

2013 Tufts Health Plan
Senior Care Options (HMO SNP)
Step Therapy Prior Authorization
Medical Necessity Guidelines

Effective January 1, 2013

Updated January 18, 2013

Step Therapy Group	Algorithm	Steps
ADHD MEDICATIONS	<p>Amphetamine salt combo, Desoxyn, Dexedrine Spansules, dexamethylphenidate HCl, dextroamphetamine, dextroamphetamine ER, Metadate CD, Metadate ER, methamphetamine, Methylin chewable tablet, methylphenidate, methylphenidate ER and methylphenidate oral solution are on Step-1 and are covered without prior authorization. Adderall XR, Concerta , Daytrana, Focalin XR, and Vyvanse are on Step-2 may be covered if the member has had a 30-day trial of a Step-1 or Step-2 medication within the previous 180 days as evidenced by a paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-1 or Step-2 medication.</p>	<p>Step 1: Amphetamine Salt Combo 10 mg tablet, Amphetamine Salt Combo 12.5 mg tablet, Amphetamine Salt Combo 15 mg tablet, Amphetamine Salt Combo 20 mg tablet, Amphetamine Salt Combo 30 mg tablet, Amphetamine Salt Combo 5 mg tablet, Amphetamine Salt Combo 7.5 mg tablet, Desoxyn 5 mg tablet, Dexedrine Spansule 10 mg capsule,extended release, Dexedrine Spansule 15 mg capsule,extended release, Dexedrine Spansule 5 mg capsule,extended release, dexamethylphenidate 10 mg tablet, dexamethylphenidate 2.5 mg tablet, dexamethylphenidate 5 mg tablet, dextroamphetamine 10 mg tablet, dextroamphetamine 5 mg tablet, dextroamphetamine ER 10 mg capsule,extended release, dextroamphetamine ER 15 mg capsule,extended release, dextroamphetamine ER 5 mg capsule,extended release, Metadate CD 10 mg capsule,extended release, Metadate CD 20 mg capsule,extended release, Metadate CD 30 mg capsule,extended release, Metadate CD 40 mg capsule,extended release, Metadate CD 50 mg capsule,extended release, Metadate CD 60 mg capsule,extended release, Metadate ER 20 mg tablet,extended release, methamphetamine 5 mg tablet, Methylin 10 mg chewable tablet, Methylin 2.5 mg chewable tablet, Methylin 5 mg chewable tablet, methylphenidate 10 mg tablet, methylphenidate 10 mg/5 mL Oral Soln, methylphenidate 20 mg tablet, methylphenidate 5 mg tablet, methylphenidate 5 mg/5 mL Oral Soln, methylphenidate ER 20 mg capsule,extended release multiphase 50-50, methylphenidate ER 20 mg tablet,extended release, methylphenidate ER 30 mg capsule,extended release multiphase 50-50, methylphenidate ER 40 mg capsule,extended release multiphase 50-50</p> <p>Step 2: Adderall XR 10 mg capsule,extended release, Adderall XR 15 mg capsule,extended release, Adderall XR 20 mg capsule,extended release, Adderall XR 25 mg capsule,extended release, Adderall XR 30 mg capsule,extended release, Adderall XR 5 mg capsule,extended release, Concerta 18 mg tablet,extended release, Concerta 27</p>

Step Therapy Group	Algorithm	Steps
		<p>mg tablet,extended release, Concerta 36 mg tablet,extended release, Concerta 54 mg tablet,extended release, Daytrana 10 mg/9 hr daily Patch, Daytrana 15 mg/9 hr daily Patch, Daytrana 20 mg/9 hr daily Patch, Daytrana 30 mg/9 hr daily Patch, Focalin XR 10 mg capsule,extended release, Focalin XR 15 mg capsule,extended release, Focalin XR 20 mg capsule,extended release, Focalin XR 25 mg capsule,extended release, Focalin XR 30 mg capsule,extended release, Focalin XR 35 mg capsule,extended release, Focalin XR 40 mg capsule,extended release, Focalin XR 5 mg capsule,extended release, Vyvanse 20 mg capsule, Vyvanse 30 mg capsule, Vyvanse 40 mg capsule, Vyvanse 50 mg capsule, Vyvanse 60 mg capsule, Vyvanse 70 mg capsule</p>

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ANTIDEPRESSANT TS	<p>This policy does not apply to members under the age of 18. Budeprion SR, budeprion XL, bupropion HCl, bupropion SR, bupropion XL, citalopram HBr, escitalopram, fluoxetine HCl, fluoxetine ext-rel, fluvoxamine, paroxetine HCl, paroxetine ext-rel, Selfemra, sertraline, venlafaxine and venlafaxine ext-rel capsules are on Step-1 and are covered without prior authorization. Cymbalta, Pristiq, Venlafaxine OSM 24hr ER tablet and Viibryd are on Step-2 and may be covered if the member has had a 30-day trial of a Step-1, Step-2 or Step-3 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-1, Step-2 or Step-3 medication. Aplenzin, Emsam, Lexapro, Luvox CR, Oleptro ER and Pexeva are on Step-3 and may be covered if the member has had a 30-day trial of a Step-2 or Step-3 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-2 or Step-3 medication. Cymbalta (duloxetine) may be covered for members with a physician-documented diagnosis of neuropathic pain, including pain associated with diabetic peripheral neuropathy. Physician documented diagnosis of fibromyalgia. Physician documented diagnosis of chronic musculoskeletal pain including, pain associated with osteoarthritis and chronic lower back pain.</p>	<p>Step 1: Budeprion SR 100 mg tablet,extended release, Budeprion SR 150 mg tablet,extended release, Buproban 150 mg tablet,extended release, bupropion HCl 100 mg tablet, bupropion HCl 75 mg tablet, bupropion HCl SR 100 mg tablet,sustained-release, bupropion HCl SR 150 mg tablet,sustained-release, bupropion HCl SR 200 mg tablet,sustained-release, citalopram 10 mg tablet, citalopram 10 mg/5 mL Oral Soln, citalopram 20 mg tablet, citalopram 40 mg tablet, escitalopram 10 mg tablet, escitalopram 20 mg tablet, escitalopram 5 mg tablet, escitalopram 5 mg/5 mL Oral Soln, fluoxetine 10 mg capsule, fluoxetine 10 mg tablet, fluoxetine 20 mg capsule, fluoxetine 20 mg tablet, fluoxetine 20 mg/5 mL Oral Soln, fluoxetine 40 mg capsule, fluoxetine 90 mg capsule,delayed release, fluvoxamine 100 mg tablet, fluvoxamine 25 mg tablet, fluvoxamine 50 mg tablet, paroxetine 10 mg tablet, paroxetine 20 mg tablet, paroxetine 30 mg tablet, paroxetine 40 mg tablet, paroxetine ER 12.5 mg tablet,extended release 24 hr, paroxetine ER 25 mg tablet,extended release 24 hr, paroxetine ER 37.5 mg tablet,extended release 24 hr, sertraline 100 mg tablet, sertraline 20 mg/mL Oral Concentrate, sertraline 25 mg tablet, sertraline 50 mg tablet, venlafaxine 100 mg tablet, venlafaxine 25 mg tablet, venlafaxine 37.5 mg tablet, venlafaxine 50 mg tablet, venlafaxine 75 mg tablet, venlafaxine ER 150 mg capsule,extended release 24 hr, venlafaxine ER 37.5 mg capsule,extended release 24 hr, venlafaxine ER 75 mg capsule,extended release 24 hr</p> <p>Step 2: Cymbalta 20 mg capsule,delayed release, Cymbalta 30 mg capsule,delayed release, Cymbalta 60 mg capsule,delayed release, Pristiq 100 mg tablet,extended release, Pristiq 50 mg tablet,extended release, venlafaxine ER 150 mg tablet,24 hr extended release, venlafaxine ER 225 mg tablet,24 hr extended release, venlafaxine ER 37.5 mg tablet,24 hr extended release, venlafaxine ER 75 mg tablet,24 hr extended release, Viibryd 10 mg (7)-20 mg (7)-40 mg(16) tablets in a dose pack, Viibryd 10 mg tablet, Viibryd 20 mg</p>

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		<p>tablet, Viibryd 40 mg tablet</p> <p>Step 3: Aplenzin 174 mg tablet,extended release, Aplenzin 348 mg tablet,extended release, Aplenzin 522 mg tablet,extended release, Emsam 12 mg/24 hr Transderm 24 hr Patch, Emsam 6 mg/24 hr Transderm 24 hr Patch, Emsam 9 mg/24 hr Transderm 24 hr Patch, Lexapro 10 mg tablet, Lexapro 20 mg tablet, Lexapro 5 mg tablet, Lexapro 5 mg/5 mL Oral Soln, Luvox CR 100 mg capsule,extended release, Luvox CR 150 mg capsule,extended release, Oleptro ER 150 mg tablet,extended release, Oleptro ER 300 mg tablet,extended release, PEXEVA 10 mg tablet, PEXEVA 20 mg tablet, PEXEVA 30 mg tablet, PEXEVA 40 mg tablet</p>

Step Therapy Group	Algorithm	Steps
<p>ATYPICAL ANTIPSYCHOTICS</p>	<p>Risperidone and risperidone ODT are on Step-1 and are covered without prior authorization. Olanzapine, olanzapine ODT, paliperidone, quetiapine fumarate and ziprasidone are on Step-2 and may be covered if the member has had a 30-day trial of a Step-1, Step-2 or Step-3 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-1, Step-2 or Step-3 medication. Abilify, Geodon, Invega, Seroquel, Seroquel XR, and Symbyax are on Step-3 and may be covered if the member has had a 30-day trial of a Step-2 or Step-3 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-2 or Step-3 medication. Coverage of quetiapine fumarate 25 mg & 50 mg tablets and Seroquel 25 mg & 50 mg tablets will not be approved to treat insomnia.</p>	<p>Step 1: risperidone 0.25 mg disintegrating tablet, risperidone 0.25 mg tablet, risperidone 0.5 mg disintegrating tablet, risperidone 0.5 mg tablet, risperidone 1 mg disintegrating tablet, risperidone 1 mg tablet, risperidone 1 mg/mL Oral Soln, risperidone 2 mg disintegrating tablet, risperidone 2 mg tablet, risperidone 3 mg disintegrating tablet, risperidone 3 mg tablet, risperidone 4 mg disintegrating tablet, risperidone 4 mg tablet</p> <p>Step 2: olanzapine 10 mg disintegrating tablet, olanzapine 10 mg tablet, olanzapine 15 mg disintegrating tablet, olanzapine 15 mg tablet, olanzapine 2.5 mg tablet, olanzapine 20 mg disintegrating tablet, olanzapine 20 mg tablet, olanzapine 5 mg disintegrating tablet, olanzapine 5 mg tablet, olanzapine 7.5 mg tablet, quetiapine 100 mg tablet, quetiapine 200 mg tablet, quetiapine 25 mg tablet, quetiapine 300 mg tablet, quetiapine 400 mg tablet, quetiapine 50 mg tablet, ziprasidone 20 mg capsule, ziprasidone 40 mg capsule, ziprasidone 60 mg capsule, ziprasidone 80 mg capsule</p> <p>Step 3: Abilify 1 mg/mL Oral Soln, Abilify 10 mg tablet, Abilify 15 mg tablet, Abilify 2 mg tablet, Abilify 20 mg tablet, Abilify 30 mg tablet, Abilify 5 mg tablet, Abilify Discmelt 10 mg disintegrating tablet, Abilify Discmelt 15 mg disintegrating tablet, Geodon 20 mg capsule, Geodon 40 mg capsule, Geodon 60 mg capsule, Geodon 80 mg capsule, Invega 1.5 mg tablet,extended release, Invega 3 mg tablet,extended release, Invega 6 mg tablet,extended release, Invega 9 mg tablet,extended release, Seroquel 100 mg tablet, Seroquel 200 mg tablet, Seroquel 25 mg tablet, Seroquel 300 mg tablet, Seroquel 400 mg tablet, Seroquel 50 mg tablet, Seroquel XR 150 mg tablet,extended release, Seroquel XR 200 mg tablet,extended release, Seroquel XR 300 mg tablet,extended release, Seroquel XR 400 mg tablet,extended release, Seroquel XR 50 mg tablet,extended release, Symbyax 12 mg-25 mg capsule, Symbyax 12 mg-50 mg capsule, Symbyax 3 mg-25 mg capsule, Symbyax 6 mg-25 mg capsule, Symbyax 6 mg-50 mg capsule</p>

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ELIDEL AND PROTOPIC	<p>Alclometasone, amcinonide, augmented betamethasone dipropionate, betamethasone benzoate, betamethasone dipropionate, betamethasone valerate, clobetasol propionate, desoximetasone, diflorasone diacetate, flurandrenolide, fluocinonide, fluocinolone acetonide, fluticasone propionate, halobetasol propionate, hydrocortisone butyrate, hydrocortisone valerate, mometasone furoate and triamcinolone acetonide are on Step-1 and are covered without prior authorization. Elidel and Protopic are on Step-2 and may be covered if the member has had a 30-day trial of two (2) Step-1 medications or one (1) Step-2 medication within the previous 180 days as evidenced by a paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of two (2) Step-1 medications or one (1) Step-2 medication.</p>	<p>Step 1: Ala-Cort 1 % Topical Cream, alclometasone 0.05 % Topical Cream, alclometasone 0.05 % Topical Ointment, amcinonide 0.1 % Lotion, amcinonide 0.1 % Topical Cream, amcinonide 0.1 % Topical Ointment, betamethasone dipropionate 0.05 % Lotion, betamethasone dipropionate 0.05 % Topical Cream, betamethasone dipropionate 0.05 % Topical Ointment, betamethasone valerate 0.1 % Lotion, betamethasone valerate 0.1 % Topical Cream, betamethasone valerate 0.1 % Topical Ointment, betamethasone, augmented 0.05 % Lotion, betamethasone, augmented 0.05 % Topical Cream, betamethasone, augmented 0.05 % Topical Ointment, clobetasol 0.05 % Lotion, clobetasol 0.05 % Shampoo, clobetasol 0.05 % Topical Foam, clobetasol 0.05 % Topical Gel, clobetasol 0.05 % Topical Ointment, clobetasol 0.05 % Topical Soln, clobetasol-emollient 0.05 % Topical Cream, CLOBEX 0.05 % Lotion, CLOBEX 0.05 % Topical Spray, Cordran 0.05 % Lotion, Cordran 4 mcg/cm2 Tape, Derma-Smoothe/FS Body Oil 0.01 % Topical, desonide 0.05 % Lotion, desonide 0.05 % Topical Cream, desonide 0.05 % Topical Ointment, desoximetasone 0.05 % Topical Cream, desoximetasone 0.05 % Topical Gel, desoximetasone 0.25 % Topical Cream, desoximetasone 0.25 % Topical Ointment, diflorasone 0.05 % Topical Cream, diflorasone 0.05 % Topical Ointment, fluocinolone 0.01 % Topical Body Oil, fluocinolone 0.01 % Topical Cream, fluocinolone 0.01 % Topical Soln, fluocinolone 0.025 % Topical Cream, fluocinolone 0.025 % Topical Ointment, fluocinonide 0.05 % Topical Gel, fluocinonide 0.05 % Topical Ointment, fluocinonide 0.05 % Topical Soln, Fluocinonide-E 0.05 % Topical Cream, fluticasone 0.005 % Topical Ointment, fluticasone 0.05 % Lotion, fluticasone 0.05 % Topical Cream, halobetasol propionate 0.05 % Topical Cream, halobetasol propionate 0.05 % Topical Ointment, Halog 0.1 % Topical Cream, Halog 0.1 % Topical Ointment, hydrocortisone 1 % Topical Cream, hydrocortisone 1 % Topical Ointment, hydrocortisone 2.5 % Lotion, hydrocortisone 2.5 % Topical</p>

Step Therapy Group	Algorithm	Steps
		<p>Cream, hydrocortisone 2.5 % Topical Ointment,</p> <p>hydrocortisone valerate 0.2 % Topical Cream, hydrocortisone valerate 0.2 % Topical Ointment, Kenalog 0.147 mg/gram Topical Aerosol, Locoid Lipocream 0.1 % Topical, LoKara 0.05 % Lotion, Luxiq 0.12 % Topical Foam, mometasone 0.1 % Lotion, mometasone 0.1 % Topical Cream, mometasone 0.1 % Topical Ointment, Pandel 0.1 % Topical Cream, prednicarbate 0.1 % Topical Cream, prednicarbate 0.1 % Topical Ointment, triamcinolone acetonide 0.025 % Lotion, triamcinolone acetonide 0.025 % Topical Cream, triamcinolone acetonide 0.025 % Topical Ointment, triamcinolone acetonide 0.1 % Lotion, triamcinolone acetonide 0.1 % Topical Cream, triamcinolone acetonide 0.1 % Topical Ointment, triamcinolone acetonide 0.5 % Topical Cream, triamcinolone acetonide 0.5 % Topical Ointment, Triderm 0.1 % Topical Cream, U-Cort 1 %-10 % Topical Cream, Vanos 0.1 % Topical Cream, Westcort 0.2 % Topical Ointment</p> <p>Step 2: Elidel 1 % Topical Cream, Protopic 0.03 % Topical Ointment, Protopic 0.1 % Topical Ointment</p>

Step Therapy Group	Algorithm	Steps
EPLERENONE	<p>Spironolactone and spironolactone/hydrochlorothiazide are on Step-1 and are covered without prior authorization. Eplerenone is on Step-2 and may be covered if the member has had a 30-day trial of a Step-1 or Step-2 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-1 or Step-2 medication.</p>	<p>Step 1: spironolactone 100 mg tablet, spironolactone 25 mg tablet, spironolactone 50 mg tablet, spironolactone-hydrochlorothiazide 25 mg-25 mg tablet Step 2: eplerenone 25 mg tablet, eplerenone 50 mg tablet</p>

Step Therapy Group	Algorithm	Steps
INSOMNIA	Zaleplon and zolpidem tartrate are on Step-1 and are covered without prior authorization. Lunesta, Rozerem and zolpidem tartrate CR are on Step-2 and may be covered if the member has had a 30-day trial of a Step-1 or Step-2 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-1 or Step-2 medication, or the member has a physician-documented contraindication or intolerance to zaleplon or zolpidem.	<p>Step 1: zaleplon 10 mg capsule, zaleplon 5 mg capsule, zolpidem 10 mg tablet, zolpidem 5 mg tablet</p> <p>Step 2: Lunesta 1 mg tablet, Lunesta 2 mg tablet, Lunesta 3 mg tablet, Rozerem 8 mg tablet, zolpidem ER 12.5 mg tablet, extended release, multiphase, zolpidem ER 6.25 mg tablet, extended release, multiphase</p>

Step Therapy Group	Algorithm	Steps
LIPID-LOWERING AGENTS	<p>Atorvastatin 40 mg and 80 mg, lovastatin, pravastatin and simvastatin are on Step-1 and are covered without prior authorization. Atorvastatin 10 mg and 20 mg, and Vytorin are on Step-2 and may be covered if the member has had a 30-day trial of a Step-1, Step-2 or Step-3 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-1, Step-2 or Step-3 medication. Zetia is on Step-3 and may be covered if the member has had a 30-day trial of a Step-2 or Step-3 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-2 or Step-3 medication.</p>	<p>Step 1: atorvastatin 40 mg tablet, atorvastatin 80 mg tablet, fluvastatin 20 mg capsule, fluvastatin 40 mg capsule, lovastatin 10 mg tablet, lovastatin 20 mg tablet, lovastatin 40 mg tablet, pravastatin 10 mg tablet, pravastatin 20 mg tablet, pravastatin 40 mg tablet, pravastatin 80 mg tablet, simvastatin 10 mg tablet, simvastatin 20 mg tablet, simvastatin 40 mg tablet, simvastatin 5 mg tablet, simvastatin 80 mg tablet</p> <p>Step 2: atorvastatin 10 mg tablet, atorvastatin 20 mg tablet, Vytorin 10-10 10 mg-10 mg tablet, Vytorin 10-20 10 mg-20 mg tablet, Vytorin 10-40 10 mg-40 mg tablet, Vytorin 10-80 10 mg-80 mg tablet</p> <p>Step 3: Zetia 10 mg tablet</p>

Step Therapy Group	Algorithm	Steps
LYRICA	<p>Gabapentin is on Step-1 and is covered without prior authorization. Lyrica is on Step-2 and may be covered if the member has had a 30-day trial of a Step-1 or Step-2 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-1 or Step-2 medication. Lyrica may be covered for a member when one of the following criteria is met: Physician-documented diagnosis of partial-onset seizures, neuropathic pain including pain associated with diabetic peripheral neuropathy, fibromyalgia or postherpetic neuralgia.</p>	<p>Step 1: gabapentin 100 mg capsule, gabapentin 250 mg/5 mL Oral Soln, gabapentin 300 mg capsule, gabapentin 400 mg capsule, gabapentin 600 mg tablet, gabapentin 800 mg tablet Step 2: Lyrica 100 mg capsule, Lyrica 150 mg capsule, Lyrica 200 mg capsule, Lyrica 225 mg capsule, Lyrica 25 mg capsule, Lyrica 300 mg capsule, Lyrica 50 mg capsule, Lyrica 75 mg capsule</p>

Step Therapy Group	Algorithm	Steps
MODAFINIL	<p>Adderall XR, amphetamine salt combo, Concerta, Desoxyn, Dexedrine Spansules, dexamethylphenidate HCl, dextroamphetamine, dextroamphetamine ER, Focalin XR, Metadate CD, Metadate ER, methamphetamine, Methylin, Methylin ER, methylphenidate, methylphenidate ER and methylphenidate oral solution are on Step-1 and are covered without prior authorization. Modafinil is on Step-2 may be covered if the member has had a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred within the previous 180 days or physician-documented use of a 30-day supply of a Step-1 or Step-2 medication.</p>	<p>Step 1: Adderall XR 10 mg capsule,extended release, Adderall XR 15 mg capsule,extended release, Adderall XR 20 mg capsule,extended release, Adderall XR 25 mg capsule,extended release, Adderall XR 30 mg capsule,extended release, Adderall XR 5 mg capsule,extended release, Amphetamine Salt Combo 10 mg tablet, Amphetamine Salt Combo 12.5 mg tablet, Amphetamine Salt Combo 15 mg tablet, Amphetamine Salt Combo 20 mg tablet, Amphetamine Salt Combo 30 mg tablet, Amphetamine Salt Combo 5 mg tablet, Amphetamine Salt Combo 7.5 mg tablet, Concerta 18 mg tablet,extended release, Concerta 27 mg tablet,extended release, Concerta 36 mg tablet,extended release, Concerta 54 mg tablet,extended release, Desoxyn 5 mg tablet, Dexedrine Spansule 10 mg capsule,extended release, Dexedrine Spansule 15 mg capsule,extended release, Dexedrine Spansule 5 mg capsule,extended release, dexamethylphenidate 10 mg tablet, dexamethylphenidate 2.5 mg tablet, dexamethylphenidate 5 mg tablet, dextroamphetamine 10 mg tablet, dextroamphetamine 5 mg tablet, dextroamphetamine ER 10 mg capsule,extended release, dextroamphetamine ER 15 mg capsule,extended release, dextroamphetamine ER 5 mg capsule,extended release, Focalin XR 10 mg capsule,extended release, Focalin XR 15 mg capsule,extended release, Focalin XR 20 mg capsule,extended release, Focalin XR 25 mg capsule,extended release, Focalin XR 30 mg capsule,extended release, Focalin XR 35 mg capsule,extended release, Focalin XR 40 mg capsule,extended release, Focalin XR 5 mg capsule,extended release, Metadate CD 10 mg capsule,extended release, Metadate CD 20 mg capsule,extended release, Metadate CD 30 mg capsule,extended release, Metadate CD 40 mg capsule,extended release, Metadate CD 50 mg capsule,extended release, Metadate CD 60 mg capsule,extended release, Metadate ER 20 mg tablet,extended release, methamphetamine 5 mg tablet, Methylin 10 mg chewable tablet, Methylin 2.5 mg chewable tablet, Methylin 5</p>

Step Therapy Group	Algorithm	Steps
		<p>mg chewable tablet, methylphenidate 10 mg tablet,</p> <p>methylphenidate 10 mg/5 mL Oral Soln, methylphenidate 20 mg tablet, methylphenidate 5 mg tablet, methylphenidate 5 mg/5 mL Oral Soln, methylphenidate ER 20 mg capsule,extended release multiphase 50-50, methylphenidate ER 20 mg tablet,extended release, methylphenidate ER 30 mg capsule,extended release multiphase 50-50, methylphenidate ER 40 mg capsule,extended release multiphase 50-50</p> <p>Step 2: Provigil 100 mg tablet, Provigil 200 mg tablet</p>

Step Therapy Group	Algorithm	Steps
OPHTHALMIC PROSTAGLANDIN S	Latanoprost is on Step-1 and is covered without prior authorization. Lumigan and Travatan Z are on Step-2 and may be covered if the member has had a 30-day trial of a Step-1 or Step-2 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-1 or Step-2 medication.	<p>Step 1: latanoprost 0.005 % Eye Drops</p> <p>Step 2: Lumigan 0.01 % Eye Drops, Lumigan 0.03 % Eye Drops, Travatan Z 0.004 % Eye Drops, Zioptan (PF) 0.0015 % Eye Dropperette</p>

Step Therapy Group	Algorithm	Steps
ORAL BISPHOSPHONATES	Alendronate and Fosamax oral solution are on Step-1 and are covered without prior authorization. Actonel is on Step-2 and may be covered if the member has had a 30-day trial of a Step-1 or Step-2 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-1 or Step-2 medication.	<p>Step 1: alendronate 10 mg tablet, alendronate 35 mg tablet, alendronate 40 mg tablet, alendronate 5 mg tablet, alendronate 70 mg tablet</p> <p>Step 2: Actonel 150 mg tablet, Actonel 30 mg tablet, Actonel 35 mg tablet, Actonel 5 mg tablet, ibandronate 150 mg tablet</p>

Step Therapy Group	Algorithm	Steps
PROTON PUMP INHIBITORS	<p>Omeprazole is on Step-1 and is covered without prior authorization. Lansoprazole, omeprazole/sodium bicarbonate and pantoprazole and are on Step-2 and may be covered if the member has had a 30-day trial of a Step-1 or a Step-2 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-1 or a Step-2 medication. For children below 13 years of age, Tufts Medicare Preferred covers lansoprazole soluble tablets, Nexium oral suspension, Prevacid Solutabs and Protonix oral suspension without prior authorization.</p>	<p>Step 1: omeprazole 10 mg capsule, delayed release, omeprazole 20 mg capsule, delayed release, omeprazole 40 mg capsule, delayed release</p> <p>Step 2: lansoprazole 15 mg capsule, delayed release, lansoprazole 30 mg capsule, delayed release, omeprazole-sodium bicarbonate 20 mg-1.1 gram capsule, omeprazole-sodium bicarbonate 40 mg-1.1 gram capsule, pantoprazole 20 mg tablet, delayed release, pantoprazole 40 mg tablet, delayed release</p>

Step Therapy Group	Algorithm	Steps
PULMICORT RESPULES	<p>This policy does not apply to members under the age of 18. Advair Diskus, Advair HFA, Alvesco, Asmanex, Flovent Diskus, Flovent HFA, Pulmicort Flexhaler, QVAR and Symbicort are on Step-1 and are covered without prior authorization. Budesonide inhalation suspension 0.25mg/2 mL and 0.5mg/2 mL and Pulmicort Respules 1mg/2 mL are on Step-2 and may be covered if the member has had a 30-day trial of a Step-1 or Step-2 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-1 or Step-2 medication.</p>	<p>Step 1: Advair Diskus 100 mcg-50 mcg/dose for Inhalation, Advair Diskus 250 mcg-50 mcg/dose for Inhalation, Advair Diskus 500 mcg-50 mcg/dose for Inhalation, Advair HFA 115 mcg-21 mcg/actuation Aerosol Inhaler, Advair HFA 230 mcg-21 mcg/actuation Aerosol Inhaler, Advair HFA 45 mcg-21 mcg/actuation Aerosol Inhaler, Alvesco 160 mcg/actuation Aerosol Inhaler, Alvesco 80 mcg/actuation Aerosol Inhaler, Asmanex Twisthaler 110 mcg (30 doses) Breath Activated, Asmanex Twisthaler 220 mcg (120 doses) Breath Activated, Asmanex Twisthaler 220 mcg (14 doses) Breath Activated, Asmanex Twisthaler 220 mcg (30 doses) Breath Activated, Asmanex Twisthaler 220 mcg (60 doses) Breath Activated, Flovent Diskus 100 mcg/actuation for Inhalation, Flovent Diskus 250 mcg/actuation for Inhalation, Flovent Diskus 50 mcg/actuation for Inhalation, Flovent HFA 110 mcg/actuation Aerosol Inhaler, Flovent HFA 220 mcg/actuation Aerosol Inhaler, Flovent HFA 44 mcg/actuation Aerosol Inhaler, Pulmicort Flexhaler 180 mcg/actuation Breath Activated, Pulmicort Flexhaler 90 mcg/actuation Breath Activated, Qvar 40 mcg/actuation Aerosol Inhaler, Qvar 80 mcg/actuation Aerosol Inhaler, Symbicort 160 mcg-4.5 mcg/actuation HFA Aerosol Inhaler, Symbicort 80 mcg-4.5 mcg/actuation HFA Aerosol Inhaler</p> <p>Step 2: budesonide 0.25 mg/2 mL Neb Suspension, budesonide 0.5 mg/2 mL Neb Suspension, Pulmicort 1 mg/2 mL Neb Suspension</p>

Step Therapy Group	Algorithm	Steps
SAVELLA	<p>Gabapentin is on Step-1 and is covered without prior authorization. Savella is on Step-2 and may be covered if the member has had a 30-day trial of a Step-1 medication, Cymbalta, Lyrica or Savella within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-1 medication, Cymbalta, Lyrica or Savella. Savella may be covered for members with a physician documented diagnosis of fibromyalgia.</p>	<p>Step 1: Cymbalta 20 mg capsule,delayed release, Cymbalta 30 mg capsule,delayed release, Cymbalta 60 mg capsule,delayed release, gabapentin 100 mg capsule, gabapentin 250 mg/5 mL Oral Soln, gabapentin 300 mg capsule, gabapentin 400 mg capsule, gabapentin 600 mg tablet, gabapentin 800 mg tablet, Lyrica 100 mg capsule, Lyrica 150 mg capsule, Lyrica 200 mg capsule, Lyrica 225 mg capsule, Lyrica 25 mg capsule, Lyrica 300 mg capsule, Lyrica 50 mg capsule, Lyrica 75 mg capsule</p> <p>Step 2: Savella 100 mg tablet, Savella 12.5 mg tablet, Savella 25 mg tablet, Savella 50 mg tablet</p>

Step Therapy Group	Algorithm	Steps
ULORIC	Allopurinol is on Step-1 and is covered without prior authorization. Uloric is on Step-2 and may be covered if the member has had a 30-day trial of a Step-1 or Step-2 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-1 or Step-2 medication.	Step 1: allopurinol 100 mg tablet, allopurinol 300 mg tablet Step 2: Uloric 40 mg tablet, Uloric 80 mg tablet

Step Therapy Group	Algorithm	Steps
URINARY ANTISPASMODICS	<p>Oxybutynin and oxybutynin ext-rel are on Step-1 and are covered without prior authorization. Trospium is on Step-2 and may be covered if the member has had a 30-day trial of a Step-1, Step-2 or Step-3 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-1, Step-2 or Step-3 medication. Enablex, Sanctura XR, and Vesicare are on Step-3 and may be covered if the member has had a 30-day trial of a Step-2 or Step-3 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-2 or Step-3 medication.</p>	<p>Step 1: flavoxate 100 mg tablet, Gelnique 10 % (100 mg/gram) Transdermal Gel Packet, oxybutynin chloride 5 mg tablet, oxybutynin chloride 5 mg/5 mL Syrup, oxybutynin chloride ER 10 mg tablet,24 hr extended release, oxybutynin chloride ER 15 mg tablet,24 hr extended release, oxybutynin chloride ER 5 mg tablet,24 hr extended release, Oxytrol 3.9 mg/24 hr Transderm Patch, Sanctura XR 60 mg capsule,extended release, trospium 20 mg tablet, Vesicare 10 mg tablet, Vesicare 5 mg tablet</p> <p>Step 2: Detrol LA 2 mg capsule,extended release, Detrol LA 4 mg capsule,extended release, Enablex 15 mg tablet,extended release, Enablex 7.5 mg tablet,extended release</p>

Step Therapy Group	Algorithm	Steps
XOPENEX INHALATION SOLUTION	Albuterol inhalation solution, ipratropium/albuterol inhalation solution and Xopenex HFA are on Step-1 and are covered without prior authorization. Levalbuterol nebulizer solution concentrate 1.25 mg/0.5 mL and Xopenex Inhalation Solution are on Step-2 and may be covered if the member has had a 30-day trial of a Step-1 or Step-2 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-1 or Step-2 medication.	<p>Step 1: albuterol sulfate 1.25 mg/3 mL Neb Solution, albuterol sulfate 2.5 mg/3 mL (0.083 %) Neb Solution, albuterol sulfate 5 mg/mL (0.5 %) Neb Solution, ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 mL Neb Solution, Xopenex HFA 45 mcg/actuation Aerosol Inhaler</p> <p>Step 2: levalbuterol 1.25 mg/0.5 mL Neb Solution, Xopenex 0.31 mg/3 mL Neb Solution, Xopenex 0.63 mg/3 mL Neb Solution, Xopenex 1.25 mg/3 mL Neb Solution</p>

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Abilify 1 mg/mL Oral Soln.....	5	Adderall XR 30 mg capsule,extended release.....	12	Alvesco 160 mcg/actuation Aerosol Inhaler.....	17
Abilify 10 mg tablet.....	5	Adderall XR 5 mg capsule,extended release.....	1	Alvesco 80 mcg/actuation Aerosol Inhaler.....	17
Abilify 15 mg tablet.....	5	Adderall XR 5 mg capsule,extended release.....	12	amcinonide 0.1 % Lotion.....	6
Abilify 2 mg tablet.....	5	Advair Diskus 100 mcg-50 mcg/dose for Inhalation.....	17	amcinonide 0.1 % Topical Cream.....	6
Abilify 20 mg tablet.....	5	Advair Diskus 250 mcg-50 mcg/dose for Inhalation.....	17	amcinonide 0.1 % Topical Ointment.....	6
Abilify 30 mg tablet.....	5	Advair Diskus 500 mcg-50 mcg/dose for Inhalation.....	17	Amphetamine Salt Combo 10 mg tablet.....	1
Abilify 5 mg tablet.....	5	Advair HFA 115 mcg-21 mcg/actuation Aerosol Inhaler.....	17	Amphetamine Salt Combo 10 mg tablet.....	12
Abilify Discmelt 10 mg disintegrating tablet.....	5	Advair HFA 230 mcg-21 mcg/actuation Aerosol Inhaler.....	17	Amphetamine Salt Combo 12.5 mg tablet.....	1
Abilify Discmelt 15 mg disintegrating tablet.....	5	Advair HFA 45 mcg-21 mcg/actuation Aerosol Inhaler.....	17	Amphetamine Salt Combo 12.5 mg tablet.....	12
Actonel 150 mg tablet.....	15	Ala-Cort 1 % Topical Cream.....	6	Amphetamine Salt Combo 15 mg tablet.....	1
Actonel 30 mg tablet.....	15	albuterol sulfate 1.25 mg/3 mL Neb Solution.....	21	Amphetamine Salt Combo 15 mg tablet.....	12
Actonel 35 mg tablet.....	15	albuterol sulfate 2.5 mg/3 mL (0.083 %) Neb Solution.....	21	Amphetamine Salt Combo 20 mg tablet.....	1
Actonel 5 mg tablet.....	15	albuterol sulfate 5 mg/mL (0.5 %) Neb Solution.....	21	Amphetamine Salt Combo 20 mg tablet.....	12
Adderall XR 10 mg capsule,extended release.....	1	alclometasone 0.05 % Topical Cream.....	6	Amphetamine Salt Combo 20 mg tablet.....	12
Adderall XR 10 mg capsule,extended release.....	12	alclometasone 0.05 % Topical Ointment.....	6	Amphetamine Salt Combo 30 mg tablet.....	1
Adderall XR 15 mg capsule,extended release.....	1	alendronate 10 mg tablet.....	15	Amphetamine Salt Combo 30 mg tablet.....	12
Adderall XR 15 mg capsule,extended release.....	12	alendronate 35 mg tablet.....	15	Amphetamine Salt Combo 5 mg tablet.....	1
Adderall XR 20 mg capsule,extended release.....	1	alendronate 40 mg tablet.....	15	Amphetamine Salt Combo 5 mg tablet.....	12
Adderall XR 20 mg capsule,extended release.....	12	alendronate 5 mg tablet.....	15	Amphetamine Salt Combo 7.5 mg tablet.....	1
Adderall XR 25 mg capsule,extended release.....	1	alendronate 70 mg tablet.....	15	Amphetamine Salt Combo 7.5 mg tablet.....	12
Adderall XR 25 mg capsule,extended release.....	12	allopurinol 100 mg tablet.....	19	Aplenzin 174 mg tablet,extended release.....	4
Adderall XR 30 mg capsule,extended release.....	1	allopurinol 300 mg tablet.....	19	Aplenzin 348 mg tablet,extended release.....	4
				Aplenzin 522 mg tablet,extended release.....	4
				Asmanex Twisthaler 110 mcg (30 doses) Breath Activated.....	17
				Asmanex Twisthaler 220 mcg (120 doses) Breath Activated.....	17
				Asmanex Twisthaler 220 mcg (14 doses) Breath Activated.....	17

Asmanex Twisthaler 220 mcg (30 doses) Breath Activated.....	17	bupropion HCl SR 100 mg tablet,sustained-release.....	3	Cymbalta 30 mg capsule,delayed release.....	18
Asmanex Twisthaler 220 mcg (60 doses) Breath Activated.....	17	bupropion HCl SR 150 mg tablet,sustained-release.....	3	Cymbalta 60 mg capsule,delayed release....	3
atorvastatin 10 mg tablet.....	10	bupropion HCl SR 200 mg tablet,sustained-release.....	3	Cymbalta 60 mg capsule,delayed release.....	18
atorvastatin 20 mg tablet.....	10	citalopram 10 mg tablet.....	3	Daytrana 10 mg/9 hr daily Patch.....	2
atorvastatin 40 mg tablet.....	10	citalopram 10 mg/5 mL Oral Soln.....	3	Daytrana 15 mg/9 hr daily Patch.....	2
atorvastatin 80 mg tablet.....	10	citalopram 20 mg tablet.....	3	Daytrana 20 mg/9 hr daily Patch.....	2
betamethasone dipropionate 0.05 % Lotion.....	6	citalopram 40 mg tablet.....	3	Daytrana 30 mg/9 hr daily Patch.....	2
betamethasone dipropionate 0.05 % Topical Cream.....	6	clobetasol 0.05 % Lotion.....	6	Derma-Smoothe/FS Body Oil 0.01 % Topical.....	6
betamethasone dipropionate 0.05 % Topical Ointment.....	6	clobetasol 0.05 % Shampoo.....	6	desonide 0.05 % Lotion.....	6
betamethasone valerate 0.1 % Lotion.....	6	clobetasol 0.05 % Topical Foam.....	6	desonide 0.05 % Topical Cream.....	6
betamethasone valerate 0.1 % Topical Cream.....	6	clobetasol 0.05 % Topical Gel.....	6	desonide 0.05 % Topical Ointment.....	6
betamethasone valerate 0.1 % Topical Ointment.....	6	clobetasol 0.05 % Topical Ointment.....	6	desoximetasone 0.05 % Topical Cream.....	6
betamethasone, augmented 0.05 % Lotion.....	6	clobetasol 0.05 % Topical Soln.....	6	desoximetasone 0.05 % Topical Gel.....	6
betamethasone, augmented 0.05 % Topical Cream.....	6	clobetasol-emollient 0.05 % Topical Cream.....	6	desoximetasone 0.25 % Topical Cream.....	6
betamethasone, augmented 0.05 % Topical Ointment.....	6	CLOBEX 0.05 % Lotion.....	6	desoximetasone 0.25 % Topical Ointment.....	6
Budeprion SR 100 mg tablet,extended release.....	3	CLOBEX 0.05 % Topical Spray.....	6	Desoxyn 5 mg tablet.....	1
Budeprion SR 150 mg tablet,extended release.....	3	Concerta 18 mg tablet,extended release....	1	Desoxyn 5 mg tablet.....	12
budesonide 0.25 mg/2 mL Neb Suspension.....	17	Concerta 18 mg tablet,extended release....	12	Detrol LA 2 mg capsule,extended release.....	20
budesonide 0.5 mg/2 mL Neb Suspension.....	17	Concerta 27 mg tablet,extended release....	1	Detrol LA 4 mg capsule,extended release.....	20
Buproban 150 mg tablet,extended release.....	3	Concerta 27 mg tablet,extended release....	12	Dexedrine Spansule 10 mg capsule,extended release.....	1
bupropion HCl 100 mg tablet.....	3	Concerta 36 mg tablet,extended release....	2	Dexedrine Spansule 10 mg capsule,extended release.....	12
bupropion HCl 75 mg tablet.....	3	Concerta 36 mg tablet,extended release....	12	Dexedrine Spansule 15 mg capsule,extended release.....	1
		Concerta 54 mg tablet,extended release....	2	Dexedrine Spansule 15 mg capsule,extended release.....	12
		Concerta 54 mg tablet,extended release....	12	Dexedrine Spansule 5 mg capsule,extended release.....	1
		Cordran 0.05 % Lotion.....	6		
		Cordran 4 mcg/cm2 Tape.....	6		
		Cymbalta 20 mg capsule,delayed release....	3		
		Cymbalta 20 mg capsule,delayed release.....	18		
		Cymbalta 30 mg capsule,delayed release....	3		

Dexedrine Spansule 5 mg capsule,extended release.....	12	eplerenone 50 mg tablet.....	8	fluticasone 0.05 % Lotion.....	6
dexmethylphenidate 10 mg tablet.....	1	escitalopram 10 mg tablet.....	3	fluticasone 0.05 % Topical Cream.....	6
dexmethylphenidate 10 mg tablet.....	12	escitalopram 20 mg tablet.....	3	fluvastatin 20 mg capsule.....	10
dexmethylphenidate 2.5 mg tablet.....	1	escitalopram 5 mg tablet.....	3	fluvastatin 40 mg capsule.....	10
dexmethylphenidate 2.5 mg tablet.....	12	escitalopram 5 mg/5 mL Oral Soln.....	3	fluvoxamine 100 mg tablet.....	3
dexmethylphenidate 5 mg tablet.....	1	flavoxate 100 mg tablet.....	20	fluvoxamine 25 mg tablet.....	3
dexmethylphenidate 5 mg tablet.....	12	Flovent Diskus 100 mcg/actuation for Inhalation.....	17	fluvoxamine 50 mg tablet.....	3
dextroamphetamine 10 mg tablet.....	1	Flovent Diskus 250 mcg/actuation for Inhalation.....	17	Focalin XR 10 mg capsule,extended release.....	2
dextroamphetamine 10 mg tablet.....	12	Flovent Diskus 50 mcg/actuation for Inhalation.....	17	Focalin XR 10 mg capsule,extended release.....	12
dextroamphetamine 5 mg tablet.....	1	Flovent HFA 110 mcg/actuation Aerosol Inhaler.....	17	Focalin XR 15 mg capsule,extended release.....	2
dextroamphetamine 5 mg tablet.....	12	Flovent HFA 220 mcg/actuation Aerosol Inhaler.....	17	Focalin XR 15 mg capsule,extended release.....	12
dextroamphetamine ER 10 mg capsule,extended release.....	1	Flovent HFA 44 mcg/actuation Aerosol Inhaler.....	17	Focalin XR 20 mg capsule,extended release.....	2
dextroamphetamine ER 10 mg capsule,extended release.....	12	fluocinolone 0.01 % Topical Body Oil.....	6	Focalin XR 20 mg capsule,extended release.....	12
dextroamphetamine ER 15 mg capsule,extended release.....	1	fluocinolone 0.01 % Topical Cream.....	6	Focalin XR 25 mg capsule,extended release.....	2
dextroamphetamine ER 15 mg capsule,extended release.....	12	fluocinolone 0.01 % Topical Soln.....	6	Focalin XR 25 mg capsule,extended release.....	12
dextroamphetamine ER 5 mg capsule,extended release.....	1	fluocinolone 0.025 % Topical Cream.....	6	Focalin XR 25 mg capsule,extended release.....	12
dextroamphetamine ER 5 mg capsule,extended release.....	12	fluocinolone 0.025 % Topical Ointment.....	6	Focalin XR 30 mg capsule,extended release.....	2
diflorasone 0.05 % Topical Cream.....	6	fluocinonide 0.05 % Topical Gel.....	6	Focalin XR 30 mg capsule,extended release.....	12
diflorasone 0.05 % Topical Ointment.....	6	fluocinonide 0.05 % Topical Ointment.....	6	Focalin XR 30 mg capsule,extended release.....	12
Elidel 1 % Topical Cream.....	7	fluocinonide 0.05 % Topical Soln.....	6	Focalin XR 35 mg capsule,extended release.....	2
Emsam 12 mg/24 hr Transderm 24 hr Patch.....	4	Fluocinonide-E 0.05 % Topical Cream.....	6	Focalin XR 35 mg capsule,extended release.....	12
Emsam 6 mg/24 hr Transderm 24 hr Patch.....	4	fluoxetine 10 mg capsule.....	3	Focalin XR 40 mg capsule,extended release.....	2
Emsam 9 mg/24 hr Transderm 24 hr Patch.....	4	fluoxetine 10 mg tablet.....	3	Focalin XR 40 mg capsule,extended release.....	12
Enablex 15 mg tablet,extended release.....	20	fluoxetine 20 mg capsule.....	3	Focalin XR 40 mg capsule,extended release.....	12
Enablex 7.5 mg tablet,extended release.....	20	fluoxetine 20 mg tablet.....	3	Focalin XR 40 mg capsule,extended release.....	12
eplerenone 25 mg tablet.....	8	fluoxetine 20 mg/5 mL Oral Soln.....	3	Focalin XR 5 mg capsule,extended release.....	2
		fluoxetine 40 mg capsule.....	3		
		fluoxetine 90 mg capsule,delayed release.....	3		
		fluticasone 0.005 % Topical Ointment.....	6		

Focalin XR 5 mg capsule,extended release.....	12	ibandronate 150 mg tablet.....	15	Lyrica 100 mg capsule.....	18
gabapentin 100 mg capsule.....	11	Invega 1.5 mg tablet,extended release.....	5	Lyrica 150 mg capsule.....	11
gabapentin 100 mg capsule.....	18	Invega 3 mg tablet,extended release.....	5	Lyrica 150 mg capsule.....	18
gabapentin 250 mg/5 mL Oral Soln.....	11	Invega 6 mg tablet,extended release.....	5	Lyrica 200 mg capsule.....	11
gabapentin 250 mg/5 mL Oral Soln.....	18	Invega 9 mg tablet,extended release.....	5	Lyrica 200 mg capsule.....	18
gabapentin 300 mg capsule.....	11	ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 mL Neb Solution.....	21	Lyrica 225 mg capsule.....	11
gabapentin 300 mg capsule.....	18	Kenalog 0.147 mg/gram Topical Aerosol.....	7	Lyrica 225 mg capsule.....	18
gabapentin 400 mg capsule.....	11	lansoprazole 15 mg capsule,delayed release.....	16	Lyrica 25 mg capsule.....	11
gabapentin 400 mg capsule.....	18	lansoprazole 30 mg capsule,delayed release.....	16	Lyrica 25 mg capsule.....	18
gabapentin 600 mg tablet.....	11	latanoprost 0.005 % Eye Drops.....	14	Lyrica 300 mg capsule.....	11
gabapentin 600 mg tablet.....	18	levalbuterol 1.25 mg/0.5 mL Neb Solution.....	21	Lyrica 300 mg capsule.....	18
gabapentin 800 mg tablet.....	11	Lexapro 10 mg tablet.....	4	Lyrica 50 mg capsule.....	11
gabapentin 800 mg tablet.....	18	Lexapro 20 mg tablet.....	4	Lyrica 50 mg capsule.....	18
Gelnique 10 % (100 mg/gram) Transdermal Gel Packet.....	20	Lexapro 5 mg tablet.....	4	Lyrica 75 mg capsule.....	11
Geodon 20 mg capsule.....	5	Lexapro 5 mg/5 mL Oral Soln.....	4	Lyrica 75 mg capsule.....	18
Geodon 40 mg capsule.....	5	Locoid Lipocream 0.1 % Topical.....	7	Metadate CD 10 mg capsule,extended release.....	1
Geodon 60 mg capsule.....	5	LoKara 0.05 % Lotion.....	7	Metadate CD 10 mg capsule,extended release.....	12
Geodon 80 mg capsule.....	5	lovastatin 10 mg tablet.....	10	Metadate CD 20 mg capsule,extended release.....	1
halobetasol propionate 0.05 % Topical Cream.....	6	lovastatin 20 mg tablet.....	10	Metadate CD 20 mg capsule,extended release.....	12
halobetasol propionate 0.05 % Topical Ointment.....	6	lovastatin 40 mg tablet.....	10	Metadate CD 30 mg capsule,extended release.....	1
Halog 0.1 % Topical Cream.....	6	Lumigan 0.01 % Eye Drops.....	14	Metadate CD 30 mg capsule,extended release.....	12
Halog 0.1 % Topical Ointment.....	6	Lumigan 0.03 % Eye Drops.....	14	Metadate CD 40 mg capsule,extended release.....	1
hydrocortisone 1 % Topical Cream.....	6	Lunesta 1 mg tablet.....	9	Metadate CD 40 mg capsule,extended release.....	1
hydrocortisone 1 % Topical Ointment.....	6	Lunesta 2 mg tablet.....	9	Metadate CD 40 mg capsule,extended release.....	12
hydrocortisone 2.5 % Lotion.....	6	Lunesta 3 mg tablet.....	9	Metadate CD 50 mg capsule,extended release.....	1
hydrocortisone 2.5 % Topical Cream.....	6	Luvox CR 100 mg capsule,extended release.....	4	Metadate CD 50 mg capsule,extended release.....	12
hydrocortisone 2.5 % Topical Ointment.....	6	Luvox CR 150 mg capsule,extended release.....	4	Metadate CD 50 mg capsule,extended release.....	1
hydrocortisone valerate 0.2 % Topical Cream.....	7	Luxiq 0.12 % Topical Foam.....	7	Lyrica 100 mg capsule.....	11
hydrocortisone valerate 0.2 % Topical Ointment.....	7				

Metadate CD 60 mg capsule,extended release.....	1	methylphenidate ER 30 mg capsule,extended release multiphase 50-50.....	1	omeprazole-sodium bicarbonate 20 mg-1.1 gram capsule.....	16
Metadate CD 60 mg capsule,extended release.....	12	methylphenidate ER 30 mg capsule,extended release multiphase 50-50.....	13	omeprazole-sodium bicarbonate 40 mg-1.1 gram capsule.....	16
Metadate ER 20 mg tablet,extended release.....	1	methylphenidate ER 40 mg capsule,extended release multiphase 50-50.....	1	oxybutynin chloride 5 mg tablet.....	20
Metadate ER 20 mg tablet,extended release.....	12	methylphenidate ER 40 mg capsule,extended release multiphase 50-50.....	1	oxybutynin chloride 5 mg/5 mL Syrup.....	20
methamphetamine 5 mg tablet.....	1	methylphenidate ER 40 mg capsule,extended release multiphase 50-50.....	13	oxybutynin chloride ER 10 mg tablet,24 hr extended release.....	20
methamphetamine 5 mg tablet.....	12	mometasone 0.1 % Lotion.....	7	oxybutynin chloride ER 15 mg tablet,24 hr extended release.....	20
Methylin 10 mg chewable tablet.....	1	mometasone 0.1 % Topical Cream.....	7	oxybutynin chloride ER 5 mg tablet,24 hr extended release.....	20
Methylin 10 mg chewable tablet.....	12	mometasone 0.1 % Topical Ointment.....	7	Oxytrol 3.9 mg/24 hr Transderm Patch.....	20
Methylin 2.5 mg chewable tablet.....	1	olanzapine 10 mg disintegrating tablet.....	5	Pandel 0.1 % Topical Cream.....	7
Methylin 2.5 mg chewable tablet.....	12	olanzapine 10 mg tablet.....	5	pantoprazole 20 mg tablet,delayed release.....	16
Methylin 5 mg chewable tablet.....	1	olanzapine 15 mg disintegrating tablet.....	5	pantoprazole 40 mg tablet,delayed release.....	16
Methylin 5 mg chewable tablet.....	12	olanzapine 15 mg tablet.....	5	paroxetine 10 mg tablet.....	3
methylphenidate 10 mg tablet.....	1	olanzapine 2.5 mg tablet.....	5	paroxetine 20 mg tablet.....	3
methylphenidate 10 mg tablet.....	12	olanzapine 20 mg disintegrating tablet.....	5	paroxetine 30 mg tablet.....	3
methylphenidate 10 mg/5 mL Oral Soln.....	1	olanzapine 20 mg tablet.....	5	paroxetine 40 mg tablet.....	3
methylphenidate 10 mg/5 mL Oral Soln.....	13	olanzapine 5 mg disintegrating tablet.....	5	paroxetine ER 12.5 mg tablet,extended release 24 hr.....	3
methylphenidate 20 mg tablet.....	1	olanzapine 5 mg tablet.....	5	paroxetine ER 25 mg tablet,extended release 24 hr.....	3
methylphenidate 20 mg tablet.....	13	olanzapine 7.5 mg tablet.....	5	paroxetine ER 37.5 mg tablet,extended release 24 hr.....	3
methylphenidate 5 mg tablet.....	1	Oleptro ER 150 mg tablet,extended release.....	4	PEXEVA 10 mg tablet.....	4
methylphenidate 5 mg tablet.....	13	Oleptro ER 300 mg tablet,extended release.....	4	PEXEVA 20 mg tablet.....	4
methylphenidate 5 mg/5 mL Oral Soln.....	1	omeprazole 10 mg capsule,delayed release.....	16	PEXEVA 30 mg tablet.....	4
methylphenidate 5 mg/5 mL Oral Soln.....	13	omeprazole 20 mg capsule,delayed release.....	16	PEXEVA 40 mg tablet.....	4
methylphenidate ER 20 mg capsule,extended release multiphase 50-50.....	1	omeprazole 40 mg capsule,delayed release.....	16	pravastatin 10 mg tablet.....	10
methylphenidate ER 20 mg capsule,extended release multiphase 50-50.....	13			pravastatin 20 mg tablet.....	10
methylphenidate ER 20 mg tablet,extended release.....	1			pravastatin 40 mg tablet.....	10
methylphenidate ER 20 mg tablet,extended release.....	13			pravastatin 80 mg tablet.....	10

prednicarbate 0.1 % Topical Cream.....	7	Rozerem 8 mg tablet.....	9	spironolactone-hydrochlorothiazide 25 mg-25 mg tablet.....	8
prednicarbate 0.1 % Topical Ointment.....	7	Sanctura XR 60 mg capsule,extended release.....	20	Symbicort 160 mcg-4.5 mcg/actuation HFA Aerosol Inhaler.....	17
Pristiq 100 mg tablet,extended release.....	3	Savella 100 mg tablet.....	18	Symbicort 80 mcg-4.5 mcg/actuation HFA Aerosol Inhaler.....	17
Pristiq 50 mg tablet,extended release.....	3	Savella 12.5 mg tablet.....	18	Symbyax 12 mg-25 mg capsule.....	5
Protopic 0.03 % Topical Ointment.....	7	Savella 25 mg tablet.....	18	Symbyax 12 mg-50 mg capsule.....	5
Protopic 0.1 % Topical Ointment.....	7	Savella 50 mg tablet.....	18	Symbyax 3 mg-25 mg capsule.....	5
Provigil 100 mg tablet.....	13	Seroquel 100 mg tablet.....	5	Symbyax 6 mg-25 mg capsule.....	5
Provigil 200 mg tablet.....	13	Seroquel 200 mg tablet.....	5	Symbyax 6 mg-50 mg capsule.....	5
Pulmicort 1 mg/2 mL Neb Suspension.....	17	Seroquel 25 mg tablet.....	5	Travatan Z 0.004 % Eye Drops.....	14
Pulmicort Flexhaler 180 mcg/actuation Breath Activated.....	17	Seroquel 300 mg tablet.....	5	triamcinolone acetonide 0.025 % Lotion.....	7
Pulmicort Flexhaler 90 mcg/actuation Breath Activated.....	17	Seroquel 400 mg tablet.....	5	triamcinolone acetonide 0.025 % Topical Cream.....	7
quetiapine 100 mg tablet.....	5	Seroquel 50 mg tablet.....	5	triamcinolone acetonide 0.025 % Topical Ointment.....	7
quetiapine 200 mg tablet.....	5	Seroquel XR 150 mg tablet,extended release.....	5	triamcinolone acetonide 0.1 % Lotion.....	7
quetiapine 25 mg tablet.....	5	Seroquel XR 200 mg tablet,extended release.....	5	triamcinolone acetonide 0.1 % Topical Cream.....	7
quetiapine 300 mg tablet.....	5	Seroquel XR 300 mg tablet,extended release.....	5	triamcinolone acetonide 0.1 % Topical Ointment.....	7
quetiapine 400 mg tablet.....	5	Seroquel XR 400 mg tablet,extended release.....	5	triamcinolone acetonide 0.5 % Topical Cream.....	7
quetiapine 50 mg tablet.....	5	Seroquel XR 50 mg tablet,extended release.....	5	triamcinolone acetonide 0.5 % Topical Ointment.....	7
Qvar 40 mcg/actuation Aerosol Inhaler.....	17	sertraline 100 mg tablet.....	3	Triderm 0.1 % Topical Cream.....	7
Qvar 80 mcg/actuation Aerosol Inhaler.....	17	sertraline 20 mg/mL Oral Concentrate.....	3	tropium 20 mg tablet.....	20
risperidone 0.25 mg disintegrating tablet.....	5	sertraline 25 mg tablet.....	3	U-Cort 1 %-10 % Topical Cream.....	7
risperidone 0.25 mg tablet.....	5	sertraline 50 mg tablet.....	3	Uloric 40 mg tablet.....	19
risperidone 0.5 mg disintegrating tablet.....	5	simvastatin 10 mg tablet.....	10	Uloric 80 mg tablet.....	19
risperidone 0.5 mg tablet.....	5	simvastatin 20 mg tablet.....	10	Vanos 0.1 % Topical Cream.....	7
risperidone 1 mg disintegrating tablet.....	5	simvastatin 40 mg tablet.....	10	venlafaxine 100 mg tablet.....	3
risperidone 1 mg tablet.....	5	simvastatin 5 mg tablet.....	10	venlafaxine 25 mg tablet.....	3
risperidone 1 mg/mL Oral Soln.....	5	simvastatin 80 mg tablet.....	10	venlafaxine 37.5 mg tablet.....	3
risperidone 2 mg disintegrating tablet.....	5	spironolactone 100 mg tablet.....	8	venlafaxine 50 mg tablet.....	3
risperidone 2 mg tablet.....	5	spironolactone 25 mg tablet.....	8		
risperidone 3 mg disintegrating tablet.....	5	spironolactone 50 mg tablet.....	8		
risperidone 3 mg tablet.....	5				
risperidone 4 mg disintegrating tablet.....	5				
risperidone 4 mg tablet.....	5				

venlafaxine 75 mg tablet.....	3	Xopenex 1.25 mg/3 mL Neb Solution.....	21
venlafaxine ER 150 mg capsule,extended release 24 hr.....	3	Xopenex HFA 45 mcg/actuation Aerosol Inhaler.....	21
venlafaxine ER 150 mg tablet,24 hr extended release.....	3	zaleplon 10 mg capsule.....	9
venlafaxine ER 225 mg tablet,24 hr extended release.....	3	zaleplon 5 mg capsule.....	9
venlafaxine ER 37.5 mg capsule,extended release 24 hr.....	3	Zetia 10 mg tablet.....	10
venlafaxine ER 37.5 mg tablet,24 hr extended release.....	3	Zioptan (PF) 0.0015 % Eye Dropperette....	14
venlafaxine ER 75 mg capsule,extended release 24 hr.....	3	ziprasidone 20 mg capsule.....	5
venlafaxine ER 75 mg tablet,24 hr extended release.....	3	ziprasidone 40 mg capsule.....	5
Vesicare 10 mg tablet.....	20	ziprasidone 60 mg capsule.....	5
Vesicare 5 mg tablet.....	20	ziprasidone 80 mg capsule.....	5
Viibryd 10 mg (7)-20 mg (7)-40 mg(16) tablets in a dose pack.....	3	zolpidem 10 mg tablet.....	9
Viibryd 10 mg tablet.....	3	zolpidem 5 mg tablet.....	9
Viibryd 20 mg tablet.....	3	zolpidem ER 12.5 mg tablet,extended release,multiphase.....	9
Viibryd 40 mg tablet.....	3	zolpidem ER 6.25 mg tablet,extended release,multiphase.....	9
Vytorin 10-10 10 mg-10 mg tablet.....	10		
Vytorin 10-20 10 mg-20 mg tablet.....	10		
Vytorin 10-40 10 mg-40 mg tablet.....	10		
Vytorin 10-80 10 mg-80 mg tablet.....	10		
Vyvanse 20 mg capsule.....	2		
Vyvanse 30 mg capsule.....	2		
Vyvanse 40 mg capsule.....	2		
Vyvanse 50 mg capsule.....	2		
Vyvanse 60 mg capsule.....	2		
Vyvanse 70 mg capsule.....	2		
Westcort 0.2 % Topical Ointment.....	7		
Xopenex 0.31 mg/3 mL Neb Solution.....	21		
Xopenex 0.63 mg/3 mL Neb Solution.....	21		