

American Health Medicare

2012 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, 2013.

American Health Medicare is a Medicare Advantage Organization with a Medicare contract.

To obtain this document in another format such as large print or Braille please call Customer Services at 1-888-620-1919, Monday to Sunday from 8:00 AM to 8:00 PM. TTY/TDD users should call 1-866-620-2520.

What is the American Health Medicare Formulary?

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

Can the Formulary change?

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2012. To get updated information about the drugs covered by American Health Medicare, please visit our Web site at www.ahmpr.com or call Customer Service at 1-888-620-1919, Monday to Sunday from 8:00 AM to 8:00 PM. TTY/TDD users should call 1-866-620-2520.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. 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 Agent. If you know what your drug is used for, look for the category name in the list that begins 7. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 43. 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?

American Health Medicare 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:** American Health Medicare requires you to get prior authorization for certain drugs. This means that you will need to get approval from American Health Medicare before you fill your prescriptions. If you don't get approval, American Health Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, American Health Medicare limits the amount of the drug that American Health Medicare will cover. For example, American Health Medicare provides 9 tabs per 25 days per prescription for Imitrex tabs. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, American Health Medicare 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, American Health Medicare may not cover drug B unless you try Drug A first. If Drug A does not work for you, American Health Medicare 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 7. You can also get more information about restrictions applied to specific covered drugs by visiting our Web site at www.ahmpr.com

You can ask American Health Medicare to make an exception to these restrictions or limits. See the section, "How do I request an exception to the American Health Medicare formulary?" on page 4 for information about how to request an exception.

What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs that are normally covered by a Medicare Prescription Drug Plan. American Health Medicare pays for certain OTC drugs. American Health Medicare will provide these OTC drugs at no cost to you. The cost to American Health Medicare of these drugs will not count toward your total drug costs.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and confirm that your drug is not covered. If you learn that American Health Medicare does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by American Health Medicare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by American Health Medicare.
- You can ask American Health Medicare 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 American Health Medicare Formulary?

You can ask American Health Medicare 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, American Health Medicare 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/highest tier subject to the tiering exceptions process tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred/lowest tier subject to the tiering exceptions process 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.

Generally, American Health Medicare 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 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 prescribing physician's supporting statement.

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

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

doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Medicare Transition Plan Policy (Part D)

American Health Medicare has a 30-day override option for non-formulary drugs. This option will be available only for new Part D enrollees that currently on non-formulary medications and that are not residents of Long Term Care (LTC) facilities. For LTC residents, an additional 60-day supply override request will be available to accommodate the special needs of this population. For those enrollees that receive a one-time supply of non-formulary drugs through this override process, there will be a text message on their EOB's to alert these enrollees to the non-formulary status of their drug and the fact that one-time override was granted, and to encourage them to speak to their prescriber about changing their medication to an appropriate formulary medication substitute.

For more information

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

If you have questions about American Health Medicare, please call Customer Service at 1-888-620-1919, Monday to Sunday from 8:00 AM to 8:00 PM. TTY/TDD users should call 1-866-620-2520. Or visit www.ahmpr.com.

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.

American Health Medicare Formulary

The formulary that begins below provides coverage information about some of the drugs covered by American Health Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 52. Remember: This is only a partial list of drugs covered by American Health Medicare. If your prescription is not in this partial formulary, please visit our Web site at www.ahmpr.com or call Customer Service at 1-888-620-1919, Monday to Sunday from 8:00 AM to 8:00 PM. TTY/TDD users should call 1-866-620-2520 for additional help.

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

Tier 1 Preferred Generic

Tier 2 Non Preferred Generic

Tier 3 Preferred Brand, Non Preferred Generics

Tier 4 Non Preferred Brand, Non Preferred Generics

Tier 5 Generics, Brand

The information in the Notes column tells you if American Health Medicare has any special requirements for coverage of your drug.

Drug Name	Drug Tier	Requirements/ Limits
ANALGESICS		
GOUT		
<i>allopurinol</i>	1	
<i>allopurinol inj 500mg</i>	2	
<i>colchicine w/ probenecid</i>	2	
COLCRYS	3	QL (60 tabs / 30 days)
<i>probenecid</i>	2	
ULORIC	3	ST
NARCOTIC ANALGESICS		
<i>acetaminophen w/ codeine</i>	2	
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	2	
<i>butalbital-aspirin-caffeine w/cod</i>	2	
<i>butorphanol tartrate</i>	2	
<i>hydrocodone-acetaminophen</i>	2	
<i>hydrocodone-ibuprofen</i>	2	
NARCOTIC ANALGESICS, CII		
AVINZA	4	QL (60 ea / 30 days)
DILAUDID-5	3	
EXALGO	3	QL (60 ea / 30 days)
<i>fentanyl citrate 200mcg</i>	3	QL (120 lpop / 30 days), PA
<i>fentanyl citrate 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL (120 lpop / 30 days), PA
<i>fentanyl citrate inj 0.05 mg/ml</i>	2	B/D
<i>fentanyl patch</i>	2	QL (10 ea / 30 days), PA
<i>hydromorphone hcl 10mg/ml</i>	2	B/D
<i>hydromorphone hcl 2mg, 4mg, 8mg</i>	2	
KADIAN	3	QL (60 ea / 30 days)
<i>methadone hcl 10mg, 5mg</i>	2	QL (240 tabs / 30 days)
<i>methadone hcl 10mg/5ml, 10mg/ml, 5mg/5ml</i>	2	
MORPHINE SUL 20MG/ML ORAL SOL	2	oral solution
<i>morphine sulfate .5mg/ml, 1mg/ml</i>	2	B/D
<i>morphine sulfate 100mg, 15mg, 30mg, 60mg</i>	2	QL (90 ea / 30 days); ext rel
<i>morphine sulfate 200mg</i>	2	QL (60 ea / 30 days)
MORPHINE SULFATE 15mg, 30mg	2	
MORPHINE SULFATE 10mg/5ml, 20mg/5ml	3	oral solution

- PA – Prior Authorization – Pre Autorización
- QL – Quantity Limit – Medicamento tiene Cantidad Limitada
- ST – Step Therapy – Debe haber utilizado una terapia de medicamento previa a este
- B/D – Part B or D – Medicamento esta en ambas parte B o D y dependiendo del uso así es la cubierta
- LA - Limit Access – Acceso Limitado (medicamentos especializados que su distribución es limitada puede ser por farmacia especializada)

Drug Name	Drug Tier	Requirements/ Limits
OPANA ER	4	QL (120 ea / 30 days)
<i>oxycodone hcl 15mg, 30mg, 5mg</i>	2	
OXYCODONE HCL 20mg/ml, 5mg	2	
<i>oxycodone w/ acetaminophen</i>	2	
<i>oxycodone w/ aspirin</i>	2	
OXYCONTIN	3	QL (120 ea / 30 days)
ROXICET SOL 5-325/5	3	
NON-NARCOTIC ANALGESICS		
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	2	QL (240 tabs / 30 days)
NSAIDS		
CELEBREX	4	PA
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium</i>	2	
<i>diflunisal</i>	2	
<i>etodolac</i>	2	
<i>flurbiprofen</i>	1	
<i>ibuprofen 400mg, 600mg, 800mg</i>	1	
<i>ibuprofen 100mg/5ml</i>	2	
INDOCIN	3	suspension
<i>indomethacin</i>	2	
<i>ketoprofen</i>	2	
<i>meloxicam 15mg, 7.5mg</i>	1	
<i>meloxicam 7.5mg/5ml</i>	2	
<i>nabumetone</i>	2	
<i>naproxen 250mg, 375mg</i>	1	
<i>naproxen 125mg/5ml, 375mg, 500mg</i>	2	
<i>naproxen sodium</i>	1	
<i>oxaprozin</i>	2	
<i>piroxicam</i>	2	
<i>sulindac</i>	2	
<i>tolmetin sodium</i>	2	
VIMOVO	3	
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (local anesth.)</i>	2	

ANTI-INFECTIVES

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Drug Name	Drug Tier	Requirements/ Limits
ANTIBACTERIALS		
<i>amikacin sulfata</i>	2	
<i>amoxicillin</i>	1	
<i>amoxicillin & pot clavulanate</i>	2	
<i>ampicillin 250mg, 500mg</i>	1	
<i>ampicillin 125mg/5ml, 250mg/5ml</i>	2	
<i>ampicillin & sulbactam sodium</i>	2	
<i>ampicillin sodium</i>	2	
AVELOX	3	
AVELOX ABC PACK	3	
<i>azithromycin</i>	2	
BICILLIN C-R	3	
BICILLIN L-A	3	
CEDAX	4	
<i>cefaclor</i>	2	
CEFACLOR ER	3	
<i>cefadroxil</i>	2	
CEFAZOLIN INJ 1GM/50ML	3	
<i>cefazolin sodium</i>	2	
<i>cefdinir</i>	2	
<i>cefepime hcl</i>	2	
<i>cefotaxime sodium</i>	2	
<i>cefoxitin sodium</i>	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftriaxone sodium</i>	2	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium</i>	2	
<i>cephalexin 250mg, 500mg</i>	1	
<i>cephalexin 125mg/5ml, 250mg/5ml</i>	2	
CIPRO	3	suspension
<i>cipro i.v.</i>	2	
<i>ciprofloxacin 250mg, 500mg, 750mg</i>	1	
<i>ciprofloxacin 100mg</i>	2	
<i>ciprofloxacin er</i>	2	
<i>clarithromycin 250mg, 500mg</i>	1	
<i>clarithromycin 125mg/5ml, 250mg/5ml, 500mg</i>	2	
<i>dicloxacillin sodium</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline (monohydrate)</i>	2	
<i>doxycycline hyclate</i> 100mg, 50mg	1	
<i>doxycycline hyclate</i> 100mg	2	injection
<i>doxycycline hyclate</i> 20mg	2	
ERYPED 200	3	
ERYTHROCIN LACTOBIONATE	3	
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
<i>erythromycin stearate</i>	1	
<i>gentamicin in saline</i>	2	
<i>gentamicin sulfate</i>	2	
LEVAQUIN	4	
<i>minocycline hcl</i>	2	
<i>nafcillin sodium</i>	2	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	2	
<i>penicillin g potassium</i>	2	
PENICILLIN G PROCAINE	3	
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium-tazobactam sodium</i>	2	
<i>streptomycin sulfate</i>	2	
SULFADIAZINE	3	
SUPRAX	4	
<i>tetracycline hcl</i>	1	
<i>tobramycin sulfate</i>	2	
ANTIFUNGALS		
<i>amphotericin b</i>	2	B/D
ANCOBON	3	
CANCIDAS	5	
<i>clotrimazole</i>	2	
<i>fluconazole</i> 100mg, 150mg, 200mg, 50mg	1	
<i>fluconazole</i> 10mg/ml, 40mg/ml	2	
<i>fluconazole in dextrose</i>	2	
GRIS-PEG	3	
<i>griseofulvin microsize</i>	2	
<i>itraconazole</i>	2	PA
<i>ketoconazole</i>	2	
NOXAFIL	5	

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Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin</i>	2	
SPORANOX	5	
<i>terbinafine hcl</i>	2	QL (90 tabs / year)
VFEND IV	3	
VFEND SUS 40MG/ML	5	
<i>voriconazole</i>	5	
ANTIMALARIALS		
<i>chloroquine phosphate</i>	2	
COARTEM	4	
DARAPRIM	3	
MALARONE	3	
<i>mefloquine hcl</i>	2	
QUALAQUIN	4	
ANTIRETROVIRAL AGENTS		
APTIVUS	3	
ATRIPLA	5	
COMBIVIR	3	
CRIXIVAN	3	
<i>didanosine</i>	2	
EDURANT	5	
EMTRIVA	3	
EPIVIR	3	
EPZICOM	3	
FUZEON	5	
INTELENCE	3	
INVIRASE	3	
ISENTRESS	5	
KALETRA	3	
LEXIVA	3	
NORVIR	3	
PREZISTA 150mg, 75mg	3	
PREZISTA 400mg, 600mg	5	
RESCRIPTOR	3	
RETROVIR IV INFUSION	3	
REYATAZ	3	
SELZENTRY	5	
<i>stavudine</i>	2	
SUSTIVA	3	

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Drug Name	Drug Tier	Requirements/ Limits
TRIZIVIR	3	
TRUVADA	3	
VIDEX	3	
VIRACEPT	3	
VIRAMUNE	3	
VIRAMUNE XR	3	
VIREAD	3	
ZIAGEN	3	
<i>zidovudine</i>	2	
ANTITUBERCULAR AGENTS		
CAPASTAT SULFATE	4	
<i>ethambutol hcl</i>	2	
<i>isoniazid 100mg, 300mg</i>	1	
<i>isoniazid 100mg/ml, 50mg/5ml</i>	2	
MYCOBUTIN	3	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide</i>	2	
<i>rifampin</i>	2	
SEROMYCIN	4	
TRECTOR	4	
ANTIVIRALS		
<i>acyclovir 200mg, 400mg, 800mg</i>	1	
<i>acyclovir 200mg/5ml, 500mg</i>	2	
BARACLUDE .05mg/ml	3	
BARACLUDE .5mg, 1mg	5	
EPIVIR HBV	3	
<i>famciclovir</i>	2	
<i>ganciclovir 250mg</i>	2	
<i>ganciclovir 500mg</i>	5	
<i>ganciclovir inj 500mg</i>	2	B/D
HEPSERA	5	PA
REBETOL	5	PA
RELENZA DISKHALER	3	QL (3 inhalers / 180 days)
<i>ribavirin (hepatitis c) 200mg</i>	2	PA
<i>ribavirin (hepatitis c) 400mg, 600mg</i>	5	PA
<i>rimantadine hydrochloride</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
TAMIFLU 12mg/ml	3	QL (10.5 bottles / 180 days)
TAMIFLU 30mg	3	QL (84 caps / 180 days)
TAMIFLU 45mg, 75mg	3	QL (42 caps / 180 days)
TYZEKA	5	PA
<i>valacyclovir hcl</i>	2	
VALCYTE	5	
VICTRELIS	5	PA
MISCELLANEOUS		
ALBENZA	3	
ALINIA 100mg/5ml	3	QL (3 bottles / 30 days)
ALINIA 500mg	3	QL (12 tabs / 30 days)
CLEOCIN CAP 75MG	3	
CLEOCIN PED SOL 75MG/5ML	3	
<i>clindamycin hcl</i>	2	
<i>clindamycin phosphate</i>	2	
<i>colistimethate sodium</i>	2	B/D
CUBICIN	5	B/D
<i>dapsone</i>	2	
<i>erythromycin-sulfisoxazole</i>	2	
INVANZ	3	
MACRODANTIN CAP 25MG	3	
<i>mebendazole</i>	2	
MEPRON	5	
<i>methenamine hippurate</i>	2	
<i>metronidazole 250mg, 500mg</i>	1	
<i>metronidazole 375mg</i>	2	
<i>metronidazole in nacl</i>	2	
<i>nitrofurantoin</i>	2	
<i>nitrofurantoin macrocrystal</i>	2	
<i>nitrofurantoin monohyd macro</i>	2	
PRIMAXIN	3	
<i>sulfamethoxazole-trimethoprim iv</i>	2	
<i>sulfamethoxazole/trimetho</i>	1	
<i>sulfamethoxazole/trimetho</i>	2	
<i>trimethoprim</i>	1	
TYGACIL	4	
VANCOCIN HCL	5	

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Drug Name	Drug Tier	Requirements/ Limits
<i>vancomycin hcl</i>	2	B/D
ZYVOX	5	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BICNU	3	B/D
BUSULFEX	3	B/D
CEENU	3	
<i>cyclophosphamide</i>	2	B/D
<i>dacarbazine</i>	2	B/D
EMCYT	3	
HEXALEN	5	
IFEX	3	B/D
IFOSFAMIDE	3	B/D
LEUKERAN	3	
<i>melphalan hcl</i>	2	B/D
MUSTARGEN	3	B/D
TREANDA	5	B/D

ANTHRACYCLINES

<i>daunorubicin hcl</i>	2	B/D
DAUNOXOME	5	B/D
DOXIL	5	B/D
<i>doxorubicin hcl</i>	2	B/D
EPIRUBICIN HCL	5	B/D
<i>idarubicin hcl</i>	2	B/D

ANTIBIOTICS

<i>bleomycin sulfate</i>	2	B/D
COSMEGEN	3	B/D
<i>mitomycin</i>	2	B/D

ANTIMETABOLITES

ALIMTA	5	B/D
<i>cytarabine</i>	2	B/D
<i>fluorouracil</i>	2	B/D
<i>gemcitabine hcl</i>	5	B/D
<i>mercaptopurine</i>	2	
<i>methotrexate sodium</i> 1gm, 25mg/ml	2	B/D
<i>pentostatin</i>	2	B/D
TABLOID	3	

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Drug Name	Drug Tier	Requirements/ Limits
VIDAZA	5	B/D
ANTIMITOTIC, TAXOIDS		
<i>paclitaxel</i>	3	B/D
TAXOTERE	5	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
VINBLASTINE SULFATE	3	B/D
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i>	2	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	5	B/D
CAMPATH	3	B/D
HERCEPTIN	5	B/D
ISTODAX	5	B/D
ONTAK	3	B/D
PROLEUKIN	5	B/D
RITUXAN	5	PA
VELCADE	5	B/D
ZOLINZA	5	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i>	2	
<i>bicalutamide</i>	2	
DEPO-PROVERA INJ 400/ML	3	B/D
<i>exemestane</i>	2	
FARESTON	3	
FASLODEX	5	B/D
<i>flutamide</i>	2	
<i>letrozole</i>	2	
<i>leuprolide acetate</i>	2	PA
LUPRON DEPOT 11.25mg, 3.75mg	3	PA
LUPRON DEPOT 22.5mg, 30mg, 7.5mg	5	PA
LUPRON DEPOT-PED	5	PA
MEGACE ES	3	
<i>megestrol acetate</i>	2	
NILANDRON	3	
<i>tamoxifen citrate</i>	2	
TRELSTAR DEPOT MIXJECT	3	B/D
TRELSTAR LA MIXJECT	3	B/D
TRELSTAR MIXJECT	5	B/D

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ZYTIGA	5	PA
<i>KINASE INHIBITORS</i>		
AFINITOR	5	PA
GLEEVEC	5	PA
NEXAVAR	5	PA
SPRYCEL	5	PA
SUTENT	5	PA
TARCEVA	5	PA
TASIGNA	5	PA
TYKERB	5	PA
VANDETANIB	5	
VOTRIENT	5	PA
<i>MISCELLANEOUS</i>		
DROXIA	3	
ELSPAR	3	B/D
<i>hydroxyurea</i>	2	
IRINOTECAN	5	B/D
LYSODREN	5	
MATULANE	5	
<i>mitoxantrone hcl</i>	2	B/D
PHOTOFRIN	3	B/D
TARGRETIN 75mg	5	PA
TRETINOIN 10mg	5	capsule
TRISENOX	3	B/D
<i>NUCLEOSIDE ANALOGS</i>		
<i>cladribine</i>	2	B/D
FLUDARABINE PHOSPHATE	5	B/D
<i>PLATINUM COORDINATION COMPLEX</i>		
<i>carboplatin</i>	2	B/D
<i>cisplatin</i>	2	B/D
OXALIPLATIN	5	B/D
<i>PROTECTIVE AGENTS</i>		
<i>amifostine crystalline</i>	5	B/D
<i>dexrazoxane</i>	2	B/D
ELITEK	5	B/D
<i>ifosfamide & mesna</i>	2	B/D
<i>leucovor ca inj</i>	2	B/D

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Drug Name	Drug Tier	Requirements/ Limits
<i>leucovorin calcium 25mg, 5mg</i>	2	
LEUCOVORIN CALCIUM 10mg, 15mg	3	
<i>mesna</i>	2	B/D
MESNEX	5	

TOPOISOMERASE INHIBITORS

<i>etoposide</i>	2	B/D
<i>topotecan hcl</i>	5	B/D

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlod/benazp cap 2.5-10mg</i>	2	QL (30 caps / 30 days)
<i>amlod/benazp cap 5-10mg</i>	2	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl</i>	2	
<i>benazepril & hydrochlorothiazide</i>	1	
<i>captopril & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	2	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>moexipril-hydrochlorothiazide</i>	2	
<i>quinapril-hydrochlorothiazide</i>	2	

ACE INHIBITORS

<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	2	
<i>perindopril erbumine</i>	2	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	2	
<i>trandolapril</i>	2	

ADRENOLYTICS, CENTRAL

<i>clonidine hcl .1mg, .2mg, .3mg</i>	1	
<i>clonidine hcl .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	2	
<i>guanfacine hcl</i>	2	

ALDOSTERONE RECEPTOR ANTAGONISTS

<i>eplerenone</i>	2	PA
<i>spironolactone</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
ALPHA BLOCKERS		
<i>doxazosin mesylate</i>	2	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
ATACAND HCT	4	
AZOR	3	
BENICAR HCT	3	
BENICAR HCT TAB 20-12.5	3	QL (30 tabs / 30 days)
DIOVAN HCT	3	
DIOVAN HCT TAB 160/12.5	3	QL (30 tabs / 30 days)
DIOVAN HCT TAB 80/12.5	3	QL (30 tabs / 30 days)
EXFORGE	3	
EXFORGE HCT	3	
EXFORGE TAB 5-160MG	3	QL (30 tabs / 30 days)
EXFORGEHCT/5-160-12.5	3	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide</i>	2	
MICARDIS HCT	4	
TEVETEN HCT	4	
TRIBENZOR	3	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND	4	
BENICAR	3	
DIOVAN	3	
<i>losartan potassium</i>	2	
MICARDIS	4	
TEVETEN	4	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i>	2	
<i>amiodarone inj 50mg/ml</i>	2	B/D
<i>disopyramide phosphate</i>	2	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	3	
NORPACE CR	3	
PACERONE TAB 100MG	3	
<i>propafenone hcl</i>	2	
<i>quinidine gluconate</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>quinidine sulfate</i>	2	
<i>sotalol hcl</i>	2	
TIKOSYN	3	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
ALTOPREV 20mg	4	QL (30 ea / 30 days)
ALTOPREV 40mg, 60mg	4	
CRESTOR 10mg, 20mg, 5mg	3	QL (30 tabs / 30 days)
CRESTOR 40mg	3	
LESCOL	4	
LESCOL XL	4	
LIPITOR 10mg, 20mg, 40mg	3	QL (30 tabs / 30 days)
LIPITOR 80mg	3	
<i>lovastatin</i>	2	
<i>pravastatin sodium</i> 10mg, 20mg, 40mg	2	QL (30 tabs / 30 days)
<i>pravastatin sodium</i> 80mg	2	
<i>simvastatin</i> 10mg, 20mg, 40mg, 5mg	2	QL (30 tabs / 30 days)
<i>simvastatin</i> 80mg	2	
ANTILIPEMICS, MISCELLANEOUS		
ADVICOR	4	
ANTARA	3	
<i>cholestyramine light</i>	2	
<i>colestipol hcl</i>	2	
<i>fenofibrate</i>	2	
<i>fenofibrate micronized</i>	2	
<i>gemfibrozil</i>	2	
LIPOFEN	3	
LOVAZA	4	
NIASPAN	3	
SIMCOR	4	
TRICOR	3	
TRILIPIX	3	
VYTORIN	4	
WELCHOL	3	
ZETIA	4	ST
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>metoprolol & hydrochlorothiazide</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
BETA-BLOCKERS		
<i>acebutolol hcl</i>	2	
<i>atenolol</i>	1	
<i>bisoprolol fumarate</i>	2	
BYSTOLIC	4	
<i>carvedilol</i>	2	
COREG CR	4	
<i>labetalol hcl</i>	2	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate</i> 100mg, 25mg, 50mg	1	
<i>metoprolol tartrate</i> 1mg/ml	2	
<i>nadolol</i>	2	
<i>pindolol</i>	1	
<i>propranolol hcl</i> 10mg, 20mg, 40mg, 80mg	1	
<i>propranolol hcl</i> 120mg, 160mg, 1mg/ml, 20mg/5ml, 40mg/5ml, 60mg	2	
<i>propranolol hcl</i> 80mg	2	ext rel
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
CADUET	4	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	1	
CARDIZEM CD	3	360mg
<i>diltiazem hcl</i> 120mg, 30mg, 60mg, 90mg	1	
<i>diltiazem hcl</i> 120mg, 180mg, 240mg, 60mg, 90mg	2	ext rel
<i>diltiazem hcl</i> 25mg/5ml	2	
<i>diltiazem hcl coated beads</i>	2	ext rel
<i>diltiazem hcl extended release beads</i>	2	
<i>felodipine</i>	2	
<i>isradipine</i>	2	
<i>nifedipine</i>	2	
NIMODIPINE	3	
<i>nisoldipine</i>	2	
<i>verapamil hcl</i> 120mg, 40mg, 80mg	1	
<i>verapamil hcl</i> 100mg, 180mg, 2.5mg/ml, 200mg, 2 240mg, 300mg		
<i>verapamil hcl</i> 120mg	2	ext rel

DIGITALIS GLYCOSIDES

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Drug Name	Drug Tier	Requirements/ Limits
<i>digoxin</i> .125mg, .25mg	1	
<i>digoxin</i> .25mg/ml	2	
DIGOXIN SOL 50MCG/ML	2	
LANOXIN	3	
<i>DIRECT RENIN INHIBITORS/COMBINATIONS</i>		
AMTURNIDE	3	
TEKAMLO	3	
TEKTURNA 150mg	3	QL (30 tabs / 30 days)
TEKTURNA 300mg	3	
TEKTURNA HCT	3	
VALTURNA	3	
VALTURNA TAB 150-160	3	QL (30 tabs / 30 days)
<i>DIURETICS</i>		
<i>acetazolamide</i>	2	
<i>amiloride & hydrochlorothiazide</i>	1	
<i>amiloride hcl</i>	2	
<i>bumetanide</i>	2	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
<i>furosemide</i>	1	
<i>furosemide inj 10mg/ml</i>	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>methazolamide</i>	2	
<i>metolazone</i>	2	
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>toremide</i> 100mg, 10mg, 20mg, 5mg	2	
TORSEMIDE 20mg/2ml	3	
<i>triamterene & hydrochlorothiazide</i>	1	
<i>MISCELLANEOUS</i>		
BIDIL	3	
<i>hydralazine hcl</i>	2	
<i>methyldopa</i>	1	
<i>midodrine hcl</i>	2	
<i>minoxidil</i>	2	
RANEXA	3	PA
<i>NITRATES</i>		
ISORDIL TITRADOSE	3	

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Drug Name	Drug Tier	Requirements/ Limits
<i>isosorbide dinitrate</i> 10mg, 2.5mg, 20mg, 30mg, 5mg	1	
<i>isosorbide dinitrate</i> 40mg	2	
<i>isosorbide mononitrate</i>	2	
<i>minitran</i>	2	patch
NITRO-DUR	3	0.3mg, 0.8mg
<i>nitroglycerin</i>	2	patch
NITROLINGUAL PUMPSPRAY	3	
NITROSTAT	3	

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA	5	PA
LETAIRIS	5	PA
REMODULIN	5	B/D
REVATIO	5	PA
TRACLEER	5	LA, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>buspirone hcl</i>	2	
<i>fluvoxamine maleate</i> 100mg	2	
<i>fluvoxamine maleate</i> 25mg, 50mg	2	QL (45 tabs / 30 days)

ANTICONVULSANTS

BANZEL	4	PA
<i>carbamazepine</i> 100mg, 200mg	1	
<i>carbamazepine</i> 100mg/5ml, 200mg, 400mg	2	
CARBATROL	4	
CELONTIN	3	
DILANTIN	3	
DILANTIN INFATABS	3	
<i>divalproex sodium</i>	2	
<i>ethosuximide</i>	2	
FELBATOL	4	
<i>gabapentin</i> 100mg	2	QL (1080 caps / 30 days)
<i>gabapentin</i> 250mg/5ml	2	QL (5 bottles / 30 days)
<i>gabapentin</i> 300mg	2	QL (360 caps / 30 days)
<i>gabapentin</i> 400mg	2	QL (270 caps / 30 days)
<i>gabapentin</i> 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> 800mg	2	QL (120 tabs / 30 days)
GABITRIL	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>lamotrigine</i>	2	
<i>levetiracetam</i>	2	
LYRICA 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg	3	QL (120 caps / 30 days)
LYRICA 300mg	3	QL (60 caps / 30 days)
<i>oxcarbazepine</i>	2	
PEGANONE	3	
<i>phenytoin</i>	2	
<i>phenytoin inj 50mg/ml</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>primidone</i>	2	
SABRIL	5	PA
TEGRETOL XR TAB 100MG	3	
<i>topiramate</i>	2	
<i>valproate sodium</i>	2	
<i>valproic acid</i>	2	
VIMPAT	3	
<i>zonisamide</i>	2	

ANTIDEMENTIA

<i>donepezil 10mg</i>	2	
<i>donepezil 5mg 5mg</i>	2	QL (30 ea / 30 days)
<i>donepezil 5mg 5mg</i>	2	QL (30 tabs / 30 days)
EXELON 2mg/ml	3	QL (2 bottles / 30 days); soln
EXELON 4.6mg/24hr, 9.5mg/24hr	3	QL (30 ea / 30 days); patch
<i>galantamine cap 8mg er</i>	2	QL (30 ea / 30 days)
<i>galantamine hydrobromide</i>	2	
NAMENDA	3	
NAMENDA TITRATION PAK	3	
<i>rivastigmine tartrate 1.5mg</i>	2	QL (240 caps / 25 days)
<i>rivastigmine tartrate 3mg</i>	2	QL (120 caps / 25 days)
<i>rivastigmine tartrate 4.5mg</i>	2	QL (60 caps / 30 days)
<i>rivastigmine tartrate 6mg</i>	2	QL (60 caps / 25 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl</i>	1	
AMOXAPINE	3	
<i>bupropion hcl</i>	2	
<i>citalopram hydrobromide 10mg, 20mg</i>	1	QL (45 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
<i>citalopram hydrobromide</i> 40mg	1	
<i>citalopram oral soln</i> 10 mg/5ml	2	
<i>clomipramine hcl</i>	2	
CYMBALTA 20mg, 30mg	3	QL (30 ea / 30 days)
CYMBALTA 60mg	3	
<i>desipramine hcl</i>	2	
<i>doxepin hcl</i> 100mg, 10mg, 25mg, 50mg, 75mg	1	
<i>doxepin hcl</i> 10mg/ml, 150mg	2	
EMSAM	3	QL (30 ea / 30 days), PA
<i>fluoxetine hcl</i> 10mg, 20mg	2	QL (30 caps / 30 days)
<i>fluoxetine hcl</i> 10mg	2	QL (45 tabs / 30 days)
<i>fluoxetine hcl</i> 20mg/5ml, 40mg	2	
<i>fluoxetine tab</i> 20mg	2	
<i>imipramine hcl</i>	2	
LEXAPRO 10mg, 5mg	4	QL (45 tabs / 30 days)
LEXAPRO 20mg, 5mg/5ml	4	
<i>maprotiline hcl</i>	2	
MARPLAN	3	
<i>mirtazapine</i> 15mg	2	QL (45 ea / 30 days)
<i>mirtazapine</i> 15mg, 7.5mg	2	QL (45 tabs / 30 days)
<i>mirtazapine</i> 30mg, 45mg	2	
<i>nefazodone hcl</i>	2	
<i>nortriptylin oral sol</i> 10mg/5ml	2	
<i>nortriptyline hcl</i>	1	
<i>paroxetine hcl</i> 10mg, 20mg	2	QL (45 tabs / 30 days)
<i>paroxetine hcl</i> 10mg/5ml, 25mg, 30mg, 37.5mg, 40mg	2	
<i>paroxetine hcl</i> 12.5mg	2	QL (30 ea / 30 days)
<i>phenelzine sulfate</i>	2	
PRISTIQ 100mg	4	ST
PRISTIQ 50mg	4	QL (30 ea / 30 days), ST
<i>protriptyline hcl</i>	2	
<i>sertraline hcl</i> 100mg, 20mg/ml	2	
<i>sertraline hcl</i> 25mg, 50mg	2	QL (45 tabs / 30 days)
SURMONTIL	3	
<i>tranylcypromine sulfate</i>	2	
<i>trazodone hcl</i> 100mg, 150mg, 50mg	1	
<i>trazodone hcl</i> 300mg	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>venlafaxine hcl</i> 100mg, 150mg, 25mg, 37.5mg, 50mg, 75mg	2	
<i>venlafaxine hcl</i> 37.5mg, 75mg	2	QL (30 ea / 30 days); ext rel
VIIBRYD	4	ST
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i>	2	
APOKYN	5	
AZILECT	3	
<i>benztropine mesylate</i> .5mg, 1mg, 2mg	1	
<i>benztropine mesylate</i> 1mg/ml	2	
<i>bromocriptine mesylate</i>	2	
<i>carbidopa-levodopa</i>	2	
COMTAN	3	
<i>pramipexole dihydrochloride</i>	2	
REQUIP XL	4	
<i>ropinirole hydrochloride</i>	2	
<i>selegiline hcl</i>	2	
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
<i>trihexyphenidyl hcl</i>	2	
ANTIPSYCHOTICS		
ABILIFY 10mg, 15mg, 5mg	4	QL (30 tabs / 30 days), ST
ABILIFY 1mg/ml, 20mg, 2mg, 30mg	4	ST
ABILIFY 9.75mg/1.3ml	4	
ABILIFY DISCMELT	4	ST
CHLORPROMAZ INJ 25MG/ML	3	
<i>chlorpromazine hcl</i>	2	
<i>clozapine</i> 100mg, 25mg, 50mg	2	
CLOZAPINE 200mg	2	
FANAPT	4	ST
FANAPT TITRATION PACK	4	ST
FAZACLO	4	PA
<i>fluphenazine decanoate</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>fluphenazine hcl</i>	2	
GEODON 20mg	4	QL (240 caps / 30 days)
GEODON 40mg	4	QL (120 caps / 30 days)
GEODON 60mg, 80mg	4	QL (60 caps / 30 days)
GEODON INJ	4	
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i>	2	
<i>haloperidol lactate</i>	2	
INVEGA 1.5mg, 3mg	4	QL (30 ea / 30 days), ST
INVEGA 6mg, 9mg	4	ST
INVEGA SUSTENNA 39mg/0.25ml, 78mg/0.5ml	4	PA
INVEGA SUSTENNA 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	PA
LATUDA	4	ST
<i>loxapine succinate</i>	2	
ORAP	3	
<i>perphenazine</i>	2	
RISPERDAL CONSTA 12.5mg, 25mg	3	QL (2 vials / 30 days), PA
RISPERDAL CONSTA 37.5mg, 50mg	5	QL (2 vials / 30 days), PA
<i>risperidone</i> .25mg, .5mg	2	QL (90 ea / 30 days); ODT
<i>risperidone</i> .25mg, .5mg	2	QL (90 tabs / 30 days)
<i>risperidone</i> 1mg, 2mg, 3mg	2	QL (60 ea / 30 days); ODT
<i>risperidone</i> 1mg, 2mg, 3mg	2	QL (60 tabs / 30 days)
<i>risperidone</i> 1mg/ml, 4mg	2	
SAPHRIS	4	ST
SEROQUEL 100mg	3	QL (240 tabs / 30 days)
SEROQUEL 200mg	3	QL (120 tabs / 30 days)
SEROQUEL 25mg	3	QL (960 tabs / 30 days)
SEROQUEL 300mg, 400mg	3	QL (60 tabs / 30 days)
SEROQUEL 50mg	3	QL (480 tabs / 30 days)
SEROQUEL XR 150mg, 200mg	3	QL (30 ea / 30 days)
SEROQUEL XR 300mg, 400mg	3	QL (60 ea / 30 days)
SEROQUEL XR 50mg	3	QL (120 ea / 30 days)
<i>thioridazine hcl</i>	2	PA
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	
ZYPREXA 10mg, 15mg, 20mg	4	

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Drug Name	Drug Tier	Requirements/ Limits
ZYPREXA 2.5mg, 5mg, 7.5mg	4	QL (30 tabs / 30 days)
ZYPREXA ZYDIS 10mg, 15mg, 20mg	4	
ZYPREXA ZYDIS 5mg	4	QL (30 ea / 30 days)
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine</i>	2	PA
CONCERTA	4	PA
<i>dextroamphetamine sulfate</i>	2	PA
METADATE CD	4	PA
METHYLIN	4	PA
<i>methylphenidate hcl</i> 10mg, 20mg	2	ext rel
<i>methylphenidate hcl</i> 10mg, 10mg/5ml, 20mg, 5mg, 5mg/5ml	2	PA
RITALIN LA	4	PA
STRATTERA	3	PA
HYPNOTICS		
LUNESTA	4	QL (30 tabs / 30 days), ST
<i>zaleplon</i>	2	QL (30 caps / 30 days)
<i>zolpidem tartrate</i>	1	QL (30 tabs / 30 days)
MIGRAINE		
<i>dihydroergotamine mesylate</i>	2	
<i>ergotamine w/ caffeine</i>	2	
FROVA	4	QL (18 tabs / 30 days), ST
MAXALT	3	QL (12 tabs / 30 days)
MAXALT-MLT	3	QL (12 ea / 30 days)
MIGERGOT	3	
RELPAK	4	QL (12 tabs / 30 days), ST
<i>sumatriptan succinate</i> 100mg, 25mg, 50mg	2	QL (9 tabs / 30 days)
<i>sumatriptan succinate</i> 4mg/0.5ml, 6mg/0.5ml	2	QL (20 vials / 30 days)
ZOMIG 2.5mg, 5mg	4	QL (12 tabs / 30 days), ST
ZOMIG 5mg	4	QL (2 bottles / 30 days), ST
ZOMIG ZMT	4	QL (12 ea / 30 days), ST
MISCELLANEOUS		
GUANIDINE HCL	3	
LITHIUM CARB TAB 300MG	2	
<i>lithium carbonate</i>	2	
LITHIUM CITRATE	3	
MESTINON	3	
MESTINON TIMESPAN	3	

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Drug Name	Drug Tier	Requirements/ Limits
NUEDEXTA	4	PA
<i>pyridostigmine bromide</i>	2	
REGONOL	3	
RILUTEK	5	
SAVELLA 100mg	4	QL (60 tabs / 30 days)
SAVELLA 12.5mg, 25mg, 50mg	4	
SAVELLA TITRATION PACK	4	
XENAZINE	5	PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	5	PA
AVONEX	5	QL (4 syringes / 28 days), PA
COPAXONE	5	QL (30 syringes / 30 days), PA
EXTAVIA	5	QL (14 syringes / 28 days), PA
GILENYA	5	PA
REBIF	5	QL (12 syringes / 28 days), PA
REBIF TITRATION PACK	5	QL (12 syringes / 28 days), PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i>	2	
<i>carisoprodol</i>	2	QL (120 tabs / 30 days), PA
<i>chlorzoxazone</i>	1	PA
<i>cyclobenzaprine hcl</i>	2	PA
<i>dantrolene sodium</i>	2	
<i>metaxalone</i>	2	PA
<i>methocarbamol</i>	1	PA
<i>orphenadrine citrate</i>	2	PA; tablet
<i>orphenadrine w/ aspirin & caff</i>	2	PA
ROBAXIN INJ 100MG/ML	3	
<i>tizanidine hcl</i>	2	
NARCOLEPSY/CATAPLEXY		
NUVIGIL	3	PA
PROVIGIL 100mg	4	QL (90 tabs / 30 days), PA
PROVIGIL 200mg	4	QL (60 tabs / 30 days), PA
XYREM	5	LA, PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>PSYCHOTHERAPEUTIC-MISCELLANEOUS</i>		
ANTABUSE	3	
<i>buprenorphine hcl</i>	2	PA
<i>bupropion hcl (smoking deterrent)</i>	2	
CAMPRAL	3	PA
CHANTIX	4	PA
<i>naloxone hcl</i>	2	
<i>naltrexone hcl</i>	2	
NICOTROL INHALER	4	PA
NICOTROL NS	4	PA
<i>perphenazine-amitriptyline</i>	2	
SUBOXONE SL FILM	3	PA
ENDOCRINE AND METABOLIC		
<i>ANDROGENS</i>		
ANADROL-50	5	PA
ANDRODERM	3	QL (30 ea / 30 days), PA
ANDROGEL	3	QL (300 gm / 30 days), PA
ANDROGEL PUMP	3	QL (150 gm / 30 days), PA
ANDROXY	3	PA
<i>oxandrolone 2.5mg</i>	2	PA
<i>oxandrolone 10mg</i>	5	PA
TESTIM	4	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i>	2	
<i>testosterone enanthate</i>	2	
<i>ANTIDIABETICS, INJECTABLE</i>		
ALCOHOL PREPS	3	
APIDRA	3	
APIDRA SOLOSTAR	3	
BYETTA	3	QL (1 pen / 30 days), PA
HUMALOG	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 PEN	3	
HUMULIN N	3	

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Drug Name	Drug Tier	Requirements/ Limits
HUMULIN N U-100 PEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTR	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
NOVOLIN 70/30	3	
NOVOLIN N	3	
NOVOLIN R	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILL	3	
SYMLIN	3	PA
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
VICTOZA	3	QL (3 pens / 30 days)

ANTIDIABETICS, ORAL

<i>acarbose</i>	2	
ACTOPLUS MET	3	QL (90 tabs / 30 days)
ACTOS 15mg	3	QL (90 tabs / 30 days)
ACTOS 30mg	3	QL (45 tabs / 30 days)
ACTOS 45mg	3	QL (30 tabs / 30 days)
DUETACT	3	QL (30 tabs / 30 days)
<i>glimepiride</i> 1mg	1	QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg	1	QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> 2.5mg	2	QL (240 ea / 30 days); ext rel
<i>glipizide er tab</i> 10mg	2	QL (60 ea / 30 days)
<i>glipizide er tab</i> 5mg	2	QL (120 ea / 30 days)
<i>glipizide-metformin hcl</i>	2	
<i>glyburide</i> 1.25mg	2	QL (480 tabs / 30 days)
<i>glyburide</i> 2.5mg	2	QL (240 tabs / 30 days)
<i>glyburide</i> 5mg	2	QL (120 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
<i>glyburide micronized</i> 1.5mg	1	QL (240 tabs / 30 days)
<i>glyburide micronized</i> 3mg	1	QL (120 tabs / 30 days)
<i>glyburide micronized</i> 6mg	1	QL (60 tabs / 30 days)
<i>glyburide-metformin</i>	2	
JANUMET	3	
JANUVIA 100mg	3	
JANUVIA 25mg, 50mg	3	QL (30 tabs / 30 days)
KOMBIGLYZE XR	3	
<i>metformin hcl</i> 1000mg, 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> 750mg	1	QL (90 ea / 30 days)
<i>metformin tab</i> 500mg <i>er</i>	1	QL (120 ea / 30 days)
<i>nateglinide</i>	2	
ONGLYZA 2.5mg	3	QL (30 tabs / 30 days)
ONGLYZA 5mg	3	
PRANDIN	3	
BISPHOSPHONATES		
ACTONEL	4	
<i>alendronate sodium</i> 10mg, 40mg, 5mg	2	
<i>alendronate sodium</i> 35mg, 70mg	2	QL (4 tabs / 30 days)
BONIVA 150mg	3	
BONIVA 3mg/3ml	3	B/D
ZOMETA	5	B/D
CALCITONINS		
<i>calcitonin (salmon)</i>	2	
MIACALCIN	3	B/D; injection
CALCIUM RECEPTOR ANTAGONISTS		
SENSIPAR 30mg	3	
SENSIPAR 60mg, 90mg	5	
CHELATING AGENTS		
EXJADE 125mg	3	PA
EXJADE 250mg, 500mg	5	PA
<i>sodium polystyrene sulfonate</i>	2	
SYPRINE	3	
CONTRACEPTIVES		
<i>desogestrel & ethinyl estradiol</i>	2	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>drospirenone-ethinyl estradiol</i>	2	
<i>ethynodiol diacet & eth estrad</i>	2	
<i>levonorgestrel & eth estradiol</i>	2	
<i>levonorgestrel (emergency oc)</i>	2	
<i>levonorgestrel-eth estradiol (triphasic)</i>	2	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	2	
<i>medroxyprogesterone acetate (contraceptive)</i>	2	QL (1 vial / 90 days)
NECON 10/11-28	3	
<i>norethin acet & estrad-fe</i>	2	
<i>norethindrone & eth estradiol</i>	2	
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acet & eth estra</i>	2	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	2	
<i>norethindrone-eth estradiol (triphasic)</i>	2	
<i>norgestimate-ethinyl estradiol</i>	2	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	2	
<i>norgestrel & ethinyl estradiol</i>	2	
NUVARING	3	
ORTHO EVRA	3	
ORTHO TRI-CYCLEN LO	3	
<i>zovia</i>	2	

ENDOMETRIOSIS

<i>danazol</i>	2	
SYNAREL	3	

ENZYME REPLACEMENTS

ADAGEN	5	PA
ALDURAZYME	5	PA
BUPHENYL	5	
CEREZYME	5	PA
CYSTADANE	5	
CYSTAGON	3	
ELAPRASE	5	PA
FABRAZYME	5	PA
KUVAN	5	PA
<i>levocarnitine (metabolic modifiers)</i>	2	B/D; tab and solution
MYOZYME	5	PA
NAGLAZYME	5	PA
ORFADIN	5	PA

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Drug Name	Drug Tier	Requirements/ Limits
VPRIV	5	PA
ZAVESCA	5	PA
ESTROGEN/PROGESTINS		
<i>norethindrone acetate-ethinyl estradiol</i>	2	
ESTROGENS		
ESTRACE	4	
ESTRADERM	3	
<i>estradiol .5mg, 1mg, 2mg</i>	1	
<i>estradiol .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr</i>	2	
ESTRING	4	
<i>estropipate</i>	1	PA
FEMRING	4	
VAGIFEM	4	
VIVELLE-DOT	3	
GLUCOCORTICOIDS		
<i>cortisone acetate</i>	2	
<i>dexamethasone .5mg, .75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
<i>dexamethasone .5mg/5ml</i>	2	
DEXAMETHASONE INTENSOL	3	
<i>dexamethasone sodium phosphate</i>	2	
<i>fludrocortisone acetate</i>	2	
<i>hydrocortisone</i>	2	
<i>hydrocortisone sod succinate</i>	2	
<i>methylprednisolone 4mg</i>	1	
<i>methylprednisolone 16mg, 32mg, 8mg</i>	2	
<i>methylprednisolone acetate</i>	2	
<i>methylprednisolone sod succ</i>	2	
<i>prednisolone sodium phosphate</i>	2	
<i>prednisone 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>prednisone 5mg/5ml</i>	2	
PREDNISONE INTENSOL	3	
SOLU-CORTEF	3	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	

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PROGLYCEM	3	
<i>HUMAN GROWTH HORMONES</i>		
NORDITROPIN FLEXPRO	5	PA
NORDITROPIN NORDIFLEX PEN	5	PA
<i>MISCELLANEOUS</i>		
<i>cabergoline</i>	2	
<i>chorionic gonadotropin</i>	2	PA
INCRELEX	5	PA
<i>octreotide acetate</i> 100mcg/ml, 200mcg/ml, 50mcg/ml	3	PA
<i>octreotide acetate</i> 1000mcg/ml, 500mcg/ml	5	PA
PROLIA	4	PA
SANDOSTATIN LAR DEPOT	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
<i>PARATHYROID HORMONES</i>		
FORTEO	5	PA
<i>PHOSPHATE BINDER AGENTS</i>		
<i>calcium acetate (phosphate binder)</i>	2	
FOSRENOL	3	
PHOSLO	3	
RENAGEL	3	
RENVELA	3	
<i>PROGESTINS</i>		
<i>medroxyprogesterone acetate</i>	1	
<i>norethindrone acetate</i>	2	
PROMETRIUM	4	
<i>SELECTIVE ESTROGEN RECEPTOR MODULATORS</i>		
EVISTA	3	
<i>THYROID AGENTS</i>		
<i>levothyroxine sodium</i>	1	
<i>liothyronine sodium</i>	2	tablet
<i>methimazole</i>	2	
<i>propylthiouracil</i>	1	
SYNTHROID	3	
<i>VASOPRESSINS</i>		
<i>desmopressin acetate</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>desmopressin acetate refrigerated</i>	2	
<i>desmopressin acetate spray refrigerated</i>	2	

GASTROINTESTINAL

ANTIEMETICS

DRONABINOL 2.5mg, 5mg	3	QL (60 caps / 30 days), PA
DRONABINOL 10mg	5	QL (60 caps / 30 days), PA
EMEND 80mg	3	B/D, QL (4 caps / 30 days)
EMEND 125mg	3	B/D, QL (2 caps / 30 days)
EMEND 40mg	3	
<i>granisetron hcl</i>	2	B/D
<i>meclizine hcl</i>	2	
<i>metoclopram inj 5mg/ml</i>	2	
<i>metoclopramide hcl</i>	1	
<i>ondansetron</i>	2	B/D
<i>ondansetron hcl</i>	2	B/D
<i>ondansetron inj</i>	2	B/D
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate</i>	2	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl 6.25mg/5ml</i>	1	PA
<i>promethazine hcl 12.5mg, 25mg, 50mg</i>	2	PA
<i>promethazine hcl inj</i>	2	
SANCUSO	3	QL (4 ptch / 30 days), PA
TRANSDERM-SCOP	3	QL (24 ea / year), PA
<i>trimethobenzamide hcl</i>	2	PA

ANTISPASMODICS

<i>dicyclomine hcl 10mg, 20mg</i>	1	PA
<i>dicyclomine hcl 10mg/5ml</i>	2	PA
<i>dicyclomine inj</i>	2	
<i>glycopyrrolate</i>	2	

H2-RECEPTOR ANTAGONISTS

<i>cimetidine</i>	1	
<i>cimetidine inj 150mg/ml</i>	2	
<i>cimetidine sol 300/5ml</i>	2	
<i>cimetidine tab 200 mg</i>	1	
<i>famotidine 20mg, 40mg</i>	1	
<i>famotidine 10mg/ml, 40mg/5ml</i>	2	
<i>ranitidine hcl 150mg, 300mg</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>ranitidine hcl</i> 150mg, 150mg/6ml, 15mg/ml, 300mg	2	
<i>INFLAMMATORY BOWEL DISEASE</i>		
APRISO	3	
ASACOL	4	
<i>balsalazide disodium</i>	2	
CANASA	3	
DIPENTUM	4	
ENTOCORT EC	5	
<i>hydrocortisone (intrarectal)</i>	2	
LIALDA	3	
<i>mesalamine</i>	2	
PENTASA	3	
<i>sulfasalazine</i>	2	
<i>LAXATIVES</i>		
KRISTALOSE	4	
<i>lactulose</i>	2	
<i>lactulose (encephalopathy)</i>	2	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	2	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>polyethylene glycol 3350</i>	2	
RELISTOR	3	PA
VISICOL	4	
<i>MISCELLANEOUS</i>		
AMITIZA	3	QL (60 caps / 30 days), ST
CARAFATE	3	suspension
<i>diphenoxylate w/ atropine</i>	2	PA; tablet
<i>diphenoxylate w/ atropine</i>	2	PA
GASTROCROM	5	
<i>loperamide hcl</i>	1	
LOTRONEX	3	
<i>misoprostol</i>	2	
<i>sucrafate</i>	2	
<i>ursodiol</i>	2	
XIFAXAN TAB 550MG	5	PA
<i>PANCREATIC ENZYMES</i>		
CREON	4	ST

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Drug Name	Drug Tier	Requirements/ Limits
PANCREAZE	3	
ZENPEP	3	

PROTON PUMP INHIBITOR/ANTI-INFECTIVE COMBINATIONS

PREVPAC	3	QL (1 box / year)
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PROTON PUMP INHIBITORS

DEXILANT	3	QL (30 ea / 30 days)
<i>lansoprazole</i>	3	QL (30 ea / 30 days)
<i>lansoprazole odt</i>	3	QL (30 ea / 30 days)
NEXIUM	3	QL (30 ea / 30 days)
NEXIUM GRANULES	3	QL (30 / 30 days)
NEXIUM I.V.	3	
<i>omeprazole 10mg</i>	2	QL (30 ea / 30 days)
<i>omeprazole 20mg</i>	2	QL (60 ea / 30 days)
<i>omeprazole 40mg</i>	3	QL (30 ea / 30 days)
<i>pantoprazole sodium</i>	3	QL (30 ea / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>finasteride</i>	2	
<i>tamsulosin hcl</i>	2	
UROXATRAL	3	ST

MISCELLANEOUS

<i>bethanechol chloride</i>	2	
ELMIRON	4	
<i>potassium citrate (alkalinizer)</i>	2	

URINARY ANTISPASMODICS

DETROL	4	ST
DETROL LA 2mg	3	QL (30 ea / 30 days)
DETROL LA 4mg	3	
ENABLEX 15mg	3	
ENABLEX 7.5mg	3	QL (30 ea / 30 days)
GELNIQUE	3	
<i>oxybutynin chloride 5mg</i>	1	
<i>oxybutynin chloride 10mg, 15mg, 5mg</i>	2	ext rel
<i>oxybutynin chloride 5mg/5ml</i>	2	
OXYTROL	4	ST
SANCTURA XR	4	ST
TOVIAZ 4mg	4	QL (30 ea / 30 days), ST

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Drug Name	Drug Tier	Requirements/ Limits
TOVIAZ 8mg	4	ST
<i>trospium chloride</i>	2	
VESICARE 10mg	3	
VESICARE 5mg	3	QL (30 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

CLEOCIN VAG SUPP 100MG	3	
<i>clindamycin cre 2% vag</i>	2	
<i>metronidazole vaginal</i>	2	
<i>terconazole vaginal</i>	2	

HEMATOLOGIC

ANTICOAGULANTS

ARIXTRA 2.5mg/0.5ml	3	QL (60 syringes / 180 days)
ARIXTRA 10mg/0.8ml	5	QL (38 syringes / 180 days)
ARIXTRA 5mg/0.4ml	5	QL (75 syringes / 180 days)
ARIXTRA 7.5mg/0.6ml	5	QL (50 syringes / 180 days)
COUMADIN	3	
<i>enoxaparin sodium</i> 100mg/ml, 150mg/ml	2	QL (60 syringes / 180 days)
<i>enoxaparin sodium</i> 120mg/0.8ml, 80mg/0.8ml	2	QL (75 syringes / 180 days)
<i>enoxaparin sodium</i> 30mg/0.3ml, 40mg/0.4ml	2	QL (150 syringes / 180 days)
<i>enoxaparin sodium</i> 60mg/0.6ml	2	QL (100 syringes / 180 days)
FRAGMIN 25000unit/ml	3	QL (30 mls per 180 days)
FRAGMIN 2500unit/0.2ml	3	QL (30 ml / 180 days)
FRAGMIN 5000unit/0.2ml	3	QL (150 syringes / 180 days)
FRAGMIN 10000unit/ml	5	QL (30 syringes / 180 days)
FRAGMIN 12500unit/0.5ml	5	QL (60 syringes / 180 days)
FRAGMIN 15000unit/0.6ml	5	QL (50 syringes / 180 days)
FRAGMIN 18000unt/0.72ml	5	QL (42 syringes / 180 days)
FRAGMIN 7500unit/0.3ml	5	QL (100 syringes / 180 days)
HEP SOD/NAACL INJ 25000	3	B/D
<i>heparin (porcine) in sodium chloride</i>	2	B/D
<i>heparin sod (porcine) in d5w</i>	2	B/D
HEPARIN SOD INJ 2000/ML	3	B/D
<i>heparin sodium (porcine)</i>	2	B/D
PRADAXA	3	

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Drug Name	Drug Tier	Requirements/ Limits
<i>warfarin sodium</i>	1	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE 25mcg/0.42ml, 25mcg/ml, 40mcg/0.4ml, 40mcg/ml, 60mcg/0.3ml, 60mcg/ml	3	PA
ARANESP ALBUMIN FREE 100mcg/0.5ml, 100mcg/ml, 150mcg/0.3ml, 200mcg/0.4ml, 200mcg/ml, 300mcg/0.6ml, 300mcg/ml, 500mcg/ml	5	PA
LEUKINE	5	PA
MOZOBIL	5	PA
NEUPOGEN	5	PA
PROCRIT 10000unit/ml, 2000unit/ml, 3000unit/ml, 4000unit/ml	3	QL (12 vials / 30 days), PA
PROCRIT 20000unit/ml	5	QL (12 vials / 30 days), PA
PROCRIT 40000unit/ml	5	QL (6 vials / 30 days), PA
MISCELLANEOUS		
<i>anagrelide hcl</i>	2	PA
<i>cilostazol</i>	2	
CYKLOKAPRON	3	
<i>pentoxifylline</i>	2	
PROMACTA	5	PA
PLATELET AGGREGATION INHIBITORS		
AGGRENOX	3	
<i>dipyridamole</i>	2	PA
EFFIENT	3	
PLAVIX 300mg	3	QL (1 tab / 25 days)
PLAVIX 75mg	3	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ACTEMRA	5	PA
ENBREL	5	PA
HUMIRA	5	PA
HUMIRA PEN-CROHNS DISEASE	5	PA
<i>hydroxychloroquine sulfate</i>	2	
<i>leflunomide</i>	2	
<i>methotrexate sodium</i> 2.5mg	2	
REMICADE	5	PA

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RHEUMATREX	3	
IMMUNOGLOBULINS		
GAMASTAN S/D	3	B/D
GAMMAGARD LIQUID	5	PA
GAMUNEX	5	PA
IMMUNOMODULATORS		
ACTIMMUNE	5	PA
ARCALYST	5	PA
INFERGEN	5	PA
INTRON-A	5	B/D
INTRON-A W/DILUENT	5	B/D
PEG-INTRON	5	PA
PEG-INTRON REDIPEN	5	PA
PEGASYS	5	PA
REVLIMID	5	LA, PA
THALOMID	5	PA
IMMUNOSUPPRESSANTS		
AZASAN	3	B/D
<i>azathioprine</i>	2	B/D
<i>azathioprine inj 100mg</i>	2	B/D
CELLCEPT	3	B/D
<i>cyclosporine</i>	2	B/D
<i>cyclosporine modified (for microemulsion)</i>	2	B/D
<i>mycophenolate mofetil</i>	2	B/D
MYFORTIC	3	B/D
NEORAL	3	B/D
PROGRAF .5mg, 1mg	3	B/D
PROGRAF 5mg	5	B/D
RAPAMUNE	3	B/D
SANDIMMUNE	3	B/D
<i>tacrolimus .5mg, 1mg</i>	2	B/D
<i>tacrolimus 5mg</i>	5	B/D
ZORTRESS .25mg, .5mg	3	B/D
ZORTRESS .75mg	5	B/D
VACCINES		
ACTHIB	3	
ADACEL	3	
BOOSTRIX	3	

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Drug Name	Drug Tier	Requirements/ Limits
CERVARIX	3	
COMVAX	3	
DAPTACEL	3	
DECAVAC	3	B/D
DIPHThERIA/TETANUS TOXOID	3	B/D
ENGERIX-B	3	B/D
GARDASIL	3	
HAVRIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
JE-VAX	3	
M-M-R II W/DILUENT 10 DOS	3	
MENACTRA	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
PEDVAX HIB	3	
PROQUAD	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTATEQ	3	
TETANUS TOXOID ADSORBED	3	B/D
TETANUS/DIPHThERIA TOXOID	3	B/D
TRIPEDIA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 vial in lifetime)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

KLOR-CON M15	3	
<i>parenteral electrolytes</i>	2	B/D
<i>potassium chloride 10meq, 2meq/ml, 8meq</i>	2	
<i>potassium chloride microencapsulated crystals cr 2</i>	2	
<i>sodium chloride 2.5meq/ml</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>IV NUTRITION</i>		
<i>amino acid electrolyte infusion</i>	2	B/D
<i>amino acid infusion</i>	2	B/D
AMINOSYN	3	B/D
AMINOSYN II	3	B/D
AMINOSYN II 3.5%/DEXTROSE	3	B/D
AMINOSYN II 3.5%/DEXTROSE	3	B/D
AMINOSYN II 4.25%/DEXTROSE	3	B/D
AMINOSYN II 5%/DEXTROSE 25	3	B/D
AMINOSYN II M 3.5%/DEXTRO	3	B/D
AMINOSYN M	3	B/D
AMINOSYN-HBC	3	B/D
AMINOSYN-PF	3	B/D
AMINOSYN-PF 7%	3	B/D
CLINIMIX 2.75%/DEXTROSE 5	3	B/D
CLINIMIX 4.25%/DEXTROSE 1	3	B/D
CLINIMIX 4.25%/DEXTROSE 2	3	B/D
CLINIMIX 4.25%/DEXTROSE 5	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 5%/DEXTROSE 25%	3	B/D
CLINIMIX E 2.75%/DEXTROSE	3	B/D
CLINIMIX E 4.25%/DEXTROSE	3	B/D
CLINIMIX E 5%/DEXTROSE 15	3	B/D
CLINIMIX E 5%/DEXTROSE 20	3	B/D
CLINIMIX E 5%/DEXTROSE 25	3	B/D
<i>fat emulsion</i>	2	B/D
FREAMINE III 3%	3	B/D
HEPATASOL	3	B/D
INTRALIPID	3	B/D
LIPOSYN II	3	B/D
LIPOSYN III	3	B/D
NEPHRAMINE	3	B/D
PREMASOL	3	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D
TRAVASOL	3	B/D
TROPHAMINE	3	B/D

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Drug Name	Drug Tier	Requirements/ Limits
<i>IV REPLACEMENT SOLUTIONS</i>		
<i>dextrose</i>	2	
DEXTROSE 5%	3	
DEXTROSE 5%/POTASSIUM CHL	3	
<i>dextrose w/ sodium chloride</i>	2	
<i>electrolyte-m in dextrose</i>	2	
<i>electrolyte-r</i>	2	
<i>electrolyte-r in dextrose</i>	2	
IONOSOL-B/DEXTROSE 5%	3	
IONOSOL-MB/DEXTROSE 5%	3	
IONOSOL-T/DEXTROSE 5%	3	
ISOLYTE-H/DEXTROSE 5%	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S	3	
ISOLYTE-S/DEXTROSE 5%	3	
KCL 0.15%/D10W/NACL 0.2%	3	
KCL 0.15%/D5W/LR	3	
KCL 0.15%/D5W/NACL 0.225%	3	
KCL 0.3%/D5W/NACL 0.9%	3	
<i>lactated ringer's</i>	2	
MAGNESIUM SULFATE IN D5W	3	
NORMOSOL-R	3	
PLASMA-LYTE 56	3	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
PLASMA-LYTE-148/D5W	3	
PLASMA-LYTE-56/D5W	3	
<i>potassium chloride .4meq/ml, 10meq/100ml, 10meq/50ml, 30meq/100ml</i>	2	
POTASSIUM CHLORIDE 0.3%/	3	
<i>potassium chloride in d5w lactated ringers</i>	2	
<i>potassium chloride in dextrose</i>	2	
<i>potassium chloride in dextrose & sodium chloride</i>	2	
<i>potassium chloride in nacl</i>	2	
<i>ringer's</i>	2	
<i>sodium chloride .45%, .9%, 3%, 5%</i>	2	
<i>VITAMINS</i>		
<i>calcitriol</i>	2	B/D

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Drug Name	Drug Tier	Requirements/ Limits
HECTOROL	4	B/D
ZEMPLAR	3	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-poly-neomycin-hc</i>	2	
BLEPHAMIDE S.O.P.	3	
<i>neomycin-polymy-dexameth</i>	1	
<i>neomycin-polymyxin-hc (ophth)</i>	2	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX	4	
<i>tobramycin-dexamethasone</i>	2	

ANTI-INFECTIVES

AZASITE	3	
<i>bacitracin (ophthalmic)</i>	2	
<i>bacitracin-polymyxin b (ophth)</i>	2	
CILOXAN	3	ointment
<i>ciprofloxacin hcl (ophth)</i>	2	
<i>erythromycin (ophth)</i>	1	
<i>gentamicin sulfate (ophth) .3%</i>	1	
<i>gentamicin sulfate (ophth) .3%</i>	2	ointment
<i>levofloxacin (ophth)</i>	2	
NATACYN	3	
<i>neomycin-bacitracin zn-polymyxin</i>	2	
<i>neomycin-polymy-gramicid</i>	2	
<i>ofloxacin (ophth)</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacetamide sodium (ophth)</i>	1	
<i>tobramycin sulfate (ophth)</i>	1	
TOBREX OINT 0.3%	3	
<i>trifluridine</i>	2	
VIGAMOX	3	
ZYMAR	3	
ZYMAXID	3	

ANTI-INFLAMMATORIES

<i>bromfenac sodium (ophth)</i>	2	
<i>dexamethasone sodium phosphate (ophth)</i>	2	
<i>diclofenac sodium (ophth)</i>	2	
<i>fluorometholone (ophth)</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>flurbiprofen sodium</i>	1	
FML	3	oint
<i>ketorolac tromethamine (ophth)</i>	2	
LOTEMAX	4	
PRED MILD	4	
<i>prednisolone acetate (ophth)</i>	1	
PREDNISOLONE SODIUM PHOSP	3	
ANTIALLERGICS		
ALOCRI	4	
ALOMIDE	4	
ALREX	3	
<i>azelastine hcl (ophth)</i>	2	
<i>cromolyn sodium (ophth)</i>	1	
PATADAY	3	
PATANOL	3	
ANTIGLAUCOMA		
ALPHAGAN P	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	2	
BETIMOL	4	
BETOPTIC-S	3	
<i>brimonidine tartrate</i>	2	
<i>carteolol hcl (ophth)</i>	2	
COMBIGAN	3	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl-timolol maleate</i>	2	
<i>latanoprost</i>	2	QL (2.5ml / 30 days)
<i>levobunolol hcl</i>	1	
LUMIGAN	3	QL (2.5ml / 30 days)
<i>metipranolol</i>	2	
PILOPINE HS	3	
<i>timolol maleate (ophth) .25%, .5%</i>	1	
<i>timolol maleate (ophth) .25%, .5%</i>	2	gel
TRAVATAN Z	3	QL (2.5ml / 30 days)
MISCELLANEOUS		
LACRISERT	3	
<i>naphazoline hcl</i>	1	
<i>proparacaine hcl</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
RESTASIS	3	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
COMBIVENT	3	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol</i>	2	B/D
ANTICHOLINERGICS		
ATROVENT HFA	3	QL (2 inhalers / 30 days)
<i>ipratropium bromide (nasal)</i>	2	
<i>ipratropium sol inhal</i>	2	B/D
SPIRIVA HANDHALER	3	QL (30 caps / 30 days)
ANTI-HISTAMINES		
ASTEPRO	3	QL (2 spray-bottles / 30 days)
<i>azelastine hcl</i>	2	QL (2 bottles / 30 days)
<i>cetirizine hcl</i>	2	syrup
<i>clemastine fumarate</i>	2	
<i>cyproheptadine hcl</i>	2	PA
<i>diphenhydramine hcl</i>	2	
<i>fexofenadine hcl</i>	2	
<i>hydroxyzine hcl</i>	2	PA
<i>hydroxyzine hcl inj</i>	2	
<i>hydroxyzine pamoate</i>	2	PA
<i>levocetirizine tab 5 mg</i>	2	
BETA AGONISTS		
<i>albuterol sulfate</i> 2mg, 2mg/5ml, 4mg	1	
<i>albuterol sulfate</i> .083%, .5%, .63mg/3ml, 1.25mg/3ml	2	B/D
<i>albuterol sulfate</i> 4mg, 8mg	2	
FORADIL AEROLIZER	3	QL (60 caps / 30 days)
<i>levalbuterol hcl</i>	2	B/D
PERFOROMIST	4	B/D
PROAIR HFA	3	QL (2 inhalers / 30 days)
SEREVENT DISKUS	4	QL (1 inhaler / 30 days)
<i>terbutaline sulfate</i>	2	
XOPENEX	4	B/D
LEUKOTRIENE RECEPTOR ANTAGONISTS		
SINGULAIR	3	ST

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Drug Name	Drug Tier	Requirements/ Limits
<i>zafirlukast</i>	2	
MAST CELL STABILIZERS		
<i>cromolyn sodium</i>	2	B/D
MISCELLANEOUS		
<i>acetylcysteine</i>	2	B/D
ARALAST NP	5	PA
CAYSTON	5	PA
<i>epinephrine hcl</i>	2	
EPIPEN 2-PAK	3	
EPIPEN-JR 2-PAK	3	
<i>promethazine & phenylephrine</i>	2	PA
PULMOZYME	5	B/D
TOBI	5	B/D
XOLAIR	5	PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i>	2	QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	QL (1 bottle / 30 days)
NASACORT AQ	3	QL (1 inhaler / 30 days)
NASONEX	4	QL (2 inhalers / 30 days), ST
RHINOCORT AQUA	4	QL (2 inhalers / 30 days), ST
STEROID INHALANTS		
ASMANEX 120 METERED DOSES	3	QL (2 inhalers / 30 days)
ASMANEX 14 METERED DOSES	3	QL (2 inhalers / 30 days)
ASMANEX 30 METERED DOSES	3	QL (2 inhalers / 30 days)
ASMANEX 60 METERED DOSES	3	QL (2 inhalers / 30 days)
<i>budesonide (inhalation)</i>	2	B/D
PULMICORT FLEXHALER 180mcg/act	4	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER 90mcg/act	4	QL (4 inhalers / 30 days)
QVAR	3	QL (3 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
DULERA	3	QL (1 inhaler / 30 days)
SYMBICORT	3	QL (1 inhalers / 30 days)
XANTHINES		
<i>aminophylline 100mg, 200mg</i>	1	
<i>aminophylline 25mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
ELIXOPHYLLIN	3	
THEO-24	3	
<i>theophylline</i>	2	

TOPICAL

DERMATOLOGY, ACNE

<i>adapalene</i>	2	
AZELEX	4	
<i>benzoyl peroxide-erythromycin</i>	2	
<i>clindamycin phosphate (topical)</i>	2	
<i>clindamycin phosphate-benzoyl peroxide</i>	2	
<i>erythromycin (acne aid)</i>	2	
<i>isotretinoin cap 10 mg</i>	2	
RETIN-A MICRO	4	
<i>sulfacetamide sodium (acne)</i>	2	
<i>tretinoin .01%, .025%, .05%, .1%</i>	2	

DERMATOLOGY, ACTINIC KERATOSIS

CARAC	3	
FLUOROPLEX	4	
<i>fluorouracil (topical)</i>	2	
SOLARAZE	3	

DERMATOLOGY, ANTIBIOTICS

ALTABAX	4	
BACTROBAN	3	cream
<i>gentamicin sulfate (topical)</i>	1	
<i>mupirocin</i>	2	
<i>silver sulfadiazine</i>	1	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox</i>	2	
<i>ciclopirox olamine</i>	2	
<i>clotrimazole (topical)</i>	1	
<i>econazole nitrate</i>	2	
<i>ketoconazole (topical) 2%</i>	2	
MENTAX	4	
<i>nystatin (topical) 100000unit/gm</i>	1	cream,ointment
<i>nystatin (topical) 100000unit/gm</i>	2	
<i>nystatin pow 100000</i>	2	
OXISTAT	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>DERMATOLOGY, ANTIPRURITIC</i>		
CORTIFOAM	4	
<i>hydrocortisone (rectal) 2.5%</i>	1	
ZONALON	3	
<i>DERMATOLOGY, ANTIPSORIATICS</i>		
<i>calcipotriene</i>	2	
DOVONEX	3	cream
OXSORALEN ULTRA	5	PA
SORIATANE	5	PA
TAZORAC	4	PA
<i>DERMATOLOGY, ANTISEBORRHEICS</i>		
<i>ketoconazole (topical) 2%</i>	2	
<i>selenium sulfide</i>	1	
<i>DERMATOLOGY, ANTIVIRALS</i>		
DENAVIR	3	
ZOVIRAX	3	cream, ointment
<i>DERMATOLOGY, CORTICOSTEROIDS</i>		
<i>alclometasone dipropionate</i>	2	
<i>betamethasone dipropionate (topical)</i>	1	
<i>betamethasone dipropionate augmented</i>	2	
<i>betamethasone valerate</i>	1	
<i>clobetasol propionate</i>	2	
<i>clobetasol propionate emollient base</i>	2	
CORDRAN	4	
CORDRAN TAPE	4	
DERMA-SMOOTH/FS BODY OIL	3	
<i>desonide</i>	2	
<i>desoximetasone</i>	2	
<i>diflorasone diacetate</i>	2	
<i>fluocinolone acetonide</i>	2	
<i>fluocinonide</i>	2	
<i>fluocinonide emulsified base</i>	2	
<i>fluticasone propionate</i>	2	
<i>halobetasol propionate</i>	2	
<i>hydrocortisone (rectal) 1%</i>	1	
<i>hydrocortisone (topical) 1%, 2.5%</i>	1	
<i>hydrocortisone (topical) 2.5%</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone butyrate</i>	2	
<i>hydrocortisone valerate</i>	2	
KENALOG	4	
LOCOID LIPOCREAM	4	
LUXIQ	4	
<i>mometasone furoate</i>	2	
<i>triamcinolone acetonide (topical) .025%, .1%, .5%</i>	1	cream, ointment
<i>triamcinolone acetonide (topical) .5%</i>	1	
<i>triamcinolone acetonide (topical) .025%, .1%</i>	2	
DERMATOLOGY, IMMUNOMODULATORS		
ELIDEL	3	PA
PROTOPIC	3	PA
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine</i>	2	
<i>lidocaine hcl</i>	2	
<i>lidocaine-prilocaine</i>	2	
LIDODERM	3	QL (90 patch / 25 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
CONDYLOX	4	
<i>imiquimod</i>	2	
<i>lactic acid (ammonium lactate)</i>	2	
PANRETIN	5	
PENNSAID	3	
<i>podofilox</i>	2	
TARGRETIN 1%	5	
VOLTAREN GEL 1%	3	
ZYCLARA	3	
DERMATOLOGY, ROSACEA		
FINACEA	4	
METROGEL	3	
<i>metronidazole (topical)</i>	2	
ORACEA	3	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX	4	
<i>malathion</i>	2	
<i>permethrin</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>DERMATOLOGY, WOUND CARE AGENTS</i>		
REGRANEX	5	PA
SANTYL	3	
<i>sodium chloride (gu irrigant)</i>	2	
<i>MOUTH/THROAT/DENTAL AGENTS</i>		
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
EVOXAC	3	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>nystatin (mouth-throat)</i>	2	
ORAVIG	3	
<i>pilocarpine hcl (oral)</i>	2	
<i>triamcinolone acetonide (mouth)</i>	2	
<i>OTIC</i>		
<i>acetic acid (otic)</i>	2	
CIPRO HC	4	
CIPRODEX	4	
DERMOTIC	3	
<i>hydrocortisone w/ acetic acid</i>	2	
<i>neomycin-polymyxin-hc (otic)</i>	2	
<i>ofloxacin (otic)</i>	2	

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Index

A	
ABILIFY	25
ABILIFY DISCMELT	25
<i>acarbose</i>	30
<i>acebutolol hcl</i>	20
<i>acetaminophen w/ codeine</i>	7
<i>acetazolamide</i>	21
<i>acetic acid (otic)</i>	51
<i>acetylcysteine</i>	47
ACTEMRA	39
ACTHIB	40
ACTIMMUNE.....	40
ACTONEL.....	31
ACTOPLUS MET	30
ACTOS.....	30
<i>acyclovir</i>	12
ADACEL	40
ADAGEN	32
<i>adapalene</i>	48
ADCIRCA	22
ADVICOR	19
AFINITOR.....	16
AGGRENEX	39
ALBENZA.....	13
<i>albuterol sulfate</i>	46
<i>alclometasone dipropionate</i>	49
ALCOHOL PREPS	29
ALDURAZYME	32
<i>alendronate sodium</i>	31
ALIMTA	14
ALINIA	13
<i>allopurinol</i>	7
<i>allopurinol inj 500mg</i>	7
ALOCRI.....	45
ALOMIDE	45
ALPHAGAN P	45
ALREX	45
ALTABAX	48
ALTOPREV	19
<i>amantadine hcl</i>	25
<i>amifostine crystalline</i>	16
<i>amikacin sulfate</i>	9
<i>amiloride & hydrochlorothiazide</i>	21
<i>amiloride hcl</i>	21
<i>amino acid electrolyte infusion</i>	42
<i>amino acid infusion</i>	42
<i>aminophylline</i>	47
AMINOSYN	42
AMINOSYN II	42
AMINOSYN II 3.5%/DEXTROSE	42
AMINOSYN II 3.5/DEXTROSE	42
AMINOSYN II 4.25/DEXTROSE	42
AMINOSYN II 5/DEXTROSE 25	42
AMINOSYN II M 3.5%/DEXTRO	42
AMINOSYN M.....	42
AMINOSYN-HBC	42
AMINOSYN-PF	42
AMINOSYN-PF 7%	42
<i>amiodarone hcl</i>	18
<i>amiodarone inj 50mg/ml</i>	18
AMITIZA	36
<i>amitriptyline hcl</i>	23
<i>amlod/benazp cap 2.5-10mg</i>	17
<i>amlod/benazp cap 5-10mg</i>	17
<i>amlodipine besylate</i>	20
<i>amlodipine besylate-benazepril hcl</i>	17
AMOXAPINE	23
<i>amoxicillin</i>	9
<i>amoxicillin & pot clavulanate</i>	9
<i>amphetamine-dextroamphetamine</i>	27
<i>amphotericin b</i>	10
<i>ampicillin</i>	9
<i>ampicillin & sulbactam sodium</i>	9
<i>ampicillin sodium</i>	9
AMPYRA	28
AMTURNIDE	21
ANADROL-50	29
<i>anagrelide hcl</i>	39
<i>anastrozole</i>	15
ANCOBON	10
ANDRODERM.....	29
ANDROGEL	29
ANDROGEL PUMP	29
ANDROXY	29
ANTABUSE.....	29
ANTARA	19
APIDRA	29
APIDRA SOLOSTAR	29
APOKYN	25
APRISO	36
APTIVUS	11
ARALAST NP.....	47
ARANESP ALBUMIN FREE	39
ARCALYST	40
ARIXTRA	38
ASACOL.....	36
ASMANEX 120 METERED DOSES	47
ASMANEX 14 METERED DOSES	47
ASMANEX 30 METERED DOSES	47

ASMANEX 60 METERED DOSES	47
ASTEPRO	46
ATACAND	18
ATACAND HCT	18
<i>atenolol</i>	20
<i>atenolol & chlorthalidone</i>	19
ATRIPLA	11
ATROVENT HFA	46
AVASTIN	15
AVELOX	9
AVELOX ABC PACK.....	9
AVINZA	7
AVONEX	28
AZASAN	40
AZASITE	44
<i>azathioprine</i>	40
<i>azathioprine inj 100mg</i>	40
<i>azelastine hcl</i>	46
<i>azelastine hcl (ophth)</i>	45
AZELEX	48
AZILECT	25
<i>azithromycin</i>	9
AZOPT	45
AZOR	18

B

<i>bacitracin (ophthalmic)</i>	44
<i>bacitracin-polymyxin b (ophth)</i>	44
<i>bacitracin-poly-neomycin-hc</i>	44
<i>baclofen</i>	28
BACTROBAN.....	48
<i>balsalazide disodium</i>	36
BANZEL.....	22
BARACLUDE.....	12
<i>benazepril & hydrochlorothiazide</i>	17
<i>benazepril hcl</i>	17
BENICAR	18
BENICAR HCT	18
BENICAR HCT TAB 20-12.5.....	18
<i>benzoyl peroxide-erythromycin</i>	48
<i>benztropine mesylate</i>	25
<i>betamethasone dipropionate (topical)</i>	49
<i>betamethasone dipropionate augmented</i>	49
<i>betamethasone valerate</i>	49
<i>betaxolol hcl (ophth)</i>	45
<i>bethanechol chloride</i>	37
BETIMOL	45
BETOPTIC-S	45
<i>bicalutamide</i>	15
BICILLIN C-R	9
BICILLIN L-A	9

BICNU	14
BIDIL	21
<i>bisoprolol & hydrochlorothiazide</i>	19
<i>bisoprolol fumarate</i>	20
<i>bleomycin sulfate</i>	14
BLEPHAMIDE S.O.P.	44
BONIVA	31
BOOSTRIX.....	40
<i>brimonidine tartrate</i>	45
<i>bromfenac sodium (ophth)</i>	44
<i>bromocriptine mesylate</i>	25
<i>budesonide (inhalation)</i>	47
<i>bumetanide</i>	21
BUPHENYL.....	32
<i>buprenorphine hcl</i>	29
<i>bupropion hcl</i>	23
<i>bupropion hcl (smoking deterrent)</i>	29
<i>buspirone hcl</i>	22
BUSULFEX	14
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	7
<i>butalbital-aspirin-caffeine w/cod</i>	7
<i>butorphanol tartrate</i>	7
BYETTA.....	29
BYSTOLIC	20

C

<i>cabergoline</i>	34
CADUET	20
<i>calcipotriene</i>	49
<i>calcitonin (salmon)</i>	31
<i>calcitriol</i>	43
<i>calcium acetate (phosphate binder)</i>	34
CAMPATH	15
CAMPRAL	29
CANASA	36
CANCIDAS	10
CAPASTAT SULFATE	12
<i>captopril</i>	17
<i>captopril & hydrochlorothiazide</i>	17
CARAC	48
CARAFATE	36
<i>carbamazepine</i>	22
CARBATROL.....	22
<i>carbidopa-levodopa</i>	25
<i>carboplatin</i>	16
CARDIZEM CD.....	20
<i>carisoprodol</i>	28
<i>carteolol hcl (ophth)</i>	45
<i>carvedilol</i>	20
CAYSTON.....	47
CEDAX	9

CEENU	14	<i>clarithromycin</i>	9
<i>cefaclor</i>	9	<i>clemastine fumarate</i>	46
CEFACTOR ER	9	CLEOCIN CAP 75MG	13
<i>cefadroxil</i>	9	CLEOCIN PED SOL 75MG/5ML	13
CEFAZOLIN INJ 1GM/50ML	9	CLEOCIN VAG SUPP 100MG	38
<i>cefazolin sodium</i>	9	<i>clindamycin cre 2% vag</i>	38
<i>cefdinir</i>	9	<i>clindamycin hcl</i>	13
<i>cefepime hcl</i>	9	<i>clindamycin phosphate</i>	13
<i>cefotaxime sodium</i>	9	<i>clindamycin phosphate (topical)</i>	48
<i>cefoxitin sodium</i>	9	<i>clindamycin phosphate-benzoyl peroxide</i>	48
<i>cefpodoxime proxetil</i>	9	CLINIMIX 2.75%/DEXTROSE 5	42
<i>cefprozil</i>	9	CLINIMIX 4.25%/DEXTROSE 1	42
<i>ceftriaxone sodium</i>	9	CLINIMIX 4.25%/DEXTROSE 2	42
<i>cefuroxime axetil</i>	9	CLINIMIX 4.25%/DEXTROSE 5	42
<i>cefuroxime sodium</i>	9	CLINIMIX 5%/DEXTROSE 15%	42
CELEBREX	8	CLINIMIX 5%/DEXTROSE 20%	42
CELLCEPT	40	CLINIMIX 5%/DEXTROSE 25%	42
CELONTIN	22	CLINIMIX E 2.75%/DEXTROSE	42
<i>cephalexin</i>	9	CLINIMIX E 4.25%/DEXTROSE	42
CEREZYME	32	CLINIMIX E 5%/DEXTROSE 15	42
CERVARIX	41	CLINIMIX E 5%/DEXTROSE 20	42
<i>cetirizine hcl</i>	46	CLINIMIX E 5%/DEXTROSE 25	42
CHANTIX	29	<i>clobetasol propionate</i>	49
<i>chlorhexidine gluconate (mouth-throat)</i>	51	<i>clobetasol propionate emollient base</i>	49
<i>chloroquine phosphate</i>	11	<i>clomipramine hcl</i>	24
<i>chlorothiazide</i>	21	<i>clonidine hcl</i>	17
CHLORPROMAZ INJ 25MG/ML	25	<i>clotrimazole</i>	10
<i>chlorpromazine hcl</i>	25	<i>clotrimazole (topical)</i>	48
<i>chlorthalidone</i>	21	<i>clozapine</i>	25
<i>chlorzoxazone</i>	28	CLOZAPINE	25
<i>cholestyramine light</i>	19	COARTEM	11
<i>chorionic gonadotropin</i>	34	<i>colchicine w/ probenecid</i>	7
<i>ciclopirox</i>	48	COLCRYS	7
<i>ciclopirox olamine</i>	48	<i>colestipol hcl</i>	19
<i>cilostazol</i>	39	<i>colistimethate sodium</i>	13
CILOXAN	44	COMBIGAN	45
<i>cimetidine</i>	35	COMBIVENT	46
<i>cimetidine inj 150mg/ml</i>	35	COMBIVIR	11
<i>cimetidine sol 300/5ml</i>	35	COMTAN	25
<i>cimetidine tab 200 mg</i>	35	COMVAX	41
CIPRO	9	CONCERTA	27
CIPRO HC	51	CONDYLOX	50
<i>cipro i.v.</i>	9	COPAXONE	28
CIPRODEX	51	CORDRAN	49
<i>ciprofloxacin</i>	9	CORDRAN TAPE	49
<i>ciprofloxacin er</i>	9	COREG CR	20
<i>ciprofloxacin hcl (ophth)</i>	44	CORTIFOAM	49
<i>cisplatin</i>	16	<i>cortisone acetate</i>	33
<i>citalopram hydrobromide</i>	23, 24	COSMEGEN	14
<i>citalopram oral soln 10 mg/5ml</i>	24	COUMADIN	38
<i>cladribine</i>	16	CREON	36

CRESTOR	19
CRIVAN	11
<i>cromolyn sodium</i>	47
<i>cromolyn sodium (ophth)</i>	45
CUBICIN	13
<i>cyclobenzaprine hcl</i>	28
<i>cyclophosphamide</i>	14
<i>cyclosporine</i>	40
<i>cyclosporine modified (for microemulsion)</i>	40
CYKLOKAPRON.....	39
CYMBALTA	24
<i>cyproheptadine hcl</i>	46
CYSTADANE.....	32
CYSTAGON.....	32
<i>cytarabine</i>	14

D

<i>dacarbazine</i>	14
<i>danazol</i>	32
<i>dantrolene sodium</i>	28
<i>dapsone</i>	13
DAPTACEL	41
DARAPRIM	11
<i>daunorubicin hcl</i>	14
DAUNOXOME	14
DECAVAC	41
DENAVIR	49
DEPO-PROVERA INJ 400/ML	15
DERMA-SMOOTH/FS BODY OIL.....	49
DERMOTIC	51
<i>desipramine hcl</i>	24
<i>desmopressin acetate</i>	34
<i>desmopressin acetate refrigerated</i>	35
<i>desmopressin acetate spray refrigerated</i>	35
<i>desogestrel & ethinyl estradiol</i>	31
<i>desogestrel-ethinyl estradiol (triphasic)</i>	31
<i>desonide</i>	49
<i>desoximetasone</i>	49
DETROL.....	37
DETROL LA	37
<i>dexamethasone</i>	33
DEXAMETHASONE INTENSOL.....	33
<i>dexamethasone sodium phosphate</i>	33
<i>dexamethasone sodium phosphate (ophth)</i>	44
DEXILANT.....	37
<i>dexrazoxane</i>	16
<i>dextroamphetamine sulfate</i>	27
<i>dextrose</i>	43
DEXTROSE 5%	43
DEXTROSE 5%/POTASSIUM CHL	43
<i>dextrose w/ sodium chloride</i>	43

<i>diclofenac potassium</i>	8
<i>diclofenac sodium</i>	8
<i>diclofenac sodium (ophth)</i>	44
<i>dicloxacillin sodium</i>	9
<i>dicyclomine hcl</i>	35
<i>dicyclomine inj</i>	35
<i>didanosine</i>	11
<i>diflorasone diacetate</i>	49
<i>diflunisal</i>	8
<i>digoxin</i>	21
DIGOXIN SOL 50MCG/ML	21
<i>dihydroergotamine mesylate</i>	27
DILANTIN	22
DILANTIN INFATABS	22
DILAUDID-5	7
<i>diltiazem hcl</i>	20
<i>diltiazem hcl coated beads</i>	20
<i>diltiazem hcl extended release beads</i>	20
DIOVAN	18
DIOVAN HCT	18
DIOVAN HCT TAB 160/12.5	18
DIOVAN HCT TAB 80/12.5	18
DIPENTUM	36
<i>diphenhydramine hcl</i>	46
<i>diphenoxylate w/ atropine</i>	36
DIPHThERIA/TETANUS TOXOID	41
<i>dipyridamole</i>	39
<i>disopyramide phosphate</i>	18
<i>divalproex sodium</i>	22
<i>donepezil 10mg</i>	23
<i>donepezil 5mg</i>	23
<i>dorzolamide hcl</i>	45
<i>dorzolamide hcl-timolol maleate</i>	45
DOVONEX	49
<i>doxazosin mesylate</i>	18
<i>doxepin hcl</i>	24
DOXIL	14
<i>doxorubicin hcl</i>	14
<i>doxycycline (monohydrate)</i>	10
<i>doxycycline hyclate</i>	10
DRONABINOL	35
<i>drospirenone-ethinyl estradiol</i>	32
DROXIA	16
DUETACT	30
DULERA	47

E

<i>econazole nitrate</i>	48
EDURANT	11
EFFIENT.....	39
ELAPRASE.....	32

<i>electrolyte-m in dextrose</i>	43
<i>electrolyte-r</i>	43
<i>electrolyte-r in dextrose</i>	43
ELIDEL	50
ELITEK	16
ELIXOPHYLLIN	48
ELMIRON	37
ELSPAR	16
EMCYT	14
EMEND	35
EMSAM	24
EMTRIVA	11
ENABLEX	37
<i>enalapril maleate</i>	17
<i>enalapril maleate & hydrochlorothiazide</i>	17
ENBREL	39
ENGERIX-B	41
<i>enoxaparin sodium</i>	38
ENTOCORT EC	36
<i>epinephrine hcl</i>	47
EPIPEN 2-PAK	47
EPIPEN-JR 2-PAK	47
EPIRUBICIN HCL	14
EPIVIR	11
EPIVIR HBV	12
<i>epplerenone</i>	17
EPZICOM	11
<i>ergotamine w/ caffeine</i>	27
ERYPED 200	10
ERYTHROCIN LACTOBIONATE	10
<i>erythromycin (acne aid)</i>	48
<i>erythromycin (ophth)</i>	44
<i>erythromycin base</i>	10
<i>erythromycin ethylsuccinate</i>	10
<i>erythromycin stearate</i>	10
<i>erythromycin-sulfisoxazole</i>	13
ESTRACE	33
ESTRADERM	33
<i>estradiol</i>	33
ESTRING	33
<i>estropipate</i>	33
<i>ethambutol hcl</i>	12
<i>ethosuximide</i>	22
<i>ethynodiol diacet & eth estrad</i>	32
<i>etodolac</i>	8
<i>etoposide</i>	17
EURAX	50
EVISTA	34
EVOXAC	51
EXALGO	7
EXELON	23

<i>exemestane</i>	15
EXFORGE	18
EXFORGE HCT	18
EXFORGE TAB 5-160MG	18
EXFORGEHCT/5-160-12.5	18
EXJADE	31
EXTAVIA	28

F

FABRAZYME	32
<i>famciclovir</i>	12
<i>famotidine</i>	35
FANAPT	25
FANAPT TITRATION PACK	25
FARESTON	15
FASLODEX	15
<i>fat emulsion</i>	42
FAZACLO	25
FELBATOL	22
<i>felodipine</i>	20
FEMRING	33
<i>fenofibrate</i>	19
<i>fenofibrate micronized</i>	19
<i>fentanyl citrate</i>	7
<i>fentanyl citrate inj 0.05 mg/ml</i>	7
<i>fentanyl patch</i>	7
<i>fexofenadine hcl</i>	46
FINACEA	50
<i>finasteride</i>	37
<i>flecainide acetate</i>	18
<i>fluconazole</i>	10
<i>fluconazole in dextrose</i>	10
FLUDARABINE PHOSPHATE	16
<i>fludrocortisone acetate</i>	33
<i>flunisolide (nasal)</i>	47
<i>fluocinolone acetonide</i>	49
<i>fluocinonide</i>	49
<i>fluocinonide emulsified base</i>	49
<i>fluorometholone (ophth)</i>	44
FLUOROPLEX	48
<i>fluorouracil</i>	14
<i>fluorouracil (topical)</i>	48
<i>fluoxetine hcl</i>	24
<i>fluoxetine tab 20mg</i>	24
<i>fluphenazine decanoate</i>	25
<i>fluphenazine hcl</i>	26
<i>flurbiprofen</i>	8
<i>flurbiprofen sodium</i>	45
<i>flutamide</i>	15
<i>fluticasone propionate</i>	49
<i>fluticasone propionate (nasal)</i>	47

<i>fluvoxamine maleate</i>	22
FML.....	45
FORADIL AEROLIZER.....	46
FORTEO.....	34
<i>fosinopril sodium</i>	17
<i>fosinopril sodium & hydrochlorothiazide</i>	17
FOSRENOL.....	34
FRAGMIN.....	38
FREAMINE III 3%.....	42
FROVA.....	27
<i>furosemide</i>	21
<i>furosemide inj 10mg/ml</i>	21
FUZEON.....	11

G

<i>gabapentin</i>	22
GABITRIL.....	22
<i>galantamine cap 8mg er</i>	23
<i>galantamine hydrobromide</i>	23
GAMASTAN S/D.....	40
GAMMAGARD LIQUID.....	40
GAMUNEX.....	40
<i>ganciclovir</i>	12
<i>ganciclovir inj 500mg</i>	12
GARDASIL.....	41
GASTROCROM.....	36
GELNIQUE.....	37
<i>gemcitabine hcl</i>	14
<i>gemfibrozil</i>	19
<i>gentamicin in saline</i>	10
<i>gentamicin sulfate</i>	10
<i>gentamicin sulfate (ophth)</i>	44
<i>gentamicin sulfate (topical)</i>	48
GEODON.....	26
GEODON INJ.....	26
GILENYA.....	28
GLEEVEC.....	16
<i>glimepiride</i>	30
<i>glipizide</i>	30
<i>glipizide er tab 10mg</i>	30
<i>glipizide er tab 5mg</i>	30
<i>glipizide-metformin hcl</i>	30
GLUCAGEN HYPOKIT.....	33
GLUCAGON EMERGENCY KIT.....	33
<i>glyburide</i>	30
<i>glyburide micronized</i>	31
<i>glyburide-metformin</i>	31
<i>glycopyrrolate</i>	35
<i>granisetron hcl</i>	35
<i>griseofulvin microsize</i>	10
GRIS-PEG.....	10

<i>guanfacine hcl</i>	17
GUANIDINE HCL.....	27

H

<i>halobetasol propionate</i>	49
<i>haloperidol</i>	26
<i>haloperidol decanoate</i>	26
<i>haloperidol lactate</i>	26
HAVRIX.....	41
HECTOROL.....	44
HEP SOD/NACL INJ 25000.....	38
<i>heparin (porcine) in sodium chloride</i>	38
<i>heparin sod (porcine) in d5w</i>	38
HEPARIN SOD INJ 2000/ML.....	38
<i>heparin sodium (porcine)</i>	38
HEPATASOL.....	42
HEPSERA.....	12
HERCEPTIN.....	15
HEXALEN.....	14
HUMALOG.....	29
HUMALOG KWIKPEN.....	29
HUMALOG MIX 50/50.....	29
HUMALOG MIX 50/50 KWIKPEN.....	29
HUMALOG MIX 75/25.....	29
HUMALOG MIX 75/25 KWIKPEN.....	29
HUMIRA.....	39
HUMIRA PEN-CROHNS DISEASE.....	39
HUMULIN 70/30.....	29
HUMULIN 70/30 PEN.....	29
HUMULIN N.....	29
HUMULIN N U-100 PEN.....	30
HUMULIN R.....	30
HUMULIN R U-500 (CONCENTR.....	30
<i>hydralazine hcl</i>	21
<i>hydrochlorothiazide</i>	21
<i>hydrocodone-acetaminophen</i>	7
<i>hydrocodone-ibuprofen</i>	7
<i>hydrocortisone</i>	33
<i>hydrocortisone (intrarectal)</i>	36
<i>hydrocortisone (rectal)</i>	49
<i>hydrocortisone (topical)</i>	49
<i>hydrocortisone butyrate</i>	50
<i>hydrocortisone sod succinate</i>	33
<i>hydrocortisone valerate</i>	50
<i>hydrocortisone w/acetic acid</i>	51
<i>hydromorphone hcl</i>	7
<i>hydroxychloroquine sulfate</i>	39
<i>hydroxyurea</i>	16
<i>hydroxyzine hcl</i>	46
<i>hydroxyzine hcl inj</i>	46
<i>hydroxyzine pamoate</i>	46

I		K	
<i>ibuprofen</i>	8	KADIAN.....	7
<i>idarubicin hcl</i>	14	KALETRA.....	11
IFEX.....	14	KCL 0.15%/D10W/NACL 0.2%.....	43
IFOSFAMIDE.....	14	KCL 0.15%/D5W/LR.....	43
<i>ifosfamide & mesna</i>	16	KCL 0.15%/D5W/NACL 0.225%.....	43
<i>imipramine hcl</i>	24	KCL 0.3%/D5W/NACL 0.9%.....	43
<i>imiquimod</i>	50	KENALOG.....	50
IMOVAX RABIES (H.D.C.V.).....	41	<i>ketoconazole</i>	10
INCRELEX.....	34	<i>ketoconazole (topical)</i>	48, 49
<i>indapamide</i>	21	<i>ketoprofen</i>	8
INDOCIN.....	8	<i>ketorolac tromethamine (ophth)</i>	45
<i>indomethacin</i>	8	KLOR-CON M15.....	41
INFANRIX.....	41	KOMBIGLYZE XR.....	31
INFERGEN.....	40	KRISTALOSE.....	36
INTELENCE.....	11	KUVAN.....	32
INTRALIPID.....	42		
INTRON-A.....	40	L	
INTRON-A W/DILUENT.....	40	<i>labetalol hcl</i>	20
INVANZ.....	13	LACRISERT.....	45
INVEGA.....	26	<i>lactated ringer's</i>	43
INVEGA SUSTENNA.....	26	<i>lactic acid (ammonium lactate)</i>	50
INVIRASE.....	11	<i>lactulose</i>	36
IONOSOL-B/DEXTROSE 5%.....	43	<i>lactulose (encephalopathy)</i>	36
IONOSOL-MB/DEXTROSE 5%.....	43	<i>lamotrigine</i>	23
IONOSOL-T/DEXTROSE 5%.....	43	LANOXIN.....	21
IPOL INACTIVATED IPV.....	41	<i>lansoprazole</i>	37
<i>ipratropium bromide (nasal)</i>	46	<i>lansoprazole odt</i>	37
<i>ipratropium sol inhal</i>	46	LANTUS.....	30
<i>ipratropium-albuterol</i>	46	LANTUS SOLOSTAR.....	30
IRINOTECAN.....	16	<i>latanoprost</i>	45
ISENTRESS.....	11	LATUDA.....	26
ISOLYTE-H/DEXTROSE 5%.....	43	<i>leflunomide</i>	39
ISOLYTE-P/DEXTROSE 5%.....	43	LESCOL.....	19
ISOLYTE-S.....	43	LESCOL XL.....	19
ISOLYTE-S/DEXTROSE 5%.....	43	LETAIRIS.....	22
<i>isoniazid</i>	12	<i>letrozole</i>	15
ISORDIL TITRADOSE.....	21	<i>leucovor ca inj</i>	16
<i>isosorbide dinitrate</i>	22	<i>leucovorin calcium</i>	17
<i>isosorbide mononitrate</i>	22	LEUCOVORIN CALCIUM.....	17
<i>isotretinoin cap 10 mg</i>	48	LEUKERAN.....	14
<i>isradipine</i>	20	LEUKINE.....	39
ISTODAX.....	15	<i>leuprolide acetate</i>	15
<i>itraconazole</i>	10	<i>levabuterol hcl</i>	46
IXIARO.....	41	LEVAQUIN.....	10
		LEVEMIR.....	30
J		LEVEMIR FLEXPEN.....	30
JANUMET.....	31	<i>levetiracetam</i>	23
JANUVIA.....	31	<i>levobunolol hcl</i>	45
JE-VAX.....	41	<i>levocarnitine (metabolic modifiers)</i>	32
		<i>levocetirizine tab 5 mg</i>	46

<i>levofloxacin (ophth)</i>	44
<i>levonorgestrel & eth estradiol</i>	32
<i>levonorgestrel (emergency oc)</i>	32
<i>levonorgestrel-eth estradiol (triphasic)</i>	32
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	32
<i>levothyroxine sodium</i>	34
LEXAPRO	24
LEXIVA	11
LIALDA	36
<i>lidocaine</i>	50
<i>lidocaine hcl</i>	50
<i>lidocaine hcl (local anesth.)</i>	8
<i>lidocaine hcl (mouth-throat)</i>	51
<i>lidocaine-prilocaine</i>	50
LIDODERM	50
<i>liothyronine sodium</i>	34
LIPITOR	19
LIPOFEN	19
LIPOSYN II	42
LIPOSYN III	42
<i>lisinopril</i>	17
<i>lisinopril & hydrochlorothiazide</i>	17
LITHIUM CARB TAB 300MG	27
<i>lithium carbonate</i>	27
LITHIUM CITRATE	27
LOCOID LIPOCREAM	50
<i>loperamide hcl</i>	36
<i>losartan potassium</i>	18
<i>losartan potassium & hydrochlorothiazide</i>	18
LOTEMAX	45
LOTRONEX.....	36
<i>lovastatin</i>	19
LOVAZA	19
<i>loxapine succinate</i>	26
LUMIGAN.....	45
LUNESTA	27
LUPRON DEPOT	15
LUPRON DEPOT-PED	15
LUXIQ	50
LYRICA	23
LYSODREN	16

M

MACRODANTIN CAP 25MG.....	13
MAGNESIUM SULFATE IN D5W	43
MALARONE	11
<i>malathion</i>	50
<i>maprotiline hcl</i>	24
MARPLAN	24
MATULANE	16
MAXALT	27

MAXALT-MLT	27
<i>mebendazole</i>	13
<i>meclizine hcl</i>	35
<i>medroxyprogesterone acetate</i>	34
<i>medroxyprogesterone acetate (contraceptive)</i>	32
<i>mefloquine hcl</i>	11
MEGACE ES	15
<i>megestrol acetate</i>	15
<i>meloxicam</i>	8
<i>melphalan hcl</i>	14
MENACTRA	41
MENOMUNE-A/C/Y/W-135.....	41
MENTAX.....	48
MENVEO.....	41
MEPRON	13
<i>mercaptapurine</i>	14
<i>mesalamine</i>	36
<i>mesna</i>	17
MESNEX	17
MESTINON	27
MESTINON TIMESPAN	27
METADATE CD	27
<i>metaxalone</i>	28
<i>metformin hcl</i>	31
<i>metformin tab 500mg er</i>	31
<i>methadone hcl</i>	7
<i>methazolamide</i>	21
<i>methenamine hippurate</i>	13
<i>methimazole</i>	34
<i>methocarbamol</i>	28
<i>methotrexate sodium</i>	14, 39
<i>methyl dopa</i>	21
METHYLIN	27
<i>methylphenidate hcl</i>	27
<i>methylprednisolone</i>	33
<i>methylprednisolone acetate</i>	33
<i>methylprednisolone sod succ</i>	33
<i>metipranolol</i>	45
<i>metoclopram inj 5mg/ml</i>	35
<i>metoclopramide hcl</i>	35
<i>metolazone</i>	21
<i>metoprolol & hydrochlorothiazide</i>	19
<i>metoprolol succinate</i>	20
<i>metoprolol tartrate</i>	20
METROGEL.....	50
<i>metronidazole</i>	13
<i>metronidazole (topical)</i>	50
<i>metronidazole in nacl</i>	13
<i>metronidazole vaginal</i>	38
<i>mexiletine hcl</i>	18
MIACALCIN	31

MICARDIS	18
MICARDIS HCT	18
<i>midodrine hcl</i>	21
MIGERGOT	27
<i>minitran</i>	22
<i>minocycline hcl</i>	10
<i>minoxidil</i>	21
<i>mirtazapine</i>	24
<i>misoprostol</i>	36
<i>mitomycin</i>	14
<i>mitoxantrone hcl</i>	16
M-M-R II W/DILUENT 10 DOS.....	41
<i>moexipril hcl</i>	17
<i>moexipril-hydrochlorothiazide</i>	17
<i>mometasone furoate</i>	50
MORPHINE SUL 20MG/ML ORAL SOL	7
<i>morphine sulfate</i>	7
MORPHINE SULFATE	7
MOZOBIL	39
MULTAQ.....	18
<i>mupirocin</i>	48
MUSTARGEN	14
MYCOBUTIN.....	12
<i>mycophenolate mofetil</i>	40
MYFORTIC	40
MYOZYME	32

N

<i>nabumetone</i>	8
<i>nadolol</i>	20
<i>nafcillin sodium</i>	10
NAGLAZYME	32
<i>naloxone hcl</i>	29
<i>naltrexone hcl</i>	29
NAMENDA	23
NAMENDA TITRATION PAK.....	23
<i>naphazoline hcl</i>	45
<i>naproxen</i>	8
<i>naproxen sodium</i>	8
NASACORT AQ.....	47
NASONEX	47
NATACYN	44
<i>nateglinide</i>	31
NECON 10/11-28	32
<i>nefazodone hcl</i>	24
<i>neomycin sulfate</i>	10
<i>neomycin-bacitracin zn-polymyxin</i>	44
<i>neomycin-polymy-dexameth</i>	44
<i>neomycin-polymy-gramicid</i>	44
<i>neomycin-polymyxin-hc (ophth)</i>	44
<i>neomycin-polymyxin-hc (otic)</i>	51

NEORAL	40
NEPHRAMINE	42
NEUPOGEN.....	39
NEXAVAR	16
NEXIUM.....	37
NEXIUM GRANULES	37
NEXIUM I.V.....	37
NIASPAN.....	19
NICOTROL INHALER.....	29
NICOTROL NS	29
<i>nifedipine</i>	20
NILANDRON	15
NIMODIPINE	20
<i>nisoldipine</i>	20
NITRO-DUR	22
<i>nitrofurantoin</i>	13
<i>nitrofurantoin macrocrystal</i>	13
<i>nitrofurantoin monohyd macro</i>	13
<i>nitroglycerin</i>	22
NITROLINGUAL PUMPSPRAY.....	22
NITROSTAT	22
NORDITROPIN FLEXPEN.....	34
NORDITROPIN NORDIFLEX PEN	34
<i>norethin acet & estrad-fe</i>	32
<i>norethindrone & eth estradiol</i>	32
<i>norethindrone (contraceptive)</i>	32
<i>norethindrone acet & eth estra</i>	32
<i>norethindrone acetate</i>	34
<i>norethindrone acetate-ethinyl estradiol</i>	33
<i>norethindrone acetate-ethinyl estradiol-fe</i>	32
<i>norethindrone-eth estradiol (triphasic)</i>	32
<i>norgestimate-ethinyl estradiol</i>	32
<i>norgestimate-ethinyl estradiol (triphasic)</i>	32
<i>norgestrel & ethinyl estradiol</i>	32
NORMOSOL-R	43
NORPACE CR	18
<i>nortriptylin oral sol 10mg/5ml</i>	24
<i>nortriptyline hcl</i>	24
NORVIR	11
NOVOLIN 70/30	30
NOVOLIN N	30
NOVOLIN R	30
NOVOLOG	30
NOVOLOG FLEXPEN	30
NOVOLOG MIX 70/30.....	30
NOVOLOG MIX 70/30 PREFILL	30
NOXAFIL.....	10
NUEDEXTA.....	28
NUVARING	32
NUVIGIL	28
<i>nystatin</i>	11

<i>nystatin (mouth-throat)</i>	51
<i>nystatin (topical)</i>	48
<i>nystatin pow 100000</i>	48

O

<i>octreotide acetate</i>	34
<i>ofloxacin (ophth)</i>	44
<i>ofloxacin (otic)</i>	51
<i>omeprazole</i>	37
<i>ondansetron</i>	35
<i>ondansetron hcl</i>	35
<i>ondansetron inj</i>	35
ONGLYZA	31
ONTAK	15
OPANA ER.....	8
ORACEA	50
ORAP	26
ORAVIG	51
ORFADIN	32
<i>orphenadrine citrate</i>	28
<i>orphenadrine w/ aspirin & caff</i>	28
ORTHO EVRA.....	32
ORTHO TRI-CYCLEN LO	32
OXALIPLATIN	16
<i>oxandrolone</i>	29
<i>oxaprozin</i>	8
<i>oxcarbazepine</i>	23
OXISTAT	48
OXSORALEN ULTRA	49
<i>oxybutynin chloride</i>	37
<i>oxycodone hcl</i>	8
OXYCODONE HCL	8
<i>oxycodone w/ acetaminophen</i>	8
<i>oxycodone w/ aspirin</i>	8
OXYCONTIN	8
OXYTROL	37

P

PACERONE TAB 100MG	18
<i>paclitaxel</i>	15
PANCREAZE	37
PANRETIN.....	50
<i>pantoprazole sodium</i>	37
<i>parenteral electrolytes</i>	41
<i>paromomycin sulfate</i>	10
<i>paroxetine hcl</i>	24
PASER	12
PATADAY	45
PATANOL.....	45
PEDVAX HIB	41
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> ..	36
<i>peg 3350-potassium chloride-sod bicarbonate-sod</i>	

<i>chloride</i>	36
PEGANONE.....	23
PEGASYS	40
PEG-INTRON	40
PEG-INTRON REDIPEN.....	40
<i>penicillin g potassium</i>	10
PENICILLIN G PROCAINE	10
<i>penicillin v potassium</i>	10
PENNSAID	50
PENTASA	36
<i>pentostatin</i>	14
<i>pentoxifylline</i>	39
PERFOROMIST.....	46
<i>perindopril erbumine</i>	17
<i>permethrin</i>	50
<i>perphenazine</i>	26
<i>perphenazine-amitriptyline</i>	29
<i>phenelzine sulfate</i>	24
<i>phenytoin</i>	23
<i>phenytoin inj 50mg/ml</i>	23
<i>phenytoin sodium extended</i>	23
PHOSLO	34
PHOTOFRIN	16
<i>pilocarpine hcl (oral)</i>	51
PILOPINE HS	45
<i>pindolol</i>	20
<i>piperacillin sodium-tazobactam sodium</i>	10
<i>piroxicam</i>	8
PLASMA-LYTE 56.....	43
PLASMA-LYTE A.....	43
PLASMA-LYTE-148	43
PLASMA-LYTE-148/D5W.....	43
PLASMA-LYTE-56/D5W	43
PLAVIX.....	39
<i>podofilox</i>	50
<i>polyethylene glycol 3350</i>	36
<i>polymyxin b-trimethoprim</i>	44
<i>potassium chloride</i>	41, 43
POTASSIUM CHLORIDE 0.3%/	43
<i>potassium chloride in d5w lactated ringers</i>	43
<i>potassium chloride in dextrose</i>	43
<i>potassium chloride in dextrose & sodium chloride</i> .	43
<i>potassium chloride in nacl</i>	43
<i>potassium chloride microencapsulated crystals cr</i> .	41
<i>potassium citrate (alkalinizer)</i>	37
PRADAXA	38
<i>pramipexole dihydrochloride</i>	25
PRANDIN	31
<i>pravastatin sodium</i>	19
<i>prazosin hcl</i>	18
PRED MILD.....	45

<i>prednisolone acetate (ophth)</i>	45
PREDNISOLONE SODIUM PHOSP.....	45
<i>prednisolone sodium phosphate</i>	33
<i>prednisone</i>	33
PREDNISON INTENSOL	33
PREMASOL	42
PREVPAC	37
PREZISTA.....	11
PRIFTIN	12
PRIMAXIN.....	13
<i>primidone</i>	23
PRISTIQ	24
PROAIR HFA	46
<i>probenecid</i>	7
PROCALAMINE.....	42
<i>prochlorperazine</i>	35
<i>prochlorperazine edisylate</i>	35
<i>prochlorperazine maleate</i>	35
PROCRIT	39
PROGLYCEM.....	34
PROGRAF	40
PROLEUKIN	15
PROLIA.....	34
PROMACTA	39
<i>promethazine & phenylephrine</i>	47
<i>promethazine hcl</i>	35
<i>promethazine hcl inj</i>	35
PROMETRIUM	34
<i>propafenone hcl</i>	18
<i>proparacaine hcl</i>	45
<i>propranolol hcl</i>	20
<i>propylthiouracil</i>	34
PROQUAD	41
PROSOL	42
PROTOPIC	50
<i>protriptyline hcl</i>	24
PROVIGIL.....	28
PULMICORT FLEXHALER.....	47
PULMOZYME	47
<i>pyrazinamide</i>	12
<i>pyridostigmine bromide</i>	28

Q

QUALAQUIN	11
<i>quinapril hcl</i>	17
<i>quinapril-hydrochlorothiazide</i>	17
<i>quinidine gluconate</i>	18
<i>quinidine sulfate</i>	19
QVAR.....	47

R

RABAVERT.....	41
---------------	----

<i>ramipril</i>	17
RANEXA	21
<i>ranitidine hcl</i>	35, 36
RAPAMUNE	40
REBETOL	12
REBIF.....	28
REBIF TITRATION PACK	28
RECOMBIVAX HB	41
REGONOL	28
REGRANEX.....	51
RELENZA DISKHALER.....	12
RELISTOR	36
RELPAK	27
REMICADE	39
REMODULIN	22
RENAGEL	34
REVELA	34
REQUIP XL	25
RESCRIPTOR.....	11
RESTASIS	46
RETIN-A MICRO.....	48
RETROVIR IV INFUSION.....	11
REVATIO.....	22
REVLIMID	40
REYATAZ.....	11
RHEUMATREX	40
RHINOCORT AQUA.....	47
<i>ribavirin (hepatitis c)</i>	12
<i>rifampin</i>	12
RILUTEK.....	28
<i>rimantadine hydrochloride</i>	12
<i>ringer's</i>	43
RISPERDAL CONSTA.....	26
<i>risperidone</i>	26
RITALIN LA	27
RITUXAN	15
<i>rivastigmine tartrate</i>	23
ROBAXIN INJ 100MG/ML	28
<i>ropinirole hydrochloride</i>	25
ROTATEQ.....	41
ROXICET SOL 5-325/5	8

S

SABRIL	23
SANCTURA XR	37
SANCUSO.....	35
SANDIMMUNE.....	40
SANDOSTATIN LAR DEPOT	34
SANTYL.....	51
SAPHRIS	26
SAVELLA	28

SAVELLA TITRATION PACK	28
<i>selegiline hcl</i>	25
<i>selenium sulfide</i>	49
SELZENTRY	11
SENSIPAR	31
SEREVENT DISKUS	46
SEROMYCIN	12
SEROQUEL	26
SEROQUEL XR	26
<i>sertraline hcl</i>	24
<i>silver sulfadiazine</i>	48
SIMCOR	19
<i>simvastatin</i>	19
SINGULAIR	46
<i>sodium chloride</i>	41, 43
<i>sodium chloride (gu irrigant)</i>	51
<i>sodium polystyrene sulfonate</i>	31
SOLARAZE	48
SOLU-CORTEF	33
SOMATULINE DEPOT	34
SOMAVERT	34
SORIATANE	49
<i>sotalol hcl</i>	19
SPIRIVA HANDIHALER	46
<i>spironolactone</i>	17
<i>spironolactone & hydrochlorothiazide</i>	21
SPORANOX	11
SPRYCEL	16
STALEVO 100	25
STALEVO 125	25
STALEVO 150	25
STALEVO 200	25
STALEVO 50	25
STALEVO 75	25
<i>stavudine</i>	11
STRATTERA	27
<i>streptomycin sulfate</i>	10
SUBOXONE SL FILM	29
<i>sucralfate</i>	36
<i>sulfacetamide sodium (acne)</i>	48
<i>sulfacetamide sodium (ophth)</i>	44
<i>sulfacetamide sod-prednisolone</i>	44
SULFADIAZINE	10
<i>sulfamethoxazole/trimetho</i>	13
<i>sulfamethoxazole-trimethoprim iv</i>	13
<i>sulfasalazine</i>	36
<i>sulindac</i>	8
<i>sumatriptan succinate</i>	27
SUPRAX	10
SURMONTIL	24
SUSTIVA	11

SUTENT	16
SYMBICORT	47
SYMLIN	30
SYMLINPEN 120	30
SYMLINPEN 60	30
SYNAREL	32
SYNTHROID	34
SYPRINE	31

T

TABLOID	14
<i>tacrolimus</i>	40
TAMIFLU	13
<i>tamoxifen citrate</i>	15
<i>tamsulosin hcl</i>	37
TARCEVA	16
TARGRETIN	16, 50
TASIGNA	16
TAXOTERE	15
TAZORAC	49
TEGRETOL XR TAB 100MG	23
TEKAMLO	21
TEKTURNA	21
TEKTURNA HCT	21
<i>terazosin hcl</i>	18
<i>terbinafine hcl</i>	11
<i>terbutaline sulfate</i>	46
<i>terconazole vaginal</i>	38
TESTIM	29
<i>testosterone cypionate</i>	29
<i>testosterone enanthate</i>	29
TETANUS TOXOID ADSORBED	41
TETANUS/DIPHThERIA TOXOID	41
<i>tetracycline hcl</i>	10
TEVETEN	18
TEVETEN HCT	18
THALOMID	40
THEO-24	48
<i>theophylline</i>	48
<i>thioridazine hcl</i>	26
<i>thiothixene</i>	26
TIKOSYN	19
<i>timolol maleate (ophth)</i>	45
<i>tizanidine hcl</i>	28
TOBI	47
TOBRADEX	44
<i>tobramycin sulfate</i>	10
<i>tobramycin sulfate (ophth)</i>	44
<i>tobramycin-dexamethasone</i>	44
TOBEX OINT 0.3%	44
<i>tolmetin sodium</i>	8

<i>topiramate</i>	23
<i>topotecan hcl</i>	17
<i>torse mide</i>	21
TORSEMIDE.....	21
TOVIAZ	37, 38
TRACLEER	22
<i>tramadol hcl tab 50 mg</i>	8
<i>tramadol-acetaminophen</i>	8
<i>trandolapril</i>	17
TRANSDERM-SCOP.....	35
<i>tranylcypramine sulfate</i>	24
TRAVASOL.....	42
TRAVATAN Z.....	45
<i>trazodone hcl</i>	24
TREANDA	14
TRECTOR	12
TRELSTAR DEPOT MIXJECT.....	15
TRELSTAR LA MIXJECT.....	15
TRELSTAR MIXJECT	15
<i>tretinoin</i>	48
TRETINOIN	16
<i>triamcinolone acetonide (mouth)</i>	51
<i>triamcinolone acetonide (topical)</i>	50
<i>triamterene & hydrochlorothiazide</i>	21
TRIBENZOR	18
TRICOR	19
<i>trifluoperazine hcl</i>	26
<i>trifluridine</i>	44
<i>trihexyphenidyl hcl</i>	25
TRILIPIX	19
<i>trimethobenzamide hcl</i>	35
<i>trimethoprim</i>	13
TRIPEDIA	41
TRISENOX.....	16
TRIZIVIR.....	12
TROPHAMINE	42
<i>tropium chloride</i>	38
TRUVADA.....	12
TWINRIX.....	41
TYGACIL	13
TYKERB.....	16
TYPHIM VI	41
TYZEKA.....	13

U

ULORIC	7
UROXATRAL.....	37
<i>ursodiol</i>	36

V

VAGIFEM	33
<i>valacyclovir hcl</i>	13

VALCYTE.....	13
<i>valproate sodium</i>	23
<i>valproic acid</i>	23
VALTURNA	21
VALTURNA TAB 150-160	21
VANCOCIN HCL.....	13
<i>vancomycin hcl</i>	14
VANDETANIB	16
VAQTA	41
VARIVAX	41
VELCADE.....	15
<i>venlafaxine hcl</i>	25
<i>verapamil hcl</i>	20
VESICARE	38
VFEND IV	11
VFEND SUS 40MG/ML.....	11
VICTOZA.....	30
VICTRELIS	13
VIDAZA	15
VIDEX	12
VIGAMOX	44
VIIBRYD	25
VIMOVO	8
VIMPAT	23
VINBLASTINE SULFATE	15
<i>vincristine sulfate</i>	15
<i>vinorelbine tartrate</i>	15
VIRACEPT	12
VIRAMUNE.....	12
VIRAMUNE XR	12
VIREAD	12
VISICOL.....	36
VIVELLE-DOT	33
VOLTAREN GEL 1%	50
<i>voriconazole</i>	11
VOTRIENT.....	16
VPRIV	33
VYTORIN	19

W

<i>warfarin sodium</i>	39
WELCHOL	19

X

XENAZINE.....	28
XIFAXAN TAB 550MG.....	36
XOLAIR	47
XOPENEX.....	46
XYREM.....	28

Y

YF-VAX	41
--------------	----

Z	
<i>zafirlukast</i>	47
<i>zaleplon</i>	27
ZAVESCA	33
ZEMPLAR	44
ZENPEP	37
ZETIA	19
ZIAGEN	12
<i>zidovudine</i>	12
ZOLINZA	15
<i>zolpidem tartrate</i>	27
ZOMETA	31
ZOMIG	27
ZOMIG ZMT	27
ZONALON	49
<i>zonisamide</i>	23
ZORTRESS	40
ZOSTAVAX	41
<i>zovia</i>	32
ZOVIRAX	49
ZYCLARA	50
ZYMAR	44
ZYMAXID	44
ZYPREXA	26, 27
ZYPREXA ZYDIS	27
ZYTIGA	16
ZYVOX	14