

# HMSA Akamai Advantage<sup>SM</sup>

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## 2013 Formulary

List of Covered Drugs  
Updated August 2012



# HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

H3832\_5003\_8740\_0035 CMS Accepted  
R7439\_5003\_8740\_0035 CMS Accepted

Medicare<sup>Rx</sup>  
Prescription Drug Coverage <sup>Rx</sup>



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, 2014.

HMSA's Akamai Advantage is a Health plan with a Medicare contract offering both local PPO and regional PPO plan options.

This information is available in a different format, including large print. Please call Customer Relations at the number listed on the back cover if you need plan information in another format or language.

## **What is Akamai Advantage Formulary?**

A formulary is a list of covered drugs selected by Akamai Advantage 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. Akamai Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Akamai Advantage 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 2013 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2013 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases

in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of August 2012. To get updated information about the drugs covered by Akamai Advantage, please visit our website at <http://www.hmsa.com> or call Customer Relations department at the phone numbers printed on the back cover. We will inform members of any formulary changes to this comprehensive formulary via errata sheets and/or notifications in HMSA's Medicare newsletter.

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins page 1. 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 36. 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?

Akamai Advantage 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:

- **Limited Availability:** This prescription may be available only at certain pharmacies. For more information, please call Customer Relations.
- **Prior Authorization:** Akamai Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Akamai Advantage before you fill your prescriptions. If you don't get approval, Akamai Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, Akamai Advantage limits the amount of the drug that Akamai Advantage will cover. For example, Akamai Advantage provides 12 tablets per prescription for Maxalt. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Akamai Advantage 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, Akamai Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Akamai Advantage 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at <http://www.hmsa.com>.

You can ask Akamai Advantage to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Akamai Advantage formulary?" for information about how to request an exception.

## What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact our Customer Relations department and confirm that your drug is not covered. If you learn that Akamai Advantage does not cover your drug, you have two options:

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

You can ask Akamai Advantage 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, Akamai Advantage 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 tier 3, you can ask us to cover it at the cost-sharing amount that applies to drugs in tier 2 instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in tier 4.

Generally, Akamai Advantage will only approve your request for an exception if the alternative drugs included on the plan's formulary, 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 for-**

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

If you are a resident of a long-term care facility, we will cover a temporary 34-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

### **Transition policy**

New members in our Plan may be taking drugs that aren't on our formulary or that are subject to certain restrictions, such as prior authorization. Current members may also be affected by changes in our formulary from one year to the next. Members should talk to their doctors to decide if they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug. See the section above, "How do I request an exception to HMSA's Akamai Advantage formulary?" to learn more about how to request an exception. Please contact Customer Relations if your drug is not on our formulary, is subject to certain restrictions such as prior authorization, and you need to switch to a different drug that we cover or request a formulary exception. During the period of time members are talking to their doctors to determine a course of action, we may provide a temporary supply of a non-formulary drug if those members need a refill for the drug during the first 90 days of new membership in our Plan. If you are a current member affected by a formulary change from one year to the next, we will provide you with the opportunity to request a formulary exception in advance for the following year.

When a member goes to a network pharmacy and we provide a temporary supply of a drug that isn't on our formulary, or that has coverage restrictions or limits (but is otherwise considered a Part D drug), we will cover a 30-day supply (unless the prescription is written for fewer days). After we cover the temporary 30-day supply, we generally will not pay for these drugs as part of our transition policy again. We will provide you with a written notice after we cover your temporary supply. This notice will explain the steps you can take to request an exception and how to work with your doctor to decide if you should switch to an appropriate drug that we cover.

If a new member is a resident of a long-term-care facility (like a nursing home), we will also cover a temporary 34-day transition supply (unless the prescription is written for fewer days). If necessary, we will cover more than one refill of these drugs during the first 90 days a new member is enrolled in our Plan. If the resident has been enrolled in our Plan for more than 90 days and needs a drug that isn't on our formulary or is subject to other restrictions, such as dosage limits, we will cover a temporary 34-day emergency supply of that drug (unless the prescription

is for fewer days) while the new member pursues a formulary exception.

Current members are also eligible to receive a transition fill under certain conditions. If a current member enters a long term care (LTC) facility, or is in an LTC facility and requires an emergency supply of non-formulary drugs, we will cover a temporary 34-day transition supply (unless the prescription is written for fewer days). We will cover more than one refill of these drugs for these members for the first 90 days. A member may experience a change in their level of care at an inpatient hospital facility or skilled nursing facility which results in non-coverage of drugs previously covered by Medicare Part D. For current members experiencing a level of care change, we will also cover a temporary 34-day transition supply as outlined above.

Please note that our transition policy applies only to those drugs that are Part D drugs and bought at a network pharmacy. The transition policy can't be used to buy a non-Part D drug or a drug out of network, unless you qualify for out of network access.

### **For more information**

For more detailed information about Akamai Advantage prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Akamai Advantage, please call HMSA's Customer Relations department at the phone numbers printed on the back cover of this brochure.

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 <http://www.medicare.gov>.

### **Akamai Advantage Formulary**

The formulary that begins on the page 1 provides coverage information about some of the drugs covered by Akamai Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 36.

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

### **Drug tier index:**

Tier 1 - Generic

Tier 2 - Preferred Brand

Tier 3 - Non-Preferred Brand

Tier 4 - Specialty-Tier

Please refer to the *Summary of Benefits or Evidence of Coverage* for the specific copayment or coinsurance amount associated with each tier.

# Medicare Part D Formulary

Drug Name	Drug Requirements/ Tier	Limits
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol inj 500mg</i>	1	M
<i>allopurinol tab</i>	1	M
<i>aloprim</i>	3	M
<i>colchicine w/ probenecid</i>	1	M
COLCRYS QL (60 tabs / 30 days)	2	QL M
<i>probenecid</i>	1	M
ULORIC	2	M ST
ZYLOPRIM	3	M
<b>MISCELLANEOUS</b>		
ARTHROTEC	3	M
VIMOVO	3	M
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen w/ codeine</i> SOLN QL (5000mL / 30 days)	1	QL M
<i>acetaminophen w/ codeine</i> TABS QL (400 tabs / 30 days)	1	QL M
<i>acetaminophen-caff-dihydroco</i> <i>d</i> QL (150 tabs / 30 days)	1	QL M
<i>ascomp with codeine</i> QL (180 caps / 30 days)	1	QL M
<i>butalbital-acetaminophen-caff</i> <i>eine w/ codeine</i> QL (180 caps / 30 days)	1	QL M
<i>butalbital-aspirin-caffeine</i> <i>w/cod</i> QL (180 caps / 30 days)	1	QL M
<i>butorphanol nasal spray</i> QL (3 bottles / 30 days)	1	QL M
<i>butorphanol tartrate</i>	1	M
BUTRANS 10mcg/hr QL (8 ea / 28 days)	3	QL M
BUTRANS 20mcg/hr QL (4 ea / 28 days)	3	QL M
BUTRANS 5mcg/hr QL (16 ea / 28 days)	3	QL M
<i>capital and codeine</i> QL (5000mL / 30 days)	3	QL M
<i>co-gesic</i> QL (240 tabs / 30 days)	1	QL M

Drug Name	Drug Requirements/ Tier	Limits
FIORICET/CODEINE QL (180 caps / 30 days)	3	QL M
FIORINAL/CODEINE #3 QL (180 caps / 30 days)	3	QL M
HYCET QL (5400mL / 30 days)	3	QL M
<i>hydrocodone-acetaminophen</i> <i>10-300mg</i> QL (400 tabs / 30 days)	1	QL M
<i>hydrocodone-acetaminophen</i> <i>10-500mg</i> QL (240 tabs / 30 days)	1	QL M
<i>hydrocodone-acetaminophen</i> <i>10-650mg</i> QL (185 tabs / 30 days)	1	QL M
<i>hydrocodone-acetaminophen</i> <i>10-660mg</i> QL (181 tabs / 30 days)	1	QL M
<i>hydrocodone-acetaminophen</i> <i>10-750mg</i> QL (160 tabs / 30 days)	1	QL M
<i>hydrocodone-acetaminophen</i> <i>5-300mg</i> QL (400 tabs / 30 days)	1	QL M
<i>hydrocodone-acetaminophen</i> <i>5-325mg</i> QL (360 tabs / 30 days)	1	QL M
<i>hydrocodone-acetaminophen</i> <i>5-500mg</i> QL (240 tabs / 30 days)	1	QL M
<i>hydrocodone-acetaminophen</i> <i>7.5-300mg</i> QL (400 tabs / 30 days)	1	QL M
<i>hydrocodone-acetaminophen</i> <i>7.5-325 mg/15ml</i> QL (5400mL / 30 days)	1	QL M
<i>hydrocodone-acetaminophen</i> <i>7.5-325mg</i> QL (360 tabs / 30 days)	1	QL M
<i>hydrocodone-acetaminophen</i> <i>7.5-500mg</i> QL (240 tabs / 30 days)	1	QL M
<i>hydrocodone-acetaminophen</i> <i>7.5-500mg/15ml</i> QL (3600mL / 30 days)	1	QL M
<i>hydrocodone-acetaminophen</i> <i>7.5-650mg</i> QL (185 tabs / 30 days)	1	QL M
<i>hydrocodone-acetaminophen</i> <i>7.5-750mg</i> QL (160 tabs / 30 days)	1	QL M

PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    M - Available at  
mail-order    B/D - Covered under Medicare B or D    LA - Limited Access



Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocodone-acetaminophen</i> tab 10-325mg QL (360 tabs / 30 days)	1	QL M
<i>hydrocodone-acetaminophen</i> tab 2.5-500mg QL (240 tabs / 30 days)	1	QL M
<i>hydrocodone-ibuprofen</i> QL (150 tabs / 30 days)	1	QL M
<i>lorcet 10/650</i> QL (185 tabs / 30 days)	3	QL M
<i>lorcet plus</i> QL (185 tabs / 30 days)	3	QL M
<i>lortab 10/500</i> QL (240 tabs / 30 days)	3	QL M
<i>lortab 5/500</i> QL (240 tabs / 30 days)	3	QL M
<i>lortab 7.5/500</i> ELIX QL (3600mL / 30 days)	3	QL M
<i>lortab 7.5/500</i> TABS QL (240 tabs / 30 days)	3	QL M
<i>maxidone</i> QL (160 tabs / 30 days)	3	QL M
<i>norco 10/325</i> QL (360 tabs / 30 days)	3	QL M
<i>norco 5/325</i> QL (360 tabs / 30 days)	3	QL M
<i>norco 7.5/325</i> QL (360 tabs / 30 days)	3	QL M
<i>reprexain 10/200</i> QL (150 tabs / 30 days)	1	QL M
<i>reprexain 2.5/200</i> QL (150 tabs / 30 days)	3	QL M
<i>reprexain 5/200</i> QL (150 tabs / 30 days)	3	QL M
<i>stagesic 5/500</i> QL (240 caps / 30 days)	1	QL M
SYNALGOS-DC QL (360 caps / 30 days)	3	QL M
TYLENOL/CODEINE #3 QL (400 tabs / 30 days)	3	QL M
TYLENOL/CODEINE #4 QL (400 tabs / 30 days)	3	QL M
<i>vicodin 10/660</i> QL (181 tabs / 30 days)	1	QL M
<i>vicodin 5/500</i> QL (240 tabs / 30 days)	3	QL M
<i>vicodin 7.5/750</i> QL (160 tabs / 30 days)	3	QL M
VICOPROFEN QL (150 tabs / 30 days)	3	QL M

Drug Name	Drug Requirements/ Tier	Limits
XODOL QL (400 tabs / 30 days)	3	QL M
<i>zamicet</i> QL (5400mL / 30 days)	3	QL M
<i>zydone 10/400</i> QL (300 tabs / 30 days)	3	QL M
<i>zydone 5/400</i> QL (300 tabs / 30 days)	3	QL M
<i>zydone 7.5/400</i> QL (300 tabs / 30 days)	3	QL M
<b>NARCOTIC ANALGESICS, CII</b>		
ABSTRAL 100mcg QL (120 ea / 30 days)	3	QL M PA
ABSTRAL 200mcg, 300mcg, 400mcg, 600mcg, 800mcg QL (120 ea / 30 days)	4	QL PA
ACTIQ QL (120 lpop / 30 days)	4	QL PA
<i>astramorph</i>	1	B/D M
AVINZA QL (60 ea / 30 days)	3	QL M
CODEINE SULFATE	1	M
DILAUDID INJ	3	B/D M
DILAUDID TAB	3	M
DILAUDID-5 ORAL LIQD	2	M
DILAUDID-HP INJ	3	B/D M
DOLOPHINE QL (240 tabs / 30 days)	3	QL M
DURAGESIC 12mcg/hr, 25mcg/hr QL (10 ea / 30 days)	3	QL M
DURAGESIC 50mcg/hr QL (10 ea / 30 days)	3	QL M PA
DURAGESIC 75mcg/hr, 100mcg/hr QL (10 ea / 30 days)	4	QL PA
DURAMORPH	1	B/D M
<i>endocet 10/325</i> QL (360 tabs / 30 days)	1	QL M
<i>endocet 10/650</i> QL (180 tabs / 30 days)	1	QL M
<i>endocet 5/325</i> QL (360 tabs / 30 days)	1	QL M
<i>endocet 7.5/325</i> QL (360 tabs / 30 days)	1	QL M
<i>endocet 7.5/500</i> QL (240 tabs / 30 days)	1	QL M
ENDODAN QL (360 tabs / 30 days)	1	QL M

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **M** - Available at  
mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access



Drug Name	Drug Requirements/ Tier	Limits
EXALGO QL (60 ea / 30 days)	2	QL M
<i>fentanyl citrate</i> QL (120 lpop / 30 days)	4	QL PA
<i>fentanyl patch</i> 12mcg/hr, 25mcg/hr QL (10 ea / 30 days)	1	QL M
<i>fentanyl patch</i> 50mcg/hr, 75mcg/hr, 100mcg/hr QL (10 ea / 30 days)	1	QL M PA
FENTORA QL (120 tabs / 30 days)	4	QL PA
<i>hydromorphone hcl</i> SOLN	1	B/D M
<i>hydromorphone hcl</i> TABS	1	M
KADIAN QL (60 ea / 30 days)	2	QL M
<i>levorphanol tartrate</i>	1	M
MAGNACET QL (300 tabs / 30 days)	3	QL M
<i>methadone hcl</i> CONC; SOLN	1	M
<i>methadone hcl</i> TABS QL (240 tabs / 30 days)	1	QL M
METHADONE INJ 10MG/ML	3	M
<i>methadose</i> QL (240 tabs / 30 days)	1	QL M
MORPHINE SUL 20MG/ML ORAL SOL	1	M
<i>morphine sulfate</i> SOLN .5mg/ml, 1mg/ml	1	B/D M
MORPHINE SULFATE SOLN 10mg/5ml, 20mg/5ml	3	M
MORPHINE SULFATE TABS QL (180 tabs / 30 days)	1	QL M
<i>morphine sulfate ext-rel tab</i> 15mg, 30mg, 60mg, 100mg QL (90 ea / 30 days)	1	QL M
<i>morphine sulfate ext-rel tab</i> 200mg QL (60 ea / 30 days)	1	QL M
MS CONTIN 15mg, 30mg, 60mg, 100mg QL (90 ea / 30 days)	3	QL M
MS CONTIN 200mg QL (60 ea / 30 days)	3	QL M
NUCYNTA	3	M
NUCYNTA ER 150mg, 200mg, 250mg QL (60 ea / 30 days)	3	QL M

Drug Name	Drug Requirements/ Tier	Limits
NUCYNTA ER 50mg, 100mg QL (120 ea / 30 days)	3	QL M
ONSOLIS QL (120 ea / 30 days)	4	QL PA
OPANA	3	M
OPANA ER (CRUSH RESISTANT QL (120 ea / 30 days)	3	QL M
OXYCODONE HCL CAPS QL (180 caps / 30 days)	1	QL M
OXYCODONE HCL CONC	1	M
<i>oxycodone hcl</i> TABS QL (180 tabs / 30 days)	1	QL M
<i>oxycodone w/ acetaminophen</i> 10-325mg QL (360 tabs / 30 days)	1	QL M
<i>oxycodone w/ acetaminophen</i> 10-650mg QL (180 tabs / 30 days)	1	QL M
<i>oxycodone w/ acetaminophen</i> 2.5-325mg QL (360 tabs / 30 days)	1	QL M
<i>oxycodone w/ acetaminophen</i> 5-325mg QL (360 tabs / 30 days)	1	QL M
<i>oxycodone w/ acetaminophen</i> 5-500mg QL (240 caps / 30 days)	1	QL M
<i>oxycodone w/ acetaminophen</i> 7.5-325mg QL (360 tabs / 30 days)	1	QL M
<i>oxycodone w/ acetaminophen</i> 7.5-500mg QL (240 tabs / 30 days)	1	QL M
<i>oxycodone-aspirin</i> QL (360 tabs / 30 days)	1	QL M
<i>oxycodone-ibuprofen</i> QL (28 tabs / 30 days)	1	QL M
OXYCONTIN QL (120 ea / 30 days)	3	QL M
<i>oxymorphone er</i> QL (120 ea / 30 days)	1	QL M
<i>oxymorphone hcl</i>	1	M
<i>percocet 10/325</i> QL (360 tabs / 30 days)	3	QL M
<i>percocet 10/650</i> QL (180 tabs / 30 days)	3	QL M
<i>percocet 2.5/325</i> QL (360 tabs / 30 days)	3	QL M

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **M** - Available at  
mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access

Drug Name	Drug Requirements/ Tier	Limits
<i>percocet 5/325</i> QL (360 tabs / 30 days)	3	QL M
<i>percocet 7.5/325</i> QL (360 tabs / 30 days)	3	QL M
<i>percocet 7.5/500</i> QL (240 tabs / 30 days)	3	QL M
PERCODAN QL (360 tabs / 30 days)	3	QL M
<i>roxicet</i> QL (1800mL / 30 days)	2	QL M
<i>roxicet 5/500</i> QL (240 tabs / 30 days)	3	QL M
ROXICODONE 15mg, 30mg QL (180 tabs / 30 days)	3	QL M
<i>tylox</i> QL (240 caps / 30 days)	3	QL M
<b>NON-NARCOTIC ANALGESICS</b>		
RYZOLT	3	M
<i>tramadol hcl</i>	1	M
<i>tramadol hcl er</i>	1	M
<i>tramadol hcl tab 50 mg</i> QL (240 tabs / 30 days)	1	QL M
<i>tramadol-acetaminophen</i> QL (240 tabs / 30 days)	1	QL M
ULTRACET QL (240 tabs / 30 days)	3	QL M
ULTRAM QL (240 tabs / 30 days)	3	QL M
ULTRAM ER	3	M
<b>NSAIDS</b>		
ANAPROX	3	M
ANAPROX DS	3	M
CATAFLAM	3	M
CELEBREX 400mg	2	M PA
CELEBREX 50mg, 100mg, 200mg	2	M
CLINORIL	3	M
DAYPRO	3	M
<i>diclofenac potassium</i>	1	M
<i>diclofenac sodium</i>	1	M
<i>diflunisal</i>	1	M
EC-NAPROSYN	3	M
<i>etodolac</i>	1	M
FELDENE	3	M
<i>fenoprofen calcium</i>	1	M
<i>flurbiprofen</i>	1	M
<i>ibuprofen</i>	1	M
<i>ketoprofen</i>	1	M
<i>mefenamic acid</i>	1	M

Drug Name	Drug Requirements/ Tier	Limits
MELOXICAM SUSP 7.5 MG/5ML	1	M
<i>meloxicam tabs</i>	1	M
MOBIC	3	M
<i>nabumetone</i>	1	M
NALFON	3	M
NAPRELAN	3	M
NAPROSYN	3	M
<i>naproxen</i>	1	M
<i>naproxen sodium</i>	1	M
<i>oxaprozin</i>	1	M
<i>piroxicam</i>	1	M
PONSTEL	3	M
<i>sulindac</i>	1	M
<i>tolmetin sodium</i>	1	M
VOLTAREN-XR	3	M
ZIPSOR	3	M
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
<i>lidocaine hcl (local anesth.)</i>	1	M
XYLOCAINE 1%	3	M
<b>ANTI-INFECTIVES</b>		
<b>ANTIBACTERIALS</b>		
<i>amikacin sulfate</i>	1	M
<i>amoxicillin</i>	1	M
<i>amoxicillin &amp; pot clavulanate</i>	1	M
<i>ampicillin</i>	1	M
<i>ampicillin &amp; sulbactam sodium</i>	1	M
<i>ampicillin inj</i>	1	M
AVELOX	2	M
AVELOX ABC PACK	2	M
<i>azithromycin</i>	1	M
BACTOCILL IN DEXTROSE	3	M
BIAXIN	3	M
BIAXIN XL	3	M
BIAXIN XL PAC	3	M
BICILLIN C-R	3	M
BICILLIN L-A	3	M
CEDAX	3	M
<i>cefaclor</i>	1	M
<i>cefaclor er</i>	2	M
<i>cefadroxil</i>	1	M
<i>cefazolin inj</i>	1	M
<i>cefazolin/dextrose</i>	2	M
<i>cefdinir</i>	1	M
<i>cefepime hcl</i>	1	M
<i>cefotaxime sodium</i>	1	M
<i>cefotetan disodium</i>	3	M
CEFOXITIN SODIUM	3	M

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Drug Name	Drug Requirements/ Tier	Limits
<i>cefoxitin sodium</i> 1gm, 2gm, 10gm	1	M
<i>cefpodoxime proxetil</i>	1	M
<i>cefprozil</i>	1	M
<i>ceftazidime</i>	1	M
CEFTAZIDIME/DEXTROSE	2	M
CEFTIN	3	M
<i>ceftriaxone sodium</i>	1	M
<i>cefuroxime axetil</i>	1	M
<i>cefuroxime sodium</i>	1	M
<i>cephalexin</i>	1	M
CIPRO	3	M
CIPRO I.V.-IN D5W	3	M
<i>ciprofloxacin hcl</i>	1	M
<i>ciprofloxacin-ciprofloxacin hcl</i>	1	M
<i>ciprofloxacin inj</i>	1	M
CLAFORAN	3	M
<i>clarithromycin</i>	1	M
<i>demeclocycline hcl</i>	1	M
<i>dicloxacillin sodium</i>	1	M
DIFICID	4	ST
DORYX	3	M
<i>doxycycline (monohydrate)</i>	1	M
<i>doxycycline hyclate</i>	1	M
<i>dynacin</i>	3	M
e.e.s.	1	M
E.E.S. GRANULES	2	M
<i>ery-tab</i>	2	M
ERYPED 200	2	M
ERYPED 400	2	M
<i>erythrocin lactobionate</i>	3	M
<i>erythrocin stearate</i>	1	M
<i>erythromycin base</i>	1	M
<i>erythromycin ethylsuccinate</i>	1	M
<i>erythromycin stearate</i>	1	M
FACTIVE	3	M
FORTAZ	3	M
<i>gentamicin in saline 0.9 mg/ml</i>	3	M
<i>gentamicin in saline 1.4 mg/ml</i>	3	M
<i>gentamicin in saline 100mg</i>	1	M
<i>gentamicin in saline 60mg</i>	1	M
<i>gentamicin in saline 80mg</i>	1	M
<i>gentamicin sulfate</i>	1	M
KEFLEX	3	M
LEVAQUIN	3	M
LEVAQUIN INJ	3	M
LEVAQUIN ORAL SOLUTION	3	M
<i>levofloxacin</i>	1	M
<i>levofloxacin in d5w</i>	1	M

Drug Name	Drug Requirements/ Tier	Limits
MINOCIN	3	M
<i>minocycline hcl</i>	1	M
MONODOX	3	M
MOXATAG	3	M
<i>nafticillin sodium</i>	1	M
NALLPEN/DEXTROSE	3	M
<i>neomycin sulfate</i>	1	M
NOROXIN	3	M
<i>oxacillin sodium</i>	1	M
<i>paramomycin sulfate</i>	1	M
PCE	3	M
PENICILLIN G POT IN DEXTROSE	2	M
<i>penicillin g potassium</i>	1	M
<i>penicillin g procaine</i>	2	M
<i>penicillin g sodium</i>	1	M
<i>penicillin v potassium</i>	1	M
<i>pfizerpen</i>	3	M
<i>piperacillin sodium-tazobactam sodium</i>	1	M
<i>rocephin</i>	3	M
SOLODYN 45mg	3	M
SOLODYN 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, 135mg	4	
<i>streptomycin sulfate</i>	1	M
<i>sulfadiazine</i>	2	M
<i>suprax</i>	2	M
TEFLARO	3	M
<i>tetracycline hcl</i>	1	M
<i>timentin</i>	3	M
<i>tobramycin sulfate</i>	1	M
<i>tobramycin sulfate in saline</i>	2	M
UNASYN	3	M
UNASYN BULK PACK	3	M
VIBRAMYCIN CAPS; SUSR	3	M
VIBRAMYCIN SYRP	2	M
ZINACEF	3	M
ZINACEF IN SOLUTION	3	M
ZITHROMAX	3	M
ZITHROMAX TRI-PAK	3	M
ZITHROMAX Z-PAK	3	M
ZMAX	2	M
ZOSYN	3	M
<b>ANTIFUNGALS</b>		
ABELCET	4	B/D
AMBISOME	4	B/D
AMPHOTEC	3	B/D M
<i>amphotericin b</i>	1	B/D M

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Drug Name	Drug Requirements/ Tier	Limits
ANCOBON	4	
CANCIDAS	4	
DIFLUCAN	3	M
ERAXIS	4	
<i>fluconazole</i>	1	M
<i>fluconazole in dextrose</i>	1	M
<i>flucytosine</i>	4	
GRIS-PEG	2	M
<i>griseofulvin microsize</i>	1	M
<i>itraconazole</i>	1	M PA
<i>ketoconazole</i>	1	M
LAMISIL PACK	3	M
LAMISIL TABS QL (90 tabs / year)	3	QL M
MYCAMINE	4	
NOXAFIL	4	
<i>nystatin</i>	1	M
SPORANOX CAPS	4	PA
SPORANOX SOLN	4	
SPORANOX PULSEPAK	4	PA
<i>terbinafine hcl</i> QL (90 tabs / year)	1	QL M
VFEND	4	
VFEND IV	3	M
VFEND SUS 40MG/ML	4	
<i>voriconazole</i>	4	
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl</i>	1	M
<i>chloroquine phosphate</i>	1	M
COARTEM	3	M
DARAPRIM	3	M
MALARONE	3	M
<i>mefloquine hcl</i>	1	M
PRIMAQUINE PHOSPHATE	2	M
QUALAQUIN	3	M
<b>ANTIRETROVIRAL AGENTS</b>		
APTIVUS	4	
ATRIPLA	4	
COMBIVIR	4	
COMPLERA	4	
CRIXIVAN	3	M
<i>didanosine</i>	1	M
EDURANT	4	
EMTRIVA	2	M
EPIVIR	3	M
EPIVIR SOL 10MG/ML	2	M
EPZICOM	4	

Drug Name	Drug Requirements/ Tier	Limits
FUZEON	4	
INTELENCE	4	
INVIRASE CAPS	3	M
INVIRASE TABS	4	
ISENTRESS	4	
KALETRA SOL	4	
KALETRA TAB 100-25MG	2	M
KALETRA TAB 200-50MG	4	
<i>lamivudine</i>	1	M
<i>lamivudine-zidovudine</i>	4	
LEXIVA	3	M
<i>nevirapine</i>	1	M
NORVIR	2	M
PREZISTA 150mg, 400mg, 600mg	4	
PREZISTA 75mg	2	M
RESCRIPTOR	3	M
RETROVIR	3	M
RETROVIR IV INFUSION	2	M
REYATAZ	2	M
SELZENTRY	4	
<i>stavudine</i>	1	M
SUSTIVA	2	M
TRIZIVIR	4	
TRUVADA	4	
VIDEX EC	3	M
VIDEX PEDIATRIC	3	M
VIRACEPT	4	
VIRAMUNE	3	M
VIRAMUNE XR	3	M
VIREAD	4	
ZERIT	3	M
ZIAGEN	3	M
<i>zidovudine</i>	1	M
<b>ANTITUBERCULAR AGENTS</b>		
CAPASTAT SULFATE	3	M
<i>ethambutol hcl</i>	1	M
<i>isoniazid</i>	1	M
<i>isoniazid tabs</i>	1	M
MYCOBUTIN	2	M
<i>paser d/r</i>	3	M
PRIFTIN	2	M
<i>rifadin</i>	3	M
<i>rifamate</i>	3	M
<i>rifampin</i>	1	M
RIFATER	3	M
<i>seromycin</i>	3	M
TRECTOR	2	M

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Drug Name	Drug Requirements/ Tier	Limits
<b>ANTIVIRALS</b>		
<i>acyclovir</i>	1	M
<i>acyclovir sodium</i>	1	B/D M
BARACLUDE	2	M
COPEGUS	4	PA
CYTOVENE	3	B/D M
EPIVIR HBV	2	M
<i>famciclovir</i>	1	M
FAMVIR	3	M
<i>foscarnet sodium</i>	1	M
<i>ganciclovir</i>	1	M
<i>ganciclovir inj 500mg</i>	1	B/D M
HEPSERA	4	ST
INCIVEK	4	QL PA
QL (180 tabs / 30 days)		
REBETOL	4	PA
RELENZA DISKHALER	2	M
<i>ribapak</i>	4	PA
<i>ribasphere</i>	4	PA
<i>ribasphere 200mg</i>	1	PA
<i>ribasphere ribapak 1000</i>	4	PA
<i>ribasphere ribapak 1200</i>	4	PA
<i>ribasphere ribapak 800</i>	4	PA
<i>ribasphere tab</i>	4	PA
<i>ribavirin 200mg</i>	1	PA
<i>rimantadine hydrochloride</i>	1	M
TAMIFLU	2	M
TYZEKA	3	M
<i>valacyclovir hcl</i>	1	M
VALCYTE	4	
VALTREX	3	M
VICTRELIS	4	PA
VISTIDE	3	M
ZOVIRAX CAPS; SUSP; TABS	3	M
<b>MISCELLANEOUS</b>		
ALBENZA	3	M
ALINIA SUSR	3	QL M
QL (9 bottles / 30 days)		
ALINIA TABS	3	QL M
QL (20 tabs / 30 days)		
AZACTAM	3	M
AZACTAM IN DEXTROSE	3	M
<i>aztreonam</i>	1	M
BACTRIM	3	M
BACTRIM DS	3	M
BILTRICIDE	2	M
CLEOCIN CAPS	3	M
CLEOCIN CAP 75MG	3	M

Drug Name	Drug Requirements/ Tier	Limits
CLEOCIN IN D5W	3	M
CLEOCIN INJ	3	M
CLEOCIN PHOSPHATE	3	M
<i>clindamycin hcl</i>	1	M
<i>clindamycin palmitate hydrochloride</i>	1	M
<i>clindamycin phosphate</i>	1	M
<i>colistimethate sodium</i>	1	B/D M
COLY-MYCIN M	3	B/D M
CUBICIN	4	B/D
<i>dapsone</i>	1	M
DORIBAX	3	M
FLAGYL	3	M
FLAGYL ER	3	M
FURADANTIN	3	M PA
HIPREX	3	M
<i>imipenem-cilastatin</i>	1	M
INVANZ	3	M
MACROBID	3	M PA
MACRODANTIN 100mg	3	M PA
MACRODANTIN 25mg	2	M PA
MEPRON	4	
<i>meropenem</i>	1	M
MERREM	3	M
<i>methenamine hippurate</i>	1	M
<i>metronidazole</i>	1	M
<i>metronidazole inj</i>	1	M
NEBUPENT	3	B/D M
<i>nitrofurantoin</i>	1	M PA
<i>nitrofurantoin macrocrystal</i>	1	M PA
<i>nitrofurantoin monohyd macro</i>	1	M PA
PENTAM 300	3	M
<i>polymyxin b sulfate</i>	1	M
PRIMAXIN	3	M
<i>primsol</i>	3	M
SEPTRA DS	3	M
STROMEKTOL	3	M
<i>sulfamethoxazole-trimethop</i>	1	M
<i>sulfamethoxazole-trimethop iv soln</i>	1	M
SYNERCID	4	
<i>trimethoprim</i>	1	M
TYGACIL	4	
VANCOCIN HCL	4	
<i>vancomycin hcl</i> CAPS	4	
<i>vancomycin hcl</i> SOLR	1	B/D M
VIBATIV	3	M
XIFAXAN TAB 200MG	4	

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Drug Name	Drug Requirements/ Tier	Limits
ZYVOX	4	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
ALKERAN	3	B/D M
BICNU	3	B/D M
BUSULFEX	3	B/D M
CEENU	2	M
<i>cyclophosphamide</i>	1	B/D M
<i>dacarbazine</i>	1	B/D M
EMCYT	2	M
HEXALEN	4	
IFEX INJ 3GM	3	B/D M
<i>ifosfamide</i>	1	B/D M
LEUKERAN	2	M
<i>melphalan hcl</i>	4	B/D
MUSTARGEN	3	B/D M
<i>thiotepa</i>	3	B/D M
TREANDA	4	B/D
ZANOSAR	3	B/D M
<b>ANTHRACYCLINES</b>		
<i>adriamycin</i>	1	B/D M
<i>cerubidine</i>	3	B/D M
<i>daunorubicin hcl</i>	1	B/D M
DOXIL	4	B/D
<i>doxorubicin hcl</i>	1	B/D M
ELLECE	4	B/D
<i>epirubicin hcl</i>	1	B/D M
IDAMYCIN PFS	3	B/D M
<i>idarubicin hcl</i>	4	B/D
<b>ANTIBIOTICS</b>		
<i>bleomycin sulfate</i>	1	B/D M
COSMEGEN	4	B/D
<i>mitomycin</i>	1	B/D M
<b>ANTIMETABOLITES</b>		
ALIMTA	4	B/D
ARRANON	3	B/D M
CLOLAR	3	B/D M
<i>cytarabine inj 100mg/ml</i>	3	B/D M
<i>cytarabine inj 20mg/ml</i>	1	B/D M
<i>cytarabine inj 500mg</i>	1	B/D M
DACOGEN	3	B/D
<i>fluorouracil inj</i>	1	B/D M
<i>gemcitabine hcl</i>	4	B/D
GEMZAR	4	B/D
<i>mercaptopurine</i>	1	M
<i>methotrexate sodium inj</i>	1	B/D M
NIPENT	3	B/D M
<i>pentostatin</i>	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
PURINETHOL	3	M
TABLOID	2	M
VIDAZA	4	B/D
<b>ANTIMITOTIC, TAXOIDS</b>		
ABRAXANE	4	B/D
DOCETAXEL	4	B/D
<i>paclitaxel</i>	1	B/D M
TAXOTERE	4	B/D
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>		
<i>vinblastine sulfate</i>	2	B/D M
<i>vincasar</i>	1	B/D M
<i>vincristine sulfate</i>	1	B/D M
<i>vinorelbine tartrate</i>	1	B/D M
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
AVASTIN	4	B/D
CAMPATH	4	B/D
ERBITUX	4	B/D
ERIVEDGE	4	LA PA
HERCEPTIN	4	B/D
ISTODAX	4	B/D
ONTAK	4	B/D
PROLEUKIN	4	B/D
RITUXAN	4	PA
TORISEL	4	B/D
VECTIBIX	3	B/D
VELCADE	4	B/D
ZOLINZA	4	
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>anastrozole</i>	1	M
ARIMIDEX	3	M
AROMASIN	3	M ST
ARZERRA	4	B/D
<i>bicalutamide</i>	1	M
CASODEX	3	M
DEPO-PROVERA INJ 400/ML	2	B/D M
ELIGARD	3	B/D
<i>exemestane</i>	1	M ST
FARESTON	3	M
FASLODEX	4	B/D
FEMARA	3	M ST
FIRMAGON	3	B/D
<i>flutamide</i>	1	M
<i>letrozole</i>	1	M ST
<i>leuprolide acetate</i>	1	PA
LUPRON DEPOT 3.75mg, 7.5mg, 22.5mg, 30mg	4	PA
LUPRON DEPOT-PED	4	PA
LYSODREN	4	

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Drug Name	Drug Requirements/ Tier	Limits
MEGACE ES	2	M
MEGACE ORAL	3	M
<i>megestrol acetate</i>	1	M
NILANDRON	3	M
<i>tamoxifen citrate</i>	1	M
TRELSTAR DEPOT MIXJECT	4	PA
TRELSTAR LA MIXJECT	4	PA
TRELSTAR MIXJECT	4	PA
ZYTIGA	4	PA
<b>KINASE INHIBITORS</b>		
AFINITOR	4	
CAPRELSA	4	LA PA
GLEEVEC	4	PA
INLYTA	4	LA PA
JAKAFI QL (60 tabs / 30 days)	4	QL LA PA
NEXAVAR	4	LA PA
SPRYCEL	4	PA
SUTENT	4	PA
TARCEVA	4	PA
TASIGNA	4	PA
TYKERB	4	LA
VOTRIENT	4	
XALKORI	4	LA PA
ZELBORAF	4	LA PA
<b>MISCELLANEOUS</b>		
DROXIA	2	M
ELSPAR	3	B/D
HALAVEN	4	B/D
HYDREA	3	M
<i>hydroxyurea</i>	1	M
<i>irinotecan</i>	4	B/D
IXEMPRA KIT	4	B/D
MATULANE	4	
<i>mitoxantrone hcl</i>	1	B/D
SYLATRON	4	PA
TARGRETIN CAPS <i>tretinoin CAPS</i>	4	PA
TRISENOX	4	B/D
UVADEX	3	B/D M
<b>NUCLEOSIDE ANALOGS</b>		
<i>cladribine</i>	4	B/D
<i>fludarabine phosphate</i>	1	B/D M
<b>PLATINUM COORDINATION COMPLEX</b>		
<i>carboplatin</i>	1	B/D M
<i>cisplatin</i>	1	B/D M
ELOXATIN	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>oxaliplatin</i>	4	B/D
<b>PROTECTIVE AGENTS</b>		
<i>amifostine crystalline</i>	4	B/D
<i>dexrazoxane</i>	4	B/D
ELITEK	4	B/D
ETHYOL	4	B/D
KEPIVANCE	4	B/D
<i>leucovorin ca inj</i>	1	B/D M
<i>leucovorin calcium</i> 10mg, 15mg	2	M
<i>leucovorin calcium</i> 5mg, 25mg	1	M
<i>mesna</i>	1	B/D M
MESNEX SOLN	3	B/D M
MESNEX TABS	4	
ZINECARD	3	B/D M
<b>TOPOISOMERASE INHIBITORS</b>		
CAMPTOSAR	3	B/D M
ETOPOPHOS	3	B/D M
<i>etoposide</i>	1	B/D M
HYCAMTIN	4	B/D
<i>toposar</i>	1	B/D M
<i>topotecan hcl</i>	4	B/D
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
ACCURETIC	3	M
<i>amlodipine</i>	1	M
<i>besylate-benazepril hcl</i>		
<i>benazepril &amp;</i> <i>hydrochlorothiazide</i>	1	M
<i>captopril &amp;</i> <i>hydrochlorothiazide</i>	1	M
<i>enalapril maleate &amp;</i> <i>hydrochlorothiazide</i>	1	M
<i>fosinopril sodium &amp;</i> <i>hydrochlorothiazide</i>	1	M
<i>lisinopril &amp;</i> <i>hydrochlorothiazide</i>	1	M
LOTENSIN HCT	3	M
LOTREL	3	M
<i>moexipril-hydrochlorothiazide</i>	1	M
PRINZIDE	3	M
<i>quinapril-hydrochlorothiazide</i>	1	M
TARKA	3	M
UNIRETIC	3	M
VASERETIC	3	M
ZESTORETIC	3	M
<b>ACE INHIBITORS</b>		
ACCUPRIL	3	M

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ACEON	3	M
ALTACE	3	M
<i>benazepril hcl</i>	1	M
<i>captopril</i>	1	M
<i>enalapril maleate</i>	1	M
<i>fosinopril sodium</i>	1	M
<i>lisinopril</i>	1	M
LOTENSIN	3	M
MAVIK	3	M
<i>moexipril hcl</i>	1	M
<i>perindopril erbumine</i>	1	M
PRINIVIL	3	M
<i>quinapril hcl</i>	1	M
<i>ramipril</i>	1	M
<i>trandolapril</i>	1	M
UNIVASC	3	M
VASOTEC	3	M
ZESTRIL	3	M
<b>ADRENOLYTICS, CENTRAL</b>		
CATAPRES	3	M
CATAPRES-TTS-1	3	M
CATAPRES-TTS-2	3	M
CATAPRES-TTS-3	3	M
<i>clonidine hcl</i>	1	M
<i>guanfacine hcl</i>	1	M
TENEX	3	M
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
ALDACTONE	3	M
<i>epplerenone</i>	1	M PA
INSPIRA	3	M PA
<i>spironolactone</i>	1	M
<b>ALPHA BLOCKERS</b>		
CARDURA	3	M
<i>doxazosin mesylate</i>	1	M
MINIPRESS	3	M
<i>prazosin hcl</i>	1	M
<i>terazosin hcl</i>	1	M
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
ATACAND HCT	3	M
AVALIDE	3	M
AZOR	2	M
BENICAR HCT	2	M
DIOVAN HCT	3	M
EDARBYCLOR	3	M
EXFORGE	2	M

Drug Name	Drug Requirements/ Tier	Limits
EXFORGE HCT 10-160-12.5MG	2	M
EXFORGE HCT 10-160-25MG	2	M
EXFORGE HCT 10-320-25MG	2	M
EXFORGE HCT 5-160-12.5MG	2	M
EXFORGE HCT 5-160-25MG	2	M
HYZAAR	3	M
<i>irbesartan-hydrochlorothiazide</i>	1	M
<i>losartan potassium &amp; hydrochlorothiazide</i>	1	M
MICARDIS HCT	3	M
TEVETEN HCT	3	M
TRIBENZOR	2	M
TWYNSTA	3	M
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
ATACAND	3	M
AVAPRO	3	M
BENICAR	2	M
COZAAR	3	M
DIOVAN	3	M
EDARBI	3	M
<i>eprosartan mesylate</i>	1	M
<i>irbesartan</i>	1	M
<i>losartan potassium</i>	1	M
MICARDIS	3	M
TEVETEN	3	M
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl</i>	1	M
<i>amiodarone inj 50mg/ml</i>	1	M
BETAPACE	3	M
BETAPACE AF	3	M
CORDARONE	3	M
<i>disopyramide phosphate</i>	1	M
<i>flecainide acetate</i>	1	M
<i>mexiletine hcl</i>	1	M
MULTAQ	3	M
NORPACE	3	M
NORPACE CR	3	M
<i>pacerone 100mg, 400mg</i>	3	M
<i>pacerone 200mg</i>	1	M
<i>propafenone hcl</i>	1	M
<i>quinidine gluconate er</i>	1	M
<i>quinidine sulfate</i>	1	M
RYTHMOL	3	M
RYTHMOL SR	3	M

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Drug Name	Drug Requirements/ Tier	Limits
<i>sorine</i>	1	M
<i>sotalol hcl</i>	1	M
TIKOSYN	3	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
ALTOPREV	3	M
<i>atorvastatin calcium</i> QL (30 tabs / 30 days)	1	QL M
CRESTOR	3	M
<i>fluvastatin sodium</i>	1	M
LESCOL	3	M
LESCOL XL	3	M
LIPITOR	3	M
LIVALO	3	M
<i>lovastatin</i>	1	M
MEVACOR	3	M
PRAVACHOL	3	M
<i>pravastatin sodium</i>	1	M
<i>simvastatin</i> 5mg, 10mg, 20mg, 40mg	1	M
<i>simvastatin</i> 80mg QL (30 tabs / 30 days)	1	QL M
ZOCOR 5mg, 10mg, 20mg, 40mg	3	M
ZOCOR 80mg QL (30 tabs / 30 days)	3	QL M
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
ADVICOR	3	M
ANTARA	2	M
<i>cholestyramine light</i>	1	M
COLESTID	3	M
<i>colestipol hcl</i>	1	M
<i>fenofibrate</i>	1	M
<i>fenofibrate micronized</i>	1	M
FENOGLIDE	3	M
FIBRICOR	3	M
<i>gemfibrozil</i>	1	M
LIPOFEN	3	M
<i>lofibra</i>	3	M
LOPID	3	M
LOVAZA	2	M
<i>niacor</i>	1	M
NIASPAN	2	M
<i>prevalite</i>	1	M
QUESTRAN	3	M
SIMCOR TAB 1000-40MG	2	M
SIMCOR TAB 50-40MG	2	M
SIMCOR TAB 500-20MG	2	M
SIMCOR TAB 750-20MG	2	M

Drug Name	Drug Requirements/ Tier	Limits
TRICOR	2	M
TRILIPIX	3	M
VYTORIN	3	M
WELCHOL	2	M
ZETIA	2	M
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone</i>	1	M
<i>bisoprolol &amp; hydrochlorothiazide</i>	1	M
CORZIDE	3	M
LOPRESSOR HCT	3	M
<i>metoprolol &amp; hydrochlorothiazide</i>	1	M
<i>nadolol &amp; bendroflumethiazide</i>	1	M
<i>propranolol &amp; hydrochlorothiazide</i>	1	M
TENORETIC 100	3	M
TENORETIC 50	3	M
ZIAC	3	M
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl</i>	1	M
<i>atenolol</i>	1	M
<i>betaxolol hcl</i>	1	M
<i>bisoprolol fumarate</i>	1	M
BYSTOLIC	2	M
<i>carvedilol</i>	1	M
COREG	3	M
COREG CR	3	M
CORGARD	3	M
INDERAL LA	3	M
<i>labetalol hcl</i>	1	M
LEVATOL	3	M
LOPRESSOR	3	M
<i>metoprolol succinate</i>	1	M
<i>metoprolol tartrate</i>	1	M
<i>nadolol</i>	1	M
<i>pindolol</i>	1	M
<i>propranolol hcl</i>	1	M
<i>propranolol hcl er</i>	1	M
<i>propranolol inj 1mg/ml</i>	1	M
<i>propranolol sol</i>	1	M
<i>propranolol tab</i>	1	M
SECTRAL	3	M
TENORMIN	3	M
<i>timolol maleate</i>	1	M
TOPROL XL	3	M
TRANDATE	3	M
ZEBETA	3	M

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Drug Name	Drug Requirements/ Tier	Limits
<b>CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS</b>		
CADUET	3	M
<b>CALCIUM CHANNEL BLOCKERS</b>		
ADALAT CC	3	M
<i>afeditab cr</i>	1	M
<i>amlodipine besylate</i>	1	M
CALAN	3	M
CALAN SR	3	M
CARDIZEM	3	M
CARDIZEM CD	3	M
CARDIZEM LA	3	M
<i>cartia</i>	1	M
COVERA-HS	3	M
DILACOR XR	3	M
<i>dilt</i>	1	M
<i>diltiazem hcl</i> CP12; CP24; SOLN; TABS	1	M
<i>diltiazem hcl</i> SOLR	3	M
<i>diltiazem hcl coated beads</i>	1	M
<i>diltiazem hcl extended release beads</i>	1	M
DYNACIRC CR	3	M
<i>felodipine</i>	1	M
<i>isradipine</i>	1	M
<i>matzim</i>	1	M
<i>nicardipine hcl</i> CAPS	1	M
<i>nifediac</i>	1	M
<i>nifedical</i>	1	M
<i>nifedipine cc tab 90mg er</i>	1	M
<i>nifedipine cr</i>	1	M
<i>nifedipine er</i>	1	M
<i>nifedipine xl</i>	1	M
<i>nimodipine</i>	1	M
<i>nisoldipine</i>	1	M
NORVASC	3	M
PROCARDIA XL	3	M
SULAR	3	M
<i>taztia</i>	1	M
TIAZAC	3	M
<i>verapamil hcl</i>	1	M
VERELAN	3	M
VERELAN PM	3	M
<b>DIGITALIS GLYCOSIDES</b>		
<i>digoxin</i>	1	M
<i>digoxin inj</i>	1	M
DIGOXIN SOL 50MCG/ML	1	M
LANOXIN	3	M
LANOXIN TAB	2	M

Drug Name	Drug Requirements/ Tier	Limits
<b>DIRECT RENIN INHIBITORS/COMBINATIONS</b>		
AMTURNIDE	2	M
TEKAMLO	2	M
TEKURNA	2	M
TEKURNA HCT TAB 150-12.5MG	2	M
TEKURNA HCT TAB 150-25MG	2	M
TEKURNA HCT TAB 300-12.5MG	2	M
TEKURNA HCT TAB 300-25MG	2	M
VALTURNA 150-160MG	3	M
VALTURNA TAB 300-320MG	3	M
<b>DIURETICS</b>		
<i>acetazolamide</i>	1	M
<i>acetazolamide sodium</i>	1	M
ALDACTAZIDE	3	M
<i>amiloride &amp; hydrochlorothiazide</i>	1	M
<i>amiloride hcl</i>	1	M
<i>bumetanide</i>	1	M
<i>chlorothiazide</i>	1	M
<i>chlorthalidone</i>	1	M
DEMADEX	3	M
DIAMOX	3	M
DIURIL SUS 250/5ML	2	M
DYAZIDE	3	M
DYRENIUM	3	M
EDECRIN	3	M
<i>furosemide</i>	1	M
<i>furosemide inj</i>	1	M
<i>furosemide oral soln 8 mg/ml</i>	3	M
<i>hydrochlorothiazide</i>	1	M
<i>indapamide</i>	1	M
LASIX	3	M
MAXZIDE	3	M
MAXZIDE-25	3	M
<i>methazolamide</i>	1	M
<i>methyclothiazide</i>	1	M
<i>metolazone</i>	1	M
MICROZIDE	3	M
SODIUM DIURIL	3	M
<i>spironolactone &amp; hydrochlorothiazide</i>	1	M
THALITONE	2	M
<i>torseamide inj 20mg/2ml</i>	3	M
<i>torseamide tabs</i>	1	M

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Drug Name	Drug Requirements/ Tier	Limits
<i>triamterene &amp; hydrochlorothiazide</i>	1	M
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	M
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1	M
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1	M

### MISCELLANEOUS

<i>clonidine &amp; chlorthalidone</i>	1	M
<i>clorpres 0.1/15</i>	1	M
<i>clorpres 0.2/15</i>	1	M
<i>clorpres 0.3/15</i>	1	M
DEMSEER	4	
DIBENZYLIN	3	M
<i>hydralazine hcl</i>	1	M
<i>methyldopa</i>	1	M
<i>methyldopa &amp; hydrochlorothiazide</i>	1	M
<i>midodrine hcl</i>	1	M
<i>minoxidil</i>	1	M
RANEXA	3	M PA

### NITRATES

DILATRATE SR	3	M
ISORDIL TITRADOSE	3	M
<i>isosorbide dinitrate</i>	1	M
<i>isosorbide mononitrate</i>	1	M
<i>minitran</i>	1	M
MONOKET	3	M
<i>nitro-bid</i>	2	M
<i>nitroglycerin patches</i>	1	M
NITROLINGUAL	3	M
PUMPSPRAY		
NITROMIST	3	M
NITROSTAT	2	M

### PULMONARY ARTERIAL HYPERTENSION

ADCIRCA	4	PA
LETAIRIS	4	LA PA
REMODULIN	4	B/D LA
REVATIO TABS	4	PA
TRACLEER	4	LA PA
VENTAVIS	4	B/D LA

### CENTRAL NERVOUS SYSTEM ANTIANXIETY

Drug Name	Drug Requirements/ Tier	Limits
<i>alprazolam CONC QL (120 ml / 30 days)</i>	1	QL M
<i>alprazolam TABS .25mg, .5mg, 1mg QL (90 tabs / 30 days)</i>	1	QL M
<i>alprazolam TABS 2mg QL (60 tabs / 30 days)</i>	1	QL M
ATIVAN .5mg, 1mg QL (90 tabs / 30 days)	3	QL M
ATIVAN 2mg QL (150 tabs / 30 days)	3	QL M
<i>bupirone hcl</i>	1	M
<i>fluvoxamine maleate</i>	1	M
<i>fluvoxamine tab 100mg</i>	1	M
<i>lorazepam CONC QL (150 mls / 30 days)</i>	1	QL M
<i>lorazepam TABS .5mg, 1mg QL (90 tabs / 30 days)</i>	1	QL M
<i>lorazepam TABS 2mg QL (150 tabs / 30 days)</i>	1	QL M
LUVOX CR	3	M
XANAX .25mg, .5mg, 1mg QL (90 tabs / 30 days)	3	QL M
XANAX 2mg QL (60 tabs / 30 days)	3	QL M

### ANTICONVULSANTS

BANZEL	3	M
<i>carbamazepine</i>	1	M
CARBATROL	3	M
CELONTIN	3	M
<i>clonazepam TABS .5mg QL (60 tabs / 30 days)</i>	1	QL M
<i>clonazepam TABS 1mg QL (120 tabs / 30 days)</i>	1	QL M
<i>clonazepam TABS 2mg QL (300 tabs / 30 days)</i>	1	QL M
<i>clonazepam TBDP .125mg, .25mg, .5mg QL (60 tabs / 30 days)</i>	1	QL M
<i>clonazepam TBDP 1mg QL (120 tabs / 30 days)</i>	1	QL M
<i>clonazepam TBDP 2mg QL (300 tabs / 30 days)</i>	1	QL M
<i>clorazepate dipotassium 15mg QL (180 tabs / 30 days)</i>	1	QL M PA
<i>clorazepate dipotassium 3.75mg, 7.5mg QL (60 tabs / 30 days)</i>	1	QL M PA
DEPACON	3	M

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Drug Name	Drug Requirements/ Tier	Limits
DEPAKENE	3	M
DEPAKOTE	3	M
DEPAKOTE ER	3	M
DEPAKOTE SPRINKLES	3	M
<i>diazepam</i> CONC QL (240 ml / 30 days)	1	QL M PA
<i>diazepam</i> SOLN QL (1200ml / 30 days)	1	QL M PA
<i>diazepam</i> TABS 10mg QL (120 tabs / 30 days)	1	QL M PA
<i>diazepam</i> TABS 2mg, 5mg QL (60 tabs / 30 days)	1	QL M PA
DIAZEPAM GEL	3	M
<i>dilantin</i>	2	M
<i>divalproex sodium</i>	1	M
<i>epitol</i>	1	M
<i>ethosuximide</i>	1	M
<i>felbamate</i>	1	M
FELBATOL	4	
<i>gabapentin</i> CAPS 100mg QL (1080 caps / 30 days)	1	QL M
<i>gabapentin</i> CAPS 300mg QL (360 caps / 30 days)	1	QL M
<i>gabapentin</i> CAPS 400mg QL (270 caps / 30 days)	1	QL M
<i>gabapentin</i> SOLN QL (2160ml / 30 days)	1	QL M
<i>gabapentin</i> TABS 600mg QL (180 tabs / 30 days)	1	QL M
<i>gabapentin</i> TABS 800mg QL (120 tabs / 30 days)	1	QL M
GABITRIL	3	M
KEPPRA	3	M
KEPPRA XR	3	M
KLONOPIN .5mg QL (60 tabs / 30 days)	3	QL M
KLONOPIN 1mg QL (120 tabs / 30 days)	3	QL M
KLONOPIN 2mg QL (300 tabs / 30 days)	3	QL M
LAMICTAL	3	M
LAMICTAL CHEWABLE DISPERS	3	M
LAMICTAL ODT	3	M
LAMICTAL STARTER	3	M
LAMICTAL XR	3	M
<i>lamotrigine</i>	1	M
<i>levetiracetam</i>	1	M

Drug Name	Drug Requirements/ Tier	Limits
LYRICA 200mg QL (90 caps / 30 days)	2	QL M
LYRICA 225mg, 300mg QL (60 caps / 30 days)	2	QL M
LYRICA 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	2	QL M
MYSOLINE	3	M
NEURONTIN CAPS 100mg QL (1080 caps / 30 days)	3	QL M
NEURONTIN CAPS 300mg QL (360 caps / 30 days)	3	QL M
NEURONTIN CAPS 400mg QL (270 caps / 30 days)	3	QL M
NEURONTIN SOLN QL (2160ml / 30 days) solution	3	QL M
NEURONTIN TABS 600mg QL (180 tabs / 30 days)	3	QL M
NEURONTIN TABS 800mg QL (120 tabs / 30 days)	3	QL M
ONFI	3	M PA
<i>oxcarbazepine</i>	1	M
PEGANONE	3	M
<i>phenobarbital</i> TABS	1	M PA
<i>phenytek</i>	3	M
<i>phenytoin</i>	1	M
<i>phenytoin inj 50mg/ml</i>	1	M
<i>phenytoin sodium extended</i>	1	M
POTIGA	3	M
<i>primidone</i>	1	M
SABRIL	4	LA PA
STAVZOR	3	M
TEGRETOL	3	M
TEGRETOL XR TAB 100MG	3	M
TEGRETOL-XR	3	M
TOPAMAX	3	M
TOPAMAX SPRINKLE	3	M
<i>topiramate</i>	1	M
TRANXENE T 15mg QL (180 tabs / 30 days)	3	QL M PA
TRANXENE T 3.75mg, 7.5mg QL (60 tabs / 30 days)	3	QL M PA
TRILEPTAL	3	M
VALIUM 10mg QL (120 tabs / 30 days)	3	QL M PA
VALIUM 2mg, 5mg QL (60 tabs / 30 days)	3	QL M PA

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<i>valproate sodium</i>	1	M
<i>valproic acid</i>	1	M
VIMPAT	3	M
ZARONTIN	3	M
ZONEGRAN	3	M
<i>zonisamide</i>	1	M
<b>ANTIDEMENTIA</b>		
ARICEPT 23mg	2	M
ARICEPT 5mg, 10mg	3	M
ARICEPT ODT	3	M
<i>donepezil hydrochloride</i>	1	M
EXELON	3	M
EXELON PATCHES	3	M
<i>galantamine hydrobromide</i>	1	M
NAMENDA	2	M
NAMENDA TITRATION PAK	2	M
RAZADYNE	3	M
RAZADYNE ER	3	M
<i>rivastigmine tartrate</i>	1	M
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl</i>	1	M
<i>amoxapine</i>	2	M
ANAFRANIL	4	
APLENZIN	3	M
<i>budeprion</i>	1	M
<i>bupropion hcl</i>	1	M
CELEXA	3	M
<i>citalopram hydrobromide</i>	1	M
<i>clomipramine hcl</i>	1	M
CYMBALTA	2	M
<i>desipramine hcl</i>	1	M
<i>doxepin hcl</i>	1	M
EFFEXOR XR	3	M
EMSAM	3	M PA
<i>escitalopram oxalate</i> SOLN QL (600 ml / 30 days)	1	QL M
<i>escitalopram oxalate</i> TABS 20mg QL (30 tabs / 30 days)	1	QL M
<i>escitalopram oxalate</i> TABS 5mg, 10mg QL (45 tabs / 30 days)	1	QL M
<i>fluoxetine hcl</i>	1	M
<i>imipramine hcl</i>	1	M
<i>imipramine pamoate</i>	1	M
LEXAPRO	3	M
<i>maprotiline hcl</i>	1	M
MARPLAN	3	M
<i>mirtazapine</i>	1	M

Drug Name	Drug Requirements/ Tier Limits	
NARDIL	3	M
<i>nefazodone hcl</i>	1	M
NORPRAMIN	3	M
<i>nortriptyline hcl</i>	1	M
OLEPTRO	3	M
PAMELOR	4	
PARNATE	3	M
<i>paroxetine er tab</i>	1	M
<i>paroxetine hcl</i>	1	M
PAXIL	3	M
PAXIL CR	3	M
PEXEVA	3	M
<i>phenelzine sulfate</i>	1	M
PRISTIQ	2	M
<i>protriptyline hcl</i>	1	M
PROZAC	3	M
PROZAC WEEKLY	3	M
REMERON	3	M
REMERON SOLTAB	3	M
<i>sertraline hcl</i>	1	M
SURMONTIL	3	M
<i>tofranil</i>	3	M
TOFRANIL-PM	3	M
<i>tranylcypromine sulfate</i>	1	M
<i>trazodone hcl</i>	1	M
<i>trimipramine maleate</i>	1	M
<i>venlafaxine cap er</i>	1	M
<i>venlafaxine hcl</i>	1	M
VENLAFAXINE HCL ER TAB	3	M
<i>venlafaxine tab</i>	1	M
<i>venlafaxine tab er</i>	1	M
VIIBRYD	2	M
<i>vivactil</i>	3	M
WELLBUTRIN	3	M
WELLBUTRIN SR	3	M
WELLBUTRIN XL	3	M
ZOLOFT	3	M
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i>	1	M
APOKYN	4	LA
AZILECT	2	M
<i>benztropine mesylate</i>	1	M
<i>bromocriptine mesylate</i>	1	M
<i>carbidopa-levodopa</i>	1	M
COGENTIN	3	M
COMTAN	3	M
ELDEPRYL	3	M
LODOSYN	3	M
MIRAPEX	3	M

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MIRAPEX ER	3	M
<i>parcopa</i>	3	M
<i>parcopa 10/100</i>	3	M
<i>parcopa 25/100</i>	3	M
<i>parcopa 25/250</i>	3	M
PARLODEL	3	M
<i>pramipexole dihydrochloride</i>	1	M
REQUIP	3	M
REQUIP XL	3	M
<i>ropinirole hydrochloride</i>	1	M
<i>selegiline hcl</i>	1	M
SINEMET	3	M
SINEMET CR	3	M
STALEVO	2	M
<i>trihexyphenidyl hcl</i>	1	M
ZELAPAR	3	M
<b>ANTIPSYCHOTICS</b>		
ABILIFY SOLN 1mg/ml	2	M
ABILIFY SOLN 9.75mg/1.3ml	3	M
ABILIFY TABS	2	M
ABILIFY DISCMELT	2	M
<i>chlorpromaz inj 25mg/ml</i>	3	M
<i>chlorpromazine hcl</i>	1	M
<i>clozapine</i>	1	M
CLOZARIL	3	M
FANAPT	3	M ST
FANAPT TITRATION PACK	3	M ST
FAZACLO	3	M
<i>fluphenazine decanoate</i>	1	M
<i>fluphenazine hcl</i>	1	M
GEODON	3	M
GEODON INJ	3	M
HALDOL	3	M
HALDOL DECANOATE 100	3	M
HALDOL DECANOATE 50	3	M
<i>haloperidol</i>	1	M
<i>haloperidol decanoate</i>	1	M
<i>haloperidol lactate</i>	1	M
INVEGA	3	M
INVEGA SUSTENNA 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	4	PA
INVEGA SUSTENNA 39mg/0.25ml, 78mg/0.5ml	3	M PA
LATUDA	3	M
<i>loxapine succinate</i>	1	M
<i>loxitane</i>	3	M

Drug Name	Drug Requirements/ Tier	Limits
<i>olanzapine SOLR</i> QL (3 vials / 1 day)	1	QL M
<i>olanzapine TABS</i>	1	M
<i>olanzapine odt</i>	1	M
ORAP	2	M
<i>perphenazine</i>	1	M
<i>quetiapine fumarate</i>	1	M
RISPERDAL	3	M
RISPERDAL CONSTA 12.5mg, 25mg	3	M PA
RISPERDAL CONSTA 37.5mg, 50mg	4	PA
RISPERDAL M-TAB	3	M
<i>risperidone</i>	1	M
<i>risperidone odt</i>	1	M
SAPHRIS	3	M ST
SEROQUEL	3	M
SEROQUEL XR	3	M
<i>thioridazine hcl</i>	1	M PA
<i>thiothixene</i>	1	M
<i>trifluoperazine hcl</i>	1	M
<i>ziprasidone hcl</i>	1	M
ZYPREXA	3	M
ZYPREXA ZYDIS 15mg, 20mg	4	
ZYPREXA ZYDIS 5mg, 10mg	3	M
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
ADDERALL XR	3	M PA
<i>amphetamine-dextroampheta mine</i>	1	M PA
CONCERTA	3	M PA
DAYTRANA	3	M PA
INTUNIV	3	M
<i>metadate</i>	1	M PA
METADATE CD	3	M PA
METHYLIN	3	M PA
METHYLIN CHEW TAB	3	M PA
<i>methylphenidate hcl SOLN</i> 10mg/5ml	1	M
<i>methylphenidate hcl SOLN</i> 5mg/5ml	1	M PA
<i>methylphenidate hcl TABS</i>	1	M PA
<i>methylphenidate hcl TBCR</i>	1	M PA
RITALIN	3	M PA
RITALIN LA	3	M PA
RITALIN SR	3	M PA
STRATTERA	3	M ST

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Drug Name	Tier	Drug Requirements/ Limits
VYVANSE	3	M PA
<b>HYPNOTICS</b>		
AMBIEN QL (30 tabs / 30 days)	3	QL M
AMBIEN CR QL (30 ea / 30 days)	3	QL M
EDLUAR QL (30 ea / 30 days)	3	QL M
INTERMEZZO QL (30 ea / 30 days)	3	QL M
LUNESTA QL (30 tabs / 30 days)	2	QL M
ROZEREM QL (30 tabs / 30 days)	3	QL M
SILENOR	3	M
SONATA QL (30 caps / 30 days)	3	QL M
<i>zaleplon</i> QL (30 caps / 30 days)	1	QL M
<i>zolpidem tartrate</i> TABS QL (30 tabs / 30 days)	1	QL M
<i>zolpidem tartrate</i> TBCR QL (30 ea / 30 days)	1	QL M
ZOLPIMIST QL (1 bottle / 30 days)	3	QL M
<b>MIGRAINE</b>		
AMERGE QL (9 tabs / 30 days)	3	QL M
AXERT QL (12 tabs / 30 days)	3	QL M
<i>dihydroergotamine mesylate</i>	1	M
<i>ergotamine w/ caffeine</i>	1	M
FROVA QL (18 tabs / 30 days)	3	QL M
IMITREX SOLN 5mg/act, 20mg/act QL (12 inhalers / 30 days)	3	QL M
IMITREX SOLN 6mg/0.5ml QL (8 vials / 30 days)	3	QL M
IMITREX TABS QL (9 tabs / 30 days)	3	QL M
IMITREX STATDOSE REFILL 4mg/0.5ml QL (8 cartridges / 30 days)	3	QL M
IMITREX STATDOSE REFILL 6mg/0.5ml QL (8 syringes / 30 days)	3	QL M

Drug Name	Tier	Drug Requirements/ Limits
MAXALT QL (12 tabs / 30 days)	3	QL M
MAXALT-MLT QL (12 ea / 30 days)	3	QL M
<i>migergot</i>	3	M
MIGRANAL QL (8 bottles / 30 days)	4	QL
<i>naratriptan hcl</i> QL (9 tabs / 30 days)	1	QL M
RELPAK QL (12 tabs / 30 days)	2	QL M
<i>sumatriptan succinate</i> SOLN 5mg/act, 20mg/act QL (12 inhalers / 30 days)	1	QL M
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (8 syringes / 30 days)	1	QL M
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (8 vials / 30 days)	1	QL M
<i>sumatriptan succinate</i> TABS QL (9 tabs / 30 days)	1	QL M
TREXIMET QL (9 tabs / 30 days)	3	QL M
ZOMIG SOLN QL (2 bottles / 30 days)	3	QL M
ZOMIG TABS QL (12 tabs / 30 days)	3	QL M
ZOMIG ZMT QL (12 ea / 30 days)	3	QL M
<b>MISCELLANEOUS</b>		
EQUETRO	3	M
GRALISE 300mg QL (180 tabs / 30 days)	2	QL M
GRALISE 600mg QL (90 tabs / 30 days)	2	QL M
GRALISE STARTER	2	M
HORIZANT	3	M
<i>lithium carbonate</i>	1	M
LITHIUM CITRATE	2	M
LITHOBID	3	M
MESTINON	3	M
MESTINON SYRUP	2	M
MESTINON TIMESPAN	2	M
MYTELASE	3	M
NUDEXTA QL (60 caps / 30 days)	2	QL M PA
<i>pyridostigmine bromide</i>	1	M

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Drug Name	Drug Requirements/ Tier	Limits
REGONOL	2	M
RILUTEK	4	
SAVELLA	2	M
SAVELLA TITRATION PACK	2	M
XENAZINE	4	LA PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA	4	LA PA
AVONEX	4	QL PA
QL (4 syringes / 28 days)		
BETASERON	4	QL PA
QL (14 vials / 28 days)		
COPAXONE	4	QL PA
QL (30 syringes / 30 days)		
EXTAVIA	4	QL PA
QL (15 syringes / 30 days)		
GILENYA	4	PA
REBIF	4	QL PA
QL (12 syringes / 28 days)		
REBIF TITRATION PACK	4	QL PA
QL (12 syringes / 28 days)		
TYSABRI	4	LA PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen</i>	1	M
DANTRIUUM	3	M
<i>dantrolene sodium</i>	1	M
<i>tizanidine caps</i>	1	M
<i>tizanidine tabs</i>	1	M
ZANAFLEX	3	M
<b>NARCOLEPSY/CATAPLEXY</b>		
NUVIGIL	3	M PA
PROVIGIL	4	PA
XYREM	4	LA PA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>antabuse</i>	3	M
<i>buprenorphine hcl</i> SUBL	1	M PA
<i>buproban</i>	1	M
<i>bupropion hcl (smoking deterrent)</i>	1	M
CAMPRAL	3	M
CHANTIX	3	QL M PA
QL (336 tabs / year)		
CHANTIX STARTER PACK	3	QL M PA
QL (106 tabs / year)		
<i>disulfiram</i>	1	M

Drug Name	Drug Requirements/ Tier	Limits
<i>naloxone hcl</i>	1	M
<i>naltrexone hcl</i>	1	M
NICOTROL INHALER	3	QL M
QL (16 inhalers / year)		
NICOTROL NS	3	QL M
QL (36 bottles / year)		
<i>perphenazine-amitriptyline</i>	1	M
REVIA	3	M
SARAFEM	3	M
SUBOXONE	3	QL M PA
QL (120 ea / 30 days)		
SUBOXONE SL FILM	3	QL M PA
QL (120 ea / 30 days)		
VIVITROL	4	
ZYBAN	3	M
<b>ENDOCRINE AND METABOLIC ANDROGENS</b>		
ANDROGEL	2	QL M PA
QL (300 gm / 30 days)		
ANDROGEL PUMP	2	QL M PA
QL (150 gm / 30 days)		
<i>androxy</i>	2	M PA
AXIRON	3	QL M PA
QL (440 mL / 30 days)		
<i>depo-testosterone</i>	3	M
FORTESTA	3	QL M PA
QL (120 gm / 30 days)		
<i>oxandrolone</i>	1	M PA
STRIANT	3	QL M PA
QL (1 kit / 30 days)		
TESTIM	3	QL M PA
QL (300 gm / 30 days)		
<i>testosterone cypionate</i>	1	M
<i>testosterone enanthate</i>	1	M
<b>ANTIDIABETICS, INJECTABLE</b>		
ALCOHOL PREPS	2	M
BYDUREON	3	QL M PA
QL (4 vials / 30 days)		
BYETTA	3	M PA
GAUZE PADS 2X2	2	M
HUMALOG	3	M
HUMALOG KWIKPEN	3	M
HUMALOG MIX 50/50	3	M
HUMALOG MIX 50/50 KWIKPEN	3	M
HUMALOG MIX 75/25	3	M
HUMALOG MIX 75/25 KWIKPEN	3	M
HUMULIN 70/30	3	M

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Drug Name	Drug Requirements/ Tier	Limits
HUMULIN 70/30 PEN	3	M
HUMULIN N	3	M
HUMULIN N U-100 PEN	3	M
HUMULIN R	3	M
HUMULIN R U-500 (CONCENTRATE)	2	B/D M
INSULIN PEN NEEDLES	2	M
INSULIN SAFETY NEEDLES	2	M
INSULIN SYRINGES	2	M
LANTUS	2	M
LANTUS SOLOSTAR	2	M
LEVEMIR	2	M
LEVEMIR FLEXPEN	2	M
NOVOLIN 70/30	2	M
NOVOLIN N	2	M
NOVOLIN R	2	M
NOVOLOG	2	M
NOVOLOG FLEXPEN	2	M
NOVOLOG MIX 70/30	2	M
NOVOLOG MIX 70/30 PREFILL	2	M
SYMLINPEN 120	3	M PA
SYMLINPEN 60	3	M PA
VICTOZA	2	QL M
QL (3 pens / 30 days)		
<b>ANTIDIABETICS, ORAL</b>		
<i>acarbose</i>	1	M
ACTOPLUS MET	3	QL M
QL (90 tabs / 30 days)		
ACTOPLUS MET XR	3	QL M
15-1000MG		
QL (60 ea / 30 days)		
ACTOPLUS MET XR	3	QL M
30-1000MG		
QL (30 ea / 30 days)		
ACTOS	3	QL M
QL (30 tabs / 30 days)		
AMARYL 1mg	3	QL M
QL (240 tabs / 30 days)		
AMARYL 2mg	3	QL M
QL (120 tabs / 30 days)		
AMARYL 4mg	3	QL M
QL (60 tabs / 30 days)		
DIABETA 1.25mg	3	QL M PA
QL (480 tabs / 30 days)		
DIABETA 2.5mg	3	QL M PA
QL (240 tabs / 30 days)		
DIABETA 5mg	3	QL M PA
QL (120 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
DUETACT	3	QL M
QL (30 tabs / 30 days)		
FORTAMET 1000mg	3	QL M
QL (75 ea / 30 days)		
FORTAMET 500mg	3	QL M
QL (150 ea / 30 days)		
<i>glimepiride</i> 1mg	1	QL M
QL (240 tabs / 30 days)		
<i>glimepiride</i> 2mg	1	QL M
QL (120 tabs / 30 days)		
<i>glimepiride</i> 4mg	1	QL M
QL (60 tabs / 30 days)		
<i>glipizide</i> 10mg	1	QL M
QL (120 tabs / 30 days)		
<i>glipizide</i> 5mg	1	QL M
QL (240 tabs / 30 days)		
<i>glipizide er</i> 10mg	1	QL M
QL (60 tabs / 30 days)		
<i>glipizide er</i> 2.5mg	1	QL M
QL (240 tabs / 30 days)		
<i>glipizide er</i> 5mg	1	QL M
QL (120 tabs / 30 days)		
<i>glipizide-metformin</i> 2.5-250mg	1	QL M
QL (240 tabs / 30 days)		
<i>glipizide-metformin</i> 2.5-500mg	1	QL M
QL (120 tabs / 30 days)		
<i>glipizide-metformin</i> 5-500mg	1	QL M
QL (120 tabs / 30 days)		
GLUCOPHAGE 1000mg	3	QL M
QL (75 tabs / 30 days)		
GLUCOPHAGE 500mg	3	QL M
QL (150 tabs / 30 days)		
GLUCOPHAGE 850mg	3	QL M
QL (90 tabs / 30 days)		
GLUCOPHAGE XR 500mg	3	QL M
QL (120 ea / 30 days)		
GLUCOPHAGE XR 750mg	3	QL M
QL (60 ea / 30 days)		
GLUCOTROL 10mg	3	QL M
QL (120 tabs / 30 days)		
GLUCOTROL 5mg	3	QL M
QL (240 tabs / 30 days)		
GLUCOTROL XL 10mg	3	QL M
QL (60 ea / 30 days)		
GLUCOTROL XL 2.5mg	3	QL M
QL (240 ea / 30 days)		
GLUCOTROL XL 5mg	3	QL M
QL (120 ea / 30 days)		
GLUCOVANCE 2.5-500MG	3	QL M PA
QL (120 tabs / 30 days)		

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Drug Name	Drug Requirements/ Tier	Limits
GLUCOVANCE 5-500MG QL (120 tabs / 30 days)	3	QL M PA
GLUMETZA QL (120 ea / 30 days)	3	QL M
<i>glyburide</i> 1.25mg QL (480 tabs / 30 days)	1	QL M PA
<i>glyburide</i> 2.5mg QL (240 tabs / 30 days)	1	QL M PA
<i>glyburide</i> 5mg QL (120 tabs / 30 days)	1	QL M PA
<i>glyburide micronized</i> 1.5mg QL (240 tabs / 30 days)	1	QL M PA
<i>glyburide micronized</i> 3mg QL (120 tabs / 30 days)	1	QL M PA
<i>glyburide micronized</i> 6mg QL (60 tabs / 30 days)	1	QL M PA
<i>glyburide-metformin</i> 1.25-250mg QL (240 tabs / 30 days)	1	QL M PA
<i>glyburide-metformin</i> 2.5-500mg QL (120 tabs / 30 days)	1	QL M PA
<i>glyburide-metformin</i> 5-500mg QL (120 tabs / 30 days)	1	QL M PA
GLYNASE 1.5mg QL (240 tabs / 30 days)	3	QL M PA
GLYNASE 3mg QL (120 tabs / 30 days)	3	QL M PA
GLYNASE 6mg QL (60 tabs / 30 days)	3	QL M PA
GLYSET	3	M
JANUMET QL (60 tabs / 30 days)	2	QL M
JANUMET XR TAB 100-1000 QL (30 ea / 30 days)	2	QL M
JANUMET XR TAB 50-1000 QL (60 ea / 30 days)	2	QL M
JANUMET XR TAB 50-500MG QL (60 ea / 30 days)	2	QL M
JANUVIA QL (30 tabs / 30 days)	2	QL M
JENTADUETO QL (60 tabs / 30 days)	2	QL M
JUVISYNC QL (30 tabs / 30 days)	2	QL M
KOMBIGLYZE XR 2.5-1000MG QL (60 ea / 30 days)	3	QL M

Drug Name	Drug Requirements/ Tier	Limits
KOMBIGLYZE XR 5-1000MG QL (30 ea / 30 days)	3	QL M
KOMBIGLYZE XR 5-500MG QL (30 ea / 30 days)	3	QL M
<i>metformin er</i> 500mg QL (120 tabs / 30 days)	1	QL M
<i>metformin er</i> 750mg QL (60 tabs / 30 days)	1	QL M
<i>metformin hcl</i> 1000mg QL (75 tabs / 30 days)	1	QL M
<i>metformin hcl</i> 500mg QL (150 tabs / 30 days)	1	QL M
<i>metformin hcl</i> 850mg QL (90 tabs / 30 days)	1	QL M
<i>nateglinide</i> QL (90 tabs / 30 days)	1	QL M
ONGLYZA QL (30 tabs / 30 days)	3	QL M
PRANDIMET QL (150 tabs / 30 days)	3	QL M
PRANDIN .5mg, 1mg QL (120 tabs / 30 days)	3	QL M
PRANDIN 2mg QL (240 tabs / 30 days)	3	QL M
PRECOSE	3	M
RIOMET QL (946mL / 30 days)	2	QL M
STARLIX QL (90 tabs / 30 days)	3	QL M
TRADJENTA QL (30 tabs / 30 days)	2	QL M
<b>BISPHOSPHONATES</b>		
ACTONEL	3	M
<i>alendronate sodium</i>	1	M
AELVIA	3	M
BONIVA SOLN QL (1 syringe / 90 days)	3	B/D QL M
BONIVA TABS	3	B/D M
FOSAMAX	3	M
FOSAMAX PLUS D	3	M
<i>ibandronate sodium</i>	1	B/D M
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	1	B/D M
<i>pamidronate disodium</i> 6mg/ml	3	B/D M
ZOMETA	4	B/D
<b>CALCITONINS</b>		
<i>calcitonin (salmon) nasal</i> spray	1	M
FORTICAL	2	M

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Drug Name	Drug Requirements/ Tier	Limits
MIACALCIN	3	M
MIACALCIN INJ 200U/ML	3	B/D M
<b>CALCIUM RECEPTOR ANTAGONISTS</b>		
SENSIPAR 30mg	2	
SENSIPAR 60mg, 90mg	4	
<b>CHELATING AGENTS</b>		
CHEMET	3	M
EXJADE	4	LA PA
FERRIPROX	4	PA
KAYEXALATE	3	M
kionex	1	M
sodium polystyrene sulfonate	1	M
SYPRINE	4	
<b>CONTRACEPTIVES</b>		
amethia 91 day	1	M
amethyst 28 day	1	M
apri 28 day	1	M
aranelle 28	1	M
aviane 28	1	M
balziva 28 day	1	M
BEYAZ	3	M
BREVICON-28	3	M
briellyn 28 day	1	M
camila 28 day	1	M
cryselle 28	1	M
cyclafem 1/35 28 day	1	M
cyclafem 7/7/7 28 day	1	M
CYCLESSA	3	M
DEPO-PROVERA CONTRACEPTIV	3	M
DEPO-SUBQ PROVERA 104	3	M
DESOGEN	3	M
desogestrel & ethinyl estradiol	1	M
desogestrel-ethinyl estradiol (biphasic)	1	M
desogestrel-ethinyl estradiol (triphasic)	1	M
drospirenone-ethinyl estradiol	1	M
ELLA	2	M
emoquette	1	M
enpresse 28 day	1	M
errin 28 day	1	M
ESTROSTEP FE	3	M
ethynodiol diacet & eth estrad	1	M
GIANVI	1	M
introvale 91 day	1	M
JOLIVETTE	1	M
junel 1.5/30 21 day	1	M

Drug Name	Drug Requirements/ Tier	Limits
junel 1/20 21 day	1	M
junel fe 1.5/30 28 day	1	M
junel fe 1/20 28 day	1	M
kariva 28 day	1	M
kelnor 1/35 28 day	1	M
LEENA	1	M
lessina 28 day	1	M
levonorgestrel & eth estradiol	1	M
levonorgestrel (emergency oc)	1	M
levonorgestrel-eth estradiol (triphasic)	1	M
levonorgestrel-ethinyl estradiol (91-day)	1	M
levonorgestrel-ethinyl estradiol (continuous)	1	M
levora 0.15/30 28 day	1	M
LO LOESTRIN FE	3	M
LO/OVRAL-28	3	M
LOESTRIN 24 FE	3	M
LOSEASONIQUE	3	M
low-ogestrel 28 day	1	M
lutera 28 day	1	M
LYBREL	3	M
marlissa 28 day	1	M
medroxyprogesterone acetate (contraceptive)	1	M
microgestin 1.5/30 21 day	1	M
microgestin 1/20 21 day	1	M
microgestin fe 1.5/30 28 day	1	M
microgestin fe 1/20 28 day	1	M
MODICON	3	M
MONONESSA	1	M
necon 0.5/35 28 day	1	M
necon 1/35 28 day	1	M
necon 10/11 28 day	3	M
NECON 7/7/7	1	M
next choice	1	M
NOR-QD	3	M
NORA-BE	1	M
NORDETTE-28	3	M
norethin acet & estrad-fe	1	M
norethindrone & eth estradiol	1	M
norethindrone (contraceptive)	1	M
norethindrone acet & eth estra	1	M
norethindrone acetate-ethinyl estradiol-fe	1	M
norethindrone-eth estradiol (triphasic)	1	M

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<i>norgestimate-ethinyl estradiol</i>	1	M
<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	M
<i>norgestrel &amp; ethinyl estradiol</i>	1	M
NORINYL 1+35	3	M
<i>nortrel 0.5/35 28 day</i>	1	M
<i>nortrel 1/35 21 day</i>	1	M
<i>nortrel 1/35 28 day</i>	1	M
<i>nortrel 7/7/7 28 day</i>	1	M
NUVARING	3	M
OCELLA	1	M
<i>ogestrel 28 day</i>	1	M
<i>orsythia 28 day</i>	1	M
ORTHO EVRA	3	M
ORTHO MICRONOR	3	M
ORTHO TRI-CYCLEN LO	3	M
ORTHO-CEPT	3	M
ORTHO-CYCLEN	3	M
ORTHO-NOVUM 7/7/7	3	M
OVCON-35	3	M
OVCON-50 28	3	M
<i>portia 28 day</i>	1	M
<i>previfem 28 day</i>	1	M
<i>quasense 91 day</i>	1	M
<i>reclipsen 28 day</i>	1	M
SEASONALE	3	M
SEASONIQUE	3	M
<i>sprintec 28 day</i>	1	M
<i>sronyx 28 day</i>	1	M
<i>tri-legest 28</i>	1	M
TRI-NORINYL 28	3	M
<i>tri-previfem 28 day</i>	1	M
<i>tri-sprintec 28 day</i>	1	M
TRINESSA	1	M
<i>trivora 28 day</i>	1	M
<i>velivet 28 day</i>	1	M
<i>vestura</i>	1	M
YASMIN 28	3	M
YAZ	3	M
<i>zovia</i>	1	M
<i>zovia 1/35e 28 day</i>	1	M
<i>zovia 1/50e 28 day</i>	1	M
<b>ENDOMETRIOSIS</b>		
<i>danazol</i>	1	M
SYNAREL	4	
<b>ENZYME REPLACEMENTS</b>		
ADAGEN	4	LA
ALDURAZYME	4	LA
BUPHENYL	4	

Drug Name	Drug Requirements/ Tier	Limits
BUPHENYL TAB 500MG	4	
CARBAGLU	4	LA
CARNITOR	3	B/D M
CEREZYME	4	
CYSTADANE	4	
CYSTAGON	2	
ELAPRASE	4	
FABRAZYME	4	
KUVAN	4	
<i>levocarnitine (metabolic modifiers)</i>	1	B/D M
LUMIZYME	4	PA
MYOZYME	4	
NAGLAZYME	4	LA
ORFADIN	4	LA
VPRIV	4	PA
ZAVESCA	4	LA
<b>ESTROGEN/PROGESTINS</b>		
ACTIVELLA	3	M
CLIMARA PRO	3	M
COMBIPATCH	3	M
<i>estradiol &amp; norethindrone acetate</i>	1	M
FEMHRT 1/5	3	M
FEMHRT LOW DOSE	3	M
<i>jinteli</i>	1	M
<i>norethindrone acetate-ethinyl estradiol</i>	1	M
PREFEST	3	M
<b>ESTROGENS</b>		
ALORA	3	M PA
CLIMARA	3	M PA
DELESTROGEN	3	M
<i>depo-estradiol</i>	3	M
DIVIGEL	3	M
ELESTRIN	3	M
<i>estrace CREA</i>	3	M
<i>estrace TABS</i>	3	M PA
<i>estradiol</i>	1	M PA
<i>estradiol valerate</i>	1	M
ESTRING	3	M
EVAMIST	3	M
FEMRING	3	M
FEMTRACE	3	M PA
MENEST	2	M PA
MENOSTAR	3	M PA
PREMARIN CREAM	3	M
PREMARIN INJ	3	M

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Drug Name	Drug Requirements/ Tier	Limits
VAGIFEM	3	M
VIVELLE-DOT	3	M PA
<b>GLUCOCORTICOIDS</b>		
<i>a-hydrocort</i>	1	M
CELESTONE	3	M
CORTEF	3	M
<i>cortisone acetate</i>	1	M
DEPO-MEDROL	3	M
<i>dexamethasone</i> CONC	3	M
<i>dexamethasone</i> ELIX; TABS	1	M
<i>dexamethasone sodium phosphate</i>	1	M
<i>dexpak taperpak 13 day</i>	3	M
FLO-PRED	3	M
<i>fludrocortisone acetate</i>	1	M
<i>hydrocortisone</i>	1	M
<i>hydrocortisone sod succinate</i>	1	M
MEDROL	3	M
MEDROL DOSEPAK	3	M
<i>methylprednisolone</i>	1	M
<i>methylprednisolone acetate</i>	1	M
<i>methylprednisolone sod succ</i>	1	M
<i>millipred</i>	3	M
<i>orapred</i>	3	M
ORAPRED ODT	3	M
<i>prednisolone sodium phosphate</i>	1	M
<i>prednisone</i> CONC	2	M
<i>prednisone</i> SOLN; TABS	1	M
SOLU-CORTEF 100MG	3	M
SOLU-CORTEF 250MG	2	M
SOLU-MEDROL	3	M
<i>veripred</i>	3	M
<b>GLUCOSE ELEVATING AGENTS</b>		
GLUCAGEN HYPOKIT	2	M
GLUCAGON EMERGENCY KIT	2	M
PROGLYCEM	4	
<b>HUMAN GROWTH HORMONES</b>		
GENOTROPIN	4	PA
GENOTROPIN MINIQUICK .2mg	3	PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	4	PA
HUMATROPE	4	PA
HUMATROPE COMBO PACK	4	PA
NORDITROPIN FLEXPRO	4	PA

Drug Name	Drug Requirements/ Tier	Limits
NORDITROPIN NORDIFLEX PEN	4	PA
NUTROPIN	4	PA
NUTROPIN AQ NUSPIN 5	4	PA
NUTROPIN AQ PEN	4	PA
OMNITROPE SOLN	3	M PA
OMNITROPE SOLR	4	PA
SAIZEN	4	PA
SAIZEN CLICK.EASY	4	PA
SEROSTIM	4	PA
TEV-TROPIN	4	PA
ZORBTIVE	4	PA
<b>MISCELLANEOUS</b>		
<i>cabergoline</i>	1	M
CHORIONIC GONADOTROPIN	1	PA
EGRIFTA	4	PA
INCRELEX	4	LA PA
METHERGINE	3	M
<i>methylergonovine maleate</i>	1	M
<i>octreotide acetate</i> 500mcg/ml, 1000mcg/ml	4	PA
<i>octreotide acetate</i> 50mcg/ml, 100mcg/ml, 200mcg/ml	1	PA
PREGNYL W/DILUENT	1	PA
BENZYL PROLIA	3	
SAMSCA	4	PA
SANDOSTATIN 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml	4	PA
SANDOSTATIN 50mcg/ml	3	M PA
SANDOSTATIN LAR DEPOT	4	PA
SOMATULINE DEPOT	4	PA
SOMAVERT	4	LA PA
XGEVA	4	PA
<b>PARATHYROID HORMONES</b>		
FORTEO	4	PA
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate (phosphate binder)</i>	1	M
<i>eliphos</i>	3	M
FOSRENOL	3	M
PHOSLO	2	M
PHOSLYRA	2	M
RENAGEL	3	M
REVELA	2	M
<b>PROGESTINS</b>		
<i>aygestin</i>	3	M

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CRINONE	3	M
ENDOMETRIN	3	M
<i>medroxyprogesterone acetate</i>	1	M
<i>norethindrone acetate</i>	1	M
<i>progesterone micronized</i>	1	M
PROMETRIUM	3	M
PROVERA	3	M
<b>SELECTIVE ESTROGEN RECEPTOR MODULATORS</b>		
EVISTA	2	M
<b>THYROID AGENTS</b>		
CYTOMEL	3	M
LEVOTHROID	1	M
<i>levothyroxine sodium</i>	1	M
LEVOXYL	1	M
<i>liothyronine sodium</i>	1	M
<i>methimazole</i>	1	M
<i>propylthiouracil</i>	1	M
SYNTHROID	2	M
<i>tapazole</i>	3	M
TIROSINT	3	M
UNITHROID	1	M
<b>VASOPRESSINS</b>		
DDAVP SOLN .01%	3	M
DDAVP SOLN 4mcg/ml	4	
DDAVP TABS	3	M
<i>desmopressin acetate</i>	1	M
<i>desmopressin acetate spray refrigerated</i>	1	M
STIMATE	3	
<b>GASTROINTESTINAL ANTIEMETICS</b>		
ALOXI	4	
ANTIVERT	3	M
CESAMET	3	B/D QL M
QL (60 caps / 30 days)		
<i>compro</i>	1	M
<i>dronabinol</i> 10mg	4	B/D QL
QL (60 caps / 30 days)		
<i>dronabinol</i> 2.5mg, 5mg	1	B/D QL M
QL (60 caps / 30 days)		
EMEND 125mg	3	B/D QL M
QL (2 caps / 30 days)		
EMEND 40mg	3	QL M
QL (3 caps / 180 days)		
EMEND 80mg	3	B/D QL M
QL (4 caps / 30 days)		
<i>granisetron hcl</i> SOLN	1	M
<i>granisetron hcl</i> TABS	1	B/D M

Drug Name	Drug Requirements/ Tier	Limits
<i>granisol</i>	3	B/D M
MARINOL 2.5mg	3	B/D QL M
QL (60 caps / 30 days)		
MARINOL 5mg, 10mg	4	B/D QL
QL (60 caps / 30 days)		
<i>meclizine hcl</i>	1	M
<i>metoclopramide hcl</i>	1	M
METOZOLV ODT	3	M
<i>ondansetron hcl</i> SOLN	1	M
4mg/2ml, 40mg/20ml		
<i>ondansetron hcl</i> SOLN	1	B/D M
4mg/5ml		
<i>ondansetron hcl</i> TABS	1	B/D M
<i>ondansetron inj</i>	1	M
<i>ondansetron odt</i>	1	B/D M
<i>phenadoz</i>	1	M
PHENERGAN	3	M
<i>prochlorperazine</i>	1	M
<i>prochlorperazine edisylate</i>	1	M
<i>prochlorperazine maleate</i>	1	M
<i>promethazine hcl</i> SUPP	1	M
<i>promethazine hcl inj</i>	1	M
<i>promethegan</i>	1	M
REGLAN	3	M
SANCUSO	3	QL M
QL (4 ptch / 30 days)		
ZOFRAN SOLN 40mg/20ml	3	M
ZOFRAN SOLN 4mg/5ml	3	B/D M
ZOFRAN TABS	3	B/D M
ZOFRAN ODT	3	B/D M
ZUPLENZ	3	B/D M
<b>ANTISPASMODICS</b>		
ATROPINE SULFATE	1	M
BENTYL CAPS; SYRP; TABS	3	M PA
BENTYL SOLN	3	M
CANTIL	3	M
CUVPOSA	3	M
<i>dicyclomine hcl</i>	1	M PA
<i>glycopyrrolate</i>	1	M
<i>methscopolamine bromide</i>	1	M
PAMINE	3	M
PAMINE FORTE	3	M
ROBINUL	3	M
ROBINUL FORTE	3	M
<b>H2-RECEPTOR ANTAGONISTS</b>		
AXID	3	M
<i>cimetidine</i>	1	M
<i>cimetidine inj 150mg/ml</i>	1	M

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<i>cimetidine sol 300/5ml</i>	1	M
<i>famotidine</i>	1	M
<i>nizatidine</i>	1	M
PEPCID	3	M
<i>ranitidine hcl</i>	1	M
ZANTAC	3	M
<b>INFLAMMATORY BOWEL DISEASE</b>		
APRISO	2	M
ASACOL	3	M
ASACOL HD	3	M
AZULFIDINE	3	M
AZULFIDINE EN-TABS	3	M
<i>balsalazide disodium</i>	1	M
<i>budesonide</i>	4	
CANASA	2	M
CIMZIA	4	PA
COLAZAL	3	M
<i>colocort</i>	1	M
DIPENTUM	4	
ENTOCORT EC	4	
<i>hydrocortisone (intrarectal)</i>	1	M
LIALDA	3	M
<i>mesalamine enema</i>	1	M
PENTASA	3	M
SFROWASA	3	M
<i>sulfasalazine dr</i>	1	M
<i>sulfasalazine ir</i>	1	M
<b>LAXATIVES</b>		
COLYTE-FLAVOR PACKS	3	M
<i>enulose</i>	1	M
<i>gavilyte-g</i>	1	M
<i>gavilyte-c</i>	1	M
<i>gavilyte-n</i>	1	M
GOLYTELY	2	M
HALFLYTELY BOWEL PREP/FLA	3	M
<i>lactulose</i>	1	M
<i>lactulose (encephalopathy)</i>	1	M
MOVIPREP	3	M
NULYTELY/FLAVOR PACKS	2	M
OSMOPREP	3	M
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	M
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	M
<i>polyethylene glycol 3350</i>	1	M
RELISTOR	3	M PA
SUPREP BOWEL PREP	3	M

Drug Name	Drug Requirements/ Tier	Limits
<i>trilyte</i>	1	M
<b>MISCELLANEOUS</b>		
ACTIGALL	3	M
AMITIZA	2	M ST
CARAFATE	3	M
<i>cromolyn sodium (mastocytosis)</i>	1	M
CYTOTEC	3	M
GASTROCROM	4	
HELIDAC	3	M
<i>loperamide hcl</i>	1	M
LOTRONEX	4	
<i>misoprostol</i>	1	M
PREVPAC	3	QL M
QL (1 box / year)		
PYLERA	3	M
SUCRAID	3	M
<i>sucralfate</i>	1	M
URSO 250	3	M
URSO FORTE	3	M
<i>ursodiol</i>	1	M
XIFAXAN TAB 550MG	4	PA
<b>PANCREATIC ENZYMES</b>		
CREON	3	M
PANCREAZE	3	M
ZENPEP	2	M
<b>PROTON PUMP INHIBITORS</b>		
ACIPHEX	3	QL M
QL (30 ea / 30 days)		
DEXILANT	3	QL M
QL (30 ea / 30 days)		
<i>lansoprazole</i>	1	QL M
QL (30 ea / 30 days)		
NEXIUM	3	QL M
QL (30 ea / 30 days)		
NEXIUM GRANULES	3	QL M
QL (30 ea / 30 days)		
NEXIUM I.V.	3	M
<i>omeprazole 10mg, 40mg</i>	1	QL M
QL (30 ea / 30 days)		
<i>omeprazole 20mg</i>	1	QL M
QL (60 ea / 30 days)		
<i>pantoprazole sodium</i>	1	QL M
QL (30 ea / 30 days)		
PREVACID	3	QL M
QL (30 ea / 30 days)		
PREVACID SOLUTAB	3	QL M
QL (30 ea / 30 days)		

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Drug Name	Drug Requirements/ Tier	Limits
PRIOLOSEC 10mg, 40mg QL (30 ea / 30 days)	3	QL M
PRIOLOSEC 20mg QL (60 ea / 30 days)	3	QL M
PROTONIX QL (30 ea / 30 days)	3	QL M
PROTONIX INJ	3	M
ZEGERID PACK QL (1 packet / 30 days)	3	QL M

## GENITOURINARY

### BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i>	1	M
AVODART	2	M
CARDURA XL	3	M
<i>finasteride</i>	1	M
FLOMAX	3	M
JALYN	2	M
PROSCAR	3	M
RAPAFLO	3	M
<i>tamsulosin hcl</i>	1	M
UROXATRAL	3	M

### MISCELLANEOUS

<i>bethanechol chloride</i>	1	M
ELMIRON	3	M
<i>urecholine</i>	3	M

### URINARY ANTISPASMODICS

DETROL	3	M
DETROL LA	2	M
DITROPAN XL	3	M
ENABLEX	3	M
GELNIQUE	3	M
<i>oxybutynin chloride</i>	1	M
OXYTROL	3	M
SANCTURA	3	M
SANCTURA XR	3	M
TOVIAZ	2	M
<i>tropium chloride</i>	1	M
VESICARE	3	M

### VAGINAL ANTI-INFECTIVES

CLEOCIN CREA	3	M
CLEOCIN VAG SUPP 100MG	2	M
<i>clindamycin cre 2% vag</i>	1	M
METROGEL-VAGINAL	3	M
<i>metronidazole vaginal</i>	1	M
<i>miconazole nitrate vaginal</i>	1	M
TERAZOL 3	3	M
TERAZOL 7	3	M
<i>terconazole vaginal</i>	1	M
VANAZOLE	1	M

Drug Name	Drug Requirements/ Tier	Limits
<i>zazole</i>	1	M

## HEMATOLOGIC

### ANTICOAGULANTS

ARIXTRA 2.5mg/0.5ml	3	M
ARIXTRA 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	
COUMADIN	3	M
COUMADIN INJ <i>enoxaparin sodium</i> 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
<i>enoxaparin sodium</i> 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml	1	M
<i>fondaparinux sodium</i> 2.5mg/0.5ml	1	M
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml	3	M
FRAGMIN 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 25000unit/ml	4	
HEP SOD/NACL INJ 25000	2	M
HEPARIN (PORCINE) IN SODIUM CHLORIDE 100U/ML	2	M
<i>heparin sodium (porcine)</i>	1	B/D M
HEPARIN SODIUM/D5W	1	M
HEPARIN SODIUM/SODIUM CHL	1	M
<i>jantoven</i>	1	M
LOVENOX 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 300mg/3ml	3	M
LOVENOX 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
PRADAXA	2	M
<i>warfarin sodium</i>	1	M
XARELTO	3	M

### HEMATOPOIETIC GROWTH FACTORS

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Drug Name	Drug Requirements/ Tier	Limits
ARANESP ALBUMIN FREE 100mcg/0.5ml, 100mcg/ml, 150mcg/0.3ml, 200mcg/0.4ml, 200mcg/ml, 300mcg/0.6ml, 300mcg/ml, 500mcg/ml	4	PA
ARANESP ALBUMIN FREE 25mcg/0.42ml, 25mcg/ml, 40mcg/0.4ml, 40mcg/ml, 60mcg/0.3ml, 60mcg/ml	2	PA
EPOGEN	3	M PA
LEUKINE	4	PA
MOZOBIL	4	PA
NEULASTA	4	PA
NEUMEGA	4	
NEUPOGEN	4	PA
PROCRIT 20000unit/ml, 40000unit/ml	4	PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	PA
<b>MISCELLANEOUS</b>		
AGRYLIN	3	M PA
<i>anagrelide hcl</i>	1	M PA
<i>cilostazol</i>	1	M
CYKLOKAPRON	3	M
<i>pentoxifylline</i>	1	M
PLETAL	3	M
PROMACTA	4	LA PA
<i>tranexamic acid</i>	1	M
TRENTAL	3	M
<b>PLATELET AGGREGATION INHIBITORS</b>		
AGGRENEX	3	M
BRILINTA	3	M PA
<i>clopidogrel bisulfate</i>	1	M
EFFIENT	3	M
PLAVIX	3	M
<b>IMMUNOLOGIC AGENTS</b>		
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
ACTEMRA	4	PA
ARAVA	4	
ENBREL	4	PA
HUMIRA	4	PA
<i>hydroxychloroquine sulfate</i>	1	M
KINERET	4	PA
<i>leflunomide</i>	1	M
<i>methotrexate sodium tabs</i>	1	M
ORENCIA	4	PA
PLAQUENIL	3	M

Drug Name	Drug Requirements/ Tier	Limits
REMICADE	4	PA
RHEUMATREX	3	M
SIMPONI	4	PA
<i>trexall</i>	3	B/D M
<b>IMMUNOGLOBULINS</b>		
CARIMUNE NANOFILTERED	4	PA
FLEBOGAMMA	4	PA
GAMMAGARD LIQUID	4	PA
GAMMAKED	4	PA
GAMMAPLEX	4	PA
GAMUNEX-C	4	PA
HIZENTRA	4	PA
OCTAGAM	4	PA
PRIVIGEN	4	PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE	4	LA PA
ARCALYST	4	PA
INFERGEN	4	PA
INTRON-A KIT 10mu/0.2ml	3	B/D M
INTRON-A KIT 3mu/0.2ml, 5mu/0.2ml	4	B/D
INTRON-A SOLN	4	B/D
INTRON-A W/DILUENT	4	B/D
PEG-INTRON	4	PA
PEG-INTRON REDIPEN	4	PA
PEGASYS	4	PA
PEGASYS PROCLICK	4	PA
REVLIMID	4	LA PA
THALOMID	4	PA
<b>IMMUNOSUPPRESSANTS</b>		
ATGAM	3	B/D M
<i>azasan</i>	3	B/D M
<i>azathioprine</i>	1	B/D M
<i>azathioprine inj 100mg</i>	1	B/D M
CELLCEPT	4	B/D
CELLCEPT INTRAVENOUS	3	B/D M
<i>cyclosporine</i>	1	B/D M
<i>cyclosporine modified (for microemulsion)</i>	1	B/D M
<i>gengraf</i>	1	B/D M
IMURAN	3	B/D M
<i>mycophenolate mofetil</i>	1	B/D M
MYFORTIC 180mg	3	B/D M
MYFORTIC 360mg	4	B/D
NEORAL	2	B/D M
NULOJIX	4	B/D
PROGRAF CAPS .5mg, 1mg	3	B/D M
PROGRAF CAPS 5mg	4	B/D

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Drug Name	Drug Requirements/ Tier	Limits
PROGRAF SOLN	3	B/D M
RAPAMUNE SOLN	4	B/D
RAPAMUNE TABS .5mg	3	B/D M
RAPAMUNE TABS 1mg, 2mg	4	B/D
SANDIMMUNE CAPS	2	B/D M
SANDIMMUNE SOLN 100mg/ml	2	B/D M
SANDIMMUNE SOLN 50mg/ml	3	B/D M
SIMULECT	3	B/D M
<i>tacrolimus</i> .5mg, 1mg	1	B/D M
<i>tacrolimus</i> 5mg	4	B/D
THYMOGLOBULIN	3	B/D M
ZORTRESS	4	B/D
<b>VACCINES</b>		
ACTHIB	2	M
ADACEL	2	M
BOOSTRIX	2	M
CERVARIX	2	M
COMVAX	2	M
DAPTACEL	2	M
DECAVAC	2	B/D M
ENGERIX-B	2	B/D M
GARDASIL	2	M
HAVRIX	2	M
INFANRIX	2	M
IPOL INACTIVATED IPV	2	M
IXIARO	2	M
M-M-R II W/DILUENT 10 DOS	2	M
MENACTRA	2	M
MENOMUNE-A/C/Y/W-135	2	M
MENVEO	2	M
PEDVAX HIB	2	M
PROQUAD	2	M
RABAVERT	2	M
RECOMBIVAX HB	2	B/D M
ROTATEQ	2	M
SYNAGIS	4	
TETANUS/DIPHThERIA TOXOID	2	B/D M
TWINRIX	2	B/D M
TYPHIM VI	2	M
VAQTA	2	M
VARIVAX	2	M
YF-VAX	2	M
ZOSTAVAX	2	M

**NUTRITIONAL/SUPPLEMENTS**

Drug Name	Drug Requirements/ Tier	Limits
<b>ELECTROLYTES</b>		
<i>ammonium chloride</i>	3	M
K-TABS	3	M
<i>klor-con</i> 15meq	3	M
<i>klor-con</i> 20meq	1	M
KLOR-CON 10	1	M
KLOR-CON 8	1	M
<i>magnesium sulfate</i>	1	M
<i>potassium chloride caps er</i>	1	M
<i>potassium chloride</i>	1	M
<i>microencapsulated crystals cr</i>		
SOD FLUORIDE 2.2MG TAB	1	M
SODIUM CHLORIDE 2.5meq/ml	1	M
TPN ELECTROLYTES	1	B/D M
<b>IV NUTRITION</b>		
<i>amino acid infusion</i>	1	B/D M
AMINOSYN 8.5%/ELECTROLYTE	1	B/D M
AMINOSYN II	3	B/D M
AMINOSYN II 8.5%/ELECTROL	1	B/D M
AMINOSYN M	3	B/D M
AMINOSYN-HBC	3	B/D M
AMINOSYN-PF	3	B/D M
AMINOSYN-PF 7%	3	B/D M
CLINIMIX 2.75%/DEXTROSE 5%	3	B/D M
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D M
CLINIMIX 4.25%/DEXTROSE 20%	3	B/D M
CLINIMIX 4.25%/DEXTROSE 25%	3	B/D M
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D M
CLINIMIX 5%/DEXTROSE 15%	3	B/D M
CLINIMIX 5%/DEXTROSE 20%	3	B/D M
CLINIMIX 5%/DEXTROSE 25%	3	B/D M
CLINIMIX E 2.75%/DEXTROSE 10%	3	B/D M
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D M
CLINIMIX E 4.25%/DEXTROSE 25%	3	B/D M
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D M

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Drug Name	Drug Requirements/ Tier	Limits
CLINIMIX E 5%/DEXTROSE 15%	3	B/D M
CLINIMIX E 5%/DEXTROSE 20%	3	B/D M
CLINIMIX E 5%/DEXTROSE 25%	3	B/D M
CLINISOL SF 15%	1	B/D M
FREAMINE III	1	B/D M
FREAMINE III 3%	3	B/D M
HEPATAMINE	1	B/D M
<i>hepatasol 8</i>	3	B/D M
INTRALIPID INJ 20%	1	B/D M
INTRALIPID INJ 30%	2	B/D M
LIPOSYN III	3	B/D M
NEPHRAMINE	3	B/D M
<i>premasol</i>	3	B/D M
PROCALAMINE	3	B/D M
PROSOL	3	B/D M
TRAVASOL	3	B/D M
TROPHAMINE	3	B/D M
<b>IV REPLACEMENT SOLUTIONS</b>		
DEXTROSE 10% FLEX CONTAIN	1	M
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%	3	M
DEXTROSE 10%/NACL 0.45%	1	M
DEXTROSE 2.5%/NACL 0.45%	1	M
DEXTROSE 5%	1	M
DEXTROSE 5%/LACTATED RING	3	M
DEXTROSE 5%/NACL 0.2%	1	M
DEXTROSE 5%/NACL 0.225%	1	M
DEXTROSE 5%/NACL 0.33%	1	M
DEXTROSE 5%/NACL 0.45%	1	M
DEXTROSE 5%/NACL 0.9%	1	M
DEXTROSE 5%/POTASSIUM CHL	1	M
<i>electrolyte-m in dextrose</i>	1	M
ELECTROLYTE-R IN DEXTROSE	3	M
IONOSOL-B/DEXTROSE 5%	3	M
IONOSOL-MB/DEXTROSE 5%	3	M
<i>isolyte m</i>	1	M
<i>isolyte p</i>	3	M
<i>isolyte s</i>	3	M

Drug Name	Drug Requirements/ Tier	Limits
<i>isolyte s in 5 % dextrose</i>	3	M
ISOLYTE-H/DEXTROSE 5%	2	M
KCL 0.075%/D5W/NACL 0.45%	1	M
KCL 0.15%/D5W/LR	3	M
KCL 0.15%/D5W/NACL 0.2%	1	M
KCL 0.15%/D5W/NACL 0.225%	2	M
KCL 0.15%/D5W/NACL 0.9%	1	M
KCL 0.3%/D5W/NACL 0.45%	1	M
KCL 0.3%/D5W/NACL 0.9%	2	M
LACTATED RINGERS	1	M
<i>normosol-m</i>	1	M
NORMOSOL-R	3	M
PLASMA-LYTE A	3	M
PLASMA-LYTE-148	3	M
PLASMA-LYTE-56/D5W	3	M
<i>potassium chloride</i>	1	M
POTASSIUM CHLORIDE 0.15%	1	M
POTASSIUM CHLORIDE 0.22%	1	M
POTASSIUM CHLORIDE 0.224%	1	M
POTASSIUM CHLORIDE 0.3%/	3	M
POTASSIUM CHLORIDE 0.3%/D	1	M
<i>potassium chloride in nacl ringer's</i>	1	M
SODIUM CHLORIDE .9%, 3%, 5%	1	M
SODIUM CHLORIDE 0.45% VIA	1	M
<b>VITAMINS</b>		
CALCIJEX	3	B/D M
<i>calcitriol</i>	1	B/D M
HECTOROL	3	B/D M
PRENATAL VITAMINS	1	M
ROCALTROL	3	B/D M
ZEMPLAR CAPS	2	B/D M
ZEMPLAR SOLN	3	B/D M
<b>OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>bacitracin-poly-neomycin-hc</i>	1	M
<i>blephamide OINT</i>	2	M
BLEPHAMIDE SUSP	3	M
MAXITROL	3	M
<i>neomycin-polymy-dexameth</i>	1	M

Drug Name	Drug Requirements/ Tier	Limits
<i>neomycin-polymyxin-hc (ophth)</i>	1	M
<i>sulfacetamide sod-prednisolone</i>	1	M
TOBRADEX OINT	2	M
TOBRADEX SUSP	3	M
TOBRADEX ST	2	M
<i>tobramycin-dexamethasone</i>	1	M
ZYLET	2	M
<b>ANTI-INFECTIVES</b>		
AZASITE	2	M
<i>bacitracin (ophthalmic)</i>	1	M
<i>bacitracin-polymyxin b (ophth)</i>	1	M
BESIVANCE	2	M
BLEPH-10	3	M
CILOXAN	3	M
CILOXAN OINT	2	M
<i>ciprofloxacin hcl (ophth)</i>	1	M
<i>erythromycin (ophth)</i>	1	M
<i>gentak</i>	1	M
<i>gentamicin sulfate (ophth)</i>	1	M
<i>levofloxacin (ophth)</i>	1	M
MOXEZA	2	M
NATACYN	3	M
<i>neomycin-bacitracin zn-polymyxin</i>	1	M
<i>neomycin-polymy-gramicid</i>	1	M
<i>neosporin solution</i>	3	M
OCUFLOX	3	M
<i>ofloxacin (ophth)</i>	1	M
<i>polymyxin b-trimethoprim</i>	1	M
POLYTRIM	3	M
<i>sulfacetamide sodium (ophth)</i>	1	M
<i>tobramycin sulfate (ophth)</i>	1	M
TOBREX	3	M
TOBREX OINT 0.3%	2	M
<i>trifluridine</i>	1	M
VIGAMOX	2	M
VIROPTIC	3	M
ZIRGAN	3	M
ZYMAXID	3	M
<b>ANTI-INFLAMMATORIES</b>		
ACULAR	3	M
ACULAR LS	3	M
ACUVAIL	3	M
ALREX	2	M
BROMDAY	2	M
<i>bromfenac sodium (ophth)</i>	1	M

Drug Name	Drug Requirements/ Tier	Limits
<i>dexamethasone sodium phosphate (ophth)</i>	1	M
<i>diclofenac sodium (ophth)</i>	1	M
DUREZOL	2	M
FLAREX	3	M
<i>flurbiprofen sodium</i>	1	M
FML	2	M
FML FORTE	2	M
FML LIQUIFILM	3	M
<i>ketorolac tromethamine (ophth)</i>	1	M
LOTEMAX OINT	3	M
LOTEMAX SUSP	2	M
MAXIDEX	3	M
NEVANAC	2	M
OCUFEN	3	M
OMNIPRED	3	M
PRED FORTE	3	M
PRED MILD	2	M
PRED-G	3	M
PRED-G S.O.P.	3	M
PREDNISOLONE ACETATE	1	M
<i>prednisolone sodium phosphate (ophth)</i>	2	M
VEXOL	3	M
VOLTAREN	3	M
<b>ANTIALLERGICS</b>		
ALOCRIAL	3	M
ALOMIDE	3	M
<i>azelastine hcl (ophth)</i>	1	M
BEPREVE	2	M
<i>cromolyn sodium (ophth)</i>	1	M
ELESTAT	3	M
EMADINE	3	M
<i>epinastine hcl (ophth)</i>	1	M
LASTACAFT	3	M
OPTIVAR	3	M
PATADAY	2	M
PATANOL	2	M
<b>ANTIGLAUCOMA</b>		
ALPHAGAN P	2	M
AZOPT	2	M
BETAGAN	3	M
<i>betaxolol hcl (ophth)</i>	1	M
BETIMOL	3	M
BETOPTIC-S	2	M
<i>brimonidine tartrate .15%, .2%</i>	1	M
<i>carteolol hcl (ophth)</i>	1	M

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Drug Name	Drug Requirements/ Tier	Limits
COMBIGAN	2	M
COSOFT	3	M
COSOFT PF	3	M
<i>dorzolamide hcl</i>	1	M
<i>dorzolamide hcl-timolol maleate</i>	1	M
ISOPTO CARPINE	3	M
ISTALOL	2	M
<i>latanoprost</i> QL (2.5mL / 30 days)	1	QL M
<i>levobunolol hcl</i>	1	M
LUMIGAN QL (2.5ml / 30 days)	2	QL M
<i>metipranolol</i>	1	M
OPTIPRANOLOL	3	M
PHOSPHOLINE IODIDE	3	M
PILOPINE HS	2	M
<i>timolol maleate (ophth)</i>	1	M
TIMOLOL MALEATE GEL	1	M
TIMOPTIC OCUDOSE	3	M
TIMOPTIC-XE	3	M
TRAVATAN Z QL (2.5mL / 30 days)	2	QL M
TRUSOPT	3	M
XALATAN QL (2.5ml / 30 days)	3	QL M
ZIOPTAN QL (30 units / 30 days)	3	QL M
<b>MISCELLANEOUS</b>		
<i>ak-con</i>	1	M
<i>alcaine</i>	3	M
BOTOX	4	PA
<i>proparacaine hcl</i>	1	M
RESTASIS	2	M
<i>tropicamide</i>	1	M
XEOMIN	3	M PA
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
COMBIVENT QL (2 inhalers / 30 days)	3	QL M
DUONEB	3	B/D M
<i>ipratropium-albuterol</i>	1	B/D M
<b>ANTICHOLINERGICS</b>		
ATROVENT	3	M
ATROVENT HFA QL (2 inhalers / 30 days)	3	QL M
<i>ipratropium bromide (nasal)</i>	1	M
<i>ipratropium sol inhal</i>	1	B/D M

Drug Name	Drug Requirements/ Tier	Limits
SPIRIVA HANDIHALER QL (30 caps / 30 days)	2	QL M
<b>ANTI-HISTAMINE/DECONGESTANT COMBINATIONS</b>		
CLARINEX-D 12 HOUR	3	M
CLARINEX-D 24 HOUR	3	M
SEMPREX-D	3	M
<b>ANTI-HISTAMINES</b>		
ASTELIN QL (2 bottles / 30 days)	3	QL M
ASTEPRO QL (2 spray-bottles / 30 days)	2	QL M
<i>azelastine hcl</i> QL (2 bottles / 30 days)	1	QL M
<i>carbinoxamine maleate</i>	1	M
<i>cetirizine syrup</i>	1	M
CLARINEX	3	M
CLARINEX REDITABS	3	M
<i>diphenhydram inj 50mg/ml</i>	1	M
<i>hydroxyzine hcl inj</i>	1	M
<i>levocetirizine dihydrochloride</i>	1	M
<i>levocetirizine tab 5 mg</i>	1	M
<i>palgic</i>	3	M
PATANASE	2	M
XYZAL	3	M
<b>BETA AGONISTS</b>		
ACCUNEB	3	B/D M
<i>albuterol sulfate</i> NEBU	1	B/D M
<i>albuterol sulfate</i> SYRP; TABS; TB12	1	M
BROVANA	3	B/D M
FORADIL AEROLIZER QL (60 caps / 30 days)	2	QL M
<i>levalbuterol hcl</i>	1	B/D M
PERFOROMIST	3	B/D M
PROAIR HFA QL (2 inhalers / 30 days)	2	QL M
PROVENTIL HFA QL (2 inhalers / 30 days)	3	QL M
SEREVENT DISKUS QL (1 inhaler / 30 days)	3	QL M
<i>terbutaline sulfate</i>	1	M
VENTOLIN HFA QL (2 inhalers / 30 days)	3	QL M
XOPENEX	3	B/D M
XOPENEX HFA QL (2 inhalers / 30 days)	2	QL M

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Drug Name	Drug Requirements/ Tier	Limits
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>		
ACCOLATE	3	M
SINGULAIR	3	M
<i>zafirlukast</i>	1	M
ZYFLO CR	3	M
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sodium</i>	1	B/D M
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i>	1	B/D M
ARALAST NP	4	LA PA
CAYSTON	4	LA PA
DALIRESP	2	M
EPINEPHRINE HCL	1	M
EPIPEN 2-PAK	2	M
EPIPEN-JR 2-PAK	2	M
GLASSIA	4	LA PA
PROLASTIN-C	4	LA PA
PULMOZYME	4	B/D
TOBI	4	B/D
TWINJECT	3	M
<i>tyzine</i>	3	M
TYZINE PEDIATRIC NASAL DR	3	M
XOLAIR	4	LA PA
ZEMAIRA	4	LA PA
<b>NASAL STEROIDS</b>		
BECONASE AQ QL (2 inhalers / 30 days)	3	QL M
FLONASE QL (1 bottle / 30 days)	3	QL M
<i>flunisolide (nasal)</i> QL (2 bottles / 30 days)	1	QL M
<i>fluticasone propionate (nasal)</i> QL (1 inhaler / 30 days)	1	QL M
NASACORT AQ QL (1 inhaler / 30 days)	3	QL M
NASONEX QL (2 inhalers / 30 days)	2	QL M
OMNARIS QL (1 inhaler / 30 days)	3	QL M
QNASL QL (1 inhaler / 30 days)	3	QL M
RHINOCORT AQUA QL (2 inhalers / 30 days)	3	QL M
<i>triamcinolone acetonide (nasal)</i> QL (1 inhaler / 30 days)	1	QL M

Drug Name	Drug Requirements/ Tier	Limits
VERAMYST QL (1 bottle / 30 days)	3	QL M
<b>STEROID INHALANTS</b>		
ALVESCO QL (2 inhalers / 30 days)	3	QL M
ASMANEX QL (2 inhalers / 30 days)	2	QL M
<i>budesonide (inhalation)</i>	1	B/D M
FLOVENT DISKUS 250mcg/blist QL (4 inhalers / 30 days)	2	QL M
FLOVENT DISKUS 50mcg/blist, 100mcg/blist QL (2 inhalers / 30 days)	2	QL M
FLOVENT HFA QL (2 inhalers / 30 days)	2	QL M
PULMICORT FLEXHALER 180mcg/act QL (2 inhalers / 30 days)	3	QL M
PULMICORT FLEXHALER 90mcg/act QL (4 inhalers / 30 days)	3	QL M
PULMICORT INH SUSP	3	B/D M
QVAR QL (3 inhalers / 30 days)	2	QL M
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR DISKUS QL (1 inhaler / 30 days)	2	QL M
ADVAIR HFA QL (1 inhaler / 30 days)	2	QL M
DULERA QL (1 inhaler / 30 days)	2	QL M
SYMBICORT QL (1 inhaler / 30 days)	3	QL M
<b>XANTHINES</b>		
<i>aminophylline inj</i>	1	M
<i>elixophyllin</i>	3	M
LUFYLLIN	3	M
<i>theophylline</i>	1	M
<b>TOPICAL DERMATOLOGY, ACNE</b>		
ACANYA	3	M
ACZONE	3	M
<i>adapalene</i>	1	M
AKNE-MYCIN	3	M
<i>amnesteam</i>	1	M
ATRALIN	3	M
AVITA	1	M

Drug Name	Drug Requirements/ Tier	Limits
AZELEX	3	M
BENZAMYCIN	3	M
<i>benzoyl peroxide-erythromycin</i>	1	M
<i>claravis</i>	1	M
CLEOCIN-T	3	M
CLINDAGEL	3	M
<i>clindamycin phosphate (topical)</i>	1	M
<i>clindamycin phosphate-benzoyl peroxide</i>	1	M
DIFFERIN	3	M
EPIDUO	3	M
<i>ery</i>	1	M
<i>erythromycin (acne aid)</i>	1	M
EVOCLIN	3	M
<i>isotretinoin cap 10 mg</i>	1	M
KLARON	3	M
RETIN-A	3	M
RETIN-A MICRO	3	M
<i>sulfacetamide sodium (acne)</i>	1	M
<i>tretin x</i>	3	M
<i>tretinoin CREA; GEL</i>	1	M
VELTIN	3	M
ZIANA	3	M
<b>DERMATOLOGY, ACTINIC KERATOSIS</b>		
CARAC	3	M
EFUDEX	3	M
FLUOROPLEX	3	M
<i>fluorouracil (topical)</i>	1	M
PICATO	3	M
SOLARAZE	3	M PA
<b>DERMATOLOGY, ANTIBIOTICS</b>		
ALTABAX	3	M
BACTROBAN	3	M
BACTROBAN NASAL	3	M
CORTISPORIN CREA; OINT	3	M
<i>gentamicin sulfate (topical)</i>	1	M
<i>mupirocin</i>	1	M
PHISOHEX	3	M
SILVADENE	3	M
SILVER SULFADIAZINE	1	M
SSD	1	M
SULFAMYLON	3	M
THERMAZENE	1	M
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox CREA; GEL; SUSP</i>	1	M

Drug Name	Drug Requirements/ Tier	Limits
<i>ciclopirox shampoo 1%</i>	1	M
<i>clotrimazole (topical)</i>	1	M
<i>econazole nitrate</i>	1	M
ERTACZO	3	M
EXELDERM	3	M
EXTINA	3	M
<i>ketoconazole (topical)</i>	1	M
<i>ketoconazole cream</i>	1	M
LOPROX	3	M
LOPROX SHAMPOO	3	M
MENTAX	3	M
NAFTIN	3	M
<i>nyamyc</i>	1	M
<i>nystatin (topical)</i>	1	M
<i>nystatin pow 100000</i>	1	M
<i>nystop</i>	1	M
OXISTAT	3	M
<i>pedi-dri</i>	1	M
<b>DERMATOLOGY, ANTIPRURITIC</b>		
<i>anusol hc</i>	3	M
CORTIFOAM	3	M
<i>hydrocortisone (rectal)</i>	1	M
<i>proctocream</i>	1	M
ZONALON	3	M
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
AMEVIVE	4	
<i>calcipotriene</i>	1	M
DOVONEX	3	M
DOVONEX SCALP	3	M
8-MOP	3	M
OXSORALEN ULTRA	4	
SORIATANE	4	PA
SORILUX	3	M
STELARA	4	PA
TAZORAC	3	M
VECTICAL	3	M
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole shampoo</i>	1	M
NIZORAL	3	M
<i>selenium sulfide</i>	1	M
<b>DERMATOLOGY, ANTIVIRALS</b>		
DENAVIR	3	M
ZOVIRAX CREA; OINT	3	M
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
ACLOVATE	3	M
ALA SCALP	3	M
<i>ala-cort</i>	1	M
<i>alclometasone dipropionate</i>	1	M

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<i>amcinonide</i> CREA; LOTN		1	M
<i>amcinonide</i> OINT		3	M
<i>betamethasone dipropionate (topical)</i>		1	M
<i>betamethasone dipropionate augmented</i>		1	M
<i>betamethasone valerate</i>		1	M
CAPEX		3	M
<i>carmol hc</i>		3	M
<i>clobetasol propionate</i> GEL; OINT; SOLN		1	M
<i>clobetasol propionate emollient base</i>		1	M
CLOBEX		3	M
CLODERM PUMP		3	M
CORDRAN		3	M
CORDRAN TAPE		3	M
CUTIVATE		3	M
DERMA-SMOOTH/FS BODY OIL		3	M
DERMATOP		3	M
DESONATE		3	M
<i>desonide</i>		1	M
DESOWEN		3	M
<i>desowen lotn 0.05%</i>		3	M
<i>desoximetasone</i>		1	M
<i>diflorasone diacetate</i>		1	M
DIPROLENE		3	M
DIPROLENE AF		3	M
ELOCON		3	M
<i>fluocinolone acetonide</i>		1	M
<i>fluocinonide</i>		1	M
<i>fluocinonide emulsified base</i>		1	M
<i>fluticasone propionate</i>		1	M
<i>halobetasol propionate</i>		1	M
HALOG		3	M
<i>hydrocortisone (topical)</i>		1	M
<i>hydrocortisone valerate</i>		1	M
KENALOG		3	M
LOCOID		3	M
LOCOID LIPOCREAM		3	M
<i>lokara</i>		1	M
LUXIQ		3	M
<i>mometasone furoate</i>		1	M
OLUX-E		3	M
PANDEL		3	M
PREDNICARBATE		1	M
TACLONEX		3	M
TACLONEX SCALP		3	M

Drug Name		Drug Requirements/ Tier	Limits
TEMOVATE		3	M
<i>topicort</i>		3	M
<i>triamcinolone acetonide (topical)</i>		1	M
<i>triderm</i>		1	M
<i>u-cort</i>		1	M
ULTRAVATE		3	M
<i>urea-hc acetate</i>		1	M
VANOS		3	M
VERDESO		3	M
WESTCORT		3	M
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>			
EMLA		3	B/D M
<i>lidocaine</i>		1	M
<i>lidocaine hcl</i>		1	M
<i>lidocaine-prilocaine</i>		1	B/D M
LIDODERM		2	M PA
SYNERA		3	M
XYLOCAINE 4%		3	M
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>			
ALDARA		3	M
<i>ammonium lactate</i>		1	M
CONDYLOX		3	M
ELIDEL		3	M PA
FINACEA		3	M
<i>imiquimod</i>		1	M
LAC-HYDRIN		3	M
<i>laclotion</i>		1	M
<i>lactic acid (ammonium lactate)</i>		1	M
METROCREAM		3	M
METROGEL		3	M
METROLOTION		3	M
<i>metronidazole (topical)</i>		1	M
ORACEA		3	M
OXSORALEN		3	M
PANRETIN		4	
PENNSAID		3	M
<i>podofilox</i>		1	M
PROTOPIC		3	M PA
RECTIV .4%		3	M
TARGRETIN GEL		4	PA
VOLTAREN GEL 1%		2	M
ZYCLARA		3	M
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>			
EURAX		3	M
<i>malathion</i>		1	M

PA - Prior Authorization mail-order    QL - Quantity Limits    B/D - Covered under Medicare B or D

ST - Step Therapy    M - Available at    LA - Limited Access

Drug Name	Drug Requirements/ Tier Limits	
	Tier	Limits
OVIDE	3	M
<i>permethrin</i>	1	M
ULESFIA	3	M
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
<i>neomycin/polymyxin b gu</i>	1	M
REGRANEX	4	PA
SANTYL	3	M
SODIUM CHLORIDE 0.9%	1	M
STERILE WATER IRRIGATION	1	M
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>chlorhexidine gluconate (mouth-throat)</i>	1	M
<i>clotrimazole</i>	1	M
EVOXAC	3	M
<i>lidocaine hcl (mouth-throat)</i>	1	M
<i>nystatin (mouth-throat)</i>	1	M
<i>perio gard</i>	1	M
<i>pilocarpine hcl (oral)</i>	1	M
SALAGEN	3	M
<i>triamcinolone acetonide (mouth)</i>	1	M
<b>OTIC</b>		
<i>acetazol hc</i>	1	M
<i>acetic acid (otic)</i>	1	M
<i>acetic acid sol/hc</i>	1	M
CIPRO HC	3	M
CIPRODEX	2	M
COLY-MYCIN S	3	M
CORTISPORIN SOLN	3	M
CORTISPORIN-TC	3	M
DERMOTIC	3	M
<i>fluocinolone acetonide (otic)</i>	1	M
<i>hydrocortisone w/acetic acid</i>	1	M
<i>neomycin-polymyxin-hc (otic)</i>	1	M
<i>ofloxacin (otic)</i>	1	M

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<i>dacarbazine</i> .....8	DESOWEN .....34	<i>diflorasone diacetate</i> .....34
DACOGEN.....8	<i>desowen lotn 0.05%</i> .....34	DIFLUCAN.....6
DALIRESP .....32	<i>desoximetasone</i> .....34	<i>diflunisal</i> .....4
<i>danazol</i> .....22	DETROL .....26	<i>digoxin</i> .....12
DANTRIUM.....18	DETROL LA.....26	<i>digoxin inj</i> .....12
<i>dantrolene sodium</i> .....18	<i>dexamethasone</i> .....23	DIGOXIN SOL 50MCG/ML
<i>dapsone</i> .....7	<i>dexamethasone sodium</i>	.....12
DAPTACEL .....28	<i>phosphate</i> .....23	<i>dihydroergotamine mesylate</i>
DARAPRIM .....6	<i>dexamethasone sodium</i>	.....17
<i>daunorubicin hcl</i> .....8	<i>phosphate (ophth)</i> .....30	DILACOR XR.....12
DAYPRO.....4	DEXILANT .....25	<i>dilantin</i> .....14
DAYTRANA .....16	<i>dexpak taperpak 13 day</i> ...23	DILATRATE SR.....13
DDAVP .....24	<i>dexrazoxane</i> .....9	DILAUDID INJ .....2
DECAVAC.....28	DEXTROSE 10% FLEX	DILAUDID TAB.....2
DELESTROGEN.....22	CONTAIN.....29	DILAUDID-5 ORAL LIQD...2
DEMADEX .....12	DEXTROSE 10% W/	DILAUDID-HP INJ .....2
<i>demeclocycline hcl</i> .....5	SODIUM CHLORIDE 0.2%	<i>dilt</i> .....12
DEMSEK.....13	.....29	<i>diltiazem hcl</i> .....12
DENAVIR.....33	DEXTROSE 10%/NACL	<i>diltiazem hcl coated beads</i> 12
DEPACON .....13	0.45%.....29	<i>diltiazem hcl extended</i>
DEPAKENE .....14	DEXTROSE 2.5%/NACL	<i>release beads</i> .....12
DEPAKOTE .....14	0.45%.....29	DIOVAN .....10
DEPAKOTE ER .....14	DEXTROSE 5%.....29	DIOVAN HCT .....10
DEPAKOTE SPRINKLES .14	DEXTROSE 5%/LACTATED	DIPENTUM.....25
<i>depo-estradiol</i> .....22	RING.....29	<i>diphenhydram inj 50mg/ml</i> 31
DEPO-MEDROL .....23	DEXTROSE 5%/NACL 0.2%	DIPROLENE .....34
DEPO-PROVERA	.....29	DIPROLENE AF .....34
CONTRACEPTIV .....21	DEXTROSE 5%/NACL	<i>disopyramide phosphate</i> ...10
DEPO-PROVERA INJ	0.225%.....29	<i>disulfiram</i> .....18
400/ML.....8	DEXTROSE 5%/NACL	DITROPAN XL.....26
DEPO-SUBQ PROVERA	0.33%.....29	DIURIL SUS 250/5ML.....12
104.....21	DEXTROSE 5%/NACL	<i>divalproex sodium</i> .....14
<i>depo-testosterone</i> .....18	0.45%.....29	DIVIGEL .....22
DERMA-SMOOTH/FS	DEXTROSE 5%/NACL 0.9%	DOCETAXEL .....8
BODY OIL .....34	.....29	DOLOPHINE .....2
DERMATOP.....34	DEXTROSE	<i>donepezil hydrochloride</i> ....15
DERMOTIC.....35	5%/POTASSIUM CHL .....29	DORIBAX .....7
<i>desipramine hcl</i> .....15	DIABETA .....19	DORYX.....5
<i>desmopressin acetate</i> .....24	DIAMOX.....12	<i>dorzolamide hcl</i> .....31
<i>desmopressin acetate spray</i>	<i>diazepam</i> .....14	<i>dorzolamide hcl-timolol</i>
<i>refrigerated</i> .....24	DIAZEPAM GEL .....14	<i>maleate</i> .....31
DESOGEN .....21	DIBENZYLINE .....13	DOVONEX.....33
<i>desogestrel &amp; ethinyl</i>	<i>diclofenac potassium</i> .....4	DOVONEX SCALP .....33
<i>estradiol</i> .....21	<i>diclofenac sodium</i> .....4	<i>doxazosin mesylate</i> .....10
<i>desogestrel-ethinyl estradiol</i>	<i>diclofenac sodium (ophth)</i> .30	<i>doxepin hcl</i> .....15

DOXIL .....	8	EMADINE .....	30	<i>erythrocin stearate</i> .....	5
<i>doxorubicin hcl</i> .....	8	EMCYT .....	8	<i>erythromycin (acne aid)</i> ....	33
<i>doxycycline (monohydrate)</i> .	5	EMEND .....	24	<i>erythromycin (ophth)</i> .....	30
<i>doxycycline hyclate</i> .....	5	EMLA .....	34	<i>erythromycin base</i> .....	5
<i>dronabinol</i> .....	24	<i>emoquette</i> .....	21	<i>erythromycin ethylsuccinate</i>	5
<i>drospirenone-ethinyl</i>		EMSAM.....	15	<i>erythromycin stearate</i> .....	5
<i>estradiol</i> .....	21	EMTRIVA.....	6	<i>escitalopram oxalate</i> .....	15
DROXIA .....	9	ENABLEX .....	26	<i>estrace</i> .....	22
DUETACT .....	19	<i>enalapril maleate</i> .....	10	<i>estradiol</i> .....	22
DULERA .....	32	<i>enalapril maleate &amp;</i>		<i>estradiol &amp; norethindrone</i>	
DUONEB.....	31	<i>hydrochlorothiazide</i> .....	9	<i>acetate</i> .....	22
DURAGESIC.....	2	ENBREL .....	27	<i>estradiol valerate</i> .....	22
DURAMORPH .....	2	<i>endocet 10/325</i> .....	2	ESTRING.....	22
DUREZOL.....	30	<i>endocet 10/650</i> .....	2	ESTROSTEP FE .....	21
DYAZIDE .....	12	<i>endocet 5/325</i> .....	2	<i>ethambutol hcl</i> .....	6
<i>dynacin</i> .....	5	<i>endocet 7.5/325</i> .....	2	<i>ethosuximide</i> .....	14
DYNACIRC CR.....	12	<i>endocet 7.5/500</i> .....	2	<i>ethynodiol diacet &amp; eth</i>	
DYRENIUM.....	12	ENDODAN.....	2	<i>estrad</i> .....	21
<b>E</b>		ENDOMETRIN.....	24	ETHYOL .....	9
<i>e.e.s.</i> .....	5	ENGERIX-B .....	28	<i>etodolac</i> .....	4
E.E.S. GRANULES .....	5	<i>enoxaparin sodium</i> .....	26	ETOPOPHOS.....	9
EC-NAPROSYN.....	4	<i>enpresse 28 day</i> .....	21	<i>etoposide</i> .....	9
<i>econazole nitrate</i> .....	33	ENTOCORT EC.....	25	EURAX .....	34
EDARBI.....	10	<i>enulose</i> .....	25	EVAMIST .....	22
EDARBYCLOR .....	10	EPIDUO .....	33	EVISTA.....	24
EDECRIIN.....	12	<i>epinastine hcl (ophth)</i> .....	30	EVOCLIN.....	33
EDLUAR .....	17	EPINEPHRINE HCL .....	32	EVOXAC.....	35
EDURANT.....	6	EPIPEN 2-PAK .....	32	EXALGO.....	3
EFFEXOR XR.....	15	EPIPEN-JR 2-PAK.....	32	EXELDERM.....	33
EFFIENT .....	27	<i>epirubicin hcl</i> .....	8	EXELON .....	15
EFUDEX .....	33	<i>epitol</i> .....	14	EXELON PATCHES .....	15
EGRIFTA .....	23	EPIVIR .....	6	<i>exemestane</i> .....	8
ELAPRASE .....	22	EPIVIR HBV.....	7	EXFORGE .....	10
ELDEPRYL .....	15	EPIVIR SOL 10MG/ML .....	6	EXFORGE HCT	
<i>electrolyte-m in dextrose</i> ...	29	<i>eplerenone</i> .....	10	10-160-12.5MG.....	10
ELECTROLYTE-R IN		EPOGEN .....	27	EXFORGE HCT	
DEXTROSE .....	29	<i>eprosartan mesylate</i> .....	10	10-160-25MG .....	10
ELESTAT .....	30	EPZICOM .....	6	EXFORGE HCT	
ELESTRIN .....	22	EQUETRO .....	17	10-320-25MG .....	10
ELIDEL .....	34	ERAXIS.....	6	EXFORGE HCT	
ELIGARD .....	8	ERBITUX .....	8	5-160-12.5MG .....	10
<i>eliphos</i> .....	23	<i>ergotamine w/ caffeine</i> .....	17	EXFORGE HCT	
ELITEK .....	9	ERIVEDGE .....	8	5-160-25MG .....	10
<i>elixophyllin</i> .....	32	<i>errin 28 day</i> .....	21	EXJADE.....	21
ELLA .....	21	ERTACZO.....	33	EXTAVIA .....	18
ELLENCE.....	8	<i>ery</i> .....	33	EXTINA.....	33
ELMIRON.....	26	ERYPED 200 .....	5	<b>F</b>	
ELOCON.....	34	ERYPED 400 .....	5	FABRAZYME.....	22
ELOXATIN .....	9	<i>ery-tab</i> .....	5	FACTIVE .....	5
ELSPAR.....	9	<i>erythrocin lactobionate</i> .....	5	<i>famciclovir</i> .....	7

<i>famotidine</i> .....	25	<i>fluocinonide</i> .....	34	GAMMAKED.....	27
FAMVIR .....	7	<i>fluocinonide emulsified base</i>		GAMMAPLEX.....	27
FANAPT.....	16	.....	34	GAMUNEX-C.....	27
FANAPT TITRATION PACK		FLUOROPLEX.....	33	<i>ganciclovir</i> .....	7
.....	16	<i>fluorouracil (topical)</i> .....	33	<i>ganciclovir inj 500mg</i> .....	7
FARESTON .....	8	<i>fluorouracil inj</i> .....	8	GARDASIL .....	28
FASLODEX.....	8	<i>fluoxetine hcl</i> .....	15	GASTROCROM.....	25
FAZACLO .....	16	<i>fluphenazine decanoate</i> ....	16	GAUZE PADS 2X2 .....	18
<i>felbamate</i> .....	14	<i>fluphenazine hcl</i> .....	16	<i>gavilyte-g</i> .....	25
FELBATOL.....	14	<i>flurbiprofen</i> .....	4	<i>gavilyte-c</i> .....	25
FELDENE .....	4	<i>flurbiprofen sodium</i> .....	30	<i>gavilyte-n</i> .....	25
<i>felodipine</i> .....	12	<i>flutamide</i> .....	8	GELNIQUE .....	26
FEMARA.....	8	<i>fluticasone propionate</i> .....	34	<i>gemcitabine hcl</i> .....	8
FEMHRT 1/5.....	22	<i>fluticasone propionate</i>		<i>gemfibrozil</i> .....	11
FEMHRT LOW DOSE.....	22	(nasal).....	32	GEMZAR .....	8
FEMRING .....	22	<i>fluvastatin sodium</i> .....	11	<i>gengraf</i> .....	27
FEMTRACE .....	22	<i>fluvoxamine maleate</i> .....	13	GENOTROPIN.....	23
<i>fenofibrate</i> .....	11	<i>fluvoxamine tab 100mg</i> ....	13	GENOTROPIN MINIQUICK	
<i>fenofibrate micronized</i> .....	11	FML.....	30	.....	23
FENOGLIDE .....	11	FML FORTE .....	30	<i>gentak</i> .....	30
<i>fenoprofen calcium</i> .....	4	FML LIQUIFILM .....	30	<i>gentamicin in saline 0.9</i>	
<i>fentanyl citrate</i> .....	3	<i>fondaparinux sodium</i> .....	26	<i>mg/ml</i> .....	5
<i>fentanyl patch</i> .....	3	FORADIL AEROLIZER .....	31	<i>gentamicin in saline 1.4</i>	
FENTORA.....	3	FORTAMET .....	19	<i>mg/ml</i> .....	5
FERRIPROX.....	21	FORTAZ .....	5	<i>gentamicin in saline 100mg</i> 5	
FIBRICOR.....	11	FORTEO.....	23	<i>gentamicin in saline 60mg</i> ..5	
FINACEA .....	34	FORTESTA.....	18	<i>gentamicin in saline 80mg</i> ..5	
<i>finasteride</i> .....	26	FORTICAL.....	20	<i>gentamicin sulfate</i> .....	5
FIORICET/CODEINE .....	1	FOSAMAX .....	20	<i>gentamicin sulfate (ophth)</i> 30	
FIORINAL/CODEINE #3 .....	1	FOSAMAX PLUS D .....	20	<i>gentamicin sulfate (topical)</i>	
FIRMAGON.....	8	<i>foscarnet sodium</i> .....	7	.....	33
FLAGYL .....	7	<i>fosinopril sodium</i> .....	10	GEODON.....	16
FLAGYL ER .....	7	<i>fosinopril sodium &amp;</i>		GEODON INJ .....	16
FLAREX.....	30	<i>hydrochlorothiazide</i> .....	9	GIANVI .....	21
FLEBOGAMMA.....	27	FOSRENOL .....	23	GILENYA.....	18
<i>flecainide acetate</i> .....	10	FRAGMIN .....	26	GLASSIA .....	32
FLOMAX .....	26	FREAMINE III .....	29	GLEEVEC.....	9
FLOXASE .....	32	FREAMINE III 3% .....	29	<i>glimepiride</i> .....	19
FLO-PRED.....	23	FROVA .....	17	<i>glipizide</i> .....	19
FLOVENT DISKUS .....	32	FURADANTIN.....	7	<i>glipizide er</i> .....	19
FLOVENT HFA .....	32	<i>furosemide</i> .....	12	<i>glipizide-metformin</i>	
<i>fluconazole</i> .....	6	<i>furosemide inj</i> .....	12	<i>2.5-250mg</i> .....	19
<i>fluconazole in dextrose</i> .....	6	<i>furosemide oral soln 8 mg/ml</i>		<i>glipizide-metformin</i>	
<i>flucytosine</i> .....	6	.....	12	<i>2.5-500mg</i> .....	19
<i>fludarabine phosphate</i> .....	9	FUZEON.....	6	<i>glipizide-metformin 5-500mg</i>	
<i>fludrocortisone acetate</i> .....	23	<b>G</b>		.....	19
<i>flunisolide (nasal)</i> .....	32	<i>gabapentin</i> .....	14	GLUCAGEN HYPOKIT .....	23
<i>fluocinolone acetonide</i> .....	34	GABITRIL .....	14	GLUCAGON EMERGENCY	
<i>fluocinolone acetonide (otic)</i>		<i>galantamine hydrobromide</i> 15		KIT .....	23
.....	35	GAMMAGARD LIQUID .....	27	GLUCOPHAGE .....	19

GLUCOPHAGE XR.....	19	HEPARIN		<i>hydrocodone-acetaminophen</i>	
GLUCOTROL.....	19	SODIUM/SODIUM CHL .....	26	7.5-300mg .....	1
GLUCOTROL XL .....	19	HEPATAMINE .....	29	<i>hydrocodone-acetaminophen</i>	
GLUCOVANCE 2.5-500MG		<i>hepatasol 8</i> .....	29	7.5-325 mg/15ml.....	1
.....	19	HEPSERA.....	7	<i>hydrocodone-acetaminophen</i>	
GLUCOVANCE 5-500MG	20	HERCEPTIN .....	8	7.5-325mg .....	1
GLUMETZA .....	20	HEXALEN .....	8	<i>hydrocodone-acetaminophen</i>	
<i>glyburide</i> .....	20	HIPREX .....	7	7.5-500mg .....	1
<i>glyburide micronized</i> .....	20	HIZENTRA.....	27	<i>hydrocodone-acetaminophen</i>	
<i>glyburide-metformin</i>		HORIZANT .....	17	7.5-500mg/15ml.....	1
1.25-250mg.....	20	HUMALOG.....	18	<i>hydrocodone-acetaminophen</i>	
<i>glyburide-metformin</i>		HUMALOG KWIKPEN .....	18	7.5-650mg .....	1
2.5-500mg.....	20	HUMALOG MIX 50/50 .....	18	<i>hydrocodone-acetaminophen</i>	
<i>glyburide-metformin</i>		HUMALOG MIX 50/50		7.5-750mg .....	1
5-500mg.....	20	KWIKPEN .....	18	<i>hydrocodone-acetaminophen</i>	
<i>glycopyrrolate</i> .....	24	HUMALOG MIX 75/25 .....	18	<i>tab 10-325mg</i> .....	2
GLYNASE .....	20	HUMALOG MIX 75/25		<i>hydrocodone-acetaminophen</i>	
GLYSET.....	20	KWIKPEN .....	18	<i>tab 2.5-500mg</i> .....	2
GOLYTELY .....	25	HUMATROPE.....	23	<i>hydrocodone-ibuprofen</i> .....	2
GRALISE .....	17	HUMATROPE COMBO		<i>hydrocortisone</i> .....	23
GRALISE STARTER.....	17	PACK.....	23	<i>hydrocortisone (intrarectal)</i>	
<i>granisetron hcl</i> .....	24	HUMIRA.....	27	.....	25
<i>granisol</i> .....	24	HUMULIN 70/30 .....	18	<i>hydrocortisone (rectal)</i> .....	33
<i>griseofulvin microsize</i> .....	6	HUMULIN 70/30 PEN .....	19	<i>hydrocortisone (topical)</i> ....	34
GRIS-PEG .....	6	HUMULIN N.....	19	<i>hydrocortisone sod succinate</i>	
<i>guanfacine hcl</i> .....	10	HUMULIN N U-100 PEN...	19	.....	23
<b>H</b>		HUMULIN R.....	19	<i>hydrocortisone valerate</i> ....	34
HALAVEN .....	9	HUMULIN R U-500		<i>hydrocortisone w/acetic acid</i>	
HALDOL.....	16	(CONCENTRATE) .....	19	.....	35
HALDOL DECANOATE 100		HYCAMTIN .....	9	<i>hydromorphone hcl</i> .....	3
.....	16	HYCET.....	1	<i>hydroxychloroquine sulfate</i>	
HALDOL DECANOATE 50		<i>hydralazine hcl</i> .....	13	.....	27
.....	16	HYDREA.....	9	<i>hydroxyurea</i> .....	9
HALFLYTELY BOWEL		<i>hydrochlorothiazide</i> .....	12	<i>hydroxyzine hcl inj</i> .....	31
PREP/FLA.....	25	<i>hydrocodone-acetaminophen</i>		HYZAAR .....	10
<i>halobetasol propionate</i> .....	34	10-300mg.....	1	<b>I</b>	
HALOG .....	34	<i>hydrocodone-acetaminophen</i>		<i>ibandronate sodium</i> .....	20
<i>haloperidol</i> .....	16	10-500mg.....	1	<i>ibuprofen</i> .....	4
<i>haloperidol decanoate</i> .....	16	<i>hydrocodone-acetaminophen</i>		IDAMYCIN PFS .....	8
<i>haloperidol lactate</i> .....	16	10-650mg.....	1	<i>idarubicin hcl</i> .....	8
HAVRIX.....	28	<i>hydrocodone-acetaminophen</i>		IFEX INJ 3GM .....	8
HECTOROL.....	29	10-660mg.....	1	<i>ifosfamide</i> .....	8
HELIDAC .....	25	<i>hydrocodone-acetaminophen</i>		<i>imipenem-cilastatin</i> .....	7
HEP SOD/NACL INJ 25000		10-750mg.....	1	<i>imipramine hcl</i> .....	15
.....	26	<i>hydrocodone-acetaminophen</i>		<i>imipramine pamoate</i> .....	15
HEPARIN (PORCINE) IN		5-300mg.....	1	<i>imiquimod</i> .....	34
SODIUM CHLORIDE		<i>hydrocodone-acetaminophen</i>		IMITREX.....	17
100U/ML .....	26	5-325mg.....	1	IMITREX STATDOSE	
<i>heparin sodium (porcine)</i> ..	26	<i>hydrocodone-acetaminophen</i>		REFILL .....	17
HEPARIN SODIUM/D5W ..	26	5-500mg.....	1	IMURAN .....	27

INCIVEK.....	7	<i>isotretinoin cap 10 mg</i> .....	33	KEPIVANCE .....	9
INCRELEX .....	23	<i>isradipine</i> .....	12	KEPPRA .....	14
<i>indapamide</i> .....	12	ISTALOL .....	31	KEPPRA XR .....	14
INDERAL LA.....	11	ISTODAX.....	8	<i>ketoconazole</i> .....	6
INFANRIX .....	28	<i>itraconazole</i> .....	6	<i>ketoconazole (topical)</i> .....	33
INFERGEN .....	27	IXEMPRA KIT .....	9	<i>ketoconazole cream</i> .....	33
INLYTA .....	9	IXIARO.....	28	<i>ketoconazole shampoo</i> .....	33
INSPRA.....	10	<b>J</b>		<i>ketoprofen</i> .....	4
INSULIN PEN NEEDLES..	19	JAKAFI.....	9	<i>ketorolac tromethamine</i>	
INSULIN SAFETY		JALYN.....	26	<i>(ophth)</i> .....	30
NEEDLES .....	19	<i>jantoven</i> .....	26	KINERET .....	27
INSULIN SYRINGES .....	19	JANUMET .....	20	<i>kionex</i> .....	21
INTELENCE.....	6	JANUMET XR TAB		KLARON.....	33
INTERMEZZO.....	17	100-1000.....	20	KLONOPIN .....	14
INTRALIPID INJ 20%.....	29	JANUMET XR TAB 50-1000		<i>klor-con</i> .....	28
INTRALIPID INJ 30%.....	29	.....	20	KLOR-CON 10.....	28
INTRON-A.....	27	JANUMET XR TAB		KLOR-CON 8.....	28
INTRON-A W/DILUENT ...	27	50-500MG.....	20	KOMBIGLYZE XR	
<i>introvale 91 day</i> .....	21	JANUVIA.....	20	2.5-1000MG.....	20
INTUNIV.....	16	JENTADUETO .....	20	KOMBIGLYZE XR	
INVANZ.....	7	<i>jinteli</i> .....	22	5-1000MG.....	20
INVEGA .....	16	JOLIVETTE.....	21	KOMBIGLYZE XR 5-500MG	
INVEGA SUSTENNA.....	16	<i>junel 1.5/30 21 day</i> .....	21	.....	20
INVIRASE .....	6	<i>junel 1/20 21 day</i> .....	21	K-TABS.....	28
IONOSOL-B/DEXTROSE		<i>junel fe 1.5/30 28 day</i> .....	21	KUVAN .....	22
5%.....	29	<i>junel fe 1/20 28 day</i> .....	21	<b>L</b>	
IONOSOL-MB/DEXTROSE		JUVISYNC .....	20	<i>labetalol hcl</i> .....	11
5%.....	29	<b>K</b>		LAC-HYDRIN.....	34
IPOL INACTIVATED IPV ..	28	KADIAN .....	3	<i>laclotion</i> .....	34
<i>ipratropium bromide (nasal)</i>		KALETRA SOL .....	6	LACTATED RINGERS.....	29
.....	31	KALETRA TAB 100-25MG..	6	<i>lactic acid (ammonium</i>	
<i>ipratropium sol inhal</i> .....	31	KALETRA TAB 200-50MG..	6	<i>lactate)</i> .....	34
<i>ipratropium-albuterol</i> .....	31	<i>kariva 28 day</i> .....	21	<i>lactulose</i> .....	25
<i>irbesartan</i> .....	10	KAYEXALATE .....	21	<i>lactulose (encephalopathy)</i>	
<i>irbesartan-hydrochlorothiazid</i>		KCL 0.075%/D5W/NACL		.....	25
<i>e</i> .....	10	0.45%.....	29	LAMICTAL .....	14
<i>irinotecan</i> .....	9	KCL 0.15%/D5W/LR .....	29	LAMICTAL CHEWABLE	
ISENTRESS.....	6	KCL 0.15%/D5W/NACL		DISPERS.....	14
<i>isolyte m</i> .....	29	0.2%.....	29	LAMICTAL ODT.....	14
<i>isolyte p</i> .....	29	KCL 0.15%/D5W/NACL		LAMICTAL STARTER .....	14
<i>isolyte s</i> .....	29	0.225%.....	29	LAMICTAL XR .....	14
<i>isolyte s in 5 % dextrose</i> ...	29	KCL 0.15%/D5W/NACL		LAMISIL.....	6
ISOLYTE-H/DEXTROSE 5%		0.9%.....	29	<i>lamivudine</i> .....	6
.....	29	KCL 0.3%/D5W/NACL		<i>lamivudine-zidovudine</i> .....	6
<i>isoniazid</i> .....	6	0.45%.....	29	<i>lamotrigine</i> .....	14
<i>isoniazid tabs</i> .....	6	KCL 0.3%/D5W/NACL 0.9%		LANOXIN.....	12
ISOPTO CARPINE .....	31	.....	29	LANOXIN TAB.....	12
ISORDIL TITRADOSE .....	13	KEFLEX.....	5	<i>lansoprazole</i> .....	25
<i>isosorbide dinitrate</i> .....	13	<i>kelnor 1/35 28 day</i> .....	21	LANTUS .....	19
<i>isosorbide mononitrate</i> .....	13	KENALOG .....	34	LANTUS SOLOSTAR .....	19

LASIX.....	12	LEXIVA .....	6	LOVAZA .....	11
LASTACAPT .....	30	LIALDA .....	25	LOVENOX .....	26
<i>latanoprost</i> .....	31	<i>lidocaine</i> .....	34	<i>low-ogestrel 28 day</i> .....	21
LATUDA.....	16	<i>lidocaine hcl</i> .....	34	<i>loxapine succinate</i> .....	16
LEENA .....	21	<i>lidocaine hcl (local anesth.)</i> .....	4	<i>loxitane</i> .....	16
<i>leflunomide</i> .....	27	<i>lidocaine hcl (mouth-throat)</i>		LUFYLLIN.....	32
LESCOL.....	11	.....	35	LUMIGAN .....	31
LESCOL XL .....	11	<i>lidocaine-prilocaine</i> .....	34	LUMIZYME .....	22
<i>lessina 28 day</i> .....	21	LIDODERM.....	34	LUNESTA.....	17
LETAIRIS.....	13	<i>liothyronine sodium</i> .....	24	LUPRON DEPOT .....	8
<i>letrozole</i> .....	8	LIPITOR.....	11	LUPRON DEPOT-PED.....	8
<i>leucovor ca inj</i> .....	9	LIPOFEN .....	11	<i>lutera 28 day</i> .....	21
<i>leucovorin calcium</i> .....	9	LIPOSYN III .....	29	LUVOX CR .....	13
LEUKERAN.....	8	<i>lisinopril</i> .....	10	LUXIQ.....	34
LEUKINE.....	27	<i>lisinopril &amp;</i>		LYBREL.....	21
<i>leuprolide acetate</i> .....	8	<i>hydrochlorothiazide</i> .....	9	LYRICA.....	14
<i>levabuterol hcl</i> .....	31	<i>lithium carbonate</i> .....	17	LYSODREN.....	8
LEVAQUIN.....	5	LITHIUM CITRATE .....	17	<b>M</b>	
LEVAQUIN INJ .....	5	LITHOBID .....	17	MACROBID .....	7
LEVAQUIN ORAL		LIVALO .....	11	MACRODANTIN.....	7
SOLUTION.....	5	LO LOESTRIN FE .....	21	MAGNACET .....	3
LEVATOL.....	11	LO/OVRAL-28.....	21	<i>magnesium sulfate</i> .....	28
LEVEMIR .....	19	LOCOID .....	34	MALARONE .....	6
LEVEMIR FLEXPEN.....	19	LOCOID LIPOCREAM.....	34	<i>malathion</i> .....	34
<i>levetiracetam</i> .....	14	LODOSYN .....	15	<i>maprotiline hcl</i> .....	15
<i>levobunolol hcl</i> .....	31	LOESTRIN 24 FE .....	21	MARINOL .....	24
<i>levocarnitine (metabolic</i>		<i>lofibra</i> .....	11	<i>marlissa 28 day</i> .....	21
<i>modifiers)</i> .....	22	<i>lokara</i> .....	34	MARPLAN .....	15
<i>levocetirizine dihydrochloride</i>		<i>loperamide hcl</i> .....	25	MATULANE .....	9
.....	31	LOPID.....	11	<i>matzim</i> .....	12
<i>levocetirizine tab 5 mg</i> .....	31	LOPRESSOR .....	11	MAVIK .....	10
<i>levofloxacin</i> .....	5	LOPRESSOR HCT .....	11	MAXALT .....	17
<i>levofloxacin (ophth)</i> .....	30	LOPROX.....	33	MAXALT-MLT .....	17
<i>levofloxacin in d5w</i> .....	5	LOPROX SHAMPOO.....	33	MAXIDEX .....	30
<i>levonorgestrel &amp; eth estradiol</i>		<i>lorazepam</i> .....	13	<i>maxidone</i> .....	2
.....	21	<i>lorcet 10/650</i> .....	2	MAXITROL .....	29
<i>levonorgestrel (emergency</i>		<i>lorcet plus</i> .....	2	MAXZIDE.....	12
<i>oc)</i> .....	21	<i>lortab 10/500</i> .....	2	MAXZIDE-25 .....	12
<i>levonorgestrel-eth estradiol</i>		<i>lortab 5/500</i> .....	2	<i>meclizine hcl</i> .....	24
<i>(triphasic)</i> .....	21	<i>lortab 7.5/500</i> .....	2	MEDROL .....	23
<i>levonorgestrel-ethinyl</i>		<i>losartan potassium</i> .....	10	MEDROL DOSEPAK.....	23
<i>estradiol (91-day)</i> .....	21	<i>losartan potassium &amp;</i>		<i>medroxyprogesterone</i>	
<i>levonorgestrel-ethinyl</i>		<i>hydrochlorothiazide</i> .....	10	<i>acetate</i> .....	24
<i>estradiol (continuous)</i> .....	21	LOSEASONIQUE .....	21	<i>medroxyprogesterone</i>	
<i>levora 0.15/30 28 day</i> .....	21	LOTEMAX.....	30	<i>acetate (contraceptive)</i> .....	21
<i>levorphanol tartrate</i> .....	3	LOTENSIN.....	10	<i>mefenamic acid</i> .....	4
LEVOTHROID.....	24	LOTENSIN HCT .....	9	<i>mefloquine hcl</i> .....	6
<i>levothyroxine sodium</i> .....	24	LOTREL.....	9	MEGACE ES .....	9
LEVOXYL.....	24	LOTRONEX.....	25	MEGACE ORAL .....	9
LEXAPRO .....	15	<i>lovastatin</i> .....	11	<i>megestrol acetate</i> .....	9

MELOXICAM SUSP 7.5	<i>metoclopramide hcl</i> .....	24	<i>mometasone furoate</i> .....	34
MG/5ML.....	<i>metolazone</i> .....	12	MONODOX.....	5
<i>meloxicam tabs</i> .....	<i>metoprolol &amp;</i>		MONOKET.....	13
<i>melphalan hcl</i> .....	<i>hydrochlorothiazide</i> .....	11	MONONESSA.....	21
MENACTRA.....	<i>metoprolol succinate</i> .....	11	MORPHINE SUL 20MG/ML	
MENEST.....	<i>metoprolol tartrate</i> .....	11	ORAL SOL.....	3
MENOMUNE-A/C/Y/W-135	METOZOLV ODT.....	24	<i>morphine sulfate</i> .....	3
.....	METROCREAM.....	34	MORPHINE SULFATE.....	3
MENOSTAR.....	METROGEL.....	34	<i>morphine sulfate ext-rel tab</i>	3
MENTAX.....	METROGEL-VAGINAL.....	26	MOVIPREP.....	25
MENVEO.....	METROLOTION.....	34	MOXATAG.....	5
MEPRON.....	<i>metronidazole</i> .....	7	MOXEZA.....	30
<i>mercaptopurine</i> .....	<i>metronidazole (topical)</i> .....	34	MOZOBIL.....	27
<i>meropenem</i> .....	<i>metronidazole inj</i> .....	7	MS CONTIN.....	3
MERREM.....	<i>metronidazole vaginal</i> .....	26	MULTAQ.....	10
<i>mesalamine enema</i> .....	MEVACOR.....	11	<i>mupirocin</i> .....	33
<i>mesna</i> .....	<i>mexiletine hcl</i> .....	10	MUSTARGEN.....	8
MESNEX.....	MIACALCIN.....	21	MYCAMINE.....	6
MESTINON.....	MIACALCIN INJ 200U/ML	21	MYCOBUTIN.....	6
MESTINON SYRUP.....	MICARDIS.....	10	<i>mycophenolate mofetil</i> .....	27
MESTINON TIMESPAN.....	MICARDIS HCT.....	10	MYFORTIC.....	27
<i>metadate</i> .....	<i>miconazole nitrate vaginal</i>	26	MYOZYME.....	22
METADATE CD.....	<i>microgestin 1.5/30 21 day</i>	21	MYSOLINE.....	14
<i>metformin er</i> .....	<i>microgestin 1/20 21 day</i> .....	21	MYTELASE.....	17
<i>metformin hcl</i> .....	<i>microgestin fe 1.5/30 28 day</i>	21	<b>N</b>	
<i>methadone hcl</i> .....	.....	21	<i>nabumetone</i> .....	4
METHADONE INJ 10MG/ML	<i>microgestin fe 1/20 28 day</i>	21	<i>nadolol</i> .....	11
.....	MICROZIDE.....	12	<i>nadolol &amp;</i>	
<i>methadose</i> .....	<i>midodrine hcl</i> .....	13	<i>bendroflumethiazide</i> .....	11
<i>methazolamide</i> .....	<i>migergot</i> .....	17	<i>nafcillin sodium</i> .....	5
<i>methenamine hippurate</i> .....	MIGRANAL.....	17	NAFTIN.....	33
METHERGINE.....	<i>millipred</i> .....	23	NAGLAZYME.....	22
<i>methimazole</i> .....	MINIPRESS.....	10	NALFON.....	4
<i>methotrexate sodium inj</i> .....	<i>minitran</i> .....	13	NALLPEN/DEXTROSE.....	5
<i>methotrexate sodium tabs</i>	MINOCIN.....	5	<i>naloxone hcl</i> .....	18
27	<i>minocycline hcl</i> .....	5	<i>naltrexone hcl</i> .....	18
<i>methscopolamine bromide</i>	<i>minoxidil</i> .....	13	NAMENDA.....	15
24	MIRAPEX.....	15	NAMENDA TITRATION PAK	
<i>methyclothiazide</i> .....	MIRAPEX ER.....	16	.....	15
<i>methyldopa</i> .....	<i>mirtazapine</i> .....	15	NAPRELAN.....	4
<i>methyldopa &amp;</i>	<i>misoprostol</i> .....	25	NAPROSYN.....	4
<i>hydrochlorothiazide</i> .....	<i>mitomycin</i> .....	8	<i>naproxen</i> .....	4
13	<i>mitoxantrone hcl</i> .....	9	<i>naproxen sodium</i> .....	4
<i>methylergonovine maleate</i>	M-M-R II W/DILUENT 10		<i>naratriptan hcl</i> .....	17
23	DOS.....	28	NARDIL.....	15
METHYLIN.....	MOBIC.....	4	NASACORT AQ.....	32
METHYLIN CHEW TAB.....	MODICON.....	21	NASONEX.....	32
16	<i>moexipril hcl</i> .....	10	NATACYN.....	30
<i>methylphenidate hcl</i> .....	<i>moexipril-hydrochlorothiazid</i>		<i>nateglinide</i> .....	20
16	e.....	9	NEBUPENT.....	7
<i>methylprednisolone</i> .....				
23				
<i>methylprednisolone acetate</i>				
.....				
23				
<i>methylprednisolone sod succ</i>				
.....				
23				
<i>metipranolol</i> .....				
31				



<i>necon 0.5/35 28 day</i> .....	21	<i>macro</i> .....	7	NORVASC.....	12
<i>necon 1/35 28 day</i> .....	21	<i>nitroglycerin patches</i> .....	13	NORVIR.....	6
<i>necon 10/11 28 day</i> .....	21	NITROLINGUAL		NOVOLIN 70/30.....	19
NECON 7/7/7 .....	21	PUMPSPRAY .....	13	NOVOLIN N.....	19
<i>nefazodone hcl</i> .....	15	NITROMIST .....	13	NOVOLIN R.....	19
<i>neomycin sulfate</i> .....	5	NITROSTAT .....	13	NOVOLOG .....	19
<i>neomycin/polymyxin b gu</i> ..	35	<i>nizatidine</i> .....	25	NOVOLOG FLEXPEN .....	19
<i>neomycin-bacitracin</i>		NIZORAL .....	33	NOVOLOG MIX 70/30 .....	19
<i>zn-polymyxin</i> .....	30	NORA-BE .....	21	NOVOLOG MIX 70/30	
<i>neomycin-polymy-dexameth</i>		<i>norco 10/325</i> .....	2	PREFILL .....	19
.....	29	<i>norco 5/325</i> .....	2	NOXAFIL .....	6
<i>neomycin-polymy-gramicid</i>		<i>norco 7.5/325</i> .....	2	NUCYNTA .....	3
.....	30	NORDETTE-28.....	21	NUCYNTA ER .....	3
<i>neomycin-polymyxin-hc</i>		NORDITROPIN FLEXPRO		NUEDEXTA .....	17
<i>(ophth)</i> .....	30	.....	23	NULOJIX .....	27
<i>neomycin-polymyxin-hc (otic)</i>		NORDITROPIN		NULYTELY/FLAVOR	
.....	35	NORDIFLEX PEN.....	23	PACKS .....	25
NEORAL .....	27	<i>norethin acet &amp; estrad-fe</i> ..	21	NUTROPIN.....	23
<i>neosporin solution</i> .....	30	<i>norethindrone &amp; eth estradiol</i>		NUTROPIN AQ NUSPIN 523	
NEPHRAMINE .....	29	.....	21	NUTROPIN AQ PEN .....	23
NEULASTA .....	27	<i>norethindrone</i>		NUVARING.....	22
NEUMEGA.....	27	<i>(contraceptive)</i> .....	21	NUVIGIL .....	18
NEUPOGEN .....	27	<i>norethindrone acet &amp; eth</i>		<i>nyamyc</i> .....	33
NEURONTIN.....	14	<i>estra</i> .....	21	<i>nystatin</i> .....	6
NEVANAC.....	30	<i>norethindrone acetate</i> .....	24	<i>nystatin (mouth-throat)</i> .....	35
<i>nevirapine</i> .....	6	<i>norethindrone acetate-ethinyl</i>		<i>nystatin (topical)</i> .....	33
NEXAVAR.....	9	<i>estradiol</i> .....	22	<i>nystatin pow 100000</i> .....	33
NEXIUM.....	25	<i>norethindrone acetate-ethinyl</i>		<i>nystop</i> .....	33
NEXIUM GRANULES .....	25	<i>estradiol-fe</i> .....	21	<b>O</b>	
NEXIUM I.V.....	25	<i>norethindrone-eth estradiol</i>		OCELLA .....	22
<i>next choice</i> .....	21	<i>(triphasic)</i> .....	21	OCTAGAM .....	27
<i>niacor</i> .....	11	<i>norgestimate-ethinyl</i>		<i>octreotide acetate</i> .....	23
NIASPAN .....	11	<i>estradiol</i> .....	22	OCUFEN .....	30
<i>nicardipine hcl</i> .....	12	<i>norgestimate-ethinyl</i>		OCUFLOX .....	30
NICOTROL INHALER.....	18	<i>estradiol (triphasic)</i> .....	22	<i>ofloxacin (ophth)</i> .....	30
NICOTROL NS .....	18	<i>norgestrel &amp; ethinyl estradiol</i>		<i>ofloxacin (otic)</i> .....	35
<i>nifediac</i> .....	12	.....	22	<i>ogestrel 28 day</i> .....	22
<i>nifedical</i> .....	12	NORINYL 1+35.....	22	<i>olanzapine</i> .....	16
<i>nifedipine cc tab 90mg er</i> ..	12	<i>normosol-m</i> .....	29	<i>olanzapine odt</i> .....	16
<i>nifedipine cr</i> .....	12	NORMOSOL-R.....	29	OLEPTRO .....	15
<i>nifedipine er</i> .....	12	NOROXIN .....	5	OLUX-E .....	34
<i>nifedipine xl</i> .....	12	NORPACE .....	10	<i>omeprazole</i> .....	25
NILANDRON.....	9	NORPACE CR.....	10	OMNARIS.....	32
<i>nimodipine</i> .....	12	NORPRAMIN .....	15	OMNIPRED .....	30
NIPENT.....	8	NOR-QD .....	21	OMNITROPE.....	23
<i>nisoldipine</i> .....	12	<i>nortrel 0.5/35 28 day</i> .....	22	<i>ondansetron hcl</i> .....	24
<i>nitro-bid</i> .....	13	<i>nortrel 1/35 21 day</i> .....	22	<i>ondansetron inj</i> .....	24
<i>nitrofurantoin</i> .....	7	<i>nortrel 1/35 28 day</i> .....	22	<i>ondansetron odt</i> .....	24
<i>nitrofurantoin macrocrystal</i> ..	7	<i>nortrel 7/7/7 28 day</i> .....	22	ONFI.....	14
<i>nitrofurantoin monohyd</i>		<i>nortriptyline hcl</i> .....	15	ONGLYZA .....	20

ONSOLIS.....	3	<i>oxycodone-ibuprofen</i> .....	3	<i>penicillin v potassium</i> .....	5
ONTAK .....	8	OXYCONTIN .....	3	PENNSAID .....	34
OPANA .....	3	<i>oxymorphone er</i> .....	3	PENTAM 300.....	7
OPANA ER (CRUSH		<i>oxymorphone hcl</i> .....	3	PENTASA.....	25
RESISTANT.....	3	OXYTROL.....	26	<i>pentostatin</i> .....	8
OPTIPRANOLOL .....	31	<b>P</b>		<i>pentoxifylline</i> .....	27
OPTIVAR.....	30	<i>pacerone</i> .....	10	PEPCID .....	25
ORACEA.....	34	<i>paclitaxel</i> .....	8	<i>percocet 10/325</i> .....	3
ORAP.....	16	<i>palgic</i> .....	31	<i>percocet 10/650</i> .....	3
<i>orapred</i> .....	23	PAMELOR.....	15	<i>percocet 2.5/325</i> .....	3
ORAPRED ODT.....	23	<i>pamidronate disodium</i> .....	20	<i>percocet 5/325</i> .....	4
ORENCIA.....	27	PAMINE .....	24	<i>percocet 7.5/325</i> .....	4
ORFADIN.....	22	PAMINE FORTE.....	24	<i>percocet 7.5/500</i> .....	4
<i>orsythia 28 day</i> .....	22	PANCREAZE.....	25	PERCODAN .....	4
ORTHO EVRA .....	22	PANDEL .....	34	PERFOROMIST .....	31
ORTHO MICRONOR.....	22	PANRETIN.....	34	<i>perindopril erbumine</i> .....	10
ORTHO TRI-CYCLEN LO.....	22	<i>pantoprazole sodium</i> .....	25	<i>periogard</i> .....	35
ORTHO-CEPT .....	22	<i>parcopa</i> .....	16	<i>permethrin</i> .....	35
ORTHO-CYCLEN .....	22	<i>parcopa 10/100</i> .....	16	<i>perphenazine</i> .....	16
ORTHO-NOVUM 7/7/7 .....	22	<i>parcopa 25/100</i> .....	16	<i>perphenazine-amitriptyline</i> .....	18
OSMOPREP .....	25	<i>parcopa 25/250</i> .....	16	PEXEVA .....	15
OVCON-35.....	22	PARLODEL.....	16	<i>pfizerpen</i> .....	5
OVCON-50 28.....	22	PARNATE.....	15	<i>phenadoz</i> .....	24
OVIDE.....	35	<i>paromomycin sulfate</i> .....	5	<i>phenelzine sulfate</i> .....	15
<i>oxacillin sodium</i> .....	5	<i>paroxetine er tab</i> .....	15	PHENERGAN.....	24
<i>oxaliplatin</i> .....	9	<i>paroxetine hcl</i> .....	15	<i>phenobarbital</i> .....	14
<i>oxandrolone</i> .....	18	<i>paser d/r</i> .....	6	<i>phenytek</i> .....	14
<i>oxaprozin</i> .....	4	PATADAY .....	30	<i>phenytoin</i> .....	14
<i>oxcarbazepine</i> .....	14	PATANASE.....	31	<i>phenytoin inj 50mg/ml</i> .....	14
OXISTAT.....	33	PATANOL.....	30	<i>phenytoin sodium extended</i>	
OXSORALEN.....	34	PAXIL.....	15	.....	14
OXSORALEN ULTRA.....	33	PAXIL CR .....	15	PHISOHEX .....	33
<i>oxybutynin chloride</i> .....	26	PCE .....	5	PHOSLO.....	23
<i>oxycodone hcl</i> .....	3	<i>pedi-dri</i> .....	33	PHOSLYRA .....	23
OXYCODONE HCL .....	3	PEDVAX HIB .....	28	PHOSPHOLINE IODIDE ..	31
<i>oxycodone w/</i>		<i>peg 3350-kcl-sod bicarb-sod</i>		PICATO .....	33
<i>acetaminophen 10-325mg</i> ..	3	<i>chloride-sod sulfate</i> .....	25	<i>pilocarpine hcl (oral)</i> .....	35
<i>oxycodone w/</i>		<i>peg 3350-potassium</i>		PILOPINE HS .....	31
<i>acetaminophen 10-650mg</i> ..	3	<i>chloride-sod bicarbonate-sod</i>		<i>pindolol</i> .....	11
<i>oxycodone w/</i>		<i>chloride</i> .....	25	<i>piperacillin</i>	
<i>acetaminophen 2.5-325mg</i> ..	3	PEGANONE .....	14	<i>sodium-tazobactam sodium</i> .....	5
<i>oxycodone w/</i>		PEGASYS.....	27	<i>piroxicam</i> .....	4
<i>acetaminophen 5-325mg</i> ....	3	PEGASYS PROCLICK .....	27	PLAQUENIL .....	27
<i>oxycodone w/</i>		PEG-INTRON .....	27	PLASMA-LYTE A.....	29
<i>acetaminophen 5-500mg</i> ....	3	PEG-INTRON REDIPEN ..	27	PLASMA-LYTE-148.....	29
<i>oxycodone w/</i>		PENICILLIN G POT IN		PLASMA-LYTE-56/D5W ..	29
<i>acetaminophen 7.5-325mg</i> ..	3	DEXTROSE .....	5	PLAVIX .....	27
<i>oxycodone w/</i>		<i>penicillin g potassium</i> .....	5	PLETAL .....	27
<i>acetaminophen 7.5-500mg</i> ..	3	<i>penicillin g procaine</i> .....	5	<i>podofilox</i> .....	34
<i>oxycodone-aspirin</i> .....	3	<i>penicillin g sodium</i> .....	5	<i>polyethylene glycol 3350</i> ..	25

<i>polymyxin b sulfate</i> .....	7	PRENATAL VITAMINS .....	29	PROSOL.....	29
<i>polymyxin b-trimethoprim</i> ..	30	PREVACID .....	25	PROTONIX.....	26
POLYTRIM.....	30	PREVACID SOLUTAB.....	25	PROTONIX INJ.....	26
PONSTEL .....	4	<i>prevalite</i> .....	11	PROTOPIC.....	34
<i>portia 28 day</i> .....	22	<i>previfem 28 day</i> .....	22	<i>protriptyline hcl</i> .....	15
<i>potassium chloride</i> .....	29	PREVPAC.....	25	PROVENTIL HFA .....	31
POTASSIUM CHLORIDE		PREZISTA .....	6	PROVERA.....	24
0.15%.....	29	PRIFTIN.....	6	PROVIGIL.....	18
POTASSIUM CHLORIDE		PRIOSEC.....	26	PROZAC.....	15
0.22%.....	29	PRIMAQUINE PHOSPHATE		PROZAC WEEKLY.....	15
POTASSIUM CHLORIDE		.....	6	PULMICORT FLEXHALER	
0.224%.....	29	PRIMAXIN .....	7	.....	32
POTASSIUM CHLORIDE		<i>primidone</i> .....	14	PULMICORT INH SUSP...	32
0.3%/.....	29	<i>primsol</i> .....	7	PULMOZYME .....	32
POTASSIUM CHLORIDE		PRINIVIL.....	10	PURINETHOL .....	8
0.3%/D .....	29	PRINZIDE .....	9	PYLERA .....	25
<i>potassium chloride caps er</i>		PRISTIQ .....	15	<i>pyridostigmine bromide</i> .....	17
.....	28	PRIVIGEN.....	27	<b>Q</b>	
<i>potassium chloride in nacl</i> .....	29	PROAIR HFA.....	31	QNASL .....	32
<i>potassium chloride</i>		<i>probenecid</i> .....	1	QUALAQUIN .....	6
<i>microencapsulated crystals</i>		PROCALAMINE.....	29	<i>quasense 91 day</i> .....	22
<i>cr</i> .....	28	PROCARDIA XL .....	12	QUESTRAN.....	11
POTIGA .....	14	<i>prochlorperazine</i> .....	24	<i>quetiapine fumarate</i> .....	16
PRADAXA.....	26	<i>prochlorperazine edisylate</i> ..	24	<i>quinapril hcl</i> .....	10
<i>pramipexole dihydrochloride</i>		<i>prochlorperazine maleate</i> ..	24	<i>quinapril-hydrochlorothiazide</i>	
.....	16	PROCROT.....	27	.....	9
PRANDIMET .....	20	<i>proctocream</i> .....	33	<i>quinidine gluconate er</i> .....	10
PRANDIN.....	20	<i>progesterone micronized</i> ..	24	<i>quinidine sulfate</i> .....	10
PRAVACHOL.....	11	PROGLYCEM.....	23	QVAR .....	32
<i>pravastatin sodium</i> .....	11	PROGRAF .....	27, 28	<b>R</b>	
<i>prazosin hcl</i> .....	10	PROLASTIN-C.....	32	RABAVERT .....	28
PRECOSE .....	20	PROLEUKIN .....	8	<i>ramipril</i> .....	10
PRED FORTE.....	30	PROLIA.....	23	RANEXA.....	13
PRED MILD .....	30	PROMACTA .....	27	<i>ranitidine hcl</i> .....	25
PRED-G.....	30	<i>promethazine hcl</i> .....	24	RAPAFLO.....	26
PRED-G S.O.P. ....	30	<i>promethazine hcl inj</i> .....	24	RAPAMUNE .....	28
PREDNICARBATE .....	34	<i>promethegan</i> .....	24	RAZADYNE .....	15
PREDNISOLONE ACETATE		PROMETRIUM .....	24	RAZADYNE ER .....	15
.....	30	<i>propafenone hcl</i> .....	10	REBETOL.....	7
<i>prednisolone sodium</i>		<i>proparacaine hcl</i> .....	31	REBIF .....	18
<i>phosphate</i> .....	23	<i>propranolol &amp;</i>		REBIF TITRATION PACK	18
<i>prednisolone sodium</i>		<i>hydrochlorothiazide</i> .....	11	<i>reclipsen 28 day</i> .....	22
<i>phosphate (ophth)</i> .....	30	<i>propranolol hcl</i> .....	11	RECOMBIVAX HB.....	28
<i>prednisone</i> .....	23	<i>propranolol hcl er</i> .....	11	RECTIV .....	34
PREFEST .....	22	<i>propranolol inj 1mg/ml</i> .....	11	REGLAN.....	24
PREGNYL W/DILUENT		<i>propranolol sol</i> .....	11	REGONOL.....	18
BENZYL.....	23	<i>propranolol tab</i> .....	11	REGRANEX .....	35
PREMARIN CREAM .....	22	<i>propylthiouracil</i> .....	24	RELENZA DISKHALER.....	7
PREMARIN INJ.....	22	PROQUAD.....	28	RELISTOR.....	25
<i>premasol</i> .....	29	PROSCAR.....	26	RELPAK .....	17

REMERON.....	15	ROBINUL FORTE.....	24	SIMCOR TAB 1000-40MG 11	
REMERON SOLTAB .....	15	ROCALTROL.....	29	SIMCOR TAB 500-20MG . 11	
REMICADE .....	27	<i>rocephin</i> .....	5	SIMCOR TAB 50-40MG ... 11	
REMODULIN .....	13	<i>ropinirole hydrochloride</i> .....	16	SIMCOR TAB 750-20MG . 11	
RENAGEL.....	23	ROTATEQ .....	28	SIMPONI .....	27
RENVELA .....	23	<i>roxicet</i> .....	4	SIMULECT .....	28
<i>reprexain 10/200</i> .....	2	<i>roxicet 5/500</i> .....	4	<i>simvastatin</i> .....	11
<i>reprexain 2.5/200</i> .....	2	ROXICODONE .....	4	SINEMET.....	16
<i>reprexain 5/200</i> .....	2	ROZEREM.....	17	SINEMET CR .....	16
REQUIP .....	16	RYTHMOL .....	10	SINGULAIR .....	32
REQUIP XL.....	16	RYTHMOL SR .....	10	SOD FLUORIDE 2.2MG	
RESCRIPTOR .....	6	RYZOLT.....	4	TAB.....	28
RESTASIS .....	31	<b>S</b>		SODIUM CHLORIDE..	28, 29
RETIN-A.....	33	SABRIL.....	14	SODIUM CHLORIDE 0.45%	
RETIN-A MICRO.....	33	SAIZEN.....	23	VIA.....	29
RETROVIR .....	6	SAIZEN CLICK.EASY.....	23	SODIUM CHLORIDE 0.9%	
RETROVIR IV INFUSION...6		SALAGEN.....	35	.....	35
REVATIO .....	13	SAMSCA.....	23	SODIUM DIURIL.....	12
REZIA .....	18	SANCTURA .....	26	<i>sodium polystyrene sulfonate</i>	
REVLIMID.....	27	SANCTURA XR .....	26	.....	21
REYATAZ .....	6	SANCUSO .....	24	SOLARAZE .....	33
RHEUMATREX.....	27	SANDIMMUNE .....	28	SOLODYN.....	5
RHINOCORT AQUA.....	32	SANDOSTATIN .....	23	SOLU-CORTEF 100MG ...23	
<i>ribapak</i> .....	7	SANDOSTATIN LAR			
<i>ribasphere</i> .....	7	DEPOT .....	23	SOLU-CORTEF 250MG ...23	
<i>ribasphere 200mg</i> .....	7	SANTYL.....	35	SOLU-MEDROL .....	23
<i>ribasphere ribapak 1000</i> .....7		SAPHRIS.....	16	SOMATULINE DEPOT ....23	
<i>ribasphere ribapak 1200</i> .....7		SARAFEM .....	18	SOMAVERT .....	23
<i>ribasphere ribapak 800</i> .....7		SAVELLA.....	18	SONATA.....	17
<i>ribasphere tab</i> .....	7	SAVELLA TITRATION			
<i>ribavirin 200mg</i> .....	7	PACK.....	18	SORIATANE.....	33
<i>rifadin</i> .....	6	SEASONALE .....	22	SORILUX.....	33
<i>rifamate</i> .....	6	SEASONIQUE .....	22	<i>sorine</i> .....	11
<i>rifampin</i> .....	6	SECTRAL .....	11	<i>sotalol hcl</i> .....	11
RIFATER.....	6	<i>selegiline hcl</i> .....	16	SPIRIVA HANDIHALER ...31	
RILUTEK.....	18	<i>selenium sulfide</i> .....	33	<i>spironolactone</i> .....	10
<i>rimantadine hydrochloride</i> ...7		SELZENTRY.....	6	<i>spironolactone &amp;</i>	
<i>ringer's</i> .....	29	SEMPREX-D .....	31	<i>hydrochlorothiazide</i> .....	12
RIOMET .....	20	SENSIPAR.....	21	SPORANOX .....	6
RISPERDAL.....	16	SEPTRA DS .....	7	SPORANOX PULSEPAK ...6	
RISPERDAL CONSTA.....	16	SEREVENT DISKUS .....	31	<i>sprintec 28 day</i> .....	22
RISPERDAL M-TAB .....	16	<i>seromycin</i> .....	6	SPRYCEL.....	9
<i>risperidone</i> .....	16	SEROQUEL.....	16	<i>sronyx 28 day</i> .....	22
<i>risperidone odt</i> .....	16	SEROQUEL XR.....	16	SSD .....	33
RITALIN .....	16	SEROSTIM.....	23	<i>stagesic 5/500</i> .....	2
RITALIN LA.....	16	<i>sertraline hcl</i> .....	15	STALEVO .....	16
RITALIN SR .....	16	SFROWASA .....	25	STARLIX.....	20
RITUXAN .....	8	SILENOR.....	17	<i>stavudine</i> .....	6
<i>rivastigmine tartrate</i> .....	15	SILVADENE.....	33	STAVZOR.....	14
ROBINUL .....	24	SILVER SULFADIAZINE ..33		STELARA .....	33
				STERILE WATER	
				IRRIGATION.....	35

STIMATE .....	24	TARCEVA.....	9	TIAZAC.....	12
STRATTERA.....	16	TARGRETIN.....	9, 34	TIKOSYN.....	11
<i>streptomycin sulfate</i> .....	5	TARKA.....	9	<i>timentin</i> .....	5
STRIANT.....	18	TASIGNA.....	9	<i>timolol maleate</i> .....	11
STROMEKTOL.....	7	TAXOTERE.....	8	<i>timolol maleate (ophth)</i> .....	31
SUBOXONE.....	18	TAZORAC.....	33	TIMOLOL MALEATE GEL	31
SUBOXONE SL FILM.....	18	<i>taztia</i> .....	12	TIMOPTIC OCUDOSE.....	31
SUCRAID.....	25	TEFLARO.....	5	TIMOPTIC-XE.....	31
<i>sucrafate</i> .....	25	TEGRETOL.....	14	TIROSINT.....	24
SULAR.....	12	TEGRETOL XR TAB 100MG	.....	<i>tizanidine caps</i> .....	18
<i>sulfacetamide sodium (acne)</i>	.....	.....	14	<i>tizanidine tabs</i> .....	18
.....	33	TEGRETOL-XR.....	14	TOBI.....	32
<i>sulfacetamide sodium</i>	.....	TEKAMLO.....	12	TOBRADEX.....	30
<i>(ophth)</i> .....	30	TEKURNA.....	12	TOBRADEX ST.....	30
<i>sulfacetamide</i>	.....	TEKURNA HCT TAB	.....	<i>tobramycin sulfate</i> .....	5
<i>sod-prednisolone</i> .....	30	150-12.5MG.....	12	<i>tobramycin sulfate (ophth)</i>	30
<i>sulfadiazine</i> .....	5	TEKURNA HCT TAB	.....	<i>tobramycin sulfate in saline</i>	5
<i>sulfamethoxazole-trimethop</i>	7	150-25MG.....	12	<i>tobramycin-dexamethasone</i>	.....
<i>sulfamethoxazole-trimethop</i>	.....	TEKURNA HCT TAB	.....	.....	30
<i>iv soln</i> .....	7	300-12.5MG.....	12	TOBREX.....	30
SULFAMYLON.....	33	TEKURNA HCT TAB	.....	TOBREX OINT 0.3%.....	30
<i>sulfasalazine dr</i> .....	25	300-25MG.....	12	<i>tofranyl</i> .....	15
<i>sulfasalazine ir</i> .....	25	TEMOVATE.....	34	TOFRANIL-PM.....	15
<i>sulindac</i> .....	4	TENEX.....	10	<i>tolmetin sodium</i> .....	4
<i>sumatriptan succinate</i> .....	17	TENORETIC 100.....	11	TOPAMAX.....	14
<i>suprax</i> .....	5	TENORETIC 50.....	11	TOPAMAX SPRINKLE.....	14
SUPREP BOWEL PREP.....	25	TENORMIN.....	11	<i>topicort</i> .....	34
SURMONTIL.....	15	TERAZOL 3.....	26	<i>topiramate</i> .....	14
SUSTIVA.....	6	TERAZOL 7.....	26	<i>toposar</i> .....	9
SUTENT.....	9	<i>terazosin hcl</i> .....	10	<i>topotecan hcl</i> .....	9
SYLATRON.....	9	<i>terbinafine hcl</i> .....	6	TOPROL XL.....	11
SYMBICORT.....	32	<i>terbutaline sulfate</i> .....	31	TORISEL.....	8
SYMLINPEN 120.....	19	<i>terconazole vaginal</i> .....	26	<i>torse mide inj 20mg/2ml</i> .....	12
SYMLINPEN 60.....	19	TESTIM.....	18	<i>torse mide tabs</i> .....	12
SYNAGIS.....	28	<i>testosterone cypionate</i> .....	18	TOVIAZ.....	26
SYNALGOS-DC.....	2	<i>testosterone enanthate</i> .....	18	TPN ELECTROLYTES.....	28
SYNAREL.....	22	TETANUS/DIPHThERIA	.....	TRACLEER.....	13
SYNERA.....	34	TOXOID.....	28	TRADJENTA.....	20
SYNERCID.....	7	<i>tetracycline hcl</i> .....	5	<i>tramadol hcl</i> .....	4
SYNTHROID.....	24	TEVETEN.....	10	<i>tramadol hcl er</i> .....	4
SYPRINE.....	21	TEVETEN HCT.....	10	<i>tramadol hcl tab 50 mg</i> .....	4
<b>T</b>		TEV-TROPIN.....	23	<i>tramadol-acetaminophen</i> .....	4
TABLOID.....	8	THALITONE.....	12	TRANDATE.....	11
TACLONEX.....	34	THALOMID.....	27	<i>trandolapril</i> .....	10
TACLONEX SCALP.....	34	<i>theophylline</i> .....	32	<i>tranexamic acid</i> .....	27
<i>tacrolimus</i> .....	28	THERMAZENE.....	33	TRANXENE T.....	14
TAMIFLU.....	7	<i>thioridazine hcl</i> .....	16	<i>tranylcypromine sulfate</i> .....	15
<i>tamoxifen citrate</i> .....	9	<i>thiotepa</i> .....	8	TRAVASOL.....	29
<i>tamsulosin hcl</i> .....	26	<i>thiothixene</i> .....	16	TRAVATAN Z.....	31
<i>tapazole</i> .....	24	THYMOGLOBULIN.....	28	<i>trazodone hcl</i> .....	15

TREANDA.....	8	TRUSOPT.....	31	VANOS.....	34
TRECATOR.....	6	TRUVADA.....	6	VAQTA.....	28
TRELSTAR DEPOT		TWINJECT.....	32	VARIVAX.....	28
MIXJECT.....	9	TWINRIX.....	28	VASERETIC.....	9
TRELSTAR LA MIXJECT...	9	TWYNSTA.....	10	VASOTEC.....	10
TRELSTAR MIXJECT.....	9	TYGACIL.....	7	VECTIBIX.....	8
TRENTAL.....	27	TYKERB.....	9	VECTICAL.....	33
<i>tretin x</i> .....	33	TYLENOL/CODEINE #3.....	2	VELCADE.....	8
<i>tretinoin</i> .....	9, 33	TYLENOL/CODEINE #4.....	2	<i>velivet 28 day</i> .....	22
<i>trexall</i> .....	27	<i>tylox</i> .....	4	VELTIN.....	33
TREXIMET.....	17	TYPHIM VI.....	28	<i>venlafaxine cap er</i> .....	15
<i>triamcinolone acetonide</i>		TYSABRI.....	18	<i>venlafaxine hcl</i> .....	15
<i>(mouth)</i> .....	35	TYZEKA.....	7	VENLAFAXINE HCL ER	
<i>triamcinolone acetonide</i>		<i>tyzine</i> .....	32	TAB.....	15
<i>(nasal)</i> .....	32	TYZINE PEDIATRIC NASAL		<i>venlafaxine tab</i> .....	15
<i>triamcinolone acetonide</i>		DR.....	32	<i>venlafaxine tab er</i> .....	15
<i>(topical)</i> .....	34	<b>U</b>		VENTAVIS.....	13
<i>triamterene &amp;</i>		<i>u-cort</i> .....	34	VENTOLIN HFA.....	31
<i>hydrochlorothiazide</i> .....	13	ULESFIA.....	35	VERAMYST.....	32
<i>triamterene &amp;</i>		ULORIC.....	1	<i>verapamil hcl</i> .....	12
<i>hydrochlorothiazide cap</i>		ULTRACET.....	4	VERDESO.....	34
<i>37.5-25 mg</i> .....	13	ULTRAM.....	4	VERELAN.....	12
<i>triamterene &amp;</i>		ULTRAM ER.....	4	VERELAN PM.....	12
<i>hydrochlorothiazide tab</i>		ULTRAVATE.....	34	<i>veripred</i> .....	23
<i>37.5-25 mg</i> .....	13	UNASYN.....	5	VESICARE.....	26
<i>triamterene &amp;</i>		UNASYN BULK PACK.....	5	<i>vestura</i> .....	22
<i>hydrochlorothiazide tab</i>		UNIRETIC.....	9	VEXOL.....	30
<i>75-50 mg</i> .....	13	UNITHROID.....	24	VFEND.....	6
TRIBENZOR.....	10	UNIVASC.....	10	VFEND IV.....	6
TRICOR.....	11	<i>urea-hc acetate</i> .....	34	VFEND SUS 40MG/ML.....	6
<i>triderm</i> .....	34	<i>urecholine</i> .....	26	VIBATIV.....	7
<i>trifluoperazine hcl</i> .....	16	UROXATRAL.....	26	VIBRAMYCIN.....	5
<i>trifluridine</i> .....	30	URSO 250.....	25	<i>vicodin 10/660</i> .....	2
<i>trihexyphenidyl hcl</i> .....	16	URSO FORTE.....	25	<i>vicodin 5/500</i> .....	2
<i>tri-legest 28</i> .....	22	<i>ursodiol</i> .....	25	<i>vicodin 7.5/750</i> .....	2
TRILEPTAL.....	14	UVADEX.....	9	VICOPROFEN.....	2
TRILIPIX.....	11	<b>V</b>		VICTOZA.....	19
<i>trilyte</i> .....	25	VAGIFEM.....	23	VICTRELIS.....	7
<i>trimethoprim</i> .....	7	<i>valacyclovir hcl</i> .....	7	VIDAZA.....	8
<i>trimipramine maleate</i> .....	15	VALCYTE.....	7	VIDEX EC.....	6
TRINESSA.....	22	VALIUM.....	14	VIDEX PEDIATRIC.....	6
TRI-NORINYL 28.....	22	<i>valproate sodium</i> .....	15	VIGAMOX.....	30
<i>tri-previfem 28 day</i> .....	22	<i>valproic acid</i> .....	15	VIIBRYD.....	15
TRISENOX.....	9	VALTRESX.....	7	VIMOVO.....	1
<i>tri-sprintec 28 day</i> .....	22	VALTURNA 150-160MG... 12		VIMPAT.....	15
<i>trivora 28 day</i> .....	22	VALTURNA TAB		<i>vinblastine sulfate</i> .....	8
TRIZIVIR.....	6	300-320MG.....	12	<i>vincasar</i> .....	8
TROPHAMINE.....	29	VANCOCIN HCL.....	7	<i>vincristine sulfate</i> .....	8
<i>tropicamide</i> .....	31	<i>vancomycin hcl</i> .....	7	<i>vinorelbine tartrate</i> .....	8
<i>tropium chloride</i> .....	26	VANDAZOLE.....	26	VIRACEPT.....	6

VIRAMUNE .....	6	XYZAL .....	31	ZITHROMAX Z-PAK .....	5
VIRAMUNE XR .....	6	<b>Y</b>		ZMAX.....	5
VIREAD.....	6	YASMIN 28 .....	22	ZOCOR.....	11
VIROPTIC .....	30	YAZ.....	22	ZOFRAN.....	24
VISTIDE.....	7	YF-VAX.....	28	ZOFRAN ODT .....	24
<i>vivactil</i> .....	15	<b>Z</b>		ZOLINZA .....	8
VIVELLE-DOT.....	23	<i>zafirlukast</i> .....	32	ZOLOFT .....	15
VIVITROL.....	18	<i>zaleplon</i> .....	17	<i>zolpidem tartrate</i> .....	17
VOLTAREN.....	30	<i>zamicet</i> .....	2	ZOLPIMIST .....	17
VOLTAREN GEL 1% .....	34	ZANAFLEX .....	18	ZOMETA.....	20
VOLTAREN-XR .....	4	ZANOSAR .....	8	ZOMIG.....	17
<i>voriconazole</i> .....	6	ZANTAC .....	25	ZOMIG ZMT .....	17
VOTRIENT.....	9	ZARONTIN .....	15	ZONALON .....	33
VPRIV .....	22	ZAVESCA.....	22	ZONEGRAN .....	15
VYTORIN.....	11	<i>zazole</i> .....	26	<i>zonisamide</i> .....	15
VYVANSE .....	17	ZEBETA.....	11	ZORBTIVE.....	23
<b>W</b>		ZEGERID.....	26	ZORTRESS .....	28
<i>warfarin sodium</i> .....	26	ZELAPAR .....	16	ZOSTAVAX .....	28
WELCHOL .....	11	ZELBORAF .....	9	ZOSYN .....	5
WELLBUTRIN.....	15	ZEMAIRA.....	32	<i>zovia</i> .....	22
WELLBUTRIN SR.....	15	ZEMPLAR.....	29	<i>zovia 1/35e 28 day</i> .....	22
WELLBUTRIN XL .....	15	ZENPEP .....	25	<i>zovia 1/50e 28 day</i> .....	22
WESTCORT .....	34	ZERIT .....	6	ZOVIRAX.....	7, 33
<b>X</b>		ZESTORETIC .....	9	ZUPLENZ .....	24
XALATAN.....	31	ZESTRIL .....	10	ZYBAN.....	18
XALKORI .....	9	ZETIA.....	11	ZYCLARA .....	34
XANAX.....	13	ZIAC.....	11	<i>zydone 10/400</i> .....	2
XARELTO .....	26	ZIAGEN .....	6	<i>zydone 5/400</i> .....	2
XENAZINE .....	18	ZIANA .....	33	<i>zydone 7.5/400</i> .....	2
XEOMIN.....	31	<i>zidovudine</i> .....	6	ZYFLO CR.....	32
XGEVA .....	23	ZINACEF .....	5	ZYLET .....	30
XIFAXAN TAB 200MG .....	7	ZINACEF IN SOLUTION.....	5	ZYLOPRIM .....	1
XIFAXAN TAB 550MG .....	25	ZINECARD .....	9	ZYMAXID.....	30
XODOL .....	2	ZIOPTAN .....	31	ZYPREXA.....	16
XOLAIR.....	32	<i>ziprasidone hcl</i> .....	16	ZYPREXA ZYDIS .....	16
XOPENEX.....	31	ZIPSOR .....	4	ZYTIGA.....	9
XOPENEX HFA .....	31	ZIRGAN .....	30	ZYVOX .....	8
XYLOCAINE .....	4, 34	ZITHROMAX.....	5		
XYREM .....	18	ZITHROMAX TRI-PAK.....	5		

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HMSA's Akamai Advantage is a Health plan with a Medicare contract offering both local PPO and Regional PPO plan options. To remain eligible for Akamai Advantage, you must continue to have Medicare Part A and Part B, pay Medicare premiums and live within the appropriate service area. Akamai Advantage has a statewide network of physicians, specialists and other providers offering members services to help meet specific medical needs. Members may use Akamai Advantage in-network providers or out-of-network providers for covered services. If members use out-of-network providers instead of in-network providers for covered services, members may pay a higher cost-share.

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**HAWAI'I MEDICAL SERVICE ASSOCIATION**

<http://www.hmsa.com/advantage>

**Telephone hours are** 8 a.m. to 8 p.m., 7 days a week.

You may also visit your nearest HMSA office Monday through Friday, 8 a.m. – 4 p.m

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