrel 0.5/35 (28)</i> .....	61	ONE TOUCH ULTRA TEST	
<i>neomycin-bacitracin-polymyxin</i>		<i>nortrel 1/35 (21)</i> .....	61	.....	19
.....	23	<i>nortrel 1/35 (28)</i> .....	61	ONE TOUCH VERIO .....	19
<i>neomycin-polymyxin-dexameth</i>		<i>nortrel 7/7/7 (28)</i> .....	61	ONFI .....	45
.....	24	<i>nortriptyline</i> .....	52	ONTAK .....	11
<i>neomycin-polymyxin-gramicidin</i>		NORVIR .....	4	ORAP .....	53
.....	24	NOVOLIN 70/30 .....	20	ORAPRED .....	35
<i>neomycin-polymyxin-hc</i> .....	23	NOVOLIN N .....	20	ORAPRED ODT .....	35
<i>neomycin-polymyxin-hc</i> .....	24	NOVOLIN R .....	20	ORENCIA .....	47
NEPHRAMINE 5.4 % .....	34	NOVOLOG .....	20	ORFADIN .....	40
NEULASTA .....	8	NOVOLOG FLEXPEN .....	20	<i>orsythia</i> .....	62
NEUMEGA .....	8	NOVOLOG MIX 70-30 .....	20	ORTHO EVRA .....	62
NEUPOGEN .....	8	NOVOLOG MIX 70-30		ORTHO TRI-CYCLEN (28)	
NEVANAC .....	24	FLEXPEN .....	20	.....	62
<i>nevirapine</i> .....	4	NUEDEXTA .....	44	OSMOPREP .....	26
NEXAVAR .....	12	NULOJIX .....	38	OVCON-50 (28) .....	62
<i>niacor</i> .....	18	NUTROPIN .....	40	<i>oxacillin</i> .....	30
		NUTROPIN AQ .....	40		

<i>oxacillin in dextrose(iso-osm)</i> .....	31	PEGASYS PROCLICK .....	4	<i>potassium chlorid-d5-0.45%nacl</i> .....	32
<i>oxaliplatin</i> .....	11	PEGINTRON .....	5	<i>potassium chloride</i> .....	18
<i>oxandrolone 10 mg</i> .....	35	PEGINTRON REDIPEN .....	5	<i>potassium chloride</i> .....	31
<i>oxandrolone 2.5 mg</i> .....	35	<i>penicillin g pot in dextrose</i> .....	31	<i>potassium chloride</i> .....	32
<i>oxazepam</i> .....	50	<i>penicillin g potassium</i> .....	31	<i>potassium chloride 10 meq</i> .....	18
<i>oxcarbazepine</i> .....	45	<i>penicillin g sodium</i> .....	31	<i>potassium chloride 8 meq</i> .....	18
OXISTAT .....	59	<i>penicillin v potassium</i> .....	6	<i>potassium chloride in 0.9%nacl</i> .....	32
OXSORALEN .....	60	PENNSAID .....	47	<i>potassium chloride in d5w</i> .....	32
OXSORALEN ULTRA .....	60	PENTAM .....	3	<i>potassium chloride in lr-d5</i> .....	32
<i>oxybutynin chloride</i> .....	42	PENTASA .....	28	<i>potassium chloride-0.45 % nacl</i> .....	32
<i>oxybutynin chloride</i> .....	43	<i>pentazocine-acetaminophen</i> .....	49	<i>potassium chloride-d5-0.2%nacl</i> .....	32
<i>oxycodone</i> .....	49	<i>pentostatin</i> .....	11	<i>potassium chloride-d5-0.3%nacl</i> .....	33
<i>oxycodone 15 mg, 30 mg</i> .....	49	<i>pentoxifylline</i> .....	9	<i>potassium chloride-d5-0.9%nacl</i> .....	33
<i>oxycodone 5 mg</i> .....	49	PERFOROMIST .....	55	POTIGA .....	45
<i>oxycodone-acetaminophen</i> .....	49	<i>perindopril erbumine</i> .....	13	PRADAXA .....	9
<i>oxycodone-acetaminophen</i> <i>10-325 mg, 2.5-325 mg, 5-325</i> <i>mg, 7.5-325 mg</i> .....	49	<i>periogard</i> .....	22	<i>pramipexole</i> .....	44
<i>oxycodone-acetaminophen</i> <i>10-650 mg</i> .....	49	<i>permethrin</i> .....	59	PRANDIMET .....	21
<i>oxycodone-acetaminophen</i> <i>7.5-500 mg</i> .....	49	<i>perphenazine</i> .....	53	PRANDIN .....	21
<i>oxycodone-aspirin</i> .....	49	<i>perphenazine-amitriptyline</i> .....	53	<i>pravastatin</i> .....	18
OXYCONTIN .....	49	PEXEVA .....	52	<i>prazosin</i> .....	14
<i>oxymorphone</i> .....	49	PFIZERPEN-G .....	31	PRED MILD .....	24
<i>oxymorphone 15 mg, 7.5 mg</i> .....	49	<i>phenelzine</i> .....	52	PRED-G .....	24
OXYTROL .....	43	<i>phenobarbital</i> .....	45	PRED-G S.O.P. ....	24
PACERONE .....	14	<i>phenobarbital 16.2 mg, 30 mg,</i> <i>32.4 mg, 64.8 mg, 97.2 mg</i> .....	45	<i>prednicarbate</i> .....	58
<i>paclitaxel</i> .....	11	<i>phenytoin</i> .....	45	<i>prednisolone acetate</i> .....	24
<i>pamidronate</i> .....	31	<i>phenytoin sodium</i> .....	45	.....	35
PANCREAZE .....	26	<i>phenytoin sodium extended</i> .....	45	<i>prednisolone sodium phosphate</i> <i>15 mg/5 ml, 5 mg base/5 ml (6.7</i> <i>mg/5 ml)</i> .....	35
PANDEL .....	58	PHOSLYRA .....	41	<i>prednisone</i> .....	35
PANRETIN .....	60	PICATO 0.015 %.....	60	PREDNISONE INTENSOL .....	35
<i>pantoprazole</i> .....	27	PICATO 0.05 %.....	60	PREMARIN .....	63
<i>paromomycin</i> .....	3	<i>pilocarpine hcl</i> .....	22	PREMASOL 10 % .....	34
<i>paroxetine hcl</i> .....	52	PILOPINE HS .....	25	PREMASOL 6 % .....	34
PASER .....	7	<i>pindolol</i> .....	16	PREMPHASE .....	63
PAXIL .....	52	<i>piperacillin-tazobactam</i> .....	31	PREMPRO .....	63
PCE .....	7	<i>piroxicam</i> .....	47	<i>prenatal plus with iron (ca)</i> .....	63
<i>pedi-dri</i> .....	59	PLASMA-LYTE 148 .....	32	PREVALITE .....	18
PEDVAX HIB (PF) .....	37	PLASMA-LYTE A .....	32	PREVNAR 13 (PF) .....	37
PEGANONE .....	45	PLASMA-LYTE-56 IN D5W .....	32	PREVPAC .....	27
PEGASYS .....	4	PNEUMOVAX 23 .....	37		
PEGASYS CONVENIENCE PACK .....	4	<i>podofilox</i> .....	60		
		<i>polyethylene glycol 3350</i> .....	26		
		<i>polymyxin b sulfate</i> .....	31		
		<i>portia</i> .....	62		

PREZISTA 150 MG, 75 MG.....	5	<i>pyridostigmine bromide</i> .....	41	RIFATER .....	7
PREZISTA 400 MG, 600 MG.....	5	QUALAQUIN .....	3	RILUTEK .....	38
PRIFTIN .....	7	<i>quasense</i> .....	62	<i>rimantadine</i> .....	5
<i>primaquine</i> .....	3	<i>quetiapine 100 mg, 200 mg, 300</i>	54	<i>ringers</i> .....	33
PRIMAXIN IV .....	31	<i>mg, 400 mg</i> .....	54	RIOMET .....	21
<i>primidone</i> .....	45	<i>quetiapine 25 mg, 50 mg</i> .....	54	RISPERDAL CONSTA .....	51
PRIMSOL .....	3	<i>quinapril</i> .....	13	<i>risperidone</i> .....	51
PRISTIQ .....	52	<i>quinapril-hydrochlorothiazide</i>	15	<i>risperidone</i> .....	54
PRIVIGEN .....	37	.....	15	RITUXAN .....	11
PROAIR HFA .....	55	<i>quinidine gluconate</i> .....	15	<i>rivastigmine</i> .....	43
<i>probenecid</i> .....	47	<i>quinidine sulfate</i> .....	15	<i>ropinirole</i> .....	44
PROCALAMINE 3% .....	34	QVAR .....	55	ROTATEQ VACCINE .....	37
<i>prochlorperazine</i> .....	25	RABAVERT (PF) .....	37	ROXICET .....	49
<i>prochlorperazine edisylate</i> .....	25	<i>ramipril</i> .....	13	ROZEREM .....	52
<i>prochlorperazine maleate</i> .....	25	RANEXA .....	14	SABRIL .....	45
PROCRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML.....	8	<i>ranitidine hcl</i> .....	27	SAFYRAL .....	62
PROCRIT 20,000 UNIT/ML, 40,000 UNIT/ML.....	8	RAPAMUNE .....	38	SAIZEN .....	40
<i>proctocream-hc</i> .....	60	REBETOL .....	5	SAIZEN CLICK.EASY .....	40
<i>progesterone micronized</i> .....	63	REBIF .....	41	SAMSCA .....	43
PROGLYCEM .....	19	REBIF TITRATION PACK .....	41	SANCTURA XR .....	43
PROGRAF .....	31	RECLAST .....	63	SANCUSO .....	25
PROLASTIN C .....	56	RECOMBIVAX HB (PF) .....	37	SANDOSTATIN 1,000 MCG/ML, 100 MCG/ML, 200 MCG/ML, 500 MCG/ML.....	38
PROLEUKIN .....	11	REGRANEX .....	60	SANDOSTATIN 50 MCG/ML.....	38
PROLIA .....	63	RELENZA DISKHALER .....	5	SANDOSTATIN LAR DEPOT .....	38
PROMACTA .....	8	RELISTOR .....	27	SANTYL .....	60
<i>propafenone</i> .....	15	REMICADE .....	47	SAPHRIS .....	54
<i>propantheline</i> .....	26	REMODULIN .....	31	SAVELLA .....	45
<i>propranolol</i> .....	16	RENAGEL .....	41	<i>selegiline hcl</i> .....	44
<i>propranolol-hydrochlorothiazid</i> .....	15	RENVELA .....	41	<i>selenium sulfide</i> .....	60
<i>propylthiouracil</i> .....	36	RESCRIPTOR .....	5	SELZENTRY 150 MG.....	5
PROQUAD (PF) .....	37	<i>reserpine</i> .....	17	SELZENTRY 300 MG.....	5
PROSOL 20% .....	34	RESTASIS .....	25	SENSIPAR 30 MG.....	40
PROTONIX .....	31	RETIN-A .....	56	SENSIPAR 60 MG, 90 MG.....	40
PROTOPIC .....	60	RETIN-A MICRO .....	56	SEREVENT DISKUS .....	55
<i>protriptyline</i> .....	52	RETROVIR .....	31	SEROMYCIN .....	7
PROVENTIL HFA .....	55	REVATIO .....	42	SEROQUEL 100 MG, 200 MG, 300 MG, 400 MG.....	54
PROVIGIL .....	52	REVLIMID .....	12	SEROQUEL 25 MG, 50 MG.....	54
PULMICORT 1 MG/2 ML.....	55	REYATAZ .....	5	SEROQUEL XR .....	54
PULMICORT FLEXHALER .....	55	RIBAPAK DOSE PACK .....	5	SEROSTIM .....	40
PULMOZYME .....	39	<i>ribasphere</i> .....	5	<i>sertraline</i> .....	52
PYLERA .....	27	<i>ribasphere 200 mg, 400 mg</i> .....	5	SFROWASA .....	28
		RIBASPHERE 600 MG.....	5		
		<i>ribavirin</i> .....	5		
		RIDAURA .....	47		
		RIFAMATE .....	7		
		<i>rifampin</i> .....	7		

<i>silver sulfadiazine</i> .....	57	STAVZOR .....	45	<i>tacrolimus 0.5 mg, 1 mg</i> .....	38
SIMCOR 1,000-40 MG, 500-20 MG, 500-40 MG, 750-20 MG .....	18	STELARA .....	59	<i>tacrolimus 5 mg</i> .....	38
SIMPONI .....	47	STIMATE .....	9	TAMIFLU .....	5
SIMULECT .....	38	STRATTERA 10 MG, 18 MG, 25 MG, 40 MG, 60 MG .....	50	TAMIFLU 30 MG .....	5
<i>simvastatin</i> .....	18	STRATTERA 100 MG, 80 MG .....	51	TAMIFLU 45 MG, 75 MG .....	5
SKELID .....	41	STRIANT .....	35	<i>tamoxifen</i> .....	12
<i>sodium chloride</i> .....	33	STROMECTOL .....	3	<i>tamsulosin</i> .....	42
<i>sodium chloride</i> .....	60	SUBOXONE 2-0.5 MG .....	53	TARCEVA 100 MG .....	12
<i>sodium chloride 0.45 %</i> .....	33	SUBOXONE 2-0.5 MG, 8-2 MG .....	53	TARCEVA 150 MG, 25 MG .....	12
<i>sodium chloride 0.9 %</i> .....	33	SUBOXONE 8-2 MG .....	53	TARGRETIN .....	12
<i>sodium chloride 3 %</i> .....	33	<i>sucralfate</i> .....	27	TARGRETIN .....	13
<i>sodium chloride 5 %</i> .....	33	<i>sulfacetamide sodium</i> .....	23	TARKA .....	15
<i>sodium fluoride</i> .....	22	<i>sulfacetamide sodium (acne)</i> .....	60	TASIGNA .....	12
<i>sodium lactate</i> .....	33	<i>sulfacetamide-prednisolone</i> .....	23	TASMAR .....	44
<i>sodium polystyrene (sorb free)</i> .....	42	<i>sulfadiazine</i> .....	7	TAXOTERE .....	11
SOLARAZE .....	60	<i>sulfamethoxazole-trimethoprim</i> .....	7	TAZORAC .....	59
SOLU-CORTEF (PF) .....	35	<i>sulfamethoxazole-trimethoprim</i> .....	31	<i>taztia xt</i> .....	17
SOLU-MEDROL (PF) .....	35	SULFAMYLON .....	60	TEFLARO .....	31
SOMATULINE DEPOT .....	38	<i>sulfasalazine</i> .....	28	<i>temazepam</i> .....	52
SOMAVERT .....	38	<i>sulfazine ec</i> .....	28	TEMODAR 100 MG, 20 MG .....	12
SORIATANE .....	59	<i>sulindac</i> .....	47	TEMODAR 140 MG, 5 MG .....	12
<i>sorine</i> .....	15	<i>sumatriptan succinate</i> .....	43	TEMODAR 180 MG, 250 MG .....	13
<i>sotalol</i> .....	15	SUPRAX .....	6	<i>terazosin</i> .....	14
<i>sotalol af</i> .....	15	SUPREP .....	26	<i>terbinafine</i> .....	2
SPECTRACEF .....	6	SUSTIVA .....	5	<i>terbutaline</i> .....	55
SPIRIVA WITH HANDIHALER .....	55	SUTENT .....	12	<i>terconazole</i> .....	64
<i>spironolactone</i> .....	17	SYLATRON .....	11	<i>terconazole 0.4 %</i> .....	64
<i>spironolactone</i> .....	19	SYMBICORT 160-4.5 MCG/ACTUATION .....	55	TESTIM .....	35
<i>spironolacton-hydrochlorothiaz</i> .....	17	SYMBICORT 80-4.5 MCG/ACTUATION .....	55	<i>testosterone cypionate</i> .....	35
SPRYCEL 100 MG, 140 MG .....	12	SYMBYAX .....	51	<i>testosterone enanthate</i> .....	35
SPRYCEL 20 MG, 50 MG, 70 MG, 80 MG .....	12	SYMLINPEN 120 .....	20	TESTRED .....	35
<i>ssd</i> .....	57	SYMLINPEN 60 .....	20	<i>tetanus-diphtheria toxoids-td</i> .....	37
STALEVO 100 .....	44	SYNAGIS .....	42	<i>tetracycline</i> .....	8
STALEVO 125 .....	44	SYNAREL .....	36	TEV-TROPIN .....	40
STALEVO 150 .....	44	SYNERA .....	60	THALITONE .....	17
STALEVO 200 .....	44	SYNERCID .....	31	THALOMID .....	13
STALEVO 50 .....	44	SYNTHROID .....	36	<i>theophylline</i> .....	55
STALEVO 75 .....	44	SYPRINE .....	43	<i>thioridazine</i> .....	54
<i>stavudine</i> .....	5	TABLOID .....	12	<i>thiotepa</i> .....	11

<i>timolol maleate</i> .....	16	<i>triderm</i> .....	58	<i>vandazole</i> .....	64
<i>timolol maleate</i> .....	25	<i>trifluoperazine</i> .....	54	VANOS .....	58
TIROSINT .....	36	<i>trifluridine</i> .....	24	VAQTA (PF) .....	37
<i>tizanidine</i> .....	46	<i>trihexyphenidyl</i> .....	44	VARIVAX (PF) .....	37
TOBI .....	39	TRILEPTAL .....	45	VECTIBIX .....	11
TOBRADEX .....	23	<i>trilyte with flavor packets</i> .....	26	VELCADE .....	11
TOBRADEX ST .....	23	<i>trimethoprim</i> .....	3	<i>velivet triphasic regimen (28)</i> .....	62
<i>tobramycin</i> .....	23	<i>trimethoprim-polymyxin b</i> .....	23	<i>venlafaxine</i> .....	52
<i>tobramycin in 0.9 % nacl</i> .....	31	<i>trimipramine</i> .....	52	VENTAVIS .....	42
<i>tobramycin sulfate</i> .....	31	<i>trinessa (28)</i> .....	62	VENTOLIN HFA .....	55
<i>tobramycin-dexamethasone</i> .....	23	<i>tri-previfem (28)</i> .....	62	<i>verapamil</i> .....	17
<i>tolazamide</i> .....	21	TRISENOX .....	13	VERIPRED 20 .....	35
<i>tolbutamide</i> .....	21	<i>tri-sprintec (28)</i> .....	62	VESICARE .....	43
<i>tolmetin</i> .....	47	<i>trivora (28)</i> .....	62	<i>vestura</i> .....	62
<i>topiramate</i> .....	45	TRIZIVIR .....	5	VEXOL .....	24
<i>toposar</i> .....	11	TROPHAMINE 10 % .....	34	VFEND .....	2
<i>topotecan</i> .....	11	TROPHAMINE 6% .....	34	VFEND IV .....	31
TORISEL .....	11	<i>trospium</i> .....	43	VIBATIV .....	31
<i>toremide</i> .....	17	TRUVADA .....	5	VIBRAMYCIN .....	8
<i>tpn electrolytes</i> .....	34	TWINJECT AUTOINJECTOR .....	39	VICTOZA 3-PAK .....	20
TRACLEER .....	42	TWINRIX (PF) .....	37	VICTRELIS .....	5
TRADJENTA .....	21	TYGACIL .....	31	VIDAZA .....	11
<i>tramadol</i> .....	49	TYKERB .....	13	VIDEX 2 GRAM PEDIATRIC .....	5
<i>tramadol-acetaminophen</i> .....	49	TYPHIM VI .....	37	VIGAMOX .....	23
<i>trandolapril</i> .....	13	TYSABRI .....	41	VIIBRYD .....	52
<i>tranexamic acid</i> .....	9	TYZEKA .....	5	VIMPAT .....	45
TRANSDERM-SCOP .....	26	TYZINE .....	22	VIMPAT .....	46
<i>tranylcyromine</i> .....	52	<i>u-cort</i> .....	58	<i>vinblastine</i> .....	11
TRAVASOL 10 % .....	34	ULESFIA .....	59	<i>vincristine</i> .....	11
TRAVATAN Z .....	25	ULORIC .....	47	<i>vinorelbine</i> .....	11
<i>trazodone</i> .....	52	<i>unithroid</i> .....	36	VIRACEPT .....	5
TREANDA .....	11	<i>ursodiol</i> .....	26	VIRAMUNE .....	5
TRECTOR .....	7	UVADEX .....	11	VIRAMUNE XR .....	5
TRELSTAR .....	36	VAGIFEM .....	63	VIREAD .....	5
<i>tretinoin</i> .....	56	<i>valacyclovir</i> .....	5	VISTIDE .....	31
<i>tretinoin (chemotherapy)</i> .....	13	VALCYTE .....	5	VIVACTIL .....	52
TRETIN-X .....	56	<i>valproate sodium</i> .....	31	VIVELLE-DOT .....	63
TRETIN-X (GEL) .....	56	<i>valproic acid</i> .....	45	VOLTAREN .....	47
TREXALL .....	47	<i>valproic acid (as sodium salt)</i> .....	45	<i>voriconazole 200 mg</i> .....	2
<i>triamcinolone acetonide</i> .....	22	VANOCIN .....	3	<i>voriconazole 50 mg</i> .....	2
<i>triamcinolone acetonide</i> .....	58	<i>vancomycin</i> .....	3	VOTRIENT .....	13
<i>triamterene-hydrochlorothiazid</i> .....	15	<i>vancomycin 1,000 mg, 10</i> <i>gram</i> .....	31	VPRIV .....	39
<i>triamterene-hydrochlorothiazid</i> .....	17	<i>vancomycin 500 mg</i> .....	31	VYTORIN 10-10 .....	18
<i>triazolam</i> .....	52			VYTORIN 10-20 .....	18

VYTORIN 10-40 .....	18	ZIRGAN .....	24
VYTORIN 10-80 .....	18	ZMAX .....	7
VYVANSE .....	51	ZOLINZA .....	13
<i>warfarin</i> .....	9	<i>zolpidem</i> .....	52
<i>water for irrigation, sterile</i> .....	60	ZOMETA .....	63
WELCHOL .....	18	ZONALON .....	60
WESTCORT .....	58	<i>zonisamide</i> .....	46
XALKORI .....	13	ZORBTIVE .....	40
XARELTO 10 MG.....	9	ZORTRESS .....	38
XARELTO 15 MG, 20 MG.....	9	ZOSTAVAX (PF) .....	37
XELODA 150 MG.....	13	ZOSYN .....	31
XELODA 500 MG.....	13	ZOSYN IN DEXTROSE	
XENAZINE 12.5 MG.....	40	(ISO-OSM) .....	31
XENAZINE 25 MG.....	40	<i>zovia 1/35e (28)</i> .....	62
XGEVA .....	63	<i>zovia 1/50e (28)</i> .....	62
XIFAXAN 200 MG.....	3	ZOVIRAX .....	60
XIFAXAN 550 MG.....	3	ZYDONE .....	49
XOLAIR .....	56	ZYLET .....	24
XOPENEX .....	55	ZYPREXA .....	54
XOPENEX HFA .....	55	ZYTIGA .....	13
XYREM .....	53	ZYVOX .....	3
YERVOY .....	11	ZYVOX .....	32
YF-VAX (PF) .....	37		
<i>zafirlukast</i> .....	55		
<i>zaleplon</i> .....	52		
ZANOSAR .....	11		
ZAVESCA .....	39		
<i>zazole</i> .....	64		
ZELBORAF .....	5		
ZEMAIRA .....	56		
ZEMPLAR .....	31		
ZEMPLAR .....	40		
ZENPEP .....	26		
<i>zeosa</i> .....	62		
ZERIT .....	6		
ZETIA .....	18		
ZIAGEN .....	6		
<i>zidovudine</i> .....	6		
ZINACEF .....	31		
ZINACEF IN DEXTROSE			
(ISO-OSM) .....	31		
ZINACEF IN STERILE			
WATER .....	31		
ZINECARD .....	13		
ZIOPTAN (PF) .....	25		
<i>ziprasidone hcl</i> .....	54		

## TUFTS HEALTH PLAN SENIOR CARE OPTIONS...

*We're here to help.*

If you have any questions, please call us toll- free and we will be happy to assist you, 1-855-670-5934. The hearing impaired may call: TTY 1-855-670-5936. Representatives are available 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.).

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

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Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2014.

Tufts Health Plan Senior Care Options is a Coordinated Care plan with a Medicare Advantage contract and a contract with the Commonwealth of Massachusetts Medicaid program.

Tufts Health Plan Senior Care Options is a voluntary MassHealth benefit in association with EOHHS and CMS.

This information is available for free in other formats or languages.

TUFTS  Health Plan  
Senior Care Options

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