



SCOTT & WHITE  
HEALTH PLAN

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# Scott & White Health Plan Specialty Formulary

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## **What are Specialty drugs?**

Specialty drugs are those drugs used to treat complex or chronic conditions, and which usually require close monitoring, such as multiple sclerosis, hepatitis, rheumatoid arthritis, cancer, and other conditions that are difficult to treat with traditional therapies. Specialty drugs may be self-administered in the home by injection (under the skin or into a muscle), by inhalation, by mouth, or on the skin. These drugs may also require special handling, special manufacturing processes, and may have limited prescribing or limited pharmacy availability.

## **What is my specialty benefit coverage?**

As part of your Scott & White Health Plan (SWHP) coverage, you may have a specialty benefit. This document will help you understand your specialty benefit and the SWHP specialty formulary.

Not every specialty benefit is the same. The best way to figure out your specialty benefit coverage is to review your *Evidence of Coverage* or call the SWPS Customer Service department.

## **What is the Scott & White Health Plan specialty formulary?**

A formulary is a list of covered drugs selected by SWHP in consultation with a team of health care providers. The list represents the specialty drugs believed to be a necessary part of a quality treatment program. SWHP will generally cover the drugs listed on the formulary as long as the drug is medically necessary and plan rules are followed. The list contains both brand-name and generic medications and is updated regularly.

This SWHP specialty formulary is an open formulary. This means that preferred drugs are listed in this document and are covered under your benefit, but coverage for drugs not listed (non-formulary) may also be provided.

The formulary may be tiered meaning there are different copayment levels for drugs on different levels.

The formulary may change because we review new medical information regarding current drugs listed as well as new drugs recently approved by the FDA.

### **How was the specialty formulary created and how are new medications reviewed?**

The SWHP Pharmacy and Therapeutics (P&T) Committee meets regularly to review new drugs approved by the FDA and new information regarding drugs that are already on the formulary. The Committee is primarily made up of physicians, pharmacists and nurses. It reviews information and scientific evidence concerning safety, effectiveness and current use in therapy.

### **Does the specialty formulary ever change?**

Since the P&T Committee meets regularly and reviews new information, the formulary may change. Below are some possible reasons the formulary could change:

- Generic forms of the brand drug become available. The brand-name medication may be subject to a higher copayment and possibly a penalty. The generic medication may be covered at the lower copayment.
- New drugs may be added by the P&T Committee.
- A drug may be withdrawn from the market by the FDA
- A drug becomes available without a prescription (becomes over-the-counter), then the drug may be removed from the formulary. Often, drugs available over-the-counter are not covered under the prescription benefit.

### **What are brand-name and generic drugs?**

SWHP covers both brand-name and generic drugs. A brand-name drug is one that is produced under the original manufacturer's brand name. 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 but the quality and effectiveness is the same. Generic drugs may differ from the brand-name drug in color, shape, flavor or inactive ingredients. Some brand-name drugs have a generic equivalent and others do not. If a generic form of a brand-name drug becomes available, the brand-name medication may be subject to a higher copayment and possibly a penalty. The generic medication may be covered at the lower copayment.

### **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:** SWHP requires you or your physician to get prior authorization before filling certain drugs. *Drugs needing prior authorization are noted on the formulary by a "PA" next to the drug name.*

- **Quantity Limits:** For certain drugs, SWHP limits the amount of medication covered. *Drugs with quantity limits are noted on the formulary by a “QL” next to the drug name.*
- **Step Therapy:** In some cases, SWHP requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. *Drugs with step therapy are noted on the formulary by an “ST” next to the drug name.*
- **Age Restriction:** There are certain medications which may be limited to a certain age group. *Drugs with age restrictions are noted on the formulary by an “AL” next to the drug name.*

SWHP may make an exception to the above restrictions or limits. Please refer to the section titled “How do I request an exception to the SWHP specialty formulary?”

### **How do I request an exception to the SWHP specialty formulary?**

Your physician can ask SWHP to make an exception to the formulary. There are several types of exceptions that can be requested:

- Exception to waive a coverage restriction or limit on a drug (example: waive or increase a quantity limit)
- Exception to provide a higher level of coverage for a drug (example: cover the drug at a lower copayment).

To request an exception, your physician must submit a coverage exception form to Scott & White Prescription Services. Both you and your physician will be notified of the approval by mail and the drug will be covered under the applicable copayment. If the request is denied, both you and your physician will be notified. You may still purchase the medication for the full price.

### **What drugs are not covered by my specialty benefit?**

Please refer to your *Evidence of Coverage* for complete plan coverage, limitations and exclusions specific to your specialty benefit.

### **How much medication does my copayment cover?**

You can get up to a 34-day supply of medication for a single copayment. Some medications may have quantity limit, restricting the amount of drug you can get per prescription or per copayment.

Maintenance medications (noted on the formulary by a “MN” next to the drug name) are used to treat chronic medical conditions. The prescription for the drug must be written for a three month supply of medication.

Please refer to your *Evidence of Coverage* for complete plan coverage.

### How can I save money on prescriptions?

Medications on the SWHP specialty formulary generally cost less than medications not listed. A generic medication will usually be the lowest copayment option. Ask the provider or pharmacist whether generic medications are appropriate.

Be sure to take this formulary with you to each visit so that the provider knows what medication is covered.

### Abbreviations

<b>T1, T2, T3</b>	Copayment tiers
<b>MN</b>	Maintenance medication
<b>PA</b>	Prior authorization required
<b>QL</b>	Quantity limit
<b>AL</b>	Age-limit
<b>ST</b>	Step-therapy required

**NOTE:** When a generic form of the brand drug becomes available, the brand-name medication may be subject to a higher copayment and possibly a penalty. The generic medication may be covered at the lower copayment. The print formularies may not have the most up-to-date coverage of drugs.

Product Name	Form	Strength	Pref	Coverage Details
ABRAXANE	SUSR	100MG	T3	
ACTEMRA	SOLN	200MG/10ML	T3	PA
ACTEMRA	SOLN	400MG/20ML	T3	PA
ACTEMRA	SOLN	80MG/4ML	T3	PA
ACTIMMUNE	SOLN	2000000UNIT/0.5ML	T3	
ADVATE	SOLR	1500UNIT	T1	
ADVATE	SOLR	2000UNIT	T1	
ADVATE	SOLR	3000UNIT	T1	
ADVATE	SOLR	250UNIT	T1	
ADVATE	SOLR	500UNIT	T1	
ADVATE	SOLR	1000UNIT	T1	
AFINITOR	TABS	5MG	T1	PA
AFINITOR	TABS	2.5MG	T1	PA
AFINITOR	TABS	10MG	T1	PA
ALDURAZYME	SOLN	2.9MG/5ML	T1	
ALIMTA	SOLR	100MG	T1	
ALIMTA	SOLR	500MG	T1	
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	1500UNIT	T1	
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	500UNIT	T1	
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	250UNIT	T1	
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	1000UNIT	T1	
ALPHANINE SD	SOLR	500UNIT	T1	
ALPHANINE SD	SOLR	1000UNIT	T1	
ALPHANINE SD	SOLR	1500UNIT	T1	
AMEVIVE	SOLR	15MG	T3	PA
AMIFOSTINE	SOLR	500MG	T1	
APOKYN	SOLN	10MG/ML	T3	
ARALAST NP	SOLR	400MG	T3	
ARALAST NP	SOLR	800MG	T3	
ARANESP ALBUMIN FREE	SOLN	25MCG/ML	T2	
ARANESP ALBUMIN FREE	SOLN	60MCG/0.3ML	T2	
ARANESP ALBUMIN FREE	SOLN	100MCG/0.5ML	T2	
ARANESP ALBUMIN FREE	SOLN	150MCG/0.3ML	T2	
ARANESP ALBUMIN FREE	SOLN	40MCG/ML	T2	
ARANESP ALBUMIN FREE	SOLN	100MCG/ML	T2	
ARANESP ALBUMIN FREE	SOLN	60MCG/ML	T2	
ARANESP ALBUMIN FREE	SOLN	40MCG/0.4ML	T2	
ARANESP ALBUMIN FREE	SOLN	200MCG/0.4ML	T2	
ARANESP ALBUMIN FREE	SOLN	500MCG/ML	T2	
ARANESP ALBUMIN FREE	SOLN	25MCG/0.42ML	T2	
ARANESP ALBUMIN FREE	SOLN	200MCG/ML	T2	
ARANESP ALBUMIN FREE	SOLN	150MCG/0.75ML	T2	
ARANESP ALBUMIN FREE	SOLN	300MCG/ML	T2	
ARANESP ALBUMIN FREE	SOLN	300MCG/0.6ML	T2	
ARIXTRA	SOLN	2.5MG/0.5ML	T2	
ARIXTRA	SOLN	7.5MG/0.6ML	T2	
ARIXTRA	SOLN	5MG/0.4ML	T2	
ARIXTRA	SOLN	10MG/0.8ML	T2	
ARZERRA	CONC	100MG/5ML	T3	PA
ARZERRA	CONC	100MG/5ML	T3	PA
ATGAM	INJ	50MG/ML	T3	
AVASTIN	SOLN	100MG/4ML	T1	
AVASTIN	SOLN	400MG/16ML	T1	
AVONEX	KIT	30MCG/VIAL	T1	
AVONEX	KIT	30MCG/0.5ML	T1	
BARACLUDGE	TABS	0.5MG	T3	
BARACLUDGE	TABS	1MG	T3	

BARACLUDE	SOLN	0.05MG/ML	T3	
BEBULIN VH	SOLR	200-1200 UNIT	T1	
BENEFIX	SOLR	250UNIT	T1	
BENEFIX	SOLR	2000UNIT	T1	
BENEFIX	SOLR	500UNIT	T1	
BENEFIX	SOLR	1000UNIT	T1	
BEXXAR	CONC	14MG/ML	T2	PA
BEXXAR 131 IODINE	INJ	0.61MCI/ML	T2	PA
BEXXAR 131 IODINE	INJ	5.6MCI/ML	T2	PA
BONIVA	SOLN	3MG/3ML	T3	PA
BOTOX	SOLR	100UNIT	T1	PA
BOTOX	SOLR	200UNIT	T1	PA
BOTOX COSMETIC	SOLR	50UNIT	T1	PA
CARBOPLATIN	SOLN	450MG/45ML	T1	
CARBOPLATIN	SOLN	600MG/60ML	T1	
CARBOPLATIN	SOLN	50MG/5ML	T1	
CARBOPLATIN	SOLN	450MG/45ML	T1	
CARBOPLATIN	SOLN	50MG/5ML	T1	
CARBOPLATIN	SOLN	150MG/15ML	T1	
CARBOPLATIN	SOLN	150MG/15ML	T1	
CARBOPLATIN	SOLR	150MG	T1	
CARIMUNE NANOFILTERED	SOLR	12GM	T1	
CARIMUNE NANOFILTERED	SOLR	3GM	T1	
CARIMUNE NANOFILTERED	SOLR	6GM	T1	
CELLCEPT	TABS	500MG	T1	
CELLCEPT	CAPS	250MG	T1	
CELLCEPT	SUSR	200MG/ML	T1	
CELLCEPT INTRAVENOUS	SOLR	500MG	T1	
CEREDASE	SOLN	80UNIT/ML	T1	
CEREZYME	SOLR	200UNIT	T1	
CEREZYME	SOLR	400UNIT	T1	
CIMZIA	KIT	200MG	T2	PA
CIMZIA	KIT	200MG/ML	T2	PA
COPAXONE	KIT	20MG/ML	T1	
CYCLOSPORINE	CAPS	100MG	T1	
CYCLOSPORINE	CAPS	25MG	T1	
CYCLOSPORINE	SOLN	50MG/ML	T1	
CYCLOSPORINE MODIFIED	CAPS	50MG	T1	
CYCLOSPORINE MODIFIED	CAPS	25MG	T1	
CYCLOSPORINE MODIFIED	SOLN	100MG/ML	T1	
CYCLOSPORINE MODIFIED	CAPS	100MG	T1	
CYTOGAM	INJ	50MG/ML	T3	
DACOGEN	SOLR	50MG	T4	
DOCEFREZ	SOLR	20MG	T1	
DOCEFREZ	SOLR	80MG	T1	
DOCETAXEL	SOLN	20MG/2ML	T1	
DOCETAXEL	SOLN	80MG/8ML	T1	
DOCETAXEL	CONC	20MG/0.5ML	T1	
DOCETAXEL	CONC	20MG/ML	T1	
DOCETAXEL	CONC	80MG/4ML	T1	
DOCETAXEL	SOLN	160MG/16ML	T1	
DOCETAXEL	CONC	80MG/2ML	T1	
DOXIL	INJ	2MG/ML	T1	
ELIGARD	KIT	22.5MG	T2	
ELIGARD	KIT	45MG	T2	
ELIGARD	KIT	30MG	T2	
ELIGARD	KIT	7.5MG	T2	
ELOXATIN	SOLN	200MG/40ML	T1	

ELSPAR	SOLR	10000UNIT	T1	
ENBREL	SOLN	50MG/ML	T2	PA
ENBREL	SOLN	25MG/0.5ML	T2	PA
ENBREL	KIT	25MG	T2	PA
ENBREL SURECLICK	SOLN	50MG/ML	T2	PA
ENOXAPARIN SODIUM	SOLN	30MG/0.3ML	T1	
ENOXAPARIN SODIUM	SOLN	40MG/0.4ML	T1	
ENOXAPARIN SODIUM	SOLN	120MG/0.8ML	T1	
ENOXAPARIN SODIUM	SOLN	60MG/0.6ML	T1	
ENOXAPARIN SODIUM	SOLN	80MG/0.8ML	T1	
ENOXAPARIN SODIUM	SOLN	100MG/ML	T1	
ENOXAPARIN SODIUM	SOLN	150MG/ML	T1	
EPOGEN	SOLN	2000UNIT/ML	T2	
EPOGEN	SOLN	10000UNIT/ML	T2	
EPOGEN	SOLN	4000UNIT/ML	T2	
EPOGEN	SOLN	10000UNIT/ML	T2	
EPOGEN	SOLN	3000UNIT/ML	T2	
EPOGEN	SOLN	20000UNIT/ML	T2	
EPOPROSTENOL SODIUM	SOLR	0.5MG	T2	
EPOPROSTENOL SODIUM	SOLR	1.5MG	T2	
ERBITUX	SOLN	100MG/50ML	T2	PA
ERBITUX	SOLN	200MG/100ML	T2	PA
ETOPOSIDE	CAPS	50MG	T1	
EUFLEXXA	SOLN	20MG/2ML	T4	
EXJADE	TBSO	125MG	T1	PA
EXJADE	TBSO	250MG	T1	PA
EXJADE	TBSO	500MG	T1	PA
EXTAVIA	SOLR	0.3MG	T2	
FABRAZYME	SOLR	5MG	T1	
FABRAZYME	SOLR	35MG	T1	
FASLODEX	SOLN	250MG/5ML	T2	
FEIBA VH IMMUNO	SOLR	0	T1	
FEIBA VH IMMUNO	SOLR	0	T1	
FEIBA VH IMMUNO	SOLR	0	T1	
FLEBOGAMMA DIF	SOLN	0.5GM/10ML	T1	
FLEBOGAMMA DIF	SOLN	10%	T1	
FLOLAN	SOLR	1.5MG	T2	
FLOLAN	SOLR	0.5MG	T2	
FONDAPARINUX SODIUM	SOLN	2.5MG/0.5ML	T2	
FONDAPARINUX SODIUM	SOLN	10MG/0.8ML	T2	
FONDAPARINUX SODIUM	SOLN	5MG/0.4ML	T2	
FONDAPARINUX SODIUM	SOLN	7.5MG/0.6ML	T2	
FORTEO	SOLN	600MCG/2.4ML	T3	PA
FRAGMIN	SOLN	18000UNIT/0.72ML	T3	
FRAGMIN	SOLN	12500UNIT/0.5ML	T3	
FRAGMIN	SOLN	10000UNIT/ML	T3	
FRAGMIN	SOLN	2500UNIT/0.2ML	T3	
FRAGMIN	SOLN	15000UNIT/0.6ML	T3	
FRAGMIN	SOLN	5000UNIT/0.2ML	T3	
FRAGMIN	SOLN	7500UNIT/0.3ML	T3	
FRAGMIN	SOLN	25000UNIT/ML	T3	
GAMMAGARD LIQUID	SOLN	0	T1	
GAMMAGARD S/D	SOLR	2.5GM	T1	
GAMMAGARD S/D	SOLR	5GM	T1	
GAMMAGARD S/D	SOLR	10GM	T1	
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	SOLR	10GM	T1	
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	SOLR	5GM	T1	
GAMMAPLEX	SOLN	10GM/200ML	T1	

GAMMAPLEX	SOLN	2.5GM/50ML	T1	
GAMUNEX	SOLN	10%	T1	
GAMUNEX	SOLN	10%	T1	
GAMUNEX-C	SOLN	2.5GM/25ML	T1	
GAMUNEX-C	SOLN	5GM/50ML	T1	
GAMUNEX-C	SOLN	10GM/100ML	T1	
GAMUNEX-C	SOLN	1GM/10ML	T1	
GAMUNEX-C	SOLN	20GM/200ML	T1	
GEMCITABINE	SOLN	1GM/26.3ML	T1	
GEMCITABINE	SOLN	2GM/52.6ML	T1	
GEMCITABINE	SOLN	200MG/5.26ML	T1	
GEMCITABINE HCL	SOLR	1GM	T1	
GEMCITABINE HCL	SOLR	2GM	T1	
GEMCITABINE HCL	SOLR	200MG	T1	
GENGRAF	SOLN	100MG/ML	T1	
GENGRAF	CAPS	25MG	T1	
GENGRAF	CAPS	100MG	T1	
GENOTROPIN	SOLR	5MG	T4	PA
GENOTROPIN	SOLR	12MG	T4	PA
GENOTROPIN MINIQUICK	SOLR	0.8MG	T4	PA
GENOTROPIN MINIQUICK	SOLR	0.2MG	T4	PA
GENOTROPIN MINIQUICK	SOLR	1MG	T4	PA
GENOTROPIN MINIQUICK	SOLR	2MG	T4	PA
GENOTROPIN MINIQUICK	SOLR	0.4MG	T4	PA
GENOTROPIN MINIQUICK	SOLR	0.6MG	T4	PA
GENOTROPIN MINIQUICK	SOLR	1.2MG	T4	PA
GENOTROPIN MINIQUICK	SOLR	1.4MG	T4	PA
GENOTROPIN MINIQUICK	SOLR	1.6MG	T4	PA
GENOTROPIN MINIQUICK	SOLR	1.8MG	T4	PA
GILENYA	CAPS	0.5MG	T2	PA
GLEEVEC	TABS	100MG	T1	PA
GLEEVEC	TABS	400MG	T1	PA
HALAVEN	SOLN	1MG/2ML	T3	PA
HELIXATE FS	KIT	500UNIT	T1	
HELIXATE FS	KIT	250UNIT	T1	
HELIXATE FS	KIT	2000UNIT	T1	
HELIXATE FS	KIT	3000UNIT	T1	
HELIXATE FS	KIT	250UNIT	T1	
HELIXATE FS	KIT	1000UNIT	T1	
HELIXATE FS	KIT	1000UNIT	T1	
HEMOPIL M	SOLR	220-400 UNIT	T1	
HEMOPIL M	SOLR	401-800 UNIT	T1	
HEMOPIL M	SOLR	801-1500 UNIT	T1	
HEMOPIL M	SOLR	1501-2000 UNIT	T1	
HEPSERA	TABS	10MG	T2	
HERCEPTIN	SOLR	440MG	T1	
HEXALEN	CAPS	50MG	T1	PA
HUMATE-P	SOLR	500UNIT; 1200UNIT	T1	
HUMATE-P	SOLR	250UNIT; 600UNIT	T1	
HUMATE-P	SOLR	1000UNIT; 2400UNIT	T1	
HUMATROPE	SOLR	6MG	T4	PA
HUMATROPE	SOLR	12MG	T4	PA
HUMATROPE	SOLR	24MG	T4	PA
HUMATROPE COMBO PACK	SOLR	5MG	T4	PA
HUMIRA	KIT	20MG/0.4ML	T2	PA
HUMIRA	KIT	40MG/0.8ML	T2	PA
HUMIRA PEN	KIT	40MG/0.8ML	T2	PA
HYALGAN	SOLN	20MG/2ML	T4	

HYALGAN	SOLN	20MG/2ML	T4	
HYCAMTIN	CAPS	0.25MG	T1	
HYCAMTIN	CAPS	1MG	T1	
IMPLANON	IMPL	68MG	T2	
INCIVEK	TABS	375MG	T1	PA
INFERGEN	INJ	9MCG/0.3ML	T3	
INFERGEN	INJ	15MCG/0.5ML	T3	
INTRON-A	SOLN	10MU/ML	T1	
INTRON-A	KIT	10MU/0.2ML	T1	
INTRON-A	SOLN	6000000UNIT/ML	T1	
INTRON-A	KIT	5MU/0.2ML	T1	
INTRON-A	KIT	3MU/0.2ML	T1	
INTRON-A W/DILUENT	SOLR	50MU	T1	
INTRON-A W/DILUENT	SOLR	10MU	T1	
INTRON-A W/DILUENT	SOLR	18MU	T1	
IRESSA	TABS	250MG	T1	
IRINOTECAN	SOLN	100MG/5ML	T1	
IRINOTECAN	SOLN	40MG/2ML	T1	
IRINOTECAN	SOLN	500MG/25ML	T1	
IXEMPRA KIT	SOLR	15MG	T3	
IXEMPRA KIT	SOLR	45MG	T3	
JAKAFI	TABS	10MG	T1	PA
JAKAFI	TABS	15MG	T1	PA
JAKAFI	TABS	20MG	T1	PA
JAKAFI	TABS	5MG	T1	PA
JAKAFI	TABS	25MG	T1	PA
KINERET	SOLN	100MG/0.67ML	T4	PA
KOATE-DVI	SOLR	250UNIT	T1	
KOATE-DVI	SOLR	500UNIT	T1	
KOATE-DVI	SOLR	1000UNIT	T1	
KOGENATE FS	KIT	1000UNIT	T1	
KOGENATE FS	KIT	2000UNIT	T1	
KOGENATE FS	KIT	250UNIT	T1	
KOGENATE FS	KIT	500UNIT	T1	
KOGENATE FS BIO-SET	KIT	250UNIT	T1	
KOGENATE FS BIO-SET	KIT	1000UNIT	T1	
KOGENATE FS BIO-SET	KIT	2000UNIT	T1	
LETAIRIS	TABS	10MG	T2	
LETAIRIS	TABS	5MG	T2	
LEUKINE	SOLN	500MCG/ML	T2	
LEUKINE	SOLR	250MCG	T2	
LIORESAL INTRATHECAL	SOLN	10MG/20ML	T4	
LIORESAL INTRATHECAL	SOLN	10MG/5ML	T4	
LIORESAL INTRATHECAL	SOLN	0.05MG/ML	T4	
LIORESAL INTRATHECAL	SOLN	40MG/20ML	T4	
LIORESAL INTRATHECAL	SOLN	10MG/20ML	T4	
LOVENOX	SOLN	60MG/0.6ML	T1	
LOVENOX	SOLN	100MG/ML	T1	
LOVENOX	SOLN	300MG/3ML	T1	
LOVENOX	SOLN	40MG/0.4ML	T1	
LOVENOX	SOLN	80MG/0.8ML	T1	
LOVENOX	SOLN	30MG/0.3ML	T1	
LOVENOX	SOLN	150MG/ML	T1	
LOVENOX	SOLN	120MG/0.8ML	T1	
LUCENTIS	SOLN	0.5MG/0.05ML	T3	
LUPRON DEPOT	KIT	22.5MG	T1	
LUPRON DEPOT	KIT	45MG	T1	
LUPRON DEPOT	KIT	3.75MG	T1	

LUPRON DEPOT	KIT	11.25MG	T1	
LUPRON DEPOT	KIT	30MG	T1	
LUPRON DEPOT	KIT	7.5MG	T1	
LUPRON DEPOT-PED	KIT	11.25MG	T1	
LUPRON DEPOT-PED	KIT	30MG	T1	
LUPRON DEPOT-PED	KIT	7.5MG	T1	
LUPRON DEPOT-PED	KIT	11.25MG	T1	
LUPRON DEPOT-PED	KIT	15MG	T1	
MACUGEN	SOLN	0.3MG	T1	
MITOXANTRONE HCL	CONC	2MG/ML	T2	
MONOCLATE-P	KIT	250UNIT	T1	
MONOCLATE-P	KIT	1000UNIT	T1	
MONOCLATE-P	KIT	500UNIT	T1	
MONOCLATE-P	KIT	1500UNIT	T1	
MONONINE	SOLR	1000UNIT	T1	
MONONINE	SOLR	500UNIT	T1	
MOZOBIL	SOLN	24MG/1.2ML	T2	PA
MYCOPHENOLATE MOFETIL	CAPS	250MG	T1	
MYCOPHENOLATE MOFETIL	TABS	500MG	T1	
MYFORTIC	TBEC	180MG	T1	
MYFORTIC	TBEC	360MG	T1	
MYOBLOC	SOLN	2500UNIT/0.5ML	T1	PA
MYOBLOC	SOLN	10000UNIT/2ML	T1	PA
MYOBLOC	SOLN	5000UNIT/ML	T1	PA
NABI-HB	SOLN	0	T3	
NABI-HB	SOLN	0	T3	
NEORAL	CAPS	100MG	T2	
NEORAL	CAPS	25MG	T2	
NEORAL	SOLN	100MG/ML	T2	
NEULASTA	SOLN	6MG/0.6ML	T1	
NEUMEGA	SOLR	5MG	T3	
NEUPOGEN	SOLN	300MCG/ML	T1	
NEUPOGEN	SOLN	300MCG/0.5ML	T1	
NEUPOGEN	SOLN	480MCG/0.8ML	T1	
NEUPOGEN	SOLN	480MCG/1.6ML	T1	
NEXAVAR	TABS	200MG	T1	
NEXPLANON	IMPL	68MG	T2	
NORDITROPIN FLEXPRO	SOLN	10MG/1.5ML	T1	PA
NORDITROPIN FLEXPRO	SOLN	15MG/1.5ML	T1	PA
NORDITROPIN FLEXPRO	SOLN	5MG/1.5ML	T1	PA
NORDITROPIN NORDIFLEX PEN	SOLN	30MG/3ML	T1	PA
NOVOSEVEN RT	SOLR	2MG	T1	
NOVOSEVEN RT	SOLR	1MG	T1	
NOVOSEVEN RT	SOLR	8MG	T1	
NOVOSEVEN RT	SOLR	5MG	T1	
NUTROPIN	SOLR	10MG	T4	PA
NUTROPIN	SOLR	5MG	T4	PA
NUTROPIN AQ	SOLN	10MG/2ML	T4	PA
NUTROPIN AQ NUSPIN 5	SOLN	5MG/2ML	T4	PA
NUTROPIN AQ PEN	SOLN	10MG/2ML	T4	PA
NUTROPIN AQ PEN	SOLN	20MG/2ML	T4	PA
OCTREOTIDE ACETATE	SOLN	100MCG/ML	T1	
OCTREOTIDE ACETATE	SOLN	500MCG/ML	T1	
OCTREOTIDE ACETATE	SOLN	100MCG/ML	T1	
OCTREOTIDE ACETATE	SOLN	500MCG/ML	T1	
OCTREOTIDE ACETATE	SOLN	50MCG/ML	T1	
OCTREOTIDE ACETATE	SOLN	500MCG/ML	T1	
OCTREOTIDE ACETATE	SOLN	50MCG/ML	T1	

OCTREOTIDE ACETATE	SOLN	100MCG/ML	T1	
OCTREOTIDE ACETATE	SOLN	50MCG/ML	T1	
OCTREOTIDE ACETATE	SOLN	100MCG/ML	T1	
OCTREOTIDE ACETATE	SOLN	200MCG/ML	T1	
OCTREOTIDE ACETATE	SOLN	1000MCG/ML	T1	
ORENCIA	SOLR	250MG	T3	PA
ORTHOVISC	SOLN	15MG/ML	T4	
OXALIPLATIN	SOLN	50MG/10ML	T1	
OXALIPLATIN	SOLR	100MG	T1	
OXALIPLATIN	SOLR	50MG	T1	
OXALIPLATIN	SOLN	100MG/20ML	T1	
PAMIDRONATE DISODIUM	SOLN	6MG/ML	T1	
PAMIDRONATE DISODIUM	SOLR	90MG	T1	
PAMIDRONATE DISODIUM	SOLN	30MG/10ML	T1	
PAMIDRONATE DISODIUM	SOLR	30MG	T1	
PAMIDRONATE DISODIUM	SOLR	30MG	T1	
PAMIDRONATE DISODIUM	SOLN	90MG/10ML	T1	
PEGASYS	SOLN	180MCG/0.5ML	T1	
PEGASYS	SOLN	180MCG/ML	T1	
PEGASYS	KIT	180MCG/0.5ML	T1	
PEGASYS PROCLICK	SOLN	180MCG/0.5ML	T1	
PEGASYS PROCLICK	SOLN	135MCG/0.5ML	T1	
PEG-INTRON	KIT	150MCG/0.5ML	T1	
PEG-INTRON	KIT	80MCG/0.5ML	T1	
PEG-INTRON	KIT	120MCG/0.5ML	T1	
PEG-INTRON	KIT	50MCG/0.5ML	T1	
PEG-INTRON REDIPEN	KIT	120MCG/0.5ML	T1	
PEG-INTRON REDIPEN	KIT	50MCG/0.5ML	T1	
PEG-INTRON REDIPEN	KIT	80MCG/0.5ML	T1	
PEG-INTRON REDIPEN	KIT	150MCG/0.5ML	T1	
PRIALT	SOLN	100MCG/ML	T4	
PRIALT	SOLN	500MCG/20ML	T4	
PRIALT	SOLN	500MCG/5ML	T4	
PRIVIGEN	SOLN	5GM/50ML	T1	
PRIVIGEN	SOLN	20GM/200ML	T1	
PRIVIGEN	SOLN	10GM/100ML	T1	
PROCRIT	SOLN	2000UNIT/ML	T2	
PROCRIT	SOLN	3000UNIT/ML	T2	
PROCRIT	SOLN	20000UNIT/ML	T2	
PROCRIT	SOLN	4000UNIT/ML	T2	
PROCRIT	SOLN	10000UNIT/ML	T2	
PROCRIT	SOLN	40000UNIT/ML	T2	
PROCRIT	SOLN	2000UNIT/ML	T2	
PROCRIT	SOLN	10000UNIT/ML	T2	
PROCRIT	SOLN	4000UNIT/ML	T2	
PROFILNINE SD	SOLR	1500UNIT	T1	
PROFILNINE SD	SOLR	500UNIT	T1	
PROFILNINE SD	SOLR	1000UNIT	T1	
PROGRAF	CAPS	5MG	T1	
PROGRAF	SOLN	5MG/ML	T1	
PROGRAF	CAPS	0.5MG	T1	
PROGRAF	CAPS	1MG	T1	
PROLASTIN	SOLR	500MG	T3	
PROLASTIN	SUSR	1000MG	T3	
PROLEUKIN	SOLR	22000000UNIT	T2	
PROLIA	SOLN	60MG/ML	T3	PA
PULMOZYME	SOLN	1MG/ML	T3	
RAPAMUNE	SOLN	1MG/ML	T2	

RAPAMUNE	TABS	1MG	T2	
RAPAMUNE	TABS	2MG	T2	
RAPAMUNE	TABS	0.5MG	T2	
REBIF	SOLN	22MCG/0.5ML	T4	PA
REBIF	SOLN	44MCG/0.5ML	T4	PA
REBIF TITRATION PACK	SOLN	0	T4	PA
RECLAST	SOLN	5MG/100ML	T3	PA
RECOMBINATE	SOLR	801-1240 UNIT	T1	
RECOMBINATE	SOLR	220-400 UNIT	T1	
RECOMBINATE	SOLR	401-800 UNIT	T1	
REFACTO	KIT	500UNIT	T1	
REMICADE	SOLR	100MG	T2	PA
REVATIO	SOLN	10MG/12.5ML	T4	
REVATIO	TABS	20MG	T4	
REVLIMID	CAPS	5MG	T1	
REVLIMID	CAPS	15MG	T1	
REVLIMID	CAPS	10MG	T1	
REVLIMID	CAPS	25MG	T1	
RISPERDAL CONSTA	SUSR	25MG	T2	
RISPERDAL CONSTA	SUSR	50MG	T2	
RISPERDAL CONSTA	SUSR	37.5MG	T2	
RISPERDAL CONSTA	SUSR	12.5MG	T2	
RITUXAN	CONC	10MG/ML	T1	
SAIZEN	SOLR	5MG	T4	PA
SAIZEN	SOLR	8.8MG	T4	PA
SAIZEN CLICK.EASY	SOLR	8.8MG	T4	PA
SANDIMMUNE	SOLN	50MG/ML	T1	
SANDIMMUNE	CAPS	100MG	T1	
SANDOSTATIN LAR DEPOT	KIT	10MG	T1	
SANDOSTATIN LAR DEPOT	KIT	20MG	T1	
SANDOSTATIN LAR DEPOT	KIT	30MG	T1	
SENSIPAR	TABS	60MG	T4	
SENSIPAR	TABS	90MG	T4	
SENSIPAR	TABS	30MG	T4	
SEROSTIM	SOLR	4MG	T4	PA
SEROSTIM	SOLR	6MG	T4	PA
SEROSTIM	SOLR	5MG	T4	PA
SIMPONI	SOLN	50MG/0.5ML	T2	PA
SIMPONI	SOLN	50MG/0.5ML	T2	PA
SOMAVERT	SOLR	10MG	T2	
SOMAVERT	SOLR	20MG	T2	
SOMAVERT	SOLR	15MG	T2	
SPRYCEL	TABS	70MG	T1	PA
SPRYCEL	TABS	20MG	T1	PA
SPRYCEL	TABS	140MG	T1	PA
SPRYCEL	TABS	80MG	T1	PA
SPRYCEL	TABS	50MG	T1	PA
SPRYCEL	TABS	100MG	T1	PA
STELARA	SOLN	45MG/0.5ML	T2	PA
STELARA	SOLN	90MG/ML	T2	PA
SUPARTZ	SOLN	25MG/2.5ML	T4	
SUPPRELIN LA	KIT	50MG	T1	PA
SUTENT	CAPS	12.5MG	T1	
SUTENT	CAPS	25MG	T1	
SUTENT	CAPS	50MG	T1	
SYNVISC	INJ	8MG/ML	T4	
SYNVISC ONE	INJ	8MG/ML	T4	
TACROLIMUS	CAPS	0.5MG	T1	

TACROLIMUS	CAPS	1MG	T1	
TACROLIMUS	CAPS	5MG	T1	
TARCEVA	TABS	100MG	T1	
TARCEVA	TABS	150MG	T1	
TARCEVA	TABS	25MG	T1	
TARGRETIN	CAPS	75MG	T1	
TARGRETIN	GEL	1%	T2	
TASIGNA	CAPS	150MG	T1	PA
TASIGNA	CAPS	200MG	T1	PA
TEMODAR	CAPS	180MG	T1	
TEMODAR	CAPS	5MG	T1	
TEMODAR	CAPS	100MG	T1	
TEMODAR	CAPS	250MG	T1	
TEMODAR	CAPS	140MG	T1	
TEMODAR	SOLR	100MG	T1	
TEMODAR	CAPS	20MG	T1	
TEV-TROPIN	SOLR	5MG	T4	PA
THALOMID	CAPS	100MG	T1	
THALOMID	CAPS	200MG	T1	
THALOMID	CAPS	50MG	T1	
THALOMID	CAPS	150MG	T1	
THERACYS	SUSR	81MG/VIAL	T1	
THROMBATE III W/10 ML STERILE WATER	SOLR	500UNIT	T1	
THROMBATE III W/20 ML STERILE WATER	SOLR	1000UNIT	T1	
THYROGEN	SOLR	1.1MG	T1	
TICE BCG	SUSR	50MG	T1	
TICE BCG	SUSR	50MG	T1	
TOBI	NEBU	300MG/5ML	T1	
TOPOTECAN HCL	SOLR	4MG	T2	
TOPOTECAN HCL	SOLN	4MG/4ML	T2	
TORISEL	SOLN	25MG/ML	T3	
TRACLEER	TABS	62.5MG	T2	
TRACLEER	TABS	125MG	T2	
TREANDA	SOLR	100MG	T2	
TREANDA	SOLR	25MG	T2	
TRELSTAR DEPOT	SUSR	3.75MG	T3	
TRELSTAR DEPOT MIXJECT	SUSR	3.75MG	T3	
TRELSTAR LA	SUSR	11.25MG	T3	
TRELSTAR LA MIXJECT	SUSR	11.25MG	T3	
TRELSTAR MIXJECT	SUSR	22.5MG	T3	
TRELSTAR MIXJECT	SUSR	22.5MG	T3	
TRETINOIN	CAPS	10MG	T1	
TRISENOX	SOLN	10MG/10ML	T4	
TYKERB	TABS	250MG	T1	
TYSABRI	CONC	300MG/15ML	T2	PA; ST
VANDETANIB	TABS	300MG	T1	PA
VANDETANIB	TABS	100MG	T1	PA
VANTAS	KIT	50MG	T2	
VECTIBIX	SOLN	400MG/20ML	T2	PA
VECTIBIX	SOLN	100MG/5ML	T2	PA
VELCADE	SOLR	3.5MG	T1	
VENTAVIS	SOLN	10MCG/ML	T3	
VENTAVIS	SOLN	20MCG/ML	T3	
VICTRELIS	CAPS	200MG	T1	PA
VIDAZA	SUSR	100MG	T2	
VISUDYNE	SOLR	15MG	T1	
VOTRIENT	TABS	200MG	T1	
XALKORI	CAPS	250MG	T1	PA

XALKORI	CAPS	200MG	T1	PA
XELODA	TABS	500MG	T1	
XELODA	TABS	150MG	T1	
XGEVA	SOLN	120MG/1.7ML	T3	PA
XOLAIR	SOLR	150MG	T3	PA
ZAVESCA	CAPS	100MG	T4	
ZELBORAF	TABS	240MG	T1	PA
ZEMPLAR	SOLN	2MCG/ML	T1	
ZEMPLAR	SOLN	5MCG/ML	T1	
ZEVALIN IN-111	KIT	3.2MG/2ML	T2	PA
ZEVALIN Y-90	KIT	3.2MG/2ML	T2	PA
ZOLADEX	IMPL	10.8MG	T2	
ZOLADEX	IMPL	3.6MG	T2	
ZOMETA	CONC	4MG/5ML	T2	
ZOMETA	SOLN	4MG/100ML	T2	
ZORBTIVE	SOLR	8.8MG	T4	PA
ZYTIGA	TABS	250MG	T1	PA