

# Tufts Medicare Preferred PDP Group Retiree 2014 Formulary



**PLEASE READ: This document contains information about the drugs we cover in this plan**

This formulary was updated on January 1, 2014. For more recent information or other questions, please contact Tufts Medicare Preferred PDP Customer Relations at 1-800-701-9000 or, for TTY users, 1-800-208-9562, Monday - Friday 8:00 a.m. - 8:00 p.m. (from Oct. 1 - Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message and a representative will return your call on the next business day. Or visit [tuftsmedicarepreferred.org](http://tuftsmedicarepreferred.org).

**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.

# TUFTS MEDICARE PREFERRED PDP

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## Group Retiree 2014 Formulary (List of Covered Drugs)

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Tufts Medicare Preferred PDP. When it refers to “plan” or “our plan,” it means Tufts Health Plan Medicare Preferred.

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2014. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2015.

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

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

### **Can the Formulary (drug list) change?**

Generally, if you are taking a drug on our 2014 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2014 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2014. To get updated information about the drugs covered by Tufts Medicare Preferred PDP, please contact us. Our contact information appears on the front and back cover pages.

## 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 2. Then look under the category name for your drug.

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 66. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

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

## Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Tufts Medicare Preferred PDP to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Tufts Medicare Preferred PDP formulary?” below 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 (list of covered drugs), you should first contact Customer Relations and ask if your drug is covered.

If you learn that Tufts Medicare Preferred PDP does not cover your drug, you have two options:

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

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

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Tufts Medicare Preferred PDP limits 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 a greater amount.

Generally, Tufts Medicare Preferred PDP will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber’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 a supporting statement from your doctor or other prescriber.

## **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 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.

As a current member, if you are admitted to or discharged from a long term facility and experience an unplanned drug change, you can request that we approve a one-time, temporary fill of the non-covered medication to allow you time to discuss a transition plan with your physician. Your physician can also request an exception to coverage for the non-covered drug based on review for medical necessity following the standard exception process outlined previously. The temporary “first fill” will generally be up to a 31-day supply, but may be extended to allow you and your physician time to manage the complexities of multiple medications or when special circumstances warrant. You can request a temporary prescription fill by calling the Tufts Health Plan Medicare Preferred PDP Customer Relations department.

## **For more information**

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

If you have questions about Tufts Medicare Preferred PDP, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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 users should call 1-877-486-2048. Or, visit [www.medicare.gov](http://www.medicare.gov).

## **Tufts Medicare Preferred PDP's Formulary**

The formulary that begins on page 2 provides coverage information about some of the drugs covered by Tufts Medicare Preferred PDP. If you have trouble finding your drug in the list, turn to the Index that begins on page 66.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., PROAIR HFA) and generic drugs are listed in lower-case italics (e.g., *omeprazole*).

The information in the Requirements/Limits column tells you if Tufts Medicare Preferred PDP has any special requirements for coverage of your drug.

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

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

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

Because of potential safety and utilization concerns, Tufts Medicare Preferred PDP has placed dispensing limitations on a small number of prescription drugs. This means that the pharmacy will only dispense a certain quantity of a drug within a given time period. These quantities are based on recognized standards of care, such as U.S. Food and Drug Administration recommendations for use. If your doctor believes you need a quantity greater than the program limitation, your doctor can submit a request for coverage under the Medical Review Process. The Medical Review Process allows you or your doctor to ask Tufts Medicare Preferred PDP to make an exception to our coverage rules. See the section, "How do I request an exception to the Tufts Medicare Preferred PDP formulary?" on page III for information about how to request an exception.

### **EC: Enhanced Coverage Drug.**

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

**LA: Limited Access Drug.**

This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Relations at 1-800-701-9000, Monday-Friday 8:00 a.m. – 8:00 p.m. (From Oct. 1 –Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message and a representative will return your call the on next business day. TTY users should call 1-800-208-9562.

**PA: Prior Authorization Required.**

The Prior Authorization process encourages rational prescribing of drug products with significant safety and/or financial concerns. A provider can submit a request for coverage based on a member's medical need for a particular drug. If approved, the member pays the designated tier co-payment. An appeal process exists for denied requests.

**STPA: Step Therapy Prior Authorization Applies.**

Step Therapy is an automated form of Prior Authorization, which uses claims history for approval of a drug at the point of sale. Step Therapy Programs help encourage the clinically proven use of first-line therapies and are designed to ensure the utilization of the most therapeutically appropriate and cost-effective agents first, before other treatments may be covered.

Members who are currently on drugs that meet the initial Step Therapy criteria will automatically be able to fill their prescriptions for a stepped medication. If the member does not meet the initial Step Therapy criteria, the prescription will deny at the point of sale with a message indicating that Prior Authorization (PA) is required. Physicians may submit Prior Authorization requests to Tufts Medicare Preferred PDP for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process. The Medical Review Process allows you or your doctor to ask Tufts Medicare Preferred PDP to make an exception to our coverage rules. See the section, "How do I request an exception to the Tufts Medicare Preferred PDP formulary?" on page III for information about how to request an exception.

**\*Part B Drug:**

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

**2014 Tufts Medicare Preferred PDP  
Group Retiree Formulary**

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<b>ANTI-INFECTIVES AND INFECTIOUS DISEASE</b>		
<b>ANTIFUNGALS, SYSTEMIC AND ORAL TOPICAL</b>		
ANCOBON	Tier-3	
<i>clotrimazole mucous membrane</i>	Tier-1	
<i>fluconazole oral suspension for reconstitution</i>	Tier-1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	Tier-1	
<i>flucytosine</i>	Tier-1	
GRIS-PEG (ULTRAMICROSIZED)	Tier-2	
<i>griseofulvin microsize</i>	Tier-1	
<i>griseofulvin ultramicrosize</i>	Tier-1	
<i>itraconazole</i>	Tier-1	PA
<i>ketoconazole oral</i>	Tier-1	
<i>ketoconazole topical foam</i>	Tier-1	
LAMISIL ORAL GRANULES IN PACKET 125 MG	Tier-3	QL (56 EA per 30 days)
LAMISIL ORAL GRANULES IN PACKET 187.5 MG	Tier-3	QL (28 EA per 30 days)
NOXAFIL ORAL	Tier-3	
<i>nystatin oral tablet</i>	Tier-1	
<i>terbinafine hcl oral</i>	Tier-1	QL (42 EA per 42 days)
VFEND ORAL SUSPENSION FOR RECONSTITUTION	Tier-2	QL (150 ML per 14 days)
<i>voriconazole oral suspension for reconstitution</i>	Tier-1	
<i>voriconazole oral tablet 200 mg</i>	Tier-1	QL (28 EA per 14 days)
<i>voriconazole oral tablet 50 mg</i>	Tier-1	QL (56 EA per 14 days)
<b>ANTI-INFECTIVES, MISCELLANEOUS</b>		
ALBENZA	Tier-2	
ALINIA	Tier-3	
BILTRICIDE	Tier-2	
<i>methenamine hippurate</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>metronidazole oral</i>	Tier-1	
MONUROL	Tier-3	
<i>neomycin</i>	Tier-1	
PRIMSOL	Tier-2	
STROMEKTOL	Tier-2	
<i>trimethoprim</i>	Tier-1	
VANCOGIN	Tier-2	
<i>vancomycin oral capsule</i>	Tier-1	
XIFAXAN ORAL TABLET 200 MG	Tier-3	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	Tier-3	PA; QL (60 EA per 30 days)
ZYVOX ORAL	Tier-2	
<b>ANTIMALARIALS AND ANTIPROTOZOALS</b>		
<i>atovaquone</i>	Tier-1	
<i>atovaquone-proguanil</i>	Tier-1	
<i>chloroquine phosphate oral</i>	Tier-1	
COARTEM	Tier-2	QL (24 EA per 30 days)
<i>dapsone</i>	Tier-1	
DARAPRIM	Tier-2	
<i>hydroxychloroquine oral</i>	Tier-1	
<i>mefloquine</i>	Tier-1	
MEPRON	Tier-2	
NEBUPENT	Tier-3	
<i>paromomycin</i>	Tier-1	
PENTAM	Tier-2	
<i>primaquine</i>	Tier-1	
<i>quinine sulfate</i>	Tier-1	
<i>tinidazole</i>	Tier-1	
<b>ANTIVIRALS</b>		
<i>abacavir</i>	Tier-1	
<i>abacavir-lamivudine-zidovudine</i>	Tier-1	
<i>acyclovir oral capsule</i>	Tier-1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier-1	
<i>acyclovir oral tablet</i>	Tier-1	
<i>adefovir</i>	Tier-1	
<i>amantadine hcl oral</i>	Tier-1	
APTIVUS	Tier-2	
ATRIPLA	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
BARACLUDE	Tier-2	
COMPLERA	Tier-2	
COPEGUS	Tier-2	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	Tier-2	
<i>didanosine</i>	Tier-1	
EDURANT	Tier-2	
EMTRIVA	Tier-2	
EPIVIR ORAL SOLUTION	Tier-2	
EPIVIR HBV	Tier-2	
EPZICOM	Tier-2	
FAMCICLOVIR	Tier-2	
FUZEON SUBCUTANEOUS RECON SOLN	Tier-2	
HEPSERA	Tier-2	
INCIVEK	Tier-2	PA
INTELENCE	Tier-2	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	Tier-2	
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	Tier-2	
INTRON A SUBCUTANEOUS	Tier-2	
INTRON A SUBCUTANEOUS	Tier-2	
INVIRASE	Tier-2	
ISENTRESS ORAL POWDER IN PACKET	Tier-2	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET	Tier-2	QL (360 EA per 90 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	Tier-2	QL (180 EA per 30 Days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	Tier-2	QL (720 EA per 30 Days)
KALETRA	Tier-2	
<i>lamivudine</i>	Tier-1	
<i>lamivudine-zidovudine</i>	Tier-1	
LEXIVA	Tier-2	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier-1	
<i>megestrol oral tablet</i>	Tier-1	
<i>nevirapine</i>	Tier-1	
NORVIR	Tier-2	
OLYSIO	Tier-2	PA
PEGASYS SUBCUTANEOUS SOLUTION	Tier-2	PA; QL (4 ML per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
PEGASYS SUBCUTANEOUS SYRINGE	Tier-2	PA
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML	Tier-2	PA; QL (4 ML per 30 days)
PEGINTRON	Tier-2	PA; QL (8 EA per 30 days)
PEGINTRON REDIPEN	Tier-2	PA; QL (4 EA per 30 days)
PREZISTA ORAL SUSPENSION	Tier-2	
PREZISTA ORAL TABLET 150 MG, 75 MG, 800 MG	Tier-2	
PREZISTA ORAL TABLET 600 MG	Tier-2	
REBETOL ORAL SOLUTION	Tier-2	
RELENZA DISKHALER	Tier-2	QL (60 EA per 180 days)
RESCRIPTOR	Tier-2	
REYATAZ	Tier-2	
RIBAPAK DOSE PACK ORAL TABLETS,DOSE PACK 400-400 MG (28)-MG (28), 600-400 MG (28)-MG (28), 600-600 MG (28)-MG (28)	Tier-2	
<i>ribasphere</i>	Tier-1	
<i>ribavirin oral capsule</i>	Tier-1	
<i>ribavirin oral tablet 200 mg</i>	Tier-1	
<i>rimantadine</i>	Tier-1	
SELZENTRY ORAL TABLET 150 MG	Tier-2	QL (60 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	Tier-2	QL (120 EA per 30 days)
SOVALDI	Tier-2	PA
<i>stavudine</i>	Tier-1	
STRIBILD	Tier-2	
SUSTIVA	Tier-2	
TAMIFLU ORAL CAPSULE 30 MG	Tier-2	QL (56 EA per 180 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	Tier-2	QL (28 EA per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	Tier-2	QL (360 ML per 180 days)
TIVICAY	Tier-2	
TRIZIVIR	Tier-2	
TRUVADA	Tier-2	
TYZEKA	Tier-2	QL (30 EA per 30 days)
VALACYCLOVIR	Tier-2	
VALCYTE	Tier-2	
VICTRELIS	Tier-2	PA
VIDEX 2 GRAM PEDIATRIC	Tier-2	
VIRACEPT ORAL TABLET	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
VIRAMUNE	Tier-2	
VIRAMUNE XR	Tier-2	
VIREAD	Tier-2	
ZELBORAF	Tier-2	PA
ZERIT ORAL RECON SOLN	Tier-3	
ZIAGEN	Tier-2	
<i>zidovudine</i>	Tier-1	
<b>BETA-LACTAM ANTIBIOTICS</b>		
<i>amoxicillin oral capsule</i>	Tier-1	
<i>amoxicillin oral suspension for reconstitution</i>	Tier-1	
<i>amoxicillin oral tablet</i>	Tier-1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier-1	
<i>amoxicillin-pot clavulanate</i>	Tier-1	
<i>ampicillin</i>	Tier-1	
BICILLIN C-R	Tier-2	
BICILLIN L-A	Tier-2	
CEDAX	Tier-3	
<i>cefaclor oral capsule</i>	Tier-1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier-1	
<i>cefaclor oral tablet extended release 12 hr</i>	Tier-1	
<i>cefadroxil oral capsule</i>	Tier-1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier-1	
<i>cefadroxil oral tablet</i>	Tier-1	
<i>cefdinir</i>	Tier-1	
<i>cefpodoxime</i>	Tier-1	
<i>cefprozil</i>	Tier-1	
<i>cefuroxime axetil oral tablet</i>	Tier-1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier-1	
<i>cephalexin oral suspension for reconstitution</i>	Tier-1	
<i>cephalexin oral tablet</i>	Tier-1	
<i>dicloxacillin</i>	Tier-1	
<i>penicillin v potassium</i>	Tier-1	
SPECTRACEF ORAL TABLET 400 MG	Tier-3	
SUPRAX	Tier-3	
<b>KETOLIDES</b>		
KETEK	Tier-2	
<b>MACROLIDES AND CLINDAMYCIN</b>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>azithromycin oral</i>	Tier-1	
<i>clarithromycin</i>	Tier-1	
<i>clindamycin hcl</i>	Tier-1	
<i>clindamycin pediatric</i>	Tier-1	
DIFICID	Tier-2	PA
<i>e.e.s. 400 oral tablet</i>	Tier-1	
E.E.S. GRANULES	Tier-3	
ERY-TAB	Tier-3	
<i>eryped 200</i>	Tier-1	
<i>eryped 400</i>	Tier-1	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	Tier-1	
<i>erythromycin oral tablet</i>	Tier-1	
<i>erythromycin ethylsuccinate oral tablet</i>	Tier-1	
PCE	Tier-3	
ZMAX	Tier-3	
<b>MYCOBACTERIAL INFECTIONS-TUBERCULOSIS AND MYCOBACTERIUM AVIUM COMPLEX</b>		
<i>ethambutol</i>	Tier-1	
<i>isoniazid oral</i>	Tier-1	
MYCOBUTIN	Tier-2	
PASER	Tier-3	
PRIFTIN	Tier-2	
<i>pyrazinamide</i>	Tier-1	
<i>rifabutin</i>	Tier-1	
RIFAMATE	Tier-3	
<i>rifampin intravenous</i>	Tier-1	
<i>rifampin oral</i>	Tier-1	
RIFATER	Tier-3	
SEROMYCIN	Tier-2	
TRECTOR	Tier-3	
<b>QUINOLONES</b>		
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	Tier-3	
CIPRO XR	Tier-3	
<i>ciprofloxacin oral</i>	Tier-1	
<i>ciprofloxacin (mixture)</i>	Tier-1	
FACTIVE	Tier-3	
LEVOFLOXACIN ORAL	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>moxifloxacin</i>	Tier-1	
NOROXIN	Tier-3	
<i>ofloxacin oral</i>	Tier-1	
<b>SULFONAMIDES</b>		
<i>sulfadiazine oral</i>	Tier-1	
<i>sulfamethoxazole-trimethoprim oral</i>	Tier-1	
<b>TETRACYCLINES</b>		
<i>demeclocycline oral</i>	Tier-1	
<i>doxycycline hyclate oral capsule</i>	Tier-1	
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier-1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	Tier-1	
<i>doxycycline monohydrate oral capsule 75 mg</i>	Tier-1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	Tier-1	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	Tier-1	
<i>minocycline oral</i>	Tier-1	
<i>tetracycline</i>	Tier-1	
VIBRAMYCIN ORAL SYRUP	Tier-3	
<b>BLOOD THINNERS AND BLOOD MODIFYING AGENTS</b>		
<b>ANTIPLATELET THERAPY</b>		
AGGRENOX	Tier-3	
<i>clopidogrel</i>	Tier-1	
<i>dipyridamole oral</i>	Tier-1	
EFFIENT	Tier-3	
<b>BLOOD MODIFYING AGENTS</b>		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier-2	QL (4 ML per 30 days)
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 200 MCG/ML, 300 MCG/ML	Tier-2	QL (4 ML per 30 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	Tier-2	QL (4 ML per 30 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	Tier-2	QL (4 ML per 30 days)
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier-2	QL (10 ML per 14 days)
LEUKINE INJECTION RECON SOLN	Tier-2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
MOZOBIL	Tier-2	PA
NEULASTA	Tier-2	QL (1 ML per 14 days)
NEUMEGA	Tier-2	
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	Tier-2	QL (10 ML per 14 days)
NEUPOGEN INJECTION SYRINGE	Tier-2	QL (10 ML per 14 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier-2	QL (10 ML per 14 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	Tier-2	QL (10 ML per 14 days)
PROMACTA	Tier-2	PA; QL (30 EA per 30 days)
<b>BLOOD THINNERS</b>		
BRILINTA	Tier-3	
COUMADIN	Tier-3	
ELIQUIS	Tier-3	QL (60 EA per 30 days)
<i>enoxaparin</i>	Tier-1	
<i>fondaparinux</i>	Tier-1	
FRAGMIN SUBCUTANEOUS SOLUTION	Tier-2	
FRAGMIN SUBCUTANEOUS SYRINGE	Tier-2	
GRANIX	Tier-2	QL (10 ML per 14 days)
<i>jantoven</i>	Tier-1	
PRADAXA	Tier-3	
<i>warfarin</i>	Tier-1	
XARELTO ORAL TABLET 10 MG	Tier-3	QL (35 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 20 MG	Tier-3	
<b>BLOOD, MISCELLANEOUS</b>		
<i>anagrelide</i>	Tier-1	
<i>cilostazol</i>	Tier-1	
CYKLOKAPRON	Tier-2	
<i>pentoxifylline</i>	Tier-1	
STIMATE	Tier-3	
<i>ticlopidine</i>	Tier-1	
<i>tranexamic acid</i>	Tier-1	
<b>CANCER DRUGS</b>		
<b>INJECTABLE AGENTS</b>		
ABRAXANE	Tier-2	
ALIMTA INTRAVENOUS RECON SOLN 500 MG	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
ALKERAN INTRAVENOUS	Tier-2	
<i>amifostine crystalline</i>	Tier-1	
ARRANON	Tier-2	
ARZERRA INTRAVENOUS SOLUTION 100 MG/5 ML	Tier-2	
AVASTIN	Tier-2	
<i>azacitidine</i>	Tier-1	
BELEODAQ	Tier-2	PA
BICNU	Tier-2	
<i>bleomycin injection recon soln 30 unit</i>	Tier-1	
BUSULFEX	Tier-2	
<i>carboplatin intravenous solution</i>	Tier-1	
<i>cisplatin</i>	Tier-1	
<i>cladribine</i>	Tier-1	
CLOLAR	Tier-2	
COSMEGEN	Tier-2	
<i>cytarabine</i>	Tier-1	
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	Tier-1	
CYTOVENE	Tier-2	
<i>dacarbazine intravenous recon soln 200 mg</i>	Tier-1	
DACOGEN	Tier-2	
<i>daunorubicin intravenous solution</i>	Tier-1	
<i>decitabine</i>	Tier-1	
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	Tier-1	
DOCEFREZ	Tier-2	
<i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	Tier-1	
<i>doxorubicin intravenous solution 50 mg/25 ml</i>	Tier-1	
ELITEK INTRAVENOUS RECON SOLN 1.5 MG	Tier-2	
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML	Tier-2	
<i>epirubicin intravenous solution 50 mg/25 ml</i>	Tier-1	
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	Tier-2	
ERWINAZE	Tier-2	
ETOPOPHOS	Tier-2	
<i>etoposide intravenous</i>	Tier-1	
FASLODEX	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>fludarabine intravenous recon soln</i>	Tier-1	
<i>gemcitabine intravenous recon soln 1 gram</i>	Tier-1	
HALAVEN	Tier-2	
HERCEPTIN	Tier-2	
<i>idarubicin</i>	Tier-1	
IFEX INTRAVENOUS RECON SOLN 3 GRAM	Tier-2	
<i>ifosfamide intravenous recon soln 1 gram</i>	Tier-1	
<i>irinotecan intravenous solution 100 mg/5 ml</i>	Tier-1	
ISTODAX	Tier-2	
IXEMPRA INTRAVENOUS RECON SOLN 45 MG	Tier-2	
JEVTANA	Tier-2	
KADCYLA INTRAVENOUS RECON SOLN 100 MG	Tier-2	PA
<i>leuprolide</i>	Tier-1	
<i>melphalan</i>	Tier-1	
<i>mitomycin intravenous recon soln 20 mg</i>	Tier-1	
<i>mitoxantrone</i>	Tier-1	
MUSTARGEN	Tier-2	
ONCASPAR	Tier-2	
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	Tier-1	
<i>paclitaxel</i>	Tier-1	
PERJETA	Tier-2	PA
PROLEUKIN	Tier-2	
RITUXAN	Tier-2	PA
SYLATRON	Tier-2	PA; QL (4 EA per 28 days)
SYNRIBO	Tier-2	
TAXOTERE INTRAVENOUS SOLUTION 80 MG/4 ML (20 MG/ML)	Tier-2	
<i>toposar</i>	Tier-1	
TOPOTECAN INTRAVENOUS RECON SOLN	Tier-2	
TORISEL	Tier-2	
TREANDA INTRAVENOUS RECON SOLN 100 MG	Tier-2	
UVADEX	Tier-2	
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	Tier-2	
VELCADE	Tier-2	
VIDAZA	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>vinblastine intravenous solution</i>	Tier-1	
<i>vincasar pfs intravenous solution 1 mg/ml</i>	Tier-1	
<i>vincristine intravenous solution 1 mg/ml</i>	Tier-1	
<i>vinorelbine intravenous solution 50 mg/5 ml</i>	Tier-1	
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	Tier-2	
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	Tier-2	
ZANOSAR	Tier-2	
<b>ORAL AGENTS</b>		
AFINITOR	Tier-2	PA; QL (30 EA per 30 days)
AFINITOR DISPERZ	Tier-2	PA; QL (60 EA per 30 days)
<i>anastrozole</i>	Tier-1	
<i>bicalutamide</i>	Tier-1	
BOSULIF	Tier-2	PA
CAPRELSA ORAL TABLET 100 MG	Tier-2	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	Tier-2	PA; QL (30 EA per 30 days)
CEENU ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier-2	
COMETRIQ	Tier-2	PA
CYCLOPHOSPHAMIDE ORAL CAPSULE	Tier-2	B/D
<i>cyclophosphamide oral tablet</i>	Tier-1	B/D
DROXIA	Tier-2	
EMCYT	Tier-2	
ERIVEDGE	Tier-2	PA
<i>exemestane</i>	Tier-1	
FARESTON	Tier-2	
<i>flutamide</i>	Tier-1	
GILOTRIF	Tier-2	PA
GLEEVEC	Tier-2	
HEXALEN	Tier-2	
<i>hydroxyurea</i>	Tier-1	
IMBRUVICA	Tier-2	PA
INLYTA	Tier-2	PA
JAKAFI	Tier-2	PA
<i>letrozole</i>	Tier-1	
LEUKERAN	Tier-2	
<i>lomustine</i>	Tier-1	
MATULANE	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
MEKINIST	Tier-2	
<i>mercaptopurine</i>	Tier-1	
NEXAVAR	Tier-2	PA; QL (220 EA per 30 days)
NILANDRON	Tier-2	
POMALYST	Tier-2	PA; QL (21 EA per 21 Days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	Tier-2	PA; LA
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	Tier-2	PA
SOLTAMOX	Tier-2	
SPRYCEL ORAL TABLET 100 MG, 140 MG	Tier-2	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG	Tier-2	PA; QL (60 EA per 30 days)
STIVARGA	Tier-2	QL (84 EA per 28 Days)
SUTENT	Tier-2	PA
TABLOID	Tier-2	
TAFINLAR	Tier-2	PA
<i>tamoxifen</i>	Tier-1	
TARCEVA ORAL TABLET 100 MG	Tier-2	QL (90 EA per 30 days)
TARCEVA ORAL TABLET 150 MG, 25 MG	Tier-2	QL (30 EA per 30 days)
TARGRETIN ORAL	Tier-2	
TASIGNA	Tier-2	PA
TEMODAR ORAL	Tier-2	* Part B
THALOMID	Tier-2	
<i>tretinoin (chemotherapy)</i>	Tier-1	
TRISENOX	Tier-2	
TYKERB	Tier-2	PA; QL (180 EA per 30 days)
VOTRIENT	Tier-2	PA; QL (120 EA per 30 days)
XALKORI	Tier-2	PA
XELODA	Tier-2	* Part B
XTANDI	Tier-2	PA; QL (120 EA per 30 Days)
ZOLINZA	Tier-2	PA
ZYDELIG	Tier-3	PA
ZYKADIA	Tier-2	PA
ZYTIGA	Tier-2	PA; QL (120 EA per 30 days)
<b>PROTECTIVE AGENTS</b>		
FUSILEV	Tier-2	
<i>leucovorin calcium injection recon soln 100 mg, 350 mg</i>	Tier-1	
<i>leucovorin calcium oral</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>mesna</i>	Tier-1	
MESNEX ORAL	Tier-3	
ZINECARD INTRAVENOUS RECON SOLN 250 MG	Tier-3	
<b>TOPICAL</b>		
TARGRETIN TOPICAL	Tier-2	
<b>CARDIOVASCULAR AGENTS</b>		
<b>ACE INHIBITORS</b>		
<i>benazepril</i>	Tier-1	
<i>captopril</i>	Tier-1	
<i>enalapril maleate</i>	Tier-1	
EPANED	Tier-3	
<i>fosinopril</i>	Tier-1	
<i>lisinopril</i>	Tier-1	
<i>moexipril</i>	Tier-1	
<i>perindopril erbumine</i>	Tier-1	
<i>quinapril</i>	Tier-1	
<i>ramipril</i>	Tier-1	
<i>trandolapril</i>	Tier-1	
<b>ALPHA1 BLOCKERS</b>		
CARDURA XL	Tier-3	
<i>doxazosin</i>	Tier-1	
<i>prazosin oral</i>	Tier-1	
<i>terazosin</i>	Tier-1	
<b>ANGINA</b>		
<i>isosorbide dinitrate oral</i>	Tier-1	
<i>isosorbide dinitrate sublingual tablet 2.5 mg</i>	Tier-1	
<i>isosorbide mononitrate</i>	Tier-1	
NITRO-BID	Tier-3	
<i>nitroglycerin intravenous</i>	Tier-1	
<i>nitroglycerin transdermal patch 24 hour</i>	Tier-1	
<i>nitroglycerin translingual spray,non-aerosol</i>	Tier-1	
NITROLINGUAL	Tier-3	
NITROMIST	Tier-3	
NITROSTAT	Tier-2	
RANEXA	Tier-2	
<b>ANGIOTENSIN II RECEPTOR BLOCKERS</b>		
BENICAR	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>candesartan</i>	Tier-1	
DIOVAN	Tier-2	
<i>eprosartan</i>	Tier-1	
<i>irbesartan</i>	Tier-1	
<i>losartan</i>	Tier-1	
<i>telmisartan</i>	Tier-1	
<i>valsartan</i>	Tier-1	
<b>ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES</b>		
<i>amiodarone oral tablet 200 mg, 400 mg</i>	Tier-1	
<i>digoxin injection solution</i>	Tier-1	
<i>digoxin oral solution 50 mcg/ml</i>	Tier-1	
<i>digoxin oral tablet</i>	Tier-1	
<i>disopyramide phosphate oral capsule</i>	Tier-1	
FLECAINIDE	Tier-2	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	Tier-3	
LANOXIN PEDIATRIC	Tier-3	
<i>mexiletine</i>	Tier-1	
MULTAQ	Tier-3	
NORPACE CR	Tier-3	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	Tier-3	
<i>propafenone</i>	Tier-1	
<i>quinidine gluconate oral</i>	Tier-1	
<i>quinidine sulfite</i>	Tier-1	
<i>sorine</i>	Tier-1	
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i>	Tier-1	
<i>sotalol af oral tablet 120 mg</i>	Tier-1	
TIKOSYN	Tier-2	
<b>ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS</b>		
AMLODIPINE-ATORVASTATIN	Tier-2	
AMLODIPINE-BENAZEPRIL	Tier-2	
AMTURNIDE	Tier-2	
<i>atenolol-chlorthalidone</i>	Tier-1	
AZOR	Tier-2	
<i>benazepril-hydrochlorothiazide</i>	Tier-1	
BENICAR HCT	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>bisoprolol-hydrochlorothiazide</i>	Tier-1	
<i>candesartan-hydrochlorothiazid</i>	Tier-1	
<i>captopril-hydrochlorothiazide</i>	Tier-1	
<i>clorpres</i>	Tier-1	
DUTOPROL	Tier-3	
<i>enalapril-hydrochlorothiazide</i>	Tier-1	
EXFORGE	Tier-3	
EXFORGE HCT	Tier-3	
<i>fosinopril-hydrochlorothiazide</i>	Tier-1	
<i>irbesartan-hydrochlorothiazide</i>	Tier-1	
<i>lisinopril-hydrochlorothiazide</i>	Tier-1	
<i>losartan-hydrochlorothiazide</i>	Tier-1	
<i>methyldopa-hydrochlorothiazide</i>	Tier-1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier-1	
<i>moexipril-hydrochlorothiazide</i>	Tier-1	
<i>nadolol-bendroflumethiazide</i>	Tier-1	
<i>propranolol-hydrochlorothiazid</i>	Tier-1	
<i>quinapril-hydrochlorothiazide</i>	Tier-1	
TARKA	Tier-3	
TEKAMLO	Tier-2	
TEKTURNA HCT	Tier-2	
<i>telmisartan-amlodipine</i>	Tier-1	
<i>telmisartan-hydrochlorothiazid</i>	Tier-1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier-1	
<i>valsartan-hydrochlorothiazide</i>	Tier-1	
<b>BETA AND ALPHA BLOCKERS</b>		
<i>carvedilol</i>	Tier-1	
COREG CR	Tier-3	
<i>labetalol intravenous solution</i>	Tier-1	
<i>labetalol oral</i>	Tier-1	
<b>BETA BLOCKERS</b>		
<i>acebutolol oral</i>	Tier-1	
<i>atenolol</i>	Tier-1	
<i>betaxolol oral</i>	Tier-1	
<i>bisoprolol fumarate</i>	Tier-1	
<i>metoprolol succinate</i>	Tier-1	
<i>metoprolol tartrate oral</i>	Tier-1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>nadolol</i>	Tier-1	
<i>pindolol</i>	Tier-1	
<i>propranolol oral</i>	Tier-1	
<i>timolol maleate oral</i>	Tier-1	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>afeditab cr</i>	Tier-1	
<i>amlodipine</i>	Tier-1	
<i>cartia xt</i>	Tier-1	
<i>dilt-cd oral capsule,extended release 24hr 300 mg</i>	Tier-1	
<i>dilt-xr</i>	Tier-1	
<i>diltiazem hcl oral capsule, extended release 180 mg, 360 mg, 420 mg</i>	Tier-1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	Tier-1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg</i>	Tier-1	
<i>diltiazem hcl oral tablet</i>	Tier-1	
<i>felodipine</i>	Tier-1	
<i>isradipine</i>	Tier-1	
<i>matzim la</i>	Tier-1	
<i>nicardipine oral</i>	Tier-1	
<i>nifedical xl</i>	Tier-1	
<i>nifedipine oral capsule</i>	Tier-1	
<i>nifedipine oral tablet extended release 24hr</i>	Tier-1	
<i>nimodipine</i>	Tier-1	
<i>nisoldipine</i>	Tier-1	
<i>taztia xt</i>	Tier-1	
<i>verapamil oral</i>	Tier-1	
<b>CENTRALLY ACTING AGENTS</b>		
<i>clonidine</i>	Tier-1	
<i>clonidine hcl oral tablet</i>	Tier-1	
<i>guanfacine</i>	Tier-1	
<i>methyldopa</i>	Tier-1	
<i>reserpine</i>	Tier-1	
<b>DIRECT RENIN INHIBITORS</b>		
TEKTURNA	Tier-2	
<b>DIURETICS</b>		
<i>amiloride oral</i>	Tier-1	
<i>amiloride-hydrochlorothiazide</i>	Tier-1	
<i>bumetanide oral</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>chlorothiazide</i>	Tier-1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier-1	
<i>furosemide injection</i>	Tier-1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml</i>	Tier-1	
<i>furosemide oral tablet</i>	Tier-1	
<i>hydrochlorothiazide</i>	Tier-1	
<i>indapamide</i>	Tier-1	
<i>methyclothiazide</i>	Tier-1	
<i>metolazone</i>	Tier-1	
<i>spironolacton-hydrochlorothiaz</i>	Tier-1	
<i>spironolactone oral tablet 100 mg, 25 mg</i>	Tier-1	
<b>THALITONE</b>	Tier-3	
<i>toremide intravenous solution 20 mg/2 ml (10 mg/ml)</i>	Tier-1	
<i>toremide oral</i>	Tier-1	
<i>triamterene-hydrochlorothiazid oral capsule 50-25 mg</i>	Tier-1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	Tier-1	
<b>LIPID LOWERING AGENTS</b>		
<i>atorvastatin</i>	Tier-1	
<i>cholestyramine light oral powder in packet</i>	Tier-1	
<i>colestipol oral granules</i>	Tier-1	
<i>colestipol oral tablet</i>	Tier-1	
<i>fenofibrate</i>	Tier-1	
<i>fenofibrate micronized</i>	Tier-1	
<i>fenofibrate nanocrystallized</i>	Tier-1	
<i>fenofibric acid (choline)</i>	Tier-1	
<i>fluvastatin</i>	Tier-1	
<i>gemfibrozil oral</i>	Tier-1	
<b>JUXTAPID</b>	Tier-2	PA
<b>KYNAMRO</b>	Tier-2	PA
<i>lovastatin</i>	Tier-1	
<b>LOVAZA</b>	Tier-2	
<b>NIACIN ORAL TABLET EXTENDED RELEASE 24 HR</b>	Tier-2	
<i>niacor</i>	Tier-1	
<b>OMEGA-3 ACID ETHYL ESTERS</b>	Tier-2	
<i>pravastatin</i>	Tier-1	
<b>PREVALITE ORAL POWDER</b>	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
SIMCOR	Tier-2	
<i>simvastatin</i>	Tier-1	
VYTORIN 10-10	Tier-3	
VYTORIN 10-20	Tier-3	
VYTORIN 10-40	Tier-3	
VYTORIN 10-80	Tier-3	
WELCHOL	Tier-3	
ZETIA	Tier-2	
<b>POTASSIUM REPLACEMENT</b>		
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier-3	
<i>klor-con 8</i>	Tier-1	
<i>klor-con m10</i>	Tier-1	
KLOR-CON M15	Tier-3	
<i>klor-con m20</i>	Tier-1	
<i>potassium chloride oral capsule, extended release</i>	Tier-1	
<i>potassium chloride oral tablet, er particles/crystals</i>	Tier-1	
<b>SELECTIVE ALDOSTERONE BLOCKER</b>		
<i>eplerenone</i>	Tier-1	STPA
<i>spironolactone oral tablet 50 mg</i>	Tier-1	
<b>VASODILATORS</b>		
BIDIL	Tier-2	
<i>hydralazine injection</i>	Tier-1	
<i>hydralazine oral</i>	Tier-1	
<i>isosorbide dinitrate sublingual tablet 5 mg</i>	Tier-1	
<i>minoxidil oral</i>	Tier-1	
<b>DIABETES MELLITUS</b>		
<b>DIABETIC SUPPLIES</b>		
ACCU-CHEK ACTIVE TEST	Tier-2	* Part B
ACCU-CHEK AVIVA	Tier-2	* Part B
ACCU-CHEK AVIVA PLUS TEST STRP	Tier-2	* Part B
ACCU-CHEK COMFORT CURVE TEST	Tier-2	* Part B
ACCU-CHEK COMPACT TEST	Tier-2	* Part B
ACCU-CHEK SMARTVIEW TEST STRIP	Tier-2	* Part B
<i>alcohol swabs</i>	Tier-1	
<i>gauze bandage topical bandage 2 x 2.5 "-yard</i>	Tier-1	
HUBER SAFETY NEEDLES (DISP.)	Tier-2	
INSULIN SYRINGE SYRINGE 0.3 ML 29 X 1"	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
INSULIN SYRINGE NEEDLELESS	Tier-2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 30 X 1/2"	Tier-2	
ONE TOUCH TEST	Tier-2	* Part B
ONE TOUCH ULTRA TEST	Tier-2	* Part B
ONE TOUCH VERIO	Tier-2	* Part B
<b>GLUCOSE ELEVATING</b>		
GLUCAGEN HYPOKIT	Tier-2	
GLUCAGON EMERGENCY KIT (HUMAN)	Tier-2	
PROGLYCEM	Tier-3	
<b>INSULINS</b>		
HUMALOG SUBCUTANEOUS SOLUTION	Tier-2	
HUMALOG KWIKPEN	Tier-2	
HUMALOG MIX 50-50	Tier-2	
HUMALOG MIX 50-50 KWIKPEN	Tier-2	
HUMALOG MIX 75-25	Tier-2	
HUMALOG MIX 75-25 KWIKPEN	Tier-2	
HUMULIN 70/30	Tier-2	
HUMULIN 70/30 PEN	Tier-2	
HUMULIN N	Tier-2	
HUMULIN N PEN	Tier-2	
HUMULIN R	Tier-2	
HUMULIN R U-500 "CONCENTRATED"	Tier-2	
LANTUS	Tier-2	
LANTUS SOLOSTAR	Tier-2	
LEVEMIR	Tier-2	
LEVEMIR FLEXPEN	Tier-2	
NOVOLIN 70/30	Tier-2	
NOVOLIN N	Tier-2	
NOVOLIN R	Tier-2	
NOVOLOG	Tier-2	
NOVOLOG FLEXPEN	Tier-2	
NOVOLOG MIX 70-30	Tier-2	
NOVOLOG MIX 70-30 FLEXPEN	Tier-2	
<b>NON-INSULIN INJECTABLES</b>		
BYDUREON SUBCUTANEOUS SUSPENSION,EXTENDED REL RECON	Tier-2	
BYETTA	Tier-2	
SYMLINPEN 120	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
SYMLINPEN 60	Tier-2	
VICTOZA 3-PAK	Tier-2	
<b>ORAL AGENTS</b>		
<i>acarbose</i>	Tier-1	
ACTOPLUS MET XR	Tier-3	
<i>chlorpropamide</i>	Tier-1	
<i>glimepiride</i>	Tier-1	
<i>glipizide</i>	Tier-1	
<i>glipizide-metformin</i>	Tier-1	
<i>glyburide</i>	Tier-1	
<i>glyburide micronized</i>	Tier-1	
<i>glyburide-metformin</i>	Tier-1	
INVOKANA	Tier-3	
JANUMET	Tier-2	
JANUMET XR	Tier-2	
JANUVIA	Tier-2	
JENTADUETO	Tier-2	
<i>metformin oral tablet</i>	Tier-1	
<i>metformin oral tablet extended release 24 hr</i>	Tier-1	
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	Tier-1	
<i>nateglinide</i>	Tier-1	
PIOGLITAZONE	Tier-2	
PIOGLITAZONE-GLIMEPIRIDE	Tier-2	
PIOGLITAZONE-METFORMIN	Tier-2	
PRANDIMET	Tier-3	
PRANDIN	Tier-2	
<i>repaglinide</i>	Tier-1	
RIOMET	Tier-2	
<i>tolazamide</i>	Tier-1	
<i>tolbutamide</i>	Tier-1	
TRADJENTA	Tier-2	
<b>EAR, NOSE AND THROAT</b>		
<b>EAR</b>		
<i>acetazol hc</i>	Tier-1	
<i>acetic acid otic</i>	Tier-1	
CIPRODEX	Tier-2	
COLY-MYCIN S	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
CORTISPORIN-TC	Tier-3	
<i>fluocinolone acetonide oil</i>	Tier-1	
<i>hydrocortisone-acetic acid</i>	Tier-1	
<i>ofloxacin otic</i>	Tier-1	
VOSOL-HC	Tier-3	
<b>MOUTH AND THROAT</b>		
<i>cevimeline</i>	Tier-1	
<i>chlorhexidine gluconate mucous membrane</i>	Tier-1	
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier-1	
<i>periogard</i>	Tier-1	
<i>pilocarpine hcl oral</i>	Tier-1	
<i>sodium fluoride oral tablet</i>	Tier-1	
<i>triamcinolone acetonide dental</i>	Tier-1	
<b>NOSE</b>		
ASTEPRO NASAL SPRAY, NON-AEROSOL	Tier-2	QL (120 ML per 90 days)
<i>azelastine nasal</i>	Tier-1	QL (120 ML per 90 days)
BACTROBAN NASAL	Tier-3	
<i>budesonide nasal</i>	Tier-1	
<i>ciproheptadine</i>	Tier-1	
<i>desloratadine</i>	Tier-1	
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	Tier-1	QL (150 ML per 90 days)
<i>fluticasone nasal</i>	Tier-1	QL (48 GM per 90 days)
<i>hydroxyzine hcl intramuscular</i>	Tier-1	
<i>hydroxyzine hcl oral syrup 10 mg/5 ml</i>	Tier-1	
<i>hydroxyzine hcl oral tablet</i>	Tier-1	
<i>hydroxyzine pamoate</i>	Tier-1	
<i>ipratropium bromide nasal spray, non-aerosol 0.03 %</i>	Tier-1	QL (180 ML per 90 days)
<i>ipratropium bromide nasal spray, non-aerosol 0.06 %</i>	Tier-1	QL (90 ML per 90 days)
<i>levocetirizine</i>	Tier-1	
NASONEX	Tier-2	QL (102 GM per 90 days)
TRIAMCINOLONE ACETONIDE NASAL	Tier-2	QL (49.5 GM per 90 days)
TYZINE NASAL DROPS 0.05 %	Tier-3	
<b>ENHANCED COVERED DRUG</b>		
<b>COUGH &amp; COLD PREPARATIONS</b>		
<i>aerohist</i>	Tier-1	EC
<i>aerohist plus</i>	Tier-1	EC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>benzonatate</i>	Tier-1	EC
<i>c-phen</i>	Tier-1	EC
<i>c-phen dm</i>	Tier-1	EC
<i>chlorphen-pseudoeph-dm tannate</i>	Tier-1	EC
<i>chlorphen-pyridamine-phenyleph</i>	Tier-1	EC
<i>chlorpheniramine-dm-methscop</i>	Tier-1	EC
<i>chlorpheniramine-hydrocodone</i>	Tier-1	EC
<i>chlorpheniramine-pe tannates</i>	Tier-1	EC
<i>chlorpheniramine-pe-dm-gg</i>	Tier-1	EC
<i>chlorpheniramine-phenylephrine</i>	Tier-1	EC
<i>chlorpheniramine-pseudoephed</i>	Tier-1	EC
<i>cpm 12</i>	Tier-1	EC
<i>cpm 8-pe 20-msc 1.25</i>	Tier-1	EC
<i>cpm-pe-msc</i>	Tier-1	EC
<b>ERECTILE DYSFUNCTION</b>		
CAVERJECT INTRACAVERNOSAL RECON SOLN 40 MCG	Tier-3	EC
CAVERJECT IMPULSE	Tier-3	EC
CIALIS ORAL TABLET 10 MG, 20 MG	Tier-3	EC; QL (4 EA per 30 days)
EDEX	Tier-3	EC
LEVITRA	Tier-3	EC; QL (4 EA per 30 days)
MUSE	Tier-3	EC
VIAGRA	Tier-3	EC; QL (4 EA per 30 days)
<b>MISCELLANEOUS</b>		
ALCORTIN A TOPICAL GEL IN PACKET	Tier-3	EC
ANALPRAM ADVANCED	Tier-3	EC
ANALPRAM E	Tier-3	EC
ANALPRAM-HC RECTAL CREAM 1-1 %	Tier-3	EC
ANALPRAM-HC RECTAL CREAM 2.5-1 %	Tier-3	EC
ANALPRAM-HC RECTAL LOTION	Tier-3	EC
ANALPRAM-HC SINGLES	Tier-3	EC
<i>anucort-hc</i>	Tier-1	EC
ANUSOL-HC RECTAL SUPPOSITORY	Tier-3	EC
<i>pramcort</i>	Tier-1	EC
<b>OBESITY MANAGEMENT</b>		
ADIPEX-P	Tier-3	PA; EC
BONTRIL PDM	Tier-3	PA; EC
BONTRIL SLOW-RELEASE	Tier-3	PA; EC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>diethylpropion oral tablet</i>	Tier-1	PA; EC
<i>diethylpropion oral tablet extended release</i>	Tier-1	PA; EC
<i>phendimetrazine tartrate</i>	Tier-1	PA; EC
<i>phentermine oral capsule</i>	Tier-1	PA; EC
<i>phentermine oral tablet</i>	Tier-1	PA; EC
<b>OVULATION INDUCING AGENTS</b>		
BRAVELLE	Tier-3	PA; EC
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	Tier-2	PA; EC
CETROTIDE SUBCUTANEOUS KIT 3 MG	Tier-2	PA
FOLLISTIM AQ	Tier-2	PA; EC
GONAL-F	Tier-2	PA; EC
GONAL-F RFF	Tier-2	PA; EC
GONAL-F RFF PEN	Tier-2	PA
LUVERIS	Tier-2	PA; EC
MENOPUR	Tier-2	PA; EC
OVIDREL	Tier-2	PA; EC
REPRONEX	Tier-2	PA; EC
<b>VITAMINS/MINERALS</b>		
<i>b-plex</i>	Tier-1	
CEREFOLIN	Tier-3	EC
CEREFOLIN NAC	Tier-3	EC
<i>corvita</i>	Tier-1	EC
<i>ergocalciferol (vitamin d2) oral capsule</i>	Tier-1	EC
<i>folic acid oral tablet 1 mg</i>	Tier-1	EC
<i>folic acid-vit b6-vit b12 oral tablet 2.2-25-0.5 mg</i>	Tier-1	EC
<i>folic acid-vit b6-vit b12 oral tablet 2.5-25-2 mg</i>	Tier-1	EC
MEPHYTON	Tier-3	EC
NASCOBAL	Tier-2	EC
NEPHRO-VITE RX	Tier-3	EC
NEPHROCAPS	Tier-3	EC
NEPHROCAPS QT	Tier-3	EC
<i>renal caps</i>	Tier-1	EC
<i>triphrocaps</i>	Tier-1	EC
<i>vitamin d2</i>	Tier-1	EC
<b>EYE</b>		
<b>ALLERGY</b>		
ALOCRIL	Tier-3	
ALOMIDE	Tier-3	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>azelastine ophthalmic</i>	Tier-1	
<i>cromolyn ophthalmic</i>	Tier-1	
EMADINE	Tier-3	
<i>epinastine</i>	Tier-1	
LASTACAFT	Tier-3	
<i>naphazoline</i>	Tier-1	
<b>ANTI-INFECTIVES</b>		
AZASITE	Tier-3	QL (2.5 ML per 7 days)
<i>bacitracin ophthalmic</i>	Tier-1	
<i>bacitracin-polymyxin b ophthalmic</i>	Tier-1	
BESIVANCE	Tier-3	
BLEPHAMIDE	Tier-3	
BLEPHAMIDE S.O.P.	Tier-3	
<i>ciprofloxacin ophthalmic</i>	Tier-1	
<i>erythromycin ophthalmic</i>	Tier-1	
GARAMYCIN OPHTHALMIC DROPS	Tier-3	
<i>gatifloxacin</i>	Tier-1	
<i>gentak ophthalmic ointment</i>	Tier-1	
<i>gentamicin ophthalmic</i>	Tier-1	
<i>levofloxacin ophthalmic</i>	Tier-1	
MOXEZA	Tier-3	
<i>neomycin-bacitracin-poly-hc</i>	Tier-1	
<i>neomycin-bacitracin-polymyxin</i>	Tier-1	
<i>neomycin-polymyxin-hc otic drops,suspension</i>	Tier-1	
<i>ofloxacin ophthalmic</i>	Tier-1	
<i>polymyxin b sulf-trimethoprim</i>	Tier-1	
<i>sulfacetamide sodium ophthalmic</i>	Tier-1	
<i>sulfacetamide-prednisolone</i>	Tier-1	
TOBRADEX	Tier-3	
TOBRADEX ST	Tier-3	
<i>tobramycin</i>	Tier-1	
<i>tobramycin-dexamethasone</i>	Tier-1	
VIGAMOX	Tier-3	
<b>ANTI-INFLAMMATORIES</b>		
ALREX	Tier-3	
<i>bromfenac</i>	Tier-1	
<i>dexamethasone sodium phosphate ophthalmic</i>	Tier-1	
<i>diclofenac sodium ophthalmic</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
FLAREX	Tier-3	
<i>fluorometholone</i>	Tier-1	
<i>flurbiprofen sodium</i>	Tier-1	
FML FORTE	Tier-3	
FML S.O.P.	Tier-2	
<i>ketorolac ophthalmic</i>	Tier-1	
LOTEMAX OPHTHALMIC DROPS,SUSPENSION	Tier-3	
MAXIDEX	Tier-3	
<i>neomycin-polymyxin-dexameth</i>	Tier-1	
<i>neomycin-polymyxin-gramicidin</i>	Tier-1	
<i>neomycin-polymyxin-hc ophthalmic</i>	Tier-1	
<i>neomycin-polymyxin-hc otic solution</i>	Tier-1	
NEVANAC	Tier-3	
PRED MILD	Tier-2	
PRED-G	Tier-2	
PRED-G S.O.P.	Tier-2	
<i>prednisolone acetate</i>	Tier-1	
PROLENSA	Tier-3	
VEXOL	Tier-2	
ZYLET	Tier-3	
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	Tier-1	
ZIRGAN	Tier-3	
<b>GLAUCOMA</b>		
<i>acetazolamide oral</i>	Tier-1	
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	Tier-3	
<i>apraclonidine</i>	Tier-1	
AZOPT	Tier-2	
<i>betaxolol ophthalmic</i>	Tier-1	
BETIMOL	Tier-2	
BETOPTIC S	Tier-3	
<i>brimonidine</i>	Tier-1	
<i>carteolol</i>	Tier-1	
COMBIGAN	Tier-3	QL (10 ML per 30 days)
<i>dorzolamide</i>	Tier-1	
<i>dorzolamide-timolol</i>	Tier-1	
IOPIDINE	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>latanoprost</i>	Tier-1	
<i>levobunolol ophthalmic drops 0.5 %</i>	Tier-1	
LUMIGAN	Tier-3	STPA
<i>methazolamide oral</i>	Tier-1	
<i>metipranolol</i>	Tier-1	
<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i>	Tier-1	
SIMBRINZA	Tier-3	
<i>timolol maleate ophthalmic</i>	Tier-1	
TRAVATAN Z	Tier-3	STPA
<i>travoprost (benzalkonium)</i>	Tier-1	
ZIOPTAN (PF)	Tier-3	STPA; QL (90 EA per 90 days)
<b>OPHTHALMIC DRUGS, MISCELLANEOUS</b>		
ALCAINE	Tier-3	
NATACYN	Tier-3	
RESTASIS	Tier-2	PA
<b>GASTROINTESTINAL DRUGS</b>		
<b>EMESIS</b>		
ALOXI	Tier-2	B/D; QL (5 ML per 7 days)
ANZEMET ORAL TABLET 100 MG	Tier-2	B/D; QL (5 EA per 7 days)
ANZEMET ORAL TABLET 50 MG	Tier-2	B/D; QL (3 EA per 7 days)
CESAMET	Tier-2	B/D; QL (30 EA per 7 days)
<i>compro</i>	Tier-1	
<i>dronabinol</i>	Tier-1	B/D; QL (21 EA per 7 Days)
EMEND ORAL CAPSULE 125 MG	Tier-2	B/D; QL (1 EA per 7 days)
EMEND ORAL CAPSULE 40 MG, 80 MG	Tier-2	B/D; QL (2 EA per 7 days)
EMEND ORAL CAPSULE,DOSE PACK	Tier-2	B/D; QL (3 EA per 7 days)
<i>granisetron oral</i>	Tier-1	B/D; QL (10 EA per 7 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier-1	
<i>metoclopramide hcl injection solution</i>	Tier-1	
<i>metoclopramide hcl oral</i>	Tier-1	
<i>ondansetron</i>	Tier-1	B/D; QL (12 EA per 7 days)
<i>ondansetron hcl oral solution</i>	Tier-1	B/D; QL (150 ML per 7 days)
<i>ondansetron hcl oral tablet 24 mg</i>	Tier-1	B/D; QL (4 EA per 7 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier-1	B/D; QL (12 EA per 7 days)
<i>prochlorperazine</i>	Tier-1	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	Tier-1	
<i>prochlorperazine maleate oral</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
SANCUSO	Tier-3	B/D; QL (1 EA per 7 days)
TRANSDERM-SCOP	Tier-3	
<b>ENZYMES</b>		
BUPHENYL	Tier-2	
CARBAGLU	Tier-2	PA
CREON	Tier-2	
CYSTAGON	Tier-3	
PANCREAZE	Tier-3	
PERTZYE	Tier-3	
ULTRESA	Tier-3	
VIOKACE	Tier-3	
ZENPEP	Tier-3	
<b>GASTROINTESTINAL DRUGS, MISCELLANEOUS</b>		
CANTIL	Tier-3	
CIMZIA	Tier-2	PA; QL (2 EA per 30 days)
CIMZIA POWDER FOR RECONST	Tier-2	PA
<i>constulose</i>	Tier-1	
<i>cromolyn oral</i>	Tier-1	
<i>dicyclomine oral capsule</i>	Tier-1	
<i>dicyclomine oral solution</i>	Tier-1	
<i>dicyclomine oral tablet</i>	Tier-1	
<i>enulose</i>	Tier-1	
GATTEX ONE-VIAL	Tier-2	PA
<i>generlac</i>	Tier-1	
<i>glycopyrrolate oral</i>	Tier-1	
HALFLYTELY-BISACODYL W-FLAV PK	Tier-2	
KRISTALOSE	Tier-2	
<i>lactulose oral solution 10 gram/15 ml</i>	Tier-1	
<i>levocarnitine oral tablet</i>	Tier-1	
<i>levocarnitine (with sugar)</i>	Tier-1	
<i>loperamide oral capsule</i>	Tier-1	
LOTRONEX	Tier-2	
MOVIPREP	Tier-3	
OSMOPREP	Tier-3	
<i>polyethylene glycol 3350 oral powder</i>	Tier-1	
<i>propantheline</i>	Tier-1	
SUCLEAR	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
SUPREP	Tier-3	
<i>trilyte with flavor packets</i>	Tier-1	
<i>ursodiol</i>	Tier-1	
<b>GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)</b>		
<i>amoxicil-clarithromy-lansopraz</i>	Tier-1	
<i>cimetidine</i>	Tier-1	
<i>cimetidine hcl oral</i>	Tier-1	
<i>famotidine oral suspension</i>	Tier-1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier-1	
LANSOPRAZOLE ORAL CAPSULE,DELAYED RELEASE(DR/EC)	Tier-2	QL (90 EA per 90 days)
<i>methscopolamine oral</i>	Tier-1	
<i>misoprostol</i>	Tier-1	
<i>nizatidine</i>	Tier-1	
<i>omeprazole oral capsule,delayed release(dr/ec)</i>	Tier-1	
<i>omeprazole-sodium bicarbonate</i>	Tier-1	
PANTOPRAZOLE ORAL	Tier-2	QL (90 EA per 90 days)
PREVPAC	Tier-3	QL (14 EA per 30 days)
PYLERA	Tier-2	
RABEPRAZOLE	Tier-2	
<i>ranitidine hcl oral capsule</i>	Tier-1	
<i>ranitidine hcl oral syrup</i>	Tier-1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	Tier-1	
RELISTOR SUBCUTANEOUS KIT	Tier-2	
<i>sucralfate oral tablet</i>	Tier-1	
<b>INFLAMMATORY BOWEL DISEASE</b>		
AMITIZA	Tier-2	
APRISO	Tier-2	
ASACOL HD	Tier-2	
<i>balsalazide</i>	Tier-1	
<i>budesonide oral</i>	Tier-1	
CANASA	Tier-2	
<i>colocort</i>	Tier-1	
DELZICOL	Tier-2	
DIPENTUM	Tier-2	
ENTOCORT EC	Tier-3	
<i>hydrocortisone rectal enema</i>	Tier-1	
<i>mesalamine with cleansing wipe</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
PENTASA	Tier-2	
SFROWASA	Tier-3	
<i>sulfasalazine oral tablet</i>	Tier-1	
<i>sulfazine ec</i>	Tier-1	
UCERIS	Tier-3	
<b>HOME INFUSION THERAPY</b>		
<b>ACUTE CARE DRUGS</b>		
ABELCET	Tier-2	
<i>acetazolamide sodium</i>	Tier-1	
<i>acyclovir sodium intravenous solution</i>	Tier-1	
AMBISOME	Tier-2	
<i>amikacin injection solution 500 mg/2 ml</i>	Tier-1	
AMPHOTEC	Tier-2	
<i>amphotericin b</i>	Tier-1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	Tier-1	
<i>ampicillin-sulbactam injection recon soln 15 gram, 3 gram</i>	Tier-1	
ANZEMET INTRAVENOUS SOLUTION 100 MG/5 ML	Tier-2	B/D; QL (10 ML per 7 days)
ARGATROBAN	Tier-3	
ARGATROBAN IN 0.9 % SOD CHLOR	Tier-3	
ATGAM	Tier-2	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	Tier-1	
AVELOX IN NACL (ISO-OSMOTIC)	Tier-2	
AZACTAM INJECTION RECON SOLN 2 GRAM	Tier-2	
AZACTAM IN DEXTROSE (ISO-OSM)	Tier-2	
<i>azithromycin intravenous</i>	Tier-1	
<i>aztreonam injection recon soln 1 gram</i>	Tier-1	
<i>benztropine injection</i>	Tier-1	
BONIVA INTRAVENOUS	Tier-2	PA
<i>bumetanide injection</i>	Tier-1	
<i>buprenorphine hcl injection syringe</i>	Tier-1	
<i>butorphanol tartrate injection</i>	Tier-1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	Tier-1	
CANCIDAS	Tier-2	
CAPASTAT	Tier-2	
CARDENE IV IN SODIUM CHLORIDE	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	Tier-1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	Tier-1	
<i>cefepime</i>	Tier-1	
<i>cefotaxime</i>	Tier-1	
<i>cefotetan</i>	Tier-1	
<i>cefoxitin</i>	Tier-1	
<i>cefoxitin in dextrose, iso-osm</i>	Tier-1	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	Tier-1	
<i>ceftazidime in d5w</i>	Tier-1	
<i>ceftriaxone injection recon soln 10 gram, 250 mg, 500 mg</i>	Tier-1	
<i>ceftriaxone intravenous recon soln</i>	Tier-1	
<i>cefuroxime sodium injection recon soln 1.5 gram, 750 mg</i>	Tier-1	
<i>cefuroxime sodium intravenous</i>	Tier-1	
<i>chloramphenicol sod succinate</i>	Tier-1	
<i>cidofovir</i>	Tier-1	
<i>ciprofloxacin intravenous solution 400 mg/40 ml</i>	Tier-1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	Tier-1	
CLEOCIN INJECTION	Tier-2	
CLEOCIN IN 5 % DEXTROSE	Tier-2	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	Tier-1	
<i>colistin (colistimethate na)</i>	Tier-1	
CUBICIN	Tier-2	
<i>cyclosporine intravenous</i>	Tier-1	B/D
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	Tier-1	
<i>diltiazem hcl intravenous</i>	Tier-1	
DORIBAX INTRAVENOUS RECON SOLN 500 MG	Tier-2	
<i>duramorph (pf)</i>	Tier-1	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	Tier-2	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	Tier-2	
<i>esomeprazole sodium</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>fluconazole in dextrose(iso-o) intravenous piggyback 400 mg/200 ml</i>	Tier-1	
FORTAZ INJECTION RECON SOLN 2 GRAM, 6 GRAM	Tier-2	
FORTAZ IN DEXTROSE 5 %	Tier-2	
<i>foscarnet</i>	Tier-1	
<i>gentamicin injection solution 40 mg/ml</i>	Tier-1	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	Tier-1	
<i>gentamicin sulfate (pf) intravenous solution 80 mg/8 ml</i>	Tier-1	
<i>granisetron intravenous solution 1 mg/ml (1 ml)</i>	Tier-1	B/D; QL (40 ML per 7 days)
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	Tier-1	B/D; QL (40 ML per 7 days)
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	Tier-2	
<i>heparin (porcine) injection solution</i>	Tier-1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	Tier-1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	Tier-1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	Tier-1	
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	Tier-1	
<i>imipenem-cilastatin</i>	Tier-1	
INVANZ INJECTION	Tier-2	
<i>isoniazid injection</i>	Tier-1	
<i>kanamycin</i>	Tier-1	
<i>lactated ringers intravenous</i>	Tier-1	
LEVAQUIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 750 MG/150 ML	Tier-2	
<i>levocarnitine intravenous</i>	Tier-1	
<i>levofloxacin intravenous</i>	Tier-1	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml</i>	Tier-1	
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 5 mg/ml (0.5 %)</i>	Tier-1	
LINCOCIN	Tier-2	
<i>meropenem intravenous recon soln 500 mg</i>	Tier-1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
MERREM INTRAVENOUS RECON SOLN 500 MG	Tier-2	
<i>methadone injection</i>	Tier-1	
<i>methotrexate sodium (pf)</i>	Tier-1	
<i>metoprolol tartrate intravenous solution</i>	Tier-1	
<i>metronidazole in nacl (iso-os)</i>	Tier-1	
MYCAMINE	Tier-2	
<i>nafcillin injection recon soln 1 gram, 10 gram</i>	Tier-1	
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	Tier-1	
<i>ondansetron hcl (pf) injection solution</i>	Tier-1	B/D
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	Tier-1	
<i>oxacillin in dextrose(iso-osm)</i>	Tier-1	
<i>pamidronate intravenous solution</i>	Tier-1	
<i>pantoprazole intravenous</i>	Tier-1	
<i>penicillin g pot in dextrose intravenous piggyback 2 million unit/50 ml, 3 million unit/50 ml</i>	Tier-1	
<i>penicillin g potassium injection recon soln 5 million unit</i>	Tier-1	
<i>penicillin g sodium</i>	Tier-1	
PFIZERPEN-G INJECTION RECON SOLN 20 MILLION UNIT	Tier-2	
<i>piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram</i>	Tier-1	
<i>polymyxin b sulfate</i>	Tier-1	
<i>potassium chloride intravenous piggyback 20 meq/100 ml, 30 meq/100 ml</i>	Tier-1	
PRIMAXIN IV	Tier-2	
PROGRAF INTRAVENOUS	Tier-2	B/D
PROTONIX INTRAVENOUS	Tier-2	
REMODULIN	Tier-2	PA
RETROVIR INTRAVENOUS	Tier-2	
<i>streptomycin intramuscular</i>	Tier-1	
<i>sulfamethoxazole-trimethoprim intravenous</i>	Tier-1	
SYNERCID	Tier-2	
TEFLARO	Tier-2	
TIMENTIN INTRAVENOUS RECON SOLN 3.1 G	Tier-2	
<i>tobramycin in 0.9 % nacl intravenous piggyback 80 mg/100 ml</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>tobramycin sulfate injection solution</i>	Tier-1	
TYGACIL	Tier-2	
<i>valproate sodium</i>	Tier-1	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i>	Tier-1	
VFEND IV	Tier-2	
VIBATIV INTRAVENOUS RECON SOLN 250 MG	Tier-2	
VISTIDE	Tier-2	
<i>voriconazole intravenous</i>	Tier-1	
ZEMPLAR INTRAVENOUS	Tier-2	
ZINACEF IN DEXTROSE (ISO-OSM)	Tier-2	
ZINACEF IN STERILE WATER	Tier-2	
ZOSYN INTRAVENOUS RECON SOLN 3.375 GRAM	Tier-2	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML	Tier-2	
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	Tier-2	
<b>ELECTROLYTES</b>		
<i>ammonium chloride</i>	Tier-1	
<i>d10 % &amp; 0.45 % sodium chloride</i>	Tier-1	
<i>d2.5 %-0.45 % sodium chloride</i>	Tier-1	
<i>d5 % and 0.9 % sodium chloride</i>	Tier-1	
<i>d5 %-0.45 % sodium chloride</i>	Tier-1	
<i>dextrose 10 % and 0.2 % nacl</i>	Tier-1	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	Tier-1	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	Tier-1	
<i>dextrose 5 %-lactated ringers</i>	Tier-1	
<i>dextrose 5%-0.2 % sod chloride</i>	Tier-1	
<i>dextrose 5%-0.3 % sod.chloride</i>	Tier-1	
IONOSOL-B IN D5W	Tier-2	
IONOSOL-MB IN D5W	Tier-2	
ISOLYTE S IN 5 % DEXTROSE	Tier-2	
ISOLYTE-H IN 5 % DEXTROSE	Tier-2	
ISOLYTE-P IN 5 % DEXTROSE	Tier-2	
ISOLYTE-S	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>magnesium sulfate injection</i>	Tier-1	
NORMOSOL-M IN 5 % DEXTROSE	Tier-2	
NORMOSOL-R IN 5 % DEXTROSE	Tier-2	
NORMOSOL-R PH 7.4	Tier-2	
PLASMA-LYTE 148	Tier-2	
PLASMA-LYTE A	Tier-2	
PLASMA-LYTE-56 IN 5 % DEXTROSE	Tier-2	
<i>potassium chlorid-d5-0.45%nacl</i>	Tier-1	
<i>potassium chloride intravenous parenteral solution</i>	Tier-1	
<i>potassium chloride intravenous piggyback 10 meq/100 ml, 40 meq/100 ml</i>	Tier-1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	Tier-1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	Tier-1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	Tier-1	
<i>potassium chloride-0.45 % nacl</i>	Tier-1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	Tier-1	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	Tier-1	
<i>potassium chloride-d5-0.9%nacl</i>	Tier-1	
<i>ringers intravenous</i>	Tier-1	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	Tier-1	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	Tier-1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier-1	
<i>sodium chloride 3 %</i>	Tier-1	
<i>sodium chloride 5 %</i>	Tier-1	
<i>sodium lactate intravenous</i>	Tier-1	
<b>IV NUTRITION</b>		
AMINOSYN 8.5 %-ELECTROLYTES	Tier-2	B/D
AMINOSYN II 10 %	Tier-2	B/D
AMINOSYN II 15 %	Tier-2	B/D
AMINOSYN II 7 % (OLD FORMULA)	Tier-2	B/D
AMINOSYN II 8.5 %(OLD FORMULA)	Tier-2	B/D
AMINOSYN II 8.5 %-ELECTROLYTES	Tier-2	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
AMINOSYN M 3.5 %	Tier-2	B/D
AMINOSYN-HBC 7%	Tier-2	B/D
AMINOSYN-PF 10 %	Tier-2	B/D
AMINOSYN-PF 7 % (SULFITE-FREE)	Tier-2	B/D
CLINIMIX 5%/D15W SULFITE FREE	Tier-2	B/D
CLINIMIX 5%/D25W SULFITE-FREE	Tier-2	B/D
CLINIMIX 2.75%/D5W SULFIT FREE	Tier-2	B/D
CLINIMIX 4.25%-D20W SULF-FREE	Tier-2	B/D
CLINIMIX 4.25%-D25W SULF-FREE	Tier-2	B/D
CLINIMIX 4.25%/D10W SULF FREE	Tier-2	B/D
CLINIMIX 4.25%/D5W SULFIT FREE	Tier-2	B/D
CLINIMIX 5%-D20W(SULFITE-FREE)	Tier-2	B/D
CLINIMIX E 2.75%/D10W SUL FREE	Tier-2	B/D
CLINIMIX E 2.75%/D5W SULF FREE	Tier-2	B/D
CLINIMIX E 4.25%/D25W SUL FREE	Tier-2	B/D
CLINIMIX E 4.25%/D5W SULF FREE	Tier-2	B/D
CLINIMIX E 5%/D15W SULFIT FREE	Tier-2	B/D
CLINIMIX E 5%/D20W SULFIT FREE	Tier-2	B/D
CLINIMIX E 5%/D25W SULFIT FREE	Tier-2	B/D
CLINISOL SF 15 %	Tier-2	B/D
FREAMINE III 3 %-ELECTROLYTES	Tier-2	B/D
HEPATAMINE 8%	Tier-2	B/D
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	Tier-2	B/D
NEPHRAMINE 5.4 %	Tier-2	B/D
PREMASOL 10 %	Tier-2	B/D
PREMASOL 6 %	Tier-2	B/D
PROCALAMINE 3%	Tier-2	B/D
PROSOL 20 %	Tier-2	B/D
<i>tpn electrolytes</i>	Tier-1	B/D
TRAVASOL 10 %	Tier-2	B/D
TROPHAMINE 10 %	Tier-2	B/D
TROPHAMINE 6%	Tier-2	B/D
<b>HORMONES</b>		
<b>ADRENAL CORTICOSTEROIDS</b>		
<i>a-hydrocort</i>	Tier-1	
<i>cortisone</i>	Tier-1	
DEPO-MEDROL	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>dexamethasone oral elixir</i>	Tier-1	
<i>dexamethasone oral tablet</i>	Tier-1	
<i>dexamethasone intensol</i>	Tier-1	
<i>dexpak 13 day</i>	Tier-1	
<i>fludrocortisone</i>	Tier-1	
<i>hydrocortisone oral</i>	Tier-1	
LYSODREN	Tier-2	
<i>methylprednisolone</i>	Tier-1	
<i>methylprednisolone acetate</i>	Tier-1	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	Tier-1	
<i>methylprednisolone sodium succ intravenous</i>	Tier-1	
MILLIPRED	Tier-3	
ORAPRED	Tier-3	
ORAPRED ODT ORAL TABLET,DISINTEGRATING 15 MG, 30 MG	Tier-3	
<i>prednisolone sodium phosphate ophthalmic</i>	Tier-1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml, 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier-1	
<i>prednisone oral solution</i>	Tier-1	
<i>prednisone oral tablet</i>	Tier-1	
PREDNISON INTENSOL	Tier-3	
SOLU-CORTEF (PF) INJECTION RECON SOLN 100 MG/2 ML, 250 MG/2 ML	Tier-3	
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	Tier-3	
SOLU-MEDROL (PF) INJECTION	Tier-3	
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 500 MG/4 ML	Tier-3	
<i>triamcinolone acetate injection</i>	Tier-1	
VERIPRED 20	Tier-3	
<b>ANDROGENS</b>		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	Tier-2	
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	Tier-2	
ANDROXY	Tier-3	
<i>danazol oral</i>	Tier-1	
DEPO-TESTOSTERONE	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
METHITEST	Tier-3	
<i>oxandrolone</i>	Tier-1	
STRIANT	Tier-3	
<i>testosterone cypionate</i>	Tier-1	
<i>testosterone enanthate</i>	Tier-1	
TESTRED	Tier-3	
<b>GONADOTROPIN RELEASING AGONISTS</b>		
ELIGARD	Tier-2	
FIRMAGON	Tier-2	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	Tier-2	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	Tier-2	
LUPRON DEPOT (4 MONTH)	Tier-2	
LUPRON DEPOT (6 MONTH)	Tier-2	
LUPRON DEPOT-PED	Tier-2	
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	Tier-2	
SYNAREL	Tier-2	
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	Tier-2	
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 3.75 MG/2 ML	Tier-2	
<b>THYROID REPLACEMENT AND ANTITHYROID AGENTS</b>		
<i>levothyroxine oral</i>	Tier-1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier-1	
<i>liothyronine oral</i>	Tier-1	
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier-1	
<i>propylthiouracil</i>	Tier-1	
SYNTHROID	Tier-3	
THYROLAR-1	Tier-3	
THYROLAR-1/2	Tier-3	
THYROLAR-1/4	Tier-3	
THYROLAR-2	Tier-3	
THYROLAR-3	Tier-3	
TIROSINT	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier-1	
<b>IMMUNOLOGIC AGENTS</b>		
<b>IMMUNE STIMULANTS</b>		
ACTHIB (PF)	Tier-2	
ACTIMMUNE	Tier-2	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	Tier-2	
ADAGEN	Tier-2	
AFLURIA 2011-2012	Tier-2	* Part B
AFLURIA 2011-2012 (PF)	Tier-2	* Part B
<i>bcg vaccine, live (pf)</i>	Tier-1	
BIVIGAM	Tier-2	PA; * Part B
BOOSTRIX TDAP	Tier-2	
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM	Tier-2	PA; * Part B
CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE	Tier-2	
COMVAX (PF)	Tier-2	
DAPTACEL (DTAP PEDIATRIC) (PF)	Tier-2	
DECAVAC (PF) INTRAMUSCULAR SYRINGE	Tier-2	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	Tier-2	B/D
ENGERIX-B PEDIATRIC (PF)	Tier-2	B/D
FLUARIX 2011-2012 (PF)	Tier-2	* Part B
FLULAVAL 2011-2012	Tier-2	* Part B
FLUVIRIN 2011-2012	Tier-2	* Part B
FLUVIRIN 2011-2012 (PF)	Tier-2	* Part B
FLUZONE 2011-2012	Tier-2	* Part B
FLUZONE 2011-2012 (PF)	Tier-2	* Part B
FLUZONE HIGH-DOSE 2011-12 (PF)	Tier-2	* Part B
FLUZONE INTRADERM 2011-12 (PF)	Tier-2	* Part B
GAMASTAN S/D	Tier-2	PA; * Part B
GAMMAGARD LIQUID	Tier-2	PA; * Part B
GAMMAPLEX	Tier-2	PA; * Part B
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	Tier-2	PA; * Part B
GARDASIL (PF)	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	Tier-2	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	Tier-2	
HIBERIX (PF)	Tier-2	
IMOVAX RABIES VACCINE (PF)	Tier-2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	Tier-2	
IPOL INJECTION SUSPENSION	Tier-2	
IXIARO (PF)	Tier-2	
M-M-R II (PF)	Tier-2	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	Tier-2	
MENOMUNE - A/C/Y/W-135 (PF)	Tier-2	
MENVEO A-C-Y-W-135-DIP (PF)	Tier-2	
PEDVAX HIB (PF)	Tier-2	
PNEUMOVAX 23 INJECTION INJECTABLE	Tier-2	* Part B
PREVNAR 13 (PF)	Tier-2	* Part B
PRIVIGEN	Tier-2	PA; * Part B
PROQUAD (PF)	Tier-2	
RABAVERT (PF)	Tier-2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	Tier-2	B/D
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	Tier-2	B/D
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	Tier-2	
ROTATEQ VACCINE	Tier-2	
TETANUS TOXOID, ADSORBED (PF)	Tier-2	
TETANUS, DIPHTHERIA TOX PED (PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	Tier-2	
TETANUS-DIPHTHERIA TOXOIDS-TD	Tier-2	
THYMOGLOBULIN	Tier-2	PA; * Part B
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	Tier-2	
TYPHIM VI INTRAMUSCULAR SOLUTION	Tier-2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	Tier-2	
VAQTA (PF) INTRAMUSCULAR SYRINGE	Tier-2	
VARIVAX (PF)	Tier-2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
YF-VAX (PF)	Tier-2	
ZOSTAVAX (PF)	Tier-2	
<b>IMMUNOSUPPRESSIVES</b>		
ASTAGRAF XL	Tier-3	B/D
BENLYSTA INTRAVENOUS RECON SOLN 120 MG	Tier-2	PA
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	Tier-3	B/D
<i>cyclosporine oral capsule</i>	Tier-1	B/D
<i>cyclosporine modified</i>	Tier-1	B/D
<i>gengraf</i>	Tier-1	B/D
<i>mycophenolate mofetil</i>	Tier-1	B/D
<i>mycophenolate sodium</i>	Tier-1	B/D
MYFORTIC	Tier-3	B/D
NULOJIX	Tier-2	B/D
RAPAMUNE	Tier-2	B/D
SIMULECT INTRAVENOUS RECON SOLN 20 MG	Tier-2	B/D
<i>sirolimus oral tablet 0.5 mg</i>	Tier-1	B/D
<i>tacrolimus</i>	Tier-1	B/D
ZORTRESS	Tier-2	B/D; QL (180 EA per 90 days)
<b>MISCELLANEOUS DRUGS</b>		
<b>ACROMEGALY</b>		
<i>octreotide acetate injection solution</i>	Tier-1	
SANDOSTATIN	Tier-2	
SANDOSTATIN LAR DEPOT	Tier-2	
SOMATULINE DEPOT	Tier-2	
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG	Tier-2	PA
<b>AMYOTROPHIC LATERAL SCLEROSIS</b>		
RILUTEK	Tier-2	
RILUZOLE	Tier-2	
<b>ANAPHYLAXIS EMERGENCY</b>		
AUVI-Q	Tier-2	QL (2 EA per 7 Days)
<i>epinephrine injection syringe 0.1 mg/ml (1:10,000)</i>	Tier-1	
EPIPEN 2-PAK	Tier-2	QL (2 EA per 7 days)
EPIPEN JR 2-PAK	Tier-2	QL (2 EA per 7 days)
<i>midodrine</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
TWINJECT AUTOINJECTOR	Tier-2	QL (2 EA per 7 days)
<b>CASTLEMAN DISEASE</b>		
SYLVANT INTRAVENOUS RECON SOLN 100 MG	Tier-2	PA
<b>CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES</b>		
ARCALYST	Tier-2	PA
ILARIS (PF)	Tier-2	PA
<b>CUSHING DISEASE</b>		
SIGNIFOR	Tier-2	PA; QL (60 ML per 30 Days)
<b>CYSTIC FIBROSIS</b>		
BETHKIS	Tier-2	
CAYSTON	Tier-2	
KALYDECO	Tier-2	PA; QL (60 EA per 30 days)
PULMOZYME	Tier-2	
TOBI	Tier-2	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	Tier-2	
<i>tobramycin in 0.225 % nacl</i>	Tier-1	
<b>CYSTINURIA</b>		
CYSTADANE	Tier-2	
<b>DETOXIFICATION AGENTS</b>		
CHEMET	Tier-3	
EXJADE	Tier-2	
<b>FABRY DISEASE</b>		
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	Tier-2	PA
<b>GAUCHER DISEASE</b>		
CEREZYME INTRAVENOUS RECON SOLN 200 UNIT	Tier-2	PA
ELELYSO	Tier-2	PA
VPRIV	Tier-2	PA
ZAVESCA	Tier-2	PA
<b>GROWTH HORMONE DEFICIENCY</b>		
EGRIFTA SUBCUTANEOUS RECON SOLN 2 MG	Tier-2	PA
NUTROPIN AQ SUBCUTANEOUS CARTRIDGE 10 MG/2 ML (5 MG/ML)	Tier-2	PA
<b>GROWTH HORMONE DEFICIENCY</b>		
GENOTROPIN	Tier-2	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
GENOTROPIN MINIQUICK	Tier-2	PA
HUMATROPE	Tier-2	PA
INCRELEX	Tier-2	PA
NORDITROPIN FLEXPPO	Tier-2	PA
NORDITROPIN NORDIFLEX	Tier-2	PA
NUTROPIN SUBCUTANEOUS RECON SOLN 10 MG	Tier-2	PA
NUTROPIN AQ SUBCUTANEOUS CARTRIDGE 20 MG/2 ML (10 MG/ML)	Tier-2	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS CARTRIDGE 5 MG/2 ML (2.5 MG/ML)	Tier-2	PA
OMNITROPE	Tier-2	PA
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG	Tier-2	PA
SAIZEN CLICK.EASY	Tier-2	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier-2	PA
TEV-TROPIN	Tier-2	PA
ZORBTIVE	Tier-2	PA
<b>HEREDITARY ANGIOEDEMA</b>		
ALDURAZYME	Tier-2	
CINRYZE	Tier-2	PA
ELAPRASE	Tier-2	
FIRAZYR	Tier-2	PA; QL (3 ML per 7 days)
LUMIZYME	Tier-2	
MYOZYME	Tier-2	
NAGLAZYME	Tier-2	
REMICADE	Tier-2	PA
REVATIO INTRAVENOUS	Tier-2	
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML	Tier-2	
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	Tier-2	PA
VIMPAT INTRAVENOUS	Tier-3	
<b>HEREDITARY TYROSINEMIA TYPE 2</b>		
ORFADIN	Tier-2	PA
<b>HUNTINGTON DISEASE</b>		
XENAZINE ORAL TABLET 12.5 MG	Tier-2	PA; QL (90 EA per 30 days)
XENAZINE ORAL TABLET 25 MG	Tier-2	PA; QL (120 EA per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<b>HYPERCALCEMIA</b>		
HECTOROL ORAL	Tier-2	
SENSIPAR	Tier-2	
<b>HYPERPARATHYROIDISM</b>		
<i>calcitriol oral</i>	Tier-1	
<i>paricalcitol</i>	Tier-1	
ZEMPLAR ORAL	Tier-2	
<b>MULTIPLE SCLEROSIS</b>		
AMPYRA	Tier-2	PA; QL (60 EA per 30 days)
AUBAGIO	Tier-2	PA; QL (30 EA per 30 Days)
AVONEX INTRAMUSCULAR KIT	Tier-2	QL (4 EA per 30 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	Tier-2	QL (4 EA per 30 days)
BETASERON SUBCUTANEOUS KIT	Tier-2	QL (15 EA per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE KIT	Tier-2	QL (30 EA per 30 days)
EXTAVIA SUBCUTANEOUS KIT	Tier-2	QL (15 EA per 30 days)
GILENYA	Tier-2	PA; QL (28 EA per 28 days)
REBIF (WITH ALBUMIN)	Tier-2	QL (11 ML per 30 days)
REBIF TITRATION PACK	Tier-2	QL (12 ML per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	Tier-2	PA; QL (60 EA per 30 Days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	Tier-2	PA; QL (1 EA per 30 Days)
TYSABRI	Tier-2	PA; LA
<b>MYASTHENIA GRAVIS</b>		
<i>guanidine</i>	Tier-1	
MESTINON ORAL SYRUP	Tier-3	
MESTINON TIMESPAN	Tier-2	
MYTELASE	Tier-3	
<i>pyridostigmine bromide</i>	Tier-1	
<b>PAGET'S DISEASE</b>		
<i>etidronate disodium</i>	Tier-1	
<b>PHENYLKETONURIA</b>		
KUVAN ORAL TABLET,SOLUBLE	Tier-2	PA
<b>PHOSPHATE BINDERS</b>		
<i>calcium acetate oral capsule</i>	Tier-1	
FOSRENOL	Tier-2	
PHOSLYRA	Tier-2	
RENAGEL	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
REVELA	Tier-2	
<b>POTASSIUM BINDER</b>		
<i>kionex oral powder</i>	Tier-1	
<i>sodium polystyrene (sorb free)</i>	Tier-1	
<b>PULMONARY HYPERTENSION</b>		
ADCIRCA	Tier-2	PA; QL (60 EA per 30 days)
ADEMPAS	Tier-2	PA
LETAIRIS	Tier-2	PA
OPSUMIT	Tier-2	PA
SILDENAFIL	Tier-2	PA
TRACLEER	Tier-2	PA; LA
<b>SMOKING CESSATION</b>		
<i>buproban</i>	Tier-1	
CHANTIX	Tier-3	QL (60 EA per 30 Days)
CHANTIX STARTING MONTH BOX	Tier-3	QL (53 EA per 30 days)
NICOTROL	Tier-2	
NICOTROL NS	Tier-3	
<b>SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin</i>	Tier-1	
AVODART	Tier-2	
CIALIS ORAL TABLET 2.5 MG, 5 MG	Tier-3	PA; QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	Tier-1	
JALYN	Tier-2	
<i>tamsulosin</i>	Tier-1	
<b>UROLOGIC DISORDERS</b>		
<i>bethanechol chloride</i>	Tier-1	
<i>desmopressin injection</i>	Tier-1	
<i>desmopressin nasal spray,non-aerosol</i>	Tier-1	
<i>desmopressin oral</i>	Tier-1	
DETROL LA	Tier-3	STPA
ELMIRON	Tier-3	
ENABLEX	Tier-3	STPA
<i>flavoxate</i>	Tier-1	
GELNIQUE	Tier-2	
LITHOSTAT	Tier-3	
MYRBETRIQ	Tier-3	STPA
<i>oxybutynin chloride oral</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
OXYTROL	Tier-2	
<i>potassium citrate</i>	Tier-1	
SAMSCA	Tier-3	QL (14 EA per 7 days)
TOLTERODINE	Tier-2	
<i>tropium</i>	Tier-1	
UROCIT-K 10	Tier-3	
UROCIT-K 15	Tier-3	
UROCIT-K 5	Tier-3	
VESICARE	Tier-2	
<b>WILSON'S DISEASE</b>		
DEPEN TITRATABS	Tier-2	
SYPRINE	Tier-2	
<b>NEUROLOGICAL DRUGS</b>		
<b>ALZHEIMERS DISEASE</b>		
<i>donepezil</i>	Tier-1	
<i>ergoloid</i>	Tier-1	
EXELON TRANSDERMAL	Tier-3	
<i>galantamine</i>	Tier-1	
NAMENDA	Tier-2	
NAMENDA TITRATION PAK	Tier-2	
NAMENDA XR	Tier-2	
<i>rivastigmine tartrate</i>	Tier-1	
<b>MIGRAINE THERAPY</b>		
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier-1	QL (360 EA per 30 days)
<i>dihydroergotamine injection</i>	Tier-1	
MIGERGOT	Tier-2	
MIGRANAL	Tier-3	QL (8 ML per 30 days)
<i>naratriptan</i>	Tier-1	QL (9 EA per 30 days)
<i>rizatriptan</i>	Tier-1	QL (12 EA per 30 days)
<i>sumatriptan</i>	Tier-1	QL (8 EA per 30 days)
<i>sumatriptan succinate oral</i>	Tier-1	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	Tier-1	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	Tier-1	QL (4 ML per 30 days)
<b>PARKINSONS DISEASE</b>		
APOKYN	Tier-2	
AZILECT	Tier-2	
<i>benztropine oral</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>bromocriptine</i>	Tier-1	
<i>cabergoline</i>	Tier-1	
<i>carbidopa</i>	Tier-1	
<i>carbidopa-levodopa</i>	Tier-1	
<i>carbidopa-levodopa-entacapone</i>	Tier-1	
CYCLOSET	Tier-2	
<i>entacapone</i>	Tier-1	
LODOSYN	Tier-2	
MIRAPEX ER	Tier-3	
NEUPRO	Tier-3	QL (30 EA per 30 Days)
<i>pramipexole</i>	Tier-1	
<i>ropinirole</i>	Tier-1	
<i>selegiline hcl</i>	Tier-1	
STALEVO 100	Tier-2	
STALEVO 125	Tier-2	
STALEVO 150	Tier-2	
STALEVO 200	Tier-2	
STALEVO 50	Tier-2	
STALEVO 75	Tier-2	
TASMAR ORAL TABLET 100 MG	Tier-2	
<i>trihexyphenidyl</i>	Tier-1	
<b>PSEUDOBULBAR AFFECT</b>		
NUEDEXTA	Tier-2	PA
<b>SEIZURES</b>		
APTIOM	Tier-3	PA
BANZEL ORAL SUSPENSION	Tier-2	QL (2400 ML per 30 days)
BANZEL ORAL TABLET 200 MG	Tier-2	QL (1440 EA per 90 days)
BANZEL ORAL TABLET 400 MG	Tier-2	QL (720 EA per 90 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	Tier-1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	Tier-1	
<i>carbamazepine oral tablet</i>	Tier-1	
<i>carbamazepine oral tablet extended release 12 hr</i>	Tier-1	
<i>carbamazepine oral tablet, chewable</i>	Tier-1	
CELONTIN ORAL CAPSULE 300 MG	Tier-3	
<i>clonazepam</i>	Tier-1	
<i>diazepam oral solution 5 mg/5 ml</i>	Tier-1	
<i>diazepam oral tablet</i>	Tier-1	
<i>diazepam rectal</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>diazepam intensol</i>	Tier-1	
DILANTIN	Tier-2	
DILANTIN INFATABS	Tier-2	
<i>divalproex</i>	Tier-1	
<i>epitol</i>	Tier-1	
<i>ethosuximide</i>	Tier-1	
<i>felbamate</i>	Tier-1	
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG, 8 MG	Tier-3	PA
<i>gabapentin oral capsule</i>	Tier-1	
<i>gabapentin oral solution 250 mg/5 ml</i>	Tier-1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier-1	
GABITRIL	Tier-2	
HORIZANT	Tier-3	QL (60 EA per 30 days)
LAMICTAL ODT	Tier-3	
<i>lamotrigine oral tablet</i>	Tier-1	
LAMOTRIGINE ORAL TABLET EXTENDED RELEASE 24HR	Tier-2	
<i>lamotrigine oral tablet, chewable dispersible</i>	Tier-1	
<i>levetiracetam intravenous</i>	Tier-1	
<i>levetiracetam oral solution 100 mg/ml</i>	Tier-1	
<i>levetiracetam oral tablet</i>	Tier-1	
<i>levetiracetam oral tablet extended release 24 hr</i>	Tier-1	
LYRICA	Tier-3	STPA
ONFI ORAL SUSPENSION	Tier-3	
ONFI ORAL TABLET 10 MG, 20 MG	Tier-3	QL (60 EA per 30 days)
<i>oxcarbazepine</i>	Tier-1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	Tier-3	QL (30 EA per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	Tier-3	QL (120 EA per 30 days)
PEGANONE	Tier-3	
<i>phenobarbital</i>	Tier-1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	Tier-1	
<i>phenytoin oral tablet, chewable</i>	Tier-1	
<i>phenytoin sodium intravenous solution</i>	Tier-1	
<i>phenytoin sodium extended</i>	Tier-1	
POTIGA	Tier-3	PA
<i>primidone</i>	Tier-1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
QUDEXY XR	Tier-3	
SABRIL	Tier-2	
SAVELLA ORAL TABLET	Tier-2	STPA; QL (180 EA per 90 days)
STAVZOR	Tier-3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	Tier-2	
<i>tiagabine</i>	Tier-1	
<i>topiramate oral capsule, sprinkle</i>	Tier-1	
<i>topiramate oral tablet</i>	Tier-1	
TROKENDI XR	Tier-3	
<i>valproic acid</i>	Tier-1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier-1	
VIMPAT ORAL SOLUTION	Tier-3	PA; QL (1200 ML per 30 days)
VIMPAT ORAL TABLET	Tier-3	PA; QL (180 EA per 90 days)
<i>zonisamide</i>	Tier-1	
<b>SPASTICITY</b>		
<i>baclofen</i>	Tier-1	
<i>cyclobenzaprine</i>	Tier-1	
<i>dantrolene</i>	Tier-1	
<i>tizanidine</i>	Tier-1	
<b>PAIN AND INFLAMMATORY DISEASES</b>		
<b>ARTHRITIS</b>		
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML)	Tier-2	PA
ACTEMRA SUBCUTANEOUS	Tier-2	PA
ARTHROTEC 50	Tier-3	
ARTHROTEC 75	Tier-3	
AZASAN	Tier-3	B/D
<i>azathioprine</i>	Tier-1	B/D
CELEBREX	Tier-3	PA
<i>diclofenac potassium</i>	Tier-1	
<i>diclofenac sodium oral</i>	Tier-1	
<i>diclofenac sodium topical</i>	Tier-1	
<i>diclofenac-misoprostol</i>	Tier-1	
ENBREL SUBCUTANEOUS KIT	Tier-2	PA; QL (8 EA per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	Tier-2	PA; QL (8.16 ML per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	Tier-2	PA; QL (7.84 ML per 30 days)
<i>fenoprofen oral tablet</i>	Tier-1	
<i>flurbiprofen</i>	Tier-1	
HUMIRA SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	Tier-2	PA; QL (6 EA per 30 days)
HUMIRA CROHN'S DIS START PCK	Tier-2	PA; QL (1 EA per 365 days)
INDOCIN ORAL	Tier-3	
<i>indomethacin oral</i>	Tier-1	
KINERET	Tier-2	PA; QL (20.1 ML per 30 days)
<i>leflunomide</i>	Tier-1	
<i>meclofenamate oral</i>	Tier-1	
<i>meloxicam</i>	Tier-1	
<i>methotrexate sodium oral</i>	Tier-1	B/D
<i>nabumetone</i>	Tier-1	
NALFON	Tier-3	
ORENCIA	Tier-2	PA; QL (4 ML per 30 days)
ORENCIA (WITH MALTOSE)	Tier-2	PA
PENNSAID	Tier-3	
<i>piroxicam</i>	Tier-1	
RIDAURA	Tier-2	
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	Tier-2	PA; QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	Tier-2	PA; QL (0.5 ML per 28 days)
SIMPONI ARIA	Tier-2	PA
<i>sulindac oral</i>	Tier-1	
<i>tolmetin</i>	Tier-1	
TREXALL	Tier-3	B/D
VOLTAREN TOPICAL	Tier-3	
XELJANZ	Tier-2	PA; QL (60 EA per 30 Days)
<b>GOUT</b>		
<i>allopurinol</i>	Tier-1	
<i>colchicine-probenecid</i>	Tier-1	
COLCRYS	Tier-2	QL (60 EA per 30 days)
<i>probenecid</i>	Tier-1	
ULORIC	Tier-3	STPA
<b>PAIN, NSAID ANALGESICS</b>		
<i>diflunisal</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>etodolac</i>	Tier-1	
<i>ibuprofen oral suspension</i>	Tier-1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier-1	
<i>ketoprofen oral capsule</i>	Tier-1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	Tier-1	
<i>mefenamic acid</i>	Tier-1	
<i>naproxen</i>	Tier-1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier-1	
<b>PAIN, OPIOID AND OTHER ANALGESICS</b>		
ABSTRAL	Tier-3	QL (32 EA per 30 days)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	Tier-1	QL (5000 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	Tier-1	QL (300 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg</i>	Tier-1	QL (400 EA per 30 days)
<i>butorphanol tartrate nasal</i>	Tier-1	QL (7.5 ML per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR	Tier-3	QL (4 EA per 30 Days)
BUTRANS TRANSDERMAL PATCH WEEKLY 15 MCG/HOUR	Tier-3	QL (4 EA per 30 days)
<i>codeine sulfate oral tablet</i>	Tier-1	QL (180 EA per 30 days)
DILAUDID ORAL LIQUID	Tier-3	QL (1440 ML per 30 days)
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier-1	QL (360 EA per 30 days)
<i>endodan</i>	Tier-1	QL (360 EA per 30 days)
<i>fentanyl</i>	Tier-1	QL (10 EA per 30 days)
<i>fentanyl citrate</i>	Tier-1	QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier-1	QL (5540 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier-1	QL (400 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier-1	QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier-1	QL (480 EA per 30 days)
<i>hydromorphone oral tablet</i>	Tier-1	QL (360 EA per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	Tier-1	QL (30 EA per 30 days)
<i>ibuprofen-oxycodone</i>	Tier-1	QL (240 EA per 30 days)
LAZANDA	Tier-3	QL (30 EA per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>levorphanol tartrate</i>	Tier-1	QL (240 EA per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	Tier-1	QL (1800 ML per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	Tier-1	QL (3600 ML per 30 days)
<i>methadone oral tablet</i>	Tier-1	QL (120 EA per 30 days)
<i>methadose oral tablet 10 mg</i>	Tier-1	QL (120 EA per 30 days)
<i>morphine oral capsule, er multiphase 24 hr</i>	Tier-1	QL (90 EA per 30 days)
<i>morphine oral capsule, extend. release pellets</i>	Tier-1	QL (90 EA per 30 days)
<i>morphine oral solution</i>	Tier-1	QL (360 ML per 30 days)
<i>morphine oral tablet</i>	Tier-1	QL (180 EA per 30 days)
<i>morphine oral tablet extended release</i>	Tier-1	QL (90 EA per 30 days)
<i>morphine concentrate oral solution</i>	Tier-1	QL (360 ML per 30 days)
<i>oxycodone oral capsule</i>	Tier-1	QL (360 EA per 30 days)
<i>oxycodone oral concentrate</i>	Tier-1	QL (120 ML per 30 days)
<i>oxycodone oral solution</i>	Tier-1	QL (2400 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	Tier-1	QL (180 EA per 30 days)
<i>oxycodone oral tablet 5 mg</i>	Tier-1	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier-1	QL (360 EA per 30 days)
<i>oxycodone-aspirin</i>	Tier-1	QL (360 EA per 30 days)
OXYCONTIN	Tier-2	QL (120 EA per 30 days)
<i>oxymorphone oral tablet</i>	Tier-1	QL (180 EA per 30 days)
OXYMORPHONE ORAL TABLET EXTENDED RELEASE 12 HR	Tier-2	QL (60 EA per 30 Days)
ROXICET ORAL SOLUTION	Tier-3	QL (1850 ML per 30 days)
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY	Tier-3	QL (120 EA per 30 Days)
<i>tramadol oral tablet</i>	Tier-1	
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i>	Tier-1	
<i>tramadol oral tablet, er multiphase 24 hr 300 mg</i>	Tier-1	
<i>tramadol-acetaminophen</i>	Tier-1	QL (360 EA per 30 days)
XARTEMIS XR	Tier-3	QL (120 EA per 30 days)
<b>PSYCHIATRIC</b>		
<b>ALCOHOL DETERRENTS</b>		
<i>acamprosate</i>	Tier-1	
CAMPRAL	Tier-2	
<i>disulfiram</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>naltrexone oral</i>	Tier-1	
<b>ANXIETY</b>		
<i>alprazolam</i>	Tier-1	
<i>alprazolam intensol</i>	Tier-1	
<i>amitriptyline-chlordiazepoxide</i>	Tier-1	
<i>buspirone</i>	Tier-1	
<i>clorazepate dipotassium</i>	Tier-1	
<i>lorazepam oral tablet</i>	Tier-1	
<i>lorazepam intensol</i>	Tier-1	
<i>meprobamate</i>	Tier-1	
<i>oxazepam</i>	Tier-1	
<b>ATTENTION DEFICIT DISORDER</b>		
ADDERALL XR	Tier-3	STPA
<i>amphetamine salt combo</i>	Tier-1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	Tier-1	
DAYTRANA	Tier-2	STPA
DESOXYN	Tier-3	
<i>dexedrine</i>	Tier-1	
DEXEDRINE SPANSULE	Tier-3	
<i>dexmethylphenidate</i>	Tier-1	
<i>dextroamphetamine oral capsule, extended release</i>	Tier-1	
<i>dextroamphetamine oral tablet</i>	Tier-1	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	Tier-1	
FOCALIN XR	Tier-2	STPA
INTUNIV ER	Tier-3	QL (90 EA per 90 days)
METADATE CD	Tier-3	
METADATE ER	Tier-3	
<i>methamphetamine</i>	Tier-1	
METHYLIN ORAL SOLUTION	Tier-2	
METHYLIN ORAL TABLET,CHEWABLE	Tier-2	
<i>methylphenidate oral capsule, er biphasic 30-70 10 mg, 50 mg, 60 mg</i>	Tier-1	
<i>methylphenidate oral capsule,er biphasic 50-50</i>	Tier-1	
<i>methylphenidate oral solution</i>	Tier-1	
<i>methylphenidate oral tablet</i>	Tier-1	
<i>methylphenidate oral tablet extended release 20 mg</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>methylphenidate oral tablet extended release 24hr</i>	Tier-1	
QUILLIVANT XR	Tier-3	STPA
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG, 60 MG	Tier-2	QL (60 EA per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 80 MG	Tier-2	QL (30 EA per 30 days)
VYVANSE	Tier-3	STPA
<b>BIPOLAR DISORDER</b>		
EQUETRO	Tier-3	
<i>lithium carbonate</i>	Tier-1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier-1	
<i>olanzapine-fluoxetine</i>	Tier-1	STPA
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 50 MG/2 ML	Tier-2	
<i>risperidone oral tablet,disintegrating</i>	Tier-1	
<b>DEPRESSION</b>		
<i>amitriptyline</i>	Tier-1	
AMOXAPINE	Tier-2	
APLENZIN	Tier-3	STPA
BRINTELLIX	Tier-3	STPA
<i>budeprion sr oral tablet extended release 150 mg</i>	Tier-1	
<i>bupropion hcl</i>	Tier-1	
<i>citalopram</i>	Tier-1	
<i>clomipramine</i>	Tier-1	
CYMBALTA	Tier-3	STPA; QL (60 EA per 30 days)
<i>desipramine oral</i>	Tier-1	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	Tier-2	
<i>doxepin oral</i>	Tier-1	
EMSAM	Tier-3	STPA
<i>escitalopram oxalate</i>	Tier-1	
FETZIMA	Tier-3	STPA
<i>fluoxetine oral capsule</i>	Tier-1	
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	Tier-1	
<i>fluoxetine oral solution</i>	Tier-1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	Tier-1	
<i>fluvoxamine oral tablet</i>	Tier-1	
FORFIVO XL	Tier-3	STPA
<i>imipramine hcl</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>imipramine pamoate</i>	Tier-1	
LUVOX CR	Tier-3	STPA
<i>maprotiline</i>	Tier-1	
MARPLAN	Tier-3	
<i>mirtazapine</i>	Tier-1	
<i>nefazodone</i>	Tier-1	
<i>nortriptyline oral capsule</i>	Tier-1	
OLEPTRO ER	Tier-3	STPA
<i>paroxetine hcl oral tablet</i>	Tier-1	
<i>paroxetine hcl oral tablet extended release 24 hr</i>	Tier-1	
PAXIL ORAL SUSPENSION	Tier-3	
PEXEVA	Tier-3	STPA
<i>phenelzine</i>	Tier-1	
<i>protriptyline</i>	Tier-1	
<i>sertraline</i>	Tier-1	
<i>tranylcypromine</i>	Tier-1	
<i>trazodone</i>	Tier-1	
<i>trimipramine</i>	Tier-1	
<i>venlafaxine oral capsule,extended release 24hr</i>	Tier-1	
<i>venlafaxine oral tablet</i>	Tier-1	
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR	Tier-3	STPA
VIIBRYD	Tier-3	STPA
VIVACTIL	Tier-3	
<b>INSOMNIA</b>		
<i>estazolam</i>	Tier-1	
ESZOPICLONE	Tier-2	QL (30 EA per 30 days)
<i>flurazepam</i>	Tier-1	
LUNESTA	Tier-3	STPA; QL (30 EA per 30 days)
ROZEREM	Tier-3	STPA; QL (30 EA per 30 days)
<i>temazepam</i>	Tier-1	
<i>triazolam</i>	Tier-1	
<i>zaleplon</i>	Tier-1	QL (30 EA per 30 days)
<i>zolpidem oral tablet</i>	Tier-1	QL (30 EA per 30 days)
<i>zolpidem oral tablet,ext release multiphase</i>	Tier-1	STPA; QL (30 EA per 30 days)
<b>NARCOLEPSY</b>		
XYREM	Tier-2	LA
<b>OPIOID ANTAGONISTS</b>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>buprenorphine hcl sublingual</i>	Tier-1	PA; QL (90 EA per 90 Days)
<i>naloxone injection syringe 1 mg/ml</i>	Tier-1	
SUBOXONE SUBLINGUAL FILM	Tier-3	PA; QL (90 EA per 30 Days)
<b>PSYCHOSES</b>		
ABILIFY INTRAMUSCULAR	Tier-2	
ABILIFY ORAL	Tier-3	STPA
ABILIFY DISCMELT	Tier-3	STPA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG	Tier-2	
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	Tier-2	
<i>chlorpromazine</i>	Tier-1	
<i>clozapine oral tablet</i>	Tier-1	
FANAPT	Tier-3	
FAZACLO	Tier-2	
<i>fluphenazine decanoate</i>	Tier-1	
<i>fluphenazine hcl</i>	Tier-1	
GEODON INTRAMUSCULAR	Tier-3	
GLASSIA	Tier-2	
<i>haloperidol</i>	Tier-1	
<i>haloperidol decanoate</i>	Tier-1	
<i>haloperidol lactate</i>	Tier-1	
INVEGA	Tier-3	STPA
INVEGA SUSTENNA	Tier-2	
LATUDA ORAL TABLET 120 MG	Tier-3	QL (30 EA per 30 Days)
LATUDA ORAL TABLET 20 MG, 40 MG	Tier-3	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	Tier-3	QL (60 EA per 30 Days)
<i>loxapine succinate</i>	Tier-1	
<i>olanzapine intramuscular</i>	Tier-1	
<i>olanzapine oral</i>	Tier-1	STPA
ORAP	Tier-2	
<i>perphenazine</i>	Tier-1	
<i>perphenazine-amitriptyline</i>	Tier-1	
PROLASTIN-C	Tier-2	
PROLIA	Tier-2	PA
<i>quetiapine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Tier-1	STPA
<i>quetiapine oral tablet 25 mg, 50 mg</i>	Tier-1	STPA; QL (60 EA per 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>risperidone oral solution</i>	Tier-1	
<i>risperidone oral tablet</i>	Tier-1	
SAPHRIS (BLACK CHERRY)	Tier-3	
SEROQUEL XR	Tier-2	STPA
STELARA SUBCUTANEOUS SYRINGE	Tier-2	PA
<i>thioridazine</i>	Tier-1	
<i>thiothixene</i>	Tier-1	
<i>trifluoperazine</i>	Tier-1	
XOLAIR	Tier-2	PA
ZEMAIRA	Tier-2	
<i>ziprasidone hcl</i>	Tier-1	STPA
ZYPREXA INTRAMUSCULAR	Tier-3	
<b>RESPIRATORY DRUGS</b>		
<b>ASTHMA</b>		
ADVAIR DISKUS	Tier-2	QL (180 EA per 90 days)
ADVAIR HFA	Tier-2	QL (72 GM per 90 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	Tier-1	B/D; QL (1080 ML per 90 days)
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	Tier-1	B/D; QL (180 ML per 90 days)
<i>albuterol sulfate oral</i>	Tier-1	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	Tier-3	QL (36.6 GM per 90 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier-3	QL (18.3 GM per 90 days)
<i>aminophylline intravenous solution 250 mg/10 ml</i>	Tier-1	
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	Tier-2	QL (360 EA per 90 Days)
ATROVENT HFA	Tier-2	QL (77.4 GM per 90 days)
BREO ELLIPTA	Tier-2	QL (180 EA per 90 days)
BROVANA	Tier-3	B/D; QL (360 ML per 90 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml</i>	Tier-1	QL (68.8 ML per 90 days)
<i>budesonide inhalation suspension for nebulization 0.5 mg/2 ml</i>	Tier-1	QL (720 ML per 90 days)
COMBIVENT RESPIMAT	Tier-2	QL (24 GM per 90 Days)
<i>cromolyn inhalation</i>	Tier-1	B/D; QL (720 ML per 90 days)
<i>elixophyllin oral elixir 80 mg/15 ml</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
FLOVENT DISKUS	Tier-2	QL (360 EA per 90 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACTUATION, 220 MCG/ACTUATION	Tier-2	QL (72 GM per 90 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACTUATION	Tier-2	QL (63.6 GM per 90 days)
FORADIL AEROLIZER	Tier-3	QL (180 EA per 90 days)
<i>ipratropium bromide inhalation</i>	Tier-1	B/D; QL (900 ML per 90 days)
<i>ipratropium-albuterol</i>	Tier-1	B/D; QL (1620 ML per 90 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml</i>	Tier-1	B/D; QL (810 ML per 90 Days)
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>	Tier-1	B/D; QL (270 EA per 90 days)
LUFYLLIN	Tier-3	
<i>metaproterenol oral</i>	Tier-1	
<i>montelukast</i>	Tier-1	
PERFOROMIST	Tier-2	B/D; QL (360 ML per 90 days)
PROAIR HFA	Tier-2	QL (51 GM per 90 days)
PROVENTIL HFA	Tier-3	QL (40.2 GM per 90 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	Tier-3	QL (720 ML per 90 days)
PULMICORT FLEXHALER	Tier-3	QL (6 EA per 90 days)
QVAR	Tier-3	QL (52.2 GM per 90 days)
SEREVENT DISKUS	Tier-2	QL (180 EA per 90 days)
SPIRIVA WITH HANDIHALER	Tier-2	QL (90 EA per 90 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION	Tier-2	QL (61.2 GM per 90 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION	Tier-2	QL (41.4 GM per 90 days)
<i>terbutaline oral</i>	Tier-1	
<i>theophylline oral tablet extended release</i>	Tier-1	
<i>theophylline oral tablet extended release 12 hr</i>	Tier-1	
TUDORZA PRESSAIR	Tier-3	QL (3 EA per 90 Days)
VENTOLIN HFA	Tier-3	QL (108 GM per 90 days)
XOPENEX HFA	Tier-3	QL (90 GM per 90 days)
<i>zafirlukast</i>	Tier-1	
<b>DEPRESSION</b>		
DULOXETINE	Tier-2	QL (60 EA per 30 days)
<b>PULMONARY HYPERTENSION</b>		
ORENITRAM	Tier-3	PA; QL (60 EA per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<b>RESPIRATORY DRUGS, MISCELLANEOUS</b>		
<i>acetylcysteine solution</i>	Tier-1	B/D
DALIRESP	Tier-3	
<b>SKIN</b>		
<b>ACNE ROSACEA</b>		
FINACEA	Tier-2	
METROGEL TOPICAL GEL 1 %	Tier-3	
<i>metronidazole topical cream</i>	Tier-1	
<i>metronidazole topical gel 0.75 %</i>	Tier-1	
<i>metronidazole topical lotion</i>	Tier-1	
NORITATE	Tier-3	
<b>ACNE VULGARIS</b>		
<i>adapalene</i>	Tier-1	PA
<i>amnesteem</i>	Tier-1	
ATRALIN	Tier-3	PA
<i>avita</i>	Tier-1	PA
AZELEX	Tier-3	
<i>claravis</i>	Tier-1	
<i>clindamycin phosphate topical</i>	Tier-1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	Tier-1	
DIFFERIN TOPICAL GEL 0.3 %	Tier-3	PA
DIFFERIN TOPICAL LOTION	Tier-3	PA
<i>ery pads</i>	Tier-1	
<i>erythromycin with ethanol topical gel</i>	Tier-1	
<i>erythromycin with ethanol topical solution</i>	Tier-1	
<i>erythromycin-benzoyl peroxide</i>	Tier-1	
<i>neuac</i>	Tier-1	
RETIN-A	Tier-3	PA
RETIN-A MICRO	Tier-3	PA
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 %	Tier-3	PA
TRETIN-X TOPICAL COMBO PACK	Tier-3	PA
TRETIN-X (GEL)	Tier-3	PA
<i>tretinoin topical</i>	Tier-1	PA
<b>ANTI-INFECTIVES</b>		
NEO-SYNALAR	Tier-3	
<b>BACTERIAL INFECTIONS, TOPICAL</b>		
ALTABAX	Tier-3	QL (5 GM per 7 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
CORTISPORIN TOPICAL	Tier-3	
<i>gentamicin topical</i>	Tier-1	
<i>mupirocin</i>	Tier-1	
<i>mupirocin calcium</i>	Tier-1	
<i>silver sulfadiazine</i>	Tier-1	
<i>ssd</i>	Tier-1	
<b>CORTICOSTEROIDS, TOPICAL</b>		
<i>ala-cort topical cream</i>	Tier-1	
ALA-SCALP	Tier-3	
<i>alclometasone</i>	Tier-1	
<i>amcinonide</i>	Tier-1	
<i>betamethasone dipropionate</i>	Tier-1	
<i>betamethasone valerate</i>	Tier-1	
<i>betamethasone, augmented</i>	Tier-1	
CAPEX	Tier-3	
<i>clobetasol topical foam</i>	Tier-1	
<i>clobetasol topical gel</i>	Tier-1	
<i>clobetasol topical lotion</i>	Tier-1	
<i>clobetasol topical ointment</i>	Tier-1	
<i>clobetasol topical shampoo</i>	Tier-1	
<i>clobetasol topical solution</i>	Tier-1	
<i>clobetasol-emollient topical cream</i>	Tier-1	
CLOBEX TOPICAL SPRAY, NON-AEROSOL	Tier-3	
<i>clodan</i>	Tier-1	
CLODERM	Tier-3	
CORDRAN TOPICAL LOTION	Tier-3	
CORDRAN TAPE LARGE ROLL	Tier-3	
<i>desonide</i>	Tier-1	
<i>desoximetasone</i>	Tier-1	
<i>diflorasone</i>	Tier-1	
<i>fluocinolone</i>	Tier-1	
<i>fluocinonide topical gel</i>	Tier-1	
<i>fluocinonide topical ointment</i>	Tier-1	
<i>fluocinonide topical solution</i>	Tier-1	
<i>fluocinonide-e</i>	Tier-1	
<i>fluticasone topical</i>	Tier-1	
<i>halobetasol propionate</i>	Tier-1	
HALOG	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	Tier-1	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier-1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	Tier-1	
<i>hydrocortisone butyrate</i>	Tier-1	
<i>hydrocortisone valerate</i>	Tier-1	
KENALOG TOPICAL	Tier-3	
<i>lokara</i>	Tier-1	
<i>mometasone</i>	Tier-1	
PANDEL	Tier-3	
<i>prednicarbate</i>	Tier-1	
<i>triamcinolone acetonide topical cream</i>	Tier-1	
<i>triamcinolone acetonide topical lotion</i>	Tier-1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier-1	
<i>triderm topical cream</i>	Tier-1	
<i>u-cort</i>	Tier-1	
VANOS	Tier-3	
<b>FUNGAL INFECTIONS, TOPICAL</b>		
<i>ciclopirox</i>	Tier-1	
<i>clotrimazole topical</i>	Tier-1	
<i>clotrimazole-betamethasone</i>	Tier-1	
<i>econazole topical</i>	Tier-1	
EXELDERM	Tier-3	
<i>ketokonazole topical cream</i>	Tier-1	
<i>ketokonazole topical shampoo</i>	Tier-1	
MENTAX	Tier-3	
NAFTIN	Tier-2	
<i>nyamyc</i>	Tier-1	
<i>nystatin oral suspension</i>	Tier-1	
<i>nystatin topical</i>	Tier-1	
<i>nystatin-triamcinolone</i>	Tier-1	
<i>nystop</i>	Tier-1	
OXISTAT	Tier-2	
<i>pedi-dri</i>	Tier-1	
<b>PSORIASIS AND SEBORRHEA</b>		
8-MOP	Tier-2	
<i>calcipotriene</i>	Tier-1	
<i>calcipotriene-betamethasone</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
<i>calcitriol topical</i>	Tier-1	
DOVONEX	Tier-2	
<i>methoxsalen rapid</i>	Tier-1	
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	Tier-2	
TAZORAC	Tier-2	PA
<b>SCABIES AND PEDICULOSIS</b>		
EURAX	Tier-2	
<i>lindane</i>	Tier-1	
<i>malathion</i>	Tier-1	
<i>permethrin topical cream</i>	Tier-1	
SKLICE	Tier-3	QL (117 GM per 1 Day)
ULESFIA	Tier-3	
<b>TOPICAL, MISCELLANEOUS</b>		
<i>acyclovir topical</i>	Tier-1	
<i>ammonium lactate topical</i>	Tier-1	
ANUSOL-HC RECTAL CREAM	Tier-3	
CARAC	Tier-2	
CORTIFOAM	Tier-3	
ELIDEL	Tier-3	STPA
FLUOROPLEX	Tier-2	
<i>fluorouracil intravenous solution 2.5 gram/50 ml</i>	Tier-1	
<i>fluorouracil topical cream 5 %</i>	Tier-1	
<i>fluorouracil topical solution</i>	Tier-1	
<i>laclotion</i>	Tier-1	
<i>lidocaine topical ointment</i>	Tier-1	
<i>lidocaine hcl mucous membrane</i>	Tier-1	
<i>lidocaine-prilocaine topical cream</i>	Tier-1	
LIDODERM	Tier-2	PA; QL (90 EA per 30 days)
<i>mafenide acetate</i>	Tier-1	
OXSORALEN	Tier-2	
OXSORALEN ULTRA	Tier-2	
PANRETIN	Tier-2	
PICATO	Tier-3	
<i>proctocream-hc</i>	Tier-1	
<i>proctosol hc</i>	Tier-1	
PROTOPIC	Tier-3	STPA
<i>prudoxin</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
SANTYL	Tier-2	
<i>selenium sulfide topical suspension 2.5 %</i>	Tier-1	
<i>sodium chloride irrigation</i>	Tier-1	
SOLARAZE	Tier-2	
<i>sulfacetamide sodium (acne)</i>	Tier-1	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
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<i>larin 1.5/30 (21)</i>	Tier-1	
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<i>leena 28</i>	Tier-1	
<i>lessina</i>	Tier-1	
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<i>marlissa</i>	Tier-1	
<i>necon 0.5/35 (28)</i>	Tier-1	
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<i>nortrel 1/35 (21)</i>	Tier-1	
<i>nortrel 1/35 (28)</i>	Tier-1	
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<i>tri-sprintec (28)</i>	Tier-1	
<i>trinessa (28)</i>	Tier-1	
<i>trivora (28)</i>	Tier-1	
<i>velivet triphasic regimen (28)</i>	Tier-1	
<i>zeosa</i>	Tier-1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
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<i>zovia 1/50e (28)</i>	Tier-1	
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ALORA	Tier-3	
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<i>calcitonin (salmon)</i>	Tier-1	
CENESTIN	Tier-3	
CLIMARA PRO	Tier-3	
COMBIPATCH	Tier-3	
CRINONE VAGINAL GEL 8 %	Tier-2	
DELESTROGEN	Tier-3	
DEPO-ESTRADIOL	Tier-2	
DEPO-PROVERA INTRAMUSCULAR SOLUTION	Tier-2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	Tier-2	
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ENJUVIA	Tier-3	
ESTRACE VAGINAL	Tier-2	
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<i>estradiol valerate</i>	Tier-1	
ESTRING	Tier-2	
<i>estropipate</i>	Tier-1	
EVAMIST	Tier-3	QL (8.1 ML per 1 day)
EVISTA	Tier-2	
FEMHRT 1/5	Tier-3	
FEMHRT LOW DOSE	Tier-3	
FEMRING	Tier-2	
FEMTRACE ORAL TABLET 0.45 MG, 0.9 MG	Tier-3	
FORTEO	Tier-2	PA
FOSAMAX ORAL SOLUTION	Tier-2	
IBANDRONATE ORAL	Tier-2	STPA
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Notes</b>
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MENOSTAR	Tier-3	
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RECLAST	Tier-2	PA
RISEDRONATE	Tier-2	
VAGIFEM	Tier-2	
VIVELLE-DOT	Tier-2	
XGEVA	Tier-2	PA
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<i>zoledronic acid intravenous solution</i>	Tier-1	PA
<i>zoledronic acid-mannitol-water intravenous solution</i>	Tier-1	PA
ZOMETA	Tier-2	PA
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<b>VAGINAL INFECTIONS</b>		
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<i>clindamycin phosphate vaginal</i>	Tier-1	
<i>fluconazole oral tablet 150 mg</i>	Tier-1	
GYNAZOLE-1 VAGINAL CREAM	Tier-3	
<i>metronidazole vaginal</i>	Tier-1	
<i>miconazole-3 vaginal suppository</i>	Tier-1	
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CLINIMIX 4.25%-D25W SULF-FREE.....	37	<i>colocort</i> .....	30	<i>cyclosporine modified</i> .....	42
CLINIMIX 5%-D20W(SULFITE-FREE) .....	37	COLY-MYCIN S .....	22	CYKLOKAPRON .....	10
CLINIMIX E 2.75%/D10W SUL FREE.....	37	COMBIGAN.....	27	CYMBALTA.....	55
CLINIMIX E 2.75%/D5W SULF FREE.....	37	COMBIPATCH .....	66	<i>cyproheptadine</i> .....	23
CLINIMIX E 4.25%/D10W SUL FREE.....	37	COMBIVENT RESPIMAT .....	58	CYSTADANE .....	43
CLINIMIX E 4.25%/D5W SULF FREE.....	37	COMETRIQ.....	13	CYSTAGON.....	29
CLINIMIX E 2.75%/D10W SUL FREE.....	37	COMPLERA.....	5	<i>cytarabine</i> .....	11
CLINIMIX E 2.75%/D5W SULF FREE.....	37	<i>compro</i> .....	28	<i>cytarabine (pf)</i> .....	11
CLINIMIX E 4.25%/D10W SUL FREE.....	37	COMVAX (PF) .....	40	CYTOVENE.....	11
CLINIMIX E 4.25%/D5W SULF FREE.....	37	CONDYLOX.....	64	<i>d10 % &amp; 0.45 % sodium chloride</i> .....	35
CLINIMIX E 2.75%/D10W SUL FREE.....	37			<i>d2.5 %-0.45 % sodium chloride</i> .....	35

<i>d5 % and 0.9 % sodium chloride</i>	<i>dexamethasone sodium phosphate</i>	DIOVAN	16
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<i>d5 %-0.45 % sodium chloride</i>	<i>dexedrine</i>	<i>dipyridamole</i>	9
..... 35	DEXEDRINE SPANSULE	<i>disopyramide phosphate</i>	16
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<i>danazol</i>	<i>dexpak 13 day</i>	DIVIGEL	66
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<i>dantrolene</i>	<i>dexrazoxane hcl</i>	<i>docetaxel</i>	11
..... 50	..... 11	<i>donepezil</i>	47
<i>dapsone</i>	<i>dextroamphetamine</i>	DORIBAX	32
DAPTACEL (DTAP PEDIATRIC)	..... 54	<i>dorzolamide</i>	27
(PF)	<i>dextroamphetamine-amphetamine</i>	<i>dorzolamide-timolol</i>	27
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<i>daunorubicin</i>	<i>dextrose 10 % and 0.2 % nacl</i>	DOVONEX	63
..... 11	..... 35	<i>doxazosin</i>	15
DAYTRANA	<i>dextrose 10 % in water (d10w)</i>	<i>doxepin</i>	55
DECAVAC (PF)	..... 35	<i>doxorubicin</i>	11
..... 40	<i>dextrose 5 % in water (d5w)</i>	<i>doxycycline hyclate</i>	9, 23
<i>decitabine</i>	..... 35	<i>doxycycline monohydrate</i>	9
DELESTROGEN	<i>dextrose 5 %-lactated ringers</i>	..... 9	
..... 66	..... 35	<i>dronabinol</i>	28
<i>delyla (28)</i>	<i>dextrose 5%-0.2 % sod chloride</i>	<i>drosiprenone-ethinyl estradiol</i>	64
..... 64	..... 35	..... 64	
DELZICOL	<i>dextrose 5%-0.3 % sod.chloride</i>	DROXIA	13
..... 30	..... 35	DULOXETINE	59
<i>demeclocycline</i>	<i>diazepam</i>	..... 59	
..... 9	<i>diazepam intensol</i>	<i>duramorph (pf)</i>	32
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DEPEN TITRATABS	<i>diclofenac potassium</i>	DUTOPROL	17
..... 47	..... 50	<i>e.e.s. 400</i>	8
DEPO-ESTRADIOL	<i>diclofenac sodium</i>	E.E.S. GRANULES	8
..... 66	..... 26, 50	..... 8	
DEPO-MEDROL	<i>diclofenac-misoprostol</i>	<i>econazole</i>	62
..... 37	..... 50	EDEX	24
DEPO-PROVERA	<i>dicloxacillin</i>	EDURANT	5
..... 66	..... 7	EFFIENT	9
DEPO-SUBQ PROVERA 104	<i>dicyclomine</i>	EGRIFTA	43
..... 66	..... 29	ELAPRASE	44
DEPO-TESTOSTERONE	<i>didanosine</i>	ELELYSO	43
..... 38	..... 5	ELESTRIN	66
<i>desipramine</i>	<i>diethylpropion</i>	ELIDEL	63
..... 55	..... 25	ELIGARD	39
<i>desloratadine</i>	DIFFERIN	ELIQUIS	10
..... 23	..... 60	ELITEK	11
<i>desmopressin</i>	DIFICID	<i>elixophyllin</i>	58
..... 46	..... 8	ELLENCE	11
<i>desonide</i>	<i>diflorasone</i>	ELMIRON	46
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<i>desoximetasone</i>	<i>diflunisal</i>	EMCYT	13
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..... 54	..... 16	EMSAM	55
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..... 46	..... 49		
<i>dexamethasone</i>	DILANTIN INFATABS		
..... 38	..... 49		
<i>dexamethasone intensol</i>	DILAUDID		
..... 38	..... 52		
	<i>dilt-cd</i>		
	..... 18		
	<i>diltiazem hcl</i>		
	..... 18, 32		
	<i>dilt-xr</i>		
	..... 18		



EMTRIVA	5	<i>erythromycin with ethanol</i>	60	<i>fenofibrate micronized</i>	19
ENABLEX	46	<i>erythromycin-benzoyl peroxide</i>	60	<i>fenofibrate nanocrystallized</i>	19
<i>enalapril maleate</i>	15	<i>escitalopram oxalate</i>	55	<i>fenofibric acid (choline)</i>	19
<i>enalapril-hydrochlorothiazide</i>	17	<i>esomeprazole sodium</i>	32	<i>fenoprofen</i>	51
ENBREL	50, 51	<i>estazolam</i>	56	<i>fentanyl</i>	52
<i>endocet</i>	52	ESTRACE	66	<i>fentanyl citrate</i>	52
<i>endodan</i>	52	<i>estradiol</i>	66	FETZIMA	55
ENGERIX-B (PF)	40	<i>estradiol valerate</i>	66	FINACEA	60
ENGERIX-B PEDIATRIC (PF)	40	ESTRING	66	<i>finasteride</i>	46
ENJUVIA	66	<i>estropipate</i>	66	FIRAZYR	44
<i>enoxaparin</i>	10	ESZOPICLONE	56	FIRMAGON	39
<i>entacapone</i>	48	<i>ethambutol</i>	8	FLAREX	27
ENTOCORT EC	30	<i>ethosuximide</i>	49	<i>flavoxate</i>	46
<i>enulose</i>	29	<i>etidronate disodium</i>	45	FLECAINIDE	16
EPANED	15	<i>etodolac</i>	52	FLOVENT DISKUS	59
<i>epinastine</i>	26	ETOPOPHOS	11	FLOVENT HFA	59
<i>epinephrine</i>	42	<i>etoposide</i>	11	FLUARIX 2011-2012 (PF)	40
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EPIPEN JR 2-PAK	42	EVAMIST	66	<i>fluconazole in dextrose(iso-o)</i>	33
<i>epirubicin</i>	11	EVISTA	66	<i>flucytosine</i>	3
<i>epitol</i>	49	EXELDERM	62	<i>fludarabine</i>	12
EPIVIR	5	EXELON	47	<i>fludrocortisone</i>	38
EPIVIR HBV	5	<i>exemestane</i>	13	FLULAVAL 2011-2012	40
<i>eplerenone</i>	20	EXFORGE	17	<i>flunisolide</i>	23
EPOGEN	9	EXFORGE HCT	17	<i>fluocinolone</i>	61
<i>eprosartan</i>	16	EXJADE	43	<i>fluocinolone acetamide oil</i>	23
EPZICOM	5	EXTAVIA	45	<i>fluocinonide</i>	61
EQUETRO	55	FABRAZYME	43	<i>fluocinonide-e</i>	61
ERAXIS(WATER DILUENT)	32	FACTIVE	8	<i>fluorometholone</i>	27
ERBITUX	11	<i>falmina (28)</i>	64	FLUOROPLEX	63
<i>ergocalciferol (vitamin d2)</i>	25	FAMCICLOVIR	5	<i>fluorouracil</i>	63
<i>ergoloid</i>	47	<i>famotidine</i>	30	<i>fluoxetine</i>	55
ERIVEDGE	13	FANAPT	57	<i>fluphenazine decanoate</i>	57
<i>errin</i>	64	FARESTON	13	<i>fluphenazine hcl</i>	57
ERWINAZE	11	FASLODEX	11	<i>flurazepam</i>	56
<i>ery pads</i>	60	FAZACLO	57	<i>flurbiprofen</i>	51
<i>eryped 200</i>	8	<i>felbamate</i>	49	<i>flurbiprofen sodium</i>	27
<i>eryped 400</i>	8	<i>felodipine</i>	18		
ERY-TAB	8	FEMHRT 1/5	66		
ERYTHROCIN	32	FEMHRT LOW DOSE	66		
<i>erythrocin (as stearate)</i>	8	FEMRING	66		
<i>erythromycin</i>	8, 26	FEMTRACE	66		
<i>erythromycin ethylsuccinate</i>	8	<i>fenofibrate</i>	19		

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<i>fluvastatin</i> .....	19	GAMMAPLEX .....	40	GONAL-F RFF PEN .....	25
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FLUVIRIN 2011-2012 (PF) .....	40	GARAMYCIN .....	26	<i>granisetron (pf)</i> .....	33
<i>fluvoxamine</i> .....	55	GARDASIL (PF) .....	40	GRANIX .....	10
FLUZONE 2011-2012 .....	40	<i>gatifloxacin</i> .....	26	<i>griseofulvin microsize</i> .....	3
FLUZONE 2011-2012 (PF) .....	40	GATTEX ONE-VIAL .....	29	<i>griseofulvin ultramicrosize</i> .....	3
FLUZONE HIGH-DOSE 2011-12 (PF) .....	40	<i>gauze bandage</i> .....	20	GRIS-PEG (ULTRAMICROSIZE) .....	3
FLUZONE INTRADERM 2011-12 (PF) .....	40	GELNIQUE .....	46	<i>guanfacine</i> .....	18
FML FORTE .....	27	<i>gemcitabine</i> .....	12	<i>guanidine</i> .....	45
FML S.O.P. ....	27	<i>gemfibrozil</i> .....	19	GYNAZOLE-1 .....	67
FOCALIN XR .....	54	GENERESS FE .....	64	HALAVEN .....	12
<i>folic acid</i> .....	25	<i>generlac</i> .....	29	HALFLYTELY-BISACODYL W-FLAV PK .....	29
<i>folic acid-vit b6-vit b12</i> .....	25	<i>gengraf</i> .....	42	<i>halobetasol propionate</i> .....	61
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<i>fondaparinux</i> .....	10	GENOTROPIN MINIQUICK .....	44	HALOG .....	57
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FORFIVO XL .....	55	<i>gentamicin</i> .....	26, 33, 61	<i>haloperidol decanoate</i> .....	57
FORTAZ .....	33	<i>gentamicin in nacl (iso-osm)</i> .....	33	<i>haloperidol lactate</i> .....	57
FORTAZ IN DEXTROSE 5 % .....	33	<i>gentamicin sulfate (pf)</i> .....	33	HAVRIX (PF) .....	41
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FOSAMAX .....	66	<i>gianvi (28)</i> .....	64	<i>heparin (porcine)</i> .....	33
<i>foscarnet</i> .....	33	<i>gildagia</i> .....	64	<i>heparin (porcine) in 5 % dex</i> .....	33
<i>fosinopril</i> .....	15	<i>gildess</i> .....	64	<i>heparin (porcine) in nacl (pf)</i> .....	33
<i>fosinopril-hydrochlorothiazide</i> .....	17	GILENYA .....	45	<i>heparin(porcine) in 0.45% nacl</i> .....	33
FOSRENOL .....	45	GILOTRIF .....	13	.....	33
FRAGMIN .....	10	GLASSIA .....	57	HEPATAMINE 8% .....	37
FREAMINE III 3 %-ELECTROLYTES .....	37	GLEEVEC .....	13	HEPSERA .....	5
<i>furosemide</i> .....	19	<i>glimepiride</i> .....	22	HERCEPTIN .....	12
FUSILEV .....	14	<i>glipizide</i> .....	22	HEXALEN .....	13
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<i>galantamine</i> .....	47	<i>glyburide micronized</i> .....	22	HUMALOG .....	21
GAMASTAN S/D .....	40	<i>glyburide-metformin</i> .....	22	HUMALOG KWIKPEN .....	21
.....	40	<i>glycopyrrolate</i> .....	29	.....	21

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HUMALOG MIX 50-50	21	<i>idarubicin</i>	12	<i>irbesartan-hydrochlorothiazide</i>	17
KWIKPEN	21	IFEX	12	<i>irinotecan</i>	12
HUMALOG MIX 75-25	21	<i>ifosfamide</i>	12	ISENTRESS	5
HUMALOG MIX 75-25	21	ILARIS (PF)	43	ISOLYTE S IN 5 % DEXTROSE	35
KWIKPEN	21	IMBRUVICA	13	ISOLYTE-H IN 5 % DEXTROSE	35
HUMATROPE	44	<i>imipenem-cilastatin</i>	33	ISOLYTE-P IN 5 % DEXTROSE	35
HUMIRA	51	<i>imipramine hcl</i>	55	ISOLYTE-S	35
HUMIRA CROHN'S DIS START	51	<i>imipramine pamoate</i>	56	<i>isoniazid</i>	8, 33
PCK	51	<i>imiquimod</i>	64	<i>isosorbide dinitrate</i>	15, 20
HUMULIN 70/30	21	IMOVAX RABIES VACCINE	41	<i>isosorbide mononitrate</i>	15
HUMULIN 70/30 PEN	21	(PF)	5	<i>isradipine</i>	18
HUMULIN N	21	INCIVEK	44	ISTODAX	12
HUMULIN N PEN	21	INCRELEX	19	<i>itraconazole</i>	3
HUMULIN R	21	<i>indapamide</i>	51	IXEMPRA	12
HUMULIN R U-500	21	INDOCIN	51	IXIARO (PF)	41
"CONCENTRATED"	21	<i>indomethacin</i>	51	JAKAFI	13
<i>hydralazine</i>	20	INFANRIX (DTAP) (PF)	41	JALYN	46
<i>hydrochlorothiazide</i>	19	INLYTA	13	<i>jantoven</i>	10
<i>hydrocodone-acetaminophen</i>	52	INSULIN SYRINGE	20	JANUMET	22
<i>hydrocodone-ibuprofen</i>	52	INSULIN SYRINGE	21	JANUMET XR	22
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<i>hydrocortisone valerate</i>	62	U-100	5	JEVTANA	12
<i>hydrocortisone-acetic acid</i>	23	INTELENCE	37	<i>jinteli</i>	64
<i>hydromorphone</i>	52	INTRALIPID	5	<i>junel 1.5/30 (21)</i>	65
<i>hydromorphone (pf)</i>	33	INTRON A	5	<i>junel 1/20 (21)</i>	65
<i>hydroxychloroquine</i>	4	<i>introvale</i>	64	<i>junel fe 1.5/30 (28)</i>	65
<i>hydroxyurea</i>	13	INTUNIV ER	54	<i>junel fe 1/20 (28)</i>	65
<i>hydroxyzine hcl</i>	23	INVANZ	33		65
<i>hydroxyzine pamoate</i>	23	INVEGA	57	JUXTAPID	19
IBANDRONATE	66	INVEGA SUSTENNA	57	KADCYLA	12
<i>ibuprofen</i>	52	INVIRASE	5	KALETRA	5
		INVOKANA	22	KALYDECO	43
		IONOSOL-B IN D5W	35	<i>kanamycin</i>	33
		IONOSOL-MB IN D5W	35	<i>kariva (28)</i>	65
			35	<i>kelnor 1/35 (28)</i>	65
		IOPIDINE	27	KENALOG	62
		IPOL	41	KETEK	7
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				<i>ketorolac</i>	27
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<i>klor-con m10</i> .....	20	LEVEMIR FLEXPEN .....	21	LOTRONEX .....	29
KLOR-CON M15 .....	20	<i>levetiracetam</i> .....	49	<i>lovastatin</i> .....	19
<i>klor-con m20</i> .....	20	LEVITRA .....	24	LOVAZA .....	19
KRISTALOSE .....	29	<i>levobunolol</i> .....	28	<i>low-ogestrel (28)</i> .....	65
K-TAB .....	20	<i>levocarnitine</i> .....	29, 33	<i>loxapine succinate</i> .....	57
KUVAN .....	45	<i>levocarnitine (with sugar)</i> .....	29	LUFYLLIN .....	59
KYNAMRO .....	19	<i>levocetirizine</i> .....	23	LUMIGAN .....	28
<i>labetalol</i> .....	17	LEVOFLOXACIN .....	8	LUMIZYME .....	44
<i>laclotion</i> .....	63	<i>levofloxacin</i> .....	26, 33	LUNESTA .....	56
<i>lactated ringers</i> .....	33	<i>levofloxacin in d5w</i> .....	33	LUPRON DEPOT .....	39
<i>lactulose</i> .....	29	<i>levora-28</i> .....	65	LUPRON DEPOT (3 MONTH) .....	39
LAMICTAL ODT .....	49	<i>levorphanol tartrate</i> .....	53	LUPRON DEPOT (4 MONTH) .....	39
LAMISIL .....	3	<i>levothyroxine</i> .....	39	LUPRON DEPOT (6 MONTH) .....	39
<i>lamivudine</i> .....	5	<i>levoxyl</i> .....	39	LUPRON DEPOT-PED .....	39
<i>lamivudine-zidovudine</i> .....	5	LEXIVA .....	5	LUPRON DEPOT-PED (3 MONTH) .....	39
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<i>lamotrigine</i> .....	49	<i>lidocaine (pf)</i> .....	33	LUVOX CR .....	56
LANOXIN .....	16	<i>lidocaine hcl</i> .....	63	LYRICA .....	49
LANOXIN PEDIATRIC .....	16	<i>lidocaine-prilocaine</i> .....	63	LYSODREN .....	38
LANSOPRAZOLE .....	30	LIDODERM .....	63	<i>mafenide acetate</i> .....	63
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LANTUS SOLOSTAR .....	21	<i>lindane</i> .....	63	<i>malathion</i> .....	63
<i>larin 1.5/30 (21)</i> .....	65	<i>liothyronine</i> .....	39	<i>maprotiline</i> .....	56
<i>larin 1/20 (21)</i> .....	65	<i>lisinopril</i> .....	15	<i>marlissa</i> .....	65
LASTACAFT .....	26	<i>lisinopril-hydrochlorothiazide</i> .....	17	MARPLAN .....	56
<i>latanoprost</i> .....	28	<i>lithium carbonate</i> .....	55	MATULANE .....	13
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<i>leena 28</i> .....	65	LO LOESTRIN FE .....	65	<i>meclizine</i> .....	28
<i>leflunomide</i> .....	51	LODOSYN .....	48	<i>meclofenamate</i> .....	51
<i>lessina</i> .....	65	<i>lokara</i> .....	62	<i>medroxyprogesterone</i> .....	66
LETAIRIS .....	46	<i>lomustine</i> .....	13	<i>mefenamic acid</i> .....	52
<i>letrozole</i> .....	13	<i>loperamide</i> .....	29	<i>mefloquine</i> .....	4
<i>leucovorin calcium</i> .....	14	<i>lorazepam</i> .....	54	<i>megestrol</i> .....	5
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<i>leuprolide</i> .....	12			<i>melphalan</i> .....	12
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MENOMUNE - A/C/Y/W-135 (PF)	41	<i>methylphenidate</i>	54, 55	MOZOBIL	10
MENOPUR	25	<i>methylprednisolone</i>	38	MULTAQ	16
MENOSTAR	67	<i>methylprednisolone acetate</i>	38	<i>mupirocin</i>	61
MENTAX	62	<i>methylprednisolone sodium succ</i>	38	<i>mupirocin calcium</i>	61
MENVEO A-C-Y-W-135-DIP (PF)	41	<i>metipranolol</i>	28	MUSE	24
MEPHYTON	25	<i>metoclopramide hcl</i>	28	MUSTARGEN	12
<i>meprobamate</i>	54	<i>metolazone</i>	19	MYCAMINE	34
MEPRON	4	<i>metoprolol succinate</i>	17	MYCOBUTIN	8
<i>mercaptapurine</i>	14	<i>metoprolol ta-hydrochlorothiaz</i>	17	<i>mycophenolate mofetil</i>	42
<i>meropenem</i>	33	<i>metoprolol tartrate</i>	17, 34	<i>mycophenolate sodium</i>	42
MERREM	34	METROGEL	60	MYFORTIC	42
<i>mesalamine with cleansing wipe</i>	30	<i>metronidazole</i>	4, 60, 67	MYOZYME	44
<i>mesna</i>	15	<i>metronidazole in nacl (iso-os)</i>	34	MYRBETRIQ	46
MESNEX	15	<i>mexiletine</i>	16	MYTELASE	45
MESTINON	45	MIACALCIN	67	<i>nabumetone</i>	51
MESTINON TIMESPAN	45	<i>miconazole-3</i>	67	<i>nadolol</i>	18
METADATE CD	54	<i>midodrine</i>	42	<i>nadolol-bendroflumethiazide</i>	17
METADATE ER	54	MIGERGOT	47	<i>nafcilin</i>	34
<i>metaproterenol</i>	59	MIGRANAL	47	<i>nafcilin in dextrose iso-osm</i>	34
<i>metformin</i>	22	MILLIPRED	38	NAFTIN	62
<i>methadone</i>	34, 53	MINIVELLE	67	NAGLAZYME	44
<i>methadose</i>	53	<i>minocycline</i>	9	NALFON	51
<i>methamphetamine</i>	54	<i>minoxidil</i>	20	<i>naloxone</i>	57
<i>methazolamide</i>	28	MIRAPEX ER	48	<i>naltrexone</i>	54
<i>methenamine hippurate</i>	3	<i>mirtazapine</i>	56	NAMENDA	47
<i>methimazole</i>	39	<i>misoprostol</i>	30	NAMENDA TITRATION PAK	47
METHITEST	39	<i>mitomycin</i>	12	NAMENDA XR	47
<i>methotrexate sodium</i>	51	<i>mitoxantrone</i>	12	<i>naphazoline</i>	26
<i>methotrexate sodium (pf)</i>	34	M-M-R II (PF)	41	<i>naproxen</i>	52
<i>methoxsalen rapid</i>	63	<i>moexipril</i>	15	<i>naproxen sodium</i>	52
<i>methscopolamine</i>	30	<i>moexipril-hydrochlorothiazide</i>	17	<i>naratriptan</i>	47
<i>methylclothiazide</i>	19	<i>mometasone</i>	62	NASCOBAL	25
<i>methyl dopa</i>	18	<i>montelukast</i>	59	NASONEX	23
<i>methyl dopa-hydrochlorothiazide</i>	17	MONUROL	4	NATACYN	28
<i>methylergonovine</i>	67	<i>morphine</i>	53	<i>nateglinide</i>	22
		<i>morphine concentrate</i>	53	NEBUPENT	4
		MOVIPREP	29	<i>necon 0.5/35 (28)</i>	65
		MOXEZA	26	<i>necon 1/35 (28)</i>	65
				NECON 10/11 (28)	65
					65

<i>necon 7/7/7 (28)</i>		NORDITROPIN NORDIFLEX		<i>olanzapine-fluoxetine</i>	
.....	65	.....	44	.....	55
<i>nefazodone</i>	56	<i>norethindrone acetate</i>		OLEPTRO ER	
<i>neomycin</i>	4	.....	67	.....	56
<i>neomycin-bacitracin-poly-hc</i>		NORITATE	60	OLYSIO	5
.....	26	<i>norlyroc</i>	65	OMEGA-3 ACID ETHYL	
<i>neomycin-bacitracin-polymyxin</i>		NORMOSOL-M IN 5 %		ESTERS	19
.....	26	DEXTROSE	36	<i>omeprazole</i>	30
<i>neomycin-polymyxin-dexameth</i>		NORMOSOL-R IN 5 %		<i>omeprazole-sodium bicarbonate</i>	
.....	27	DEXTROSE	36	.....	30
<i>neomycin-polymyxin-gramicidin</i>		NORMOSOL-R PH 7.4		OMNITROPE	
.....	27	.....	36	.....	44
<i>neomycin-polymyxin-hc</i>		NOROXIN	9	ONCASPAR	12
.....	26, 27	NORPACE CR		<i>ondansetron</i>	28
NEO-SYNALAR		.....	16	<i>ondansetron hcl</i>	
.....	60	<i>nortrel 0.5/35 (28)</i>		.....	28
NEPHRAMINE 5.4 %		.....	65	<i>ondansetron hcl (pf)</i>	
.....	37	<i>nortrel 1/35 (21)</i>		.....	34
NEPHROCAPS		.....	65	ONE TOUCH TEST	
.....	25	<i>nortrel 1/35 (28)</i>		.....	21
NEPHROCAPS QT		.....	65	ONE TOUCH ULTRA TEST	
.....	25	<i>nortrel 7/7/7 (28)</i>		.....	21
NEPHRO-VITE RX		.....	65	ONE TOUCH VERIO	
.....	25	<i>nortriptyline</i>	56	.....	21
<i>neuac</i>	60	NORVIR	5	ONFI	49
NEULASTA	10	NOVOLIN 70/30		OPSUMIT	46
NEUMEGA	10	.....	21	ORAP	57
NEUPOGEN	10	NOVOLIN N	21	ORAPRED	38
NEUPRO	48	NOVOLIN R	21	ORAPRED ODT	
NEVANAC	27	NOVOLOG	21	.....	38
<i>nevirapine</i>	5	NOVOLOG FLEXPEN		ORENCIA	51
NEXAVAR	14	.....	21	ORENCIA (WITH MALTOSE)	
NIACIN	19	NOVOLOG MIX 70-30		.....	51
<i>niacor</i>	19	.....	21	ORENITRAM	
<i>nicardipine</i>	18	NOVOLOG MIX 70-30		.....	59
NICOTROL	46	FLEXPEN	21	ORFADIN	44
NICOTROL NS		NOXAFIL	3	<i>orsythia</i>	65
.....	46	NUEDEXTA	48	ORTHO EVRA	
<i>nifedical xl</i>	18	NULOJIX	42	.....	65
<i>nifedipine</i>	18	NUTROPIN	44	ORTHO TRI-CYCLEN (28)	
NILANDRON		NUTROPIN AQ		.....	65
.....	14	.....	43, 44	OSMOPREP	29
<i>nimodipine</i>	18	NUTROPIN AQ NUSPIN		OVCON-50 (28)	
<i>nisoldipine</i>	18	.....	44	.....	65
NITRO-BID	15	NUVARING	65	OVIDREL	25
<i>nitroglycerin</i>	15	<i>nyamyc</i>	62	<i>oxacillin</i>	34
NITROLINGUAL		<i>nystatin</i>	3, 62	<i>oxacillin in dextrose(iso-osm)</i>	
.....	15	<i>nystatin-triamcinolone</i>		.....	34
NITROMIST	15	.....	62	<i>oxaliplatin</i>	12
NITROSTAT	15	<i>nystop</i>	62	<i>oxandrolone</i>	39
<i>nizatidine</i>	30	<i>octreotide acetate</i>		<i>oxazepam</i>	54
<i>nora-be</i>	65	.....	42	<i>oxcarbazepine</i>	
NORDITROPIN FLEXPRO		<i>ofloxacin</i>	9, 23, 26	.....	49
.....	44	<i>olanzapine</i>	57	OXISTAT	62

OXSORALEN	<i>penicillin v potassium</i>	<i>podofilox</i>	64
.....	.....	<i>polyethylene glycol 3350</i>	29
OXSORALEN ULTRA	PENNSAID	.....	29
.....	PENTAM	<i>polymyxin b sulfate</i>	34
OXTELLAR XR	PENTASA	<i>polymyxin b sulf-trimethoprim</i>	26
.....	<i>pentoxifylline</i>	.....	14
<i>oxybutynin chloride</i>	.....	POMALYST	65
.....	PERFOROMIST	<i>portia</i>	36
<i>oxycodone</i>	.....	<i>potassium chlorid-d5-0.45%nacl</i>	36
<i>oxycodone-acetaminophen</i>	<i>perindopril erbumine</i>	.....	36
.....	.....	<i>potassium chloride</i>	20, 34, 36
<i>oxycodone-aspirin</i>	<i>periogard</i>	<i>potassium chloride in 0.9%nacl</i>	36
.....	PERJETA	.....	36
OXYCONTIN	<i>permethrin</i>	<i>potassium chloride in 5 % dex</i>	36
.....	<i>perphenazine</i>	.....	36
OXYMORPHONE	.....	<i>potassium chloride in lr-d5</i>	36
.....	<i>perphenazine-amitriptyline</i>	.....	36
<i>oxymorphone</i>	.....	<i>potassium chloride-0.45 % nacl</i>	36
.....	PERTZYE	<i>potassium chloride-d5-0.2%nacl</i>	36
OXYTROL	PEXEVA	<i>potassium chloride-d5-0.3%nacl</i>	36
PACERONE	PFIZERPEN-G	<i>potassium chloride-d5-0.9%nacl</i>	36
<i>paclitaxel</i>	.....	<i>potassium citrate</i>	47
<i>pamidronate</i>	<i>phendimetrazine tartrate</i>	POTIGA	49
PANCREAZE	.....	PRADAXA	10
.....	<i>phenelzine</i>	<i>pramcort</i>	24
PANDEL	<i>phenobarbital</i>	<i>pramipexole</i>	48
PANRETIN	.....	PRANDIMET	22
PANTOPRAZOLE	<i>phentermine</i>	.....	22
.....	<i>phenytoin</i>	PRANDIN	19
<i>pantoprazole</i>	<i>phenytoin sodium</i>	<i>pravastatin</i>	15
<i>paricalcitol</i>	<i>phenytoin sodium extended</i>	PRED MILD	27
<i>paromomycin</i>	.....	PRED-G	27
.....	PHOSLYRA	PRED-G S.O.P.	27
<i>paroxetine hcl</i>	PICATO	.....	27
.....	<i>pilocarpine hcl</i>	<i>prednicarbate</i>	62
PASER	.....	<i>prednisolone acetate</i>	27
PAXIL	.....	<i>prednisolone sodium phosphate</i>	38
PCE	<i>pindolol</i>	.....	38
<i>pedi-dri</i>	PIOGLITAZONE	PREDNISONE INTENSOL	38
PEDVAX HIB (PF)	.....	PREMARIN	67
.....	PIOGLITAZONE-GLIMEPIRIDE	PREMASOL 10 %	37
PEGANONE	.....	.....	41
PEGASYS	PIOGLITAZONE-METFORMIN		
PEGASYS PROCLICK	.....		
.....	<i>piperacillin-tazobactam</i>		
PEGINTRON	.....		
.....	<i>piroxicam</i>		
PEGINTRON REDIPEN	PLASMA-LYTE 148		
.....	.....		
<i>penicillin g pot in dextrose</i>	PLASMA-LYTE A		
.....	.....		
<i>penicillin g potassium</i>	PLASMA-LYTE-56 IN 5 %		
.....	DEXTROSE		
<i>penicillin g sodium</i>	PNEUMOVAX 23		
.....	.....		

PREMASOL 6 %		PROQUAD (PF)		RECOMBIVAX HB (PF)	
.....	37	.....	41	.....	41
PREMPHASE		PROSOL 20 %		RELENZA DISKHALER	
.....	67	.....	37	.....	6
PREMPRO	67	PROTONIX	34	RELISTOR	30
<i>prenatal vitamin</i>		PROTOPIC	63	REMICADE	44
.....	67	<i>protriptyline</i>	56	REMODULIN	
PREVALITE	19	PROVENTIL HFA		.....	34
PREVNAR 13 (PF)		.....	59	RENAGEL	45
.....	41	<i>prudoxin</i>	63	<i>renal caps</i>	25
PREVPAC	30	PULMICORT		REVELA	46
PREZISTA	6	.....	59	<i>repaglinide</i>	22
PRIFTIN	8	PULMICORT FLEXHALER		REPRONEX	25
<i>primaquine</i>	4	.....	59	RESCRIPTOR	
PRIMAXIN IV		PULMOZYME		.....	6
.....	34	.....	43	<i>reserpine</i>	18
<i>primidone</i>	49	PYLERA	30	RESTASIS	28
PRIMSOL	4	<i>pyrazinamide</i>		RETIN-A	60
PRIVIGEN	41	.....	8	RETIN-A MICRO	
PROAIR HFA		<i>pyridostigmine bromide</i>		.....	60
.....	59	.....	45	RETIN-A MICRO PUMP	
<i>probenecid</i>	51	<i>quasense</i>	65	.....	60
PROCALAMINE 3%		QUDEXY XR		RETROVIR	34
.....	37	.....	50	REVATIO	44
<i>prochlorperazine</i>		<i>quetiapine</i>	57	REVLIMID	14
.....	28	QUILLIVANT XR		REYATAZ	6
<i>prochlorperazine edisylate</i>		.....	55	RIBAPAK DOSE PACK	
.....	28	<i>quinapril</i>	15	.....	6
<i>prochlorperazine maleate</i>		<i>quinapril-hydrochlorothiazide</i>		<i>ribasphere</i>	6
.....	28	.....	17	<i>ribavirin</i>	6
PROCRIT	10	<i>quinidine gluconate</i>		RIDAURA	51
<i>proctocream-hc</i>		.....	16	<i>rifabutin</i>	8
.....	63	<i>quinidine sulfate</i>		RIFAMATE	8
<i>proctosol hc</i>	63	.....	16	<i>rifampin</i>	8
<i>progesterone micronized</i>		<i>quinine sulfate</i>		RIFATER	8
.....	67	.....	4	RILUTEK	42
PROGLYCEM		QVAR	59	RILUZOLE	42
.....	21	RABAVERT (PF)		<i>rimantadine</i>	6
PROGRAF	34	.....	41	<i>ringers</i>	36
PROLASTIN-C		RABEPRAZOLE		RIOMET	22
.....	57	.....	30	RISEDRONATE	
PROLENSA	27	RALOXIFENE		.....	67
PROLEUKIN		.....	67	RISPERDAL CONSTA	
.....	12	<i>ramipril</i>	15	.....	44, 55
PROLIA	57	RANEXA	15	<i>risperidone</i>	55, 58
PROMACTA	10	<i>ranitidine hcl</i>		RITUXAN	12
<i>propafenone</i>	16	.....	30	<i>rivastigmine tartrate</i>	
<i>propranetheline</i>		RAPAMUNE	42	.....	47
.....	29	REBETOL	6	<i>rizatriptan</i>	47
<i>propranolol</i>	18	REBIF (WITH ALBUMIN)		<i>ropinirole</i>	48
<i>propranolol-hydrochlorothiazid</i>		.....	45	ROTATEQ VACCINE	
.....	17	REBIF TITRATION PACK		.....	41
<i>propylthiouracil</i>		.....	45	ROXICET	53
.....	39	RECLAST	67	ROZEREM	56
				SABRIL	50



SAFYRAL	65	<i>sodium lactate</i>		SUBOXONE	57
SAIZEN	44		36	SUBSYS	53
SAIZEN CLICK.EASY		<i>sodium polystyrene (sorb free)</i>	46	SUCLEAR	29
	44		64	<i>sucralfate</i>	30
SAMSCA	47	SOLARAZE	64	<i>sulfacetamide sodium</i>	
SANCUSO	29	SOLTAMOX	14		26
SANDOSTATIN		SOLU-CORTEF (PF)		<i>sulfacetamide sodium (acne)</i>	64
	42		38	<i>sulfacetamide-prednisolone</i>	
SANDOSTATIN LAR DEPOT		SOLU-MEDROL			26
	42		38	<i>sulfadiazine</i>	9
SANTYL	64	SOLU-MEDROL (PF)		<i>sulfamethoxazole-trimethoprim</i>	9, 34
SAPHRIS (BLACK CHERRY)			38		
	58	SOMATULINE DEPOT		SULFAMYLON	
SAVELLA	50		42		64
<i>selegiline hcl</i>	48	SOMAVERT	42	<i>sulfasalazine</i>	31
<i>selenium sulfide</i>		SORIATANE		<i>sulfazine ec</i>	31
	64		63	<i>sulindac</i>	51
SELZENTRY		<i>sorine</i>	16	<i>sumatriptan</i>	47
	6	<i>sotalol</i>	16	<i>sumatriptan succinate</i>	
SENSIPAR	45	<i>sotalol af</i>	16		47
SEREVENT DISKUS		SOVALDI	6	SUPRAX	7
	59	SPECTRACEF		SUPREP	30
SEROMYCIN			7	SUSTIVA	6
	8	SPIRIVA WITH HANDIHALER		SUTENT	14
SEROQUEL XR			59	SYLATRON	12
	58	<i>spironolactone</i>		SYLVANT	43
SEROSTIM	44		19, 20	SYMBICORT	
<i>sertraline</i>	56	<i>spironolacton-hydrochlorothiaz</i>			59
SFROWASA	31		19	SYMLINPEN 120	
SIGNIFOR	43	SPRYCEL	14		21
SILDENAFIL		<i>ssd</i>	61	SYMLINPEN 60	
	46	STALEVO 100			22
<i>silver sulfadiazine</i>			48	SYNAGIS	44
	61	STALEVO 125		SYNAREL	39
SIMBRINZA	28		48	SYNERA	64
SIMCOR	20	STALEVO 150		SYNERCID	34
SIMPONI	51		48	SYNRIBO	12
SIMPONI ARIA		STALEVO 200		SYNTHROID	
	51		48		39
SIMULECT	42	STALEVO 50		SYPRINE	47
<i>simvastatin</i>	20		48	TABLOID	14
<i>sirolimus</i>	42	STALEVO 75		<i>tacrolimus</i>	42
SKLICE	63		48	TAFINLAR	14
<i>sodium chloride</i>		<i>stavudine</i>	6	TAMIFLU	6
	36, 64	STAVZOR	50	<i>tamoxifen</i>	14
<i>sodium chloride 0.45 %</i>		STELARA	58	<i>tamsulosin</i>	46
	36	STIMATE	10	TARCEVA	14
<i>sodium chloride 0.9 %</i>		STIVARGA	14	TARGETIN	
	36	STRATTERA			14, 15
<i>sodium chloride 3 %</i>			55	TARKA	17
	36	<i>streptomycin</i>	34	TASIGNA	14
<i>sodium chloride 5 %</i>		STRIANT	39	TASMAR	48
	36	STRIBILD	6	TAXOTERE	12
<i>sodium fluoride</i>		STROMEKTOL		TAZORAC	63
	23		4		

<i>taztia xt</i> .....	18	<i>tiagabine</i> .....	50	<i>travoprost (benzalkonium)</i> .....	28
TECFIDERA .....	45	<i>ticlopidine</i> .....	10	<i>trazodone</i> .....	56
TEFLARO .....	34	TIKOSYN .....	16	TREANDA .....	12
TEGRETOL XR .....	50	TIMENTIN .....	34	TRECTOR .....	8
TEKAMLO .....	17	<i>timolol maleate</i> .....	18, 28	TRELSTAR .....	39
TEKTURNA .....	18	<i>tinidazole</i> .....	4	<i>tretinoin</i> .....	60
TEKTURNA HCT .....	17	TIROSINT .....	39	<i>tretinoin (chemotherapy)</i> .....	14
<i>telmisartan</i> .....	16	TIVICAY .....	6	TRETIN-X .....	60
<i>telmisartan-amlodipine</i> .....	17	<i>tizanidine</i> .....	50	TRETIN-X (GEL) .....	60
<i>telmisartan-hydrochlorothiazid</i> .....	17	TOBI .....	43	TREXALL .....	51
<i>temazepam</i> .....	56	TOBI PODHALER .....	43	TRIAMCINOLONE ACETONIDE .....	23
TEMODAR .....	14	TOBRADEX .....	26	<i>triamcinolone acetonide</i> .....	23, 38, 62
<i>terazosin</i> .....	15	TOBRADEX ST .....	26	<i>triamterene-hydrochlorothiazid</i> .....	17, 19
<i>terbinafine hcl</i> .....	3	<i>tobramycin</i> .....	26	<i>triazolam</i> .....	56
<i>terbutaline</i> .....	59	<i>tobramycin in 0.225 % nacl</i> .....	43	<i>triderm</i> .....	62
<i>terconazole</i> .....	67	<i>tobramycin in 0.9 % nacl</i> .....	34	<i>trifluoperazine</i> .....	58
<i>testosterone cypionate</i> .....	39	<i>tobramycin sulfate</i> .....	35	<i>trifluridine</i> .....	27
<i>testosterone enanthate</i> .....	39	<i>tobramycin-dexamethasone</i> .....	26	<i>trihexyphenidyl</i> .....	48
TESTRED .....	39	<i>tolazamide</i> .....	22	<i>trilyte with flavor packets</i> .....	30
TETANUS .....	39	<i>tolbutamide</i> .....	22	<i>trimethoprim</i> .....	4
TOXOID, ADSORBED (PF) .....	41	<i>tolmetin</i> .....	51	<i>trimipramine</i> .....	56
TETANUS, DIPHTHERIA TOX PED(PF) .....	41	TOLTERODINE .....	47	<i>trinessa (28)</i> .....	65
TETANUS-DIPHTHERIA TOXOIDS-TD .....	41	<i>topiramate</i> .....	50	<i>triphrocaps</i> .....	25
<i>tetracycline</i> .....	9	<i>toposar</i> .....	12	<i>tri-previfem (28)</i> .....	65
TEV-TROPIN .....	44	TOPOTECAN .....	12	TRISENOX .....	14
THALITONE .....	19	TORISEL .....	12	<i>tri-sprintec (28)</i> .....	65
THALOMID .....	14	<i>torseamide</i> .....	19	<i>trivora (28)</i> .....	65
<i>theophylline</i> .....	59	<i>tpn electrolytes</i> .....	37	TRIZIVIR .....	6
<i>thioridazine</i> .....	58	TRACLEER .....	46	TROKENDI XR .....	50
<i>thiothixene</i> .....	58	TRADJENTA .....	22	TROPHAMINE 10 % .....	37
THYMOGLOBULIN .....	41	<i>tramadol</i> .....	53	TROPHAMINE 6% .....	37
THYROLAR-1 .....	39	<i>tramadol-acetaminophen</i> .....	53	<i>trospium</i> .....	47
THYROLAR-1/2 .....	39	<i>trandolapril</i> .....	15	TRUVADA .....	6
THYROLAR-1/4 .....	39	<i>tranexamic acid</i> .....	10	TUDORZA PRESSAIR .....	59
THYROLAR-2 .....	39	TRANSDERM-SCOP .....	29	TWINJECT AUTOINJECTOR .....	43
THYROLAR-3 .....	39	<i>tranylcypromine</i> .....	56	TWINRIX (PF) .....	41
<i>tiagabine</i> .....	50	TRAVASOL 10 % .....	37	TYGACIL .....	35
<i>ticlopidine</i> .....	10	TRAVATAN Z .....	28		

TYKERB	14	VIBRAMYCIN		XOPENEX HFA	
TYPHIM VI	41		9		59
TYSABRI	45	VICTOZA 3-PAK		XTANDI	14
TYZEKA	6		22	<i>xulane</i>	67
TYZINE	23	VICTRELIS	6	XYREM	56
UCERIS	31	VIDAZA	12	YERVOY	13
<i>u-cort</i>	62	VIDEX 2 GRAM PEDIATRIC		YF-VAX (PF)	
ULESFIA	63		6		42
ULORIC	51	VIGAMOX	26	<i>zafirlukast</i>	59
ULTRESA	29	VIIBRYD	56	<i>zaleplon</i>	56
<i>unithroid</i>	40	VIMPAT	44, 50	ZALTRAP	13
UROCIT-K 10		<i>vinblastine</i>	13	ZANOSAR	13
	47	<i>vincasar pfs</i>	13	ZAVESCA	43
UROCIT-K 15		<i>vincristine</i>	13	<i>zazole</i>	67
	47	<i>vinorelbine</i>	13	ZELBORAF	7
UROCIT-K 5	47	VIOKACE	29	ZEMAIRA	58
<i>ursodiol</i>	30	VIRACEPT	6	ZEMPLAR	35, 45
UVADEX	12	VIRAMUNE	7	ZENPEP	29
VAGIFEM	67	VIRAMUNE XR		<i>zeosa</i>	65
VALACYCLOVIR			7	ZERIT	7
	6	VIREAD	7	ZETIA	20
VALCYTE	6	VISTIDE	35	ZIAGEN	7
<i>valproate sodium</i>		<i>vitamin d2</i>	25	<i>zidovudine</i>	7
	35	VIVACTIL	56	ZINACEF IN DEXTROSE	
<i>valproic acid</i>	50	VIVELLE-DOT		(ISO-OSM)	35
<i>valproic acid (as sodium salt)</i>			67	ZINACEF IN STERILE WATER	
	50	VOLTAREN	51		35
<i>valsartan</i>	16	<i>voriconazole</i>	3, 35	ZINECARD	15
<i>valsartan-hydrochlorothiazide</i>		VOSOL-HC	23	ZIOPTAN (PF)	
	17	VOTRIENT	14		28
VANCOGIN	4	VPRIV	43	<i>ziprasidone hcl</i>	
<i>vancomycin</i>	4, 35	VYTORIN 10-10			58
<i>vandazole</i>	67		20	ZIRGAN	27
VANOS	62	VYTORIN 10-20		ZMAX	8
VAQTA (PF)	41		20	<i>zoledronic acid</i>	
VARIVAX (PF)		VYTORIN 10-40			67
	41		20	<i>zoledronic acid-mannitol-water</i>	
VECTIBIX	12	VYTORIN 10-80			67
VELCADE	12		20	ZOLINZA	14
<i>velivet triphasic regimen (28)</i>		VYVANSE	55	<i>zolpidem</i>	56
	65	<i>warfarin</i>	10	ZOMETA	67
VENLAFAXINE		<i>water for irrigation, sterile</i>		ZONALON	64
	56		64	<i>zonisamide</i>	50
<i>venlafaxine</i>	56	WELCHOL	20	ZORBTIVE	44
VENTOLIN HFA		XALKORI	14	ZORTRESS	42
	59	XARELTO	10	ZOSTAVAX (PF)	
<i>verapamil</i>	18	XARTEMIS XR			42
VERIPRED 20			53	ZOSYN	35
	38	XELJANZ	51	ZOSYN IN DEXTROSE	
VESICARE	47	XELODA	14	(ISO-OSM)	35
VEXOL	27	XENAZINE	44	<i>zovia 1/35e (28)</i>	
VFEND	3	XGEVA	67		66
VFEND IV	35	XIFAXAN	4	<i>zovia 1/50e (28)</i>	
VIAGRA	24	XOLAIR	58		66
VIBATIV	35			ZOVIRAX	64

ZYDELIG .....	14
ZYKADIA .....	14
ZYLET .....	27
ZYPREXA .....	58
ZYTIGA .....	14
ZYVOX .....	4, 35

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This formulary was updated on January 1, 2014. For more recent information or other questions, please contact Tufts Medicare Preferred PDP Customer Relations at 1-800-701-9000 or, for TTY users, 1-800-208-9562, Monday - Friday 8:00 a.m. - 8:00 p.m. (from Oct. 1 - Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message and a representative will return your call on the next business day. Or visit [tuftsmedicarepreferred.org](http://tuftsmedicarepreferred.org).

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*Tufts Health Plan Medicare Preferred is a PDP plan with a Medicare contract. Enrollment in Tufts Health Plan Medicare Preferred depends on contract renewal.*

*This information is available for free in other languages. Please call our Customer Relations number at 1-800-701-9000 or, for TTY users, 1-800-208-9562, Monday - Friday 8:00 a.m. - 8:00 p.m. (from Oct. 1 - Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message and a representative will return your call on the next business day.*

*Esta información está disponible gratuitamente en otros idiomas. Sírvase llamar a nuestro número de Servicio al Cliente al 1-800-701-9000 o, para usuarios con problemas auditivos (TTY), al 1-800-208-9562, de lunes a viernes, desde las 8:00 a.m. hasta las 8:00 p.m. (desde el 1 de octubre hasta el 14 de febrero hay representantes disponibles los 7 días de la semana, desde las 8:00 a.m. hasta las 8:00 p.m.). Después del horario de atención y en días feriados, por favor deje un mensaje y un representante le devolverá su llamada el día laborable siguiente.*

**TUFTS**  **Health Plan**  
**Medicare Preferred**

**705 Mount Auburn Street, Watertown, MA 02472**