

Updated March 15, 2012

Prime Plan (PDP)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

For alternate formats or languages other than English please call our Customer Service at 1-855-737-4347.

Esta informacion esta disponible gratis en otros idiomas. Por favor, llamenos al numero del servicio al cliente 1-855-737-4347 si necesita asistencia.

A stand-alone prescription drug plan with a Medicare contract.

Formulary ID 00012187, Version 8

What is the Health First Prime Prescription Drug Plan (Prime Plan (PDP))'s Formulary?

A formulary is a list of covered drugs selected by the Prime Plan (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. Prime Plan (PDP) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Prime Plan (PDP)'s network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary change?

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 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, 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 **March 15, 2012**. To get updated information about the drugs covered by the Prime Plan (PDP) please visit

our Web site at www.HealthFirstHealthPlans.org or call Customer Service at 1-855-737-4347. Between October 15 and February 14, our Customer Service hours are: 8 am–8 pm, 7 days a week. From February 15 to October 14, our Customer Service hours are: Monday–Friday 8 am–8 pm, and Saturday 8 am–Noon. You may receive a messaging service on weekends and holidays. Please leave a message and your call will be returned the next business day. TTY/TDD users should call 1-800-955-8771. Print formularies are updated via errata sheets in the event of amid-year non-maintenance formulary changes.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition — The formulary begins on page 5. 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 7. 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 40. 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?

The Prime Plan (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:** The Prime Plan (PDP) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from the Prime Plan (PDP) before you fill your prescriptions. If you don’t get approval, the Prime Plan (PDP) may not cover the drug.
- **Quantity Limits:** For certain drugs, the Prime Plan (PDP) limits the amount of the drug that the Prime Plan (PDP) will cover. For example, the Prime Plan (PDP) provides 10 patches per prescription for Fentanyl patches. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, The Prime Plan (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, the Prime Plan (PDP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Prime Plan (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 5. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.HealthFirstHealthPlans.org.

You can ask Prime Plan (PDP) to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Prime Plan (PDP) formulary?” on page 3 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and confirm that your drug is not covered. If you learn that Prime Plan (PDP) does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by the Prime Plan (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 the Prime Plan (PDP)

- You can ask the Prime Plan (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 Prime Plan (PDP)'s Formulary?

You can ask Prime Plan (PDP) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, the Prime Plan (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 more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the specialty tier.

Generally, Prime Plan (PDP) will only approve your request for an exception if the alternative drugs included on the plan's formulary, the

lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 91-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Additionally, we understand that if you have been enrolled in the plan for more than 90 days there may be other situations in which you are prescribed non-formulary medications. These circumstances usually involve a change from one treatment setting to another, including but not limited to:

- Discharge from a hospital to home,
- Discharge from a skilled nursing facility

to home,

- Ending a long-term care facility stay and returning to the community.

As a current member, if you have been prescribed non-formulary medications as a result of changing from one treatment setting to another, you may be eligible to receive a one-time temporary 30-day supply of your non-formulary drugs. During this transition period you can talk to your doctor to decide if you should switch to an appropriate drug that we cover, or request a formulary exception so we will cover the drug(s) you take. You can contact our Customer Service to ask for a temporary supply if the above circumstances apply to you. Our Customer Service contact information is listed below

For more information

For more detailed information about your Prime Plan (PDP) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Prime Plan (PDP), please call Customer Service at 1-855-737-4347, Between October 15 and February 14, our Customer Service hours are: 8 am–8 pm, 7 days a week. From February 15 to October 14, our Customer Service hours are: Monday–Friday 8 am–8 pm, and Saturday 8 am–Noon. You may receive a messaging service on weekends and holidays. Please leave a message and your call will be returned the next business day. TTY/TDD users should call 1-800-955-8771.) Or visit www.HealthFirstHealthPlans.org. If you have general questions about Medicare prescription

drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

Prime Plan (PDP)'s Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by the Prime Plan (PDP). If you have trouble finding your drug in the list, turn to the Index that begins on page 40.

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

The information in the Requirements/Limits column tells you if Prime Plan (PDP) has any special requirements for coverage of your drug.

- **PA: Prior Authorization** is required — your doctor must obtain prior authorization for this drug.

- **QL: Quantity limits** may also be listed. (For example, “10/30 days” would mean your coverage of this drug is limited to 10 patches every 30 days.) Prescriptions written for more than the suggested Quantity Limits will only be honored up to the listed amount. (For example, a prescription written for a 90 day supply will only process for up to 30 days.)
- **B/D:** This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

- * — Health First Medicare Plans provides coverage of this prescription drug in the coverage gap.
- **LA: Limited Access** available — applies to prescriptions that may only be available at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at the numbers provided on the cover of this document.
- **ST: Step Therapy** is required — treatment with certain drugs is required before these drugs will be approved for coverage.

PA=Prior Authorization required ST=Step Therapy LA=Limited Access QL=Quantity Limit

B/D= This drug may be covered under Medicare Part B or D depending upon the circumstances

* We provide additional coverage of this prescription drug in the coverage gap. Refer to our Evidence of Coverage for more information about this coverage

Your costs

The amounts you pay for covered drugs are explained here:

Level 1: Initial Coverage Period			
<p>You pay these amounts beginning January 1, 2012, or when you first enroll. When the total cost for your covered drugs reaches \$2,930 (including what you pay and what we pay), Level 2 coverage begins.</p>		At a retail pharmacy	
		30-day supply	90-day supply
	Tier 1	\$2	\$6
	Tier 2	\$10	\$30
	Tier 3	\$45	\$135
	Tier 4	\$95	\$285
	Tier 5	25%	N/A
Level 2: Coverage Gap Period			
<p>You pay these amounts after the total cost for your covered drugs reaches \$2,930 (including what you pay and what we pay). <i>During this period, the Prime Plan (PDP) covers only Tier 1 unless you qualify for Extra Help and the coverage gap doesn't apply to you.</i></p> <p>When you have paid \$4,700 out-of-pocket for covered drugs, Level 3 coverage begins.</p>		At a retail pharmacy	
		30-day supply	90-day supply
	Tier 1	\$2	\$6
	Tier 2	86%	86%
	Tier 3	100% (you may receive a 50% manufacturer discount)	
	Tier 4		
	Tier 5		
Level 3: Catastrophic Coverage Period			
<p>After your yearly out-of-pocket drug costs reach \$4,700, you pay a \$2.60 copay for generic and a \$6.50 copay for all other drugs, or 5% coinsurance (<i>whichever is greater</i>).</p>			

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Drug Name	Drug Tier	Requirements / Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
<i>indomethacin</i>	2	
<i>ketoprofen</i>	2	
<i>ketorolac tromethamine inj</i>	2	QL (40 per 30 days)
<i>naproxen sodium*</i>	1	
<i>oxaprozin</i>	2	
<i>sulindac*</i>	1	
TREXIMET	3	
VOLTAREN	3	
Opioid Analgesics		
<i>acetaminophen/codeine #3</i>	2	QL (240 per 30 days)
<i>acetaminophen/codeine #4</i>	2	QL (240 per 30 days)
<i>acetaminophen/codeine soln</i>	2	
<i>acetaminophen/codeine tabs</i>	2	QL (240 per 30 days)
<i>buprenorphine hcl inj</i>	2	
<i>co-gesic</i>	2	QL (240 per 30 days)
<i>codeine sulfate</i>	2	QL (240 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>endocet tabs 650mg; 10mg</i>	2	QL (180 per 30 days)
<i>endocet tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg, 500mg; 7.5mg</i>	2	QL (240 per 30 days)
<i>fentanyl</i>	2	QL (20 per 30 days)
<i>fentanyl citrate</i>	2	
<i>fentanyl citrate oral transmucosal</i>	2	
<i>hydrocodone bitartrate/ acetaminophen tabs 750mg; 10mg</i>	2	QL (150 per 30 days)
<i>hydrocodone/acetaminophen soln</i>	2	
<i>hydrocodone/acetaminophen tabs 660mg; 10mg, 750mg; 7.5mg</i>	2	QL (150 per 30 days)
<i>hydrocodone/acetaminophen tabs 650mg; 10mg, 650mg; 7.5mg</i>	2	QL (180 per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg, 500mg; 10mg, 500mg; 2.5mg, 500mg; 5mg, 500mg; 7.5mg</i>	2	QL (240 per 30 days)
<i>hydrocodone/ibuprofen</i>	2	QL (150 per 30 days)
<i>hydromorphone hcl inj</i>	2	
<i>hydromorphone hcl tabs</i>	2	QL (240 per 30 days)
<i>levorphanol tartrate</i>	2	
<i>margesic-h</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
METHADONE HCL INJ, ORAL SOLN	3	
<i>methadone hcl conc</i>	2	
<i>methadone hcl tabs</i>	2	QL (240 per 30 days)
<i>morphine sulfate er tb12 200mg</i>	2	QL (60 per 30 days)
<i>morphine sulfate er tb12 100mg, 15mg, 30mg, 60mg</i>	2	QL (90 per 30 days)
<i>morphine sulfate tabs</i>	2	QL (240 per 30 days)
MORPHINE SULFATE INJ 5MG/ML	3	
<i>morphine sulfate inj 0.5mg/ml, 1mg/ml</i>	2	
OPANA ER TB12 10MG, 20MG, 40MG, 5MG	3	
<i>oxycodone hcl tabs</i>	2	QL (240 per 30 days)
<i>oxycodone/acetaminophen caps</i>	2	QL (240 per 30 days)
<i>oxycodone/acetaminophen tabs 650mg; 10mg</i>	2	QL (180 per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg, 500mg; 7.5mg</i>	2	QL (240 per 30 days)
<i>pentazocine/acetaminophen</i>	2	
<i>pentazocine/naloxone hcl</i>	2	
<i>stagesic</i>	2	

Drug Name	Drug Tier	Requirements / Limits
SUBOXONE	3	
SUBUTEX	4	
<i>tramadol hcl</i>	2	QL (240 per 30 days)
Anesthetics		
Local Anesthetics		
<i>lidocaine</i>	2	
<i>lidocaine hcl jelly</i>	2	
<i>lidocaine hcl inj, external soln</i>	2	
<i>lidocaine/prilocaine</i>	2	
LIDODERM	3	QL (90 per 30 days)
Anti-inflammatory Agents		
Nonsteroidal Anti-inflammatory Drugs		
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium</i>	2	
DICLOFENAC SODIUM EC TBEC 25MG	3	
<i>diclofenac sodium ec tbec 50mg</i>	2	
<i>diclofenac sodium xr</i>	2	
<i>flurbiprofen</i>	2	
<i>ibuprofen*</i>	1	
<i>ketorolac tromethamine inj</i>	2	QL (20 per 30 days)
MELOXICAM SUSP	4	
<i>meloxicam tabs</i>	2	
<i>nabumetone</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>naproxen*</i>	1	
<i>naproxen dr*</i>	1	
<i>piroxicam</i>	2	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate</i>	2	
<i>gentamicin sulfate</i>	2	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJ 0.9MG/ML; 0.9%, 1.4MG/ML; 0.9%	3	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%, 1mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate/sodium chloride</i>	2	
<i>isotonic gentamicin</i>	2	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	2	
STREPTOMYCIN SULFATE	3	
TOBI	5	
<i>tobramycin sulfate</i>	2	
Antibacterials, Other		
BACITRACIN	3	
BACTROBAN NASAL	3	
CLEOCIN GALAXY	3	
CLEOCIN PEDIATRIC GRANULES	3	
CLEOCIN CREA, SUPP	3	
<i>clindamycin hcl</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate add-vantage</i>	2	
<i>clindamycin phosphate crea</i>	2	
COLY-MYCIN M	3	
CUBICIN	5	
LINCOCIN	4	
<i>metronidazole vaginal</i>	2	
<i>metronidazole tabs*</i>	1	
<i>metronidazole caps, crea</i>	2	
<i>mupirocin</i>	2	
<i>nitrofurantoin macrocrystalline</i>	2	
<i>nitrofurantoin monohydrate</i>	2	
PRIMSOL	4	
<i>silver sulfadiazine</i>	2	
<i>trimethoprim</i>	2	
TYGACIL	3	
VANCOCIN HCL	4	PA
VANCOMYCIN HCL INJ 10GM	3	
VANCOMYCIN HCL INJ 500MG	3	PA
<i>vancomycin hcl inj 1000mg</i>	2	
XIFAXAN TABS 200MG	4	QL (42 per 30 days) PA
ZYVOX TABS	4	
ZYVOX INJ, SUSR	5	
Beta-lactam, Cephalosporins		
<i>cefaclor</i>	2	
<i>cefaclor er</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>cefadroxil</i>	2	
CEFAZOLIN SODIUM INJ 1GM; 5%, 20GM	3	
<i>cefazolin sodium inj 1gm, 500mg</i>	2	
<i>cefdinir</i>	2	
<i>cefepime</i>	2	
<i>cefpodoxime proxetil tabs</i>	2	
<i>ceftriaxone sodium inj 10gm, 1gm, 2gm</i>	2	
<i>cefuroxime axetil tabs</i>	2	
<i>cefuroxime sodium</i>	2	
CEPHALEXIN TABS	3	
<i>cephalexin caps, susr*</i>	1	
FORTAZ	3	
SUPRAX SUSR 100MG/5ML	4	
<i>tazicef</i>	2	
Beta-lactam, Other		
<i>meropenem</i>	2	
PRIMAXIN I.M.	4	
PRIMAXIN IV	3	
Beta-lactam, Penicillins		
<i>amoxicillin*</i>	1	
<i>amoxicillin/clavulanate potassium chew, tabs</i>	2	
<i>amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/potassium clavulanate</i>	2	
AMPICILLIN SODIUM INJ 125MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>ampicillin sodium inj 10gm, 1gm</i>	2	
AMPICILLIN SUSR	3	
<i>ampicillin caps</i>	2	
BACTOCILL IN DEXTROSE	3	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium inj 1gm</i>	2	
<i>penicillin g potassium</i>	2	
<i>penicillin v potassium*</i>	1	
TIMENTIN	3	
ZOSYN	3	
Macrolides		
<i>azithromycin</i>	2	
<i>clarithromycin</i>	2	
<i>e.e.s. 400</i>	2	
<i>ery</i>	2	
ERYTHROCIN LACTOBIONATE	3	
<i>erythromycin</i>	2	
<i>erythromycin base</i>	2	
Quinolones		
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin hcl*</i>	1	
LEVAQUIN ORAL SOLN, TABS	4	
LEVAQUIN INJ 5%; 750MG/150ML	4	
<i>levofloxacin</i>	2	
MOXEZA	3	
<i>ofloxacin soln, tabs</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
VIGAMOX	3	
ZYMAR	3	
ZYMAXID	3	
Sulfonamides		
<i>sodium sulfacetamide</i>	2	
SULFADIAZINE	3	
<i>Sulfamethoxazole/ trimethoprim ds*</i>	1	
SULFAMETHOXAZOLE/TRIMETHOPRIM INJ	3	
<i>sulfamethoxazole/ trimethoprim susp, tabs*</i>	1	
Tetracyclines		
DOXYCYCLINE HYCLATE CPEP 75MG	3	
<i>doxycycline hyclate caps, tabs*</i>	1	
<i>doxycycline hyclate inj</i>	2	
<i>doxycycline monohydrate tabs 50mg, 75mg</i>	2	
<i>minocycline hcl</i>	2	
<i>tetracycline hcl*</i>	1	
Anticonvulsants		
Anticonvulsants, Other		
BANZEL SUSP	4	
BANZEL TABS	4	PA
KEPPRA XR	3	
KEPPRA INJ, TABS	3	
<i>levetiracetam</i>	2	
<i>levetiracetam er</i>	2	
VIMPAT	4	PA

Drug Name	Drug Tier	Requirements / Limits
Calcium Channel Modifying Agents		
CELONTIN	3	
<i>ethosuximide</i>	2	
LYRICA	4	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
DEPACON	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
<i>divalproex sodium</i>	2	
<i>divalproex sodium er</i>	2	
<i>gabapentin caps 100mg</i>	2	QL (1080 per 30 days)
<i>gabapentin caps 400mg</i>	2	QL (270 per 30 days)
<i>gabapentin caps 300mg</i>	2	QL (360 per 30 days)
<i>gabapentin soln</i>	2	QL (2350 per 30 days)
<i>gabapentin tabs 800mg</i>	2	QL (120 per 30 days)
<i>gabapentin tabs 600mg</i>	2	QL (180 per 30 days)
GABITRIL	4	
<i>primidone</i>	2	
SABRIL	5	PA

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Drug Name	Drug Tier	Requirements / Limits
STAVZOR	4	
<i>valproate sodium</i>	2	
<i>valproic acid</i>	2	
<i>zonisamide</i>	2	
Glutamate Reducing Agents		
<i>felbamate</i>	2	
FELBATOL	4	
LAMICTAL CHEWABLE DISPERSIBLE	3	
LAMICTAL ODT	3	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	3	
LAMICTAL STARTER/TAKING VALPROATE	3	
LAMICTAL XR	3	
<i>lamotrigine</i>	2	
TOPAMAX	4	
TOPAMAX SPRINKLE	3	
<i>topiramate</i>	2	
Sodium Channel Inhibitors		
<i>carbamazepine</i>	2	
<i>carbamazepine caps, tabs er</i>	2	
CARBATROL	3	
DILANTIN INFATABS	3	
DILANTIN SUSP	3	
DILANTIN CAPS 100MG	3	

Drug Name	Drug Tier	Requirements / Limits
DILANTIN CAPS 30MG	3	
<i>epitol</i>	2	
<i>fosphenytoin sodium</i>	2	
<i>oxcarbazepine</i>	2	
PEGANONE	3	
PHENYTEK	3	
<i>phenytoin</i>	2	
<i>phenytoin sodium</i>	2	
<i>phenytoin sodium extended</i>	2	
TRILEPTAL	3	
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates</i>	2	
Cholinesterase Inhibitors		
ARICEPT	3	QL (30 per 30 days)
<i>donepezil hcl</i>	2	
EXELON SOLN	3	
EXELON PT24	3	QL (30 per 30 days)
<i>galantamine hydrobromide cp24 16mg, 24mg</i>	2	
<i>galantamine hydrobromide cp24 8mg</i>	2	QL (30 per 30 days)
<i>galantamine hydrobromide soln</i>	2	
<i>galantamine hydrobromide tabs 8mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>galantamine hydrobromide tabs 12mg, 4mg</i>	2	QL (30 per 30 days)
<i>rivastigmine tartrate caps 3mg</i>	2	QL (120 per 30 days)
<i>rivastigmine tartrate caps 1.5mg</i>	2	QL (240 per 30 days)
<i>rivastigmine tartrate caps 4.5mg, 6mg</i>	2	QL (60 per 30 days)
Glutamate Pathway Modifiers		
NAMENDA TITRATION PAK	3	
NAMENDA SOLN	3	
NAMENDA TABS	3	QL (60 per 30 days)
Antidepressants		
Antidepressants, Other		
<i>budeprion sr</i>	2	QL (60 per 30 days)
<i>budeprion xl</i>	2	QL (30 per 30 days)
<i>bupropion hcl</i>	2	
<i>bupropion hcl sr</i>	2	QL (60 per 30 days)
EFFEXOR XR	3	
<i>mirtazapine odt</i>	2	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>mirtazapine tbdp</i>	2	QL (30 per 30 days)
<i>mirtazapine tabs 30mg, 45mg</i>	2	QL (30 per 30 days)
<i>mirtazapine tabs 15mg, 7.5mg</i>	2	QL (45 per 30 days)
<i>nefazodone hcl</i>	2	
<i>trazodone hcl*</i>	1	
<i>venlafaxine hcl</i>	2	
Monoamine Oxidase Inhibitors		
EMSAM	4	QL (30 per 30 days) PA
MARPLAN	3	
NARDIL	3	
PARNATE	3	
<i>tranylcypromine sulfate</i>	2	
Serotonin/ Norepinephrine Reuptake Inhibitors		
<i>citalopram hydrobromide*</i>	1	
CYMBALTA	3	QL (30 per 30 days)
<i>fluoxetine hcl caps 10mg, 20mg*</i>	1	QL (30 per 30 days)
<i>fluoxetine hcl caps 40mg</i>	2	
<i>fluoxetine hcl soln*</i>	1	
<i>fluoxetine hcl tabs 20mg*</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>fluoxetine hcl tabs 10mg*</i>	1	QL (45 per 30 days)
<i>fluvoxamine maleate</i>	2	
LEXAPRO SOLN	3	
LEXAPRO TABS 20MG	3	
LEXAPRO TABS 10MG, 5MG	3	QL (45 per 30 days)
<i>paroxetine hcl</i>	2	
<i>paroxetine hcl er</i>	2	
PAXIL SUSP	4	
PRISTIQ TB24 100MG	3	
PRISTIQ TB24 50MG	3	QL (30 per 30 days)
RAPIFLUX	3	
SAVELLA	3	QL (60 per 30 days)
SAVELLA TITRATION PACK	3	QL (55 per 30 days)
<i>sertraline hcl conc</i>	2	
<i>sertraline hcl tabs 100mg</i>	2	
<i>sertraline hcl tabs 25mg, 50mg</i>	2	QL (45 per 30 days)
<i>venlafaxine hcl er</i>	2	
VIIBRYD	4	
Tricyclics		
<i>amitriptyline hcl*</i>	1	

Drug Name	Drug Tier	Requirements / Limits
AMOXAPINE	3	
<i>clomipramine hcl</i>	2	
<i>desipramine hcl</i>	2	
<i>doxepin hcl caps 100mg, 10mg, 25mg, 50mg, 75mg</i>	2	
<i>doxepin hcl conc</i>	2	
<i>imipramine hcl</i>	2	
MAPROTILINE HCL	3	
<i>nortriptyline hcl</i>	2	
<i>protriptyline hcl</i>	2	
SURMONTIL	4	
VIVACTIL	3	
Antidotes, Deterrents, and Toxicologic Agents		
Antidotes		
ANTIZOL	3	PA
CUPRIMINE	4	
DEPEN TITRATABS	3	
EXJADE	3	PA
RELISTOR	4	PA
<i>sodium polystyrene sulfonate</i>	2	
SYPRINE	4	
Deterrents		
ANTABUSE	3	
CAMPRAL	3	
CHANTIX	3	
NICOTROL INHALER	3	

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Drug Name	Drug Tier	Requirements / Limits
NICOTROL NS	3	
Toxicologic Agents		
<i>naloxone hcl</i>	2	
<i>naltrexone hcl</i>	2	
SUBOXONE SUBL	3	
Antiemetics		
Antiemetics		
<i>dronabinol</i>	2	QL (60 per 30 days)
EMEND CAPS 40MG, 80MG	3	B/D
EMEND CAPS 125MG	3	QL (2 per 30 days) B/D
EMEND CAPS 0	3	QL (4 per 30 days) B/D
<i>granisetron hcl</i>	2	
<i>granisol</i>	2	
<i>metoclopramide hcl*</i>	1	
<i>ondansetron hcl inj, oral soln</i>	2	
<i>ondansetron hcl tabs 24mg</i>	2	QL (30 per 30 days)
<i>ondansetron hcl tabs 4mg, 8mg</i>	2	QL (60 per 30 days)
<i>ondansetron odt</i>	2	
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate</i>	2	
<i>prochlorperazine maleate</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>promethazine hcl tabs*</i>	1	
<i>promethazine hcl supp, syrp</i>	2	
<i>promethegan</i>	2	
Antifungals		
Antifungals		
<i>amphotericin b</i>	2	
ANCOBON	3	
CANCIDAS	5	PA
<i>ciclopirox</i>	2	
<i>ciclopirox nail lacquer</i>	2	
<i>ciclopirox olamine</i>	2	
<i>clotrimazole</i>	2	
<i>clotrimazole/betamethasone dipropionate</i>	2	
<i>fluconazole</i>	2	
<i>fluconazole in dextrose</i>	2	
GRIFULVIN V	4	
<i>griseofulvin microsize</i>	2	
<i>itraconazole</i>	2	
<i>ketoconazole</i>	2	
LAMISIL SOLN	3	
LOTRISONE	3	
MYCAMINE	4	
NAFTIN	4	
<i>nystatin</i>	2	
<i>nystatin/triamcinolone*</i>	1	
<i>nystop</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>terbinafine hcl</i>	2	QL (30 per 30 days)
<i>terconazole crea</i>	2	
<i>zazole</i>	2	
Antigout Agents		
Antigout Agents		
<i>allopurinol*</i>	1	
<i>allopurinol sodium</i>	2	
COLCRYS	3	
<i>probenecid</i>	2	
<i>probenecid/colchicine</i>	2	
ULORIC	3	ST
Antimigraine Agents		
Abortive		
<i>dihydroergotamine mesylate</i>	2	
ERGOMAR	3	
<i>ergotamine tartrate/caffeine</i>	2	
MAXALT	3	QL (12 per 30 days)
MAXALT-MLT	3	QL (12 per 30 days)
MIGRANAL	4	
<i>sumatriptan succinate tabs</i>	2	QL (12 per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	QL (24 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
Antimyasthenic Agents		
Parasympathomimetics		
GUANIDINE HCL	3	
<i>pyridostigmine bromide</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
DAPSONE	3	
MYCOBUTIN	4	
Antituberculars		
CAPASTAT SULFATE	3	
<i>ethambutol hcl</i>	2	
ISONIAZID SYRP	3	
<i>isoniazid tabs</i>	2	
PASER	4	
PRIFTIN	3	
<i>pyrazinamide</i>	2	
<i>rifampin</i>	2	
SEROMYCIN	3	
TRECTOR	4	
Antineoplastics		
Alkylating Agents		
BICNU	3	
BUSULFEX	3	
CEENU	3	
HEXALEN	3	
<i>ifosfamide</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>ifosfamide/mesna</i>	2	
LEUKERAN	3	
MATULANE	4	
<i>melphalan hydrochloride</i>	2	
MUSTARGEN	5	
<i>thiotepa</i>	2	
TREANDA	5	
ZANOSAR	5	
Antiangiogenic Agents		
CAPRELSA	5	
REVLIMID	5	LA
THALOMID	5	
VANDETANIB	5	
VOTRIENT	5	PA
Antiestrogens/Modifiers		
EMCYT	4	PA
FARESTON	4	
FASLODEX	4	
<i>tamoxifen citrate</i>	2	
Antimetabolites		
<i>cladribine</i>	2	
CLOLAR	5	
<i>cytarabine</i>	2	
CYTARABINE AQUEOUS INJ 20MG/ML	3	
<i>cytarabine aqueous inj 100mg/ml</i>	2	
DROXIA	3	

Drug Name	Drug Tier	Requirements / Limits
ELITEK	3	PA
FLUOROURACIL	3	
GEMZAR	5	PA
<i>hydroxyurea</i>	2	
<i>mercaptopurine</i>	2	
<i>pentostatin</i>	2	
TABLOID	3	
Antineoplastics, Other		
ALIMTA	5	
<i>bleomycin sulfate</i>	2	
<i>cisplatin</i>	2	
<i>cyclophosphamide</i>	2	B/D
DOCEFREZ	5	
DOCETAXEL CONC, SOLN	4	
ETHYOL	5	PA
<i>etoposide</i>	2	B/D
GEMCITABINE	5	PA
HALAVEN	5	PA
HYCAMTIN	4	
IXEMPRA KIT	5	PA
JAKAFI	5	PA
MESNEX	3	
NOVANTRONE	3	PA
ONTAK	4	PA
PROLEUKIN	3	
SYLATRON	5	PA

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Drug Name	Drug Tier	Requirements / Limits
TRISENOX	3	PA
TYKERB	5	QL (150 per 30 days) PA
VELCADE	4	PA
VIDAZA	4	PA
ZOLINZA	4	
ZYTIGA	5	
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole</i>	2	
AROMASIN	3	
FEMARA	3	
Molecular Target Inhibitors		
AFINITOR	5	
GLEEVEC	5	
IRESSA	3	PA
NEXAVAR	5	PA
SPRYCEL	5	
SUTENT	5	PA
TARCEVA	5	
TASIGNA	5	PA
XALKORI	5	PA
ZELBORAF	5	PA
Monoclonal Antibodies		
ARZERRA	5	PA
AVASTIN	5	
CAMPATH	4	PA

Drug Name	Drug Tier	Requirements / Limits
RITUXAN	5	
YERVOY	5	B/D
Retinoids		
PANRETIN	3	
TARGRETIN	4	
TRETINOIN	5	
Antiparasitics		
Anthelmintics		
ALBENZA	3	
<i>mebendazole</i>	2	
Antiprotozoals		
ALINIA SUSR	3	PA
ALINIA TABS	3	QL (12 per 30 days) PA
<i>chloroquine phosphate</i>	2	
DARAPRIM	3	
<i>hydroxychloroquine sulfate</i>	2	
MALARONE	3	
<i>mefloquine hcl</i>	2	
MEPRON	5	
PRIMAQUINE PHOSPHATE	3	
QUALAQUIN	3	
Pediculicides/ Scabicides		
<i>acticin</i>	2	
<i>lindane</i>	2	
OVIDE	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>permethrin</i>	2	
Antiparkinson Agents		
Antiparkinson Agents		
<i>amantadine hcl caps</i>	2	
APOKYN	5	PA
AZILECT	3	
<i>benztropine mesylate tabs</i>	2	
<i>bromocriptine mesylate</i>	2	
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa cr</i>	2	
<i>carbidopa/levodopa sr</i>	2	
COMTAN	3	
LODOSYN	4	
<i>pramipexole dihydrochloride tabs 0.125mg, 0.25mg, 0.5mg, 1.5mg, 1mg</i>	2	
REQUIP XL	3	
<i>ropinirole hcl</i>	2	
SELEGILINE HCL TABS	3	
<i>selegiline hcl caps</i>	2	
STALEVO 100	3	
STALEVO 150	3	
STALEVO 50	3	
TASMAR	4	
<i>trihexyphenidyl hcl</i>	2	
ZELAPAR	4	
Antipsychotics		

Drug Name	Drug Tier	Requirements / Limits
Atypicals		
ABILIFY DISCMELT	3	
ABILIFY INJ, ORAL SOLN	3	
ABILIFY TABS 20MG, 2MG, 30MG	3	
ABILIFY TABS 10MG, 15MG, 5MG	3	QL (30 per 30 days)
CLOZAPINE TABS 200MG	3	
<i>clozapine tabs 100mg, 25mg, 50mg</i>	2	
FANAPT	3	ST
FANAPT TITRATION PACK	3	ST
FAZACLO	3	
GEODON INJ	3	
GEODON CAPS 40MG	3	QL (120 per 30 days)
GEODON CAPS 20MG	3	QL (240 per 30 days)
GEODON CAPS 60MG, 80MG	3	QL (60 per 30 days)
INVEGA SUSTENNA	3	
INVEGA TB24 1.5MG, 3MG, 9MG	3	QL (30 per 30 days)
INVEGA TB24 6MG	3	QL (60 per 30 days)
LATUDA	3	
<i>olanzapine</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
RISPERDAL CONSTA	4	QL (4 per 28 days)
<i>risperidone odt tbdp 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	2	
<i>risperidone odt tbdp 0.25mg</i>	2	QL (120 per 30 days)
<i>risperidone soln</i>	2	
<i>risperidone tabs 4mg</i>	2	
<i>risperidone tabs 1mg, 2mg, 3mg</i>	2	QL (60 per 30 days)
<i>risperidone tabs 0.25mg, 0.5mg</i>	2	QL (90 per 30 days)
SEROQUEL XR TB24 200MG	3	QL (30 per 30 days)
SEROQUEL XR TB24 300MG, 400MG	3	QL (60 per 30 days)
SEROQUEL TABS 200MG	3	QL (120 per 30 days)
SEROQUEL TABS 100MG	3	QL (240 per 30 days)
SEROQUEL TABS 50MG	3	QL (480 per 30 days)
SEROQUEL TABS 300MG, 400MG	3	QL (60 per 30 days)
SEROQUEL TABS 25MG	3	QL (960 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
ZYPREXA ZYDIS TBDP 10MG, 15MG, 20MG	3	
ZYPREXA ZYDIS TBDP 5MG	3	QL (30 per 30 days)
ZYPREXA INJ	3	
ZYPREXA TABS 10MG, 15MG, 20MG	3	
ZYPREXA TABS 2.5MG, 5MG, 7.5MG	3	QL (30 per 30 days)
Conventional		
CHLORPROMAZINE HCL INJ	3	
<i>chlorpromazine hcl tabs</i>	2	
<i>fluphenazine decanoate</i>	2	
FLUPHENAZINE HCL CONC, ELIX, INJ	3	
<i>fluphenazine hcl tabs</i>	2	
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i>	2	
<i>haloperidol lactate</i>	2	
<i>loxapine succinate</i>	2	
ORAP	3	
<i>perphenazine</i>	2	
<i>perphenazine/amitriptyline</i>	2	
<i>thioridazine hcl</i>	2	
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	
Antispasticity Agents		
Antispasticity Agents		

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Drug Name	Drug Tier	Requirements / Limits
<i>baclofen</i>	2	
<i>dantrolene sodium</i>	2	
<i>tizanidine hcl</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
CYTOVENE	4	
FOSCARNET SODIUM	3	
GANCICLOVIR	3	
VALCYTE	5	
ZIRGAN	4	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors		
COMPLERA	4	
EDURANT	4	
INTELENCE TABS 200MG	4	
INTELENCE TABS 100MG	4	QL (120 per 30 days)
RESCRIPTOR	3	
SUSTIVA	3	
VIRAMUNE	3	
VIRAMUNE XR	3	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors		
ATRIPLA	5	
COMBIVIR	3	
<i>didanosine</i>	2	

Drug Name	Drug Tier	Requirements / Limits
EMTRIVA	3	
EPIVIR	3	
EPIVIR HBV	3	
EPZICOM	4	
<i>lamivudine</i>	2	
<i>lamivudine/zidovudine tabs</i>	2	
RETROVIR	3	
RETROVIR IV INFUSION	3	
<i>stavudine</i>	2	
TRIZIVIR	4	
TRUVADA	4	
VIDEX EC	3	
VIDEX PEDIATRIC	3	
VIREAD	3	
ZERIT	3	
ZIAGEN	3	
<i>zidovudine</i>	2	
Anti-HIV Agents, Other		
FUZEON	5	
ISENTRESS	3	QL (60 per 30 days)
SELZENTRY	4	QL (123 per 30 days)
Anti-HIV Agents, Protease Inhibitors		
APTIVUS	5	
CRIXIVAN	3	

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Drug Name	Drug Tier	Requirements / Limits
INVIRASE	4	
KALETRA	3	
LEXIVA	3	
NORVIR	3	
PREZISTA TABS 150MG	3	
PREZISTA TABS 400MG, 600MG, 75MG	4	
REYATAZ	4	
VICTRELIS	5	
VIRACEPT	3	
Anti-influenza Agents		
<i>amantadine hcl tabs</i>	2	
FLUMADINE	3	
RELENZA DISKHALER	3	
<i>rimantadine hcl</i>	2	
Antih hepatitis Agents		
BARACLUDE	3	
HEPSERA	4	
INCIVEK	5	PA
<i>ribasphere</i>	2	
<i>ribavirin</i>	2	
TYZEKA	3	
Antiherpetic Agents		
<i>acyclovir</i>	2	
<i>acyclovir sodium</i>	2	
DENAVIR	3	
<i>famciclovir</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>valacyclovir hcl</i>	2	QL (60 per 30 days)
VIROPTIC	3	
ZOVIRAX	3	
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl</i>	2	
<i>chlordiazepoxide/amitriptyline</i>	2	
<i>meprobamate</i>	2	
Bipolar Agents		
Bipolar Agents		
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	3	
<i>lithium carbonate er</i>	2	
LITHIUM CARBONATE TABS	3	
LITHIUM CARBONATE CAPS 600MG	3	
<i>lithium carbonate caps 150mg, 300mg</i>	2	
<i>lithium citrate</i>	2	
SAPHRIS	3	
SEROQUEL XR TB24 50MG	3	QL (120 per 30 days)
SEROQUEL XR TB24 150MG	3	QL (30 per 30 days)
SYMBYAX	3	
Blood Glucose Regulators		
Antidiabetic Agents		

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Drug Name	Drug Tier	Requirements / Limits
<i>acarbose</i>	2	
ACTOPLUS MET	3	QL (90 per 30 days)
ACTOS	3	QL (30 per 30 days)
AVANDAMET	3	
AVANDARYL TABS 1MG; 4MG, 2MG; 4MG, 4MG; 4MG	3	
AVANDIA	3	
BYETTA INJ 10MCG/0.04ML	3	
DUETACT	3	QL (30 per 30 days)
<i>glimepiride</i>	2	
<i>glipizide*</i>	1	
<i>glipizide er</i>	2	
<i>glyburide micronized tabs 6mg*</i>	1	
<i>glyburide tabs 2.5mg*</i>	1	
<i>glyburide tabs 1.25mg, 5mg</i>	2	
GLYSET	3	
JANUMET	3	QL (60 per 30 days)
JANUVIA	3	QL (60 per 30 days)
JUVISYNC	3	
KOMBIGLYZE	3	
<i>metformin hcl*</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>metformin hcl er*</i>	1	
<i>nateglinide</i>	2	
ONGLYZA	3	
PRANDIN	3	
PRECOSE	3	
STARLIX	3	
SYMLIN	3	
SYMLINPEN 60	3	
TRADJENTA	3	
Glycemic Agents		
GLUCAGEN HYPOKIT	3	
PROGLYCEM	3	
Insulins		
APIDRA	3	QL (60 per 30 days)
APIDRA SOLOSTAR	3	QL (60 per 30 days)
LANTUS	3	QL (60 per 30 days)
LEVEMIR	3	QL (60 per 30 days)
NOVOLIN 70/30	3	QL (60 per 30 days)
NOVOLIN N	3	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
NOVOLIN R	3	QL (60 per 30 days)
NOVOLOG	3	QL (60 per 30 days)
NOVOLOG MIX 70/30	3	QL (60 per 30 days)
Blood Products/Modifiers/ Volume Expanders		
Anticoagulants		
ARIXTRA INJ 10MG/0.8ML	3	QL (20 per 180 days)
ARIXTRA INJ 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML	3	QL (30 per 180 days)
COUMADIN	3	
FRAGMIN INJ 2500 UNIT/0.2ML, 5000UNIT/0.2ML	3	QL (30 per 180 days)
FRAGMIN INJ 25000 UNIT/ML	4	
FRAGMIN INJ 10000 UNIT/ML, 7500UNIT/0.3ML	5	QL (30 per 180 days)
HEPARIN SODIUM INJ 20000UNIT/ML, 2000UNIT/ML, 2500 UNIT/ML	3	
<i>heparin sodium inj 10000 unit/ml, 1000 unit/ml, 5000 unit/ml</i>	2	
<i>jantoven</i>	2	

Drug Name	Drug Tier	Requirements / Limits
LOVENOX INJ 30MG/0.3ML	4	QL (18 per 180 days) PA
LOVENOX INJ 150MG/ML, 300 MG/3ML, 40MG/0.4ML, 60MG/0.6ML	4	QL (60 per 180 days) PA
LOVENOX INJ 100MG/ML, 120MG/0.8ML, 80MG/0.8ML	5	QL (60 per 180 days) PA
PRADAXA	3	
<i>warfarin sodium</i>	2	
XARELTO 10 MG	3	QL (34 per 34 days)
Blood Formation Products		
EPOGEN	4	
LEUKINE	5	PA
NEULASTA	5	PA
NEUMEGA	5	PA
NEUPOGEN	5	
PROCRIT INJ 3000UNIT/ML, 4000 UNIT/ML	3	QL (12 per 30 days) PA
PROCRIT INJ 10000UNIT/ML, 2000 UNIT/ML	4	QL (12 per 30 days) PA
PROCRIT INJ 20000 UNIT/ML	5	QL (12 per 30 days) PA
PROCRIT INJ 40000 UNIT/ML	5	QL (6 per 30 days) PA
Blood Products/Modifiers/ Volume Expanders		
<i>pentoxifylline er</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
PROMACTA	5	
Coagulants		
CYKLOKAPRON	3	PA
Platelet Aggregation Inhibitors		
AGGRENOX	3	QL (60 per 30 days)
<i>cilostazol</i>	2	
<i>dipyridamole</i>	2	
EFFIENT	3	
PLAVIX TABS 75MG	3	QL (30 per 30 days)
<i>ticlopidine hcl</i>	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl tabs*</i>	1	
<i>guanfacine hcl</i>	2	
<i>methyldopa</i>	2	
<i>methyldopa/hydrochlorothiazide</i>	2	
<i>midodrine hcl</i>	2	
Alpha-adrenergic Blocking Agents		
<i>prazosin hcl</i>	2	
<i>terazosin hcl</i>	2	
Antiarrhythmics		
<i>amiodarone hcl</i>	2	
<i>disopyramide phosphate</i>	2	
<i>flecainide acetate</i>	2	

Drug Name	Drug Tier	Requirements / Limits
MULTAQ	3	
PACERONE TABS 100MG, 400MG	3	
<i>pacerone tabs 200mg</i>	2	
PROCAINAMIDE HCL	3	
<i>propafenone hcl</i>	2	
<i>quinidine gluconate er</i>	2	
<i>quinidine sulfate</i>	2	
QUINIDINE SULFATE ER	3	
<i>sotalol hcl</i>	2	
TIKOSYN	3	
<i>verapamil hcl er</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl</i>	2	
<i>atenolol*</i>	1	
<i>atenolol/chlorthalidone*</i>	1	
<i>betaxolol hcl</i>	2	
BYSTOLIC TABS 10MG, 2.5MG, 5MG	3	
<i>carvedilol*</i>	1	
COREG CR	3	
<i>labetalol hcl</i>	2	
<i>metoprolol succinate er</i>	2	QL (60 per 30 days)
<i>metoprolol tartrate*</i>	1	
<i>nadolol</i>	2	
PROPRANOLOL HCL ORAL SOLN	3	
<i>propranolol hcl inj, tabs*</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
PROPRANOLOL/HYDROCHLOROTHIAZIDE TABS 25MG; 80MG	3	
<i>propranolol/hydrochlorothiazide tabs 25mg; 40mg*</i>	1	
<i>timolol maleate</i>	2	
Calcium Channel Blocking Agents		
<i>afeditab cr</i>	2	
<i>amlodipine besylate*</i>	1	
<i>cartia xt</i>	2	
<i>diltiazem cd</i>	2	
<i>diltiazem hcl er</i>	2	
<i>diltiazem hcl tabs</i>	2	
DILTIAZEM HCL INJ 100MG	3	
<i>diltiazem hcl inj 25mg/5ml</i>	2	
EXFORGE HCT	3	
<i>felodipine er</i>	2	
<i>nifediac cc</i>	2	
<i>nifedical xl</i>	2	
<i>nifedipine er</i>	2	
NIFEDIPINE CAPS 20MG	3	
<i>nifedipine caps 10mg</i>	2	
SULAR	3	
<i>verapamil hcl</i>	2	
<i>verapamil hcl er</i>	2	
Cardiovascular Agents, Other		
DIGOXIN ORAL SOLN	3	

Drug Name	Drug Tier	Requirements / Limits
<i>digoxin tabs*</i>	1	
<i>digoxin inj</i>	2	
LANOXIN INJ 0.1MG/ML	3	
RANEXA	3	
Diuretics		
ACETAZOLAMIDE SODIUM	3	
<i>acetazolamide tabs</i>	2	
AMILORIDE HCL	3	
<i>amiloride/hydrochlorothiazide</i>	2	
<i>bumetanide</i>	2	
<i>chlorthalidone</i>	2	
DYRENIUM	3	
<i>furosemide inj, tabs*</i>	1	
FUROSEMIDE ORAL SOLN 8MG/ML	3	
<i>furosemide oral soln 10mg/ml*</i>	1	
<i>hydrochlorothiazide caps*</i>	1	
<i>hydrochlorothiazide tabs 25mg, 50mg*</i>	1	
<i>indapamide</i>	2	
<i>metolazone</i>	2	
SAMSCA	5	PA
<i>toremide tabs</i>	2	
<i>triamterene/hydrochlorothiazide*</i>	1	
Dyslipidemics		
<i>cholestyramine light*</i>	1	
<i>colestipol hcl</i>	2	
CRESTOR	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>fenofibrate micronized</i>	2	
<i>fenofibrate tabs 54mg</i>	2	
<i>gemfibrozil*</i>	1	
LESCOL XL	4	
<i>lovastatin</i>	2	
LOVAZA	3	
<i>niacor</i>	2	
NIASPAN	3	
<i>pravastatin sodium tabs</i>	2	
<i>prevalite*</i>	1	
<i>simvastatin*</i>	1	
TRICOR	3	
TRILIPIX	3	
VYTORIN	3	
WELCHOL	3	
ZETIA	3	
Renin-angiotensin-aldosterone System Inhibitors		
<i>amlodipine besylate/benazepril hydrochloride</i>	2	QL (30 per 30 days)
AZOR	3	
<i>benazepril hcl</i>	2	
<i>benazepril hcl/hydrochlorothiazide</i>	2	
BENICAR	3	
BENICAR HCT	3	
<i>captopril*</i>	1	
<i>captopril/hydrochlorothiazide*</i>	1	

Drug Name	Drug Tier	Requirements / Limits
DIOVAN	3	
DIOVAN HCT TABS	3	
<i>enalapril maleate/ hydrochlorothiazide*</i>	1	
<i>enalapril maleate tabs*</i>	1	
EXFORGE	3	
<i>lisinopril*</i>	1	
<i>lisinopril/hydrochlorothiazide*</i>	1	
<i>losartan potassium</i>	2	
<i>losartan potassium/hydrochlorothiazide</i>	2	
LOTREL CAPS 10MG; 20MG, 2.5MG; 10MG, 5MG; 10MG, 5MG; 20MG	3	
<i>quinapril hcl</i>	2	
<i>quinapril/hydrochlorothiazide</i>	2	
<i>ramipril</i>	2	
<i>spironolactone</i>	2	
TEKAMLO	3	
TEKTURNA	3	
TEKTURNA HCT	3	
VALTURNA	3	
Vasodilators		
BIDIL	3	
<i>hydralazine hcl</i>	2	
<i>isosorbide dinitrate*</i>	1	
<i>isosorbide dinitrate er*</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>minoxidil</i>	2	
<i>nitroglycerin</i>	2	
<i>nitroglycerin transdermal</i>	2	
NITROLINGUAL PUMPSPRAY	3	
NITROSTAT	3	
Central Nervous System Agents		
Amphetamines, ADHD		
<i>amphetamine/dextroamphetamine</i>	2	
<i>dextroamphetamine sulfate</i>	2	
<i>dextroamphetamine sulfate er</i>	2	
Non-amphetamines, ADHD		
<i>dexmethylphenidate hcl</i>	2	
<i>methylin er</i>	2	
<i>methylin tabs*</i>	1	
<i>methylphenidate hcl*</i>	1	
<i>methylphenidate hcl sr</i>	2	
Non-amphetamines, Other		
NUVIGIL	3	QL (30 per 30 days) PA
PROVIGIL TABS 200MG	3	QL (30 per 30 days) PA
PROVIGIL TABS 100MG	3	QL (60 per 30 days) PA
RILUTEK	5	

Drug Name	Drug Tier	Requirements / Limits
XYREM	3	PA LA
Dental and Oral Agents		
Dental and Oral Agents		
<i>chlorhexidine gluconate oral rinse</i>	2	
<i>pilocarpine hcl</i>	2	
<i>pilocarpine hydrochloride</i>	2	
<i>triamcinolone in orabase</i>	2	
Dermatological Agents		
Dermatological Agents		
8-MOP	3	
<i>ammonium lactate</i>	2	
<i>calcipotriene soln</i>	2	
CLARAVIS	3	
<i>clindamycin phosphate</i>	2	
CONDYLOX	4	
DOVONEX	3	
ELIDEL	3	
<i>fluorouracil</i>	2	
<i>imiquimod</i>	2	
OXSORALEN	3	
OXSORALEN ULTRA	5	
<i>podofilox</i>	2	
PROTOPIC	3	PA
REGRANEX	4	PA
SANTYL	3	
<i>selenium sulfide</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
SELSUN SHAMPOO	3	
SOLARAZE	4	
TAZORAC	3	
<i>tretinoin</i>	2	
VECTICAL	4	PA
VEREGEN	3	
ZONALON	3	
Enzyme Replacements/ Modifiers		
Enzyme Replacements/ Modifiers		
ADAGEN	5	
ALDURAZYME	5	PA
BUPHENYL	5	PA
CEREDASE	3	PA
CEREZYME	5	
CREON	3	
CYSTADANE	3	
CYSTAGON	3	
ELAPRASE	5	
FABRAZYME	3	
LUMIZYME	5	PA
NAGLAZYME	5	PA
ORFADIN	3	
PULMOZYME	5	QL (75 per 30 days) PA
SUCRAID	3	
VPRIV	3	

Drug Name	Drug Tier	Requirements / Limits
ZAVESCA	5	PA
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
ATROPINE SULFATE INJ 0.05MG/ML	3	
<i>atropine sulfate inj 0.1mg/ml</i>	2	
<i>dicyclomine hcl caps, tabs*</i>	1	
<i>dicyclomine hcl inj, oral soln</i>	2	
<i>glycopyrrolate</i>	2	
Gastrointestinal Agents, Other		
AMITIZA CAPS 24MCG	3	QL (60 per 30 days)
<i>diphenoxylate/atropine</i>	2	
GASTROCROM	3	
GOLYTELY SOLR 236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	3	
<i>lactulose</i>	2	
<i>loperamide hcl</i>	2	
<i>metoclopramide hcl tabs*</i>	1	
<i>metoclopramide hcl inj, oral soln</i>	2	
<i>ursodiol caps</i>	2	
VISICOL	3	
Histamine2 (H2) Blocking Agents		
<i>cimetidine hcl</i>	2	
<i>famotidine inj, tabs</i>	2	
<i>ranitidine hcl caps, tabs*</i>	1	
<i>ranitidine hcl inj</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
Irritable Bowel Syndrome Agents		
LOTRONEX	3	QL (60 per 30 days) PA
Protectants		
CARAFATE SUSP	3	
<i>misoprostol</i>	2	
<i>sucralfate</i>	2	
Proton Pump Inhibitors		
DEXILANT	3	
<i>lansoprazole</i>	2	
<i>lansoprazole odt</i>	2	
<i>omeprazole cpdr</i>	2	
<i>pantoprazole sodium</i>	2	
PROTONIX INJ	3	
ZEGERID CAPS	4	
Genitourinary Agents		
Antispasmodics, Urinary		
DETROL LA CP24 4MG	4	
DETROL LA CP24 2MG	4	QL (30 per 30 days)
ENABLEX TB24 15MG	3	
ENABLEX TB24 7.5MG	3	QL (30 per 30 days)
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride tabs*</i>	1	
SANCTURA XR	3	

Drug Name	Drug Tier	Requirements / Limits
VESICARE	3	
Benign Prostatic Hypertrophy Agents		
AVODART	3	
<i>doxazosin mesylate</i>	2	
<i>finasteride</i>	2	
JALYN	3	
<i>tamsulosin hcl</i>	2	
Genitourinary Agents, Other		
<i>bethanechol chloride</i>	2	
ELMIRON	3	
Phosphate Binders		
<i>calcium acetate caps, tabs</i>	2	
RENVELA TABS	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Glucocorticoids/ Mineralocorticoids		
<i>amcinonide crea</i>	2	
<i>augmented betamethasone dipropionate lotn</i>	2	
<i>betamethasone dipropionate crea, oint</i>	2	
<i>clobetasol propionate</i>	2	
<i>clobetasol propionate e</i>	2	
DERMA-SMOOTH/FS BODY OIL	3	
<i>desonide</i>	2	
<i>desoximetasone crea 0.25%</i>	2	
<i>desoximetasone gel, oint</i>	2	
DIPROLENE AF	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>fludrocortisone acetate</i>	2	
FLUOCINOLONE ACETONIDE OINT, SOLN	3	
FLUOCINOLONE ACETONIDE CREA 0.025%	3	
<i>fluocinolone acetonide crea 0.01%</i>	2	
<i>fluticasone propionate</i>	2	
<i>hydrocortisone</i>	2	
LOCOID LIPOCREAM	3	
<i>mometasone furoate</i>	2	
<i>proctocream hc</i>	2	
<i>triamcinolone acetonide</i>	2	
TRIAMCINOLONE ACETONIDE IN ABSORBASE	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>chorionic gonadotropin</i>	2	
<i>ddavp soln 0.01%</i>	2	
<i>desmopressin acetate inj, tabs</i>	2	
<i>desmopressin acetate nasal soln 0.01%</i>	2	
INCRELEX	5	PA
<i>novarel</i>	2	PA
SEROSTIM	5	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		

Drug Name	Drug Tier	Requirements / Limits
Anabolic Steroids		
ANADROL-50	3	
<i>oxandrolone</i>	2	QL (60 per 30 days)
Androgens		
ANDROGEL	3	
ANDROGEL PUMP	3	
ANDROXY	3	
<i>danazol</i>	2	
DEPO-TESTOSTERONE	3	
<i>testosterone cypionate</i>	2	
<i>testosterone enanthate</i>	2	
Estrogens		
ACTIVELLA TABS 1MG; 0.5MG	3	
<i>estradiol</i>	2	
PREMARIN	3	
PREMARIN W/APPLICATOR	3	
VAGIFEM	3	
Progestins		
<i>apri</i>	2	
DEPO-PROVERA	3	
ELLA	3	
<i>kariva</i>	2	
<i>medroxyprogesterone acetate</i>	2	
<i>megestrol acetate</i>	2	
<i>next choice</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
PREMPHASE	3	
PREMPRO	3	
<i>solia</i>	2	
<i>trinessa</i>	2	
<i>zovia 1/35e</i>	2	
<i>zovia 1/50e</i>	2	
Selective Estrogen Receptor Modifying Agents		
EVISTA	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
<i>levothroid</i>	2	
<i>levothyroxine sodium</i>	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium</i>	2	
SYNTHROID	3	
THYROLAR-1	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
<i>unithroid</i>	2	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	3	
Hormonal Agents, Suppressant (Parathyroid)		
Hormonal Agents, Suppressant (Parathyroid)		

Drug Name	Drug Tier	Requirements / Limits
SENSIPAR	3	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	2	
<i>leuprolide acetate</i>	2	
LUPRON DEPOT	3	PA
LUPRON DEPOT-PED	3	PA
<i>octreotide acetate</i>	2	
SANDOSTATIN LAR DEPOT	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT	3	
SYNAREL	5	
Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)		
Antiandrogens		
<i>bicalutamide</i>	2	
<i>flutamide</i>	2	
NILANDRON	3	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole</i>	2	
<i>propylthiouracil</i>	2	
Immunological Agents		
Immune Suppressants		
ACTEMRA	4	
AZASAN	3	
<i>azathioprine</i>	2	B/D

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Drug Name	Drug Tier	Requirements / Limits
AZATHIOPRINE SODIUM	3	B/D
BENLYSTA	5	PA
CELLCEPT INTRAVENOUS	3	B/D
CELLCEPT SUSR	3	B/D
CELLCEPT CAPS, TABS	4	B/D
<i>cyclosporine</i>	2	B/D
CYCLOSPORINE MODIFIED CAPS 50MG	3	B/D
<i>cyclosporine modified caps 100mg</i>	2	B/D
<i>cyclosporine modified soln</i>	2	B/D
ENBREL	5	QL (200 per 30 days)
<i>gengraf</i>	2	
HUMIRA	5	
HUMIRA PEN-CROHNS DISEASESTARTER	5	
<i>methotrexate</i>	2	B/D
<i>methotrexate sodium</i>	2	B/D
<i>mycophenolate mofetil</i>	2	B/D
NULOJIX	5	PA
ORENCIA	5	
PROGRAF	3	B/D
RAPAMUNE SOLN	3	B/D
RAPAMUNE TABS 1MG, 2MG	3	B/D
REMICADE	5	PA
ZORTRESS	3	
Immunizing Agents, Passive		

Drug Name	Drug Tier	Requirements / Limits
CARIMUNE NANOFILTERED	3	
GAMMAGARD LIQUID	5	
GAMUNEX	5	
Immunomodulators		
ACTIMMUNE	5	PA
ARCALYST	5	PA
AVONEX	5	
BETASERON	3	
COPAXONE	3	
GILENYA	5	PA
ILARIS	5	PA
INTRON-A	3	
INTRON-A W/DILUENT	3	
KINERET	5	
<i>leflunomide</i>	2	QL (30 per 30 days)
PEGASYS INJ 180MCG/0.5ML	5	QL (720 per 30 days)
PEGASYS PROCLICK	5	QL (720 per 30 days)
RIDAURA	3	
Vaccines		
ACTHIB	3	
ADACEL	3	
BOOSTRIX	3	
CERVARIX	3	

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Drug Name	Drug Tier	Requirements / Limits
COMVAX	3	
DAPTACEL	3	
DECAVAC	3	
DIPHtheria/TETANUS TOXOID PEDIATRIC	3	
ENGERIX-B	3	
GARDASIL	3	PA
HAVRIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
JE-VAX	3	
M-M-R II W/DILUENT 10 DOSE	3	
MENACTRA	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
PEDVAX HIB	3	
PROQUAD	3	
RABAVERT	3	
RECOMBIVAX HB	3	
ROTATEQ	3	
TETANUS TOXOID ADSORBED	3	
TETANUS/DIPHtheria TOXOIDS- ADSORBED ADULT	3	
TRIHIBIT	3	

Drug Name	Drug Tier	Requirements / Limits
TRIPEDIA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	
Inflammatory Bowel Disease Agents		
Glucocorticoids		
<i>colocort</i>	2	
<i>cortisone acetate</i>	2	
<i>dexamethasone sodium phosphate</i>	2	
DEXAMETHASONE ELIX	3	
DEXAMETHASONE TABS 0.5MG, 0.75MG, 1MG, 2MG	3	
<i>dexamethasone tabs 1.5mg, 4mg, 6mg</i>	2	
ENTOCORT EC	4	
<i>hydrocortisone</i>	2	
<i>methylprednisolone acetate</i>	2	
<i>methylprednisolone sodiumsuccinate</i>	2	
<i>methylprednisolone tabs 4mg, 8mg</i>	2	
ORAPRED ODT	3	
<i>prednisolone sodium phosphate</i>	2	
PREDNISONE SOLN	3	
PREDNISONE TABS 50MG	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 5mg*</i>	1	
Salicylates		
ASACOL	3	QL (360 per 30 days)
ASACOL HD	3	QL (180 per 30 days)
<i>balsalazide disodium</i>	2	
<i>mesalamine</i>	2	
PENTASA CPR 500MG	3	
Sulfonamides		
<i>sulfasalazine</i>	2	
<i>sulfazine ec</i>	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
ACTONEL	4	
<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	2	
<i>alendronate sodium tabs 35mg, 70mg</i>	2	QL (4 per 28 days)
BONIVA TABS	4	QL (1 per 28 days)
<i>calcitriol</i>	2	
FORTEO	4	QL (750 per 30 days)
FOSAMAX SOLN	3	
HECTOROL INJ	4	

Drug Name	Drug Tier	Requirements / Limits
HECTOROL CAPS 0.5MCG, 2.5MCG	4	
MIACALCIN INJ	3	
MIACALCIN NASAL SOLN	3	QL (3.7 per 30 days)
PAMIDRONATE DISODIUM INJ 6MG/ML	3	
<i>pamidronate disodium inj 30mg/10ml, 90mg/10ml</i>	2	
PROLIA	4	PA
RECLAST	4	
ZOMETA	5	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREPS	3	QL (100 per 30 days)
<i>anagrelide hydrochloride</i>	2	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	QL (100 per 30 days)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	3	QL (100 per 30 days)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	3	QL (100 per 30 days)
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	3	QL (100 per 30 days)
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	3	
CURITY GAUZE PADS 2"X2"	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>dextrose 10% flex container</i>	2	
<i>dextrose 5%</i>	2	
<i>intralipid inj 2.25%; 20%</i>	2	
<i>sterile water irrigation</i>	2	
XENAZINE	5	PA
Ophthalmic Agents		
Ophthalmic Agents, Other		
<i>ak-con</i>	2	
<i>bacitracin</i>	2	
LACRISERT	4	
NATACYN	3	
RESTASIS	3	
<i>romycin</i>	2	
<i>trifluridine</i>	2	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	2	
Ophthalmic Anti-allergy Agents		
<i>cromolyn sodium</i>	2	
ELESTAT	3	
LASTACAPT	4	
OPTIVAR	3	
PATADAY	3	
Ophthalmic Anti-inflammatories		
ACULAR	3	
ACULAR LS	3	
BLEPHAMIDE S.O.P.	3	
<i>dexamethasone sodium phosphate</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac sodium</i>	2	
DUREZOL	3	
<i>flurbiprofen sodium</i>	2	
<i>ketorolac tromethamine</i>	2	
LOTEMAX	4	
<i>neomycin/polymyxin/ dexamethasone</i>	2	
<i>neomycin/polymyxin/ hydrocortisone</i>	2	
NEVANAC	3	
PRED FORTE	3	
<i>prednisolone acetate</i>	2	
PREDNISOLONE SODIUM PHOSPHATE	3	
TOBRADEX	3	
VIMOVO	3	ST
VOLTAREN	3	
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P	3	
AZOPT	3	
BETAXOLOL HCL	3	
BETOPTIC-S	3	
<i>brimonidine tartrate</i>	2	
<i>carteolol hcl</i>	2	
COMBIGAN	3	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl/timolol maleate</i>	2	
ISTALOL	3	
<i>levobunolol hcl</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>methazolamide</i>	2	
PHOSPHOLINE IODIDE	3	
PILOPINE HS	3	
<i>timolol maleate*</i>	1	
Ophthalmic Prostaglandin and Prostaglandin Analogs		
<i>latanoprost</i>	2	
LUMIGAN SOLN	3	
TRAVATAN Z	3	
Otic Agents		
Otic Agents		
CIPRO HC	3	
CIPRODEX	3	
DERMOTIC	3	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/ hydrocortisone</i>	2	
Respiratory Tract Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS	3	QL (120 per 30 days)
ADVAIR HFA	3	QL (12 per 30 days)
DULERA	3	
FLOVENT DISKUS AEPB 100MCG/BLIST, 250MCG/BLIST	3	

Drug Name	Drug Tier	Requirements / Limits
FLOVENT DISKUS AEPB 50MCG/BLIST	3	QL (120 per 30 days)
FLOVENT HFA	3	QL (24 per 30 days)
<i>flunisolide</i>	2	QL (50 per 30 days)
<i>fluticasone propionate</i>	2	QL (16 per 30 days)
OMNARIS	4	
SYMBICORT	3	
VERAMYST	3	
Antihistamines		
ASTELIN	3	
CLARINEX TABS	3	
<i>clemastine fumarate</i>	2	
<i>diphenhydramine hcl</i>	2	
<i>fexofenadine hcl</i>	2	
<i>meclizine hcl</i>	2	
<i>promethazine hcl tabs*</i>	1	
<i>promethazine hcl inj 25mg/ml</i>	2	
Antileukotrienes		
SINGULAIR	3	
<i>zafirlukast</i>	2	
ZYFLO CR	4	
Bronchodilators, Anticholinergic		
ATROVENT	3	

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Drug Name	Drug Tier	Requirements / Limits
ATROVENT HFA	3	QL (26 per 30 days)
<i>ipratropium bromide</i>	2	
SPIRIVA HANDIHALER	3	QL (30 per 30 days)
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)		
<i>aminophylline</i>	2	
<i>theophylline er tb12</i>	2	
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate syrup, tabs</i>	2	
<i>albuterol sulfate nebu 0.083%, 0.5%, 1.25mg/3ml</i>	2	
EPIPEN 2-PAK	3	
EPIPEN-JR 2-PAK	3	
METAPROTERENOL SULFATE TABS	3	
<i>metaproterenol sulfate syrup</i>	2	
SEREVENT DISKUS	3	QL (60 per 30 days)
VENTOLIN HFA	3	QL (36 per 30 days)
XOPENEX HFA	3	
Mast Cell Stabilizers		
<i>cromolyn sodium</i>	2	
Pulmonary Antihypertensives		
ADCIRCA	3	

Drug Name	Drug Tier	Requirements / Limits
KUVAN	5	
LETAIRIS	5	
REVATIO TABS	3	
TRACLEER	4	LA
VENTAVIS	5	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine</i>	2	
PROLASTIN	3	
TYZINE	3	
TYZINE PEDIATRIC NASAL DROPS	3	
XOLAIR	4	PA
Sedatives/Hypnotics		
Sedatives/Hypnotics		
SOMNOTE	3	
<i>zaleplon</i>	2	
<i>zolpidem tartrate</i>	2	QL (30 per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>carisoprodol</i>	2	QL (120 per 30 days)
<i>cyclobenzaprine hcl</i>	2	QL (90 per 30 days)
<i>methocarbamol</i>	2	
SKELAXIN	3	QL (120 per 30 days) PA

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Drug Name	Drug Tier	Requirements / Limits
Therapeutic Nutrients/Minerals/ Electrolytes		
Electrolytes/Minerals		
AMINOSYN	3	
<i>aminosyn 8.5%/electrolytes</i>	2	
<i>dextrose 10%/nacl 0.2%</i>	2	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	2	
<i>kcl 0.3%/d5w/lr iv lac ring</i>	2	
<i>lactated ringers</i>	2	
<i>lactated ringers irrigation</i>	2	
<i>leucovorin calcium inj</i>	2	
LEUCOVORIN CALCIUM TABS 10MG, 15MG	3	
<i>leucovorin calcium tabs 25mg, 5mg</i>	2	
<i>magnesium sulfate</i>	2	
<i>magnesium sulfate in d5w</i>	2	
<i>physiolyte</i>	2	
<i>physiosol irrigation</i>	2	
<i>potassium chloride 0.075%/d5w/nacl 0.225%*</i>	1	
POTASSIUM CHLORIDE 0.15% /NACL 0.45% VIAFLEX	3	
<i>potassium chloride 0.15% d5w/nacl 0.33%*</i>	1	
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex*</i>	1	
<i>potassium chloride 0.15% nacl 0.9%*</i>	1	
<i>potassium chloride 0.15%/d5w*</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride 0.22% d5w/nacl 0.45%*</i>	1	
<i>potassium chloride 0.224%/d5w*</i>	1	
POTASSIUM CHLORIDE 0.224% D5W/NACL 0.33%	3	
POTASSIUM CHLORIDE 0.3%/ NACL 0.9%	3	
<i>potassium chloride 0.3%/d5w*</i>	1	
<i>potassium chloride er cpr 10meq*</i>	1	
<i>potassium chloride er tbc*</i>	1	
<i>potassium chloride sr*</i>	1	
POTASSIUM CHLORIDE INJ 10MEQ/50ML	3	
<i>potassium chloride inj 0.4meq/ml, 10meq/100ml, 2meq/ml, 30meq/100ml*</i>	1	
<i>potassium citrate extended-release</i>	2	
<i>ringers irrigation</i>	2	
<i>sodium chloride</i>	2	
<i>sodium chloride 0.9%</i>	2	
<i>sodium fluoride</i>	2	
<i>tpn electrolytes</i>	2	
Vitamins		
FUSILEV	4	
<i>prenatabs obn</i>	2	
Antifungals		
Antifungals		
<i>tolnaftate</i>	2	
<i>tolnaftate 1% antifungal</i>	2	

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<i>cefdinir</i>	10
<i>cefepime</i>	10

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<i>cefpodoxime proxetil tabs</i>	10	<i>cladribine</i>	17	Conventional	20
<i>ceftriaxone sodium inj 10gm, 1gm, 2gm</i> ..	10	CLARAVIS	28	COPAXONE	33
<i>cefuroxime axetil tabs</i>	10	CLARINEX TABS	37	COREG CR	25
<i>cefuroxime sodium</i>	10	<i>clarithromycin</i>	10	<i>cortisone acetate</i>	34
CELLCEPT CAPS, TABS	33	<i>clemastine fumarate</i>	37	COUMADIN	24
CELLCEPT INTRAVENOUS	33	CLEOCIN CREA, SUPP.....	9	CREON.....	29
CELLCEPT SUSR.....	33	CLEOCIN GALAXY	9	CRESTOR	26
CELONTIN.....	11	CLEOCIN PEDIATRIC GRANULES.....	9	CRIVIVAN.....	21
Central Nervous System Agents	28	<i>clindamycin hcl</i>	9	<i>cromolyn sodium</i>	36, 38
<i>cephalexin caps, susr</i>	10	<i>clindamycin phosphate</i>	28	CUBICIN.....	9
CEPHALEXIN TABS	10	<i>clindamycin phosphate add-vantage</i>	9	CUPRIMINE	14
CEREDASE.....	29	<i>clindamycin phosphate crea</i>	9	CURITY GAUZE PADS 2"X2"	35
CEREZYME.....	29	<i>clobetasol propionate</i>	30	<i>cyclobenzaprine hcl</i>	38
CERVARIX.....	33	<i>clobetasol propionate e</i>	30	<i>cyclophosphamide</i>	17
CHANTIX.....	14	CLOLAR	17	<i>cyclosporine</i>	33
<i>chlordiazepoxide/amitriptyline</i>	22	<i>clomipramine hcl</i>	14	<i>cyclosporine modified caps 100mg</i>	33
<i>chlorhexidine gluconate oral rinse</i>	28	<i>clonidine hcl tabs</i>	25	CYCLOSPORINE MODIFIED CAPS	
<i>chloroquine phosphate</i>	18	<i>clotrimazole</i>	15	50MG.....	33
CHLORPROMAZINE HCL INJ.....	20	<i>clotrimazole/betamethasone dipropionate</i>	15	<i>cyclosporine modified soln</i>	33
<i>chlorpromazine hcl tabs</i>	20	.....	15	CYKLOKAPRON	25
<i>chlorthalidone</i>	26	<i>clozapine tabs 100mg, 25mg, 50mg</i>	19	CYMBALTA.....	13
<i>cholestyramine light</i>	26	CLOZAPINE TABS 200MG	19	CYSTADANE.....	29
Cholinesterase Inhibitors	12	Coagulants	25	CYSTAGON	29
<i>chorionic gonadotropin</i>	31	<i>codeine sulfate</i>	7	<i>cytarabine</i>	17
<i>ciclopirox</i>	15	<i>co-gesic</i>	7	<i>cytarabine aqueous inj 100mg/ml</i>	17
<i>ciclopirox nail lacquer</i>	15	COLCRYST.....	16	CYTARABINE AQUEOUS INJ	
<i>ciclopirox olamine</i>	15	<i>colestipol hcl</i>	26	20MG/ML.....	17
<i>cilostazol</i>	25	<i>colocort</i>	34	CYTOVENE.....	21
<i>cimetidine hcl</i>	29	COLY-MYCIN M	9		
CIPRO HC	37	COMBIGAN.....	36		
CIPRODEX.....	37	COMBIVIR	21		
<i>ciprofloxacin</i>	10	COMPLERA.....	21	<i>danazol</i>	31
<i>ciprofloxacin hcl</i>	10	COMTAN	19	<i>dantrolene sodium</i>	21
<i>cisplatin</i>	17	COMVAX.....	34	DAPSONE.....	16
<i>citalopram hydrobromide</i>	13	CONDYLOX.....	28	DAPTACEL	34
				DARAPRIM.....	18

D

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<i>ddavp soln 0.01%</i>31	<i>dextrose 5%</i>36	<i>divalproex sodium er</i> 11
DECAVAC34	<i>diclofenac potassium</i>8	DOCEFREZ 17
DENAVIR.....22	<i>diclofenac sodium</i> .....8, 36	DOCETAXEL CONC, SOLN..... 17
Dental and Oral Agents.....28	DICLOFENAC SODIUM EC TBEC	<i>donepezil hcl</i> 12
DEPACON.....11	25MG.....8	<i>dorzolamide hcl</i> 36
DEPAKOTE .....11	<i>diclofenac sodium ec tbec 50mg</i> .....8	<i>dorzolamide hcl/timolol maleate</i> 36
DEPAKOTE ER .....11	<i>diclofenac sodium xr</i>.....8	DOVONEX 28
DEPAKOTE SPRINKLES .....11	<i>dicloxacillin sodium</i>.....10	<i>doxazosin mesylate</i> 30
DEPEN TITRATABS.....14	<i>dicyclomine hcl caps, tabs</i> .....29	<i>doxepin hcl caps 100mg, 10mg, 25mg,</i>
DEPO-PROVERA .....31	<i>dicyclomine hcl inj, oral soln</i>.....29	50mg, 75mg 14
DEPO-TESTOSTERONE .....31	<i>didanosine</i>.....21	<i>doxepin hcl conc</i> 14
DERMA-SMOOTH/FS BODY OIL.....30	<i>digoxin inj</i> .....26	<i>doxycycline hyclate caps, tabs</i> 11
Dermatological Agents.....28	DIGOXIN ORAL SOLN.....26	DOXYCYCLINE HYCLATE CPEP
DERMOTIC.....37	<i>digoxin tabs</i>.....26	75MG..... 11
<i>desipramine hcl</i>.....14	<i>dihydroergotamine mesylate</i>.....16	<i>doxycycline hyclate inj</i> 11
<i>desmopressin acetate inj, tabs</i> .....31	DILANTIN CAPS 100MG.....12	<i>doxycycline monohydrate tabs 50mg, 75mg</i>
<i>desmopressin acetate nasal soln 0.01%</i> ...31	DILANTIN CAPS 30MG.....12	..... 11
<i>desonide</i> .....30	DILANTIN INFATABS.....12	<i>dronabinol</i> 15
<i>desoximetasone crea 0.25%</i>.....30	DILANTIN SUSP.....12	DROXIA..... 17
<i>desoximetasone gel, oint</i> .....30	<i>diltiazem cd</i>.....26	DUETACT 23
Deterrents .....14	<i>diltiazem hcl er</i> .....26	DULERA..... 37
DETROL LA CP24 2MG .....30	DILTIAZEM HCL INJ 100MG .....26	DUREZOL 36
DETROL LA CP24 4MG .....30	<i>diltiazem hcl inj 25mg/5ml</i>.....26	DYRENIUM.....26
DEXAMETHASONE ELIX.....34	<i>diltiazem hcl tabs</i> .....26	Dyslipidemics 26
<i>dexamethasone sodium phosphate</i>.....34, 36	DIOVAN.....27	
DEXAMETHASONE TABS 0.5MG,	DIOVAN HCT.....27	
0.75MG, 1MG, 2MG .....34	<i>diphenhydramine hcl</i> .....37	
<i>dexamethasone tabs 1.5mg, 4mg, 6mg</i>.....34	<i>diphenoxylate/atropine</i> .....29	
DEXILANT .....30	DIPHThERIA/TETANUS TOXOID	
<i>dexmethylphenidate hcl</i>.....28	PEDIATRIC 34	
<i>dextroamphetamine sulfate</i> .....28	DIPROLENE AF .....30	
<i>dextroamphetamine sulfate er</i>.....28	<i>dipyridamole</i> .....25	
<i>dextrose 10% flex container</i>.....36	<i>disopyramide phosphate</i> .....25	
<i>dextrose 10%/nacl 0.2%</i> .....39	Diuretics.....26	
<i>dextrose 2.5%/sodium chloride 0.45%</i> ....39	<i>divalproex sodium</i>.....11	

E

<i>e.e.s. 400</i> 10
EDURANT 21
EFFEXOR XR..... 13
EFFIENT 25
ELAPRASE..... 29
Electrolytes/Minerals 39
ELESTAT 36
ELIDEL 28
ELITEK 17

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ELLA	31	<i>ethambutol hcl</i>	16	100MCG/BLIST, 250MCG/BLIST	37
ELMIRON	30	<i>ethosuximide</i>	11	FLOVENT DISKUS AEPB	
EMCYT.....	17	ETHYOL	17	50MCG/BLIST.....	37
EMEND CAPS 0	15	<i>etodolac</i>	7	FLOVENT HFA.....	37
EMEND CAPS 125MG.....	15	<i>etodolac er</i>	7	<i>fluconazole</i>	15
EMEND CAPS 40MG, 80MG	15	<i>etoposide</i>	17	<i>fluconazole in dextrose</i>	15
EMSAM.....	13	EVISTA	32	<i>fludrocortisone acetate</i>	31
EMTRIVA	21	EXELON PT24.....	12	FLUMADINE.....	22
ENABLEX TB24 15MG	30	EXELON SOLN.....	12	<i>flunisolide</i>	37
ENABLEX TB24 7.5MG	30	EXFORGE.....	27	<i>fluocinolone acetonide crea 0.01%</i>	31
<i>enalapril maleate tabs</i>	27	EXFORGE HCT.....	26	FLUOCINOLONE ACETONIDE CREA	
<i>enalapril maleate/hydrochlorothiazide</i>	27	EXJADE	14	0.025%	31
ENBREL.....	33			FLUOCINOLONE ACETONIDE OINT,	
<i>endocet tabs 325mg; 10mg, 325mg; 5mg,</i>				SOLN.....	31
<i>325mg; 7.5mg, 500mg; 7.5mg</i>	7	F			
<i>endocet tabs 650mg; 10mg</i>	7	FABRAZYME.....	29	<i>fluorouracil</i>	28
ENGERIX-B	34	<i>famciclovir</i>	22	FLUOROURACIL	17
ENTOCORT EC	34	<i>famotidine inj, tabs</i>	29	<i>fluoxetine hcl caps 10mg, 20mg</i>	13
Enzyme Replacements/ Modifiers	29	FANAPT.....	19	<i>fluoxetine hcl caps 40mg</i>	13
EPIPEN 2-PAK.....	38	FANAPT TITRATION PACK.....	19	<i>fluoxetine hcl soln</i>	13
EPIPEN-JR 2-PAK	38	FARESTON.....	17	<i>fluoxetine hcl tabs 10mg</i>	14
<i>epitol</i>	12	FASLODEX	17	<i>fluoxetine hcl tabs 20mg</i>	13
EPIVIR.....	21	FAZACLO.....	19	<i>fluphenazine decanoate</i>	20
EPIVIR HBV	21	<i>felbamate</i>	12	FLUPHENAZINE HCL CONC, ELIX, INJ	
EPOGEN.....	24	FELBATOL.....	12	.....	20
EPZICOM.....	21	<i>felodipine er</i>	26	<i>fluphenazine hcl tabs</i>	20
<i>ergoloid mesylates</i>	12	FEMARA.....	18	<i>flurbiprofen</i>	8
ERGOMAR.....	16	<i>fenofibrate micronized</i>	27	<i>flurbiprofen sodium</i>	36
<i>ergotamine tartrate/caffeine</i>	16	<i>fenofibrate tabs 54mg</i>	27	<i>flutamide</i>	32
<i>ery</i>	10	<i>fentanyl</i>	7	<i>fluticasone propionate</i>	31, 37
ERYTHROCIN LACTOBIONATE.....	10	<i>fentanyl citrate</i>	7	<i>fluvoxamine maleate</i>	14
<i>erythromycin</i>	10	<i>fentanyl citrate oral transmucosal</i>	7	FORTAZ.....	10
<i>erythromycin base</i>	10	<i>fexofenadine hcl</i>	37	FORTEO.....	35
<i>estradiol</i>	31	<i>finasteride</i>	30	FOSAMAX SOLN	35
Estrogens	31	<i>flecainide acetate</i>	25	FOSCARNET SODIUM.....	21
		FLOVENT DISKUS AEPB		<i>fosphenytoin sodium</i>	12

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FRAGMIN INJ 10000UNIT/ML, 7500UNIT/0.3ML.....	24
FRAGMIN INJ 25000UNIT/ML.....	24
FRAGMIN INJ 2500UNIT/0.2ML, 5000UNIT/0.2ML.....	24
<i>furosemide inj, tabs</i>	26
<i>furosemide oral soln 10mg/ml</i>	26
FUROSEMIDE ORAL SOLN 8MG/ML	26
FUSILEV.....	39
FUZEON.....	21

G

<i>gabapentin caps 100mg</i>	11
<i>gabapentin caps 300mg</i>	11
<i>gabapentin caps 400mg</i>	11
<i>gabapentin soln</i>	11
<i>gabapentin tabs 600mg</i>	11
<i>gabapentin tabs 800mg</i>	11
GABITRIL.....	11
<i>galantamine hydrobromide cp24 16mg, 24mg</i>	12
<i>galantamine hydrobromide cp24 8mg</i>	12
<i>galantamine hydrobromide soln</i>	12
<i>galantamine hydrobromide tabs 12mg, 4mg</i>	13
<i>galantamine hydrobromide tabs 8mg</i>	12
Gamma-aminobutyric Acid (GABA)	
Augmenting Agents	11
GAMMAGARD LIQUID.....	33
GAMUNEX.....	33
GANCICLOVIR.....	21
GARDASIL.....	34
GASTROCROM.....	29
Gastrointestinal Agents	29
Gastrointestinal Agents, Other	29

GEMCITABINE.....	17
<i>gemfibrozil</i>	27
GEMZAR.....	17
<i>gengraf</i>	33
Genitourinary Agents	30
Genitourinary Agents, Other	30
<i>gentamicin sulfate</i>	9
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJ 0.9MG/ML; 0.9%, 1.4MG/ML; 0.9%.....	9
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%, 1mg/ml; 0.9%</i>	9
<i>gentamicin sulfate/sodium chloride</i>	9
GEODON CAPS 20MG.....	19
GEODON CAPS 40MG.....	19
GEODON CAPS 60MG, 80MG.....	19
GEODON INJ.....	19
GILENYA.....	33
GLEEVEC.....	18
<i>glimepiride</i>	23
<i>glipizide</i>	23
<i>glipizide er</i>	23
GLUCAGEN HYPOKIT.....	23
Glucocorticoids	34
Glucocorticoids/ Mineralocorticoids	30
Glutamate Pathway Modifiers	13
Glutamate Reducing Agents	12
<i>glyburide micronized tabs 6mg</i>	23
<i>glyburide tabs 1.25mg, 5mg</i>	23
<i>glyburide tabs 2.5mg</i>	23
Glycemic Agents	23
<i>glycopyrrolate</i>	29
GLYSET.....	23
GOLYTELY SOLR 236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM.....	29

<i>granisetron hcl</i>	15
<i>granisol</i>	15
GRIFULVIN V.....	15
<i>griseofulvin microsize</i>	15
<i>guanfacine hcl</i>	25
GUANIDINE HCL.....	16

H

HALAVEN.....	17
<i>haloperidol</i>	20
<i>haloperidol decanoate</i>	20
<i>haloperidol lactate</i>	20
HAVRIX.....	34
HECTOROL CAPS 0.5MCG, 2.5MCG..	35
HECTOROL INJ.....	35
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 5000unit/ml</i>	24
HEPARIN SODIUM INJ 20000UNIT/ML, 2000UNIT/ML, 2500UNIT/ML.....	24
HEPSERA.....	22
HEXALEN.....	16
Histamine2 (H2) Blocking Agents	29
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	30
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	31
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	31
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)	32
Hormonal Agents, Suppressant (Adrenal)	32
Hormonal Agents, Suppressant (Parathyroid)	32

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Hormonal Agents, Suppressant (Pituitary)	32
Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)	32
Hormonal Agents, Suppressant (Thyroid)	32
HUMIRA	33
HUMIRA PEN-CROHNS DISEASESTARTER	33
HYCAMTIN	17
<i>hydralazine hcl</i>	27
<i>hydrochlorothiazide caps</i>	26
<i>hydrochlorothiazide tabs 25mg, 50mg</i>	26
<i>hydrocodone bitartrate/acetaminophen tabs 750mg; 10mg</i>	7
<i>hydrocodone/acetaminophen soln</i>	7
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg, 500mg; 10mg, 500mg; 2.5mg, 500mg; 5mg, 500mg; 7.5mg</i>	7
<i>hydrocodone/acetaminophen tabs 650mg; 10mg, 650mg; 7.5mg</i>	7
<i>hydrocodone/acetaminophen tabs 660mg; 10mg, 750mg; 7.5mg</i>	7
<i>hydrocodone/ibuprofen</i>	7
<i>hydrocortisone</i>	31, 34
<i>hydromorphone hcl inj</i>	7
<i>hydromorphone hcl tabs</i>	7
<i>hydroxychloroquine sulfate</i>	18
<i>hydroxyurea</i>	17

I

<i>ibuprofen</i>	8
<i>ifosfamide</i>	16
<i>ifosfamide/mesna</i>	17

ILARIS	33
<i>imipramine hcl</i>	14
<i>imiquimod</i>	28
Immune Suppressants	32
Immunizing Agents, Passive	33
Immunological Agents	32
Immunomodulators	33
IMOVAX RABIES (H.D.C.V.).....	34
INCIVEK.....	22
INCRELEX.....	31
<i>indapamide</i>	26
<i>indomethacin</i>	7
INFANRIX	34
Inflammatory Bowel Disease Agents ...	34
Insulins	23
INTELENCE TABS 100MG.....	21
INTELENCE TABS 200MG.....	21
<i>intralipid inj 2.25%; 20%</i>	36
INTRON-A	33
INTRON-A W/DILUENT.....	33
INVEGA SUSTENNA	19
INVEGA TB24 1.5MG, 3MG, 9MG.....	19
INVEGA TB24 6MG	19
INVIRASE.....	22
IPOL INACTIVATED IPV	34
<i>ipratropium bromide</i>	38
IRESSA.....	18
Irritable Bowel Syndrome Agents	30
ISENTRESS	21
ISONIAZID SYRP	16
<i>isoniazid tabs</i>	16
<i>isosorbide dinitrate</i>	27
<i>isosorbide dinitrate er</i>	27
<i>isosorbide mononitrate</i>	28
<i>isosorbide mononitrate er</i>	28

<i>isotonic gentamicin</i>	9
ISTALOL	36
<i>itraconazole</i>	15
IXEMPRA KIT	17
IXIARO	34

J

JAKAFI	17
JALYN	30
<i>jantoven</i>	24
JANUMET	23
JANUVIA.....	23
JE-VAX	34
JUVISYNC.....	23

K

KALETRA	22
<i>kariva</i>	31
<i>kcl 0.3%/d5w/lr iv lac ring</i>	39
KEPPRA INJ, TABS.....	11
KEPPRA XR	11
<i>ketoconazole</i>	15
<i>ketoprofen</i>	7
<i>ketorolac tromethamine</i>	36
<i>ketorolac tromethamine inj</i>	7, 8
KINERET	33
KOMBIGLYZE.....	23
KUVAN.....	38

L

<i>labetalol hcl</i>	25
LACRISERT	36
<i>lactated ringers</i>	39

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<i>lactated ringers irrigation</i>	39	LEVAQUIN ORAL SOLN, TABS	10	<i>losartan potassium/hydrochlorothiazide</i> .	27
<i>lactulose</i>	29	LEVEMIR.....	23	LOTEMAX.....	36
LAMICTAL CHEWABLE DISPERSIBLE	12	<i>levetiracetam</i>	11	LOTREL CAPS 10MG; 20MG, 2.5MG;	
.....	12	<i>levetiracetam er</i>	11	10MG, 5MG; 10MG, 5MG; 20MG.....	27
LAMICTAL ODT.....	12	<i>levobunolol hcl</i>	36	LOTRISONE.....	15
LAMICTAL STARTER/NOT TAKING		levofloxacin	10	LOTRONEX.....	30
CARBAMAZEPINE.....	22	<i>levorphanol tartrate</i>	7	<i>lovastatin</i>	27
LAMICTAL STARTER/TAKING		<i>levothroid</i>	32	LOVAZA.....	27
CARBAMAZEPINE/NOT TAKING		<i>levothyroxine sodium</i>	32	LOVENOX INJ 100MG/ML,	
VALPROATE.....	12	<i>levoxyl</i>	32	120MG/0.8ML, 80MG/0.8ML	24
LAMICTAL STARTER/TAKING		LEXAPRO SOLN	14	LOVENOX INJ 150MG/ML,	
VALPROATE.....	12	LEXAPRO TABS 10MG, 5MG.....	14	300MG/3ML, 40MG/0.4ML,	
LAMICTAL XR	12	LEXAPRO TABS 20MG	14	60MG/0.6ML.....	24
LAMISIL SOLN	15	LEXIVA	22	LOVENOX INJ 30MG/0.3ML	24
<i>lamivudine</i>	21	<i>lidocaine</i>	8	<i>loxapine succinate</i>	20
<i>lamivudine/zidovudine tabs</i>	21	<i>lidocaine hcl inj, external soln</i>	8	LUMIGAN SOLN.....	37
<i>lamotrigine</i>	12	<i>lidocaine hcl jelly</i>	8	LUMIZYME.....	29
LANOXIN INJ 0.1MG/ML.....	26	<i>lidocaine/prilocaine</i>	8	LUPRON DEPOT	32
<i>lansoprazole</i>	30	LIDODERM	8	LUPRON DEPOT-PED	32
<i>lansoprazole odt</i>	30	LINCOCIN	9	LYRICA	11
LANTUS.....	23	<i>lindane</i>	18	LYSODREN.....	32
LASTACAFT	36	<i>liothyronine sodium</i>	32		
<i>latanoprost</i>	37	<i>lisinopril</i>	27		
LATUDA	19	<i>lisinopril/hydrochlorothiazide</i>	27		
<i>leflunomide</i>	33	<i>lithium carbonate caps 150mg, 300mg</i>	22		
LESCOL XL	27	LITHIUM CARBONATE CAPS 600MG	22		
LETAIRIS.....	38	.....	22		
<i>leucovorin calcium inj</i>	39	<i>lithium carbonate er</i>	22		
LEUCOVORIN CALCIUM TABS 10MG,		LITHIUM CARBONATE TABS.....	22		
15MG	39	<i>lithium citrate</i>	22		
<i>leucovorin calcium tabs 25mg, 5mg</i>	39	Local Anesthetics	8		
LEUKERAN	17	LOCOID LIPOCREAM	31		
LEUKINE	24	LODOSYN	19		
<i>leuprolide acetate</i>	32	<i>loperamide hcl</i>	29		
LEVAQUIN INJ 5%; 750MG/150ML	10	<i>losartan potassium</i>	27		

M

Macrolides	10
<i>magnesium sulfate</i>	39
<i>magnesium sulfate in d5w</i>	39
MALARONE	18
MAPROTILINE HCL.....	14
<i>margesic-h</i>	7
MARPLAN.....	13
Mast Cell Stabilizers	38
MATULANE.....	17
MAXALT	16
MAXALT-MLT	16
<i>mebendazole</i>	18

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<i>meclizine hcl</i>	37	<i>methylphenidate hcl sr</i>	28	<i>morphine sulfate tabs</i>	8
<i>medroxyprogesterone acetate</i>	31	<i>methylprednisolone acetate</i>	34	MOXEZA	10
<i>mefloquine hcl</i>	18	<i>methylprednisolone sodiumsuccinate</i>	34	MULTAQ.....	25
<i>megestrol acetate</i>	31	<i>methylprednisolone tabs 4mg, 8mg</i>	34	<i>mupirocin</i>	9
MELOXICAM SUSP	8	<i>metoclopramide hcl</i>	15	MUSTARGEN	17
<i>meloxicam tabs</i>	8	<i>metoclopramide hcl inj, oral soln</i>	29	MYCAMINE.....	15
<i>melphalan hydrochloride</i>	17	<i>metoclopramide hcl tabs</i>	29	MYCUBUTIN.....	16
MENACTRA	34	<i>metolazone</i>	26	<i>mycophenolate mofetil</i>	33
MENOMUNE-A/C/Y/W-135.....	34	<i>metoprolol succinate er</i>	25	N	
MENVEO	34	<i>metoprolol tartrate</i>	25	<i>nabumetone</i>	8
<i>meprobamate</i>	22	<i>metronidazole caps, crea</i>	9	<i>nadolol</i>	25
MEPRON.....	18	<i>metronidazole tabs</i>	9	<i>nafcilin sodium inj 1gm</i>	10
<i>mercaptopurine</i>	17	<i>metronidazole vaginal</i>	9	NAFTIN	15
<i>meropenem</i>	10	MIACALCIN INJ.....	35	NAGLAZYME.....	29
<i>mesalamine</i>	35	MIACALCIN NASAL SOLN.....	35	<i>naloxone hcl</i>	15
MESNEX.....	17	<i>midodrine hcl</i>	25	<i>naltrexone hcl</i>	15
Metabolic Bone Disease Agents	35	MIGRANAL.....	16	NAMENDA SOLN	13
<i>metaproterenol sulfate syrup</i>	38	<i>minocycline hcl</i>	11	NAMENDA TABS	13
METAPROTERENOL SULFATE TABS	38	<i>minoxidil</i>	28	NAMENDA TITRATION PAK	13
<i>metformin hcl</i>	23	<i>mirtazapine odt</i>	13	<i>naproxen</i>	9
<i>metformin hcl er</i>	23	<i>mirtazapine tabs 15mg, 7.5mg</i>	13	<i>naproxen dr</i>	9
<i>methadone hcl conc</i>	8	<i>mirtazapine tabs 30mg, 45mg</i>	13	<i>naproxen sodium</i>	7
METHADONE HCL INJ, ORAL SOLN ..	8	<i>mirtazapine tbdp</i>	13	NARDIL	13
<i>methadone hcl tabs</i>	8	Miscellaneous Therapeutic Agents	35	NATACYN.....	36
<i>methazolamide</i>	37	<i>misoprostol</i>	30	<i>nateglinide</i>	23
<i>methimazole</i>	32	M-M-R II W/DILUENT 10 DOSE.....	34	<i>nefazodone hcl</i>	13
<i>methocarbamol</i>	38	Molecular Target Inhibitors	18	<i>neomycin sulfate</i>	9
<i>methotrexate</i>	33	<i>mometasone furoate</i>	31	<i>neomycin/polymyxin/dexamethasone</i>	36
<i>methotrexate sodium</i>	33	Monoamine Oxidase Inhibitors	13	<i>neomycin/polymyxin/hc</i>	37
<i>methyl dopa</i>	25	Monoclonal Antibodies	18	<i>neomycin/polymyxin/hydrocortisone</i> .	36, 37
<i>methyl dopa/hydrochlorothiazide</i>	25	<i>morphine sulfate er tb12 100mg, 15mg,</i> <i>30mg, 60mg</i>	8	NEULASTA	24
<i>methylin er</i>	28	<i>morphine sulfate er tb12 200mg</i>	8	NEUMEGA	24
<i>methylin tabs</i>	28	<i>morphine sulfate inj 0.5mg/ml, 1mg/ml</i>	8	NEUPOGEN.....	24
<i>methylphenidate hcl</i>	28	MORPHINE SULFATE INJ 5MG/ML.....	8	NEVANAC.....	36

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NEXAVAR.....	18
<i>next choice</i>	31
<i>niacor</i>	27
NIASPAN.....	27
NICOTROL INHALER.....	14
NICOTROL NS.....	15
<i>nifediac cc</i>	26
<i>nifedical xl</i>	26
<i>nifedipine caps 10mg</i>	26
NIFEDIPINE CAPS 20MG.....	26
<i>nifedipine er</i>	26
NILANDRON.....	32
<i>nitrofurantoin macrocrystalline</i>	9
<i>nitrofurantoin monohydrate</i>	9
<i>nitroglycerin</i>	28
<i>nitroglycerin transdermal</i>	28
NITROLINGUAL PUMPSPRAY.....	28
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Non-amphetamines, ADHD	28
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<i>nortriptyline hcl</i>	14
NORVIR.....	22
NOVANTRONE.....	17
<i>novarel</i>	31
NOVOLIN 70/30.....	23
NOVOLIN N.....	23
NOVOLIN R.....	24
NOVOLOG.....	24
NOVOLOG MIX 70/30.....	24
NUVIGIL.....	28
<i>nystatin</i>	15
<i>nystatin/triamcinolone</i>	15
<i>nystop</i>	15

O	
<i>octreotide acetate</i>	32
<i>ofloxacin soln, tabs</i>	10
<i>olanzapine</i>	19
<i>omeprazole cpdr</i>	30
OMNARIS.....	37
<i>ondansetron hcl inj, oral soln</i>	15
<i>ondansetron hcl tabs 24mg</i>	15
<i>ondansetron hcl tabs 4mg, 8mg</i>	15
<i>ondansetron odt</i>	15
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Ophthalmic Antiglaucoma Agents	36
Ophthalmic Anti-inflammatories	36
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ORAP.....	20
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ORFADIN.....	29
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<i>oxandrolone</i>	31
<i>oxaprozin</i>	7
<i>oxcarbazepine</i>	12
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<i>oxybutynin chloride er</i>	30
<i>oxybutynin chloride tabs</i>	30
<i>oxycodone hcl tabs</i>	8
<i>oxycodone/acetaminophen caps</i>	8
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg, 500mg; 7.5mg</i>	8
<i>oxycodone/acetaminophen tabs 650mg; 10mg</i>	8

P	
PACERONE TABS 100MG, 400MG.....	25
<i>pacerone tabs 200mg</i>	25
<i>pamidronate disodium inj 30mg/10ml, 90mg/10ml</i>	35
PAMIDRONATE DISODIUM INJ 6MG/ML.....	35
PANRETIN.....	18
<i>pantoprazole sodium</i>	30
Parasympathomimetics	16
PARNATE.....	13
<i>paromomycin sulfate</i>	9
<i>paroxetine hcl</i>	14
<i>paroxetine hcl er</i>	14
PASER.....	16
PATADAY.....	36
PAXIL SUSP.....	14
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PEDVAX HIB.....	34
PEGANONE.....	12
PEGASYS INJ 180MCG/0.5ML.....	33
PEGASYS PROCLICK.....	33
<i>penicillin g potassium</i>	10
<i>penicillin v potassium</i>	10
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<i>pentazocine/acetaminophen</i>8	POTASSIUM CHLORIDE	PREZISTA TABS 150MG..... 22
<i>pentazocine/naloxone hcl</i>.....8	0.224%D5W/NACL 0.33% .....39	PREZISTA TABS 400MG, 600MG,
<i>pentostatin</i>.....17	POTASSIUM CHLORIDE 0.3%/ NACL	75MG..... 22
<i>pentoxifylline er</i> .....24	0.9% .....39	PRIFTIN 16
<i>permethrin</i>.....19	<i>potassium chloride 0.3%/d5w</i>.....39	PRIMAQUINE PHOSPHATE..... 18
<i>perphenazine</i> .....20	<i>potassium chloride er cpcr 10meq</i>.....39	PRIMAXIN I.M. 10
<i>perphenazine/amitriptyline</i> .....20	<i>potassium chloride er tbcr</i>.....39	PRIMAXIN IV 10
PHENYTEK .....12	<i>potassium chloride inj 0.4meq/ml,</i>	<i>primidone</i> 11
<i>phenytoin</i>.....12	<i>10meq/100ml, 2meq/ml, 30meq/100ml</i> 39	PRIMSOL.....9
<i>phenytoin sodium</i> .....12	POTASSIUM CHLORIDE INJ	PRISTIQ TB24 100MG 14
<i>phenytoin sodium extended</i>.....12	10MEQ/50ML 39	PRISTIQ TB24 50MG 14
Phosphate Binders .....30	<i>potassium chloride sr</i>.....39	<i>probenecid</i> 16
PHOSPHOLINE IODIDE .....37	<i>potassium citrate extended-release</i>.....39	<i>probenecid/colchicine</i> 16
<i>physiolyte</i> .....39	PRADAXA .....24	PROCAINAMIDE HCL 25
<i>physiosol irrigation</i>.....39	<i>pramipexole dihydrochloride tabs</i>	<i>prochlorperazine</i> 15
<i>pilocarpine hcl</i> .....28	<i>0.125mg, 0.25mg, 0.5mg, 1.5mg, 1mg</i> .19	<i>prochlorperazine edisylate</i> 15
<i>pilocarpine hydrochloride</i> .....28	PRANDIN.....23	<i>prochlorperazine maleate</i> 15
PILOPINE HS.....37	<i>pravastatin sodium tabs</i>.....27	PROCRIT INJ 10000UNIT/ML,
<i>piroxicam</i> .....9	<i>prazosin hcl</i>.....25	2000UNIT/ML 24
Platelet Aggregation Inhibitors .....25	PRECOSE.....23	PROCRIT INJ 20000UNIT/ML..... 24
PLAVIX TABS 75MG .....25	PRED FORTE .....36	PROCRIT INJ 3000UNIT/ML,
<i>podofilox</i> .....28	<i>prednisolone acetate</i>.....36	4000UNIT/ML 24
<i>potassium chloride 0.075%/d5w/nacl</i>	<i>prednisolone sodium phosphate</i> .....34	PROCRIT INJ 40000UNIT/ML..... 24
<i>0.225%</i> .....39	PREDNISOLONE SODIUM	<i>proctocream hc</i> 31
POTASSIUM CHLORIDE 0.15% /NACL	PHOSPHATE .....36	Progestins 31
<i>0.45% VIAFLEX</i>.....39	PREDNISON SOLN .....34	PROGLYCEM 23
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg,</i>	PROGRAF..... 33
.....39	<i>5mg</i> 35	PROLASTIN 38
<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	PREDNISON TABS 50MG.....34	PROLEUKIN 17
<i>viaflex</i>.....39	PREMARIN.....31	PROLIA..... 35
<i>potassium chloride 0.15% nacl 0.9%</i> .....39	PREMARIN W/APPLICATOR .....31	PROMACTA..... 25
<i>potassium chloride 0.15%/d5w</i>.....39	PREMPHASE.....32	<i>promethazine hcl inj 25mg/ml</i> 37
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	PREMPRO.....32	<i>promethazine hcl supp, syrup</i> 15
.....39	<i>prenatabs obn</i>39	<i>promethazine hcl tabs</i> 15, 37
<i>potassium chloride 0.224%/d5w</i>39	<i>prevalite</i>27	<i>promethegan</i> 15

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<i>propafenone hcl</i>	25
<i>propranolol hcl inj, tabs</i>	25
PROPRANOLOL HCL ORAL SOLN	25
<i>propranolol/hydrochlorothiazide tabs</i> 25mg; 40mg	26
PROPRANOLOL/HYDROCHLOROTHI AZIDE TABS 25MG; 80MG	26
<i>propylthiouracil</i>	32
PROQUAD	34
Protectants	30
Proton Pump Inhibitors	30
PROTONIX INJ.....	30
PROTOPIC	28
<i>protriptyline hcl</i>	14
PROVIGIL TABS 100MG	28
PROVIGIL TABS 200MG	28
Pulmonary Antihypertensives	38
PULMOZYME	29
<i>pyrazinamide</i>	16
<i>pyridostigmine bromide</i>	16

Q

QUALAQUIN.....	18
<i>quinapril hcl</i>	27
<i>quinapril/hydrochlorothiazide</i>	27
<i>quinidine gluconate er</i>	25
<i>quinidine sulfate</i>	25
QUINIDINE SULFATE ER	25
Quinolones	10

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RABAVERT	34
<i>ramipril</i>	27
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<i>ranitidine hcl caps, tabs</i>	29
<i>ranitidine hcl inj</i>	29
RAPAMUNE SOLN	33
RAPAMUNE TABS 1MG, 2MG.....	33
RAPIFLUX.....	14
RECLAST.....	35
RECOMBIVAX HB	34
REGRANEX.....	28
RELENZA DISKHALER	22
RELISTOR	14
REMICADE	33
Renin-angiotensin-aldosterone System Inhibitors	27
RENVELA TABS	30
REQUIP XL.....	19
RESCRIPTOR	21
Respiratory Tract Agents	37
Respiratory Tract Agents, Other	38
RESTASIS.....	36
Retinoids	18
RETROVIR	21
RETROVIR IV INFUSION	21
REVATIO TABS.....	38
REVLIMID.....	17
REYATAZ.....	22
<i>ribasphere</i>	22
<i>ribavirin</i>	22
RIDAURA	33
<i>rifampin</i>	16
RILUTEK	28
<i>rimantadine hcl</i>	22
<i>ringers irrigation</i>	39
RISPERDAL CONSTA.....	20
<i>risperidone odt tbdp 0.25mg</i>	20
<i>risperidone odt tbdp 0.5mg, 1mg, 2mg,</i> <i>3mg, 4mg</i>	20

<i>3mg, 4mg</i>	20
<i>risperidone soln</i>	20
<i>risperidone tabs 0.25mg, 0.5mg</i>	20
<i>risperidone tabs 1mg, 2mg, 3mg</i>	20
<i>risperidone tabs 4mg</i>	20
RITUXAN	18
<i>rivastigmine tartrate caps 1.5mg</i>	13
<i>rivastigmine tartrate caps 3mg</i>	13
<i>rivastigmine tartrate caps 4.5mg, 6mg</i>	13
<i>romycin</i>	36
<i>ropinirole hcl</i>	19
ROTATEQ	34

S

SABRIL.....	11
Salicylates	35
SAMSCA.....	26
SANCTURA XR.....	30
SANDOSTATIN LAR DEPOT	32
SANTYL	28
SAPHRIS.....	22
SAVELLA	14
SAVELLA TITRATION PACK.....	14
Sedatives/Hypnotics	38
Selective Estrogen Receptor Modifying Agents	32
<i>selegiline hcl caps</i>	19
SELEGILINE HCL TABS	19
<i>selenium sulfide</i>	28
SELSUN SHAMPOO	29
SELZENTRY	21
SENSIPAR	32
SEREVENT DISKUS	38
SEROMYCIN.....	16
SEROQUEL TABS 100MG.....	20

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SEROQUEL TABS 200MG.....	20	STALEVO 100.....	19	SYNTHROID.....	32
SEROQUEL TABS 25MG.....	20	STALEVO 150.....	19	SYPRINE.....	14
SEROQUEL TABS 300MG, 400MG.....	20	STALEVO 50.....	19	T	
SEROQUEL TABS 50MG.....	20	STARLIX.....	23	TABLOID.....	17
SEROQUEL XR TB24 150MG.....	22	<i>stavudine</i>	21	<i>tamoxifen citrate</i>	17
SEROQUEL XR TB24 200MG.....	20	STAVZOR.....	12	<i>tamsulosin hcl</i>	30
SEROQUEL XR TB24 300MG, 400MG	20	<i>sterile water irrigation</i>	36	TARCEVA.....	18
SEROQUEL XR TB24 50MG.....	22	STREPTOMYCIN SULFATE.....	9	TARGRETIN.....	18
SEROSTIM.....	31	SUBOXONE.....	8	TASIGNA.....	18
Serotonin/ Norepinephrine Reuptake		SUBOXONE SUBL.....	15	TASMAR.....	19
Inhibitors	13	SUBUTEX.....	8	<i>tazicef</i>	10
<i>sertraline hcl conc</i>	14	<i>sucralfate</i>	30	TAZORAC.....	29
<i>sertraline hcl tabs 100mg</i>	14	SULAR.....	26	TEKAMLO.....	27
<i>sertraline hcl tabs 25mg, 50mg</i>	14	SULFADIAZINE.....	11	TEKURNA.....	27
<i>silver sulfadiazine</i>	9	<i>sulfamethoxazole/trimethoprim ds</i>	11	TEKURNA HCT.....	27
<i>simvastatin</i>	27	SULFAMETHOXAZOLE/TRIMETHOPR		<i>terazosin hcl</i>	25
SINGULAIR.....	37	IM INJ.....	11	<i>terbinafine hcl</i>	16
SKELAXIN.....	38	<i>sulfamethoxazole/trimethoprim susp, tabs</i>		<i>terconazole crea</i>	16
Skeletal Muscle Relaxants	38	.....	11	<i>testosterone cypionate</i>	31
Sodium Channel Inhibitors	12	<i>sulfasalazine</i>	35	<i>testosterone enanthate</i>	31
<i>sodium chloride</i>	39	<i>sulfazine ec</i>	35	TETANUS TOXOID ADSORBED.....	34
<i>sodium chloride 0.9%</i>	39	Sulfonamides	11, 35	TETANUS/DIPHThERIA TOXOIDS-	
<i>sodium fluoride</i>	39	<i>sulindac</i>	7	ADSORBED ADULT.....	34
<i>sodium polystyrene sulfonate</i>	14	<i>sumatriptan succinate inj 6mg/0.5ml</i>	16	<i>tetracycline hcl</i>	11
<i>sodium sulfacetamide</i>	11	<i>sumatriptan succinate tabs</i>	16	Tetracyclines	11
SOLARAZE.....	29	SUPRAX SUSR 100MG/5ML.....	10	THALOMID.....	17
<i>solia</i>	32	SURMONTIL.....	14	<i>theophylline er tb12</i>	38
SOMATULINE DEPOT.....	32	SUSTIVA.....	21	Therapeutic Nutrients/Minerals/	
SOMAVERT.....	32	SUTENT.....	18	Electrolytes	39
SOMNOTE.....	38	SYLATRON.....	17	<i>thioridazine hcl</i>	20
<i>sotalol hcl</i>	25	SYMBICORT.....	37	<i>thiotepa</i>	17
SPIRIVA HANDIHALER.....	38	SYMBYAX.....	22	<i>thiothixene</i>	20
<i>spironolactone</i>	27	SYMLIN.....	23	THYROLAR-1.....	32
SPRYCEL.....	18	SYMLINPEN 60.....	23	THYROLAR-1/4.....	32
<i>stagesic</i>	8	SYNAREL.....	32		

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THYROLAR-2	32	Tricyclics	14	VALTURNA	27
THYROLAR-3	32	<i>trifluoperazine hcl</i>	20	VANCOGIN HCL	9
<i>ticlopidine hcl</i>	25	<i>trifluridine</i>	36	<i>vancomycin hcl inj 1000mg</i>	9
TIKOSYN	25	<i>trihexyphenidyl hcl</i>	19	VANCOMYCIN HCL INJ 10GM	9
TIMENTIN	10	TRIHIBIT	34	VANCOMYCIN HCL INJ 500MG	9
<i>timolol maleate</i>	26, 37	TRILEPTAL	12	VANDETANIB	17
<i>tizanidine hcl</i>	21	TRILIPIX.....	27	VAQTA	34
TOBI	9	<i>trimethoprim</i>	9	VARIVAX.....	34
TOBRADEX.....	36	<i>trimethoprim sulfate/polymyxin b sulfate</i>	36	Vasodilators	27
<i>tobramycin sulfate</i>	9	<i>trinessa</i>	32	VECTICAL	29
<i>tolnaftate</i>	39	TRIPEDIA.....	34	VELCADE	18
<i>tolnaftate 1% antifungal</i>	39	TRISENOX.....	18	<i>venlafaxine hcl</i>	13
TOPAMAX.....	12	TRIZIVIR	21	<i>venlafaxine hcl er</i>	14
TOPAMAX SPRINKLE.....	12	TRUVADA.....	21	VENTAVIS	38
<i>topiramate</i>	12	TWINRIX	34	VENTOLIN HFA	38
<i>torse mide tabs</i>	26	TYGACIL.....	9	VERAMYST	37
Toxicologic Agents	15	TYKERB	18	<i>verapamil hcl</i>	26
<i>tpn electrolytes</i>	39	TYPHIM VI.....	34	<i>verapamil hcl er</i>	25, 26
TRACLEER.....	38	TYZEKA	22	VEREGEN	29
TRADJENTA	23	TYZINE.....	38	VESICARE.....	30
<i>tramadol hcl</i>	8	TYZINE PEDIATRIC NASAL DROPS.....	38	VICTRELIS.....	22
<i>tranlycypromine sulfate</i>	13			VIDAZA.....	18
TRAVATAN Z.....	37	U		VIDEX EC.....	21
<i>trazodone hcl</i>	13	ULORIC	16	VIDEX PEDIATRIC.....	21
TREANDA	17	<i>unithroid</i>	32	VIGAMOX.....	11
TRECTOR	16	<i>ursodiol caps</i>	29	VIIBRYD	14
<i>tretinoin</i>	29			VIMOVO.....	36
TRETINOIN	18	V		VIMPAT.....	11
TREXIMET	7	Vaccines	33	VIRACEPT.....	22
<i>triamcinolone acetonide</i>	31	VAGIFEM.....	31	VIRAMUNE.....	21
TRIAMCINOLONE ACETONIDE IN		<i>valacyclovir hcl</i>	22	VIRAMUNE XR.....	21
ABSORBASE.....	31	VALCYTE.....	21	VIREAD	21
<i>triamcinolone in orabase</i>	28	<i>valproate sodium</i>	12	VIROPTIC.....	22
<i>triamterene/hydrochlorothiazide</i>	26	<i>valproic acid</i>	12	VISICOL	29
TRICOR.....	27			Vitamins	39

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VOLTAREN.....	7, 36
VOTRIENT.....	17
VPRIV.....	29
VYTORIN.....	27

W

<i>warfarin sodium</i>	24
WELCHOL.....	27

X

XALKORI.....	18
XARELTO 10 MG.....	24
XENAZINE.....	36
XIFAXAN TABS 200MG.....	9
XOLAIR.....	38
XOPENEX HFA.....	38
XYREM.....	28

Y

YERVOY.....	18
YF-VAX.....	34

Z

<i>zafirlukast</i>	37
<i>zaleplon</i>	38
ZANOSAR.....	17
ZAVESCA.....	29
<i>zazole</i>	16
ZEGERID CAPS.....	30
ZELAPAR.....	19
ZELBORAF.....	18
ZERIT.....	21
ZETIA.....	27
ZIAGEN.....	21
<i>zidovudine</i>	21
ZIRGAN.....	21
ZOLINZA.....	18
<i>zolpidem tartrate</i>	38

ZOMETA.....	35
ZONALON.....	29
<i>zonisamide</i>	12
ZORTRESS.....	33
ZOSTAVAX.....	34
ZOSYN.....	10
<i>zovia 1/35e</i>	32
<i>zovia 1/50e</i>	32
ZOVIRAX.....	22
ZYFLO CR.....	37
ZYMAR.....	11
ZYMAXID.....	11
ZYPREXA INJ.....	20
ZYPREXA TABS 10MG, 15MG, 20MG20	
ZYPREXA TABS 2.5MG, 5MG, 7.5MG20	
ZYPREXA ZYDIS TBDP 10MG, 15MG,	
20MG.....	20
ZYPREXA ZYDIS TBDP 5MG.....	20
ZYTIGA.....	18
ZYVOX INJ, SUSR.....	9
ZYVOX TABS.....	9

PA=Prior Authorization required ST=Step Therapy LA=Limited Access QL=Quantity Limit

B/D= This drug may be covered under Medicare Part B or D depending upon the circumstances

* We provide additional coverage of this prescription drug in the coverage gap. Refer to our Evidence of Coverage for more information about this coverage