

*SeniorCare* (Cost)



*Texas Friendly*

## **2011 Formulary (List of Covered Drugs)**

**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, 2011.

“A Health Plan with a Medicare Contract”

This information is available in a different format, including Spanish. Please call Customer Services at the number listed above if you need plan information in another format or language.

Esta información está disponible en un formato diferente, incluyendo el español. Por favor llame a Servicio al Cliente al número que aparece por encima de si usted necesita información del plan en otro formato o idioma.

## **What is the Scott & White Health Plan Formulary?**

A formulary is a list of covered drugs selected by Scott & White Health Plan 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. Scott & White Health Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Scott & White Health Plan 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 2011 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2011 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of November 2011. To get updated information about the drugs covered by Scott & White Health Plan, please visit our Web site at [www.swhp.org](http://www.swhp.org) or call Customer Services at 866-334-3141, Monday – Friday, 7:00 AM – 9:00 PM CST. TTY/TDD users should call 800-735-2989. Any changes made to the 2011 formulary will be inserted into the formulary. This insert will appear toward the beginning of the formulary and will be titled "2011 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 8. 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 8. 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 55. 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?**

Scott & White Health Plan 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:** Scott & White Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Scott & White Health Plan before you fill your prescriptions. If you don't get approval, Scott & White Health Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Scott & White Health Plan limits the amount of the drug that Scott & White Health Plan will cover. For example, Scott & White Health Plan provides 18 tablets per prescription for sumatriptan tablets. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Scott & White Health Plan 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, Scott & White Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Scott & White Health Plan 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 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at [www.swhp.org](http://www.swhp.org).

You can ask Scott & White Health Plan to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Scott & White Health Plan's formulary?" on page 4 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 Services and confirm that your drug is not covered. If you learn that Scott & White Health Plan does not cover your drug, you have two options:

- You can ask Customer Services for a list of similar drugs that are covered by Scott & White Health Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Scott & White Health Plan.
- You can ask Scott & White Health Plan 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 Scott & White Health Plan's Formulary?

You can ask Scott & White Health Plan 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, Scott & White Health Plan 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, Scott & White Health Plan 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 cover a temporary 34-day transition supply (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 34-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you experience a change in your setting of care (such as being discharged or admitted to a long term-care facility), your physician or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 34-day supply) for the applicable drug(s) and cost-sharing.

## **For more information**

For more detailed information about your Scott & White Health Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Scott & White Health Plan, please call Customer Services at 866-334-3141, Monday – Friday, 7:00 AM – 9:00 PM CST. TTY/TDD users should call 800-735-2989. Or visit [www.swhp.org](http://www.swhp.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](http://www.medicare.gov).

## Scott & White Health Plan's Formulary

The formulary below provides coverage information about some of the drugs covered by Scott & White Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 55.

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

The information in the Notes column tells you if Scott & White Health Plan has any special requirements for coverage of your drug.

### Column Abbreviations:

<b>B/D</b>	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.
<b>GC</b>	Gap Coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.
<b>LA</b>	Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Services at 866-334-3141, Monday – Friday, 8:00 AM – 8:00 PM CST. TTY/TDD users should call 800-735-2989.
<b>M</b>	Maintenance Medication
<b>PA</b>	Prior Authorization Required
<b>QL</b>	Quantity Limit
<b>ST</b>	Step Therapy

**Drug Tier Copayments:**

	<b>SeniorCare Rx VALUE</b>	<b>SeniorCare Rx BASIC</b>	<b>SeniorCare Rx ENHANCED</b>
<b>Tier 1 (Preferred Generic)</b>	25%	\$7	\$0
<b>Tier 2 (Preferred Brand)</b>	25%	\$35	\$35
<b>Tier 3 (Non-Preferred Brand or Generic)</b>	25%	\$64	\$65
<b>Tier 4 (Specialty)</b>	25%	33%	33%

DRUG NAME	DRUG TIER	NOTES
<b>ANALGESICS</b>		
<i>acetaminophen/codeine</i>	1	GC
<i>acetaminophen/codeine #3</i>	1	GC
<i>acetaminophen/codeine #4</i>	1	GC
<i>buprenorphine hcl</i>	1	GC
<i>butorphanol tartrate</i>	1	GC
<i>codeine sulfate</i>	1	GC
<i>endocet</i>	1	GC
<i>fentanyl</i>	3	
<i>hydrocodone bitartrate/acetaminophen</i>	1	GC
<i>hydrocodone/acetaminophen tablet</i>	1	GC
<i>hydrocodone/acetaminophen solution 500mg/15ml; 7.5mg/15ml</i>	1	GC
<i>hydrocodone/ibuprofen</i>	1	GC
<i>hydromorphone hcl</i>	1	GC
<i>levorphanol tartrate</i>	1	GC
<i>methadone hcl</i>	1	GC
<i>morphine sulfate</i>	1	GC
<i>morphine sulfate er</i>	1	GC
<i>oxycodone hcl</i>	1	GC
<i>oxycodone/acetaminophen</i>	1	GC
<i>oxycodone/aspirin</i>	1	GC
OXYCONTIN	3	
SAVELLA	3	M
SAVELLA TITRATION PACK	3	
SUBOXONE	2	
<i>tramadol hcl</i>	1	GC
<i>tramadol hydrochloride/acetaminophen</i>	1	GC
<b>ANESTHETICS</b>		

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

**LA** - This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Services at 866-334-3141, Monday – Friday, 7:00 AM – 9:00 PM CST. TTY/TDD users should call 800-735-2989.

**B/D** - Part B versus D Prior Authorization; **M** – Maintenance Medication; **PA** – Prior Authorization; **QL** – Quantity Limit; **ST** – Step Therapy

DRUG NAME	DRUG TIER	NOTES
<i>lidocaine</i>	1	B/D, GC
<i>lidocaine hcl</i>	1	GC
<i>lidocaine hcl jelly</i>	1	GC
<i>lidocaine viscous</i>	1	GC
<i>lidocaine/prilocaine</i>	1	B/D, GC
LIDODERM	3	
<b>ANTI-INFLAMMATORY AGENTS</b>		
CELEBREX	3	ST, M
<i>diclofenac potassium</i>	1	GC
<i>diclofenac sodium</i>	1	GC, M
<i>diclofenac sodium ec</i>	1	GC, M
<i>diclofenac sodium xr</i>	1	GC, M
<i>diflunisal</i>	1	GC, M
<i>etodolac</i>	1	GC, M
<i>etodolac er</i>	1	GC, M
<i>fenoprofen calcium</i>	1	GC, M
<i>flurbiprofen</i>	1	GC, M
<i>ibuprofen</i>	1	GC, M
<i>indomethacin</i>	1	GC
<i>indomethacin er</i>	1	GC
<i>ketoprofen</i>	1	GC, M
<i>ketoprofen er</i>	1	GC, M
<i>meclofenamate sodium</i>	1	GC, M
<i>meloxicam</i>	1	GC, M
<i>nabumetone</i>	1	GC, M
<i>naproxen</i>	1	GC, M
<i>naproxen dr</i>	1	GC, M
<i>naproxen sodium</i>	1	GC, M
<i>oxaprozin</i>	1	GC, M

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DRUG NAME	DRUG TIER	NOTES
<i>piroxicam</i>	1	GC, M
<i>sulindac</i>	1	GC, M
<i>tolmetin sodium</i>	1	GC, M
<b>ANTIBACTERIALS</b>		
<i>amikacin sulfate</i>	3	
<i>amoxicillin</i>	1	GC
<i>amoxicillin/clavulanate potassium</i>	1	GC
<i>amoxicillin/potassium clavulanate</i>	1	GC
<i>ampicillin</i>	1	GC
<i>ampicillin sodium</i>	1	GC
<i>ampicillin-sulbactam</i>	1	GC
AVELOX	3	
AVELOX ABC PACK	3	
<i>azithromycin suspension reconstituted, tablet</i>	1	GC
<i>azithromycin injection</i>	3	
BACTROBAN	2	
BACTROBAN NASAL	2	
CEDAX	2	
<i>cefaclor</i>	1	GC
<i>cefaclor er</i>	1	GC
<i>cefadroxil</i>	1	GC
<i>cefazolin sodium</i>	1	GC
<i>cefdinir</i>	1	GC
<i>cefepime</i>	3	
<i>cefotaxime sodium</i>	1	GC
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	1	GC
<i>cefpodoxime proxetil</i>	1	GC
<i>cefprozil</i>	1	GC
<i>ceftazidime</i>	3	

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DRUG NAME	DRUG TIER	NOTES
<i>ceftriaxone sodium</i>	1	GC
<i>cefuroxime axetil</i>	1	GC
CEFUROXIME SODIUM	3	
CEFUROXIME/DEXTROSE	3	
<i>cephalexin</i>	1	GC
<i>ciprofloxacin</i>	1	GC
<i>ciprofloxacin hcl</i>	1	GC
<i>clarithromycin</i>	1	GC
<i>clarithromycin er</i>	1	GC
<i>clindamycin hcl</i>	1	GC
<i>clindamycin phosphate add-vantage</i>	1	GC
<i>clindamycin phosphate cream</i>	1	GC
<i>colistimethate sodium</i>	3	
CORTISPORIN	2	
CUBICIN	4	B/D
<i>demeclocycline hcl</i>	3	
<i>dicloxacillin sodium</i>	1	GC
<i>doxycycline hyclate capsule delayed release particles 75mg</i>	1	GC
<i>doxycycline hyclate capsule, tablet</i>	1	GC
<i>doxycycline hyclate injection 100mg</i>	1	GC
<i>doxycycline monohydrate tablet 50mg, 75mg</i>	1	GC
<i>e.e.s. 400</i>	1	GC
<i>ery</i>	1	GC
ERY-TAB	2	
ERYPED 200	2	
ERYPED 400	2	
<i>erythrocin lactobionate</i>	1	GC
<i>erythrocin stearate</i>	1	GC

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<i>erythromycin</i>	1	GC
<i>erythromycin base</i>	1	GC
<i>erythromycin ethylsuccinate</i>	1	GC
<i>erythromycin/sulfisoxazole</i>	1	GC
FORTAZ	3	
FURADANTIN	2	
<i>gentamicin sulfate</i>	1	GC
<i>gentamicin sulfate/0.9% sodium chloride</i>	1	GC
<i>gentamicin sulfate/sodium chloride</i>	1	GC
INVANZ	2	
<i>isotonic gentamicin</i>	1	GC
KETEK	3	
LEVAQUIN	3	
<i>levofloxacin in d5w</i>	3	
<i>levofloxacin solution, tablet</i>	1	GC
<i>methenamine hippurate</i>	1	GC
METROGEL	2	
<i>metronidazole</i>	1	GC
<i>metronidazole in nacl 0.79%</i>	1	GC
<i>metronidazole vaginal</i>	1	GC
<i>minocycline hcl</i>	1	GC
<i>mupirocin</i>	1	GC
<i>nafcillin sodium</i>	1	GC
<i>neomycin sulfate</i>	1	GC
<i>neomycin/polymyxin/gramicidin</i>	1	GC
<i>nitrofurantoin</i>	1	GC
<i>nitrofurantoin macrocrystalline</i>	1	GC
<i>nitrofurantoin monohydrate</i>	1	GC
<i>ofloxacin</i>	1	GC

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<i>penicillin g potassium</i>	1	GC
<i>penicillin g potassium in iso-osmotic dextrose</i>	1	GC
<i>penicillin g procaine</i>	1	GC
<i>penicillin g sodium</i>	1	GC
<i>penicillin v potassium</i>	1	GC
<i>piperacillin sodium</i>	1	GC
<i>piperacillin sodium/ tazobactam sodium</i>	1	GC
<i>polymyxin b sulfate</i>	1	GC
PRIMAXIN I.M.	3	
PRIMAXIN IV	3	
<i>silver sulfadiazine</i>	1	GC
<i>sodium sulfacetamide</i>	1	GC
<i>ssd</i>	1	GC
<i>sulfadiazine</i>	1	GC
<i>sulfamethoxazole/trimethoprim</i>	1	GC
<i>sulfamethoxazole/trimethoprim ds</i>	1	GC
SUPRAX	2	
<i>tazicef</i>	3	
<i>tetracycline hcl</i>	1	GC
TIMENTIN	3	
<i>tobramycin sulfate</i>	1	GC
<i>tobramycin sulfate/sodium chloride</i>	1	GC
<i>trimethoprim</i>	1	GC
TYGACIL	3	
VANCOGIN HCL	3	
<i>vancomycin hcl</i>	1	B/D, GC
<i>vandazole</i>	1	GC
XIFAXAN	3	PA
ZOSYN	3	

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DRUG NAME	DRUG TIER	NOTES
ZYVOX	4	
<b>ANTICONVULSANTS</b>		
BANZEL	3	M
<i>carbamazepine</i>	1	GC, M
<i>carbamazepine er</i>	1	GC, M
CARBATROL	2	M
CELONTIN	2	M
DEPAKENE	2	M
DEPAKOTE	2	M
DEPAKOTE ER	2	M
DEPAKOTE SPRINKLES	2	M
DILANTIN INFATABS	2	M
DILANTIN SUSPENSION	2	M
DILANTIN CAPSULE	2	M
<i>divalproex sodium</i>	1	GC, M
<i>divalproex sodium er</i>	1	GC, M
<i>ethosuximide</i>	1	GC, M
FELBATOL	2	M
<i>gabapentin capsule, oral solution, tablet</i>	1	GC, M
GABITRIL	2	M
KEPPRA INJECTION	2	
KEPPRA ORAL SOLUTION, TABLET	2	M
LAMICTAL	3	M
LAMICTAL CHEWABLE DISPERSIBLE	3	M
<i>lamotrigine</i>	1	GC, M
<i>levetiracetam injection</i>	1	GC
<i>levetiracetam oral solution, tablet</i>	1	GC, M
LYRICA	3	M
NEURONTIN SOLUTION	2	M

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DRUG NAME	DRUG TIER	NOTES
<i>oxcarbazepine</i>	1	GC, M
PEGANONE	2	
<i>phenytoin</i>	1	GC, M
<i>phenytoin sodium</i>	1	GC
<i>phenytoin sodium extended</i>	1	GC, M
<i>primidone</i>	1	GC, M
SABRIL TABLET	4	LA
SABRIL PACKET	4	LA, M
TEGRETOL	2	M
TEGRETOL-XR	2	M
<i>topiramate</i>	1	GC, M
TRILEPTAL	3	M
<i>valproate sodium</i>	1	GC
<i>valproic acid</i>	1	GC, M
VIMPAT INJECTION	3	
VIMPAT ORAL SOLUTION, TABLET	3	M
<i>zonisamide</i>	1	GC, M
<b>ANTIDEMENTIA AGENTS</b>		
ARICEPT ODT	2	M
ARICEPT TABLET 10MG, 5MG	2	M
<i>donepezil hcl</i>	1	GC, M
<i>ergoloid mesylates</i>	1	GC, M
EXELON	2	M
NAMENDA	2	M
NAMENDA TITRATION PAK	2	
<i>rivastigmine tartrate</i>	1	M, GC
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl</i>	1	GC, M
<i>amoxapine</i>	1	GC, M

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DRUG NAME	DRUG TIER	NOTES
<i>budeprion sr</i>	1	GC, M
<i>budeprion xl</i>	1	GC, M
<i>buproban</i>	1	GC
<i>bupropion hcl</i>	1	GC, M
<i>bupropion hcl sr</i>	1	GC, M
<i>chlordiazepoxide/amitriptyline</i>	1	GC, M
<i>citalopram hydrobromide</i>	1	GC, M
<i>clomipramine hcl</i>	1	GC, M
CYMBALTA	3	M
<i>desipramine hcl</i>	1	GC, M
<i>doxepin hcl capsule</i>	1	GC, M
<i>doxepin hcl concentrate</i>	1	GC, M
EFFEXOR XR	2	M
EMSAM	3	
<i>fluoxetine hcl</i>	1	GC, M
<i>fluvoxamine maleate</i>	1	GC, M
<i>imipramine hcl</i>	1	GC, M
<i>maprotiline hcl</i>	1	GC, M
MARPLAN	2	M
<i>mirtazapine</i>	1	GC, M
<i>mirtazapine odt</i>	1	GC, M
NARDIL	2	M
<i>nefazodone hcl</i>	1	GC, M
<i>nortriptyline hcl</i>	1	GC, M
<i>paroxetine hcl</i>	1	GC, M
<i>paroxetine hcl er</i>	1	GC, M
<i>phenelzine sulfate</i>	1	GC, M
PRISTIQ	3	M
<i>protriptyline hcl</i>	1	GC, M

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DRUG NAME	DRUG TIER	NOTES
<i>sertraline hcl</i>	1	GC, M
SURMONTIL	3	M
<i>tranylcypromine sulfate</i>	1	GC, M
<i>trazodone hcl</i>	1	GC, M
<i>venlafaxine hcl</i>	1	GC, M
<i>venlafaxine hcl er capsule extended release 24 hour</i>	1	GC, M
VIIBRYD	3	M
<b>ANTIDOTES, DETERRENTS, AND TOXICOLOGIC AGENTS</b>		
ANTABUSE	2	M
ANTIZOL	4	
CAMPRAL	2	
CHANTIX	2	
<i>disulfiram</i>	1	GC, M
EXJADE	4	PA LA, M
<i>naloxone hcl</i>	1	GC
<i>naltrexone hcl</i>	1	GC
NICOTROL INHALER	3	
NICOTROL NS	3	
<i>sodium polystyrene sulfonate</i>	1	GC
SUBOXONE TABLET SUBLINGUAL	2	
SYPRINE	2	
<b>ANTIEMETICS</b>		
DRONABINOL	3	
EMEND CAPSULE 125MG, 40MG, 80MG	3	QL (12 per 30 days)
EMEND CAPSULE 0	3	QL (6 per 30 days)
<i>granisetron hcl injection</i>	1	GC
<i>granisetron hcl tablet</i>	1	QL (60 per 30 days), GC
<i>metoclopramide hcl</i>	1	GC
<i>ondansetron hcl injection</i>	1	GC

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DRUG NAME	DRUG TIER	NOTES
<i>ondansetron hcl oral solution</i>	1	QL (900 per 30 days), GC
<i>ondansetron hcl tablet 24mg</i>	1	QL (20 per 30 days), GC
<i>ondansetron hcl tablet 4mg, 8mg</i>	1	QL (90 per 30 days), GC
<i>ondansetron odt</i>	1	QL (90 per 30 days), GC
<i>prochlorperazine</i>	1	GC
<i>prochlorperazine edisylate</i>	1	GC
<i>prochlorperazine maleate</i>	1	GC
TRANSDERM-SCOP	2	
<i>trimethobenzamide hcl capsule</i>	1	GC
<b>ANTIFUNGALS</b>		
ANCOBON	3	
CANCIDAS	4	
<i>ciclopirox</i>	1	GC
<i>ciclopirox olamine</i>	1	GC
<i>clotrimazole/betamethasone dipropionate</i>	1	GC
<i>clotrimazole solution, troche</i>	1	GC
<i>econazole nitrate</i>	1	GC
EXELDERM	2	
<i>fluconazole</i>	1	GC
<i>fluconazole in dextrose</i>	1	GC
GRIS-PEG	2	
<i>griseofulvin microsize</i>	1	GC
<i>itraconazole</i>	1	GC
<i>ketoconazole</i>	1	GC
NOXAFIL	2	PA
<i>nyamyc</i>	1	GC
<i>nystatin</i>	1	GC
<i>nystatin/triamcinolone</i>	1	GC
<i>nystop</i>	1	GC

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DRUG NAME	DRUG TIER	NOTES
OXISTAT	2	
<i>terbinafine hcl</i>	1	GC
<i>terconazole</i>	1	GC
<b>ANTIGOUT AGENTS</b>		
<i>allopurinol</i>	1	GC, M
COLCRYS	3	M
<i>probenecid</i>	1	GC, M
<i>probenecid/colchicine</i>	1	GC
<b>ANTIMIGRAINE AGENTS</b>		
<i>ergotamine tartrate/caffeine</i>	1	GC
IMITREX SOLUTION	2	QL (6 per 30 days)
MAXALT-MLT TABLET DISPERSIBLE 10MG	3	QL (12 per 30 days)
MAXALT-MLT TABLET DISPERSIBLE 5MG	3	QL (24 per 30 days)
MAXALT TABLET 10MG	3	QL (12 per 30 days)
MAXALT TABLET 5MG	3	QL (24 per 30 days)
MIGRANAL	2	QL (8 per 30 days)
<i>sumatriptan succinate tablet</i>	1	QL (18 per 30 days), GC
<i>sumatriptan succinate injection</i>	1	QL (6 per 30 days), GC
<b>ANTIMYASTHENIC AGENTS</b>		
<i>guanidine hcl</i>	1	GC
<i>pyridostigmine bromide</i>	1	GC, M
<b>ANTIMYCOBACTERIALS</b>		
CAPASTAT SULFATE	3	
<i>dapsone</i>	1	GC, M
<i>ethambutol hcl</i>	1	GC, M
<i>isoniazid syrup, tablet</i>	1	GC, M
MYCOBUTIN	3	
PASER	3	M
PRIFTIN	3	

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DRUG NAME	DRUG TIER	NOTES
<i>pyrazinamide</i>	1	GC, M
<i>rifampin</i>	1	GC
SEROMYCIN	3	
TRECTOR	3	
<b>ANTINEOPLASTICS</b>		
AFINITOR TABLET	4	M
ALIMTA	4	B/D
AMIFOSTINE	4	B/D
<i>anastrozole</i>	1	GC, M
ARIMIDEX	2	M
AROMASIN	3	M
AVASTIN	4	B/D
<i>bleomycin sulfate</i>	1	B/D, GC
CAMPATH	4	B/D
CEENU	3	
<i>cyclophosphamide</i>	3	B/D
ELITEK	4	
EMCYT	2	
<i>exemestane</i>	1	GC, M
FARESTON	3	M
FEMARA	2	M
GLEEVEC	4	PA, M
HEXALEN	4	
<i>hydroxyurea</i>	1	GC, M
<i>letrozole</i>	1	GC, M
LEUKERAN	2	
MATULANE	4	
<i>mercaptopurine</i>	1	GC
MESNEX TABLET	4	

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DRUG NAME	DRUG TIER	NOTES
MITOXANTRONE HCL	3	B/D, M
NEXAVAR	4	LA
ONTAK	4	
PANRETIN	4	
PROLEUKIN	4	B/D
REVLIMID	4	LA, M
RITUXAN	4	B/D
SPRYCEL TABLET	4	PA, M
SUTENT	4	
SYLATRON	4	M
TABLOID	3	
<i>tamoxifen citrate</i>	1	GC, M
TARCEVA	4	PA, M
TARGRETIN GEL	4	
TARGRETIN CAPSULE	4	M
TASIGNA	4	M
THALOMID	4	M
<i>tretinoin</i>	4	
TRISENOX	3	B/D
TYKERB	4	LA, M
VANDETANIB	4	LA
VELCADE	4	B/D
VIDAZA	4	B/D
VOTRIENT	4	
ZOLINZA	4	
ZYTIGA	4	M
<b>ANTIPARASITICS</b>		
ALBENZA	2	
<i>chloroquine phosphate</i>	1	GC, M

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DRUG NAME	DRUG TIER	NOTES
DARAPRIM	2	
<i>hydroxychloroquine sulfate</i>	1	GC, M
<i>lindane</i>	1	GC
MALARONE	2	
<i>mebendazole</i>	1	GC
<i>mefloquine hcl</i>	1	GC, M
MEPRON	3	
<i>permethrin</i>	1	GC
<i>primaquine phosphate</i>	1	GC, M
STROMEKTOL	2	
<b>ANTIPARKINSON AGENTS</b>		
<i>amantadine hcl</i>	1	GC, M
APOKYN	3	LA, M
<i>benztropine mesylate tablet</i>	1	GC, M
<i>bromocriptine mesylate</i>	1	GC, M
<i>carbidopa/levodopa</i>	1	GC, M
<i>carbidopa/levodopa cr</i>	1	GC, M
<i>carbidopa/levodopa sr</i>	1	GC, M
COMTAN	2	M
<i>pramipexole dihydrochloride tablet</i>	1	GC, M
<i>ropinirole hcl</i>	1	GC, M
<i>selegiline hcl</i>	1	GC, M
<i>trihexyphenidyl hcl</i>	1	GC, M
<b>ANTIPSYCHOTICS</b>		
ABILIFY DISCMELT	3	M
ABILIFY INJECTION	3	
ABILIFY ORAL SOLUTION, TABLET	3	M
<i>chlorpromazine hcl injection</i>	1	GC
<i>chlorpromazine hcl tablet</i>	1	GC, M

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DRUG NAME	DRUG TIER	NOTES
<i>clozapine</i>	1	GC, M
FANAPT	3	M
FANAPT TITRATION PACK	3	
FAZACLO TABLET DISPERSIBLE	3	M
<i>fluphenazine decanoate</i>	1	GC
<i>fluphenazine hcl concentrate, injection</i>	1	GC
<i>fluphenazine hcl elixir, tablet</i>	1	GC, M
GEODON INJECTION	3	
GEODON CAPSULE	3	M
<i>haloperidol</i>	1	GC, M
<i>haloperidol decanoate</i>	1	GC, M
<i>haloperidol lactate</i>	1	GC
INVEGA	3	M
INVEGA SUSTENNA INJECTION 39MG/0.25ML, 78MG/0.5ML	3	M
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	4	M
LATUDA	3	M
<i>loxapine succinate</i>	1	GC, M
ORAP	2	M
<i>perphenazine</i>	1	GC, M
RISPERDAL CONSTA	3	M
<i>risperidone</i>	1	GC, M
<i>risperidone odt</i>	1	GC, M
SAPHRIS	3	M
SEROQUEL	2	M
SEROQUEL XR	2	M
<i>thioridazine hcl</i>	1	GC, M
<i>thiothixene</i>	1	GC, M

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DRUG NAME	DRUG TIER	NOTES
<i>trifluoperazine hcl</i>	1	GC, M
ZYPREXA ZYDIS	3	M
ZYPREXA INJECTION	3	
ZYPREXA TABLET	3	M
<b>ANTISPASTICITY AGENTS</b>		
<i>baclofen</i>	1	GC, M
<i>tizanidine hcl</i>	1	GC, M
<b>ANTIVIRALS</b>		
<i>acyclovir</i>	1	GC, M
<i>amantadine hcl</i>	1	GC, M
APTIVUS	2	M
ATRIPLA	3	M
BARACLUDE SOLUTION	3	M
BARACLUDE TABLET	4	M
COMBIVIR	3	M
CRIXIVAN	2	M
DENAVIR	2	
<i>didanosine</i>	1	GC, M
EDURANT	4	M
EMTRIVA	2	M
EPIVIR	2	M
EPIVIR HBV	2	M
EPZICOM	3	M
<i>famciclovir</i>	1	GC
FUZEON	2	M
<i>ganciclovir capsule</i>	1	GC
HEPSERA	3	
INTELENCE TABLET	3	M
INVIRASE	2	M

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DRUG NAME	DRUG TIER	NOTES
ISENTRESS	3	M
KALETRA	3	M
LEXIVA	2	M
NORVIR	2	M
PREZISTA TABLET	2	M
RESCRIPTOR	2	M
RETROVIR IV INFUSION	3	
REYATAZ	2	M
<i>ribavirin capsule</i>	1	PA, GC
<i>ribavirin tablet 200mg</i>	1	PA, GC
<i>rimantadine hcl</i>	1	GC
SELZENTRY	3	M
<i>stavudine</i>	1	GC, M
SUSTIVA	2	M
TAMIFLU SUSPENSION RECONSTITUTED	2	QL (1050 per 365 days)
TAMIFLU CAPSULE 30MG	2	QL (112 per 365 days)
TAMIFLU CAPSULE 45MG, 75MG	2	QL (56 per 365 days)
TRIZIVIR	3	M
TRUVADA	3	M
TYZEKA	3	M
<i>valacyclovir hcl</i>	1	GC, M
VALCYTE	4	PA, M
VIDEX PEDIATRIC	2	M
VIRACEPT	2	M
VIRAMUNE	2	M
VIREAD	2	M
ZIAGEN	2	M
<i>zidovudine</i>	1	GC, M
<b>ANXIOLYTICS</b>		

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DRUG NAME	DRUG TIER	NOTES
<i>buspirone hcl</i>	1	GC, M
<i>meprobamate</i>	1	GC
<b>BIPOLAR AGENTS</b>		
<i>lithium carbonate</i>	1	GC, M
<i>lithium carbonate er</i>	1	GC, M
<i>lithium citrate</i>	1	GC, M
<b>BLOOD GLUCOSE REGULATORS</b>		
<i>acarbose</i>	1	GC, M
ACTOPLUS MET	3	M
ACTOS	3	M
APIDRA	3	M
APIDRA SOLOSTAR	3	M
BYETTA INJECTION	3	PA, M
<i>chlorpropamide</i>	1	GC, M
DUETACT	3	M
<i>glimepiride</i>	1	GC, M
<i>glipizide</i>	1	GC, M
<i>glipizide er</i>	1	GC, M
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
<i>glyburide</i>	1	GC, M
<i>glyburide micronized</i>	1	GC, M
<i>glyburide/metformin hcl</i>	1	GC, M
HUMALOG	2	M
HUMALOG KWIKPEN	2	M
HUMALOG MIX 50/50	2	M
HUMALOG MIX 50/50 KWIKPEN	2	M
HUMALOG MIX 75/25	2	M
HUMALOG MIX 75/25 KWIKPEN	2	M

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DRUG NAME	DRUG TIER	NOTES
HUMULIN 70/30	2	M
HUMULIN 70/30 PEN	2	M
HUMULIN N	2	M
HUMULIN N U-100 PEN	2	M
HUMULIN R	2	M
HUMULIN R U-500 (CONCENTRATED)	2	M
JANUMET	3	M
JANUVIA	3	M
LANTUS	2	M
LANTUS SOLOSTAR	2	M
LEVEMIR	2	M
LEVEMIR FLEXPEN	2	M
<i>metformin hcl</i>	1	GC, M
<i>metformin hcl er</i>	1	GC, M
<i>nateglinide</i>	1	GC, M
NOVOLIN 70/30	2	M
NOVOLIN N	2	M
NOVOLIN R	2	M
NOVOLOG	2	M
NOVOLOG FLEXPEN	2	M
NOVOLOG MIX 70/30	2	M
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	M
ONGLYZA	3	M
PROGLYCEM	2	M
STARLIX	3	M
SYMLIN	3	M
SYMLINPEN 120	3	M
SYMLINPEN 60	3	M
<i>tolazamide</i>	1	GC, M

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DRUG NAME	DRUG TIER	NOTES
<i>tolbutamide</i>	1	GC, M
<b>BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS</b>		
AGGRENOX	3	M
<i>anagrelide hydrochloride</i>	1	GC, M
ARANESP ALBUMIN FREE INJECTION 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML	3	B/D, M
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 300MCG/ML, 500MCG/ML, 60MCG/0.3ML, 60MCG/ML	4	B/D, M
ARIXTRA INJECTION 5MG/0.4ML	3	QL (12 per 30 days)
ARIXTRA INJECTION 2.5MG/0.5ML	3	QL (15 per 30 days)
ARIXTRA INJECTION 7.5MG/0.6ML	3	QL (18 per 30 days)
ARIXTRA INJECTION 10MG/0.8ML	3	QL (24 per 30 days)
<i>cilostazol</i>	1	GC, M
COUMADIN INJECTION	2	
COUMADIN TABLET	2	M
CYKLOKAPRON	2	
<i>dipyridamole</i>	1	GC, M
EFFIENT	3	M
<i>enoxaparin sodium injection 40mg/0.4ml</i>	1	QL (12 per 30 days), GC
<i>enoxaparin sodium injection 60mg/0.6ml</i>	1	QL (36 per 30 days), GC
<i>enoxaparin sodium injection 120mg/0.8ml, 80mg/0.8ml</i>	1	QL (48 per 30 days), GC
<i>enoxaparin sodium injection 100mg/ml, 150mg/ml</i>	1	QL (60 per 30 days), GC
<i>enoxaparin sodium injection 30mg/0.3ml</i>	1	QL (9 per 30 days), GC
<i>fondaparinux sodium injection 5mg/0.4ml</i>	3	QL (12 per 30 days)
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	3	QL (15 per 30 days)
<i>fondaparinux sodium injection 7.5mg/0.6ml</i>	3	QL (18 per 30 days)
<i>fondaparinux sodium injection 10mg/0.8ml</i>	3	QL (24 per 30 days)
FRAGMIN INJECTION 12500UNIT/0.5ML	3	QL (15 per 30 days)

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DRUG NAME	DRUG TIER	NOTES
FRAGMIN INJECTION 15000UNIT/0.6ML	3	QL (18 per 30 days)
FRAGMIN INJECTION 18000UNT/0.72ML	3	QL (21.6 per 30 days)
FRAGMIN INJECTION 10000UNIT/ML	3	QL (30 per 30 days)
FRAGMIN INJECTION 2500UNIT/0.2ML, 5000UNIT/0.2ML	3	QL (6 per 30 days)
FRAGMIN INJECTION 7500UNIT/0.3ML	3	QL (9 per 30 days)
<i>heparin sodium</i>	1	GC
<i>heparin sodium/d5w</i>	1	GC
<i>heparin sodium/nacl 0.45%</i>	1	GC
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	GC
LEUKINE	4	B/D
LOVENOX INJECTION 40MG/0.4ML	2	QL (12 per 30 days)
LOVENOX INJECTION 60MG/0.6ML	2	QL (36 per 30 days)
LOVENOX INJECTION 120MG/0.8ML, 80MG/0.8ML	2	QL (48 per 30 days)
LOVENOX INJECTION 100MG/ML, 150MG/ML	2	QL (60 per 30 days)
LOVENOX INJECTION 30MG/0.3ML	2	QL (9 per 30 days)
LOVENOX INJECTION 300MG/3ML	2	QL (90 per 30 days)
MOZOBIL	4	QL (9.6 per 30 days), PA
NEULASTA	4	B/D
NEUMEGA	4	B/D
NEUPOGEN	4	B/D
<i>pentoxifylline er</i>	1	GC, M
PLAVIX TABLET 75MG	3	M
PROCRIT INJECTION 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	B/D, M
PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	3	B/D, M
PRADAXA	2	PA, M
PROMACTA TABLET	4	LA, M
<i>ticlopidine hcl</i>	1	GC, M

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<i>warfarin sodium</i>	1	GC, M
<b>CARDIOVASCULAR AGENTS</b>		
<i>acebutolol hcl</i>	1	GC, M
<i>acetazolamide</i>	1	GC, M
ADVICOR	2	M
<i>afeditab cr</i>	1	GC, M
ALDACTAZIDE TABLET 50MG; 50MG	2	M
<i>amiloride hcl</i>	1	GC, M
<i>amiloride/hydrochlorothiazide</i>	1	GC, M
<i>amiodarone hcl injection</i>	1	GC
<i>amiodarone hcl tablet</i>	1	GC, M
<i>amlodipine besylate</i>	1	GC, M
<i>amlodipine besylate/benazepril hydrochloride</i>	1	GC, M
<i>atenolol</i>	1	GC, M
<i>atenolol/chlorthalidone</i>	1	GC, M
AZOR	2	M
<i>benazepril hcl</i>	1	GC, M
<i>benazepril hcl/hydrochlorothiazide</i>	1	GC, M
BENICAR	2	M
BENICAR HCT	2	M
<i>betaxolol hcl</i>	1	GC, M
<i>bisoprolol fumarate</i>	1	GC, M
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	GC, M
<i>bumetanide injection</i>	1	GC
<i>bumetanide tablet</i>	1	GC, M
BYSTOLIC	3	M
<i>captopril</i>	1	GC, M
<i>captopril/hydrochlorothiazide</i>	1	GC, M
<i>cartia xt</i>	1	GC, M

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<i>carvedilol</i>	1	GC, M
<i>chlorothiazide</i>	1	GC, M
<i>chlorthalidone</i>	1	GC, M
<i>cholestyramine light</i>	1	GC, M
<i>clonidine hcl</i>	1	GC, M
<i>colestipol hcl</i>	1	GC, M
CRESTOR	2	M
DIBENZYLINE	2	
<i>digoxin injection</i>	1	GC
<i>digoxin oral solution, tablet</i>	1	GC, M
<i>dilt-cd</i>	1	GC, M
<i>dilt-xr</i>	1	GC, M
<i>diltiazem cd</i>	1	GC, M
<i>diltiazem hcl er</i>	1	GC, M
<i>diltiazem hcl injection</i>	1	GC
<i>diltiazem hcl tablet</i>	1	GC, M
<i>diltzac</i>	1	GC, M
DIOVAN	2	M
DIOVAN HCT	2	M
<i>disopyramide phosphate</i>	1	GC, M
<i>enalapril maleate</i>	1	GC, M
<i>enalapril maleate/hydrochlorothiazide</i>	1	GC, M
EXFORGE	2	M
EXFORGE HCT	2	M
<i>felodipine er</i>	1	GC, M
<i>fenofibrate</i>	1	GC, M
<i>fenofibrate micronized</i>	1	GC, M
<i>flecainide acetate</i>	1	GC, M
<i>fosinopril sodium</i>	1	GC, M

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<i>fosinopril sodium/hydrochlorothiazide</i>	1	GC, M
<i>furosemide injection</i>	1	GC
<i>furosemide oral solution, tablet</i>	1	GC, M
<i>gemfibrozil</i>	1	GC, M
<i>guanabenz acetate</i>	1	GC, M
<i>guanfacine hcl</i>	1	GC, M
<i>hydralazine hcl injection</i>	1	GC
<i>hydralazine hcl tablet</i>	1	GC, M
<i>hydrochlorothiazide</i>	1	GC, M
IMDUR	2	M
<i>indapamide</i>	1	GC, M
<i>isosorbide dinitrate</i>	1	GC, M
<i>isosorbide dinitrate er</i>	1	GC, M
<i>isosorbide mononitrate</i>	1	GC, M
<i>isosorbide mononitrate er</i>	1	GC, M
<i>labetalol hcl injection</i>	1	GC
<i>labetalol hcl tablet</i>	1	GC, M
LANOXIN INJECTION	2	
LANOXIN TABLET	2	M
LIPITOR	3	M
<i>lisinopril/hydrochlorothiazide</i>	1	GC, M
<i>lisinopril tablet 5mg</i>	1	GC
<i>lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg</i>	1	GC, M
<i>losartan potassium</i>	1	GC, M
<i>losartan potassium/hydrochlorothiazide</i>	1	GC, M
LOTREL CAPSULE 10MG; 40MG, 5MG; 40MG	2	M
<i>lovastatin</i>	1	GC, M
LOVAZA	3	M
<i>methyclothiazide</i>	1	GC, M

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DRUG NAME	DRUG TIER	NOTES
<i>methyldopa</i>	1	GC, M
<i>methyldopa/hydrochlorothiazide</i>	1	GC, M
<i>metolazone</i>	1	GC, M
<i>metoprolol succinate er</i>	1	GC, M
<i>metoprolol tartrate injection</i>	1	GC
<i>metoprolol tartrate tablet</i>	1	GC, M
<i>metoprolol/hydrochlorothiazide</i>	1	GC, M
<i>mexiletine hcl</i>	1	GC, M
<i>midodrine hcl</i>	3	
<i>minoxidil</i>	1	GC, M
MULTAQ	2	M
<i>nadolol</i>	1	GC, M
<i>nadolol/bendroflumethiazide</i>	1	GC, M
NIASPAN	2	M
<i>nifediac cc</i>	1	GC, M
<i>nifedical xl</i>	1	GC, M
<i>nifedipine</i>	1	GC, M
<i>nifedipine er</i>	1	GC, M
<i>nimodipine</i>	1	GC
NITRO-BID	2	M
NITRO-DUR PATCH 24 HOUR 0.3MG/HR	2	M
<i>nitroglycerin transdermal</i>	1	GC, M
<i>nitroglycerin injection</i>	1	GC
<i>nitroglycerin patch 24 hour</i>	1	GC, M
NITROLINGUAL PUMPSPRAY	2	M
<i>nitrostat</i>	1	GC, M
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 150MG	2	M
<i>pacerone</i>	1	GC, M

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<i>pindolol</i>	1	GC, M
<i>pravastatin sodium</i>	1	GC, M
<i>prevalite</i>	1	GC, M
<i>procainamide hcl</i>	1	GC
<i>propafenone hcl</i>	1	GC, M
<i>propranolol hcl er</i>	1	GC, M
<i>propranolol hcl injection</i>	1	GC
<i>propranolol hcl oral solution, tablet</i>	1	GC, M
<i>propranolol/hydrochlorothiazide</i>	1	GC, M
<i>quinapril hcl</i>	1	GC, M
<i>quinapril/hydrochlorothiazide</i>	1	GC, M
<i>quinidine gluconate cr</i>	1	GC, M
<i>quinidine sulfate</i>	1	GC, M
<i>quinidine sulfate er</i>	1	GC, M
<i>ramipril</i>	1	GC, M
RANEXA	3	M
<i>reserpine</i>	1	GC, M
SIMCOR TABLET EXTENDED RELEASE 24 HOUR	2	M
<i>simvastatin</i>	1	GC, M
<i>sotalol hcl</i>	1	GC, M
<i>spironolactone</i>	1	GC, M
<i>spironolactone/hydrochlorothiazide</i>	1	GC, M
<i>taztia xt</i>	1	GC, M
TEKTURNA	3	M
TEKTURNA HCT	3	M
TIKOSYNA	3	M
TOPROL XL	2	M
<i>toremide injection</i>	1	GC
<i>toremide tablet</i>	1	GC, M

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<i>triamterene/hydrochlorothiazide</i>	1	GC, M
TRIBENZOR	2	M
TRICOR	3	M
TRILIPIX	3	M
VALTURNA	3	M
<i>verapamil hcl er</i>	1	GC, M
<i>verapamil hcl injection</i>	1	GC
<i>verapamil hcl tablet</i>	1	GC, M
VYTORIN	2	M
WELCHOL	3	M
ZETIA	2	M
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<i>amphetamine/dextroamphetamine</i>	1	GC, M
<i>dextroamphetamine sulfate</i>	1	GC, M
<i>dextroamphetamine sulfate er</i>	1	GC, M
<i>methylin</i>	1	GC, M
<i>methylin er</i>	1	GC, M
<i>methylphenidate hcl</i>	1	GC, M
<i>methylphenidate hcl sr</i>	1	GC, M
<i>methylphenidate hydrochloride</i>	1	GC, M
NUVIGIL	2	M
PROVIGIL	2	M
RILUTEK	4	M
STRATTERA	2	M
VYVANSE	2	M
XYREM	3	LA
<b>DENTAL AND ORAL AGENTS</b>		
<i>chlorhexidine gluconate oral rinse</i>	1	GC
<i>pilocarpine hcl</i>	1	GC

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DRUG NAME	DRUG TIER	NOTES
<i>pilocarpine hydrochloride</i>	1	GC
<i>triamcinolone in orabase</i>	1	GC
<b>DERMATOLOGICAL AGENTS</b>		
<i>calcipotriene</i>	1	GC
CARAC	2	
<i>clindamycin phosphate</i>	1	GC
DOVONEX	2	
EFUDEX	2	
ELIDEL	3	
<i>fluorouracil</i>	1	GC
<i>imiquimod</i>	1	GC
OXSORALEN ULTRA	2	
<i>podofilox</i>	1	GC
PROTOPIC	3	
REGRANEX	3	
RETIN-A MICRO	2	PA
SANTYL	2	
<i>selenium sulfide</i>	1	GC
<i>sodium sulfacetamide</i>	1	GC
SOLARAZE	3	
SORIATANE	3	
STELARA	4	PA, M
TACLONEX	3	
TACLONEX SCALP	3	
TAZORAC	3	PA
<i>tretinoin</i>	1	PA, GC
ZYCLARA	3	
<b>ENZYME REPLACEMENTS/ MODIFIERS</b>		
ADAGEN	4	

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DRUG NAME	DRUG TIER	NOTES
ALDURAZYME	4	
BUPHENYL TABLET	4	
CEREZYME	4	M
CREON	2	M
CYSTADANE	3	
CYSTAGON	3	M
ELAPRASE	4	LA, M
FABRAZYME	4	
KUVAN	4	M
NAGLAZYME	4	LA, M
ORFADIN	4	M
ZAVESCA	4	LA, M
ZENPEP	3	M
<b>GASTROINTESTINAL AGENTS</b>		
AMITIZA	3	M
BENTYL SYRUP	2	
<i>cimetidine hcl injection</i>	1	GC
<i>cimetidine hcl oral solution</i>	1	GC, M
<i>cimetidine tablet 300mg, 400mg, 800mg</i>	1	GC, M
<i>constulose</i>	1	GC, M
<i>dicyclomine hcl</i>	1	GC
<i>diphenoxylate/atropine</i>	1	GC
<i>enulose</i>	1	GC, M
GASTROCROM	3	
<i>gavilyte-c</i>	1	GC
<i>gavilyte-g</i>	1	GC
<i>gavilyte-n/flavor pack</i>	1	GC
<i>generlac</i>	1	GC, M
<i>glycopyrrolate tablet</i>	1	GC

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DRUG NAME	DRUG TIER	NOTES
GOLYTELY	2	
HALFLYTELY BOWEL PREP	2	
<i>lactulose</i>	1	GC, M
LOTRONEX	2	M
<i>misoprostol</i>	1	GC, M
NEXIUM	2	M
NEXIUM I.V.	2	
<i>nizatidine capsule</i>	1	GC, M
<i>omeprazole capsule delayed release 20mg</i>	1	GC
<i>omeprazole capsule delayed release 10mg, 40mg</i>	1	GC, M
<i>pantoprazole sodium</i>	1	GC, M
<i>polyethylene glycol 3350</i>	1	GC
<i>propantheline bromide</i>	1	GC
<i>ranitidine hcl injection</i>	1	GC
<i>ranitidine hcl capsule, syrup, tablet</i>	1	GC, M
<i>sucrafate</i>	1	GC, M
<i>trilyte</i>	1	GC
<i>ursodiol</i>	1	GC, M
<b>GENITOURINARY AGENTS</b>		
<i>alfuzosin hcl er</i>	1	GC, M
AVODART	3	M
<i>bethanechol chloride</i>	1	GC
<i>calcium acetate</i>	1	GC, M
CUPRIMINE	3	M
<i>doxazosin mesylate tablet 2mg, 8mg</i>	1	GC
<i>doxazosin mesylate tablet 1mg, 4mg</i>	1	GC, M
ELMIRON	2	
ENABLEX	3	M
<i>finasteride</i>	1	GC, M

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<i>flavoxate hcl</i>	1	GC, M
<i>oxybutynin chloride</i>	1	GC, M
<i>oxybutynin chloride er</i>	1	GC, M
<i>prazosin hcl</i>	1	GC, M
RENAGEL	3	M
RENVELA	3	M
<i>tamsulosin hcl</i>	1	GC, M
<i>terazosin hcl</i>	1	GC, M
UROXATRAL	2	M
VESICARE	3	M
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)</b>		
<i>alclometasone dipropionate</i>	1	GC
<i>amcinonide</i>	1	GC
<i>augmented betamethasone dipropionate</i>	1	GC
<i>betamethasone dipropionate</i>	1	GC
<i>betamethasone valerate</i>	1	GC
<i>clobetasol propionate e</i>	1	GC
<i>clobetasol propionate gel, ointment, solution</i>	1	GC
DERMA-SMOOTHIE/FS BODY OIL	2	
<i>desonide</i>	1	GC
<i>desoximetasone</i>	1	GC
<i>dexamethasone</i>	1	GC
<i>dexamethasone sodium phosphate</i>	1	GC
<i>diflorasone diacetate</i>	1	GC
<i>fludrocortisone acetate</i>	1	GC, M
<i>fluocinolone acetonide</i>	1	GC
<i>fluocinonide</i>	1	GC
<i>fluocinonide emollient base</i>	1	GC

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<i>fluticasone propionate</i>	1	GC
<i>halobetasol propionate</i>	1	GC
<i>hydrocortisone butyrate</i>	1	GC
<i>hydrocortisone valerate</i>	1	GC
<i>hydrocortisone cream 2.5%</i>	1	GC
<i>hydrocortisone tablet</i>	1	GC, M
<i>hydrocortisone lotion 2.5%</i>	1	GC
<i>hydrocortisone ointment 2.5%</i>	1	GC
<i>methylprednisolone</i>	1	GC
<i>methylprednisolone acetate</i>	1	GC
<i>methylprednisolone sodiumsuccinate</i>	1	GC
<i>millipred tablet</i>	1	GC
<i>mometasone furoate</i>	1	GC
<i>prednisolone sodium phosphate</i>	1	GC
<i>prednisone</i>	1	GC
<i>proctocream-hc</i>	1	GC
<i>proctosol hc</i>	1	GC
<i>proctozone-hc</i>	1	GC
SOLU-CORTEF	2	
<i>triamcinolone acetonide</i>	1	GC
<i>triamcinolone acetonide in absorbase</i>	1	GC
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)</b>		
<i>desmopressin acetate injection</i>	1	GC
<i>desmopressin acetate nasal solution, tablet</i>	1	GC, M
INCRELEX	3	LA
NORDITROPIN NORDIFLEX PEN INJECTION 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML, 30MG/3ML	4	PA, M
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)</b>		

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DRUG NAME	DRUG TIER	NOTES
ACTIVELLA TABLET 0.5MG; 0.1MG	2	M
<i>amethia</i>	1	GC, M
ANADROL-50	3	
ANDRODERM	3	M
ANDROXY	2	M
<i>apri</i>	1	GC, M
<i>aviane</i>	1	GC, M
AYGESTIN	2	M
<i>cesia</i>	1	GC, M
<i>cryselle-28</i>	1	GC, M
<i>cyclafem</i>	1	M, GC
CYCLESSA	2	M
<i>danazol</i>	1	GC
DEPO-TESTOSTERONE	2	
<i>emoquette</i>	1	GC, M
<i>enpresse-28</i>	1	GC, M
ESTRACE CREAM	2	M
ESTRADERM	2	M
<i>estradiol</i>	1	GC, M
<i>estradiol valerate</i>	1	GC
<i>estradiol/norethindrone acetate</i>	1	GC, M
<i>estropipate</i>	1	GC, M
EVISTA	2	M
<i>kariva</i>	1	GC, M
<i>lessina-28</i>	1	GC, M
<i>levora 0.15/30-28</i>	1	GC, M
LO/OVRAL-28	2	M
<i>low-ogestrel</i>	1	GC, M
<i>lutera</i>	1	GC, M

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DRUG NAME	DRUG TIER	NOTES
<i>medroxyprogesterone acetate</i>	1	GC, M
<i>megestrol acetate tablet</i>	1	GC
<i>megestrol acetate suspension</i>	1	PA, GC, M
MENEST	2	M
<i>microgestin 1.5/30</i>	1	GC, M
<i>microgestin 1/20</i>	1	GC, M
<i>microgestin fe</i>	1	GC, M
<i>microgestin fe 1.5/30</i>	1	GC, M
<i>necon 0.5/35-28</i>	1	GC, M
<i>necon 1/35-28</i>	1	GC, M
<i>necon 10/11-28</i>	1	GC, M
<i>necon 7/7/7</i>	1	GC, M
<i>norethindrone acetate</i>	1	GC, M
<i>nortrel 0.5/35 (28)</i>	1	GC, M
<i>nortrel 1/35 (21)</i>	1	GC, M
<i>nortrel 1/35 (28)</i>	1	GC, M
<i>nortrel 7/7/7</i>	1	GC, M
<i>ocella</i>	1	GC, M
<i>ogestrel</i>	1	GC, M
<i>orsythia</i>	1	GC, M
<i>oxandrolone</i>	1	GC, M
PREMARIN W/APPLICATOR	2	M
PREMARIN INJECTION	2	
PREMARIN TABLET	2	M
PREMPHASE	2	M
PREMPRO	2	M
<i>sronyx</i>	1	GC, M
TESTIM	3	M
<i>testosterone cypionate</i>	1	GC

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<i>testosterone enanthate</i>	1	GC
<i>tri-legest fe</i>	1	GC, M
<i>trivora-28</i>	1	GC, M
<i>velivet</i>	1	GC, M
VIVELLE-DOT	2	M
<i>zovia 1/35e</i>	1	GC, M
<i>zovia 1/50e</i>	1	GC, M
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)</b>		
LEVOTHROID	2	M
<i>levothyroxine sodium</i>	1	GC, M
LEVOXYL	2	M
<i>liothyronine sodium tablet</i>	1	GC, M
SYNTHROID	2	M
THYROLAR-1	2	M
THYROLAR-1/4	2	M
THYROLAR-2	2	M
THYROLAR-3	2	M
<b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL)</b>		
LYSODREN	2	
<b>HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)</b>		
SENSIPAR	2	M
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY)</b>		
<i>cabergoline</i>	1	GC, M
<i>leuprolide acetate</i>	1	PA, GC
<i>octreotide acetate injection 50mcg/ml</i>	3	
<i>octreotide acetate injection 1000mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml</i>	4	
SANDOSTATIN	4	

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DRUG NAME	DRUG TIER	NOTES
SOMATULINE DEPOT	4	B/D, M
SOMAVERT INJECTION 20MG	4	LA, M
SOMAVERT INJECTION 10MG, 15MG	4	M
SYNAREL	4	
<b>HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)</b>		
<i>bicalutamide</i>	1	GC, M
<i>flutamide</i>	1	GC, M
NILANDRON	3	M
<b>HORMONAL AGENTS, SUPPRESSANT (THYROID)</b>		
<i>methimazole</i>	1	GC, M
<i>propylthiouracil</i>	1	GC, M
<b>IMMUNOLOGICAL AGENTS</b>		
ACTHIB	2	
ACTIMMUNE	4	
ADACEL	2	
ARCALYST	4	LA, M
ATGAM	4	
ATTENUVAX	2	
AVONEX	4	M
<i>azathioprine</i>	1	B/D, GC, M
<i>azathioprine sodium</i>	1	B/D, GC
BETASERON	4	QL (15 per 30 days), M
BOOSTRIX	2	
CARIMUNE NANOFILTERED	4	B/D
CELLCEPT	3	B/D, M
CERVARIX	2	
CIMZIA	4	PA, M
COMVAX	2	

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DRUG NAME	DRUG TIER	NOTES
COPAXONE	4	QL (30 per 30 days), M
<i>cyclosporine modified capsule 50mg</i>	1	B/D, GC
<i>cyclosporine modified capsule 100mg</i>	1	B/D, GC, M
<i>cyclosporine modified solution</i>	1	B/D, GC, M
<i>cyclosporine injection</i>	1	B/D, GC
<i>cyclosporine capsule</i>	1	B/D, GC, M
DAPTACEL	2	
DECAVAC	2	
<i>diphtheria/tetanus toxoid pediatric</i>	1	GC
ENBREL	4	PA, M
ENGERIX-B	2	B/D
GAMMAGARD LIQUID	4	B/D
GAMUNEX	2	B/D
GARDASIL	2	
<i>gengraf</i>	1	B/D, GC, M
HAVRIX	2	
HUMIRA	4	PA, M
HUMIRA PEN-CROHNS DISEASESTARTER	4	PA, M
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
INTRON-A W/DILUENT	3	
INTRON-A INJECTION 6000000UNIT/ML	3	
INTRON-A INJECTION 10MU/0.2ML, 3MU/0.2ML, 5MU/0.2ML	3	M
IPOL INACTIVATED IPV	2	
IXIARO	3	
JE-VAX	2	
KINERET	4	PA, M
<i>leflunomide</i>	1	GC, M

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DRUG NAME	DRUG TIER	NOTES
M-M-R II W/DILUENT 10 DOSE	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MENVEO	2	
MERUVAX II W/DILUENT 10 DOSE	2	
<i>methotrexate</i>	1	GC, M
<i>methotrexate sodium</i>	1	GC
<i>mycophenolate mofetil</i>	1	B/D, GC, M
MYFORTIC	3	B/D, M
NEORAL	2	B/D, M
NULOJIX	4	B/D, M
ORENCIA	4	B/D, M
PEDIARIX	2	
PEDVAX HIB	2	
PEG-INTRON	4	PA
PEG-INTRON REDIPEN	4	PA
PEGASYS	4	PA
PROGRAF INJECTION	3	B/D
PROGRAF CAPSULE	3	B/D, M
PROQUAD	2	
RABAVERT	2	
RAPAMUNE SOLUTION	3	B/D, M
RAPAMUNE TABLET	3	B/D, M
RECOMBIVAX HB	2	B/D
REMICADE	4	B/D, M
RIDAURA	3	M
ROTATEQ	2	
SIMPONI	4	PA, M
<i>tacrolimus</i>	1	B/D, GC, M

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DRUG NAME	DRUG TIER	NOTES
<i>tetanus toxoid adsorbed</i>	1	B/D, GC
<i>tetanus/diphtheria toxoids-adsorbed adult</i>	1	GC
TRIHIBIT	2	
TRIPEDIA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VIVAGLOBIN	4	B/D, M
YF-VAX	2	
ZORTRESS TABLET 0.25MG	3	M, B/D
ZORTRESS TABLET 0.5MG, 0.75MG	4	M, B/D
ZOSTAVAX	2	
<b>INFLAMMATORY BOWEL DISEASE AGENTS</b>		
ASACOL	2	M
AZULFIDINE EN-TABS	2	M
<i>balsalazide disodium</i>	1	GC
CANASA	3	M
CORTIFOAM	2	
DIPENTUM	2	M
ENTOCORT EC	3	
<i>hydrocortisone</i>	1	GC
LIALDA	3	M
<i>mesalamine</i>	1	GC, M
PENTASA	2	M
ROWASA	2	M
<i>sulfasalazine</i>	1	GC, M
<i>sulfazine ec</i>	1	GC, M
<b>METABOLIC BONE DISEASE AGENTS</b>		

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DRUG NAME	DRUG TIER	NOTES
ACTONEL TABLET 30MG	2	
ACTONEL TABLET 150MG, 35MG, 5MG	2	M
<i>alendronate sodium</i>	1	GC, M
<i>calcitonin-salmon</i>	1	GC, M
<i>calcitriol injection</i>	1	B/D, GC
<i>calcitriol capsule, oral solution</i>	1	B/D, GC, M
<i>etidronate disodium</i>	3	M
FORTEO	4	PA, M
FORTICAL	2	M
HECTOROL	3	B/D, M
<i>pamidronate disodium</i>	3	B/D
ZEMPLAR INJECTION	3	B/D
ZEMPLAR CAPSULE	3	B/D, M
ZOMETA	4	B/D
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<i>alcohol preps</i>	1	GC
<i>anagrelide hydrochloride</i>	1	GC, M
<i>BD insulin syringes and needles</i>	1	GC, M
<i>gauze pads 2"x2"</i>	1	GC
<i>insulin needles</i>	1	GC, M
<i>insulin pen needles</i>	1	GC, M
<i>insulin syringes</i>	1	GC, M
LIPOSYN II	3	
LIPOSYN III	3	
XENAZINE	4	LA, M
<b>OPHTHALMIC AGENTS</b>		
ALOCRIIL	2	
ALOMIDE	2	
ALPHAGAN P	2	M

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DRUG NAME	DRUG TIER	NOTES
AZOPT	2	M
<i>bacitracin</i>	1	GC
<i>bacitracin/polymyxin b</i>	1	GC
<i>betaxolol hcl</i>	1	GC, M
BETOPTIC-S	2	M
<i>brimonidine tartrate</i>	1	GC, M
<i>carteolol hcl</i>	1	GC, M
COMBIGAN	2	M
<i>cromolyn sodium</i>	1	GC
<i>dexamethasone sodium phosphate</i>	1	GC
<i>dorzolamide hcl</i>	1	GC, M
<i>dorzolamide hcl/timolol maleate</i>	1	GC, M
<i>fluorometholone</i>	1	GC
<i>flurbiprofen sodium</i>	1	GC
FML	2	
FML FORTE	2	
FML LIQUIFILM	2	
<i>gentak</i>	1	GC
IOPIDINE	2	
ISOPTO CARPINE	2	M
ISTALOL	2	M
<i>ketorolac tromethamine</i>	1	GC
LACRISERT	2	
<i>latanoprost</i>	1	GC, M
<i>levobunolol hcl solution 0.5%</i>	1	GC
<i>levobunolol hcl solution 0.25%</i>	1	GC, M
LOTEMAX	2	
LUMIGAN SOLUTION	2	M
<i>methazolamide</i>	1	GC, M

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DRUG NAME	DRUG TIER	NOTES
<i>metipranolol</i>	1	GC, M
NATACYN	2	
<i>neomycin/bacitracin/polymyxin</i>	1	GC
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	GC
<i>neomycin/polymyxin/dexamethasone</i>	1	GC
<i>neomycin/polymyxin/hydrocortisone</i>	1	GC
<i>ofloxacin</i>	1	GC
PATANOL	2	
PHOSPHOLINE IODIDE	2	M
POLYTRIM	2	
<i>prednisolone acetate</i>	1	GC
<i>prednisolone sodium phosphate</i>	1	GC
RESTASIS	3	M
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	GC
<i>timolol maleate</i>	1	GC, M
<i>timolol maleate ophthalmic gel forming</i>	1	GC, M
TOBRADEX OINTMENT	2	
<i>tobramycin/dexamethasone</i>	1	GC
<i>trifluridine</i>	1	GC
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	GC
VEXOL	2	
VIGAMOX	3	
XALATAN	2	M
ZYMAR	2	
ZYMAXID	2	
<b>OTIC AGENTS</b>		
<i>acetasol hc</i>	1	GC
<i>acetic acid</i>	1	GC
<i>acetic acid/hydrocortisone</i>	1	GC

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DRUG NAME	DRUG TIER	NOTES
CIPRO HC	2	
CIPRODEX	2	
CORTISPORIN	2	
DERMOTIC	2	
<i>neomycin/polymyxin/hc</i>	1	GC
<i>neomycin/polymyxin/hydrocortisone</i>	1	GC
<i>ofloxacin</i>	1	GC
<b>RESPIRATORY TRACT AGENTS</b>		
ACCOLATE	2	M
ADVAIR DISKUS	3	M
ADVAIR HFA	3	M
<i>albuterol sulfate</i>	1	GC, M
<i>aminophylline tablet</i>	1	GC, M
ASMANEX 120 METERED DOSES	2	M
ASMANEX 14 METERED DOSES	2	M
ASMANEX 30 METERED DOSES	2	M
ASMANEX 60 METERED DOSES	2	M
ATROVENT HFA	2	M
<i>azelastine hcl</i>	1	GC, M
BECONASE AQ	2	M
<i>budesonide capsule extended release 24 hour</i>	1	GC, M
COMBIVENT	2	M
<i>cromolyn sodium</i>	1	B/D, GC, M
<i>diphenhydramine hcl capsule, injection</i>	1	GC
<i>epinephrine hcl</i>	1	GC
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
<i>fexofenadine hcl</i>	3	M
FLOVENT DISKUS	2	M

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DRUG NAME	DRUG TIER	NOTES
FLOVENT HFA	2	M
<i>flunisolide</i>	1	GC, M
<i>fluticasone propionate</i>	1	GC, M
FORADIL AEROLIZER	2	M
<i>hydroxyzine hcl</i>	1	GC
<i>hydroxyzine pamoate</i>	1	GC
<i>ipratropium bromide solution</i>	1	GC, M
LETAIRIS	4	PA, LA, M
<i>phenadoz</i>	1	GC
PROAIR HFA	2	M
PROLASTIN	2	LA, M
PROLASTIN-C	2	LA, M
<i>promethazine hcl</i>	1	GC
<i>promethegan</i>	1	GC
QVAR	2	M
REVATIO	4	
SEREVENT DISKUS	2	M
SINGULAIR	3	M
SPIRIVA HANDIHALER	2	M
SYMBICORT	3	M
<i>terbutaline sulfate tablet</i>	1	GC, M
<i>theophylline er</i>	1	GC, M
TRACLEER	4	PA, LA, M
<i>triamcinolone acetonide spray</i>	1	GC, M
TYZINE	2	
<i>ventolin hfa</i>	1	GC, M
XOLAIR	4	PA, LA, M
<i>zafirlukast</i>	1	GC, M
ZYFLO CR	3	M

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DRUG NAME	DRUG TIER	NOTES
<b>SEDATIVES/HYPNOTICS</b>		
LUNESTA	3	
<i>zaleplon</i>	1	GC
<i>zolpidem tartrate</i>	1	GC
<b>SKELETAL MUSCLE RELAXANTS</b>		
<i>carisoprodol</i>	1	GC
<i>carisoprodol/aspirin</i>	1	GC
<i>chlorzoxazone</i>	1	GC
<i>cyclobenzaprine hcl</i>	1	GC
<i>metaxalone</i>	1	GC
<i>methocarbamol</i>	1	GC
<i>orphenadrine citrate er</i>	1	GC
<b>THERAPEUTIC NUTRIENTS/MINERALS/ ELECTROLYTES</b>		
AMINOSYN	3	
AMINOSYN 7%/ELECTROLYTES	3	
AMINOSYN 8.5%/ELECTROLYTES	3	
AMINOSYN II	3	
AMINOSYN II 3.5%/DEXTROSE25%	3	
AMINOSYN II 3.5%/DEXTROSE5%	3	
AMINOSYN II 3.5%/DEXTROSE 25%	3	
AMINOSYN II 4.25%/DEXTROSE10%	3	
AMINOSYN II 4.25%/DEXTROSE20%	3	
AMINOSYN II 4.25%/DEXTROSE25%	3	
AMINOSYN II 5%/DEXTROSE 25	3	
AMINOSYN II 8.5%/ELECTROLYTES	3	
AMINOSYN II M 3.5%/DEXTROSE 5%	3	
AMINOSYN M	3	
AMINOSYN-HBC	3	
AMINOSYN-HF	3	

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DRUG NAME	DRUG TIER	NOTES
AMINOSYN-PF	3	
AMINOSYN-PF 7%	3	
<i>dextrose 10%/nacl 0.45%</i>	3	
<i>dextrose 10% flex container</i>	3	
<i>dextrose 10%/nacl 0.2%</i>	3	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	3	
<i>dextrose 5%</i>	3	
<i>dextrose 5%/nacl 0.2%</i>	3	
<i>dextrose 5%/nacl 0.225%</i>	3	
<i>dextrose 5%/nacl 0.33%</i>	3	
<i>dextrose 5%/nacl 0.45%</i>	3	
<i>dextrose 5%/nacl 0.9%</i>	3	
INTRALIPID	3	
<i>kcl 0.3%/d5w/lr iv lac ring</i>	3	
<i>klor-con 10</i>	1	GC, M
<i>klor-con 8</i>	1	GC, M
<i>klor-con m15</i>	1	GC, M
<i>klor-con m20</i>	1	GC, M
<i>lactated ringers</i>	3	
<i>lactated ringers irrigation</i>	3	
<i>potassium chloride</i>	3	
<i>potassium chloride er</i>	1	GC, M
<i>potassium chloride sr</i>	1	GC, M
<i>potassium citrate extended-release</i>	1	GC, M
<i>prenatal vitamins</i>	1	GC
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<i>sodium chloride 0.9%</i>	3	
<i>sodium chloride 0.45% viaflex</i>	3	
<i>sodium fluoride</i>	1	GC, M

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

**LA** - This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Services at 866-334-3141, Monday – Friday, 7:00 AM – 9:00 PM CST. TTY/TDD users should call 800-735-2989.

**B/D** - Part B versus D Prior Authorization; **M** – Maintenance Medication; **PA** – Prior Authorization; **QL** – Quantity Limit; **ST** – Step Therapy

DRUG NAME	DRUG TIER	NOTES
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<i>tpn electrolytes ftv</i>	3	

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<i>flurbiprofen</i>	<b>9</b>	GLUCAGON EMERGENCY KIT	<b>26</b>
<i>flurbiprofen sodium</i>	<b>49</b>	<i>glyburide</i>	<b>26</b>
<i>flutamide</i>	<b>44</b>	<i>glyburide micronized</i>	<b>26</b>
<i>fluticasone propionate</i>	<b>40</b>	<i>glyburide/metformin hcl</i>	<b>26</b>
<i>fluticasone propionate</i>	<b>52</b>	<i>glycopyrrolate</i>	<b>37</b>
<i>fluvoxamine maleate</i>	<b>16</b>	GOLYTELY	<b>38</b>
FML	<b>49</b>	<i>granisetron hcl</i>	<b>17</b>
FML FORTE	<b>49</b>	<i>griseofulvin microsize</i>	<b>18</b>
FML LIQUIFILM	<b>49</b>	GRIS-PEG	<b>18</b>
<i>fondaparinux sodium</i>	<b>28</b>	<i>guanabenz acetate</i>	<b>32</b>
FORADIL AEROLIZER	<b>52</b>	<i>guanfacine hcl</i>	<b>32</b>
FORTAZ	<b>12</b>	<i>guanidine hcl</i>	<b>19</b>
FORTEO	<b>48</b>	HALFLYTELY BOWEL PREP	<b>38</b>
FORTICAL	<b>48</b>	<i>halobetasol propionate</i>	<b>40</b>
<i>fosinopril sodium</i>	<b>31</b>	<i>haloperidol</i>	<b>23</b>
<i>fosinopril sodium/hydrochlorothiazide</i>	<b>32</b>	<i>haloperidol decanoate</i>	<b>23</b>
FRAGMIN	<b>29</b>	<i>haloperidol lactate</i>	<b>23</b>
FURADANTIN	<b>12</b>	HAVRIX	<b>45</b>
<i>furosemide</i>	<b>32</b>	HECTOROL	<b>48</b>
FUZEON	<b>24</b>	<i>heparin sodium</i>	<b>29</b>
<i>gabapentin</i>	<b>14</b>	<i>heparin sodium/d5w</i>	<b>29</b>
GABITRIL	<b>14</b>	<i>heparin sodium/nacl 0.45%</i>	<b>29</b>
GAMMAGARD LIQUID	<b>45</b>	<i>heparin sodium/sodium chloride 0.9% premix</i>	<b>29</b>
GAMUNEX	<b>45</b>	HEPSERA	<b>24</b>
<i>ganciclovir</i>	<b>24</b>	HEXALEN	<b>20</b>
GARDASIL	<b>45</b>		
GASTROCROM	<b>37</b>		

HUMALOG	26	INTELENCE	24
HUMALOG KWIKPEN	26	INTRALIPID	54
HUMALOG MIX 50/50	26	INTRON-A	45
HUMALOG MIX 50/50 KWIKPEN	26	INTRON-A W/DILUENT	45
HUMALOG MIX 75/25	26	INVANZ	12
HUMALOG MIX 75/25 KWIKPEN	26	INVEGA	23
HUMIRA	45	INVEGA SUSTENNA	23
HUMIRA PEN-CROHNS DISEASESTARTER	45	INVIRASE	24
HUMULIN 70/30	27	IOPIDINE	49
HUMULIN 70/30 PEN	27	IPOL INACTIVATED IPV	45
HUMULIN N	27	<i>ipratropium bromide</i>	52
HUMULIN N U-100 PEN	27	ISENTRESS	25
HUMULIN R	27	<i>isoniazid</i>	19
HUMULIN R U-500 (CONCENTRATED)	27	ISOPTO CARPINE	49
<i>hydralazine hcl</i>	32	<i>isosorbide dinitrate</i>	32
<i>hydrochlorothiazide</i>	32	<i>isosorbide dinitrate er</i>	32
<i>hydrocodone</i>	8	<i>isosorbide mononitrate</i>	32
<i>bitartrate/acetaminophen</i>		<i>isosorbide mononitrate er</i>	32
<i>hydrocodone/acetaminophen</i>	8	<i>isotonic gentamicin</i>	12
<i>hydrocodone/ibuprofen</i>	8	ISTALOL	49
<i>hydrocortisone</i>	40	<i>itraconazole</i>	18
<i>hydrocortisone</i>	47	IXIARO	45
<i>hydrocortisone butyrate</i>	40	JANUMET	27
<i>hydrocortisone valerate</i>	40	JANUVIA	27
<i>hydromorphone hcl</i>	8	JE-VAX	45
<i>hydroxychloroquine sulfate</i>	22	KALETRA	25
<i>hydroxyurea</i>	20	<i>kariva</i>	41
<i>hydroxyzine hcl</i>	52	<i>kcl 0.3%/d5w/lr iv lac ring</i>	54
<i>hydroxyzine pamoate</i>	52	KEPPRA	14
<i>ibuprofen</i>	9	KETEK	12
IMDUR	32	<i>ketoconazole</i>	18
<i>imipramine hcl</i>	16	<i>ketoprofen</i>	9
<i>imiquimod</i>	36	<i>ketoprofen er</i>	9
IMITREX	19	<i>ketorolac tromethamine</i>	49
IMOVAX RABIES (H.D.C.V.)	45	KINERET	45
INCRELEX	40	<i>klor-con 10</i>	54
<i>indapamide</i>	32	<i>klor-con 8</i>	54
<i>indomethacin</i>	9	<i>klor-con m15</i>	54
<i>indomethacin er</i>	9	<i>klor-con m20</i>	54
INFANRIX	45	KUVAN	37
<i>insulin needles</i>	48	<i>labetalol hcl</i>	32
<i>insulin pen needles</i>	47	LACRISERT	49
<i>insulin syringes</i>	47	<i>lactated ringers</i>	54
		<i>lactated ringers irrigation</i>	54

<i>lactulose</i>	<b>38</b>	<i>lithium carbonate er</i>	<b>26</b>
LAMICTAL	<b>14</b>	<i>lithium citrate</i>	<b>26</b>
LAMICTAL CHEWABLE DISPERSIBLE	<b>14</b>	LO/OVRAL-28	<b>41</b>
<i>lamotrigine</i>	<b>14</b>	<i>losartan potassium</i>	<b>32</b>
LANOXIN	<b>32</b>	<i>losartan</i>	<b>32</b>
LANTUS	<b>27</b>	<i>potassium/hydrochlorothiazide</i>	
LANTUS SOLOSTAR	<b>27</b>	LOTEMAX	<b>49</b>
<i>latanoprost</i>	<b>49</b>	LOTREL	<b>32</b>
LATUDA	<b>23</b>	LOTRONEX	<b>38</b>
<i>leflunomide</i>	<b>45</b>	<i>lovastatin</i>	<b>32</b>
<i>lessina-28</i>	<b>41</b>	LOVAZA	<b>32</b>
LETAIRIS	<b>52</b>	LOVENOX	<b>29</b>
<i>letrozole</i>	<b>20</b>	<i>low-ogestrel</i>	<b>41</b>
LEUKERAN	<b>20</b>	<i>loxapine succinate</i>	<b>23</b>
LEUKINE	<b>29</b>	LUMIGAN	<b>49</b>
<i>leuprolide acetate</i>	<b>43</b>	LUNESTA	<b>53</b>
LEVAQUIN	<b>12</b>	<i>lutea</i>	<b>41</b>
LEVEMIR	<b>27</b>	LYRICA	<b>14</b>
LEVEMIR FLEXPEN	<b>27</b>	LYSODREN	<b>43</b>
<i>levetiracetam</i>	<b>14</b>	MALARONE	<b>22</b>
<i>levobunolol hcl</i>	<b>49</b>	<i>maprotiline hcl</i>	<b>16</b>
<i>levofloxacin</i>	<b>12</b>	MARPLAN	<b>16</b>
<i>levofloxacin in d5w</i>	<b>12</b>	MATULANE	<b>20</b>
<i>levora 0.15/30-28</i>	<b>41</b>	MAXALT	<b>19</b>
<i>levorphanol tartrate</i>	<b>8</b>	MAXALT-MLT	<b>19</b>
LEVOTHROID	<b>43</b>	<i>mebendazole</i>	<b>22</b>
<i>levothyroxine sodium</i>	<b>43</b>	<i>meclofenamate sodium</i>	<b>9</b>
LEVOXYL	<b>43</b>	<i>medroxyprogesterone acetate</i>	<b>42</b>
LEXIVA	<b>25</b>	<i>mefloquine hcl</i>	<b>22</b>
LIALDA	<b>47</b>	<i>megestrol acetate</i>	<b>42</b>
<i>lidocaine</i>	<b>9</b>	<i>meloxicam</i>	<b>9</b>
<i>lidocaine hcl</i>	<b>9</b>	MENACTRA	<b>46</b>
<i>lidocaine hcl jelly</i>	<b>9</b>	MENEST	<b>42</b>
<i>lidocaine viscous</i>	<b>9</b>	MENOMUNE-A/C/Y/W-135	<b>46</b>
<i>lidocaine/prilocaine</i>	<b>9</b>	MENVEO	<b>46</b>
LIDODERM	<b>9</b>	<i>meprobamate</i>	<b>26</b>
<i>lindane</i>	<b>22</b>	MEPRON	<b>22</b>
<i>liothyronine sodium</i>	<b>43</b>	<i>mercaptapurine</i>	<b>20</b>
LIPITOR	<b>32</b>	MERUVAX II W/DILUENT 10 DOSE	<b>46</b>
LIPOSYN II	<b>48</b>	<i>mesalamine</i>	<b>47</b>
LIPOSYN III	<b>48</b>	MESNEX	<b>20</b>
<i>lisinopril</i>	<b>32</b>	<i>metaxalone</i>	<b>53</b>
<i>lisinopril/hydrochlorothiazide</i>	<b>32</b>	<i>metformin hcl</i>	<b>27</b>
<i>lithium carbonate</i>	<b>26</b>	<i>metformin hcl er</i>	<b>27</b>

<i>methadone hcl</i>	<b>8</b>	<i>morphine sulfate</i>	<b>8</b>
<i>methazolamide</i>	<b>49</b>	<i>morphine sulfate er</i>	<b>8</b>
<i>methenamine hippurate</i>	<b>12</b>	MOZOBIL	<b>29</b>
<i>methimazole</i>	<b>44</b>	MULTAQ	<b>33</b>
<i>methocarbamol</i>	<b>53</b>	<i>mupirocin</i>	<b>12</b>
<i>methotrexate</i>	<b>46</b>	MYCOBUTIN	<b>19</b>
<i>methotrexate sodium</i>	<b>46</b>	<i>mycophenolate mofetil</i>	<b>46</b>
<i>methyclothiazide</i>	<b>32</b>	MYFORTIC	<b>46</b>
<i>methyldopa</i>	<b>33</b>	<i>nabumetone</i>	<b>9</b>
<i>methyldopa/hydrochlorothiazide</i>	<b>33</b>	<i>nadolol</i>	<b>33</b>
<i>methylin</i>	<b>35</b>	<i>nadolol/bendroflumethiazide</i>	<b>33</b>
<i>methylin er</i>	<b>35</b>	<i>nafcellin sodium</i>	<b>12</b>
<i>methylphenidate hcl</i>	<b>35</b>	NAGLAZYME	<b>37</b>
<i>methylphenidate hcl sr</i>	<b>35</b>	<i>naloxone hcl</i>	<b>17</b>
<i>methylphenidate hydrochloride</i>	<b>35</b>	<i>naltrexone hcl</i>	<b>17</b>
<i>methylprednisolone</i>	<b>40</b>	NAMENDA	<b>15</b>
<i>methylprednisolone acetate</i>	<b>40</b>	NAMENDA TITRATION PAK	<b>15</b>
<i>methylprednisolone sodiumsuccinate</i>	<b>40</b>	<i>naproxen</i>	<b>9</b>
<i>metipranolol</i>	<b>50</b>	<i>naproxen dr</i>	<b>9</b>
<i>metoclopramide hcl</i>	<b>17</b>	<i>naproxen sodium</i>	<b>9</b>
<i>metolazone</i>	<b>33</b>	NARDIL	<b>16</b>
<i>metoprolol succinate er</i>	<b>33</b>	NATACYN	<b>50</b>
<i>metoprolol tartrate</i>	<b>33</b>	<i>nateglinide</i>	<b>27</b>
<i>metoprolol/hydrochlorothiazide</i>	<b>33</b>	<i>necon 0.5/35-28</i>	<b>42</b>
METROGEL	<b>12</b>	<i>necon 1/35-28</i>	<b>42</b>
<i>metronidazole</i>	<b>12</b>	<i>necon 10/11-28</i>	<b>42</b>
<i>metronidazole in nacl 0.79%</i>	<b>12</b>	<i>necon 7/7/7</i>	<b>42</b>
<i>metronidazole vaginal</i>	<b>12</b>	<i>nefazodone hcl</i>	<b>16</b>
<i>mexiletine hcl</i>	<b>33</b>	<i>neomycin sulfate</i>	<b>12</b>
<i>microgestin 1.5/30</i>	<b>42</b>	<i>neomycin/bacitracin/polymyxin</i>	<b>50</b>
<i>microgestin 1/20</i>	<b>42</b>	<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	<b>50</b>
<i>microgestin fe</i>	<b>42</b>	<i>neomycin/polymyxin/dexamethasone</i>	<b>50</b>
<i>microgestin fe 1.5/30</i>	<b>42</b>	<i>neomycin/polymyxin/gramicidin</i>	<b>12</b>
<i>midodrine hcl</i>	<b>33</b>	<i>neomycin/polymyxin/hc</i>	<b>51</b>
MIGRANAL	<b>19</b>	<i>neomycin/polymyxin/hydrocortisone</i>	<b>50</b>
<i>millipred</i>	<b>40</b>	<i>neomycin/polymyxin/hydrocortisone</i>	<b>51</b>
<i>minocycline hcl</i>	<b>12</b>	NEORAL	<b>46</b>
<i>minoxidil</i>	<b>33</b>	NEULASTA	<b>29</b>
<i>mirtazapine</i>	<b>16</b>	NEUMEGA	<b>29</b>
<i>mirtazapine odt</i>	<b>16</b>	NEUPOGEN	<b>29</b>
<i>misoprostol</i>	<b>38</b>	NEURONTIN	<b>14</b>
MITOXANTRONE HCL	<b>21</b>	NEXAVAR	<b>21</b>
M-M-R II W/DILUENT 10 DOSE	<b>46</b>	NEXIUM	<b>38</b>
<i>mometasone furoate</i>	<b>40</b>		

NEXIUM I.V.	38	<i>octreotide acetate</i>	43
NIASPAN	33	<i>ofloxacin</i>	12
NICOTROL INHALER	17	<i>ofloxacin</i>	50
NICOTROL NS	17	<i>ofloxacin</i>	51
<i>nifediac cc</i>	33	<i>ogestrel</i>	42
<i>nifedical xl</i>	33	<i>omeprazole</i>	38
<i>nifedipine</i>	33	<i>ondansetron hcl</i>	17
<i>nifedipine er</i>	33	<i>ondansetron odt</i>	18
NILANDRON	44	ONGLYZA	27
<i>nimodipine</i>	33	ONTAK	21
NITRO-BID	33	ORAP	23
NITRO-DUR	33	ORENCIA	46
<i>nitrofurantoin</i>	12	ORFADIN	37
<i>nitrofurantoin macrocrystalline</i>	12	<i>orphenadrine citrate er</i>	53
<i>nitrofurantoin monohydrate</i>	12	<i>orsythia</i>	42
<i>nitroglycerin</i>	33	<i>oxandrolone</i>	42
<i>nitroglycerin transdermal</i>	33	<i>oxaprozin</i>	9
NITROLINGUAL PUMPSPRAY	33	<i>oxcarbazepine</i>	15
<i>nitrostat</i>	33	OXISTAT	19
<i>nizatidine</i>	38	OXSORALEN ULTRA	36
<i>norethindrone acetate</i>	42	<i>oxybutynin chloride</i>	39
NORPACE CR	33	<i>oxybutynin chloride er</i>	39
<i>nortrel 0.5/35 (28)</i>	42	<i>oxycodone hcl</i>	8
<i>nortrel 1/35 (21)</i>	42	<i>oxycodone/acetaminophen</i>	8
<i>nortrel 1/35 (28)</i>	42	<i>oxycodone/aspirin</i>	8
<i>nortrel 7/7/7</i>	42	OXYCONTIN	8
<i>nortriptyline hcl</i>	16	<i>pacerone</i>	33
NORVIR	25	<i>pamidronate disodium</i>	48
NOVOLIN 70/30	27	PANRETIN	21
NOVOLIN N	27	<i>pantoprazole sodium</i>	38
NOVOLIN R	27	<i>paroxetine hcl</i>	16
NOVOLOG	27	<i>paroxetine hcl er</i>	16
NOVOLOG FLEXPEN	27	PASER	19
NOVOLOG MIX 70/30	27	PATANOL	50
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	27	PEDIARIX	46
NOXAFIL	18	PEDVAX HIB	46
NULOJIX		PEGANONE	15
NUVIGIL	35	PEGASYS	46
<i>nyamyc</i>	18	PEG-INTRON	46
<i>nystatin</i>	18	PEG-INTRON REDIPEN	46
<i>nystatin/triamcinolone</i>	18	<i>penicillin g potassium</i>	13
<i>nystop</i>	18	<i>penicillin g potassium in iso-osmotic dextrose</i>	13
<i>ocella</i>	42	<i>penicillin g procaine</i>	13

<i>penicillin g sodium</i>	<b>13</b>	PRIMAXIN IV	<b>13</b>
<i>penicillin v potassium</i>	<b>13</b>	<i>primidone</i>	<b>15</b>
PENTASA	<b>47</b>	PRISTIQ	<b>16</b>
<i>pentoxifylline er</i>	<b>29</b>	PROAIR HFA	<b>52</b>
<i>permethrin</i>	<b>22</b>	<i>probenecid</i>	<b>19</b>
<i>perphenazine</i>	<b>23</b>	<i>probenecid/colchicine</i>	<b>19</b>
<i>phenadoz</i>	<b>52</b>	<i>procainamide hcl</i>	<b>34</b>
<i>phenelzine sulfate</i>	<b>16</b>	<i>prochlorperazine</i>	<b>18</b>
<i>phenytoin</i>	<b>15</b>	<i>prochlorperazine edisylate</i>	<b>18</b>
<i>phenytoin sodium</i>	<b>15</b>	<i>prochlorperazine maleate</i>	<b>18</b>
<i>phenytoin sodium extended</i>	<b>15</b>	PROCRIT	<b>29</b>
PHOSPHOLINE IODIDE	<b>50</b>	<i>proctocream-hc</i>	<b>40</b>
<i>pilocarpine hcl</i>	<b>35</b>	<i>proctosol hc</i>	<b>40</b>
<i>pilocarpine hydrochloride</i>	<b>36</b>	<i>proctozone-hc</i>	<b>40</b>
<i>pindolol</i>	<b>34</b>	PROGLYCEM	<b>27</b>
<i>piperacillin sodium</i>	<b>13</b>	PROGRAF	<b>46</b>
<i>piperacillin sodium/ tazobactam sodium</i>	<b>13</b>	PROLASTIN	<b>52</b>
<i>piroxicam</i>	<b>10</b>	PROLASTIN-C	<b>52</b>
PLAVIX	<b>29</b>	PROLEUKIN	<b>21</b>
<i>podofilox</i>	<b>36</b>	<i>promethazine hcl</i>	<b>52</b>
<i>polyethylene glycol 3350</i>	<b>38</b>	<i>promethegan</i>	<b>52</b>
<i>polymyxin b sulfate</i>	<b>13</b>	<i>propafenone hcl</i>	<b>34</b>
POLYTRIM	<b>50</b>	<i>propantheline bromide</i>	<b>38</b>
<i>potassium chloride</i>	<b>54</b>	<i>propranolol hcl</i>	<b>34</b>
<i>potassium chloride er</i>	<b>54</b>	<i>propranolol hcl er</i>	<b>34</b>
<i>potassium chloride sr</i>	<b>54</b>	<i>propranolol/hydrochlorothiazide</i>	<b>34</b>
<i>potassium citrate extended-release</i>	<b>54</b>	<i>propylthiouracil</i>	<b>44</b>
PRADAXA	<b>29</b>	PROQUAD	<b>46</b>
<i>pravastatin sodium</i>	<b>34</b>	PROTOPIC	<b>36</b>
<i>prazosin hcl</i>	<b>39</b>	<i>protriptyline hcl</i>	<b>16</b>
<i>prednisolone acetate</i>	<b>50</b>	PROVIGIL	<b>35</b>
<i>prednisolone sodium phosphate</i>	<b>40</b>	<i>pyrazinamide</i>	<b>20</b>
<i>prednisolone sodium phosphate</i>	<b>50</b>	<i>pyridostigmine bromide</i>	<b>19</b>
<i>prednisone</i>	<b>40</b>	<i>quinapril hcl</i>	<b>34</b>
PREMARIN	<b>42</b>	<i>quinapril/hydrochlorothiazide</i>	<b>34</b>
PREMARIN W/APPLICATOR	<b>42</b>	<i>quinidine gluconate cr</i>	<b>34</b>
PREMPHASE	<b>42</b>	<i>quinidine sulfate</i>	<b>34</b>
PREMPRO	<b>42</b>	<i>quinidine sulfate er</i>	<b>34</b>
<i>prenatal vitamins</i>	<b>54</b>	QVAR	<b>52</b>
<i>prevalite</i>	<b>34</b>	RABAVERT	<b>46</b>
PRIFTIN	<b>19</b>	<i>ramipril</i>	<b>34</b>
<i>primaquine phosphate</i>	<b>22</b>	RANEXA	<b>34</b>
PRIMAXIN I.M.	<b>13</b>	<i>ranitidine hcl</i>	<b>38</b>
		RAPAMUNE	<b>46</b>

RECOMBIVAX HB	46	SINGULAIR	52
REGRANEX	36	<i>sodium chloride</i>	54
REMICADE	46	<i>sodium chloride 0.9%</i>	54
RENAGEL	39	<i>sodium chloride 0.45% viaflex</i>	54
REVELA	39	<i>sodium fluoride</i>	54
RESCRIPTOR	25	<i>sodium polystyrene sulfonate</i>	17
<i>reserpine</i>	34	<i>sodium sulfacetamide</i>	13
RESTASIS	50	<i>sodium sulfacetamide</i>	36
RETIN-A MICRO	36	SOLARAZE	36
RETROVIR IV INFUSION	25	SOLU-CORTEF	40
REVATIO	52	SOMATULINE DEPOT	44
REVLIMID	21	SOMAVERT	44
REYATAZ	25	SORIATANE	36
<i>ribavirin</i>	25	<i>sotalol hcl</i>	34
RIDAURA	46	SPIRIVA HANDIHALER	52
<i>rifampin</i>	20	<i>spironolactone</i>	34
RILUTEK	35	<i>spironolactone/hydrochlorothiazide</i>	34
<i>rimantadine hcl</i>	25	SPRYCEL	21
RISPERDAL CONSTA	23	<i>sronyx</i>	42
<i>risperidone</i>	23	<i>ssd</i>	13
<i>risperidone odt</i>	23	STARLIX	27
RITUXAN	21	<i>stavudine</i>	25
<i>rivastigmine tartrate</i>	15	STELARA	36
<i>ropinirole hcl</i>	22	<i>sterile water irrigation</i>	55
ROTATEQ	46	STRATTERA	35
ROWASA	47	STROMECTOL	22
SABRIL	15	SUBOXONE	8
SANDOSTATIN	43	SUBOXONE	17
SANTYL	36	<i>sucalfate</i>	38
SAPHRIS	23	<i>sulfacetamide sodium/prednisolone</i>	50
SAVELLA	8	<i>sodium phosphate</i>	
SAVELLA TITRATION PACK	8	<i>sulfadiazine</i>	13
<i>selegiline hcl</i>	22	<i>sulfamethoxazole/trimethoprim</i>	13
<i>selenium sulfide</i>	36	<i>sulfamethoxazole/trimethoprim ds</i>	13
SELZENTRY	25	<i>sulfasalazine</i>	47
SENSIPAR	43	<i>sulfazine ec</i>	47
SEREVENT DISKUS	52	<i>sulindac</i>	10
SEROMYCIN	20	<i>sumatriptan succinate</i>	19
SEROQUEL	23	SUPRAX	13
SEROQUEL XR	23	SURMONTIL	17
<i>sertraline hcl</i>	17	SUSTIVA	25
<i>silver sulfadiazine</i>	13	SUTENT	21
SIMPONI	46	SYLATRON	21
<i>simvastatin</i>	34	SYMBICORT	52

SYMLIN	27	TIMENTIN	13
SYMLINPEN 120	27	<i>timolol maleate</i>	50
SYMLINPEN 60	27	<i>timolol maleate ophthalmic gel forming</i>	50
SYNAREL	44	<i>tizanidine hcl</i>	24
SYNTHROID	43	TOBRADEX	50
SYPRINE	17	<i>tobramycin sulfate</i>	13
TABLOID	21	<i>tobramycin sulfate/sodium chloride</i>	13
TACLONEX	36	<i>tobramycin/dexamethasone</i>	50
TACLONEX SCALP	36	<i>tolazamide</i>	27
<i>tacrolimus</i>	46	<i>tolbutamide</i>	28
TAMIFLU	25	<i>tolmetin sodium</i>	10
<i>tamoxifen citrate</i>	21	<i>topiramate</i>	15
<i>tamsulosin hcl</i>	39	TOPROL XL	34
TARCEVA	21	<i>toremide</i>	34
TARGRETIN	21	<i>tpn electrolytes ftv</i>	55
TASIGNA	21	TRACLEER	52
<i>tazicef</i>	13	<i>tramadol hcl</i>	8
TAZORAC	36	<i>tramadol hydrochloride/acetaminophen</i>	8
<i>taztia xt</i>	34	TRANSDERM-SCOP	18
TEGRETOL	15	<i>tranylcypromine sulfate</i>	17
TEGRETOL-XR	15	<i>trazodone hcl</i>	17
TEKTURNA	34	TRECTOR	20
TEKTURNA HCT	34	<i>tretinoin</i>	21
<i>terazosin hcl</i>	39	<i>tretinoin</i>	36
<i>terbinafine hcl</i>	19	<i>triamcinolone acetonide</i>	40
<i>terbutaline sulfate</i>	52	<i>triamcinolone acetonide spray</i>	52
<i>terconazole</i>	19	<i>triamcinolone acetonide in absorbase</i>	40
TESTIM	42	<i>triamcinolone in orabase</i>	36
<i>testosterone cypionate</i>	42	<i>triamterene/hydrochlorothiazide</i>	35
<i>testosterone enanthate</i>	43	TRIBENZOR	35
<i>tetanus toxoid adsorbed</i>	47	TRICOR	35
<i>tetanus/diphtheria toxoids-adsorbed adult</i>	47	<i>trifluoperazine hcl</i>	24
<i>tetracycline hcl</i>	13	<i>trifluridine</i>	50
THALOMID	21	<i>trihexyphenidyl hcl</i>	22
<i>theophylline er</i>	52	TRIHIBIT	47
<i>thioridazine hcl</i>	23	<i>tri-legest fe</i>	43
<i>thiothixene</i>	23	TRILEPTAL	15
THYROLAR-1	43	TRILIPIX	35
THYROLAR-1/4	43	<i>trilyte</i>	38
THYROLAR-2	43	<i>trimethobenzamide hcl</i>	18
THYROLAR-3	43	<i>trimethoprim</i>	13
<i>ticlopidine hcl</i>	29	<i>trimethoprim sulfate/polymyxin b</i>	50
TIKOSYN	34		

<i>sulfate</i>		VOTRIENT	21
TRIPEDIA	47	VYTORIN	35
TRISENOX	21	VYVANSE	35
<i>trivora-28</i>	43	<i>warfarin sodium</i>	30
TRIZIVIR	25	WELCHOL	35
TRUVADA	25	XALATAN	50
TWINRIX	47	XENAZINE	48
TYGACIL	13	XIFAXAN	13
TYKERB	21	XOLAIR	52
TYPHIM VI	47	XYREM	35
TYZEKA	25	YF-VAX	47
TYZINE	52	<i>zafirlukast</i>	52
UROXATRAL	39	<i>zaleplon</i>	53
<i>ursodiol</i>	38	ZAVESCA	37
<i>valacyclovir hcl</i>	25	ZEMPLAR	48
VALCYTE	25	ZENPEP	37
<i>valproate sodium</i>	15	ZETIA	35
<i>valproic acid</i>	15	ZIAGEN	25
VALTURNA	34	<i>zidovudine</i>	25
VANCOGIN HCL	13	ZOLINZA	21
<i>vancomycin hcl</i>	13	<i>zolpidem tartrate</i>	53
<i>vandazole</i>	13	ZOMETA	48
VANDETANIB	21	<i>zonisamide</i>	15
VAQTA	47	ZORTRESS	47
VARIVAX	47	ZOSTAVAX	47
VELCADE	21	ZOSYN	13
<i>velivet</i>	43	<i>zovia 1/35e</i>	43
<i>venlafaxine hcl</i>	17	<i>zovia 1/50e</i>	43
<i>venlafaxine hcl er</i>	17	ZYCLARA	36
<i>ventolin hfa</i>	52	ZYFLO CR	52
<i>verapamil hcl</i>	35	ZYMAR	50
<i>verapamil hcl er</i>	35	ZYMAXID	49
VESICARE	39	ZYPREXA	24
VEXOL	50	ZYPREXA ZYDIS	24
VIDAZA	21	ZYTIGA	21
VIDEX PEDIATRIC	25	ZYVOX	14
VIGAMOX	50		
VIIIBRYD	17		
VIMPAT	15		
VIRACEPT	25		
VIRAMUNE	25		
VIREAD	25		
VIVAGLOBIN	47		
VIVELLE-DOT	43		